Chapter 6

Integrating Mental Health and Substance Abuse Services into a County Welfare-to-Work Program

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Sonoma County's welfare-to-work program (SonomaWORKS) opened its doors to the public on February 2, 1998, based on the California Work Opportunity and Responsibility to Kids Act (Assembly Bill 1542). The new welfare-to-work program is designed to assist CalWORKs recipients in transitioning as rapidly as possible from dependency on public assistance to self-sufficiency through unsubsidized employment. Under the CalWORKs program, adult recipients who are not exempt are required to meet work requirements by participating in welfare-to-work activities in order to maintain their eligibility for cash assistance. The current work requirement in Sonoma County is thirty-two hours of weekly participation, which may be met through a variety of activities.

Support services are available to help individuals participate in program activities or to accept work. These include but are not limited to child care, transportation, work-related or training-related expenses, and mental health and substance abuse support services that focus on removing barriers to employment. This case study is an analysis of best practices in Sonoma County with regard to substance abuse and mental health services for SonomaWORKS.

Figure 6.1 illustrates the client flow for individuals applying for CalWORKs benefits. Not all clients receive the same array of services. Some may already be working or going to school; others may be exempt from work requirements or eligible to receive a one-time lump-sum payment in lieu of monthly cash assistance.

During an orientation to SonomaWORKS, applicants receive information about the welfare rules and expectations and the types of services avail-

