

ONLINE WORK READINESS ASSESSMENT

BARRIERS TO WORK AND POST-ASSESSMENT EXPERIENCES

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EXECUTIVE SUMMARY

After the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 replaced the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance to Needy Families (TANF) block grant—commonly dubbed “welfare reform”—many states adopted a “work first” approach that sought to move the most work-ready people into work immediately. Popular theory was that those who remained on TANF afterward needed additional services to remove barriers to work before becoming work-ready. Researchers in Maryland found that the caseload after PRWORA comprised a mix of families experiencing an array of challenges—a particular shift for welfare programs that were designed primarily to transition single-mother households off welfare rolls and into work (Ovwigo, 2001).

Individualized client assessment has been a feature of Maryland’s TANF program since day one of welfare reform. In the years following PRWORA, however, it became evident that a more sophisticated approach was needed. In 1997, researchers at the University of Maryland School of Social Work’s Family Welfare Research and Training Group (FWG) and Maryland’s Family Investment Administration (FIA) jointly applied for and were awarded a competitive grant from the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) to conduct a multi-year, comprehensive study on local practices (including assessment practices) and individual client outcomes. The resulting body of work revealed a growing need for consistency in identifying clients’ barriers to work as an essential first step to helping welfare recipients become self-sufficient (see, for example, Charlesworth, Born, and West, 1999; Charlesworth, Hyde, Ovwigo, and Born, 2002).

In 2001, FIA and FWG again teamed up to apply for another competitive federal grant, this time from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at HHS to study employment barriers among

active TANF recipients, using a survey-based assessment tool developed by Mathematica in conjunction with five grantee states including Maryland, called the TANF Caseload Survey. The results of the subsequent research studies showed empirically that formal standardized assessments more accurately and consistently identify barriers to work than informal methods (see, for example, Hetling, Saunders, and Born, 2004; Hetling and Born, 2005; Ovwigo, Saunders, and Born, 2005).

Maryland’s multiple years of reputable work on client assessment then gained national attention. In 2006, HHS funded a project to develop a computer-based TANF client assessment prototype. In the months following the research using the TANF Caseload Survey, FWG researchers had been working hard to modify and add additional assessment scales. The end product was one of the most comprehensive assessment tools to date (Ovwigo, Born, Ferraro, and Palazzo, 2004). ICF, International used this Maryland-developed assessment form as the backbone for its HHS-funded computerized tool, called the Online Work Readiness Assessment (OWRA). Along with eight other states, Maryland was chosen to pilot OWRA in the summer of 2009.

The Assessment Tool and Pilot

OWRA contains four modules. The first two modules include intake and barrier assessment, and are the focus of a summer 2009 pilot project. The third module creates a detailed action plan based on the assessment information, and the fourth module provides management reports.

In Maryland, the pilot was conducted in three jurisdictions (Baltimore City, Carroll County, and Frederick County) between April and June 2009. Caseworkers administered the tool to clients applying for TANF. The final sample included 117 respondents. The two assessment modules collected client information in the following subject areas:

- Demographics
- Employment (e.g. skills, history, legal barriers, career interests, languages)

- Education (e.g. highest grade level, learning disabilities, other diplomas)
- Housing and transportation
- Physical health
- Mental health
- Substance abuse
- Domestic violence and safety
- Child care and child well-being

Of the nine pilot sites chosen to test the OWRA tool, Maryland is the only one (to our knowledge) that has conducted an analysis of the data generated during the pilot. Last summer, we published the first report in this series, which evaluated the completeness of the assessment data. In this, the second report in this series, we linked assessment data with existing administrative data to provide a comprehensive picture of OWRA respondents, including relationships between reported barriers to employment and outcomes of particular interest (e.g. recidivism, employment, earnings).

Findings, Conclusions, and Implications

First, the OWRA instrument serves its main goal—identifying barriers to work—extremely well. Its use helped caseworkers identify the presence of a wide variety of problems and potential work impediments among clients. Most notably, the tool was able to tease out the presence of certain problems (e.g. domestic violence, substance abuse, mental health) which, in the main, have not been well-identified through less formal and/or less structured assessment protocols. It is not surprising that, compared to more informal or less rigorous assessment tools, OWRA was able to more adequately identify the presence of less obvious, but key barriers such as mental health, substance abuse, and domestic violence. This is because, for these troublesome issues and others, OWRA uses valid, reliable, widely-accepted instruments/items. This is one of OWRA’s greatest strengths: it yields valid, reliable, empirical data upon which client sorting and case management decisions can be made. These “sorting” decisions are made, explicitly or implicitly, in every case. It seems self-evident that better decisions could be made with reliable, empirical data than without it and pilot project results

confirm that this is true. Our findings show that barriers do matter—the more barriers present in a case, the less likely the client is to work—and that, all else equal, certain barriers—learning disabilities, health problems and substance abuse—seem to matter more than others in terms of clients’ participation in the labor force.

Second, the fact that OWRA identified barriers in almost all cases and two or more impediments in roughly 90% of them does not mean that all or even most clients are unable to work, if not now, then in the near future. Some identified barriers, such as pregnancy and having a very young child, for example, are time-limited and employment is a common post-barrier outcome. Other, often human capital or logistical, barriers such as transportation, housing, child care, lack of work experience, English fluency, do not always preclude working either and/or may be successfully resolved by the agency or a community partner. In other words, the fact that OWRA identified most clients as having two or more barriers does not indicate that work is impossible, but instead reminds us that the lives of low-income families are complex and often fraught with multiple difficulties simultaneously. It reminds us, too, that even in the most robust economic times, the ‘welfare to work’ path may not be as simple or as straightforward as the ‘welfare to work’ catchphrase implies.

Several program and practice implications also come to mind. First, it seems to us that, at least initially, any effort to adopt OWRA as part of regular, front-line case management would probably be most beneficial if it focused on new applicants. One key reason to recommend this is that agencies and clients stand to benefit if work impediments are properly and promptly identified and addressed. Another is that front-line staff is few compared to increasing numbers of cases; work-related barrier removal and other service resources are also scarce. Thus, an efficient, reliable assessment tool is imperative to insure that the right resources are directed at the right clients at the right time, increasing the odds that desired outcomes can be achieved and that service resources are put

to their maximal use. In localities where client assessments may be done by welfare-to-work vendors, accountability could be enhanced if use of a state-approved assessment instrument such as OWRA were mandatory. Finally, it may not be possible, given resource constraints, to use OWRA with every client, at every encounter. Using it at the point of application thus seems to make practical and programmatic sense. However, based on many of our research studies since 1996 wherein we have looked at clients' returns to welfare after an exit (i.e. recidivism), we also encourage OWRA use with all recidivating clients.

The nature and frequency of client barriers commonly identified in the pilot project also offer food for thought. The most commonly identified issues were: mental health; child care; domestic violence; transportation; health and child behavior problem or disability. Since the 1996 reforms and their almost exclusive welfare-to-work thrust, however, most emphasis nationwide has been on services to help address clients' human capital barriers (e.g. lack of work experience, limited education and skills). As a result, the focus is most often on education and skill enhancement—GED programs and job task skills training, for example—with less attention paid to the problems clients face at home. Pilot project results hint that there may be some degree of mismatch between TANF's emphasis on human capital barriers and the types of personal and familial barriers present in many clients' lives.

This is not to suggest that agencies abandon efforts to help clients increase their human capital, but to note that some clients may not succeed in their welfare-to-work activities or quests because of the perhaps unrecognized presence of health, mental health, domestic violence or other personal and family problems.

Last but not least—especially in this age of scarcity—some readers may be concerned that, having identified certain barriers, services may not be readily available to address them. This could be true for some services and/or in some places. However, identifying service gaps is itself an important task and could suggest the need for new or reoriented partnerships with public and private community partners, work program vendors, or other components within the local Department of Social Services. Moreover, having reliable state- and jurisdiction-level empirical data about client and program service and resource needs can be of great help to policymakers when difficult decisions about resource allocation need to be made. In particular, as the TANF fund balance is exhausted, the block grant remains static, contingency funds have vanished, caseloads rise, and the potential for deficits increases, this type of data could be especially useful to decision-makers in the resetting of priorities for the “non-mandated” uses of increasingly scarce TANF funds that seems almost certain to take place in the not too distant future.

INTRODUCTION

In the years following the introduction of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, the “work-first” paradigm prioritized immediately moving the most employment-ready people from welfare to the workforce. This approach, coupled with a robust economy, resulted in dramatic welfare caseload declines. After this multi-year exodus, the caseload was composed of more diverse household types that often faced more or more intractable stressors than their counterparts in earlier years. Additional rules imposed by the Deficit Reduction Act of 2005 increased pressure on states to move those people into jobs and off welfare as well. The conversation about how best to serve the remaining TANF population identified comprehensive assessment as one avenue to better identify clients’ barriers to work, which, ideally, could then be removed and clients moved into the workforce. The Online Work Readiness Assessment (OWRA), the subject of this report, is one product that resulted from this need for a standardized assessment protocol.

