Outcomes

of

CalWORKs Supportive Services

in Los AngelesCounty

Mental Health

Domestic Violence

Substance Abuse

Year Two

Policy Implications

California Institute
for Mental Health

January 2005

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Staff for the outcomes monitoring effort include Dan Chandler, Pat Jordan, Joan Meisel, and CarolAnn Peterson. We are indebted to the assistance of many professionals working with supportive services, including:

DEPARTMENT OF MENTAL HEALTH

Marvin J. Southard

Dennis Murata

Dolorese Daniel

Randall Ahn

DEPARTMENT OF HEALTH SERVICES, ALCOHOL AND DRUG PROGRAM ADMINISTRATION

Patrick Ogawa

Richard Browne

Linda Dyer

Leona Anderson

COMMUNITY AND SENIOR SERVICES, DOMESTIC VIOLENCE UNIT

Roseann Donnelly

Lisa Hamilton

Sheila Hazlett

Chris Frau

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Margaret Quinn

Nadia Mirzayans

Siphan Van

Deborah Gotts

Michael Bono

Mayindi Mokwala

This report is dedicated to Barbara Sullivan, who died in the spring of 2004. She was an exemplary public servant, and those of us listed on this page miss her greatly.

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INTRODUCTION

High prevalence of mental health (MH), substance abuse (SA), and domestic violence (DV) problems jeopardizes positive outcomes for CalWORKs participants and their children.

Research in California counties has shown a high prevalence of mental health, substance abuse, and domestic violence in the CalWORKs population. These issues negatively affect participants' abilities to obtain and maintain employment, and can threaten the well-being of children in the family.[1]

Los Angeles County provides supportive services to address these barriers to achieving the goals of CalWORKs.

Using funds allocated by the California Legislature for the provision of mental health and substance abuse services, and CalWORKs single allocation funds for domestic violence services, Los Angeles has developed systems to identify and serve clients with MH/SA/DV problems—collectively called "supportive services."

Los Angeles is developing methods to measure the effectiveness of these supportive services.

The Department of Mental Health in Los Angeles County, with additional support from funds contributed by the Department of Health Services, contracted with the California Institute for Mental Health (CIMH) to work with the county in designing ways to measure the effectiveness of CalWORKs supportive services. A first report profiling service outcomes, including client satisfaction and the achievement of work-related goals was issued in May 2003.[2] This is the second research project report.

Four critical policy domains are evaluated.

This report analyzes data that shed light on policy questions in four areas.

- **Access:** Is the system able to identify participants with MH, SA and DV issues and to facilitate their entry into services?
- **Engagement:** Has Los Angeles County developed services that are relevant, accessible, and offered to the CalWORKs population in ways that enable and encourage participants to become and remain engaged in services?
- **MH/SA/DV Outcomes:** Do the services alleviate the specific MH/SA/DV symptoms or problems that serve as barriers to independence? Do they also help persons to deal with problems with daily living tasks and parenting?
- **Work-related Outcomes:** Do the services enhance the participant's ability to be self-sufficient? Do they help with the milestones on the way to full-time work, i.e. obtaining a general equivalency diploma (GED), obtaining needed training, and learning job search skills? Do services help recipients achieve the same income levels as persons who are not referred for help?

The report uses several sources of information to address these policy questions.

Two 2004 surveys. Treatment outcomes were assessed from the perspective of both the clients and the service providers in March 2004. The perspectives and feelings of clients represent a significant part of any outcome measurement system. The client ratings are from a sample of clients *currently* receiving services, while the provider ratings are for a set of clients who have been *discharged*. Persons in these samples are referred to as "current clients" and "discharged clients."

Linked 2004 administrative data. When possible, we have obtained and analyzed data from both the supportive services and the DPSS management

[1] These findings are from CalWORKs Project reports. Reports and technical assistance materials from the CalWORKs Project are available at the California Institute for Mental Health Web site at www.cimh.org/calworks.

[2] The CalWORKs Project. (2003). Outcomes of CalWORKs Supportive Services in Los Angeles County: Mental Health, Substance Abuse, Domestic Violence. Sacramento, California Institute for Mental Health.

information data bases concerning the clients who are part of the "discharge sample." The DPSS information is available for MH and DV samples, but not SA.[3]

A Greater Avenues to Independence (GAIN) pilot. In a few places, we also present data from a small pilot project that used GAIN staff to administer a brief survey to CalWORKs participants who a) did not attend a scheduled MH/SA/DV Clinical Assessment referral, *or* b) attended a supportive service and were returning to GAIN after the termination of the supportive service. This data is designed to help us better understand why clients do or do not follow-through on receiving supportive services. Data from this source is referenced as "the GAIN pilot."

Employment and earnings data for all supportive services clients during 1998-2001. We also obtained welfare eligibility and earnings data on all CalWORKs participants from 1998 to 2001, including information on those who were referred for a MH, SA, or DV supportive service.[4] Even though it is from an earlier period of time, the fact that *all* supportive service cases are included and that independent information on earnings is available makes this information very useful. We refer to information from this source as "1998-2001 population data."

Similarities exist among the sample of clients in the three service areas, but comparisons should be made with great caution.

Similarities exist among MH, SA, and DV supportive services, enabling policy-makers to consider them together. These similarities lie primarily in the CalWORKs administrative procedures applied to the three domains and in the broad CalWORKs goals that are relevant for all clients: participating in work or other activities in order to increase economic self-reliance. However, it is generally *not* valid to combine the outcome data from the three supportive services, because the populations and services are different—as are the methodologies used to select the client samples. Comparisons between services also should be made with great caution.

ACCESS

The percentage of welfare-to-work participants with supportive services in their welfare-to-work plans remained fairly constant at about 8% during FY 03-04.

Figure 1 shows the percentage of welfare-to-work participants who had either a mental health, substance abuse, or domestic violence supportive service in their welfare-to-work plan.[5]

Because the overall number of CalWORKs participants declined during FY 2003-2004, the actual *numbers* of clients with supportive services actually decreased slightly toward the end of the last fiscal year, particularly in mental health. (See Figure 2.)

The lower numbers of substance abuse clients reflects, in part, the fact that many CalWORKs participants do not inform their GAIN Services Workers that they are receiving substance abuse services for fear of negative consequences, particularly the removal of their children. As a result, these services are not part of welfare-to-work plans and do not show up in the figures reported here.[6]

[3] The Alcohol and Drug Program Administration in the Department of Health Services instituted a new fee-for-service billing procedure on July 1, 2004, so in the future such matches should be easily done.

[4] 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.

[5] Welfare-to-work enrollees includes a group larger than those in GAIN. This percentage would be larger if persons exempted from GAIN requirements, for example, were removed.

