



## Access to Substance-Abuse and Health Services for CalWORKs Participants in Los Angeles County

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These findings are based on a study examining the prevalence of drug use among CalWORKs participants in Los Angeles County, conducted between November 2000 and May 2002. In particular, we looked at the interplay between the receipt of cash benefits and the ability of those who were substance abusers (alcohol and/or drugs) to obtain medical, mental health, and substance-abuse treatment.

The subjects were drawn from all 24 CalWORKs district offices of the Los Angeles County Department of Public Social Services (DPSS) and were ethnically representative of the county's English- and Spanish-speaking CalWORKs population.

The study had four components:

- an interview with 511 English- or Spanish-speaking CalWORKs participants: 287 *applicants* who were probably eligible for CalWORKs and 224 *recipients* whose continued eligibility was under routine review;
- a follow-up interview nine months later with 155 of the 287 respondents who were applying for benefits when first interviewed;
- an analysis of DPSS administrative data on receipt of CalWORKs cash aid and specialized supportive services for the 347 respondents who allowed these data to be released; and
- a drug test: a voluntary urine sample, provided by 78% of respondents at the time of their first interview.

### RESEARCH QUESTIONS

- What is the prevalence of current drug use among the CalWORKs participants we studied?

- What percentage use drugs to a problematic extent? (That is, what is the percentage of participants who should be referred for clinical assessment to determine if they are in fact impaired and in need of treatment?)
- What are the characteristics of CalWORKs participants whose drug use is problematic, and do they make the participants distinctive?
- Does problematic drug use affect approval for CalWORKs benefits and the interactions between welfare workers and CalWORKs participants?
- For respondents who were approved for CalWORKs benefits, does problematic drug use have any impact on Medi-Cal reciprocity and on the ability to obtain medical treatment, or substance-abuse and mental health assessment and treatment?

### FINDINGS

#### *Prevalence of Drug Use*

Based on multiple measures of use, we estimate that 10% of participants were highly likely to be involved in problematic use of alcohol and/or other drugs (primarily stimulants or opiates) and that another 15% were moderately likely to be involved in problematic use. Based only on the initial drug test, an estimated 22% had used drugs recently (within three days of the test).

These estimates are conservative. Comparisons between self-reported use and urine test results show substantial underreporting of drug use, particularly among users of opiates, cocaine, and amphetamines. Even after adjusting for underreporting, which raises these estimates, we do not think current or problematic drug use is epidemic in the CalWORKs population. Nevertheless, given the large size of the Los Angeles County caseload, we think the problem affects a significant number of participants.

#### *Characteristics of Problematic Drug Users*

Higher-risk respondents—those at a high or moderate risk for problematic substance use, who most needed

to be assessed for dependence—differed in numerous respects from those who did not use drugs or were at low risk of doing so.

- Latinos whose primary language was Spanish were significantly less likely to be involved in problematic drug use than more culturally assimilated Latinos, and less likely than whites, African Americans, or those from other ethnic groups.
- We found no significant relationship between a participant's length of time on CalWORKs and the likelihood of problematic drug use. However, those at higher risk of problematic use are more likely to have been on welfare multiple times. CalWORKs applicants who were re-applying for benefits lost in the preceding six months were significantly more likely to be at risk for problematic drug use than other applicants.
- Among higher-risk respondents, drug use was likely to be only one of several serious personal problems. Problematic drug users were more likely than others to have been arrested, to have a minor child who was not living primarily with him or her, to have been referred to child protection services, and to have immediate family and/or close friends with serious substance-abuse problems.

#### *CalWORKs Approval Rates and Client Interactions with Welfare Workers*

A high likelihood of problematic drug use was not associated with greater difficulties negotiating the CalWORKs system. Over 95% of applicants who were at higher risk for problematic drug use were approved for CalWORKs benefits. Respondents who were more likely to be using drugs were no less likely than others to report that they had been treated fairly. These important, positive study findings suggest that there were few disparities in access to CalWORKs aid based on a respondent's level of drug involvement.

The majority of respondents reported being informed about the availability of specialized supportive services for substance abuse (66%), mental health problems (58%), and domestic violence (67%)—in comparison with 89% who reported being informed about Medi-Cal. There was no significant relationship

between risk of problematic drug use and being informed about specialized Medi-Cal and/or CalWORKs supportive services.

#### *Insurance, Health and Mental Health, and Substance-Abuse Treatment Services*

The role of CalWORKs as a link to health, mental health, and substance-abuse services is mixed. CalWORKs cash aid appeared to be effective as a pathway to Medi-Cal health insurance for most respondents, regardless of their level of drug use. It is especially effective in providing health coverage for respondents' children (over 95%), regardless of the parental level of drug use.

While the greater number of respondents reported being informed about the availability of specialized services, CalWORKs policies appear to do little to actually improve access to and use of mental health and substance-abuse treatment services. The percentage of higher-risk respondents who reported having received substance-abuse treatment was unchanged between interviews (7.3% at both). The percentage of problematic drug users who reported receiving mental health care rose from just over 12% to just over 17% between interviews—a small increase relative to the large proportion of those who reported emotional problems (almost 76%).

Administrative records corroborate the low rate of access to specialized supportive services. Of the 347 respondents who gave us permission to see their records, 12 were referred to clinical assessment for mental health problems and/or substance abuse, 10 sought mental health treatment, and 2 sought both substance-abuse and mental health treatment. Low enrollment may be caused by reluctance to disclose emotional or substance-abuse problems to welfare workers, uneven implementation of screening procedures, and participants' exemption or termination from CalWORKs.

Problematic drug users were more likely than nonusers or those at a lower risk of being problematic users to report having a medical or mental health problem. The problematic users also used relatively more medical outpatient and emergency room services. At the second interview, 81% of problematic users (versus 44% of those with limited drug use) reported one or more outpatient visits in the previous six months, and

49% reported having used an emergency room (versus 29% for those at lower risk).

## **CONCLUSIONS**

Although problematic drug use is a serious problem for a relatively small percentage of CalWORKs participants, the number of participants affected is substantial because of the size of the welfare system. For many of those affected, problematic drug use is only one of multiple serious personal problems.

CalWORKs policies have effectively linked recipients with drug problems to health insurance and medical care, but have had limited success in improving access to mental health and substance-abuse treatment. Unmet needs for these services may be contributing to increased medical and mental health problems as well as increased use of outpatient and emergency room services among problematic drug users. These trends are costly for affected individuals, their families, the already overburdened health care system, and state and county governments.

Screening and assessment for substance abuse should be targeted to those at highest risk for problematic use, and substance-abuse treatment should be one of several interventions to address their diverse personal problems. The provision of specialized CalWORKs services for substance abuse and mental health problems is not only a welfare policy issue, but also an integral component of health care policy.

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### **California Program on Access to Care**

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