

# ***OUTCOMES***

**of CalWORKs  
supportive services  
in Los Angeles County**

- Mental Health
- Substance Abuse
- Domestic Violence

*CalWORKs Project*

**May 2003**



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**California Institute for Mental Health**  
2030 J Street • Sacramento, CA 95814  
(916) 556-3480 • [www.cimh.org](http://www.cimh.org)

## *The CalWORKs Project*

The CalWORKs Project is managed collaboratively by the California Institute for Mental Health, Children and Family Futures, and the Family Violence Prevention Fund.

The CalWORKs Project is intended to:

- Increase understanding of the ways in which mental health (MH) alcohol and other drug (AOD) and domestic violence (DV) issues affect the children in CalWORKs families and the employability of the parents.
- Illuminate how MH and AOD assessment and treatment/recovery services and services for DV victims can be organized and delivered to overcome these barriers.
- Disseminate what is learned to counties.
- Provide empirically based policy analysis and recommendations regarding models for serving CalWORKs parents who have MH/AOD/DV issues.



This report is part of an effort to establish a system for monitoring the effect of AOD/MH/DV services in Los Angeles. It is being conducted under a contract between the Los Angeles County Department of Mental Health and the California Institute for Mental Health, Sandra Naylor-Goodwin Executive Director.<sup>1</sup>

The staff for the outcomes monitoring effort consists of Dan Chandler, Pat Jordan, Joan Meisel, CarolAnn Peterson, and Terry Robinson. We are indebted to the assistance of many staff members of supportive services agencies, including:

### **DEPARTMENT OF MENTAL HEALTH**

Dr. Marvin J. Southard

Dennis Murata

Dolores Daniel

Lillian Bando

### **DEPARTMENT OF HEALTH SERVICES, ALCOHOL AND DRUG PROGRAM ADMINISTRATION**

Linda Dyer

Leona Anderson

### **COMMUNITY AND SENIOR SERVICES, DOMESTIC VIOLENCE UNIT**

Roseann Donnelly

Zenola Cochran

Sheila Hazlett

### **DEPARTMENT OF PUBLIC SOCIAL SERVICES**

Barbara Sullivan

Siphan Van

Nadia Mirzayans

---

<sup>1</sup> California Institute for Mental Health, 2030 J Street, Sacramento, CA 95814; (916) 556-3480.

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Many other reports and technical assistance materials from the CalWORKs Project are available at [www.cimh.org/calworks](http://www.cimh.org/calworks) on the California Institute for Mental Health Web site.



## INTRODUCTION

Research in California counties has revealed a high prevalence of mental health (MH), alcohol and drug (AOD)<sup>2</sup>, and domestic violence (DV) issues in the CalWORKs population.

These conditions compromise the abilities of participants to obtain and maintain employment. Additionally, they also can threaten the well-being of children in the family.<sup>3</sup>

California has designated CalWORKs funds to provide MH and AOD services for CalWORKs participants, and many counties have designated funds for

DV issues, as well. This funding has enabled counties to develop systems to identify and serve participants who have AOD/MH/DV problems.

The current emphasis on accountability and the tightly constrained fiscal environment have elevated the importance of determining the effectiveness of these services for the participants who receive them and their responsiveness to the goals of welfare reform.

The Department of Mental Health in Los Angeles County contracted with the CalWORKs project to collaboratively design a system to document the effectiveness of CalWORKs supportive services for participants who have MH/AOD and DV issues. One component of this project was an initial study examining the supportive services system from three perspectives:

- **Access:** Is the system able to overcome barriers to identification and initiation of services for participants with MH/AOD and DV issues?
- **Engagement:** Has Los Angeles County developed services that are relevant, accessible, and offered to the CalWORKs population in ways that enable and encourage participants to become and remain engaged in services?
- **Outcomes:** Do these services yield beneficial results for participants, not only in supportive service issues but also with respect to their employment opportunities and the well-being of their children?



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<sup>2</sup> "Alcohol and other drugs" is the term used in other CalWORKs Project reports. In Los Angeles "substance abuse" is usually used instead of AOD. In this report the two terms have identical meaning.

<sup>3</sup> These findings are from CalWORKs Project reports. Reports and technical assistance materials from the CalWORKs Project are available at the California Institute for Mental health Web site ([www.cimh.org/calworks](http://www.cimh.org/calworks)).



## INFORMATION COLLECTION

This study was designed to integrate detailed information from special surveys with data available through management information systems in order to provide a comprehensive picture of participant access, engagement, and outcomes. More information on methodology and samples of the survey forms is contained in a Methodological Appendix available at [www.cimh.org/calworks](http://www.cimh.org/calworks) on the CIMH Web site.

### Survey samples

Study investigators conducted two special surveys of clients receiving AOD/MH/DV services in January 2003 and, through a record review by agency staff members, of clients who were discharged from AOD/MH/DV services between July 1 and December 31, 2002.

*Mental health:* The data reported here apply specifically to CalWORKs participants who had, at some time in their treatment episode, received supportive services funding and who had mental health services in their welfare to work plan.<sup>4</sup> Separate samples of current clients and discharged clients were drawn from 22 CalWORKs mental health treatment agencies that serve CalWORKs clients. Although the DMH serves other CalWORKs participants by means of Medi-Cal funding, those clients are not included in this study.

*Substance abuse:* The data reported for substance abuse in this report include *the entire spectrum of linkage to CalWORKs*: the CalWORKs participants who have AOD services in their Welfare-to-Work Plan; those who receive cash aid but do not reveal their services to GAIN; those who do not receive cash aid but have children who do; and non-custodial parents of children receiving cash aid. The samples are *not* limited, therefore, to persons whose substance abuse services are funded through CalWORKs.

*Domestic violence:* In this report, *most but not all of the clients were receiving services funded by supportive services*. For example, if a client came to a shelter and applied then for CalWORKs but left the shelter before

CalWORKs aid was granted there would be no supportive services funding, but the client was eligible for the surveys by virtue of the linkage to CalWORKs.

### Management information system data

The CalWORKs system keeps track of the number of participants who are referred each month by the Eligibility and GAIN Services workers for a clinical assessment. Also recorded are the numbers of participants who, in any month, are enrolled in a supportive service as part of their Welfare-To-Work (WTW) Plan. These figures are reported in the aggregate to the state as part of the WTW 25 reporting system.

For each surveyed mental health or AOD client who had been discharged, we used records from the mental health management information system or the AOD management information system. Because an individual-specific management information system for domestic violence has not yet been established, we collected more detail using the survey forms themselves.

A sub-sample of 100 clients discharged from each system was cross-checked with the DPSS management information system for supportive services (GEARS).

### Design of overall system for supportive services

The management information systems within each of the supportive services are significantly different from each other. The CalWORKs Project is working with the Los Angeles County CalWORKs program, the Mental Health Department, the Alcohol and Drug Program Administration in the Department of Health Services, and the Domestic Violence Unit of Community and Senior Services, to design a more comprehensive, consistent system to track and monitor the utilization and outcomes of CalWORKs supportive services regardless of the programs in which they are applied. This report is a first step in that broader project, summarizing what we know at this point about the effectiveness of the system in providing access to supportive services, engaging clients in these services, and producing positive outcomes from these services. Part of the data collection conducted for this report, not discussed here, is intended to test systems for data monitoring, tracking, and sharing across the various components of the system.

Because of differences in the sampling design and the differences between the issues themselves, the MH, AOD and DV results of this study are presented in three separate sections. A final section illuminates commonalities of the findings.

<sup>4</sup> As noted later, by the time of the study only 40% of the sample was classified by DPSS as still eligible for welfare-to-work; 40% were exempt and 15% were ineligible for other reasons.



# MENTAL HEALTH STUDY RESULTS

Twenty-two of 29 CalWORKs mental health treatment providers—both contracted and county-operated—that serve CalWORKs participants were selected to participate in the surveys. They

represent all eight of Los Angeles County’s Service Planning Areas (SPAs). Staff members completed forms regarding 394 closed cases, constituting almost half of the clients discharged during the sample period of July through December 2002.

The survey of current clients was conducted at the same treatment providers; 409 survey forms were collected during the nine-day sampling period in January 2003.

The median age of the discharged clients was 37 years and that of current clients 39 years. Table 1 shows the racial/ethnic distribution.

**Table 1: Race/Ethnicity Percentage of the Two Study Samples**

	Discharged Client N=380	Current Clients N=409
African-American	34%	28%
Asian/Pacific Islander	10%	6%
Latino	30%	39%
Other ethnic groups	7%	11%
White	19%	16%

## Access

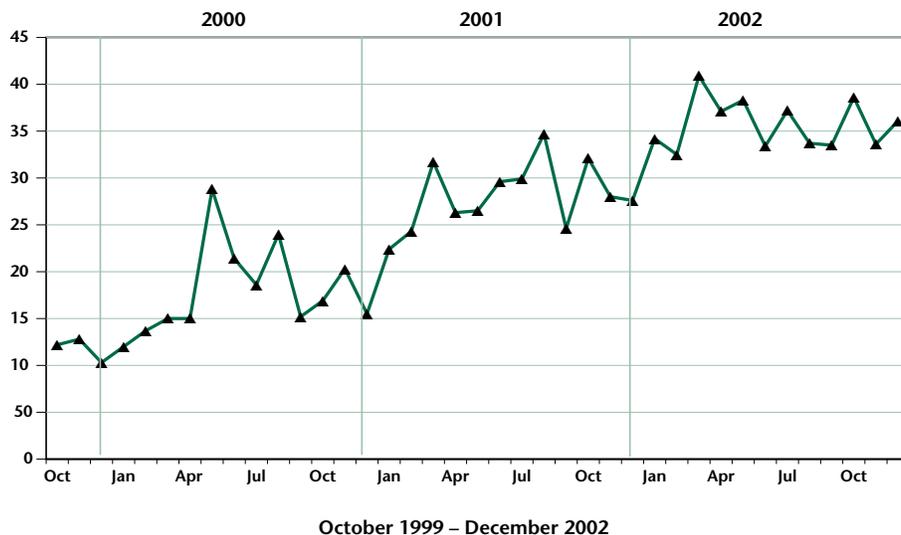
**The number of referrals made by the Department of Public Social Services for mental health treatment services has increased steadily.**

Data in Figure 1, extracted from the CalWORKs data system (WTW 25 reported to the state) show that average monthly referrals to mental health supportive services have more than tripled—from slightly more than 100 per month at the end of 1999 to about 360 per month in 2002.<sup>5</sup>

**Roughly two-thirds of those referred are being assessed.**

Los Angeles County implemented a new Community Assessment and Services Center (CASC) system in 2001. Since then, most CalWORKs referrals for MH and SA problems have been made to the CASCs. Overall, nearly two-thirds (64%) of MH referrals were assessed within the same month,<sup>6</sup> and 85% of those were referred on to MH services. These figures are within the range of “show rates” for assessments of other counties in the state.