[6] While the referrals and cases served shown in this figure are believed to be accurate for the portion of the population having substance abuse services in their welfare to work plan, no comparable figure exists for the total number of clients whose services are billed to CalWORKs. A CalWORKs-specific billing system is being implemented by the Alcohol and Drug Program Administration and should rectify that problem.

Figure 1: All Supportive Services Clients Served per Month as a Percentage of All CalWORKs Welfare-to-Work Enrollees[7]

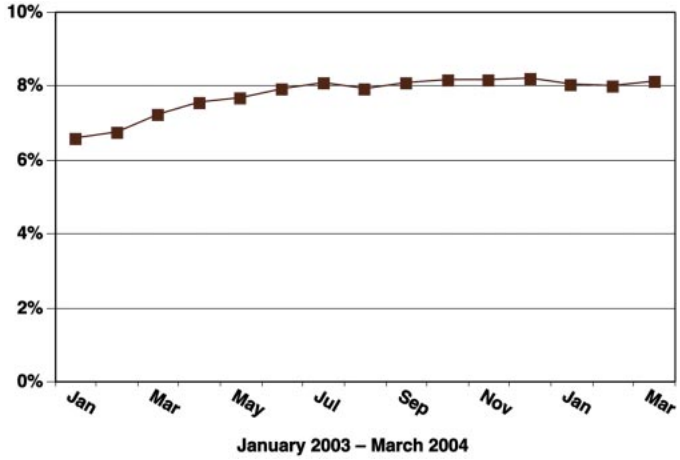
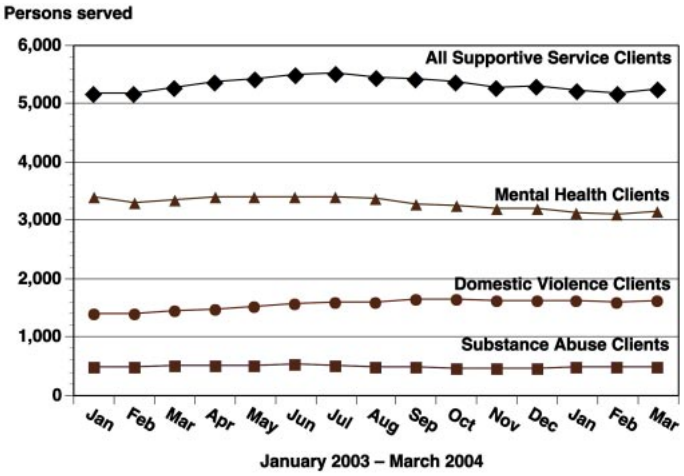


Figure 2: Number of Clients Served per Month: MH, SA, DV, and Combined[8]



Population data from 1998 to 2001 show that nearly one-quarter of the supportive services participants are referred more than once to a supportive service.

Of the 11,548 referrals to supportive services made during 1998-2001, 76% were for *either* MH, SA, or DV. In 17% of the cases, two referrals to a supportive service were made (not necessarily different services), while 4% had three referrals, and 2% had more than three (1998-2001 population data).

[7] Number of "enrollees" is from the state WTW25 and WTW25a reports. It includes persons not enrolled in GAIN.

[8] Because these numbers represent the population itself rather than a sample they can be combined.

Between half and three-quarters of supportive services clients surveyed in 2004 were receiving a service of the specified type for the first time.

One of the potential benefits of CalWORKs supportive services is that they open a new avenue of access to services that are needed to overcome barriers to self-sufficiency. Table 1 shows that the program has been successful in reaching many new people who had not previously utilized these services.

Table 1: Percentage of MH/DV/SA Clients with *No* Prior Services: Current and Discharged Clients

Type of Information	MH	DV	SA
Self-report on current client survey	58%	76%	50%
Staff record review for discharged clients	64%	75%	45%

The Department of Mental Health, in particular, has made notable efforts to reach out to ethnic minorities. Asian/Pacific Islanders and Latinos are significantly more likely to be receiving mental health services for the first time (67%). For the current MH client sample, outreach to the *Spanish-speaking* Latino population appears to have been particularly effective: 34% of the first-time users were Spanish speaking compared to the 18% Spanish-speaking among those who had used mental health services in the past.

ENGAGEMENT

Keeping clients engaged in supportive services is a critical but difficult task.

Our previous outcome report clearly showed that outcomes specific to substance abuse, domestic violence, mental health, *and* work-related outcomes were better the longer a client remained in services. Outcomes were particularly positive if a client had completed services, i.e. achieved the goals that the client and supportive services staff had established.

Numerous factors make continued participation in services difficult for some or all of the clients: primary languages other than English or Spanish, difficulties with child care and transportation, the presence of co-occurring problems, homelessness, other demands on time, difficulties organizing time and other demands.[9] Supportive service providers have to show unusual flexibility and attention to these issues if they are to provide services that will engage prospective clients with this range of obstacles.

While services were easily accessible for the overwhelming majority of current clients, location or time may be problematic for up to 25%.

Table 2 shows the percentage of current clients who reported that services were available at times that were good and that the location was convenient. Positive responses range from 82% to 96%. A total of 25% of mental health clients and 13% of substance abuse and of domestic violence clients, however, reported that one or the other was inconvenient for them. (However, only one out of 26 clients in the GAIN pilot reported having terminated services due to time or location problems.)

Table 2: Percentage of Current Clients Reporting "Yes" to Accessibility Questions

Measure of accessibility	MH N=304	DV N=379	SA N=211
"Services were available at times that were good for me"	90%	96%	91%
"The location of services was convenient (parking, public transportation, distance)"	82%	89%	92%

Client satisfaction with supportive services is very high.

Table 3 shows satisfaction rates for all three types of service among current clients. These high rates are especially impressive since considerable care was taken this year to obtain representative samples of current clients.

Table 3: Current Client Satisfaction With Services

Satisfaction	MH N=298	DV N=375	SA N=212
Very Satisfied	78%	90%	80%
Somewhat Satisfied	17%	8%	19%
Somewhat Dissatisfied	3%	2%	<1%
Very Dissatisfied	1%	0%	<1%
TOTAL[10]	100%	100%	100%

The GAIN pilot provided an opportunity to ask clients no longer receiving services how satisfied they were with their services. Overall 64% were "very satisfied" and 24% were "somewhat satisfied," rates only slightly lower than found among current clients.

All three types of providers said that 45% to 60% of their discharged clients attended most or virtually all their scheduled service visits.

The providers rated the level of participation for each of their discharged clients (Table 4). Overall about half the clients participated in most or virtually all of the scheduled sessions or visits.

