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

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Institute for Circumpolar Health Studies
University of Alaska Anchorage
3211 Providence Drive
Anchorage, AK 99508

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Research Team:

David Driscoll, PhD, MPH, MA – Principal Investigator
Bruce Dotterrer, MS – Co-Principal Investigator
Janet Johnson, PhD, MS – Biostatistician
Katie Reilly, MPH – Research Associate
Sarah Shimer, MPH – Research Associate
Erica Mitchell, BA – Research Associate
Quenna Szafran, BA – Interview Support

Executive Summary

In July of 1997, Alaska enacted the Temporary Assistance Program to provide for families with children, and replace the Aid to Families with Dependent Children program. American Indian and Alaska Native organizations were also given the right to administer their own Temporary Assistance to Needy Families (TANF) programs. Currently seven tribal organizations in Alaska administer this program.

This study is an inquiry into the characteristics of the Tribal TANF recipient population, and explores the barriers recipients are facing in achieving self-sufficiency. Three sources of data are used in this analysis: Tribal TANF client population data, survey results of Tribal TANF recipients, and results of in-depth interviews with Tribal TANF case managers.

We found that Tribal TANF clients are faced with three categories of barriers in the path to self-sufficiency. These barriers are health related barriers, personal qualities and community characteristics. Difficulty finding jobs was a significant concern among Tribal TANF clients in rural communities. Personal health of the TANF client, as well as the health of family members, was also seen as barriers to achieving self-sufficiency.

Case managers and eligibility specialists who were interviewed expressed that certain health challenges were difficult to identify at the outset and compounded other barriers later on.

We recommend that Tribal TANF clients receive routine screening for health issues, and strategies for rural employment are considered. We also recommend that open communication and cooperation be developed between service programs to ensure that clients have the treatment they need available to them.

Table of Contents

I. Introduction

The Alaska Temporary Assistance program began in July 1997 following the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Beginning in 1998, some Alaska Native organizations chose to administer the TANF program in their jurisdiction.

This study represents the fourth in a series of iterative evaluative studies of the Temporary Assistance for Needy Families (TANF) program in Alaska. The initial studies focused specifically on the characteristics of State-administered TANF service recipients. The first was published in 2001 and assessed the characteristics of those who had left the TANF program within two years of program implementation. The second study, published in 2002, examined the characteristics of "long-term" clients, or those who were in danger of exceeding the 60 month limit. The third study, published in 2012, assessed barriers to self-sufficiency among recipients of State-administered TANF services. This is a follow-up to the third study, and assesses barriers to self-sufficiency among TANF recipients in Tribal-administered TANF programs.

This series of inquiries into the TANF program and the characteristics of the recipient population have been a joint effort by the Institute for Circumpolar Health Studies at the University of Alaska Anchorage, and the Alaska Division of Public Assistance, Department of Health and Social Services.

Background

PRWORA refocused welfare from continuous income assistance on the basis of need alone, and directed efforts toward job training and subsequent employment. PRWORA established the Temporary Assistance for Needy Families to replace the Aid to Families with Dependent Children (AFDC) program, limiting the amount of time assistance can be received, as well as introducing a standard for "work activities," such as vocational training and job search.

PRWORA also gave American Indian and Alaska Native organizations the same rights as states to design program requirements and application standards. In 1998, The Division of Public Assistance (DPA) and the Tanana Chiefs Conference piloted the first Native Family Assistance program in Alaska. This initial program required the same eligibility criteria as the State-administered TANF program. In 2000, three more Alaska Native Tribal organizations received a grant to design similar pilot programs, including the Association of Village Council Presidents (AVCP), Central Council of Tlingit and Haida Indian Tribes of Alaska (T&H), and the Metlakatla Indian Community of the Annette Island Reserve.

AFDC was previously funded by the federal government matching state costs, however PRWORA ended the open funding and established a block grant from the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) based on the 1994 expenditure amount. Tribal organizations operating assistance programs for their region currently receive both state and federal funding. Federal funds may be used to provide a variety of services relating to the goals of TANF, while state funds must be used only for paying cash assistance and supportive services directly to families.[1]

[1] Alaska Department of Health and Human Services. 2011. "Native Family Assistance Program Guide."

In 2005 the Alaska Legislature passed a law extending the eligibility for state supplemental grants to all 12 Alaska Native Corporations, as well as the Metlakatla Indian Community of the Annette Islands Reserve. Receipt of these funds is contingent upon prior approval from the Department of Health and Human Service, Administration for Children and Families for a federal grant to administer the program. The organizations authorized to administer their own TANF programs are:

- Arctic Slope Native Association
- Kawerak, Inc.
- **Maniilaq Native Association**
- **Association of Village Council Presidents**
- **Tanana Chiefs Conference**
- **Cook Inlet Tribal Council**
- **Bristol Bay Native Association**
- Aleutian and Pribilof Islands Association
- Chugachmiut
- **Central Council of Tlingit and Haida Indian Tribes of Alaska**
- **Kodiak Area Native Association**
- Copper River Native Association
- Metlakatla Indian Community of the Annette Islands Reserve

Seven of these twelve groups, shown in bold above, are currently operating Native Family Assistance Programs.

Native Family programs must meet five compatibility criteria:

1. Benefits may not exceed amounts distributed under the State-administered program
2. Families must have at least one dependent child, or a woman in her last trimester of pregnancy
3. Minors with a dependent child must live under the care of a parent/legal guardian or an adult-supervised supportive living arrangement, must have their benefits paid to that supportive adult, and must continue to attend high school or another training program, unless or until these goals are achieved.
4. Recipients must fulfill the required hours of "work activity" such as job search or training, within 24 months of receiving assistance, unless exempted from this requirement.
5. Families must cooperate with the Alaska Child Support Services or their Native Organization, should the organization choose to administer a separate child support enforcement program.

TANF administrators may choose to waive the 60 month limit on benefits if a recipient resides on a reservation, or in a village with at least 50% unemployment. Areas meeting these criteria are considered to be "exempt." The limit may also be waived in non-exempt areas if the family is experiencing hardships such as inability to work due to a physical or mental health issue, domestic violence, or needing to care for a disabled child.[2]

Purpose of the Study:

The Alaska Division of Public Assistance does not collect data from the families receiving benefits from the Native Family Assistance Programs. Consequently, these families were not included in previous TANF studies. This study aims to specifically address the Tribal TANF population, following the protocol of the

[2] SI SEA00830.403

recently-completed State-administered TANF evaluation. The objectives for this study are:

- To assess the characteristics of Tribal TANF clients who experience challenges that interfere with their ability to achieve self-sufficiency.
- To identify health and behavioral health factors of adults currently receiving Tribal TANF benefits (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.

Our previous study of State-administered TANF clients compared the characteristics of long- and short-term clients. We defined long-term clients as those who received more than 40 cumulative months of assistance. Our intention in this continuation study was to reproduce that comparison using data from both exempt and non-exempt communities. However, in the course of collecting data for this study, we discovered that some Tribal TANF programs did not record the number of months clients had been receiving benefits while they were living in exempt communities. Therefore, we could not determine which clients in those villages were long- or short-term recipients of TANF services. A second analysis was conducted that stratified the chosen communities by their Supplemental Nutrition Assistance Program (SNAP) Urban/Rural designation.

The TANF respondents were categorized by community as Urban, Rural I, or Rural II according to the definitions used by the SNAP. These designations represent varying cost of living levels as determined by the Bureau of Labor Statistics (BLS) as well as Food and Nutrition Services (FNS). Communities designated as Rural II have the highest cost of living, estimated to be 56.42 percent higher than that in Anchorage. Rural I communities fall between Rural II and Urban designations, with a cost of living that is 28.52 percent higher than that in Anchorage.[3]

In cases which responses derived from residents of both rural community designations were similar, we combined these data to increase statistical power and draw our conclusions based on comparisons between rural and urban communities. Only in instances where there was a statistically significant difference in responses did we highlight a comparison between respondents in the different rural community types.

