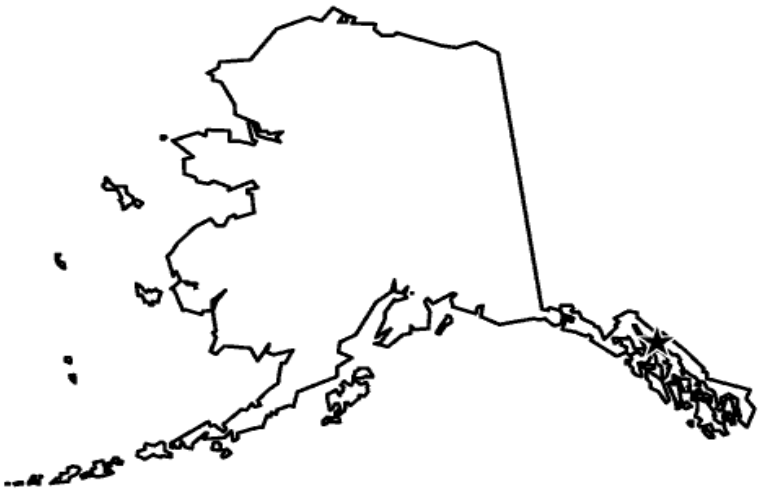
Evaluating the Challenges to Self-sufficiency Faced by TANF Clients in Alaska



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Executive Summary

Alaska enacted welfare reform legislation in June 1996 to encourage clients of the Alaska Temporary Assistance Program (Temporary Assistance) to become more independent by emphasizing work and self-sufficiency, and by mandating a 60-month lifetime limit on cash benefits. In Alaska, as elsewhere, the Temporary Assistance recipient caseload has declined dramatically since the implementation of welfare reform.

The rapid decline in the Temporary Assistance caseload raises important questions about those continuing to receive such assistance. Namely, who are the current clients of Temporary Assistance, what are the factors associated with long-term reliance on Temporary Assistance, how are those factors being addressed, and how might they be better addressed in the future?

This report describes the results of a study to answer these questions. Three sets of data are used; administrative records from the Temporary Assistance program's Eligibility Information System, the results of a survey of current Temporary Assistance clients, and the results of in-depth interviews with case managers and employment specialists who work with those clients.

We found that current Temporary Assistance clients confront three categories of challenges to self-sufficiency; health and medical problems, personal qualities, and community characteristics. Health problems are a common barrier to self-sufficiency among current Temporary Assistance clients. Long-term clients of Temporary Assistance were more likely than short-term clients to report health barriers to achieving self-sufficiency, and depression, injury, and disability were statistically significantly more likely among long-term clients. Long-term clients were also significantly more likely than short-term clients to experience mental health issues and domestic violence. These latter problems are alarmingly common in all current clients of Temporary Assistance in Alaska.

Identifying many of these barriers to self-sufficiency is problematic, and delayed disclosure of these issues can delay the transition to self-sufficiency.

We recommend that Temporary Assistance clients be screened to identify these issues and other challenges to self-sufficiency. We further recommend that the screening process be employed to direct Temporary Assistance clients into a two-track service model; one for those clients who are capable of entering the workforce immediately, and a second for those who would benefit from the structured application of the services to build that capability. The **Work First Services** track should provide ongoing case management for clients who can participate in activities and are able to test the labor market. The **Families First Work Services** track should provide ongoing case management for vulnerable families experiencing multiple and profound challenges to self-sufficiency. We further recommend that the suggestions offered in this report by case managers and employment specialists be considered to overcome current procedural challenges associated with the identification and treatment of obstacles to self-sufficiency in Temporary Assistance clients.

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I. Introduction

This report presents findings from the third major study in a series of investigations of the Alaska Temporary Assistance program and its clients. Both the current and the previous studies are the products of a cooperative effort between the Institute for Circumpolar Health Studies (ICHS) at the University of Alaska Anchorage (UAA), and the Division of Public Assistance (DPA), an agency of the Alaska Department of Health and Social Services.

The Alaska Temporary Assistance program was implemented in July 1997 with a 60-month lifetime limit on benefits. The first Alaska Temporary Assistance study was conducted in 1997. The aim of this study was to assess the characteristics of clients who had left Temporary Assistance in the two years following the implementation of the new program. The second study, conducted in 2002, examined the characteristics of program clients in danger of exceeding the 60-month limit on benefits. Program clients in danger of exceeding this 60-month limit on benefits are referred to as long-term clients.

This study is a second examination of long-term Temporary Assistance clients. This study also assesses the characteristics of those clients not meeting the minimum participation standards for training or job seeking activities.

Background: Welfare Reform in Alaska

The federal Aid to Families with Dependent Children (AFDC) program, which provided matching funds to states to operate cash welfare programs since the passage of the Social Security Act in 1935, was replaced by the Temporary Assistance for Needy Families (TANF) program under the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996,[1] enacted in August 1996.

Passage of TANF and the other provisions of welfare reform signaled a fundamental shift in the objective of welfare, from providing ongoing income maintenance for poor children and their adult caretakers toward short-term aid and rapid movement of welfare families into employment and self-support. The program emphasized training and educational services to enhance the employability of TANF clients. Specific services and processes provided under TANF in Alaska are detailed later in this report.

Under the old AFDC program, families with income and assets below state-established maximums were entitled to benefits as long as a dependent child was living in the home. There was no limit on the amount of federal matching funds states could receive for their AFDC programs. TANF changed this, eliminating automatic entitlement to benefits and, with limited exceptions, subjecting clients to a 60-month lifetime limit on cash benefits. States no longer receive open-ended federal matching for the costs of their welfare programs; TANF funding is paid as a block grant to the states, the amount based on each state's historic claims for AFDC funding.

Alaska enacted welfare reform legislation in June 1996[2] in anticipation of the impending federal welfare reform law. The State of Alaska's version of TANF, the Alaska Temporary Assistance program (herein referred to as Temporary Assistance or ATAP), replaced AFDC in July 1997. Temporary Assistance, like its federal counterpart, encourages the independence of clients by emphasizing work and self-sufficiency, including a 60-month lifetime limit on cash

[1] Public Law 104-193
[2] Chapter 107, Session Laws of Alaska 1996

benefits. The DPA administers Alaska's Temporary Assistance program.

Under previous law, only the states could operate and receive funding for AFDC programs. The federal welfare reform legislation authorized Native American tribes and Alaska Native organizations to share in the TANF block grant and operate separate TANF programs for their members. In Alaska, the 12 Alaska Native Claims Settlement Act regional nonprofit corporations and the Metlakatla Indian Community are eligible for Native TANF funding.

In 2000, the Alaska Legislature passed a bill sponsored by Governor Knowles that authorizes state funding for Native-run TANF programs to four organizations. To date, seven Alaska Native organizations (Tanana Chiefs Conference, Inc.; the Central Council of Tlingit and Haida Indian Tribes of Alaska; the Association of Village Council Presidents; Bristol Bay Native Association. Inc.; Cook Inlet Tribal Council; Kodiak Area Native Association; and the Maniilaq Association) have taken over TANF services for Native families living in their regions. The Metlakatla Indian Community and Kawerak Inc. are authorized to receive state funding, but have not established a Native TANF program. Families that receive TANF benefits from the Native organizations are not included in the Department of Health and Social Services Temporary Assistance data files, and consequently were not included in this study.

This exclusion of Alaska Native TANF beneficiaries has led to a lack of data on Alaska Native families who were previously included in the state system. This lack of data compromises our ability to describe the characteristics of Alaska Native beneficiaries, hence restricting the scope of this study largely to non-native groups.

The Need for Program Evaluation

In Alaska, as elsewhere, the TANF caseload has declined dramatically since the implementation of welfare reform. The Temporary Assistance caseload stands at approximately 3,500 individuals, down from approximately 13,000 in 2003. The long-term ATAP clients among this population likely face numerous barriers to entering the workforce.

The rapid decline in the Temporary Assistance caseload raises important questions about those continuing to receive assistance. Namely, who remains on Temporary Assistance, what are the factors associated with long-term reliance on Temporary Assistance, and how are those factors being addressed? Answers to these questions can allow the DPA to develop and refine effective policy and service responses for future program clients.

Purpose of the Study

The DPA and the ICHS established the following objectives for this study:

- To assess the characteristics of ATAP clients who experience challenges that interfere with their ability to achieve self-sufficiency,
- To identify health and behavioral health factors of adults currently on ATAP (and family members of those adults) which may impact the ability to achieve self-sufficiency,
- To develop a simple screening process to identify those clients who need additional supportive services or health care sustainability to achieve self-sufficiency, and
- To assist the DPA in using the findings of this evaluation to assess the effectiveness of their efforts and to identify the possible unmet needs of ATAP clients.

For the purposes of this study, long-term clients are defined as clients who received more than 40 cumulative, "countable" months of Temporary Assistance benefits as of January 2011. This population is at highest risk of exceeding the 60-month benefit limit by the end of 2012. If these clients continue to receive Temporary Assistance without interruption, they will reach the 60-month limit by October 2012. Unless they are granted an extension under program rules, or are residents of an exempt Alaska Native Village and thus not affected by those rules, their benefits will end.

Lack of engagement in work and activities supporting self-sufficiency is defined as a level of participation in work and "countable" activities that allow the adult to meet participation standards set forth in federal regulations. These standards are 20 hours per week of work and countable activity for parents with a child under age six in their home, and 30 hours per week for parents who do not have a child under age six in their home. Currently DPA has a wide range of measurements showing the success in self-sufficiency. Countable activities and standards through which parents are determined to meet participation standards are described in the Alaska Work Verification Plan (revised September 2008) which can be viewed here: http://dpaweb.hss.state.ak.us/manuals/workservices/pdf/Work_Verification_Plan_2008.pdf.

These families are of great public concern because of the potential for harm resulting from the loss of cash assistance. These families have a greater risk of raising children whom continue the cycle of low or no self-sufficiency. Policymakers are charged with developing and implementing program strategies that will enable as many of these families as possible to become self-supporting, and for crafting policies that assure the most vulnerable of them continue to receive public support.

II. Methods

Under Temporary Assistance program rules, only months in which the client's financial needs are included in the Temporary Assistance cash grant as a parent or other adult relative caretaker of a dependent child count toward the 60-month, cumulative, lifetime benefit. Benefit months for which only a child's needs are included in the welfare grant do not count toward the 60-month limit; such "child-only" cases are not included in this study. The federal welfare reform law includes a special rule for clients who live in defined high-unemployment Alaska Native villages; any month a client lives in such a village does not count against the time limit. This rule accounts in part for the low number of rural residents in the long-term client population. Although TANF time limits do not apply to clients living in exempt villages, they are required to participate in work activity requirements. Federal law also requires that TANF assistance received in any state be counted toward every state's time limit. Alaska counts public assistance awarded by other states as months applied toward the federal 60-month limit. For example, a client who received 12 months of TANF aid in Oregon before moving to Alaska would have her 60-month counter set at 12 months if she applied for the Alaska Temporary Assistance program.

Again, for the purposes of this study, long-term clients are defined as clients who received more than 40 cumulative, countable months of Temporary Assistance benefits as of January 2011. Federal participation rules require that TANF clients engage in minimum countable activity hours. Households with children under six years of age are required to participate in 20 hours of activities per week. Households without a child under age six are required to participate in 30 hours of activities per week.

Data Sources:

Three sets of data are used in this analysis, including DPA administrative records, the results of an ATAP client survey, and the results of in-depth interviews with ATAP case managers. Each of these data sources is described below.

1. **Division of Public Assistance administrative records from the DPA Eligibility Information System (EIS) for the benefit month of January 2011**

   DPA data records provided to ICHS included 2,735 clients who had received more than 40 months of Temporary Assistance or completed less than 30 hours of countable activities as of January 2011. This group of clients served as the study population for the client survey. The data provided by DPA was also used to analyze various demographic factors for clients within the study population in relationship to their participation status and responses to the client survey.

