

Stanislaus County County Peer Review Visit Summary

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Welfare to Work Division

Charr Lee Metsker, Deputy Director

Executive Summary

Introduction

The California Department of Social Services (CDSS) recently developed a County Peer Review (CPR) program that was implemented on a pilot basis. Stanislaus County voluntarily participated in a pilot CPR as a site county in July 2008. The CPR team included peer reviewers from Merced County, San Joaquin County, and Kern County, as well as three staff from CDSS. The CPR activities consisted of kick-off and close-out meetings, interviews and case management observations with county staff, a focus group with California Work Opportunity and Responsibility to Kids (CalWORKs) clients, and CPR team daily debriefs.

The scope of the visit was based on Stanislaus County discussions with CDSS and information gathered from a self-assessment tool completed by the county. The scope consisted of the following five areas of focus: 1) preventing sanctions, 2) sanction reengagement, 3) behavioral health services (BHS), 4) appraisal redesign, and 5) two multi-disciplinary teams: Building Successful Tomorrows (BST) and Engagement and Prevention Services (EPS). This summary describes trends and common observations relating to the five focus areas. In addition, it contains suggestions and recommendations from the peer review team based on observations gathered during the review activities.

Observations Summary

The Stanislaus County Community Services Agency (CSA) is composed of three social service divisions: Adult Services, Child and Family Services, and StanWORKs (CalWORKs eligibility and employment services). Stanislaus County provides these services at two One-Stop locations. Stanislaus County staff refers to case managers as Family Service specialists (FS specialists). CalWORKs services are provided by 15 units that include ongoing-integrated and some specialized units that serve specific customers (e.g., behavioral health services and sanction).

In July 2008, Stanislaus County redesigned the orientation and appraisal process. Customers are now scheduled for a group orientation followed immediately by a one-on-one appraisal within three to five days following the granting of aid to expedite up-front engagement. It was mentioned by staff during the CPR that the new, streamlined process increased customer attendance and participation in orientation and appraisal. The redesign also allows for customer barriers and supportive services needs to be identified earlier, thus enabling customers to participate in activities and receive necessary services sooner. In July 2008, a job club class had a 70 percent show-rate, in contrast to the average show rate in the previous fiscal year of 48.5 percent for orientation (see page 8 for more information). However, staff members mentioned during the CPR that setting up orientation and appraisal appointments was taking approximately two hours out of each day, and it was difficult to reserve job club slots for customers. An alternative proposed by the CPR team could be to have a clerical staff

member schedule the combined orientation and appraisal appointments to free up case managers for other, more complex tasks of client interaction.

Stanislaus County has a sanction reengagement unit with two sanction reengagement managers, who carry fewer cases than ongoing-integrated workers. It was mentioned during the CPR that home visits play a large part in successful reengagements because the customers feel more comfortable to discuss barriers in their own homes. Follow-up home visits are often used to successfully cure the sanctions (see page 9 for more information). Preventing sanctions is still an area of concern, and the difficulty in reducing the number of sanctions may be due to having only two sanction reengagement case managers for the whole county. Also, the county selects sanction cases randomly for the sanction reengagement unit. The CPR team recommends that the county select sanctioned families that have been in sanction the longest or those with the most barriers be moved to the specialized unit first in order to try to resolve the oldest sanction cases and alleviate obstacles that prevent participation (see page 11 for more information).

The BST and the EPS are similar programs with different names. These two units are staffed primarily by social workers, while the remaining staff consists of FS specialists. Customers are referred to these programs by ongoing integrated case managers if they have multiple issues or significant barriers. The level of experience in case management and social work in BST and EPS is significant (ranging from 20 to 30 years). This experience seems to play an integral role in the success and effectiveness of the BST and EPS programs. The BST and EPS units offer personalized services including transporting customers to activities and providing Supplemental Security Income (SSI) advocacy (see pages 9-10 for more information). During staff interviews, the CPR teams were notified by staff that a significant amount of staff time was devoted to SSI advocacy (see pages 12-13 for more information).

The county has BHS clinicians on site, and customers receiving assistance by these clinicians also have BHS specialist case managers who work within the non-specialized units to provide assistance for mental health, substance abuse, and domestic abuse issues. The county uses a BHS screening tool at various activity times if a behavioral health issue is suspected. Additionally, the BHS case managers use coordinated case plans, which are developed at weekly meetings by discussing strategies about managing cases with other case managers (see page 10 for more information).

