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Barriers to Mental Health Services Related to Stigma in Northern California

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This is to certify that the doctoral dissertation by

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Abstract

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Ed.D.CP, Argosy University of San Francisco Bay Area, 2015

MSW, California State University of San Jose, 2004

BS & BA, California State University of Hayward, 1998

Submitted in Partial Fulfillment

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Abstract

California Senate Bill 1041 recognized mental health as a contributing barrier for individuals struggling to achieve independence from aid through the California Work Opportunity and Responsibility to Kids (CalWORKs) program to meet the needs of the state's low-income families while reducing barriers to self-sufficiency. As mental health illnesses continue to increase, the engagement and utilization of services have not increased. The purpose of this study was to explore county policy infrastructure addresses making mental health services known, accessible, and increase participation to decrease barriers in utilization of available resources. The research questions were used to examine the effectiveness of processes of explaining, screening, engaging, and referrals for supportive mental health services to address CalWORK participant's needs outlined within policy practices. The theoretical foundation for this study was Ostrom's institutional analysis and development (IAD) theory. This study was a qualitative phenomenological study design that included the use of semi-structured interviews with participants who were employed at various county, contracted orientation, and mental health agencies working with CalWORKs clients. Barriers were identified related to policy delivery with possible strategies to combat stigma to increase awareness. The four primary themes identified in the study are: services, breadth of barriers, points of process, and policy practice exchange. Findings may be used by government agencies to increase of access to mental services to support early intervention with reduction of higher care treatment needs, which may decrease the burden on local, state, and federal funding and lead to positive social change.

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Chapter 1: Introduction to the Study

The Temporary Assistance for Needy Families Act (TANF) was part of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which was used to assist individual states in creating legislation such as CalWORKs to meet the needs of California's residents who were caring for children (Department of Health and Human Services, 2010). The CalWORKs program aids low-income families throughout the state with the goals of providing support to children's well-being and improving family self-sufficiency through various supportive services. As mental health was identified as a barrier for individuals to become self-sufficient in caring for their families, the California 1997 legislation incorporated mental health into CalWORKs program services (California Department of Social Services, 1997). However, efforts to provide supportive services may be underutilized due to an individual's barriers to successfully participating in such services.

Mental health is an identified contributing cause of barriers to employment; therefore, federal and state legislation expanded supportive services to include mental health services through the 1996 PRWORA. This helped county CalWORKs participants to address their needs and become self-sufficient through employment sustainability.

In this study, I explored how California policy delegates administrating supportive services using the county infrastructure, making mental health services known, accessible, and increasing participation while decreasing barriers in the utilization of free social services resource the CalWORKs program. As there is limited research in this area, this study has significant value in providing insight to stigma as a rationale as to

why a person may not access services to assist with overall life enhancement even though it may be available. I identified how a policy might be associated with stigma, hindering individual CalWORKs participants' willingness to access supportive services regardless if available at no cost to the individual.

Background

Today, society has identified mental health-related issues as a form of deficiency in a person, causing stigma associated with who or what a person may represent if identified as needing mental health services (Clement et al., 2015). Fear of judgment and stigma are contributing to a person's possible hesitation in accessing mental health services. There has not been any identification of whether this may be a contributing reason why supportive services are not accessed, even if they are available at low or no cost to individuals to assist in addressing their mental health needs (Clement et al., 2015, Link et al., 2014; Mojtabai, et al., 2011; Volt, 2011).

Unaddressed mental health symptoms increase risk factors, which contribute to increasing further distress that may lead to self-harming behaviors as well as harming others (Mojtabai, 2010; Mojtabai et al., 2011; Volt, 2011). As individuals identify limited resource options to reduce symptoms and distress related to mental health and stigma, further symptoms may occur within other areas of their lives, such as personal, social, and employment. The reduction of stigma, identified in this research, related to mental health that contributes to individuals accessing supportive services (Link et al. 2014). However, it is unclear why individuals may not access services that are made available at no cost to address their mental health-related symptoms.

In California, there is a program specifically designed to support those in need while receiving CalWORKs benefits. The Welfare-to-Work (WTW) program provides aid assistance to low-income families with a focus on enhancing children's well-being and improving family self-sufficiency, while making government funded supportive services available to reduce the barriers for parents' independence in caring for their children (California Department of Social Services, 2003).

Even though services are available, it is suspected that individuals are not accessing supportive services. Underutilization of services has been linked to stigma and fear of judgment as a contributing factor regardless of need or access to support services, which would contribute to CalWORKs program goals of reducing barriers to self-sufficiency (CA Bill 1041, 2012). Enhanced PRWORA legislation expanding supportive services to include mental health assistance through available resources, the California legislative delegation's policy of implementing supportive services. Thus increasing awareness, access, and engagement through individual county administration was to support meeting specific county population needs. Through county oversight, the local government administration manages a variety of supportive services by sharing information and screening for support needs to assist individuals with accessing supports to enhance program participation with the desired outcome of reduction of barriers for their self-sufficiency. Exploring why individuals may not access, utilize, or engage in supportive services made available assisted providers in identifying how to decrease barriers while increasing service delivery, enhancing an individual's overall life functioning.

Statement of the Problem

The United States Congressional reform of the PRWORA of 1996 established services to support individuals on welfare for a limited time under TANF. The California legislature passed Assembly Bill 1542 in 1997. Later, it became effective in 1998 to incorporate mental health into the CalWORKs program as a contributing barrier to individuals obtaining sustainable employment (California Department of Social Services, 2003). Despite national and state legislation, mental illness continues to increase each year within the United States. According to Whitaker (2005), mental health illness has doubled since 1987, with nearly six million individuals disabled by mental health. This number increases daily, with approximately 400 people diagnosed with a mental health-related condition per day [in the United States]. The need to research perceptions by the individual and society views on mental health diagnoses, due to stigma, may contribute and, intern, possibly hinder policies that may have negative contributions of discouraging aid in access and engagement of public mental health services. Social attitudes contribute to a person's perception of stigma and their willingness to seek professional services to address mental health needs (Alegria et al., 2014; Mojtabai, 2010). Willingness to access mental health care may also be related to social positions within the community (Alegria et al., 2014; Mojtabai, 2010). Individuals who experience mental health-related issues often do not seek support services for fear of judgment or lack of knowledge related to access to services (Kobau, et al., 2010).

Fear of judgment is commonly affecting a person's decision to not seek supportive services (Link et al., 2014; Vogt, 2011). Personal and societal stigma is

associated with individual barriers to mental health treatment and affects willingness to seek services (Mojtabai, 2010).

In 2012, California made several reforms to the CalWORKs program Senate Bill 1041, to increase participation of engagement with access to supportive services, focusing on building self-sufficiency and assisting evaluation if outreach efforts are useful in providing services (CA Bill 1041, 2012). The bill, however, left each of California's 58 counties to determine how to engage CalWORKs participants with no specific common policy processes identified. The legislation focused on addressing the need to identify and provide mental health supportive services. However, California Bill 1041 (2012) allowed the different 58 counties to incorporate individual county application of reform and only provided an overview of services available, which did not address how to engage participants in mental health support services.

Stigma hinders individuals from accessing mental health services, and their symptoms will continue or become worse if untreated, negatively affecting their overall life functioning and wellbeing (Clement et al., 2015). Previous research does not indicate potentially advantageous public or administrative policy to address the stigma and increase access and willingness to seek services through current policies outlined in the NCCSSA WBA handbook. There needs to be a review of how mental health providers assist individuals engaging in supportive services by providing input on possible contributing barriers to an individual's access and engagement. Stigma surrounding specific mental health diagnoses and its effect on access to supportive services has not been explored in detail.

Purpose of the Study

This qualitative study aimed to discover how policy within NCCSSA, WBA CalWORKs WTW programs may be hindered due to stigma affecting awareness, access, and engagement with mental health supportive services regardless of free social service resources under the CalWORKs program. I attempted to identify the common themes of the Social Service Agency administration, CalWORKs contracted orientation, and mental health providers' perspectives as to why individuals may not continue services.

Mojtabai (2010) researched social attitudes and how they contribute to a person's perception of stigma and their willingness to seek professional services in addressing mental health needs. The outcomes identified societal stigma and individual perceptions of stigma are associated with barriers to mental health treatment as well as identified the lack of research between the relationship of mental illness stigma and the willingness to seek services (Mojtabai, 2010).

Research has been conducted on the stigma associated with mental health; however, previous researchers did not identify how to address the stigma associated with county and agency policy of accessing or utilizing mental health services. I gathered information that assisted in identifying possible policy changes that may assist in identifying the benefits of accessing mental health supports to engage individuals while possibly combating stigma contributing to the barriers of utilizing supportive services.

Research Questions

I explored the possible engagement barriers that may contribute to individuals accessing or utilizing supportive services. In this study, I addressed the following questions:

Research Question 1 (RQ1): How effective are the current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORKs participant's needs?

Research Question 2 (RQ2): How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA Welfare to Work (WTW) Handbook practices increase awareness for access to support services?

The interviews took place on a scheduled date and time at the participant's convenience by telephone. Prior to the interview, I confirmed that the participants were in a private area where they can speak freely and reviewed the previously signed participant agreement. I recorded the conversation on a secured audio recorder and took written notes. I asked if participants had questions before beginning the interview. With the participant's agreement, I began asking questions outlined in the semi-structured interview guide (Appendix A). I allowed the participants time to answer questions and provide additional information.

Theoretical Foundation

I explored the social construct theory and institutional analysis and development (IAD) as the theoretical frameworks for this study. The social construct theory is a

framework related to targeted groups and can be applied to individuals with mental health-related issues. As surveying CalWORKs administrative staff and CalWORKs mental health providers who are engaged through mandated available services for individuals receiving welfare related benefits, the social construct theory identifies policies that are geared towards a specific, targeted population.

The IAD framework is used to understand the logic, design, and performance of outcomes in mental health services (Petridou, 2014). I used this theory to understand how outreach is established to improve access to mental health services, how services are provided to CalWORKs clients, how outcomes are managed and reported to support funding of services to CalWORKs participants.

Rationale for Conceptual Framework Choice

The IAD framework was appropriate for this study. I used this framework to understand the county's logic, design, and performance contributing to outcomes in supportive services to CalWORKs clients in Northern California counties (Petridou, 2014).). I used this framework to identify how outreach is established to assist in accessing mental health support services and determining if services were provided to CalWORKs participants. I used the IAD framework to determine how outcomes are managed and reported to support funding of services to CalWORKs participants who assisted in determining how policy processes may contribute to low utilization of supportive services.

Through several policy reforms transforming institutional processes, the IAD framework can help identify how relevant structural elements may contribute to the

outcomes. Ostrom (2011) explains that the IAD framework outlined the processes of examining the number of individuals participating in the process, positions held in how they contribute to the policy practice, amount of information they have available to them, steps in how decisions are made within the process steps, how outcomes are affected as well as benefits and costs contributing to the actions and outcomes. As service delivery within the CalWORKs WTW program is designed NCCSSA, WBA policy, the IAD framework assisted in understanding the logic, design, and performance outcomes to support the improvement of service delivery through the analysis structural process elements. The IAD framework approaches the problem from an integrated perspective to improve performance, improve integration of government policies enhancing coordination of government and nongovernment agencies through involving key stakeholders in the decision-making process contributes to a stronger basis to implement government policies (Imperial, 1999).

The IAD framework is complementary to this study as analyzing the cultural commons in comparison to interactions and how they may contribute to outcomes. Through analysis, the IAD framework assists with identifying how cultural commons contribute to interactions with other social mechanisms for governing individual perspectives and creativity (Madison et al., 2009). It is valuable to understand how the policy's purpose and the relationship with those charged with carrying out the policy use the information (Ostrom, 2011). The use of the IAD framework assisted in exploring how policy changes may contribute to supporting outreach, engagement, and utilization of

supportive services to assist CalWORKs participants in removing barriers to self-sufficiency to assist in moving towards independence in providing for their families.

Limitations

Stigma is a known association with mental health, but there is limited research as to why individuals may not access or engage in supportive services to address their needs. It is unclear why there is limited research. However, fear of association with mental health may contribute to why an individual may not want to identify needed services. This may also contribute to the participant's willingness to take part in the study. Secondary data was gathered through agency administration, representing the client's outcome in seeking and participating in supportive services. This supported decreasing mental health confidentiality requirements with accessing information disclosing the client's possible information needed to be addressed. With the use of social services and mental health administration, individual CalWORKs clients were not used nor identified within this study supported confidentiality. Participants' identification remained confidential in additional process steps of numerical coding of participants without the use of names engaging in answering the semi-structured interview guide. The participant's signed informed consent was coded in relation to the interview to support confidentiality within the individual's agreement to participate in the study. I received participants' names associated with their interview appointment and consent forms placed in a locked, secured cabinet only I will have access. Once the required five years of retaining information have expired, the information will be shredded and destroyed to protect individual participants' identities.

Significance of the Study

In 1997, the California legislature amended the CalWORKs program to include mental health as a recognized barrier to achieving independence from welfare benefits. The legislation identified the need to incorporate providing supportive services to address mental health needs for California's state residents receiving aid to support low-income families while reducing barriers to self-sufficiency. As mental health related illnesses continue to rise, research has not identified the lack of increasing engagement and utilization of services need to address the rising need for mental health services. However, underutilization of services, this study attempted to explore how policy within Northern California's infrastructure makes mental health services known, accessible, and increased participation while decreasing barriers in the utilization of free social services resources within the CalWORKs program.

As there is limited research in this area, this qualitative study is significant in providing insight into stigma as a rationale as to why a person may not access services to assist with overall life enhancement even though it may be available at no charge. Also, I attempted to identify how policy within NCCSSA, WBA CalWORKs WTW programs may be hindered due to stigma affecting awareness, access, and engagement with mental health services regardless of free social service resources under the CalWORKs program.

Previous research identifies how an individual's personal experience with stigma may be related to social positions, ethnic or racial groups as well as perception if identifying a mental health need (Clement et al., 2015; Link et al., 2014; Aromaa, 2011; Kobau et al., 2010). However, as literature identifies stigma as a possible barrier to

treatment, it does not identify the rationale as to why the individual may not specifically use supportive services or their lack of willingness to access services available to address their needs. This study attempted to address the literature gap by providing information directly related to why individuals may not utilize mental health support services. Through identifying why services may not be utilized, the study attempted to explore how established policies may contribute to possible stigma perceptions associated with an individual's access, and engagement to support mental health services. This information may also lead to identifying how amending processes in promoting supportive services combating stigma with policy changes may increase awareness, access, and engagement efforts by CalWORKs clients.

Qualitative Methods and Research Questions

The research questions in this study were answered using the semi-structured interview guide by interviewing three to five NCCSSA, WBA CalWORKs administrative personnel, three contracted staff, and five to eight mental health providers through the mental health organizations contracted to provide service to CalWORKs clients within Northern California County. The interviews were conducted by telephone at the convenience of scheduled appointment with various individual social service contracted mental health providers to support participants to engage in the interviews. I interviewed participants responsible for promoting and providing supportive services to gather information about barriers to accessing and utilizing mental health services. The information obtained was used to identify common themes to support creating a plan to address the reduction of stigma and increase access to supportive services related to

outreach and referral process for mental health supportive services. Also, a review of the NCCSSA, WBA WTW Policy Handbook (SSA, 2015) outlines the processes referring and putting in place services available to support identifying processes currently in place to assist individuals accessing supportive services. Participants were asked if any suggestions assisted with amending policies associated with the supportive services referral process to identify areas where improvement may be beneficial to enhance increasing awareness and access to support services.

Operational Definitions

Administrator: A person responsible for helping to organize, supervises, and manages running a business, organization, or institution functions. An individual appointed to manage, direct, lead, and govern an agency or organization to carry out duties as responsible for oversight of the work being conducted (Collins English Dictionary, 2018)

CalWORKs Participant/Client: Individuals enrolled in the CalWORKs program to support low-income families to provide support to children's well-being and improve self-sufficiency through various supportive services (California Senate Bill 1041, 2012).

Judgment: Developed view of person or persons who may have different qualities such as mental health symptoms that may contribute to individual's choice of interacting and/or associating with others (Clement, et al., 2015).

Mental Health Professional: A health care professional providing specialty mental health services to improve an individual's mental health, well-being, and functioning to treat mental health disorders (Merriam-Webster Dictionary, 2018).

Mental Health Stigma: Society's negative perceptions of issues as a form of deficiency in a person causing negative association who or what a person may represent if identified as needing mental health services (Clement et al., 2015).

Northern California County Social Service Agency: One of fifty-two counties within the state of California charged through legislation to provide a variety of services to individuals in need to support care for children, families, and the community.

Welfare-to-Work Program: A program designed to screen, provide and manage services delivery for individuals who have qualified for benefits under the CalWORKs legislation to improve family self-sufficiency while receiving government funded supportive services are made available to reduce the barriers for parent's independence in caring for their children (California Department of Social Services, 2003).

Research Biases

As I had previously worked within an environment where services were provided to assist in screening CalWORKs participants for mental health services, it is important to identify the possibility of unintentional biases. I was mindful of the possibility of leading the participant in how he/she may answer the semi-structured interview guide questions that may contribute to how the participants respond to the questions (Sampson, 2012). I avoided bias related to possible previous working relationships with participants in the field of social services and mental health providers assisting individual clients accessing mental health supports (Sampson, 2012). Unintentional bias was addressed by supporting participants to identify their viewpoint of how stigma related to mental health and existing social service policy may contribute to how CalWORKs clients may become

aware, access, and engagement of supportive services (Chenail, 2011; Hycner, 1985). It was important to acknowledge if there is a past working relationship with participants to identify how rapport may contribute to the participant's engagement to avoid swaying research results (Morrow, 2005). As the interviews were recorded, the participant's responses were transcribed to a written manuscript to support an objective review of the information gathered to assist in the remaining objective, avoiding assumptions of participant views and supporting representing the information within the research results accurately (Hycner, 1985). The transcripts were offered to individual participants for review to ensure accuracy in capturing their perceptions and responses correctly.

Implication for Social Change

This study identified possible strategies to combat stigma to support increasing individual's access and how mental health providers engage persons in supportive services. As the themes are identified, suggested policies were identified to increase engagement with individuals with mental health-related needs and decrease stigma to support access to supportive services. This had a direct effect on how CalWORKs clients are supported in becoming aware of supportive services that may also contribute to increasing engagement of CalWORKs clients with contracted mental health providers to address their care needs.

The World Health Organization (2001) identifies the importance of recognizing that mental health is not a person's failure, and addressing stigma helps decrease exclusion from society. Through an integrated public health approach with formulating policies to improve individual mental health with adequate care within a the least

restrictive environment, such as a community setting, assisted in the promotion of healthy lifestyles while reducing risk factors for further harm (World Report, 2001). Positive change outcomes were related to providing services within the local community to assist in changing negative attitudes and increasing knowledge in understanding mental health to assist access to services available (Callahan et al., 2012). This assisted with the utilization of mental health supports within the local area, making services more accessible with the least restrictive format when issues are initially or moderately identified versus when individuals may be in psychiatric distress requiring more intrusive interventions. Increased early intervention and prevention services are provided at a lower cost prior to crisis intervention. There was a reduction of higher care treatment needs decreasing the burden on local, state, and federal funding, which may be utilized elsewhere as needed.

Summary

Through TANF, the Federal legislation contributed to two specific legislations. The PRWORA and CalWORKs Act, programs were developed to assist low-income families to provide for their children with enhancing their well-being and family self-sufficiency while reducing barriers to support independence off government assistance. Within the legislation, mental health issues have been identified as a barrier if unaddressed that may contribute to hindering families from being successful with their own self- sufficiency.

As the legislation was created to support addressing various barriers, including mental health needs while reducing barriers to self-sufficiency as mental health illness

continues to rise while access and engagement in services have not increased. Research has identified that stigma to access mental health is directly correlated to fear of judgment with being labeled and social stigma based on stereotypical thoughts of who may have mental health issues. However, past research does not identify how stigma of mental health-related issues is associated with policy in support of accessing mental health supportive services. This research identified how policy within the CalWORKs program promotes mental health services to assist individuals in accessing and engaging services to reduce self-sufficiency barriers. As research is limited on this subject, this study assisted in exploring how a policy may be associated with contributing to stigma hindering access to support services regardless if made available to CalWORKs participants.

The research attempted to identify how effective the current policy processes of screening, engaging and referrals address CalWORK participant's individual needs for mental health supportive services. The research also attempted to identify how policy changes related to explaining and conducting screening for mental health services possibly benefit increasing awareness with access to support services that may contribute to social change with reducing biases regarding mental health as stigma decreases. This assisted with identifying a public health approach with formulating policies to improve access to mental health care by promoting healthy lifestyles with reduction of risk factors, which may increase service delivery before worsening symptoms developing. This study is significant as prior research has not explored how practices in carrying out policy processes in explaining, screening, engaging, or making referrals for supportive mental

health services to address CalWORK participants' needs or contribute to stigma in individual use of these services.

Chapter 2: Review of the Literature

Introduction

Individuals who experience mental health-related issues often do not seek support services for fear of judgment or lack of knowledge regarding access to services available to address their needs (Kobau et al., 2010). The personal experience of stigma affects people's access to mental health services (Clement, et al., 2015; Link et al., 2014; Aromaa, 2011; Kobau et al., 2010). Even though a need to access mental health supportive services has been identified, stigma continues to hinder individuals from accessing mental health services, which may cause symptoms to become worse and increase negative effects on their overall functioning or wellbeing (Clement et al., 2015). Stigma causes people to fear judgment and negative labeling (Link et al., 2014; Vogt, 2011).

