

# *Outcomes*

## **of CalWORKs Supportive Services in Los Angeles County**

- *Mental Health*
- *Substance Abuse*
- *Domestic Violence*

## *Methodological Appendix*



*CalWORKs Project*

**May, 2003**

This document contains information about how the CalWORKs Project report called *Outcomes of CalWORKs Mental Health, Substance Abuse and Domestic Violence Services in Los Angeles County* was produced. The report itself is also available on this website in .PDF format.

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# **SAMPLING, ATTRITION AND DATA SOURCES**

## **MENTAL HEALTH**

### *Discharged client survey*

#### **Population**

The Department of Mental Health serves CalWORKs participants in two distinct ways. A) Mental health is a supportive service funded by CalWORKs at providers having special contracts for this population. B) Any person with Medi-Cal, however, can also apply for treatment to any DMH provider with services funded through Medi-Cal. In this study, only the former are sampled—that is, those whose services are paid for by the special funding authorized by the Legislature for mental health services for CalWORKs participants.

#### **Sampling and attrition**

Sampling proceeded in two stages. First programs were selected by the Department of Mental Health. The guidelines they followed were:

- To the extent possible choose the two largest CalWORKs mental health services providers in each SPA. The largest were chosen in an effort to simplify the logistics of the study administration.
- Add other providers to the extent that they are necessary to include a racially and ethnically diverse population.

Second, a maximum of 30 clients were selected from each program site who met the following criteria:

- Receives services under a “Supportive Services” provision of the client’s Welfare to Work Plan.
- Was discharged from mental health service between July 1, 2002 and December 31, 2002. Clients who had received no services within the 90 days prior to December 31, were considered to have been administratively discharged. The most recent discharges were selected in consecutive order.

A total of 22 providers participated out of 27 who provide services to CalWORKs clients using supportive services funds. Some did not have 30 discharged cases during the six month time period so contributed fewer cases.

During the July 1 through December 31 period there were a total of 809 discharges or administrative discharges among the CalWORKs providers who were sampled. The sample

represents 49% of the total discharges during the period and thus about 25% of those during the 2000 calendar year. Although not a random sample, the clients represent the vast majority of providers and no provider represents more than 7% of the cases. Therefore, we believe the cases are highly representative of CalWORKS clients who were discharged after having received supportive MH services during this period.

Although the completed forms were labeled with the DMH case number, due to clerical errors not all of the cases could be located in the DMH MIS. (For example, several of the surveys had duplicated ID numbers on them although the data clearly showed they were from different people.) A total of 380 MIS records were located that matched the codes on the survey forms.<sup>1</sup> However, when the survey forms and MIS data were matched only 367 complete and valid cases existed.

Tables presented in the report may come from any of these three slightly divergent data sets. Tables which refer only to MIS data for the surveyed clients have an N (number of cases) of 380. Tables referring only to survey form responses will have an N of 394. And tables which use both MIS and survey forms (cross-tabulations of survey responses by ethnicity, for example) have an N of 367.

## **Data collection**

The clinician with most knowledge of each sampled client was requested to fill out a data collection form designed by CIMH in cooperation with DMH. Procedures were drafted and explained in detail at a meeting of all participating providers in mid-January. The form and the procedures used are attached. Each form contained a personal identifier for the client. When the forms were returned to the Department of Mental Health the personal identifier was removed and an “arbitrary” identifier attached. Data were matched to the survey forms from the DMH MIS using the personal identifiers. The arbitrary identifier was used to link the discharged client survey, the MIS data and data from a subsample of DPSS records on the same clients. Researchers did not see “real” personal identifiers of any of the clients.

Information from the MIS has the advantage of having been recorded during services rather than retrospectively but is limited in the questions it can answer. In addition, some important fields (like employment at discharge) are incompletely available because cases administratively closed do not have information current at the time of closure. Information from staff that is reported on the survey forms is directly relevant to the outcomes study, but may also be incomplete in the record which was used as a source of information or may reflect retrospective memories that are not as accurate as information recorded at the time.

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<sup>1</sup> Four of the other 14 people had no data and 10 had only minimal demographics and no service information.

## *Survey of current clients*

### **Sample**

The same providers who participated in the discharged client survey were requested to ask their current clients to participate in a survey. They were instructed to sample 25 to 30 clients over a 10 day period. Depending on the client flow, they were asked to take the first 3 to 5 clients in each day rather than collecting only on one day. If a residential program was part of the sample, clients were to be selected at random in proportion to the number served in the residential program compared to other parts of the agency. Staff were asked not to include short-term clients (defined differently for different samples), but a “fail safe” question on the form asked clients to return it unfilled out if they had been at the program too short a time to make valid judgments or to have reasonably been helped.

### **Data collection**

A Spanish language version of the survey was available but surveys in other language were not available. Staff were asked to provide help to clients if they requested it while honoring confidentiality. Forms were sealed in an envelope by the client and collected in a sealed box with a slot on top. Client forms were anonymous but an agency identifier was on each one.

### *CalWORKs outcomes from DPSS records*

GAIN workers record the welfare-to-work status of CalWORKs clients in an MIS called GEARS (a separate data base covers eligibility). It is intended that each change of GAIN status updates the file. Data for the 100 cases sampled randomly from the 394 for which chart summaries were performed by clinicians were recorded in their most current form (as of early March 2003), which meant either the client was still a GAIN participant or, if not, the information recorded was the most recent available. (Data were missing for one of the 100 cases, so sample size is usually 99 but can vary depending on missing data in the particular fields.)

## ALCOHOL AND OTHER DRUGS

### Population

No system currently exists in Los Angeles to monitor outcomes of CalWORKs AOD services. The information presented in this report is the result of creating new information by means of surveys and then linking it to established databases. Specifically, ADPA solicited the cooperation of providers to carry out two surveys of *AOD who at sometime in their episode of services received CalWORKs cash aid—or their children did*. Please note that the population sampled for substance abuse is different from that sampled for mental health. The clients who were a focus of the mental health report all received services through DPSS “supportive services” funds. There are, however, many other clients, both in the mental health and AOD systems, who participate in CalWORKs but are not funded through supportive services—nor do they have mental health or AOD services as part of their Welfare-to-Work Plan. The AOD clients reported on here are defined broadly as having a link to CalWORKs. Some are funded through supportive services but many others use alternative sources of funding. Most prefer not to notify the Department of Public Social Services that they are receiving substance abuse services. In some cases, the connection to CalWORKs is through the AOD client’s children. Non-custodial parents, for example, whose children receive cash aid, might be included as part of this sample. In all cases we believe that providing effective substance abuse treatment will benefit the families, not just the identified client, and that ultimately successful treatment will lead to more CalWORKs families achieving economic independence.

Here is how the respondents to the current survey responded to a question about their link to CalWORKs during the service episode.

#### Current CalWORKs status

	Cases	Percentage	Cumulative Percentage
Parent and child get cash	154	61.11	61.11
Child only	70	27.78	88.89
No longer receive any cash aid	28	11.11	100.00
Total	252	100.00	

We also asked whether clients were exempt from Welfare-to-Work requirements (WtW). A total of 54 (22% of those we have data for) received cash aid for both parent and child at the time of discharge and were not exempt. That is, a very distinct minority of the AOD clients sampled are actually subject to WtW activity requirements and/or are funded with supportive services monies.

In the staff survey, staff were asked whether clients received cash aid for their family, kids, whether it was child only, or whether neither received cash aid at the time of discharge. Staff responses indicated that, to their knowledge, about 60% of discharged clients had a currently open CalWORKs case. In over a third of the discharged client surveys, staff reported that they did not know their clients' CalWORKs status, thus they may or may not have been open cases.

### Staff reported cash aid status

	Cases	Percentage	Cumulative Percentage
Parent & Child	149	35.14	35.14
Only Child	99	23.35	58.49
Neither	21	4.95	63.44
Unknown	155	36.56	100.00
Total	424	100.00	

*Verification of status in the DPSS GEARS system.* DPSS staff verified which of the 424 survey forms on discharged clients were also on record in GEARS. Having a GEARS record means that at one time the client received cash aid for both parent and child(ren) and was subject to welfare-to-work rules. However, this process turned up a glitch in the GEARS data system, which did not recognize the social security numbers of a significant proportion of the clients, even though they were in the data base.