OWRA is a set of web-based modules designed to measure barriers to employment among welfare applicants. Caseworkers can then develop individualized self-sufficiency plans that will assist welfare clients in their successful transition off public assistance. The U.S. Department of Health and Human Services’ Administration for Children and Families Office of Family Assistance sponsored a pilot project to allow states, counties, and tribal jurisdictions to test the first two modules—which include intake and assessment of employment barriers—and offer suggestions for improvement. Nine sites (including Maryland) that represent the diversity among TANF programs were chosen to pilot the tool.¹

Three of Maryland’s local jurisdictions—Baltimore City (Orangeville District), Carroll County, and Frederick County—were chosen to participate. ICF International and Maryland’s Family Investment Administration trained local department staff to use the tool on March 19 and 20, 2009. The first assessments began on April 29, and the final assessment was completed on June 30.

Analyzing the assessment data (and particularly linkages with existing administrative data sources) could provide program managers with valuable information about their TANF caseloads. Maryland, however, is the only pilot site to analyze the data generated during the pilot, as far as we know.

The goal of this report is to answer the following research questions:

1. What is the demographic makeup of the individuals assessed during the OWRA pilot? How does this profile compare to the population of active TCA recipients?
2. What general barriers to work do respondents face? What specific barriers do they face? Are there certain barriers that tend to co-occur?
3. What are the post-assessment experiences of respondents, i.e. do they go on to employment, TCA, or other support programs?
4. How are these post-assessment experiences shaped by the presence of particular barriers or combinations of barriers?

¹ The nine sites include jurisdictions in the following states: California, Hawaii, Illinois, Iowa, Maryland, North Dakota, New Jersey, South Carolina, and Washington.

BACKGROUND

In this chapter, we describe the broader policy changes that led to the development of OWRA. First, we describe how the TANF program began and how it changed over time. Next, we explain the evolution of and current patchwork of assessment tools used in the TANF program. Then, we detail how OWRA was developed and what the assessment is designed to measure. Finally, we give information about how and where the tool was piloted in Maryland.

Changes to the TANF program

Established in the Social Security Act of 1935, the Aid to Families with Dependent Children (AFDC) program was designed to provide cash assistance to needy children. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) replaced the AFDC entitlement program with the Temporary Assistance to Needy Families (TANF) block grant. PRWORA created a new set of Federal rules and requirements for clients and state welfare programs, some of which were unprecedented. Most notable among them were a 60-month lifetime limit on receipt of cash assistance (though states were allowed to exempt up to 20% of their caseloads) and work participation rate requirements. Clients who were non-compliant with the work rules would continue to be sanctioned, though some cases (for example, those with only a recipient child and no adult) were exempt from work participation. At state option, PRWORA allowed the entire family to be removed from aid whereas under AFDC only the non-compliant adult portion of the grant was eliminated.

In the years following PRWORA, these sweeping policy changes combined with a strong economy translated into large drops in TANF caseloads nationwide. The Deficit Reduction Act of 2005 (DRA) attempted to engender additional caseload declines by introducing even more stringent rules. These were:

- Caseload reduction credit: DRA defined the new caseload reduction credit as one percentage point for each corresponding decline in caseload size since 2005, rather than 1995, meaning that states had to meet work participation rates much closer to 50% than in the post-PRWORA years.
- Work participation rate calculations: Before DRA, families receiving assistance through programs funded solely through state funds (i.e. separate state programs) were not counted in the participation rate; DRA required them to be included in the calculation beginning in October 2006, if the expenditures were to count toward the state's required maintenance of effort (MOE) funds.
- Reporting and documentation: Fewer activities could be counted as work activities and DRA required HHS to create and enforce stricter, more consistent rules for states to document work hours and participation.

In retrospect, the timing of the DRA changes could not have been worse. The years since the implementation of DRA have been characterized by difficult economic conditions, and caseloads have been on the rise in response to the economic recession that officially began in late 2007.

Recognizing the Need for a Comprehensive Nationwide Assessment Tool

After PRWORA, many states adopted work-first approaches to move the most work-ready TANF clients directly into work activities. Unfortunately, many of those for whom a work-first approach does not result in stable employment—a phenomenon that this economic recession has likely exacerbated—remain on the caseload. Often, they face one or more barriers to work and need additional assistance making a successful transition into the workforce. Considering the stricter work participation rules imposed by DRA, states are under increased pressure to refine and expand their approaches to find ways to get those clients into the workforce.

Research consistently shows that the post-reform population of TANF recipients faces an array of challenges. One study found that, compared to women nationally, women on TANF were more likely to have a substance abuse problem, a child with a health problem, and generalized anxiety disorder. They were also more than twice as likely to not have a high school diploma, twice as likely to have had a major depressive episode, four and a half times as likely to be a survivor of severe domestic violence, and six times as likely to have a transportation problem that prohibits work (Danziger and Seefeldt, 2002). Other studies estimate that as many as nine in ten welfare recipients face at least one moderate barrier to work, with a significant minority of these facing multiple barriers to work (Rehnquist 2002).

Although commonly referred to as the “hard-to-serve” or “hard-to-employ,” research in Maryland has shown that these clients need different and varied services than earlier welfare recipients. Compared to recipients in pre-PRWORA years, recipients after reform appear to be more likely to have (or have children with) physical disabilities and mental health problems, and to have experienced domestic violence or substance abuse. On the other hand, recipients after PRWORA were also, on average, older, with older children, and had shorter average histories of welfare receipt (Ovwigo, 2001). As time goes on, however, the caseload is again changing: the average age of payees is declining, the percentage who never married is increasing, the average age of the youngest child is declining, and welfare histories are shorter still than those in the immediate post-PRWORA years. Additionally, caseheads are much more likely to accumulate months toward their lifetime limit by cycling between welfare and work where earlier recipients had long, continuous spells of receipt (Ovwigo, 2001; Born, Hetling-Wernyj, Lacey, and Tracey, 2003; Hetling, Saunders, and Born, 2005; Saunders, Ovwigo, and Born, 2006; Ovwigo, Patterson, and Born, 2007; Williamson, Saunders, and Born, 2010).

As these studies indicate, the needs of the welfare caseload are varied and constantly in flux. Strategies to better serve clients and move them from welfare to work often hinge on first identifying these unique and evolving situations and challenges to finding employment. Some recipients receive benefits for short periods of time because of a temporary barrier to work, such as pregnancy or a child care problem, as shown in one study (Hetling, Tracy, and Born, 2005; Born and Hyde, 2000). Other recipients have more severe barriers to work, such as a mental health problem or having a child with special needs, that precludes them from participating in the workforce for a much longer time (Hetling, et al., 2005; Born and Hyde, 2000). Once the issues that keep recipients from finding stable work are identified, TANF agencies can develop programs and services to help clients remove those barriers and transition into the workforce.

Unfortunately, assessment is hardly a standardized process: PRWORA allowed states and local departments the flexibility to design a locally-relevant assessment method, which has largely resulted in a patchwork of assessment tools and policies. According to one survey of state TANF assessment methods, only 13 states report screening all TANF clients for six barriers to work, and seven states reported only screening those recipients they suspected of having a particular barrier (Rehnquist, 2002).

Additionally, states and localities do not often use the same—or even similar, necessarily—methods to screen clients. When asked what types of tools and instruments are used to assess clients, states identified state-developed instruments 29 percent of the time, no formal assessment tool 22 percent of the time, and tools developed by service contractors 15 percent of the time; nationally-standardized tools were identified only eight percent of the time (APSHA 2000). In Maryland specifically, researchers found that no local departments employed standardized tests to determine the presence of barriers to work in the late 1990s—instead, caseworkers’ observations sufficed in many cases (Orlin, Matto, Altstein, Born, and Caudill, 1997). Un-

fortunately, relying on self-disclosure as the only method of detection is flawed—clients may be unaware of barriers to work, or unwilling to disclose sensitive information for fear their benefits will be reduced or their families impacted negatively (Thompson and Mikelson, 2001).

Even among standardized scales, there are few evaluations of these tools' effectiveness at identifying barriers to work, especially within the context of welfare-to-work programs (Thompson and Mikelson, 2001). There is little debate that welfare clients face significant problems that might prohibit work, from substance abuse or domestic violence to learning disabilities or mental health problems; unfortunately, studies often use different definitions for these phenomena, and so find different rates of prevalence for individual and co-occurring barriers to work (Thompson and Mikelson, 2001).

Development of the Assessment Tool

In the years following PRWORA, researchers here at the University of Maryland School of Social Work's Family Welfare Research and Training Group (FWG) and staff at the Department of Human Resources' (DHR) Family Investment Administration (FIA) teamed up to apply for a competitive grant to conduct a multi-year, comprehensive study on local practices (including assessment practices) and individual client outcomes, funded by the United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE). In 1997, we were awarded that grant. The resulting body of work confirmed what we knew: there was a growing need for consistency in identifying clients' barriers to work as an essential first step to helping welfare recipients become self-sufficient (see, for example, Charlesworth, Born, and West, 1999; Charlesworth, Hyde, Ovwigho, and Born, 2002).