**Figure 1: DPSS Average Monthly Referrals for Mental Health Assessments**



<sup>5</sup> Counties across the state have had difficulty reconciling figures on supportive services provided by the social services department with those provided by the service agencies themselves. The reasons for the discrepancies between statewide and Los Angeles figures are numerous and complex. We take no position on the accuracy of the WTW-25 figures. We do believe they clearly demonstrate that access is increasing.

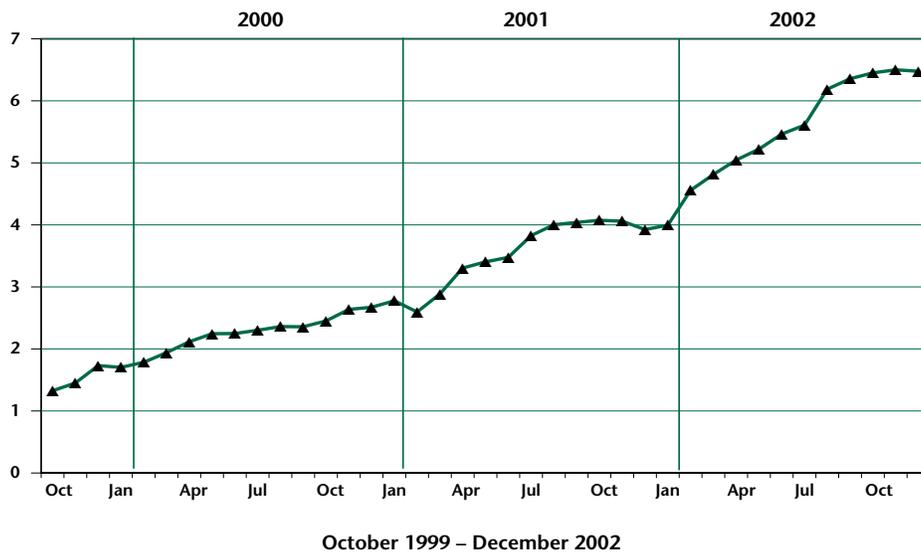
<sup>6</sup> This information, which does not take account of “no-shows” who were then reappointed, thus understates the percentage of referrals being assessed.

**Both the average number and percentage of CalWORKs participants with a mental health treatment supportive service in their WTW Plan have steadily increased.**

The number of participants with mental health services as part of their WTW Plan has more than tripled, from roughly 1,000 in the last quarter of 1999 to more than 3,000 during 2002.

Currently, slightly more than 6% of CalWORKs adults having any welfare-to-work activity received a mental health service.<sup>7</sup>

**Figure 2: Percentage of Welfare-to-Work Participants Receiving a Mental Health Service<sup>8</sup>**



**While 57% of the current clients in our survey had not accessed mental health services previously, the percentage of first-time users was even higher for Asian/Pacific islanders and Latinos.**

Current clients were asked how many prior times they had received mental health services. The 57% who said they were seeking help for the first time suggests that the CalWORKs system is opening an avenue to mental health services for a sector of the population in need of such help.

First-time use of MH services also varies substantially by race/ethnicity. Asian/Pacific Islanders are most likely to be seeing a mental health provider for the first

time, as 90% indicated. Seventy-three percent of Latinos were seeing a mental health provider for the first time while only 27% of whites were first time users. A little more than half of African Americans and other racial ethnic groups (combined due to small numbers) were attending MH treatment for the first time.

**Engagement**

**Engaging participants in supportive services is an ongoing challenge.**

A consistent finding from the CalWORKs Project's Six County Case Study is that many clients do not "stick with" their supportive services treatment. For example, even though CalWORKs staff members in 1999 rated supportive services as very beneficial to clients who complete the services, they believe that most did not complete their services.

CalWORKs participants may terminate services before treatment goals are reached for numerous reasons: for example, the services may not be perceived as helpful; the client may feel that she has received sufficient help (even if the therapist believes that important issues remain unresolved); hours and location of services may be inconvenient; from the perspective of the client, the mental health problems may not be of sufficient magnitude to warrant effort to overcome barriers

<sup>7</sup> See previous footnote. These figures are based upon California Department of Social Services form WTW 25. Information on this form is not comparable across counties, because counties interpret the categories differently from each other.

<sup>8</sup> The denominator is all those welfare-to-work enrollees who had any supportive service in a month. That is, we are showing the number of those receiving an MH supportive service as a percentage of those with any welfare to work activity.



**Current MH client comments**

- ▶ *They have treated me with kindness.*
- ▶ *I think this place is the best thing that could have happened to me 'cause I'm able to feel again and talk about what's wrong with me.*
- ▶ *I think I'll be out of this service soon, but I hope it helps other people that are in the same situation. Thank you.*



that discourage attending services; or, the issues raised in treatment may be too stressful for the client to handle. In addition many very low-income clients move frequently and may not seek a referral to a new provider.

To be successful, county programs must respond effectively to these issues. In this section we present information on the level of engagement of the CalWORKs clients in mental health services, as measured by client satisfaction with services and provider ratings of participation and reasons for termination.

**Nearly three-quarters of the clients are very satisfied with the mental health services they are receiving.**

The ratings from the sample of current clients indicate a very high level of satisfaction with the services they were receiving.

An overall rating of satisfaction by current clients showed that slightly more than 97% were satisfied: 73% were very satisfied, 25% were somewhat satisfied. More than 80% reported that location and hours were convenient. About 93% of clients also reported they were treated with respect, and 88% said that they highly trust the person with whom they work. Finally, 89% said they would recommend the program to a friend.

**Providers said that slightly less than half their discharged clients attended most or virtually all their treatment sessions.**

The providers rated the level of participation for each of their discharged clients.

**Table 2: Provider Ratings of Client Level of Participation in Treatment**

Rating	Description	N=393
VERY GOOD	Participation in virtually all sessions	13%
GOOD	Participation in most sessions	33%
POOR	Participation sporadic	32%
MINIMAL	Participation rare	22%

**Reasons for termination are complex; 38% terminate early.**

Overall, 12% of clients terminated MH services after agreement with therapist that goals had been met, while another 12% of clients left early with therapist knowledge/agreement. In 38% of the cases the client left early and either could not be located or refused further treatment. While 6% had received SSI when



**MH staff comments**

- ▶ *At discharge the client had learned to drive, was working part time and had significantly less panic attacks.*
- ▶ *The client had not been employed since the early '80s, and due to the program she increased her motivation to return to work. The client also improved her relationship with her children.*



discharged, another 10% had applied for SSI when discharged. Others became ineligible for CalWORKs or were referred elsewhere. The study did not specifically ask about clients who moved—a common occurrence among very low-income families—but provider comments indicate that many of the early terminations and the referrals to other providers are due to relocation. Younger participants (under age 25) were more likely to terminate early, and the older participants (over 55) were more likely to make a transition to SSI.

**Outcomes**

Examination of outcomes requires an understanding of the kinds of issues for which participants sought help, and the intensity of their problems.

**Depression is the most common clinical problem.**

More than half of the discharged CalWORKs clients had a mood disorder diagnosis, the most common of which was major depression (accounting for 40% of the total discharged clients).

**Table 3: Diagnoses of Discharged CalWORKs Mental Health Clients**

Diagnosis	N=378
Major depression and other mood disorders	58%
Anxiety and adjustment disorders	19%
Post-traumatic stress disorders	9%
Psychotic Disorders (schizophrenia, bipolar disorder, other psychosis)	7%
Other/deferred/none	7%

**More than half of the clients had Global Assessment of Functioning (GAF) ratings under 50, suggesting existence of a group of clients with substantial impairments.**

Almost 60% of the discharged clients had serious symptoms and impairments at admission. Another third had GAF scores indicating moderate symptoms and impairments, with fewer than 10% having mild or slight symptoms and impairments.

**Table 4: GAF Scores of Discharged CalWORKs Mental Health Clients**

Global Assessment of Functioning Score		N=246
40 or less:	Unable to function in several areas	23%
41—50:	Serious impairment in job or relationships	34%
51—60:	Moderate difficulty in job or relationships	33%
Over 60:	Mild problems, if any	9%

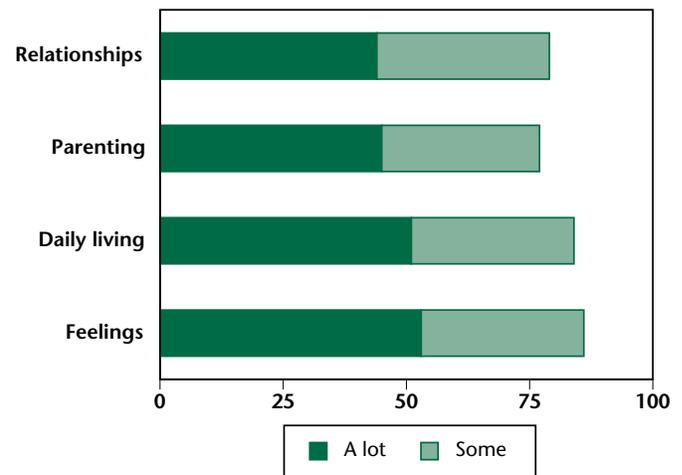
**Virtually all clients reported receiving help for their mental health problems; more than three-quarters of current clients rated the mental health services as helping “a lot or some” in four other areas of functioning.**

Treatment outcomes were assessed from the perspective of the clients as well as the service providers. The client ratings are from the sample of clients currently receiving services, while the provider ratings represent the set of clients who have been discharged.

Help with mental health problems was acknowledged by 99% of the clients (60% said they were helped “a lot,” 33% “some,” and 6% “a little”). Figure 3 shows the degree to which that current clients said their MH services helped them in dealing with their feelings, in dealing with their daily lives, in getting along with the people closest to them, and in their parenting.

Asian/Pacific islanders and Latino clients, particularly those with Spanish as a first language, rated the services as more helpful than did others. The ratings of helpfulness tended to be higher among people who had been receiving services for a longer period of time.

**Figure 3: Current Mental Health Client Rating of Help Received**



**Ratings by providers indicated that roughly two-thirds of clients achieved improvements in three areas of functioning.**

Figure 4 shows the providers’ ratings of the amount of change for the sample of discharged clients in three criteria: dealing with their mental health problems, their daily lives and their parenting ability. These ratings indicate again that significant progress can be made even when all treatment goals are not achieved prior to discharge.

However, the ratings were far better for clients who achieved their treatment goals: 98% exhibited improvement in daily living capabilities, 78% in parenting, and 90% made progress toward surmounting their mental health problems.

