

THE DELIVERY OF MENTAL HEALTH, SUBSTANCE ABUSE AND DOMESTIC VIOLENCE SERVICES IN SONOMA COUNTY

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INTRODUCTION

Since January 1, 1998, counties responding to CalWORKS legislation have had to plan for the provision of mental health and substance abuse treatment services for participants in need of these services. This has required coordination in planning, developing, implementing, and evaluating a comprehensive delivery system. In San Francisco, as well as in other counties, there has been collaboration to ensure that an effective system would be available to provide services to recipients whose substance abuse and mental health issues create a barrier to employment. This collaboration has been a learning experience for those involved, and is still in the start up mode as representatives from different programs with different backgrounds, experiences, and perspective grapple with the challenging prospect of enabling participants in the CalWORKS program to get the supportive services they need to meet the challenges of welfare reform.

THE COMMITMENT TO THE PARTICIPANTS

Federal and State legislation has addressed the need for funding for treatment that will enable CalWORKS participants to receive mental health and substance abuse services that will eliminate those issues that are barriers to employment. Domestic Violence has also been recognized as a substantive barrier to employment and to participation in welfare to work activities. In fact, domestic violence has been recognized as the only issue that can actually stop the various clocks ticking away the time allowed for welfare to work services and the lifetime limit on aid. San Francisco County has made a major commitment to providing services on site to CalWORKS participants, and is working toward the goal of meeting the needs of the Participants by making it as simple as possible to access services. In San Francisco as well as in other counties, this has required collaboration, outreach, and the provision of services on site at our offices. My project, conducted in Sonoma County, was to observe the service delivery model in the area of mental health, substance abuse and domestic violence with the goal of enhancing the services in San Francisco County.

OBSERVATIONS

My initial and most surprising observation in Sonoma County was the number of referrals to mental health and substance abuse services. As of January 1999, the Sonoma County caseload was 3,533 households with 1,249 of those households child only cases. That leaves 2,284 active cases participating in SonomaWORKS. As of January 1999, San Francisco County had 7,704 active cases with 1,556 child only cases. That leaves 6,148 families participating in CalWORKS.

In Sonoma County, with approximately half of the caseload of San Francisco, 58 referrals were made to substance abuse and mental health services in July '98. Of this number, 30 participants were actually served. In the same month in San Francisco County, 13 participants had been

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assessed by mental health/substance abuse clinicians. In August '98, in Sonoma County, 63 referrals were made to Substance Abuse & Mental Health, and 40 were served while in San Francisco County, there were 21 participants who received assessments. In October '98 in Sonoma County, 77 referrals were made to Substance Abuse and Mental Health services and 40 participants were actually served, while in San Francisco, there were 13 assessments. Taking into consideration that San Francisco was about 3 months behind Sonoma County in bringing up these services, it is understandable that referrals would be slow in the initial months of May, June and July. When Sonoma County started services in February'98, there were 16 referrals and 5 participants were served. However, during the first four months there were 117 referrals to mental health (65 clients were seen) and 69 referrals were made to substance abuse services (46 were seen). Thus, a combined total of 111 clients assessed in Sonoma County during the first four months of on-site services. San Francisco had a slow start up in May and June of '98, however, nine months into the provision of on-site services, as of January '99, there had been a total of 100 assessments. As of January '99, in Sonoma County, 160 cases had been opened for Substance Abuse services and 122 cases had been opened in Mental Health, a total of 282 clients seen for services since February '98. The difference in these numbers brought up questions for me. I needed to delve more deeply into the "why, how, who and what". Why were more referrals being made? Why were more participants being seen? How are the referrals made? Who is making the referrals? And what is the training and instruction to staff that is encouraging these referrals?

MY INVESTIGATION

Sonoma County divides their eligibility staff into Pre Assessment and Post Assessment teams. Along with eligibility workers who do the initial intakes are two Social Workers who assist in evaluation of mental health issues. The role of the eligibility worker goes beyond determining eligibility for benefits; the workers explain the new work requirements, authorize child care and transportation payments and refer clients to an array of employment and counseling services. The eligibility workers assign participants to a Job Search Program as a first step toward self-sufficiency. If the participant self identifies as having challenges to employment due to domestic violence, mental health or substance abuse, an immediate referral is made to a Social Worker who is located at the Pre-Assessment site. The Social Worker will complete an initial assessment of the need for services prior to the participant beginning job search, and if a significant challenge is found, a referral is made to the contracted mental health or substance abuse providers. Participants who are not successful at finding employment during pre-assessment job search (this lasts four to six weeks and the service is provided by contracted CBO's) move on to the Post Assessment team which consists of an eligibility worker, a Social Worker and a Vocational Counselor. It is at this point that welfare to work plan is developed and a more in depth assessment is done and more intensive services provided.

