

CalWORKs Project Research

***Alcohol & Other Drugs,
Mental Health,
and Domestic Violence Issues***



Need, Incidence, and Services

Executive Summary

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ABOUT THIS EXECUTIVE SUMMARY

This is a stand-alone Executive Summary of a report by the same name. You can order *Need, Incidence, and Services* by calling the California Institute for Mental Health at 916-556-3480, extension 111, or it can be downloaded from: www.cimh.org/calworks

If you are a researcher or policy-analyst concerned with welfare reform, you might be interested in a more comprehensive technical report. It contains greater detail, descriptions of alternative measures, references to the literature, and more methodological information. You can order *Need, Incidence, and Services: Technical Report* from CIMH or it can also be downloaded.

Also available from CIMH is the first comprehensive report that compares the California prevalence rates to those of other studies and describes rates of occurrence for a large set of other potential barriers to employment. Ask for or download *The Prevalence Report*. The context for information about services in Kern and Stanislaus Counties is presented in detail in the January 2002 *Second Six County Case Study Report*, also available from CIMH or downloadable.





NEED, INCIDENCE, AND SERVICES: EXECUTIVE SUMMARY

BACKGROUND

Welfare-reform policy-makers and administrators need solid information about three “silent barriers” which may hinder participants in their efforts to attain economic independence. Mental health (MH), alcohol and other drugs (AOD), and domestic violence issues (DV) all increase the stress on welfare participants and may potentially interfere with or limit work or “work-activities” required under CalWORKs.¹ They may also affect the well-being of children in the family.

Virtually all California counties have adopted the strategy that participants with AOD/MH/DV issues should be identified and offered services as early in the CalWORKs welfare-to-work process as possible. There has been a conscious policy decision not to limit services to those who have “failed” in their welfare-to-work program. The information in this report addresses this interest in early identification and provision of treatment/services by focusing on “need” for services and the actual receipt of services.

The report summarizes information from two rounds of intensive research interviews with a random sample of 643 women—half had received CalWORKs for at least one year (Kern County) and half were applying for CalWORKs (Stanislaus County²) in the spring and summer of 1999.

Participants were required to be:

- Age 18-59
- Fluent in English or Spanish
- Female head of the household (relative-caretakers and two-parent families were not eligible)

Round I and Round II interviews were completed at an interval of 12 months. In Kern County, a total of 273 of 287 Round I respondents were re-interviewed in Round II (95 percent). In Stanislaus County, 311 of the original 356 respondents were re-interviewed

¹ The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaced the Aid to Families with Dependent Children (AFDC) program of cash assistance with Temporary Aid to Needy Families (TANF) block grants. The California legislation implementing TANF is called CalWORKs (California Work Opportunity and Responsibility to Kids).

² However, 79 percent had received cash aid in the years 1996-1998.



(87 percent).³ Each interview asked about the occurrence (prevalence) of AOD/MH/DV issues in the 12 months prior to the interview. Combining information from both interviews tells us how often AOD/MH/DV problems arise within a given year (incidence) and how often issues persisted over two years.

The two counties—Kern and Stanislaus—were selected because of their leadership in developing ideas for working with the study population and their emphasis on cooperative planning among their local domestic violence centers and their mental health/substance abuse and welfare departments. Thus these counties offer a very good chance to develop “best practices” models.

Both counties have steadily improved their CalWORKs AOD/MH/DV services and have increased the percentage of persons identified as needing such services. The services are described in detail in the *Six County Case Study* reports available on the CIMH website: www.cimh.org/calworks

FINDINGS AND IMPLICATIONS FOR POLICY, PRACTICE AND PLANNING

Finding I

CalWORKs participants have a high level of need for AOD/MH/DV services; both newly arising and persistent issues were identified in the second round of interviews.

- For AOD the level of “overall need”⁴ in 12 months is between 12 and 18 percent of the population, depending on the year and county (Stanislaus or Kern). For mental health it is in the range of 30 to 33 percent. For domestic violence, need in Kern was between 22 and 26 percent and Stanislaus between 32 and 37 percent.
- For each condition, there were women who no longer reported problems in the second year; however, there was a significant occurrence of women reporting new issues in the second year as well as many women whose problems persisted over two years. This pattern means that the number of women experiencing AOD/MH/DV issues over two years is considerably higher than one year prevalence rates would suggest. For example, in Kern County the prevalence of serious domestic violence was 19 percent and 15 percent in the two years, respectively. But across both years a total of 28 percent experienced severe abuse.

³ Details about the research design and methodology are summarized in Appendix A of the *Technical Report* and described in more detail in the first research report, *The Prevalence of Mental Health, Alcohol and Other Drugs, and Domestic Violence among CalWORKs Participants in Kern and Stanislaus Counties*, September 2000. Both reports are available at the CIMH website: www.cimh.org

⁴ The report itself distinguishes “objective need,” “overall need” (which includes participant perceptions of need), and “unidentified need”—how many women had a need for services but did not receive them.



Implication:

- Efforts to identify AOD, MH, and DV issues and to inform recipients about the availability of services and options need to be ongoing in order to address both new cases that emerge over time and ongoing cases that have not been identified. CalWORKs programs must therefore ensure that efforts to identify issues occurs on an ongoing basis and not just when a person first applies for cash aid.

Finding II

A high proportion of women in the study experience more than one of the “silent barriers.” About one fifth of the CalWORKs participants have an overall need for services in more than one domain. Those with the most serious situations are more likely to have multiple issues. In addition, a third or more of the women with AOD, MH and DV issues have very low-self esteem, and (for AOD and MH) 25 to 30 percent also have learning disabilities.