### Sampling and attrition

- In 17 AOD programs with contracts to serve CalWORKs clients, current clients were asked to fill out a survey form regarding their satisfaction with services, how much they have been helped, and their employment and CalWORKs program status. A total of 270 survey forms were collected. The programs were selected generally to include the two largest programs in each SPA, although there were some modifications to this design.
- In the same programs, staff was asked to select the 25 - 30 most recent discharged cases and complete a survey form on each client.<sup>2</sup> The survey questions concerned clinical condition and improvement, reasons for discharge, and employment and CalWORKs program status. A total of 424 forms were filled out. Methadone programs were not included, however, since few clients are discharged. (Which reduces the positive outcomes seen, since the outcomes of methadone programs are generally favorable.)<sup>3</sup> In the calendar year of 2002, there were 1367 discharges of CalWORKs clients—clients funded through CalWORKs supportive services. Because of the broader definition of CalWORKs linkage used in defining the sample frame, it is likely that the population of CalWORKs-linked discharged cases is considerably larger than this number.

<sup>2</sup> In the AOD system overall there were 1,367 discharges in calendar year 2002. We do not know how many had a CalWORKs link as defined here.

<sup>3</sup> National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction. Effective Medical Treatment of Opiate Addiction. *JAMA* 1998 280: 1936-1943

The discharged client information from the staff survey was in turn linked to two existing databases. The first is the usual management information system of ADPA and AOD programs throughout the state—CADDs. It contains demographics and other client descriptors and status at discharge. A total of 293 forms could be linked to the MIS data.

The second database is the information that is stored on CalWORKs clients by the Los Angeles County Department of Social Services in its GEARS database. This includes the total time on welfare, whether the client currently receives aid, whether the client is exempt (and why) and the existence of sanctions. It also contains the activities prescribed in the client's welfare-to-work plan. DPSS was able to provide this information for a randomly selected subsample of 100 of the discharged clients. Of the 100 cases in GEARS, we have CADDs data on 67 and staff reports on all 100.

*Time during which the discharged case episodes occurred.* Staff were asked to sample cases discharged between July 1 and Dec 31 of 2003. They were also asked to sample the most recent 25 to 30 cases. Apparently these requirements came in conflict in some programs as 23% of the cases in the discharge sample were closed in 2001 (according to the CADDs data base). Another 25% were closed in 2002 but prior to July 1.

## **DOMESTIC VIOLENCE**

### **Population.**

Providers were instructed to sample clients who were either recipients of CalWORKs cash aid themselves or their children were recipients of cash aid at some point during the service episode. Not all the clients have the services as part of their WTW Plan and therefore may not have the services paid for through the CalWORKs supportive services allocation. CSS wanted to gather outcome information on all CalWORKs participants who are receiving DV services, including those clients who choose not to report this DV to the Department of Social Services.

### **Sampling and attrition**

At the request of Community and Senior Services, CalWORKs Domestic Violence Program, the CalWORKs Project conducted a survey of current clients and a review of closed cases (conducted by professional staff at each agency) during January of 2003.

- Current clients were asked to fill out a survey form regarding their satisfaction with services, how much they have been helped, and their current employment and CalWORKs program status. A total of 206 surveys were collected.
- In the same programs, staff were asked to select the 25 most recent discharged cases and complete a survey form on each client. The survey questions concerned domestic violence status and improvement, reasons for case closure, and employment and CalWORKs program status. Staff filled out forms for 344 discharged clients.
- A random sample of 100 of the closed cases was then compared with the Department of Public Social Services welfare-to-work data base (GEARS).

This report presents detailed cross tabulations from all three data sources.

Domestic Violence Program of Community and Senior Services (CSS) selected agencies to participate in the survey. They were asked to balance the sample by SPA to the extent possible, selecting the two largest providers in each SPA. They also were asked to balance the sample by whether the program provided shelter services or other types of services and to ensure a diverse ethnic sample. CSS staff also exercised judgement regarding whether the agency possessed the infrastructure necessary to manage both the client and staff surveys. All 16 service agencies asked to participate did so. CSS does not have a management information system with which we could match clients in the survey.

# PROCEDURES DISTRIBUTED TO PROVIDERS PARTICIPATING IN THE SURVEYS

## I. Procedures for Staff Surveys – MH/AOD

### A. Procedures for selection of staff surveys

1. If selection is computerized and done centrally.

Each provider will be given a list of their (30) clients to be surveyed. (Only 25 are required; the 5 extras are in case some turn out to be ineligible.)

2. If provider generates their own computer list:

Generate a list of CalWORKs clients who have been discharged, along with the date of discharge. For each provider, select the (30) most recent discharges. A “CalWORKs client” is someone who has been an Aid Code 30 or 35 at some point during their treatment.

3. If provider selection procedure is done manually by provider:

Compile a list of recent discharges, by date of discharge, or use an existing list. Start backward (most recent discharge first) down the list of discharges and for each look to see if this was a discharge rather than just a closed episode. That is, cases should be closed or inactive rather than having been transferred to another AOD or MH provider.

Continue this way until (30) cases have been selected to be surveyed

4. In order to link survey information to Management Information System data and possibly with DPSS data, the unique identifier you use for this client in reporting to DMH or ADPA must be written on the completed staff surveys. The program identification code for your agency should also be on each form (on the cover). For ADPA participants this will be the agency name and site address.
5. Staff at DMH or ADPA will remove this identifier and put on a new “arbitrary” identifier before sending the completed staff forms to the CalWORKs Project analysts. DMH or ADPA staff will make a list containing both the real and the arbitrary identifiers to be used to link the surveys to other data. No one except the researchers will see both the survey forms and MIS/DPSS data; and they will not have any identifiers.

This system of identification will permit linkage of records and surveys without revealing to the CalWORKs Project researchers any personal identifiers.

B. Once case selection has been completed

When the list is received/completed, a clerical person in the agency needs to pull each chart, and give the chart and a cover letter to the appropriate staff person. (See attached cover letter.) For each client on the list, the person to fill out the form should be the staff person who knew the client best. [If it would be easier, you can have the clerical person fill in the basic demographic information that is requested on the first pages of the survey.]

The same person who is in charge of pulling the files and distributing the surveys should also be in charge of getting all the forms back in a timely manner. Surveys should be distributed to staff on Tuesday, January 21<sup>st</sup>, and must be completed by 5PM **Thursday, January 30**. Reminders should be sent out on Friday the 24<sup>th</sup>.

Survey forms should be returned to DMH/ADPA by 5PM Tuesday the 4<sup>th</sup> of February.

C. If you have questions:

Mental health providers should call Dolores Daniel at 213 738 2819

**AOD providers should call Linda Dyer (626) 299-4109 or Leona Anderson at (626) 299-4559**

The CalWORKs Project contact person is Dan Chandler, Ph.D., 707 677 09895

## II. Procedures for client satisfaction surveys

A. Distributing the surveys

1. Unless your DMH or ADPA liaison person tells you otherwise, the number of completed satisfaction forms should be 25.
2. Since the survey period last for **8** work days, this means roughly **four** surveys per day. Do not do all the surveys on one or two days. The clients from 9 days are more likely to be representative than from one or two days. We suggest doing the first **four** clients in the morning or the first **four** after lunch.
3. Most important is that there be no bias as to who is asked to fill out the survey. Selection must be systematic—for example, the first three clients. It is not all right to look over the list of appointments and decide who to give them to. The only reasons to exclude a client are:
  - a. If you *know* that neither s/he nor her/his children received cash aid from CalWORKs at any time during the service episode, or,

- b. If the client has not been receiving services for at least a month.

That is, only those who received cash aid at some time in this service episode (not necessarily at the beginning) and who have been receiving services for **at least one month** are eligible to fill out the survey form.

4. Please have a designated person in your agency *other than any person who is providing services directly to the clients* give the client survey to the clients as they come in for their appointments. You may use another method of distribution if it works better in your program. It should be the same method for all clients, however. And the same person should be responsible for asking clients to fill out the form. Clients should be strongly encouraged to complete the form, but of course they can refuse to do so if they choose.
5. The staff person who is distributing the survey should read the survey her/himself, and preferably fill one out for practice. The following script should be used when first handing the survey to the client:

“The Los Angeles County [Department of Mental Health/Alcohol and Drug Program Administration] is conducting a study of mental health/substance abuse services in the county. We would like you to answer some questions about the services you receive here.

Your answers will be anonymous and confidential. They will not be shown to anyone in this agency. It will only take a few minutes, but what you tell us will be very useful and will help us to maintain and improve our services. Are you willing to help us?

