



CHAPTER IV: CLIENT CHARACTERISTICS AND THE IMPACT OF AOD/MH/DV SERVICES

This chapter discusses the level of services provided compared with estimates of services needed; presents information on the characteristics of CalWORKs participants receiving AOD, MH, and DV services; and examines the effectiveness of AOD/MH/DV services in the study counties. We also discuss varying views of the coordination between CalWORKs staff and AOD/MH/DV service providers.

Sources of Information

The data to exhaustively address these issues is not yet available for the State as a whole. Thus, our six-county study provides much of the information used to examine the topics of CalWORKs client characteristics, prevalence of AOD/MH/DV issues, and effectiveness of services as delivered to CalWORKs participants. The three data sources are:

County AOD and MH management information systems (MIS) – The data include information about the clients and services that were funded by CalWORKs, as well as those CalWORKs recipients who were funded through other sources. We have reviewed the information in relationship to available state data and for internal consistency, but have not conducted any extensive edits of the information. We have included data only for those counties and in those sections where the Project staff and the particular county officials believe the data are reliable.

The provider survey of the sample of AOD, MH, and DV clients who were discharged from services¹ – The sample for this survey includes 231 clients in AOD programs, 163 clients in MH programs, and 74 clients in DV programs. As described in more detail in **Appendix A**, this sample comes from four counties for AOD and MH (Kern, Los Angeles, Shasta, and Stanislaus) and from two counties for DV (Los Angeles and Stanislaus). This survey provides information about clients that is not available from the MIS data and thus is used to supplement the MIS information.

The survey sample of 593 clients currently receiving AOD, MH, and DV services – Survey forms were distributed to current clients of AOD, MH, and DV providers in four of the six counties (Kern, Los Angeles, Shasta, and Stanislaus). An effort was made to construct the sample within each county to include clients from all or most of the larger service providers. The sample included clients who were receiving CalWORKs cash assistance whether or not they were a part of the county's "official" AOD/MH/DV CalWORKs program, i.e. whether or not they had been referred from CalWORKs, whether or not the CalWORKs program even knew that they were

¹ The AOD sample includes some clients who are receiving methadone maintenance services and therefore have not been discharged from services.



receiving services, and whether or not their services were being paid for from the AOD or MH allocations. Completion rates ranged from 50 to 97 percent.

Numbers of CalWORKs Participants Receiving Services for AOD/MH/DV Issues

Issues in Estimating CalWORKs Participants in Need of AOD/MH/DV Services

To achieve an accurate enumeration of CalWORKs participants who are receiving AOD/MH/DV services, and in order to make reliable estimates of the potential needs for such services among the CalWORKs population, several elements of the associated phenomena must be understood. These elements include:

- **Prevalence** – Is prevalence higher in the CalWORKs population than overall? Is the prevalence different for persons who have received aid longer? Does the prevalence vary substantially by county? How much overlap is there between persons with AOD and DV and MH issues? Each of these factors bears on whether an appropriate number of clients with AOD/MH/DV issues is being served. None of them is well understood.
- **Severity** – Prevalence figures vary widely depending on how severe a problem must be to constitute a “case.” However, even mild problems might constitute a barrier. For example, given widespread drug testing by employers, even non-dependent marijuana use could be a barrier to employment.
- **Interdependence with other barriers** – Several studies have shown that AOD/MH/DV issues may occur in conjunction with each other or with other barriers such as poor health, lack of a high school degree, and learning disabilities. Since it may be the *combination* of factors that constitutes a barrier, prevalence itself may not tell the whole story.
- **Issues of cause** – We usually assume AOD or MH problems contribute to welfare use. However, there is some evidence that depression is a concomitant of receipt of welfare, and lifts when women are enrolled in training or get a job. In the former case, treatment is needed; in the latter, a job.
- **Interference with job performance** – National studies have shown that 5 percent of the workforce has used illicit drugs in the past year, and one percent are dependent on them. Other studies show that 70 percent of drug users are employed. In the general population, only about 25 percent of persons with a mental health or substance abuse diagnosis receive treatment. The relationship of AOD/MH/DV issues to employment is complex.



- *Use of services* – Clearly not all those in need of services seek them out, or accept them even if needed. All three issues – AOD, MH, and DV – are to some extent stigmatizing for those who acknowledge their existence and seek services for them. And some persons, particularly those with AOD issues, may deny their existence and therefore not accept offered services. What impact requiring AOD services as a part of a WTW Plan has on the use of services is an unknown factor, i.e. we do not know how many participants will accept services as opposed to accepting a sanction.

Because the research needed to clarify many of the above questions in the CalWORKs context is only beginning to be published, county programs have had to proceed using their own best judgment. One of the factors that they have used was the initial State estimates of need and service use.

State-level Estimates of the Need for AOD/MH/DV Services among CalWORKs Population

The legislation that established a separate allocation for CalWORKs participants with AOD/MH/DV barriers was based on estimates from State and county agencies. These estimates are presented to provide a context for the data from the six counties on the numbers of CalWORKs participants actually served.

The AOD estimates used for the statewide allocation assumed that 20 percent of the CalWORKs participants had a need for services, and that 30 percent of that group would actually receive services. This results in an overall estimated use rate of 6 percent.

The MH estimates used for the statewide allocation were based on prevalence figures from the Epidemiological Catchment Area (ECA) and other studies. It assumed an overall prevalence of 22.1 percent of the adult population having a diagnosable mental disorder. The MH estimate assumed that all those with diagnosable mental disorders would receive services – although as noted above, not all of the disorders would necessarily pose a barrier to work, and only about a quarter of those with diagnosable disorders in the general population receive treatment.

There was no state-level estimate for DV since there was no State allocation. Los Angeles provided substantial funding for DV programs for the CalWORKs population. The county based its funding level on an assumption that 10 percent of the TANF population would receive DV services.



Estimates of Need in Alameda County

A preliminary report of research findings from a 1999 study² on AOD and MH prevalence in Alameda County suggests that the possible range of “need for treatment” and “potential barrier” is broad, depending on the definition chosen. The following figures are based on structured interviews with CalWORKs recipients:

- ***Alcohol and other drugs*** – Depending on the definition, for between 4 and 12 percent of the Alameda sample (current recipients, not new applicants) alcohol was found to be a “potential barrier” to employment. For illicit drugs this amount was 7 to 12 percent. However, only 4.2 percent said that they had been in need of help with AOD in the past 12 months and only 2.1 percent said they currently needed treatment.
- ***Mental health*** – The overall rate of mental health as a “potential barrier” was 21 percent, which included the 2.1 percent who are currently prescribed psychiatric medicines (which they do not take) and 16.4 percent who said they had been in need of help with mental or emotional problems in the last 12 months.
- ***Domestic violence*** – There were several family violence indicators, including the 2.1 percent who said they currently needed family violence counseling and the 10.9 percent who said they had “ever” received such counseling. In sum, the indicators were construed by the researchers to indicate a range of 17 to 24 percent who had a “potential barrier” to employment due to domestic violence.

Overlap between AOD, MH, and DV was not described in the preliminary report nor were differences between those in the Welfare-to-Work program and those who expected to collect benefits only for their children (29 percent).