Much of the research and theory on stigma identifies possible barriers to treatment but lacks identification of the specific reason why individuals may not use supportive services to address their mental health needs (Clement et al., 2015; Link et al., 2014; Mojtabai et al., 2011; Vogt, 2011). Furthermore, the lack of treatment can cause additional symptoms of depression, anxiety, isolation, self-esteem problems, and motivation levels (Mojtabai et al., 2011). As these symptoms continue to be unaddressed, risk factors may increase, with individuals feeling additional distress leading to thoughts of self-harm or harming others requiring additional treatment intervention to support safety (Mojtabai, 2011; Vogt, 2011). A delay in services may also contribute to untreated

mental health leading to possible negative interactions within personal, social, and employment environments, causing additional symptoms.

Researching how to reduce barriers to support mental health services provided the opportunity to decease stigma, individuals becoming aware of services available, and increasing opportunities with accessing supportive services. With the reduction of stigma, additional awareness of access to mental health services supported physical, social, and overall wellness (Link et al., 2014). As an increase of awareness of support services available to address various mental health symptoms, preventative, and early intervention care. Reducing the long-term effects of untreated needs decreased the possible need for long-term treatment interventions, which contributed to decreasing prolonged treatment costs. (Mojtabai et al., 2011).

Literature Search Strategy

I conducted a search of the literature to locate relevant literature related to mental health-related stigma that contributes to supportive services barriers. I used Walden University library, Google Scholar, ProQuest, Sage, and California State Legislative site sources.

A variety of searches conducted used words related to the study. These searches included: *barriers to supportive services, mental health stigma, stigma contributing to accessing mental health services, California Work Opportunity and Responsibility to Kids (CalWORKs) legislation, CalWORKs services contributing to self-sufficiency, CalWORKs legislation incorporating mental health into supportive services, acceptance of mental health treatment, CalWORKs policy legislation, national population living*

mental health, engagement in mental health services, welfare reform legislation, Northern California County CalWORKs program, county WTW Handbook, CalWORKs to support self-sufficiency, county referral to supportive services, mental health related to CalWORKs, and *possible engagement barriers to accessing supportive services. As the search continued, the focus transitioned to policy related* to NCCSSA WTW processes with orientation, assessing and referral to supportive services, and engaging CalWORKs statewide and individual counties.

Each search provided a vast amount of literature reviewed to identify if associated with the research study were exhausted. The searches provided background information on mental health stigma, CalWORKs legislation, and barriers to self-sufficiency. However, the literature was limited related to how mental health stigma contributes to an individual's awareness of, access to, and engagement with supportive services. The extensive literature searches did not provide background in how the established legislation would encourage participants to utilize supportive services. Previous research also lacked information regarding how NCCSSA policies attempt to identify individuals needing supportive services and how reducing mental health stigma would assist individuals in accessing and engaging in mental health services through CalWORKs supportive services.

Legislative Policy Review

Through the PRWORA of 1996, the United States legislation reform provided the opportunity to establish services to aid under the TANF. The passing of the PRWORA legislation contributed to the passing of California's legislation Assembly Bill 1542 in

1997, incorporating mental health care as a supportive service benefit into the CalWORKs program by identifying mental health-related issues as a contributing barrier to the individual's ability to obtain sustainable employment for self-sufficiency (California Department of Social Services, 2003).

CalWORKs' target population is low-income families with children with the goals of providing support to children's well-being and improving family self-sufficiency through parental employment (Danielson, 2013). In 2011, it was reported that CalWORKs recipients included 1,117,000 children from 324,000 parents participating in the program who may also receive additional services through various county programs due to individual participant and their family needs (Danielson, 2013). Participant eligibility is determined by meeting program enrollment guidelines, time limits on access to CalWORKs services, and participation in mandatory activities to support moving towards self-sufficiency (Danielson, 2013).

The Workforce Investment Act (WIA) of 1998, Title I was established to provide activities to support the investment with increasing employment through occupational skill-building and improving the workforce's quality while reducing welfare dependency (Bugarin, 2001; U.S. Department of Labor, 1998). The State of California uses allocated federal funds to support vocational training, specialized programs, and reduction of barriers to employment through identified supportive services. Through Title I, The WIA delivery of service framework allocates funding throughout the state at a local, county level to support individuals in need to support self-sufficiency in a one-stop service delivery approach (Bugarin, 2001; U.S. Department of Labor, 1998). In 2000, the Job

Training Partnership Act (JTPA) program replaced a portion of the WIA program to assist individuals who require intensive supportive services to those who struggle with obtaining employment due to educational, training, and/or vocational rehabilitation needs (Bugarin, 2001). The JTPA program specifically targets individuals who have long-term unemployment and are receiving public assistance, presenting with disabilities contributing to employment barriers, and are in need of extended services to individuals receiving CalWORKs benefits (Bugarin, 2001).

In coordination of multiple services, the WTW program was established through Federal and State legislation to provide services to hard-to-employ individuals who are also receiving benefits through the TANF program (Bugarin, 2001; California State Library, 2001). The WTW program goals are to support individuals moving towards self-sufficiency with obtaining and maintaining employment to reduce dependency on public assistance such as CalWORKs, TANF, and other subsidized programs (Bugarin, 2001; California State Library, 2001). The WTW program is operated locally within the 58 individual counties through NCCSSA and contracted partners providing services to reduce barriers and support vocational services for obtaining employment (Bugarin, 2001; California State Library, 2001).

Policy Implementation

As the federal government deferred welfare policy development authority to the individual states, some states such as California empowered individual counties to create policy in developing county programs such as the development of CalWORKs (Danielson, 2013; Hamilton, 2002; Zellman et al., 1999). Through the 1998 welfare

reform legislation, each of the 58 counties through the State of California created various types of coordination of case planning to support participants who had dual service needs such as mental health, substance abuse, and other challenges that may contribute in providing their children's daily needs (Berrick et al., 2006). In support of efforts to remove barriers to employment by meeting people's individual needs as they participate in the CalWORKs program, each of the 58 California counties have established various implementation processes for how caseworkers include supportive services benefits that may count towards CalWORKs work plan activities of completing mandated program hours (Berrick et al., 2006). Through staffing identification of CalWORKs participants needing various supportive services, social service agencies began to attempt to link to services by referrals to address individual needs.

In response to the welfare reform realignment of federal funding, the 2000/2001 California State budget approved approximately 6,100 one-stop centers to assist with job readiness that includes assistance with resume preparation, interviewing skills, literacy classes, and other related employment skill-building supports (Bugarin, 2001). CalWORKs service delivery adapted this model to support participants with access to workforce development services in one location through the development of consolidating state programs to a one-stop service center (Bugarin, 2001). Through the WTW program management by various social service agencies throughout the State of California, each of the 58 counties incorporated variations of the philosophy to increase access through one-stop service locations identified as self-sufficiency centers to deliver CalWORKs services and programs related to workforce development (Crow &

Anderson, 2004; Bugarin, 2001). In addition to streamlining services in one location, term-limits in accessing CalWORKs program delivery were also revised to encourage participation in meeting program goals and decreasing possible dependency on social service aid Crow & Anderson, 2004).

CalWORKs Policy Reform

The California Senate Bill 1041 in 2012 contributed to several reforms within the CalWORKs program to increase engagement with accessing supportive services to assist with self-sufficiency to determine if outreach is successful in providing services (CA Bill 1041, 2012). The bill did not address uniformity in how CalWORKs Welfare-to-Work (WTW) services were provided with engaging participants in services throughout the state. The 2012 California Bill 1041 legislation focused on addressing the need to identify and provide mental health supportive services without identifying specific strategies regarding how to increase awareness, access, and engagement in services. California Bill 1041 (2012) provided an overview of services available; however, it does not provide guidelines on how to engage participants in supportive services through outreach efforts. the legislation does not support uniformity of incorporating structure in how service needs were identified within the 58 counties throughout the state of California, which may contribute to additional barriers in service awareness, access, and engagement.

California Bill 1041 (2012) utilized the PRWORA federal government changes to be included within the state welfare regulations of term limitations to government aid attached to work requirements, including short and long-term limitations to welfare benefits and expectations to participate in various activities to assist with self-sufficiency.

The CA Bill 1041 legislation included approval from the Department of Health and Human Services (2010) to reduce the 60-month lifetime limit to 48 maximum months to receive government assistance. Even with the term reduction of services, the State of California (2011) identify individuals participating in the WTW program are eligible to receive various supportive services including but not limited to counseling to assist in obtaining or maintaining employment.

CalWORKs participants who are receiving supportive services such as mental health, domestic violence, or substance abuse treatment receive an exemption status on term limits to support addressing their individual needs while working towards future self-sufficiency (CA Bill 1041, 2012; Department of Health & Human Services (HHS), 2010). These various exemptions are granted by the WTW staff working within the Workforce Benefits Administration (WBA) under the direction of County Social Service Agency (SSA) oversight.

Access to Supportive Services

Through the 1996 PRWORA, individuals receive government state aid from using TANF program to obtain employment. Through the welfare reform, restrictions on the amount of time an individual may access aid may contribute to insufficiency in addressing numerous barriers of employment as limiting participation in activities to support self-sufficiency among welfare recipients (Allard et al., 2003). In addition to personal participation limitations such as low employment job skills because of little work experience and literacy issues, some research has identified that physical, mental, substance and domestic violence related programs may contribute to decreasing a

significant obstacle to employment (Danzigeret al., 2000; Jayakody et al., 2000). At a state and local level, efforts were made to develop and implement programs through CalWORKs and Workforce Investment Act administration throughout California, but little has been researched on the effectiveness of access and utilization of these programs (Anderson et al., 2002). According to the U.S. Department of Health and Human Services (2002) and the U.S. General Accounting Office reported in 2001 and 2002, more than 50% of TANF expenditures are allocated to welfare participants to receive supportive services.

The CalWORKs Welfare Institution Code 11325.5-11325.8 set forth requirements of county welfare departments such as Social Services Agency to collaborate with county mental health and drug and alcohol programs to identify needs and assist in accessing supportive services such as counseling related to mental health, substance abuse or other issues that may contribute to barriers to employment (DeLapp, 2001). However, there is little research exploring whether individuals receiving welfare benefits have adequate access to social service providers to obtain supportive services (Allard et al., 2003).

Coordination of Service Delivery

With welfare reform, coordination of services through contracted nongovernment, nonprofit agencies have increased to support a more personalized service delivery system (Austin, 2003). Before welfare reform, organizational systems such as Child Welfare and TANF were kept separate until it was identified there were new opportunities for organization collaboration as both aimed in assisting the same populations (Berrick et al., 2006). The need for services is often interrelated due to cause and effect. For example, a

family that needs support through child welfare may be related to the parent's inability to locate employment that contributes to the inability to care for children's nutritional values and safe housing/shelter (Berrick et al., 2006). Individuals are often engaged in CalWORKs as a transition from TANF services regardless if involved in child welfare services as studies have shown there is a higher risk of families not obtaining self-sufficiency sustainability if only receiving child welfare services without employment service supports (Berrick et al., 2006; Slack et al., 2003).

Also, as demand for service delivery increased, third-party organizations' providing services had become a necessity (Kaplan et al., 2007). With the need to provide services, community-based nonprofit agencies often need to access contract funding to support providing services through various programs within the organization (Austin, 2003). Contracting for services is done at a county systems level internally as well as with external providers. For example, NCCSSA participates in the coordination of services between the Child Welfare System (CWS) and a similar welfare system called CalWORKs, which provides additional supportive services to assist in developing self-sufficiency (Harven, 2012). Through the coordination of services, families are supported in addressing the safety concerns identified by CWS while also receiving benefits through CalWORKs to address self-sustainability once CWS ceases involvement (Harven, 2012). Through the CalWORKs WTW program, participants receive supportive services under the welfare reform to address possible barriers to employment and self-sufficiency (Harven, 2012; Crow & Anderson, 2004; Bugarin, 2001). Reviews of how the county utilizes collaboration across internal departments, benefits have been identified in

addressing effectiveness and increasing accountability in services within NCCSSA departments (Harven, 2012). These benefits include participants having a clear plan in addressing both safety needs identified by CWS as well as self-sufficiency plan to reduce aid from the CalWORKs program assist in creating a case plan with combined expectations of dual programs to avoid overlap of service delivery (Harven, 2012; Lillie, 2003).

With individuals needing specialty services identified as mental health, substance abuse, domestic violence supportive services to use contracting for service delivery with external community providers have also been established through expanding various contracts (Kaplan et al., 2007; Austin, 2003). As social service staff may not have the expertise needed to address these specialty areas, contracted partners provide beneficial resourcing, assisting in serving participants with various barriers to self-sufficiency and increasing engagement through smaller specialty agency involvement (Kaplan et al., 2007). However, research has not identified how contracted services affect social service delivery to participants utilizing supportive services in addressing their individual needs (Austin, 2003).

Participant's individual needs with supportive services while participating in employment services, the State of California held a summit in 2001 to assist with identifying how systems could be developed to support hard-to-place individuals within the workforce (Bliss, 2001). The three-day summit highlighted the importance of developing a welfare and workforce development system to meet the needs of decreasing the barriers to employment and increasing individual self-sufficiency (Bliss, 2001).

Throughout the conference, with sixty presenters, various topics were addressed related to engagement, service delivery, and increasing positive outcomes with decreasing participants' need to access state and/or county aid by removing barriers to employment (Bliss, 2001). The outcome of the conference identified the need to build service delivery programs at a county level to address the various needs of individuals at risk of or might be receiving aid through CalWORKs to focus on job retention and advancement within the workforce while addressing possible obstacles that may hinder participant's successful transition to self-sufficiency (Bliss, 2001).

As service needs increase to support CalWORKs participants' working towards independent employment with the goal of self-sufficiency, federal oversight continues to delegate to the state's oversight with counties responsible for service delivery through policies established by local legislators. Danielson (2013) explains that it is important to establish a comprehensive approach of oversight in how services are delivered to address participants' ability to access and engage in supportive services. In response to welfare reform within the State of California, Northern California Counties established shared service delivery within the WBA to provide orientation, assessment, employment skill-building access, and identifying barriers for possible referrals to specialized service providers (ALCO SSA, 2017). To provide an assessment of individual CalWORKs participant's supportive service needs, NCCSSA, WBA currently contract with two community-based providers (SSA, 2017). These agencies are responsible for providing orientation to the CalWORKs applicants, managing their assigned activities to remain eligible for aid, and assessing if supportive services are needed to remove barriers for

employment (SSA, 2017). In addition to the two contracted agencies that work within the NCCSSA, WBA three site offices, there are seven agencies contracted to provide mental health supportive services specifically to CalWORKs clients and managed through Northern California County Behavioral Health Care Services (BHCS) agency in partnership with SSA (BHCS, 2017; SSA, 2017).

Implementation of Restructuring Service Delivery

As welfare reform throughout the United States focused on social services delivery at a local county level with implications of restructuring service delivery by addressing employee caseload oversight, efforts have been made to expand the economy with the increased workforce through job skill-building and building partnership with community-based organizations to support service delivery needs (Austin, 2003; Lurie, 2001). As expansion in partnerships between local county government agencies and community-based nonprofit agencies, contracted services from county to nongovernment agencies allows expansion of service delivery through privatization increases ability to fulfill legislative mandates, increase efficiency in service delivery, flexibility in managing to staff and improve service quality through access to specialized services locally (Austin, 2003).

Additional benefits to contracting services to nonprofit, community-based agencies are reducing service delivery costs and increasing efficiency due to reduced county caseload assignments to have more personalized engagement with CalWORKs participants and create competitive interests with agencies providing services for best outcome practices (Austin, 2003). However, there are also concerns of limited resources

to provide services due to unrealistic funding for service costs, increased need for employing specialized professional staff and contracted services with external providers may not address CalWORKs overall mission (Austin, 2003). With additional oversight to assist with mission purpose alignment, contracting for services may be beneficial if there is a cooperative partnership between local government and community agencies providing services to support positive outcomes with increased engagement to address needs of CalWORKs participants (Austin, 2003).

Barriers to Supportive Services

Individuals seeking county services to support their children and families as they are unable to obtain employment to assist with self-sufficiency may also have individual barriers of mental health, substance abuse, domestic violence, and/or literacy. When entering CalWORKs enrollment, individuals participate in an orientation process that includes awareness of program participation expectations, standardized state high school exit exam to determine the level of literacy, and a needs assessment and overview of how the program is structured for the 48-week aid individuals may be eligible to receive benefits (SSA, WBA, 2017). Through a needs assessment conducted by one of the two contracted agencies by asking CalWORKs participants to answer various questions to determine if supportive services may benefit obtaining employment for their future self-sufficiency. A CalWORKs participant may have various barriers to employment, which may also be caused by a lack of awareness, agency engagement, and stigma related to the utilization of mental health services and other supportive services. Through previous

research mental health barriers contribute to the highest rate of individuals who are unable to obtain sustainable employment.

Awareness of Supportive Services

The CalWORKs were created through the WTW Act; AB 1542 promotes economic self-sufficiency by removing barriers that may hinder an individual's success with employment (California Department of Social Services, 1997). The welfare reform legislation provided California's 58 counties flexibility to develop creative programs to support the specific county in meeting the needs of the specific county's diverse population while also managing the increase in service delivery demands for individuals in need (Blumenberg et al., 2002; California Department of Social Services, 1997). The CalWORKs program's overall goal is to better the lives of children and families by assisting in families becoming self-sufficient economically while meeting federal and state mandates in providing services. To support self-sufficiency, individuals may need to access resources such as mental health, domestic violence, substance abuse, and other various supportive services. Due to the demand in services, CalWORKs supportive services are often provided through contracted and/or nonprofit organizations receiving grant revenue to address barriers to self-sufficiency (Blumenberg et al., 2002). By contracting services out to nongovernment, community-based organizations that specialize in specific services areas such as mental health, domestic violence, and addiction assist with individuals in accessing supports while working to remove barriers to obtain self-sufficiency.

Bartle and Segura (2003) conducted a study with CalWORKs participants in Los Angeles County to explore their awareness of supportive services that may be available to support addressing their individual needs while receiving social services aid. The study found a variation of how women were notified of supportive services available to address mental health, substance abuse and domestic violence abuse resources. This includes possible contributions of discouraging CalWORKs participants from seeking supportive services from contracted providers and social service case workers and feeling judged if/when asked about supportive services (Bartle & Segura, 2003).

Agency Engagement

Over the past fifty years, social services have evolved with expanding services to meet the need of individual county communities. To support these needs, the United States has increased government-based services through social services and contracting to community-based organizations (Austin, 2003). Through the implementation of welfare reform in 1996, policy change through legislation has transitioned service delivery from a national level to state oversight with local county governments having the authority to determine dissemination of services which include contracted services through nonprofit community-based agencies charged for providing services once previously provided by social service agencies (Austin, 2003).

As there is no consistency between the 58 counties throughout the State of California, there is neither a consistent program design nor how services delivery is established, obstacles in effective service delivery is also affected by inadequate linkages, training and bridging services with community partners (DeLapp, 2001). It is also

important to review organization culture and perception of how services should be delivered. DeLapp (2001) explains the importance of considering multiple factors of how different agency mission statements, the purpose of client service focus, timelines of services, staff training, and organizational culture can contribute to how services are accessed and utilized. It is also important to understand the definition of success concerning goals and how individual staff's performance contributes to service delivery (DeLapp, 2001).

Even though the intention of expanding services through contracting with nonprofit community agencies, quality of performance in service delivery review is challenged as no specific oversight on the consistency of delivery with staffing changes, distance oversight in monitoring service delivery versus direct review and multiple levels of engagement from the various overlap of service delivery may also hinder the success of engagement with participants (Austin, 2003).

Mental Health Related to CalWORKs

Despite efforts through national and state legislation within the United States, mental health illness continues to increase yearly with reports of doubling since 1987, with nearly 6 million individuals being disabled due to mental health symptoms and approximately 400 people diagnosed with mental health-related conditions (Whitaker, 2005). As Northern California counties established a needs assessment in 1999 for CalWORKs participants to assist in the evaluation of possible barriers to self-sufficiency, 21.9% of those who completed the evaluation were found to have mental health needs and identified as a potential barrier (Speiglman et al., 1999). The evaluation of the needs

assessment outcomes identified one in six participants reported that there was a need for mental health support over the past year and a rate of one in twelve identified inability to take proper care of themselves or family due to emotional, personal or mental health-related issues (Speiglman et al., 1999).

Mental Health Stigma Contributing to Engagement

Various reasons contributing in the understanding of the association with stigma and how individuals may or may not access mental health which may include personal, social, community and media perceptions of mental illness contribute to individual barriers to seeking out mental health services (Alegria et al., 2014; Aromaa et al., 2011; Callahan et al., 2012; Clement et al., 2015; Kobau et al., 2010; Link et al., 2014; Mojtabai et al., 2011; Mojtabai, 2010). Various ethnic and racial groups have less access to mental health services not only related to stigma but also based on low income and decreased access to services (Alegria et al., 2014; Clement et al., 2015; Kobau et al., 2010). Mental health stigma has higher ratios with vulnerable adults, military and professional personnel who contribute to the decrease in seeking or accessing mental health services (Clement et al., 2015; Kobau et al., 2010; Link et al., 2014).

Various mental health diagnoses have been identified in society to have different tolerances and acceptance of symptoms related to mental health illness. Social attitudes are identified by contributing to personal perceptions of an individual's willingness to seek professional services to address mental health needs (Alegria et al., 2014; Mojtabai, 2010). Fear of judgment or unknown access to mental health supportive services has been identified as a probable contributing cause to why individuals often do not seek services

that may benefit their overall life functioning (Kobau et al., 2010). In addition to fear of judgment, labeling someone with a mental health-related issue is often associated with the reasons individuals may not seek support (Link et al., 2014; Vogt, 2011).

