CalWORKs Project Research

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

Need, Incidence, and Services

February 2002

CalWORKs Project Research

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

Need, Incidence, and Services

February 2002

Daniel Chandler & Joan Meisel

California Institute for Mental Health
2030 J Street
Sacramento, CA 95814

TABLE OF CONTENTS

Other Reports From the CalWORKs Project

Are you a researcher or policy-analyst concerned with welfare reform? You might be interested in the more comprehensive report from which these findings are drawn. It contains more detail, descriptions of alternative measures, references to the literature, and more methodological information. You can order *Incidence, Need and Services: Technical Report* by calling the California Institute for Mental Health at 916-556-3480, extension 111, or it can be downloaded from: www.cimh.org

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 recent *Second Six County Case Study Report*, also available from CIMH.

EXECUTIVE SUMMARY

Welfare-reform policy-makers and administrators need solid information about three "silent barriers" which may hinder participants in their efforts to attain economic independence. Alcohol and other drugs (AOD), mental health (MH), 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]

This is the second report of CalWORKs Project research being conducted by the California Institute for Mental Health in Kern County and Stanislaus County. The report draws from interviews with 643 respondents completed initially in the summer of 1999, with a second wave completed in the summer of 2000. A comprehensive report covering this information in more detail is available from CIMH: *Need, Incidence, and Services: Technical Report*.

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"[2] 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.

---

[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] 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 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.[3]

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.

[3] 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

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. Alcohol and other drugs (AOD), mental health (MH), 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.[4] 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. Later reports will delimit on the impacts of AOD/MH/DV issues on employment, welfare tenure and child well-being.

We present here information about 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 County[5]) 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 (87 percent).[6] Unless

[4] 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).

[5] However, 79 percent had received cash aid in the years 1996-1998.

[6] 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

stated otherwise the tables in this report use these numbers as the denominator of percentages. Tables showing persistence across the two interview rounds use the Round II numbers as only those respondents were present both years.[7]

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.

ORGANIZATION OF THE REPORT

The report describes three different aspects of need for AOD/MH/DV services among study participants: objective need, overall need and unidentified need. It also describes the AOD/MH/DV services that participants actually received.

- The first section presents objective need for services over time, using measures of "severe" AOD, MH, or DV. The focus is on change and persistence over the two years covered in the interviews.

- The second section profiles participant help-seeking. It describes which services were received.

- The third section develops the concept of overall need, which includes: "objective need," interference with work activities, and self-defined need.

- The fourth section looks at unidentified need—how many women had a need for services but did not receive them.

For each aspect of need the overlap between AOD, mental health, and domestic violence is shown.

The Executive Summary abstracts out seven major findings from the report and draws implications for policy, practice and administration of CalWORKs services.

[7] Please see the Methodological Appendix for more information on attrition, measurement, and services in Kern and Stanislaus counties.

TWO YEAR PREVALENCE, INCIDENCE AND PERSISTENCE OF SEVERE AOD/MH/DV PROBLEMS

An objective need for service is based for AOD on the presence of a substance abuse or dependence diagnosis, for DV on the occurrence of "serious" abuse, and for mental health on an outpatient level of recent symptoms.

Not everyone with a mental health diagnosis, or who experiences domestic violence, or who misuses alcohol or other drugs needs services. We use severity as a way of objectively determining need for services. Severe cases were defined as follows:

- AOD: A diagnosis of alcohol or drug dependence or abuse. These diagnoses by definition involve substantial levels of impaired functioning and personal distress.

- MH: Respondents' previous week scores on a symptom-based instrument were equivalent to the scores of a normative group of persons entering outpatient services.[8]

- DV: "Serious abuse" caused by adult intimate partner violence. Serious abuse is defined as: physical injury; response on the physical abuse questions that respondent was choked or beat-up; stalking; forced or coerced sex; threats to kill the woman or kill self; threats to hurt her children; threats to kidnap her children or call Child Protective Services; or actual preventing a woman from working or harassing while on the job.

The prevalence of AOD/MH/DV need over two years was high due to both new cases in the second year and to persistent cases.

It is important to understand how AOD/MH/DV issues evolve over time. A domestic violence issue may be resolved by a dissolution of the relationship, or may persist over a period of years. Mental disorders are often self-limiting but may be recurrent or chronic. Substance abuse is often conceptualized as a persistent condition that may involve multiple episodes of relapse. Thus a cross-sectional measure of prevalence does not provide enough information to understand the course of AOD/MH/DV issues over what may be an 18 month (or longer) time of participating in CalWORKs employment activities.

[8] Eisen, S. V., Wilcox, M., Schaefer, E., Culhane, M., & Leff, H. S. (1997). *Use of BASIS-32 for Outcome Assessment of Recipients of Outpatient Mental Health Services:* the Evaluation Center@HSRI. Note that this means the estimate of need for mental health services is assessed based on symptoms from the week prior to the research interview while for DV and AOD measures it covers events that occurred at any time during the prior year.

Exhibits 1-3 below indicate how the study sample is distributed into four categories:

- Women who reported a severe AOD/MH/DV issue in one or the other of the two years, or in both—that is, *prevalence* over two years;
- Women who reported an issue only in Round I, that is cases that were *not sustained*;
- Women who reported an issue only in Round II (*incidence* of new cases); and
- Women who reported an issue in both rounds (*persistent* cases).

