RESULTS FROM THE GAIN SANCTIONS HOME VISIT OUTREACH PILOT PROJECT

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July 2006

Prepared for:

County of Los Angeles Department of Public Social Services

Acknowledgements

The authors wish to thank the many people who provided assistance and invaluable guidance and support for this evaluation. Phil Ansell and Dr. Henry Felder at the County of Los Angeles Department of Public Social Services both provided valuable support, insight and feedback on the project. Dr. Michael Bono read earlier drafts of this report and provided valuable comments that improved the quality of the work. Gail Dershewitz, Lawrence Oghenekohwo, and many others at the Department of Public Social Services also provided valuable support, information and program and policy knowledge. Special thanks should also be given to Mary Mar at the Service Integration Branch for her assistance in preparing and formatting the document.

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Tables

Introduction

The implementation of the Welfare-to-Work Act of 1997 (AB 1542) created the California Work and Responsibility to Kids (CalWORKs) program. CalWORKs provides cash aid to needy families but differs from programs implemented in most other states by continuing to support children when their parents do not comply with program requirements. The Welfare-to-Work program in the County of Los Angeles is subsumed under Greater Avenues for Independence (GAIN). Failure to comply with GAIN program requirements results in financial penalties, referred to as *sanctions*, if the non-compliance issues are not resolved within three weeks. A recent study that the County of Los Angeles Chief Administrative Office (CAO) conducted in conjunction with the Department of Public Social Services (DPSS) showed that approximately one quarter of the County's GAIN participants become sanctioned. Moreover, close to an additional 50 percent of the County's GAIN participants are involved in at least one incident of non-compliance per year.[1]

DPSS has recently given a high priority to the development of strategies through which participants can cure their sanctions and resolve their non-compliance issues before sanctions are imposed. As part of this policy-oriented effort, DPSS conducted the GAIN Sanction Home Visit Outreach Pilot, a project designed to help prevent sanctions among GAIN participants with or without a history of specialized supportive services needs. The pilot was additionally designed to enable sanctioned participants to return to compliance and engage in Welfare-to-Work activities, including specialized supportive services. The first phase of the pilot program provided outreach services to participants with a history of specialized supportive service utilization, while the second phase of the pilot provided outreach services to participants who did not have a history of utilizing specialized supportive services.

The GAIN Sanction Home Visit Outreach Pilot Project

The pilot project consisted of two separate phases, each of which employed an experimental design, featuring a treatment group that received the intervention and a control group that did not. The outreach intervention involved sending a letter to the non-compliant participants and then, if necessary, following up with a telephone call in an effort to rectify the non-compliance issue.[2] If the non-compliance was not resolved after telephone contact, the outreach team attempted to achieve resolution through a home visit.[3]

Phase I, which took place between July 2004 and May 2005, attempted to resolve the non-compliance issues of randomly selected GAIN participants who had a history of specialized supportive services use and who were at risk of being sanctioned, or who were currently sanctioned. In keeping with our experimental design, the outreach team's intervention was not given to the control group. Moreover, the intervention targeted participants with previously identified needs for substance abuse and mental health services, but not participants with needs for domestic violence services. Phase II, which took place between March and May 2005, was structured similarly, only this

time randomly selected at-risk participants had no history of using specialized supportive services.

Evaluating the Pilot Results

This evaluation provides information to DPSS regarding the effectiveness of the pilot project. While the central issue at stake in evaluating the results of Phase I is whether or not the outreach efforts were effective among GAIN participants with a history of specialized supportive service use, the analytical objective in assessing Phase II was to discover the effectiveness of the outreach efforts for participants with no prior history of using specialized supportive services.

Research Questions

The evaluation of the GAIN Home Visit Outreach Pilot Project was guided by the following research questions:

- Did the outreach intervention result in a higher proportion of sanctioned and non-compliant participants returning to compliance?
- Did the pilot program enable a higher proportion of non-compliant participants to avert sanctions?
- Did the outreach intervention help participants engage in Welfare-to-Work activities and/or participate in specialized supportive services?
- Did the outreach intervention avert additional instances of non-compliance and sanctions?

The evaluation research conducted for this report used an experimental design to test the effectiveness of the GAIN Sanctions Home Visit Outreach Pilot. The results from this evaluation indicate that the pilot program was generally successful in promoting participation and resolving non-compliance warranting full implementation. DPSS implemented the Outreach program in the non-contracted GAIN regions on October 31, 2005, and implemented the program in the contracted GAIN regions on March 1, 2006. DPSS has now implemented the outreach program on a Countywide basis.

Evaluation Results

The evaluation gauges the effectiveness of the outreach efforts in relation to a series of outcome measures. A detailed discussion of these measures is given in the technical appendix.

Basic Comparisons

The evaluation began by looking at the extent to which the outreach efforts boosted the capacity sanctioned and non-compliant GAIN participants had to return to compliance within three months of the intervention. Table 1 shows the proportions of sanctioned and non-compliant participants within each phase of the pilot who returned to compliance within three months of their report date.

Did the Outreach Effort Enable Sanctions to be Averted and Lead to Higher Rates of Returning to Compliance?

The main hypothesis guiding this evaluation is that participants who became non-compliant or sanctioned will resolve their non-compliance issues in larger numbers as a result of the outreach efforts. Tables 1 and 2 show the proportions of non-compliant participants within each phase of the pilot who returned to compliance within three months of their report date. Table 1 also includes sanctioned participants for Phase I.