(If no, just say “that’s okay – thank you anyway”)

(If yes) Here are the questions (hand the form) and here is an envelope. Please fill out the survey before you leave today. When you are finished, just fold the booklet in half like this (demonstrate), seal it in the envelope and return it to me. We will then put it in this box marked “Survey Box”. We are collecting the envelopes in this box, and they will be mailed to the researchers who are doing the study. If you find you are only supposed to do part of it, or are unable to complete the study, please tell me that when you turn it in.

6. When the client returns the survey, thank them very much, and ask again whether or not they have completed the entire survey.
7. You (your staff) need to keep track of how many forms have been given out and when they have been returned. Please put a check by the person’s name (on your sign in log) when they are given the form and cross it off when it is put in the box.
8. If the client tells you (s)he has only filled out part of the form, you can accept that form, but you should add another client to the list so that 25 completed forms are turned in.

**Important - Clients are asked to only fill out the first 3 questions if they have not been receiving services for very long. Please keep track of whether they answer only the first 3 or all. We need 25 forms that are completely filled out.**

9. The survey box can be any cardboard box large enough to hold 25 envelopes. Preferably it would be sealed except for a slot at the top for the envelopes to be deposited. In other studies like this, staff have often decorated the box. It should have a label on it saying either:
  - County of Los Angeles Alcohol and Drug Program Administration Study
  - County of Los Angeles Department of Mental Health Study
10. Aside from the “script”, clients may have some questions. Here are some of the likely ones and answers to them.
  - a. “Can I take it home and finish it?” *No, all the booklets have to be collected in the box. Maybe you can stay a couple of minutes after your appointment and finish it.*
  - b. “Can you tell me more about the study? OR What are they going to do with this information? *I have a letter that tells us a little more about the study, but that is all the information I have. Would you like to read the letter? If “yes”, give client the letter from DMH/ADPA.*
  - c. “Can I get the results of the study?” *Yes, take their name and address and write it on a separate sheet and put it in the box. Do not include this with their booklet.*

**B. What to do with the completed forms**

1. Surveys should be distributed every workday starting Tuesday, January 21<sup>st</sup>, and must be completed by 5PM Friday the 31<sup>st</sup> of January.
2. All survey forms should be returned to DMH/ADPA by 5PM Tuesday the 4<sup>th</sup> of February.

If you have questions:

Mental health providers should call Dolores Daniel at (213) 738-2819

**AOD providers should call Linda Dyer at (626) 299-4109 or Leona Anderson at (626) 299-4559.**

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## UPDATE TO PROCEDURES

We thank you very much for attending the orientation meeting for the short-term CalWORKs client outcome study. This is an update to the procedures sheet we passed out at the meeting. It contains answers to questions that were raised during the meetings. Your questions were very helpful; we hope the answers will be too. Please call your ADPA, DMH or CSS liaison or Dan Chandler (707) 677 0895 if these issues are not clear or you have other questions.

We very much appreciate the extensive efforts you are making to meet this tight timeline and get a report to funding sources in time to influence budget decisions.

1. AOD/MH/DV: The Spanish version of the survey contains serious translation mistakes. Do not use the version you got at the Thursday the 16<sup>th</sup> meeting. You will be Fed Ex-ed corrected versions to arrive Tuesday. If you do not receive them please call your ADPA, DMH or CSS liaison. If you run out of any version of a survey form please make more copies. (Legal size, double-sided to double sided.) It would be a good idea to save one of each form to use to make copies or for reference when you get the results.
2. How to deal with selecting clients in residential programs (AOD) or shelters (DV)
  - a. *Sample size.* For either staff survey or client survey, if you have both a residential and other component, please do them in the proportion of discharges. For example, if in the last 3 months, one third of your discharges were in the residential program, then do 9 surveys from the residential program and 16 from the other program(s).
  - b. *Choosing clients.* Selecting the clients for a client survey in a residential program: This is only an issue if you have more CalWORKs eligible clients in your program than need to be surveyed. Suppose you have 30 clients eligible and you only need to do 9. Ideally, the approach to use is a random selection: put all 30 names on slips of paper, put into a box and draw 9 of them randomly. If that cannot be done for some reason, select systematically: for example, look at your list of CalWORKs eligible clients and select every 3<sup>rd</sup> one (or whatever is needed to reach your quota). Please write on a sheet that you attached with the forms what method of selection you used. [It is not OK to select individual clients based on their characteristics: it has to be random or systematic.]
3. Eligibility issues:
  - a. AOD/MH/DV. Anyone who received CalWORKs cash aid or whose children did during the service episode is eligible. There were a number of specific examples raised.
    - One was non-custodial parents who are not receiving CalWORKs—they are OK.
    - Another example was someone who had been in service then dropped out and came back. We clarified that that person is OK for the client survey (even if they just started back they know the provider) but is not OK for the discharged survey (even though they were discharged during the sampling period, they are now open).

- What about women who, for example, applied for CalWORKs but never actually received cash aid. That is OK. Anyone who is actually on CalWORKs cash aid, or was on CalWORKs cash aid, or their kids are or were; OR who were being served while their application was being processed is OK.
  - b.. DV: what about women who only receive services for a week or so as a transitional service? They are not eligible. They would not meet the intent of having persons queried who had received enough services that their judgements would be reliable and they might have been able to make changes in their situation.
  - c. If there are specific groups that you are unsure about please call your liaison and check.
- 4. Collecting the client forms: Please give each client an envelope to put the completed form in. Please make a box that is sealed except for a slot at the top. You may bring the sealed box to the agency (DMH/AOD/DV) or if you are mailing/fed-exing the package, take the forms out but do not open the individual envelopes.
- 5. We will give you a print out with the responses for your clients (with no identifiers of course).
- 6. DV: We should know by Wednesday the 22nd whether we can link with DPSS (as discussed). If that is not possible, we will not ask for the case identifiers. [AOD and Mental Health still need to provide them so we can link with the MIS data at DMH or ADPA). So unless you hear otherwise, please put the DPSS identification number on the booklet filled out by staff.
- 7. MH: Dennis Murata will be sending a computerized list of open clients as an aid to doing the client survey.
- 8. ALL: You can tell clients it is fine to circle more than one of the race/ethnicity categories if they choose.
- 9. AOD: For unknown reasons the AOD client booklet omitted category 4 (Hispanics). Please write these in on your booklets.
- 10. If a client has trouble reading the questions on their own, you *may* certainly have a staff member read them while the client marks the answers on her/his own form. We did not feel that we could ask this of you, but if it is possible it would be very helpful.

## **SURVEY FORMS USED**

MENTAL HEALTH CURRENT CLIENT

MENTAL HEALTH DISCHARGED CLIENT

AOD CURRENT CLIENT

AOD DISCHARGED CLIENT

DV CURRENT CLIENT: SHELTER

DV CURRENT CLIENT: CENTER

DV DISCHARGED CLIENT

DPSS ABSTRACT FORM

Program Number: \_\_\_\_\_

*What Do You Think About Your  
Mental Health Services?*

**Los Angeles County  
Department of Mental Health**

Please participate in this study of mental health programs in Los Angeles County. Please answer these questions then seal the form in the envelope and turn it in to the agency staff person who gave it to you. **DO NOT PUT YOUR NAME ON THIS FORM.**

Thank you very much! 😊

**1. Are your services here part of the work activities you do for the CalWORKs program? (Please circle the letter of the one best answer.)**

- 
1. NO
  2. YES
  3. I'm not sure

**2. Overall, how satisfied are you with the services you have received here? (Circle one.)**

1. Very satisfied
2. Somewhat satisfied
3. Somewhat unssatisfied
4. Very unssatisfied

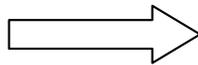
3. **Is this the first time you have received counseling or medications for an emotional or mental health problem or for your nerves? (Circle one.)**

1. **NO**

2. **YES**

4. **How long have you been receiving services at this program? (Please circle number in front of best answer. If you circle "1" follow instructions in the box.)**

1. **Less than a month**



**IF YOU HAVE RECEIVED SERVICES LESS THAN ONE MONTH THE REST OF THE QUESTIONS DO NOT APPLY TO YOU. PLEASE RETURN THIS FORM TO THE STAFF PERSON WHO GAVE IT TO YOU.**

2. **Between one month and six months**

3. **Between six months and one year**

4. **More than one year but less than two years**

5. **More than two years**

6. **I'm not sure**

**5. What type of services do you get here? (Please answer YES or NO for each type of service.)**

- |     |    |  |
|-----|----|--|
| YES | NO | Services for a mental health or emotional problem like depression, anxiety, stress or for nerves |
| YES | NO | Services for a drinking or drug use problem  |
| YES | NO | Services for a domestic violence situation   |
| YES | NO | Services for one or more family members (such as a husband or a child)                           |
| YES | NO | Vocational services  |

6. Overall, have the services you get here helped you to deal with your situation or problems? *(Please circle the number in front of the best answer.)*

- 1. **Helped a lot**
- 2. **Helped some**
- 3. **Helped only a little**
- 4. **Did not help at all**
- 5. **Made things worse**

7. How much have the services you have gotten here helped you with the following issues? *(Circle the number that best matches your opinion for each question.)*

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
Parenting.....	1	2	3	4
Getting along with people I am close to.....	1	2	3	4
Dealing with daily problems.....	1	2	3	4
Dealing with my feelings.....	1	2	3	4
Work related issues....	1	2	3	4

**8. Please circle YES or NO for each of the following questions.**

**Since you have been getting services here...**

YES      NO      Was a child removed from you by Child Welfare?

