ALABAMA SELF-ASSESSMENT INDEX

PILOT PROGRAM SUMMARY REPORT

July 7, 2000

A large sample (N = 1,127) of welfare recipient clients
were administered the Self-Assessment Index

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ALABAMA SAI PILOT
Self-Assessment Index (SAI)

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PREFACE

The Self-Assessment Index (SAI) is an automated (computer scored) assessment instrument that is designed specifically for welfare recipient screening. Areas of inquiry include substance (alcohol and other drugs) abuse, work attitude/motivation and stress coping abilities. Early identification of barriers to employment facilitates prompt remediation, successful program completion and successful employment. In sum, the SAI is an objective, standardized and accurate approach to welfare recipient screening.

SAI scales include: **1. Truthfulness Scale:** identifies guarded and defensive people who minimize their problems. **2. Alcohol Scale:** measures the severity of alcohol use or abuse. **3. Drugs Scale:** measures the severity of drug use or abuse. **4. Work Index Scale:** identifies many cloaked barriers to employment (value of work, transportation, work-related expenses, family responsibilities, etc.) that impact on successful employment. And **5. Stress Coping Abilities Scale:** measures how well the client handles stress. High Stress Coping Abilities Scale scores identify established emotional/mental health problems. Stress is now accepted as a common relapse trigger. These five SAI scales have demonstrated reliability, validity and accuracy.

On each of the 5 SAI scales client risk is operationally defined as follows: **low risk** is a score in the zero to 39th percentile range; **medium risk** refers to scores in the 40 to 69th percentile range; **problem risk** refers to a score in the 70 to 89th percentile range; and **severe problem risk** is defined as any score in the 90 to 100th percentile range.

SCORE	RISK RANGE	PREDICTED PERCENT
0 – 39 percentile	Low Risk	39%
40 – 69 percentile	Medium Risk	30%
70 – 89 percentile	**Problem Risk**	**20%**
90 – 100 percentile	**Severe Problem**	**11%**

The enclosed test results were obtained from a sample (N=1,127) of Alabama welfare recipients who completed the Self-Assessment Index. These results clearly demonstrate the reliability, validity and accuracy of the Alabama standardized Self-Assessment Index (SAI). With regard to the Alabama standardized SAI, the percentage of clients scoring in each of the four risk ranges (for each of the 5 scales) very closely approximate predicted percentages.

It is reasonable to conclude that the Alabama standardized SAI accurately identifies barriers to employment (as defined by its 5 measures or scales), thereby facilitating early problem identification and subsequent treatment. **The Self-Assessment Index measures what it purports to measure.**

**A word about the SAI accuracy graph
and table on page one of this report**

During the pilot program a smaller number of welfare recipients were identified as manifesting substance (alcohol and other drugs) abuse problems than were expected. That was because we used national as opposed to Alabama scale score distributions. One of the pilot program goals was to restandardize the SAI on the Alabama welfare recipient population. This goal was achieved and now that this has been done, all future SAI tests will utilize Alabama

based score distributions. Moreover, the accuracy of these Alabama welfare recipient based score distributions is shown on page one in the SAI accuracy graph and table. What we did was analyze all the pilot program data to establish Alabama specific score distributions. We then went back and analyzed the pilot program data with these Alabama standardized score distributions, and the results are shown on page one of the following report.

SAI scale accuracy is demonstrated in the graph and table on page one – when the Alabama specific scoring distributions are used. In other words page one shows the accuracy of the re-standardized or Alabama standardized SAI. As noted earlier the predicted percent of scores for each scale's risk ranges are as follows:

RISK RANGE	PREDICTED PERCENT
Low Risk	39%
Medium Risk	30%
Problem Risk	**20%**
Severe Problem	**11%**

The Alabama pilot program results clearly show that future SAI testing of Alabama welfare recipients will clearly and accurately show their predicted risk for each SAI scale. The above predicted percentages will now accurately apply to each SAI scale. In other words, elevated (70th percentile and higher) scores reflecting problematic welfare recipients will average around 30 percent. This 30 percent is composed of 20 percent in the problem risk range and 11 percent in the severe problem range. The results reported on page one and the remainder of this document attest to the Alabama standardized SAI's reliability, validity and accuracy.