Although the BHS program has a number of strengths, the CPR team noted some possible opportunities for improvement in order to increase client participation. For example, once the BHS clinician determines that behavioral health services are needed, the clinician also determines activities and hours of participation for the customer that the BHS case manager cannot override. This can restrict the activities and number of hours that a client can participate in. BHS customers may be better served by the kind of holistic approach of the BST and EPS units in which case managers look at all aspects of the case to determine the activities and number of hours the customer can participate in. Also, while an interagency form is used (the Multi-Agency Consent to

Release and Exchange Information), case managers still can have difficulty obtaining information from the BHS clinician (see page 12 for more information).

In addition to spending time with staff, the CPR team conducted two customer focus groups. The first was conducted with ten customers during their final week of job club. The second was held with three customers who were at the CSA to visit with their case managers and agreed to come together on short notice. Both customer focus groups were forthcoming with responses about their experiences in the Welfare-to-Work program in Stanislaus County (see pages 13-14 for more information).

Conclusion

Stanislaus County CSA is a dynamic county welfare department with a staff that is passionate about their work and dedicated to improving the lives of their customers. Stanislaus County is increasing participation in orientation and appraisal, and reducing gaps of time between granting and starting up-front activities. The county also has a strong sanction reengagement process. The CPR team recommends that Stanislaus County CSA share the promising practices relating to appraisal redesign, sanction reengagement, BST and EPS, and BHS described on pages 8-10 of this visit summary with other county welfare departments, particularly through the state's WTW Best Practices website. Having peers from other counties on the CPR team allowed for the sharing of knowledge and ideas through discussions with Stanislaus County. The CPR could not have been successful without the information shared by the case workers, supervisors, and managers of the host county and by the peer reviewers.

Stanislaus County County Peer Review Visit Summary

Acknowledgements

The California Department of Social Services' (CDSS) Welfare-to-Work (WTW) Program would like to thank the Stanislaus County Community Services Agency's (CSA) Assistant Director, Kathy Harwell, and Program Manager III, Irene Lopez, for volunteering Stanislaus County to serve as a pilot county for the County Peer Review (CPR). CDSS would like to also acknowledge Stanislaus County CSA Family Services Supervisors Elizabeth Hewett and Julie Mendoza for their assistance in arranging the site visit logistics and for their contributions to the CPR materials. Additionally, CDSS would like to acknowledge Kern County Assistant Program Director, Susan Price, San Joaquin Program Manager, Brian Taing, and Merced Employment & Training Worker (II), Theresa Milne, for serving on the CPR team as peer county reviewers. Their program knowledge and expertise was greatly appreciated throughout the CPR site review. CDSS particularly values the constructive comments and suggestions made by Stanislaus County managers and the county peer reviewers about the CPR process and materials.

Background

With the passage of the federal Deficit Reduction Act in 2005 and reauthorization of the Temporary Assistance for Needy Families (TANF) program in 2006, the state and counties must increase their work participation rate (WPR). To assist counties in this effort, the Legislature passed Assembly Bill (AB) 1808 (Chapter 75, Statutes of 2006) which required CDSS to create a CPR program. The CPR is a collaborative partnership between CDSS and the 58 counties that encourages dialogue and the exchange of promising practices, best practices, and lessons learned among counties. The CPR presents an opportunity for counties to see, first hand, how other counties serve their California Work and Responsibility to Kids (CalWORKs) WTW clients. The CPR process allows a site county to select a particular scope of one or more focus areas for the review which enables the county to become more informed about successful practices in the most needed areas. The goals of the CPR process include:

- obtaining an understanding of challenges that each county faces with respect to customer participation,
- identifying and analyzing key patterns of program strengths and opportunities for improvement,
- presenting recommendations and sharing meaningful practices among comparable counties, and
- identifying the need for and providing ongoing technical assistance to the counties.

For the purpose of the CPR program, best practices refer to strategies that have been proven successful (based on data) in engaging participants or administering the CalWORKs program. Promising practices are viewed as strategies that have recently been implemented or developed that appear to be successful, but do not yet have the supporting data to be considered a best practice. Lessons learned are practices that counties have tried but which did not add value to their county operations. Lessons learned can provide useful information to other counties about WTW program strategies that could be avoided or may be successful under different circumstances.