In 2001, FIA and FWG again teamed up and won one of five competitively-awarded grants from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the United States Department of Health and Human Ser-

vices (HHS). The purpose of the five projects was to study employment barriers among active TANF recipients, using a survey-based assessment tool, the TANF Caseload Survey, developed by Mathematica, with input from the grantee states. This survey measured the range of topics essential for assessing TANF clients' barriers to employment, its questions were based on scales proven valid and reliable for use with the TANF population, and it required only 30 minutes to complete. The results of the subsequent research studies showed empirically that formal standardized assessments more accurately and consistently identify barriers to work than informal methods (see, for example, Hetling, Saunders, and Born, 2004; Hetling and Born, 2005; Ovwigho, Saunders, and Born, 2005).

Maryland's multiple years of reputable work on client assessment then gained national attention. In 2006, the United States Department of Health and Human Services (HHS) funded a project to develop a computer-based TANF client assessment prototype. In the months following the research using the TANF Caseload Survey, FWG researchers, in conjunction with local DSS managers, revised the additional assessment tool based on these three sources of information:

1. Research literature on assessment: A review of the literature on assessment practices and protocols found that the approaches were vast and diverse; however, few of these tools were developed for use with TANF clients specifically. Even fewer instruments were found to address the possibility of *multiple* barriers TANF clients may face.
2. Assessment materials currently in use in Maryland's local departments of social services (LDSSes): FIA requested that all 24 jurisdictions submit copies of their assessment tools. These instruments varied in format, scope, and length. Many included items measuring health, education, employment, substance abuse, child care, and transportation; few included items measuring family health issues, limited English proficiency, or mental health.

3. Assessment materials currently in use in other states and existing interview instruments used to assess TANF clients' barriers to work. We found similar variability among assessment tools in other states, from general topic guides to more comprehensive materials like those in New Jersey that include prompts on how to interpret answers and make referrals based on information collected.

The end product was one of the most comprehensive assessment tools to date (Ovwigbo, Born, Ferraro, and Palazzo, 2004). ICF, International used this Mathematica-developed, Maryland-refined assessment form as the backbone for its HHS-funded computerized tool, the Online Work Readiness Assessment (OWRA). Along with eight other states, Maryland was chosen to pilot OWRA in the summer of 2009.

The Online Work Readiness Assessment

The final version of the assessment includes many of the scales used in the TANF Caseload Survey—some in their original forms, some slightly modified. The topics covered and the scales used are detailed below.

- **Employment:** This section contains items from the TANF Leavers Survey, Nebraska Client Barriers Survey, the Women's Employment Study, and The CalWORKS Prevalence Project.
- **Education:** The learning disabilities subsection is based on the 13-item Washington State Learning Needs Screening Tool, a scale tested with TANF populations and designed to determine whether an individual requires further assessment.
- **Housing and transportation:** Three questions were modified from the Nebraska Client Barriers Survey and the Alameda County CalWORKS Needs Assessment Survey.
- **General health:** Questions in the health section were largely taken from the SF-12 Health Survey, the Nebraska Client Barriers Survey, and the Alameda County CalWORKS Needs Assessment Survey.
- **Mental health:** Robert Kessler's K6 Psychological Distress scale is a short, non-specific series of valid and reliable questions measuring general psychological distress that encompass symptoms associated with many different mental health issues; caseworkers then refer clients for further assessment if necessary.
- **Substance abuse:** A modified version of the World Health Organization's Composite International Diagnostic Interview-Short Form (CIDI-SF). Because every LDSS in Maryland employs a substance abuse specialist and screens applicants for alcohol and drug dependence, OWRA needed only a baseline assessment. The scale was modified to ask about drug and alcohol issues simultaneously, and more specific questions were eliminated.
- **Domestic violence:** Although earlier iterations used a modified version of the Conflict Tactics Scale (CTS), the assessment developers moved away from the CTS for the final versions of this subsection, instead seeking a screening tool that defined abuse more broadly and did not ask respondents to identify with a stigmatized status (e.g. "victim"). Research shows that this will increase disclosure rates (Lindhorst, Meyers, and Casey, 2008). To determine if a case is suitable for mediation, rather than court, the Maryland Judiciary screens clients for domestic violence using a 15-item tool; the final version of the domestic violence section was a modified version of this tool.²
- **Child care and child well-being:** The questions on child care were derived from those in the Women's Employment Study and the Nebraska Client Barriers Survey. Questions on child well-being (health, emotional, and educational circumstances) were derived from the Nebraska

² The screening tool can be found at:
<http://www.courts.state.md.us/family/forms/cm17.pdf>

Client Barriers Survey, though some were newly created for the TANF Caseload Survey in Maryland.

The final computer-based assessment comprises four modules. Modules One and Two collect information about the client's demographics, employment, education, and barriers to work, as outlined above. It then organizes the information gathered in Modules One and Two into a comprehensive Family Self-Sufficiency Plan or work plan that details each client's strengths and barriers to work. Module Three builds on this Self-Sufficiency Plan to list action steps to link clients' unique needs with local resources and labor markets. It serves as a map for caseworkers and clients to meet federal, state, local, and tribal employment requirements. Module Four is a program that allows TANF staff at all levels to monitor and track client data and overall program performance, and revise program activities accordingly.

The Pilot Process

In January 2009, ACF began a pilot demonstration of OWRA's first two modules. The goal of the process was to have pilot sites identify opportunities to improve the modules and report the assessment tool's effectiveness and utility in local TANF offices prior to nationwide implementation.

Nine pilot sites were chosen to participate in the piloting of these first two modules. A map of these sites appears in Figure 1. Sites were chosen to represent the geographic and system diversity among State and Tribal TANF programs. In Maryland, three Local Departments of Social Services (LDSS) were chosen to participate in the pilot: Baltimore City³, Carroll County, and Frederick County. The location of these sites is shown in Figure 2. In March 2009, ICF International and FIA held a kickoff meeting to help introduce local staff to the assessment, and ICF provided training for its use in the field. Following this kickoff meet-

³ Although only one district office in Baltimore City participated in the pilot—Orangeville—we expect that it reflects the broader demographics and indicators in the City as a whole.

ing, implementation of Modules One and Two took place over the 4-week period from the end of May until the end of June.

Pilot Sites

All three in-state OWRA pilot sites are in central Maryland, but are otherwise diverse. Frederick and Carroll Counties each account for less than 5% of the state's population (4.01% and 3.01%, respectively) while Baltimore City composes 11.3% of the state's population. Compared to the state average, Baltimore City has a larger proportion of women, particularly among residents over the age of 18, while Frederick and Carroll County have slightly lower proportions of women. In terms of race, Baltimore City has a majority African-American population (63.6%), while both Frederick and Carroll Counties have less than 10% African-American makeup⁴. In June of 2009, both Frederick and Carroll Counties had unemployment rates between 5 and 6%; Baltimore City's unemployment rate was over 10% in the same period.⁵

Additionally, according to our recent report, *Life on Welfare: Characteristics of Maryland's TCA Caseload since DRA* (Williamson, Saunders, and Born, 2010), the profile of TCA recipients in the jurisdictions that piloted the OWRA tool differ somewhat from the statewide profile of TCA recipients. In Carroll and Frederick Counties, slightly more recipients are men than the statewide average, and significantly fewer recipients are African-American or never-married than in Baltimore City and the state overall. Baltimore City payees are slightly younger, on average, than statewide, and Carroll County payees slightly older. Carroll and Frederick County payees also have shorter welfare histories, longer work histories, and higher earnings than Bal-

⁴ Data obtained from U.S. Census Bureau website <http://factfinder2.census.gov> using the Census 2000 Data Table DP-1: General Demographic Characteristics, 2008 Population Estimates.

⁵ Data obtained from the U.S. Bureau of Labor Statistics Local Area Unemployment Statistics at <http://data.bls.gov/map/MapToolServlet>. Unemployment rates by county are not seasonally adjusted.

timore City payees and the statewide average.

The University of Maryland School of Social Work has had a longstanding research partnership with the Maryland Department of Human Resources. It seemed a natural extension of this partnership to evaluate the pilot data from the OWRA demonstration by linking pilot data with the data available from administrative sources. The first report in this series evaluated the completeness and quality of the OWRA pilot data, and is available on our website at:

<http://familywelfare.umaryland.edu/reports/ow1.pdf>. This, the second report in the series, investigates the welfare and employment histories and outcomes of those who participated in the OWRA pilot.