Since 1,127 welfare recipients were tested, with the Alabama standardized SAI we would expect 338 welfare recipients or 30 percent to score in a scale's "problem risk" range. The graph and table on page one show how close actual Alabama welfare recipient standardized scores are to the predicted percents for each SAI scale.

The Truthfulness Scale is shown to be reliable, valid and accurate. Consequently, Truth-Corrected scores are more accurate than raw scores. The more a welfare recipient attempts to minimize problems the more they will be penalized. Raw scores reflect what the welfare recipient is attempting to convince you about. Raw scores incorporate guardedness, defensiveness, minimizing and even faking. Truth-Corrected scores reveal what the client was trying to hide and Alabama standardized scores are even more accurate. In the "SAI: An Inventory of Scientific Findings" Truthfulness Scale and Truth-Corrected research is discussed. No attempt was made to discuss said research here other than to note it supports the ability of the Truthfulness Scale to accurately detect minimization and even faking. And the advantages of Truth-Corrected scores are also demonstrated. Truthfulness Scales are relatively new in psychometrics, yet most experienced test users won't use a test without a Truthfulness Scale.

In the remainder of this report we will not use the term "Alabama standardized" SAI. When referring to the Alabama standardized SAI we will use the name of the test (Self-Assessment Index) or its acronym "SAI."

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SELF-ASSESSMENT INDEX

Self-Assessment Index test results for 1,127 welfare recipient clients are summarized. All SAI tests administered during the Alabama SAI pilot period are included.

Accuracy of the SAI

The SAI contains five measurement (or severity) scales. In the graph and table below, the percentage of clients scoring in the four risk categories (low, medium, problem and severe problem) is compared to the predicted percentage for each of the five measurement scales. The differences between obtained and predicted percentages are shown in parentheses in the table below the graph. There are 1,127 SAI test results summarized in the following risk range percentile analysis.

SAI Scale Accuracy
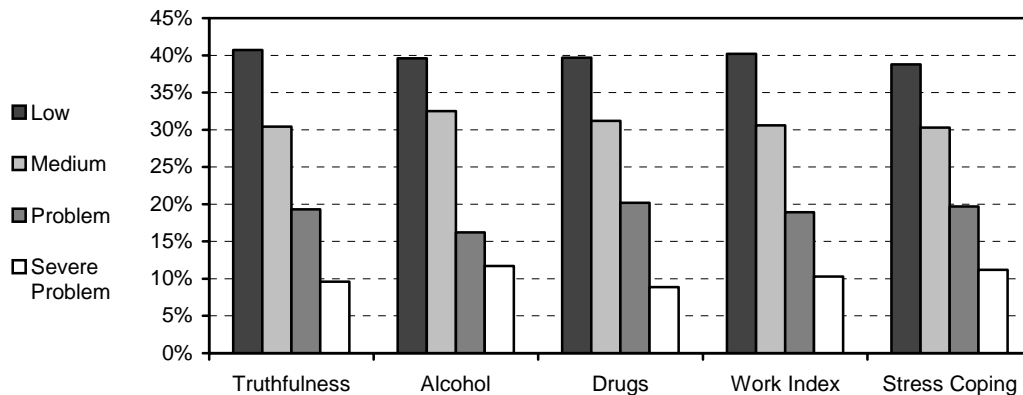
Scale	Low Risk (39%)		Medium Risk (30%)		Problem Risk (20%)		Severe Problem (11%)	
Truthfulness	40.7	**(1.7)**	30.4	**(0.4)**	19.3	**(0.7)**	9.6	**(1.4)**
Alcohol	39.6	**(0.6)**	32.5	**(2.5)**	16.2	**(3.8)**	11.7	**(0.7)**
Drugs	39.7	**(0.7)**	31.2	**(1.2)**	20.2	**(0.2)**	8.9	**(2.1)**
Work Index	40.2	**(1.2)**	30.6	**(0.6)**	18.9	**(1.1)**	10.3	**(0.7)**
Stress Coping	38.8	**(0.2)**	30.3	**(0.3)**	19.7	**(0.3)**	11.2	**(0.2)**

The differences between obtained percentages and predicted percentages are given in parentheses.