2. **The results of a print and online survey of ATAP clients**

   The ICHS research team mailed all eligible clients a survey that included a self-addressed stamped envelope with return postage and a link to an online version of the survey. Clients could

choose to complete and return the paper survey for free using the provided return envelope or online using the Internet-based survey. Clients who had access to the internet could complete the online survey at no cost.

Eligible clients who did not respond to the initial mailing received a targeted text message on their phone. The text message directed clients to contact the research team for more information about the survey. The ICHS research team then sent a second set of surveys to non-respondents. Clients who did not respond to mailing #1, text message #1 or mailing #2 received a second text message, encouraging them to contact the research team for more information about the survey. Clients eligible to receive a text message had a working, Alaskan mobile phone number; and a mobile phone provider that did not charge a fee for incoming text messages.

Following both direct mailings and text message recruitment efforts, eligible non-respondents living in the Anchorage Bowl also received targeted recruitment phone calls (n=195). Clients eligible to receive targeted phone calls had a working, Alaskan landline, no mobile phone on record, and thus were unable to receive the text message follow-up reminders. When clients expressed an interest in participating in the study, they were directed to the Internet-based survey or sent a paper survey.

Additionally, the ICHS research team disseminated and displayed fliers in ATAP work services offices throughout the state. The fliers directed clients to contact the project team for more information about the study through a toll free number. When interested clients called the toll free recruitment phone number, the research team verified the client's eligibility. If eligible, the client was directed to the web-based survey or resent a paper survey (see Figure 1). All survey participants received a $25 gift card incentive.

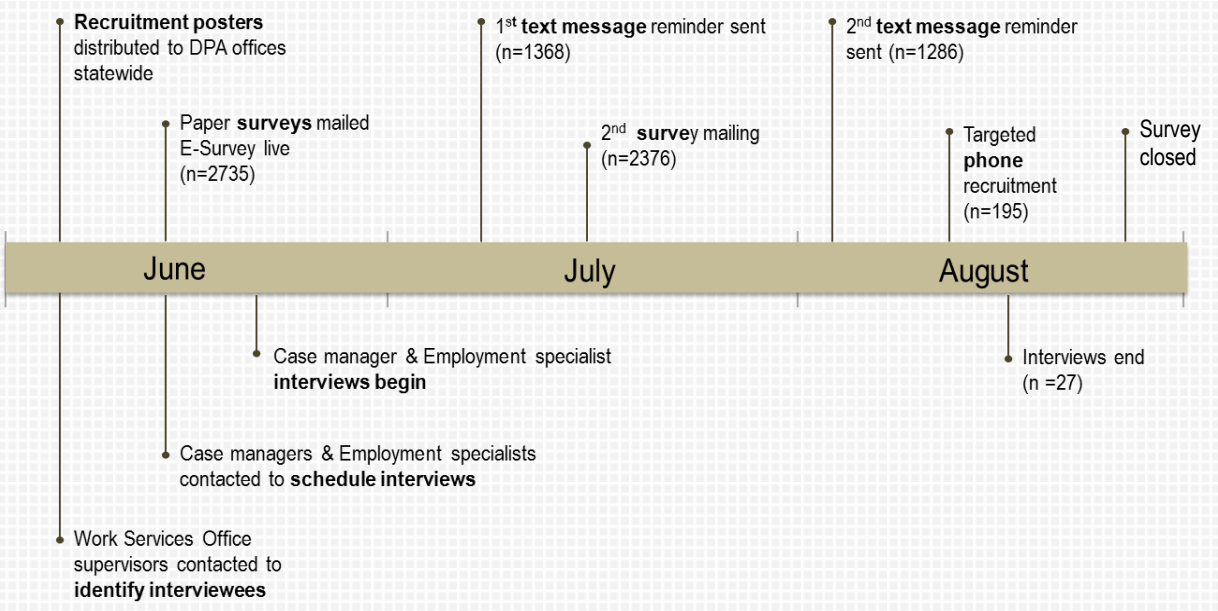


Figure 1. **Data collection timeline**

3. The results of in-depth interviews with case managers and employment specialists serving ATAP clients.

Case manager and employment specialist recruitment began by contacting ATAP work service office supervisors in each of the four DPA regions (Central, Coastal, Northern and Southeast). Supervisors recommended case managers and/or employment specialists with experience working with long-term ATAP clients to participate in the in-depth interviews. The research team contacted the recommended case managers and employment specialists to invite them to participate in the study and to schedule interviews with those who were interested. Case managers and employment specialists who worked with a variety of client populations (e.g. urban, rural, refugee), were recruited for these interviews.

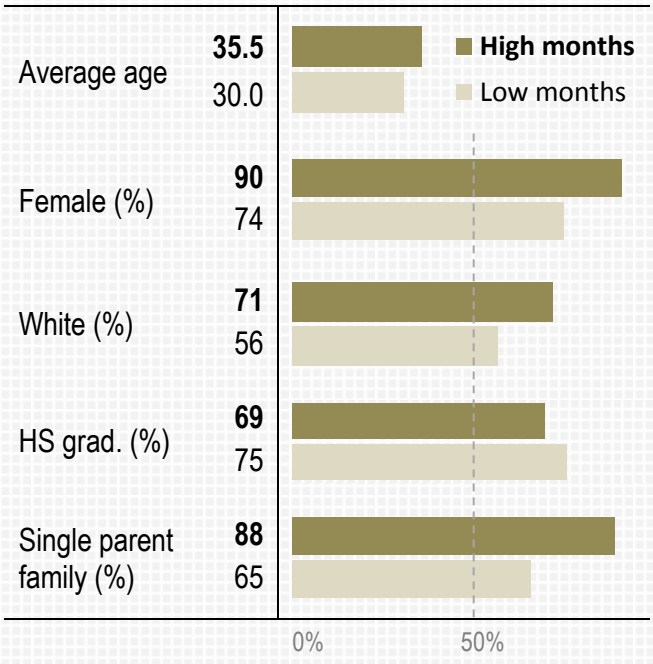
The ICHS research team interviewed 27 case managers and employment specialists from June-August 2011. Interview participants included both DPA employees and employees of organizations contracted to perform case management for the State of Alaska. Employees from all four DPA administrative state regions were interviewed via telephone or in-person when located in the Anchorage Bowl. Interviews lasted approximately 30 minutes to an hour and participants were provided a consent form and interview guide before the interview.

Client Demographic Characteristics

The average number of months on ATAP for the group of long-term clients was 52, while "short-term" clients had an average of 11 months of benefits. Long-term clients had an average of 30 countable hours per month of activity, compared to short-term clients, who had an average of 35 hours per month.

When compared to the entire sample, clients who returned a survey had a slightly higher number of months on ATAP. When looking at activity hours, there was very little difference between those who did and did not return a survey (please see Table 1 for more).

Table 1. **Demographic characteristics**



"High months" refers to clients who received more than 40 cumulative, countable months of ATAP benefits as of Jan. 2011.
"Low months" refers to clients who received 40 or fewer cumulative, countable months of ATAP benefits as of Jan. 2011.

Long-term clients differed from short-term clients in several demographic categories, including age, gender, ethnicity, education, and family type. Long-term clients were, on average, older than short-term clients (35 yrs. vs. 30 yrs.). Most long-term clients were female and a slightly larger percentage reported being white than short-term clients. Long-term and short-term clients differed slightly in their level of education; approximately one-third of long-term clients had graduated high school whereas three-quarters of short-term clients had done so. Most long-term clients (88%) were members of a single parent family compared with 65% of short-term clients.

III. Results

The ICHS research team organized the barriers to self-sufficiency identified by both clients and case managers/employment specialists into three overarching categories: health, personal qualities, and community characteristics. The first category includes health-related barriers such as disability and injury, behavioral health issues, and family member health challenges. Personal qualities include all other non-health related barriers that affect clients at the individual and family level, such as education, work experience and criminal history. The third barrier category, community characteristics, affects clients at the community level. These include barriers such as lack of childcare, housing and transportation.

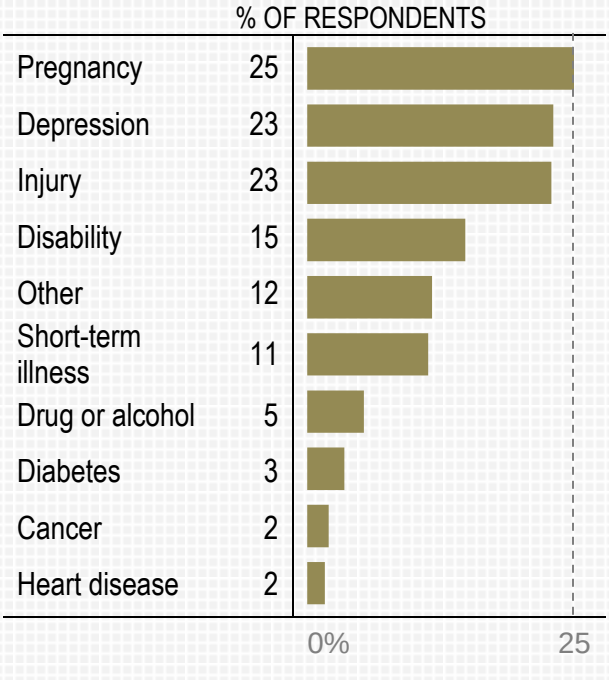
Health as a Barrier to Self-Sufficiency

Our findings demonstrate the importance of health as a barrier to self-sufficiency among ATAP clients. More than half (62%) of survey respondents reported that health issues have kept them from working, looking for work, or going to class. Of these clients, 33% listed two, and 27% listed three or more health issues as barriers to self-sufficiency. Long-term ATAP clients were statistically significantly more likely than short-term clients to report experiencing more than one health barrier to self-sufficiency. This suggests that ATAP beneficiaries would benefit from access to quality health care services as an important precursor to employment success.

Comparative Prevalence of Health Issues Inhibiting Self-Sufficiency

Survey respondents were asked to indicate what health issues had kept them from working, looking for work, or going to class. Structured response options included injury, diabetes, depression, short-term illness, disability, cancer, pregnancy, heart disease, drug or alcohol abuse, and an open field was provided for other health issues. Among the health conditions most frequently reported by clients (please see Table 2), pregnancy was the most common, followed closely by depression, injury, disability, short-term illness, and finally drug and alcohol abuse.