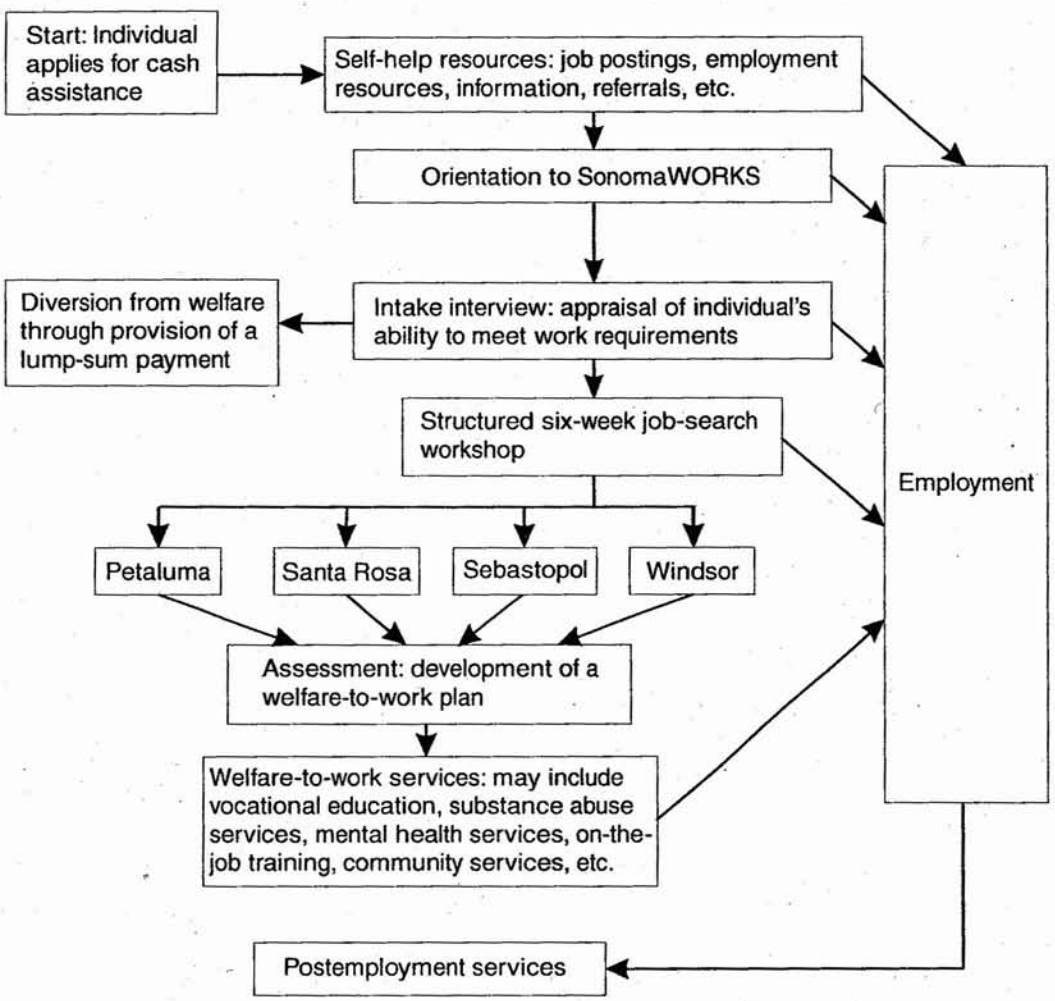

FIGURE 6.1. Client Flow in SonomaWORKS

able. If they are eligible for cash assistance and do not meet exemption criteria, they are then referred to job-search activities. Job-search workshops are conducted by contracted service providers at various locations throughout the county. During these initial activities known as the Preassessment phase, an eligibility worker serves the client's needs.

Clients who complete the job-search process and remain unemployed (or underemployed) are scheduled for a vocational assessment used in the development of a welfare-to-work plan related to education, training, and other services needed to achieve economic self-sufficiency. This assessment that follows the job search process involves a team of staff working with the

client, including the eligibility worker, a social worker, and a vocational counselor. It may also include an employment services specialist from one of the job-search providers and/or a specialist from substance abuse services or mental health services (Sonoma County Human Services Department, 1999).

LITERATURE REVIEW HIGHLIGHTS

Although there is no shortage of information regarding substance abuse and mental health populations, treatment models, and statistics on outcomes, very little is written on strategies for implementing these services within welfare-to-work programs. Until recently, support services related to mental health and substance abuse programs were not a formal part of the welfare-to-work program (Pavetti et al., 1997). Current studies generally agree that substance use and/or abuse is a significant barrier to successful employment. Young and Gardner (1997) state that "providing treatment for alcohol and other drug problems is a necessary step toward job readiness" (p. 5). Grayson (1999) noted that between 5 and 39 percent of welfare recipients "use alcohol and other drugs in ways that impair their ability to secure and keep jobs, as well as their ability to be effective parents" (p. 5). As of 1998, projections of the number of substance-abusing welfare recipients exceeded 1 million (Bush and Kraft, 1998).

Young and Gardner (1997) note that treating chemically dependent welfare recipients not only produces more productive, employable persons, but also provides huge savings for government, especially the health and corrections systems. Studies show that for low-income persons, within two to three years of completion of treatment, the benefits of treatment far outweigh the costs. A recent study of substance abuse treatment in California showed that the results of providing treatment can be seen in savings to taxpayers, mostly through decrease in arrests and medical costs (Young and Gardner, 1997).

In addition to substance abuse, welfare recipients often face a broad array of mental health problems. Mental health problems or substance abuse may prevent recipients from being able to undertake the tasks necessary to find employment, or they may lack the self-confidence needed to take on new challenges. Others may be able to find employment but be unable to sustain it over time (Olson and Pavetti, 1996). The most basic argument in favor of providing counseling and therapeutic treatment and other supportive services for families seeking to move from welfare to work is that such services are enabling mechanisms. They enable people to cope with the personal diffi-

culties that interfere with achieving goal-oriented success (Polit and O'Hara, 1989).