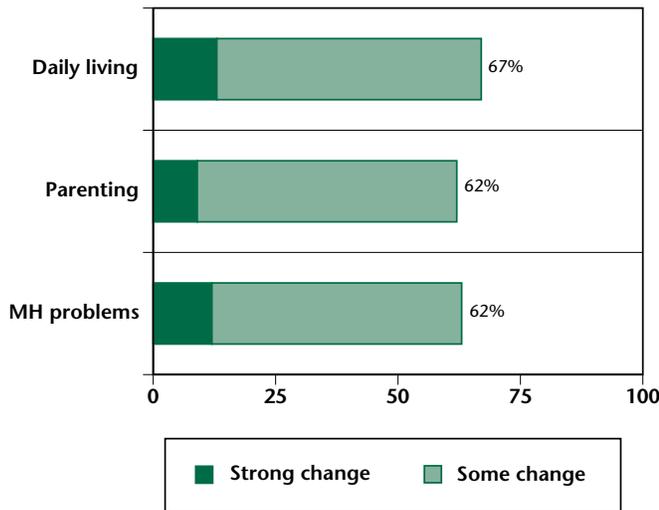
## CalWORKs outcomes (work activities)

The special allocation of state funds for mental health supportive services for CalWORKs participants is designed to alleviate mental health barriers to employment. Thus, an outcome evaluation system should incorporate assessment of the degree to which the mental health services expedite or nurture employment. The most obvious measure is whether participants work, but the extent to which they participate in work activities (other than treatment) also constitutes an important “milestone.”

**Mental health services improved the capacity of more than half the clients to work.**

Current clients were asked to rate the extent to which the mental health services they were receiving had helped their capacity to work. Seventy-eight per-

**Figure 4: Mental Health Staff Rating of Positive Change During Services**



cent said they had received some degree of help regarding work, and 30% said they had been helped a lot. Latinos and Asian/Pacific islanders reported getting the most help.

According to provider ratings, more than half of the clients reported increased capacity to work. Providers rated 17% of discharged clients as having experienced strong positive change in their capacity to work. Another 40% were rated as having had some change. Of those completing treatment 96% were rated as having positive change.

**About 90% of current CalWORKs mental health services clients who are not exempt from welfare-to-work requirements are engaged concurrently in some employment-related activity, and a third of those not exempt are working.**

One elusive statistic involving supportive services within CalWORKs is the unknown extent to which mental health, substance abuse, or domestic violence issues must be managed *before* the participant can benefit from the employment services available through the welfare to work system. Because time is limited, the sooner that the participant receiving supportive services can *also* participate in welfare to work activities the better.

Figure 5 documents the work-related activities the clients currently in treatment said they had undertaken in the last three months. A total of 68% reported that they performed at least one of these activities in the prior three months, with the figure rising to 90% among those who did *not* report being exempt from welfare-to-work requirements.

Current clients who were not exempt worked in 32% of the cases. About 40% of these persons work more than 30 hours a week. The likelihood of clients working increased with their time in treatment (50% of clients in treatment two years or more were working).

Current clients reported a median hourly wage of \$7.50; about one third made more than \$9.00 per hour; only one person out of 42 was working for only minimum wage.

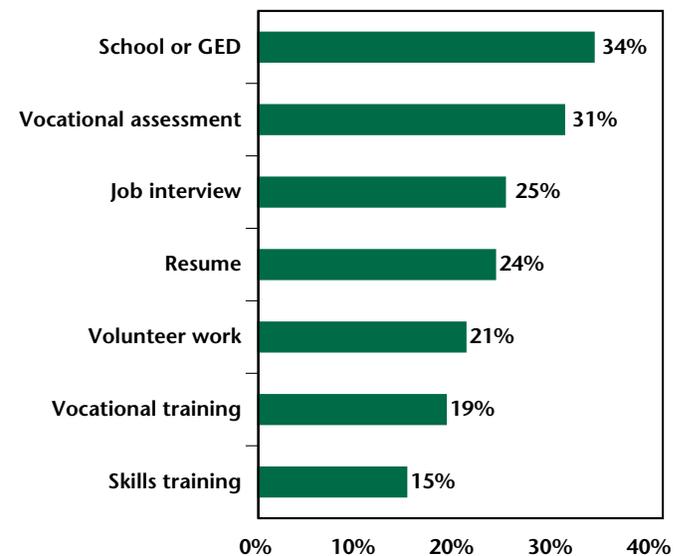
**Nearly one-half of those clients who completed treatment goals were working at the time of discharge.**

Overall, one-quarter of the discharged clients whose status was known were working.<sup>9</sup> Of those who had completed treatment, nearly twice as many (49%) were working. One quarter of these were working full time.

**Approximately 85% of clients who completed services had some involvement in the labor market.**

Overall, 21% of clients were attending school at time of discharge, and 6% attended vocational training. Among all discharged clients, 39% worked, attended school, or received training. For those who completed treatment that statistic rose to 74%.

**Figure 5: Current Clients Involved in Work Activities**



<sup>9</sup> The GEARS data for the subsample of 99 clients showed 22% to be working at the end of February 2003.

Study of all clients who attend school, training or who work or who are looking for work provides a fairly accurate picture of the percentage of clients actively in the labor market. While 85% of clients who had completed services were in the labor market, only 53% of those who had not completed services were in work-related activities or looking for work.

Of parents receiving cash aid, 58% were in the labor market at the time of the last visit; of parents in child-only cases, 67% were working or prepared to work; and of those who had voluntarily left CalWORKs, 86% were in the labor market.<sup>10</sup>

**Mental health treatment combined with GAIN employment services appears to mitigate the effect of factors which prevent work absent these interventions.**

In addition to mental health problems, CalWORKs participants face many other barriers, including lack of a high school diploma. Substantial evidence indicates that without interventions, the likelihood of unemployment of CalWORKs participants directly corresponds to the number of barriers confronting the client. For example, previous CalWORKs research found that in Kern County, 47% of clients with three to four barriers worked at any given time; just 24% of clients with five to eight barriers were employed; and only 14% who faced more than seven barriers were working.

The clients in the Los Angeles County mental health group who participated in the study face, on average, very significant hurdles to economic independence. Few were new to the welfare system. The sample we verified in the WTW database had received welfare on average for 7.6 years. Only 12% had received welfare for a year or less, and almost 70% had been receiving aid for more than three years. Almost 58% had not completed high school. In addition, 77% had no spouse or co-parent; English was not the primary language of 33% of those clients; slightly more than 33% had a concurrent substance abuse problem; almost 18% had a learning disability or were illiterate; and almost 26% had domestic violence issues.

On average, discharged clients had five of the 12 barriers we measured—excluding the mental health issues themselves and tenure on welfare. Fully 87% of these persons had four to nine serious hurdles

<sup>10</sup> Of those seeking or receiving SSI 30% were in the labor market, an anomaly that may relate either to their awaiting receipt of SSI coverage, or to inconsistencies in the data.



**Current MH client comments**

- ▶ *I would like to say that these groups I have been coming to have helped me in my daily life. I need these group sessions, I have been able to separate myself [from] others' attitudes because of this program, [and] I'm very glad for my sessions.*
- ▶ *The services have helped me with my girl and how to talk to her and have it work.*



to labor market success, with a third having six or more.

We performed a statistical analysis examining the effects of each hurdle, holding the effect of the others “constant.” That examination revealed that the factors most potent in suppressing employment at discharge were: a) failure to complete high school; b) having a substance abuse diagnosis as well as a mental health diagnosis; and c) having a learning disorder or being illiterate.

An unexpected but extremely important finding was that the number of barriers did *not* have a significant effect on whether clients finished treatment or on whether clients worked at discharge.

- Those who completed treatment actually had more hurdles (mean of 5.2) than any other group at discharge (except those receiving SSI).
- The study revealed no statistically important difference in the number of barriers between those who were working when they completed treatment and those who were not.<sup>11</sup> If mental health treatment did not have this “mitigating” effect on the barriers clients face, we would have found a higher average number of barriers among those not working than among those who did.

Thus, the hurdles clients face do not determine *either* whether clients complete treatment or whether those who complete treatment do, in fact, work.

<sup>11</sup> Those working had a mean number of barriers of 5.4 vs. 5.2 for those not working.

## Summary of mental health findings

### Access

Los Angeles County is making progress in overcoming barriers to identification and entry into supportive services.

- The percentages of CalWORKs participants referred to and receiving mental health services has increased steadily.
- More than half the CalWORKs clients are first-time users of mental health services, indicating that CalWORKs has opened a new avenue of access to mental health services.

### Engagement

Progress is being made, but more needs to be done in the challenging area of developing services that encourage engagement and retention in treatment.

- Satisfaction with services by current clients was high. Nevertheless, only 35% achieved their goals or stopped service with provider knowledge or agreement.<sup>12</sup>

### Outcomes

Services result in positive outcomes.

- More than three-quarters of the current clients rate mental health services as helpful in dealing with their emotional problems, their parenting, and their ability to manage their daily lives.
- In their ratings, providers indicated that roughly two-thirds of the discharged clients made improvements in their capacity to deal with their problems, to manage their daily lives, and to be good parents, even though most clients don't achieve all their treatment goals before terminating services.
- About 60% of clients as well as providers rate mental health services as improving the participant's capacity to work.

<sup>12</sup> We have removed from the denominator persons transferring, those who left CalWORKs, and those getting or applying for SSI from the denominator of this percentage.

- Nearly two-thirds of current mental health clients engage in work-related activities concurrent with their mental health services, and one third of those who are not exempt were working.
- One-quarter of the discharged CalWORKs participants who received mental health services are working at the time of discharge from services, and 58% of those parents receiving cash aid are engaged in work, education, training, or looking for work.

While improvement occurs even when services are not completed, those who do achieve treatment goals exhibit substantially better results.

- Nearly half of those clients who complete treatment (49%) are working, compared to 19% who did not complete treatment.
- Of those who completed treatment, 85% are either working, in school, in training, or looking for work at the time of their discharge from services.
- Mental health treatment, when combined with GAIN employment services, appears to overcome barriers that otherwise prevent work.

“

### Current MH client comments, translated from Spanish

- ▶ *I am very happy about the results I've received after going to therapy. It really works.*
- ▶ *The services are excellent and they have helped me stop thinking about killing myself. There should be more programs like this one.*

”



## SUBSTANCE ABUSE STUDY RESULTS

The clients who were sampled had at some point in the treatment episode at least one member of the family who received cash assistance through CalWORKs. Some parents

had SA services as part of their Welfare-to-Work Plan; other parents, while subject to welfare-to-work requirements, did not have the SA services in their Welfare-to-Work Plan, most likely because they worried that their child custody status might be affected if welfare staff members became aware of their SA services; and some were exempt from welfare-to-work requirements. Additionally, some parents receiving SA services were sampled even if they had not received cash aid themselves—perhaps because they had been sanctioned or were a drug felon—as long as their child received CalWORKs cash aid.

