

WELFARE PEER TECHNICAL ASSISTANCE NETWORK

IDENTIFYING MENTAL HEALTH AMONG TANF ELIGIBLE CLIENTS Short Report



MENTAL HEALTH AND WELFARE REFORM

Welfare reform has changed the ways in which our society considers problems of poverty and dependence. Those changes provide important new opportunities for families to redirect their lives, and for public agencies to guide and support those families on their journeys.

Mental health problems and long-term welfare dependence are not new problems. In the past, however, welfare officials gave priority to families who were most ready to work and had an incomplete picture of the needs of those who were not job-ready. In response to welfare reform, several State and County administrators have launched creative initiatives to attempt to identify barriers to employment such as substance abuse, mental health problems, and learning disabilities, but these efforts have not been as successful as many had hoped. Therefore, officials are looking beyond past practices and towards more collaborative approaches to address these issues.

Welfare officials are charged with solving some of our society's most entrenching social problems. They have to set priorities in an environment where everything is a priority, and they have to allocate limited time and resources to meet almost limitless demands. Mental health is only one of several problems that administrators have to face.

WEST VIRGINIA'S REQUEST FOR TECHNICAL ASSISTANCE

On Wednesday, January 22, 2003 Mr. Jim Hensley submitted a Peer TA request form for West Virginia. West Virginia required assistance in determining the most effective Mental/Emotional Health Screening Instrument available to meet the needs of their TANF clients. A West Virginia court mandated that a screening instrument be decided by April 1, 2003. The courts were allowing the months of February and March to explore alternatives or to carry out pilot studies to determine the most appropriate instrument. The court had assigned a default instrument, which the State of Tennessee created and was currently utilizing. West Virginia had obtained an instrument from North Carolina that they believed to be superior to Tennessee's model, and they requested Peer TA Network's help in researching other potential screening tools.

After an initial conference call including Administration for Children and Families (ACF) Regional TANF staff, ACF Central Office Federal Project Officer, Caliber Associates, and West Virginia's TANF staff, it was agreed upon that a package of information regarding identification and assessment for mental health issues would be compiled, including any screening instruments currently utilized by various States and Counties.

TA OUTCOME

A package of information was compiled after thorough research was conducted on various methods employed by different States, such as Nebraska, Maryland, Utah, and Illinois. Additionally, assessment tools utilized by both Tennessee and North Carolina were examined in order to provide background for West Virginia to make a well-informed decision on the best tool for their State's implementation. Other research in the package included information on:

Guidelines for program administrators
Exploring co-occurring disorders that include mental health issues
Facilitating employment for those with mental heath problems
Comparisons of program design choices and implementation challenges
Employment strategies for overcoming multiple barriers.

The information package included a brief summary of the history and transformation of mental health in the context of welfare reform. Additionally, the summary provided an overview of the importance of employing adequate screening instruments, and the expectations that welfare officials should carry when implementing these tools.

The information package and summary were sent out to the aforementioned parties, and a follow-up teleconference call was placed. During this final call, the informational material was discussed, and after a review of the findings, it was determined that West Virginia would test out North Carolina's instrument during the months of February and March. During this conference call, it was also mentioned to Mr. Hensley that with the help of the Welfare Peer TA Network, there was the potential for a future site visit whereas West Virginia could visit an appropriate Office to observe first-hand the operation and utilization of the instrument. Mr. Hensley appreciated this opportunity, and set up a tentative future call in April to discuss the utilization of their new instrument, and the possibility of a site visit.

THE ROLE OF INSTRUMENTS & ADMINISTRATORS OF INSTRUMENTS

Welfare agencies view instruments as questions posed by an interviewer or included on a written form for self-reporting, with the goal of helping recipients disclose mental health problems. However, there is no mental health assessment instrument that has been validated for use in welfare offices. The success of properly screening for mental illness is not solely reliant on an assessment instrument, but often is tied to protocols and referral processes that are put in place. There are many other factors contributing to the success of the detection of mental illnesses.

There are reasons why instruments can continue to play a role in helping welfare staff discuss mental health problems with recipients:

Instruments can work in some cases to appropriately identify a need for further mental health assessment.

Welfare agencies have always relied on written forms to gather information. Instruments provide a consistent structure for workers to use in interviewing recipients.

Instrument questions can be used as starting points for workers to determine whether further exploration is needed.

Information derived from instruments can help workers and recipients make realistic plans for treatment and employment.

Despite these considerations, there are compelling reasons why welfare officials should have only modest expectations about the use of instruments:

Screening instruments were not designed to determine what specific mental health issue exists, and they were not designed for use in welfare offices. Even the best instruments, administered under optimal circumstances will yield valid information only if recipients perceive they will be helped by responding honestly.

Instruments that have been adapted for use in welfare settings do not yield the same results as they do when used in settings for which they were intended.

Welfare staff have many opportunities to discuss mental health and other problems.

There is no single right time to administer any instrument and no single instrument will be effective for everyone all the time. The fact that paper and pencil instruments are of limited use in welfare settings does not diminish the role of welfare staff in helping clients recognize their own mental health problems. Each interaction between a worker and a recipient is an opportunity for the recipient to talk about their problems and concerns about seeking and gaining employment.

The roles of welfare and mental health treatment staff in discussing mental health must be determined.

Welfare officials must make decisions about the role of welfare staff relative to the role of mental health counselors in screening for mental health issues among recipients. Welfare workers generally have the first contact with recipients, and they have primary responsibility for the employment development plans. Welfare workers are generally less trained to ask questions about mental health issues, and recipients may be fearful of talking with them about personal problems.

No single staff configuration is best for all States, and there are important roles for all staff. Once decisions about staff have been made, administrators need to articulate these roles and responsibilities clearly to caseworkers and counselors so that affected families can receive needed services in a timely manner.

CONTACT INFORMATION

The packaged material was complied from various States and resources for the benefit of West Virginia. If you would like to obtain a hard copy of this material, please contact:

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