Previous research identifies an individual's personal experience with stigma may not only be related to a social position but also ethnic, racial and cultural backgrounds as well as the perception of persons who have been identified as needing mental health treatment (Clement et al., 2015; Link et al., 2014; Aromaa, 2011; Kobau et al., 2010). Research has identified primary contributing factors hindering mental health engagement as three areas of stigma related to the perception of public stereotype/stigma, personal beliefs of stigma and self-stigma of their mental health issue that may deter individuals from accessing support services (Aromaa, 2011). However, there is limited research on the relationship between mental health stigma and the willingness to seek services. However, research has identified individual perceptions as personal beliefs and societal stigma as barriers to accessing mental health treatment (Mojtabai, 2010).

Summary

The World Health Organization (WHO) has identified addressing mental health needs as not one's personal failure by addressing the stigma associated with mental health decreased an individual's isolation from society (WHO, 2001). However, there is limited research on the relationship between mental health stigma and the willingness to seek services. However, research has identified individual perceptions as personal beliefs and societal stigma as barriers to accessing mental health treatment (Mojtabai, 2010). As stigma continues to hinder accessing mental health services, an individual's overall life

functioning declined as symptoms are untreated due to fear of judgment and negative labeling for those who may have mental health needs (Clement et al., 2015; Link et al., 2014; Vogt, 2011).

As the legislation was established to provide supportive services to decrease self-sufficiency barriers, various programs attempt to address individual participants' needs to increase workforce skill-building as welfare dependency decreases. Specialized programs through the WIA of 1998, Title I was established to assist in providing various services to support reducing barriers that may contribute to the inability to obtain employment while increasing education, training and/or vocational services (Bugarin, 2001; U.S. Department of Labor, 1998). Stigma continues to be identified as a barrier to utilizing mental health services; however, research has not explored the rationale to why individuals may not utilize supportive services available to address their mental health needs (Clement et al., 2015; Link et al., 2014; Mojtabai et al., 2011; Vogt, 2011). Researching possible change in policy processes with CalWORKs participants becoming aware of supportive services available may assist with the opportunity to decrease the stigma that may also assist with increasing access and engagement in mental health services. In 2012, the California Senate Bill 1041 reformed the CalWORKs program to support increased engagement with accessing supportive services to assist with individual participants' self-sufficiency to determine if outreach with increasing engagement is successful (CA Bill 1041, 2012).However, the legislation did not address how engagement with participants would be carried out through the delegation to each the 58 individual California counties nor how they would develop a policy to carry out

providing supportive services through awareness, access and engagement needs to be explore further in how this may contribute to outcomes.

This chapter has shown the legislative history identifying the importance of including mental health supportive services to address needs while receiving additional CalWORKs resources. Even though legislation has identified the importance of supportive services, prior research also identified fear of judgment or unknown access to services available contribute to why individuals may not seek utilization of mental health supportive services. Therefore, this study's focus was to investigate how policy within NCCSSA WBA CalWORKs WTW program may be hindered due to stigma affecting awareness, access, and engagement in supportive services regardless of whether beneficial to their self-sufficiency to care for their family and services at no cost to individuals.

Chapter 3: Methodology

Introduction

The 1996 PRWORA established supportive services to welfare participants which were later incorporated into the 1997 California Assembly Bill 1542 establishing mental health services as a benefit to those in need of supports while participating in the CalWORKs program to reduce barriers to self-sufficiency (California Department of Social Services, 2003). Even though legislation identified the importance of supportive services, including mental health, there continues to be a stigma associated with accessing services (Link et al., 2014; Vogt, 2011; Kobau et al., 2010). As each of California's 58 counties was granted individuality in structuring WTW programs under Assembly Bill 1041 (2012), research was limited regarding how public policy may assist in addressing stigma while increasing access to mental health support services.

Role of the Researcher

I identified the participants through collaboration with NCCSSA WBA, contracted providers conducting orientation to CalWORKs WTW program, and contracted mental health providers to provide supportive services with assisting in the reduction of barriers to support individual CalWORKs participant's self-sufficiency. After my initial contact with Social Services, contracted in conducting orientation, and mental health providers, participants were estimated may range from 8 to 15. Once the participants agreed to engage in the study, I scheduled a telephone interview convenient to the participant's work setting to support a comfortable, nonthreatening, and confidential environment. Options of date and time of interviews were coordinated

between agreeing volunteered participants and myself. Prior to starting the interview, I confirmed participants were utilizing a confidential space when participating in the interview by telephone. I engaged in open communication, asking semi-structured questions using the interview guide (Appendix A) to support participants sharing their perspectives. As suggested by Creswell (2013), I created a holistic space through trust and safety to support open communication in gathering information to complete the study.

To reduce participants' possible hesitation to share their perspectives on program functionality, policy practices, and suggestions that may engage CalWORKs client utilization of supportive services, I reviewed the participant consent agreement, which also highlights the confidentiality of participants as a data source. As identified as an important process by Creswell (2013), I highlighted the steps to support confidentiality and participant's rights within the study which in turn supported the relationship between participant and myself. Once the collective interviews had been concluded, I reviewed the data to identify themes within the participant's responses. I used Nvivo software as a secondary form of reconciling data to identify themes from participant's responses to semi-structured interview guide questions.

Research Design

The qualitative study attempted to discover if possible changes to NCCSSA, WBA WTW handbook policies in promoting supportive services may enhance increasing awareness as well as access to an individual's utilization of services, which may also reduce stigma. The study attempted to identify common themes of staff

describing information on supportive services available to mental health provider administration perspectives as to why individuals may not continue services and/or create barriers to accessing mental health supports. As previous research does not identify how to address stigma's possible association with accessing or utilizing supportive services, this study gathered information directly from individuals who provide services and/or refer CalWORKs clients to participating supportive service mental health providers. The access to both administrative and direct service providers was through NCCSSA, WBA staff, and contracted agencies that screen CalWORKs clients were identifying potential candidates who may benefit from receiving supportive services and partnering mental health organizations contracted to serve CalWORKs clients. With a semi-structured interview guide, information was gathered on barriers to accessing, engagement utilization of mental health and other supportive services. The information obtained was used to compare responses between the groups to identify common themes to support creating a plan to address the reduction of barriers to support increased access and utilization of mental health supportive services. Intern this may also contribute to NCCSSA, WBA goal of increasing CalWORKs participant's self-sufficiency.

Research Setting

There were nine potential research sites for the telephone interviews to support data collection through interviewing the participants within the Social Services Agency, the contracted provider office disseminating CalWORKs orientation information, as well as current and previous contracted mental health providers throughout Northern California county serving individuals referred for mental health supportive services from

the CalWORKs program. I coordinated telephone interviews with individual participants at a time and date convenient for their participation and in a space they preferred. The confidential setting in which the interviews took place at different site locations was established before having a telephone interview to support participants' confidentiality and a comfortable environment.

Research Questions

RQ1: How effective are the current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORK participant's needs?

RQ2: How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access to support services?

Central Concept/Phenomenon

In this study, I explored how supportive services are promoted, how individuals are made aware of services, and why individuals may not access or utilize the supportive services available to them. The study concentrated on the following concepts: (a) the organizational culture of carrying out policy processes; (b) how services are promoted to support access, utilization, and engagement; and (c) the perception of social attitudes contributing to stigma related to willingness to seek professional services. I used these concepts to focus on the phenomenon of services available to individuals, how they access services, and how they utilized services to address their individual needs and increase self-sufficiency.

Research Paradigm

I used a qualitative approach to investigate Northern California county's service delivery of supportive services within the WTW program with individuals receiving CalWORKs benefits. I explored participants' perceptions related to the phenomenon and how they adapt to policy within the environmental services are provided. I focused on how policy within NCCSSA, WBA CalWORKs WTW program may contribute to stigma through the delivery of information that affects an individual's awareness of, access to, and engagement with supportive services, including mental health assistance. To gather this information, I met with individuals who deliver information regarding services to hear their perspectives, understand their processes in carrying out tasks, and hear their experiences in client responses to available services.

The best approach to accomplish gathering information within this study is through a qualitative research design to create an understanding of issues within specific situations to gain insight on perspectives and behaviors of how they may respond within the situations being explored (Kaplan & Maxwell, 2005). A qualitative focused research study allowed me to be in a social, political and cultural environment with making my the instrument in collecting data to build themes within NCCSSA administration and CalWORKs contracted mental health provider's perspectives to barriers to accessing mental health supports or why individuals may not continue services (Creswell, 2013).

It is important to understand how the integration and coordination of services through various organizations contributes to outcomes. It is also necessary to understand how cooperative relationships between organizations impact agency structure and

behavior (Provan & Milward, 2001). Even though previous research identified the importance of understanding how integration and coordination of services contribute to outcomes, there has been limited research in examining relationships between inter-organizational network structures and effectiveness contributing to outcomes. Provan and Milward (2001) identify that the evaluation of effective policy and services is valuable information. In turn, this often affects funding resources, which is determined by outcomes effectiveness and can contribute to how service delivery is carried out through resources to serve the community needs.

Nutley, Smith, and Davies (2000) explain that social services departments tend to conduct research internally, which may include exploring the effectiveness of the research. Through internal research inquiry on the worker's view is often utilized to support obtaining information on working realities that contribute to routine monitoring of service delivery. However, as Nutley et al. (2000) identified, this is often insufficient to gather supporting information regarding collective view that is used to make decisions on policy development. Maximizing the opportunity to gather information by evaluating services through various sources contributed to identifying possible patterns within participant's results increased the validity of outcomes. This is important to recognize as institutions can, directly and indirectly, influence individual behaviors and motivation in how duties are carried out through environment social structure, norms, rules, and values (Vandenabeele, 2007). Standardization of practices contributes to developing routines, procedures, and organizational norms. Standardization may also be used to identify

research outcomes related to the institutionalization of roles and the identification of institutional beliefs that may affect how tasks are completed (Vandenabeele, 2007).

Rationale for Research Approach

Through the methodology approach, information was gathered to assist with policy analysis to support an understanding of established policy, processes that are developed to support the policy and benefit-costs outcomes to determine if outcomes are effectively aligned with the purpose of policy (Dunn, 2015). The application of IAD framework helped me in gathering information to support an understanding of the institutional logic in developing policy design to provide performance outcomes in providing services (Petridou, 2014).

Using the IAD framework supporting this study, the theory assisted in identifying how NCCSSA, WBA policy processes assist in determining if supportive services were offered and provided to CalWORKs participants. The IAD framework also helped identify how policy processes in reporting and managing outcomes of services provided and utilized through structural elements. Through this review, the IAD framework contributed to gathering information from individuals participating in policy development, practice, and information available in contributing to decisions in policy implementation based on benefit and cost outcomes of service delivery (Ostrom, 2011). By reviewing structural variables in institutional agreements, values may differ from different participant perspectives. Using the IAD framework, examining the government and nongovernment agencies working together in an integrated perspective contributed to performance improvement, integration of policies and coordination of service delivery

through a stakeholder approach in how decisions are made with policy implementation within a government setting (Ostrom, 2011; Imperial, 1999). This is outlined in the IAD process of evaluation by exploring external variables applied to action situations that may contribute to interactions, which may contribute to different outcomes (Ostrom, 2011). Further evaluation supports how the external variables contribute to outcomes of individuals in various roles, their understanding of information, control of how information is disseminated, which then contributes to outcomes of service delivery (Ostrom, 2011).

Dunn (2015) explains that an integrated policy analysis would assist with identifying how outcomes may be consequences of one or more policies in conflict with one another, even though it is designed to contribute to resolving a problem that may hinder desired outcomes. Through the process of integrated analysis with the IAD framework, I attempted to gather information on circumstances that may contribute to the problem even though the policy is designed to resolve the issue. As noted in the process of integrated analysis, applying policy analysis assists in synthesizing information to support making policy decisions by exploring what the problem is, what are the solution options to solve the problem, what difference would solutions contribute to resolving the problem and what should be done to support the resolution (Dunn, 2015).

Research Approach and IAD Framework

Crowley (2003) conducted a study on the role of policy entrepreneurs responsible for developing policy on child support. The study focused on policy development timelines with the roles of various stakeholder groups contributing to establishing policy.

By reviewing how different stakeholders over time identified shifts in policy perceptions, the study showed how different generations within changing political climates contribute to strategies in operating within systems and perspectives by proposed solutions to addressing contentious policy issues (Crowley, 2003). The study highlights how current political climates influence policy change and how individuals may be influenced by changes in political perspectives contributing to institutional environmental practices (Crowley, 2003). The study also identified how decisions within policymaking were affected by individuals who had similar perspectives to carry out change while maintaining the institutional environment (Crowley, 2003).

Lawrence, Hardy, and Phillips (2002) explored how collaboration within immediate local individual collaboration contributes to broader, field-level change within institutions. Through the qualitative study, Lawrence et al. (2002) researched how collaborative activities within a nongovernment organization provided services within Palestine to women and children. The study assessed how collaboration within multiple situations in an organization impact stages of change and highlights the important contributions to institutional theory (Lawrence et al., 2002). This study highlights how inter-organizational collaboration contributes to institutional change is initiated. Focusing on local effects on collaboration highlights how inter-organizational relationships and interconnections are a source of change (Lawrence et al., 2002). The qualitative study used multiple case comparison analysis on collaboration by a single organization to identify the different characteristics which impacted the organization (Lawrence et al., 2002). Through the data analysis of developing summaries by forms of collaboration,

coding summarized the characteristics and effectiveness of collaboration to support analyzing the pattern of relationships among the conceptual categories with cross-case comparison analysis (Lawrence et al., 2002). First identifying characteristics of a collaboration of pattern of interactions among collaborating organizations, structure of the coalition formed by partners and information sharing among partners assisted with developing outcomes coding with categories of the collaboration, terms were used of interaction, coalition structure, and information flow assisted to relate themes to their effects within institutional change (Lawrence et al., 2002). The study found the institutional phenomena of how collaboration within an organization contributes to how collaboration with partners and services are delivered within the institution directly influence how individuals carry out tasks through establishing policy practices (Lawrence et al., 2002).

Imperial and Yandle (2005) researched institutional design and performance issues by examining bureaucracy, markets, community, and co-management. In considering institutional design analysis related to performance, it is important to acknowledge that institutions are managing human behaviors in situations that are structured by shared strategies of norms and rules within an environmental setting that may have outcome objectives (Imperial & Yandle, 2005). With the use of institutional analysis, Imperial and Yandle (2005) identified how institutional arrangements contributed to the institutional design of performance outcomes related to the objective attempting to achieve efficiency, equity, accountability, and adaptability while also understanding institutional performance relationships with policy outcomes. Imperial and

Yandle (2005) highlight the IAD framework as a useful tool for guiding analysis as focused on determining which institutional arrangement produced the best outcomes.

Koontz (2003) explains the IAD framework is beneficial to conduct inquiry across a variety of disciplines with considering how the physical world, community, roles, and interactions with others contribute to the decision-making process of those responsible for creating policy to address situations to support patterns of interactions in the effort to achieve outcomes. Koontz (2003) identified the importance of recognizing the multi-dimensional IAD of framework assisting in identifying how operational, collective choice and constitutional choice components contribute to the relationship of individuals carrying out tasks that can have a direct effect on outcomes.

Whaley and Weatherhead (2014) conducted a study using the IAD framework to support addressing contextual factors and power dynamics as well as the economic and institutional dimensions to support sound policy recommendations. Whaley and Weatherhead (2014) identify an awareness of centralized and bureaucratic management are often exclusionary, reactive, and insensitive to changing circumstances have contributed to co-management as a form of sharing resources to address the need through both community and government. With a focus on the IAD framework, they were inquiring on relevant information to address individuals' behaviors and how participants may be influenced by shared norms, rules of processes, and environmental settings in carrying out tasks to achieve outcome objectives (Whaley & Weatherhead, 2014).

Procedures for Participant Recruitment

I met with the administrators at the various county, contracted orientation, and mental health agencies to present research study information to generate interest in the study's purpose. With the individual agency's interests, I received approval to present within individual department team meetings at social services, one of the two contracted orientation agencies and five of the seven contracted mental health agencies to share the purpose of the study to assist with obtaining voluntary participation. Through the process of presenting the purpose of research to county and contracted administration staff within their team meetings, individual participants were identified through the convenient sampling process. In addition to NCCSSA, WBA participation contracted orientation, and mental health providers are providing supportive services to CalWORKs clients who have an invested interest in identifying possible improvements to increase client engagement to increase self-sufficiency. Through the participation of mental health agencies, I had to gather secondary data on referred clients and their follow-through with the engagement of utilizing supportive services.

Research Sample Participants

Participants were recruited by the agencies in which they were employed to provide supportive oversight management and counseling services to CalWORKs participants. The social services and mental health agency administrations at the various agencies were provided the semi-structured interview guide within the participant's confidential telephone call within the private environment identified by each participant at the time and date convenient for obtaining their participation. The data was gathered

from participants participating in the semi-structured interview guide; it was estimated that the research would take approximately 12 weeks to support meeting with participants at a time and date convenient within their schedules. However, due to holiday and scheduling at convenience of participants, the research took 14 weeks to complete interviews. Within the informed consent, I highlighted the voluntary participation and confidentiality protocols in protecting their identity through numeric coding to avoid identifying individual participants to assist with increasing participation rates.

Sample Size

The sample size was estimated to be within the range of 8-15 participants, including 3 to 7 NCCSSA, WBA program and contracted orientation providers, and 5 to 8 contracted mental health providers from agencies currently or recently provided supportive services CalWORKs clients. The research was promoted as obtaining their perspective with identifying possible areas of improvement where policy processes may enhance CalWORKs client engagement in supportive services to increase self-sufficiency and decrease dependency on county benefits to assist in agency participant agreements.

I had no supervisory or agency involved in how services are approved, referred, or provided to CalWORKs clients. As I had previously worked as a clinician within Northern California providing mental health services, the social services and mental health provider participants may be familiar with my prior work as many agencies overlap in providing supportive services to clients who are participating in multiple services simultaneously. As I have not been associated with the county for over four years, the likelihood of knowing mental health providers is minimal. However, I may

indirectly know NCCSSA staff as an individual who previously participated in the referral process of CalWORKs clients. To support objectivity in gathering participation in the study, I refrained from personal dialog with participants to avoid bias in answering research questions.

Data Collection Methods

The research study used the same semi-structured interview guide instrument to gather the information that may be parallel to individuals attempting to promote services available and providers attempting to provide continued supportive services. As there is limited research in this area, the semi-structured interview guide helped start a dialog with participants who have direct contact with clients and obtain their insight on how stigma may contribute to awareness, access, and engagement in mental health supportive services. The interview was focused on barriers that may be related to policy delivery in promoting supportive services and how the variable of mental health stigma contributes to a client's delay in seeking out services while allowing additional information to support policy recommendations to decrease barriers in the future and support increasing access to mental health supportive services by CalWORKs clients. The information gathered from the separate interview session outcomes were compared to identify common perceptions of barriers to policy process for CalWORKs participants accessing and remaining engaged in counseling supportive services.

Data Collection Procedures

This research study's initial phase consisted of efforts to obtain partnering permission with the seven contracted mental health provider agencies. The two

contracted agencies were screening CalWORKs clients for possible referrals for supportive services and NCCSSA. WBA supportive services leadership support in making time available to present to staff in obtaining convenient sampling participants through the promotion of research to obtain insight on why CalWORKs clients may not access and/or utilize services made available to him/her. I received initial approval from Social Services, one of the two contracted orientation providers and five of the seven contracted mental health provider agencies, to present study within staff meetings to seek out possible participation through convenient sampling practice. Due to delays outside of researcher control, processes within service delivery resulted from agency contract bid management with the reduction in the number of organizations whose staff members were willing to participate in the study from seven to five of the mental health agencies experienced in providing current and/or recent services to CalWORKs clients and one of the two agencies conducting orientations to CalWORKs. As Social Services is restricted to give written consent, I did receive verbal consent to explore participants who may be willing to participate outside of agency time or environment. Upon completing individual presentations within authorized outreach efforts, I obtained consent form signatures from individuals willing to participate in the study voluntarily. I provided a summary of the study proposal to the agreeing participants with an outline of the semi-structured interview guide questions to be aware of the questions being asked to support collecting data.

Informed Consent Process

All volunteer participants were provided an informed consent document detailing confidentially, how the information would be used, and signed consent form. The consent document was accompanied by the individual semi-structured interview guide (Appendix A). The interview outline guide was coded with a number system to track the number of potential participants with both social services and mental health agency administrators. This may also eliminate identifying specific person's names participating in the study to further assist with ensuring confidentiality.

Using an anonymous process, the possibility of an increased number of voluntary participants answering the semi-structured interview guide questions may assist in achieving higher participation outcomes. Also, the use of CalWORKs mental health providers, the population is directly associated with individuals in lower-income and utilization of county-state benefits, which previous research has identified contributing to lower access or use of mental health counseling services. By accessing providers to this population of individuals engaged with CalWORKs clients at the front end of the engagement and once referred to supportive services, information can be obtained that may be directly associated with stigma, how barriers to accessing services may contribute to the delay and how policy change may assist with individuals engaging in supportive services was obtained.

Confidentiality

A formatted consent form was created to address the purpose of the study, how participation in the study would be utilized, and the protection of confidentiality was

addressed. I explained the process of how the information would be utilized to protect the individual's responses. As the participants were participating in the study by telephone at a time and date convenient to participate, they had anonymity as not identifiable by meeting with me. I explained how the information would be controlled and protected in a locked cabinet with limited access only by me to minimize the risk of disclosure of information. The individual recordings, transcriptions, and consent forms were secured in a locked cabinet and will be stored for five years post-study.

