

APPENDIX A.

STUDY DESIGN

Overview of study. The Alameda County CalWORKs Needs Assessment was established to assess the needs of new and transitioning welfare recipients; to identify the constellation of personal, community, and programmatic barriers to self sufficiency and to successful departure from CalWORKs; and to determine what outcomes result for this population. As welfare recipients attempt to transition to the workforce, health-related problems are likely to emerge as barriers to self-sufficiency. This study identifies and quantifies potential barriers to obtaining and maintaining employment to assist in planning for the service needs of these clients. The project will help the County recognize critical program ingredients within CalWORKs to promote successful transitions from welfare to work by former AFDC recipients and new TANF enrollees, despite their health or other barriers. The results of this study are expected to be influential in setting policy directions at the state as well as the local level

In the study area of health-related potential barriers to self-sufficiency, study participants bring both problems and assets to their CalWORKs involvement. Based on one interview, the Needs Assessment can not make definitive judgments about the future of specific study participants. However, the study can suggest areas in which potential barriers appear substantial or negligible for the sample as a whole.

Target population. The study target population was defined as a cross-section of adult CalWORKs recipients in October 1998, ages 18 through 59, including members of one- or two-parent families; with the respondent speaking English, Spanish, or Vietnamese. Definition of the population excluded recipients permanently disabled and exempt from work, families in which parents or children were receiving SSI, and non-needy caretakers. Of interest were both long- and short-time recipients and both welfare leavers and stayers.

A longitudinal panel design with repeated interviews provides data for a full description of the needs of the cross-section of CalWORKs recipients and allows us to determine the relationship between barriers and subsequent program involvement and health, employment, income, and other outcomes.

Variables or Indicators Measured. A number of questionnaire items were adopted or adapted from existing studies or instruments (See Appendix D for a copy of the Measurement Scales Incorporated in the Questionnaire). Interviews covered the subjects' background, education, training and employment history, living situation, receipt of benefits and other types of support, access to food, arrest history, use of alcohol and drugs, physical and mental health, and history of child abuse and family violence. We asked subjects about their needs for and use of childcare, transportation, legal and financial services, alcohol and drug treatment, and mental health and medical services. To understand the recipients' situations more fully, we asked about one child, chosen at random from the respondents' children. Questions about the child covered health, safety, behavior, involvement with CPS, and school performance (if in school).

Nationally, several important studies, as well as current pilot programs, examine the work effects of welfare reform. However, relatively little has been done to assess the health, mental health, and familial effects of the new welfare regulations and their resulting impact on employment. Without focused research on these concerns, policy makers will not understand the impact of the CalWORKs program on visits for episodic care, treatment of chronic disease, and access to consistent preventive health care, on use of alcohol and other drug services, on the family and on access to family stress and violence counseling, and on other health and mental health services for new workers. Neither will policy makers comprehend the nature and duration of work for the post-welfare population that may suffer from a variety of work-limiting health conditions or other disabilities.

The current study addresses these issues by gathering baseline data on this population and following its progress over time. The follow-up study will permit us to address questions like: How conducive is the new "work-first" welfare policy to personal and family health? What impact on access to health insurance will be evident as welfare recipients transition into work? Will more or fewer welfare recipients obtain health, substance abuse, and mental health services critical to their getting and keeping a job? What effects on family structure will be evident?

Table B-1 summarizes the array of topics that will be monitored with follow-up interviews. The bold captions are followed by examples of some of the variables that will be assessed relative to the domain. For example, some of the socio-demographic variables include age, gender, and ethnicity. The variables relating to program elements and implementation activities will be counts of time, services, or amounts of income or other similar measurements. These variables reflect the characteristics of the CalWORKs population and will provide useful information in determining the needs of the different subgroups of CalWORKs recipients. For example, single parents currently covered by Medi-Cal and receiving cash grants for childcare assistance may have great difficulty when they take a low-paying job and lose these benefits. It will be important to obtain information about a recipient's current status as s/he transitions from AFDC or comes in new to CalWORKs, both in order to understand what current needs are to make the transition and to be able to follow what happens over time. The status measures will be recorded at baseline and follow-up to capture the impacts of CalWORKs on respondents.

