

CalWORKs Project

California Work Opportunities
and Responsibility to Kids

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POLICY AND PRACTICE BRIEF

More than half of the TANF population has at least one of the AOD, MH, or DV issues. Understanding what must be done to help women overcome these barriers to employment is critical to the reauthorization debate.

Mental Health, Domestic Violence and Substance Abuse: Need for and Use of Services Among Adult Female TANF Participants

RESULTS IN BRIEF

TANF recipients include a subset of individuals who face multiple barriers to obtaining and retaining employment. Problems involving alcohol and other drugs (AOD), mental health (MH), and domestic violence (DV) are often among these barriers. Research interviews in 1999 and 2000 with a random sample of 643 TANF single female heads of household in two California counties revealed high rates of *serious* problems: 17% of the participants had a serious AOD problem at either (or both) the Round I or Round II interview; 26% had a serious MH problem; and, 32% had a serious DV issue. One year into welfare reform, 6% of the research participants reported receiving an AOD service in the previous 12 months, while 22% received MH service, and 13% received professional help for DV. Nonetheless, *unidentified* need for services for *one or more* AOD/MH/DV issues existed among 26% of the study group members. TANF reauthorization should respond to the needs of recipients with AOD, MH, and DV issues; and, TANF programs should ensure that these recipients are identified and receive accessible relevant services.

One of the consistent research findings regarding the effects of welfare reform is that a subset of poor women face multiple barriers that interfere with their ability to engage in work that can lead to self-sufficiency. Some of these women remain on welfare but may soon reach their time limits. Some have left welfare and are not employed or are working only inconsistently. And some have not applied for welfare. Whatever their current status, welfare reform cannot be considered successful until it has developed policies and practices that help poor women with children surmount these barriers.

Three critical hurdles confronting many participants are abuse of alcohol and other drugs (AOD), mental health (MH) problems, and domestic violence (DV). By understanding the prevalence, incidence over time, severity, and overlap of these barriers, we can judge the type and extent of AOD/MH/DV services that TANF participants need. And understanding what must be done to help women overcome these barriers to employment is critical to the reauthorization debate.

PREVALENCE OF AOD, MH AND DV BARRIERS

The CalWORKs Project has gathered information about these three barriers in a research project in two California counties—Stanislaus and Kern. To aid understanding, this discussion consolidates results from both counties. The “References” section at the end of this brief lists publications that present findings by county and in more detail.

The study interviews indicated a very high prevalence of AOD/MH/DV issues. Presented below are prevalence figures for the 12 months preceding the initial interview. These figures represent broad definitions. For AOD classification we used either a diagnosis of abuse or dependence, binge drinking, or a self-definition as an “alcoholic or problem drinker” or as a “drug addict or problem drug user.” For classification in the MH category we relied upon diagnoses of either major depression; generalized anxiety; post-traumatic stress disorder (measured for child abuse or DV only); panic disorder; or any of several

Over a two-year period roughly one-sixth of the TANF participants had a serious AOD problem, one-quarter had a serious MH problem, and one-third had serious DV issues.

THE RESEARCH

This report summarizes information from two rounds of intensive research interviews with a random sample of 643 women—half of whom had received TANF cash aid for at least one year (Kern County) and half of whom were applying for TANF (Stanislaus County) in the spring and summer of 1999. Participants were required to be: age 18–59, fluent in English or Spanish, and a female head of the household (relative-caretakers and two-parent families were not eligible). The first round of interviews was completed in the summer of 1999 and the second 12 months later.

Kern and Stanislaus Counties were selected because of their leadership in working with the study population and their emphasis on cooperative planning among their local domestic violence providers and their mental health/substance abuse and welfare departments. Both counties have steadily improved their TANF AOD/MH/DV services over time.

specific phobias, social phobia or agoraphobia. Our definition of domestic violence encompasses any physical or emotional abuse, serious threats, or stalking.