[3] *Electronic Code of Federal Regulations:* Procedures for program administration in Alaska, title 7, sec 272.7.

II. Methods

Five of the seven Tribal TANF organizations agreed to participate in this study. Those who elected to participate are Bristol Bay Native Association, Maniilaq Native Association, Cook Inlet Tribal Council, Association of Village Council Presidents and Tanana Chief's Conference. Only one of the participating organizations served communities considered to be Rural I. Two regions served communities considered urban, and four served communities considered Rural II.

We collected data from both clients and case managers in Urban, Rural I, and Rural II communities served by these five tribal organizations.

Data Sources:

Three sources of data were used for this analysis. Client data, including basic demographics and the number of months benefits had been received, were requested by each of the participating tribal organizations. ICHS administered a paper survey to randomly selected Tribal TANF benefit recipients, and conducted in-depth interviews with case managers from those participating regions. Each of these data sources are described below.

1. Tribal TANF Client Populations for the benefit month of January 2012
   Each of the four participating organizations provided ICHS with a client population for the month of January 2012. Given the very small number of recipients in each village served by the participating organizations, villages with the highest number of recipients listed in the January 2012 data set were chosen for subsequent data collection activities.

2. The results of a survey of Tribal TANF recipients
   A random sample of Tribal TANF clients from the selected villages, were invited to complete the survey instrument. These interviews consisted of the same survey instruments used in the previous study of State-administered TANF recipients. Please see the client survey instrument in Appendix 4. Survey recipients had the option to self-administer the survey or have the survey questions read and answers recorded by a member of the research team. In some areas surveys were conducted over the phone by request of participants. All survey participants received a $25.00 gift card incentive.

3. The results of in-depth interviews with case managers serving Tribal TANF clients
   Case managers were recruited in each of the five participating tribal regions. Lists were provided by supervisors based on experience. ICHS contacted those recommended and interviewed those who responded. Again, interviews were conducted following the same instrument employed by the State-administered TANF evaluation. Please see the interview instrument in Appendix 2.

Analysis of Survey Data

For this project, 112 TANF recipients were surveyed. There were 34 recipients that lived in non-exempt Urban areas. Seven recipients

lived in exempt Rural I areas. Sixty-nine clients lived in Rural II areas, of whom approximately half were exempt and half were non-exempt.

Combined Tribal TANF numbers for five regions in Alaska in 2012 were 84% Urban, 1.4% Rural 1, and 14% Rural 2. In this study sample, there were 30% Urban, 6% Rural I, and 62% Rural II recipients. This study over-sampled Rural I and Rural II communities, in order to ensure a sufficient number of participants to achieve stable estimates.

Responses from the TANF client surveys were analyzed using SPSS software version 19. Frequencies and percentages were calculated for each question for the entire sample and separately for clients in Rural I, Rural II, or Urban villages, as defined by SNAP. Chi square tests or Fisher exact tests were used to evaluate differences between rural and urban community types. Differences were reported when there was a statistically significant difference at the $p < 0.05$ level.

Analysis of Interview Data

The research team interviewed 20 case managers/eligibility specialists between September 2012 and May 2014, as shown in Table 1.

Table 1. Urban and Rural Interviews

	Urban	Rural 1	Rural 2	Total
Case Manager	5	3	9	17
Eligibility Specialist	1	0	2	3

The role of an eligibility specialist is to evaluate whether or not a family's application meets the necessary criteria to receive benefits. These evaluations are done every six months, and reviews family size, current income, and asset accumulation. A case manager works with the client in designing a Family Self-Sufficiency Plan (FSSP) which outlines steps for the client to take in order to achieve economic independence. The case manager then monitors the client's progress in achieving these goals.

The interviews were performed over the phone and lasted approximately 30-60 minutes. Participants were sent a consent form and interview guide prior to the interview. At the time of the interview, the consent form was read to the respondent who then provided verbal agreement.

Interviews were transcribed and analyzed using QSR International's NVivo 10 qualitative data analysis software. Two members of the research team reviewed and coded the transcripts according to six *a priori* codes that had been used in the previous study of State TANF recipients, and according to emerging codes specific to this population. Inter-rater reliability was measured using Cohen's kappa. Researchers maintained a kappa coefficient of 0.60 or greater between all codes throughout the analysis. Study participant numbers were given randomly to the entire sample of case managers and eligibility specialists. Characters "EX" indicate an exempt community, while "NE" indicated non-exempt. Characters "RI" indicate a Rural I community, "RII" indicate Rural II, and "U" indicate urban communities.

For the purpose of this report, self-sufficiency is defined as the ability to be employed, seek employment or receive education or training for employment. We organized the barriers to self-sufficiency identified by both Tribal TANF recipients and the case managers and eligibility specialists into three categories. The categories are *health-related barriers*, including client and family behavioral as well as physical and mental health, *personal quality barriers,* including education level or work experience and *community characteristic barriers,* including the availability of childcare, housing and transportation.

Health as a Barrier to Self-Sufficiency

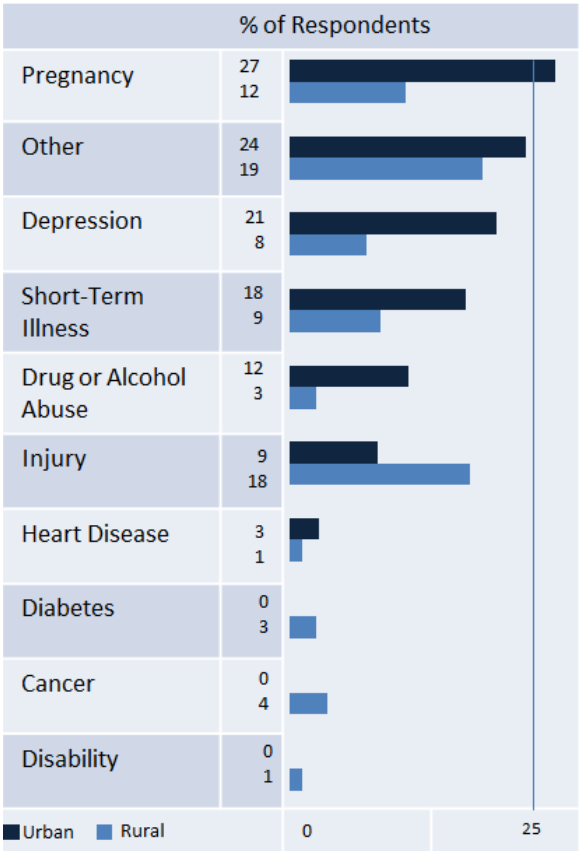
Health issues were commonly mentioned as a barrier to self-sufficiency among Tribal TANF clients. Nearly half of all survey respondents reported their personal health, and slightly less than half of all respondents reported the health of a family member as a barrier to self-sufficiency.

Comparison 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.

The most frequently reported personal health barriers were disability, injury, pregnancy, depression, and short-term illness. Prevalence of personal health conditions that interfered with working self-sufficiency were similar among rural and urban TANF communities. The one exception to this was pregnancy; 18% of rural respondents cited pregnancy as a health condition that had prevented them from working, looking for work, or going to class, compared to 9% of urban clients (p=0.048). On further analysis, Rural II and urban communities were statistically different for depression (p=0.038) and drug or alcohol abuse (p=0.040), with urban clients citing these health concerns more frequently than Rural II clients.

Figure 1. Prevalence of Health Conditions



Most case managers and eligibility specialists also reported health issues as a barrier to the self-sufficiency of their clients (18/20). The most commonly referenced barriers during these interviews were substance abuse (15/20), physical illness (11/20), physical disability (10/20) and mental health (9/20). Only two case managers and one eligibility specialist

mentioned pregnancy as a barrier to the self-sufficiency of their clients.