YES      NO      Was a child restored to you by Child Welfare?

YES      NO      Were you homeless on the street or in a shelter?

**9. What is your age in years?    \_\_\_    \_\_\_**

**10. How would you describe your race or ethnicity (*circle one*):**

- |   |                                     |
|---|-------------------------------------|
| 1. Asian or Asian/American  | 5. American Indian/ Native American |
| 2. Black or African/American  | 6. Caucasian/ White                 |
| 3. Filipino or Filipino/American  | 7. Other: specify below:<br><hr/>   |
| 4. Latino, Mexican, Mexican-American, Chicano, or of Other Spanish Heritage |                                     |

**11. Please indicate your agreement/disagreement with each of the following statements by circling the number that best represents your opinion. (Or circle Not Sure.)**

	Agree 	Neutral 	Disagree 	Not sure 
a. I am treated with respect here.....	1	2	3	4
b. I would recommend this agency to a friend.....	1	2	3	4
c. I trust the person I work with most.....	1	2	3	4
d. Services were available at times that were good for me.	1	2	3	4
e. The location of services is convenient (parking, public transportation, distance).....	1	2	3	4

12. Are you working now? (*Circle number by NO or YES and follow directions.*)

1. **NO** (*Please go on to question 13.*)

2. **YES** (*Please answer 12a. and 12b. then go to question 13.*)



12a. **How many hours a week do you work?** \_\_\_\_\_

12b. **How much are you paid per hour?** \_\_\_\_\_



13. **Have you done any of these things IN THE LAST THREE MONTHS?**

*(Circle YES or NO for each.)*

<b>YES</b>	<b>NO</b>	<b>Written a resume</b>
<b>YES</b>	<b>NO</b>	<b>Gone to job interview(s)</b>
<b>YES</b>	<b>NO</b>	<b>Had a GAIN employment/vocational assessment</b>
<b>YES</b>	<b>NO</b>	<b>Received work skills training such as learning to use a computer or answering the phone</b>
<b>YES</b>	<b>NO</b>	<b>Done volunteer work</b>
<b>YES</b>	<b>NO</b>	<b>Attended a school, college or GED program</b>
<b>YES</b>	<b>NO</b>	<b>Attended a vocational training program or trade school</b>

14. Please think about the problems you came here for.

How many days *out of the past 30 days* were you **TOTALLY UNABLE** to work or carry out your normal activities because of these problems?

**Days out of the past 30 you were *totally unable* to work  
or do daily activities \_\_\_\_\_**

15. How many days *out of the past 30 days* were you able to work or carry out your normal activities but had to **CUT DOWN** on what you did because of these problems?

**Days out of the past 30 you had to *cut down*  
on work or daily activities \_\_\_\_\_**

16. Are any of these preventing you from working? (*Circle YES or NO for each.*)

**YES      NO      Child care problems**

**YES      NO      Transportation problems**

**YES      NO      Not enough education**

**YES      NO      Not enough work experience**

**YES      NO      Not enough job skills**

17. Are you exempt from work activity requirements under CalWORKs due to pregnancy, health, or caring for a disabled person? *(Exempt means you are not required to do 32 hours of work activities a week.)*

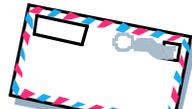
1. **YES, I am exempt**
2. **NO, I must do work activities**
3. **I am not sure**

18. Please circle the number that best describes how you feel about your life in general right now.

1. **Very satisfied**
2. **Somewhat satisfied**
3. **Somewhat unsatisfied**
4. **Very unsatisfied**

19. Please use this space to tell us anything else you want about the services you are receiving here or what you think about CalWORKs.

*Please seal this form in the envelope:*



*Thank you very much for your help!*

# **CalWORKs Mental Health Services**

## ***Client Discharge Data From Los Angeles County Mental Health Providers***

**Los Angeles County  
Department of Mental Health**

*SUMMARY OF CLIENT STATUS AT DISCHARGE*

The information requested is part of a study of outcomes of CalWORKs clients who receive mental health (MH) services. Only clients who were receiving cash aid (a “30” or “35” eligibility code) sometime during the most recent treatment episode are to be rated and then only if the services were part of the welfare to work plan (that is, services were billed to DPSS).

Client ID number from DMH list of clients to be rated: \_\_\_\_\_

Provider Number: \_\_\_\_\_

***Please staple to this form the print-out of client demographics and service information provided by DMH.***

**1. Had this client ever received treatment prior to this episode—in Los Angeles County or elsewhere?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**2. How many children does client have (regardless of whether they live with the client)?**

\_\_\_\_\_ Number

**3. During the course of services did the client have a child removed by welfare services?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**4. During the course of treatment did the client have a child restored to her/him?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**5.. During the course of treatment was the client ever homeless on the street or in a shelter?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**6. General description of client's problem(s). (Circle YES or NO for each.)**

YES	NO	Severe mental illness (schizophrenia or bipolar disorder, for example)
YES	NO	Depression, anxiety, panic attacks, phobias, post-traumatic stress disorder or other non-psychotic mental/emotional problems
YES	NO	Alcohol dependence
YES	NO	Alcohol abuse
YES	NO	Drug dependence
YES	NO	Drug abuse
YES	NO	Literacy problems
YES	NO	Learning disabilities.
YES	NO	Domestic violence
YES	NO	Other (specify) _____

**7. Please describe the client's service participation in scheduled outpatient services. (Circle one number.)**

- 1.       VERY GOOD     Client participated in all or virtually all sessions.
- 2.       GOOD            Client participated in most sessions.
- 3.       POOR             Client participated sporadically.
- 4.       MINIMAL         Client participated rarely.

**8. Please describe the reason for termination of MH services. (Circle one.)**

1	Client and service provider agreed that service goals were met
2	Client chose to end services even though initial goals were not met
3	Client stopped coming and refused further contact
4	Client stopped coming and could not be located
5.	Service provider terminated client
6.	Referred to another provider
7.	CalWORKs eligibility for MH supportive services ended because client left CalWORKs voluntarily
8.	CalWORKs eligibility for MH supportive services ended because client was sanctioned by CalWORKs
9.	Client was discharged because of being determined not eligible for CalWORKs funded services due to being on General Relief or SSI or some other benefit.
10.	Other or not known

**Comments:**

**9. Please describe the client's *capacity* to work at the time of the last visit. Please take into account work skills, attitudes and beliefs, available supports (friends, family, child care, transportation), and impairment due to symptoms. (Circle one of the numbers.)**

- 1. VERY GOOD
- 2. GOOD
- 3. OK
- 4. POOR
- 5. VERY POOR
- 6. CAN'T JUDGE

**10. Please describe the client's progress toward economic independence at the time of the last visit. (Circle YES, NO or DK for each. DK means "Do not know")**

YES NO DK Client was employed. HOURS PER WEEK: \_\_\_\_\_

YES NO DK Client attended school. HOURS PER WEEK: \_\_\_\_\_

YES NO DK Client in vocational program.  
HOURS PER WEEK: \_\_\_\_\_

YES NO DK Client looking for work.

YES NO DK Client still received CalWORKs cash aid.

YES NO DK Only client's children received CalWORKs cash aid.

YES NO DK Client has applied for SSI.

YES NO DK Client receives SSI or other entitlement (eg. VA)

**Comments:**

**11. Please describe the client's ability to meet the needs of her/his children at the time of the last visit. (Circle one of the numbers.)**

1.       VERY HIGH       Client fully meeting the emotional and physical needs of the children in the family. S/he provides consistent and nurturing care.
2.       GOOD             Client is meeting children's basic needs for safety, medical care, housing, food, clothing and emotional care most of the time. S/he may feel overwhelmed, but is coping with demands of parenting.
3.       INCON-  
SISTENT             Client's parental care is inconsistent. Children's basic needs are not met on a consistent basis. Parent frequently feels overwhelmed and may show poor judgment.
4.       DEFICIENT       Client has severely diminished parenting abilities. Children's basic needs are not being met, resulting in high-risk conditions.
5.       UNSAFE            Client's behavior/situation threatened the safety of the children so a CPS report was made OR client already had child removed from home by CPS.
6.       CAN'T  
JUDGE                Not enough information to judge reliably.