Figure 1. OWRA Pilot States

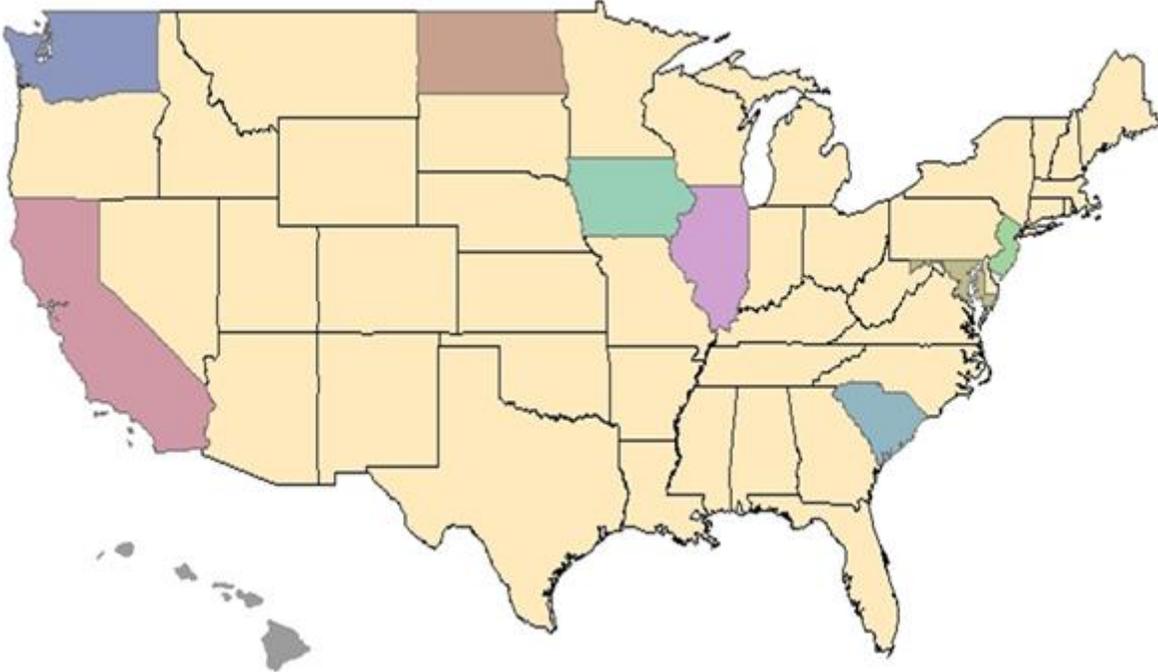
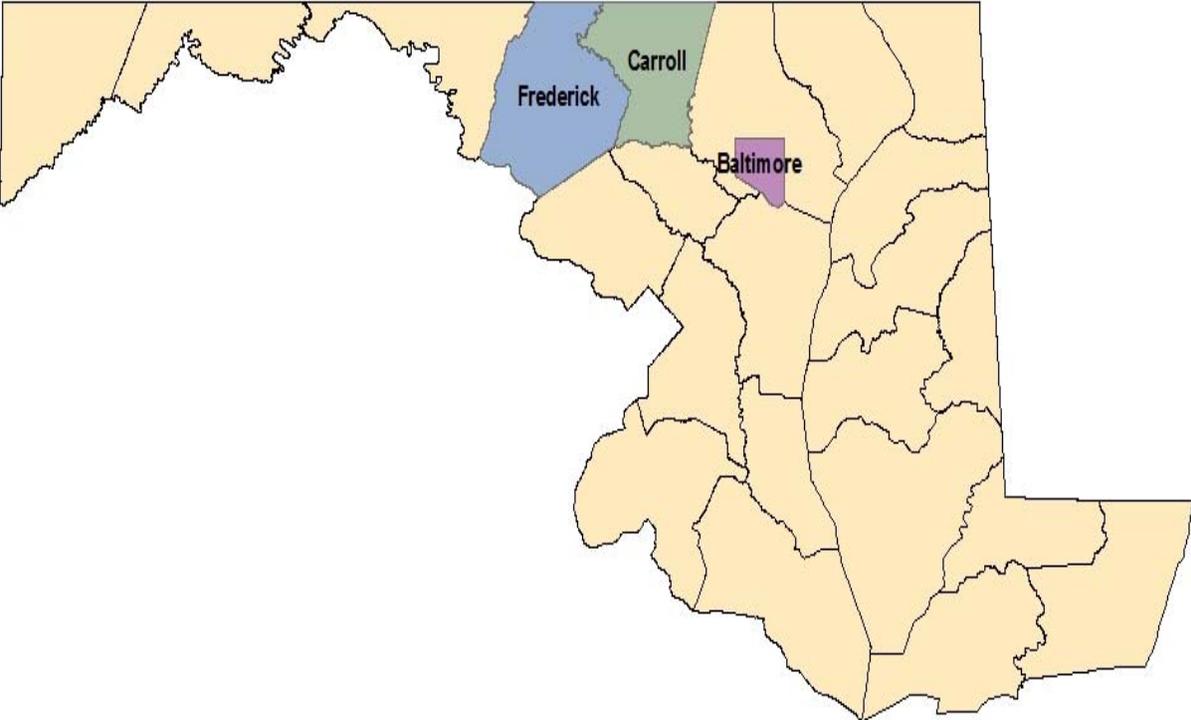


Figure 2. Maryland's OWRA Pilot Counties



METHODS

This chapter provides a description of the data sources, survey and comparison sample selection, and statistical analyses used for this report.

Survey Sample

Caseworkers in three Maryland jurisdictions—Baltimore City, Carroll County, and Frederick County—administered the Online Work Readiness Assessment to 117 new and returning TCA applicants between May and June 2009.

Comparison Sample

Where appropriate, we compared OWRA respondents to the universe of active TCA caseheads and cases in October 2009 (N=25,368). For a full description of these caseheads and cases, see *Life on Welfare: Characteristics of Maryland's TCA Caseload since DRA*, available on our website at: <http://www.familywelfare.umaryland.edu/reports/ACDRA.pdf>. In some limited instances, we also compared the population of OWRA respondents to the universe of TCA applicants in October 2009 (N=6,611).

Data Sources

Study findings are based on analyses of survey data from the OWRA pilot project and administrative data retrieved from computerized management information systems maintained by the State of Maryland. Specifically, demographic and program participation data were extracted from the Client Automated Resources and Eligibility System (CARES). Employment and earnings data were obtained from the Maryland Automated Benefits System (MABS).

Survey Data from Pilot Interviews

We received the OWRA pilot data from the vendor (ICF, International) following the completion of the final assessment on June 30. Data were downloaded from a compact disc in comma delineated form and imported into Microsoft Excel.

The disc contained 17 raw data files, four of which were used to create the final data file for descriptive analyses. Two files contained the TANF clients' responses to the interview questions, one contained the text of each interview question and its corresponding number in the response data files, and the last file contained each client's OWRA identification number and his or her Client Automated Resource and Eligibility System (CARES) individual record number (IRN).

The raw files originally listed 164 records, but not all of these were assessments completed by TANF clients; for example, data included records for the assessments filled out by case managers during their training sessions. Using the CARES IRNs provided in the raw data, we identified which records were associated with valid TANF client applications; this resulted in a final population of 117 assessments for analysis.

Once the dataset was cleaned, each vertical record was restructured into a horizontal record using SQL. We used SPSS 15.0 to recode string variables into numeric variables when necessary and then completed the descriptive analyses presented in this report.

Some subsections required the creation of new variables. For example, the mental health section contains a series of questions with answer choices on a Likert scale, and to determine whether the respondent has a mental health barrier to work, these must be tallied to determine a total mental health score. Each state that participated in the pilot developed its own tailored standards for what series of answers or total numerical values were sufficient to indicate a barrier to work for each potential barrier. These definitions were detailed in the Maryland OWRA Tailoring Worksheet, and this is how we calculated the existence or non-existence of each barrier.

CARES

CARES became the statewide automated data system for certain DHR programs in March 1998. CARES provides individual and case level program participation data for cash assistance (TCA), Food Stamps, and Medical

Assistance. Demographic data are provided, as well as information about the type of program, application and disposition (denial or closure) date for each service episode, and codes indicating the relationship of each individual to the head of the assistance unit. CARES also contains the caseworker notes for each customer, called case narratives. In previous studies, we have found case narratives to be a rich source of information about family circumstances and challenges (Ovwigbo, Kolupanowich, and Born, 2009).

MABS

Our data on quarterly employment and earnings come from the Maryland Automated Benefits System (MABS). MABS includes data from all employers covered by the state's Unemployment Insurance (UI) law (approximately 93% of Maryland jobs). Independent contractors, sales people on commission only, some farm workers, federal government employees (civilian and military), some student interns, most religious organization employees, and self-employed persons who do not employ any paid individuals are not covered. "Off the books" or "under the table" employment is not included, nor are jobs located in other states.

In Maryland, which shares borders with Delaware, Pennsylvania, Virginia, West Virginia and the District of Columbia, out-of-state employment is common. According to the 2000 census, in some Maryland counties, more than one of every three employed residents worked outside the state. Overall, the rate of out-of-state employment by Maryland residents (17.4%) is roughly five times greater than the national average (3.6%)⁶. Out-of-state employment is particularly common among residents of two very populous jurisdictions (Montgomery, 31.3% and Prince George's Counties, 43.8%), which have the 5th and 2nd largest welfare caseloads in the state. One consideration, however, is that we

⁶Data obtained from U.S. Census Bureau website <http://www.factfinder.census.gov> using the Census 2000 Summary File 3 Sample Data Table QT-P25: Class of Worker by Sex, Place of Work and Veteran Status, 2000.

cannot be sure the extent to which these high rates of out-of-state employment also describe welfare recipients or leavers accurately.