Physical illnesses, both minor and serious ailments, were referenced by four case managers and one eligibility specialist from urban communities. Six case managers from rural areas also mentioned physical illness as a barrier to self-sufficiency. Physical disability was spoken of only in urban and Rural II communities, and mentioned more frequently by those serving Rural II communities.

INTERVIEW RESULTS: HEALTH BARRIERS

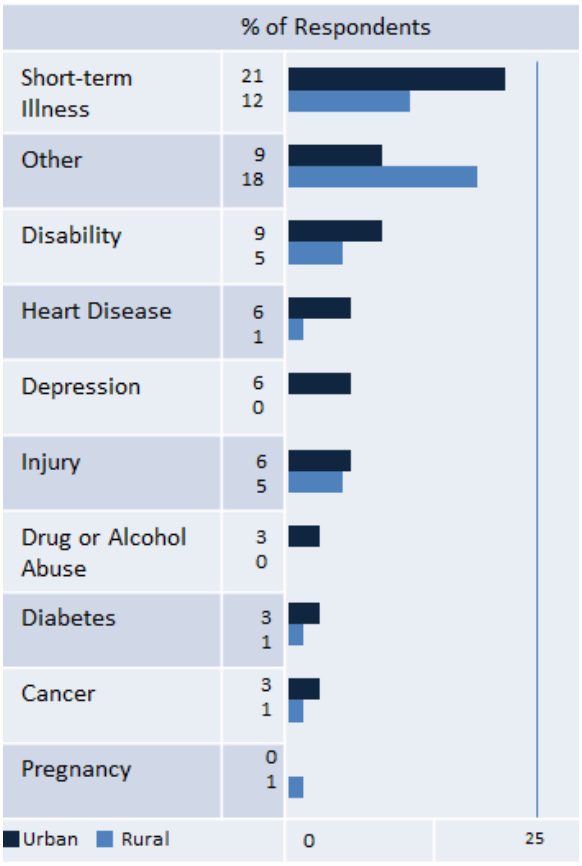
"Well, some participants aren't willing to deal with the health issues which prevent them from moving forward in their goals. Some participants can become dependent on the diagnosis and use it to in-able their self from moving forward with their goals." –CM 3/NE/U

"What's that saying? If you have your health you have everything? You know, I think that if someone is not healthy, if someone has ongoing health concerns that it's going to keep them from being, from wanting their fullness." – CM 13/ NE/ U

"There is anything from high blood pressure, fetal alcohol syndrome, to heart disease, to children with developmental disabilities… They are just all over the place with different things." –CM 7/ NE/ RII

Survey respondents were also asked whether or not the health of their family members presented a barrier to their self-sufficiency. A family member's short-term illness, injury, or general care for children and/or elders was most frequently cited. There was no significant difference between Urban and Rural client responses, but there was one difference between Rural I and Rural II clients. Significantly more Rural I (29%) than Rural II (3%) clients reported a family member's injury as a barrier to working, looking for work, or going to class (p=0.040).

Figure 2. Prevalence of Family Health Conditions



Thirteen out of twenty case managers and eligibility specialists mentioned the health of family members as a barrier to self-sufficiency among their clients. Nine of those were from Rural communities, and four were from urban. Within the topic of family member health, three case managers from Rural II areas referenced caring for parents or elders. One case manager and one eligibility specialist from urban areas, as well as five of those from rural communities referenced the difficulty of caring for a child with a disability. Four case managers from rural and urban areas mentioned substance abuse

issues among family members as interfering with clients' self-sufficiency.

INTERVIEW RESULTS: FAMILY MEMBER HEALTH

"What I notice most participants and their children are often sick with colds and flus year round. That can impact a client's ability to follow through with work activities, as with anybody else. But they can appear to be more sick, I think stress is the factor" –CM 8/NE/U

"I know some clients have children that have disabilities, and so I think that can be tough too, because they might need a provider that's there with them a lot. So that might be hard for a parent to leave the household if they need to stay home and care for their children. That they just don't feel like they can go out and work because they feel like they have the duty as a parent to stay home with their child." –CM 1/ NE/ RII

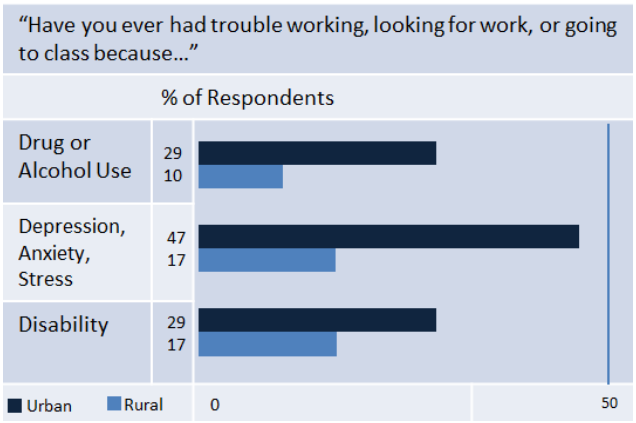
"I know out in the villages there's more so, there isn't as much housing available, so they live more with family members, so they're taking care of grandparents, or their parents, aunts and uncles and stuff like that which prevents them from going out *really doing anything cause their family relies on them." – CM 7/ NE/ RII*

Behavioral Health Barriers

Three of the structured response inquiries pertained to behavioral health issues specifically. Respondents were asked to identify whether or not domestic abuse, drug or alcohol abuse, or symptoms of depression, anxiety or stress had ever prevented them from working, looking for work or going to class.

When asked about depression, anxiety or stress, there was a considerable difference in the frequency of responses by community type. Overall, those from urban areas reported behavioral health barriers at a greater frequency than those from rural areas. Of all respondents, 20% reported encountering more than one behavioral health barrier. More people from urban areas reported having more than one behavioral health barrier than those from rural areas.

Figure 3. Behavioral Health Barriers



Questions about depression and drug and alcohol abuse were asked as a follow-up to the question that asked if the clients' health had ever prevented them from working, looking for work, or going to class. Clients were also asked in a separate question whether alcohol use had ever interfered with working, looking for work, or going to class. Table 2 shows the breakdown of responses among all Tribal TANF clients.

Table 2. Drug and Alcohol Use			
		Alcohol or drug use	
		Yes	No
Alcohol or drug abuse	Yes	1	9
	No	17	84

Depression, Anxiety or Stress

Symptoms of depression, anxiety or stress asked as a stand-alone question were reported by 47% of the Tribal TANF recipients living in urban communities as preventing them from working, looking for work or going to class. Only 17% of TANF recipients living in rural areas reported the same. When asked about depression as a health issue, 21% of those from urban areas and 8% from rural areas reported that depression had kept them from working, looking for work or going to class. When framed as a health issue, there was a statistically significant difference (p=0.038) between the percentages of those experiencing depression in Urban areas (21%), versus Rural II (6%).

INTERVIEW RESULTS: MENTAL HEALTH

"Well the barriers that I often come across include learning disabled, mental health to include bipolar, depression, unhealthy boundaries, substance abuse, domestic violence, criminal history. Those are usually a person, if they have one they have three, you know? Sort of, yeah, it's usually multiple. Not going to get one person with just one, they go hand in hand." –CM 3/ NE/ U

Drug or Alcohol Use

As in our prior study of State-administered TANF clients, we explored this issue using different language in these two sections of the survey. We inquire as to whether the respondent feels that drug and alcohol *use* as a stand-alone question, rather than drug and alcohol *abuse* as part of the personal health question, has represented a barrier to their self-sufficiency. When asked whether or not drug and alcohol *abuse* as a personal health issue has prevented respondents from working, looking for work or going to class only 12% in urban areas, and 3% in rural reported it as a barrier. There was a statistically significant difference between client responses from urban areas (12%) and those from Rural II areas (1%) When asked whether drug or alcohol *use* had ever prevented respondents from working, looking for work or going to class, 29% of those from urban areas reported that it had, along with 10% of those from rural areas.