The common thread in each of these subgroups is that a member of the family received CalWORKs cash aid at some point during the treatment episode. For each subgroup we expected that successful treatment would greatly improve the chances of treated parents becoming economically self-sufficient, eliminating the family's need for cash aid.

The remainder of this section of the report presents findings from the current client survey and the staff survey of discharged clients. Seventeen providers

representing all eight of Los Angeles County's Service Planning Areas (SPAs) participated. Investigators in this study collected 270 client surveys from current clients, and 424 forms were completed by service providers for discharged clients. The median age of the surveyed clients was 32, and the median age of the discharged clients was 34. Table 5 shows the race/ethnicity of the two samples.

**Table 5: Race/Ethnicity Percentage of the Two Study Samples**

	Discharged Client N=424 <sup>13</sup>	Current Client N=270
African-American	33%	16%
Asian/Pacific islander	1%	3%
Latino	36%	56%
Other ethnic groups	7%	6%
White	23%	19%

### Access

**The number of referrals made by the Department of Public Social Services for substance abuse services has increased steadily.**

Data from the CalWORKs data system (WTW 25 reported to the state) shows that average monthly referrals to AOD supportive services have increased from 50 in April of 1999 to 77 in the last quarter of 2002.<sup>14</sup> During this period of time 2,386 CalWORKs participants were referred.



### Current substance abuse client comments

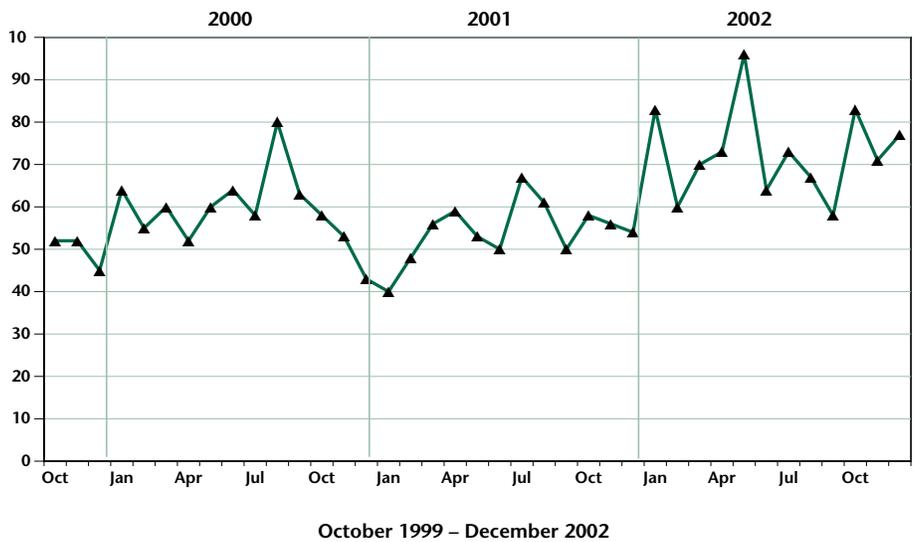
- ▶ *I want to work. I just want to work. CalWORKs as been good for me and my family as far as food housing and helping me with my substance abuse. I think this program has been very rewarding to my life as has made me a strong person.*
- ▶ *This program really helps a person get back on track Without the services I get here at my outpatient program I wouldn't be prepared to go back to school in the upcoming summer to get my degree and they have also helped me get my own housing for my children & myself.*



<sup>13</sup> Demographic information is drawn from the management information system. The percentages are based on the 291 discharged clients who were matched, rather than on all 424 discharged clients.

<sup>14</sup> Counties across the state have had difficulty reconciling figures on supportive services provided by the social services department with those provided by the service agencies themselves. The reasons for the discrepancies between statewide and Los Angeles figures are numerous and complex. We take no position on the accuracy of the WTW-25 figures. We do believe they clearly demonstrate that access is *increasing*.

**Figure 6: DPSS Average Monthly Referrals for Substance Abuse Assessments**



## Engagement

### Engaging participants in supportive services is an ongoing challenge.

Substance abuse is a serious condition and is, for many clients, characterized by multiple attempts to become free of alcohol or drugs. In the context of CalWORKs, the challenge is both to motivate clients to initiate treatment and to help them stay in treatment until it is completed—what we have termed “engagement.” This section contains information about the level of engagement of the CalWORKs clients in substance abuse services, as measured by client satisfaction with services and provider ratings of participation and reasons for termination.

### Steady increases have occurred in both the average number and percent of CalWORKs participants with a substance abuse supportive service in their Welfare-to-Work Plan.

The number of Los Angeles County CalWORKs participants with substance abuse services as part of their Welfare-to-Work Plan has increased over time, especially during 2002. Currently, slightly fewer than 1% of CalWORKs adults eligible for welfare-to-work have substance abuse treatment in their Welfare-to-Work Plan.<sup>15</sup>

### Thirty-nine percent of the discharged clients in our survey had not used substance abuse services in the past.

While treatment is equally important for CalWORKs participants who have never received treatment before and for returning clients, a great deal of effort has gone into trying to identify clients who have not otherwise accessed services. Staff members of substance abuse programs in the discharged client survey reported that 39% of the participants had never received substance abuse services before—they had “self-identified” for the first time.

<sup>15</sup> See previous footnote. These figures are based upon CDSS form welfare-to-work 25. Information on this form is not comparable across counties, because counties interpret the categories differently from each other.

Substance abuse is a serious condition and is, for many clients, characterized by multiple attempts to become free of alcohol or drugs. In the context of CalWORKs, the challenge is both to motivate clients to initiate treatment and to help them stay in treatment until it is completed—what we have termed “engagement.” This section contains information about the level of engagement of the CalWORKs clients in substance abuse services, as measured by client satisfaction with services and provider ratings of participation and reasons for termination.

### Nearly three-quarters of the current clients are very satisfied with the substance abuse services they are receiving.

The ratings from the sample of current clients indicate a very high level of satisfaction with the services they were receiving.

An overall rating of satisfaction by current clients showed that 95% were satisfied; that group consisted of 72% who said they were very satisfied, and 23% who were somewhat satisfied.

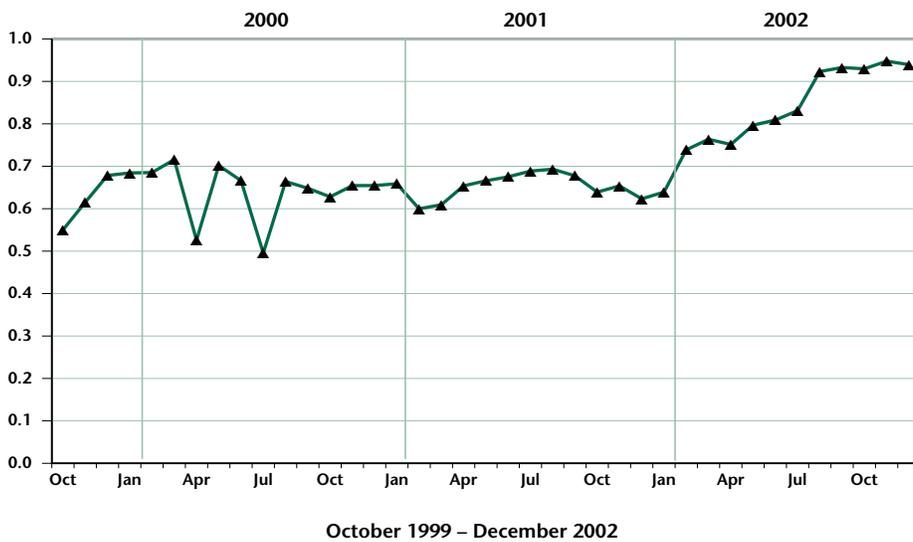
### Providers said that 61% of their discharged clients attended most or virtually all of their treatment sessions.

The providers rated the level of participation for each of their discharged clients. For well over

**Table 6: Provider Ratings of Client Level of Participation in Treatment**

RATING	Description	Cases	
VERY GOOD	Participation in virtually all sessions	114	27%
GOOD	Participation in most sessions	145	35%
POOR	Participation sporadic	68	16%
MINIMAL	Participation rare	92	22%
	TOTAL	409	100%

**Figure 7: Percentage of Welfare-to-Work Participants Receiving a Substance Abuse Service<sup>16</sup>**



half of the clients, attendance was good or very good.

**A third of the discharged clients had met their goals and completed treatment.**

Fully 35% were judged by staff members to have completed treatment and met their goals. Their average length of treatment was 9 months. Another 23% were classified as “Client chose to end services even though initial goals were not met.”<sup>17</sup> These clients averaged 4.7 months in treatment.

Clients who left and could not be located, or who refused further services, or who were terminated by the program, comprised 42% of the sample and are cited in this report as “early termination.”<sup>18</sup> These clients stayed in treatment an average of 3.7 months.

<sup>16</sup> The denominator is all those welfare-to-work enrollees who had any supportive service in a month. That is, the figures represent the number of clients receiving a substance abuse supportive service, expressed as a percentage of those with any welfare-to-work activity.

<sup>17</sup> For clients with matching management information system data, 30% were judged to have completed treatment and 12% to have left after making “satisfactory progress.”

<sup>18</sup> Small numbers were referred or classed as “other” by staff.

**Outcomes**

Evaluation of the results of treatment requires an understanding of the kinds of issues for which participants sought help, and the intensity of their problems.

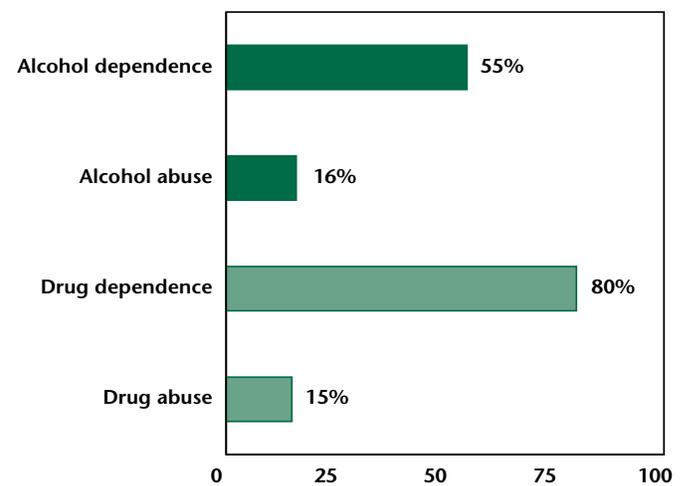
**More than half of the discharged clients were dependent on alcohol, and 80% were dependent on other drugs, most frequently cocaine.**

Staff members were asked to describe the types of alcohol or drug problems of their discharged clients in the sample. More than half were dependent on alcohol, and more than three-fourths were dependent on

other drugs. Fifty percent were judged to be dependent on both.