While information on the prevalence of these issues is important, the more critical question is whether they are serious enough to interfere with work activities and to require services to overcome them. To help us identify those with more serious impairment, we narrowed the definitions.

- For AOD we used the diagnosis of dependence or abuse, which in itself indicates a significant level of impairment and that services are appropriate.
- For MH we used a measure of symptom severity equivalent to that for patients starting services at outpatient clinics.
- For DV we included physical injury (being choked or beaten); stalking; threats by the abuser to kill the female victim or to commit suicide; threats to kidnap the victim's children or to call Child Protective Services (CPS); and preventing the female victim from working or harassing her at work.

Figure 1 graphically displays the percentages of occurrence of the issues among the study group members.

- The overall prevalence of the problematic AOD use was 23%.

Diagnosable abuse or dependence (serious substance abuse) was found in 12% of the cases.

- The overall prevalence of any of the mental health diagnoses was 38%; mental health symptoms serious enough to lead people to seek treatment were found in 19% of the cases.
- The overall prevalence of domestic violence was 46%; serious DV was found in 24% of the cases.

While figures for serious conditions are lower than the more broadly defined prevalence figures, they still indicate a high level of need for or potential benefit from services.

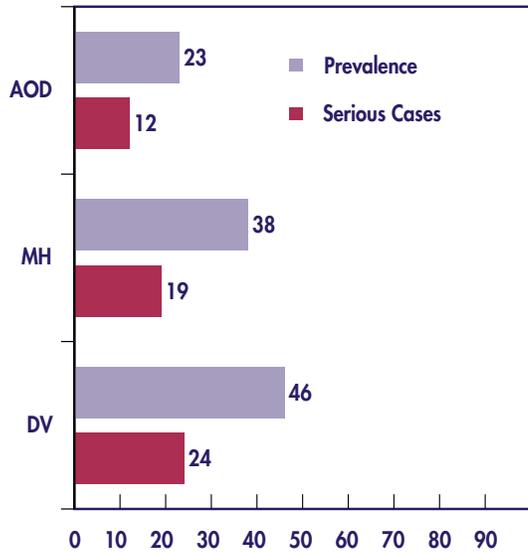
STABILITY OF AOD/MH/DV ISSUES OVER TIME

Understanding how AOD, MH, and DV issues evolve over time is important. A cross-sectional measure of prevalence does not provide enough information to understand the course of AOD/MH/DV issues over what may be an 18-month (or longer) time of participating in CalWORKs employment activities.

The prevalence of serious AOD, MH, or DV issues over two years was high due to new cases in the second year and to persistent cases. Figure 2 shows the percentages of study participants with sustained problems over the two years as well as the

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Figure 1: Overall Prevalence vs. Serious Cases: Percentages in Round I, Both Counties Combined



percentage with problems occurring in only one year of the two-year study period. The bar cluster at the top of the graph shows the total percentage having a serious AOD or MH problem, or DV issue any time during the two years. In other words, the top bar cluster combines the data represented by the three groupings beneath it.

Over the two-year period, 17% of the study group participants had a serious AOD problem, one-quarter had a serious MH problem, and one-third had serious DV issues. However, the percentages of the study groups with sustained problems was much lower: 3% for AOD, and 10% for both MH and DV.

CO-OCCURRENCE OF BARRIERS

Overlap of serious AOD, MH, and DV issues. Overall in Round I, roughly four in ten women (41%) had a serious AOD, MH, or DV issue. Three-quarters of these (31% of the total sample) had a serious issue in only one of the three areas, while the remaining one-quarter (10% of the total sample) had serious difficulties in at least two domains. The more serious the first issue, the more likely the recipient was to have another type of difficulty as well.

Table 1: Respondents with Multiple Serious Conditions: Percentage in Round I

NUMBER OF CONDITIONS	Both Counties Combined N=643
One only	31%
Two	8%
Three	2%
TOTAL WITH ANY	41%

Other barriers. AOD, MH, and DV barriers to employment do not occur in isolation. Research results have consistently shown that the greater the number of barriers, the less likely a recipient is to be working. Women who reported a serious AOD, MH, or DV issue in Round I had an average of 4.8 other human resource, health, or situational barriers (out of 15)—significantly more than the 4.1 barriers reported by women without these issues.