These preliminary findings illustrate two points: a) there is a range in the possible definitions of what constitutes “need for treatment” or a “barrier to employment,” and the different definitions can lead to very different estimates; and b) the recipient’s view of need may be lower than even the narrowest professional definition of need. If we use the participants’ definition, then we would expect AOD and DV services to be *accepted* by around two percent for each group (disregarding any potential overlap). An equivalent figure is not available for mental health. The high end of the range for all three issues indicates, however, that attentive employment counselors and eligibility workers could potentially refer over twenty percent for assessment of behaviors that might constitute barriers, even though we might not expect all of these to wind up actually using services.

² Speigelman, R., Fujiwara, L., Norris, J., & Green, R. S. *Alameda County CalWORKs Needs Assessment: A Look at Potential Health-Related Barriers to Self-sufficiency*. Berkeley, California: Public Health Institute, 1999.



Estimates of AOD/MH/DV Issues by Employment Counselors

Employment counselors were asked in the survey what percentage of their caseload they thought had AOD, MH, or DV issues, and what percentage had services for these issues as part of their Welfare-to-Work Plans. The table below shows statistics summarizing employment counselor estimates. The range is very wide (1 to 100 percent for each category). The median is a more accurate representation since the mean (average) is skewed by a relatively few very high estimates. The last two columns are the 75th and 90th percentiles.

The estimates are highest for AOD issues. The median estimate for AOD problems was 10 percent, for MH problems 6.5 percent and for DV issues 5 percent. For AOD, 75 percent of the estimates are below 25 percent. For mental health, 75 percent of the estimates are below 15 percent. For domestic violence, 75 percent of the estimates are below 10 percent.

Employment counselors do not think that all those with AOD/MH/DV barriers to employment are being served. In each case, the estimates of those whose problems have been identified and services built into the Welfare-to-Work Plan are considerably lower than the estimates of participants who have AOD/MH/DV issues that are barriers to employment, that are still not being addressed.

The median percentages varied by county. In general, the larger counties tend to estimate much lower percentages of participants with barriers than do those in smaller counties.

Employment Counselor Estimates of AOD/MH/DV-Affected Participants

Variable	Number Responding	Median	Upper 75th Percentile	Upper 90th Percentile
Percent MH problems in caseload	288	6%	15%	30%
Percent MH service in W-to-W Plan	259	3%	10%	15%
Percent AOD problems in caseload	277	10%	25%	49%
Percent AOD service in W-to-W Plan	250	2%	10%	20%
Percent DV problems in caseload	279	5%	10%	30%
Percent DV service in W-to-W Plan	252	1%	5%	10%



*Distinction between “Direct” and “Indirect” AOD and MH Clients*³

Some of the material below is presented for two different subsets of the CalWORKs population who are receiving AOD or MH services. The distinction is based on the following:

- Those labeled “Direct” are clients specifically linked by the county to CalWORKs. In most cases they are funded through the CalWORKs allocations, and their AOD/MH/DV services are in their WTW Plans.
- Those labeled “Indirect” are clients identified as CalWORKs cash recipients through their Medi-Cal eligibility code, but not designated as CalWORKs clients. Usually that means other funding sources are billed, primarily Medi-Cal for MH and the block grant for AOD, and services are not in the WTW Plan of the individual.

Determining the Number of CalWORKs Participants Actually Served

Services funded through other sources – A significant number of AFDC recipients were receiving AOD, MH, and DV services through Medi-Cal or other funding prior to CalWORKs. After the implementation of CalWORKs, some CalWORKs grant recipients (called “indirect” in this report) continued to use these services *outside* the CalWORKs system; i.e. they accessed services by means other than a referral from CalWORKs and/or their services were not a part of their WTW Plan. There are several possible reasons why these services were not part of CalWORKs:

- They may not have been seen as barriers to employment, and therefore would not qualify as a CalWORKs-related service
- The client may not have wanted the DSS to know s/he was receiving AOD/MH/DV services either because of concerns about her/his cash grant, or about potential child welfare involvement, or because s/he had not yet signed a CalWORKs WTW Plan and so had not started the time clock
- The provider might have found billing CalWORKs more trouble than billing Medi-Cal or another funding source
- The client might have been exempt from CalWORKs Welfare-to-Work requirements

³ We do not make this distinction for DV clients, since we have no independent source of information about those CalWORKs participants who might be receiving services that are not funded through CalWORKs dollars, or where the services are not known to CalWORKs. While there are certainly such persons, we have no way to track them.



AOD and MH system differences in tracking services delivered to “indirect” CalWORKs clients – The MH system should be able to provide accurate figures for the non-CalWORKs-funded clients, since virtually all of their services included Medi-Cal funding prior to CalWORKs, and continue to be funded by Medi-Cal if CalWORKs funds are not used. MH providers attend carefully to whether or not a client qualifies for Medi-Cal since they are able to bill Medi-Cal for their services. Thus, the county MH MIS can distinguish (through the particular Medi-Cal aid code) those clients who have been billed through Medi-Cal and who are AFDC/CalWORKs cash recipients.

Relatively few of the AOD services for CalWORKs participants are eligible for Medi-Cal reimbursement. The State data system has required providers to indicate whether clients are CalWORKs, and if so whether the services are part of the WTW Plan. But, for the most part, the provider’s reimbursement is not tied to providing this information in a reliable or complete fashion, and so the data has been less than fully accurate for those that have not been funded through CalWORKs.

Because of these differences, not all counties provided us with AOD numbers for the “indirect” clients, and all advised us that the data for these clients might be understated.

Patterns in Delivery of AOD and MH Services to CalWORKs Participants

The total number of CalWORKs participants who received AOD and MH services increased from the first year of CalWORKs to the second. The two tables that follow portray the unduplicated numbers of CalWORKs adult cash recipients who received a single AOD or MH service during the first (partial) year of CalWORKs implementation, Fiscal Year 1997-98, and the first full year of CalWORKs implementation, Fiscal Year 1998-99. The figures are provided separately for the “direct” and “indirect” clients as well as for the total of the two.

The Legislature was concerned that the CalWORKs funds be used to expand services, not to supplant services funded through other sources. In all but one case (Shasta AOD) the total numbers served in Fiscal Year 1998-99 exceed that of Fiscal Year 1997-98, in some cases by a very wide margin.



**Unduplicated AOD CalWORKs Clients (Direct and Indirect) Fiscal Year 1997-98
and Fiscal Year 1998-99**

County	Fiscal Year 1997-98			Fiscal Year 1998-99			% Change in Total FY 1997-98 to FY 1998-99
	Direct	Indirect	Total	Direct	Indirect	Total	% Change in Total
Alameda							
Kern				107	3	120	
Los Angeles	149	NA	149	776	NA	776	+ 421%
Monterey	0	26	26	54	46	100	+ 85%
Shasta	106	310	416	119	124	343	- 18%
Stanislaus	0	353	353	168	302	470	+ 33%

**Unduplicated MH CalWORKs Clients (Direct and Indirect) Fiscal Year 1997-98
and Fiscal Year 1998-99**

County	Fiscal Year 1997-98			Fiscal Year 1998-99			% Change in Total FY 1997-98 to FY 1998-99
	Direct	Indirect	Total	Direct	Indirect	Total	% Change in Total
Alameda							
Kern	48	1,416	1,464	628	1,609	2,237	+ 53%
Los Angeles	0	4,771	4,771	1,043	9,062	10,105	+ 112%
Monterey	39	163	202	189	282	471	+ 133%
Shasta	NA	NA	NA	69	137	206	NA
Stanislaus	5	611	616	244	528	772	+ 25%

More CalWORKs AOD and MH clients are served outside the CalWORKs rubric than within it. The table above also shows that in almost all counties, for both AOD and MH for both fiscal years, there are fewer “direct” than “indirect” CalWORKs clients. All of the counties have tried to encourage providers and clients to include services in CalWORKs WTW Plans, although as noted earlier there can be multiple reasons why this doesn’t happen. Generally, the proportion of direct to indirect cases increased across the two fiscal years, suggesting a trend towards greater inclusion of the services in CalWORKs plans.