12. Please circle number that best reflects the client’s change in these areas during the course of treatment. If the area was not a problem at the beginning of services circle “Not Applicable.”

DOMAIN	STRONG POSITIVE CHANGE	SOME POSITIVE CHANGE	NO CHANGE	NEGATIVE CHANGE	NOT APPLICABLE	CAN'T JUDGE
Capacity to look for find, or retain a job	1	2	3	4	5	6
Parenting ability	1	2	3	4	5	6
Ability to manage daily life tasks	1	2	3	4	5	6
Mental health/ emotional problems	1	2	3	4	5	6
Domestic violence situation	1	2	3	4	5	6
Substance abuse problems	1	2	3	4	5	6

**13. What else is important for us to know about this client's relationship to CalWORKs?**

***Thank you very much for your help!***

Program Number: \_\_\_\_\_

***What Do You Think About Your  
Services Here?***

**Los Angeles County**

**Alcohol and Drug Program Administration**

Please participate in this study of substance abuse programs. Please answer these questions then seal the form in the envelope and turn it in to the agency staff person who gave it to you. **DO NOT PUT YOUR NAME ON THIS FORM.**

Thank you very much! 😊

**1. Just to be sure: Do you or your children (or both of you) get a check through the CalWORKs program? (Please circle the letter of the one best answer.)**

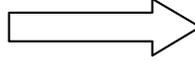
- A. I get money from the CalWORKs program for both my children and myself.  
*(Please continue to question 1.)*
- B. I get money from the CalWORKs program for my children, but not for myself.  
*(Please continue to question 1.)*
- C. I do not get any money from the CalWORKs program at the present time for either myself or my children but during the time I have been receiving services here I **did** get money.  
*(Please continue to question 1.)*
- D. During the time I have been receiving services here neither my children nor I received money from the CalWORKs program.  
*(Please return this form to the agency staff person you got it from now. We are sorry but you are not eligible to be part of this study.)*

**2. Overall, how satisfied are you with the services you have received here? (Circle one number.)**

- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat unssatisfied
- 4. Very unssatisfied

3. How long have you been receiving services at this program? *(Please circle number in front of best answer. If you circle "1" follow instructions in the box.)*

1. **Less than a month**



**IF YOU HAVE RECEIVED SERVICES LESS THAN ONE MONTH THE REST OF THE QUESTIONS DO NOT APPLY TO YOU. PLEASE RETURN THIS FORM TO THE STAFF PERSON WHO GAVE IT TO YOU**

2. **Between one month and six months**

3. **Between six months and one year**

4. **More than one year**

5. **I'm not sure**

4 **What type of services do you get here? *(Please answer YES or NO for each type of service.)***

YES NO Residential

YES NO Methadone

YES NO Outpatient

YES NO Vocational

5. Overall, have the services you get here helped you to deal with your situation or problems? *(Please circle the number in front of the best answer.)*

- 1            Helped a lot**
- 2            Helped some**
- 3            Helped only a little**
- 4            Did not help at all**
- 5            Made things worse**

6. How much have the services you have gotten here helped you with the following issues? *(Circle the number that best matches your opinion for each question.)*

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
Parenting.....	1	2	3	4
Getting along with people I am close to.....	1	2	3	4
Dealing with daily problems.....	1	2	3	4
Dealing with my substance abuse problem.....	1	2	3	4
Work related issues....	1	2	3	4

**7. How would you describe your race or ethnicity (*circle one number*):**

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| 1. Asian or Asian/American       | 5. American Indian/ Native American |
| 2. Black or African/American     | 6. Caucasian/ White                 |
| 3. Filipino or Filipino/American | 7. Other: specify below:            |
| 4. Latino                        | _____                               |

**8. What is your age in years? \_\_\_\_\_**

**9. Please circle YES or NO for each of the following questions.**

**Since you have been getting services here...**

- |     |    |  |
|-----|----|--|
| YES | NO | Were you the victim of any <u>crime</u> ?        |
| YES | NO | Was a child removed from you by Child Welfare?   |
| YES | NO | Was a child restored to you by Child Welfare?    |
| YES | NO | Were you arrested or picked up for any crime?    |
| YES | NO | Were you homeless on the street or in a shelter? |

**10. When was the last time you worked at least 35 hours a week for pay? (*Circle the number in front of the one best answer.*)**

- 1. Right now I am working for pay 35 hours a week or more**
- 2. Not now, but within the last year I worked at least 35 hours a week**
- 3. It is more than a year since I worked at least 35 hours a week**
- 4. I have never worked at least 35 hours a week**

How many hours are you working now? (Fill in number of hours—use a zero if you are not working now. If you work, fill in the pay per hour.)

11. Hours a week you work right now? \_\_\_\_\_



11a. How much are you paid per hour? \_\_\_\_\_

**12. Have you done any of these things IN THE LAST THREE MONTHS?**

*(Circle YES or NO for each.)*

- |     |    |   |
|-----|----|---|
| YES | NO | Written a resume  |
| YES | NO | Gone to job interview(s)  |
| YES | NO | Had a GAIN employment/vocational assessment   |
| YES | NO | Received work skills training such as learning to use a computer or answering the phone |
| YES | NO | Done volunteer work   |
| YES | NO | Attended a school, college or GED program   |
| YES | NO | Attended a vocational training program or trade school                                  |

13. Please think about the problems you came here for.

How many days *out of the past 30 days* were you **TOTALLY UNABLE** to work or carry out your normal activities because of these problems?

**Days out of the past 30 you were *totally unable* to work or do daily activities \_\_\_\_\_**

14. How many days *out of the past 30 days* were you able to work or carry out your normal activities but had to CUT DOWN on what you did because of these problems?

**Days out of the past 30 you had to *cut down* on work or daily activities \_\_\_\_\_**

15. Are any of these preventing you from working? (*Circle YES or NO for each.*)

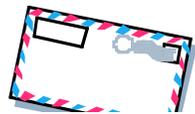
<b>YES</b>	<b>NO</b>	<b>Child care problems</b>
<b>YES</b>	<b>NO</b>	<b>Transportation problems</b>
<b>YES</b>	<b>NO</b>	<b>Not enough education</b>
<b>YES</b>	<b>NO</b>	<b>Not enough work experience</b>
<b>YES</b>	<b>NO</b>	<b>Not enough job skills</b>
<b>YES</b>	<b>NO</b>	<b>Physical health problems</b>
<b>YES</b>	<b>NO</b>	<b>Other (please describe below)</b>

- 
16. Are you exempt from work activity requirements under CalWORKs due to pregnancy, health, or caring for a disabled person? (*Exempt means you are not required to do 32 hours of work activities a week.*)

- 1. YES, I am exempt**
- 2. NO, I must do work activities**
- 3. I am not receiving money from CalWORKs right now.**
- 4. I am not sure.**

17. Please use this space to tell us anything else you want about the services you are receiving here or what you think about CalWORKs.

*Please seal this form in the envelope:*



*Thank you very much for your help!*

# **CalWORKs Substance Abuse Services**

## *Client Discharge Data From Los Angeles County Substance Abuse Providers*

**Los Angeles County**

**Alcohol and Drug Program Administration**

***SUMMARY OF CLIENT STATUS AT DISCHARGE***

The information requested is part of a study of outcomes of CalWORKs clients who receive substance abuse (SA) services. Only discharged clients who were receiving cash aid (a “30” or “35” eligibility code) sometime during the most recent treatment episode are to be rated.