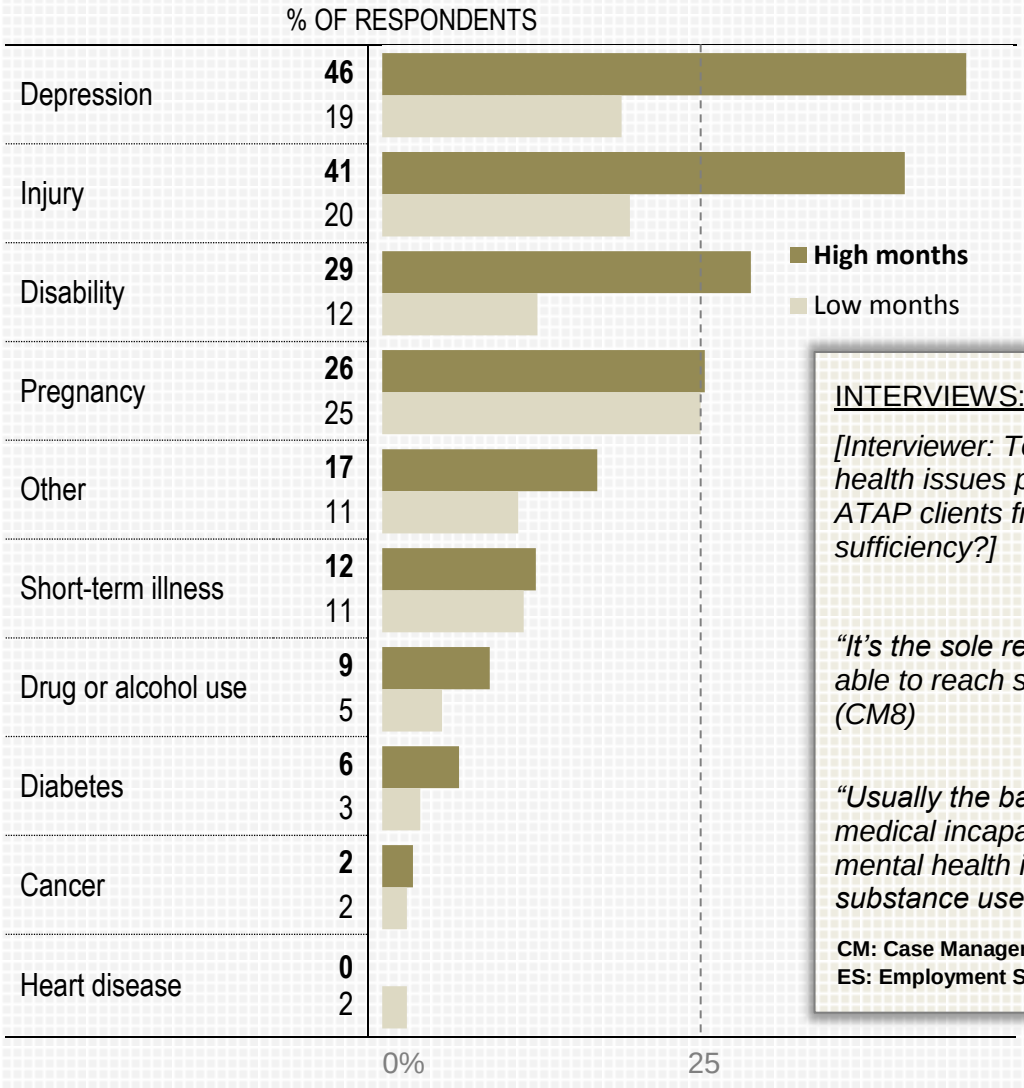
Table 2. **Prevalence of Health Conditions**



Similar to survey respondents, case managers and employment specialists identified health as a barrier to self-sufficiency. When asked what the greatest barriers to self-sufficiency faced by long-term ATAP clients are, 14 out of 27 case managers and employment specialists mentioned a health-related issue. Of those responses to this open-ended question, the most frequently reported health issues included substance abuse, mental health, physical disability or injury, and domestic violence.

Long-term ATAP clients were more likely than short-term clients to report health barriers to achieving self-sufficiency (please see Table 3). Depression, injury, and disability were significantly more likely among long-term than short-term ATAP clients.

Table 3. **Prevalence of Health Conditions by ATAP months**



INTERVIEWS: HEALTH

[Interviewer: To what extent do health issues prevent long-term ATAP clients from reaching self-sufficiency?]

"It's the sole reason they are not able to reach self-sufficiency." (CM8)

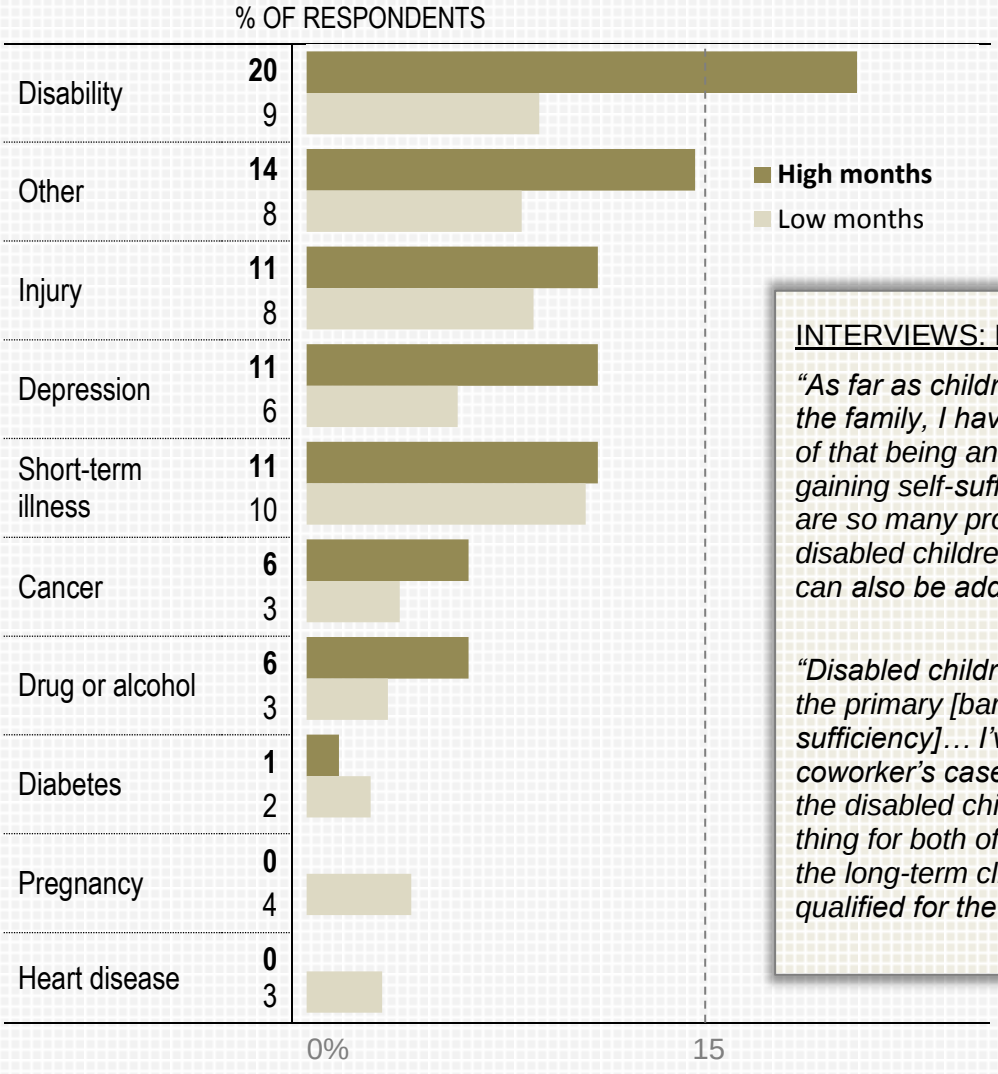
"Usually the barriers are long-term medical incapacity, long-term mental health incapacity, and substance use." (CM22)

CM: Case Manager
ES: Employment Specialist

Survey respondents were also asked to indicate what health issues among their family members had kept them from working, looking for work, or going to class. Response options were the same as the previous question. Among the health conditions most frequently reported by clients were short-term illness and disability. Disability was significantly more likely to be mentioned by long-term than by short-term ATAP clients (please see Table 4).

Case managers and employment specialists were asked, "To what extent do health issues of client's family members serve as a barrier to self-sufficiency?" Although several case managers and employment specialists did not view family member health as a barrier to self-sufficiency, those who did described it as a serious challenge for long-term clients.

Table 4. **Prevalence of Family Health Conditions by ATAP months**



INTERVIEWS: FAMILY HEALTH

"As far as children or spouses of the family, I haven't seen so much of that being an issue towards gaining self-sufficiency… There are so many programs to help with disabled children that that issue can also be addressed." (ES19)

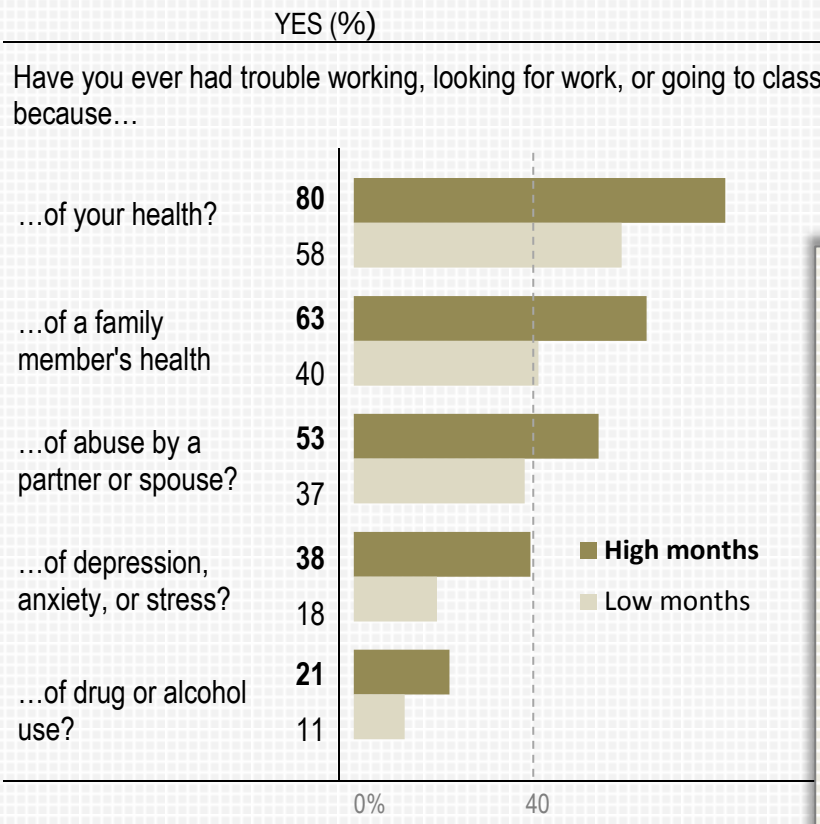
"Disabled children [are] probably the primary [barrier to self-sufficiency]… I've seen my coworker's caseload as well and the disabled children are the main thing for both of our caseloads for the long-term clients that are qualified for the extension." (CM8)

Behavioral Health Barriers to Achieving Self-Sufficiency

Survey respondents were asked to indicate if they had experienced one or more of several barriers to working, looking for work, or going to class. Some of the structured response options related to health included abuse by a partner or spouse, depression, anxiety, or stress, and drug or alcohol abuse.

The following section presents detailed information on the health issues reported by survey respondents to be obstacles to self-sufficiency as well as in interviews with case managers and employment specialists.

Table 5. **Behavioral Health Barriers- stratified by ATAP months**



INTERVIEW RESULTS: MENTAL HEALTH

"…Mainly if you see a long-term [client] you see somebody that's bipolar or there is severe depression or personality disorders. They've struggled with it all their lives and [have] never really been diagnosed or followed through with…treatment." (CM/ES17)

"There are several clients who have had health issues on the job but we didn't find out about it until they said why they were let go from the job… Then the client finally comes out and says, 'Well, I am on medication for depression,' or certain types of things that maybe we could have addressed up front or asked for some accommodation." (ES26)

Depression, anxiety or stress

Long-term ATAP clients were significantly more likely than short-term clients to report depression, anxiety, or stress as a barrier to achieving self-sufficiency. However, the magnitude of the problem across all ATAP clients was extraordinary, with 63% of long-term clients, and 40% of short-term clients, reporting this barrier (please see Table 5).

Case managers and employment specialists supported client survey findings. Case managers and employment specialists frequently (22 out of 27) identified mental health issues as a barrier to self-sufficiency for long-term ATAP clients. They explained that clients are often reluctant to disclose mental health issues as a barrier to self-sufficiency.

Abuse by partner or spouse

Long-term ATAP clients were significantly more likely than short-term clients to report domestic abuse as a barrier to achieving self-sufficiency. The overall magnitude of the problem is a concern in both populations, with 38% of long-term clients, and 18% of short-term clients experiencing domestic violence and abuse.

Case managers and employment specialist also mentioned domestic violence as a barrier that long-term clients face (10 out of 27). Additionally, several case managers and employment specialists reported that domestic violence issues are not often disclosed as a barrier.