Table 4: Provider Ratings of Client Level of Participation in Treatment

Rating	Description	MH N=362	DV N=181	SA N=275
VERY GOOD	Participation in virtually all sessions	12%	21%	23%
GOOD	Participation in most sessions	33%	30%	37%
POOR	Participation sporadic	35%	23%	24%
MINIMAL	Participation rare	20%	26%	17%
TOTAL[10]		100%	100%	100%

[9] The reasons clients in the GAIN pilot said they did not attend scheduled appointments at a supportive service provider included lack of child care, inconvenient time or place, conflict with scheduled work, and fear that they would lose their grant or be reported to child welfare.

[10] May not total 100% due to rounding.

Lengths of time in treatment differ among the three supportive services with more mental health clients receiving services for an extended period of time.

As shown in Table 5, a total of 68% of discharged substance abuse clients received services for six months or less compared to 35% for discharged mental health clients. Domestic violence is intermediary between mental health and substance abuse: 53% received services for six months or less. A substantial minority of clients receiving each type of service received services for longer than a year.

Table 5: Discharged Client Time in Treatment

Time In Services	MH N=328	DV N=181	SA N=278
Under Two Months	4%	19%	31%
Between Two and Six Months	31%	34%	37%
Six to Nine Months	19%	14%	16%
Between Nine and 12 Months	12%	11%	5%
12 Months or More	35%	20%	11%
TOTAL	100%	100%	100%

Various data sources suggest service episode completion rates of around 20% for MH and DV, with higher rates for SA.

The GAIN workers note in the Department of Public Social Services' (DPSS) GEARS data management system the reasons why a supportive service has ended for clients in the discharge sample. They indicated that 20% of the MH and 12%[11] of the DV discharge individuals had completed their service component. Inability to match the SA clients to the DPSS data system provides no comparable figure for the SA discharge sample.[12]

A total of 19% of the 5,247 referrals to the mental health system, and 21% of the 3,482 referrals to domestic violence services, in the *population data from 1998 to 2001* were rated by GAIN workers as completed.[13] A total of 38% of the referrals to substance abuse services were rated as completed.[14]

DPSS population data from 1998 to 2001 show that a higher percentage of clients complete supportive services in the long-run than complete any given service episode.

The 1998-2001 population data show that a considerably higher percentage of *persons* complete the supportive service for which they were referred (28%) than complete specific episodes (23%). In other words, some participants entered and left services more than once during the study period and completed services on at least one attempt.

The longer clients received MH or DV services, the more likely they were to successfully complete the supportive services episode.

Using the GAIN worker ratings of service episode, those MH clients who were in treatment between six months and a year were 2.5 times as likely to complete and those receiving treatment a year a more were eight times as likely to complete the component as those with less than six months in treatment. The average time in DV services for those who completed services was 13 months, compared to seven months for those who did not. Since service costs are likely to be higher for longer episodes,[15]

[11] DV service providers classified 23% of the 189 discharged clients they rated as having completed their services in terms of meeting client goals—which is not necessarily the same criterion used by DPSS in determining whether the supportive service component was "completed."

[12] Substance abuse staff rated 30% of substance abuse clients as having completed services.

[13] We excluded cases in which no end-code was listed—30% of all MH/SA/DV service episodes—on the assumption that these cases were still open. We were able to check this assumption with mental health administrative data. The number of mental health with no end code almost exactly matched the open cases at the time the study ended; we conclude that virtually all of these referrals were still open at the time the data collection was completed. DPSS staff also confirm cases with no end code were either still open or in a few cases were due to error.

[14] The higher rates of service completion for SA than MH or DV services is confirmed in the staff ratings of reasons for service termination with 30% of the SA clients, 14% of the MH clients, and 23% of the DV clients rated as having successfully completed the service episode.

[15] We have cost data only for MH. In that data, higher costs do correlate with longer treatment and completion of treatment. Average costs per episode (from the DMH administrative data for the same persons) were higher for those completing treatment ($5,159) than those who did not complete services, but who were employed ($3,254) or those who dropped out ($3,631).

this data suggests that the effort to engage clients until they complete services may result in higher average costs per episode. These added costs have to be weighed against the consistently better clinical and employment outcomes for those clients who complete treatment.

Analysis of the 1998-2001 population data suggest that those clients with limited English ability in DV services (18%) and in MH services (27%) were somewhat *more* likely to complete services. (The length of time in treatment is also higher for Spanish and Cambodian languages among current mental health clients.) This suggests that specialized programs for cultural and linguistic subpopulations are doing a good job at engagement.

SERVICE OUTCOMES FOR MH/SA/DV

Virtually all current clients reported receiving significant help for their primary problems.

For each service area, the majority of current clients reported receiving "a lot" of help for their problems or situation (Table 6). Also in each service area, a positive relationship existed, depending upon how long the client had been receiving services and the amount of help they reported (not shown).

Table 6: How much did mental health (substance abuse, domestic violence) services help you to improve your situation or deal with your problems?

Helped	MH N=308	SA N=213	DV N=374
A lot	57%	80%	75%
Some	32%	17%	22%
A little	9%	2%	2%
Not at all/Made worse	2%	1%	1%
TOTAL	100%	100%	100%

More than 95% of the current SA and DV clients report that the supportive services also help them "a lot" or "some" with managing the tasks of daily living and with parenting.

Figure 3 (on page 8) shows the amount of help that current clients said they had received from their MH, SA, and DV services in dealing with their daily lives and in their parenting.

For discharged clients, staff rated about three-quarters of the clients as having made positive changes related to their primary problem.

Strong positive change on the primary MH/SA/DV outcome was recorded by staff raters as occurring in a quarter to a third of cases, while some change was recorded for approximately three-quarters of the clients (Figure 4, page 8).

In addition, staff rated change on capacity to manage the tasks of daily living and change in parenting skills (Figure 5, page 9). These ratings tended to be lower than the ratings on the primary outcome. An exception was parenting among substance-abuse clients who registered strong change in this domain.[16]

Staff-reported positive change was greater for those who completed services.

A strong relationship existed between completing treatment and positive outcomes. For example, on the primary measures listed above, 44% of persons completing mental health services were rated as having strong positive change on their emotional problems (vs. 14% overall); 77% of persons completing substance abuse services were rated as having strong change on their substance abuse issues (vs. 33% overall); and 79% of persons completing domestic violence services were rated as having strong positive change on their physical safety (vs. 40% overall).

[16] Note that the percentages here reflect only the cases in which staff viewed parenting and managing tasks of daily living to have been a focus of the services provided.