Percentages of CalWORKs Beneficiaries Receiving AOD and MH Services

The highest percentage of CalWORKs participants in any of the six counties who received an AOD service during Fiscal Year 1998-99 was 4 percent. The percentage of those receiving a MH service was 6.5 percent. These percentages were calculated by a method most closely comparable to the varying prevalence figures and estimates made by the State for the need for services, that was the basis for the AOD and MH allocations. The percentage was calculated as follows:

Numerator: Total unduplicated users of a service during the course of the year

Denominator: Total adult CalWORKs recipients during the course of the year.⁴

We have included the full CalWORKs caseload in the denominator since most estimates of the prevalence of issues and the need for services have been based on the full adult CalWORKs population.

The percentages must be interpreted with the understanding that we present the figures as a benchmark against which trends can be established. They should NOT be construed as indicators of how well counties are doing in their identification and referral efforts. There are two major reasons why the percentages may under-represent what the counties are accomplishing:

- The denominator includes some parts of the CalWORKs population who are NOT part of the Welfare-to-Work program, namely those that are exempt from Welfare-to-Work requirements. The CalWORKs efforts to identify participants having AOD and MH barriers was designed for those participants who were actively engaged in the Welfare-to-Work process. We recommend in this report that the focus be expanded to include the exempt population, but services for that population have not to this point been part of the effort. If the exempt population accounts for 20 percent of the CalWORKs population, the denominator would be reduced by 20 percent, and the overall service use rate would be increased by 25 percent; i.e., a 4 percent service rate would become a 5 percent service rate.
- The county Management Information Systems may be under-representing the number of clients, particularly those who are not funded by CalWORKs. We have cited reasons for that above, particularly for the AOD system.

⁴ The data source used for the calculation of the denominator was the CA 237 which indicates the beginning cases each month; the terminations, transfers, and additions of cases each month; and the breakdown of adults vs. children. These figures were used to calculate an estimate of the total CalWORKs adults during the course of the year. The figure is probably too high, since it will count an individual who went off CalWORKs and returned that same year as two people. The percentages are thus biased on the low side.



**Unduplicated AOD CalWORKs Clients as
Percentage of TOTAL CalWORKs Beneficiaries**

County	Fiscal Year 1997-98	Fiscal Year 1998-99
Alameda	NA	NA
Kern	NA	0.4%
Los Angeles	0.1%	0.3%
Monterey	0.3%	1.1%
Shasta	4.1%	4.0%
Stanislaus	2.3%	3.9%

**Unduplicated MH CalWORKs Clients as
Percentage of Total CalWORKs Beneficiaries**

County	Fiscal Year 1997-98	Fiscal Year 1998-99
Alameda	NA	NA
Kern	4.2%	4.9%
Los Angeles	1.8%	4.3%
Monterey	2.0%	5.3%
Shasta	NA	2.4%
Stanislaus	4.0%	6.5%

The only data we have on DV service use comes from Los Angeles. A total of 4,217 CalWORKs recipients received services under the special CalWORKs contracts from the beginning of the program through June 1999. This translates into approximately 1.6 percent of the female adult CalWORKs population.

Characteristics of the Clients Being Served

Demographics of Clients Receiving AOD/MH/DV Services

Demographic barriers to employment – CalWORKs (direct and indirect) participants receiving AOD/MH/DV services in our six counties tend to be women of color, a majority of whom lack a



high school degree. Race, age, sex, and education can differentially affect chances of achieving economic independence. Persons of color face discrimination;⁵ persons over age 35 are less likely to be hired for the entry level positions usually available to welfare recipients; women face pay differentials, are shunted to lower status positions, are less likely to have jobs with benefits and face difficulty arranging for time off to care for sick children;⁶ and those without a high school diploma are often not considered by employers even for entry level.⁷

Available information from county MIS systems shows CalWORKs clients (direct and indirect) to be between 73 and 85 percent women. Race and ethnicity varied greatly by county, for the most part reflecting the make-up of the county as a whole. Thus, for example, 70 percent of the Los Angeles AOD clients are persons of color, while only 15 percent of Shasta clients are. (See the racial/ethnic breakout of all six counties presented in Chapter I.) Clients of AOD, MH, and DV services are generally young, with 3 to 10 percent being over age 45. Percentages of those not having finished high school ranged from 38% to 57%.⁸

Multiple demographic barriers – At least 80 percent of discharged clients in our survey sample had multiple demographic barriers to employment. Data on the discharged sample provided by AOD and MH program staff allowed us to determine the extent to which participants have more than one demographic barrier. We counted lack of high school degree or GED, non-white race/ethnicity, over age 36, and female as potential barriers. The table below shows, for our sample of 397 recipients in four counties, the number and percentage of clients who have one, two, three or four of these barriers. Only 4 persons (one percent) of the sample had none of the barriers, 18 percent had only one, 40 percent had two, 32 percent had three, and 10 percent had all four barriers. It is also apparent from the table that the samples differed considerably in the extent to which clients had multiple barriers. For example, 58 percent of MH clients in Los Angeles had at least three barriers, compared to none in Shasta, and only 11 percent in Stanislaus MH clients.

⁵ “...Almost half of African-American women in a Los Angeles survey report having experienced job-related discrimination (Bobo, 1995).”

⁶ *Explaining Trends in the Gender Wage Gap*. June 1998. A Report by the Council of Economic Advisers. <http://www.whitehouse.gov/WH/EOP/CEA/html/gendergap.html>

⁷ Danziger: “Holzer (1996) surveyed 3200 employers about entry-level jobs available to workers without a college degree and reported that most jobs required credentials (high school diploma, work experience, references) that many recipients do not have.”

⁸ These ranges are from Los Angeles, Shasta, Stanislaus and Kern Counties. High school graduation is not available for Los Angeles AOD clients.



Percent of Persons in Sample with One to Four Demographic Barriers, by Sampling Group

Demographic Barriers	Kern AOD	Kern MH	L. A. AOD	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD	Stanislaus MH	Total N=397
Zero or one	46.3	23.1	10.0	4.8	66.7	53.3	33.3	22.2	18.6
Two	26.8	42.3	40.7	37.1	22.2	46.7	45.5	66.7	39.8
Three or four	26.8	34.6	49.3	58.1	11.1	0	21.2	11.1	41.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Extent of Multiple AOD/MH/DV Problems in AOD/MH/DV Service Population

Management information systems do not routinely record data that would clearly delineate the extent to which CalWORKs recipients had both AOD and MH issues. The closest indication from the MIS is a “dual diagnosis” among MH clients. There is a wide range in estimates of dual diagnosis from the MH MIS information resulting in part from the likely lack of completeness in completing the relevant data fields. In some counties, dual diagnosis comprised less than ten percent of MH service recipients. In one county, 23 percent of the direct CalWORKs clients in MH programs had a concurrent AOD problem, while 59 percent of the indirect CalWORKs clients also had an AOD problem.