It is now relatively well known that a significant number of substance abusers suffer from serious mental impairment and that depression is widely prevalent among women (Woolis, 1998). This depression is often linked to feelings of low self-esteem and self-efficacy that are a result of being a welfare recipient (Nichols-Casebolt, 1986; Popkin, 1990; Pavetti, Holcomb, and Duke, 1995; Kunz and Kalil, 1999). It is now more important than ever to institute services in welfare-to-work programs that address the complex needs of these recipients, by addressing some of the following service activities (Steisel, 1999):

- Screening applicants
- Hiring qualified substance abuse professionals
- Integrating substance abuse education into job-readiness programs
- Teaching welfare clients about addiction and how to recognize it
- Providing screening and treatment for persons with mental health problems
- Providing transportation and child care for those who need treatment
- Addressing the needs of the entire family through a comprehensive approach to treatment
- Beginning pilot programs that provide financial incentives to businesses which hire welfare recipients

Sonoma County has developed some innovative approaches to address these needs. This is evident in their utilization rates, declining unemployment rates, and increased numbers of persons remaining in employment for significant periods of time. The following section describes how the county devised an integrated mental health and substance abuse service system into their welfare-to-work program.

SONOMAWORKS

Getting Started

When it became apparent in 1996 that Congress had passed legislation which would make drastic changes in the federal welfare system, Sonoma County leaders were concerned that many low-income people would become ineligible for various types of aid and thereby denied access to the skills and/or resources to fend for themselves. The community envisioned that community-based organizations would be inundated with persons seeking help and that these agencies would be ill equipped to handle such a cri-

sis. The focus, then, was to find a way to put additional services in place before the need became emergent.

Sonoma County Human Services Department and Sonoma County Department of Health Services got together before CalWORKs was signed into law in 1997 to develop a plan to implement substance abuse, mental health, and domestic violence services into their welfare-to-work program. When word came that additional money would be set aside through CalWORKs to fund these special services, all that remained was hiring staff and getting started. Although the state-provided statistics of Aid to Families with Dependent Children (AFDC) clients who utilized substance abuse and/or mental health services proved to be unreliable as a gauge for estimating the number of staff needed, the county moved ahead and hired a full-time substance abuse specialist and a full-time and a half-time mental health specialist in the Department of Health Services to work specifically with SonomaWORKS clients.

Before long the rising caseload demanded hiring additional staff in both departments. As of spring 2000, two full-time and one part-time substance abuse specialists were on staff at Substance Abuse Services (SAS), and four full-time and one part-time mental health staff members comprise Mental Health Services (MHS). A psychiatrist is also available fourteen hours per week to assist with medication management for the more profoundly mentally ill clients.

In order to build a successful program, the county provided cross training for SonomaWORKS staff, contracted providers, and substance abuse and mental health staff. SonomaWORKS staff received training in identifying and referring clients with a need for substance abuse or mental health services. Substance abuse and mental health staff members were trained to focus on helping clients remove barriers to employment so that they could enter the workforce by concentrating on only those specific issues that stood in the way of employment. This was a difficult adjustment for some staff as well as for clients who expected to engage in long-term treatment.

The Screening and Referral Process

When a person applies for cash assistance, he or she is sent to a SonomaWORKS orientation session where he or she is given information about the program, including both the client's rights and responsibilities and information about support services. Immediately following this orientation, the prospective client meets with an eligibility worker who may give assistance in filling out the application and can often give the client a sense of whether his or her application for aid will be granted.

An advantage of the SonomaWORKS program is that clients are often able to take care of a number of tasks when they first come in to apply for

aid. The colocation of CalWORKs mental health and substance abuse services makes it possible for a client to apply for aid, get program information, set up child care services, get a child support order, and investigate the array of county employment services. The client also has access, at this time, to the I&R (information and referral) service that offers an extensive listing of community resources. Part of the purpose of colocating these services is for the clients' convenience and efficient use of time. Because welfare is now time limited, the county sought to demonstrate to the client a sense of urgency in setting the job-search process into motion. This approach relates to the government's priority on getting clients to work as soon as possible and a human service value of assisting clients with their needs as effectively and efficiently as possible.