Exhibit 1: Prevalence and Incidence of AOD Dependence/Abuse Over Two Interview Rounds: Percent by County

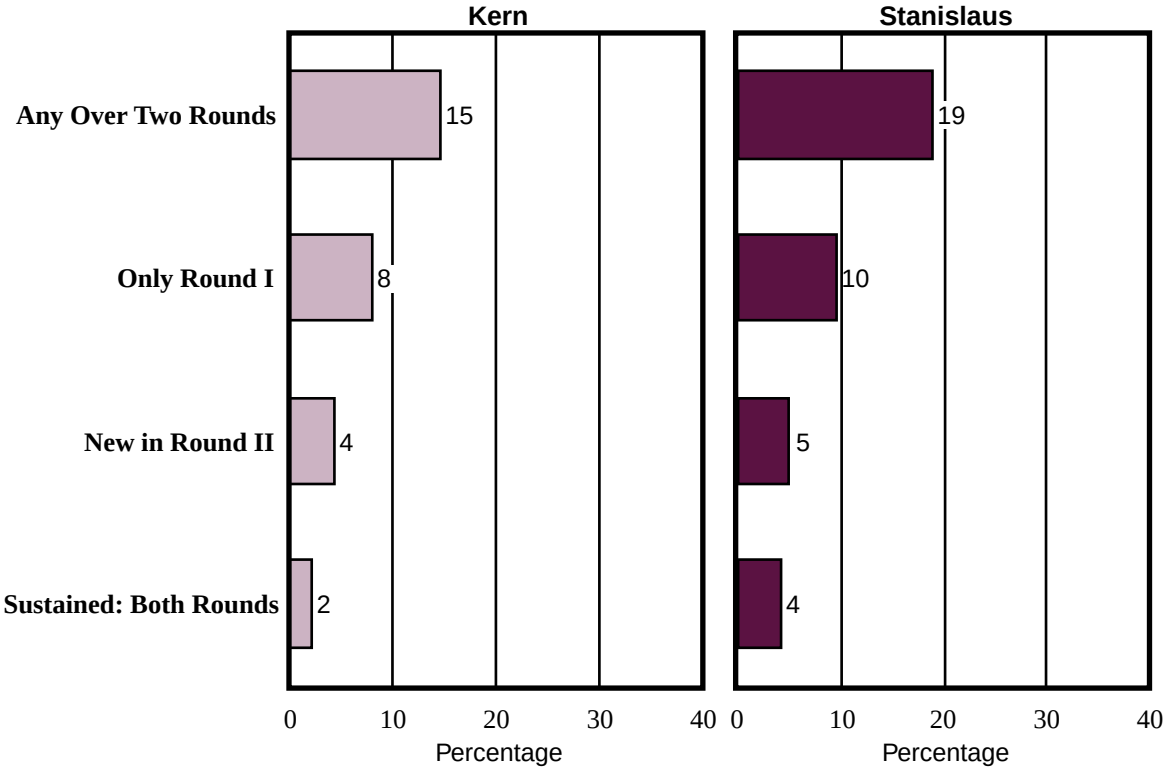


Exhibit 1 shows that sometime during the two years covered by the interviews, 15 percent of the respondents in Kern and 19 percent in Stanislaus had an AOD substance use disorder (dependence or abuse). There is also substantial "new" occurrence of dependence/abuse in the second year (4 and 5 percent in Kern and Stanislaus respectively). The percentages of women who reported substance use problems over *both* years was fairly low: ranging from 2.2 to 4.5 percent of the two samples. The small percentage with sustained dependence/abuse is not due to study attrition; it is discussed below.

Exhibit 2: Prevalence and Incidence of Mental Health Symptom Scores at an Outpatient Level[9] Over Two Interview Rounds: Percent by County

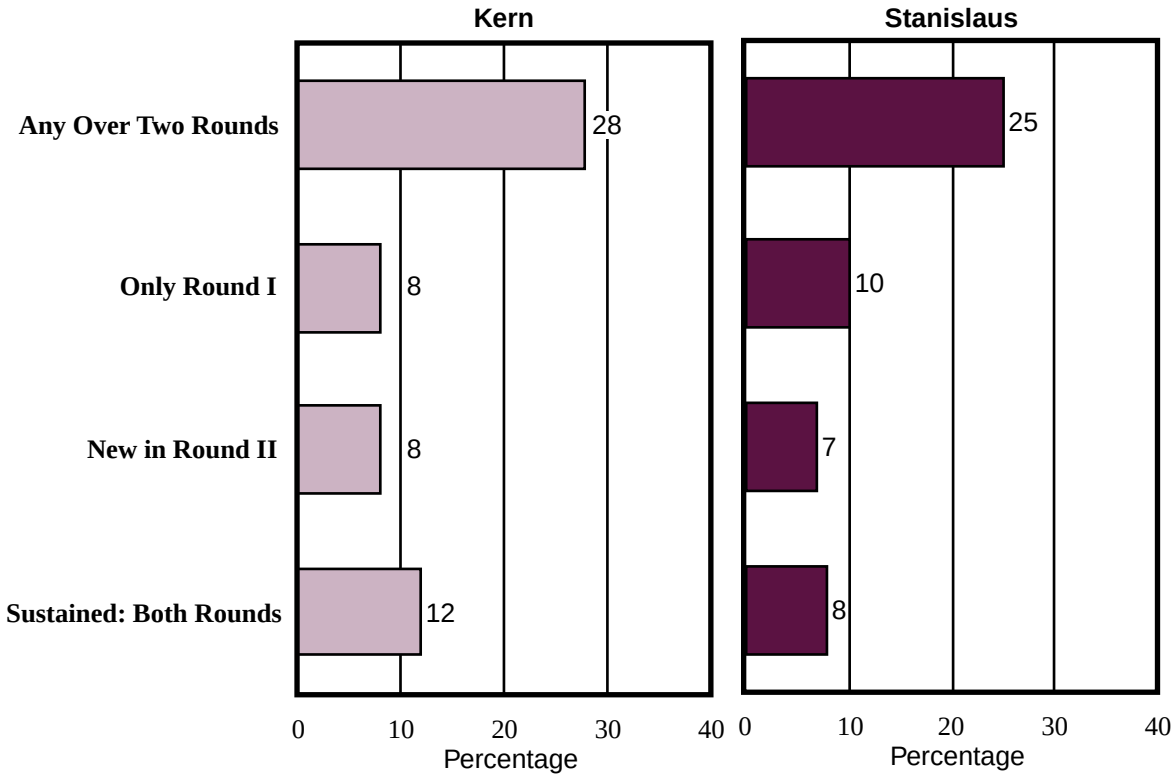
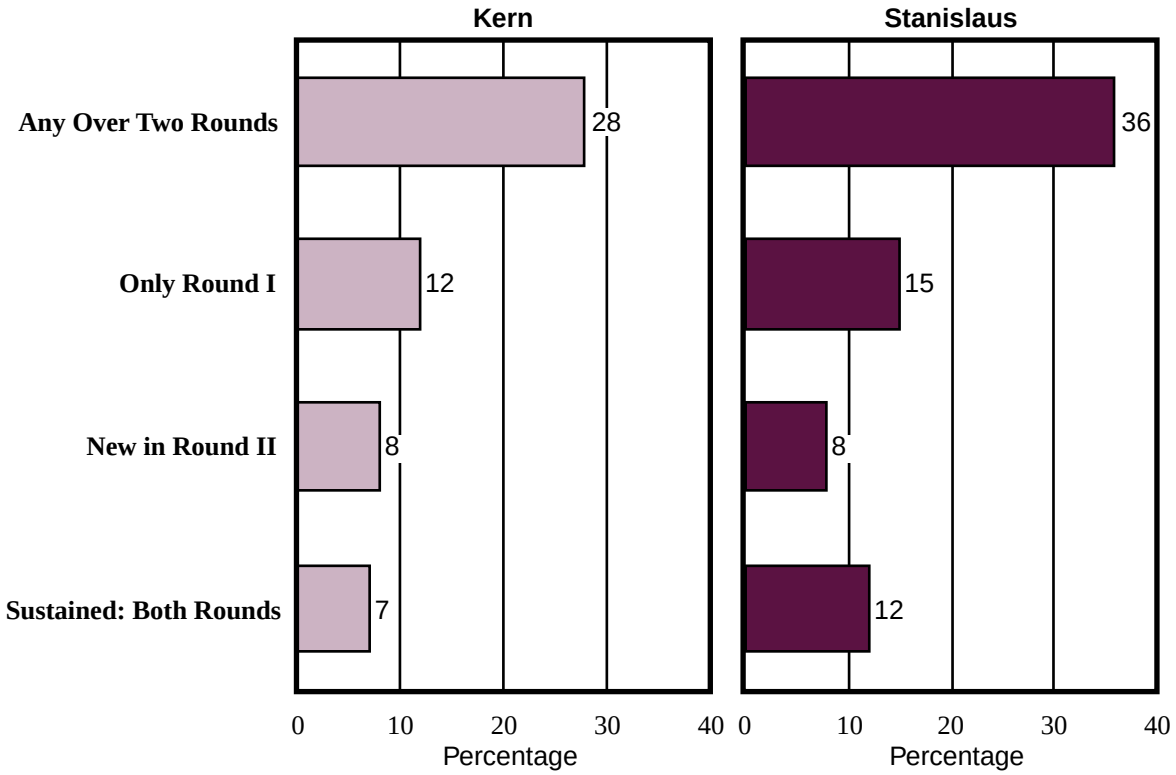