The CPR pilot was performed in Stanislaus County on July 28 to 31, 2008. The CPR consisted of three days at the Hackett office located in Modesto and one day at the Turlock site.

Scope

The scope was identified by Stanislaus County management to focus attention on areas they felt would benefit their CalWORKs program. The scope was based on Stanislaus County discussions with CDSS and information gathered from a self-assessment tool completed by the county. The scope consisted of five areas of focus:

- Preventing sanctions
- Sanction reengagement
- Behavioral health services (including mental health, substance abuse, and domestic abuse assistance)
- Appraisal redesign
- Two multi-disciplinary teams: Building Successful Tomorrows (BST) and Engagement and Prevention Services (EPS).

Information noted within the Visit Summary summarizes common observations relating to the five focus areas, as well as other general observations or unique county practices. In addition, it contains suggestions and recommendations from the peer review team based on observations gathered during the review activities. The CPR pilot was also an opportunity for CDSS to continue to test the CPR process and tools.

Stanislaus County CSA

The Stanislaus County CSA is composed of three social service divisions: Adult Services, Child and Family Services, and StanWORKs, which includes CalWORKs eligibility and employment services. Stanislaus County provides services at two One-Stop locations: the main office at 251 East Hackett Road in Modesto and the Turlock outstation at 101 Lander Avenue in Turlock. Stanislaus County staff refers to case managers as Family Service specialists (FS specialists). CalWORKs services are provided by 15 FS specialist units. These 15 units include ongoing-integrated and specialized units that serve specific customers (e.g., behavioral health and sanction). Stanislaus County staff uses the term “customer” to identify applicants applying for and receiving county services. The first point of contact for customers requesting aid occurs

with an intake case manager who processes the customers' applications for CalWORKs, Food Stamps, and Medi-Cal services.

Within Stanislaus County, the intake case manager determines what services the customers qualify for within the county. Once applicants are determined eligible for CalWORKs the cases are assigned to a continuing WTW FS case manager, at which time the case information is passed to the orientation and appraisal team. Customers who are eligible for CalWORKs are scheduled by an appraisal case manager for an orientation and appraisal appointment. The orientation and appraisal appointment are scheduled within three to five days of granting of aid. Orientation and appraisal appointments consist of a group orientation immediately followed by a one-on-one appraisal with an appraisal case manager. An orientation and appraisal FS specialist schedules the customers for the earliest possible same-day orientation and appraisal. The appraisal FS specialists are not assigned cases but are responsible for completing the orientation and appraisal process. The current orientation and appraisal process was introduced in Stanislaus County in July of 2008 and was in its early stages of implementation during the CPR.

The appraisal program within Stanislaus County covers activities that identify supportive services needed by customers to determine barriers. Various techniques to identify barriers are utilized within Stanislaus County including a Family Assessment questionnaire, Behavioral Health Screening, the Comprehensive Adult Student Assessment System (CASAS), and a learning disabilities screening process. Depending on the outcome of the appraisal process, customers may be referred to job club, learning disability assessment, WTW Assessment, or behavioral health services. Within Stanislaus County, job club services are provided by Alliance WorkNET, Arbor, and Central Valley Opportunity Center (CVOC) for Spanish-speaking customers.

Once customers complete orientation and appraisal, they are assigned to an FS specialist in one of 13 case management units. These case management units include ongoing-integrated case managers. The case management units are made up of FS specialist IIs and FS specialist IIIs. Only FS specialist IIIs carry CalWORKs cases with a WTW or employment component. Stanislaus County also has case managers who carry specialized caseloads.

Stanislaus County Site Visit General Summary

The CPR team included a caseworker from Merced County, a program manager from San Joaquin County, an assistant program director from Kern County and three staff from the CDSS. In addition, two managers from CDSS attended to provide assistance and observe the CPR process for potential enhancements to the CPR program.

The CPR activities consisted of a kick-off meeting, close-out meeting, staff interviews, case management observations (CMOs) with county staff, and client focus groups. A total of thirty staff interviews were completed: twenty-one with caseworkers, six with supervisors, and three with upper management staff. A total of twenty-one CMOs were

completed with nine caseworkers and one supervisor. Eight CMOs were for sanction reengagement cases, eight BHS cases, and five were completed by using the Consortium IV (C-IV) case screens and reviewing multiple aspects of randomly selected cases. C-IV is the most recent of the four county computer consortia used in California to aid and track clients for multiple services including CalWORKs, Food Stamps, and Medi-Cal. The CPR team reviewed only WTW activities on the C-IV system as part of this review. In addition, two client focus groups were held in order to obtain customers' feedback on their CalWORKs experiences.