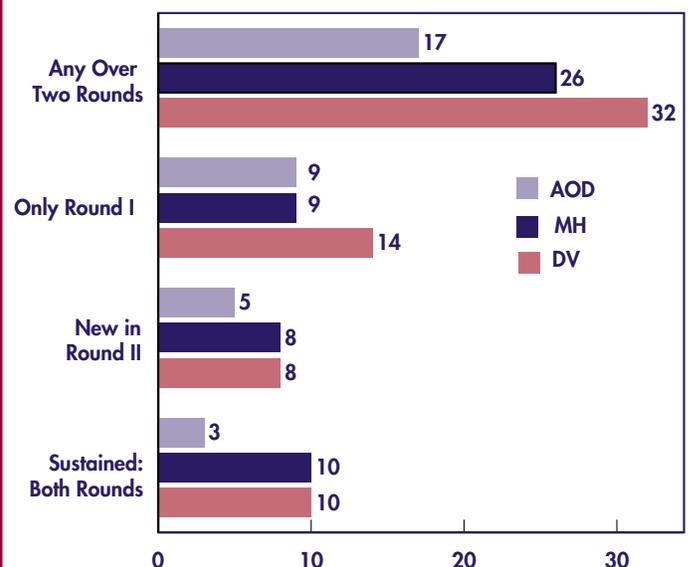
Self-esteem. Recipients struggling with AOD, MH, and/or DV issues were generally two to three times as likely to have very low self-esteem scores as those without any of these problems. For example, among those with a serious MH problem in Round I in Stanislaus, 41% had very low self-esteem, compared to only 5% of those with no serious MH problem.

USE OF SERVICES

Use of services. Policy analysts, researchers, and TANF program administrators share a widespread belief that very few of the recipients with serious AOD/MH/DV obstacles to employment have been identified and referred to services by the welfare system. Our findings confirm that few of those with serious problems are identified by the welfare system. However, by Round II a substantial portion were receiving some services that they had found themselves. The percentages of the samples using services below include both those who met our definition of serious issues and those who did not.

AOD. In Round II, 6% of the study groups reported having received an AOD service within the last 12 months. Forty percent of the respondents with serious AOD problems—abuse or dependence—received a service. The most frequently reported service was an outpatient AOD pro-

Figure 2: Serious Issues: Percentage Over Two Years, Both Counties Combined



gram. Roughly 60% of those who reported receiving an AOD service said they were doing so under some type of legal mandate.

MH. In Round II, 22% of the study group participants reported receiving some professional help with their emotional problems during the last 12 months. The most frequent type of service is medication; and, the reported provider of medication is overwhelmingly (about 85%) the recipient's regular physician, not a psychiatrist. Women with the most serious MH problems are most likely to have received services. Of those who met our definition of serious problems, 49% received services. A very high percentage (62%) of women with post-traumatic stress disorder had consulted a professional about their symptoms.

DV. The DV help system is complex, encompassing police, courts, and DV agencies, as well as private counselors, physicians, family members and friends. Overall, in Round II, 13% of the study participants sought help from a professional (someone other than family or friends) for a DV issue. Of those who met our definition of being subject to serious abuse, 52% reported receiving help from a professional.

UNIDENTIFIED AND UNMET NEED

Unidentified need. Despite the fact that more recipients than expected obtain some type of assistance, many who need or might benefit from services do not receive them. In determining "need," we assumed that all those who met our criteria for serious AOD, MH, or DV issues need or could benefit from services. To this group we added those with less serious issues who said that they felt they needed but were not receiving services. Women who reported that AOD or DV interfered with work or who appeared for their interview "under the influence" were also counted as needing services. Finally, we believe a diagnosis of Post-Traumatic Stress Disorder indicates service

need. By subtracting the percentage of those receiving some service from these estimates of the total number of people who needed or might benefit from services, we determined the following percentages of the total sample in Round II with unidentified needs.