Figure 3: Current client views of help received at their service agency

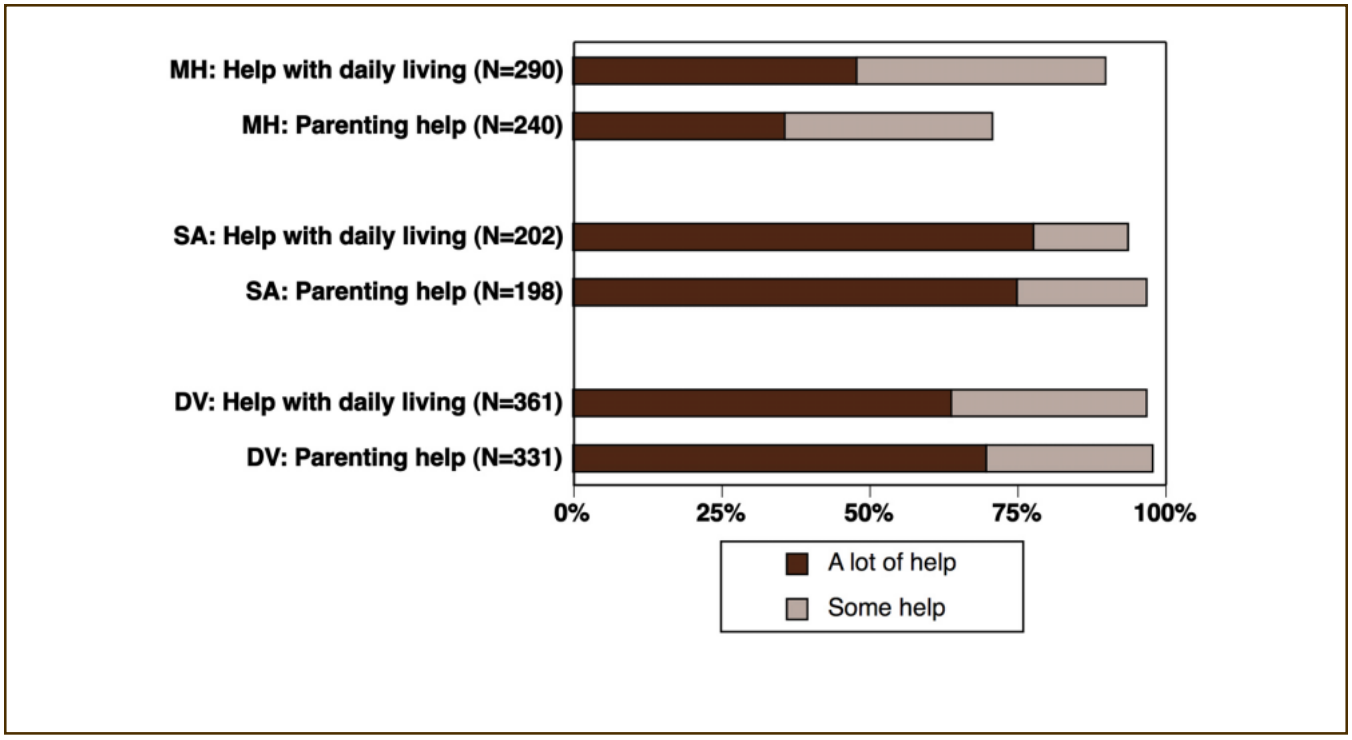


Figure 4: Amount of positive change in key service outcome for MH/DV/SA services: staff ratings

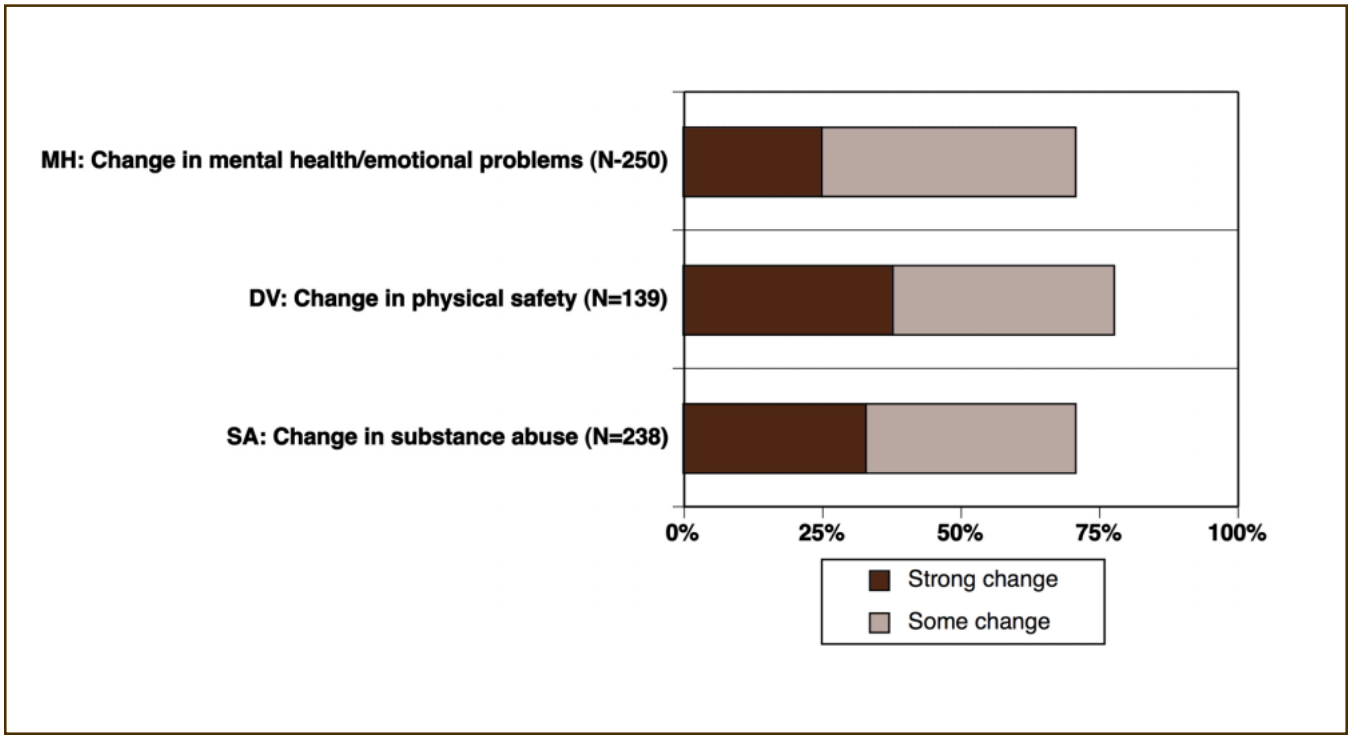
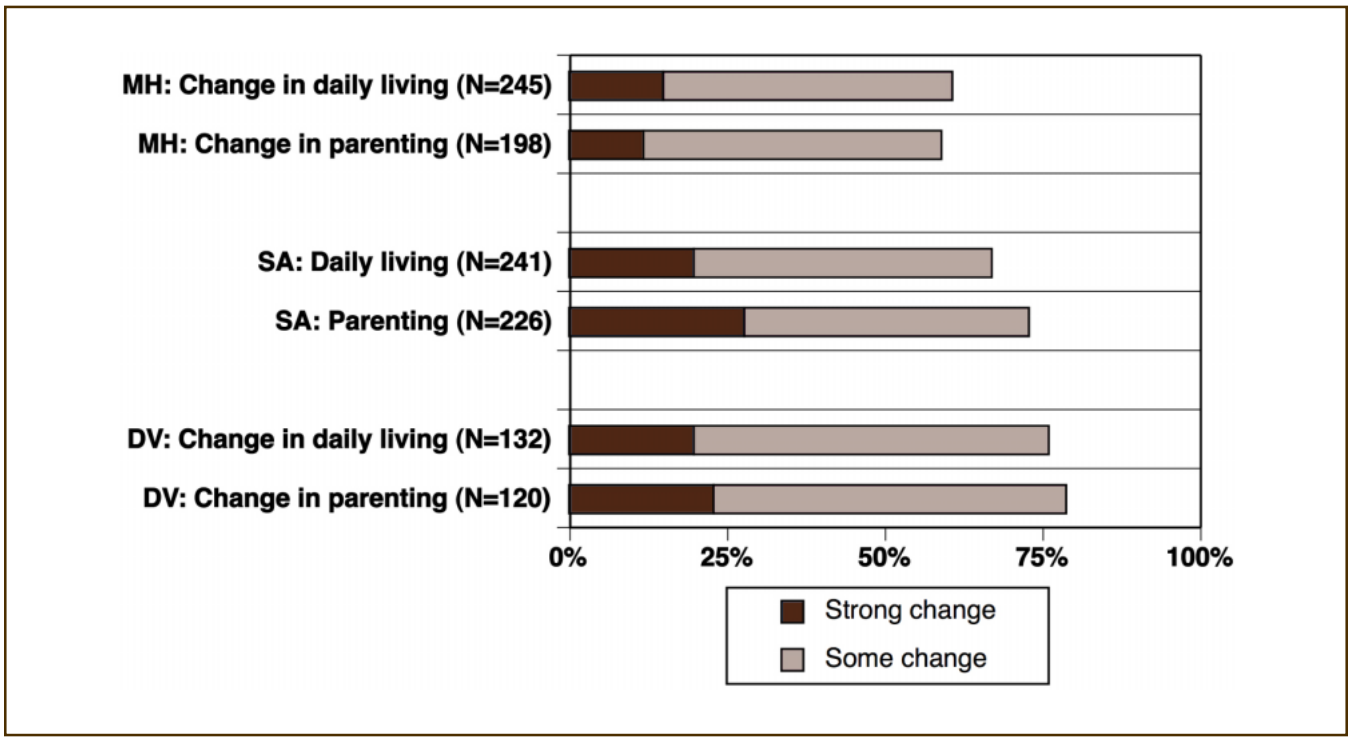