At the conclusion of each day and the beginning of the following day, debriefings were held by CPR team members. These CPR team debriefings were opportunities for trends, practices, and general observations noted during the days' activities to be discussed in preparation for the closing conference and the development of the Visit Summary. The remaining sections of the Visit Summary focus on the results of the CPR.

Summary of Observations

Promising Practices

Appraisal Redesign

The appraisal redesign was initiated within Stanislaus County during the beginning of July 2008. The county's new strategy was implemented to reduce the time between granting aid and up-front engagement: orientation, appraisal, and job club. Part of the appraisal redesign strategy was to make orientation available immediately after granting aid. This occurs by scheduling an appointment for the customer to attend orientation as quickly as possible. The group orientation for customers is followed immediately by a one-on-one appraisal. Customers are scheduled for orientation and appraisal appointments three to five days following the granting of aid. Prior to the appraisal redesign process, the gap could have been as long as 30-45 days. Some StanWORKs case managers mentioned during the CPR that the new, streamlined process increased customer attendance and participation in orientation and appraisal. The participation rate for orientation for customers has been increasing overall. As an example, in July 2008, ten people were referred to job club and seven attended, resulting in a 70 percent show rate in-class for that particular group. In the previous fiscal year, the average show rate was 48.5 percent for orientation.

The strategy of consolidating orientation and appraisal and making the combined activity available quickly after aid is granted allows for customer barriers to be identified earlier. Since the services that deal with barriers are co-located at the two main sites within Stanislaus County, customers are referred quickly and can be walked by the case manager directly to the clinician in Behavioral Health Services. Supportive services are also identified earlier in the new orientation and appraisal process, thus enabling customers to participate in activities sooner. Some case managers also emphasized the message of CalWORKs (rights and responsibilities) has become more consistent as

the gap between application, granting aid, orientation, and appraisal has been streamlined into a more efficient process for the county and their customers.

Sanction Reengagement

The sanction reengagement process successes often occur through home visits. Typically, sanction reengagement case managers carry approximately 50 cases as compared to ongoing-integrated workers who manage approximately 100 cases. The smaller case load allows the sanction reengagement worker to get to know the family and their issues better. Customer cases are referred from the ongoing caseload by the non-specialized case managers and placed on a separate list where they are selected at random for sanction reengagement workers.

A sanction reengagement case manager begins the sanction reengagement process with the customer by scheduling a home visit. The face-to-face meeting in the customers' own home permits a free flow of communication and provides an opportunity for the sanction reengagement case manager to determine possible barriers to participation that the customer did not previously disclose or were not otherwise evident. Sanction reengagement case managers routinely make home visits in the mornings. It has been determined through interaction and experience with customers that the morning is the best time for encountering customers at home. Follow-up home visits are often used to successfully cure the sanctions.

Building Successful Tomorrows (BST) and Engagement and Prevention Services (EPS)

BST and EPS were referred to by one worker as "good, old-fashioned social work." The BST and the EPS are similar programs with different names and have been in existence for approximately seven years leading into July 2008. These two units are staffed primarily by social workers, while the remaining staff consists of FS specialists. BST is conducted in the Modesto StanWORKs office, and EPS is conducted at the Turlock office. Due to the larger population and caseload at the Modesto StanWORKs office, BST has a larger caseload. While both programs are led by a social worker supervisor, BST is comprised of six social workers and a behavioral health worker, while EPS has two social workers, two family advocates, and two FS specialist IIIs. Customers are referred to these programs by ongoing integrated case managers who conclude that the family needs more intensive social work due to multiple issues or significant barriers. BST and EPS social workers make the determination as to whether or not they believe the referral is appropriate based on case information and if they had an opening in their caseload. During the time of the CPR, caseloads were described as being as low as 25 cases and as high as 48 per BST and EPS social worker. The ongoing-integrated case managers average approximately 100 CalWORKs family cases.

The level of experience in case management and social work of BST and EPS is significant among workers and ranged between 20 – 30 years. Their level of experience seems to play an integral role in the success and effectiveness of the BST and EPS programs within the county. One example shared by the BST and EPS units

was social workers assisting customers by driving them to critical appointments, such as those for behavioral health services. The personalized service contributes to customer engagement and allows for ongoing rapport to be developed and maintained between the social worker and customer.