Table 1

Proportions of Phase I Participants Returning to Compliance Within Three Months

Groups	Phase I				
	Returned to Compliance				
Non-Compliant	**Yes**	**Percent**	**No**	**Percent**	**Total**
Control Group	60	83.3	12	16.7	72
Treatment Group	102	87.9	14	12.1	116
Sanctioned					
Control Group	10	25.6	29	74.4	39
Treatment Group	13	32.5	27	67.5	40

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Table 1 shows that while 32.5 percent of the sanctioned participants in the Phase I treatment group returned to compliance within three months, 25.6 percent of sanctioned Phase I control group participants returned to compliance within the same period of time. As expected, these proportions were much higher in looking at non-compliant participants, as opposed to those that were sanctioned: 83 percent of the

non-compliant participants in the Phase I experimental group returned to compliance in three months, versus 88 percent of the non-compliant participants in the control group.

Table 2

Proportions of Phase II Participants Returning to Compliance Within Three Months

Groups	Phase II Returned to Compliance				
Non-Compliant	**Yes**	**Percent**	**No**	**Percent**	**Total**
Control Group	657	88.2	88	11.8	745
Treatment Group	633	91.6	58	8.4	691

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Table 2 shows that the results for Phase II are similar. Non-compliant participants in both the control and treatment groups returned to compliance in high numbers, confirming that almost 9 out of 10 participants return to compliance on their own even in the absence of an intervention.

For non-compliant participants, a more critical measure is whether a sanction is averted after the intervention. One would expect that non-compliant participants would be sanctioned in higher numbers in the absence of outreach efforts. The effect of the outreach effort on these participants was measured by comparing the proportions of sanctioned participants in the control and treatment groups. The results are shown in Table 3. The proportion of those who were sanctioned in each group refers to those who were sanctioned within three months after becoming non-compliant.

Table 3

Proportions of Phase I and Phase II Non-Compliant Participants Who Got Sanctioned After Becoming Non-Compliant

Phases /Groups	Sanctioned				
Phase I	**Yes**	**Percent**	**No**	**Percent**	**Total**
Control Group	6	8.3	66	91.7	72
Treatment Group	10	8.6	106	91.4	116
Phase II					
Control Group	76	10.2	669	89.8	745
Treatment Group	49	7.1	642	92.9	691

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

The results in Table 3 show that in Phase I 8.5 percent of the non-compliant participants in the treatment and control groups were sanctioned. However, the difference was higher in Phase II where 10 percent and 7 percent of participants were sanctioned in the control and treatment groups respectively.

Do the Basic Comparisons Yield Significant Differences?

Tables 4 and 5 show the results of chi-square (X^2) tests that check for the statistical significance of the differences represented in Tables 1, 2 and 3. In this report, a significance level of 10 percent is used as the appropriate threshold for statistically significant comparisons, and all tests are run against the 10 percent level. Comparative results are deemed significant if the p-values shown in the tables are smaller than .10. A detailed elaboration of the rationale behind the selection of a 10 significance level is given in the Technical Appendix.

In Phase I, for both non-compliant and sanctioned groups, Table 4 shows that, in terms of the tendency to return to compliance within three months, the differences between treatment and control groups were not significant. However, the difference is significant for Phase II non-compliant participants. In other words, in Phase II the outreach effort encouraged significantly higher numbers of non-compliant participants to return to compliance within three months. In Phase I, however, even though the absolute differences were higher, the effect of the intervention on the return to compliance within three months was not significant in statistical terms due to the small sample size.

Table 4

Testing the Equality of Proportions Across Control and Treatment Groups for Returning to Compliance in Three Months

Phases/Groups	Control Group Percent	Treatment Group Percent	Sample Size	Pearson's X^2 Statistic	p-value
Phase I					
Non-Compliant	83.3	87.9	188	.78	.37
Sanctioned	25.6	32.5	79	.45	.50
Phase II					
Non-Compliant	88.2	91.6	1436	4.59	.038*

* Statistically significant
Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Table 5 shows that non-compliant participants in Phase I did not avert sanctions at higher rates after the intervention. However, Phase II treatment group participants averted sanctions at a rate that was 3 percentage points higher than the control group (10 percent sanctioned in the treatment group versus 7 percent sanctioned in the control group). This difference is statistically significant. If we consider that

approximately 6,000 participants became non-compliant in December 2005, we should expect that the number of sanctioned participants would have dropped from 612 to 426 if the outreach effort were implemented for all non-compliant participants, which corresponds to a 30 percent decrease in sanctions.

Table 5

Testing the Equality of Proportions Across Control and Treatment Groups for Averting Sanctions Among Non-Compliant Participants

Phases	Control Group Percent	Treatment Group Percent	Sample Size	Pearson's X^2 Statistic	p-value
Phase I					
Non-Compliant	91.7	91.4	188	.357	.836
Phase II					
Non-Compliant	89.8	92.9	1436	4.36	.037*

* Statistically significant

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Beyond the Basic Comparisons: The Importance of Compliance History and Frequent Engagement in Specialized Supportive Services

Logistic regression models confirmed the results of the basic comparisons done with the X^2 significance tests.[4] The outreach effort is estimated to make non-compliant participants 47 percent more likely to return to compliance within three months. Moreover, Table 6 shows that the models generated important additional results when they controlled for certain variables.