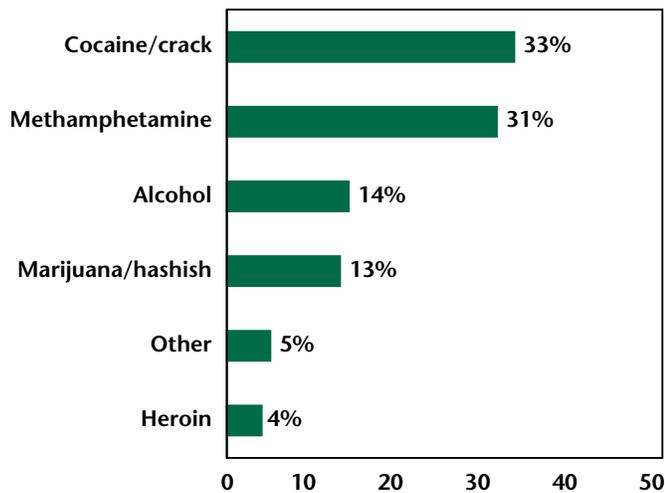
Despite the high percentage of alcohol dependence, it occurs most often as an addiction secondary to another substance. In the ADPA management information system, the primary, secondary, and tertiary drugs of abuse are recorded. Although staff members rated more than half the clients as dependent on alcohol, it was the primary drug of abuse at admission in only 14% of cases. The most frequently abused drugs were cocaine (33%) and

**Figure 8: Staff Descriptions of**



Note: individual clients may appear in multiple categories.

**Figure 9: Primary Drug at Admission: Discharge Sample**



methamphetamine (31%). In only 4% of cases was heroin the primary drug.

About 67% of clients had first used their primary drug by the age of 20. Staff members also judged that 41% had a problem with depression, anxiety, post-traumatic stress disorder, panic attacks, or phobias. Eight percent had co-occurring severe mental illness.

**More than 85% of current clients rated the substance abuse services as helping “a lot or some” in four specific domains as well as with their overall situation.**

Treatment outcomes were assessed from the perspective of clients as well as service providers. The client



**Substance abuse staff comments**

- ▶ While in treatment, client completed all 32 hours of CalWORKs weekly.
- ▶ The client was in school full time. I think the client did the best she could using the help provided to her—i.e., the classes for computers, the drug diversion classes and the recovery discussions made her aware of different choices.



ratings are from the sample of clients currently receiving services, while the provider ratings are for the set of clients who have been discharged.

Current clients were first asked, “Overall, have the services you get here helped you to deal with your situation or problems?” Seventy-six percent said they had been helped “a lot,” with 17% helped “some,” and 5% helped “a little.” Only 1% reported not being helped at all. *Those who had been in treatment longer were more positive than those with shorter stays.*

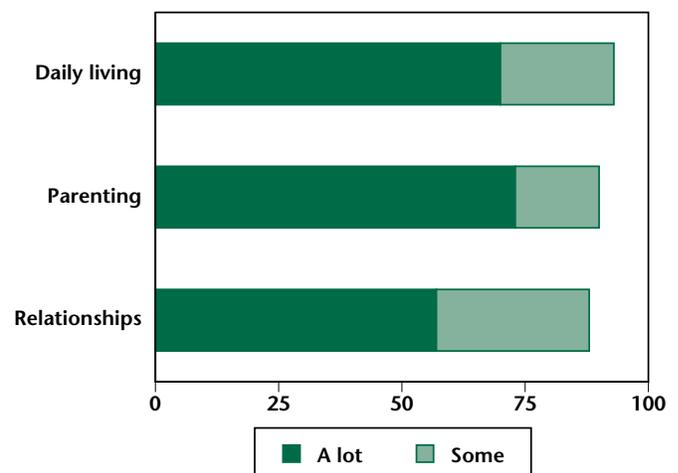
Figure 10 shows the amount of help that current clients said they had received from their treatment provider in dealing with daily living problems, in getting along with the people to whom they are closest, and in their parenting. Around 90% reported getting “a lot” or “some” help.

Those clients getting vocational services as part of their treatment were particularly favorable about help they had received for their substance abuse problem.

**Providers rated discharged clients according to improvements in four areas of functioning.**

Staff ratings of discharged clients were significantly lower than current client ratings of improvements made, but staff members rated those *who completed treatment* as having made very substantial progress on average in all domains. With regard to their substance abuse problems, staff members rated 66% of those who completed treatment as having made “strong” positive change, and another 33% as having made “some” change.

**Figure 10: Current Substance Abuse Client Rating of Help Received**



**Figure 11: Substance Abuse Staff Rating of Positive Change During Services**

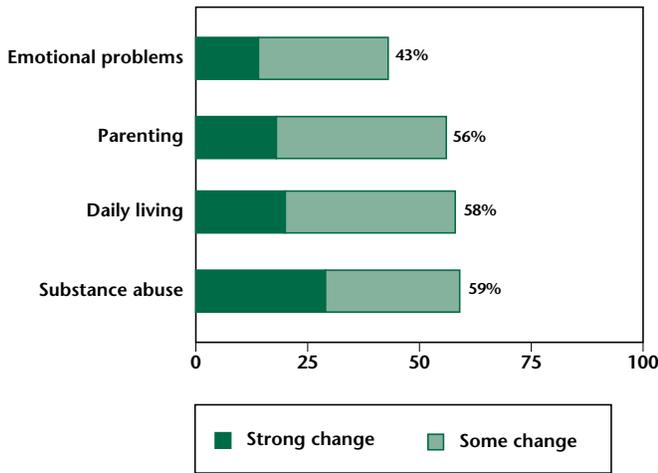
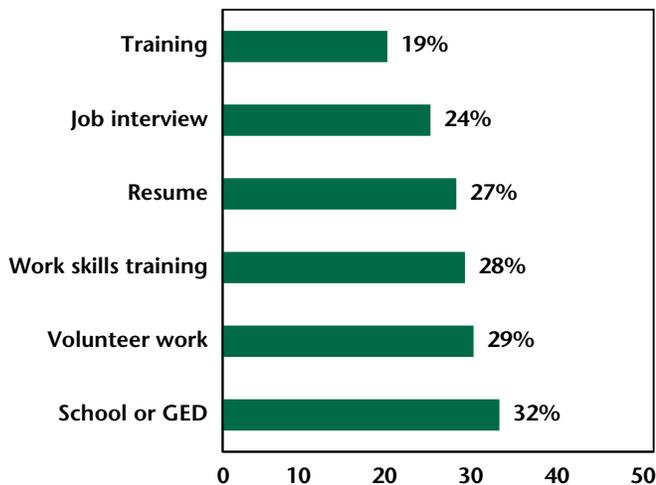


Figure 11 shows the providers' ratings of the amount of change for the overall sample of discharged clients in dealing with their substance abuse problem, in their daily lives, in parenting ability, and in their mental health/emotional status.

Staff members also reported that 88% of discharged clients had avoided arrest during treatment and that 80% avoided any incidents of homelessness. At the most recent drug test, 83% were "clean." The "clean" rate of clients who completed treatment was essentially 100%, but the figure for those who eventually dropped out of treatment declined to only 50%.

**Figure 12: Current Substance Abuse Clients Involved in Work Activities**



## CalWORKs outcomes (work activities)

**Substance abuse services enhanced capacity to work in more than half the cases, especially for those who completed services.**

Current clients were asked the extent to which the substance abuse services they were receiving had helped their capacity to work. Thirty-nine percent said "a lot," and 25% said "some."

According to provider ratings, more than half of the discharged clients improved in their capacity to work. Providers rated 24% of discharged clients as exhibiting strong positive change in their capacity to work, and another 34% were rated as having made some progress. Those who completed treatment experienced *strong* change in 54% of the cases.

**More than 70% of current clients are engaged in some employment-related activity.**

Figure 12 reveals the work-related activities that substance abuse clients currently in treatment said they had undertaken in the last three months. A total of 72% reported having performed at least one of these activities in the prior three months, with the figure rising to 85% among those who did *not* report being exempt from welfare-to-work requirements.

Current clients who were not exempt worked in 15% of the cases. Of those working, 28% worked less than 20 hours a week while 38% worked 40 hours a week. The mean hourly pay was \$7.74 and the median \$7.25.

**About 40% of those clients who completed treatment goals were working at the time of discharge.**

Overall, 19% of clients were performing at least some work at discharge.<sup>19</sup> That represents a total of 71 clients working at discharge, in contrast to the 20 who were working (10 full-time) at admission. Clients who completed treatment worked at a rate of 38%, in comparison to the 14% rate for those who left early after making some progress, and the 5% rate for those who dropped out.

**Sixty-five percent of clients who completed services had some involvement in the labor market.**

Overall, 10% of clients were attending school at time of discharge and 18% attended vocational train-

<sup>19</sup> We also checked employment on the sub-sample for whom we had DPSS data. Overall only 16 clients (16%) were working in February 2003 or at the last entry in their DPSS record. However, of those eligible for welfare-to-work, 22% were working in contrast to 11% for both the exempt and the sanctioned.

ing, while 21% were looking for work. Among all discharged clients, 45% worked, attended school, received training, or were looking for work. For those who completed treatment, the figure rose to 65%.

**The most important factor predicting work is whether a client completes treatment.**

The discharged substance-abuse clients faced substantial hurdles to economic independence. While 42% of those we verified in the welfare-to-work database had received welfare for a year or less, some had received aid for as long as 16 years (mean of 2.6 years). In the discharged cases sample as a whole, 52% had not completed high school; 27% had four or more children; 22% are over 40 years of age; 30% had been mandated to treatment by courts; 40% had domestic violence issues; 9% had a learning disorder; and 11% were illiterate.

We employed a statistical analysis of the effect of each hurdle holding the effects of the others “constant.” Predictors used in the study included age, race, gender, number of children, determination of whether a client had been homeless, had a learning disorder, was illiterate, or had a concurrent severe mental health problem, as well as primary drug, time in treatment, and status at discharge.

- Only two of the “hurdles” had a statistically significant effect: none of the clients with a severe mental disorder was employed, and those in the category of “other” race/ethnicity were 4.5 times as likely to work as whites were, and were significantly more likely to work than either Latinos or African-Americans.
- Persons whose primary drug was marijuana were 2.5 times more likely to work than those with other primary drugs.
- Those who stayed in treatment for less than six months were one third as likely to work as those with more treatment—independent of whether treatment goals were achieved.
- Those who received full-family cash aid were one third as likely to work in comparison to those with child-only cases.

The best predictor, however, was treatment status at discharge. Holding other factors constant, those with unplanned early termination are only one fifth as likely to work as those who complete treatment.