Drug or alcohol use

This question differs from that posited in the previous section in that it inquires as to the possible role of drug or alcohol *use* as a barrier to self-sufficiency. Once again, long-term ATAP clients were more likely than short-term clients to report drug or alcohol use as a barrier to achieving self-sufficiency. The overall prevalence of this behavior is higher, with 21% of long-term clients, and 11% of short-term clients, reporting this barrier.

INTERVIEW RESULTS: ABUSE BY PARTNER/SPOUSE

"…Domestic violence is a big one too." (CM6)

"…Domestic violence plays, not a major role in any of my clients right now, but has played a minor role in probably over 50 percent. Sometime in their lifetime…domestic violence has been a contributing factor of why they are now on ATAP." (CM13)

Case managers and employment specialists also identified substance abuse as a barrier to clients reaching self-sufficiency (20 out of 27). Similar to mental health and domestic violence barriers, they discussed the fact that substance abuse is a barrier not often disclosed by clients. Case managers and employment specialists described this delayed barrier disclosure as "slowing down the process" of helping clients reach self-sufficiency.

It is important to point out the contrast between clients' and case managers'/employment specialists' responses when addressing drug and alcohol abuse as a barrier to self-sufficiency. While few clients reported drug or alcohol abuse as a health issue that had kept them from working, looking for work or going to class (8.7%); substance abuse was the second most common health-related issue mentioned by case managers and

employment specialists during in-depth interviews. The differences in responses are likely due to under-reporting[3] of sensitive issues such as substance abuse.

INTERVIEW RESULTS:
SUBSTANCE ABUSE

"For my long-term clients…the greatest barriers are usually some type of dependency on a substance. Usually alcohol is a big one." (CM20)

"Mental health and substance abuse, most of the time, the client will not disclose that right away. It slows down the process with helping them, because if we don't know what we're dealing with, we don't know what to work around… That's one thing we've learned…getting them in touch with the right agencies that can fix it could be a component we tie in." (ES27)

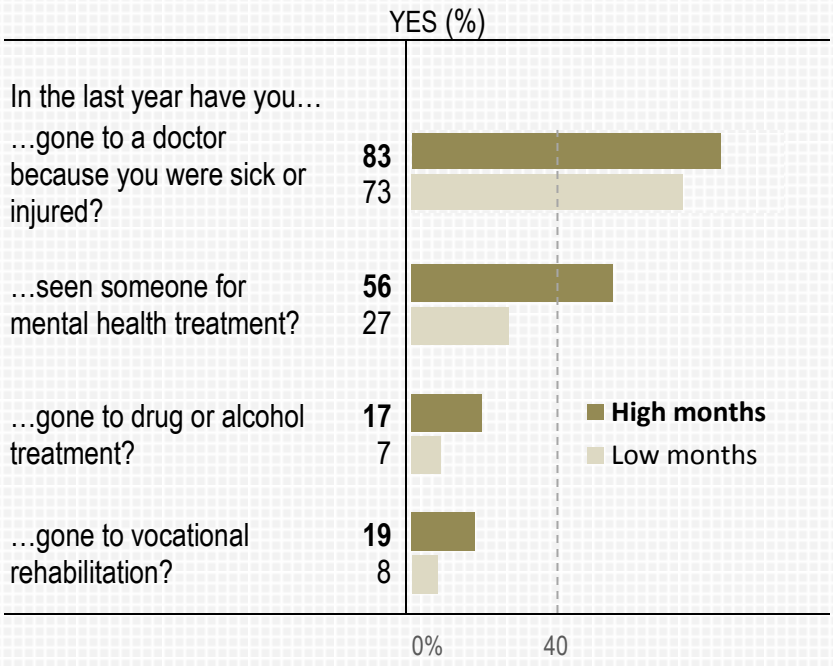
"I would like to know earlier on if there's a drug issue… Knowing day one that there's a drug issue could be more helpful than finding out at month 48." (CM15)

[3] Johnson, T., Fendrich, M. Modeling sources of self-report bias in a survey of drug use epidemiology. *Ann Epidemiol.* 2005 May;15(5):381-9.

Services used to Address Health Barriers

ATAP clients were asked about their use of health and social services including doctor visits, mental health treatment, drug or alcohol treatment, and vocational rehabilitation. Many clients indicated that they had visited the doctor in the last year. Of those who had seen a doctor, half reported multiple visits in the previous year. Only a third of all clients reported attending mental health treatment at least once in the last year. Similarly, very few ATAP clients reported attending drug or alcohol treatment or vocational rehabilitation in the last year. When compared to clients with a low number of months on ATAP, long-term clients were more likely to have gone to vocational rehabilitation, drug or alcohol treatment, and mental health treatment in the last year. A quarter of all long-term ATAP clients reported seeing a mental health professional every month. Long-term clients were also more likely than those with a low number of months to have seen a doctor in the last year because they were sick or injured (please see Table 6).

Table 6. **Use of health services**



INTERVIEW RESULTS: HEALTH

"Most people have Medicaid or Denali Kid Care to address medical issues, so we don't usually spend money for that, except for mental health evaluations." (CM14)

"[Substance abuse service], that's not something we would pay supportive services for, that would be provided by Medicaid." (CM15)

Case managers and employment specialists were asked, "What supportive services have you or your office used to address such barriers?" The most common health-related services mentioned by case managers and employment specialists were behavioral health services. Behavioral health services included mental health and substance abuse services. Several case managers and employment specialists added that, because most clients have Medicaid coverage, they do not offer health-related services to clients. The health related services they indicated are often in the form of referrals to existing community health services.

Seven out of 27 case managers and employment specialists identified mental health services as a type of supportive services used to address clients' barriers to self-sufficiency. Case managers and employment specialists explained that the mental health services they offer often come in the form of a referral.

Five out of 27 case managers and employment specialists mentioned using substance abuse treatment services to address clients' barriers to self-sufficiency. Similar to mental health services, substance abuse treatment services often come in the form of referrals.

Eight out of 27 case managers and employment specialists identified the use of vocational rehabilitation services to address clients' barriers to self-sufficiency.

INTERVIEW RESULTS:
HEALTH SERVICES

"We don't have mental health counseling services through our office; we do referrals to like Cottonwood Clinic…and other agencies." (CM6)

"We have a…mental health provider in town who does assessments. We will often refer clients to him as a place to start." (CM22)

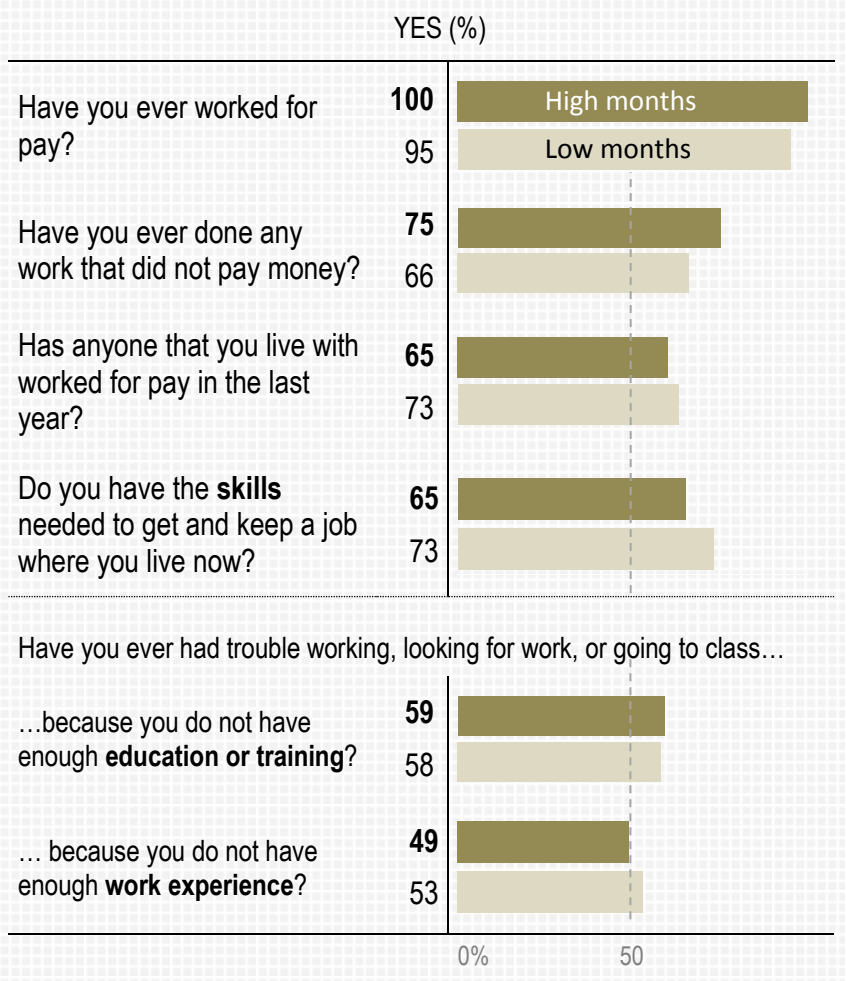
"We do have clients who take responsibility for their substance abuse and we refer them to the programs in the community. We have clients in residential substance abuse programs to help them continue to move forward." (ES3)

"We also have the Division of Vocational Rehabilitation. If a client is claiming a disability and they have a doctor stating that they're limited, but they can work, but they just need some assistance with job placement, then we refer them to DVR and DVR is a huge support." (ES26)

Personal Qualities as Barriers to Self-sufficiency

When asked about their employment history, most ATAP clients indicated that they had held a job in their lifetime. More than half of the clients reported living with someone who had worked for pay in the last year. A majority of clients indicated that they have the skills necessary to get a job in their community. However, when asked about education and work experience, most indicated that they had trouble looking for work and/or working because they lacked education or training and work experience (please see Table 7).

Table 7. **Personal qualities as barriers**



Case managers and employment specialists most frequently referred to the following personal qualities-related barriers to self-sufficiency: education and training, work experience, attitude and lifestyle, criminal history, soft/life skills, and language. Each of these barriers is discussed in greater detail in the following sections.

Education and Training

Lack of education/training was the most frequent personal qualities-related barrier mentioned during the in-depth interviews (14 out of 27). The education and training barrier refers to a lack of formal or informal education or training. Clients' lack of a high school diploma, GED, and technical or on-the-job training were mentioned most often as specific education and training barriers.

INTERVIEW RESULTS:
EDUCATION & TRAINING

"Many of our clients do not have a high school education nor… a GED. And many of them have never held a job long enough to receive any on-the-job training." (CM14)

"In looking at my caseload I would say probably 80-85 percent. I have a lot of people on my caseload [who] don't have GEDs."(CM13)

This barrier interferes with clients' ability to achieve self-sufficiency because, as many case managers and employment specialists illustrated, education and training is vital to attaining employment that offers a livable wage and thus serves as a necessary component to reaching self-sufficiency. Case managers and employment specialists discussed the link between education and well-paying jobs stating that well-paying jobs often require basic education.

INTERVIEW RESULTS:
EDUCATION & TRAINING

"…Most good paying jobs need that education." (ES3)

"Any job is a good job, but when a good paying job becomes available a lot of times you have to have degrees or certificates or something in those realms and a lot of our clients don't have that." (ES21)

"…We really need to concentrate on the education point. Because becoming employed is what this program is all about, but if you don't have the education to back that, you're never going to be able to have a good, well-paying job. It has to go hand in hand to be able to get that well-paying job, you have to have the basic education. If you don't even have the basic GED/high school diploma, you're going to just sit here and flounder." (CM13)

Case managers and employment specialists went on to suggest that one solution to this barrier would be to encourage policy makers to allow GED classes and other educational and training opportunities to serve as countable core participation activities.