Figure 5: Staff ratings of change in parenting skills and capacity to manage tasks of daily living for discharged clients



WORK-RELATED OUTCOMES

Work-related outcomes for those receiving supportive services should be viewed in the context of similar outcomes for all welfare-to-work participants.

The number of persons on welfare has declined, but work-related outcomes for those who remain on CalWORKs are limited. Here are some highlights.[17]

- Participation in Job Club (the "first step" for most work activities) was very low. A total of 54% of GAIN participants did not attend Job Club at all, and only 25% completed it.
- In the same study, only 12.5% of participants took part in a training activity, and only one-third of these finished.

Additionally, California Department of Public Social Services data for Los Angeles show that in the second quarter of 2003 only 31% of single–parent, non-exempt CalWORKs enrollees were employed (at some time in the quarter).

Since CalWORKs participants having MH/SA/DV problems have *more* barriers to employment than do other participants,[18] we judge MH/SA/DV service outcomes to be successful, if they show outcomes similar to these we have cited for participants overall.

[17] These data are from different DPSS sources including a 2003 research study by DPSS (we use data from the cohort drawn in the second quarter of 2000) and from the most recent state data. Moreno, M. H., H. Toros, et al. (2003). Employment and Earnings Among Welfare-to-Work Participants in Los Angeles County, 1998-2001. Los Angeles, Department of Public Social Services. Available at: http://dpss.co.la.ca.us/dpss/dss/research_papers.cfm. CalWORKs Adult Recipients Quarterly Wage Earning Reports for Quarter Two, 2003. http://www.dss.cahwnet.gov/research/CalWORKsDa_388.htm

[18] Chandler, D. and J. Meisel (2002). Alcohol & Other Drug, Mental Health, and Domestic Violence Issues: Effects on Employment and Welfare Tenure After One Year, California Institute for Mental Health. Sacramento, CA.

According to provider ratings, at least half of the clients had positive change in their capacity to look for, find, and retain work.

Table 8 presents the provider ratings for discharged clients. DV and SA staff rated change almost identically: about 20% had strong positive change, and about 40% had some positive change. MH staff rated both categories lower: 14% and 34%, respectively.

The amount of positive change was strongly associated with the time receiving services as well as with completion of services for all three types of clients.

Table 8: How much staff believe discharged clients were helped in developing the capacity to look for, get and keep jobs

Client change in work capacity	Substance abuse N=198	Domestic violence N=109	Mental health N=304
Strong positive	20%	22%	14%
Some positive	42%	44%	34%
No change	32%	32%	48%
Negative change	6%	2%	3%
TOTAL	100%	100%	100%

A total of 20% of current CalWORKs supportive services clients are working while they attend services; at least two-thirds are engaged concurrently in some employment-related activity.

Because clients are already beginning to "time off" of welfare, the sooner that the participant receiving supportive services can *also* participate in welfare-to-work activities, the better. For each type of client, the percentage working at the time they were surveyed was virtually identical: 20% for mental health and domestic violence, and 19% for substance abuse.

While actually holding a job is the most important measure, other welfare-to-work activities are milestones in the route to work. Overall, 64% of mental health clients, 81% of domestic violence clients, and 75% of substance abuse clients either worked or participated in one or more of the other employment-related activities in the three months prior to the survey.

Slightly over 20% of the MH and DV clients were working in the month their supportive services ended, and around half were engaged in some work-related activity.