Implications:

- Programs that can integrate AOD/MH/DV services are greatly needed. Although in short supply, a number of such programs are described under the heading of “best practices” in the second Six County Case Study report available from CIMH or its website: www.cimh.org/calworks
- AOD/MH/DV programs must also be able to assess and address low self-esteem and learning disabilities.

Finding III

A much higher proportion of respondents is receiving services than has been previously reported, with many services received from providers not linked to CalWORKs. The higher than expected proportion of the CalWORKs participants receiving services—particularly in mental health—is good news.

- Approximately 25 to 30 percent of the research samples reported receiving some help for an AOD or MH issue. This is twice as high as the percentage receiving services through the publicly-funded AOD and MH specialty providers and programs. The difference is accounted for by medications prescribed by non-psychiatrist physicians, and by services provided by private providers, social service agencies, faith-based organizations, and self-help groups.
- Overall a third to a half of those we estimate need or could benefit from AOD or DV services and from one-half to three-quarters of those needing MH assistance are receiving some help.



- A positive sign is the finding that with respect to both domestic violence and mental health, women experiencing the most severe difficulties are those most likely to have sought services.

Implications:

- The CalWORKs Project Six County Case Study indicates that more CalWORKs participants find publicly-funded AOD and MH services themselves than are referred from CalWORKs. The present report extends this finding to suggest that even more CalWORKs participants are receiving services for AOD, MH, and DV issues from general medical practitioners, self-help groups, and religious-based organizations, generally unconnected to CalWORKs. However, these services may not be attuned to the particular needs of CalWORKs to overcome barriers to employment. The high number of cases that were not linked to CalWORKs indicates that CalWORKs must do more to outreach to private providers and social agencies in order to better integrate these helping services into the recipients' overall CalWORKs plan.
- State funding for DV services—similar to that provided by the Legislature for AOD and MH—could increase the proportion of women in need who see a DV service provider.

Finding IV

Very few women in the survey samples received AOD or MH services arranged through CalWORKs or used the Domestic Violence Option.

- In Round I, only one percent of the respondents in each county actually reported going to services arranged through CalWORKs; in Round II this increased to 1.8 percent in Kern and 4.8 percent in Stanislaus
- The percentage of those who remembered having been told about the Domestic Violence Option was no higher than 40% in either county at either round. Over the two rounds only five people reported having used the Domestic Violence Option.

Implication:

The fact that many participants don't remember being told about the DV Option or the availability of AOD and MH services (when we know they have been told) suggests that these informing efforts must also be ongoing. Counties may also need to develop more effective ways of presenting the information.



Finding V

While less than anticipated, there were still substantial numbers of respondents with unidentified needs at both time periods and in both counties.

- Unidentified need for AOD services was 10-11 percent of the sample in Round I and 7-8 percent in Round II. Unidentified MH need was 18-16 percent in Round I and 16-19 percent in Round II. Unidentified need for DV was 12 to 10 percent in Round I and 17-11 percent in Round II.
- There was at least one unidentified need in 31 percent of the sample in Kern in Round I and 25 percent in Round II; in Stanislaus the comparable figures are 36 percent and 23 percent.

Implication:

Overall, at least a quarter of the respondents had at least one unidentified need for services in each interview round. Since both Kern and Stanislaus lead in identification efforts, it is likely that even higher percentages of CalWORKs participants with unidentified needs exist in other counties. Thus there is continued need for focused identification efforts within CalWORKs programs.

Finding VI

A substantial number of recipients rate services as helpful, but information from respondents who are either not satisfied or who discontinue services indicates that identified needs are not always being met effectively.

- At least half—and in most cases substantially higher percentages—of the participants who had received some services felt that services had helped them deal more effectively with their problems.
- Information from respondents regarding dropping out of programs, discontinuing psychiatric medications and lack of satisfaction with services they received suggests, however, that for some women with identified needs, existing services may not be effective. This may be related to the large numbers of recipients receiving services that are not integrated with CalWORKs—which may not be as effective in reducing their barriers to employment.

**Implication:**

CalWORKs collaboratives need to begin to turn their attention to ensuring that services are relevant and effective for CalWORKs clients. We also need to assess the effectiveness of services. Measuring outcomes would be one good place to start.⁵

Finding VII

Although all respondents had a CalWORKs status of female head of household, about 40 percent of the women in each county had a steady partner. In Kern, 21 percent and 18 percent (in Round I and II) of women with partners reported serious abuse. In Stanislaus the Round I and Round II figures were 35 and 17 percent. Information over the two interview rounds revealed that a substantial number of Stanislaus women experiencing serious abuse in a non-marital relationship in Round I had left the relationship by the next year.

Implication:

Any attempt to promote marriage as part of the debate on the reauthorization of welfare reform—on both federal and state levels—should be approached very cautiously so as not to entrap women in abusive relationships.



⁵ Robert Landry, Ph.D., of the Yolo County Department of Mental Health has developed an outcome approach for mental health issues that can be adapted to other counties. Information is available from the CIMH website: www.cimh.org/calworks



The California Institute for Mental Health is a non-profit public interest corporation established for the purpose of promoting excellence in mental health. CIMH is dedicated to a vision of “a community and mental health services system which provides recovery and full social integration for persons with psychiatric disabilities; sustains and supports families and children; and promotes mental health wellness.”

Based in Sacramento, CIMH has launched numerous public policy projects to inform and provide policy research and options to both policy makers and providers. CIMH also provides technical assistance, training services, and the Cathie Wright Technical Assistance Center under contract to the California State Department of Mental Health.