Protection of the Participant's Rights

The confidentiality of individual responses was considered to gather objective information in collecting data. As there is a general awareness of the participant's identity by the administration at the various agencies participating in the study, coding was used to avoid participant's specific identity or by agency associated with their responses. An informed consent agreement was created to support the understanding purpose of the study, individual participant's rights within the study, and the confidentiality and support available in answering questions related to study (Miles et al., 2014). In addition to a hard copy made available to the participants, I read the informed consent document to the participant before requesting the form's signature as an agreement for their voluntary participation within the study. Participants were informed that they could cease participation within the study before summarizing the collective data within the research findings. Before ending the interview, participants were asked if they have any questions or additional comments they would like to add to the semi-structured interview format. Participants were reminded that their confidentiality would be protected as their

responses remained anonymous through avoiding labeling their responses by name or agency associated with them. Copies of the interview transcripts were offered to participants for their review to assist in ensuring capturing their response intentions correctly from recorded interviews.

Types and Sources of Data

I obtained information from individuals who have direct knowledge of how the policy within NCCSSA, WBA CalWORKs WTW program clients may not participate in free services that would support reducing barriers that hinder self-sufficiency. Data were obtained by interviewing CalWORKs orientation providers who promote supportive services, carry out mental health services with CalWORKs clients, and WBA oversight of delivery services' policy processes. Obtaining information from CalWORKs direct service staff helped identify perceptions of delaying awareness or access to mental health services. Participation mental health providers provided additional data on how mental health stigma may hinder participating in CalWORKs clients continuing with supportive services. The semi-structured interview guide assisted me in gathering the information that supported answering the research questions while also allowing the opportunity for the research participants to provide their insight of identifying personal and societal stigma is associated with individual CalWORKs clients' willingness to seek supportive services concerning mental health stigma. Data identified possible policy process changes that may assist with increasing CalWORKs client's engagement in supportive services to reduce barriers to self-sufficiency.

Potential for Historical Documents as Data Source

A review of previous literature was used to assist in gathering information contributing to the development of federal, state, and local guideline policies in providing supportive services under the CalWORKs legislation. Local NCCSSA, WBA policy processes outlined in the WTW Handbook was utilized to identify how service needs are determined for CalWORKs clients, support within individuals accessing, engaging and referral to supportive services. In addition, contract agreements between NCCSSA, WBA and separate CalWORKs orientation and mental health providers were accessed to support identifying how services needs are identified and referred for supportive services.

Developing Data Collection Instrument

As there is limited research on the subject matter, a semi-structured interview guide was developed for this study. Participants were asked to respond to questions that assisted in answering the research questions related to how the current screening process, engaging and referral processes support addressing CalWORK participant needs, and how policy changes may assist with increasing the awareness and access to supportive services.

As a study similar to this proposed research has not been previously conducted, the interview guide was developed specifically to solicit information that would assist in answering the research questions. Due to the limitation on using prior study questions, I created questions related to screening, engaging, and referral processes for supportive services to meet CalWORK participant needs and how stigma related to mental health may hinder individuals' use of such supportive services. In addition, questions related to

policy regulations of how information may be disseminated to explain, screen and promote mental health supportive services were also developed to assist with identifying possible strategies to combat stigma to support individual access and engage individuals with supportive services.

Expert Review of Interview Questions

The semi-structured interview guide questions were made to assist in gathering information on effectiveness of service policy while also soliciting open feedback from research participants to assist in gathering information related to research questions. Questions were also created to obtain feedback in areas of possible policy change that would help remove barriers for CalWORKs client's lack of awareness, be resistant to referral, and decrease engagement in supportive services. As no previous studies have been conducted on the subject, limited information on prior instruments were available for comparison.

I sought out expert feedback by providing the semi-structured interview guide to professionals in the field of social services and mental health. The four experts were asked to review the interview questions in comparison to the research questions to support obtaining information sought by conducting the study. I inquired if the professionals felt the interview questions supported the research questions and if identified population would be inclined to answer the questions (Chenail, 2011). The expert review process helped me eliminate questions that were too vague and not supportive of research intention. The feedback also helped me adjust restrictive questions that may have hindered gathering information from research participants (Chenail, 2011).

Once revisions were made, the revised questions were submitted to the same expert professionals to assist in finalizing the instrument to support conducting he research.

Analytical Strategies

As the CalWORKs mental health providers participate in semi-structured interview, I reviewed the information to identify possible themes in participant's responses. I used Nvivo software as secondary form of identifying themes from participant's responses within interview. The data analysis attempted to find possible explanations as to why individuals may delay accessing or continuing to engage in supportive services related to outreach policy and stigma associated with mental health. A comparison of the groups attempted to identify possible patterns between the separate groups of why individuals may or may not participate in therapeutic mental health supportive services through the data handling process.

Data Analysis

Upon gathering the data through semi-structured interviews by notes as well as voice recordings of the participant's responses, transcription of the interview tapes assisted with continuity of data reporting. The recorded MPI files were uploaded to temi.com to transcribe the records into written format. I reviewed the transcribed interviews for initial identification of possible similar or differences in themes from participant's responses. The same data from transcribed interviews obtained from temi.com software was uploaded into the qualitative research software Nvivo for secondary data analysis comparisons of themes. The anticipated themes were identified and constructed before, during and after data collection (Appendix B). Upon reviewing

the transcripts from the participant's response to the semi-structured interview guide questions, themes were identifiable related to each of the research questions (Hycner, 1985). Through a review of the responses from the semi-structured interview guide by manual review and software analysis, information was explored to identify themes in participants' responses with similarities and/or differences in responses. Information was used to highlight the phenomenon being studied related to the two research questions and in alignment with the problem statement and purpose of the study.

Presentation of the Results

The results gathered from the proposed study were compiled, summarized and presented in chapters four and five of this dissertation. After compiling the data from individual semi-structured interviews gathered from participant's responses, data were reviewed manually and through Nvivo software to explore themes in collective perspectives to support answering the research questions. To assist in formulating the data, individual participant's answers were transcribed from recorded interviews to accurately represent participant's responses to assist with highlighting themes that may or may not be similar to other participants within the study. Common themes and outliers were identified to support presenting of the results in an objective and accurate manner. Information was presented in summary format to support presenting data that has been collected in a clear manner.

Trustworthiness

Achieving validity within this qualitative study, outcomes were presented in an accurate and unbiased manner. To support the study outcome's trustworthiness, I

presented the participant's responses to the semi-structured interview guide by capturing their individual perspectives through the collection and analysis processes (Bloomberg & Volpe, 2012). Gathering information and data from multiple sources without my intervention contributed to enhancing credibility to the study by including detailed description analysis of the data (Bloomberg & Volpe, 2012; Bowen, 2009). It was important to interact with participants and capture the information in the research process to avoid bias (Bowen, 2009). Qualitative research that includes document analysis should also incorporate the same process when interpreting the information to gather knowledge objectively (Bowen, 2009). Additional evaluation of my potential biases assisted in identifying areas to avoid possible influence on research study outcomes. This was supported by concluding the semi-structured interview by asking participants if they have any additional information, comments and/or thoughts they would like to contribute to the study. This supported capturing information that participants may want to highlight related to research questions with possibility of further enhancing the richness of information collected.

Limitations

As identified in past research, stigma is associated with mental health, but limited research has been conducted on the individual reasons to why a person may not access or continue to engage in supportive services to address their needs. The limited research may be related to resistance of volunteer participants due to stigma associated with mental health and not wanting to identify themselves as needing counseling services or unable to obtain access to an appropriate sample size needed to validate the research.

This may also create ethical issues in mental health administration disclosing client's possible perspectives through mental health agencies providing services to clients.

Through the partnership with CalWORKs mental health providers, access was given to secondary data from the perspective of CalWORK client populations which enhanced the information gathered. This may also support individual participation due to enhancing possible outreach and engagement of clients in need of supportive services. However, there was no direct association between potential client participant and mental health providers to avoid influence of conflict within the therapeutic environment. Steps were taken to protect participant's information and remain confidential through a numeric coding process with interview outcomes obtained from voluntary participants. The informed consent addressed how the information was used within the study to support understanding how stigma is associated with accessing and engaging in mental health services to incorporate in possible policy changes that may promote engagement with utilization of supportive services.

Review of prior studies and questionnaires have been explored for possible use to support reliability in this proposed research. The use of previous surveys on accessing supportive services and perception of stigma associated with mental health has been modified to support enhancing validity in the methods process. This was important as previous research is limited in the subject area of accessing and continuing to engage in mental health services as well as increasing the reliability of current research being proposed.

Summary

The PRWORA was established which was later included in the California Assembly Bill 1542 of 1997 to support individuals receiving mental health and other supportive services through the CalWORKs program. The purpose of the legislation is to support removing barriers to individual CalWORKs participant clients to transition off ~~of~~ welfare assistance (California Department of Social Services, 2003). Even though there is legislation that supports providing mental health supportive services, it has not been clearly identified how stigma contributes to individuals not accessing or engaging in services to enhance their lives by reducing barriers to self-sufficiency.

Even though legislation supports providing mental health supportive services, it has not been clearly identified how stigma contributes to individuals not accessing or engaging in services to enhance their lives by reducing barriers to self-sufficiency. I collaborated with NCCSSA WBA, contracted providers conducting orientations within the CalWORKs WTW program and mental health providers contracted to provide supportive services through a semi-structured interview guide to assist research participants in gathering their perspectives on how to the NCCSSA, WBA WTW handbook policies promote utilization of supportive services. Through interviewing both administration and direct service providers, I gathered the participant's perspective on the possibilities of how to increase awareness to support CalWORKs clients accessing and engaging in mental health services which may also contribute to assisting with decreasing stigma hindering utilization of services. The information obtained from 12-20 participants assisted in identifying themes between the groups and support creating

recommendations for possible policy changes to reduce barriers in CalWORKs clients in accessing and utilizing mental health supportive services.

Chapter 4: Results

Introduction

This section briefly reviews the purpose of the study, lists the research questions, and outlines the chapter's organization. People mental health issues often experience barriers to employment that may hinder their goals of achieving financial independence from receiving county, state and federal aid (CA Bill 1041, 2012). The state of California has several programs designed to minimize barriers to employment so that people who obtain aid can increase their self-sufficiency to the point of becoming independent of state aid. To this end, the CalWORKs program makes a range of services available to California's low-income families. Within the NCCSSA, the WBA division is specifically designed to support those in need while receiving CalWORKs benefits which also includes the WTW program. The WTW program provides aid to low-income families to enhance their children's well-being and improve the family's self-sufficiency. In addition to financial aid, the program also provides government-funded supportive services aimed to reduce the barriers that may hinder financial independence so that individuals can provide for their children (California Department of Social Services, 2003).

The problem is that the number of California citizens with mental health issues who could benefit from CalWORKs mental health services continues to rise, but the number of citizens who actually utilize CalWORKs supportive services, including mental health services, has not risen commensurately (California Department of Social Services, 2003). Prior research does not identify why individuals who are offered free services to address their mental health needs do to not utilize supportive services. Research is needed

to investigate why there is underutilization of services. Moreover, each of California's 58 counties continued to be granted individuality in determining how to structure the WTW programs under the 2012 legislative Bill 1041. This individual county structure of services creates diversity in the delivery of supportive services designed to help individuals address barriers to employment and to support self-sufficiency with focus of returning to work. Because programs are structured differently across counties, research is also needed to determine whether public policy practice functions increase awareness of mental health supportive services and/or to reduce the stigma of using state-supported mental health services. This would also increase the number of citizens who actually utilize CalWORKs supportive services of mental health services, as well as substance abuse and domestic violence assistance.

This qualitative study explored the CalWORKs infrastructure to understand why persons who potentially qualify for government funded supportive services do not use these benefits. Participants were two types of employees who work with CalWORKs clients: the social service personnel who refer CalWORKs clients to supportive service providers, and the mental health providers who provide the indicated treatments. There were three specific aims of the study: to identify awareness, availability, and engagement processes that participants use to increase participation in CalWORKs available services; to determine whether the processes seemed to work, given barriers that hinder clients from using the mental health supportive services; and to identify constructive steps toward improving the processes as well as combatting the stigma of engaging in state and

county supported services to reduce barriers of self-sufficiency in providing for individual's family.

The purpose of the study was to identify ways to increase awareness and access to mental health services to support intervention and reduce stigma surrounding the use of services that support earlier service access. This in turn has implications for social change. Reducing higher levels of care and treatment would decrease the fiscal burden on local, state, and federal funding sources or make funds available that can be potentially utilized elsewhere as needed.

This study's design is qualitative and phenomenological. The narrative data gathered was generated from a semi-structured interview guide. Two research questions were:

RQ1: How effective are the current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORK participant's needs?

RQ2: How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access to support services?

Setting

The setting of the process investigated in this study began with enrollment application to CalWORKs which leads to the eligibility of participating in the WTW program, which is briefly summarized here. The purpose of the WTW program is to remove barriers of employment to help the client become employed to make them

financially self-sufficient (Danielson & Thorman, 2018). An individual enrolls in the CalWORKs program to receive WTW supportive services while receiving financial aid to assist with caring for their family. Individual clients are given a handbook that explains the WTW program's services that are related to CalWORKs aid (California Department of Social Services, 2019). The clients are then scheduled for orientation to the WTW program. Orientation provides an overview of the purpose of the program (California Department of Social Services, 2019). In addition to the overview, supportive services are also broadly reviewed. Supportive services personnel address issues associated with mental health, substance abuse, domestic violence, housing, transportation, childcare, education and criminal history (California Senate Bill 1041, 2012). This orientation takes place in a large group setting with multiple CalWORKs enrollees.

When the orientation ends, clients take an academic test. It is equivalent to a high school exit exam. The aim of the test is to determine whether a client needs additional educational assistance, and if so what type, to obtain future employment. After an individual completes the academic test, he or she meets with a social services representative to complete the web-based OCAT. This is an interview tool designed to equip CalWORKs caseworkers with an in-depth appraisal of a client's strength, possible barriers to employment and fiscal self-sufficiency. The OCAT questionnaire is further designed to identify supportive services described in the orientation (mental health issues, substance abuse, domestic violence, housing, education and criminal history) that the client may need to reduce barriers to self-sufficiency. The OCAT is completed in a cubicle with 4-foot high walls, which is one of multiple cubicles lined up side by side.

The cubicles provide space for multiple OCAT interviews to take place simultaneously in a relatively open setting. The OCAT interview becomes part of the client's WTW plan of participation which translates to clients receive credit/contact hours that are related to aid status. Based on the outcome of the OCAT interview, referrals are then made to the appropriate supportive services. Persons who have been referred for mental health services are hereafter in this chapter called *potential clients* to reinforce the notion that persons who are referred for mental health services do not necessarily follow through. For example, many never schedule counseling sessions or schedule but never attend counseling sessions compared to the relative few who complete the entire counseling service.

Demographics

This section presents participant professional demographics and other characteristics relevant to the study. The sample consisted of 11 individuals who were actively employed as a social service affiliated CalWORKs staff member or were employed with subcontracted mental health agencies (hereafter, they are collectively called CalWORKs personnel).

Three of the 11 participants (P2, P3, and P9) worked in social services. Social Services personnel manage CalWORKs services where clients are required to meet certain participation expectations in order to receive aid through the WTW program. Social Service personnel conduct screenings for supportive services and refer potential clients to supports that are aimed to remove barriers to their employment and self-sufficiency. Social services also provide employment skill-building training through

contracted orientation and training services (e.g., building one's résumé, practicing one's interview skills, and identifying job skills to expedite the job search to reduce the need for CalWORKs and WTW aid).

The other eight participants were mental health providers. They receive referrals from social services and provide the supportive services to potential clients that are aimed to reduce or remove barriers to employment. Mental health providers in Northern California where this study took place were contracted through county social services via the local behavioral health department.

The participant's demographic characteristics varied widely on their amount of experience working with CalWORKs clients (Appendix C). The two participants with the longest CalWORKs experience were P6 and P7, with 20 and 18 years, respectively with P7 having twice that amount of experience in clinical practice than others. P2, P9, and P11 had about a decade of experience. P1, P3, and P10 had about 5 years of experience. P5 had 3 years. P4 and P8 had less than a year of experience.

All participants told me during their interview that they were familiar with the variation of symptoms in a person with mental health-related issues and how symptoms may contribute barriers to employment. Participant 4 described self as "very familiar" with the myriad ways symptoms can function as barriers to employment and explained expertise was based on 10 years of experience in the field. Participant 7 was credentialed as a licensed provider and had 40+ years of clinical practice. Participant 11 had over 10 years with CalWORKs working with individual clients and in supervision.

Each participant estimated the number of referrals estimated to occur per month noted in Appendix C in the far right column. P3 was clearly the high outlier at around three dozen referrals per month. The next highest frequency of monthly referrals was P5's 5-10 referrals a month. The remaining participants estimated their referrals at less than 8 per month. To support confidentiality, ppersonal demographic data were not collected so no pronoun identification was used generically in presenting the results.

Data Collection

A purposeful sampling approach was used to recruit study participants. Initially, all members of agency administrative leadership in the sampled counties were contacted in 2018 to inquire if they would be interested in the proposed study and willing to make staff members available to hear the invitational presentation. The aim of the presentation was to obtain agency permission to solicit participants to volunteer participation by completing an interview about orientation, screening, and referrals to supportive services. At that time, six of the eight mental health agencies, and two of the contracted orientation agencies and social services, signed a general agreement that they would allow staff members to hear the invitational presentation.

However, unavoidable delays with this dissertation, the need to meet new university research guidelines, and changes in CalWORKs policies changed the original timeline. Specifically, processes within service delivery contract of supportive services bid management led to the reassignment of CalWORKs contracts and a reduction in the number of organizations whose staff members were available to participate in this study. The CalWORKs service program reduced mental health and supportive services from

eight to three mental health agencies and two contracted orientation agencies. Social services administrators indicated that they supported this study. The original 2018 authorizations that permitted solicitation of potential participants were replaced with fresh authorizations in the fall of 2019 from two of the three current mental health agencies, one of the two partnered orientation contracted supportive services agencies, and three of the previous mental health contracted agency administrations.

In the meantime, new social services labor relations also limited how work time was used. That meant that the invitational presentation and chance to volunteer for participation could no longer be conducted on agency work time, such as during staff meetings. Therefore, individual supervisors of social service teams were contacted for permission to contact interested individuals outside of agency-related work structure activities.

I did not have any association with agency administrators, referral, supportive services, or service delivery associations within CalWORKs' network of agencies until 2018 when initially contacted administrators for the purpose of soliciting participants for this study. Individual agencies were identified by association: those that provide CalWORKs services related to orientation, screening, and referral for supportive services; social services (the agency that provides oversight of the CalWORKs and WTW program), contracted agencies that provide orientation and screening of supportive services with referral recommendations, and mental health-providing agencies associated with CalWORKs WTW supportive service delivery (to assist in reducing barriers to self-sufficiency).

Once associated agencies were identified, outreach was made to solicit participants. Contacts were made with administrators who had automation authority, meetings were scheduled, and presentations of the study proposal were made. After administrators granted permission, a presentation was then made to the staff associated to orientation, screening, referral and providing supportive services to CalWORKs participants coordinated as identified by individual agency administration. During the presentations, I presented the purpose of the study, how the study would be conducted, review of consent agreements, and participant protections and confidentiality participating in the study. All potential participants who attended presentation were given a copy of the individual participant consent agreement to review and, if interested in participating, asked to sign and return it to me in person or by email with contact information to support outreach in coordinating interviews. I made myself available to participants who had questions about participation. Other individuals who expressed interest in participating were emailed a copy of the participant consent agreement. Thirteen personnel agreed to be interviewed but only 11 were subsequently available for participation.

Communication was through phone calls and/or emails at the preference of the participants. The interviews were scheduled for the convenience of participants, conducted by phone, and digitally recorded on a small recording device with a USB port, later transcribed by me. At the time of scheduling the interview and again at the beginning of the interview, participants were asked to confirm that they had a confidential space where they could speak freely and privately during the interview. At

the beginning of the interview, I reviewed the informed consent agreement, reminding participants that their participation was voluntary, the telephone interview would be recorded, no personally identifiable information would be sought during the interview but if inadvertently collected would be removed before data analysis, and that they were free to refuse to participate at any time without penalty if they felt uncomfortable. I reminded the participants that the confidentiality of their identity was protected by an untraceable pseudonym consisting of the capital letter P (for Participant) and the number that reflected the sequence number of their interview. I asked each participant if they had any questions which none identified having any questions. The researcher than asked each participant to give their verbal consent to the informed consent; all agreed and verbal consent was recorded. Then the interview began.

In addition to recording the interviews, I made some written notes on the responses. Prior to ending the telephone interview, questions and responses were reviewed with each participant to verify that the correct information had been captured in my notes correlated with recordings. Participants were also reminded that the transcripts would be made available to verify their responses and make any edits to information as needed. Each participant verified the written and recorded comments accurate reflections of their interview and none of the participants made changes to their interview transcript.

Participants were categorized by pseudonym, interview date, and interview duration. The interviews were completed between 10/28/2019 - 2/14/2020. Calendar holidays presented several challenges to scheduling the interviews. The average interview lasted 32 minutes. The shortest interview lasted 20 minutes with P10. The longest lasted

40 minutes with P2. Interviews were recorded digitally, which resulted in two minor variations from the data collection plan presented in Chapter 3. One, the call dropped during P9's interview, introducing a short pause until P9 came back on line. Two, recording was briefly interrupted during P4's interview due to equipment malfunction but was caught in time; only the introduction to her interview was unrecorded but repeated. Otherwise, no unusual circumstances were encountered during data collection.