As shown in the graph and table above, obtained risk range percentages for all risk categories and all SAI scales were within **3.8** percentage points of the predicted percentages. **Of the 20 possible comparisons (5 scales x 4 risk ranges) between attained and predicted percentages, 12 were within one percentage point of the predicted percentage. Only three obtained risk range percentages were greater than 1.7% from the predicted percentage, and these were the medium (2.5%) and problem risk (3.8%) ranges for the Alcohol Scale and the severe problem (2.1%) range for the Drugs Scale. These results demonstrate the accuracy of the SAI.**

The difference between obtained and expected percentages is a measure of accuracy. The results presented in the graph and table above demonstrate that the four risk range percentages for each of the SAI scales are very accurate because they are in close agreement with predicted percentages. **These results demonstrate that SAI scale scores accurately identify Alabama welfare recipient risk.**

Reliability of the SAI

Reliability is a measure of a test's consistency. A perfectly reliable test would have a 1.0 coefficient alpha. Most published tests have reliability coefficients or alphas from .70 to about .90. The higher the alpha level the more reliable the test. Alphas of .80 are professionally acceptable as a standard for test reliability. In earlier research SAI scale reliability was demonstrated. The present database analysis further explores the reliability of the SAI.

In the following table "pilot" refers to the original 85 item SAI that was given to 1,127 Alabama welfare recipients. "Projected" refers to an improved 98 item SAI that would evolve from subsequent SAI database analysis. Cronbach's coefficient alpha is a widely used test of reliability, consequently the following table summarizes Cronbach coefficients for each SAI scale.
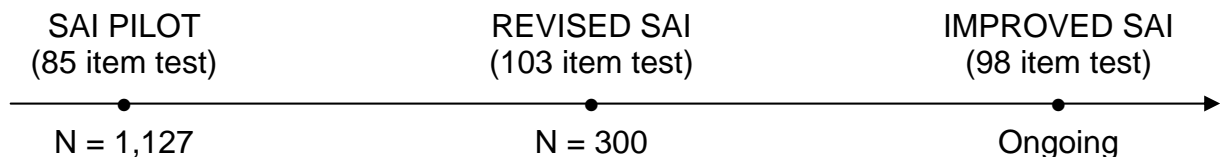
COEFFICIENT ALPHA

SAI Scale	Pilot 85-Items	Projected 98-Items
Truthfulness Scale	.85	.88
Alcohol Scale	.86	.90
Drugs Scale	.84	.87
Work Index Scale	.80	.88
Stress Coping Abilities	.80	.90

All alpha coefficients for all pilot program (N=1,127) scales are well within professionally accepted ranges. **The original SAI as used in the Alabama pilot program is a reliable assessment instrument.** Moreover, statistical analysis identified each item's item-total (scale) correlation. Items with the best statistical properties were retained and weaker items replaced. Scale items were replaced as follows: Truthfulness (3 items), Alcohol (3 items), Drugs (4 items), Work Index (7 items) and Stress Coping Abilities (1 item). Replacement items contributed to a revised 103-item SAI test booklet.