## Summary of substance abuse findings

### Access

**Although only a portion of CalWORKs clients using substance abuse services are funded through CalWORKs itself (supportive services), Los Angeles County is making progress in overcoming barriers to identification and entry into substance abuse services through CalWORKs.**

- The percentage of CalWORKs participants receiving substance abuse services funded through supportive services has increased over time, particularly in 2002.
- About 40% of the clients receiving supportive services funding are first-time users of substance abuse services indicating that CalWORKs has opened a new avenue of access to substance abuse services.

### Engagement

**Motivating clients to remain in treatment is a challenge for substance abuse services.**

- Satisfaction with services by current clients was very high, but not all clients complete treatment. About 35% of the discharged clients had achieved their goals, while another 23% stopped service with provider knowledge/agreement. The remaining 42% left early and then could not be located, or left and refused further services, or were terminated by the provider.

“

### Current client comments

- ▶ *I believe the CalWORKs program [is] beneficial to the clients who receive and utilize the services they have to offer. The services at this site are great!*
- ▶ *I am grateful that I am getting help. [PROGRAM] has changed a lot of stuff which I once did not know what or where to get help. I found it here and through CalWORKs. Thanks!*

”

## Outcomes

### Services result in desirable outcomes for the client and family.

- More than 85% of the current clients rate substance abuse services as helpful in dealing with their substance abuse problems, their relationships, their parenting, and their ability to manage their daily lives.
- Up to 60% of the discharged clients were rated by their providers as having improved their capacity to deal with their substance abuse (59%), manage their daily lives (58%), resolve their mental health problems (43%), and be good parents (56%).
- More than half of clients and providers rate substance abuse services as improving the participant's capacity to work.
- More than 70% of current substance abuse clients engage in work-related activities concurrent with their substance abuse services; the figure is 85% for those not exempt from welfare-to-work requirements. In addition, 15% of those not exempt worked concurrently with treatment.
- About 19% of the discharged CalWORKs participants who received substance abuse services were working at the time of discharge from services, and 45% were engaged in work, education, training, or were looking for work.

While improvement occurs even when services are not completed, those who meet treatment goals achieve substantially better results.

- Of those who completed treatment, 45% were working at discharge; and 65% were either working, in school, in training, or looking for work at the time of their discharge from services (compared to 31% for those who terminated early).

“

### Current client comments

- ▶ *I am glad to be here at this program because I needed to wake up and understand what I was doing to myself and my children. I don't want my kids to live the way I have had to grow up. I want to do better for myself, get clean, stay away from friends who use, and get an education. But it's hard to do that without child care and no money.*
- ▶ *I think the CalWORKs program here is great! Please continue to allow parents to receive treatment so we can stay clean.*

”



# DOMESTIC VIOLENCE STUDY RESULTS

CalWORKs is a vital resource for many women in domestic violence situations. The ability to use welfare has helped many women without independent financial resources to

leave domestic violence situations. In recognition of this vital role, federal welfare reform included a Family Violence Option, which allowed states to ease requirements for recipients in a domestic violence situation so that they could still use welfare without jeopardizing their safety.

While the California Legislature authorized a special allocation for mental health and substance abuse services, it did not do so for domestic violence. Los Angeles, with a strong advocacy community and a responsive county department, recognized earlier than most counties that a services network for domestic violence issues would be a critical component of a supportive services program for CalWORKs participants. Los Angeles was one of the first counties to commit special funds for this purpose.

This part of this report presents findings from the current client survey and the staff survey of discharged clients. The 16 domestic violence providers representing all eight of Los Angeles County's Service Planning Areas (SPAs) participated. Investigators in this study collected 206 client surveys from current clients, and service providers completed forms for 344 discharged clients. The median age of the surveyed clients was 33, and the median age of the discharged clients was also 33. Table 7 shows the race/ethnicity of the two samples.

**Table 7: Race/Ethnicity Percentage of the Two Study Samples**

	Discharged Client N=344	Current Client N=206
African-American	24%	20%
Asian/Pacific islander	3%	3%
Latino	47%	55%
Other ethnic groups	8%	14%
White	18%	9%



## Current DV client comments

- ▶ *PLEASE! PLEASE! Do not cancel the Domestic Violence Services!!! Because this is the best thing that ever happened to me. I am 46 years old and until the year 2002, I never knew what domestic violence meant.*
- ▶ *My service here has helped me a lot to understand domestic violence is not our fault and to understand the special services we can get to help us deal with our problem. So we can get over it.*



## Access

**The number of referrals made by the Department of Public Social Services for domestic violence services has increased substantially over time.**

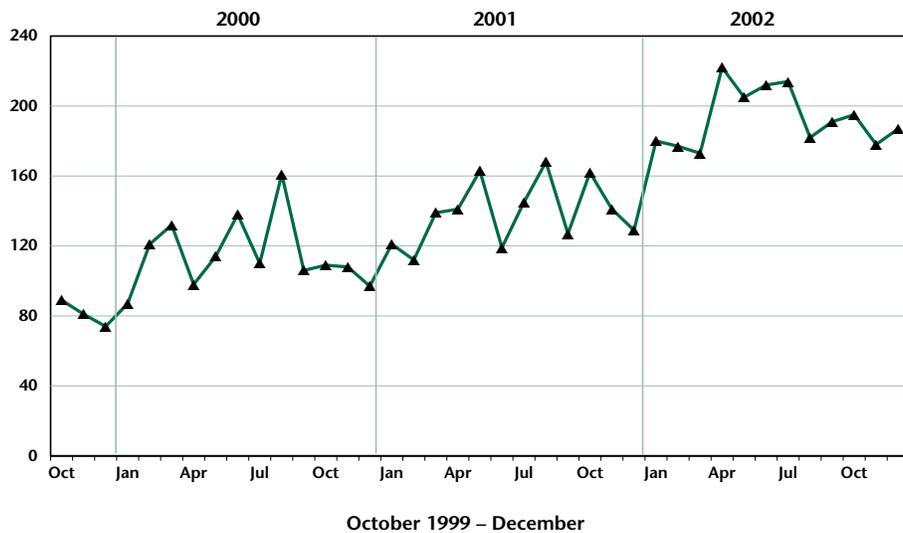
Data from the CalWORKs data system (Welfare-to-Work 25 reported to the state) shows that the average number of monthly referrals to domestic violence supportive services in Los Angeles County has roughly doubled in the last three years, from around 100 per month in 2000 to around 200 per month in 2002.<sup>20</sup>

**The percentage of CalWORKs participants with a domestic violence supportive service as part of their Welfare-to-Work Plan has increased steadily and substantially.**

The average monthly percentage of CalWORKs participants with a domestic violence supportive service in their Welfare-to-Work Plan has almost doubled during this same period, to nearly 3% of the total welfare-to-work eligible adults. This is higher than the

<sup>20</sup> Counties across the state have had difficulty reconciling figures on supportive services provided by the social services department with those provided by the service agencies themselves. The reasons for the discrepancies between statewide and Los Angeles figures are numerous and complex. We take no position on the accuracy of the WTW-25 figures. We do believe they clearly demonstrate that access is *increasing*.

**Figure 13: DPSS Average Monthly Referrals for Domestic Violence**



statewide average which has averaged 2.1% during the last year. The year 2002 saw a particularly steep increase.

**More than half (53%) of the clients receiving domestic violence services said that their domestic violence situation was the main reason why they applied for aid.**

The sample of current clients was asked what role the domestic violence played in their applying for CalWORKs. Fifty-three percent said it was the main reason while another 19% said it was a partial reason. A higher percentage of those in a shelter (78%) said the domestic violence was a reason in their applying for aid than among those receiving center-based services (66%). So, no matter what else the services accomplish, they act as a critical path out of dangerous situations for many women.

**At least half of the clients had never previously received any domestic violence services.**

Providers indicated on their ratings of the sample of discharged clients whether or not this was the first time the client had received services for their domestic violence situation. For 49% it was the first time; for 18% it was a second or subsequent time; and, for the remaining 33% the provider did not know about previous access.

Given the potential fear and embarrassment about revealing a domestic violence situation to a welfare worker, this finding indicates that LA eligibility and GAIN workers are doing a good job in assisting women who might not otherwise have sought help with their domestic violence situation.

**Engagement**

**Reasons for leaving services are complex.**

For a wide variety of reasons, not all recipients of domestic violence services continue to receive services for the optimal duration identified by program staff members. Some clients might believe they have received sufficient help or they might find continuation of services too emotionally difficult, or after returning to a battering situation they may feel embarrassed about continuing services.

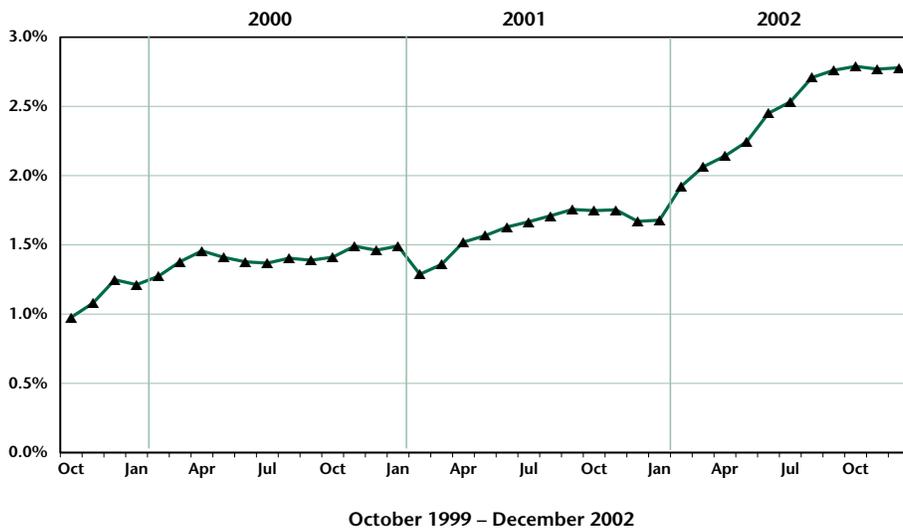
Generally, domestic violence program staff members respect the choices made by their clients, believing that they are in the best position to know what is safest and best for themselves at any given time. Staff members try hard to ensure that clients will always feel welcome when returning for services, regardless of the reason for the prior termination of services.

However, noting the reasons why particular episodes of services end can be useful. Table 8 reveals the reasons for which discharged patients terminated services, as documented by staff members. Roughly one quarter (23%) remained in services until both they and the program staff felt they had achieved the service goals. Program staff members classified 11% as leaving before service goals were met, while another 37% stopped coming without explanation to staff members.

**Table 8: Reasons for Termination of Discharged Clients (N=341)**

Reason for Service Termination	
Service goals met	23%
Client chose to end services although service goals were unmet	11%
Client stopped coming without giving notice	37%
Provider terminated service or referred client elsewhere	19%
Other	11%

**Figure 14: Percentage of Welfare-to-Work Participants Receiving a Domestic Violence Service<sup>21</sup>**



**An impressive total of 85% of the current clients said they were “very satisfied” with their domestic violence services.**

Termination of services before goals are achieved may not necessarily be a matter of concern, depending on the extent to which clients express satisfaction with their services.