Data Analysis

I transcribed the digital recordings. To begin the iterative process of searching the narratives for evidence of perceptions and behaviors pertinent to policy and barriers within and between individual interviews, data analysis began with the review of each interview during transcription. The narratives were then coded in three iterative steps during which I repeatedly examined the data for significant comments until all of the perceptions, behaviors, barriers, and references to policies were identified and coded (i.e., analytic saturation).

First was open coding: Words, phrases, and passages were labeled with open codes. Examples of open codes included policy, social interactions, self-sufficiency, the system, lifestyle, bureaucracy, limitations, biases, emotional reactions and fear.

Second was axial coding: Connections between open codes were made and then used to glean hierarchies of relationships. For example, one set of data reflected CalWORKs personnel respecting (or disrespecting) clients. Another set of data reflected how CalWORKs personnel engaged clients in the process of their own mental health (or didn't). These two sets of data were related because they were both types of personnel

attitudes, and were hierarchically related because they both contributed to the larger theme of personal interactions between CalWORKs personnel and clients. Open and axial codes were identified in an iterative process to create clusters of similar codes then interpreted as themes or subthemes depending on the numbers of participants who discussed the idea (i.e., an idea that many or all of participants discussed was a main theme whereas an idea that a few participants discussed was a subtheme). Discrepant cases were those that did not fit in the theme; they were factored into the analysis by presenting them as disconfirming cases along with confirming evidence.

Third was selective coding. This was the process of identifying passages that best symbolized each theme and subtheme in the text; these are presented in the body of the text. In the final step, I explained how processes, barriers, and policies increased access to mental health services and/or reduced stigma, presented in Chapter 5.

Reflexivity and Bracketing

Phenomenological analysis is based on the suspension of judgment during data analysis; the phenomenological data analyst must defer or bracket off his or her existing beliefs about the phenomenon under investigation and focus upon the verbatim appearance of the narratives, not believing or disbelieving them (O'Sullivan, Rassel, Berner, & DeVance, 2017). The current qualitative analysis required an objective stance that allowed me to investigate the perceptions and behaviors of CalWORKs personnel without overlaying my own experiences. By suspending attitudes and avoiding presupposition, I was able to grasp the authentic consequences of the processes that are theoretically designed to provide mental health services to individuals who are referred

for them. The next paragraph briefly describes how I bracketed off her preconceived ideas, gained from own experiences and the literature review through the practice of reflexivity.

I reflected on experiences during interview to support questions asked in an objective manner, providing space for individual participants to give their perspective views and verified understanding of answers given were understood. I expected to find correlation of specific examples how policies may benefit from enhancement, changed and/or carried out differently to increase CalWORKs clients' awareness, access and engagement in supportive services. Bracketing off during analysis was done to avoid including into outcomes by transcribing interviews, review of data and identifying how participant's individual answers related to outcomes. I was mindful to be aware of own perspective of research possible outcomes while taking steps to avoid including within outcomes of individual participants with reviewing interview outcomes.

I also restricted comments to participant's perspectives to avoid the possibility of leading the participant in how he/she may answer the semi-structured interview guide questions that may contribute to how the participants respond to the questions (Sampson, 2012). Unintentional bias was addressed by supporting participants to identify their viewpoint of how stigma related to mental health and existing social service policy may contribute to how CalWORKs clients may become aware, access, and engagement of supportive services (Chenail, 2011; Hycner, 1985).

Evidence of Trustworthiness

I established creditability with a purposeful sampling approach, an impartial interview strategy, adherence to interview questions to create consistency, follow through with member checking, and careful bracketing. Purposeful sampling provided rich representations of the experiences of CalWORKs personnel. Impartiality permitted consistent collection of information about the phenomenon during interviews that were structured similarly. Member checking safeguarded accuracy. Bracketing allowed me to scrutinize her own lived experiences to identify and then suppress her own biases during analysis. I established transferability with textual descriptions from participants with a broad range of experiences with the phenomenon. To maintain dependability, I crafted interview questions that addressed the core focus of the topic under investigation (the screening, engaging, and referral processes and policies contributing or detracting from client access and stigma). Dependability was strengthened with peer examination by discussing the study's designs with another doctoral student to elicit candid feedback regarding the appropriateness of its methodology. I maintained conformability by documenting methodological and analytic decisions as evidence that she interpreted findings based on careful collection and analysis of data rather than setting out simply to find support for her expectations.

Results

This section addresses the two research questions in turn. Each set of results provides evidence of themes that emerged from the narrative data. Each finding is

supported with confirming quotes from the interview transcripts and accompanied by discrepant, disconfirming data as applicable.

P7 spoke for most of the participants when she claimed that clients for CalWORKs mental health services are “already feeling stigma” being in a room filled with other people obtaining CalWORKs support and therefore “do not want to be identified.” Given such attitudes of shame, how effective are the current policies for bringing individuals who qualify for mental health services into treatment? How might policy changes increase awareness of available services?

Thematic Overview

Figure 1 is a thematic schematic illustrating the three tiers of themes that emerged during analysis. It is presented here to give readers a summary for reference when considering the evidence presented in the rest of this chapter. The overarching theme was increasing awareness and reducing stigma; both refer to mental health services available to potential CalWORKs clients. The overarching theme emerged from and was constructed of four main themes.

The first main theme was the presentation of mental health services (Presenting Services, Figure 1) for RQ 1. It was constructed of three subthemes. One ‘presentation subtheme’ was whether mental health services were presented to potential clients as that person’s legal right to obtain (Right, Figure 1). A second ‘presentation subtheme’ was whether or not CalWORKs personnel promoted mental health supportive services during orientations (Promoted, Figure 1). A third ‘presentation subtheme’ focused on current

policies that either specifically promoted mental health services or which personnel used to specifically promote mental health services (Promotions, Figure 1).

The second main theme was the breadth of barriers (Figure 1) for RQ 1. It emerged from three subthemes. One ‘barriers subtheme’ was lifestyle chaos (Figure 1), which represented potential clients’ living conditions that kept them from becoming self-sufficient. A second ‘barriers subtheme’ was logistics (Figure 1). These were the real-world constraints that literally kept potential clients from accessing mental health services, such as lacking a car to drive to a location to receive supportive services sessions. A third ‘barriers subtheme’ was stigma (Figure 1). This was the fear of what other people thought about the potential client because of his or her referral for mental health services.

The third main theme was evidence of the relative effectiveness along specific points in the process (Figure 1) for RQ 1. It emerged from three subthemes. One of the ‘points in the process’ subtheme was the relative discretion versus relative public exposure during the orientation meeting (Exposure, Figure 1). A second ‘points in the process’ subtheme was potential clients’ receptivity to their mental health referral (Acceptance, Figure 1). Acceptance was crucial to the process because a referral implied, quite directly, that a potential client needed counseling. Their subsequent acceptance or rejection of treatment was pivotal to accessing the services. A third ‘points in the process’ subtheme was potential clients’ follow-through by attending services (Follow-through, Figure 1). The most-carefully constructed services in the world aimed to develop self-sufficiency are of no avail if no one uses them.

The fourth main theme emerged from participants' recommendations for reducing stigma and increasing access to CalWORKs mental health services for RQ 2. The 'policy practice exchange' (Figure 1) referred to recommendations aimed at improving the dialog between CalWORKs personnel and clients in how policies are carried out with changing procedures to expedite the process, and in some cases, the standards behind a particular policy. Recommendation about policy primarily with interaction between them was frequent and reflected in five 'policy practice exchange' subthemes. One was composed of recommendations for using a person-centered versus illness-centered approach to encourage potential clients to access services (Person-centered, Figure 1). Along similar lines, a second 'policy practice exchange' subtheme called for personnel to employ more respectful language when interacting with potential clients (Respect, Figure 1). A third 'policy practice exchange' subtheme emerged from recommendations that CalWORKs personnel ask clients what they needed to help themselves rather than base treatment on a barrage of input from professional personnel that excluded input from the potential clients themselves (Self-help, Figure, 1). The fourth 'policy practice exchange' subtheme was to set up a system whereby potential clients could remove stigma and improve access by helping one another (Peer Support, Figure 1). The fifth 'policy practice exchange' subtheme emerged from recommendations aimed at addressing the need to increase personnel diversity and for the system to provide more training to personnel.

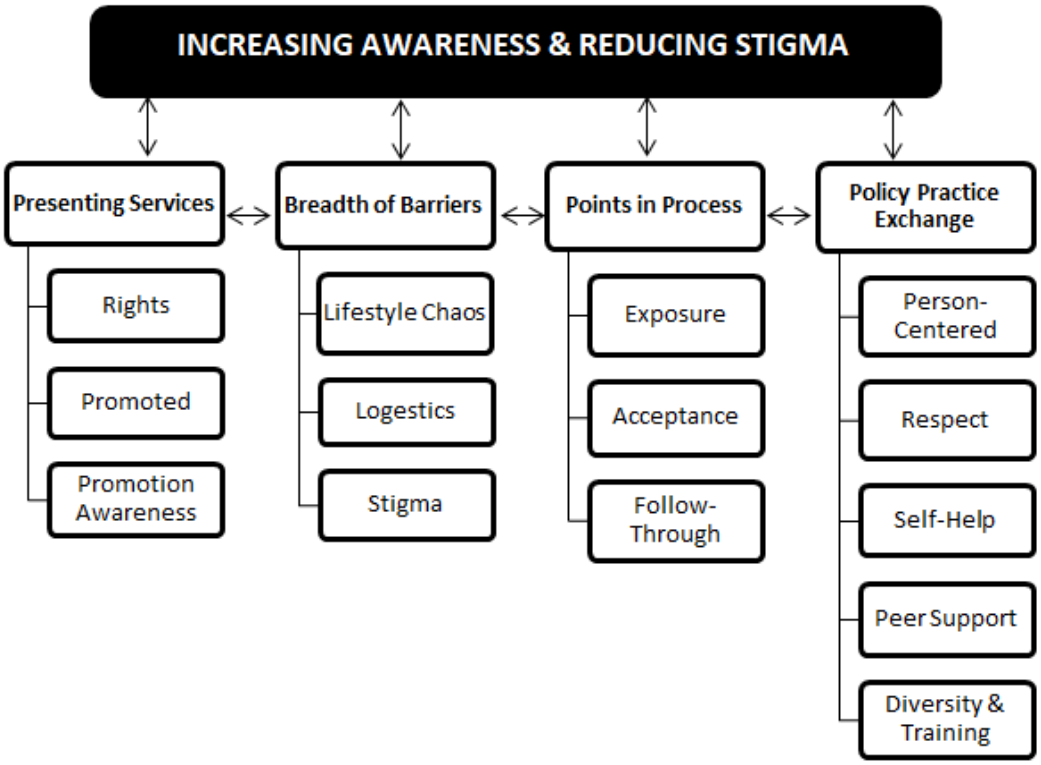

Figure 1. Increasing access to and reducing stigma associated with mental health services.

Results for RQ 1

RQ1: was, How effective are the current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORK participant's needs? Because the process outlined in RQ 1 is multi-faceted (screening, engaging, and referring), the results of evaluating its effectiveness were multi-faceted too. This section presents RQ1 results as three main themes of presenting mental health services, breadth of barriers, points of processes with effectiveness. Each of these

three main themes had subthemes identified relative to themes (Figure 1) which are described in detail in each of the sections within this chapter.

Presentation of Mental Health Services

Mental health services are a person's legal right (Right, Figure 1). Each of the 11 participants indicated that their agency's policy was to explain that the individual had a *right* to receive these services if needed. P6 described how her agency outlined client rights in some detail with an information packet that provided a topic-by-topic overview of the services, client confidentiality, voluntary services, rights to amend treatment plans, and control of service delivery. Staff members of the mental health agency then followed through by encouraging clients to ask questions and give feedback on treatment, confirming their level of understanding. Alternatively, P3 pointed out that whereas personnel cover a client's rights and responsibilities for eligibility, they tailor explanations of services according to each of the individual client's need and eligibility and therefore do not cover every specific issue.

Whether mental health services are promoted (Promoted, Figure 1). Orientation meetings introduce clients to supportive services. As to whether introductions to available services were *promotions* in order to increase clients' awareness of them, the consensus was yes. Seven of 11 participants agreed that the contents of orientation meetings were at least partly aimed at familiarizing potential clients with the availability of mental health services to promote them (P2, P3, P4, P6, P9, P10, and P11), although P6 and P10 were more equivocal than the others. P4 said that supportive services were explained in detail within her agency which is after referral and at time of first session.

P3 emphasized that the information was important because it allowed clients to make informed decisions as it kept them engaged. P6 described the situation in the most detail, distinguishing mental health providers' aims to increase client awareness of available services from social services' general failure to do so. Her commentary included general calls for specific changes in orientation meetings, remonstrations for poor manners, and generally disapproved of the use of interpreters. P6:

> We need to change the orientation instruction to include culture, preferred language, increased insights about a referral, how a referral applies to their WTW plan, and allow potential clients to ask questions. Social services need humility in how to engage with clients and engage them in a timely manner. An interpreter waters down the dialog with more confusion on services available. Orientation [conducted] in a big room creates disconnection.

Dissenting, four participants (P1, P5, P7, and P8) disagreed that introductions to available services were promotions aimed at increasing potential clients' awareness of them. For example, P1 said the aim was to get clients back to work and therefore the focus was on the necessary referrals and follow-through that accomplished that goal. No service was promoted more or less than any other. P5 and P8 identified more education and promotion of supportive services available was needed with relations to how these services may benefit CalWORKs participants. P7 also identified there was a lack of accomplishing promotion of services within orientation but expressed understanding of social services attempting to explore various options to increase awareness.

Current policies that specifically promote mental health supportive services (Promotions, Figure 1). When asked about specific policies that CalWORKs personnel use to promote mental health services, P1 took the question literally and declared with vigor, “Mental health is not subsection in a person's life! It affects all parts of life. So there is not a subsection of policy.” In contrast to the full consensus that mental health services were actively promoted, participants diverged considerably about specific policies that constituted promotion. Participant’s comments reference current policies that are used or have seen being used to promote mental health services during orientation meetings. However, the considerable divergence makes the policies hard to summarize. Few addressed policies that directly promote supportive services other than P4, who listed direct help with logistic limitations, such as providing gas money and grocery money.

P3 had a veritable extensive list of poor or absentee policies, highlighting that information and its dissemination was inconsistent, leading to zero uniformity in engagement. Several participants agreed, saying that many clients do not understand the current policies. According to P8, “People need a better connection to the situation because they do not understand the policy.” P9 called for more focus on the best ways to address a client's individual needs rather than “just getting a job” and suggested that one way to do that was to start by finding out “what's going on in the home life (substance abuse, mental health, education, legal, safety).” Along these lines, P11 cited the need for more open dialog and to follow up to gauge client understanding while P7 called for better training for social service personnel in how to better educate clients about services.

The evidence argued that CalWORKs personnel saw mental health services as a person's right and there was promotion of naming services during orientation meetings but, by and large, did not use specific or consistent promotional policies. To put that evidence into perspective and draw closer to understanding why potential clients do not avail themselves of mental health services, the next section addresses the barriers and social stigma that preempt the willingness to seek professional mental health services at any level.

Breadth of Barriers

The interviews revealed many barriers to obtaining CalWORKs mental health counseling (Figure 1). Every participant agreed that stigma constrained the efficacy of the screening and referral process significantly. The breadth of barriers fell into the categories of lifestyle chaos, logistics, and personal responses; the latter were primarily related to sources of stigma.

Lifestyle Chaos (Figure 1)

For barriers that arose from lifestyle chaos, P3 noted that "domestic violence makes it difficult to participate in services" because the clients become "stuck in the cycle of abuse [out of] fear of their abusers." P2 agreed that entrainment in the cycle of abuse constituted a significant barrier but saw a longer list of contributing factors. "Domestic violence, homelessness, substance abuse, and criminal background issues," she said, "all contribute to mental health" issues that can benefit from treatment but simultaneously diminish the likelihood of obtaining it.

Logistics (Figure 1)

For barriers that arose from logistics, participants also identified a number of issues. Seven of the 11 participants identified accessibility and availability as major barriers. Accessibility and availability were frequently related to lack of childcare and to lack of transportation. P7 said that the "most common [barriers] are time, transportation, and childcare." P1 described the referred clients as "mostly single mothers who don't have childcare, struggle to schedule other activities, and focus on obtaining work." P10 also listed lack of childcare and transportation. In contrast, P4 noted that clients who work part-time confront scheduling and housing barriers. P3 said clients who lack transportation were concerned about "the time needed to engage" in mental health services probably because "clients need to focus on children and family."

Related logistical barriers were P11's challenges of explaining services under the constraint of language barriers. According to P5, the language barrier was "primarily Spanish or speaking other language." Unable to discourse with their providers, potential clients are transferred around providers and understandably became perturbed with the process. P5:

> Due to limits in provider speaking client's language, [potential clients] get bounced around and become upset when referred all over the place and within the system. There is a lack of communication, with referral information as to why the client was referred and the process of scheduling once the referral was made.

Social Stigma (Figure 1)

In addition to chaotic lifestyles and logistic barriers, the major deterrent and biggest set of barriers to clients accessing CalWORKs mental health services was the social barrier of stigma: Paraphrased, stigma was the stomach-churning apprehension that 'I have been told I have mental health issues! What do I think about that? Am I crazy? What will *other* people think about me? They will think I'm crazy!' Participant comments about stigma permeated the interviews and are visible in many of the responses in this chapter. P2 was the sole disconfirming participant by suggesting that clients only "sometimes" feel the stigma of mental health. Otherwise, 10 out of the 11 participants directly or indirectly identified stigma as a major barrier. Stigma arose from several sources, internal and external.

An internal source of stigma was the potential client's own feelings about his or her referral, especially if the potential client was a man. P4 identified stigma is also associated with shame for treatment and even though may express interest for various reasons they do not participate once referred to supportive services. Some potential clients rebelled against the referral because it meant that they are "different than others". P8 explains regardless if knowing services may be beneficial, cultural stigma of being different contributes to decrease in social engagement. P6 also identifies similar response with additional comment individual client's identify judgment, shame by social service office as put into a plan creates shame needing such services with clients feeling "must be crazy". P10 explained that many qualifying persons who are "being told they have to participate [in mental health services then] question *why* they have been referred to

services." Initial recalcitrance is exacerbated by subsequent unwillingness. According to P3, clients do not exhibit the "significant factor of willingness and engagement in services," which she said manifested as "declining services" initially or "discontinuing services" once they started counseling sessions. P10 described this broader barrier of unwillingness as a "lack of population commitment, for whatever reason." From an alternative angle, the potential client's own feelings about his or her diagnosis or referral often appeared to manifest as disinterest in personal efforts to improve. P3, P4 and P10 described client's own cultural stigma as a concern with judgment by their community, fear of others knowing they had a mental health condition which separates them from others especially related to cultural or family views.

The external source of stigma, presumably more potent because it emanated from countless sources, was the potential client's fear of being judged by other people. For 8 of the 11 participants, comments about clients' fear of being judged manifested as generic references to stigma. For example, P1 and P7 said that potential clients already felt so many stigmas about receiving CalWORKs financial aid that a referral for mental health services felt doubly damning. Others were more specific. For example, P5 noted that some potential clients were afraid of the legal ramifications of a mental health diagnosis; in this case, their fear of judgment was expressed as a generic mistrust of the welfare system itself and dread that their mental health diagnosis could be used against them.

Six out of the 11 participants said directly that potential clients feared being judged and that judgment arose from diverse sources. For example, P10 said fear of judgment emanated across the board from family members to the entire culture of which

CalWORKs clients were a part. P6 echoed the sentiment that stigma arose broadly from a potential client's family members, own culture, and community, even extending to social services providers who give potential clients the "feeling of a bad rap for needing mental health treatment." P9 pointed out that potential clients were frightened by others' awareness that the potential client had been referred for mental health issues. P4, P6 and indirectly P7 mentioned how potential clients feel ashamed.

In light of the evidence on the breadth of barriers, the next sections present evidence that suggests that current policies of screening, engaging, and mental health referral practices are only partially effective at addressing CalWORKs participants' needs. This may be because they provide numerous points in the process that created stigma, or exacerbated existing feelings of stigma that clients already felt.

Points in the Process (Figure 1)

The word process in the heading of this theme, 'points in the process,' refers to the orientation, engaging, and referral process (RQ 1). There were three points in the process where effectiveness could be measured.

Relative discretion versus public exposure during orientation meetings (Exposure, Figure 1).One point in the process where effectiveness could be measured pertained to the relative discretion versus public exposé of the orientation meeting. The aim of orientation is to explain the supportive services that are available to potential clients. The implication was that orientation was effective if potential clients asked a lot of questions about their options. This measure of effectiveness reflected potential clients'

relative receptivity to discussing mental health services *in the group setting and presence of other potential clients*.

The evidence presented below argues that potential clients were unreceptive to discussion. They did not want to talk about mental health services in a group setting and, although many were somewhat more inclined toward discussion later in a one-on-one cubicle setting with a CalWORKs representative, they typically expressed concerns about the privacy of those discussions too. These attitudes provided evidence of another manifestation of stigma. In the group setting of orientation, the weight of feeling judged by other people extended to the anonymous crowd of which the potential client was a part. That is, potential clients did not have to know the people personally whose judgments they feared. Just being in a room with people who might judge them was frightening.