Table 6

Estimating the Probability of Returning to Compliance in Three Months Among Phase II Participants[5]

Explanatory Variables	Odds Ratio	P > X^2	Percent More Likely to Return to Compliance
Treatment Group vs. Control Group	1.47	.033*	47
If not became non-compliant earlier	1.50	.046*	50
Number of earlier good cause use	1.26	.005	26
Age of the Participant	1.029	.004*	2.9

* Statistically significant

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Table 6 shows that, while almost no background or demographic characteristics had a significant impact on outcomes (i.e., ethnicity, language, marital status, education, gender), one exception was the age variable for Phase II participants. The results showed that older participants were more likely to return to compliance (2.9 percent more likely for each year of age).

The results represented in Table 6 also indicate that a participant's past non-compliance history contributes significantly to subsequent moves back to compliance. Participants who were never non-compliant earlier were 50 percent more likely to return to compliance within three months. Since this effect is very strong, the program should target those non-compliant participants with prior non-compliance incidents. At the same time, the number of times participants used a good cause affected the outcome.[6] Table 6 shows that each additional good cause successfully used in the past made a participant 26 percent more likely to return to compliance within three months. These findings show that older participants who are more familiar with the rules of the system such as using the good cause option are more likely to return to compliance.

The regression models showed that the type of services a participant used in the past did not affect the return to compliance, and neither did the duration of utilization. One exception is the use of specialized supportive services in Phase I. Since the treatment effect for Phase I is not significant, results of the regression model for this phase are not tabulated. However, data show that each additional past specialized supportive service spell for a Phase I participant made them 32 percent more likely to return to compliance within three months. This finding emphasizes the importance of specialized supportive services: Participants more frequently engaged in these services were more likely to resolve their non-compliance issues.

Table 7 shows the results of the logistic regression model run to test the effectiveness of the intervention on avoiding sanctions for non-compliant participants. The outreach effort increased the sanction aversion rate by 51 percent for non-compliant participants in Phase II. However, the history of earlier non-compliance did not contribute to this outcome. As in the earlier model, none of the demographic factors with the exception of age are significant. Older participants were more likely to avert sanctions after becoming non-compliant (3.7 percent more likely for each year of age). Since the findings for Phase I are not significant, the results are not shown in Table 7.

Table 7

Estimating the Probability of Averting Sanctions for Non-Compliant Participants in Phase II

Explanatory Variables	Odds Ratio	P > X^2	Percent More Likely to Return to Compliance
Treatment Group vs. Control Group	1.51	.032*	51
Age of the Participant	1.037	.0005*	3.7

* Statistically significant

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Did the Outreach Encourage Participants to Engage in Welfare-to-Work Activities?

Another key issue examined in this evaluation was whether outreach efforts encouraged participation in Welfare-to-Work activities. Table 8 examines participant engagement in different activities following the outreach intervention in Phase I.

Table 8

Engagement in Welfare-to-Work Activities and Work for Phase I Participants[7]

Engagement	Welfare-to-Work Activity in Three Months	Percent of Total	SSS in Three Months	Percent of Total	Employment in Three Months	Percent of Total	Total Participants
Control Group							
Non-compliant	20	33.3	9	15.0	5	8.3	60
Sanctioned	5	50.0	0	0.0	0	0.0	10
Treatment Group							
Non-compliant	48	47.1	25	24.5	13	12.8	102
Sanctioned	9	69.2	2	15.4	1	7.7	13

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Table 8 shows the engagement rates separately for non-compliant and sanctioned participants in both control and treatment groups. However, the table only includes participants who returned to compliance and then engaged in an activity within three

months of their report date.[8] The data shows that non-compliant participants in the treatment group engaged in Welfare-to-Work activities at much higher rates than participants in the control group. The issue of whether these higher engagement rates are an effect of the outreach efforts is tested below using logistic regression models.

Table 9 shows the engagement rates for Phase II participants. The Phase II results given in Table 9 replicate the results shown for Phase I. However, the differences between the control and treatment groups are not as pronounced. Similar to the results shown in Table 8, Table 9 only shows the 1,290 participants who resolved their non-compliance in three months and engaged in an activity within three months.

Table 9

Engagement in Welfare-to-Work Activities and Employment for Phase II Participants

Engagement	Welfare-to-Work Activity in Three Months	Percent of Total	SSS in Three Months	Percent of Total	Employment in Three Months	Percent of Total	Total Participants
Control Group							
Non-compliant	278	42.3	37	5.9	106	16.1	657
Treatment Group							
Non-compliant	305	48.2	56	8.9	110	17.4	633

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

These findings show that the outreach effort has a compound effect on Welfare-to-Work participation. On the one hand, participants in the treatment group return to compliance and/or avert sanctions at higher rates. On the other hand, those participants who return to compliance engage in Welfare-to-Work activities at higher rates. The statistics presented in this evaluation indicate that larger proportions of Phase I and Phase II participants in the treatment groups engaged in Welfare-to-Work activities as a result of the outreach efforts. In order to find out whether this result was attributable to the outreach intervention in the case of Phase I participants, two logistic regression models were used to estimate the probabilities that participants would engage in Welfare-to-Work activities three months following their report date. The results of these regression models are provided in Table 10. The table only shows those explanatory variables that were found to be significant in estimations.