Because UI earnings data are reported on an aggregated, quarterly basis, we do not know, for any given quarter, how much of that time period the individual was employed (i.e. how many months, weeks, or hours). Thus, it is not possible to compute or infer hourly wages or weekly or monthly salary from these data. It is also important to remember that the earnings figures reported do not necessarily equal total household income; we have no information on earnings of other household members, if any, or data about any other income available to the family.

WORKS

The WORKS system was developed by DHR to document information related to the participation of Temporary Cash Assistance (TCA) and other DHR customers in work and work-related activities. Specifically, since December 2006, the WORKS system has been used to collect and report data related to federal work participation reporting requirements, provide DHR with information that can be used to monitor the results of local work programs, and provide LDSS staff with information that can be used to manage and improve program operations.

Data Analysis

The descriptive findings sections of this report employ univariate statistics to describe the characteristics of respondents to the Online Work Readiness Assessment and their subsequent TCA or Food Supplement cases, including demographics, welfare and employment histories, and historical use of other public benefits programs. When appropriate, we compare subgroups of respondents or all respondents to the universe of active TCA recipients using Chi-square and ANOVA tests. The outcomes findings sections of this report also employ Chi-square and ANOVA methods to determine whether OWRA respondents' outcomes change over time in meaningful ways.

FINDINGS: CASEHEAD AND CASE CHARACTERISTICS

In this first findings chapter, we examine the baseline profile of the population of OWRA respondents. First, we present their demographic characteristics. Next, we explore how extensive their histories of TCA receipt are. Finally, we examine respondents' recent employment experiences. One important consideration regarding demographic information is that the OWRA tool was piloted in only three localities in Maryland; it is likely that, to some extent at least, respondents' demographic characteristics may reflect jurisdictional differences.⁷

What are the Demographic Characteristics of OWRA Respondents?

Table 1, following this discussion, details the demographic profile of the pool of OWRA respondents, including their gender, race, and age, compared to other applicants and the universe of active TCA recipients. The differences between OWRA respondents and their counterparts on the active caseload will, in some instances, offer context for findings in the sections to come.

First, Table 1 shows that compared to the active caseload, although there was a somewhat higher percentage of male respondents than in the active caseload—7.1 percent versus 5.6 percent—this difference was not statistically significant. A closer look reveals that men were also generally more numerous in the pool of TCA applicants than in the active caseload—7.7 percent. This is consistent with previous research that shows a higher denial rate among applicant men in Maryland (Hall, Logan, and Born, 2010).

The next section of Table 1 shows that there was a statistically significant racial difference between OWRA respondents, applicants, and active TCA recipients. While three-quarters (76.9%) of the active caseload were African-American, only half (50.9%) of OWRA respondents were African-American.

Similarly, the third section of Table 1 shows that OWRA respondents were younger, on average, than other applicants and active recipients. The average age of OWRA respondents was 28.70 years, compared to 30.34 years among applicants, and 35.78 years among members of the active caseload.

⁷ For more information about the profile of each pilot jurisdiction, see Williamson, Saunders, and Born, 2010.

Table 1. Casehead Demographic Characteristics

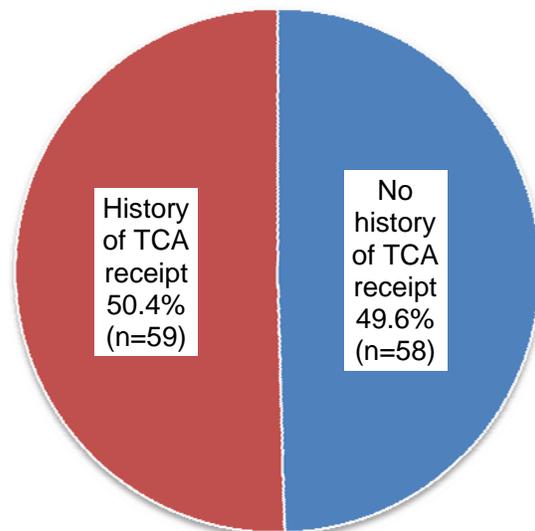
	OWRA Respondents (n=117)	TCA Applicants (n=6,611)	Active TCA Caseload (n=25,368)
Gender			
Female	92.9% (105)	92.3% (6,104)	94.4% (23,937)
Male	7.1% (8)	7.7% (507)	5.6% (1,431)
Race***			
African American	50.9% (57)	66.3% (4,258)	76.9% (19,046)
Caucasian	42.0% (47)	26.7% (1,714)	19.0% (4,712)
Other	7.1% (8)	7.1% (453)	4.1% (1,024)
Age***			
Mean	28.70	30.34	35.78
Median	27	28	32
Standard deviation	8.50	9.97	13.37
Range	18 – 55	16 – 82	16 – 91

Note: Due to missing data for some variables, counts may not sum to the total number of cases. Valid percentages are reported. *p<.05 **p<.01 ***p<.001

What are Respondents’ Histories with Temporary Cash Assistance?

Because the assessment was given to individuals who came in to apply for cash assistance, rather than those already currently on TCA, we expect that their histories with the welfare program may differ from that of the typical current TCA recipient. Indeed, Figure 1 shows that half (49.6%) of OWRA respondents had no history of receiving cash assistance in Maryland in the ten years before receiving the assessment.

Figure 3. Respondents’ TCA Histories



Note: Valid percentages are reported.

Table 2, following, explores respondents' TCA histories in more detail. It shows that OWRA respondents have significantly less experience with cash assistance than their active-recipient counterparts in every measured time period: the last ten years, the last five, and the last 12 months. For example, while the typical active recipient has received TCA benefits in nearly 23 (mean of 22.96) of the last 60 months, the typical OWRA respondent has only received benefits for just over one year in the last 5 (mean of 13.50 months of receipt). Similarly, the typical OWRA respon-

dent has received assistance in one month of the past year (mean 1.21 months) versus nearly five months of receipt (mean 4.83 months) in the past year among active recipients.

Considering that only half of OWRA respondents had a history of any receipt, Table 2 also investigates receipt specifically among those who did have a history with TCA. The same patterns emerge: OWRA respondents had fewer months of receipt in every measured time period.

Table 2. Historical TCA Receipt among OWRA Respondents and the Active Caseload

	OWRA Respondents (n=117)	Active Caseload (n=25,368)
TCA Receipt in the Last 120 Months (10 Years)		
Mean [Median]***	13.50 [0]	22.96 [12]
Mean [Median] if receipt > 0***	28.17 [19]	40.88 [30]
Range	0 – 91	0 – 120
TCA Receipt in the Last 60 Months (5 Years)		
Mean [Median]***	7.11 [0]	13.29 [7]
Mean [Median] if receipt > 0**	17.53 [14]	25.71 [20]
Range	0 – 53	0 – 60
TCA Receipt in the Last 12 Months		
Mean [Median]***	1.21 [0]	4.83 [3]
Mean [Median] if receipt > 0**	4.77 [4]	8.64 [11]
Range	0 – 11	0 – 12

Note: *p<.05 **p<.01 ***p<.001

What are Respondents' Work Histories?

Another important thing to consider is whether and how much OWRA respondents' histories with the formal labor market differ from those of the active caseload. Table 3, below, investigates the long- and short-term work histories of both groups, as well as work experiences in the study quarter and the quarter before. In the two years (eight quarters) before our study date, OWRA respondents worked more quarters (5.0 of 8 quarters), on average, than caseheads in the active caseload (4.3 of 8), but their average total earnings (\$16,740) were about the same as recipients' (\$16,488) during the same time period. Further analysis

revealed that OWRA respondents worked at significantly more jobs than the caseheads in the active caseload in the two years before our study date, indicating that their relatively low total earnings may be a result of high job turnover and thus less consistent receipt of wages. In the one year (four quarters) before our study date, the same pattern appears: OWRA respondents again worked more jobs and in more quarters, on average, than their active caseload counterparts, but again their earnings were no greater. Indeed, for this measuring period, OWRA respondents total average earnings (\$8,912) were less than those of active caseheads (\$9,874) who worked at some point during the year.

As shown in Table 3, in both the quarter before and the quarter of the study date, OWRA respondents were more likely than their active caseload counterparts to be earning Maryland UI-covered wages. In the quarter preceding the assessment, roughly two-fifths (37.9%) of OWRA respondents had UI-covered employment, compared to roughly one-fifth (22.5%) of active clients. The comparable figures for

the assessment quarter are 31.9% and 23.6%. In the critical quarter, notably, caseheads in the active caseload earned significantly more than their OWRA counterparts, on average (\$4,087 versus \$1,889, respectively).