Study phases. The study is composed of two phases. Phase 1 is a needs assessment; phase 2, an outcome study in which subjects serve as their own controls over time. Data include interview responses and Social Services Agency administrative records containing information on topics such as benefits, sanctions, income, and program involvement. This first report presents descriptive information about several of the central domains of interest. Additional domains, and results of various multivariate analyses applied to the data, will be described in subsequent reports.

Study Duration. If funds are available for three waves of interviews, study design, respondent recruitment and interviews, data entry and cleaning, analyses, writing, and dissemination of findings are planned to take place within a four-year period. Final reports will be completed in Fall/Winter 2002.

Figure B-1. Tracking Impacts of Welfare-to-work Programs

<u>Pre-existing Factors</u>	<u>Program Elements</u>	<u>Implementation Activities</u>	<u>Impacts</u>
<p>Socio-demographics</p> <p>Age, gender, ethnicity, language, education, marital status, number of children</p>	<p>Time in CalWORKs</p>	<p>CalWORKs Services</p> <p>Training, placement, child care</p> <p>Referral to child development services</p>	<p>Health</p>
<p>Personal Barriers</p> <p>Prior substance use, disabilities and other health problems, work history, literacy</p>	<p>Health insurance coverage</p> <p>Assessment and Referral</p>	<p>Health Treatments</p> <p>Substance use, medical, mental health, family violence</p> <p>Welfare Services</p> <p>Child protection, case management</p>	<p>Work & Income</p>
<p>Community Barriers</p> <p>Public transportation, housing, welfare supports, neighborhood</p>	<p>Financial assistance</p> <p>Cash grant, child care assistance</p>	<p>Criminal Justice Involvement</p> <p>Arrest, jail, family court</p>	<p>Housing & Food Security</p>
<p>Family Barriers</p> <p>Care of children and/or other adults, family violence</p>		<p>Transportation Arrangements/Subsidies</p> <p>Bus, taxi, auto, BART</p> <p>Other Child Care Arrangements</p> <p>Source, cost, availability</p>	<p>Child's Well-being & School Success</p>

Protection of study participants. Baseline interviewers had extensive experience in administering surveys requesting sensitive information. They received explicit training on confidentiality, the maintenance of non-judgmental attitudes, decision-making about when to postpone interviews due to a subject's condition, and implementation of other study protocols. This training was conducted by a senior project manager in the fieldwork agency in association with and under the supervision of the Principal Investigator. Interviewers had experience working with minority populations and signed a confidentiality pledge. Several interviewers were bilingual in English and either Spanish or Vietnamese.

Completed questionnaires are identified only by a number, with the key linking participants' names and this ID number stored in a locked file. Published study results will contain no personal names or information by which a participant could be identified. Most results will be published in summary form only. If open-ended responses are quoted, they will not contain or be linked with any information that could identify an individual study participant. Information given to Alameda County or the State will be in summary form only and not contain any information that could be used to identify individual participants. Informed consent was obtained from study participants before any confidential data were collected.

The study situated in existing literature. Since welfare mothers frequently make the transition to work, then return later to welfare (Edin & Lein, 1997), it is important to understand what skills and supports are needed to maintain employment (Frosenfeld, 1992; Hershey & Pavetti, 1997; Moore & Driscoll, 1997; Parcel & Menaghan, 1997; Zaslow & Emlg, 1997). Research studies of the effects of welfare-to-work programs have been conducted in several states; however, few examine the prevalence of personal and health-related barriers to successful departure from welfare among TANF recipients.