Table 10

Estimating Probabilities to Engage in Welfare-to-Work Activities in Phase I

Explanatory Variables	Odds Ratio	$P > X^2$	Percent More Likely to Engage
Probability to Engage in Activities in 3 months			
Treatment Group versus Control Group	2.15	.008*	2.15 times
Number of earlier Supportive Services use	1.37	.0005*	37
Number of earlier good cause use	1.26	.056*	26
Number of earlier non-compliance incidents	0.82	.0016*	-18

* Statistically significant

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Results presented in Table 10 indicate that the treatment/control group coefficient for the model estimating the likelihood of engaging in activities within three months is statistically significant, which means that the outreach effort independently increased the likelihood of participating in Welfare-to-Work activities. The odds-ratio shows that the participants who received the intervention were 2.15 times more likely to participate in an activity within three months, which is a significantly high value. For this model, each additional specialized supportive service used in the past also made a participant 37 percent more likely to participate in an activity within three months. Table 10 also indicates that a participant's past non-compliance history contributes to engagement in Welfare-to-Work activities. Each additional non-compliance incident prior to a report date made participants 18 percent less likely to engage in Welfare-to-Work activities within three months. Table 10 also shows that the number of times participants used a good cause affected this outcome. Finally, each additional good cause successfully used in the past made a participant 26 percent more likely to engage in an activity within three months.

Table 11 shows the probability of participating in Welfare-to-Work activities in three months for Phase II participants. The table only shows those explanatory variables that were found to be significant predictors. The coefficient for the treatment/control group is significant. This suggests that the outreach intervention made Phase II participants more likely to be engaged in Welfare-to-Work activities within three months of the intervention. However, the Phase II results were not as strong as those for Phase I. The results represented in Table 11 also indicate that a participant's past non-compliance history contributes to engagement in Welfare-to-Work activities. Each additional non-compliance incident prior to a report date made participants 9 percent less likely to engage in Welfare-to-Work activities within three months.

Table 11

Estimating Probabilities to Engage in Welfare-to-Work Activities in Phase II

Explanatory Variables	Odds Ratio	P > X^2	Percent More Likely to Engage
Treatment Group versus Control Group	1.30	.015*	30
Number of earlier non-compliances	.91	<.0001*	-9

* Statistically significant

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

The findings presented in this section indicate that the outreach effort promoted higher rates of participation in Welfare-to-Work activities. Based on these results, we can expect that in the future, higher rates of engagement in Welfare-to-Work activities are likely to result in higher compliance rates among program participants.

Did the Outreach Efforts Encourage Participation in Specialized Supportive Services?

As an extension of the previous section, the study also measures the extent to which the outreach intervention encouraged engagement in specialized supportive services. Table 12 summarizes the results of models estimating the probability of engagement in specialized supportive services three months after the outreach intervention. The treatment/control group coefficient for the Phase I model is statistically significant and the impact of receiving intervention is stronger. Participants in the treatment group were 2.8 times more likely to be engaged in a specialized supportive service component within three months than participants in the control group. Moreover, each additional specialized supportive service received in the past made Phase I participants 67% more likely to engage in specialized supportive services within three months of their report date These findings are especially noteworthy given the positive impact, revealed earlier, that engagement in specialized supportive services has in helping participants resolve their compliance issues. The Phase II results were similar though again not as strong. Phase II experimental group participants were 66 percent more likely to be engaged in a specialized supportive service component within three months.

Table 12

Estimating Probabilities to Engage in Specialized Supportive Services in Phase I and Phase II

Explanatory Variables	Odds Ratio	P > X^2	Percent More Likely to Engage
Phase I			
Treatment Group versus Control Group	2.80	.016*	2.68times
Number of earlier Supportive Services use	1.67	< .0001*	67
Phase II			
Treatment Group versus Control Group	1.66	.018*	66

* Statistically significant
Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Did the Outreach Efforts Help Prevent Recurring Non-Compliance and Sanctions?

Table 13 shows a descriptive picture of recurring non-compliance and sanction rates for participants who returned to compliance within three months of their report date. The table shows the proportions of non-compliant participants who became either non-compliant or sanctioned within three months and over three months after returning to compliance. Sanctioned participants for Phase I are excluded due to their small sample size.

Table 13

Recurring Non-Compliance and Sanction Rates for Non-Compliant Participants Who Returned to Compliance Within Three Months of Their Report Date

Groups	NC in Three Months	Percent	NC over Three Months	Percent	SN in Three Months	Percent	SN over Three Months	Percent	No NC	Percent	Total
Phase I											
Control Group											
Non-compliant	15	25	22	36.67	5	8.333	5	8.33	22	36.7	60
Treatment Group											
Non-compliant	25	24.51	22	21.57	6	5.882	16	15.7	47	46.1	102
Phase II											
Control Group											
Non-compliant	163	24.81	192	29.22	85	12.94	30	4.57	304	46.3	657
Treatment Group											
Non-compliant	159	25.12	179	28.28	80	12.64	31	4.9	290	45.8	633

Note: NC = Non-Compliant
SN = Sanction

Source: Los Angeles County Department of Social Services (DPSS) pilot database and GEARS data.