**Client ID number from list of clients to be rated:** \_\_\_\_\_

**Name of program/agency):** \_\_\_\_\_

**1. Number of previous treatment episodes the client had prior to this episode—in Los Angeles County or elsewhere?**

- 1. None
- 2. One
- 3. Two
- 4. Three or more
- 5. Don't know/unsure

**2. How many children does client have (regardless of whether they live with the client)?**

\_\_\_\_\_Number

**3. During the course of services did the client have a child removed by welfare services? (*Circle one.*)**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**4. During the course of treatment did the client have a child restored to her/him?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**5. During the course of treatment was the client every homeless on the street or in a shelter?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**6. During the course of treatment, was client ever arrested or spend time in jail?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**7. During the course of treatment, was client ever the victim of a crime?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**8. What was the status of the client at the time of the most recent drug/alcohol test?**

- 1 "Dirty" result
- 2 "Clean" result
- 3 Not applicable, no tests administered
- 4. Other (specify):

**9. General description of client's problem(s). (Circle YES or NO for each.)**

YES	NO	Alcohol dependence
YES	NO	Alcohol abuse
YES	NO	Drug dependence
YES	NO	Drug abuse
YES	NO	Domestic violence
YES	NO	Depression, anxiety, panic attacks, phobias, post-traumatic stress disorder or other non-psychotic mental/emotional problems
YES	NO	Severe mental illness (schizophrenia or bipolar disorder, for example)
YES	NO	Learning disabilities.
YES	NO	Literacy problems
YES	NO	Other (specify)_____

**10. Please describe the client's service participation in scheduled outpatient services, (or scheduled in-house services if you are a residential program). (Circle one number.)**

1. VERY GOOD Client participated in all or virtually all sessions.
2. GOOD Client participated in most sessions.
3. POOR Client participated sporadically.
4. MINIMAL Client participated rarely.

11. Please *check here if client is still open due to participation in a methadone program and skip to next question*

         *Open in Methadone program*

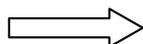
*Otherwise circle one number below explaining why client case was closed.*

1. Client and service provider agreed that service goals were met
2. Client chose to end services even though initial goals were not met
3. Client stopped coming and refused further contact
4. Client stopped coming and could not be located
5. Service provider terminated client
6. Referred to another provider
7. CalWORKs eligibility for AOD supportive services ended because client left CalWORKs voluntarily
8. CalWORKs eligibility for AOD supportive services ended because client was sanctioned by CalWORKs
9. Client was discharged because of being determined not eligible for CalWORKs funded services due to being on General Relief or SSI or some other benefit.
10. Other or not known

**Comments:**

**12. Were services here part of client's CalWORKs Welfare to Work plan? (Circle one answer.)**

- 1 Yes
- 2 No
- 3 Not sure



**If "No" please describe why.**

**13. Please describe the client's progress toward economic independence at the time of the last visit. (Circle YES, NO or DK for each. DK means "Do not know")**

- |     |    |    |   |
|-----|----|----|---|
| YES | NO | DK | Client was employed. HOURS PER WEEK: _____                |
| YES | NO | DK | Client attended school. HOURS PER WEEK: _____             |
| YES | NO | DK | Client in vocational program.<br>HOURS PER WEEK: _____    |
| YES | NO | DK | Client looking for work.                                  |
| YES | NO | DK | Client still received CalWORKs cash aid.                  |
| YES | NO | DK | Only client's children received CalWORKs cash aid.        |
| YES | NO | DK | Client has applied for SSI or other entitlement (e.g. VA) |
| YES | NO | DK | Client receives SSI or other entitlement (e.g. VA)        |

**Comments:**

**14. Please describe the client's capacity to work at the time of the last visit. Please take into account work skills, attitudes and beliefs, available supports (friends, family, child care, transportation), and impairment due to substance abuse. (Circle one of the numbers.)**

1. VERY GOOD
2. GOOD
3. OK
4. POOR
5. VERY POOR
6. CAN'T JUDGE

**15. Please describe the client's ability to meet the needs of her/his children at the time of the last visit. (Circle one of the numbers.)**

1. VERY HIGH Client fully meeting the emotional and physical needs of the children in the family. S/he provides consistent and nurturing care.
2. GOOD Client is meeting children's basic needs for safety, medical care, housing, food, clothing and emotional care most of the time. S/he may feel overwhelmed, but is coping with demands of parenting.
3. INCONSISTENT Client's parental care is inconsistent. Children's basic needs are not met on a consistent basis. Parent frequently feels overwhelmed and may show poor judgment.
4. DEFICIENT Client has severely diminished parenting abilities. Children's basic needs are not being met, resulting in high-risk conditions.
5. UNSAFE Client's behavior/situation threatened the safety of the children so a CPS report was made OR client already had child removed from home by CPS.
6. CAN'T JUDGE Not enough information to judge reliably.

**16. Please circle number that best reflects the client's change in these areas during the course of treatment. If the area was not a problem at the beginning of services circle "Not Applicable."**

DOMAIN	STRONG POSITIVE CHANGE	SOME POSITIVE CHANGE	No CHANGE	NEGATIVE CHANGE	NOT APPLICABLE	CAN'T JUDGE
Capacity to look for find, or retain a job	1	2	3	4	5	6
Parenting ability	1	2	3	4	5	6
Ability to manage daily life tasks	1	2	3	4	5	6
Mental health/ emotional problems	1	2	3	4	5	6
Substance abuse problems	1	2	3	4	5	6

**17. What else is important for us to know about this client's relationship to CalWORKs?**

*Thank you very much for your help!*

Program Number: \_\_\_\_\_

***What Do You Think About Your  
Domestic Violence Services?***

**Los Angeles County  
Department of Community and Senior Services**

**SHELTER RESIDENTS**

Please participate in this study of domestic violence agencies in Los Angeles County. Please answer these questions then seal the form in the envelope and turn it in to the agency staff person who gave this form to. **DO NOT PUT YOUR NAME ON THIS FORM.**

Thank you very much! 😊

**1. Just to be sure: Do you or your children (or both of you) get a check through the CalWORKs program? (Please circle the letter of the one best answer.)**

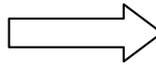
- A. I get money from the CalWORKs program for both my children and myself.  
*(Please continue to question 1.)*
- B. I get money from the CalWORKs program for my children, but not for myself.  
*(Please continue to question 1.)*
- C. I do not get any money from the CalWORKs program at the present time for either myself or my children but during the time I have been receiving services here I did get money.  
*(Please continue to question 1.)*
- D. During the time I have been receiving services here neither my children nor I received money from the CalWORKs program.  
*(If you chose "D," please return this form to the agency staff person you got it from now. We are sorry but you are not eligible to be part of this study.)*

2. Overall, how satisfied are you with the services you have received here?  
(Circle one.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat unsatisfied
4. Very unsatisfied

3. How long have you been receiving services at this program? (Please circle the number in front of the best answer. If you circle number "1" please read the instructions in the box on the right.)

1. Less than two weeks



**IF YOU HAVE RECEIVED SERVICES HERE FOR LESS THAN TWO WEEKS THE REST OF THE QUESTIONS DO NOT APPLY TO YOU. PLEASE RETURN THIS FORM TO THE STAFF PERSON WHO GAVE IT TO YOU. THANK YOU VERY**

2. Between two weeks and one month
3. Between one month and six months
4. More than six months
- 5 I'm not sure

4. Have the services you get here helped you to deal with your domestic violence situation? *(Please circle the number in front of the best answer.)*

- 1. **Helped a lot**
- 2. **Helped some**
- 3. **Helped only a little**
- 4. **Did not help at all**
- 5. **Made things worse**

5. *Please circle YES or NO for each of the following questions.*

**During the time you have been getting services here...**

YES            NO        Was a child removed from you by Child Welfare?

YES            NO        Was a child restored to you by Child Welfare?

6. **How much have the services you have gotten here helped you with the following issues? *(Circle the number that best matches your opinion for each area.)***

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
Parenting.....	1	2	3	4
Understanding domestic violence .....	1	2	3	4
Understanding your choices with regard to your domestic violence situation .....	1	2	3	4
Safety.....	1	2	3	4
Welfare to work activities.....	1	2	3	4
Activities of daily living	1	2	3	4

**7 How much did your domestic violence situation contribute to your decision to apply for welfare?**

1. My domestic violence situation was the main reason I applied for welfare.
2. My domestic violence situation was part of the reason I applied for welfare
3. My domestic violence situation had nothing to do with my applying for welfare

**8. How would you describe your race or ethnicity (*circle one number*):**

- |                     |                    |
|---------------------|--------------------|
| 1. African American | ➤ Serbian          |
| 2. Caucasian        | ➤ Albanian         |
| 3. Native American  | ➤ Afghani          |
| 4. Mexican American | ➤ Pacific Islander |
| 5. Central American | ➤ Asian, Japanese  |
| 6. South American   | ➤ Asian, Chinese   |
| 7. Middle Eastern   | ➤ Asian, Korean    |
| 8. Russian          | ➤ Asian, Cambodian |
| 9. Indian (South)   | ➤ Other _____      |