Nine of the 11 participants said potential clients didn't trust the group setting for discussing their mental health service options (P1, P2, P3, P5, P7, P8, P9, P10, and P11). The two exceptions were P4, who equivocated, and P6, who seemed to be referring to the skill with which CalWORKs personnel are able to tailor each discussion of services (presumably after the large group orientation meeting). For example, P2 said potential clients tended to deflect discussion because they do not want anyone else to know that they had been referred for mental health services, and although she conceded that this varied across cultures, did not elaborate on attitudes specific to various cultures. Other participants echoed the idea that clients wanted to keep the referral and its implications out of the public eye, anonymous though the 'public eye' of the group in the orientation

meeting may have been. P3 stated flatly that potential clients simply do not participate in group settings; recall that as the high outlier at an agency that made 30-40 referrals a month (Appendix C), she drew on ample experience. Similarly, P5 claimed that potential clients simply do not want to participate in groups and lack of trust with the system (social services) and others may overhear the discussion of possible services. P11 put it another way: potential clients found it "difficult to disclose" in group settings as not knowing others and stigma associated with needing services. P8 blamed the lack of "high demand" for discussion in the group setting on stigma and believed that CalWORKs personnel had to do their best to "prompt" discussion.

Another type of privacy concern was clients' fear of being overheard during discussion of their mental health issues and corresponding treatment options. The comments about this fear fell into three categories that, together, reflected participants' equivocation. The first category was 'no fear *as long as* potential clients were offered 1:1 meetings with CalWORKs personnel' (P1, P4, P9, and P11). The second category, in contrast, was that potential clients were afraid of being overheard (P2, P3, P5, P6); this indicated that potential clients clearly had privacy concerns. Two participants were more equivocal. For example, P8 said they had more success offering individual services but also said, in apparent contradiction, that they had success in groups that were "similar to substance abuse groups, [where disclosures] can be received better because of others share the story."

Relative receptivity to mental health referral and accepting treatment (Acceptance, Figure 1).A second point in the process where effectiveness could be measured pertained to potential clients' receptivity to receiving the mental health referral itself and their subsequent openness to or reticence about accepting the treatments to which they had been referred. Nine of the 11 participants said potential clients were greatly hesitant to receive a referral (P1-P3, P5-P8, P10, and P11). In P1's experience, persons who received mental health referrals were not emotionally capable of accepting the referral. P5 said potential clients were afraid that the referral would launch retaliation from social services personnel but did not elaborate on this provocative statement. P5 and P7 pointed out that there were many reasons for the hesitation, which were also presented in the above section on barriers and stigma. P8 attributed the hesitation to fear of change. P11 jumped straight to the solution and called for CalWORKs personnel to find reasons behind the hesitance and use them to personalize ways to reduce the potential client's hesitance. The exceptions were P4 and P9. For example, P4 suggested tersely and provocatively that potential clients were not *initially* hesitant but did not elaborate. Whereas P9 elaborated further with identifying the presentation of supportive services within orientation or fear of disclosure accepting services in a group setting may contribute to lack of following through with referral even though initially may have acknowledged referral.

When it came to accepting services, the evidence also showed that 7 of the 11 participants said potential clients did not accept services. They were hard to engage initially and remained hard to engage over time, quitting after a session or two (P1, P3,

P5, P7, P8, P10, and P11). P2 was an exception by saying that many potential clients in her area were unaware of services and did ask about them. P4 candidly placed responsibility on potential clients who had been referred: She said they needed to hold themselves accountable for completing the indicated mental health services. However, P1 noted, those who do accept services drop out in short order which P3, P6, P7, P8, P10, and P11 also made similar reference in response. P6 identified fear and stigma were triggers for dropping out of treatment, but she was also a disconfirming case with her claim that a high percentage of potential clients follow through on treatment. P9 was another somewhat disconfirming case with her reference to "zero hesitation" *as long as* the orientation was effective, the latter an observation that P11 echoed.

The above section gave evidence that potential clients hesitated to accept their referral and to accept CalWORKs mental health services, and provided just a few reasons why. The following section explores potential clients' reasons for recalcitrance in greater detail.

The participants identified potential clients exhibited highly varied responses to the information that they needed mental health treatment. However, the participants' comments were also highly varied. Eight of the 11 participants said client responses depended on numerous circumstances (P2, P3, P5, P7, P8, P9, P10, and P11). For example, P5 said that many clients were open to services once they had been referred, although mandates to receive one form of support were often the basis for continuing to receive other forms of support. In other cases, clients denied that they needed mental health treatment and did not complete it. P8 said the same as P5, indicating that some

clients were receptive and others were not. P3 also claimed responses were variable but concurred that clients found disclosure and discussion difficult. P7 echoed these sentiments, describing ambivalence and tenuous willingness to engage, even among persons who said they were interested in receiving mental health services. P1 pointed out how some clients had difficulty focusing on the problems during treatment.

There were two disconfirming cases, P4 and P6. P6 attributed positive responses among clients with her agency to those who made their initial contacts within 24 hours of the referral. The insinuation was that obtaining direct information about services soon after the referral helped channel the individual into treatment.

Follow-through scheduling and attending first counseling session (Follow-through, Figure 1). A third point in the process where effectiveness could be measured pertained to the proportion of potential clients who followed through by scheduling their counseling sessions and attended their first session. Participants' estimates of the proportion of clients who followed through on preliminary receptivity. P3, P5, P7 and P8 identified that less than half of clients referred for mental health services following through with attending first session. P1, P4, P6, P9, P10 and P11 identified approximately 50% of referred clients attended with following through to first session. However, P2 was the outlier with reporting 100% of those who wanted services and had immediate engagement with agency referred for services following through. Based on these responses, about half of the referred clients followed through, at least initially, with a range of 20%-100% of potential clients.

Answer to RQ 1

The answer to RQ 1 (How effective are the current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORK participant's needs?) was that current policies are partially effective. Three main themes emerged: The first main theme was the presentation of mental health services (Presenting Services, Figure 1). The second main theme was the breadth of barriers (Figure 1). The third main theme was evidence of the relative effectiveness along specific points in the process (Figure 1). Effective elements included promoting mental health services at orientation meetings, providing one-on-one counselor-client settings to explain services and responsibilities in greater depth after orientation meetings, and providing additional resources like childcare, grocery money, and transportation. Ineffective policies included orientations conducted in group settings that elevated stigma about mental health issues and hesitance to engage further, failure to provide CalWORKs personnel who spoke the client's language, and lack of follow-up to increase client engagement. Alternatively, clients experienced a tremendous weight of personal and social stigma regarding a mental health referral that served as successful counterpoint to the relative effectiveness of the current policies as expressed by CalWORKs personnel.

Results for RQ 2

RQ 2 was, How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access to support services? P6, the

participant with the greatest amount of experience in the CalWORKs system, summarized the needs for policy changes with a fairly damning claim that the system is "framed not to care." She argued that clients' decreased understanding of services contributed to their poor engagement in those services. Further, negative judgments and attitudes among CalWORKs personnel gave clients "perceptions of shaming." Finally, the system was "not personalized to a person [because it] was too rigid on policy" that forced personnel, and clients, to "get to the plan and move on." P6 finished with a decisive declaration: "The whole design needs to be evaluated, [especially] how services can be accessed." P1 described the policy situation with more diplomacy: "There is very little policy around how supportive services are offered."

When asked about policy changes that could increase awareness of supportive services and client access to those services, participants responded with many recommendations (RQ 2). The following evidence summarizes their recommendations (note that many generic comments about the need to reduce the stigma of using CalWORKs mental health services were imbedded in these). The recommendations for reducing stigma and increasing access fell into one broad theme of policy practice exchange. Evidence for the 'policy practice exchange theme' is presented first below. Not all of the participants made recommendations that fit all of these subthemes.

Evidence of the 'Policy Practice Exchange Theme' (Figure 1)

The 'policy practice exchange theme' referred to recommendations aimed at improving the dialog between CalWORKs personnel and clients. There were five 'policy practice exchange' subthemes: using a person-centered versus illness-centered approach,

employing more respectful language, asking clients what they needed to help themselves, providing more peer support and diversity trainings.

The ‘policy exchange theme’ referred primarily on the overall recommendations aimed at changing procedures to expedite the process, and in some cases the standards, behind a particular policy. Similar to P6 at the opening of the results of RQ 2, P8 called for an overall policy change. But P8 focused on the implausibility of reducing CalWORKs bureaucracy. P8 mainly condemned the duplication:

> There are so many requirements and the same questions on general forms. Duplication! In order to work in [true] collaboration among agencies, we need to have one data base to identify where services are provided, where a client can go to get services, and better support at connecting [client to service] faster.

P7 was also a lone voice as she criticized the difficulty that clients have in disengaging with the CalWORKs system once connected to it. She tried to explain a policy exchange that might expedite disengagement through a gentler transition. P7:

> A person has to make a living wage in this economy. As an incentive, increase money to transition off aid proportionate to money client is making on the job. They are a lot of disincentives built into system to not use supports because of the difficulty in coming off support/aid. System encourages people to not take advantage of supportive services. In general, however, the policy theme centered on increasing CalWORKs person-centered, respectful and avenues of obtaining assistances through diversity and providing the necessary personnel training.

Person-centered versus illness-centered approach (Person-centered, Figure 1). The person-centered subtheme of the 'public practice exchange theme' argued that one way to reduce stigma and increase access was to focus on the person with the mental health referral rather than to focus on the mental health illness itself. P1 and P4 called for 'normalizing' mental health issues as diseases than can be treated, just as physical diseases can be treated. P4 recommended improving counselors' cultural awareness of their clients, which touched on the 'diversity and training subtheme' too by calling for more staff who spoke different languages. P10 had similar comment to P1 and P4 while identifying how mental health is identified, the language used to describe mental health have varied translation meaning in different languages and cultures.

Employ more respectful language (Respect, Figure, 1). A second 'policy practice exchange' subtheme was that CalWORKs personnel need to employ more respectful language when addressing potential clients. The use of more respectful language subtheme parallels with the subtheme of promoting a person-centered rather than disease-centered approach to the counselor-client interface by calling for 'just be nice.' Respectful language meant using normal language as explained by P1, empowering language within normal dialog to reduce stigma. This was also recognized by P2, P8 and P11 with the use of reassuring language of clients not feeling judged, knowing receiving, decreasing fear as services are promoted with explaining purpose to help and protected as not disclosing information. P7 also highlighted the importance of framing the opportunities of mental health services in warm and inviting tones to decrease stigma, feel good about taking part in services for self-care which in turn supports their own self-

independence with employment. Finally, it meant beginning a potential client's progress through the system with an orientation that showed respect for their culture but also for each client as a person, and as a person who (more like as not) cringed under the stigma of taking state aid to improve their mental health. This, in the view of several participants, could turn many potential clients into actual clients.

What do you need to help yourself? (Self-help, Figure 1). A third subtheme of the 'policy practice exchange theme' was to ask clients what they needed to help themselves. Three participants thought in these terms of promoting self-help and empowering them to identify what their own needs were to remove barriers for self-sufficiency. For example, P10 made an ardent call for CalWORKs personnel to "ask [clients] what they want for themselves to buy into services" rather than pelt them with professional opinions that excluded the very viewpoints of the person with the mental health referral. "Let each decide for the self." P10 also recommended that CalWORKs personnel:

> Offer options that provide mental health services that don't feel treatment-based. This could be community treatment engagement, peer supports, mentoring, classes that are really supports, maybe cooking but relating information on healthy choices that teaches self-care. Provide enough childcare to allow people to show up and contribute.

Peer support (Figure 1). A fourth subtheme of the 'policy practice exchange theme' was to promote peer support so that clients who had engaged in CalWORKs mental health services could advocate for the services at the same time they reassured

newly-referred clients. P3, P5 and P10 identified peer support recommendations through a system of prior clients possibly sharing their own experiences, increasing awareness of service availability and support one another to navigate the system of receiving aid. P10 explicitly identified examples of peer to peer support as an advocate of how identifying various services may be beneficial, decrease stigma and encourage use of resources available.

Increasing CalWORKs Personnel Diversity and Training (Figure 1). Several participants recommended changes for the CalWORKs personnel that fell under the fifth subtheme of the 'policy practice exchange theme' because such changes of diversity and training required policy changes before their effects would trickle down to the direct social interactions between CalWORKs personnel and clients. Six out of the 11 participants calls for various ways of increasing diversity and training. For P3, increasing diversity covered several areas. She called for greater diversity in terms of gender and economics, although what she meant by increasing the economic diversity of personnel was unclear; she did not elaborate during the interview. She also recommended more access to a broader range of medical personnel than were currently available under contracted mental health services. For P5, increased diversity meant providing more personnel with language capabilities, which is a call for diversity as well as increased training.

P1 recommended training staff so that they talk *to* potential clients rather than talk *down to* them; in this case, her comment also reflected the 'social interaction theme' of increased respect. P11 called for training in basic mental health education so that

CalWORKs personnel who interacted with clients with mental health referrals had a reasonable foundation in the topic, voluminous though it is. P1, P2, P3, P5, P9 and P11 all identified the importance to take into account client's culture, gender, social and economic diversity as well as language used. Recommendations included having individuals who have a specialty in supportive services such as mental health, substance abuse and domestic violence be representing and explain services to clients to increase understanding of services in which may increase engagement of utilization. Participants also highlighted the importance of personnel being trained in knowing how to work with clients without judgment that may be shown in their mannerisms, tone of voice or speaking of services as requirement of receiving CalWORKs aid which may contribute to additional stigma, lack of acknowledging needing services or willingness to engage in receiving such services. ,

Answer to RQ 2

The answer to RQ 2 (How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access to support services?) was that the awareness of supportive services could be increased in two ways. These were the fourth main theme that emerged from participants' recommendations for reducing stigma and increasing access to CalWORKs mental health services. One main theme was to improve the quality of counselor-client social interactions (Figure 1) by using a person-centered approach, using more respectful language, asking clients what they needed to help themselves, setting up a system whereby potential clients could help

one another and change practices to enhance diversity and training (Figure 1), primarily increasing both.

Summary

A person with mental health issues often faces barriers to employment that sidetrack the goal of achieving financial independence. California has several programs designed to minimize barriers to employment so that persons can increase self-sufficiency and become independent of state and county aid. The problem is that the numbers of California citizens with mental health issues continue to rise but the numbers of citizens who utilize supportive services have not. The purpose of this study explored the CalWORKs supportive services infrastructure to understand why persons who potentially qualify for this state support do not use it. Aims were to identify barriers to potential clients accessing services and associated stigma. Participants were 11 individuals who were all actively employed as a CalWORKs staff member or were currently employed with subcontracted agencies. Three participants worked in social services and the other 8 participants were mental health providers. The design was a phenomenology. Data were narrative from interviews.

The answer to RQ 1 (How effective are the current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORK participant's needs?) was that current policies are partially effective. Three main themes emerged: The first main theme was the presentation of mental health services (Presenting Services, Figure 1). The second main theme was the breadth of barriers (Figure 1). The third main theme was evidence of the relative

effectiveness along specific points in the process (Figure 1). Effective elements included promoting mental health services at orientation meetings, providing one-on-one counselor: client settings to explain services and responsibilities in greater depth after orientation, and providing additional resources like childcare, grocery money, and transportation. Ineffective policies included orientations conducted in group settings that elevated stigma about mental health referrals and hesitance to engage further, failure to provide CalWORKs personnel who spoke the client's language, and lack of follow-up to increase client engagement. Alternatively, clients experienced a tremendous weight of personal and social stigma regarding a mental health diagnosis that served as successful counterpoint to the relative effectiveness of the current policies as expressed by CalWORKs personnel.

The answer to RQ 2 (How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access to support services?) was the awareness for supportive services could be increased. This was the fourth main theme that emerged from participants' recommendations for reducing stigma and increasing access to CalWORKs mental health services. The theme identified importance to the quality of personnel-client social interactions (Figure 1) by using a person-centered approach, using more respectful language, asking clients what they needed to help themselves, and setting up a system whereby potential clients could help one another and enhance diversity and training (Figure 1).

As shown in this results chapter, CalWORKs provides as many supportive aspects as possible to give the citizens of California the mental health services they need in order to return to work. The evidence that emerged from these findings argued that there are also multiple barriers that kept potential clients from returning to work. Barriers were primarily logistic and attitudinal limitations, chief among them the deep sting of the stigma of a mental health referral. Discussion and conclusions presented in Chapter 5 are that barriers associated with stigma are beyond the reach of the CalWORKs programs and its personnel, and therefore function in significant counterpoint to efforts to improve the effective access to services.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of conducting this research was to gather data to understand how policy within NCCSSA WBA CalWORKs WTW programs are hindered due to stigma that affects awareness, access, and engagement to supportive services due to practices in orientation to services, identifying service needs and referral processes. The study offers insight to why individuals may not utilize supportive services based on the environment or presentation of supportive service resources, how services are identified, and barriers of CalWORKs clients using supportive services with the focus of opportunities of improvement within the processes of combating stigma associated with utilizing mental health supportive services.

A discussion of the findings is the focus of Chapter 5, including a review of the problem statement, the methodology and the research findings. The focus of the discussion is based on the responses to the two research questions of the effectiveness of the current county policy practices screening, engaging and referral for supportive services and how would policy changes of regulating requirements of professionals explaining and screening of supportive services for referrals with alignment to the literature and theoretical framework.

Overview

The purpose of this study was to explore the CalWORKs infrastructure and how policies are carried out to understand why people who potentially qualify for supportive services to reduce barriers to self-sufficiency do not use these benefits. There were three

specific facets of the study: to identify awareness of, access to, and engagement with mental health supportive services. Measures used within this qualitative study addressed the following research questions:

RQ1: How effective are current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORKs participant's needs?

RQ2: How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA, WBA WTW Handbook practices increase awareness for access to supportive services?

The instructional analysis and development (IAD) framework was used for this study. Ostrom (2011) explained this theoretical framework provides a guide to understanding the institutional processes to assist in determining information gathered from individuals participating in the process and how positions contribute to the policy practice. The IAD framework also explains based on the amount of information available, the steps in how decisions are made within the process steps contribute to how outcomes are affected as well as benefits and costs contributing to the actions and outcomes of service delivery (Ostrom, 2011).

The literature review provided insight in how unaddressed mental health symptoms are known to increase the risk of further distress that contributes to negatively affecting one's life domains such as personal, social, and/or employment. However, even though an early intervention may be beneficial to reducing these risks, stigma contributes to individuals not accessing supportive services.

This qualitative research approach utilized a semi-structured interview guide to interview NCCSSA, WBA CalWORKs personnel, contracted staff, as well as mental health providers contracted to provide service to CalWORKs clients may contribute to stigma through the delivery of information that affects an individual's awareness, access, and engagement to supportive services, including mental health assistance. This research method provided an opportunity to explore the participant's perceptions related to the phenomenon, how adaption to policy within the environmental services are provided may contribute to stigma increasing an understanding of issues within specific situations to gain insight on perspectives and behavioral responses within the situations being explored (Kaplan & Maxwell, 2005). This research approach also increased understanding how the integration and coordination of services through various organizations contribute to outcomes, and cooperative relationships between organizations impact agency structure and behavior (Provan & Milward, 2001). The data obtained from interviews are discussed in this chapter.

Interpretation of Findings

The study results were organized by research questions and analyzed in the themes developed from the interview outcomes. Relevant literature review and participant interview excerpts are discussed in this section. Each set of results provides evidence of the four themes that emerged from the narrative data, with the overarching theme of increasing awareness and reducing stigma with four main themes were identified.

Research Question 1

How effective are current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORKs participant's needs? Three primary themes emerged during the analysis of this research question: (a) presenting services, (b) breadth of barriers, and (c) points in the process.

Theme 1: Presenting services. This theme derived from the presentation of right to services, promotion of services available, and how presentation promoted supportive services. The California legislation Bill 1041 (2012) incorporated the right of individuals to access supportive services, including mental health supports, which are identified if needed within the client's individual CalWORKs plans.

All participants identified their agency's policy was to explain the individual right to supportive services. However, there was a variation in the explanations of services according to each client's need and eligibility; therefore, they did not cover every specific issue. Seven of 11 participants agreed orientation meetings were partly aimed at familiarizing potential clients with the availability of supportive services, including mental health services. However, the participants identified the primary purpose of the orientation was to explain the WTW program and the primary goal of obtaining employment with a focus on referrals to accomplish this goal. One specific participant identified in detail the need to increase the client's awareness of available services from social services and failure to do so. P6 identified in detail calls for changes in orientation meetings by sharing,

> We need to change the orientation instruction to include culture, preferred language, increased insights about a referral, how a referral applies to their WTW plan, and allow potential clients to ask questions. Social services need humility in how to engage with clients and engage them in a timely manner. An interpreter waters down the dialog with more confusion on services available. Orientation [conducted] in a big room creates disconnection.

Four of the 11 participants echoed P6 response with identifying services but not giving information in detail. The orientation setting with a number of CalWORKs enrollees within orientation contributes to a general overview of services as the primary focus is on the goal of obtaining employment.

According to P8, "People need a better connection to the situation because they do not understand policy." The evidence argued that CalWORKs personnel saw mental health services as a person's right to identify them during orientation meetings but did not use specific or consistent promotional policies.

Theme 2 – Breadth of Barriers. This theme emerged with three subthemes of lifestyle chaos, logistics to access and stigma in relation to referral utilization of supportive services. Every participant agreed that stigma constrained the efficacy of the screening and referral process significantly.

Each of the participants identified various lifestyle barriers that may create chaos, such as domestic violence, substance abuse and mental health. P3 noted that "domestic violence makes it difficult to participate in services" as individuals may not be able to exit the cycle of abuse due to various reasons, including fear. P2 agreed that the cycle of

abuse constituted a significant barrier but also identified an additional list of contributing factors.

