



# CHILD AND FAMILY WELL-BEING COMPONENT OF THE SUCCESS EVALUATION

## Executive Summary

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## EXECUTIVE SUMMARY

After a two-year community and agency-wide planning process, the San Mateo County Human Services Agency (HSA) unveiled its Shared Undertaking to Change the Community and to Enable Self-Sufficiency (SUCCESS) in 1996. The SUCCESS Model fundamentally redesigned the delivery of human services in San Mateo County, streamlining services for low-income families and increasing program participation requirements for welfare recipients. In July 1997, HSA was authorized to operate the SUCCESS Model as a demonstration project for the state of California. CDSS and HSA supported their commitment to this innovative reform effort by sponsoring a three-year independent evaluation of the effectiveness of SUCCESS that is being conducted by The SPHERE Institute. The SUCCESS evaluation consists of an impact analysis, a cost-benefit analysis, and a child and family well-being analysis.

Year One of the SUCCESS evaluation examined outcomes prior to and during the first year of SUCCESS program operations. The second year report extends these findings through a full two years of program operations. The child and family well-being study began during year two of the SUCCESS evaluation, and was designed to assess the extent to which the SUCCESS program improved the well-being of families receiving and leaving cash aid.

The child and family well-being study was designed to examine changes in the psycho-social well-being of children and families under welfare reform by exploring a variety of psycho-social outcomes for a sample of families who receive cash aid and a comparison group of other low-income children whose families were not involved in SUCCESS. The research was originally guided by three main objectives:

1. To determine whether SUCCESS policies, including increased work participation requirements for parents and more stringent sanction policies adversely affected families and children who participated in the program;
2. To examine the extent to which child and family well-being differs for SUCCESS and other low-income families and children; and,
3. To explore the factors associated with negative outcomes for children.

To address these objectives, the design of the child and family well-being component of the evaluation called for two rounds of interviews with a sample of SUCCESS families and a comparison group of low-income families – families with low-income children who received Medi-Cal Only but had not received cash aid within the previous twelve months – with interviews one year apart.

Unfortunately, in August 1999, as the consequence of a lawsuit challenging the legality of the waiver authorizing the SUCCESS demonstration project, San Mateo changed its SUCCESS program to comply with regular CalWORKs requirements. With the modification of SUCCESS sanction and work-program policies in late-1999, the original goals of the SUCCESS child and family well-being analysis can no longer be realized. Therefore, although we did not plan to measure the impact of SUCCESS in well-being in the first year report, we cannot realize our goal of determining whether the original SUCCESS program adversely affects participating families and children. Consequently, this report presents the sole child and family well-being analysis that will be conducted as part of the SUCCESS evaluation. Furthermore, it must be emphasized that this report only presents *baseline* findings regarding the differences between SUCCESS and Medi-Cal Only families: it does not present any findings regarding the impact of SUCCESS on child and family well-being.

### **Evaluation Methodology**

The child and family well-being component of the SUCCESS evaluation uses data extracted from San Mateo County's Case Data System (CDS) to identify the study populations and characterize differences in these populations in terms of ethnicity, language, gender, and family structure. We combined CDS data with data from two state administrative data systems – the Medi-Cal Eligibility Data System and the Unemployment Insurance Base Wage File – to identify family aid use, employment, and earnings histories.

Most of the measures of well-being presented in this report, however, examine psycho-social indicators of child, parent, and family well-being for a sample of SUCCESS and Medi-Cal Only recipients who received aid between April and June 1999. Interviews addressed a variety of issues that cannot be captured using administrative data

alone, including mental health, family stress, substance abuse, child development, problem behaviors and competencies, and victimization. Interviews were conducted with 173 adult SUCCESS recipients, 83 adult Medi-Cal recipients and 49 and 22 of their respective adolescent children.