Based on information about earnings from DPSS data systems, 21% of the MH clients and 23% of the DV clients in the discharge sample were working in the month in which their supportive services ended. A total of 50% of the MH clients and 53% of the DV clients were either working or engaged in education or training, or volunteer work.[19]

In the month services terminated, MH clients who were rated by the GAIN workers as having completed their MH service episodes were more likely to be engaged in work (30% vs. 19%) or in work or other work-related activities (68% vs. 36%) than were those who did not complete their services. There was little difference for DV: of those who completed services, 25% were employed vs. 21% of those who dropped out.

Earnings were low [20] for those who worked in the month in which mental health or domestic violence services ended.

Table 9 shows the earnings of those who reported earnings in the month in which their mental health or domestic violence services ended. The monthly earnings of most working participants would not be sufficient to support a family. Only 30-40% of those working made $900 a month or more, and less than 10% made over $1,500 a month.[21]

[19] Again, information from DPSS on substance abuse clients in the discharge sample is not available because of the inability to match clients. Information from the provider survey about the clients' status the last time they were seen indicated comparable work and work-activity percentage for substance abuse clients as for MH and DV.

[20] Information on earnings (of over $100) is collected by those in CalWORKs, (including post-employment services) or Food Stamps or Medi-Cal programs. We computed the percentage who worked in any month as equal to the percentage reporting any earnings.

[21] Earnings of $1,500 a month equates to $18,000 a year. Poverty-level income for 2004 for a family of three is $15,670 and for four is $18,850. (http://aspe.hhs.gov/poverty/04fedreg.htm) Clients in this sample had an average of 2.84 dependents.

Figure 6: Current Client Participation in Employment-Related Activities

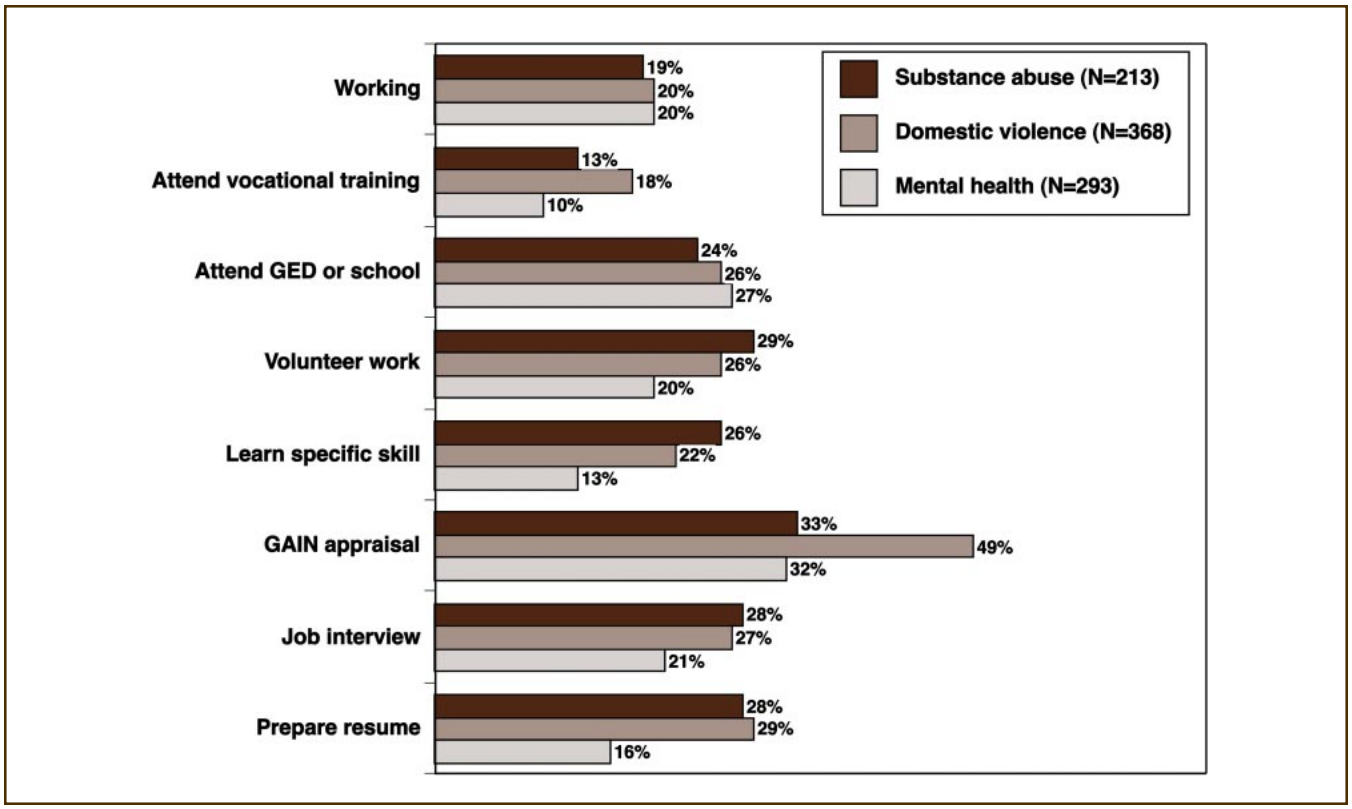


Table 9: Monthly earnings for those employed during the month in which the mental health or domestic violence services terminated

	Mental Health		Domestic Violence	
Monthly Earnings	Number	Percent	Number	Percent
$1–300	14	25%	5	13%
$301–600	7	13%	12	32%
$601–900	11	20%	9	24%
$901–1,500	18	33%	11	29%
>$1,500	5	9%	1	2%

Participation in CalWORKs (for the clients in the discharge samples) dropped considerably after the end of mental health and domestic violence services.