In surveys, clients often express satisfaction, but rarely to the degree shown in this survey—97% of current clients reported they are satisfied with services; 85% said they were “very satisfied”; another 12% said they are “somewhat satisfied”; and only 3% said they were “not satisfied.”

**More than 60% of the discharged clients used domestic violence services for less than six months, but a substantial minority (22%) used services for more than a year.**

There is no objective standard for how long service episodes should last. In this sample of discharged cases, 40% were served for three months or less, with an-

<sup>21</sup> The denominator is all those welfare-to-work enrollees who had any supportive service in a month. That is, the figure represents the number of clients receiving a domestic violence supportive service, expressed as a percentage of those with any welfare-to-work activity.

other 38% staying as long as a year. The fact that at least one-fifth of the women received services for longer than one year validates the rationale for these services to be available on an ongoing basis as needed.

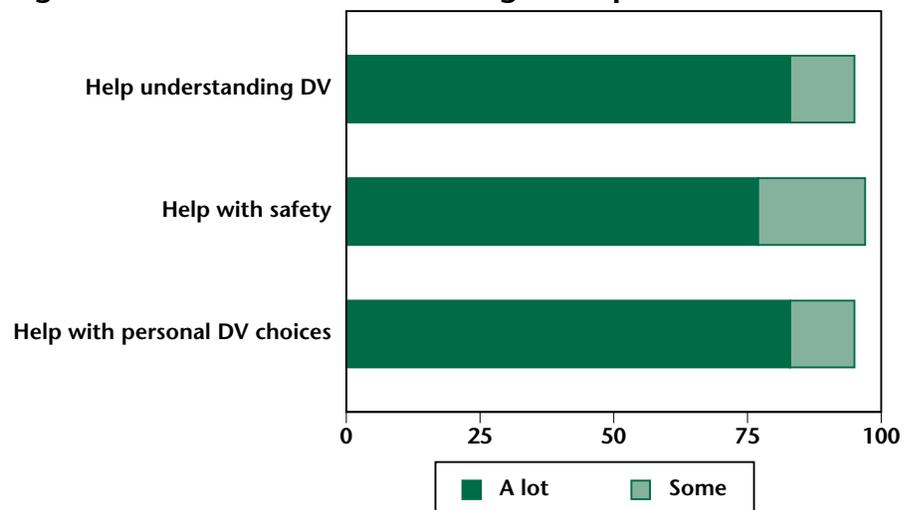
### Domestic violence outcomes

**A very high percentage of current clients said the domestic violence services had helped them with issues related to the domestic violence.**

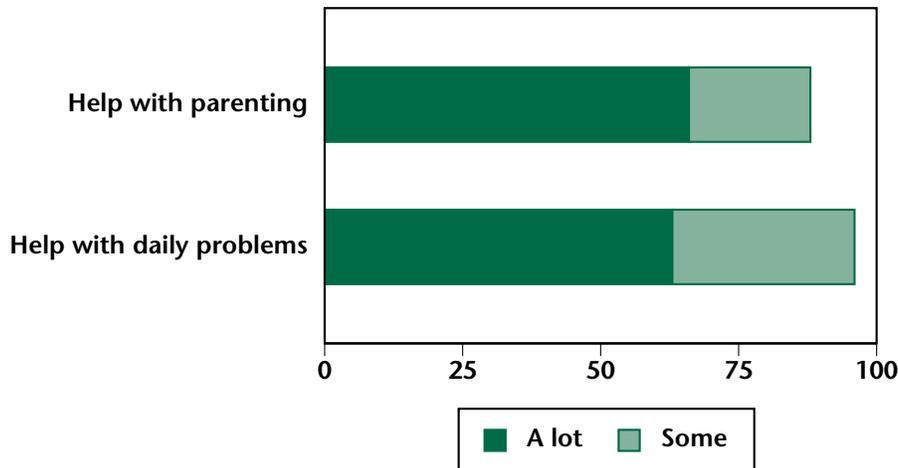
Clients were asked “Have the services you get here helped you to deal with your domestic violence situation?” A predominant total, 85%, said they had received “a lot” of help; 15% said they received “some” help; and 3% said they received “a little” help. Although the questionnaire offered “did not help” and “made things worse” response options, no client selected those answers.

As Figure 15, shows, very similar percentages (in excess of 90%) of the current clients said that the services had helped them “a lot” or “some” in understanding domestic violence, understanding their personal choices, and in their safety.

**Figure 15: Current DV Client Rating of Help Received**



**Figure 16: Current DV Client Rating of Help Received**



**Roughly two-thirds of the current clients said they were helped a lot with the more general problems of daily living and their parenting.**

The domestic violence services provide assistance beyond the strict domestic violence issues, although clients rate that supplementary assistance as somewhat less helpful. The percentage reporting that a service was helpful with parenting was higher for those in a shelter (75%) than for those receiving center-based services (57%). That difference reflects the greater opportunity for lending specific assistance in parenting within the around-the-clock living environment of a shelter.

**Staff members reported that at least 70% of their discharged clients made progress in resolving their domestic violence issues.**

Staff members rated each of their discharged clients on how much change they had made in understanding domestic violence, being physically safe, being free of emotional abuse, and being free of harassment. Figure 17 reveals that in each category, improvements were made by more than 70% of clients. However, staff members are much less likely than clients to say that change was extensive.

Staff members also reported that two-thirds of their discharged clients had strengthened their ability to deal with their daily problems, and indicated that 62% of clients with mental

health problems made improvements. A lower percentage (29%) of the 42 clients with co-occurring substance abuse problems were rated as making progress toward resolving their substance abuse, perhaps reflecting the greater difficulties in dealing with this issue.

**Clients who received services for longer periods of time made greater progress.**

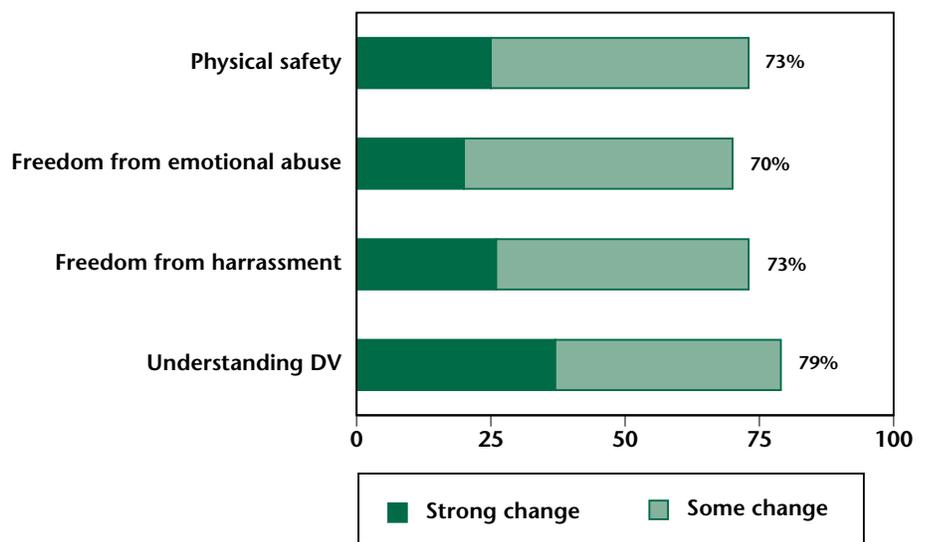
Ratings by staff members indicated that clients who received services for longer periods of time made greatest progress in all of the domain classifications. For example,

94% of those who received services for more than one year were rated as improving their physical safety, compared to 74% of those receiving services for 4 to 12 months, and to 64% of those whose service duration was three months or less.

### *CalWORKs outcomes and milestones*

This section explores the effects of domestic violence services on the primary goal of the CalWORKs program—to assist parents in becoming self-sufficient through employment. Since the transition from welfare to work may not be immediate, we also look at indications of movement toward this goal.

**Figure 17: DV Staff Rating of Positive Change During Services**





### Current DV client comments

- ▶ *This program helped me learn more about DV. I had counseling and this program provided a safe place for me and my kids.*
- ▶ *I would just like to say that our stay at the [PROGRAM] was exceptional. There was someone there to take care of our every need. I was supported in every way. I walked in feeling broken and walked out five weeks later feeling whole again. My children have similar feelings.*



### Domestic violence services increased the client's capacity to work in more than half of the cases surveyed.

Program staff members said 56% of the discharged clients had made either “some change” or “strong change” in their capacity to work while receiving the services. And more than half (56%) of the current clients said that the domestic violence services were helping them with their welfare-to-work plans. That figure was higher (three-quarters) for those who had current welfare-to-work activities (in contrast to those who were currently exempt from work activities.)

### More than 80% of the current clients had participated in at least one work-related activity during the prior three months.

An ongoing issue for supportive services within CalWORKs is the extent to which mental health, substance abuse, or domestic violence issues must be managed *before* the participant can benefit from the employment services available through the welfare-to-work system. Because time is limited, participants receiving supportive services *also* should begin welfare-to-work activities as soon as possible. Figure 18 shows the work-related activities that clients currently receiving domestic violence services said they had undertaken

<sup>22</sup> For safety reasons, shelters generally exclude women who are currently working.

<sup>23</sup> A multiple regression analysis was performed to see the effects of each variable absent the effect of others. Those remaining statistically significant are described in the rest of the paragraph.

in the prior three months. A total of 81% reported having performed at least one of these activities in the prior three months, with the figure rising to 90% among those who were subject to welfare-to-work requirements.

### Slightly fewer than one-fifth of the current clients were working; employment status was influenced substantially by the client's progress in services.

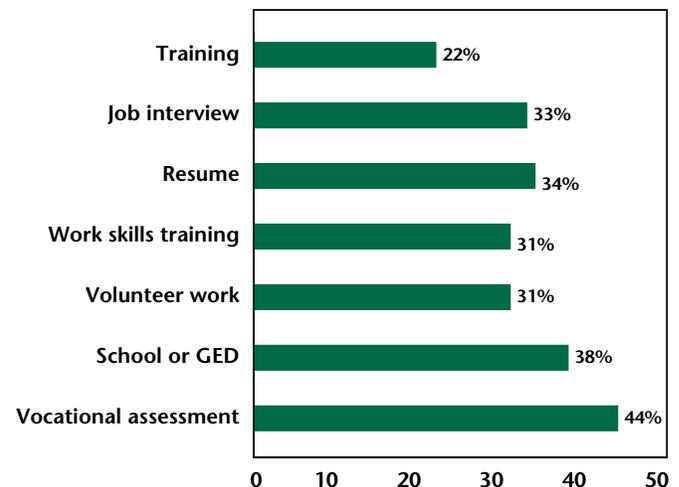
About 17% of the current clients were working while receiving services. The differences among the subgroups of clients indicates the degree to which the client's progress in the recovery process and in their program affects the likelihood of a woman's employment. None of the women who were in the first month of a shelter program were working.<sup>22</sup> But 6% of women who were in the shelter from 1 to 6 months were employed, and 25% of those in residence for longer than 6 months were working.