It is recommended that the 103-item SAI be administered to an additional 300 welfare recipients. Analysis of this data would then enable Behavior Data Systems to reduce the number of SAI items to 98—without weakening reliability. Indeed, the new 98-item SAI would have improved reliability as projected in the above table. The goal is to reach a desired medium between a test with high statistical reliability and a favorably low number of items. **The 85-item SAI is reliable, and the new 98-item SAI would be even more reliable.**

SAI DEVELOPMENT SUMMARY

SAI PILOT (85 item test)	REVISED SAI (103 item test)	IMPROVED SAI (98 item test)
N = 1,127	N = 300	Ongoing

Now we have an SAI that has been standardized on Alabama Welfare Recipients (N=1,127). The revised SAI (103 items) could be used to assess 300 additional welfare recipients. Then, within one month the 98 item SAI could be available for screening future welfare recipients. In terms of test usage there wouldn't need to be any interruption. The 103 item SAI could be used until replaced by the 98 item SAI. This procedure would accommodate

on-going testing with no interruptions. Each SAI developmental phase could blend into the preceding and following phases.

Validity of the SAI

Validity refers to the ability of a test to measure what it is supposed to measure. SAI scales represent areas of inquiry while SAI scale scores measure the severity of problems. In earlier research it was demonstrated that SAI scales measure what they purport to measure. Earlier SAI validity research is summarized in the document titled "SAI: An Inventory of Scientific Findings." The present database analysis further explores the validity of the SAI.

SAI scales measure the severity of problems that are barriers to employment. It is expected that welfare recipient clients having problems would have higher scores than those clients who don't have problems. Measures of severity must accurately differentiate between problem and non-problem groups. A comparison between groups selected on the basis of a known problem is a statistical validation method commonly referred to as discriminant validity. **Discriminant validity of the SAI is shown by significant scale score differences between problem and non-problem client groups, in predicted directions.**

<u>**Discriminant validity**</u>

The following discriminant validity analyses consisted of three different comparisons made between welfare recipient groups. The three groups were formed on the basis of alcohol problems, drug problems and work attitude problems. Alcohol problem clients were defined as welfare recipients who reported having been in alcohol treatment. Alcohol Scale scores were compared between welfare recipients that had alcohol treatment (problem group) and welfare recipients that had not been in alcohol treatment (non-problem group). Similarly, Drugs Scale scores were compared between welfare recipients who had and had not been in drug treatment. Welfare recipients who had never been in treatment were operationally defined for these comparisons as non-problem clients.

Work problem groups were defined using direct admission of work problems (e.g., bad work attitude) for the Work Index Scale comparison. Welfare recipient clients who admitted to having a bad work attitude made up the work problem group. Clients who did not admit to having a bad work attitude made up the non-problem group. There is a lack of a concrete definition for work problems such as was used for alcohol and drugs, i.e., having had treatment. Defining the problem group on the basis of bad work attitude at least provides a general characterization of work problems that enables the Work Index Scale comparison to be made. Truthfulness and Stress Coping Abilities Scale have been validated in previous research.

Alcohol Scale test item #80 (shown on page 6 of this report) was used to define the alcohol group. There were 97 welfare recipients in the alcohol problem group and 1,030 welfare recipients in the non-problem group. Test item #82 defined the groups for the Drugs Scale comparisons. There were 75 welfare recipients in the drug problem group and 1,052 in the non-problem group. Work Index Scale item #24 (told has a bad work attitude) defined groups for the Work Index and Stress Coping Abilities Scale comparisons. There were 1,063 non-problem welfare recipients and 64 problem welfare recipients. The t-test comparisons between problem and non-problem groups for each SAI scale are presented in the table below. There are 1,127 Alabama welfare recipients included in these analyses.

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T-Test Comparisons Between Problem And Non-Problem Groups

SAI Scale	Non-problem Group Mean Scale Score	Problem Group Mean Scale Score	T-value	Level of significance
Alcohol Scale	1.38	10.96	t = 18.65	p<.001
Drugs Scale	1.68	11.80	t = 14.12	p<.001
Work Index Scale	17.84	30.95	t = 8.13	p<.001
Stress Coping Abilities	99.57	77.31	t = 5.31	p<.001

With regards to the Truthfulness Scale, t-test comparisons indicated there was no significant difference between problem group and non-problem group scale scores. This finding shows that welfare recipients are equally open and honest when completing the SAI. As noted earlier, Truthfulness Scale validation was done in research studies that are reported in the research summary document.