More complete information on the co-occurrence of multiple issues was available from the sample of discharged clients in each county. Staff were asked to describe the “client’s problem,” circling all that were relevant from a list. Note that the question did not specify that the problem had been addressed in the service plan. Forty-three percent of the clients were rated as having only one problem, 37 percent as having two, and 20 percent as having three or more. There was substantial variation among the county samples, e.g., the percentages of the clients rated as having only one problem ranged across the county samples from 20 percent to 73 percent.

Some of the multiple problems were in the same domain, i.e. multiple mental health problems, but a sizeable number represented cross-system issues, e.g. an AOD and a MH problem. From 28 to 35 percent of the clients in MH programs were rated as also having an AOD problem. Similarly, for three of the AOD county samples, from 18 to 25 percent were rated as also having a MH problem (the fourth county AOD sample had 54 percent rated as also having a MH problem). Twelve percent of the total AOD and MH county samples were rated as also having a DV issue (ranging from zero to 47 percent).



Global Assessment of Functioning (GAF) Ratings of MH Clients

In mental health programs (but very few AOD programs), an overall assessment of the severity of symptoms and their impact on social functioning is made at admission and discharge from treatment. The GAF scale goes from 1 to 100, with scores over 70 indicating essentially normal functioning or situational problems. Descriptions of the most relevant categories are as follows:

- **60 – 51:** Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school function (e.g., few friends, conflicts with peers or co-workers).
- **50 – 41:** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- **40 – 31:** Some impairment in reality testing or communication (e.g., speech at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

The following table shows the most recent outpatient GAF score for direct and indirect mental health clients in the two counties that reported them to us in a comparable format. In both counties, the indirect clients were more likely to be very seriously impaired than those referred from CalWORKs (direct).⁹ In both counties, the number of clients with “mild” impairment was low, around ten percent or less. This was also true in Shasta County (not shown). Between 50 and 82 percent had scores of less than 50, indicating major impairment in one or more domains.

⁹ This was not true in Shasta, however (not shown due to slightly different break points).



Global Assessment of Functioning Scores for CalWORKs Direct and Indirect Mental Health Clients

Most Recent Outpatient GAF Score in 1998-99	Kern		Los Angeles		Stanislaus	
	Direct (N=628) Percent	Indirect (N=1,609) Percent	Direct (N=1,001) Percent	Indirect (N=4,560) Percent	Direct (N=244) Percent	Indirect (N=528) Percent
Over 60: Mild problems, if any	7	6	7	6	11	10
51-60: Moderate difficulty in job or social	25	18	20	14	37	26
41-50: Serious impairment in job or social areas	39	34	32	30	43	41
Less than 40: Unable to function in several areas	24	48	40	49	9	23

These findings of serious problems among this population are also reflected in the discharged client survey results. Of the 397 persons in the discharge sample, 242, or 61 percent, received a GAF rating at intake. Only six percent of the sample exceeded a score of 60, which would be classified as having only minor problems; another 23 percent had “moderate” impairments. Forty-five percent were classified as having serious rather than moderate impairment in job *or* social life (41-50 range), and another 21 percent had serious impairment in more than one domain (31-40 range). Thus, two thirds had serious or very serious impairment in social functioning (or equally serious and disruptive symptoms).

Initial Global Assessment of Functioning Rating among Discharged Clients in the Sample

GAF Score	N=242	Percent
61 and over: Mild problems, if any	16	6.6
51-60: Moderate difficulty in job or social	55	22.7
41-50: Serious impairment in job or social life	109	45.0
31-40: Unable to function in several areas	50	20.7
21-30: Unable to function in most areas	12	5.0

*County Variations in AOD Problems among Clients being Served*

MIS data from the three counties show AOD clients to have quite different AOD problems depending on the county, and, to a lesser extent, on whether the client is a direct or indirect CalWORKs recipient. In Los Angeles, the most common drug at admission is cocaine or “crack,” in Stanislaus, methamphetamine, and in Shasta, alcohol. Marijuana constitutes a relatively small percentage, except among the Stanislaus direct CalWORKs clients, where it comprises virtually a third of the cases. This may be because a high percentage of local employers utilize drug testing. And by extension, it may indicate that if referrals are closely linked to demonstrated problems on the job (or in vocational preparation) that “less severe” issues with alcohol and marijuana will emerge as important.

Primary Alcohol or Drug Problem at Admission, from MIS Data

Primary Alcohol/Drug Problem	Shasta		Stanislaus		Los Angeles
	Direct (N=119) Percent	Indirect (N=124) Percent	Direct (N=168) Percent	Indirect (N=302) Percent	Direct (N=776) Percent
Heroin	6	6	8	24	13
Alcohol	42	42	22	12	18
Amphetamine/Methamphetamine	36	36	30	45	17
Marijuana	Unknown	Unknown	31	10	9
Cocaine/Crack	Unknown	Unknown	4	4	38
Other	13	14	5	5	5

Domestic Violence Issues among CalWORKs Participants

One of the reasons for the Legislature having enacted the Family Violence Option is the belief that welfare has served as a source of income and respite for women who have left their abused partners and are attempting to become self-sufficient. In our sample of respondents in domestic violence agencies, 37 percent reported that the DV situation was entirely the cause of applying for cash aid and another 24 percent said it affected the decision “somewhat” or “a little.”



How a Domestic Violence Situation Contributed to Applying for Cash Aid

	N	Percent
Only decided to apply for cash aid due to DV situation	29	37.2
DV situation affected decision somewhat	14	17.9
DV situation affected decision a little	5	6.4
DV situation did not affect decision	30	38.5
TOTAL	78	100.0

Effectiveness of the Services Provided in Addressing AOD, MH, and DV Issues

We have no direct or experimental measurement of the impact that AOD, MH, or DV services have had on the ability of CalWORKs participants to overcome their barriers to employment. The information in this section comes from three sources:

- DSS employment counselor ratings of the usefulness of services received by their clients who *completed services*
- AOD, MH, and DV service provider ratings of the change in their clients during services, and
- Current AOD, MH, and DV clients' ratings of the helpfulness of the services they are receiving

Employment Counselors' Ratings

Employment counselors report that AOD, MH, and DV services have been helpful for those participants who completed services. Employment counselors were asked to rate the usefulness of services for those participants *who had completed services*. Overall, 82 percent of the approximately 185 employment counselors who were aware of the outcome of mental health or alcohol and other drug services for some of their clients felt that the services had been Very, Quite, or Somewhat helpful. For domestic violence, 85 percent felt they were at least Somewhat helpful.



Employment Counselor Ratings of Usefulness of the AOD/MH/DV Services (If Services were Completed), by County (N=187)

Percent Very, Quite, or Somewhat Useful	Kern Percent	Los Angeles Percent	Monterey Percent	Shasta Percent	Stanislaus Percent
AOD	66.7	85.5	80.0	90.9	78.4
MH	69.7	81.7	86.7	90.9	86.1
DV	68.0	86.4	93.3	95.0	84.2