I interviewed all of the team players: the eligibility workers, the social workers, a vocational counselor, and mental health and substance abuse clinicians and found a very cohesive group with a great deal of respect for each other's expertise. I also attended a meeting composed of representatives of the team members including the CBO's who provide job search and job training. This meeting convenes every two months as a kind of check in to see that

communication is flowing between the parties and to look at the needs of the program and to evaluate the system.

From the start of the SonomaWORKS program, all staff were involved in decision making. In order to encourage 'buy in' and an understanding of the service model, line staff were sent to a conference in Oakland. At this conference, the California Dept of Alcohol and Drug Programs provided a forum where critical planning and implementation issues were discussed. Sonoma County sent CBO staff, eligibility workers, social workers and vocational counselors to this forum, and these staff have continued to meet every two months to update issues, give feedback and discuss ways to improve the system. At the meeting I attended, it was announced that Mental Health staff had identified areas of training that staff had requested, and that plans were being made to provide this training.

TRAINING

In my discussion with the lead substance abuse counselor, I learned that he had provided staff training on identifying signs of substance abuse. He stressed to staff that they do not need to be experts, they do not need to do assessments, and they do not need the permission of the client to make a referral. He worked with them on interview strategies, role playing, and the need to express their feelings on the issue of substance abuse. He also networked with treatment providers in the community to educate them about the services provided by SonomaWORKS, encouraging these providers to have their clients let SonomaWORKS staff know that they are participating in treatment so that the hours of participation could become part of their required hours of participation in welfare to work. He continues to meet with staff to problem solve. After completing an evaluation, he shares the treatment plan with the caseworker. This shared information includes the recommendation for treatment and gives a case history (he obtains a signed release form from the participant in accordance with the MOU).

TRACKING AND REPORTING SYSTEM

Crucial to evaluating the efficacy of a system are the reporting and tracking mechanisms. Sonoma County's Planner Analyst has developed a tracking system, which captures all of the elements necessary to evaluate staff needs and service delivery. The mental health and substance providers track the source of referrals made to them (in fact, the interagency agreement between Health Services and Human Services specifically requires this reporting). This information is then reported on a shared tracking form (sent through e-mail), and the statistics are compiled. On the 3/30/99 report, a circular graph shows the exact number of referrals received from the following sources: Economic Assistance and Job Start, Social Workers, CBO Employment Specialists, Vocational Counselors, Domestic Violence Programs, Court mandated referrals, referrals from Probation, Drug Diversion, Treatment Providers, Mental Health, self-referrals, and the number of referrals from other sources. This information provides a valuable tool in determining where training may be needed.

The tracking report from the Substance Abuse service provider includes: Source of referrals, Disposition of referrals, Caseload count, Referrals to Treatment Providers (with a list of the providers and the number of clients referred to each one), the total referrals to outpatient

services, total referrals to residential services, and the Referral Outcomes. This last section gives statistics as to the number of clients for whom no services were available or were not immediately available, the number of clients receiving treatment during the month, and the number known to have obtained employment during the month.

The tracking report from the Mental Health provider reports on sources of referrals, referrals to treatment providers (SonomaWORKS Psychiatrist, traditional adult systems of care, SonomaWORKS substance abuse services, and others). Also tracked is the number of group counseling sessions provided, the number of appointments scheduled, the number of appointments completed and the number known to have obtained employment. Also, the number of cases opened and closed and the current end-of-month caseload size is reported.

COMMUNICATION

Sonoma County Human Services and the Department of Health Services entered into an interagency agreement that allows for the sharing of information between the staff of the two agencies. Participants are encouraged to sign a release form, which states that the purpose for the sharing of information between the agencies is to "coordinate services to assist me in treatment of barriers that may hinder my ability to obtain employment. The specific information being disclosed shall be limited to assessment, diagnosis, participation and progress in treatment as it pertains to SonomaWORKS." This sharing of information has resulted in building trust between the two agencies, and also has encouraged Human Services staff to engage clients on the subject of mental health and substance abuse. The staff has been completely integrated, and mental health and substance abuse clinicians attend Human Services staff meetings. Case conferences include eligibility staff, social workers, vocational counselors and clinicians. The Social Worker and Eligibility Worker are kept apprised of the client's progress through substance abuse treatment, including hours of treatment attended, and attitude toward treatment. The mental health assessment/evaluation details the clients' progress in support groups, gives comments on self-esteem issues and family problems the client is experiencing, and gives a rationale for the treatment plan. Through this type of communication the staff of both agencies are enabled to have an understanding of the client's needs and feel a partnership in the outcome.