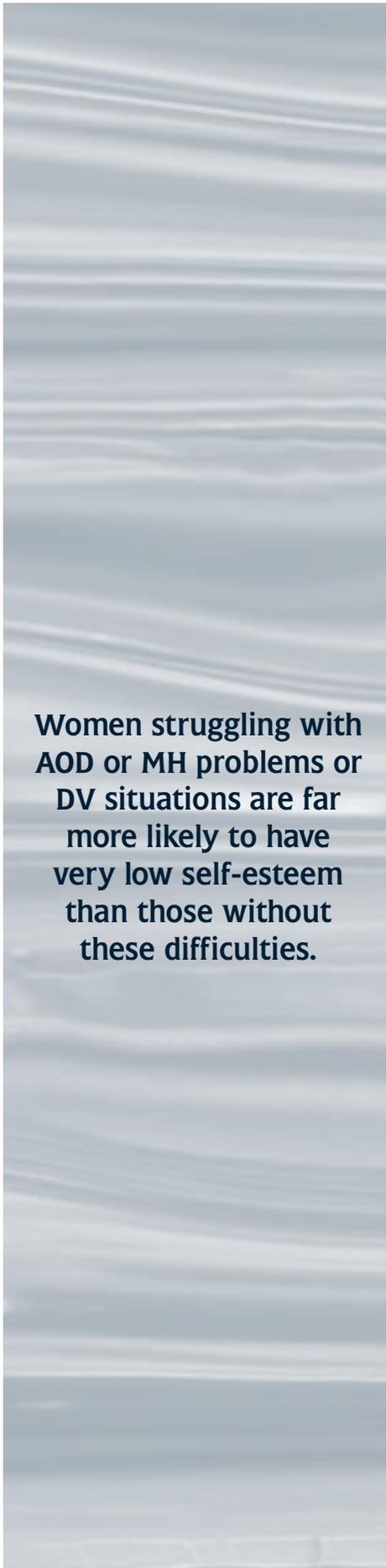
- AOD: 8%
- MH: 11%
- DV: 14%

In Round II (a year after welfare-to-work requirements took effect for these participants), 26% of the study samples had unidentified services needs in *at least* one of the AOD, MH, or DV domains.

Overall satisfaction with services. At least half—and in most cases substantially higher percentages—of the participants who have received services thought that the services had helped them deal more effectively with their problems. And sizable proportions also said that the services had made them "much more capable of working."

Uncompleted service episodes. Many recipients do not complete AOD, MH, and/or DV services once started. Some people withdraw because they do not perceive the services as helpful; and/or because the services are difficult to access due to transportation and child care complexities; and/or because these participants may not feel their problems are as important as meeting the immediate basic needs of their family.

Data collected by the CalWORKs Project from six counties in California, which provided publicly funded AOD and MH services to TANF participants, indicates a high level of client impairment. Yet in some counties, 75% of the participants with MH problems received fewer than five units of service. Programs that explicitly focus on engaging clients have longer episodes of service. Such programs assign low caseloads to case managers; afford participants high levels of hands-on, out-of-the-office attention; and, provide transportation and on-site child care to minimize barriers that could otherwise interfere with engagement in services.



Women struggling with AOD or MH problems or DV situations are far more likely to have very low self-esteem than those without these difficulties.

POLICY AND PRACTICE RECOMMENDATIONS

Our results confirm the findings of the GAO and other researchers who have determined the existence of a subset of TANF participants who must overcome multiple challenges if they are to achieve self-sufficiency. This finding has important implications for the reauthorization debate.

Policy recommendations

TANF reauthorization must make special provisions for those confronted by multiple barriers to employment.