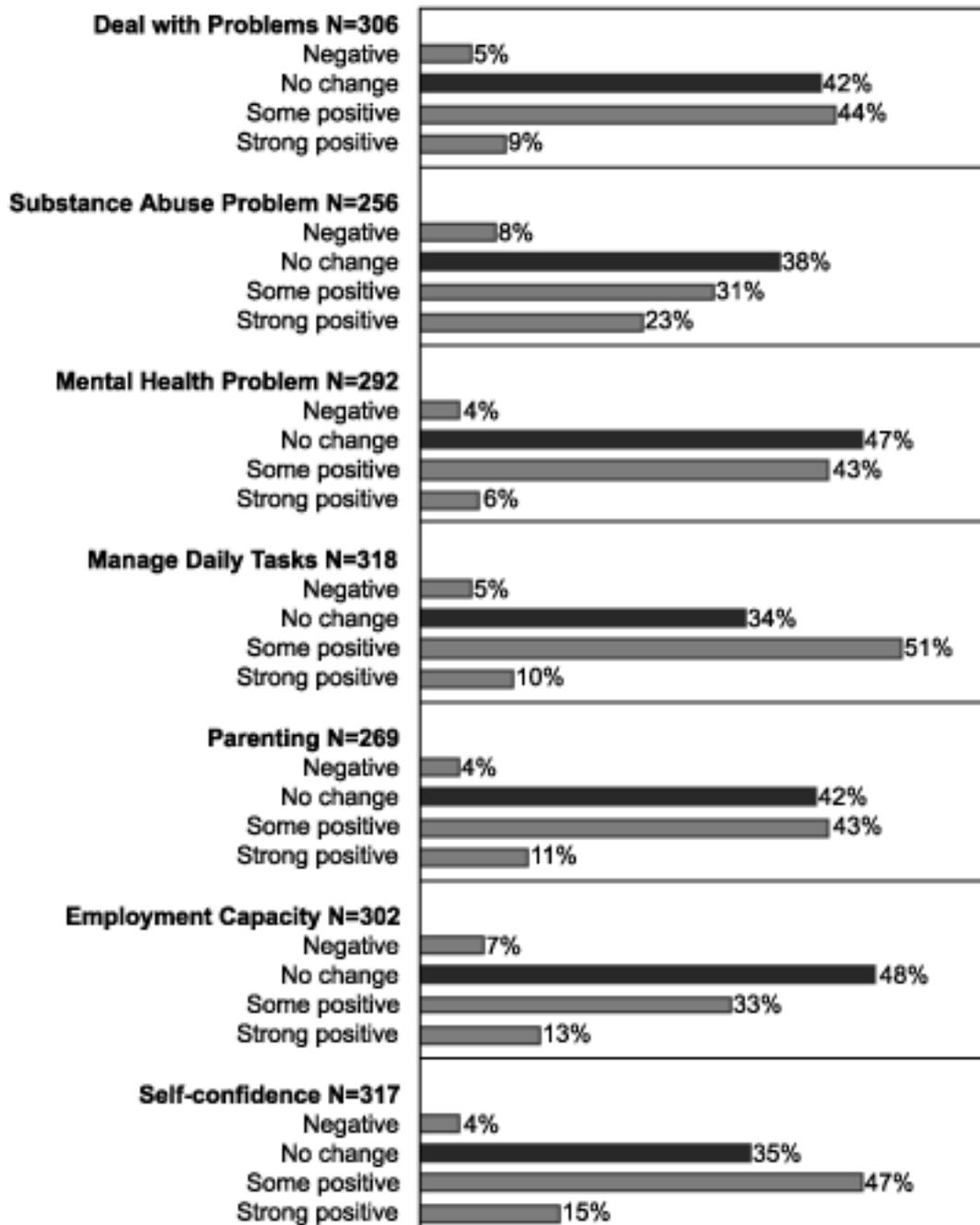
AOD/MH/DV Providers' Ratings

Client changes in measured domains – Staff were asked to rate the amount of change the client experienced during the course of services in the following seven domains: capacity to deal constructively with major life problems; substance abuse problems; mental health/emotional problems; ability to manage daily life tasks; parenting ability; capacity to look for, find and retain a job; self-confidence and positive attitude about the future. The survey included a “Not applicable” and “Can’t judge” category to help rule out clients for whom services were too short to appropriately assess improvements. The following graphs exclude those cases in which the provider answered “Not applicable” or “Can’t judge.” “No change” has been made darker to make it easier to compare domains. Overall, some positive and strong positive change together ranged from a low of 46 percent (employment skills) to 62 percent (self-confidence). The greatest amount of strong positive change was registered for AOD problems. Overall, the “negative change” category was selected in four to eight percent of the cases for the different domains. “No change” ranged from 34 percent (managing daily tasks) to 47 percent (mental health problems).





**Amount of Change Made by Clients during Course of Treatment
(No Change is Highlighted to Aid in Comparison)**

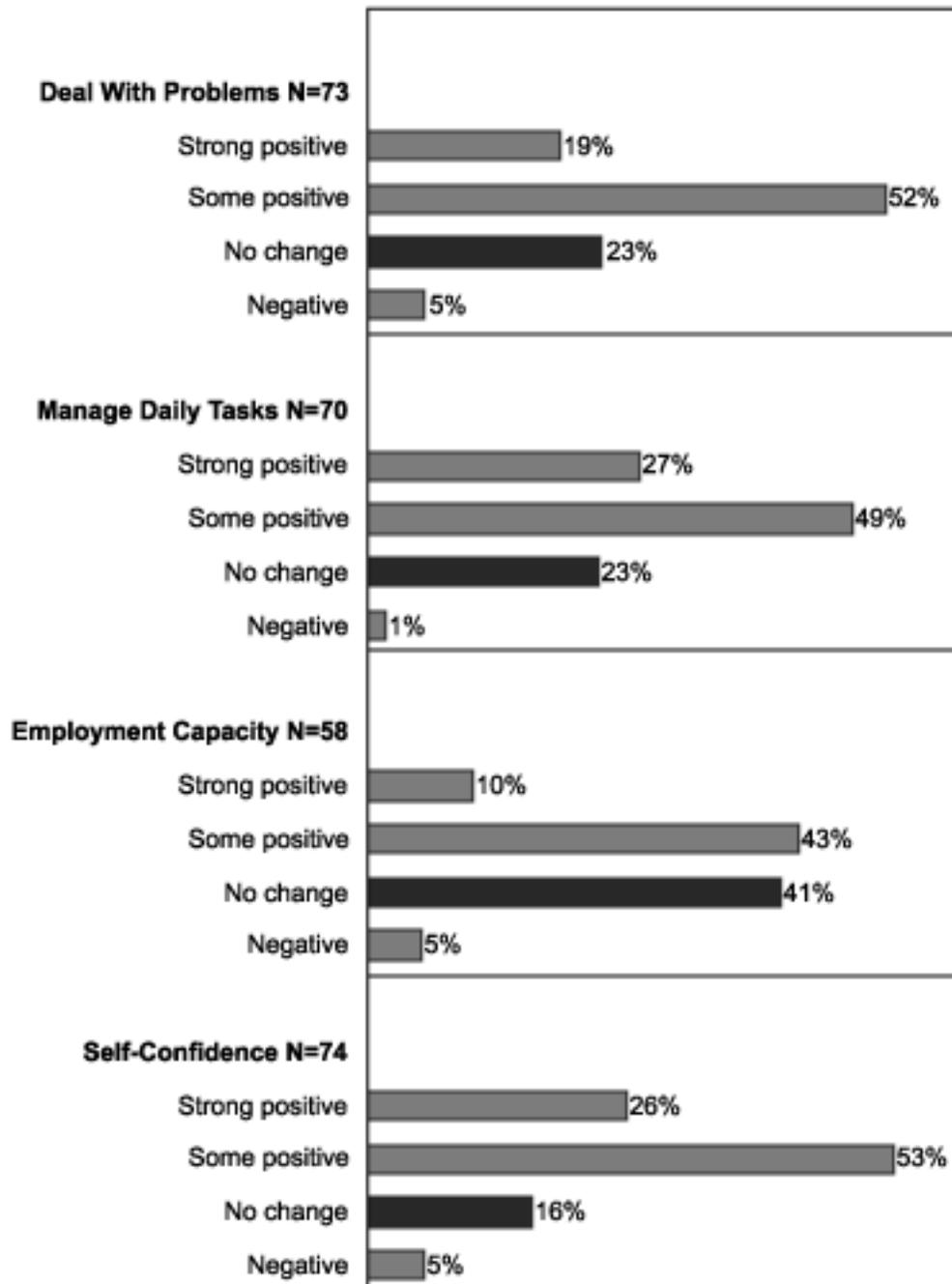


The DV discharge sample, as noted above, included 76 clients in 12 different programs in two counties (11 programs in one county and one in another county). The providers rated their clients on four of the domains used with the AOD and DV sample: capacity to deal



constructively with major life problems; ability to manage daily life tasks; capacity to look for, find and retain a job; self-confidence and positive attitude about the future. The following table shows the high percentages of those rated as showing positive improvement.