INTERVIEW RESULTS: DRUG AND ALCOHOL ABUSE

"Sometimes people come in and they have challenged with drugs and alcohol so that can be something, you know when you look at historical trauma, sometimes there is this, basically negative self-talk. If you've been abused for a period of time, even if you had a job earning a whole bunch of money, if the self-talk is, "you're not going to be able to keep this job, you're worthless" then that can lead to these types of gaps, ongoing barriers." –CM 13/ NE/ U

"Substance abuse is just difficult because if you're caught in to that, it's hard to wake up in the morning, and get yourself ready, and get your kids taken care of. I think just a lot of people kind of get sucked in to it, and they might live in a village, and there's not a lot of work so they kind of turn to that as an alternative." ES 1/ NE/ RII

Abuse by a Partner or Spouse

Domestic violence was reported as a barrier to self-sufficiency by 29% of TANF recipients in urban areas and 17% of those in rural areas. There was no significant difference in responses by location.

INTERVIEW RESULTS: DOMESTIC VIOLENCE

Generally depending on the severity, if it's all the way in to domestic violence, you're going to see it more in the physical demeanor and the body language of a participant and you just have to read it for yourself being the case manager, it's not always going to come up clearly on the table. Especially with two clients in the same room.-CM 20/ NE/ U

Mental health as a barrier to self-sufficiency was mentioned only by those from urban (mentioned by 5) and Rural II communities (mentioned by 4).None of those interviewed from Rural I communities referenced mental health.

Domestic violence was only referenced by case managers from urban areas, which does not reflect the percentage of those from rural communities who are also experiencing abuse. This indicates that the instance of domestic abuse may be an issue case managers are not able to recognize using current assessment methods.

Substance abuse as a barrier to self-sufficiency was mentioned in fifteen out of the twenty interviews by case managers and eligibility specialists of all community types. When case managers and eligibility specialists were asked about drug or alcohol use, it was termed as "abuse." Many case managers and eligibility specialists referred to substance abuse problems in relation to other barriers.

Services Used to Address Health Barriers

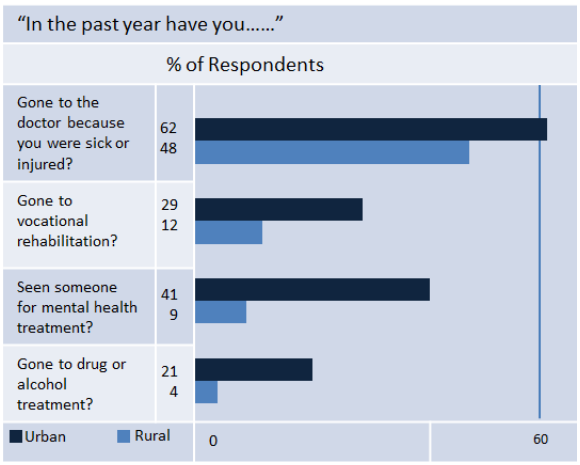
During the interviews, case managers and eligibility specialists were asked, "What supportive services have you or your office used to address such barriers?" The most common health related services mentioned were behavioral health services and substance abuse treatment. Clients in urban communities more frequently reported seeking mental health treatment in the last year (41%) than those in rural communities (9%). Nearly half of Tribal TANF clients from urban and rural areas had seen a doctor in the past year because they were sick or injured. Clients in urban areas reported having gone to vocational rehabilitation more frequently than those from rural areas (29% and 12% respectively). Vocational rehabilitation services are aimed at assisting clients in training for employment after an injury or illness. Similarly, clients from urban areas also reported having gone to drug or alcohol treatment more frequently than rural clients (21% compared to 4%).

INTERVIEW RESULTS: BEHAVIORAL HEALTH SERVICES

"There's supposed to be one [counselor] in each village. Ours just started; [it's] not even a year old yet. She's still learning. But we've had councilors that come out from ___ like every month or every two weeks that come and meet with the clients, but we don't know what the conversations they have are, or what their plans are. But hopefully it's coming along." –CM 16/ EX/ RII

"If an individual needs counseling and ___ does have counseling, but there could be a wait list, or we can outsource that. But usually…right now with the current health issues…wouldn't be anything we'd be able to provide because it's medical." -ES 9/ NE/ U

Figure 4. Use of Health Services



When case managers and eligibility specialists spoke about services for other health conditions, many comments pertained to the process of acquiring health insurance, most commonly Medicaid. Some case managers handled this directly, whereas others referred it to another social services department.

Fourteen of the twenty case managers and eligibility specialists interviewed spoke about services in place for those with behavioral health issues. Many services referenced were referrals to other social service groups such as Family Services, Alaska Native Medical Center (ANMC), Alaska Psychiatric Institute (API), Southcentral Foundation or village-based counselors. However, once referrals to these services were made, case managers and eligibility specialists also talked about how it was difficult to follow up due to a lack of formal communication between agencies. Services within the organizations were also mentioned, but also that they had a waiting list.

On the client survey, thirty-one people reported experiencing depression either as part of the questions pertaining to health issues, or answering affirmatively to the stand alone question. Of those thirty-one, only twelve

reported receiving mental health care, nine of whom where in urban areas.

Case managers and eligibility specialists spoke about using referrals to other social service providers specializing in substance abuse treatment such as Access to Recovery, Alaska Native Justice, or ANMC. However, they also felt that there was a lack of communication between these services and the case managers themselves, which prevented follow-up on behalf of the clients. Of the eighteen clients who reported either substance use or substance abuse on the survey, only three reported having gone to treatment. Those three reported from urban areas. Ten people reported having received treatment, but did not report that substance use or abuse had ever kept them from working, looking for work, or going to class. Of those ten people, seven were from urban areas.

INTERVIEW RESULTS: SUBSTANCE ABUSE TREATMENT

"It does provide a lot of structure during that time that they're on some type of Access to Recovery, but that structure in itself needs to be recognized and hopefully we can pick them up on the outset so that they don't just step off of Access to Recovery and step back in to relapse. And so that's where we want to structure their plans at least so and keep them in check, keep them heading forward with realistic goals and that ongoing support with an open phone line or internet or walk in. They can come in and talk to their case manager and you know, I mean I think that there is a huge support here that is available to them." –CM 20/ NE/ U

The structure that substance abuse treatment options provide was specifically mentioned in one interview as an aspect of treatment that case managers would like to see maintained by the TANF program. The ways in which this structure can be integrated in to the design of FSSP goals would be a beneficial outcome from open communication between service providers and the TANF case managers.

Other case managers had very different experiences when making referrals to substance abuse programs. In some exempt areas treatment isn't available locally, which may be a deterrent in seeking treatment for clients who are reluctant to leave their families. In one area, case managers didn't feel like they have the authority to recommend that someone seek treatment. This highlights a discrepancy between what the roles of case managers are across programs and suggests that clients may not all be receiving certain services that they require.

Some case managers emphasized the need for strong social networks and integration of traditional healing practices in order for treatment to be effective.