Exhibit 2 above shows that over two years about 25 percent in each county had mental health symptom scores in the week prior to the interview equivalent to persons entering outpatient mental health treatment. (That is, 25 percent had high scores in Round I *or* Round II *or* in both.) As with AOD, there is a substantial number of "new" cases each year (7 to 8 percent depending on site, year and measure). There is also a substantial percentage (8 to 12 percent) who met the symptom score threshold in both years.

Exhibit 3 shows that 28 percent in Kern and 36 percent in Stanislaus met the criteria for "serious" domestic violence in one or both of the two years. As with AOD and MH, there is a substantial occurrence of new "cases" during the second 12 months (8 percent in each county). The *persistent* serious abuse over two years is 7 percent in Kern and 12 percent in Stanislaus.

[9] Symptom scores on the BASIS-32 scale equivalent to those in a norming group of persons being admitted to outpatient mental health treatment.

Exhibit 3: Prevalence and Incidence of "Serious" Domestic Violence Over Two Interview Rounds: Percent by County



Co-occurrence of mental health, domestic violence and alcohol and drug issues is substantial; those with the most serious situations are more likely to have multiple issues.

- **AOD:** Of those with AOD abuse or dependence, 33 and 28 percent of Kern and 36 and 45 percent of Stanislaus respondents (in Round I and II respectively) also met the objective criteria for needing outpatient mental health services. Likewise, in Kern 30 and 28 percent of those reporting AOD dependence or abuse in Round I and II also experienced serious domestic violence. In Stanislaus, of those reporting AOD dependence or abuse, 47 and 48 percent experienced serious domestic violence.

- **MH:** Of those who met the objective criteria for mental health service need described above, 38 percent in Stanislaus (in both years) and 33/34 percent in Kern also reported serious domestic violence. Of those in Stanislaus with mental health need, 22 and 28 percent (in Round I and II) also had AOD dependence or abuse.

- **DV:** Of those with serious domestic violence, 41 and 29 percent in Kern (in Round I and II) and 50 and 39 percent in Stanislaus had a diagnosis of major depression. Among women who had a post-traumatic stress disorder diagnosis due to experiencing adult sexual or physical

abuse, as many as 80 percent also met criteria for major depression. A substantial percentage of women who experienced severe domestic violence also were dependent on or abused alcohol or other drugs (17 and 12 percent in Kern; 21 and 22 percent in Stanislaus).

The interviews revealed other important characteristics of participants with AOD, MH, or DV issues.

AOD

- From 3.5 to 7.1 percent of each sample (depending on site and year) said their partner was a current or recovering drug addict; between 2.1 and 5.8 percent said their partner was a current or recovering alcoholic.

- Use of any illicit drug during the prior 12 months in Stanislaus decreased from 29 percent in Round I to 21 percent in Round II. However, reported illicit drug use *increased* from 9 percent to 16 percent in Kern. Both these changes are statistically significant.

Mental Health

- On at least 5 of the prior 30 days, between 18 and 24 percent (depending on site and year) of the respondents reported they were unable to work or carry out daily activities or had to cut down on activities due to mental health symptoms.