- *The 20% hardship exemption should be increased.* States currently are allowed to provide hardship exemptions from the five-year time limit for up to 20% of their caseload. With declining caseloads the arbitrary 20% threshold is too low to encompass the larger number of individuals with serious AOD, MH problem, and/or DV issues, as well as those with physical health and other hardship conditions.
- *Reauthorization should require all TANF programs to screen, assess, and provide services to recipients with serious AOD, MH, and DV issues.* We know that services for AOD, MH, and DV issues can help participants be more effective in their lives. AOD, MH, and DV services that focus specifically on overcoming the aspects of the problems that constitute barriers to employment are consistent with the work emphasis of TANF and would be particularly helpful to recipients.
- *Hours spent receiving services for AOD, MH, and DV issues should count as allowable work activities for as long as necessary.* States that currently allow these services to be credited as work activities are penalized in calculation of their federal work participation rates. States should be given the flexibility to allow provision of services for these impairments as long as they deem necessary.

- *The 60-month time limitation clock should pause during any months in which a recipient is receiving AOD, MH, or DV services to overcome barriers to employment.* The seriousness of some of the AOD, MH, and DV conditions demands active comprehensive services that may require more than a few months to rectify. Recipients do not have an incentive to remain engaged in these services if doing so depletes their allotted months of cash assistance. Again, allowing states the flexibility to temporarily stop the clock for individuals will promote the development of innovative efforts to meet the needs of these hard-to-employ recipients.

Practice recommendations

The results provide guidance for the kinds of services that will be useful to recipients who are identified as facing AOD, MH, and/or DV barriers to employment.

- *Programs must be developed that are capable of effectively serving clients with multiple AOD, MH, or DV problems.* Logistics become far easier when the participant can obtain services for multiple difficulties at a single site. And the integrated approach allows for a clearer understanding of the inter-relationship of the problems.
- *TANF programs must create more linkages with AOD, MH, and DV service providers.* Our findings make clear that TANF caseworkers are frequently unaware that many of their participants are receiving AOD, MH, and DV services, with the result that these services are not integrated into the participant's welfare-to-work plan. Many participants are reluctant to tell their TANF caseworkers about their need for or use of AOD, MH, or DV treatment services for fear of negative consequences.

That lack of coordination represents a missed opportunity. Many providers of AOD, MH, and DV services do not know about TANF

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While the welfare system identified relatively few of those needing services, by Round II a substantial portion were receiving some services that they had found themselves.

CalWORKs Project



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or its requirements. Consequently, the structure of the AOD, MH, and DV services they provide may not be practical within the framework of time limits and the client's need for employment.

- At least some AOD, MH, and DV programs must conduct aggressive outreach activities to engage participants in services. The multiple daily challenges facing most of

the TANF recipients often overshadow AOD, MH, and DV issues. Yet when serious, these difficulties can constitute obstacles to self-sufficiency that must be resolved. Assertive outreach that accommodates the multiple daily needs in the lives of these women is likely to be far more successful than traditional practice in engaging TANF recipients facing these problems.

THE CALWORKS PROJECT

CalWORKs (California Work Opportunity and Responsibility to Kids) is California's implementation of the federal Temporary Assistance to Needy Families (TANF) program. The CalWORKs Project is a collaborative effort of the California Institute for Mental Health, Children and Family Futures, and the Family Violence Prevention Fund. Funding from the California Department of Social Services, voluntary contributions from California counties, the David and Lucile Packard Foundation, the California Wellness Foundation, and a grant from the National Institute of Justice support the Project's work.

The CalWORKs Project provides policy and practice-relevant information about CalWORKs participants who have problems involving alcohol and other drugs (AOD), mental health (MH), and/or domestic violence (DV). The Project disseminates information about the prevalence of these problems among CalWORKs participants, and the ways in which they affect or compromise the effectiveness of CalWORKs services; it determines best practices for identifying and providing services to participants with these issues; and it identifies policy implications and recommendations based on our empirical work.

Additional information about the Project and products from the Project are available at www.cimh.org or by calling (916) 556-3480, ext. 111.