INTERVIEW RESULTS: SOCIAL SUPPORT

"…Sometimes that includes a traditional way of being, like counseling, a drumming circle, being with a traditional healer, really connecting with their community, going on walks, these kinds of components are critical to the overall wellbeing of both, as sometimes there are gaps in someone's network, positive network, of friends that an illness could kind of germinate and go on for a long period of time without having those really healthy supports." –CM 13/NE/ U

Personal Qualities as Barriers to Self-Sufficiency

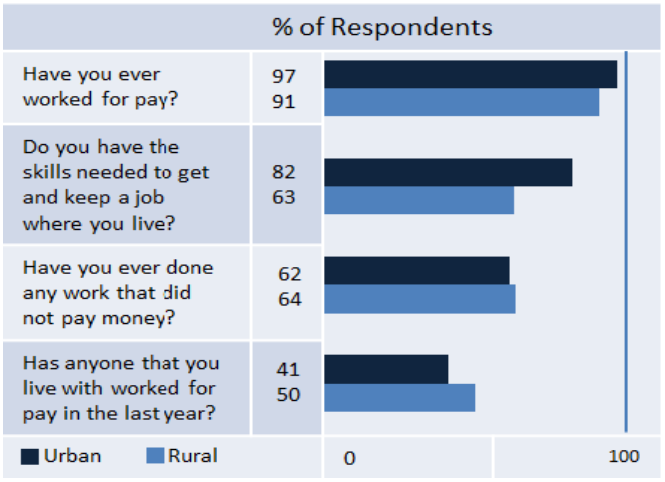
In addition to health issues, we explored how personal qualities serve as barriers to self-sufficiency. We began by determining the level of participation in the work force. Over 90% of both urban and rural Tribal TANF recipients reported having worked for pay in their lifetime. Approximately 40% to 50% of all respondents reported having lived with someone who has also worked for pay in the last year. Slightly over 80% of clients from urban areas, and slightly over 60% of those from rural areas reported having the skills to get and keep a job where they live now.

Education

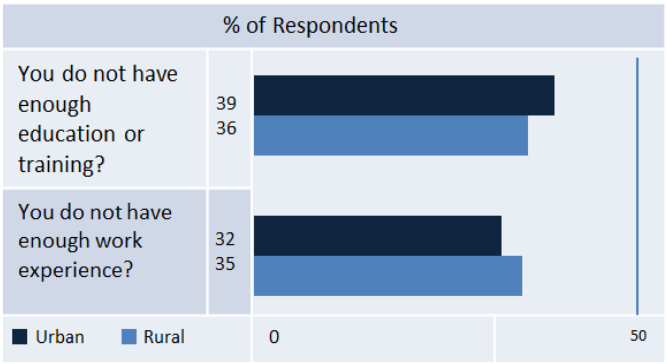
By "lack of education" we refer to lack of formal education, or GED, as well as informal education, including lack of job training. Among Tribal TANF clients, 37% reported that they had trouble working, looking for work, or going to class due to a lack of education or training.

Eleven case managers and eligibility specialists from rural areas reported lack of education as a barrier. Three of those interviewed from urban areas also mentioned lack of GED as a barrier. When speaking about lack of education, case managers and eligibility specialists often referenced the issue in conjunction to other issues, such as personal motivation in obtaining the certification, lack of childcare, as well as the "on-call" status of some employment disrupting GED courses. From rural areas, some spoke about the dilemma of leaving a household without a subsistence provider for long periods of time.

Figure 5. Personal Qualities as Barriers



"Have you ever had trouble working, looking for work, or going to class because…"



INTERVIEW RESULTS: EDUCATION

"There are a few jobs that don't require GED, but most of them do, and they're the highest paying employer in the region. I mean they can go to the grocery store and stuff but they aren't going to make enough money to even make ends meet even at the grocery store." –CM 7/ NE/ RII

Attitude and Lifestyle

We also asked about attitude and lifestyle issues as a barrier to self-sufficiency. Attitude and lifestyle characteristics were referenced by thirteen of the twenty case managers and eligibility specialists interviewed. This was reported by eight case workers and eligibility specialists in rural communities and five in urban communities.

INTERVIEW RESULTS: ATTITUDE AND LIFESTYLE

"Maybe they think they can't do any better than where they're at right now. And when we try to help them, they just don't want to do it or just live assistance their whole life – the public assistance, the food stamps. They know that they can make it month to month off the assistance and just live that way." –CM 16/ EX/ RII

Case managers and eligibility specialists also spoke on the need to motivate clients individually, some including the use of a professional motivator.

INTERVIEW RESULTS: ATTITUDE AND LIFESTYLE

"But we just need to be able to motivate each client based on their specific needs. But I don't think a lot of that has been done. I think it's been more just motivating them to just go get jobs, go out and do this, go volunteer and do this, but I don't think stuff is being looked at necessarily based on each individual's needs." –CM 7/ NE/ RII

Case managers and eligibility specialists correlated these attitude/lifestyle attributes with having an impact achieving things such as formal education. As indicated in the interviews, addressing issues such as these may alleviate substantial barriers in attaining education and employment.

Soft Skills

We explored the role of soft skills as a barrier to self-sufficiency. Soft skills are defined by this study as interpersonal skills (e.g. communication, team work, following directions), job search skills (resume writing, job interviewing), as well as everyday life skills (setting an alarm clock, scheduling daily activities). Five of the twenty case managers and eligibility specialists interviewed discussed the importance of soft skills in overcoming barriers to self-sufficiency. Case managers identified these skills as a necessary precursor to furthering education or job attainment.

INTERVIEW RESULTS: SOFT SKILLS

"If they've grown up in a village where nobody gets up and goes to work at 8 o'clock in the morning, and that's the way they grew up, and they come to Anchorage to live and they have no idea how to thrive in what they call the "western world…"

"We have people who try to get jobs who aren't successful in keeping jobs because they don't really understand that you have to get up every morning and go to work. And you have to do your best work. You can't just decide one day you're not going to go to work and not bother to call. Just the little day to day things that we take for granted, that we've grown up with and they haven't." –CM 15/ NE/ U

During the interviews, some case managers and eligibility specialists discussed classes and workshops used to develop these skills. However this service varied in availability by community.

Work Experience

We asked TANF recipients if the lack of work experience represented an obstacle to self-sufficiency. Thirty-four percent of Tribal TANF clients reported not having enough work experience, with similar distribution between rural and urban respondents. Six of the twenty case managers and eligibility specialists discussed the lack of work experience in some clients, as well as some potential reasons. A wide range of descriptions were used when discussing the nature of work experience among Tribal TANF recipients. Work experience was described as intermittent because of frequent travel between different areas within the state, or because of the temporary/seasonal nature of work in rural areas.

INTERVIEW RESULTS: WORK EXPERIENCE

"I would say, in general, its gaps of employment due to sometimes folks moving from rural to urban, sometimes they move from urban to rural, due to wanting to be with family during the holiday season…I would say, the employment history can be speckled, just meaning people hop from job to job" –CM 13/ NE/ U

"And I haven't seen, since I started here, I haven't seen employment history in any of them, most of them are still my clients and some maybe more than half, I had to close." – CM 12/ EX/ RII

Case managers linked attitude and lifestyle attributes as well as the lack of soft skills to the lack of work experience.

INTERVIEW RESULTS: WORK EXPERIENCE

"Participants with long term TANF history, work history is sort of cyclical. Either work temp jobs, or job-to-job with barriers such as job skills like being on time or tardy which they can lose their employment for." –CM 20/ NE/ U

"…several job quits in a line of work where they don't necessarily want to work in that field, and so it's basically not recognizing the fact that even if it is what one makes it to be, like a menial job, or just flipping burgers, there are critical things that you can learn, critical pieces in that job the can actually build a nice employment, steady employment stream the can lead to greater opportunities." –CM 13/ NE/ U

Legal Issues

Although it was not part of the structured survey given to clients of the TANF program, case managers and eligibility specialists brought up the fact that some clients face legal trouble as a barrier to self-sufficiency. Interviewees expressed that clients had trouble passing background checks for employment based on previous charges.

Services Used to Address Personal Qualities Barriers

Case managers and eligibility specialists described a wide variety of services used to address barriers stemming from personal qualities.

Regarding education and job training, frequently used services included the TANF program paying for GED course tuition and books, as well as airfare, lodging, and meals when the client is required to travel elsewhere to attend. In some areas, clients will receive incentives, such as a laptop and printer, for completing a GED certificates. Computer skills and commercial drivers license (CDL) trainings are encouraged since those types of skills are useful both in and outside of rural areas. Job Corps, Alaska's People, AVTEC and SAVEC were frequently referenced vocational training centers that clients often traveled to for a variety of other courses.