Logistic regression models indicated that the differences represented in Table 13 between the Phase I and Phase II control and experimental groups were not significant in terms of recurring non-compliance and sanctions. The results of these models are therefore not tabulated. The columns in Table 13 are not mutually exclusive; one participant may have had a non-compliance-incident in 90 days and another after 90 days. That participant is counted in both columns in the table. It should be pointed out here, however, that considerable proportions of participants in both Phases experienced recurring non-compliance or sanctions. On average, one out of four participants in both phases had another non-compliance issue within three months of resolving an earlier incident. In both phases, the outreach efforts did not lower recurrence rates. These results suggest that there is a group of participants that have problems or barriers leading to repeated non-compliance episodes and that the outreach efforts generally do not correct these types of long-term problems for this group.

Conclusions and Policy Recommendations

The evaluation research conducted for this report used an experimental design to test the effectiveness of the GAIN Sanctions Home Visit Outreach Pilot. The results from this evaluation indicate that the pilot program was generally successful in promoting participation and resolving non-compliance warranting full implementation. At the same time, there are some areas that need to be studied further to improve the overall effectiveness of the program and to fine tune the current full implementation of the program in all GAIN regions. DPSS implemented the Outreach program in the non-contracted GAIN regions on October 31, 2005, and implemented the program in the contracted GAIN regions on March 1, 2006. The outreach program has now therefore been implemented on a countywide basis.

In order to gain a better understanding of refinements that might potentially be made, it is necessary to summarize this evaluation's findings and spell out their policy implications.

Conclusions

- **The pilot program helped prevent sanctions among non-compliant participants with no history of specialized supportive service usage.**

- **A higher proportion of non-compliant participants returned to compliance in Phase II as a result of outreach efforts.**

- **The outreach efforts did not help non-compliant and sanctioned participants in Phase I to avoid sanctions or return to compliance. However, frequent and/or ongoing engagement in specialized supportive services made participants more likely to resolve non-compliance issues within three months.**

- **The outreach efforts promoted higher rates of Welfare-to-Work participation, both for participants with a history of specialized supportive services usage and participants without such a history.**

- **The outreach efforts encouraged participants to engage in specialized supportive services, regardless of their past histories of using these services.**

- **The outreach efforts did not lower recurrence rates for non-compliance and sanctions.**

- **The introduction of outreach efforts resulted in positive results that will likely change the organizational culture of GAIN Social Workers (GSWs) and will likely promote organizational effectiveness as GSWs develop professional tools to work with both sanctioned and at risk participants.**

Policy Recommendations

- ***A process evaluation of the County-wide implementation of the GAIN Sanction Home Visit Outreach project would help address crucial questions and fine tune the program that was implemented in late 2005.***

The information collected in this type of process evaluation would provide important information to assess program effects and to make program refinements. Since the pilot was not designed to test the effectiveness of the home visit component of the outreach program, the conduct of home visits should be assessed in depth. Home visits are a critical aspect of the program and the effectiveness of this component should be measured accurately.

- ***Outreach efforts should target non-compliant participants with prior non-compliance incidents.***

This evaluation showed that non-compliant participants who were previously non-compliant were less likely to return to compliance. This group of participants should therefore be targeted for more intensive outreach efforts

- ***DPSS should re-assess the outreach effort for non-compliant participants since the majority of them return to compliance on their own.***

The study showed that nine out of ten noncompliant participants return to compliance on their own in the absence of an outreach effort. DPSS may wish to delay sending outreach letters to participants 10 days or more after a non-compliance is discovered. This would allow participants some time to resolve their non-compliance on their own and the department would use its resources more effectively.

- ***It would be beneficial to evaluate the long-term outcomes of outreach efforts.***

This evaluation measured outcomes within three months of report dates and extrapolated program effects from this short-term period. However, outcomes may be stronger if they are given a longer time frame to mature. In order to capture these long-term effects, it would be necessary to monitor participants for at least one year.

- ***All non-compliant participants with specialized supportive services needs should be visited by specialized GAIN Social Workers.***

The study showed that outreach efforts did not affect participants with a history of specialized supportive services in terms of returning to compliance, avoidance of sanctions, or recurrences of non-compliance and sanctions. The engagement in specialized supportive services, however, helps these participants return to compliance. Moreover, this study showed that the outreach program strongly increases the rates of

participation in specialized supportive services. Hence, it is essential to intensify the outreach effort to participants in need of specialized supportive services. It is recommended to pay home-visits to all non-compliant participants with specialized supportive services needs since the size of this population is relatively small.

- ***Sanctioned participants in Phase II need to be carefully monitored in order to more accurately assess the impact of outreach efforts on this group.***

The pilot project did not sample an adequate number of sanctioned participants for the control group in Phase II. This prevented a rigorous evaluation of the effectiveness of the intervention on sanctioned participants with no previous history of using specialized supportive services. The outcomes for the sanctioned participants in the treatment group were encouraging. Moreover, it is expected that home visits would be highly effective for sanctioned participants since the majority of non-compliant participants are returning to compliance on their own. However, in order to more confidently affirm these results participants with no history of using specialized supportive services should be carefully monitored as the outreach program continues.