**9. What is your age in years?    \_\_\_    \_\_\_**

10. When was the last time you worked at least 35 hours a week for pay? (*Circle the number in front of the one best answer.*)

1. **Right now I am working for pay 35 hours a week or more**
2. **Not now, but within the last year I worked at least 35 hours a week**
3. **It is more than a year since I worked at least 35 hours a week**
4. **I have never worked at least 35 hours a week**

How many hours are you working now? (*Fill in number of hours—use a zero if you are not working now. If you work, fill in the pay per hour.*)

11. Hours a week you work? \_\_\_\_\_



11a. How much are you paid per hour? \_\_\_\_\_

**12. Have you done any of these things IN THE LAST THREE MONTHS?**

*(Circle YES or NO for each.)*

- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | <b>Written a resume</b>  |
| <b>YES</b> | <b>NO</b> | <b>Gone to job interview(s)</b>  |
| <b>YES</b> | <b>NO</b> | <b>Had a GAIN employment/vocational assessment</b>   |
| <b>YES</b> | <b>NO</b> | <b>Received work skills training such as learning to a computer or answering the phone</b> |
| <b>YES</b> | <b>NO</b> | <b>Done volunteer work</b>   |
| <b>YES</b> | <b>NO</b> | <b>Attended a school, college or GED program</b>   |
| <b>YES</b> | <b>NO</b> | <b>Attended a vocational training program or trade school</b>                              |

13. Please think about the reasons you came here.

How many days *out of the past 30 days* were you **TOTALLY UNABLE** to work or carry out your normal activities because of these reasons?

**Days out of the past 30 you were *totally unable* to work  
or do daily activities \_\_\_\_\_**

14. How many days *out of the past 30 days* were you able to work or carry out your normal activities but had to **CUT DOWN** on what you did because of these reasons?

**Days out of the past 30 you had to *cut down*  
on work or daily activities \_\_\_\_\_**

15. Are any of these preventing you from working? (*Circle YES or NO for each.*)

<b>YES</b>	<b>NO</b>	<b>Child care problems</b>
<b>YES</b>	<b>NO</b>	<b>Transportation problems</b>
<b>YES</b>	<b>NO</b>	<b>Not enough education</b>
<b>YES</b>	<b>NO</b>	<b>Not enough work experience</b>
<b>YES</b>	<b>NO</b>	<b>Not enough job skills</b>
<b>YES</b>	<b>NO</b>	<b>Physical health problems</b>
<b>YES</b>	<b>NO</b>	<b>Other (please describe below)</b>

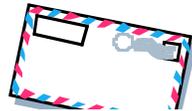
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16. Are you exempt from having to do 32 hours a week of work activities under CalWORKs because of your domestic violence situation, pregnancy, health, caring for a disabled person or other reasons?

1. **YES, I am exempt**
2. **NO, I must do work activities**
3. **I am not receiving money from CalWORKs right now.**
4. **I'm not sure**

17. Please use this space to tell us anything else you want about the services you are receiving here and your experiences with the CalWORKs program.

***Please seal this form in the envelope:***



***Thank you very much for your help!***

Program Number: \_\_\_\_\_

***What Do You Think About Your  
Domestic Violence Services?***

**Los Angeles County**

**Department of Community and Senior Services**

Please participate in this study of domestic violence agencies in Los Angeles County. Please answer these questions then seal the form in the envelope and turn it in to the agency staff person who gave this form to. **DO NOT PUT YOUR NAME ON THIS FORM.**

Thank you very much! 😊

**1. Just to be sure: Do you or your children (or both of you) get a check through the CalWORKs program? (Please circle the letter of the one best answer.)**

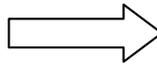
- A. I get money from the CalWORKs program for both my children and myself.  
*(Please continue to question 1.)*
- B. I get money from the CalWORKs program for my children, but not for myself.  
*(Please continue to question 1.)*
- C. I do not get any money from the CalWORKs program at the present time for either myself or my children but during the time I have been receiving services here I **did** get money.  
*(Please continue to question 1.)*
- D. During the time I have been receiving services here neither my children nor I received money from the CalWORKs program.  
*(If “D” is your answer, please return this form to the agency staff person you got it from now. We are sorry but you are not eligible to be part of this study.)*

2. Overall, how satisfied are you with the services you have received here?  
(Circle one.)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat unssatisfied
4. Very unssatisfied

3. How many times have you come to this program? (Please circle the number in front of the best answer. If you circle number "1" please read the instructions in the box on the right.)

1. **Four times or less**



**IF YOU HAVE COME HERE  
FOUR TIMES OR LESS THE REST  
OF THE QUESTIONS DO NOT  
APPLY TO YOU. PLEASE  
RETURN THIS FORM TO THE  
STAFF PERSON WHO GAVE IT  
TO YOU. THANK YOU VERY**

2. **5 to 10 times**
3. **More than 10 times**
5. **I'm not sure**

4. Have the services you get here helped you to deal with your domestic violence situation? *(Please circle the number in front of the best answer.)*

- 1. **Helped a lot**
- 2. **Helped some**
- 3. **Helped only a little**
- 4. **Did not help at all**
- 5. **Made things worse**

5. *Please circle YES or NO for each of the following questions.*

**During the time you have been getting services here...**

YES            NO        Was a child removed from you by Child Welfare?

YES            NO        Was a child restored to you by Child Welfare?

6. **How much have the services you have gotten here helped you with the following issues? *(Circle the number that best matches your opinion for each area.)***

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
Parenting.....	1	2	3	4
Understanding domestic violence .....	1	2	3	4
Understanding your choices with regard to your domestic violence situation.....	1	2	3	4
Safety.....	1	2	3	4
Welfare to work activities.....	1	2	3	4
Activities of daily living	1	2	3	4

**7 How much did your domestic violence situation contribute to your decision to apply for welfare?**

1. My domestic violence situation was the main reason I applied for welfare
2. My domestic violence situation was part of the reason I applied for welfare
3. My domestic violence situation had nothing to do with my applying for welfare

**8. How would you describe your race or ethnicity (*circle one number*):**

- |                     |                    |
|---------------------|--------------------|
| 1. African American | ➤ Serbian          |
| 2. Caucasian        | ➤ Albanian         |
| 3. Native American  | ➤ Afghani          |
| 4. Mexican American | ➤ Pacific Islander |
| 5. Central American | ➤ Asian, Japanese  |
| 6. South American   | ➤ Asian, Chinese   |
| 7. Middle Eastern   | ➤ Asian, Korean    |
| 8. Russian          | ➤ Asian, Cambodian |
| 9. Indian (South)   | ➤ Other _____      |

**9. What is your age in years? \_\_\_\_ \_\_\_\_**

**10. When was the last time you worked at least 35 hours a week for pay? (*Circle the number in front of the one best answer.*)**

- 1. Right now I am working for pay 35 hours a week or more**
- 2. Not now, but within the last year I worked at least 35 hours a week**
- 3. It is more than a year since I worked at least 35 hours a week**
- 4. I have never worked at least 35 hours a week**

How many hours are you working now? (Fill in number of hours—use a zero if you are not working now. If you work, fill in the pay per hour.)

11. Hours a week you work? \_\_\_\_\_



11a. How much are you paid per hour? \_\_\_\_\_

**12. Have you done any of these things IN THE LAST THREE MONTHS?**

*(Circle YES or NO for each.)*

<b>YES</b>	<b>NO</b>	<b>Written a resume</b>
<b>YES</b>	<b>NO</b>	<b>Gone to job interview(s)</b>
<b>YES</b>	<b>NO</b>	<b>Had a GAIN employment/vocational assessment</b>
<b>YES</b>	<b>NO</b>	<b>Received work skills training such as learning to use a computer or answering the phone</b>
<b>YES</b>	<b>NO</b>	<b>Done volunteer work</b>
<b>YES</b>	<b>NO</b>	<b>Attended a school, college or GED program</b>
<b>YES</b>	<b>NO</b>	<b>Attended a vocational training program or trade school</b>

13. Please think about the reasons you came here.

How many days *out of the past 30 days* were you **TOTALLY UNABLE** to work or carry out your normal activities because of these reasons?

**Days out of the past 30 you were *totally unable* to work or do daily activities \_\_\_\_\_**

14. How many days *out of the past 30 days* were you able to work or carry out your normal activities but had to CUT DOWN on what you did because of these reasons?