Domestic Violence

- Women in the study are all female head of household with respect to CalWORKs. Somewhat less than half the women reported having a "steady" partner. Serious abuse occurs at roughly the same rate regardless of whether women report having a partner. For example, in Round II, in Kern 18 percent of women with a partner reported serious abuse versus 12 percent without a partner; in Stanislaus, 17 percent with a partner and 23 percent without reported serious abuse. These findings mean CalWORKs staff need to be alert to the possibility of recent domestic violence even if no male is part of the case.

- 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. It appears that many women who had a partner in Round I and reported serious abuse ended that relationship. For example, in Stanislaus, in Round I there were 44 women with a partner at the time of the interview who reported serious abuse during the previous 12 months. In Round II, only 15 of the same 44 women reported having a partner while 29 had no partner. An implication is that in the reauthorization debate any "marriage incentive" be approached very cautiously in order to avoid entrapping women in abusive relationships which they might otherwise leave.

- Approximately half (44 to 47 percent, depending on county and year) of those reporting serious abuse also reported that the abuser had not stopped the violence.

- In Round I we asked about use of welfare to escape abuse. In Kern 18 percent had used welfare for this purpose as had 17 percent in Stanislaus. About half of these said the current enrollment in CalWORKs was to escape abuse. Eleven percent of the Stanislaus respondents applying for CalWORKs said they felt unsafe at the time they applied for aid.

- The effects of abuse were significant even when participants did not meet all the criteria for Post Traumatic Stress Disorder (PTSD). Ten to 16 percent of the women (depending on site and year) met all six criteria; 20 percent (in Kern) and 33 percent (in Stanislaus) met four of the six PTSD criteria. Meeting even four criteria is significant since approximately half of those with four criteria had seen a physician or other professional about their symptoms.

HELP-SEEKING AND AOD/MH/DV SERVICES

Respondents report they sought and received substantially more AOD and MH services than is reported through the CalWORKs system.

The service systems for mental health and AOD are similar in that they are funded through county agencies and have statewide uniform data requirements. Domestic violence services are provided by a variety of agencies including police, courts, and community-based organizations. Uniform DV data is thus minimally available. The companion *Six County Case Study* publications presents county data regarding MH and AOD services used by CalWORKs participants. Because of the differences in delivery systems and data availability we have separated AOD and MH from DV in the summary below.

Exhibit 4 shows the percentage of all women in the samples who reported that they had received some services during the prior 12 months for an AOD or MH issue. Only Round II is shown for MH since the Round I interview did not include information on the receipt of medications for MH issues, a significant omission. Note that these are percentages of the entire sample in each county, not just those having a need for services.

Exhibit 4: Received Some Amount of AOD or MH Services During Prior 12 Months, by County and Year

SERVICE NEEDED	ROUND I		ROUND II	
	Kern Recipients	Stanislaus Applicants	Kern Recipients	Stanislaus Applicants
AOD	5%	5%	8%	6%
MH			19%	24%

Drawing from the second *Six County Case Study* report, Kern and Stanislaus served 13 percent of CalWORKs clients in an AOD or MH program. In the four other counties surveyed, the percentage was considerably lower. As shown above (for Round II) approximately 25-30 percent of our samples reported getting AOD or MH services.[10] The reason for the higher percentage in the survey results is that the CalWORKs participants seek help from many sources other than the official public AOD or MH systems, including private practitioners.

[10] In Round II the actual percentages receiving AOD or MH services were 25 in Kern and 31 in Stanislaus.

Depending on the county and the interview round between 25 percent and 45 percent of those with at least one of five mental health diagnoses reported having seen a mental health provider for mental health issues in the previous 12 months. These figures are substantially higher than the 17 percent reported for receipt of service among the general population that has a diagnosis.[11] Similarly, 28 percent of those in the national sample with a diagnosis of major depression saw a medical provider or other mental health specialist provider. This compares to 38 percent in Kern and 45 percent in Stanislaus who had a major depression diagnosis in Round II.

The type of services that CalWORKs participants received is indicated below.

- **AOD:** While the most frequent service is an outpatient AOD program, sizeable minorities reported receiving services from self-help groups or through an outpatient MH program. In our sample, roughly 60 percent of those who reported receiving an AOD service said they were doing so under some type of legal mandate.

- **MH:** The most frequent type of service is medication; and the reported provider of medication is overwhelmingly (about 85 percent) the participant's regular physician, not a psychiatrist. Respondents reporting service receipt from what was clearly a county-provided or contracted provider were less than 10 percent. As many respondents reported seeing a "private counselor" as did those reporting services received through an "agency like county mental health".

One third to one half of the women reporting domestic violence talked to "someone" about it, and comparable percentages of women experiencing severe abuse sought help from police, courts or a domestic violence specialist.

The DV service system is diverse. Women can seek help from a variety of public entities, e.g. the police and the courts; from DV-specific agencies that can provide shelter and/or counseling and/or peer support and/or legal assistance; from private physicians and counselors; and from friends and family. To date, there is no statewide funding for DV services linked to CalWORKs—as there is for MH and AOD services.

In general, as seen in Exhibit 5 between one third and three fifths of the respondents who reported domestic violence of any sort had talked to someone about it. There is a considerable difference in the pattern of "help-seeking" between Round I and Round II. Overall, a higher percentage of respondents reported talking to someone in Round I than in Round II, in both counties. Perhaps more interesting is the decrease in the percentage who sought help from the police or courts, again in both counties. These sources of help seem to have been replaced in

[11] Kessler, R. C., Shao, S., Katz, S. J., Kouzis, A. C., Frank, R. G., Edlund, M., & Leaf, P. (1999). Past-Year Use of Outpatient Services for Psychiatric Problems in the National Comorbidity Survey. *American Journal of Psychiatry*, 156(1), 115-123. The *Technical Report* contains comparisons with national data on a number of measures.

Round II by informal supports like family and friends.

We also looked at help-seeking by type of service and the severity of the abuse. For women reporting severe abuse, the following percentages also reported seeing a DV-specific professional:[12] Kern 46 percent and 29 percent in Round I and II, respectively; Stanislaus 48 percent and 37 percent in Round I and II, respectively. Thus the percentage with serious abuse seeking expert help also went down substantially in Round II.

