



Outcomes

of CalWORKs Supportive Services in Los Angeles County Policy Implications

What are CalWORKs Supportive Services?

California has designated CalWORKs funds to be used for the provision of mental health (MH) and substance abuse (SA) services for CalWORKs participants. In addition, Los Angeles County has designated CalWORKs funds for domestic violence (DV) services. In Los Angeles County these three services are called collectively *supportive services*. This document summarizes findings contained in a January 2005 California Institute for Mental Health report of the same name.¹

Access

About 8% of all CalWORKs Welfare-to-Work participants had at least one of these three supportive services in their welfare-to-work plans in FY 2003/2004. A sample of current participants was surveyed for this study. Between 50% and 75% of current service clients were first-time service recipients. The percentage of first-time mental health clients among the Asian-Pacific Islander and Latino populations was particularly high. This finding suggests that offering these services through CalWORKs has opened a new and effective mechanism for reaching individuals with significant needs for these services.

¹ The full report is available at www.cimh.org/calworks

² This data comes from the Los Angeles Department of Public Social Services and was not available for substance abuse. Staff reported 16% of substance abuse clients were working at time of last treatment contact.

Engagement of clients

One of the greatest challenges for supportive service agencies is engaging and retaining clients. Although client satisfaction is high (over 75% are very satisfied), survey and administrative data sources suggest that approximately 20% of service episodes for mental health and domestic violence have been completed as planned; completion of substance abuse services is in the range of 30%. While most current clients find services convenient in terms of time and location, some—between 13% and 25%—report difficulty.

Service Outcomes

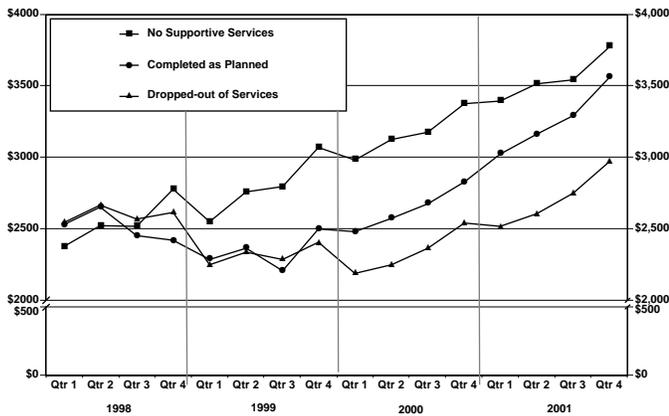
Virtually all current clients—89% for MH, and 97% for SA and DV—report receiving “a lot” or “some” help for their primary problems. Staff also report that most discharged clients show positive change in their primary problems. Positive change was greater for those who were in services longer and for those who completed services. Clients and staff also described positive change in parenting and handling tasks of daily life.

Work-Related Outcomes

Clients currently receiving supportive services. Approximately two-thirds of the clients receiving supportive services participated concurrently in other Welfare-to-Work activities such as education or job search (64% for mental health, 81% for domestic violence, and 75% for substance abuse clients).

Clients who have had a supportive service in the past. Survey and administrative data from 2004 allow us to profile those whose supportive service ended, whether or not completed as planned. Slightly over 20% of the MH and DV clients² were

Figure 1: Quarterly earnings 1998-2001, if earned in any quarter, by supportive services status



working in the month their supportive services ended. Clients who completed their supportive services episodes were more likely to be working than those who did not. The earnings of the clients who worked, however, would generally not be sufficient to support a family. In the month of termination, only 30-40% of those working made \$900 a month or more, and less than 10% made over \$1,500 a month.

Former participants. Earnings information on CalWORKs participants in the years 1998-2001 was reanalyzed for this study.³

- Participants who were referred for supportive services were, as a group, less likely to work than those who were not referred. In the last quarter of 2001, 47% worked if they had not been referred, compared to 27% if they had been referred to a supportive service.

- However, 36% of those referred who actually completed service episodes were working in the last quarter of the study period.

- And if working, those who completed services earned nearly as much as those never referred. Figure 1 shows the pattern over time for average earnings in the 16 quarters for which we have data.

Policy Implications

While the supportive services system has done a good job of increasing access to services, particularly with certain subpopulations, the three supportive service departments as well as DPSS have a responsibility to continually review their approaches to identifying CalWORKs participants with MH/SA/DV needs to ensure they are reaching as many individuals as possible.

Engagement and retention are critical. Findings make it clear that clients who remain in treatment longer and/or complete treatment as planned do better on virtually all outcomes. Programs need to do more to make services available, accessible, convenient, and appropriate in order to better fulfill clients' needs and make it easier and more likely for them to remain in treatment.

Positive clinical and employment outcomes validate the importance of continuing to support and encourage the provision of supportive services under CalWORKs. Participants who receive supportive services show improvement in the quality of their lives, their parenting abilities, and in their ability to find and retain employment and move toward self-sufficiency.

³ In 2003, the Los Angeles Economic Roundtable published *Prisoners of Hope*, an extensive analysis of welfare reform outcomes using a combination of data obtained from DPSS and from the state Unemployment Insurance system. [Burns, P., Drayse, M., Flaming, D., & Haydamack, B. (2003). *Prisoners of Hope: Welfare-to-Work in Los Angeles*. Los Angeles: The Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, California 90015, www.economicrt.org.] CIMH subcontracted with the Economic Roundtable to generate detailed tables on MH, SA, and DV service participants using the 1998-2001 data on which their report is based.



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