- ***The Department should consider conducting focus groups to learn why non-compliant participants experience repeated non-compliance incidents.***

The Department may wish to conduct focus groups with participants to learn why outreach efforts did not lower recurrence rates of non-compliance and sanctioned participants. Information should also be collected on the best methods of conducting outreach home visits. The information obtained from having these focus groups can be utilized to fine-tune the existing countywide outreach efforts.

- ***The Department should develop guidelines ensuring that agreed upon standards of conducting pilot programs are followed for pilots that DPSS decides to evaluate using scientific evaluation methods.***

DPSS should provide standards to evaluate pilot programs that the Department decides to evaluate using scientific methods of evaluation research. For example the protocol could consider and address statistical issues of research design, sampling, random assignment requirements, internal validity, and assessment of experiments.

Technical Appendix

This report presents the results of an impact evaluation designed to determine the extent to which the GAIN Home Visit Outreach Pilot caused significant changes in a particular set of outcomes. Impact evaluations are useful when the objective is to compare different programs or test the effectiveness of new efforts to ameliorate specific problems. Impact analyses typically involve the comparison of outcomes for program participants (the experimental group) with those of a control group. To undertake such a comparison, appropriate scientific methods and controls must be employed in the sampling, data collection, and data analysis steps to ensure that the estimated program impacts are unbiased. These methods are summarized in this technical appendix.

Sample

Phase I: 267 Participants

The sampled populations are tabulated in Table A-1. Originally 519 participants were selected for Phase I of the pilot. After deleting duplicate records, as well as those participants with needs for domestic violence services, Phase I was reduced to a total of 442 participants. Participants with domestic violence needs were excluded since they are not targeted by the project. Several additional adjustments were made based on the most recent and accurate data available on the sanction and non-compliance statuses of these participants. These adjustments led some participants to switch from one status to another. Some records with no proof of non-compliance or sanctions at the time of reporting were also deleted. There were some participants with prior sanction incidents. Since the project is only designed for first-time sanctioned or non-complaint participants, these participants were also dropped from the study. Finally, the piloted outreach program did not mail letters to some participants selected for the Phase I treatment group. Some of these participants had contacted their GAIN Social Workers (GSW) before the intervention took place. In other cases, letters were not mailed because participants had moved out of the County, or were homeless, without a valid address, or had already exited welfare. These participants were not subject to the intervention and they were excluded from the study. After deleting these records, the final tally for the Phase I population was 267 participants.

Out of this population of 267, 111 of the participants (42 percent) were designated for the control group and 156 (58 percent) were placed in the treatment group. While 39 control group participants (35 percent of the control group) were sanctioned, at the time of the outreach intervention, 40 treatment group participants (26 percent of the control group) were sanctioned at the same time.

Table A-1

Sample Proportions for Phase I and Phase II

Groups	Original	Final
PHASE I		
Control Group		
Non-compliant	80	72
Sanctioned	84	39
Total	164	111
Treatment Group		
Non-compliant	168	116
Sanctioned	110	40
Total	278	156
Total	442	267
PHASE II		
Control Group		
Non-compliant	910	745
Sanctioned	32	0
Total	942	745
Treatment Group		
Non-compliant	1,056	691
Sanctioned	150	0
Total	1,206	691
Total	2,148	1,436

Source: Los Angeles County Department of Social Services (DPSS) pilot database.

Phase II: 1,436 Participants

In Phase II the number of participants dropped from 2,148 to 1,436 after making the same kinds of adjustments described above. However, since the sample size for sanctioned participants was very small, this group is excluded from the analysis. Out of the 1,436 participants, 745 (52 percent) were in the control group and 691 (48 percent) belonged to the treatment group.

In a randomized experiment, it is not desirable to have significantly different sample sizes among the control and experiment groups. The relative sizes of the treatment and control groups are acceptable in this study.

The Experimental Method and Random Assignment

The experimental method is generally considered the most robust of the impact evaluation methodologies. By randomly allocating the intervention among eligible beneficiaries, the assignment process itself creates comparable treatment and control

groups that are statistically equivalent to one another, given appropriate sample sizes. The control groups generated through random assignment serve as a perfect counterfactual, free from the troublesome selection bias issues that exist in all evaluations. Outcome measures, chosen on the basis of program objectives, are observed at some interval after the intervention ends, with any differences between groups attributable to the causal impact of the program.

Phases I and II of this evaluation used a randomized experimental design. In Phase I, all participants with specialized supportive services needs (except for those that used domestic violence services), and who were either sanctioned for the first time or non-compliant at the time of reporting, were selected. The reporting period included all days from March 1, 2004 through May 31, 2005. Since the population size was small, all participants who met these requirements were selected in this phase. The sampling procedure was therefore one that selected the whole study population and then randomly distributed the participants to the control and experimental groups. For Phase II, all participants who were either sanctioned for the first time or non-compliant at the time of reporting were sampled and then randomly distributed to control and experimental groups. The Phase II reporting period included all days from March 1 to May 31, 2005.

Outcome Measures

This study uses several categorical outcome measures (1 if yes, 0 if no) to evaluate the effectiveness of the GAIN Sanction Home Visit Outreach Project. The main outcome measure is *returning to compliance within three months of the report date.* The report date is the date when a participant is selected to a group. Almost all of the non-compliant participants had been reported to a group at the time when their non-compliance was discovered. Sanctioned participants were selected differently. In Phase I, all participants who were sanctioned earlier than the start date of the study (March 1, 2004) were also selected if it was their first sanction incident. For Phase I, then, the gap between a participant's sanction start date and the report date was, on average, 300 days. If a participant resolved his/her non-compliance or ended his/her sanction within three months of the report date, the outcome was measured as 1. Otherwise the outcome for this measure was 0.