Exhibit 5: Help-Seeking by Abused Respondents, Percent Receiving Help in Prior 12 Months (Multiple responses permitted.)

	KERN		STANISLAUS	
SOUGHT HELP FROM:	**Round I**	**Round II**	**Round I**	**Round II**
	N=106	**N=83**	**N=175**	**N=117**
Talked to *anyone* about abuse	47%	31%	59%	33%
Talked to medical person after physical injury	9	5	7	9
Counselor or social worker (not a DV professional)	6	7	10	11
Domestic violence center or shelter	9	6	11	11
Police	23	8	27	8
Courts/district attorney (e.g., restraining order)	17	10	15	9
Sought help from others	7	24	7	26

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

- The percentage of those who remembered having been told about the Domestic Violence Option was no higher than 40 percent in either county at either round. Over the two rounds only five people reported having used the Domestic Violence Option.

- Between 36 and 60 percent of the samples (depending on site and year) reported being told about the availability of AOD or MH services through CalWORKs. These reported rates did not differ between those who actually had an AOD or MH issue and those who did not. In Round I only one percent of the respondents in each county reported actually going to services arranged through CalWORKs; in Round II this increased to 1.8 percent in Kern and 4.8 percent in Stanislaus.

[12] Police, courts or a domestic violence center or counselor.

Services were generally rated by the participants as useful.

The following information should be regarded as tentative since relatively few respondents had completed services—that is, they rated services they were currently attending—and the N was generally below 40. The figures below show the range of ratings in the two counties in both rounds (i.e. four ratings) for those who received services.

- **AOD:** Ratings were similar in each county. Between 70-75 percent said the AOD services had helped them deal more effectively with their problems. In Round I, between 40-45 percent said the services had made them "much more capable of working;" in Round II this increased to 54-59 percent.

- **MH:** Ratings differed somewhat by county. In Kern 69 percent said the MH services had helped them deal more effectively with their problems in Round I but this figure dropped to 44 percent in Round II; in Stanislaus the comparable percentages show an increase from 44 to 53 percent. Three-quarters of those who had taken medications said they had been helped by them at least some; half said they had been helped a lot. Between 23 and 38 percent reported services had made them "much more capable of working."

- **DV:** Respondents with DV issues were asked about the helpfulness of each type of service that they received. Following are the percentages across sites and years of those saying that each type of help for their DV issues was either "very" or "somewhat" helpful:

  - Mental health counselor: 62-100%
  - DV shelter or agency: 69-80%
  - Police: 46-100%
  - Courts and District Attorney: 53-69%

  Fewer persons in Round II sought help from the police, but they found the help they received more valuable.

For women experiencing MH or DV issues, those who sought help had significantly more serious problems than those who did not seek help.

We set a threshold of MH symptomatology to define an "objective" need for MH services, but there is variation in the actual number of symptoms among those who were above the threshold. Those who received mental health treatment had much higher symptom scores[13] than those who did not receive treatment. It seems reasonable to assume, then, that even though they meet a

[13] Differences on scores on the BASIS-32 were statistically significant at $p<0.01$

threshold standard for needing mental health services, those who were unidentified (did not receive services) had lower impairment than those who were identified. Whether this is self-selection or the result of identification processes within CalWORKs, it does indicate that those with more serious problems are more likely to get help.

We performed the same kind of test with domestic violence. The threshold was whether they reported "any abuse." The measure of severity was the number of types of abuse reported. As with mental health, severity was significantly higher among those over the threshold who sought services than those over the threshold who did not. Again, those with more severe problems appear more likely to get help.

A significant percentage of those with need for AOD services in Round I did not appear to need AOD services in Round II even though they had not received treatment.

In Kern there were 16 persons and in Stanislaus 23 who reported AOD abuse or dependence in Round I but not in Round II even though they said they had not received treatment. Although recovery without treatment is a common finding in studies, the status of these respondents is not clear. About half of them did report alcohol or drug use that might still be serious. In the end, however, there are a number of persons in each county who either stopped abusing or being dependent on alcohol or drugs without the benefit of treatment or who did not report dependence/abuse even though it existed.[14]

Those with drug dependence or abuse were more likely to seek help than those with alcohol dependence or abuse.

Exhibit 6 below shows the percentage of those with a drug dependence or abuse diagnosis who reported receiving some treatment compared to those with an alcohol dependence or abuse issue. Although the numbers are small, they are consistent with the same finding in the second *Six County Case Study* report.

Exhibit 6: Likelihood of Receiving Alcohol vs. Treatment for Other Drugs, by County and Year (N=denominator of the percentage)

	KERN		STANISLAUS	
	Round 1	**Round 2**	**Round 1**	**Round 2**
Alcohol abuse/dependence	17% (N=23)	32% (N=28)	29% (N=14)	29% (N=17)
Drug abuse/dependence	40% (N=10)	43% (N=30)	57% (N=7)	58% (N=19)

[14] Since the short form of the CIDI was used in Round II rather than the long form used in Round I, a third possibility is measurement error. The Technical Report examines this issue in more depth.

Failure to complete treatment is not uncommon.

For both MH and AOD treatment, service drop-out is an issue. In Round II, for example, most of those who had received mental health treatment were still in treatment, about 20 percent in each county had successfully completed treatment and 8 percent in Kern and 15 percent in Stanislaus had dropped out.

A more comprehensive perspective on this issue comes from Yolo County evaluators, who have tracked treatment completion rates systematically over time. Yolo reports an unusually high 26 percent of CalWORKs cash aid clients have been referred for county MH or AOD services, although only 80 percent of these actually attend an assessment visit. About 8 percent of all those referred were lost in the referral process; close to 40 percent refused services and another 20 percent did not show up for their first treatment visit. About 16 percent of those referred actually completed treatment, 10 percent terminated prematurely; and 10 percent were still in treatment at the time of the evaluation.[15]

Some women recognized a need for AOD or MH services but did not seek them.

Women were asked if they had received MH or AOD services. If not, they were asked if at any time in the past year they had needed them.