Table 3. Recent Work History of OWRA Respondents and the Active Caseload

	OWRA Respondents (n=117)	Active Caseload (N=25,368)
Eight Quarters Before Critical Date		
Percent (count) who worked***	74.1% (86)	57.3% (14,548)
Mean [Median] number of quarters worked**	5.02 [5]	4.32 [4]
Mean [Median] total earnings	\$16,740 [\$9,711]	\$16,488 [\$6,651]
Mean [Median] quarterly earnings	\$2,688 [\$2,146]	\$2,837 [\$1,804]
Four Quarters Before Critical Date		
Percent (count) who worked***	65.5% (76)	40.5% (10,275)
Mean [Median] number of quarters worked	2.59 [3]	2.56 [3]
Mean [Median] total earnings	\$8,912 [\$5,854]	\$9,874 [\$4,148]
Mean [Median] quarterly earnings	\$2,718 [\$2,331]	\$3,005 [\$1,786]
Quarter Before Critical Date		
Percent (count) who worked***	37.9% (44)	22.5% (5,711)
Mean [Median] total earnings	\$3,239 [\$2,988]	\$3,599 [\$2,110]
Critical Quarter		
Percent (count) who worked*	31.9% (37)	23.6% (5,993)
Mean [Median] total earnings**	\$1,889 [\$1,087]	\$4,087 [\$2,761]

Note: Wages are standardized to 2009 dollars. Valid percentages are reported. *p<.05 **p<.01 ***p<.001

FINDINGS: BARRIERS TO WORK

Now that we understand more about the profile of OWRA-assessed applicants, the tables and figures in this chapter examine the number and types of barriers that respondents faced. In addition, for those respondents who face multiple barriers, we explore which barriers tended to co-occur.

One important thing to remember in this discussion is that, many on the active caseload likely face more—and more significant—barriers to work than the OWRA population, who were TCA applicants and about half of whom had never been on cash assistance (Loprest and Zedlewski, 2006). Indeed, as mentioned earlier in this report, there is a sizable body of empirical literature, including studies done in Maryland, that describes the important differences between new recipients and those with more extensive histories of cash assistance (see, for example, Ovwigho, 2001; Born, Hetling-Wernyj, Lacey, and Tracey, 2003; Hetling, Saunders, and Born, 2005; Saunders, Ovwigho, and Born, 2006; Ovwigho, Patterson, and Born, 2007; Williamson, Saunders, and Born, 2010).

Our findings, then, almost certainly underestimate the actual prevalence of certain barriers to work among the population of active TCA recipients. Additionally, because OWRA respondents were new and returning applicants—many of whom are younger and have very limited histories of receipt of cash assistance—it is also possible that the barriers they face are slightly different from those faced by caseheads in the active caseload.

What Barriers to Work did OWRA Respondents Face?

Human Capital Barriers

Table 4 presents the number of respondents assessed as having each type of human capital barrier. As indicated, 33 individuals, or not quite three in 10 (28.2%), had *at least* one human capital barrier. Lack of work experience and learning disabilities were most prevalent, with 10.3 percent and 11.1 percent of respondents facing these barriers, respectively. The prevalence of learning disabilities among the OWRA population is similar to previous studies measuring this barrier among TANF recipients, while the percentage of respondents with no work experience is somewhat lower than in previous studies of recipients (Hauan and Douglas, 2004). Two competing phenomena may be contributing to this difference: new-applicant OWRA respondents who were significantly younger than the average TCA recipient may have limited experience in the labor market, while returning-applicant OWRA respondents may be more likely than the average TCA recipient to have a recent history of work but have fallen on difficult times. Both of these barriers—learning disabilities and lack of work experience—were associated with significantly lower rates of employment in previous studies, with low work experience having a particularly depressive effect on employment (Hauan and Douglas, 2004).

Thus, it is sobering to see, from the right-most column in Table 4, that among clients with at least one human capital barrier—almost 30 percent of the total sample—learning disabilities and lack of work experience were dominant. Roughly two of five (39.9%) were adjudged to have a learning disability and more than one in three (36.4%) had little, if any, work experience.

Table 4. Human Capital Barriers to Work

	OWRA Respondents (n=117)	Percent of Those with at Least One Barrier (n=33)
Respondents with at least one human capital barrier	28.2% (33)	
Learning disability	11.1% (13)	39.9%
Lack of work experience	10.3% (12)	36.4%
Did not complete high school or GED program	7.7% (9)	27.2%
Lack of English fluency	4.3% (5)	15.2%

Note: The number of barriers does not add up to the sample size because some respondents faced multiple barriers to work within the larger family of barriers. Valid percentages are reported.

Personal and Family Barriers

Table 5 presents the number of OWRA respondents whose answers indicated a personal or family barrier to work. More than nine in ten respondents (109 individuals, or 93.2% percent of those assessed) faced at least one barrier of this type.

Our findings corroborate the extensive research suggesting that poverty is closely related to mental health difficulties and mental illness, particularly among young minority women (Grant, Kravitz-Wirth, Aguilar-Gaxiola, Sribney, Aydin, and Brown, 2010; Danziger and Seefeldt, 2002; Derr, Hill, and Pavetti, 2000; Miranda and Green, 1999). Nearly three-quarters of those assessed (71.8%) met the criteria for a mental health-related barrier to work; among those determined to have at least one personal or family barrier (n=109/117), more than three-fourths (77.1%) had some type of mental health barrier.⁸ Re-

⁸The Surgeon General describes mental health and illness on a continuum, where most people fall somewhere in the gray zone between the two, and identifies no “bright line” separating the two (U.S. Department of Health and Human Services, 1999). For the purposes of assessing Maryland’s OWRA respondents, the tool employed a validated scale (described above) and a few additional questions. If a respondent scored high on that scale, or had ever been diagnosed or treated for a mental health concern, she was identified as having a mental health barrier. See the first report in this series, *Online Work Readiness Assessment: Pilot Data Evaluation*, available on our website, for more detailed information on the questions asked in each portion of the assessment.

search shows that mental illnesses can have significant negative effect on employment rates and wages (Danziger and Seefeldt, 2002; Derr et. al, 2000). For example, employers may be reluctant to hire someone with a mental illness, certain conditions may make it difficult to maintain uninterrupted attendance at work or school, or mental illness may co-occur with other barriers, such as substance abuse, that make work difficult to manage and maintain (Derr et. al, 2000; Ries 1995). Considering these findings, it would behoove Maryland’s policy makers to continue to find ways to identify and address the unique needs of the state’s TCA recipients with mental health barriers. In particular, the Surgeon General has recommended that states facilitate entry into mental health treatment that is affordable, state-of-the-art, and tailored to race, gender, age, and culture (U.S. Department of Health and Human Services, 1999). In an era of fiscal difficulties for all levels of government, of course, this recommendation is easy to reiterate, but very unlikely to be achieved.

Data in Table 5 also show that about one-third (34.2%) of all respondents had a general health problem that affected their ability to work. Having a health problem, particularly one that persists over time, can have a significant negative effect on an individual’s likelihood of finding and keeping work, according to research (Danziger and Seefeldt, 2002; Loprest and Zedlewski, 2006; Huan and Douglas, 2004).

Domestic violence is also prevalent among OWRA respondents: almost half (46.2%) of respondents either currently or have recently faced domestic violence. Unfortunately, our Maryland results are consistent with those reported elsewhere. In their review of the research on the prevalence of domestic violence, Lindhorst, Meyers, and Casey (2008) find that anywhere from one-quarter (25.0%) to as many as two-thirds (69.2%) of TANF recipients face violence or the threat of violence from an intimate partner. Moreover, research suggests that domestic violence can have a significant negative effect on employment and earnings (Hetling-Wernyj and Born, 2003; Lindhorst, Oxford, and Gillmore, 2007). That said, previous research in Maryland has found that very few active TCA recipients disclose a domestic violence problem to their caseworker, but clients are more likely to disclose sensitive information—mental health, alcohol dependence, domestic violence—in a survey context (Hetling et.al, 2004; Ovwigho, et. al, 2005).

Additionally, Table 5 shows that a significant percentage of respondents are pregnant, have young children, or both (51.3%, or 60 individuals, have a child under six, a child under one, or are currently pregnant). Pregnancy can be a considerable barrier to work—researchers have found that pregnancy reduces the likelihood of employment by about half (Hauan and Douglas, 2004). Having a young child, too, has been found to inhibit work, even when researchers control for other barriers (Loprest and Zedlewski, 2006). Compared to some of the other more intractable barriers discussed in this report, however, child-care responsibilities are usually not a permanent impediment to work.

On a related note, nearly two in five (38.5%) respondents have children of any age with a disability or behavioral problem, and more than half (51.3%) of respondents report having difficulty with their child care arrangements. While having a child with a disability or a behavioral problem seems to have a negligible effect on employment (Hauan and Douglas, 2004; Loprest and Zedlewski, 2006), the same cannot be said for the effect of having a problem with child care. Although welfare recipients and leavers are eligible for subsidies from the federal Child Care Development Block Grant (CCDBG), the take-up rate in this population is low. For example, one study found that less than one-quarter of welfare leavers in Maryland from April 2005 to March 2006 received child care subsidies during their welfare-to-work transition (Ovwigho, Saunders, Head, Kolupanowich, and Born, 2006).