A second outcome measure used in the study was *averted sanctions* for non-compliant participants. This outcome was assigned a value of zero if a sanction was imposed for a non-compliant participant within 90 days after becoming non-compliant. Otherwise, the outcome was assigned a value of 1, indicating that the sanction was averted.

A third outcome measure used in the study was *participation in a Welfare-to-Work activity*, or *work within three months of the report date.* The participation measure is also categorical (i.e., participation = 1; otherwise = 0).

The fourth measure was *participation in a specialized supportive services component within three months.* Since the study focuses on these services, a separate measure

was used to test if participants were engaged in specialized supportive services at higher rates following the intervention. This measure was also categorical.
Another categorical measure was used to test if the non-compliant and sanctioned participants who returned to compliance after the intervention experienced other incidents of non-compliance or sanctions within three or six months (only three months for Phase II). However, since results were not significant, they are not shown in the report.

Significance Level

All statistical conclusions involve constructing and testing two mutually exclusive hypotheses, termed the null (H_0) and alternative (H_1) hypotheses. These hypotheses describe all possible outcomes with respect to an inference. A researcher is frequently confronted with the challenge of selecting the correct hypothesis, or at least the hypothesis that has the most validity based on the available empirical evidence. In evaluation research, where the main focus is on assessing the effectiveness of social programs, competing hypotheses are typically examined in terms of program effects and are shown as follows;

H_0 : Program Effect = 0
H_1 : Program Effect <> 0 (not equal to 0)

The null hypothesis is so termed because it usually refers to an outcome in which there is "no difference" or "no effect" indicated by a comparison. Usually in social research it is expected that evaluated programs will make a difference, and for this reason a program effects is seen as consistent with the alternative hypothesis (as against the null hypothesis).

Significance tests assist researchers in parsing out the validity of competing hypotheses. The result of a significance test depends on the selection of a significance level along with the sample size used for the comparison. Significance levels show you how likely a result is due to chance. In most social research, the "rule of thumb" is to set significance levels at 5 percent, which is labeled as alpha (α). Significance levels show the odds that the observed result is due to chance. When the test statistic (such as the result of a chi-square test) is less than the selected α level, the null hypothesis (“no difference”/”no effect”) is rejected. Under these circumstances, the researcher is able to conclude that there is a program effect. For example, if a chi square test shows a probability of .04, it means that there is a 96% (1-.04=.96) chance that the program outcomes between different groups are different, or there is a 4 percent likelihood that the difference or program effect may occur due to chance or randomness.

A significance level (or α) also refers to the probability of rejecting the null hypothesis when in reality the null hypothesis is correct. This is called a Type I Error. A Type I error, in other words, refers to the likelihood of concluding that there is a program effect i.e. rejecting the null hypothesis when in reality there is not such an effect. This is the odds of confirming our theory (program effect) incorrectly. On the other hand, there is a

Type II Error, labeled as beta (β), which refers to the odds of generating a "no program effect" outcome when in fact there is such an effect.. The type II error, in other words, is the odds of not confirming a theory that is true. 1- β is known as the power of a test. The power of a test is the ability of a statistical test to detect true effects when they exist. Thus, power is the probability that a null hypothesis when it is false, i.e., the probability that you will detect the program effects when they exist.

Researchers prefer to have the power of a test be as large as possible in order to minimize false negatives or capture true effects when they exist. On the other hand, researchers also prefer to keep the significance level small to minimize false positives. However, there is a trade-off between these two possibilities. The lower the α, the lower the power and vice versa. The more stringent a significance level is, the greater the likelihood a researcher will mistakenly conclude that the response was ineffective when it actually worked. The less stringent a level is, the greater the possibility that the researcher will mistakenly endorse a response that in reality has no effect.

It is generally accepted that a significance level set at 5 percent is optimal. . However, 5 percent is essentially an *arbitrary* selection. The 5 percent level comes from academic publications, where a theory usually has to have at least a 95% chance of being correct to be considered worth communicating to a larger research community. Moreover, many academic papers test strictly controlled experimental designs where confounding factors and data problems are less influential. But, why should alpha values be so small? Why put such a premium on not incorrectly accepting alternative hypotheses? It is understandable that in scientific experiments researchers ought not to put their faith in conclusions unless the conclusions are backed by strong empirical evidence.. However, in evaluating public programs, the significance level may be less stringent. Usually, these programs are designed in response to serious problems. Environments cannot be controlled and data measures cannot be perfect. Moreover, researchers need to be sensitive to the concerns of policy-makers of accidentally rejecting the effectiveness of a good program.

For instance, if a test shows a .06 probability, it means that it has a 94 percent chance of being true. Although, in this example, researchers may not be quite as certain to establish a position empirically as if they had a 95% chance of being true, nevertheless the odds still are that the theory under investigation is true. In the public policy world if something has a 90% chance of being true (probability =.1), it cannot be considered proven, but it is probably better to act as if it were true rather than false. Hence, in deciding the rejection or acceptance of research hypotheses this report established a 10 percent significance level as its standard and conducted all significance tests against this level.