Despite a desire of the staff to quickly identify substance abuse and mental health needs of clients, eligibility staff did not directly assess these needs during the job-search orientation process. Staff decided, early on, that applying for assistance was difficult enough for most clients without asking more intrusive questions. So unless a client demonstrates a definite need for mental health or substance abuse services at intake, questions about these needs are left until their participation in the job-search process raises concerns or until a postemployment assessment.

Clients may be referred for alcohol and other drug (AOD) or mental health (MH) assessment at any point in the process, and any agency person who has contact with the client may refer for the assessment. Most referrals come from welfare-to-work staff who receive ongoing training on recognizing substance abuse or mental health issues. Some substance abuse referrals come from job coaches, social workers, or the clients themselves, but most come from eligibility workers. In MHS, most referrals come from social workers and vocational counselors. Clients are sent to AOD assessment first and then given a mental health appointment if necessary. Staff members believe that this process helps to reduce the no-show rate that may occur when clients are given too many appointments at one time.

In an average month, SAS receives approximately twenty to twenty-five new referrals, while MHS averages about thirty to forty new referrals. At any given time throughout the year, SAS may have approximately 170 open cases, with 115 to 120 clients in treatment each month, and MHS may have approximately 300 open cases with 150 completed appointments each month.

Client Assessment and Treatment

The referral process for AOD assessment generally takes less than a week, while a mental health assessment may take two weeks. Clients are as-

sessed as to the extent to which they are capable of employment and under what conditions. SAS and MHS are colocated, making appointments easier for clients who utilize both services and easier for staff in consulting regarding client needs. Attendance records and AOD tracking summaries are kept by staff and utilized by the Department of Human Services to monitor clients and used in reporting on CalWORKs clients. AOD tracking summaries are monthly and include information on treatment hours, treatment participation, substance use and testing, and treatment progress.

SAS and MHS staffs assist clients in preparing individualized weekly plans for SonomaWORKS participation. These include time spent on work, supportive services, and treatment services. For mental health services, clients are allowed one hour biweekly for individual therapy and/or two hours per week to participate in group therapy, which counts toward their thirty-two-hour per week work requirement. Individuals may also receive credited time for family counseling services and/or services at outside agencies.

For substance abuse services, clients are allowed to count varying amounts of hours toward their work requirement based on their individual treatment plans. While some may count only one hour per week, others, such as those in residential treatment, satisfy their thirty-two-hour work requirement through hours of treatment. When clients begin working with SAS or MHS, they are informed of their rights to confidentiality and their right to bring disputes to the Sonoma County Human Services Department. Staff also provide ongoing case management for clients.

When clients do not show up to an assigned activity, good cause must be identified. If a good cause cannot be found, then clients are notified that unless they comply, their cash grant will be reduced. For some clients, threat or actual imposition of financial sanctions may not be a sufficient incentive to elicit compliance, and therefore the county may authorize a home visit. At the time clients become noncompliant, they are sent to postassessment services. At this time, staff may assist clients and/or other workers in preparing an agreement that describes a plan for future compliance. This may, in fact, be the first time a client is referred for substance abuse or mental health issues. For failure to comply with the conciliation agreement, the client may be officially sanctioned and sent a lowered monthly cash grant.

PROGRAM SUCCESSES

The success of these programs is evident in utilization rates. From the outset, the numbers of persons using these services has increased, as has number of persons exiting SonomaWORKS due to paid employment. The current show rate for Substance Abuse Services is an impressive 89 percent. There are high levels of communication in and among Human Service De-

partment employees, Substance Abuse Services, Mental Health Services, and community treatment providers. Training between county staff, contracted staff, and specialists is ongoing in an attempt to understand the changing needs and difficulties facing clients. All clients are seen by county mental health staff unless clients are eligible for outside services or have more specialized service needs.