INTERVIEW RESULTS: EDUCATION & TRAINING

"I think the state is missing the ball here…GED class is not [considered] a core activity. We can use that on or above, but we can't use that actually going to GED class as a core activity for time that they have to do each month. So it gets put on the sidelines a lot of the time…it's just a big revolving circle for them because they can't get a GED, which means they can't get a good job so they're stuck in the $8-9 an hour job which can't get them off of welfare because it's not high enough to be able to make a living here so they just go around and around." (CM13)

"…Adult GED prep is coded as a secondary activity, but for most of my clients it the most important thing to be able to obtain employment. That's the one program that I see that needs to be changed." (CM8)

Work Experience

Case managers and employment specialists supported client survey results stating that a lack of work experience, meaning paid work or volunteer experience, is another important barrier to reaching self-sufficiency. Twelve out of 27 case managers and employment specialists identified the lack of work experience as one of clients' greatest barriers to self-sufficiency.

INTERVIEW RESULTS: EXPERIENCE

"A lot of them, especially women, have never worked in their life." (CM10)

"People who came to this country [with] refugee status… came with no employment skills and those people take longer to get placed in a job." (CM/ES9)

"A trend would be intermittent employment over the course of years. Maybe working six months here, six months there; a year here, a year there. Long-term families generally don't have a real solid work history." (CM22)

"A lot of clients don't have a stable reference; they don't have stable employment… They don't stay with one employer very long or some of them have little or no history." (CM16)

Refugees and women with children were specifically identified as clients who are challenged by this barrier. The lack of work

experience was often tied to long-term clients' sporadic work histories which were frequently mentioned by case managers and employment specialists.

Several case managers and employment specialists discussed the tools ATAP already has in place to address this barrier. These included the community work and business work experience programs (CWEs and BWEs), on the job training opportunities or various volunteer experiences. These programs appear to be an important factor in helping clients overcome this barrier and as one case manager/employment specialist pointed out: CM/ES17: "More experience sites…would really help out."

Attitude and Lifestyle

Eleven out of 27 case managers and employment specialists mentioned "attitude" or "lifestyle" as a barrier to reaching self-sufficiency. Attitude and lifestyle were defined as personal qualities such as a lack of work ethic, motivation, self-esteem as well as a sense of hopelessness.

Several case managers and employment specialists linked attitude- and lifestyle-related barriers to other barriers such as mental health and lack of education. This suggests that addressing underlying barriers (e.g. mental health and lack of education) may subsequently address additional, related barriers (e.g. attitude and lifestyle).

INTERVIEW RESULTS:
ATTITUDE & LIFESTYLE

"Usually people [who] first come on ATAP aren't beaten down… They come on and yes, they don't have real high self-esteem, and now they've got to find a job; some of them really don't want to be on ATAP. But the long-term people, that's not the case. They've kind of accepted it and it's hard to break that mold." (CM13)

"Motivation. Motivation is the greatest [barrier] in my experience." (CM12)

Criminal History

Eight out of 27 case managers/employment specialists identified criminal history as a barrier to self-sufficiency for long-term ATAP clients. Criminal history refers to a wide variety of legal issues (e.g. drug charges, assaults, theft) which would show up during a background check. Case managers and employment specialists described legal barriers as a growing issue that hinders clients' employment opportunities.

INTERVIEW RESULTS:
ATTITUDE & LIFESTYLE

"We also get folks that don't seem to have any motivation. So I would think some of that goes along with the mental health – a lot of depression." (CM15)

"Self-esteem is a big one. They don't think that they can do this; they don't have a GED." (CM13)

"I think basically it's not having the self-confidence to go out and try for a job… Because a lot of my clients do not have a high school diploma, they don't even want to try for a permanent job because they feel they're not qualified." (CM12)

INTERVIEW RESULTS:
CRIMINAL HISTORY

"I would say that out of my client base, one or two doesn't have a criminal background." (CM20)

"And felonies and other things in their background that are keeping them for getting a lot of jobs. That's something we come across daily… It's definitely becoming more and more like that." (CM6)

Case managers and employment specialists discussed the various programs and techniques available to clients to overcome the criminal history barrier to self-sufficiency. Case managers and employment specialists described programs such as Fidelity Bonding and the Work Opportunity Tax Credit (WOTC) as successful means to help clients overcome their criminal history barriers. Advising clients how to effectively communicate their criminal histories to potential employers was also described as a way to overcome this barrier.

INTERVIEW RESULTS:
CRIMINAL HISTORY

"A lot of it is noticing trends. Like, with one of my clients, I looked into his work history, that's one of the things I do, I go and look into their work history… I looked him up in Courtview and he had two felonies…I told him I know about this, but we have programs that can help. The Fidelity Bonding, WOTC program." (ES19)

"But, criminal background is a big thing my clients need to overcome. It's not insurmountable, because with a good resume, a good criminal explanation letter with the resume detailing why you're not that person anymore, and a good interview will get you a job." (CM20)

Additionally, case managers and employment specialists discussed the link between clients' criminal history and transportation barriers. Clients' legal issues (e.g. DUI charges) often lead to the loss of driver's licenses and thus create a lack of transportation access while working or looking for work. Clients' lack of transportation options serves as a barrier to self-sufficiency (discussed in more detail in the Community Characteristics section of this report).

INTERVIEW RESULTS:
CRIMINAL HISTORY

"[The] legal issue is often really difficult for people to find work… Not only do they have legal issue they often don't have a driver's license because of those legal issues…" (ES1)

"It's a pretty big barrier, especially when you don't have your driver's license. A lot of places that you're going to go to work for, that's one of the requirements. How are you going to get to and from work on time if you don't have good transportation?" (ES18)

Soft/Life Skills

Six out of 27 case managers/employment specialists discussed soft or life skills as a challenge to reaching self-sufficiency. For the purposes of this study, the terms "soft"

or "life" skills are broadly defined to include interpersonal skills (e.g. communication skills, teamwork skills, following directions), job search skills (e.g. resume writing, job interviewing) and everyday life skills (e.g. setting an alarm clock, scheduling daily activities). Case managers and employment specialists described the lack of soft skills as an underlying cause of clients not gaining employment and losing employment, both of which are important barriers to self-sufficiency.

INTERVIEW RESULTS: LIFE/SOFT SKILLS

"Lack of basic skills such as how to set an alarm clock and plan how to get to work. How to fill out an application; what's appropriate attire for a work environment. A lot of basic skills are lacking." (CM14)

"The ones who are in crisis are here every day… and some of them need basic instruction: How do I fill this out? What am I supposed to do today? They don't even have the work hardening skills." (ES1)

"…A lot of times it's the soft skills that gets them… they have some kind of interaction that was unpleasant and they won't have the coping skills so they quit… and then they'll go to an interview and [they will be asked] 'Why did you end your last job?' [They'll say], 'I didn't get along with my boss.' You're not going to get that job if that's continually your answer. And it takes a lot of time to sit down with somebody and work on that." (ES2)

While some case managers and employment specialists discussed workshops available to clients that focused on job search skill building (e.g. resume writing seminars, interviewing workshops), few other soft skills-related services were mentioned during the in-depth interviews. This may represent an area of opportunity for additional ATAP program development.

English Language Skills

Six out of 27 case managers and employment specialists identified the lack of English language skills as a barrier to self-sufficiency faced by long-term ATAP clients.

INTERVIEW RESULTS: ENGLISH LANGUAGE SKILLS

"Most of the clients who I see become long-term clients…are preliterate. They don't know how to read and write in their [own] language. (CM10)

"Some clients, like I have a client who doesn't speak any English whatsoever, I spend [a lot of time with] that particular job seeker." (ES11)

"It's very [prevalent]. I would say at least half my caseload has a language barrier, if not more. I have less difficulty placing someone with a criminal history than I do with someone who cannot read or write in English." (ES27)

"There's a huge language barrier and the resources are limited locally to get them fluent enough to be able to progress where they have a job that earns them enough of a wage to get off the program." (ES26)

Similar to the solutions provided in the lack of education/training barrier section, case managers and employment specialists encouraged ATAP policy makers to accept English as a second language (ESL) courses as a core activity. Additionally, they suggested solutions such as strengthening and lengthening existing ESL programs and focusing on job-search related vocabulary.

INTERVIEW RESULTS: ENGLISH LANGUAGE SKILLS

"We would like DPA to recognize all this barrier removal in ESL classes as a core activity. Their coding is not designed for us… Almost all of our clients do ESL classes and it's not counted. So [things that are] very important to lead toward self-sufficiency are not counted." (CM10)

"I think our ESL program needs to be stronger… ATAP is a short-term program; ESL can be a very long-term program." (ES27)

"I'm running into…a very [high] stress level [when] dealing with someone [who is] not able to communicate… Maybe adult basic education needs to be done, at a minimum of two years and monitoring [them] closely so they [are] able to improve their language skills. Maybe focusing on job-related language." (ES11)

Services Used to Address Personal Quality Barriers

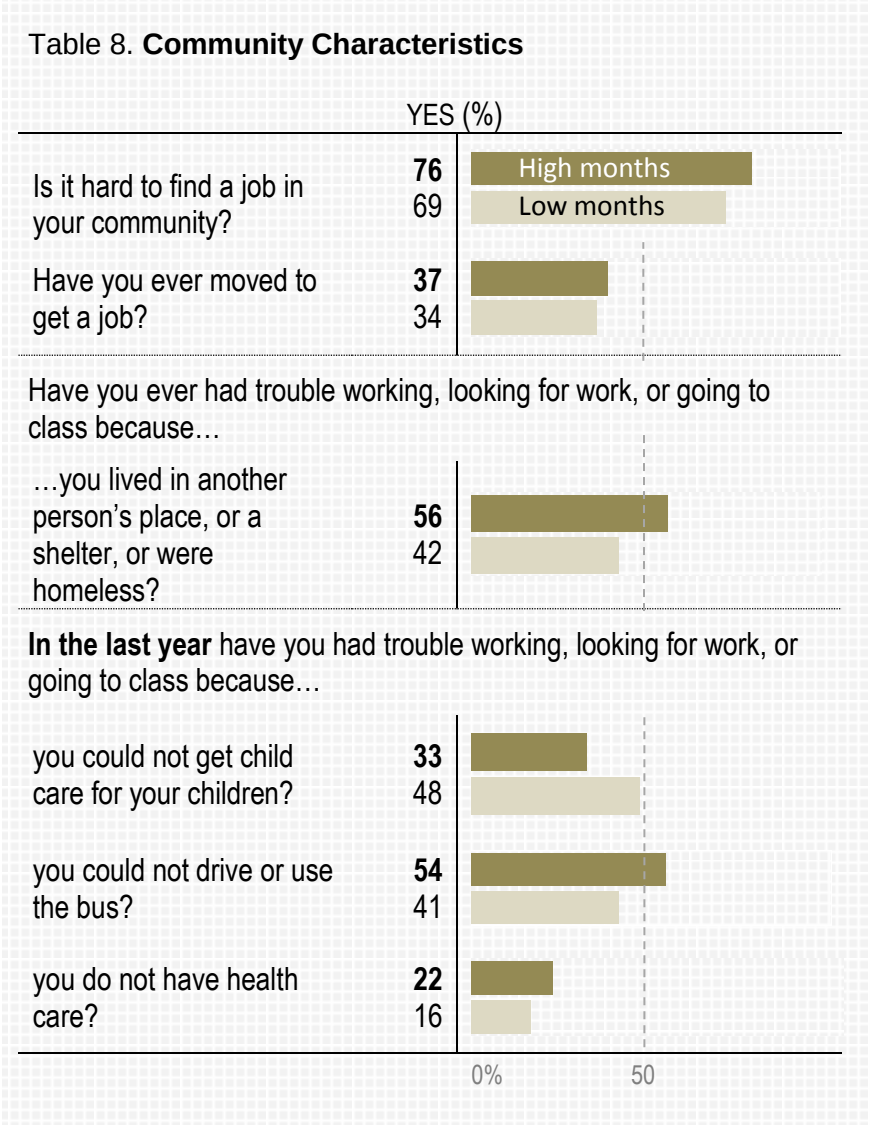
Personal assets-related services were the second most frequently mentioned category of services offered to ATAP clients. Case managers and employment specialists identified the following personal assets-related services most often during interviews: training and education services, work experience services, professional appearance services, and job start up-related services, such as paying for background checks or purchasing tools.