Time-limited welfare is intended to propel former beneficiaries toward changes, such as integrating themselves into work, family, and community activities, perhaps more quickly than they otherwise would have (Jacobs, 1999; DeParle, 1998; Milbank, 1997). For those not finding substitute income sources, expiration of time limits may be followed by sizable deterioration in health and functioning or in death (Cheng, 1997; Chimara et al., 1997; DeParle, 1999; Fisher & Jacobs, 1997; Horwitz, 1997; MacDonald, 1997). At the same time, health-related barriers may delay departure from welfare by inhibiting the acquisition of work or its retention. With more work-ready recipients departing welfare for work, and many would-be welfare recipients discouraged from applying for TANF benefits, increasing proportions of those remaining on welfare may be persons facing one or more barriers due to family violence, alcohol, other drug, mental or physical health, or related problems (Danziger et al. 1999; Tolman, 1999; Lloyd, 1997).

One behavioral area presumed to impede successful departure from welfare is substance abuse. It is estimated, for example, that from ten to twenty percent of welfare-recipient parents abuse alcohol or other drugs (Schmidt et al., 1999; Grant and Dawson, 1996; Legal Action Center, 1997; Olson and Pavetti, 1996; Jayakody et al., 1998; Keesee, 1998; Barth, 1998). Some studies have suggested that as many as 40-50 percent of welfare recipients in some areas abuse substances (United States GAO, 1998). The Public Health Institute's two-year outcome study of former SSI beneficiaries with drug addiction or alcoholism (DA&A) as a material contribution to their disability found erratic employment and lower incomes, increased homelessness and

housing instability, and departures from treatment following benefit termination (Speiglmán & Norris, 1998; and Norris, Green & Speiglmán, 1998; Norris & Podus, 1999). Similar problems can be expected to be seen among substance-abusing TANF recipients who meet time limits or are affected by sanctions.

Social analysts suggest that large proportions of welfare recipients suffer from histories of family violence that, through resultant health and mental health problems, can interfere with work. Abusive partners are also reported to interfere with work activities through harassment and other mechanisms (Tolman, 1999; Raphael, 1999; Allard et al., 1997; Curcio, 1997; Lloyd & Tulac, 1999). However, one researcher reports she was unable to obtain information from respondents concerning substance abuse and domestic violence because interviews were conducted by telephone (Zedlewski 1999a). Danziger et al. (1999) comment that many welfare mothers experience traumas such as, rape, sexual molestation, and other forms of domestic violence that place them at higher risk for post-traumatic stress syndrome. Discussion among service providers and results of survey research have suggested an overlap among substance use problems, childhood abuse, and welfare recipient status (Curcio, 1997; Allard et al., 1997; Bassuk et al., 1997).

Some survey studies that have begun to examine the prevalence of work-related obstacles to employment report high levels of mental health problems among TANF recipients, and previous research has shown high levels of depressive symptoms among welfare recipients (Steffick, 1996). An Urban Institute report on findings from the 1997 National Survey of America's Families attributes poor mental health to 35 percent of the TANF sample and very poor mental health to 22 percent (Zedlewski, 1999b). In a regression analysis the indicators of very poor mental health and other health problems limiting work were found to present significant obstacles to work.

Several studies have found that rates of physical health problems are higher among welfare mothers and their children than among women and children in the general population (Loprest and Acs, 1995; Olson and Pavetti, 1996), and that there is a significant relationship between women's employment and their health status (Bird and Freemont 1991). One-quarter of the National Survey of America's Families 1997 TANF sample reported poor general health, which was found to be a contributing obstacle to work (Zedlewski, 1999b).