### **Summary of Key Findings**

- **SUCCESS respondents have more experience with the labor market.** SUCCESS respondents reported more occupational and training experiences than did MCO respondents across 22 types of experiences measured.
- **SUCCESS respondents have higher rates of alcohol abuse than do MCO respondents.** Twenty-two percent of SUCCESS respondents and six percent of MCO respondents reported binge drinking (consumption of between 5 and 12 drinks of alcohol during one sitting) during the past year. The national average for this definition of binge drinking is 15 percent. Fourteen percent of SUCCESS respondents reported marijuana use; otherwise, drug use in the sample was extremely low.
- **Binge drinkers do not perceive their alcohol use to be a problem.** By and large, alcohol abusers did not recognize their alcohol consumption as a problem, and respondents who binge drank on a regular basis most often classified themselves as “social drinkers - no problem”.
- **Substance abuse is equally prevalent in the homes of SUCCESS and MCO respondents.** Despite the discrepancies in substance use between MCO and SUCCESS respondents, approximately 20 percent of respondents in each group said that the substance abuse of a household family member had a negative impact on their children.
- **SUCCESS respondents have greater symptoms of anxiety, depression, hostility, and phobic anxiety.** Our examination of mental health indicated that SUCCESS respondents had higher scores across the anxiety, depression, hostility, and phobic anxiety sub-scales measured by the SCL-90-R, a mental health inventory. The mean SUCCESS respondent score on the depression sub-scale was at the lower end of the range indicating the need for psychological treatment.
- **SUCCESS families experience greater stress than do Medi-Cal families.** As measured by the Life Events Checklist, SUCCESS respondents experienced greater levels of family stress across five domains – poverty, family turmoil, family illness and injury, family separation, and violent or unsafe neighborhoods – than did MCO respondents. In particular, poverty, family turmoil, and family illness/injury were substantially higher for SUCCESS respondents.

- **Preliminary DSST scores indicate that children of SUCCESS respondents exhibit more developmental delays than do children of MCO respondents.** A higher percentage of children of SUCCESS respondents had abnormal scores on the DDST, however children of MCO respondents had a higher percentage of questionable scores. Consequently, we will need to see how these scores change over time before we draw firm conclusions.
- **As compared with national norms, more than 50 percent of children sampled have high indices of problem behaviors and low competency indices.** There were, however, few differences between children of SUCCESS and MCO respondents. It should be noted that these scores are relative to a national norm, not a low-income population.
- **Adolescent substance use was relatively low.** Eight percent of MCO and 12 percent of SUCCESS adolescents reported using alcohol more than 1-5 times in their lifetime. Within the past 12 months, approximately one-third of adolescent in each group reported any alcohol consumption, and less than 15 percent used alcohol in the past 30 days. Marijuana use was higher for SUCCESS adolescents than for the MCO comparison group.
- **Exposure to violence and victimization was greater for children of SUCCESS respondents.** Between 10 percent of SUCCESS adolescents reported at least one instance of injury with a weapon, compared to five percent of MCO adolescents. Forty-one percent of SUCCESS adolescents were in at least one physical fight in the past 12 months, compared to only 20 percent of MCO adolescents. Although no adolescents reported carrying a gun, however, 5 of MCO adolescents and 10 percent of SUCCESS adolescents carried a weapon such as a knife or club.

### **Implications for Service Delivery**

Some of the findings presented in this report provide essential baseline information that can assist the county in refining service delivery. Several issues that emerged – substance abuse, mental health, child development, and child victimization – have implications for how TANF clients and families can realize self-sufficiency, and as such, point to areas for routine investigation. Overall, the Screening and Assessment and case management processes can provide staff with an opportunity to examine these and other potential problem areas that might actually pose barriers to employment, or merely cause undue stress for TANF families, parents and children. What follows are ways in which these processes can be used to investigate potential problem areas.

- While it may be difficult for HSA caseworkers to correctly identify potential client substance abuse (particularly when clients themselves cannot identify it), survey results indicate that clients are much more forthcoming about household substance abuse than they are about personal use. Therefore, Screening and Assessment Specialists and/or case managers might assess the issue of household substance abuse with clients on a routine basis and use the information to further investigate options for working with families to mitigate the negative consequences on both children and clients themselves.
- Likewise, mental health indices for TANF respondents demonstrate fairly high rates of depression, and that many respondents could benefit from some kind of mental health treatment. Screening for mental health difficulties – particularly depression – could therefore become a standard component of the assessment process, and workers could be trained to provide and facilitate referrals to available, low-cost treatment options.
- Initial screening with TANF applicants provides one opportunity to ask clients about child specific issues, particularly child safety issues, supervision, and school readiness or achievement, although probably not the best forum as clients will be less likely to confide in a worker they have just met. Clients who have an established relationship with a case manager might be more likely to provide information about child specific difficulties, should they exist.
- FSSTs provide the best forum in which child specific issues can be investigated. Home visits are regularly conducted as part of the FSST process, thereby providing caseworkers with the ability to identify child related issues or areas of concern. Furthermore, the multi-disciplinary structure of FSSTs ensures that workers with the requisite areas of expertise will be available to work with needy families or at least provide problem specific resources and referrals.