Community Characteristics as Barriers to Self-sufficiency

Survey respondents were asked about conditions related to self-sufficiency in their home communities. Clients reported difficulties with job availability, shelter, transportation and childcare where they live. Most of the clients indicated that it is hard to find a job in their home community. While only a third reported ever moving to get a job. Nearly half of all clients indicated that they had ever been homeless, lived in a shelter, or lived with someone else. Many clients reported having trouble finding or keeping work because of a lack of childcare or transportation in the last year. However, a large majority of clients indicated that a lack of health care never kept them from looking for or maintaining a job (see table 8).

Case managers and employment specialists also identified housing and transportation as common barriers to self-sufficiency. Additionally, lack of job availability and lack of childcare were frequently identified as community characteristic-related barriers.

Table 8. **Community Characteristics**



Community characteristics and long-term clients

Lack of shelter

Clients were asked if they have ever had trouble working, looking for work, or going to class because they were living in another person's place, or a shelter, or were homeless. Long-term clients were more likely to report that they had experienced this issue than those with a low number of months.

Case managers and employment specialists support clients' survey results by identifying shelter as one of the greatest of long-term ATAP clients' barriers to self-sufficiency. Ten out of 27 case managers and employment specialists identified shelter-related barriers. Specific shelter-related issues included high cost of rent, lack of emergency shelters and long low-income housing waitlists.

INTERVIEWS: LACK OF SHELTER

"Subsidized housing is a big piece that's a barrier for individuals. We have homelessness. That isn't as prevalent as health issues but occasionally we do have some individuals who've lost their housing, they've been evicted, maybe their husband left them and they can't stay there and they're out on the street…" (ES26)

"We don't have the shelters out here. The low income housing is packed. The low income apartments are booked out for months and months and months." (ES18)

Lack of Transportation

When compared to clients with a low number of months on ATAP, long-term clients were more likely to have had trouble in the last year working, looking for work, or going to class because they could not drive or use the bus. Of the clients who indicated that transportation was a barrier to employment, about twice as many long-term over short-term clients reported that transportation was an issue every week.

Case managers and employment specialists (11 out of 27) frequently mentioned lack of transportation as one of the greatest barriers to self-sufficiency faced by long-term ATAP clients.

INTERVIEWS: TRANSPORTATION

"[Transportation] is huge. We usually go through $1800 to $2000 of gas a day to support our customers doing activities. The community here is very spread out. And we have people all the way from Talkeetna, and Sutton, Palmer, Wasilla, Knik…our job bank this year is Anchorage." (ES1)

"We don't have a good public transportation system around here. Many of our clients that we send out on job search activities or we put into one of our programs, CWEs or BWEs, we have to pay for cabs to take them to and from home to their assigned site. So transportation is a major issue out here." (ES19)

Lack of Childcare

Case managers and employment specialists frequently identified the lack of childcare as one of the greatest barriers to self-sufficiency (10 out of 27). Specifically, case managers and employment specialists discussed the absence of childcare providers who provide care during off-hours (e.g. nights and weekends) as an issue for clients who often work during these off-hours. In several rural Alaskan areas, reliable childcare programs were nonexistent or full, making it difficult for clients to find and retain employment.

INTERVIEWS: LACK OF CHILDCARE

"And then daycare is a barrier too... In this area, there [are] not a whole lot of daycares that work evenings and weekends. A lot of these jobs that people are getting on temporary assistance are retail jobs or other jobs that require them to work different hours. So that's another issue." (CM6)

"There's a waiting list for daycare. That's probably the biggest issue that I face." (CM7)

Lack of Job Availability

The lack of job availability was the most frequently mentioned community characteristic reported by case managers and employment specialists as a barrier to client self-sufficiency (12 out of 27). The lack of job availability was described as lack of any employment; lack of well-paying employment; and lack of full-time, year-round employment.

INTERVIEWS:
LACK OF JOB AVAILABILITY

"There aren't enough jobs out there right now; good paying jobs." (ES3)

"During the winter months, it's tough. My clients have a hard time during the winter months. There are basically no jobs." (CM12)

"And most of the employers out here don't hire full-time. They hire a lot of part-time or seasonal. We're a seasonal state, I mean, a lot of our jobs, construction and that sort of stuff, all work off during the summer season." (ES18)

"No jobs. It's very difficult to find full-time work there. Unless you work…in the hotels or in tourism or as a fishing guide." (CM25)

Services Used to Address Community Characteristic Barriers

Case managers and employment specialists identified community characteristics services most frequently. Transportation and childcare were the two most frequently mentioned community characteristics-related services; both were mentioned by 23 out of 27 case managers and employment specialists interviewed. Shelter services were also mentioned frequently. Nine out of 27 case managers/employment specialists identified shelter services offered to clients.

Case Manager/Employment Specialist Perspectives

Sensitive Issue Barrier Disclosure

An important theme arose from case managers' and employment specialists' interviews (19 out of 27): clients are often reluctant to disclose sensitive issue-related barriers to self-sufficiency. Sensitive issue barriers were described as barriers which clients felt uncomfortable discussing with case managers and employment specialists. The most frequently mentioned sensitive issues included substance abuse, mental health, domestic violence and criminal history.

INTERVIEWS: DISCLOSURE

"Every once in a while I'll get someone who will admit that they have substance abuse issues, but a lot of times they don't want you to know. After a while you start suspecting it." (CM6)

"Sometimes that will come up front, but when you start getting into more, what some people consider personal issues, like mental health or substance abuse or criminal history…a lot of times it takes us a little longer to get that information." (ES19)

"Very rarely do domestic violence individuals disclose." (CM25)

As previously mentioned, case managers and employment specialists described this delay of sensitive issue barrier disclosure as a time-consuming challenge that interferes with the clients' ability to reach self-sufficiency.

INTERVIEWS: DISCLOSURE

"Mental health and substance abuse, most of the time the client will not disclose that right away. It slows down the process with helping them, because if we don't know what they're dealing with, we don't know what to work around. We can't fix their problem, but we know how to work around it." (ES27)

"…Until they get whatever they need done health-wise or mental-wise, they're not going to be able to function in a job setting." (CM/ES17)

Many case managers and employment specialists described methods they used to try to work around this challenge by identifying sensitive issue barriers early on in the case management process. Methods included: reviewing client work history, Courtview, personal observations, motivational interviewing, and using trained social worker expertise.

INTERVIEWS: DISCLOSURE

[How do you know those substance abuse issues are a problem?]

"The spotty work history is one…when they come in and you talk to them about jobs and you find out that [they've] had seven jobs in the last two months." (CM13)

"Most of the time you can…identify depression or someone who is bipolar just by talking to them over and over. And you can just see...looking at their work history; looking at their job applications." (CM5)

"You run into domestic violence and that's not always easy to identify if they won't disclose because they are too afraid. But usually you can recognize by the control and that he won't let her come see me without him. I do see both parents and I try to see them separately." (CM5)

"I've taken a few motivational interviewing trainings and I like to think that I'm able to get them to open up and discuss what the issues are." (CM8)

Medical Exemption/INCAP Participation Challenges

Several case managers and employment specialists brought up challenges associated with medically exempt clients (15 out of 27). Medical exemption is sometimes referred to as INCAP (incapacitated) clients or TA-10s (referring to the code on the physician's medical form that declares a client's medical exemption). Medical exemption refers to the status of a client with a physical or mental incapacitation which exempts he or she from having to meet ATAP participation requirements, although INCAP clients are required to create a self-sufficiency plan and work with a case manager.

This was often identified as a serious barrier to self-sufficiency. Case managers and employment specialists described it as limiting clients' opportunity for self-improvement (e.g. education courses, vocational rehabilitation) which is often an important step towards self-sufficiency.

INTERVIEWS: INCAP

"We can refer them to vocational rehabilitation but because of their INCAP status they are not required to do anything… So they may go for a full year [coded as]…INCAP and not do anything and then show up and you're starting from square one where they could have been working with DVR, they could have been following their doctor's recommendations, but because of that status, they are exempt." (ES2)

"These clients will never become self-sufficient. Their months will just roll and roll…. I would like to see those taken and put in a separate arena with a separate person so they don't have that financial game from the state." (CM25)

Medical Provider Challenges

Case managers and employment specialists (7 out of 27) identified various medical provider-related challenges. The most common challenges involved case managers' and employment specialists' skepticism in medical providers' TA-10 evaluations and their difficulty accessing behavioral health specialists to conduct thorough evaluations.

INTERVIEWS: MEDICAL PROVIDERS

"…We do have a doctor in town who will give [clients] an exemption from work because they have a pain in their back or for whatever reason. And you know they know that they're perfectly capable of working, [but] they don't want to work and they found a doctor who will give them an exemption. So they utilize that as long as they can." (CM5)

"A lot of times the doctor just writes out a carte blanche system, we have to use that and declare them INCAP. They go to the same doctor and we get the same response year after year." (CM7)

"…We do have a doctor [who] does evaluations. I do refer and he's difficult to get in. It usually takes two or three months to get an evaluation." (CM5)

Case managers and employment specialists suggested that DPA considers hiring or contracting with medical professionals to provide medical evaluations and ongoing care to ATAP clients as a means to overcome these current medical provider-related challenges.

INTERVIEWS: MEDICAL PROVIDERS

"I know there's been talk in the past about having a [state] medical [professional] working in their area. Either mental health or medical…to kind of look at a lot of the TA-10s that are coming through and that kind of thing." (CM6)

"I think we have a pretty good [assessment] in place, but I really think it can be improved on. Maybe if severe mental health or medical issue is assessed early on. Maybe an independent assessment could be done. Like a state funded position mental health care provider or a physician could do an assessment. That might be an option rather than clients continually going to local care providers, some of which have a reputation for in and out service or medicating rather than really assessing and problem solving. Maybe just someone to corroborate another physician's assessment." (CM22)

Agency Coordination and Communication Challenges

Case managers and employment specialists (11 out of 27) described long-term clients' experiences working with multiple agencies/systems as a challenge to reaching self-sufficiency. They often described clients feeling "frustrated" and "overwhelmed."

INTERVIEWS: AGENCY COMMUNICATION & COORDINATION

“I think a lot of different systems contribute to this and it can become very frustrating where a client just wants to sit down and not know what to do. They just give up because they go to one system, they're referred to another system. They're just playing games waiting, being juggled back and forth between these systems..." (CM4)

"A lot of times…we make up what we call a Family Self Sufficiency Plan…and then you get DVR making up one. Then you get…Health Services mak[ing] up their own plan… So here you've got this person coming to you with three different plans… A lot of times it's overwhelming for them." (ES18)

Additionally, they described the idea of "being on the same page" by increasing agency coordination and communication as a facilitator to clients’ successes.

INTERVIEWS: AGENCY COMMUNICATION & COORDINATION

"I would say most of our success has been from those types of group meetings…where everybody's on the same page. There are things the client is just not going to tell you sometimes. But if you can get their buy in for working with the other agencies, then their chance of success is a lot higher." (CM6)

“And then we can work together in partnership to find out what's the best way to go for the client and the child. We do a lot of partnerships around town. The services really help because instead of one program going in one direction and another program going in an entirely different direction...you work together in doing what's best for the client, child or both." (ES21)

Diversity of Clients’ Barriers and Needs Challenges

Case managers and employment specialists (6 out of 27) discussed the difficulty involved with the "one-size-fits-all" approach to identifying and addressing barriers that interfere with clients' ability to reach self-sufficiency.