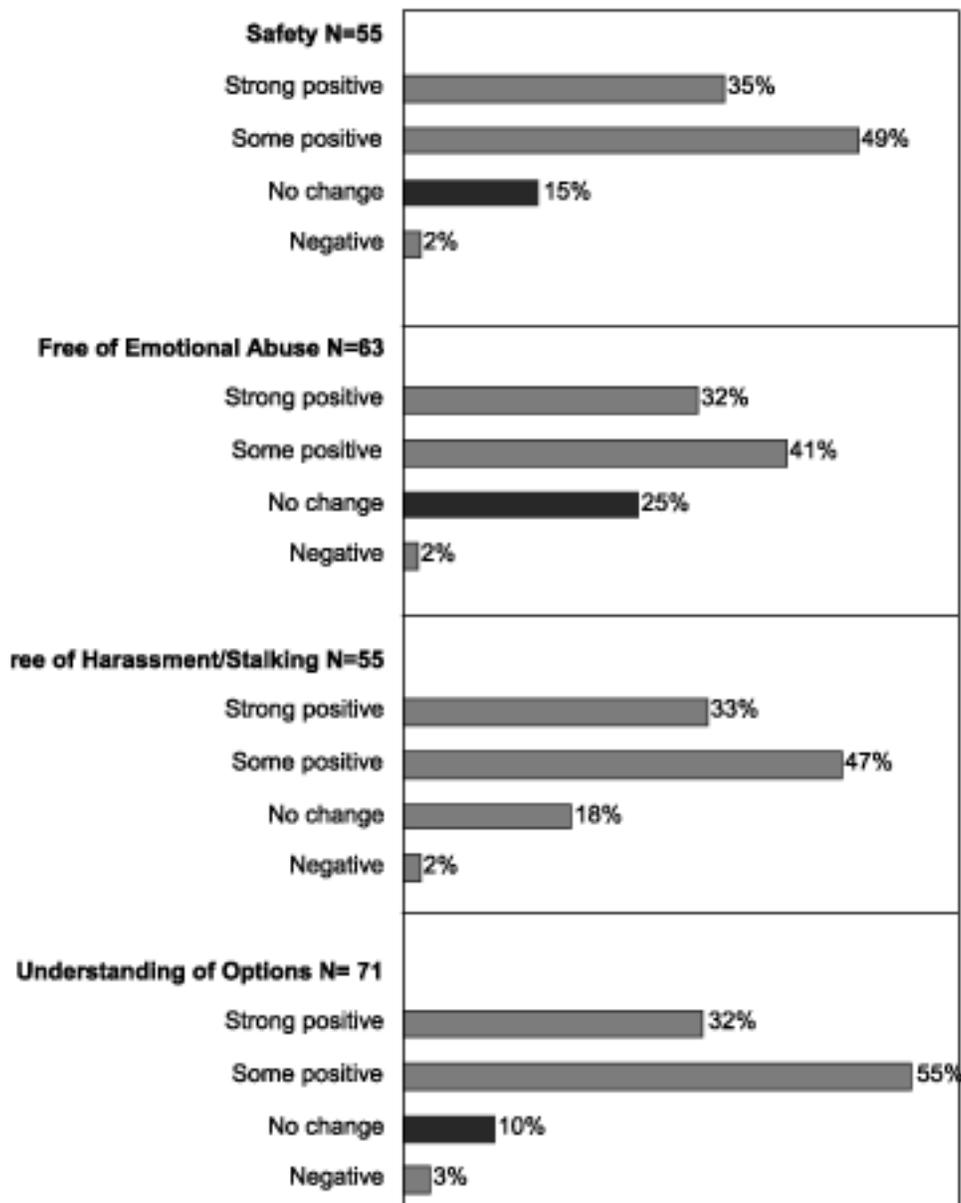
Rating of Change for DV Agency Cases, Generic Items





The four remaining items were more specific to the DV issues that might have brought a woman to a DV provider: client’s safety; client’s freedom from emotional abuse; client’s freedom from harassment or stalking; and client’s understanding of all her options in regard to her relationship with her abuser.¹⁰

Rating of Change for DV Agency Cases, DV Specific Items



¹⁰ These survey questions made clear that changes in the situation of a survivor of DV may not be under her control, i.e. the abuser may continue to threaten her safety no matter what she does. So, the rating scales asked about the change in the overall situation, including both those aspects that were under her control and those that were not.



Staff only rated change on those issues that were relevant for a particular woman. Seventy three to 87 percent had positive changes on these dimensions. Negative ratings are very small – two to three percent. The “no change” bar is 25 percent or less (much lower than in the AOD/MH sample).

Changes in Global Assessment of Functioning (GAF) – The most quantitative measure of improvement as a result of treatment is change in the Global Assessment of Functioning (GAF) scale from admission to discharge.¹¹ *However, these results should be interpreted very cautiously; they in no way substitute for outcomes in an experimental design.* Slightly more than half (53 percent) of the discharge sample had both an entry and a discharge GAF. Of these, 68 percent were mental health clients. Overall, as shown below, the largest group (62 percent) showed no change in GAF level from intake to discharge. Positive change was recorded for 34 percent of the group, 19 percent changed between one and ten points, and 15 percent changed more than ten points. AOD clients improved an average of 8.9 points compared to the 2.7 of mental health clients, a strong statistically significant result. Among the 158 clients who were in the program at least a month – thus taking out any assessment only or early drop-outs – results were somewhat better: 22 percent improved 1 to 10 points, and 18 percent improved over 10 points.

Change in Global Assessment of Functioning Score from Admit to Discharge

Amount of Change	Number	Percent
Over 20 point increase	14	6.7
11 to 20 point increase	17	8.2
1 to 10 point increase	40	19.2
No change	130	62.5
1-10 negative change	7	3.4
TOTAL	208	100.0

Roughly one-third of the AOD and MH participants rated on the Global Assessment of Functioning (GAF) scale showed a positive gain, with slightly better results for those who remained in the program longer.

¹¹ In general, the scale is thought to have a fairly high degree of validity, but reliability may not be good unless staff are trained to criterion (which rarely happens). GAF scale change is also a function of the entry level GAF, as large improvements are much more likely to occur when the starting point is low. For example, a person dependent on alcohol or other drugs is likely to show a very large improvement if abstinent when discharged.