Alcohol Scale, Drugs Scale and Work Index Scale results show that welfare recipients with problems scored significantly higher on the scales than did non-problem clients. Welfare recipients with alcohol problems (had treatment) scored significantly higher on the Alcohol Scale than non-problem welfare recipients (never had treatment). Similarly, welfare recipients with drug problems scored significantly higher on the Drugs Scale than non-problem clients. And work attitude problem clients scored higher on the Work Index Scale than non-problem clients. These results are important because they show that the Alcohol, Drugs and Work Index scales do measure level of severity and that problem welfare recipient clients score significantly higher on these scales than non-problem clients.

The Stress Coping Abilities Scale score t-test comparison was done using the work problem groups. Validity of the Stress Coping Abilities Scale, which is summarized in the research document, was demonstrated using criterion validation with MMPI scales. Scores on the Stress Coping Abilities Scale are reversed in that higher scores are associated with better stress coping abilities. It is interesting to note that the work problem group scored significantly higher on the Stress Coping Abilities Scale than the non-problem group. Welfare recipients who admit to having work attitude problems demonstrate poorer stress coping skills. This result indicates there is a high correlation between bad work attitudes and stress coping problems.

In summary, these t-test results support the discriminant validity of the Alcohol, Drugs, Work Index and Stress Coping Abilities Scales. We predicted welfare recipients with problems would score higher on these scales than non-problem clients. The Alcohol, Drugs, Work Index and Stress Coping Abilities Scales measure severity of problem behavior. The higher the scale scores the more severe the problems are. Moreover, having been in treatment is indicative of "problem behavior." Welfare recipients who had been in treatment for alcohol and/or drugs scored significantly higher on the Alcohol and Drugs scales than welfare recipients who had not had treatment. These results support the discriminant validity of the Alcohol, Drugs, Work Index and Stress Coping Abilities Scales.

<u>**Predictive validity**</u>

To be considered accurate an assessment or screening test must accurately identify problem welfare recipients (drinkers and/or drug abusers). The SAI accurately identifies problem prone drinkers and/or drug abusers. The same welfare recipient groups defined above for alcohol and drug problems were used in this analysis. That is, welfare recipients were assigned to the problem group if they had been in alcohol or drug treatment. It was predicted that clients with an alcohol or drug treatment history will score in the problem risk range (70th percentile and above) on the Alcohol and Drug Scales, respectively.

Predictive validity analysis shows that Alcohol and Drug Scales accurately identify welfare recipients who have had alcohol and/or drug treatment. The SAI Alcohol Scale is very accurate in identifying clients who have alcohol problems. Of the 97 welfare recipients classified as problem drinkers, all but 1 of the individuals or **99 percent**, had Alcohol Scale scores at or above the 70th percentile. In comparison to other tests, this is very accurate assessment. The Alcohol Scale correctly identified nearly all of the welfare recipients categorized as problem drinkers. **These results are very impressive and strongly validate the SAI Alcohol Scale.**

The SAI Drugs Scale is also very accurate in identifying welfare recipients who have drug problems. There were 75 welfare recipients who reported having been in drug treatment. Of these 75 individuals, 74 welfare recipients, or **99 percent**, had Drugs Scale scores at or above the 70th percentile. **These results are similar to those reported above for the Alcohol Scale and represent very accurate assessment.** These results strongly substantiate the accuracy of the SAI Drugs Scale.

SAI ACCURACY: WHAT IS THE ACCURACY OF THE SAI?