- **MH:** In Kern in Round I, 13 percent of the entire sample voiced a need for services even though they had not sought them, as did 8 percent in Round II. In Stanislaus the comparable figures were 11 percent and 6 percent. Over the two years, a total of 18 percent in Kern and 14 percent in Stanislaus reported having needed mental health services but not getting them. In Kern, 2 percent needed services both years (but did seek them); in Stanislaus 6 percent.

- **AOD:** In Round I, few respondents reported needing services they had not sought: three persons in Kern and eight in Stanislaus. In Round II the percentage of women in Kern who recognized a need for treatment (but did not seek it) was somewhat larger:12 persons in Kern and 15 in Stanislaus.

[15] Information from a CIMH satellite broadcast presentation by Robert Landry, Ph.D. Available on the web at: www.cimh.org/calworks

OVERALL NEED FOR SERVICES

We have used a common set of criteria in order to identify the study participants who we believe need and/or could benefit from AOD/MH/DV services. A respondent meeting *any one or more* of the criteria was classified as being in need of services.

1) Severity. The standard for each issue area is the objective measure presented in section one above. For domestic violence, we also said women with post traumatic stress disorder (PTSD) caused by adult intimate partner violence had a need for services.

2) Direct interference with work. A measure of direct interference with work was available for DV and AOD but not MH.

   - In Round I, 4 percent of the recipients in Kern and 8 percent in Stanislaus reported work-related domestic violence. The Round II percentages remained the same in Kern, but decreased to 6 percent in Stanislaus.

   - The numbers for AOD work-related difficulties were smaller, with less than 1 percent in Kern and 1.1 percent in Stanislaus reporting Round I job troubles due to AOD or a failed employment drug test. In Round II the incidence increased slightly in both counties—1.8 percent in Kern and 1.3 percent in Stanislaus

3) Participant perceived need.

   - We included participants who themselves recognized a need for services but did not seek them.

   - We classified as needing services all participants who had actually received some service for a AOD/MH/DV issue during the prior 12 months—even if they did not meet the objective criteria in 1) and 2) above. That is, if subjective distress causes someone to seek services, help-seeking is itself a good indication of need for services.[16]

[16] Large epidemiological studies have found a significant percentage of persons who sought and received mental health treatment even though they did not meet objective criteria for a diagnosis. In the recent National Co-Morbidity study, 6 percent of the population received treatment but did not meet criteria for a diagnosis.
In this study we found women who had used DV services or called the police who, according to our measures, experienced only less serious domestic violence behaviors. It seems much more appropriate to say our objective measures did not reflect all aspects of service need than to say services were not really needed.

We believe "overall need" represents the maximum number of persons who might reasonably need services.

Overall need for AOD, for MH and for DV services was substantial and declined little in the second year.

Exhibit 7 shows the overall estimates for the need for services using the above criteria for each of the three issues. With the exception of the change in AOD in Stanislaus, the differences from Round I to Round II were not significant in either county.

- **AOD:** As is clear in Exhibit 7, need for alcohol and other drug services is lower than for mental health or domestic violence. However, it is still very substantial—between 12 and 18 percent of the samples (depending on site and year) although in both counties need for AOD services may have gone down in Round II.[17]

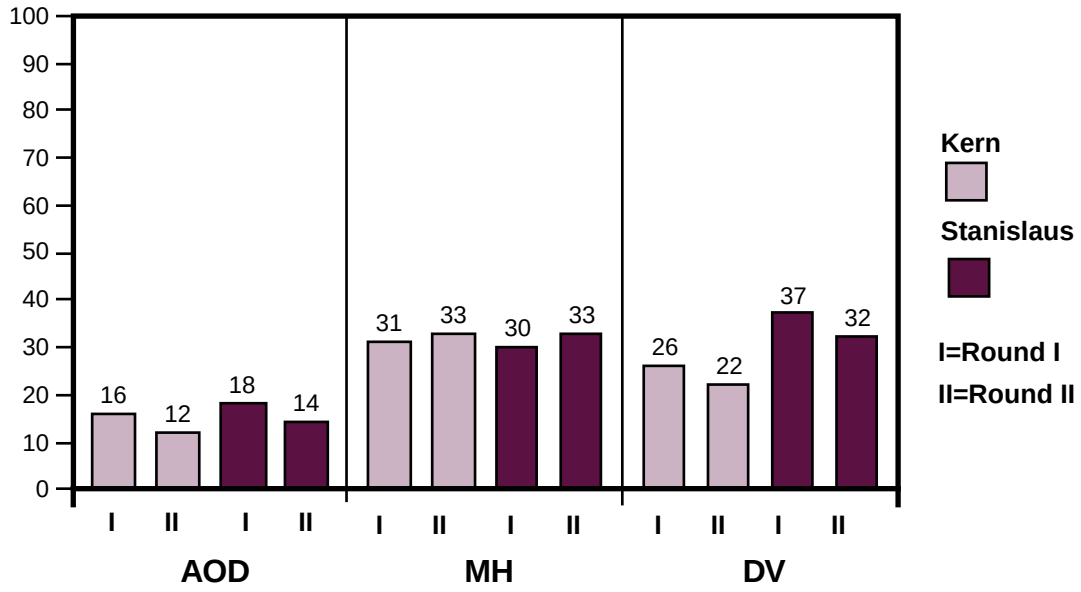
- **MH:** Nearly one third of the clients met the criteria indicating need for mental health services. The mental health need is approximately the same in both counties and both interview rounds.

- **DV:** In Stanislaus those who could benefit from DV services is also about a third of the sample; the Kern rates are lower, between one fifth and one quarter of the sample. In both counties it appears that DV need may be less in Round II, though only in Stanislaus is this reduction even marginally statistically significant.[18]

[17]The reduction from Round I to Round II in Stanislaus is statistically significant. McNemar test: p=0.03.
[18] The decline in Kern from Round I to Round II is marginally statistically significant using the McNemar test, p=0.10.

Exhibit 7: Overall "Need for Services" in Round I and II: by Round and County

Percent in need



Approximately one fifth of the samples have needs for more than one type of service. Roughly half have a need for at least one type of service.