OF SPECIAL NOTE

The SonomaWORKS Support Group is publicized as a group that "provides confidential, no cost education and support for improving skills needed for succeeding at work and in other areas of life." The participant is informed that with written consent, the participant's SonomaWORKS social worker can be informed of attendance and progress so that the participant can get welfare to work credit for the activity. There is at least one private session with a counselor, and each group meeting focuses on a particular set of problems and skills. The curriculum is for a 6-week session, and includes topics such as anger management, ways to handle feelings, dealing with difficult people and handling criticism and manipulation.

DOMESTIC VIOLENCE SERVICES

In this area, San Francisco has a model from which Sonoma County may be able to enhance services. While visiting Sonoma County I attended a Domestic Violence panel where various county personnel spoke to Human Services staff about the services available in the community. The speakers included representatives from the Sheriff's Department Domestic Violence/Sexual Assault Unit, the YWCA's Domestic Violence Program, MEN (Men Evolving Non-Violently), and a Registered Nurse who spoke about identifying victims of domestic violence. It was a very informative conference and Sonoma County made this a voluntary training for staff. They are also in the process of providing in depth training for designated staff who have volunteered to become domestic violence specialists. In San Francisco, we have allocated some of our mental health funding to contract with the Commission on the Status of Women for an onsite counselor to provide domestic violence services. We have also developed several domestic violence specialists from our Employment Specialist staff; however, the expertise and experience of our provider had been invaluable as domestic violence issues surface in the lives of CaIWORKS participants who are making major changes in their lives.

FINDINGS

Both San Francisco and Sonoma County have taken very sensitive and humane approaches to assist CaIWORKS participants meet the challenges of welfare reform. In San Francisco's CaIWORKS program, the challenge has been engaging participants in the mental health and substance abuse services offered on site at the four career centers. In Sonoma County, the challenge has been meeting the demand for the services. Recently, Sonoma County found it was necessary to hire an additional mental health clinician in order to decrease the waiting time for clients seeking services. I see one reason for the lower numbers of clients being served by the clinicians in San Francisco as due to the fact that . the integration of staff between Employment Specialists and Public Health has not happened. It would also be extremely useful to have the tracking and reporting system developed by Sonoma County..

As stated previously, the report includes the number and source of referrals to services. The current reporting system in San Francisco County does not include either of these factors, but only reports on the number of cases opened, meaning the number of participants who actually followed through on a referral made by some source (employment specialist, self referred, CBO, etc.). Knowledge of the source of referrals would also enable the County to evaluate the need for additional staff training in this area. Another recommendation to enhance evaluation of San Francisco's service delivery is to have the tracking report give statistics as to the numbers of participants seen rather than the number of hours spent by the clinicians when interviewing, assessing and evaluating participants. Although the tracking the system for Public Health requires reporting on units of service, this measurement is not a useful tool for program evaluation from the Human Services perspective.

SUMMARY/CONCLUSIONS

To further enhance and evaluate the mental health and substance abuse services offered to CaIWORKS participants in San Francisco County, the following recommendations are made. It needs to be acknowledged that San Francisco County has done a tremendous amount of work in the past year of CaIWORKS implementation, and these recommendations are made in the hope

of improving a system that has taken a great deal of dedication and hard work on the part of Public Health and Human Service staff. In fact, San Francisco DPH and DHS are currently in the process of planning for an intensive residential and transitional after-care program for women and their children, as well as childcare counseling/consultation services that will assist in reaching out to and engaging CalWORKs clients through their children.

Enhancements to our county's system (modeled by Sonoma County) are:

- Inclusion of mental health and substance abuse staff in case conferences with Employment Specialists and Vocational Assessors
- Written material on recognizing mental health and substance abuse issues
- Additional training from Mental health and substance abuse professionals that includes role playing and engaging clients in services
- Tracking and reporting system that includes elements of Sonoma County's system
- Sharing of information between Human Services and Public Health staff- more communication as to treatment plans and progress
- Support groups with a practical employment focus

In doing my case study in Sonoma County, I found that there is a lot to be learned from the sharing of information. By analyzing the best practices from other counties, we can gain valuable knowledge that will enable us to ensure that Welfare Reform works for our participants.