Considering that the most commonly cited child care problem among OWRA respondents was that it costs too much money, increasing knowledge of and access to child care subsidies could be one avenue to explore in an effort to meet federal employment mandates. Not surprisingly, research has found that expanded child care assistance tended to reduce reports of child care problems that interfered with employment (Gennetian, Crosby, Huston, and Lowe, 2004). Research also shows a plethora of additional positive outcomes among those who receive child care subsidies. These include increased employment among single mothers, decreased likelihood of a family being very poor, decreased out-of-pocket child care costs, increased access to and stability of child care, and increased maternal satisfaction with care (Brooks, 2002; Danziger, Ananat, and Brown-ing, 2004).

Table 5. Personal and Family Barriers to Work

	OWRA Respondents (n=117)	Percent of Those with at Least One Barrier (n=109)
Respondents facing at least one personal barrier	93.2% (109)	
Mental health issue	71.8% (84)	77.0%
General health issue	34.2% (40)	36.7%
Caring for an ill family member	2.6% (3)	2.8%
Domestic violence	46.2% (54)	49.5%
Substance abuse	11.1% (13)	11.9%
Single parent with a child under six years	25.6% (30)	27.5%
Single parent with a child under one year	14.5% (17)	15.6%
Pregnancy	16.2% (19)	17.4%
Child has behavioral issue or disability	38.5% (45)	41.3%
Child care issue	51.3% (60)	55.0%

Note: The number of barriers is greater than the sample size because some respondents faced multiple barriers to work. Valid percentages are reported.

Logistical and Situational Barriers

Three logistical and situational barriers were also addressed on the assessment: unstable housing, unstable transportation, and legal issues. Two of every three clients (66.7%) had at least one of these problems, as shown in Table 6, following. Nearly half (46.2%) of all assessed clients faced unstable transportation, not quite one in three (30.8%) had legal issues, and about one in five (21.4%) had a housing situation that was not stable.

That a plurality of respondents had unstable transportation (e.g. no access to a reliable method of transportation or without a backup method of transportation) may be worth serious thought. Research has shown that, all other factors being equal, someone without a car who lives outside the Metropolitan Statistical Area (MSA) has an employment rate significantly lower than those without this barrier—up to 28.4 percentage points lower (Loprest and Zedlewski, 2006).

There is evidence that female correctional and welfare caseloads increasingly overlap (Butcher and LaLonde, 2006). Previous research has shown that a sizeable minority (13.1%) of Maryland’s welfare recipients report a criminal background. Our results corroborate this finding. Just shy of one-third (36 individuals, or 30.8%) of OWRA respondents have some relationship with the criminal justice system; of these, 25 individuals (21.4% of OWRA respondents) had either a misdemeanor or felony conviction. This can reduce employment by as much as 20-30% and earnings by anywhere from 5-32% (Western, Kling, and Weiman, 2001). Factors that may influence the employment and earnings of offenders might be either on the supply-side—e. g. offenders are more likely to also suffer from additional barriers such as limited education or work experience, learning disabilities, mental health problems, domestic violence, and substance abuse, or on the demand-side—e.g. employers may be reluctant to hire them or engage in discriminatory hiring practices (Holzer, Raphael, and Stoll, 2003; Head, Born, and Ovwigho, 2009).

Table 6. Logistical and Situational Barriers to Work

	OWRA Respondents (n=117)	Percent of Those with at Least One Barrier (n=78)
Respondents with at least one logistical barrier	66.7% (78)	
Unstable transportation	46.2% (54)	69.2%
Legal issue (court dates, criminal history)	30.8% (36)	46.1%
Unstable housing	21.4% (25)	32.1%

Note: The number of barriers is greater than the sample size because some respondents faced multiple barriers to work. Valid percentages are reported.

How Many Barriers to Work did Respondents Face?

Research confirms what common sense should suggest. The likelihood of working decreases as the number of barriers to work increases. For example, Loprest and Zedlewski (2006) found that among active TANF recipients in 2002 with no barriers to work, more than half (55%) were working. Among those with one barrier, that number falls to less than one in three (28.6%), for those with two barriers, 25.9% work, and among those recipients with three barriers, only one in ten (10.1%) were working.

Table 7, examines all barriers together and shows that, overall, having many barriers to work is not uncommon. The most frequent number of barriers to work is four (17.9%), as is the median number of barriers. This means that half of all respondents had more than four barriers, and half had fewer. Notably, just about one in every two (49.6%) clients was assessed as having five or more impediments to work. In our final findings section, we investigate whether (and how much) having multiple barriers to work depresses employment outcomes among OWRA respondents, as suggested by Loprest and Zedlewski (2006).

Table 7. Total Number of Barriers

	OWRA Respondents (n=117)
Total Barriers	
0	2.6% (3)
1	6.8% (8)
2	10.3% (12)
3	12.8% (15)
4	17.9% (21)
5	16.2% (19)
6	15.4% (18)
7	12.0% (14)
8	5.1% (6)
9	0.9% (1)
Mean [Median]	4.44 [4]
Standard Deviation	2.07

Note: Valid percentages are reported.

Table 8 examines the prevalence of multiple barriers within each of the larger barrier categories. The first section of Table 8 shows that most respondents (71.8%) do not face a human capital barrier to work; of those who do, only a small number (five of 33) face more than one of this type of barrier. In stark contrast, the middle section of Table 8 shows that all but eight respondents face at least one personal or family barrier to work, and many face more than one. Almost one in five (17.1%) have two, another one in five (20.5%) have three, and another three in ten (29.1%) have three personal or family barriers to work. The last section of the table shows that two in five respondents (39.3%) have only one logistical barrier to work. An additional one in five (23.1%) have two, and a handful (4.3%) have three logistical barriers.

Clearly, the constellation of personal and family impediments represents the most problematic area for the clients who were assessed during the OWRA pilot project. Few clients (6.8%) were unaffected, and, typically, more than one such problem emerged during the assessment (83.8%). Arguably, these may also be the types of problems or barriers to work that are the most difficult or resource-intensive for local DSS staff to ameliorate. This may be particularly true where certain problems exist concurrently. We examine the topic of co-occurring barriers next.

Table 8. Frequency of Multiple Barriers

	OWRA Respondents (n=117)	
Human Capital Barriers		
0	71.8%	(84)
1	23.9%	(28)
2	3.4%	(4)
3	0.9%	(1)
Mean [Median]	0.33	[0]
Personal and Family Barriers		
0	6.8%	(8)
1	9.4%	(11)
2	17.1%	(20)
3	20.5%	(24)
4	29.1%	(34)
5	12.8%	(15)
6	3.4%	(4)
7	0.9%	(1)
Mean [Median]	3.12	[3]
Logistical Barriers		
0	33.3%	(39)
1	39.3%	(46)
2	23.1%	(27)
3	4.3%	(5)
Mean [Median]	0.98	[1]

Note: Valid percentages are reported.

Co-occurring Barriers to Work

Considering that so many respondents had multiple barriers to work, the next question becomes, are there discernible patterns of barriers that tend to co-occur? Fortunately, existing research points to a few possibilities.

For instance, research indicates that human capital barriers, health barriers, mental health barriers, and substance abuse do not often occur independently, and show that some common combinations of barriers are: mental health and physical health, mental health and substance abuse, domestic violence and substance abuse, domestic violence and criminal history, and human capital and mental health (Hetling-Wernyj and Born, 2003; Danziger, et. al, 2000; Derr et. al, 2000; Ries 1995). Similarly, having a history of domestic violence, particularly when accompanied by other stressors or when the violence is chronic, may predict certain mental health problems and other barriers to work. In her meta-analysis, Golding (1999) finds that an average of 47.6% of battered women show depressive symptoms, 17.9% are suicidal, 63.8% experience post-traumatic stress disorder (PTSD), 18.5% abuse alcohol, and 8.9% abuse drugs.

Table 9, on the next page, presents the frequencies of particular combinations of barriers to work among the OWRA population. Those combinations in yellow, orange, and red are more common than those in green.

Table 10, immediately following Table 9, lists the top 15 most common combinations of barriers as shown in Table 9. Table 10 shows that many of the same barriers popped up again and again in these common combinations (e.g. mental health, unstable transportation, child care problem). In fact, *all* of the top five combinations included a mental health barrier to work, reinforcing the point that it is a widespread, albeit often unrecognized, problem in this population.

One important consideration is that our data show that all of our respondents with a mental health barrier suffered from another barrier as well. Previous research has identified the difficulty of determining whether other barriers to work lead to mental health problems, or mental health is a barrier independent of additional barriers. Unfortunately, it is also outside the scope of this report to investigate whether and how certain barriers exert influence on the existence of other barriers.