Exhibit 8 below shows the relationship of overall need for each type of service. Roughly 20 percent of the respondents in each county and each year had a need for more than one type of service. The percentages of overall need for at least one type of service were 49 and 44 in Kern in the two years and 56 and 51 in Stanislaus.

Exhibit 8: Percentage of Respondents with Overall Need for Services for Multiple Conditions, by County and Year

	ROUND I		ROUND II	
SERVICE NEEDED	**Kern Recipients**	**Stanislaus Applicants**	**Kern Recipients**	**Stanislaus Applicants**
	N=287 Percent	**N=356 Percent**	**N=273 Percent**	**N=311 Percent**
One only	29%	32%	24%	28%
Two	16	18	16	17
Three	4	6	3	6
ONE OR MORE	*49*	*56*	*44*	*51*

All three issues are strongly correlated with very low self-esteem.

Study sample participants with AOD, MH, and/or DV issues were generally two to three times as likely to have very low self-esteem scores[19] as those not reporting the issues. Below are examples:

- **AOD:** In Round I, among those in Kern who were judged to need AOD services 33 percent had very low self-esteem compared to 14 percent of those with no AOD issues. A similar pattern obtained in both rounds and both counties.

- **MH:** In Round I among those in Stanislaus who were judged to need MH services, 41 percent had very low self-esteem compared to 5 percent of those with no mental health diagnoses. Again, a similar pattern obtained in both rounds and both counties.

- **DV:** In Round I, among those in Kern who were judged to need DV services 33 percent had very low self-esteem compared to 10 percent of those reporting no DV. A similar pattern obtained in both rounds and both counties.

About 20 to 30 percent of those with AOD/MH/DV issues also have learning disabilities.

- **AOD:** Women with AOD service needs also had self-reported learning disabilities in 24-29 percent of the cases. This is somewhat higher than the 20 percent found in the overall population.

- **MH:** About 30 percent of the respondents in each county with needs for mental health services also have self-reported learning disabilities. In contrast, about 15 percent of those with no mental health diagnosis have learning disabilities.

- **DV:** Women experiencing DV problems do not have a disproportionately high percentage who also have learning disabilities, but it is still at least 20 percent in each interview round in each county.

[19] "Very low" scores were those in the bottom 16 percent of the sample.

UNIDENTIFIED NEED

If we remove from overall need for services persons who received services, we are left with what we have termed unidentified need.[20] Exhibit 9 below summarizes the data for each issue. For all three issues there was some decrease in unidentified need in Round II.

AOD

Eleven percent of all Kern respondents had unidentified need for AOD services in Round I as did 7 percent in Round II. The corresponding figures for Stanislaus are 10 percent in Round I and 8 percent in Round II.

Mental Health

In Round I, 18 percent of the entire sample in Kern and 16 percent in Stanislaus needed mental health services but did not receive them. In Round II, these percentages were 15 and 9 percent. The apparent reduction in unidentified need in Round II is in part due to including psychiatric medications (which we did not ask about in Round I), but also appears to reflect increased service utilization, particularly in Stanislaus.

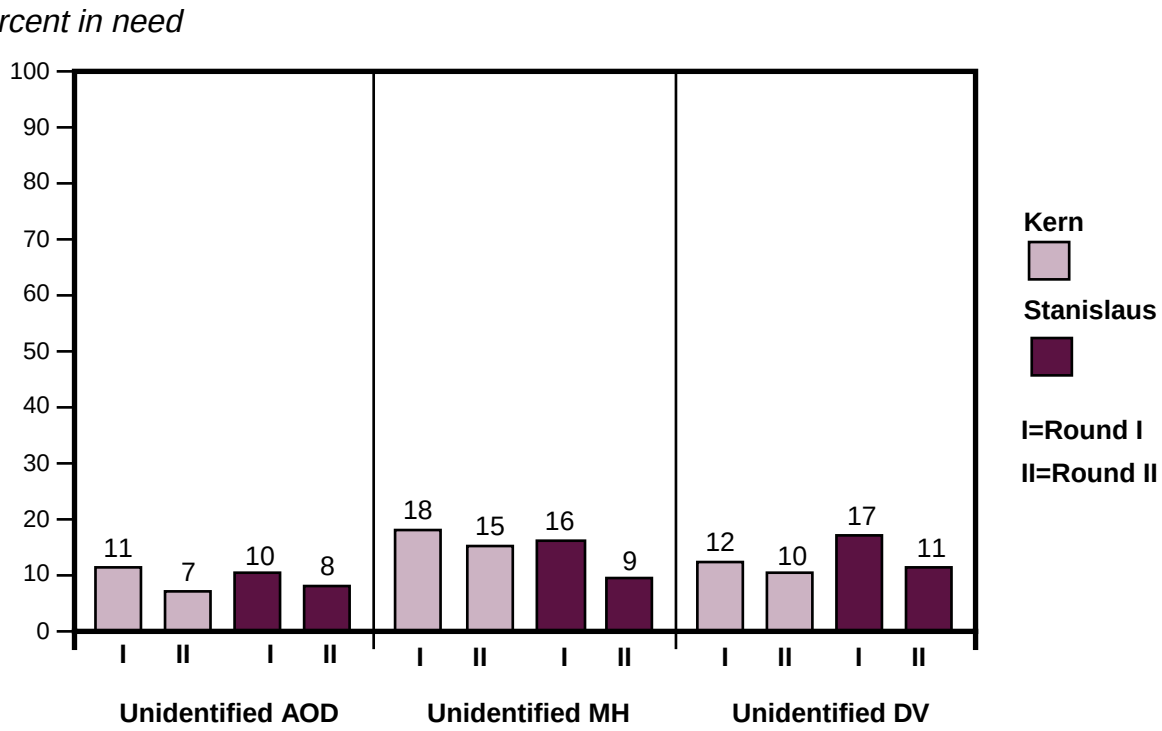
Domestic Violence

In looking at unidentified need for women who experienced domestic violence we modified the overall figure of those who need or could benefit from services by subtracting from it those women who, when asked why they had not sought services for DV, volunteered that the incidents had been minor, no services were needed, or that the woman had handled the situation herself. In Kern, 12 percent and 10 percent in Round I and II, respectively, had *unidentified* need; in Stanislaus these figures were 17 and 11 percent.