Another practice of the BST and EPS units is Supplemental Security Income (SSI) advocacy. In some cases, the social worker determines that the parent(s) of the assistance unit are not capable of performing the activities required of CalWORKs WTW recipients due to a mental or physical disability. In cases where mental or physical disabilities are identified, the social worker assists the customer with filling out forms, obtaining legal support, attending court appearances, and reaching medical appointments in order to ensure the customer has all the tools for an accurate determination of SSI eligibility.

Behavioral Health Services (BHS)

BHS provides customers with assistance for mental health, substance abuse, and domestic abuse. The county has BHS clinicians on-site, and customers being assisted by these clinicians also have a BHS case manager. There are no BHS units within Stanislaus County, but there are BHS specialist case managers who work within the non-specialized units to serve customers with their behavioral health needs. Case managers also handle other aspects of the customer's cases, such as employment activities. With the county combining services under the single umbrella of BHS, customers may receive the specific services they need to address barriers besides behavioral health from their BHS case manager.

In addition, customers are sometimes walked straight from their appraisal or caseworker in the BHS unit to a clinician in BHS when a behavioral health issue is discovered. Customers are on occasion taken to BHS immediately if it is determined that the customer is in crisis and needs assistance. If it is determined by a BHS clinician that behavioral health barriers exist in the family, the case is then transferred to a BHS case manager. The clinician determines what activities are needed and how many hours the customer can participate in the services. One of the county's promising practices is using a BHS screening tool at various activity times for the customers including when a customer fails to attain or retain employment or when a customer self-discloses mental health, substance abuse, or domestic abuse issues.

Another promising practice for BHS and the BST and EPS units is the coordinated case plan. This is performed by BHS, BST, or EPS case managers at each site meeting once a week in order to strategize and discuss how to effectively manage their cases. Each case manager brings at least one case with them to discuss. If the case is moving positively, the case manager shares what is working well with the others in attendance. If a case is not going well, then suggestions and brainstorming are offered to generate ideas to help get the case on track.

Opportunities for Improvement

Sanction Reengagement

Although Stanislaus County identified sanction reengagement as one of their strengths, they also expressed that preventing sanctions is an area of concern regarding the number of sanction cases the county handles. Part of the difficulty in reducing the number of sanctions identified within the county may be due to having only two sanction reengagement workers to handle these cases for the whole county.

Part of the sanction reengagement process at Stanislaus County is that assistance units are selected randomly to be moved to the sanction reengagement unit. Another avenue that may benefit the county would be to select sanctioned families that have been in sanction the longest, or those with the most barriers preventing participation, being moved to the specialized unit first. In some cases, this alternative approach may identify families better served by Behavioral Health Services (BHS), Building Successful Tomorrows (BST), or Engagement and Prevention Services (EPS).

It was noted during the CPR that sometimes the ongoing-integrated case manager may not inform the assistance unit that he or she is being transferred to a sanction reengagement case manager. When the sanction reengagement worker contacts the family, there may be confusion and even anxiety about the change or lack of knowledge on what occurred regarding their case. This could be especially difficult for the family if the sanction reengagement worker's first contact was an unexpected home visit. This may hinder the positive development of the customer-case manager relationship. The CPR team believes increased communication between the ongoing-integrated case managers and the sanction reengagement unit could improve the clients' transition.

Appraisal Redesign

The terms appraisal and assessment are used interchangeably by many case managers. It was unclear during the time of the CPR what components were appraisal activities and what activities were parts of an assessment (e.g., behavioral health or barrier determinations).

Administrative duties of case managers pertaining to setting up appointments for the combined orientation and appraisal was mentioned as taking approximately two hours out of each day. An alternative could be to have a clerical staff member available to handle the combined orientation and appraisal appointments which could free up case managers to work on the other, more complex tasks of customer interaction.

Some case managers mentioned the difficulty in reserving job club slots for customers due to limited availability. Twelve slots were typically available when customers were considered ready for job club. During the time of the CPR, a system did not exist that would ensure the placement of all CalWORKs customers who needed placement in job club after their appraisal. If customers have to wait a substantial amount of time to get

into job club, work participation rates could be negatively impacted, especially if there are no bridging activities for the customers to participate in during the wait time.