Client Ratings

Helpfulness of services – Eighty-six percent of the nearly 600 current clients surveyed indicated that the services had helped them with their situation or problems. Sixty-two percent of the respondents indicated the services had helped a lot, and another 24 percent said they had helped moderately. There were sharp differences among the samples, particularly in the percentages that rated the services as having helped “a lot.” The survey also asked clients how long they had been receiving services. Those who had been receiving services for at least six months reported moderately higher degrees of having been helped than those in services a lesser time.

These survey responses all come from clients who were still receiving services. We did not attempt to sample clients who had left services already. We would, therefore, expect more favorable ratings from this group of clients than from the total group of clients who had received services. In addition, survey respondents were of necessity voluntary, which may also have led to some favorable bias regarding the programs providing services.

Have the Services You Received here Helped You Deal with Your Situation or Problems? (Percent in Each Category from AOD/MH/DV Survey Responses)

	Kern AOD/MH	L. A. AOD	L. A. DV	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Stanislaus DV	Total N=570
Helped a lot	68.4	72.3	68.5	39.7	83.3	86.2	42.9	68.4	61.9
Moderate help	21.5	18.1	25.9	35.3	10	13.8	33.8	15.8	24.2
Little, none, worse	10.1	9.64	5.6	25	6.67	0	23.4	15.8	13.9
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Similar, but somewhat lower percentages rate their chances of getting a job due to the services they have received as “much better” (50 percent) or “somewhat better” (26 percent). Ratings of helpfulness varied by the source of referral. Information was presented in Chapter II about the sources of referral for this sample of clients. It is interesting that those clients who had been referred by welfare had the lowest percentage of clients rating the services as having helped “a lot” and those who said they came on their own had the lowest percentage finding the services only a little or not helpful. The following table shows the percentages reporting various degrees of helpfulness by the source of referral for AOD, MH, and DV clients.



**Helpfulness of Services for AOD/MH/DV Clients in the Sample,
by Source of Referral**

	Self N=129	Welfare N=134	Courts, Probation, Parole, CPS N=78	Family, Friend, Health Provider N=87	Other N=42	Total N=470
Helped a lot	75.2	44.8	66.7	59.8	61.9	61.1
Moderate help	19.4	34.3	14.1	26.4	26.2	24.7
Little, none, worse	5.4	20.9	19.2	13.8	11.9	14.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Satisfaction with services – Three satisfaction questions were asked of clients: how much do clients trust the staff person they work with most; would they recommend the program to a friend; and how satisfied overall are they with the services they have received. Of the total group, 68 percent say they trust the staff person they work with most “very much” (range of from 57 to 81 percent among the different samples). Seventy percent say they would “definitely recommend” the program to a friend (range of 50 to 85 percent among the different samples). And 65 percent of the total rate themselves as “very satisfied” overall with the program (range of 42 to 81 percent). Once again, ratings by current clients are much more likely to be favorable than ratings of clients who are no longer in service.

**Overall Satisfaction of AOD/MH/DV Clients in the Sample with Services,
(Percentages by Sampling Group)**

	Kern AOD/MH	L. A. AOD	L. A. DV	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Stanislaus DV	Total N=588
Very satisfied	76.2	69.7	83.1	48.7	80.6	75.9	41.6	60.0	64.6
Somewhat satisfied	22.5	25.1	15.3	44.4	12.9	24.1	45.5	40.0	30.1
Unsatisfied	1.3	5.1	1.7	6.8	6.5	0	13.0	0	5.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Engagement in Services – Site visit interviews suggested concerns that many participants referred for services either failed to show up for assessment, did not accept services, or did not remain in services. Information from the surveys confirmed these concerns.



Employment counselor views about service completion – Employment counselors express concerns about the numbers of participants who do not complete services. About a quarter of the comments to a question about why services were not helpful noted that many of their participants had not completed services. Some sample comments follow:

“In my caseload the majority of clients don’t complete their treatment plan. The ones that do complete, it seems to have helped them quite a bit.”

“When the customers get into the program that they need, most do fine for awhile and then they just give up. The drugs and alcohol are so powerful and addicting, that it seems the drugs and alcohol win out in so many instances.”

“Usually the participant quits somewhere in it. If participant stays in treatment it helps them, but they still return to their environment of friends, etc. that have a greater influence on the outcome as time goes by.”

“I have had only one participant complete her MH services. She was initially well-motivated to get on with her life. Not one of my other participants has completed or come up with an expressible plan for her/his future.”

AOD/MH/DV service providers’ views about client engagement – Two questions on the provider discharge survey dealt with the effects of lack of engagement in services of some of the clients:

- ***Program participation*** – Staff were asked to rate each client’s participation in either scheduled outpatient services or, if a residential program, scheduled in-house services. To ensure we were not including clients who came only for assessment or very short periods, we restricted this analysis to episodes of 30 days or more. Overall, 20 percent of the clients’ participation was rated “very good” during their treatment episode, and 38 percent was rated “good.” Another 27 percent were rated “poor” (sporadic participation), and 14 percent were rated “minimal” (rare participation).
- ***Termination and failure to complete services*** – The service providers of the discharge sample were asked why services had been terminated.¹² The questions were somewhat different on the AOD/MH survey form from the DV one.

¹² The sample number is 320 for the AOD/MH providers, since this sample included a subset of methadone maintenance clients who were still receiving services.

**Reason for Termination of Services as Rated by AOD/MH Providers**

Reason	Number	Percent
Met goals	78	24.4
Client ended before goals met	55	17.2
Client stopped, refused contact or couldn't be located	84	26.3
Referred to another provider	42	13.1
Provider terminated	34	10.6
Other or not known	27	8.4
TOTAL	320	100.0

Reason for Termination of Services as Rated by DV Providers

Reason	Number	Percent
Goals were met	20	29.0
Client terminated even though goals not met	12	17.4
Client stopped coming without explanation	21	30.4
Other or not known	16	23.2
TOTAL	69	100.0

Client views about barriers to attendance – Failure to complete services may be influenced, in part, by the fact that over 40 percent of the total sample of AOD and MH clients indicated that it is somewhat or very hard for them to get to the program. Leaving services before service goals are met is not an unusual outcome for AOD, MH, or DV programs. And one might expect that the problem would be exacerbated with the CalWORKs population, given all the other barriers that they face in sustaining long-term activities, e.g. lack of convenient transportation and childcare. While assistance with childcare and transportation is part of the employment counselor role, some AOD/MH/DV providers have noted difficulty in getting timely attention to these issues for their clients. AOD, MH, and DV programs may need to be particularly attentive to these factors if they want to sustain clients in services.

The clients in the satisfaction survey were asked whether it was difficult for them to attend services due to problems with transportation, childcare, or inconvenient hours. While the percentage who reported that it was very hard to come for services was relatively low (7.5



percent), the percentages noting a moderate degree of difficulty were as high as 50 percent in one of the samples.

Percent of MH and AOD Clients Reporting Difficulty Getting to their AOD, MH or DV Program

	Kern MH/AOD	L. A. AOD	L. A. MH	Shasta AOD	Shasta MH	Stanislaus AOD/MH	Total N=399
Not hard to come	65.8	65	44.3	83.3	88.9	39.7	57.1
Somewhat hard to come	27.6	28.3	47.4	12.5	11.1	49.3	35.3
Very hard to come	6.6	6.6	8.2	4.2	0	11.0	7.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Co-ordination Between CalWORKs and AOD/MH/DV Service Providers

The intention of the AOD, MH, and DV services is to overcome barriers to employment. The CalWORKs WTW Plan is the document that describes the path the participant is to follow to move from welfare to self-sufficiency. As conceptualized in most counties, the AOD/MH/DV services would be part of the WTW Plan. At a minimum, the hours of actual service would be part of the work-related hours that must be engaged in by the participant. And in many situations, the engagement in AOD, MH, and/or DV services could be considered the only required WTW Plan activity at least for the initial period of services.