**Days out of the past 30 you had to *cut down* on work or daily activities \_\_\_\_\_**

15. Are any of these preventing you from working? (Circle YES or NO for each.)

<b>YES</b>	<b>NO</b>	<b>Child care problems</b>
<b>YES</b>	<b>NO</b>	<b>Transportation problems</b>
<b>YES</b>	<b>NO</b>	<b>Not enough education</b>
<b>YES</b>	<b>NO</b>	<b>Not enough work experience</b>
<b>YES</b>	<b>NO</b>	<b>Not enough job skills</b>
<b>YES</b>	<b>NO</b>	<b>Physical health problems</b>
<b>YES</b>	<b>NO</b>	<b>Other (please describe below)</b>

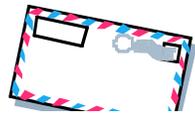
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16. Are you exempt from having to do 32 hours a week of work activities under CalWORKs because of your domestic violence situation, pregnancy, health, caring for a disabled person or other reasons?

- 1. YES, I am exempt**
- 2. NO, I must do work activities**
- 3. I am not receiving money from CalWORKs right now.**
- 4. I'm not sure**

17. Please use this space tell us anything else you want about the services you are receiving here and your experiences with the CalWORKs program.

*Please seal this form in the envelope:*



*Thank you very much for your help!*

*CalWORKs*

*Domestic Violence Services*

*Summary of Client Closed Case*

**Los Angeles County**

**Department of Community and Senior Services**

***SUMMARY OF CLIENT STATUS AT DISCHARGE***

The information requested is part of a study of outcomes of CalWORKs clients who receive DV services. Only closed clients who were receiving cash aid sometime during the most recent services you provided are to be rated.

This form is to be filled out by the staff person with most knowledge about the client's situation in relationship to the client's CalWORKs participation.

**Client ID from list of clients to be sampled:** \_\_\_\_\_

**Name of program:** \_\_\_\_\_

**1. Date services began:**

Year \_\_\_\_\_ Month \_\_\_\_\_

**2. Most recent date client received a service:**

YEAR \_\_\_\_\_ MONTH \_\_\_\_\_

**3. Client Date of Birth:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**4. What is client's education? (Circle one)**

1. Less than high school
2. High school diploma or GED
3. Some college
4. Completed college

**5. Client race/ethnicity (circle one number):**

- |                     |                    |
|---------------------|--------------------|
| 1. African American | ➤ Serbian          |
| 2. Caucasian        | ➤ Albanian         |
| 3. Native American  | ➤ Afghani          |
| 4. Mexican American | ➤ Pacific Islander |
| 5. Central American | ➤ Asian, Japanese  |
| 6. South American   | ➤ Asian, Chinese   |
| 7. Middle Eastern   | ➤ Asian, Korean    |
| 8. Russian          | ➤ Asian, Cambodian |
| 9. Indian (South)   | ➤ Other            |

**6. How many children does client have (regardless of whether they live with the client)?**

\_\_\_\_\_ Number

**7. Had this client ever received DV services prior to these services—in Los Angeles County or elsewhere?**

- |   |          |
|---|----------|
| 1 | YES      |
| 2 | NO       |
| 3 | NOT SURE |

**8. Please circle the number that best reflects the change in the client’s total circumstances in these areas during the course of services even though this can be affected by factors outside your or the client’s control, such as the behavior of the abuser. If the area was not a problem at the beginning of services circle “Not Applicable.”**

<b>DOMAIN</b>	<b>STRONG POSITIVE CHANGE</b>	<b>SOME POSITIVE CHANGE</b>	<b>NO CHANGE</b>	<b>NEGATIVE CHANGE</b>	<b>NOT APPLICABLE</b>	<b>CAN'T JUDGE</b>
Client’s safety and freedom from physical abuse	1	2	3	4	5	6
Client’s freedom from emotional abuse	1	2	3	4	5	6
Client’s freedom from harassment or stalking	1	2	3	4	5	6
Client’s understanding of all options in regard to the abuse	1	2	3	4	5	6
Client’s ability to manage daily life tasks	1	2	3	4	5	6
Client’s capacity to look for, find, or retain a job	1	2	3	4	5	6
Client’s mental health status	1	2	3	4	5	6
Client’s problems with alcohol or drugs	1	2	3	4	5	6

**9. Please describe the client's capacity to work at the time of the last visit. Please take into account work skills, attitudes and beliefs, available supports (friends, family, child care, transportation), and domestic violence situation. (Circle one of the numbers.)**

1. VERY GOOD
2. GOOD
3. OK
4. POOR
5. VERY POOR
6. CAN'T JUDGE

**10. Please describe the reason for termination of services.**

- 1 Client and service provider agreed that service goals were met
- 2 Client chose to end services even though initial goals were not met
- 3 Client stopped coming with no notice
4. Service provider terminated client
5. Referred to another provider
6. CalWORKs eligibility for DV supportive services ended because client left CalWORKs voluntarily
7. CalWORKs eligibility for DV supportive services ended because client was sanctioned by CalWORKs
8. Client was discharged because of being determined not eligible for CalWORKs funded services due to being on General Relief or SSI or some other benefit.
9. Other or not known

**11. Please describe the client's progress toward economic independence at the time of the last service you provided. . (Circle YES, NO or DK for each. DK means "Do not know")**

- |     |    |    |  |
|-----|----|----|--|
| YES | NO | DK | Client was employed. HOURS PER WEEK: _____                   |
| YES | NO | DK | Client attended school. HOURS PER WEEK: _____                |
| YES | NO | DK | Client in vocational program.<br>HOURS PER WEEK: _____       |
| YES | NO | DK | Client looking for work.                                     |
| YES | NO | DK | Client still received CalWORKs cash aid.                     |
| YES | NO | DK | Only client's children received CalWORKs cash aid.           |
| YES | NO | DK | Client was exempt from CalWORKs welfare-to-work requirements |

**Comments:**

**12. During the course of services did the client have a child removed by welfare services?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**13. During the course of services did the client have a child restored to her?**

- 1 Yes
- 2 No
- 3 Don't know or not sure

**14. Please describe the client's ability to meet the needs of her children at the time of the last service provided by this program. (Circle one of the numbers.)**

- 1. VERY HIGH Client fully meeting the emotional and physical needs of the children in the family. S/he provides consistent and nurturing care.
- 2. GOOD Client is meeting children's basic needs for safety, medical care, housing, food, clothing and emotional care most of the time. S/he may feel overwhelmed, but is coping with demands of parenting.
- 3. INCON-SISTENT Client's parental care is inconsistent. Children's basic needs are not met on a consistent basis. Parent frequently feels overwhelmed and may show poor judgment.
- 4. DEFICIENT Client has severely diminished parenting abilities. Children's basic needs are not being met, resulting in high-risk conditions.
- 5. UNSAFE Client's behavior/situation threatened the safety of the children so a CPS report was made OR client already had child removed from home by CPS.
- 6. CAN'T JUDGE Not enough information to judge reliably.

**15. What else is important for us to know about this client's relationship to CalWORKs?**

***Thank you very much for your help!***

## DPSS DATA COLLECTION FORM

Arbitrary Case Identifier: \_\_\_\_\_

### FROM MGRG SCREEN

**Q.1** Date cash aid began: \_\_\_\_\_

**Q.2** Is client still receiving cash aid (Elig status 0 or 1)

1. YES

2. NO



If NO, deregistration *date*: \_\_\_\_\_



If NO, deregistration *code*: \_\_\_\_\_

**NOTE:**

**FOR ALL REMAINING QUESTIONS, RESPOND WITH CURRENT STATUS IF CLIENT STILL RECEIVING CASH AID AND WITH MOST RECENT STATUS IF NOT.**

**Q.3** Is/was client exempt?

1. NO

2. YES ——— If YES, Exempt code: \_\_\_\_\_

**FROM IPCA SCREEN**

**Q.4. Current/most recent hours of participation: \_\_\_\_\_**

**Q.5. What welfare-to-work activities are/were in this client's current or most recent Welfare to Work Plan? (Circle YES or NO for each.)**

- |     |    |                                     |
|-----|----|-------------------------------------|
| YES | NO | Training                            |
| YES | NO | School program                      |
| YES | NO | Job search                          |
| YES | NO | Volunteer work or community service |
| YES | NO | Mental health services              |
| YES | NO | Substance abuse services            |
| YES | NO | Domestic violence services          |
| YES | NO | Working for pay                     |
| YES | NO | Other                               |

**IF CLIENT CURRENTLY/MOST RECENTLY WORKED FOR PAY, PLEASE GO TO **MCAT** SCREEN AND SPECIFY NUMBER OF HOURS:**

**HOURS OF WORK PER WEEK = \_\_\_\_\_**

*Thank you very much for your help!*