INTERVIEWS: CLIENT DIVERSITY

"The state has a blanket approach to everything… Everyone's treated the same; everyone's looked at the same. And so they don't really…allow for specialized barriers…and it can be difficult for people who have extra barriers." (CM4)

"ATAP clients are always different. And you always have to look at them different. There's no two who are the same. And they'll say that all clients have to do this, well, it's not appropriate for all clients." (CM16)

"ATAP is an urban system. It's built around urban structures for employment. All day long I'm putting square pegs in round holes…it just doesn't work." (CM20)

INTERVIEWS: FAMILIES FIRST

"There's a lot of families that have a lot of issues with OCS, mental health issues, medical issues and Families First brings them all to the table; tries to coordinate care more and is looking for customized employment for these families." (ES1)

"That's where Families First came out; it's a good program where it integrates all of us together." (ES18)

"Families First was a step in that direction… I still believe Families First could work. I think it's probably the only thing that will work. That is based on working with the client, doing self-discovery… I've stolen pieces of Families First to work with my clients. I do my own little discovery process and then I try to develop my own custom employment." (CM20)

Many case managers and employment specialists identified the Families First program as a positive step towards improving both agency coordination and communication, and developing customized solutions for the diverse ATAP client base.

IV. Conclusions and Discussion

The results presented in this report constitute a comprehensive overview of the characteristics of Alaska's long-term Temporary Assistance clients and those not meeting minimum participation standards, and provide many valuable insights into the issues they face as they struggle to achieve economic independence.

We found that ATAP clients confront three categories of challenges to self-sufficiency; health and medical problems, personal qualities, and community characteristics. The case managers and employment specialists interviewed in this study described referrals to, or direct provision of, a host of services intended to assist clients in overcoming these challenges.

In this section we discuss the challenges to self-sufficiency described in the previous section and offer recommendations to mitigate them.

One important finding from this study is the role of health and medical problems as barriers to self-sufficiency among ATAP clients in 2011. Health issues are the only barrier to self-sufficiency experienced significantly more often by long-term ATAP clients than the short-term clients who are not meeting minimum participation standards. The most important health issues listed by survey respondents, apart from pregnancy, are injury, depression, and disability. We include injuries, physical and mental, associated with domestic violence and abuse as health issues representing an obstacle to self-sufficiency.

Substance abuse behaviors were one health issue that was likely under-reported in the survey responses. This is evidenced by two sets of study findings. First, we found a marked difference in responses to the questions related to whether drug or alcohol use, rather than abuse, had ever kept respondents from working, seeking work, or going to class. Of the 65 people who affirmed that drug or alcohol *use* had represented a barrier to such behaviors, only 24 reported that alcohol *abuse* had done so. Second, drug and alcohol abuse were far more frequently mentioned as barriers to client self-sufficiency by case managers and employment specialists than clients.

The prevalence of these health issues among long-term clients indicates that early screening and treatment may reduce the number of long-term ATAP clients by expediting their transition to self-sufficiency. ATAP clients in remote and rural regions of the state may require additional resources in order to access these services.

A second important finding of this study is the role of both personal qualities and community characteristics as additional barriers to self-sufficiency among ATAP clients in 2011. As with the health issues described earlier, these barriers can be unreported by clients, and unrecognized by case managers, for some time. This delay may mean that clients fail to receive the services that best fit their specific needs to attain self-sufficiency until they are long-term TANF clients, if at all.

As a response to these findings we recommend that families who apply for ATAP benefits receive a two-track service model. The service model should consist of separate tracks; one for those clients who are capable of entering the workforce immediately, and a second for those who would benefit from the structured application of the services to build that capability. To identify the appropriate track for each applicant an initial screening tool should be used. We recommend the development and implementation of the screening protocol and supportive services outlined below (see Figure 2).

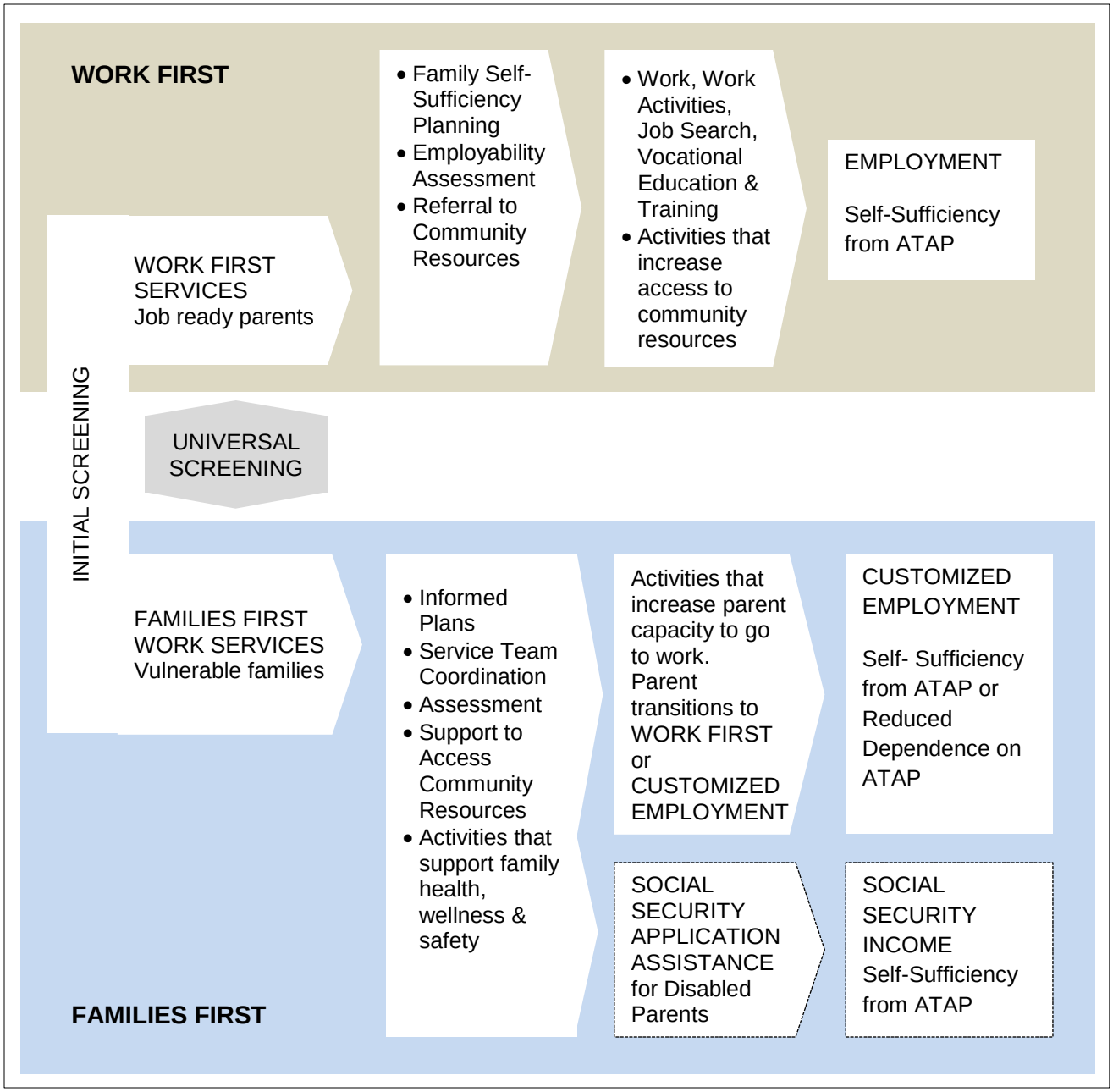


Figure 2. **Model of recommended services for ATAP clients**

All individuals who apply for ATAP should immediately complete an **Initial Screening.** The screening tool should collect basic data on the prospective client's capacity to immediately participate in the workforce. Items addressed in the screening tool should include the presence of health, personal, or community-level barriers to finding or holding a job. Based on the results of this short screening, DPA should refer the family to either a Work First (job-ready track) or Families First Work Services (multiple or profound challenges track) provider for ongoing case management, planning for self-sufficiency and identification of activities which help the family become self-sufficient.

The **Work First Services** track should provide ongoing case management for

clients who can participate in activities and are able to test the labor market. Services should include Family Self-Sufficiency Planning (FSSP), job club, job referrals, assignment to activities and supportive services. These services should be focused on rapid transition to, and retention in, the workforce. All Work First Services clients should be screened during their first month of ATAP to identify challenges to self-sufficiency and ensure the family is correctly placed in Work First Services or Families First Work Services.

The **Families First Work Services** track should provide ongoing case management for vulnerable families experiencing multiple and profound challenges to self-sufficiency. The services used in this track should include interagency partnerships to integrate and expedite the allocation of services from all state agencies and programs. These services should be focused on increasing the client's self-sufficiency by supporting health, safety and wellness.

These clients should then have the opportunity to transition to either Work First Services or a **Customized Employment** opportunity. Customized employment is an alternative to traditional competitive work search for ATAP clients who are able to work but are not able to successfully get a job through a traditional labor-market work search, or keep a job without employer accommodations. Customized employment individualizes the employment relationship between employees and employers in ways that meet the needs of both. It is based on an individualized determination of the strengths, needs and interests of the participant and is also designed to meet the specific needs of the employer.

Those clients unable to transition to the Work First track, or to secure employment within their abilities, should receive the necessary assistance to apply for non-time-limited benefits.

Parents in both the Work First and the Families First tracks should undergo a **Universal Screening** to verify and augment the initial screening process. This screening should take place within 30 days of becoming eligible for benefits and should collect a more detailed set of data on prospective behavioral health, safety and other challenges to self-sufficiency. The "Alaska Screening Tool" developed the DHSS Division of Behavioral Health should be used for this screening. An additional "Plus" screening developed by DPA should be used to identify health challenges of the parent and challenges family members experience that impact the parent's ability to go to work.

Lastly, we found that among the challenges to self-sufficiency among ATAP clients in 2011 are "soft" or "life" skills. For these challenges we recommend that ATAP clients in both the Work First and Families First tracks be eligible to receive **Discovery Services** on an as-needed basis. Discovery is a comprehensive method of learning about how the participant "gets things done." A Discovery Specialist (DS) obtains information about the family's circumstances by observing everyday activities and interviewing individuals who support them. The DS learns about the participant's conditions that are essential to their success, areas of interests for possible work environments and the skills and contributions that they will bring to a job. As an alternative to typical vocational assessments Discovery provides direction that makes sense in relation to the participant's life while keeping the range of employment opportunities and income options open. Informational notes gathered in Discovery are used to develop a written narrative to give direction to negotiated employment or other options which will support the participant in achieving self-sufficiency.

We recognize that the allocation of such screening, and subsequent treatment,

services will require an augmentation to the current process of intake and counseling currently provided to ATAP clients. We further recognize that the implementation of these recommendations will be challenged to a greater extent in some rural and isolated localities with fewer resources. For that reason, we further recommend that the suggestions offered in this report by case managers and employment specialists, that DPA consider hiring or contracting with local medical or counseling professionals as possible to provide the medical evaluations and other services described above. Many of these programs and services will need to be tailored to local capabilities and capacities in order to overcome challenges associated with the identification and treatment of the many obstacles to self-sufficiency faced by ATAP clients in 2011.

Next Steps

The Institute for Circumpolar Health Studies (ICHS) has conducted several studies to assess and mitigate barriers to self-sufficiency among Non-Native ATAP clients. The ICHS proposes to work with partners across the University of Alaska, Anchorage to conduct a study of Temporary Assistance clients within the seven designated Tribal Agencies, who have significant challenges to self-sufficiency.

Three sets of data will be used in this evaluation:

- Division of Public Assistance administrative records from the DPA Eligibility Information System (EIS) for the benefit month of January 2011 (EIS is the data system used by DPA to administer the Temporary Assistance caseload);
- The results of structured interviews with 5% of Tribal TANF clients living in 12 rural communities located in each of the seven Tribally-delivered areas; and
- The results of in-person or telephone interviews conducted with Tribal TANF case managers in that same time frame. These case managers will provide an important data source to confirm and augment the data collected from Temporary Assistance clients.