Including Services in the WTW Plan to Enhance Communication

For the AOD, MH, and DV services to be most useful in overcoming barriers to employment, there must be good communication between the providers of these services and the employment counselors who are responsible for the charting and monitoring of the path towards employment. Data presented above from the AOD and MH Management Information Systems indicated that the majority of CalWORKs participants receiving services do so outside the rubric of CalWORKs, with the consequence that the services are not part of the client's WTW Plan. Having the services part of the WTW Plan clearly impacts the amount of contact that the service provider reports having with CalWORKs staff. Providers were asked on the discharge survey whether they had had contact with CalWORKs about or on behalf of the particular client. In only 13 percent of cases where there was no Welfare-to-Work Plan did the AOD/MH providers report having contact with CalWORKs, compared to 60 percent for those where the services were part of the WTW Plan.



Perceptions of AOD/MH/DV Providers about CalWORKs Staff

Approximately 80 percent of AOD/MH/DV staff who had contact with CalWORKs staff were positive about several dimensions of their relationship. Staff who reported they had had contact with CalWORKs staff about their specific clients were asked to rate four items: how knowledgeable the CalWORKs staff were about AOD/MH/DV issues; how knowledgeable they were about AOD/MH/DV services; how responsive the CalWORKs staff were to the client’s needs; and to what extent they had a collaborative attitude.

Below we show the answers given by the 89 staff who did have contact with CalWORKs workers regarding a client. For each of the four collaboration issues, CalWORKs staff were rated as adequate in 80 percent or more of the cases.

**AOD/MH Staff Rating of Collaboration with CalWORKs Staff
(Discharged Client Sample)**

Rating of Extent CalWORKs Staff Were:	Very Good Percent	Adequate Percent	Poor Percent	Total N=89
Knowledgeable about AOD/MH/DV issues	23.6	58.4	18.0	100.0
Knowledgeable about AOD/MH/DV services	30.7	51.3	18.2	100.0
Responsive to clients’ needs	39.3	41.6	19.0	100.0
Collaborative attitude	34.8	49.4	15.7	100.0

DV staff in 13 programs answered very similar questions, though with a focus on what CalWORKs staff knew about DV. Their perceptions were very similar to those of the AOD/MH staff. For example, 35 percent of AOD/MH staff rated the CalWORKs staff collaborative attitude as “very good,” and 38 percent of DV staff made that rating.

Perceptions of CalWORKs Staff about AOD/MH/DV Service Providers

CalWORKs staff are generally positive about the helpfulness of AOD/MH/DV staff, but a great many point to poor communication. A section in Chapter II related concerns of employment counselors regarding the feedback they received on the results of the assessments of participants they had referred. The employment counselor survey included the same type of information regarding the lack of feedback on the course of services.

Employment counselors were asked for comments about any problems in the process by which AOD/MH/DV issues were being handled. A third of the comments noted lack of feedback from AOD/MH/DV providers, 15 percent expressed concern about lack of communication among all



Summary

Numbers of CalWORKs Participants Receiving Services

Estimates of numbers who would use services – Estimates of those who will use services involve two steps – estimating the potential number who have an AOD, MH, or DV issue that might be a barrier to employment (“need for services”), and estimating the number of those who will “accept services,” either because they perceive the need themselves, or because it is a CalWORKs requirement. The AOD CalWORKs allocation was based on an estimate of serving 6 percent of CalWORKs recipients. The MH allocation was based on serving 21.4 percent of CalWORKs recipients. There was no statewide estimate for DV. Los Angeles County funding of DV programs assumed that 10 percent of CalWORKs recipients would use services.

Numbers receiving AOD, MH, and DV services in the case study counties – The accuracy and completeness of information on the numbers of CalWORKs participants actually receiving services varies widely among the three service areas and among the case study counties. Information was gathered on both “direct” CalWORKs clients (those specifically linked to CalWORKs either because they are funded through CalWORKs funds and/or have the services included in their WTW Plan), and “indirect” CalWORKs clients (those who are CalWORKs recipients with services paid through another source and/or without the services in their WTW Plan).

- The total number of CalWORKs participants who received AOD or MH services increased from the first year of CalWORKs to the second
- More CalWORKs AOD and MH clients are indirect than direct
- The highest percentage of CalWORKs participants in any of the six counties who received an AOD service during Fiscal Year 1998-99 was four percent, and the percentage for a MH service was 6.5 percent

Characteristics of Population Receiving AOD/MH/DV Services

Information on the characteristics of the CalWORKs clients receiving services came from county MIS, from a sample of clients currently receiving services, and from a sample who had been discharged from services. All the information points to many of these CalWORKs participants having multiple serious barriers to employment.

Demographic barriers – At least 80 percent of the client samples had multiple demographic barriers including race, age, sex and education. Over 40 percent had three or four of these barriers.

Multiple AOD/MH/DV issues – More than half of the discharged sample from AOD and MH programs had more than one AOD/MH/DV issue.



GAF ratings – GAF ratings of MH clients indicate that two thirds have serious or very serious impairment in social function, or equally serious and disruptive symptoms.

Effectiveness of AOD, MH, DV Services

Employment counselor ratings – Employment counselors report that AOD, MH, and DV services have been helpful for those participants who completed services, but also expressed concerns about the numbers of participants who do not complete services.

Provider ratings – While most clients showed some positive change, lack of engagement in services remains a problem.

- Overall, more than half of the AOD and MH discharged sample were rated by program staff as having made positive change in six of seven domains key to success in CalWORKs. Over half of the clients in DV programs were rated by program staff as having made positive change on all four general domains, and more than three quarters as having made positive change on dimensions specific to DV issues.
- Roughly one-third of the AOD and MH participants rated on the Global Assessment of Functioning (GAF) scale showed a positive change.
- Providers reflected employment counselor concerns about the numerous clients who do not become engaged in services. Providers rated program participation as poor or minimal for 40 percent of the discharged sample, and only one-quarter of the clients terminated services because their goals had been met.

Client ratings – Eighty-six percent of the nearly 600 current clients surveyed indicated that the services had helped them with their situation or problem. Overall, current clients rate their satisfaction with services high (65 percent very satisfied, and 30 percent somewhat satisfied).

Coordination Between CalWORKs and AOD/MH/DV Service Providers

Communication between CalWORKs staff and AOD/MH/DV service providers is more likely to occur when the services are part of the client's WTW Plan. The following views about how collaboration is working were gained from the staff and client surveys.

AOD/MH/DV providers perceptions of CalWORKs staff – Approximately 80 percent of the AOD/MH/DV service providers who had contact with CalWORKs staff are positive about several dimensions of their relationship including the latter's knowledge about AOD/MH/DV issues and services, their responsiveness to clients' needs, and their collaborative attitude.

CalWORKs staff perceptions of AOD/MH/DV providers – While CalWORKs staff are generally positive about the helpfulness of AOD/MH/DV service providers, a great many point to poor communication, e.g. not getting timely feedback or reports on what is happening with their participants who are receiving AOD/MH/DV services.



Clients perceptions of helpfulness of AOD/MH/DV providers in dealing with CalWORKs –
Current clients were generally pleased with the help they got from their AOD/MH/DV service providers in dealing with the welfare department.