The SAI is a very accurate screening or assessment instrument. This was discussed earlier regarding risk range percentile scores for all SAI scales, scale score comparisons between problem and non-problem welfare recipients and correct identification of problem drinkers and drug abusers. It can reasonably be assumed that the inclusion of a review of available records and interview with welfare recipients would improve assessment accuracy even further. The SAI identifies welfare recipients with substance (alcohol and other drugs) abuse problems. In addition, the SAI also accurately identifies malingerers (Truthfulness Scale), problematic work attitudes/behaviors (Work Index Scale) and the emotionally disturbed (Stress Coping Abilities Scale). What does this mean? The SAI is both comprehensive and accurate. Comprehensive in the sense that it screens important areas of inquiry that are "barriers to employment." Accurate in the sense that the SAI does what it is purported to do - - that is accurately identify welfare recipient risk.

SAI Client Self-Perceptions

Sometimes reviewing welfare recipients' response patterns to specific areas of inquiry (e.g., alcohol, drugs and emotional problems) can provide additional insight into their attitudes and behavior. For these reasons several SAI items were selected for response pattern analysis.

Selected SAI items are presented below along with the percentage of males and females that admitted to the problem. There were 1,127 welfare recipients who responded to these SAI

items. Of these 1,127 welfare recipients 47 were male and 1,080 female. It should be noted that response pattern frequency or percentage analysis simply reflects welfare recipient answers – with all their biases. Welfare recipient thinking, motivation concerns and problems can sometimes be inferred.

Areas of inquiry include: Alcohol and Drugs (SAI item #32, 45, 78, 79, 80, 81 and 82) and Emotional/Mental Health (SAI item #7, 53, 83 and 85). For these items the SAI item number is presented, the item is summarized and the percentage of male and female responses (admissions) are given. Comparison of these percentage responses with SAI scale scores and welfare recipient history can stimulate discussion of welfare recipient answers, societal issues and even provoke thought.

Alcohol and Drug Problems	Males %	Females %
#32. I have a drinking or alcohol-related problem.	17.0	2.0
#45. I have a drug abuse or drug-related problem.	19.1	4.2
#78. How would describe your drinking?		
1. A serious problem..	6.4	2.8
2. A moderate problem	10.6	2.0
3. A mild problem	23.4	4.4
#81. How would you describe your drug use?		
1. A serious problem	4.3	2.5
2. A moderate problem	14.9	1.2
3. A mild problem	12.8	1.7
#80. How many times were you in alcohol treatment programs?		
1. One..	12.8	3.2
2. Two or three	19.1	3.4
3. Four or more...	10.6	0.5
#82. How many times were you in drug treatment programs?		
1. One..	14.9	2.9
2. Two or three	10.6	2.1
3. Four or more...	6.4	0.6
#79. Recovering means you had a problem in the past, but now you do not. I am a recovering:		
1. Alcoholic	25.5	4.5
2. Drug-abuser	12.8	2.9
3. Both 1 and 2	4.3	2.6

Emotional and Mental Health Problems   Males %   Females %

#83. During the last six months I have been:
     1. Suicidal (dangerous to myself)... 10.6   3.1
     2. Homicidal (dangerous to others) 6.4   1.3
     3. Both 1 & 2 (suicidal and homicidal).. 6.4   1.6

#53. I have been told I have a negative attitude.. 29.8   19.0

 #7. I want help to straighten out my life. 55.3   68.1

#85. Are you able to work?
     1. Yes. I have no physical or medical problems.. 53.2   59.7
     2. Yes. I have a few minor physical or medical problems......................... 29.8   15.2
     3. You. I have some physical or medical problems.................................... 6.4   10.4
     4. No. I have serious physical or medical problems.................................. 10.6   14.7