> "Domestic violence, homelessness, substance abuse, and criminal background issues," she said, "all contribute to mental health" issues that can benefit from treatment but simultaneously diminish the likelihood of obtaining it.

Additional barriers were highlighted by 7 of the 11 participants of childcare, transportation, and availability of time to attend such supportive services.

P1 described the referred clients as "mostly single mothers who don't have childcare, struggle to schedule other activities, and focus on obtaining work." In addition to lack of childcare, P10 and P3 also listed lack of transportation as an additional barrier. Specifically, P3 said clients who lack transportation were concerned about "the time needed to engage" in mental health services, probably because "clients need to focus on children and family."

Related logistical barriers were P11's challenges of explaining services under the constraint of language barriers. According to P5, the language barrier was "primarily Spanish or speaking another language." Unable to discourse with their providers, potential clients are transferred around providers and understandably became discharged with the process of obtaining services.

> Due to limits in provider speaking client's language, [potential clients] get bounced around and become upset when referred all over the place and with the system. There is a lack of communication, with referral information as to why the client was referred and the process of scheduling once the referral was made.

However, the major deterrent set of barriers to accessing supportive services was the social barrier of stigma. Throughout the participant's responses, internal stigma was identified as fear of judgment from themselves or external, societal view. Four of the 11 participants identified the perspective of "different than others' or "being told they have to participate' which contribute to willingness to accept and engage in supportive services.

An external source of stigma was more prevalent in the participant's responses as 8 of the 11 commented on fear of being judged as generic references to stigma. This fear was associated with judgment by system, peers, family, society, which may be used against them. For example, P10 said fear of judgment emanated across the board from family members to the entire culture of which CalWORKs clients were apart. P6 echoed the sentiment that stigma arose broadly from a potential client's family members, own culture, and community, even extending to social services providers who give potential clients the "feeling of a bad rap for needing mental health treatment." P9 pointed out that potential clients were frightened by others' awareness that the potential client had been referred for mental health issues.

Theme 3 – Points in Process. This theme was evidence of the relative effectiveness along with specific points of processes from three subthemes with discretion versus public exposure of disclosure during orientation, acceptance of the referral, and following-through with attending referred supportive services. The evidence argues that potential clients were unreceptive to the discussion. They did not want to talk about mental health services in a group setting and, although many were somewhat more

inclined toward discussion later in a one-on-one cubicle setting with a CalWORKs representative, they typically expressed concerns about the privacy of those discussions too. These attitudes provided evidence of another manifestation of stigma with feeling judged by other people extended to the anonymous crowd of which the potential client was a part regardless if they did not personally know those within the group setting.

Nine of the 11 participants said potential clients did not trust the group setting for discussing their mental health service options. The two exceptions were P4, who equivocated, and P6, who seemed to be referring to the skill with which CalWORKs personnel can tailor each discussion of services (presumably after the large group orientation meeting). For example, P2 said

> Potential clients tended to deflect discussion because they do not want anyone else to know that they had been referred for mental health services, and although she conceded that this varied across cultures but did not elaborate on attitudes specific to various cultures.

Other participants echoed the idea that clients wanted to keep the referral and its implications out of the public eye, anonymous though the 'public eye' of the group in the orientation meeting may have been. Participants referenced potential clients simply not participating in group settings with fear of being overheard during the discussion of their mental health issues and corresponding treatment options.

A second point in the process where effectiveness could be measured pertained to potential clients' receptivity to receiving the mental health referral itself and their subsequent openness to or reticence about accepting the treatments to which they had

been referred. Nine of the 11 participants said potential clients were greatly hesitant to receive a referral. In addition, 7 of the 11 participants said potential clients did not accept services which then contribute to difficulty with engaging in services initially and remained hard to engage over time, quitting after a one to two sessions with estimated of proportions of clients who followed through was less than half following through with supportive services.

Research Question 2

How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA, WBA WTW Handbook practices increase awareness for access to supportive services? One primary theme emerged during the analysis of this research question: (a) policy practice exchange.

Theme 4 – Policy Practice Exchange. This theme emerged from participant's recommendations for reducing stigma and increasing access to supportive services. Five subthemes were identified as related to interactions of improving dialog in how policies are carried out with changing policy procedures to expedite processes, having person-centered versus illness-centered approach, respectful language dialog between personnel and clients, self-help focused identifying their individual needs to support engagement, peer support to assist in understanding processes, increasing personnel diversity and training to support removing stigma to improve access and acceptance of utilization of supportive services. The following evidence summarizes their recommendations (note that countless generic comments about the need to reduce the stigma of using

CalWORKs mental health services were imbedded in these). The recommendations for reducing stigma and increasing access fell into one broad theme of policy practice exchange. This theme referred to recommendations aimed at improving the dialog between CalWORKs personnel and clients aimed at changing procedures to expedite the process, and in some cases, the standards behind a particular policy.

Several of the participants identified several general policy changes to increase individualized, person-centered, and various opportunities to assist clients in increasing engagement through social services rapport enhances with diversity and training. P8 identified the importance of reducing CalWORKs bureaucracy.

> There are many requirements and the same questions on general forms. Duplication! In order to work in [true] collaboration among agencies, we need to have one database identifying where services are provided, where a client can go to get services, and better support at connecting [client to service] faster.

Additional focus was on normalizing accessing and utilization of supportive services. For example, underlying comments supporting person-centered services were reducing stigma and increase access was to focus on the person with the mental health referral rather than to focus on the mental health illness itself. P1 and P4 called for 'normalizing' mental health issues as diseases than can be treated, just as physical diseases can be treated. P4 recommended improving counselors' cultural awareness of their clients, which touched on the 'diversity and training subtheme' by calling for more staff who spoke different languages. In addition, several participants identified the need to utilize more respectful language when addressing potential clients. This subtheme parallels the

subtheme of promoting a person-centered rather than a disease-centered approach to the counselor-client interface. P1, P2, P8, and P11 identify using respectful language meant using normal language and reassuring language to frame the opportunities of mental health services in warm and inviting tones. Finally, the view of several participants which in turn could be of potential clients of the need to show respect for their culture but also for each client as a person, and as a person, who (more like as not) cringed under the stigma of taking state aid to improve their mental health.

It was also identified the importance of having individuals invested in helping themselves. For example, P10 made an ardent call for CalWORKs personnel to "ask [clients] what they want for themselves *to buy into* services" rather than pelt them with professional opinions that excluded the very viewpoints of the person with the mental health referral. "Let each decide for the self." P10 also recommended that CalWORKs personnel:

> Offer options that provide mental health services that do not feel treatment-based. This could be community treatment engagement, peer supports, mentoring, classes that are supports, maybe cooking, but relating information on healthy choices that teaches self-care. Provide enough childcare to allow people to show up and contribute.

Peer support was also identified as a process that would assist in advocating for services with also reassuring the clients that others have utilized and encourage how supportive services may be beneficial in reducing their barriers while also decreasing stigma associated with utilizing mental health services.

The last subtheme in this area was personnel diversity and training as such changes required policy changes before their effects would trickle down to the direct social interactions between CalWORKs personnel and clients. With increasing diversity in terms of personnel, specialized language capabilities, and increased cultural training to support engagement. For example, P1 recommended training staff to talk to potential clients rather than talk down to them. Additional training recommendations were specifically identified by P11 of training in basic mental health education so that CalWORKs personnel who interacted with clients with mental health referrals had a reasonable foundation in the topic.

Theoretical Conceptual Framework

The IAD theory grounded this study by assisting understanding the county's logic, design, and performance, contributing to outcomes in supportive services to CalWORKs clients within Northern California County (Petridou, 2014; Ostrom, 2011). The theory was useful in understanding the application of how outreach explains services available, understanding of access to utilization of supportive services are provided to CalWORKs clients and outcomes managed to support funding of mandated services available with the intention to remove barriers to independence in providing for families through gaining employment.

The IAD theory was useful in identifying how the policy practices of conducting orientation to the CalWORKs WTW program are carried out through design with the purpose of performance in identifying areas of supportive service referrals needed to assist in removing barriers to self-sufficiency. This theory is relevant in presenting right

to services, promoting services available, and accessing supportive services to determine if clients utilized services.

Through several policy reforms transforming institutional processes, the IAD framework assists in identifying how relevant structural elements within the Northern California County Social Service Agency (NCCSSA), the Workforce Benefits Administration (WBA) division is specifically designed to support those in need while receiving CalWORKs benefits which also includes the WTW program. As service delivery within the CalWORKs WTW program is designed NCCSSA, WBA policy, the IAD framework assisted in understanding the logic, design, and performance outcomes to support the improvement of service delivery through the analysis structural process elements within the processes of orientation to services, screening practices for supportive services and referrals to identified services.

The IAD framework approaches the problem from an integrated perspective to improve performance, improve integration of government policies enhancing coordination of government and nongovernment agencies through involving key stakeholders in the decision-making process contributes to a stronger basis to implement government policies (Imperial, 1999). Through exploring the CalWORKs infrastructure assisted in understanding why persons who potentially qualify for government funded supportive services but do not use these benefits related to a presentation of services, breadth of barriers, points in processes, and policy exchange practices.

The IAD framework was complementary to this study by analyzing the cultural commons compared to interactions and how they may contribute to outcomes. Through

analysis, the IAD framework assisted with identifying how stigma may contribute to interactions with other social mechanisms for governing individual perspectives and creativity. It is valuable to understand how the purpose of the policy and the relationship with those who are charged with carrying out the policy use the information. This applies to improve the dialog between CalWORKs personnel and clients in how policies are carried out with changing procedures to expedite the processes, and in some cases, the standards behind a particular policy. For example, the use of a person-centered versus illness-centered approach to encourage potential clients to access services directly correlates in how those carry out the policy use the information.

Understanding how policy changes may contribute to supporting outreach, engagement, and utilization of supportive services will help CalWORKs participants remove barriers to self-sufficiency, which in turn contributes towards independence in providing for their families. The specific focus of the study: to identify awareness, availability and engagement processes that participants use to increase participation in CalWORKs available services; to determine whether the processes seemed to work, given barriers that block clients from using the mental health supportive services; and to identify constructive steps toward improving the processes as well as combatting the stigma of engaging in state-supported services to reduce barriers of self-sufficiency in providing for individual's family.

Limitations of the Study

The study provided valuable data on why individuals may not access or engage in supportive services to address their needs to remove barriers for self-sufficiency in

providing for their families independently from receiving state and county financial aid. The study had some limitations associated with unavoidable delays to meet updated university research guidelines. A delay in carrying out the research resulted in a decrease of potential mental health agencies willing to participate in the study and social services administrative no longer permitting solicitation of potential participants during team meetings.

Due to changes in the CalWORKs service program, reducing mental health and supportive services from eight to three mental health agencies and two contracted orientation agencies. These original 2018 authorizations that permitted solicitation of potential participants were replaced with fresh authorizations in the fall of 2019 from two of the three current mental health agencies, three of the previous mental health contracted agencies, and one of the two partnered orientation contracted supportive services agencies. I was able to obtain above the median range of population size predicted range of 8 to 15 participants and initially obtained 13 with 2 declining to move forward within the study, leaving 11 voluntary participants taking part in the interviews. Finally, as this study did not directly interview individual CalWORKs clients directly, the study relied on the reporting of CalWORKs personnel in representing what they have heard from or believe is the perception of clients to the awareness, access, and engagement of supportive services within the CalWORKs WTW program.

Recommendations

Historically with mental health, there is a stigma associated with recognizing, accessing, and engaging in supportive services. As this study identified, the problem is

that the number of California citizens with mental health issues who could benefit from CalWORKs mental health services continues to rise. However, the number of citizens who utilize CalWORKs supportive services, including mental health services, has not risen commensurately (California Department of Social Services, 2003). This research study recognized the association of stigma in combination with how services are presented, the environment in which discussed and processes in determining supportive services, reducing barriers to employment as the primary focus on the WTW program. Therefore, I ask, is the infrastructure of social services processes work with identifying individual awareness, availability, and engagement in the processes to increase participation in supportive services? Recommendations are made based on the data that was collected and analyzed within this study.

I recommend a review of how information is presented in a group or open environment when speaking of supportive services benefits and potential referrals to address individuals' needs within their WTW plans. This study identified stigma is established with an association of being on government assistance and the additional stigma associated with being identified as different from others. The review of services available and discussion of various supports should be presented to encourage access and engagement while reducing the stigma associated with mental health services. If an individual is hesitant to discuss such services in the orientation or an open room cubical setting, it is important to recognize this as a possible association to stigma, fear of others becoming aware of information and/or individual not understanding how these supportive services may be beneficial to their overall goal of independence from aid to care for their

families. Having a private conversation with the CalWORKs personnel scheduling a follow-up case management call to review the plan, inquire if there are any questions, and reassure that information is confidential to their WTW program plan.

An additional recommendation is personalized services to the individual CalWORKs client needs. Several participants identified engagement with clients on discussions of what they think services may help improve their lives to obtain employment. This would be speaking in a manner to which clients feel empowered to engage in supportive services versus mandated as part of a program requirement. In addition, discussion of how services may contribute to overall wellness, such as other treatments for various medical conditions, may also reduce the stigma associated with mental health.

It is also recommended that emphasis be placed on policy exchange processes take place to improve the dialog between CalWORKs personnel and clients. This would include engagement within the client's language, person-centered focus versus negative identification of barriers, respectful to culture, providing opportunities for peer support, and training for personnel to standardize carrying out policy practices with reduced duplication of efforts. This recommendation focuses on training personnel in understanding mental health and they how may contribute to other aspects of one's life, such as overall physical health, sleep, fatigue, interactions with others and other factors to assist with normalizing mental health issues as can be treated like other conditions. It will also be important to train personnel in how information is delivered to reduce the stigma associated with a presentation in speaking of supportive services to assist in avoiding the

perception of talking down to or identifying there is something wrong with a person; therefore, a referral is being made.

Areas for Future Research

As identified in past research, stigma is associated with mental health, but limited research has been conducted on the individual reasons why a person may not access or continue to engage in supportive services to address their needs. It is suggested that future research areas include the various county representation of how services are promoted, identified, and the engagement practices to supportive services concerning literature and identified inconsistencies in how policy practices are carried out.

1. Research should examine the outcomes of various supportive services referrals are made for domestic violence, substance abuse, mental health, education, transportation and childcare and if there are different stigma perceptions associated with the engagement of various services to determine opportunities for improvement in perceptions of accessing supportive services.
2. Mixed-methods study to include data of specific numbers of referrals made, services specifically identified, length of time outreach made to a client, and outcome of engagement of services. The study would also include the exploration of a possible engagement or lack of engagement in supportive services depending on referrals made.

3. Replication of this study throughout the various state counties to explore if the variation of policy exchange practices may contribute to outcomes of access and engagement of supportive services.

Implications for Social Change

The findings of this study identified potential social change by increasing access and how providers engage persons in utilizing supportive services. This research has implications for social change to increase access to supportive services, which in turn contributes to early interventions with reduction of higher level and extended length of care the burden on local, state, and federal funding that could be utilized elsewhere. Given these specific aims, the purpose of the study was to identify ways to increase awareness and access to mental health services to support intervention. It also has the opportunity of social change with reducing stigma in the utilization of services that support earlier service access.

From the findings, themes emerged from the study highlighting policy practices contribute to how individuals become aware of, access to, and engage in supportive services mental health care while decreasing stigma associated with such services. The stakeholders in this opportunity for social change are the Social Services, CalWORKs personnel, the CalWORKs clients, and community members, which may be society, individual's family members, potential employers, and public health. The importance of recognizing mental health services is not a failure to the individuals, nor should it be an exclusion from society. Through an integrated approach of identifying services available, promotion of access and engagement reduces the stigma associated with mental health,

which also supports the improvement of one's mental health to remove distress in other life domains such as physical health, family-societal relationships, employment and other individual factors to assist with increasing a healthy lifestyle to care for one's self. This assisted with identifying a public health approach with formulating policies to improve access to supportive services by promoting healthy lifestyles and reducing risk factors, which may also increase service delivery before the risk of worsening symptoms developing.

Based on the evidence of this study, I conclude there needs to be more done to reduce the stigma associated with mental health, which would contribute to increasing awareness, access, and engagement of mental health supportive services. Participants identified how supportive services are presented as a direct effect of the points in the process discussing mental health services within group orientation or the one-on-one screening in an open area cubical for supportive services are effected by client's willingness to engage in services based on stigma from the fear others becoming aware of or hearing of person's need for services. Nine of the 11 participants said potential clients did not trust the group setting for discussing their mental health service options.

> P2 explained that potential clients tended to deflect discussion because they do not want anyone else to know that they had been referred for mental health services. Other participants echoed the idea that clients wanted to keep the referral and its implications out of the public eye, anonymous though the 'public eye' of the group in the orientation meeting may have been and simply do not participate in group settings.

An additional area of reducing stigma and increasing access fell into the broad theme of policy practice exchange in how information is presented, language used in delivering information, person-centered approach, cultural awareness of clients' mental health contributions to overall life functioning versus just the goal of obtaining employment and normalizing the use of mental health services similar to how physical conditions are treated to promote engagement. Recommendations include diversity and training as such changes would require policy practice changes contributing to direct social interactions between CalWORKs personnel and clients. This was echoed throughout participant's responses with recommending training in how mental health information is explained in a manner that promotes mutual engagement versus one-sided communication as well as training on the fundamentals of mental health supportive services.

These suggestions could be implemented through the IAD theory to assist in understanding the county's logic, design, and performance contributing to outcomes in supportive services to CalWORKs clients with Northern California County (Ostrom, 2011). They understood the county's logic, design, and performance, contributing to outcomes in supportive services to CalWORKs clients with Northern California County. The IAD theory reviews institutional processes in how structural elements may contribute to explaining positions held to contribute to policy practice, information available, steps to decisions being made in the process, steps, and costs contributing to the outcomes (Ostrom, 2011). In addition, the IAD framework analyzes the cultural commons compared to interactions and how they contribute to outcomes as s social mechanism for

governing an individual's perspectives and creativity in carrying out policy practices (Madison, Frischmann & Strandburg, 2009; Ostrom, 2009).

Conclusion

This research study was designed to examine how policy within NCCSSA WBA CalWORKs WTW programs may be hindered due to stigma affecting awareness, access, and engagement with mental health supportive services regardless of free social service resources under the CalWORKs program. The study intended to understand of how policy effective the current county policy practices of screening are, engaging, and referral processes for supportive mental health serviced with addressing CalWORK participant's needs. Four themes emerged from the data: (a) presenting of services, (b) breadth of barriers, (c) points in the process, and (d) policy practice exchange to increase awareness while reducing the stigma associated with utilization of mental health supportive services.

When assessing research question one, how effective are current county policy practices of screening, engaging, and referral processes for supportive mental health services with addressing CalWORKs participant's needs, the research found how the presentation of supportive services were carried out, various individual barriers of utilization and points within the process contribute to the effectiveness of screening for services, individual engagement and accepting of referral for mental health services.

When assessing research question two, how would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access

to support services, the research found how the exchange of policy practices to reduce stigma would be enhanced by using a person-centered approach, using more respectful language, asking clients what they need to help themselves, developing a system for peer support and change practices to enhance service delivery through diversity and training.

The identification of stigma contributing to awareness, access, and engagement of mental health supportive services was identified throughout the research findings contributing to how presentation, barriers, processes and policy practices through engagement influenced the outcomes of supportive services utilization of services identified that may be beneficial for the client to become more self-sufficient in caring for their families. The IAD theory states that it is important to understand that logic, design, and performance contribute to outcomes of the utilization of services. According to the research, the NCCSSA WBA WTW program infrastructure includes ineffective policy practices of orientations conducted in group settings that elevated stigma about mental health referrals and hesitance to engage further. Failure to provide CalWORKs personnel who spoke the client's language and lack of follow-up to increase client engagement. It is important to highlight an integrated perspective to improve performance, improve integration of government policies enhancing coordination through key stakeholders in the decision-making process, and contribute to a stronger basis to implement government policies to meet desired outcomes (Imperial, 1999).

Participants provided detailed responses that were thought to provoke, which contributed to how policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support increasing awareness for

access with the engagement of supportive services. The research also identified the importance of taking into account the various aspects of stigma, including the personal and social stigma associated with mental health contributes as a barrier to the effectiveness of the current policies. It is important to identify the value of including individuals who have utilized CalWORKs programs with various outcomes as well as those who screen and provide supportive services to be involved in the decision-making processes for thorough policy analysis.

The study found that how stigma surrounding the use of services and how policies are carried out through individual practices of how explaining, promotion, and recommending CalWORKs supportive services contribute to the utilization of such services. The CalWORKs personnel need the training to understand the fundamentals of mental health services that may contribute to enhancing others' life domain areas with reducing barriers to the goal of obtaining employment to provide for family independently from aid. It is also important to invest in training of CalWORKs personnel in how information is delivered through explaining, promoting access and recommendations of referrals through a person-centered approach, respectful interactions with language, solicitation of client's own needs and respecting diversity contribute to engagement outcomes.

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Appendix A: Semi-structured Interview Questions

Demographic Interview Questions:

1. Are you a Social Services Agency, Contracted Social Services Orientation Provider or a Behavioral Health (mental health) provider?
2. How long have you worked at your agency?
3. How long have you been working with CalWORKs participants?
4. Are you familiar with the variation of symptoms a person with mental health-related issues may contribute to barriers to employment?

Interview Questions:

1. When providing an orientation to supportive services under CalWORKs, what is your experience of participants inquiring about mental health services in a group setting?
2. When discussing supportive services, including mental health with clients, are they open to discussing access and variety of services available?
3. After explaining different mental health services available, how responsive are clients in accepting services available?