One bridging activity that has shown promise in the county is “Computer Tutor,” which is a private contracted service for customers to learn computer basics: keyboarding, Microsoft Office skills, navigating the internet, etc. However, Computer Tutor accommodates only 12 customers at a time for each class session. Also, due to its distance from Modesto StanWORKs and the Turlock office and a lack of public transit services, transportation to the Computer Tutor location may be challenging to customers. Due to the limited number of bridging activities within the county, gaps between activities could lead to a lack of participation by customers. These gaps between activities may cause clients to lose contact with their case managers, but the county does provide reminders in an effort to make sure appointments are not forgotten or missed by customers.

Behavioral Health Services (BHS)

Although the BHS program has a number of strengths, there are some possible opportunities for improvement. One is that once the clinician determines that mental health, substance abuse, or domestic abuse services are needed by the customer, the clinician then determines activities for the customer and how many hours the customer can participate in those activities. The BHS case manager can discuss the activities choices with the clinician, but not override the clinician’s final determination. During the time of the CPR, the CPR team was unable to determine whether or not WTW 2 forms (WTW plan) were routinely used for customers receiving services from BHS. However, an interagency form was used: the Multi-Agency Consent to Release and Exchange Information form. The CPR team was informed that while this form is a helpful tool in the Turlock office, perhaps because that facility is smaller, it is not working as well in Modesto. The CPR team was informed that some families served by that office were not routinely reaching all services connected with some cases.

When cases are seen only in terms of the BHS issues, the customer may not be able to participate in any CalWORKs activities not related to behavioral health until the clinician deems it appropriate to add other activities or hours to meet CalWORKs requirements. This could create situations where customers may be meeting all the hours they were told to complete, but still only partially meeting the CalWORKs requirements. BHS customers that participate in other activities not related to mental health, substance abuse, or domestic abuse may be better served by the kind of holistic approach of the BST and EPS units which looks at addressing all of the family’s needs.

Building Successful Tomorrows (BST)/Engagement and Prevention Services (EPS)

Though BST and EPS are administered as a single program, it is run under two different names: “Building Successful Tomorrows” at Modesto StanWORKs and “Engagement and Prevention Services” in the outlying Turlock office. Initially, EPS had a child welfare linkage component that the BST program did not have, but EPS no longer has the

linkage component. Both BST and EPS work toward the same goal of serving the whole family to assist them with moving away from barriers that impede participation and into activities based on the family's strengths. Another major area both BST and EPS work on is SSI advocacy. During staff interviews, the CPR teams were notified by staff that a significant amount of staff time was devoted to SSI advocacy. It was mentioned by one social worker, who placed the number at approximately 40 percent, that a strong emphasis on SSI advocacy may be the extra help the BST and EPS families' need, but it may also lead families away from other, potential paths toward self-sufficiency.

Customer Focus Group Feedback

Two customer focus groups were held as part of the CPR. The first was conducted by one CDSS staff member and one peer reviewer and held with ten customers during their final week of job club. The first customer focus group noted that there were job club slots available right away. The second customer focus group was held with three customers who agreed to come together on short notice with two CDSS staff members. Both customer focus groups were forthcoming and eager to participate.

Listed below were the six questions discussed with each customer focus group and the aggregate responses provided by customers:

1. What did the family services worker do that helped you understand what you needed to do in the WTW program?
 - Gave confidence and a positive attitude.
 - Provided supportive services and lots of relevant information.
 - Helped to locate opportunities and setting short- and long-term goals.
 - Job club instructor is a great motivator; job club is very helpful and positive.
 - Appreciated reminders before appointments/activities.
 - Introduced to activities such as General Educational Development (GED) and Certified Nursing Assistant (CNA) classes.
 - Having job club in the same building with case manager is great because their case manager may be available to them all day.
 - Creating resumes and learning how to interview.

2. What could the Family Services worker have done differently, if anything to help you with your WTW?
 - Be better informed about opportunities available to customers [e.g. Clerical Aid Program (CAP), clothing vouchers].
 - More and faster communication.

- 3.a. How did your Family Services Worker include you in determining and planning what services would help you?
 - Appraisal prior to class was good so that instructor knew about their personal and work needs.

- Helped customer with clothing issues.
- Worker clarified questions.
- Help determine strengths.

3.b. Could anything have been done differently?