As with any self-report whether screening tests or interviews, it can be informative to look for similarities and inconsistencies in responses. Consider alcohol problems, if a person has had alcohol treatment it would be expected that they would admit having a drinking problem. Test item #80 (times in alcohol treatment) shows that the percentage of individuals having been in one or more treatment programs (#80 answers 1, 2 & 3 combined) agrees with the percentage of clients rating their drinking as a problem (#78 answers 1, 2 & 3 combined). For males these percentages are 42.5% (#80) and 40.4% (#78). For females these percentages are 7.1% (#80) and 9.2% (#78). However, test item #32 (I have a drinking problem) has a much lower percentage of clients (17% males and 2% females) who answered true to the statement. More than half of the welfare recipients who have had treatment do not admit to a drinking problem. At this time we can only speculate about the effects of recovery, cure or denial. With regard to screening tests and interviews specific questions are more accurately answered than open-ended questions. These findings show that any test needs to have more than one or just a few items to accurately measure severity of substance (alcohol and other drugs) abuse problems. It should be pointed out that male percentages on these test items are much higher than female percentages. This may be due to the small number of males in this sample. Similar findings are found for the drug items #82, 81 and 45. Treatment (#82) and drug ratings of problems (#81) are in close agreement, whereas, admission to a drug problem (#45) is much lower when compared to either the rating of their problem (#81) or having been in treatment (#82).

Sometimes individuals are inadvertently overlooked when percentages are reported. Test item #83 reported the percentage of individuals who indicated they were suicidal (10.6% or 5 males, 3.1% or 33 females), homicidal (6.4% or 3 males, 1.3% or 14 females) and both suicidal and homicidal (6.4% or 3 males, 1.6% or 17 females). **A total of 75 individuals reported their being suicidal or homicidal in the last six months.** These individuals clearly are in need of help.

Alabama SAI Pilot Program Summary

The Self-Assessment Index was administered to 1,127 Alabama welfare recipients. There were 47 males (4.2%) and 1,080 females (95.8%). The client population is broadly defined as Black (82.5%), 20 through 39 years of age (81.6%) and single (76.8%). Two education groups were heavily represented: 1) Did not complete High School (48.9%), and 2) High School Graduates (38.9%). More demographic information is presented on page 9.

SAI Accuracy, Reliability and Validity

- SAI scale risk range percentile scores were accurate to within 3.8 percent of predicted for all SAI scales and all risk ranges

- All SAI scales reliability coefficients were .80 or higher

- Discriminant validity analyses show that SAI Alcohol, Drug, Work Index and Stress Coping Abilities Scales significantly differentiate between problem and non-problem clients

- Predictive validity analyses show that SAI Alcohol and Drugs Scales accurately identify problem drinkers and drug abusers

- For more SAI reliability and validity research refer to the document titled "SAI: An Inventory of Scientific Findings."

Alcohol and Drug Problems (welfare recipient self-report)

- 40.4% of males and 9.2% of females rated their drinking as a mild, moderate or serious problem

- 32% of males and 5.4% of females rated their drug use as a mild, moderate or serious problem

- 42.5% of males and 7.1% of females have been in alcohol treatment

- 31.9% of males and 5.6% of females have been treated for drugs

- 25.5% of males and 4.5% of females indicate they are recovering alcoholics

- 17.1% of males and 5.5% of females indicate they are recovering drug abusers or both recovering drug abusers and recovering alcoholics

Work Index (welfare recipient self-report)

- 29.8% of males and 19.0% of females have been told they have negative attitudes

- 10.6% of males and 14.7% of females report they have serious physical or medical problems that present barriers to employment. An additional 10.4% of females report they have "some" physical and medical problems.

Emotional Problems (welfare recipient self-report)

- 10.6% of males and 3.1% of females indicated they were suicidal in the last six months

- 12.8% of males and 2.9% of females (or 31 women) stated they were homicidal or both suicidal and homicidal in the last six months

- 55.3% of males and 68.1% of females want help to straighten out their lives

Welfare Recipient Demographics

The Alabama welfare recipients tested with the SAI are described below. These tables summarize data on returned diskettes through June 19, 2000, and do not include data on diskettes that were still in use after June 19th.