Statistical Comparison of Proportions and Means

This impact evaluation examines differences between outcomes for participants who receive an outreach treatment and those who do not. Since participants were randomly

selected for receiving an intervention, the impact of the outreach program can be measured as the difference in outcome values for the treatment and control groups in each phase. If the sample sizes are adequately large, random assignment to the two groups makes it very likely that any substantial difference in values is due to the program and not due to random differences in the characteristics of participants in the two groups, which are likely to be small.

This study used the Chi-squared test (X^2) of homogeneity to test the effectiveness of the outreach intervention. This test is a two-sample test for the equality of two proportions. It facilitates comparison of sample proportions across multiple groups when the data is categorical. The X^2 test assesses whether the proportions of participants who resolved their non-compliance within 90 days was equal across control and treatment groups. If this X^2 statistic is significant, then we accept the hypothesis that the intervention is effective.

Multivariate Regression Models

While the easiest way to conduct an impact evaluation is to compare the values of outcome variables for the experimental and control groups, outcome differences may at least partially reflect factors other than the impact of the intervention. For this reason, the differences may change when we control for other factors that influence outcomes. The precision of estimation increases when other factors that help explain variations in outcome measures are included. This requires using more complex multivariate methods. The regression model specifies that the outcome variable is a (linear) function of a set of explanatory variables. The coefficient of each explanatory variable represents the effect of a change in the explanatory variable on the outcome, holding all other factors constant.

One of the explanatory variables should be a dummy variable to indicate whether a participant is in the treatment group; other explanatory variables represent several background and program characteristics that may have an effect on the outcome variable. The estimated coefficient of the treatment dummy is the treatment effect. Dummy variables act like switches that turn various parameters on and off in the regression equation. Since the outcome variables estimated in this study are categorical, logistic regression models are used. A general form of the model is shown below where i indexes observations, K is the number of explanatory or predictor variables and n denotes sample size.

$$Y_i = a_0 + a_1T_i + a_2S_i + b_1X_{i1} + b_2X_{i2} + \ldots + b_KX_{iK} + ei \quad i = 1, \ldots, n$$

Y_i = Outcome score for the i^{th} unit (participant)
a_0 = Coefficient for the intercept
a_1 = Coefficient for the treatment dummy
a_2 = Coefficient for the sanction dummy
T_i = 1 if i^{th} unit is in the treatment group
0 if i^{th} unit is in the control group
S_i = 1 if i^{th} unit is sanctioned

0 if i^{th} unit is not sanctioned (non-compliant)

X_{i1} = First explanatory variable used in the model for the i^{th} unit

X_{iK} = K^{th} explanatory variable used in the model for the i^{th} unit

Data Sources

For Phase I, starting from July 2004, the GEARS system generated daily reports listing non-compliant participants with a history of a specialized supportive services needs. These participants were either in non-compliance, pending a recommended sanction, or they had a first sanction imposed. Similar reports were generated for Phase II participants between March and June 2004. The GAIN Services Supervisor (GSS) for the Home Visit unit utilized these GEARS daily reports to input the data onto an ACCESS database. This database provided information to identify whether a participant was a member of the control or the treatment group.

Later the home visit data for these participants were linked to GEARS data files to add other fields required for the study, such as demographic information, non-compliance and sanction histories, and Welfare-to-Work participation data (including specialized supportive services utilization). The data fields were collected for these participants starting from 2002 through their reporting dates, and for all months from their reporting dates through August 2005. All multivariate analyses were run using data fields from these administrative data sources.

Endnotes

[1] Manuel H. Moreno, et al., *Study of Sanctions Among CalWORKs Participants in the County of Los Angeles: Who, When and Why?* Chief Administrative Office/Service Integration Branch/Research and Evaluation Services. Prepared for the County of Los Angeles Department of Public Social Services, March 2005.

[2] These outreach efforts were conducted exclusively in GAIN Region 1.

[3] These outreach efforts were conducted exclusively in GAIN Region 1.

[4] The results of the logistic regression model estimating the likelihood of returning to compliance within three months are shown for phase II in Table 5 of the main text. Since, the coefficient for the treatment dummy, which shows the impact of the intervention, is not statistically significant even at the 10 percent level of significance for phase I, the results for this phase are not included. Table 5 only shows explanatory variables found to be significant. Several other variables not shown in Table 5, such as various demographic and program factors were not significant in explaining variations in the likelihood of returning to compliance in three months. These non-significant explanatory variables were not included in the final model.

[5] The values in the "Pearson's > X^2" column of Table 5 show the level at which coefficients are significant. The table only shows those explanatory variables that are found to be significant in the estimations.

[6] When a participant is informed that they are non-compliant, they are expected to provide documentation of "good cause" to explain the reason for being out of compliance with program rules. When it has been determined that the criteria for good cause exist the non-compliance is cancelled.

[7] Table 8 only shows engagement (within three months) in two activities: the specialized supportive services component and employment. Engagement in Welfare-to-Work activities, shown in the first column, includes engagement in specialized supportive services and employment. The total column refers to all participants returned to compliance in 90 days. Percent columns are ratios of participants who were engaged in activities to the total column.

[8] It should be noted that the number of sanctioned participants engaged in activities are too low to draw any meaningful conclusions.