A structured interview (also known as a researcher-administered survey) is a quantitative research method that will allow our research team to ensure that each interview is presented with exactly the same questions in the same order, and that respondents understand and respond appropriately. These types of interviews are best suited for engaging in respondents who may not be able or willing to respond to a self-administered questionnaire, but maintain the reliability and credibility of the research data. This design will allow the responses to be reliably aggregated and comparisons made with confidence between our current and prior study subgroups.

In this study design, the data will be collected by an interview team consisting of an interviewer and note-taker/recorder. The interviewer will read the questions exactly as they appear on the survey questionnaire. The choice of answers to the questions is often fixed (close-ended) in advance, though open-ended questions are also be included in the instrument

Individual families will be identified by the DPA research team and each Tribal Agency through analysis of DPA's Eligibility Information System (EIS) family characteristics and participation information for open cases January 2011. Target families, their information, name and phone number will be provided to ICHS by December 2011.

The project will take place over eight (8) months; beginning in November 2011 and

concluding in June, 2012. Findings will be grouped according to the basic constructs that were developed from the basic questions about the characteristics of long-term clients and the nature of their interactions with Alaska's welfare system. The results of this study will provide a comprehensive overview of the characteristics of Alaska's long-term Temporary Assistance clients and clients not meeting participation standards, and provide valuable insights into the health conditions and other barriers they face as they attempt to achieve economic independence.

V. Appendices

APPENDIX 1: RECIPIENT INFORMED CONSENT STATEMENT

Alaska Needy Families Health and Employment Survey

Study Information

Hello, my name is David Driscoll. I am part of a team from the University of Alaska Anchorage. We are doing a study to find out about the health and jobs of people like you.

Why we are doing this study

We want to tell the State of Alaska how it can help families get the jobs and care they need to be happy.

What you will be asked to do if you are in this study

You will be asked to do a survey. A survey is a written set of questions. It will take you less than 20 minutes to do the survey. The survey will ask you questions about things that might make you upset. The survey will ask about:

- your health
- your family's health
- work
- school
- drug and alcohol abuse

If you need to talk to someone after taking the survey please see your TANF case manager. If you answer the questions and mail the survey back to me in the return envelope, I will send you a $25 Fred Meyer gift card in the mail.

Please do not put your name on the survey. Your survey answers will be put together with over 1,000 other surveys. There will be no way for anyone to know what you said. You will not lose your benefits if you choose not to do the survey. You can read the report from the study at your local TANF office this fall.

You do not have to answer the questions. No one will be mad at you if you decide not to do this study. Even if you start the study, you can stop later if you want. You may ask questions about the study at any time.

If you have any questions about the survey or the study please call toll-free (1-855-880-6568) or email me, David Driscoll at afdld@uaa.alaska.edu. If you have any questions about your rights when doing the survey, please contact Dr. Claudia Lampman, Compliance Officer for the Office of Research and Graduate Studies, at (907) 786-1099.

Thank You,

David

You can take the survey online. Go to: www.ichs.uaa.alaska.edu/survey

Take the survey online at ichs.uaa.alaska.edu/survey. Enter password: tanf2011

INSTRUCTIONS

1. Read each question.
2. Use a blue or black pen.
3. Fill in the circle with your answer.

Example

		NO	YES
1	Have you ever worked for pay?	○	○
2	Have you ever done any work that did not pay money?	○	○
3	Has anyone that you live with worked for pay in the last year?	○	○
4	Is it hard to find a job where you live?	○	○
5	Have you ever moved to get a job?	○	○
6	Do you have the skills needed to get and keep a job where you live now?	○	○
7	Do you subsistence hunt or fish?	○	○

8 Has **your** health ever kept you from working, looking for work, or going to class? NO ○ YES ○

If **yes**, please mark the health issue(s) below.

a. ○ Injury b. ○ Diabetes c. ○ Depression d. ○ Short-term illness e. ○ Disability: _____ Fill in here

f. ○ Cancer g. ○ Pregnancy h. ○ Heart disease i. ○ Drug or alcohol abuse j. ○ Other: _____ Fill in here

9 Has a **family member's** health ever kept you from working, looking for work, or going to class? NO ○ YES ○

If **yes**, please mark the health issue(s) below.

a. ○ Injury b. ○ Diabetes c. ○ Depression d. ○ Short-term illness e. ○ Disability: _____ Fill in here

f. ○ Cancer g. ○ Pregnancy h. ○ Heart disease i. ○ Drug or alcohol abuse j. ○ Other: _____ Fill in here

PLEASE TURN OVER

9288047659

Have you **ever** had trouble working, looking for work, or going to class because...	NO	YES
10 you do not have enough education or training?	○	○
11 you do not have enough work experience?	○	○
12 of abuse by a partner or spouse?	○	○
13 of depression, anxiety, or stress?	○	○
14 of drug or alcohol use?	○	○
15 you lived in another person's place, or a shelter, or were homeless?	○	○

In the **last year** how often have you had trouble working, looking for work, or going to class because...	NEVER	LESS THAN ONCE A MONTH	EVERY MONTH	EVERY WEEK
16 you could not get child care for your children?	○	○	○	○
17 you could not drive or use the bus?	○	○	○	○
18 you do not have health care?	○	○	○	○

In the **last year** how often have you...	NEVER	LESS THAN ONCE A MONTH	EVERY MONTH	EVERY WEEK
19 gone to vocational rehabilitation?	○	○	○	○
20 gone to drug or alcohol treatment?	○	○	○	○
21 seen someone for mental health treatment?	○	○	○	○
22 gone to the doctor because you were sick or injured?	○	○	○	○

Thank you for your time.

Your answers will help Alaska's needy families.

TO RETURN SURVEY

1. Put it in return envelope.
2. Drop it in the mail.

APPENDIX 3: CASE MANAGER/EMPLOYABILITY SPECIALIST INFORMED CONSENT STATEMENT

PRINCIPAL INVESTIGATOR:

Dr. David Driscoll
Director, Institute for Circumpolar Health Studies
University of Alaska Anchorage
(907) 786-6575

DESCRIPTION:

We are interested in learning about your experiences related to working with ATAP clients. We are interested in understanding the characteristics of long-term recipients of ATAP benefits, especially the barriers to self-sufficiency faced by these families. This research project will involve participating in one interview which will last about 30 minutes. The interview may be conducted in a group setting with other TANF case managers or staff. The interview will be tape recorded with your permission to assist in learning the details of your responses. The audiotapes will be destroyed upon completion of the project.

VOLUNTARY NATURE OF PARTICIPATION:

Your participation in this study is voluntary. Nothing will happen to you if you choose not to participate. If you wish to participate, you may stop at any time and you do not have to answer any questions that make you feel uncomfortable. In other words, you are free to make your own choice about being in this study or not, and may quit at any time without penalty.

CONFIDENTIALITY:

Your name will not be attached to your interview responses. Any other identifiers will be kept in a locked file in the researchers' office to which only they have access. Any reports or publications describing the study results will not identify you by name.

BENEFITS:

There will be no direct benefit to you from participating in this study. Your willingness to share your experiences may provide valuable insight to improving the services for needy Alaskan families.

RISKS:

There are no other known risks to you.

COMPENSATION:

There is no direct compensation for your participation in this study.

CONTACT PEOPLE:

If you have any questions about this research, please contact the Principal Investigator at the phone number listed above. If you have any questions about your rights as a research subject, please contact the Dr. Claudia Lampman, Compliance Officer for the Office of Research and Graduate Studies, a 907-786-1099. .

SIGNATURE:

Your signature below means that you have read the information above or have had the information read to you and that you agree to participate in this If you have questions, please feel free to ask them now or at any time during the study.

Signature _____ Date ____ / ____ / _____

Printed name _____

A copy of this consent form is available for you to keep.

APPENDIX 4: CASE MANAGER / EMPLOYABILITY SPECIALIST INTERVIEW GUIDE

1. In what capacity do you work with ATAP clients?
   a. How is client participation and progress in the ATAP program evaluated?
2. How would you describe the employment history of a long-term ATAP client?
3. In your opinion, what are the greatest barriers to self-sufficiency faced by long-term ATAP clients?
   a. How prevalent are these barriers?
   b. How are these barriers identified?
   c. How do these barriers differ from what your clients say about their challenges to reaching self-sufficiency?
4. What supportive services have you / your office used to address such barriers?
   a. What was the outcome of the services provided?
5. What kinds of health issues do ATAP clients face?
   a. To what extent do health issues prevent long-term ATAP clients from reaching self-sufficiency?
   b. To what extent is mental health (including substance abuse) an issue with participants obtaining self-sufficiency?
   c. To what extent are health issues of ATAP client family members a barrier to self-sufficiency?
   d. How do these barriers differ from what your clients say about their challenges to reaching self-sufficiency?
6. What supportive services have you / your office used to address such barriers?
   a. What was the outcome of the services provided?
7. What are the most important things that you would like to see changed so you could serve your clients more effectively?
   a. What would you like to see produced from this study to help you do your job better?
8. What haven't we asked about that you would like to tell us?

Thank you for your time. The responses that you have provided will help to improve the supportive services assisting Alaska's needy families.

APPENDIX 5: SUMMARY OF SURVEY ANSWERS

ITEM	CATEGORY	LABEL	YES	%
Q1	Employment history	Ever worked for pay	529	96.18
Q2	Employment history	Ever worked without pay	370	67.64
Q3	Employment history	Someone in household ever worked for pay	332	60.92
Q4	Community Characteristics	Hard to find job	379	69.80
Q5	Community Characteristics	Ever moved for to get job	188	34.43
Q6	Personal Qualities	Have necessary skills to get job	388	71.72
Q7	Personal Qualities	Subsistence hunting or fishing	119	21.96
Q8	Health	Health ever kept from working or school	335	61.47
Q9	Health	Family member's health ever kept you from working or school	213	39.08
Q10	Personal Qualities	Lack of education	313	57.75
Q11	Personal Qualities	Lack of work experience	284	52.59
Q12	Health	Domestic abuse	112	20.78
Q13	Health	Depression, anxiety, or stress	236	43.46
Q14	Health	Drug or alcohol use	67	12.43
Q15	Community Characteristics	Homelessness	239	44.26

ITEM	CATEGORY	LABEL	N	%
Q16	Community Characteristics	Childcare		
		Never	270	50.47
		Less than monthly	122	22.80
		Every month	76	14.21
		Every week	67	12.52
Q17	Community Characteristics	Transportation		
		Never	305	56.69
		Less than monthly	99	18.40
		Every month	54	10.04
		Every week	80	14.87
Q18	Community Characteristics	Lack of health care		
		Never	448	83.12
		Less than monthly	45	8.35
		Every month	27	5.01
		Every week	19	3.53
Q19	Service Use	Vocational rehab		
		Never	493	90.46
		Less than monthly	29	5.32
		Every month	17	3.12
		Every week	6	1.10
Q20	Service Use	Drug or alcohol treatment		
		Never	492	91.11
		Less than monthly	22	4.07
		Every month	6	1.11
		Every week	20	3.70
Q21	Service Use	Mental health treatment		
		Never	371	68.58
		Less than monthly	71	13.12
		Every month	66	12.20
		Every week	33	6.10
Q22	Service Use	Medical treatment (doctor)		
		Never	139	25.88
		Less than monthly	275	51.21
		Every month	105	19.55
		Every week	18	3.35

Q8 a - j: Prevalence of health conditions that have ever kept the survey respondent from working (N = 545).

HEALTH CONDITIONS	YES	%
Pregnancy	138	25
Injury	125	23
Depression	126	23
Disability	81	15
Other	64	12
Short-term illness	62	11
Drug or alcohol	29	5
Diabetes	19	3
Cancer	11	2
Heart disease	9	2

Q9 a – j: Prevalence of family member's health conditions that have ever kept the survey respondent from working (N = 545).

FAMILY HEALTH CONDITIONS	YES	%
Short-term illness	57	10
Disability	57	10
Injury	48	9
Other	49	9
Depression	35	6
Cancer	21	4
Pregnancy	18	3
Drug or alcohol	19	3
Diabetes	12	2
Heart disease	13	2