A variety of workshops were described as being useful for building soft skills among clients. Some ranged from developing healthy communication and relationship skills, such as Father's Journey, Paths to Success, and other healthy relationship classes. Others were directed toward learning how to budget money, set a schedule for the day, and how to behave at work.

Assistance with purchasing work clothes, and tools, as well as personal hygiene products was also mentioned.

Similar to behavioral health services, there was concern voiced that these workshops were not all offered across the different organizations, or consistently through one organization.

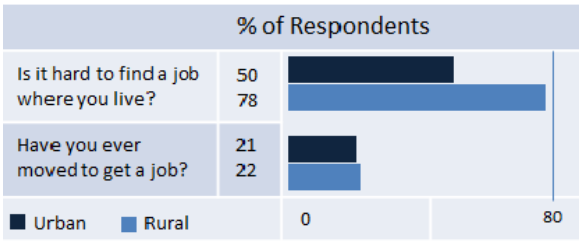
INTERVIEW RESULTS: PERSONAL QUALITIES SERVICES

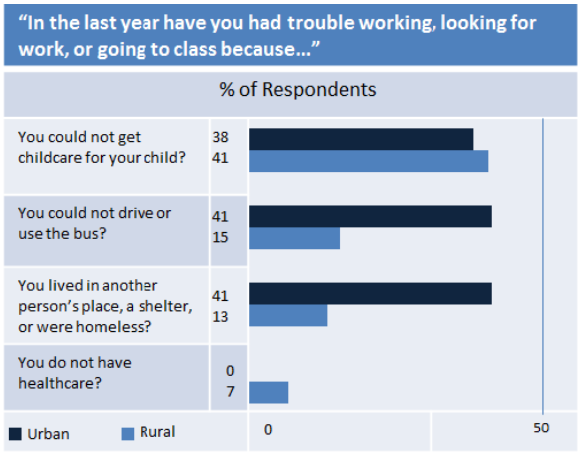
"I don't think we're doing enough in any area presently. I think the program, it's growing, and it's evolving. As far as the cultural, we do a two week workshop that gives them a lot of information about how to live in the big city, so to speak. And what's expected of them in a work situation. I think probably part of the problem is there's so much information thrown at them, that just a little bit sticks." –CM 18/ NE/ U

Community Characteristics as Barriers to Self-Sufficiency

TANF recipients were asked to report on characteristics within their community that they perceived as barriers to self-sufficiency, such as lack of job availability, transportation, childcare and adequate housing.

Figure 6. Community Qualities as Barriers





A greater percentage of those from rural areas (78%) than from urban areas (50%) reported that it was difficult to find a job where they lived now. Of those who reported difficulty finding a job in their community, 21% had ever moved to find a job. Those who reported to have moved are nearly evenly split between urban and rural areas. Since we do not know where the clients are originally from, we cannot be sure where people are moving from, we can only comment on which community type they are reporting from now.

Lack of childcare was perceived to be a problem for nearly 40% of all Tribal TANF clients in both urban and rural areas. Lack of transportation was reported as a barrier for more clients in urban areas, than rural (41% compared to 15%). Very few (7%) reported that lack of health care has ever been a barrier to self-sufficiency in rural areas, and was not reported at all in urban areas.

Job Availability

All references to lack of job availability were made in reference to rural areas and was discussed by case managers and eligibility specialists from rural communities. One eligibility specialist from an urban area also acknowledged the difficulty of finding employment in rural areas, but emphasized that there were opportunities in urban areas. Throughout the interviews, there were multiple explanations that the most common type of work was seasonal or temporary, and often occurred only during the summer seasons.

INTERVIEW RESULTS: EMPLOYMENT

"They go back and forth; being on TANF and then they go back to the job and then go back…with the jobs here, I know like the beginning of winter, maybe October or November, the seasonal jobs will probably end and our cases might go up a bit." –CM 16/ EX/ RII

Childcare

We explored whether or not the availability of childcare was a barrier to self-sufficiency among clients. As mentioned before, lack of childcare was reported by approximately 40% of Tribal

TANF clients as having prevented them from working, looking for work or going to class.

Eleven case managers and employment specialists who were interviewed also referenced the lack of childcare as a barrier. While only two of those interviewed from urban areas referenced lack of childcare, nine from rural communities did the same.

Lack of childcare has also been referenced as compounding other challenges to self-sufficiency, such as time spent at work or in training as well as maintaining housing.

INTERVIEW RESULTS: CHILDCARE

"Unfortunately with this workshop, it is two weeks, nine to four, Monday through Friday. So I have stopped sending my participants to it because they haven't been able to find childcare. CM 18/ NE/ U

"…But I know when the daycare closed there was people having to quit their jobs, which meant they lost their housing…" –ES 7/ NE/ RII

Difficulty finding transportation or stable housing was reported with greater frequency in urban areas than rural areas. Slightly over 40% in urban areas reported that lack of housing or transportation had ever kept them from working, looking for work or going to class compared to 13% and 15%, respectively, reported by those from rural areas. Overall, housing was mentioned by eight of the twenty case managers and eligibility specialists interviewed, evenly split between urban and Rural II areas.

INTERVIEW RESULTS: HOUSING

"A lot of our people are coming in from the bush, and they don't realize what the housing is here in Anchorage, as a city. And in the village people take care of each other, and in the city, no" –CM 8/ NE/ U

"Right now with our young clients that don't have an education, it's hard for them to go out of town because ____ is closest they can go and they don't have family housing…in ____ where they do their GED. It's just going down there to do the real test, they don't want to leave their children and go do it. For even like a place to stay; they don't have a place to stay when they get there or no family that are there to help them out, no money to buy their own food." –CM 16/ EX/ RII

Two case managers from Rural II areas who spoke about housing specifically mentioned housing availability in the villages as presenting a barrier. Other case managers in rural areas also spoke about multiple families, or extended family, living together in the same house. This may impose additional responsibilities upon the client as they can be expected to care for the additional family members.

Transportation was commonly referenced as it affected residents in both rural and urban communities. All three case managers interviewed from Rural I areas talked about the difficulty of finding reliable daily transportation out of the village for clients to work in larger communities. Others from Urban and Rural II areas indicated that having a driver's license made a job applicant more appealing to an employer and offered a way to navigate larger communities where services may be located far from where the clients live.

INTERVIEW RESULTS: TRANSPORTATION

"I have all kinds of job openings listed here at my office, and everybody says, "I can't go because I don't have a driver's license, I don't have a diploma…I'm talking about jobs that you leave the village: iron workers, carpenters, apprenticeship programs, [regional corporation] jobs…I get that all and I advertise it, but nobody applies. I get a few applicants, but not like I'd like to. I get a lot of people try, but they just have those: no GED, no driver's license." – CM 4/ EX/ RI

"They live in a community that's, I think, 40 miles away on a dirt road and about 90% of them don't have vehicles. They rely on the bus...the bus schedule has changed and it's kinda hard for [them] to try and get a job down here and get on the bus before it leaves for the day." CM 19/ EX/ RI

Health Care

Very few respondents reported lack of health care as keeping them from working, looking for work or going to class. Only 7% in rural areas and none in urban areas reported lack of healthcare as a barrier.

Services Used to Address Community Characteristic Barriers

Vouchers were a common service form used to address barriers in the community. Many organizations provide vouchers for childcare and transportation, as well as rental assistance when clients needed them. This does not address the lack of childcare providers referenced in previous sections, however some offered childcare within the organization itself.

Case managers tried to account for the changes in employment type by providing training in areas that are commonly recruited by summer projects, such as computer literacy, and commercial driver's licensure. In addition, services such as volunteer opportunities are offered in hopes that they will lead to more permanent employment.