### About 24% of clients who completed services were working at discharge.

When their cases were closed, 16% of the clients in the discharged sample were working.<sup>23</sup> The longer the client received services, the more likely she was to be working. For example, 19% of discharged shelter clients with a year or more in services were working, while only 8% of clients with less than a year of services were employed. Those who completed services were three times more likely to be working (24%) than those who left without notice or were terminated by the agency (8%).

The differences in the likelihood of working by subgroup were even more pronounced among the discharged cases whose work status was subsequently checked in the DPSS GEARS data. About 42% of those

Figure 18: Current Domestic Violence Clients Involved in Work Activities





### DV staff comment

- ▶ *CalWORKs was the first contact with this person & helped this client recognize that she could benefit from DV services.*
- ▶ *Without CalWORKs client never would have been able to leave her abuser because she had four small children and was a full-time mom.*



in this sample who completed services were working, compared to 10% of those who terminated without notice or who were terminated by the agency.

### Discharged clients also attended school at a significant rate.

The 22% of closed-case clients who attended school constituted a larger group than those who worked. Of the clients who completed services, a third were in school. Few clients were involved in vocational training at the time of discharge. Overall, 29% were working, going to school or in vocational training at discharge. Those who were exempt were much less likely to do at least one of these activities than those who were subject to GAIN requirements. About 60% of women who completed services were involved in work, school, training or in looking for work.

## Summary of domestic violence findings

### Access

Los Angeles County has developed an effective system for identifying and serving CalWORKs participants with domestic violence issues.

- The percentage of welfare-to-work-eligible participants who receive domestic violence services has doubled over the last three years.
- The percentage of welfare-to-work-eligible participants receiving domestic violence supportive services in Los Angeles County is 43% higher than the statewide average.
- This was the first encounter with domestic violence services for at least half of the clients served.

CalWORKs is a vital component for women dealing with domestic violence.

- More than half the women (53%) receiving domestic violence services said their domestic violence situation was the main reason they applied for CalWORKs.

### Engagement

Clients do not always remain in services until goals are achieved. That may be more reflective of the complex lives of women who experience domestic violence rather than their lack of satisfaction with services.

- Roughly one quarter (23%) of closed cases had remained in services until both they and the program staff felt they had achieved the service goals; 37% stopped coming without explaining the reason to staff members.
- In surveys, clients usually express satisfaction, but results of this survey are exceptionally high, with 85% of current clients reporting they are “very satisfied” with services.
- More than 60% of the discharged clients used domestic violence services for less than 6 months, but a substantial minority (22%) used services for more than a year.

### Outcomes

Domestic violence services result in beneficial outcomes.

- Approximately 80% of current clients said the domestic violence services had helped them “a lot” with issues related to the domestic violence.
- Roughly two-thirds of the current clients said they were helped “a lot” with more general problems of daily living and in their parenting.
- Staff members reported that at least 70% of their discharged clients made progress with their domestic violence issues.
- More than half the clients said that domestic violence services had improved their capacity to work, and staff members concurred.
- About 81% of current clients had engaged in a work-related activity during the last three months.
- Slightly less than one-fifth of the current clients and the clients at discharge were working. More than one fifth were attending school.

The client's status in her recovery and in services affects training and employment outcomes.

- Clients who completed services were three times more likely to be working (24%) than those who left without notice or were terminated by the agency (8%).
- A third of clients who completed services were in school.
- About 60% of women who completed services were involved in work, school, training or in looking for work.

“

### **DV client comments**

- ▶ *This program has helped me get over the abuse, and has given me a lot of emotional support, and has helped me with my children. Without the program I don't know what would've become of me. Thank you.*
- ▶ *'m glad that there is a program like this. I wish I would have been here long ago.*
- ▶ *This program has really helped me in the way that I have someone to talk to who doesn't judge me. I get help and advice on my daily struggles. I also feel strong enough to be a single parent and a good parent.*

”



## CONCLUSIONS

Despite differences among the mental health, substance abuse, and domestic violence populations—as well as differences in how they were sampled and the different outcome

measures appropriate to each—they have enough similarities to support several important conclusions.

### ACCESS

The CalWORKs system in Los Angeles County is making significant progress in overcoming barriers to identification of mental health, substance abuse and domestic violence issues, and is helping participants to surmount these barriers and gain access to the supportive services they need.

**DPSS identification of all three types of supportive services clients has continued to increase over time, both in absolute numbers and as a percentage of all CalWORKs participants.**

Los Angeles County has devoted significant resources and efforts to identifying CalWORKs participants who need AOD/MH/DV services. These efforts include the outreach and orientation activity presentations on AOD/MH/DV services to new applicants at time of application, during GAIN Orientation, and during Job Club participation; the development and implementation of the Community Assessment Service Centers for AOD and MH assessments and referrals; and the ongoing close coordination among the leadership and line staff of DPSS. In addition, monthly Supportive Services Steering Committee meetings are helpful in the identification and resolution of problems and issues and in creating service system improvements.

**The percentage of CalWORKs participants with supportive services as part of their Welfare-to-Work Plans has increased for all three types of service.**

CalWORKs participants enter into AOD/MH/DV supportive services both by DPSS referral and by applying directly for services that then become part of the Welfare-to-Work Plan. The number of supportive services clients as a percentage of all welfare-to-work participants (those in GAIN) has increased steadily over time for each type of service. Taking all three services in combination, the average monthly percentage of welfare-to-work participants with a supportive service has increased

from 3% in the second quarter of calendar year 1999 to 10% in the fourth quarter of calendar year 2002.<sup>24</sup>

**Many CalWORKs participants are using MH, AOD, and/or DV services for the first time, suggesting that CalWORKs has opened up a new avenue of access to these services.**

For each of the three service areas, a substantial number of clients indicated this was the first time they had received services. Percentages of clients accessing services for the first time ranged from 39% of clients rated by domestic violence service providers to 57% of current clients receiving mental health services.

### ENGAGEMENT

One of the most challenging aspects of providing services to CalWORKs recipients who have MH, AOD, and/or DV issues is that of engagement—offering services in ways that are accessible, relevant, and helpful to clients, so that they become and remain involved in services. This is an ongoing challenge for all CalWORKs programs, and Los Angeles is no exception.

**A high percentage of current clients in all three services reported that they were “very satisfied” with the services they were receiving.**

Satisfaction with services was rated very high in all three service areas. At least 95% of clients in each of the three areas expressed satisfaction with their services. From 72% to 85% said they were “very satisfied.”

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<sup>24</sup> The actual monthly average of Welfare-to-Work Plans that included a supportive service increased from 1,602 to 4,860 during this time. However, some CalWORKs participants have more than one type of supportive service. The percentages and numbers shown here are not “unduplicated.”

## OUTCOMES

This study has demonstrated that supportive services result in beneficial outcomes for participants with regard to their MH, AOD, and/or DV issues, and also with regard to their involvement in the labor market. *Those who complete treatment are better prepared for success than those who terminate early.*

### **A variety of measures applied to current clients as well as to discharged clients indicates that AOD/MH/DV services are helpful to most CalWORKs participants who use them.**

A very high proportion of current clients indicate they have been helped during the time they have received services. Clients in all three service areas reported high levels of practical assistance with their primary problem (mental health, substance abuse, or domestic violence) as well as with parenting and in dealing with daily life problems. The longer the clients had been in service, the higher they rated the degree of help they had received.

Staff ratings of improvements exhibited by discharged clients are more reserved than the clients' views but nonetheless indicate some progress overall. Staff members in each system rated clients who completed services and achieved their goals as progressing more demonstrably than those who terminated early.

### **AOD/MH/DV clients are simultaneously participating in supportive services and in work activities.**

An ongoing issue for supportive services within CalWORKs is the extent to which mental health, substance abuse, or domestic violence issues must be managed *before* the participant can benefit from the employment services available through the welfare-to-work system. Because time is limited, participants who are receiving supportive services *also* should participate in welfare-to-work activities as promptly as possible.

In each population, at least two thirds of the current clients had participated in some work-related activity (work, school, training, job interview, resume, or vocational assessment) in the prior three months. Among those who were required to meet welfare-to-work requirements (not exempt), the proportion of participation was much higher.

### **Of those who completed services, between a quarter and a half worked at the time the case was closed, and between 60% and 85% were involved in some aspects of the labor market.**

At discharge, a quarter of the mental health cases, 19% of those who received substance abuse services cases, and 16% of those who received domestic

violence services were working. The rates were considerably higher among those who completed services: 49%, 38%, and 24%, respectively.

While work is the final goal, many “milestones” can be marked on the way. These include school or training or active job search. High percentages of those completing service were involved in work, school, or training, or were looking for a job at time of case closure: 60% for DV, 65% for AOD, and 85% for mental health.

### **Although participants with AOD, MH, and/or DV issues face a high number of hurdles to finding and retaining jobs, supportive services appear to mitigate the effects of these factors.**

A variety of client characteristics—including low work skills, learning disabilities, and low education—deter CalWORKs participants from obtaining and retaining employment. A very important study finding is that in general *for those who complete services* these barriers do not stand in the way of employment. That is, with the kind of assistance and support that AOD/MH/DV services can provide, CalWORKs participants can overcome otherwise daunting hurdles.

### **The major challenge for each type of service is motivating and assisting clients to continue with services until goals have been achieved.**

Clients in all three systems reported very high levels of satisfaction with the services they were receiving. Nonetheless, more than a third of the clients served in each system leave prematurely—they “drop out.” Clients terminate services for many reasons—some of them positive, but many of them negative. Across the three areas, ratings by staff members indicated that 24% to 58% of clients terminated services as a result of planned termination and/or with provider knowledge/agreement. However, ratings by staff members also showed that more than a third of the clients served in each system left prematurely, simply “dropping out.” While the rates of early termination are not out of the ordinary for AOD/MH/DV services, they are a cause for concern. Since all CalWORKs participants are subject to time limits, early termination can have direct and detrimental consequences for the clients and their families.

We recommend a wide range of possible changes in policy and practice—from an increase in the use of motivational interviewing, to more case management, to more help with referrals when families move, to more assistance with child care and transportation. We urge administrators and providers in each system to jointly review program policies and practices in order to determine which approaches might be effective in helping clients stay in services until they achieve their goals.





**California Institute for Mental Health**  
**2030 J Street • Sacramento, CA 95814**  
**(916) 556-3480 • [www.cimh.org](http://www.cimh.org)**

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