The social and policy significance of these claims is complicated in light of evidence of multiple problems outside the health arena among this population. First, among groups of low-income, single-parent individuals, availability, quality, and expense of childcare and availability and suitability of transportation seriously limit individuals' ability to secure and hold a full-time job (Olson and Pavetti, 1996). Second, many welfare recipients lack the clothing or interpersonal skills required for work. Third, as reported by the Public Policy Institute of California (Johnson & Tafoya, 1999), on average California welfare recipients' basic skills lag far behind those of welfare recipients in the rest of the country and further behind full-time workers in the general population. Other barriers specific to parents include health or behavioral problems of their children and involvement with the child welfare system (Young et al., 1998). Looking at a compilation of findings from several studies examining barriers to work, Fishman and Barnow (1999) report that transportation, child care, and substance abuse were the most common

barriers. They add that low skill levels of welfare recipients and low job retention require the bringing together of multiple service sectors to promote employment retention and advancement.

Similar to our own project, a recent and timely study by Danziger et al. (1999) measures the prevalence of multiple barriers to employment among a sample of 753 single mother welfare recipients in an urban Michigan county. Examining work readiness skills, transportation, and health-related barriers, they find that only 15 percent of their respondents have none of 14 analyzed barriers. Likewise, the women in their sample have much higher rates of personal health problems and more problems among their children, more mental health problems, and more domestic violence experiences than do women in national samples. Almost two-thirds of the women have two or more potential barriers to work, and over one-quarter have four or more barriers that are strongly associated with their employment patterns.

Few if any control group studies of the degree of success in moving parents from welfare to work have been conducted that focus on persons with health or mental health problems, learning disabilities, child abuse or family violence histories, or substance abuse problems. However, it is assumed that simply allowing current TANF recipients with barriers to employment to hit a time limit and lose their benefits will lead to negative individual and community impacts.

If deterioration is more likely when financial and other supports are removed, what could be done to prevent such erosion in this difficult to serve group? Despite the current emphasis on work-first and workfare among welfare recipients, Hammer et al. (1985) argue that it is not very likely that just putting substance users into work situations reduces substance abuse and leads to permanent employment. Similarly, it is expected that there is limited efficacy in maneuvering an individual with severe mental health problems or impaired because of family violence or child abuse histories into work. Rather, some combination of ongoing support and counseling is presumed needed to change addictive behaviors and address other personal barriers. Policies integrating treatment with work activities can be effective. Pilot studies of welfare-to-work programs in two AFDC waiver states, Oregon and Wisconsin, report success in job retention following referrals of parents to substance abuse treatment (Pavetti et al., 1997), although appropriate referrals that address identified needs require careful planning (Speiglmán, 1994, 1997). Some success has been noted for supplementing treatment with supportive services, such as intensive case management (Shwartz et al., 1997; Siegal, et al., 1996), group counseling, and ongoing monitoring of progress.

In enacting its version of TANF, almost uniquely, the California legislature asserted that since substance abuse, mental health, and family violence problems could also serve as barriers to successful welfare departures, each county must devise a plan to identify, refer, and treat affected clients (California Institute for Mental Health, nd; Young & Gardner, 1997). Alameda and the other California counties have been engaged in this process of program development over the past several months. This study, and results from at least five other California welfare reform studies (conducted by California State University, Bakersfield; California State University, Sacramento; California Institute for Mental Health; RAND; and Sphere Institute) will substantially increase our ability to assess the degree to which California counties have developed successful models to move welfare recipients to work.