   3a. What has been your experience in how individuals respond when identifying their possible use/need mental health services?

4. When a client acknowledges supportive service would assist in addressing their needs, is there hesitation by the client to receive a referral to mental health services?

   4a. Are services offered in a group setting or in a space where client may fear others may hear discussion of services?

   4b. Does the client identify fear of judgment and/or stigma?

5. When making a referral, do agency policies promote explaining mental health services are the individual client's right to receive supports and address their needs?
6. What are the most common barriers identified for clients inquiring, agreement for referral and engaging in supportive services?
7. On average, how many referrals are made or received to support client's participating in counseling services?
8. On average, how many clients follow through with scheduling and attending first counseling session?
9. Is promotion of supportive services in orientation meeting the need of increasing the awareness of services available?
10. Do you have any suggestions on how improvements in carrying out tasks outlined in the policies would assist in decreasing stigma while increasing awareness and engagement in mental health WTW supportive services?
11. Are there any current policies that may contribute to increasing and/or decreasing the promotion of supportive services including mental health?

12. What policy areas could be improved to address increasing participation with referral and engagement in services?

    12a. What would some of the recommendations that you may make to enhance policy improvements for increasing client participation engagement in supportive services?

13. Do you have any suggestions of how improvement in carrying out various tasks outlined in the policies would assist decreasing stigma while increasing awareness and engagement in mental health supportive services?

14. Is there additional information or suggestions that would increase engagement of individuals accessing and utilizing mental health supportive services through CalWORK participants?

Appendix B: First Level Themes

Barriers to Mental Health Services Related to Stigma within Northern California Research Questions

How effective is the current county policy practices of screening, engaging and referral processes for supportive mental health services effective with addressing CalWORK participant's needs?

How would policy changes of regulating requirements of professionals explaining and conducting screening for mental health services support the NCCSSA WTW Handbook practices increase awareness for access to support services?

Introduction

The task of discovering themes is at the central focus on qualitative data analysis. These themes are identified and constructed before, during and after data collection. This Appendix is consisting of a list of the basic themes (ideas, words, topics, subjects) that I intended to learn from interviewing research participants based on semi-structured interview guide questions.

First Level Themes

- Policy practices
- Orientation oversight
- Screening process
- Engagement practices
- Service promotion
- Contracted Service Effectiveness
- Exceptions, exemptions for services

- Financial oversight policies
- Accountability practices
- Mandatory services
- Nonprofit agreements
- Referral follow up
- Accountability oversight
- Referral accountability
- Engagement effectiveness
- Stigma hindering engagement

Appendix C: Professional Demographic Characteristics of Participants

Table C1

Professional Demographic Characteristics of Participants

Case	Credentials	Years at Agency	Years with CalWORKs	Referrals*
P1	MHP	1 year	5 years	3-6
P2	SS	5 years	10 years	5-7
P3	SS	5.5 years	5.5 years	30-40
P4	MHP	10+ months	10+ months	3-5
P5	MHP	3-4 years	3 years	5-10
P6	MHP	21+ years	20 years	2-5
P7	MHP	18+ years	18+ years	5
P8	MHP	0.5 year	0.5 year	6
P9	SS	9 years	10+ years	3
P10	MHP	5 years	5 years	2+
P11	MHP	10+ years	10+ years,	1

Note. MHP = Mental Health Provider or Agency. SS = Social Services Orientation or administrative personnel. *Referrals = Mean number of referrals per month

Appendix D: CalWORKs Welfare to Work Handbook

Welfare-to-Work Handbook 42-7.38 :. Welfare-to-Work Case Management

Effective Date: April 1, 2015

Published Date: March 23, 2015 Published By: E109

Revise Date: May 22, 2019

Revision Effective Date: August 14, 2019 Revised By: E113

Update:

The purpose of this update is to incorporate CalWORKs 2.0 (CW 2.0) approaches in Workforce and Benefits Administration (WBA) employment services and Welfare-to-Work (WTW) Case Management.

Summary:

The purpose of this handbook is to inform Workforce and Benefits Administration staff about ongoing Case Management in Welfare-to-Work. This handbook will outline the requirements and process of conducting case management with a participant.

General:

The Workforce and Benefit Administration of the Alameda County Social Services uses the Career and Employment Centers (CEC) to conduct its WTW upfront activities through contracted service providers. All participants will be assigned to an Employment Counselor (EC) that will provide case management including participants who are referred to the CEC Service Provider (SP).

Case Management is where the EC will develop a healthy and positive working relationship with the participant in order to meet established participation requirements and move the participant to self- sufficiency within time limits.

An EC will monitor and manage the WTW case ensuring that, a participant makes progress with his/her WTW2 Plan, the plan is amended as needed and the participant meets minimum hours of required participation.

The CW 2.0 approach intends to enhance the current service delivery by incorporating strategies and tools that help families set and achieve reachable goals while considering participant's strengths and any barriers they may face. These approaches and tools will aid staff in increasing customer engagement, applying more intentional service selection, addressing whole family needs and shifting to more "client- led" and goal-oriented case management.

Note: One-On-One Orientation – On occasion (and per SEIU Section 13-c of MOU), the EC may conduct a One-on-One Orientation. The following are examples when an EC may conduct a One- on-One orientation:

Case is pulled for Work Participation Rate (WPR) review and the client has to complete orientation to move to the next appropriate WTW activity.

Participant calls and states that they can only come in on a certain day or time due to their work schedule.

EC shall confer with their supervisor before conducting a One-on-One Orientation. The EC Supervisor shall exhaust all other options before approving a One-on-one orientation. Options may include, but are not limited to:

- Rescheduling client for another orientation date and time,
- Having CEC SP conduct a One-on-One Orientation.
- EC supervisor shall track the number of days and dates of one-one one orientations conducted by the EC.

Please note: Participants who are employed with sufficient hours to meet the minimum hours of participation are required to sign a WTW2 Plan.

- Case Management will include the following:
- Providing high quality services to participants;
- Developing a positive and productive working relationship with participants;
- Evaluating and addressing possible barriers to a participant's employability and self-sufficiency;
- Authorizing requested supportive services as needed to participate in the WTW program;
- Referring participant to internal services and/or community-based resources as needed.
- Promoting the "Work First" or "Work Focused" approach to WTW program;
- Encouraging and motivating participants to strive for self-sufficiency;
- Monitoring progress on a monthly basis and amending a participant's WTW2 Plan as circumstances change; and
- Ensuring that participant meets weekly participation hours;
- One-parent families with a child under six years old: 20 hours per week
- One-parent families with no child under six years old: 30 hours per week

- Two-parent families: 35 hours per week

Employment Services Case Management Check List form 42-126 has been created as a tool to ensure all components of Case Management related to Employment Services - are completed. The EC can use this tool as a guide anytime they are managing a case.

Components of Case Management

Newly Assigned WTW Case

EC(s) of the day (who may be available at a cubicle in the waiting room) shall:

Monitor the ES Engagement email inbox for emails without an attached 50-20 for clients who need to be seen.

Receive ES Engagement emails from Clerical Staff, with the email subject line indicating "client in the waiting room waiting for EC information", for clients who have been assigned an EC and need to be seen.

Meet with client in the designated area and conduct a one-on-one ES introductory meeting with participant(s).

EC will also respond to ES related inquiries, initiate immediate referrals, provide guidance on sanction related matters and how to cure sanction, and promote the various programs provided by Social Services Agency Employment Services.

The ES introductory meetings are intended to encourage participant to attend orientation and all other activities including upfront and establish/develop EC's relationship with participant for potential ES inquiries and needs. Meeting topics can include, but are not limited to the following:

Introduction of WTW upcoming activities with an overview of the variety of employment services opportunities and supportive services available through participation;

Identify availability and needs for supportive services;

EC may introduce CW 2.0 Goal Plan Do Pocket Reminder tool; the tool can help the EC guide conversation and can be used during upfront activities.

Provide contact information and point of contact for Employment Services; and

Enter case comments.

When a new case is assigned, the EC of record shall

Review the assigned case for acceptability. CalWIN system needs to be reviewed to make sure that the following are current and updated correctly and as needed:

- Alerts;
- Activity statuses;
- Case comments;
- All APR and ASM CalWIN screens as applicable;
- Supportive services (childcare, transportation, ancillary, referrals to external agencies) authorized for current month;
- WTW2 Plan entered as applicable; and
- All documents related to the case shall be imaged.

Refer to Generic Processes Handbook 50-5.40 and Welfare-to-Work Handbook 42-7.39Transferring and Rejecting Cases in Welfare-to-Work

Review newly assigned cases by checking CalWIN alerts and reach out to participant(s) for an introduction.

For cases not approved while the client is in the office and for cases when the client does not stay to meet with the EC of the day, the assigned EC of record shall,

Contact participant after case is assigned, for an ES introductory meeting and reminder of their next activity.

If possible, meet with participant before or on the day of orientation to review WTW flow process. (Refer to Welfare to Work Handbook 42-7.0: Welfare-to-Work Overview and WTW Handbook 42-7.25 WTW Orientation).

Monitoring

The SP will be responsible for entering attendance, case comments and all relevant entries in CalWIN when they conduct Orientation, four-weeks of Job Club/Job Search and Assessment. CDS', in collaboration with the staff of the Service Provider will do an Appraisal. The SP and CDSs are responsible for entering the appropriate CalWIN entries for the Appraisal and/or Assessment. Refer to WTW Handbook Welfare-to-Work Overview 42-7.0 for detailed information.

It is the responsibility of the EC to monitor the participant's activities and attendance hours to ensure that the participant is currently meeting the 20/30/35 WTW required hours of participation and making satisfactory progress. After an activity has been scheduled, the status and attendance must be tracked monthly. Ongoing supportive services payments shall be issued and childcare is authorized, as necessary. Monitoring cases is especially important as it impacts the county's WPR. Whenever a participant's activity status is changed, the EC will need to review and determine if the participant is meeting the required hours. If they are not meeting the 20/30/35 required weekly hours of

participation, the EC will need to determine the next step, i.e. schedule an appropriate activity, amend the WTW2 Plan, refer to WTW Support Service Specialist for any potential Behavior Health Care Services referrals, initiate non-compliance, and/or apply a sanction.

Monitoring can be accomplished through several means within the CalWIN system and Social Services Integrated Reporting System (SSIRS).

Review of alerts for the specified case will inform EC of any pending actions needed, barrier reviews, when an individual has been discontinued from assistance and if the individual has a new exemption. The Alert subsystem provides timely indicators as to actions that are pending or need to be taken;

Universal Engagement is another tool that can be used to track progress of lifetime 12-month limit on vocational education and the 24-month time clock;

ES 108 Case Listing Report lists all cases in EC caseloads. ECs shall use this report to monitor, review case statuses, and annotate actions taken; and

ES109 Action Required Report lists all cases in a caseload that require an update. ECs use this report to update cases and take actions in five (5) main categories.

- Cases discontinued;
- Cases with no current activity;
- Cases approaching or at 20-day Good Cause period;
- Case with no current activity update; and
- Cases with past overdue non-compliance.
- Case Dictation in CalWIN Case Comments

Case dictation is an essential part of case management. Documenting and recording case activity is important to ensure that the reason(s) behind any action taken on a case are clear and concise. This is of most importance when cases are transferred or when an EC is out on vacation or extended absences.

Extended absences can leave gaping holes of information if case comments are not current. The EC should dictate each participant contact. Case dictation is entered into CalWIN Case Comments under WTW program. Case dictation must include, at minimum, the following:

- Date of contact;
- Type of contact (face-to-face or telephone);
- Purpose of contact;
- Results of contact;
- Forms completed (when appropriate); and
- Documents received.

Example:

On 01/15/2009 Ms. Smith called to report an address and telephone number change. Ms. Smith is now living at 123 Hickory Lane, Oakland, CA 94544 and her new telephone number is (510) 123- 4567. I indicated that I would make sure the necessary changes were made to her case record. I provided the information to Eligibility Technician to make appropriate changes to reflect new information.

Exempt Volunteers

The EC will assess and develop a WTW 2 Plan when Orientation has been completed and an exempt individual wishes to participate. Refer to Welfare to Work Handbook 42-7.32 Exempt Volunteers in the Welfare-to-Work Program for detailed information.

Amending a WTW2 Plan

An amended WTW2 Plan is completed when a participant begins any new activity other than indicated in the original plan, when a concurrent activity is being added to an existing activity, or when there is any change within the existing activity. For example, a change in participation hours, locations, activity start time, exempt participant wants to become an exempt volunteer or an exempt individual becomes mandatory. When amending a WTW2 Plan the EC must meet with the participant to review, discuss, and sign an amended WTW2 Plan. A copy of the completed and signed amended WTW2 Plan must be given to the participant. The Maintain Employment Services window, Plan tab in CalWIN must be used to create or amended a WTW2. Refer to CalWIN How To #302Amend a Welfare-To-Work Plan.

Example:

Two months ago, a participant signed a WTW2 Plan, which indicates that he/she is attending an approved vocational training program for 24 hours a week and is concurrently in an approved internship program for 8 hours a week, total 32 hours of weekly participation. Today, the participant notifies EC that he/she has dropped out of the vocational training program and does not intend to continue. In this instance since

there is already a WTW2 Plan in place, the EC would meet with the participant and reappraise for appropriate activity and amend the WTW2 Plan.

When amending a WTW2 Plan the participants must be informed of the following grace periods:

- The participant has 3- working days after amendments to the plan to request changes to the WTW2 Plan; and
- The participant has 30- calendar days from the beginning of the initial training or education activity to request a change or reassignment to another activity.

Below are some examples of situations when a plan must be amended:

- Participants that are no longer employed full-time;
- Participants who have completed their Self-Initiated Program (SIP); or
- Participants that are no longer attending school, and not employed full-time.

Exemption

When an individual is exempted from WTW, the EC will do the following:

- Verify that the exempt status and exemption reason are correct on the Maintain Employment Services Participation window;
- Refer the participant to the appropriate internal provider if the exemption is related to permanent disability.
- If the participant is permanently disabled, refer them to the SSI advocacy unit.
- If the participant is needed to care for a disabled spouse or child, refer them to IHSS.
- Ensure CalWORKs 48-month clock has stopped ticking if appropriate;

- Enter Case Comments indicating length of exemption; and
- Monitor exemptions for review and expiration dates.

Sanction

The EC is responsible for the following when an individual has been sanctioned from WTW.

- Verify WTW sanction is imposed correctly;
- Make sure the registration status is Sanction in the Maintain Employment Services Participation window;
- Review activity participant is sanctioned in to make sure the status is End-Unsatisfactory Participation in the Maintain Status window in CalWIN;
- Review other activities to ensure that they have been end dated;
- Ensure that supportive services have ended and notification sent to individual;
- Enter Case Comments; and
- Contact client on a monthly basis to determine if the participant's circumstances have
- changed(i.e. CalWIN shows earnings, barrier that may need to be addressed).

Closed Files Bank

A case will close when the following occurs:

- The CalWORKs cash aid has been closed;
- The participant has exhausted his/her CalWORKs 48-month Time On Aid;
- The participant has been removed from CalWORKs cash aid for other reasons.

EC is responsible for the following when a case or individual has been in discontinued for more than 30 days:

- Verify discontinued status in CalWIN Inquiry subsystem;
- Review activities to ensure that they have an end date;
- Ensure that supportive services have ended and notification sent to individual;
- Enter Case Comments concerning the closing of the ES with the reason leading to closure of case;
- Verify individual's case status is "Closed" on the Maintain Participant Registration Status
- window in CalWIN; and
- Complete form 50-20e annotating that the case is to be routed to closed files and submit to the EC Supervisor.

Employment Counselor (EC) Supervisor:

EC Supervisor is responsible for the following when form 50-20e is received form the EC:

- Perform case review ensuring all screens in CalWIN Employment Services subsystem have been updated appropriately and case comments are complete;
- Check eligibility status to ensure the case status is not active;
- Change case status to "Closed" on the Registration tab, if necessary.
- Forward form 50-20e to Clerical staff for routing to closed files bank number.

Note: Two-Parent Cases where the second parent is participating in program will remain with EC of record.

Clerical Staff:

Clerical is responsible for the following when form 50-20e has been approved and forwarded by EC Supervisor:

- Receive form 50-20e and route case to closed files bank number; and
- Closed Bank
- Hayward P999
- Eastmont V999
- North Oakland N999
- Complete Case Comments.

Important note: Cases in which participants require Good Cause/Deferral from WTW participation for any duration of time will remain with the EC of record. Refer to Welfare-to-Work Handbook 42-7.2â€"Exemptions and Good Cause Reasons for WTW.

Case Management Process Employment Counselor (EC):

EC shall complete the following actions for assigned cases in his/her caseload:

- Review newly assigned cases for acceptability according to the process described in the Generic Processes Handbook 50-5.4e and Welfare-to-Work Handbook 42-7.39Transferring and Rejecting Cases in Welfare-to-Work;
- Review and monitor attendance/progress reports on a monthly basis;
- Update activity status in the Maintain Status History window;
- End date and verify terminated activities.

- Make contact with participant no less than once a month and EC may review OCAT and use CW
- 2.0 CalMap Tool and My Road Map Tool to discuss changes and progress;
- document contact in Case Comments;
- Calculate and annotate total hours of participation, excused/unexcused attendance hours on attendance reports and/or pay stubs and enter into in monthly attendance screens in CalWIN;
- Authorize, Issue, Deny, or Discontinue supportive services as needed;
- Review Time on Aid (TOA);
- Make sure the WTW2 Plan is being followed and the required weekly participation hours are being met;
- Review concurrently scheduled activities of participant so that they will not interfere with each other;
- Review case to ensure SB 1041 24-month rule and new hours of participation has been provided for each participant (At Orientation effective 1/1/13, or SB 1041 appointment if a WTW 2 plan is on file);
- Create or amend WTW2 Plan as needed;
- Schedule participant to activities within WTW2 Plan in CalWIN system;
- Initiate Noncompliance through Sanction process as needed and send 42-6S;
- Discuss future plans and goals with participant; EC may use CW 2.0 My Road Map Tool to identify new goals or changes addressed in monthly contact.
- Provide/Initiate referrals for participant when requested;

  - Domestic Violence
  - Mental Health
  - Substance Abuse
  - Learning Disability Screening
  - SSI Advocacy
  - Childcare
  - IHSS
  - Family Stabilization

- Send necessary Notice of Actions to participant;
- Delete unnecessary Notice of Actions in CalWIN system;
- Submit documents in designated box to image into WebFiles;
- Resolve CalWIN Alerts;
- Update other CalWIN windows when relevant to the participant's WTW situation;
- Review/Update second parent registration status as necessary; and
- Conduct WPR advance reviews for WPR on randomly selected cases by the State. Refer to CalWORKs Welfare to Work Handbook 42-7.24 Alameda County Work Participation Rate Advance Reviews and Reporting Process.

Non-Compliance:

For participants who fail to make satisfactory progress and/or complete assigned WTW activity(ies) without good cause, the non-compliance process must be completed.

Refer to CalWORKs Handbook 42-7.11 Noncompliance, Cause Determination and Sanction Process in Welfare to Work and the below attachments for detailed information.

Employment Counselor Supervisor (EC Supervisor):

EC Supervisor shall do the following to ensure that workers are managing cases appropriately:

- Hold regularly scheduled conferences with ECs to discuss unengaged cases;
- Assist ECs in troubleshooting cases when needed;
- Complete four (4) supervisory case reviews per EC per month to ensure accuracy in case management and engagement of participants in WTW activities;
- Review form 50-20e for all cases being transferred out of unit to ensure correct destination; and
- Ensure ECs complete WPR advance reviews timely and correctly. Refer to CalWORKs Welfare to Work Handbook 42-7.24 Alameda County Work Participation Rate Advance Reviews and Reporting Process.

Clerical Staff:

Clerical staff shall do the following when form 50-20e is received:

- Route case to appropriate location as specified on form 50-20e; and
- Complete Case Comments.

Attachments:

- Employment Services Case Management Check List form 42-126
- CalWIN How To #202 Initiate the Non-Compliance Process
- CalWIN How To #203 Record Cause Determination Outcome
- CalWIN How To #204 Initiate a Sanction

- CalWIN How To #206 Develop a Compliance Plan
- CalWIN How To #206A Complete a Compliance Plan and Resolve Non-Compliance
- CalWIN How To #234 Cure, Remove, or Delete WTW Sanction
- CalWIN How To #234ACure, Remove, or Delete WTW Sanction prior to December 2005
- CalWIN How To #302 Amend a Welfare-To-Work Plan

References:

EAS Manual: 42-701, Section 42-711, Section 42-712, Section 42-713, Section 42-714, and Section 42-116

CalWIN Best Practice Guide Case Manager ET/EC guide, July 2009

Generic Processes Handbook 50-5.4 Transferring and Rejecting Cases in the Employment Services Department

Employment Programs Newsletter 06-10Closing Cases in Employment Services

Employment Program Newsletter 07-03CalWIN Auto Close Feature

Welfare-to-Work Handbook 42-7.2Exemptions and Good Cause Reasons for WTW

Welfare-to-Work Handbook 42-7.32Exempt Volunteers in the Welfare-to-Work Program

Welfare-to-Work Handbook 42-7.39Transferring and Rejecting Cases in Welfare-to-Work.

CalWORKs Handbook 42-7.11 Noncompliance, Cause Determination and Sanction Process in Welfare to Work

CalWORKs Welfare-to-Work Handbook 42-7.24--Alameda County Work Participation Advance Reviews & Reporting Process

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Obsolete:

Employment Program Newsletter 08-13 Transferring Employment Cases from Ongoing Case Management to Upfront Activities