- Wanted to make a WTW plan, but was referred to job club instead.
- Case Manager needed to know more about all the services available to customers.
- Would like office worker program offered year around (only available in the autumn, currently).
- Have to switch workers too much.

4. How did your worker connect you with the services needed?

- In-person, by phone; personal phone calls can make customers feel important.
- By asking follow-up questions.
- E-mail and mail.
- Scheduling classes.

5.a. What services/programs do you think were the most helpful?

- Job club: feel comfortable with the job club teacher, all the job club modules, etc.
- Would like to be able to return to job club and get job leads.
- Family services worker knowing where to send you (e.g., have computer skills, so sent to the right place to get a certificate).
- Lunch provided (by United Samaritans).

5.b. What services/programs were the least helpful?

- Job club was marketed poorly: everyone in the job club class thought it would be “lame,” but it was great—the case managers and the web site need to show that better, maybe add testimonials: maybe that would decrease “no-shows.”
- Mileage reimbursement is not available if customer is driving (borrowing) someone else’s car.
- Job club: need a coffee pot, refrigerator, or be able to take breaks.

6. What services, if any, do you wish could continue when your case ends?

- Be able to “drop-in” on job club and brush up on job search skills if feel they’re getting stale.

Conclusion

Stanislaus County CSA is a dynamic county welfare department (CWD) with a staff that is passionate about their work and dedicated to improving the lives of their customers. The willingness of the CWD to implement new programs (e.g., the Appraisal Redesign) and use specialized workers (e.g., sanction-reengagement and BHS) illustrates how dedicated the staff are to helping customers address their specific needs and find paths to become self-sufficient. Stanislaus County CSA partners with contractors such as Alliance WorkNET and Arbor (job club), Modesto Junior College, and Computer Tutor to provide customers access to additional resources needed in order to enhance their skills to compete in the workplace. In addition, having two full-service offices within Stanislaus County with on-site assistance such as CalWORKs, Food Stamps, Medi-Cal, and behavioral health, allowed for easier access for customers to obtain assistance.

Stanislaus County CSA has a strong sanction reengagement process. The county regularly uses action plans to list their customers' activities and goals; however, during the CPR, it appeared that the WTW 2 forms were not consistently used throughout the county. Without a WTW 2 form in place, noncompliance and sanction cannot be initiated as soon as the client stops participating fully. The county is flexible with customers who are struggling to participate in activities and this may seem beneficial in some instances; however, it uses up portions of the customers' 60-month clock on aid. The county is succeeding with increased participation in orientation, appraisal, and job club by reducing the gaps of time between granting and starting up-front activities and noncompliance. Sanctions may be more quickly cured if the non-compliance process is started as soon as the customer stops meeting the requirements in the WTW plan.

As part of the CPR pilot process, the logistical planning and travel time play an integral role in planning the amount of work time available to perform activities among the CPR team members. At the beginning and end of each day, debriefs were held by the CPR team. Though every effort was made by the lead and back-up for the CPR team to collect all tools and record all CPR team comments onto the debrief forms, the process was rushed due to time constraints. Typically sufficient time for debriefs would include collecting information and all relevant comments from CPR team members into a consolidated and logical order in order to prepare for the closing conference and the development of the Visit Summary.

Another area where the CPR could be enhanced was the CDSS case management observation tool. Though streamlined, it did not routinely provide the information needed on how the case manager handled their assigned customer cases. Although the case management observation tool was effective in obtaining information related to scope, creating opportunities for dialogue between staff and the CPR team, and providing a structured way to job shadow case managers, it did not always capture how the customer's case was handled or why something occurred with a customer's case. An enhanced version in the future may consist of eliminating specific questions and instead providing focus area information and suggested questions to initiate dialogue about customer cases and what occurs with the case.

Having peers from other counties on the CPR team allowed for knowledge and ideas to get shared and discussed with Stanislaus County. The CPR could not have been successful without the information shared by the case workers, supervisors, and managers of the host county and by the peer reviewers. Also, the rapport Stanislaus County and peer counties had working with each other was remarkable and an honor for the representatives of CDSS staff to witness.

The knowledge and experience gained from the Stanislaus County site visit and future CPR visits will assist counties and CDSS in refining and improving the CPR process. The CPR team recommends that Stanislaus County CSA share the promising practices relating to appraisal redesign, sanction reengagement, BST and EPS, and BHS described on pages 8-10 of this visit summary with other county welfare departments, particularly through the state's WTW Best Practices website.