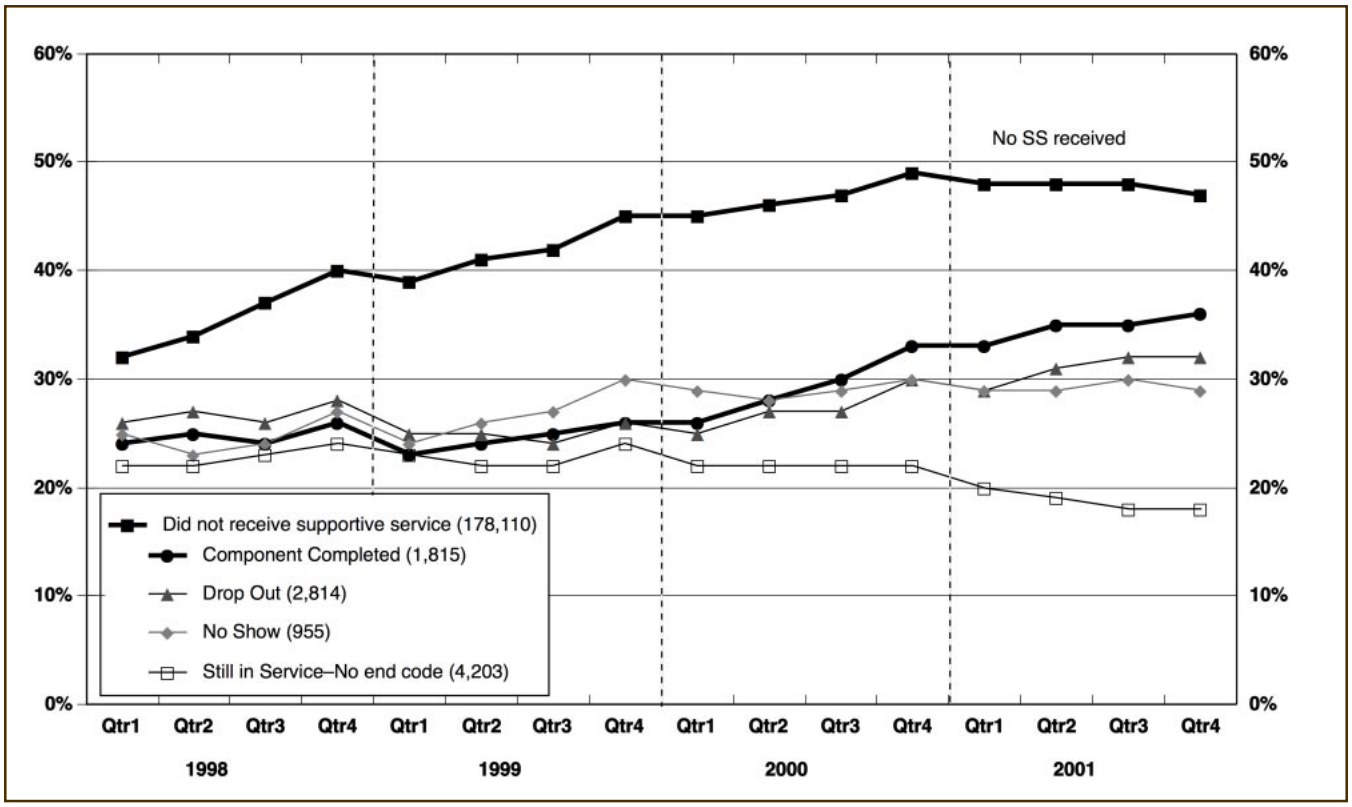
In the month in which these supportive services ended, 25% of the mental health clients and 13% of the domestic violence clients in the discharge sample ceased receiving CalWORKs cash assistance. The number receiving CalWORKs continued to decline over the ensuing six months so that by the seventh month after the supportive services ended only 49% of the mental health clients and 61% of the domestic violence clients were still receiving CalWORKs. Medi-Cal receipt remained high for these clients, with 83% of the MH clients and 87% of DV clients still receiving aid.

The percentage of persons working and their average monthly earnings did not change appreciably over the six months following the end of the mental health or domestic violence episodes.

While the average number of persons working each month remained fairly stable across the seven months (month of termination and the six following months), individual client employment was only moderately stable. For example, only 47% of the mental health clients who worked had earned income in all seven months, another 22% earned in five or six months, 33% earned in three or four months, and 25% earned in only one or two months.

Those who were no longer receiving CalWORKs were more likely to work than those who continued to receive CalWORKs. For example, by month

Figure 7: Referred to supported services vs. not referred: percentage with earned income in each quarter[24]



[24] Note that the referral to supportive services may have come at any time in the four years. It was not possible to show earnings "before" and "after" supportive services referrals.

seven 41% of the domestic violence clients no longer receiving CalWORKs had earnings compared to 18% still enrolled in GAIN.

The fact that 60-70% of those *who had left CalWORKs* reported no earned income is a matter of concern—both in this sample and nationally.[22]

The 1998-2001 population data shows both the employment disadvantage of clients referred to supportive services and the apparent ameliorative effect of supportive services if the episodes are completed.

Figure 7 shows the percentage of GAIN participants who are working each quarter over the 1998-2001 time period.

The top line represents GAIN participants who were not referred to a supportive service; the percentage of these participants who worked increased steadily over the time period. The lines below represent the percentage of supportive service participants working, classified by how they terminated services or if they were still receiving supportive services. Clearly having mental health, substance abuse, or domestic violence issues decreases the chances of working. Among those who received a supportive service, the percentage working is highest for those who complete services. Intermediate are those who either drop-out of services or are no shows. But those who are still receiving services are not doing as well, with a decreasing percentage working over time.

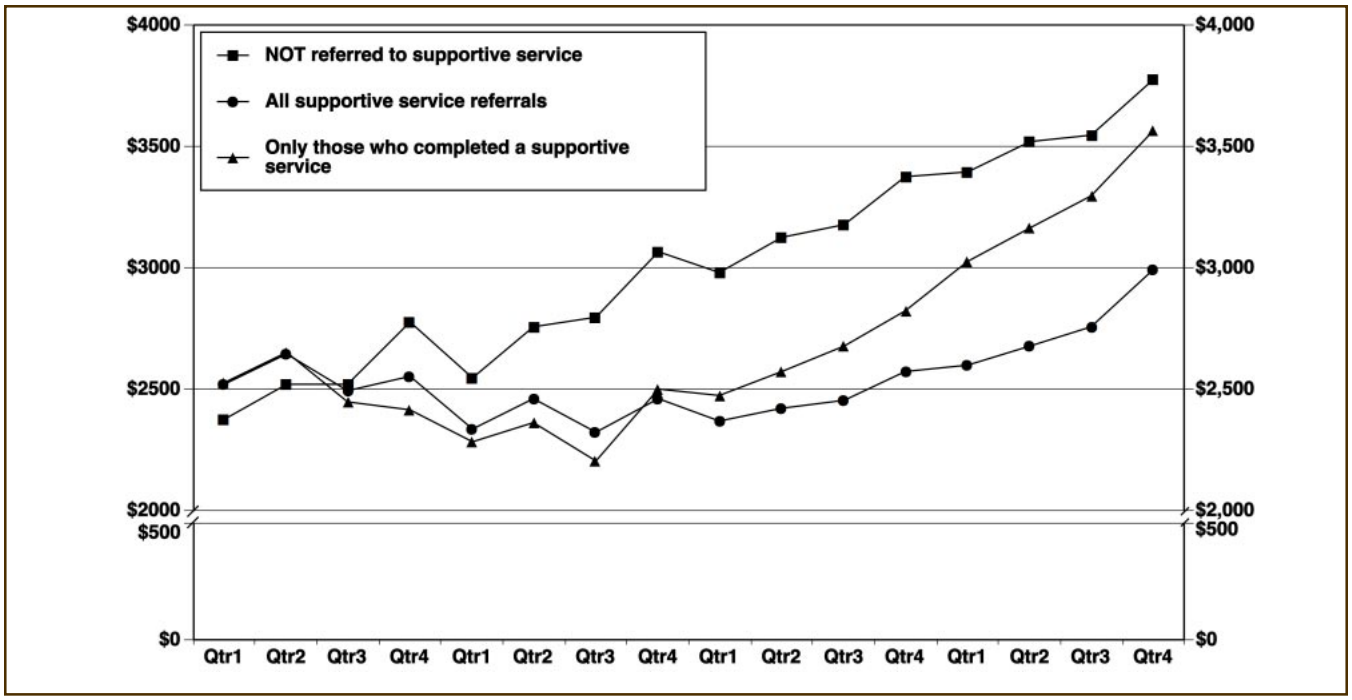
[22] Nelson, Sandi, and Sheila R. Zedlewski. 2003. "Qualitative Interviews with Families Reporting No Work or Government Cash Assistance in the National Survey of America's Families." Assessing the New Federalism Discussion Paper no. 03-01. Urban Institute, Washington, D.C. Available at http://www.urban.org/urlprint.cfm?ID=8331