References

- Allard M.A., Colten, M.E., Albelda, R. & Cosenza, C. (1997). In harm's way? Domestic violence, AFDC receipt and welfare reform in Massachusetts. Trapped by Poverty Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare. Chicago: Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk, and Mental Health, pp.6-9.
- Barth, R. P. (1998). Substance abuse and welfare, *The Source* (Winter), V 8, No. 1.
- Bassuk, E., Weinreb, L., Buckner, J., et al. (1997). The Worcester Family Research Project. Trapped by Poverty Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare. Chicago: Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk, and Mental Health, pp.9-13.
- Bird, C.E. & Freemont, A.M. (1991). Gender, time use, and health. Journal of Health and Social Behavior, 32: 114-129. Cited by Danziger et al., 1999.
- California Institute for Mental Health [Goodwin, S.N., Geary, C., Meisel, J., & Chandler, D.]. (nd). *The Impact of Behavioral Health on Employability of Public Assistance Recipients: A Technical Assistance Guide to the Current State of Knowledge*. Sacramento, CA.
- Cheng, G. (1997, August 13). Slamming addicts. Bay Guardian, pp.10-11.
- Chimara, N., Fitzpayne, A., & Lemley, A. (1997, November). *The Impact of General Assistance Time Limits in Alameda County*. Report to the Alameda County Social Services Agency. Berkeley: School of Social Welfare, University of California.
- Curcio, W. (1997). The Passaic County study of AFDC recipients in a welfare-to-work program: A preliminary analysis. Trapped by Poverty Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare. Chicago: Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk, and Mental Health, pp.3-5.
- Danziger, S., Corcoran, M., Danziger S., et al. (1999). *Barriers to the Employment of Welfare Recipients*. Ann Arbor: Poverty Research & Training Center, University of Michigan.
- DeParle, J. (1999, February 21). As welfare rolls shrink, load on relatives grows, New York Times, p.1.
- DeParle, J. (1998, December 20). What welfare-to-work really means. New York Times Magazine, pp.49-59, 72-74, 88-89.
- Edin, K. & Lein, L. (1997). Making Ends Meet. New York: Russell Sage Foundation.

- Fisher, P. & Jacobs, J. (1997, December 7). Sick kids, broken down cars . . . it's more than getting a job. San Jose Mercury News, pp.1P, 5P.
- Fishman, M. & Barnow. B. (1999). Improving Job Retention for Welfare Recipients. Paper presented to the Annual Workshop, National Association for Welfare Research and Statistics (Cleveland, August 8-11). The Lewin Group.
- Frosenfeld, J. A. (1992). Maternal work outside the home and its effect on women and their families. Journal of the American Medical Women's Association, 47(2), 47-53.
- Grant, B. F. & Dawson, D. A. (1996). Alcohol and drug use, abuse, and dependence among welfare recipients. American Journal of Public Health, 86(10), 1450-1454.
- Hammer, T., Ravndal, E. & Vaglum P. (1985). Work is not enough: A quasi- experimental study of a vocational training programme for young drug and alcohol abusers. Journal of Drug Issues, 15(8), 393-403.
- Hershey, A. M. & Pavetti, L. A. (1997). Turning job finders into job keepers. Future Child, 7(1), 74-86.
- Horwitz, T. (1997, November 4). Paring welfare rolls proves a huge grind for everyone involved. The Wall Street Journal, pp.A1, A10.
- Jacobs, J. (1999, January 31). On the whole, welfare reform is a success. San Jose Mercury News, p.7C.
- Jayakody, R., Danziger, S., & Pollack, H. (1998, December). Welfare reform, substance use, and mental health. Paper presented at the annual meeting of Association for Public Policy Analysis and Management. Ann Arbor: Poverty Research & Training Center, University of Michigan.
- Johnson, H.P. & Tafoya, S.M. (1999, April). The basic skills of welfare recipients: Implications for welfare reform. San Francisco: Public Policy Institute of California.
- Keesee, M. (1998, February). Who will hit the five-year wall? (Available from Oklahoma Department of Human Services, Office of Finance, Oklahoma City, OK.)
- Legal Action Center. (1997). Making welfare reform work: Tools for confronting alcohol and drug problems among welfare recipients. New York: Legal Action Center.
- Lloyd S. (1997). The Effects of Domestic Violence on Women's Employment. Law & Policy, 19, 139-167.
- Lloyd, S. & Taluc, T. (1999). The effects of male violence on female employment. Violence Against Women: An International and Interdisciplinary Journal, 5(4), 370-392.

Loprest, P. & Acs, G. (1995). Profile of Disability among Families on AFDC. Washington, DC: Urban Institute.

MacDonald, A. (1997, January 26). The road to Hell: Paved with SSI's good intentions. San Francisco Examiner, p.B-11.