The overall need presented earlier in Exhibit 7 is greatest for domestic violence with mental health being close and AOD considerably less, but the unidentified need is much more similar among the three conditions.

[20] It is clear from the percentages of persons who say they were not helped by AOD or MH or DV services (or who dropped out of treatment/services) that not all those who received treatment/services successfully had their needs addressed, but their needs were at least identified.

Exhibit 9: Unidentified Need: Percentage of All Respondents by County and Interview Round



Roughly one quarter to one third of the study sample is estimated to have unidentified service needs for at least one AOD/MH/DV issue with 5 to 10 percent having unidentified needs for more than one.

Exhibit 10 shows the overlap of unidentified need for the three issues we have been considering.

In Round I about a third and in Round II about one quarter of the CalWORKs population have at least one unidentified need for AOD, MH, or DV services. Five to 8 percent have, at either time or site, unidentified needs for more than one type of service.[21]

[21] The Technical Report contains Venn diagrams showing the overlap of the need for AOD, MH and DV services (overall need and unidentified unmet need).

Exhibit 10: Unidentified Need for Services for One or More AOD/MH/DV Conditions, Percentages by County and Year

	ROUND I		ROUND II	
SERVICE NEEDED	**Kern Recipients**	**Stan Applicants**	**Kern Recipients**	**Stan Applicants**
	N=287 Percent	**N=356 Percent**	**N=273 Percent**	**N=311 Percent**
One only	22	29	18	19
Two	7	6	6	4
Three	1	<1	1	<1
ONE OR MORE	*31*	*36*	*25*	*23*

METHODOLOGICAL APPENDIX

Study design and methodology

Sampling. In the summer of 1999 and the summer of 2000 we conducted one and a half hour-long research interviews with 703 randomly sampled CalWORKs participants in Kern County and in Stanislaus County. In Stanislaus County the sample was comprised of new applicants for CalWORKs while in Kern County subjects had to *have received AFDC/TANF at least one year.*

- Stanislaus Applicants: All new applicants in Stanislaus are assigned to a week-long job club. For a three month period we attempted to recruit into the study from the job club all those fulfilling the study criteria. Study participants came from throughout the county since all new applicants apply for aid and go through the job club process at a central site.

- Kern Recipients: a random sample was drawn from 4,732 CalWORKs recipients in the Bakersfield area who had received at least one year of cash assistance and were recertified between mid-April through July of 1999.

Because of a misunderstanding with the Kern social services department staff, who drew the sample, the initial Kern sample included 49 persons not required to participate in Welfare to Work activities and therefore less likely to be identified and assessed for AOD/MH/DV services. We have excluded them from the analysis in this report.

Attrition in Round I. Of the Stanislaus study-eligible applicants 71 percent were interviewed (5 percent refusal rate). In Kern, 55 percent of the recertification sample were interviewed (7 percent refusal rate). In both counties most of the attrition was due to the inability of interviewers to reach CalWORKs participants by phone in order to try to schedule an interview.

Round II Attrition. In Kern County, a total of 287 respondents were eligible for inclusion in the Round II interview of Welfare-to-Work participants. Of these 273, or a total of 95 percent were re-interviewed. In Stanislaus County, all of the original 356 were eligible for Round II interviews. Of these, 311 (87 percent) were re-interviewed.

CalWORKs AOD/MH/DV Services in Kern and Stanislaus Counties

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. We have calculated[22] that the persons receiving county-based AOD and mental health services in 2000 comprised 12.3 and 12.9 percent of the CalWORKs eligibles in Kern and Stanislaus, respectively. These services are described in detail in the *Six County Case Study* reports available on the CIMH website: www.cimh.org/calworks

Measuring prevalence

A prevalence rate is defined as the number of "cases" divided by the total number of persons at risk at a given point in time or during a given time period. In defining prevalence of AOD/MH/DV issues we have most often used the previous 12 months as the relevant time period.
In defining a "case," we have, to the extent possible, used the widely accepted and rigorously defined algorithms in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV). We have assigned these diagnoses to study participants through the use of the Composite International Diagnostic Interview (CIDI). In Round I, the long format CIDI was used for PTSD and substance use disorders. For the other mental health diagnoses the CIDI-Short Form was used.[23] In Round II, the CIDI-Short Form was also used for alcohol and for drugs. The CIDI and how each mental health and AOD diagnosis is defined and scored are described in detail in Appendix II of the *Prevalence Report* available on the CIMH website at http://www.cimh.org/calworks.

With regard to domestic violence, or intimate partner abuse, there is no such widely accepted epidemiological definition of a "case." The instrument most often used, the Conflict Tactics Scale (CTS), is limited in the range of behaviors it measures.[24] We have, however, used many of the items in the CTS as they permit comparability. We have adopted measures of emotional abuse and controlling behaviors from a 1993 national survey in Canada and the 1995 National Institute of Justice survey in the United States.[25] We restricted our definition, as well, to acts committed by "a current or past partner."

---

[22] Meisel, J. (2001). *The Second CalWORKs Project Six County Case Study Project Report*. Sacramento: Calilfornia Institute for Mental Health, 2030 J. Street, Sacramento, CA 95814.
[23] Kessler, R. C., Andrews, G., Mroczek, D., Bedirhan, U., & Wittchen, H.-U. (In press). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*.
[24] Straus, M. A., & Gelles, R. J. (1990). *Physical Violence in American Families*. New Brunswick: Transaction Publishers. Also see: Morse, B. J. (1995). Beyond the Conflict Tactics Scale: assessing gender differences in partner violence. *Violence And Victims*, 10(4), 251-272.
[25]Johnson, H., & Sacco, V.-F. (1995). Researching violence against women: Statistics Canada's national survey. *Canadian-Journal-of-Criminology*, 37(3), 281-304; Tjaden, P., & Thoennes, P. (1998). *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey* (http://www.ncjrs.org/txtfiles/172837.txt): National Institute of Justice, Violence Against Women Office.

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.