Among those who received a supportive service who <u>do</u> have earned income, earnings for those completing a supportive service are not appreciably below earnings of those with no supportive service referral.

Figure 8 shows the quarterly earned income for three different groups of CalWORKs participants (with persons who did not work omitted). The top line is the persons who were active in CalWORKs at some time during this period of time (1998-2001) who did not have a supportive services referral. The bottom line shows the earned income for all those who were referred to supportive services. In the middle, we see the income of those who were referred to a supportive service *and* completed it. By the fourth quarter of 2001, little difference occurred between the average earned income for those not referred ($3,777) and those completing a supportive service ($3,563).

Those completing services do much better than others referred to supported services. Without a controlled study, however, we are not able to say whether that is due to the effects of treatment or that this group differs from those who don't complete services in ways related to their earnings.

Figure 8: Quarterly earned income for those with *some* earnings: by supportive service status



SUMMARY OF FINDINGS AND POLICY IMPLICATIONS

The supportive services system has done a good job of increasing access to services, particularly with certain subpopulations. Despite this, there is a continuing need to experiment with new ways of identifying clients, particularly those populations that are difficult to engage.

Los Angeles supportive service programs continue to serve 8% of all GAIN enrollees and have had success in getting new people into services. It appears that some programs are especially effective with certain subpopulations (e.g. with non-English speaking and older clients). It would be helpful to look more closely at these programs and other counties in order to identify successful practices in increasing access and engaging participants.

Engagement and retention are critical.

The issue of engaging and retaining clients in service is perhaps the most challenging issue still facing supportive services. Completion rates from the various data sources and for the various services range from 15 to 30%. It is clear that those who complete services have better outcomes, including being more likely to work and, if working, to earn almost as much as those without any need for supportive services. Even if clients don't *complete* services, the longer they stay in services the better the outcomes. Programs need to do more to make services available, accessible and convenient, in order to better address clients' needs and make it easier and more likely for them to remain in treatment.

Positive outcomes validate the importance of continuing to support and encourage the provision of supportive services under CalWORKs.

Participants who need and 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. Supportive services alleviate specific MH/SA/DV symptoms or problems, as well as helping with everyday functioning and parenting. Both staff and client ratings indicated supportive service recipients receive significant help with their problems.

Supportive services also have a positive impact on clients' ability to work and on their earnings from employment. Significant proportions of supportive services clients engage in work activities while getting their supportive services, and nearly half are engaged in work, school, training, or job search at last contact with supportive services. Those who complete services and those who are in services for longer periods of time, even if they don't complete services, are more likely to be working. And population data from 1998 to 2001 show that, if working, those who completed services were earning almost as much as those who were not referred to supportive services.

APPENDIX: Methodological information

We have put in this appendix more detail regarding the samples we used. *Discharged client sample:* By implication, an "outcome" occurs at the end of services. Thus we needed to sample a set of clients who had received supportive services in the recent past but were no longer receiving them. Two different methodologies were used.

- **Mental health and domestic violence:** We selected the clients who had a MH or DV service listed as a "work activity" in their GEARS welfare-to-work plan up until the months of October 2003 through February 2004. That is, they had received one of these supportive services but had terminated them at some point between October 2003 and February 2004.
- **Substance abuse:** Unlike mental health and domestic violence, relatively few clients have substance abuse service included in their welfare-to-work plan. For this reason, the substance abuse sample was drawn using the agency's MIS data rather than the identifiers drawn from GEARS. We required that the client (or the client's child) be receiving CalWORKs assistance.[24]

Current client sample: It would be ideal to obtain the views of the above subset of "discharged" clients themselves, but access to discharged clients is very difficult to obtain. We are exploring a method for doing this using a survey conducted by GAIN workers. We briefly reference data from a pilot using this method. However, until we have complete data from discharged clients, we have used a survey of a representative sample of "current" clients—that is, clients still receiving services. These clients completed a survey at the service site about their views of the services they were receiving and how well they thought they were doing. We compared satisfaction ratings these clients made with those of the discharged clients in the GAIN pilot in order to ensure that using current clients does not bias the results.

GAIN Pilot sample of CalWORKs participants who completed services. The pilot asked clients whose supportive service had just ended to complete a survey when they returned to talk with their GAIN worker. Persons who left CalWORKs or were sanctioned, exempt, or for other reasons no longer participated in GAIN were not included. Two districts participated in the pilot, and a total of 26 CalWORKs participants filled out the survey.

Economic Roundtable sample of CalWORKs GAIN participants. The persons included in this analysis are 11,548 individual parents who were active in Los Angeles GAIN 1998-2001. "Active" means having one or more referrals to any kind of GAIN component, such as Job Club, Job Training, and Supportive Services. Information on GAIN services, particularly supportive services (MH/SA/DV) is matched with Unemployment Insurance data on number working, and earnings, in each quarter during the 1998-2001 period. This information was available for the entire time period, regardless of how long the person received GAIN services. For employment and earnings analyses, the participants referred for supported services are contrasted with all participants *not* referred, a total of 178,113 persons.

[24] The sampling frame was intended to cover only those whose services were billed to CalWORKs. Inadvertently some of the sample included persons whose services providers believed could have been billed to CalWORKs but had instead been billed to Medi-Cal.