Number of Clients in Pilot Study

Males		Females		Total
N	Percent	N	Percent	N
47	4.2	1,080	95.8	1,127

Age

Age in Years	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
19 & Under	20	42.6	94	8.7	114	10.1
20 - 24	5	10.6	380	35.2	385	34.2
25 – 29	7	14.9	262	24.3	269	23.9
30 – 34	4	8.5	145	13.4	149	13.2
35 – 39	0	0.0	116	10.7	116	10.3
40 – 44	4	8.5	54	5.0	58	5.1
45 – 49	7	14.9	26	2.4	33	2.9
50 & Over	0	0.0	3	0.3	3	0.3

Ethnicity/Race

Race	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
Black	26	55.3	904	83.7	930	82.5
White	10	21.3	151	14.0	161	14.3
Hispanic	3	6.4	6	0.6	9	0.8
Other	8	17.0	19	1.9	27	2.3

Education

Education Level	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
8th or Less	4	8.5	55	5.1	59	5.2
9-11 Grades	27	57.4	465	43.1	492	43.7
HS Graduate	10	21.3	428	39.6	438	38.9
Some College	3	6.4	113	10.5	116	10.3
College Graduate	3	6.4	19	1.8	22	2.0

Marital Status

Marital Status	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
Single	29	61.7	836	77.4	865	76.8
Married	7	14.9	46	4.3	53	4.7
Divorce	1	2.1	61	5.6	62	5.5
Separated	4	8.5	112	10.4	116	10.3
Widowed	5	10.6	2	0.2	7	0.6

Comments

The Alabama SAI pilot program attained its goals. First it standardized the SAI on the Alabama welfare recipient population. The original SAI (85 item test) has impressive reliability, validity and accuracy. Moreover, database analysis of 1,127 welfare recipients' responses provides clear and straightforward direction regarding SAI improvement. With some relatively minor adjustments based on 300 welfare recipients answers to a 103 item revised SAI, we can confidently look forward to a 98 item SAI with truly impressive reliability, validity and accuracy.

A second accomplishment involved identifying the Alabama welfare recipient profile. Demographic analysis enables us to orient the future 98 item SAI directly at the welfare recipient population being served. As noted earlier, the 98 item SAI will represent the cutting edge in welfare recipient screening.

A third accomplishment relates to staff familiarization with an automated (computer scored) assessment instrument or test. Staff is now in a position to constructively participate in the evolution of the 98 item SAI. Staff input is important because they would be the users of the Alabama SAI. Staff is now aware of the importance of SAI system components: instructions, test items, data input, scoring, report generation and welfare recipient feedback. Staff now has the knowledge and experience necessary for practical user-oriented suggestions.

Completion of the Alabama SAI pilot puts us in the enviable position of being able to have the state-of-the-art in welfare recipient screening. A comprehensive test with proven reliability, validity and accuracy. A test that can be completed in twenty minutes, scored on-site with reports available in two minutes. A comprehensive screening instrument that provides standardized, objective, fair and relevant information. A test that can augment Alabama's leadership role in welfare-to-work programming. A test designed specifically for welfare recipient screening.

The goal of moving people out of welfare and into the work force is an ambitious, yet attainable goal. On an individual level such a goal often means major life changes. Breaking the cycle of welfare dependence requires taking dramatic steps to help individuals change their lives. Overcoming barriers to employment is possible with early problem identification. The SAI helps staff identify problems that effect positive change, program completion and successful employment. The SAI is the starting point for effective welfare-to-work programs.

In summary, the SAI is an automated (computer scored) screening instrument. It facilitates early problem identification, thereby permitting prompt intervention and remediation. Welfare recipients' chances for successful program completion, recovery and subsequent employment are improved. The SAI is an objective and standardized approach to accurate welfare recipient screening. And the proprietary built-in database makes annual program summary reports available at no additional cost.

Additional information can be provided upon request. Behavior Data Systems, Ltd. toll free telephone number is (800) 231-2401, our fax number is (602) 266-8227 and our e-mail address is bds@bdsltd.com.

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