The goal of SonomaWORKS is to be client friendly and welcoming, as demonstrated by staff members who respect clients and work hard to maximize the physical and mental well-being of clients. Clients are viewed as customers and treated as whole persons. Staff members are committed to their focus on identifying and working through barriers to employment and not providing traditional, long-term therapy. Colocation of services makes access convenient, and the show rate for clients of MHS continues to improve. Postemployment services also provide continuing support for up to one year after a client leaves SonomaWORKS in order to assist that client in remaining in steady employment.

Clients seen in MHS feel supported and encouraged and feel that they have been given the tools to develop positive ways of coping with life stresses. SAS clients say that the program gives them hope and the self-confidence and motivation to seek self-sufficiency. Holding clients accountable for their behaviors as well as monitoring their progress are seen in a positive way. For many clients, it is the first time they have truly felt supported, and they see MHS and SAS as key factors in turning their lives around.

PROGRAM CHALLENGES

Although client utilization and compliance rates are comparatively high, substance abuse and mental health staff agree that client compliance continues to be the number-one problem. The client goal is to keep an appointment and take an active role in the treatment process, but a significant population of mental health clients repeatedly miss appointments and fail to follow up with treatment goals. Clients sometimes experience difficulty in navigating systems effectively and efficiently, due to numerous requirements to learn and large amounts of information to absorb.

Seeing clients in a timely manner is an ongoing struggle for MHS staff, who have decreased appointment wait times from six weeks to two weeks, but they still contend with large numbers of no-show appointments. One way staff has achieved some success with this problem is by overbooking appointments, allowing for a certain number of no-shows throughout the

day. High monthly referral numbers make it difficult to accommodate client need. Although colocation may be convenient, it puts space at a premium, making it difficult at times for staff to find private space to meet with clients. There is also a joint waiting room for SAS and MHS, which may contribute to a client's sense of decreased confidentiality.

Although the clients' assessments of the services have been overwhelmingly favorable, they see the need for the increased availability of one-on-one counseling, which is currently limited by the availability of staff. Other client suggestions include a desire for more female staff, more parenting and family counseling, longer sessions, and possible coordination with legal services.

LESSONS LEARNED

In looking back on its past two years of services, SonomaWORKS employees along with SAS and MHS have identified some lessons learned along the way. Some items are issues staff wished they had known before the programs got started, while others are unexpected outcomes of new ventures. In either case, these issues have been learning experiences for all involved and opportunities to effect change within the system. The lessons include the following:

1. It is an ongoing challenge for management to convey to staff the importance of administrative tasks for maintaining the continuous flow of funding. Constant documentation, monitoring, and adjusting are crucial to maintaining state and federal funding. Staff members need to be educated about the reasons for collecting and reporting certain types of information.
2. Initial orientation and ongoing staff training are important to early detection and identification of treatment placement needs. Not providing the proper amount of programmatic structure may lead to disparity in treatment approaches and a lack of team decision making.
3. There is an ongoing need for an integrated family system and a staffing contingency plan to promote continuity of care. Continuity of service may suffer when systems assisting parents do not work cooperatively with systems assisting their children. For best results, case managers for both groups need to communicate on a regular basis. Staff turnover may lead to longer wait times for client appointments and decreased success in terms of no-show rates and client compliance with treatment.

4. In spite of clear advantages to group therapy with regard to efficiency and clients' shared experience, it may be difficult to implement in mental health services. There may be some resistance on the part of staff and clients in using group as opposed to individual therapy. In the mental health field, traditional therapy models regard individual counseling as highly effective, and some staff may hesitate to use group models, which they believe may not produce the same results. Clients often prefer individual therapy because it feels more personal and may allow them the space to express more complex issues. Special attention needs to be given to helping staff make the transition from traditional treatment approaches to short-term welfare-to-work approaches designed to help clients remove barriers and get back to work.
5. In spite of adequate funds to pay for services, it may be difficult to spend budgeted money. Although funds are budgeted for outpatient mental health and substance abuse services, the county does not expend the funds when the service is billable to Medi-Cal. This may create a situation wherein funds are not used according to budget and may result in decreased funding the following year.

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