Subsidized employment was also offered in one area with success. Jobs were created in local stores, within village councils or city municipality and were funded through the American Recovery and Reinvestment Act of 2009 (ARRA) for the summer months of July, August and, September. Employers in both exempt and non-exempt areas were reimbursed for wages paid to TANF recipients who were able to begin work immediately. Case managers and eligibility specialists reported that not all of the clients who had participated in this work program returned to TANF after the season was over.

Discussion

This study describes the characteristics of Tribal-administered TANF recipients in both rural and urban communities across Alaska, as well as the challenges they face in the process of reaching economic independence. These results provide a unique opportunity to compare the characteristics and challenges faced by Tribal TANF recipients between different regions, and to those receiving State-administered TANF benefits.

The challenges faced by both Tribal and State-administered TANF clients can be described in three broad categories:

1. Health related challenges
2. Challenges related to personal qualities
3. Challenges associated with the community in which the respondent resides

Case managers and eligibility specialists provided insight into which programs, referrals and other services were used to address these challenges.

This section will summarize the barriers discussed in the previous sections, and compare the findings to that of the State-administered TANF study.

Rural and Urban Tribal TANF Comparison

Rural and urban Tribal TANF recipients reported similar barriers to employment with regard to education, work experience, and health. However, significantly more rural respondents reported participation in subsistence hunting or fishing ($p=0.003$) and difficulty finding a job in their community ($p=0.003$). This highlights the need for the creation of jobs in rural areas, ideally that incorporate subsistence lifestyles either through scheduling, or through compensation of subsistence activities.

Urban Tribal TANF recipients reported more trouble working due to depression, anxiety, stress, or drug or alcohol use, compared to rural respondents ($p<0.05$). Mirroring this trend, significantly more urban Tribal TANF clients sought treatment for drug or alcohol abuse, or mental health, than rural Tribal TANF clients ($p<0.05$). Availability of services is important in both rural and urban regions. Health issues cited as barriers to self-sufficiency were reported similarly by both urban and rural Tribal TANF recipients. Pregnancy is cited in urban communities more than in rural communities as a barrier to self-sufficiency (27% compared to 12%, $p=0.048$). However, rural and urban clients have similar rates of difficulty in access to childcare.

Tribal and State TANF Comparison

Tribal and State TANF recipients both report that it is difficult to find a job in their communities, but feel they have the skills needed to have a job and a history of ever having paid employment. Case managers, employment specialists, and eligibility specialists interviewed from both the State and Tribal TANF programs spoke of the difficulties associated with temporary and seasonal employment for their clients. The type of job held may vary between Tribal and State TANF programs; 56% of Tribal TANF clients report subsistence hunting or fishing, compared to only 22% in the State program ($p<0.001$). More people at the state-level report ever moving to get a job ($p=0.008$). This attempt to balance a mixed economy complicates employment in rural Alaska. Many wage economy jobs do not account for the dynamic schedule of subsistence lifestyle. The willingness of non-

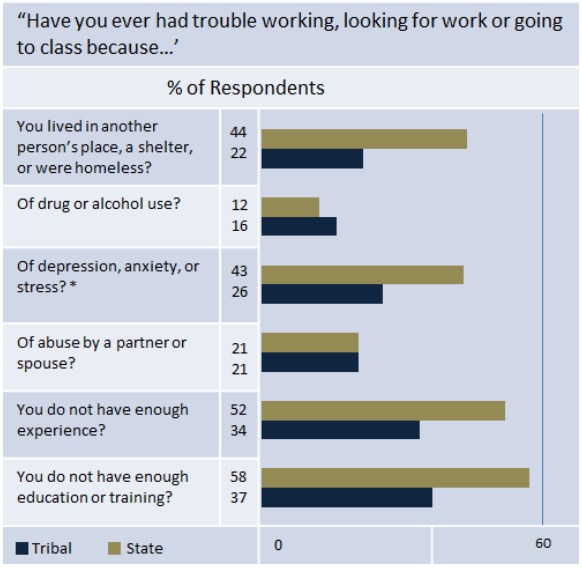
village residents to relocate in the interest of employment may also have an impact since those coming from more urban areas may not participate so heavily in subsistence economy. [4] Family and cultural ties may make relocation difficult for some seeking employment elsewhere.[5]

Family health does not play a large role in searching for work at either the State or Tribal TANF level. Personal health, however, does play a role in a person's ability to work, with 49% of Tribal TANF and 61% of State TANF recipients reporting health difficulties ($p=0.021$). The most common health concerns were similar between Tribal and State TANF programs, but with less reported barriers to work among Tribal TANF clients regarding pregnancy, injury, diabetes, and disability ($p<0.05$).

There were significantly less Tribal TANF clients who reported not having enough education or training or not having enough work experience ($p\leq0.001$). This may allude to the types, or variety, of jobs available in different communities and what skills are required to fill job openings. Trouble looking for, or maintaining, work due to depression, anxiety, or stress was reported by 26% and 43% of Tribal and State TANF recipients, respectively. This is significantly less among Tribal TANF responses, which could indicate less of a barrier to work. There were similar levels of reported partner or spousal abuse, and of drug or alcohol use interfering with work, looking for work, or going to school.

Similar to the State TANF study, underlying causes, such as attitude or lifestyle, were described as more difficult to determine than other barriers, such as lack of childcare or transportation, and consequently more difficult to remedy in a timely manner. The difference in timeliness of treatment may exacerbate the challenges associated with lack of education and work experience.

Figure 7. State and Tribal Comparison



Community characteristics varied greatly between Tribal and State TANF programs. Transportation and lack of health care was significantly less of a barrier among Tribal TANF clients than State clients ($p\leq0.001$). Significantly more Tribal TANF clients report attending vocational rehabilitation programs ($p=0.016$). Drug or alcohol treatment attendance is the same between the two programs. Substance *abuse* behavior was likely to be underreported, and may be captured in the different number of respondents who described drug and alcohol *abuse*, as opposed to drug and alcohol *use.* Of Tribal TANF clients, 16% report drug or alcohol *use* as a barrier, while only 5% report drug or alcohol *abuse* as a

[4] James P. Mills, The Use of Hiring Preferences by Alaska Native Corporations After Malabed v. North Slope Borough, 28 SEATTLE U. L. REV. 403 (2004).
[5] GAO-02-768 TANF Welfare Reform

barrier to working, looking for work, or attending class. While this was not the most frequently reported barrier, the difference in responses based on how the question is framed should be noted. A larger percentage of the case managers and eligibility specialists interviewed, than clients surveyed, reported drug and alcohol abuse as a barrier to self-sufficiency. Tribal TANF clients were less likely to seek out mental health or medical treatment than State TANF clients ($p<0.05$).

Recommendations

Based on these findings, we have designed a series of recommendations directed at the creation of employment opportunities and the development of a screening process to identify and address barriers to self-sufficiency. These recommendations incorporate aspects of those give to the State TANF program, but are tailored to suit the unique needs of Tribal TANF recipients.

These recommendations also incorporate suggestions and thoughts taken from the interviews with case managers and eligibility specialists on how to improve the program for the benefit of TANF clients. The outcome will be distribution and specialization of efforts in certain areas of assistance by case managers in order to better coordinate services in the interest of TANF clients and expedite their transition into self-sustaining employment.

Case Manager Training

Beginning this process will require an initial comprehensive training of all staff members who work directly with TANF clients. This will allow for cohesion and consistency in the types of services available and recommended for clients. This was specifically mentioned as a method of improvement by case managers.