Milbank, D. (1997, November 24). Vermont credits sharp drop in teenage births to tougher welfare rules, crackdown on dads. The Wall Street Journal, p.A24.

Moore, K. A. & Driscoll, A. K. (1997). Low-wage maternal employment and outcomes for children: A study. Future Child, 7(1), 122-127.

Norris, J. C., Green, R. S., & Speigman, R. (1998). Coping strategies of families that lost SSI benefits for a drug abuse or alcohol disability. The Source, 8(1):5-8.

Norris, J. C. & Podus, D. (1999). Developing local policies to assist former SSI DA&A beneficiaries. [Presentation to Housing California '99. Sacramento, April 19.] Berkeley: Public Health Institute.

Olson, K. & Pavetti, L. (1996). Personal and Family Challenges to the Successful Transition from Welfare to Work. Washington, DC: Urban Institute.

Parcel, T. L. & Menaghan, E. G. (1997). Effects of low-wage employment on family well-being. Future Child, 7(1), 116-121.

Pavetti, L., Olson, K., Pindus, N., & Pernas, M. (1997). Designing Welfare-to-Work Programs for Families Facing Personal or Family Challenges: Lessons from the Field. Washington, DC: Urban Institute.

Raphael, J. (1999). The Family Violence Option: An Early Assessment. Violence Against Women: An International and Interdisciplinary Journal, 5(4), 449-466.

Schmidt, L., Weisner, C., & Wiley, J. (1999). Substance abuse and the course of welfare dependency. American Journal of Public Health, 88(11), 1616-1622.

Shwartz, M., Baker, G., Mulvey, K. P., & Plough, A. (1997). Improving publicly funded substance abuse treatment: The value of case management. American Journal of Public Health, 87(10), 1659-1664.

Siegal, H. A., Fisher, J. H., Rapp, et al. (1996). Enhancing substance abuse treatment with case management: Its impact on employment. Journal of Substance Abuse Treatment, 13(2), 93-98.

Speigman, R. (1994). Mandated AA attendance for recidivist drinking drivers: Ideology, organization, and California criminal justice practices. Addiction, 89, 859-868.

Speigman, R. (1997). Mandated AA attendance for recidivist drinking drivers: Policy issues. Addiction, 92(9), 1133-1136.

Speigman, R. & Norris, J.C. (1998). Substance abuse and welfare reform: Changes in status and strategies of terminated SSI beneficiaries in Northern California. Paper presented to the Annual Workshop, National Association for Welfare Research and Statistics (Chicago, August 5). Berkeley: Public Health Institute.

Steffick, D. (1996). NLSY: Self-Esteem, depression, and wages. Draft Paper, University of Michigan. Cited in Danziger et al, 1999.

Tolman, R. (1999). Guest Editor's Introduction. Violence Against Women: An International and Interdisciplinary Journal, 5(4), 355-369.

United States GAO. (1998, June). Welfare Reform - States Are Restructuring Programs to Reduce Welfare Dependence. Washington, DC: GAO/HEHS-98-109.

Young, N. K. & Gardner, S. L, Kimberly, D. (1998). Responding to Alcohol and Other Problems in Child Welfare: Weaving Together Practice and Policy. Washington D.C.: CWLA Press.

Young, N. K. & Gardner, S. L. (1997). Implementing Welfare Reform: Solutions to the Substance Abuse Problem. Irvine, CA: Children and Family Futures.

Zaslow, M. J. & Emlg, C. A. (1997). When low-income mothers go to work: Implications for children. Future Child, 7(1), 110-115.

Zedlewski, S.R. (1999a). Work Characteristics of 1997 TANF Recipients: Results from the National Survey of America's Families. Presentation to the Annual Workshop, National Association for Welfare Research and Statistics (Cleveland, August 8-11).

Zedlewski, S.R. (1999b, July). Work-related Activities and Limitations of Current Welfare Recipients. Washington, DC: Urban Institute.