As a part of this training, data collection and management should be emphasized. We were unable to conduct a rigorous assessment of long- vs. short-term TANF recipients due to gaps in data. This information is important when creating studies similar to this series, and will help to further develop this program in the best interest of the clients. Demographic data, including attributes such as age, gender, marital status, and highest level of education reached are important to record. Many exempt villages also did not record the number of months some clients have received benefits from TANF, which would also be beneficial to further analyses. These pieces of information will help to assess whether or not clients are receiving the types of assistance that they need to be successful in achieving economic independence.

We recommend that all who are eligible to receive benefits undergo an initial screening to collect information regarding the client's current life circumstance and assess whether or not the presence of health or personal barriers will prevent the individual from entering the workforce immediately. This screening will determine whether or not the individual will be referred to a Work First track, intended for those who are job-ready, or a Families First Work Services track which will assist those

experiencing multiple challenges in becoming job-ready.

Work First Track

The Work First Services track should provide specialized case management geared toward assisting clients directly in to the workforce. This track will still make use of the Family Self Sufficiency Plan in order to create and maintain a detailed plan of action on the client's behalf, as well as an additional tool to uncover other potential barriers to self-sufficiency that need to be addressed. Services utilized may focus on job search assistance, job club, and job referrals, as well as assignment to other activities. These activities may include GED certificate attainment or other job training sessions focused on the rapid transition to employment. Clients may have access to budgeting or money management, as well as resume development and interview skills oriented courses as well.

All individuals referred to the Work First Track will receive a follow up screening 30 days after beginning to receive benefits and services to ensure that they have been correctly placed and assess a potential need for additional services or placement in to the Families First Work Services track.

Case managers and eligibility specialists reported that Tribal TANF clients already utilize training opportunities that develop skillsets commonly needed for many seasonal or temporary jobs. We recommend that case managers also target educational and training goals towards services that are lacking in small communities, in addition to those projected for upcoming projects in the area. As part of the case manager interviews, the subsistence food provision was emphasized as an important part of child and elder care. This lifestyle was described influencing the reluctance to relocate to a hub community despite the greater job availability. The development of tailored employment to community needs will allow for those who wish to stay in their current location to do so.

An example of opportunities for employment development within communities may be the creation of trainings for clients to become licensed childcare providers, or special-needs providers that will in turn mitigate lack of childcare as a barrier for other TANF clients in their community.[6] An in-home care provider service may also benefit families who care for elders, or children who are ill. An assessment of what services would benefit from this may be best made by community members along with TANF case managers serving the area, in a community meeting format. A useful assessment tool for this process may be RurAL CAP's Asset-Based Community Planning. This tool was developed for communities to guide change in a way that is unique to their community and location. It invites the participation of residents in identifying existing assets within the community, and ways to meet needs utilizing those assets.

Other clients may be more inclined to make the transition to hub areas in order to seek employment, but may not feel as though they have the education or training needed to be competitive in the larger job market. We suggest developing a protocol to assist clients making the transition from a village

[6] "Western Alaska Economic Diversification Strategy Local Decisions About Local Economies." 2002. Division of Community and Business Development, Department of community and Economic Development

environment to a hub or urban area. Services such as housing assistance, as well as childcare and transportation coordination can come from the TANF program in preparation for the client's move. After the client has relocated, TANF may offer additional assistance in resume development, interview skills while maintaining personal contact with the client to ensure emotional wellbeing. According to case manager interviews, many of these services are currently available.

Families First Track

The Families First Work Services track will focus on case management to individuals who experience multiple or profound challenges to self-sufficiency. This track will require communication and cooperation between available services to ensure that families have access to behavioral and physical health resources.

A cross-system training plan may need to be developed to ensure that all case workers are aware of what services are available across the state and how to access them. Information sharing protocol may also need to be developed in order to maintain communication between agencies and encourage TANF case manager follow up with their clients when seeking certain services.

We recommend partnership with existing services that have a working knowledge of the area, and potential health issues, as well as further investigate effective recruitment and retention strategies to address the challenge of securing health resources in rural communities. Currently, Telehealth services may be useful in providing distance delivered behavioral health care, or engaging clients in soft skills workshops. According to interviews, there are both behavioral health services, as well as a variety of workshops currently being offered in some regions. Expansion of these services through Telehealth may extend services to those who are otherwise unable to access the help they need based on their location.

In addition to formal services, we recommend that a focus be made on building strong social networks within the different communities. The formation of community building groups may be a stepping stone in this process. Activities may include subsistence harvests or traditional crafts; however, the aim would be to connect families facing similar hardships, as well as integrating others in the community who have transitioned off of TANF in the past. The social support of those who have transitioned off may provide an incentive for current clients to be active in moving off the TANF rolls. The role of positive social networks was specifically mentioned by case managers as being an important part of personal development and even substance abuse treatment.

Clients in the Families First Work Services may move in to the Work First Services track once they and their case worker feel they are ready, and develop an FSSP to move in to employment. If the individual prefers a less direct transition, they should be referred to a mentor in the job profession of their choosing. Ideally, this mentor would also be someone who has moved off of TANF and will provide a type of guidance that will see firsthand how the participant goes about day to day life and may be able to also pick up latent challenges that are not immediately recognizable by the case managers.

Clients directed toward the Families First Work Services track, as well as the Work First track will undergo a second **Universal Screening** to

assess whether or not the services provided are being perceived by the client as effective and collect more detailed data on other challenges to self-sufficiency. The "Alaska Screening Tool" developed by 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 ability of the parent to go to work. This is the same recommendation made for State TANF clients.

Many of these recommendations will vary depending on local capabilities, especially in more isolated communities. It is crucial that services maintain open lines of communication and cooperation in order to better assist those in need.

Future Evaluation

We recognize that implementation of these recommendations is dependent upon the resources available to each organization. We recommend that future evaluations be conducted with every organization in order to assess the fidelity of implementation and the impact these changes have on Alaska's families.

VI. Appendices

Temporary Assistance Program Case Managers
CONSENT FORM

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 TANF clients. We are interested in understanding the characteristics of long-term recipients of TANF 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 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 Interim Vice Provost for Research Christine Brems at 907.786.4833 or via email at afcb@uaa.alaska.edu.

VERBAL AGREEMENT:

Your verbal agreement means that you have read the information above or have had the information read to you. You agree to join this research study. If you have questions, please feel free to ask them now or at any time during the research study.

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

APPENDIX 2: CASE MANAGER/ELIGIBILITY SPECIALIST INTERVIEW GUIDE

Evaluating the challenges to self-sufficiency
faced by Tribal TANF clients in Alaska

Interview Questions

1. In what capacity do you work with Tribal TANF clients?
    a. How is client participation and progress in the Tribal TANF program evaluated?
2. How would you describe the employment history of a long-term Tribal TANF client?
3. In your opinion, what are the greatest barriers to self-sufficiency faced by long-term Tribal TANF 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 Tribal TANF clients face?
    a. To what extent do health issues prevent long-term Tribal TANF 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 Tribal TANF 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.

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

You can either complete the survey on your own or I can ask you the questions on the survey. If you need to talk to someone after taking the survey please see your TANF case manager. After you answer the questions I will give you a $25 Fred Meyer gift card.

Please do not put your name on the survey. Your survey answers will be put together with many 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 next year.

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 (1-907-786-6581) 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

Tribal TANF Health and Employment Survey

PLEASE USE A BLACK OR BLUE PEN TO FILL OUT THIS FORM

Please answer each question by filling the circles. Fill in circles in like this: ● NOT like this: ⊗ ✓

		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. Pregnancy ○ c. Depression ○ d. Short-term illness ○ e. Disability ○ _____

f. Cancer ○ g. Diabetes ○ h. Heart disease ○ i. Drug or alcohol abuse ○ j. Other ○ _____

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. Pregnancy ○ c. Depression ○ d. Short-term illness ○ e. Disability ○ _____

f. Cancer ○ g. Diabetes ○ h. Heart disease ○ i. Drug or alcohol abuse ○ j. Other ○ _____

Please turn over➔

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 to improve Public Assistance