What is unquestionably clear from these pilot data, however, is that mental health troubles may be far more prevalent among active TCA caseheads than has been commonly thought to be the case. Moreover, although we make no claims as to causality, these data also make it clear that, when mental health is a problem, there will almost certainly be at least one other work impediment present as well.

Table 9. Prevalence of Co-Occurring Barriers to Work among the OWRA Population

	A (n=12)	B (n=9)	C (n=13)	D (n=5)	E (n=17)	F (n=30)	G (n=40)	H (n=19)	I (n=84)	J (n=13)	K (n=54)	L (n=45)	M (n=3)	N (n=60)	O (n=25)	P (n=54)
A Lack of work experience																
B Less than a high school education	0.9%															
C Learning disability	1.7%	2.6%														
D Lack of English fluency	0.0%	0.0%	0.9%													
E Single parent with a child under 1	1.7%	1.7%	1.7%	0.0%												
F Single parent with a child under 6	2.6%	2.6%	1.7%	2.6%	0.0%											
G General health	4.3%	4.3%	8.5%	0.9%	5.1%	6.8%										
H Pregnancy	4.3%	0.0%	0.9%	0.9%	0.9%	4.3%	6.0%									
I Mental health	6.0%	6.8%	9.4%	2.6%	12.8%	19.7%	27.4%	13.7%								
J Substance abuse	1.7%	0.9%	2.6%	0.0%	0.9%	1.7%	5.1%	4.3%	9.4%							
K Domestic violence	1.7%	3.4%	6.8%	1.7%	6.0%	13.7%	17.9%	8.5%	39.3%	8.5%						
L Child behavior or disability	3.4%	2.6%	6.0%	1.7%	6.0%	7.7%	16.2%	3.4%	31.6%	1.7%	19.7%					
M Caring for an ill family member	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	1.7%	0.9%	1.7%	0.9%				
N Child care problem	2.6%	2.6%	6.0%	4.3%	10.3%	14.5%	17.1%	5.1%	43.6%	4.3%	24.8%	23.9%	1.7%			
O Unstable housing	2.6%	2.6%	1.7%	1.7%	2.6%	5.1%	7.7%	4.3%	18.8%	1.7%	12.8%	8.5%	0.9%	10.3%		
P Unstable transportation	5.1%	4.3%	8.5%	3.4%	8.5%	12.8%	21.4%	8.5%	34.2%	6.0%	22.2%	20.5%	0.9%	25.6%	13.7%	
Q Criminal history	2.6%	2.6%	5.1%	0.0%	3.4%	5.1%	11.1%	4.3%	23.9%	4.3%	15.4%	13.7%	0.9%	16.2%	8.5%	13.7%

Note: Valid percentages are reported.

Table 10. Top 15 Co-Occurring Barriers among the OWRA Population

Barrier Combination			Prevalence
Mental Health	and	Child Care Problem	43.6%
Mental Health	and	Domestic Violence	39.3%
Mental Health	and	Unstable Transportation	34.2%
Mental Health	and	Child Behavior or Disability	31.6%
Mental Health	and	General Health	27.4%
Child Care Problem	and	Unstable Transportation	25.6%
Child Care Problem	and	Domestic Violence	24.8%
Mental Health	and	Criminal History	23.9%
Child Care Problem	and	Child Behavior or Disability	23.9%
Unstable Transportation	and	Domestic Violence	22.2%
Unstable Transportation	and	General Health	21.4%
Unstable Transportation	and	Child Behavior or Disability	20.5%
Domestic Violence	and	Child Behavior or Disability	19.7%
Mental Health	and	Single Parent with a Child Under 6	19.7%
Mental Health	and	Unstable Housing	18.8%

Note: Valid percentages are reported. Percentage totals do not sum to 100% because respondents may experience multiple combinations of barriers to work.

More than just highlighting common barriers and prevalent combinations of barriers, these findings, taken together, also underscore just how complicated these people’s lives are. Not only are almost all respondents suffering from one barrier or two, many have myriad barriers to work—three, four, five, or more. Additionally, our results show that the most common of these barriers are personal and family issues: they are having difficulty securing and sustaining care for their children or transportation to work, trouble maintaining good physical and mental health, and struggling with violence and drugs in their homes and neighborhoods.

To illustrate, one respondent, Katy⁹, is a teen mom whose daughter is less than one year old. She’s pregnant with a second child, and to save money on rent, she’s moved in with her mother and younger siblings. Unfortunately, they live outside the city and Katy had to leave her job because she could not get to work. Instead of work, Katy takes classes. To avoid having to find and pay for child care, she enrolled in an online university. During the follow-up period, her mother’s unemployment benefits expired. Together, her mother’s child support income and Katy’s TCA grant

will not amount to enough to pay the family’s monthly mortgage costs. Her mental health scores indicated that she is having trouble effectively coping with the all the stress.

Rebecca, 45-year-old mother of one minor child, never graduated high school and still suffers from a learning disability. Additionally, she has trouble finding and maintaining employment because of a substance abuse problem. Although she makes an honest effort to stop using, and has attended several different treatment programs, the problem has persisted and now affects her mental health. Her son, Devon, suffers from asthma attacks that also inhibit her ability to continue work or treatment.

Another client, Niecy, recently lost her job at a mechanic shop. She left the father of her two kids—and the one on the way—because of the extreme mental abuse he inflicted on her. He will not even allow her to speak to the children on the phone. In the last few months, she has stayed with various friends and relatives, but had no steady home or employment. For the moment, Niecy lives with her mother because her pregnancy has been troublesome, but her mother says she can only stay until the baby is born. Combined, all these stressors have had a serious negative

⁹ Respondents’ names have been changed to protect their anonymity.

effect on her mental health, according to her OWRA scores.

These examples illustrate the point that overall, personal and family issues are extremely common, and people's lives are very complicated. Not surprisingly, given the strong work emphasis of TANF and DRA, however, many of the programs to remove barriers to work among this population often focus more on education—GED programs, job task skills training—and less on helping participants cope with and address the problems they face at home. Recent research, however, shows that education is not the silver bullet that welfare programs might expect it to be—unemployment is high among people with all levels of education, and the demand for

workers with more skills and education is growing at a historically slow pace (Mishell, 2011). In addition, there is at least nascent concern that the heavily “work-first” tilt and performance requirements of TANF and DRA are simply unrealistic in the wake of the Great Recession (Williamson, 2011). National, state, and local fiscal pressures and ongoing Congressional budget wrangling, along with rising caseloads and assistance payments make service program expansion unlikely. This convergence of events, however, might represent an opportunity to revisit some of the more stringent work aspects and requirements and to redirect some program resources toward services that focus on mental health and other barriers to work that are common in TCA families.

FINDINGS: POST-ASSESSMENT EXPERIENCES

In this final findings chapter, we are interested in exploring what kinds of experiences the OWRA respondents had in the months following their assessment. How many are continuing on to receive cash assistance or other public benefits? How many go on to work? What kinds of work activities are they participating in? Do those with certain barriers (or combinations of barriers) differ from other respondents? The following sections answer these questions.

Did OWRA Respondents Receive Cash Assistance or Food Supplement Benefits?

The first question is: to what extent OWRA respondents—who were TCA applicants—received benefits in the year after their assessments were administered. As shown below in Table 11, just shy of half (44.4%) received cash assistance at least once in the three months after assessment. The percentage of TCA participants declined over time such that one year after assessment just over one in three (35.0%) OWRA respondents were receiving cash assistance. Also shown

in Table 11, the average respondent received about four months of assistance (mean=4.16) during the first post-assessment year.

In contrast, Food Supplement (FS) participation was nearly universal (94.9%) during the first three follow-up months. Moreover, while FS participation, like TCA participation, did decline over time, the decrease was very slight. During the last three months of the follow-up year, to illustrate, more than eight in ten (85.5%) received FS benefits at least once, compared to about one in three (35.0%) who received at least one TCA payment in the same period. On average, OWRA clients received FS benefits in 9.87 of the first 12 post-assessment months. These findings are consistent with other research that indicates that most welfare leavers—especially those in recent years—tend to receive Food Supplement as a transitional benefit in the months—and often, years—following exit (Born, Saunders, Williamson, and Kolupanowich, 2010). These findings are also consistent with the fact that FS income and other eligibility criteria are not nearly as stringent as those of the cash assistance program.

Table 11. TCA and FS Participation Rates during the Follow-Up Period

	OWRA Respondents (n=117)
Temporary Cash Assistance	
1-3 months after critical date	44.4% (52)
4-6 months after critical date	41.0% (48)
7-9 months after critical date	41.9% (49)
10-12 months after critical date	35.0% (41)
Mean [median] receipt during the whole follow-up period	4.16 [3]
Food Supplement	
1-3 months after critical date	94.9% (111)
4-6 months after critical date	94.9% (111)
7-9 months after critical date	88.0% (103)
10-12 months after critical date	85.5% (100)
Mean [median] receipt during the whole follow-up period	9.87 [12]

Note: Valid percentages are reported.

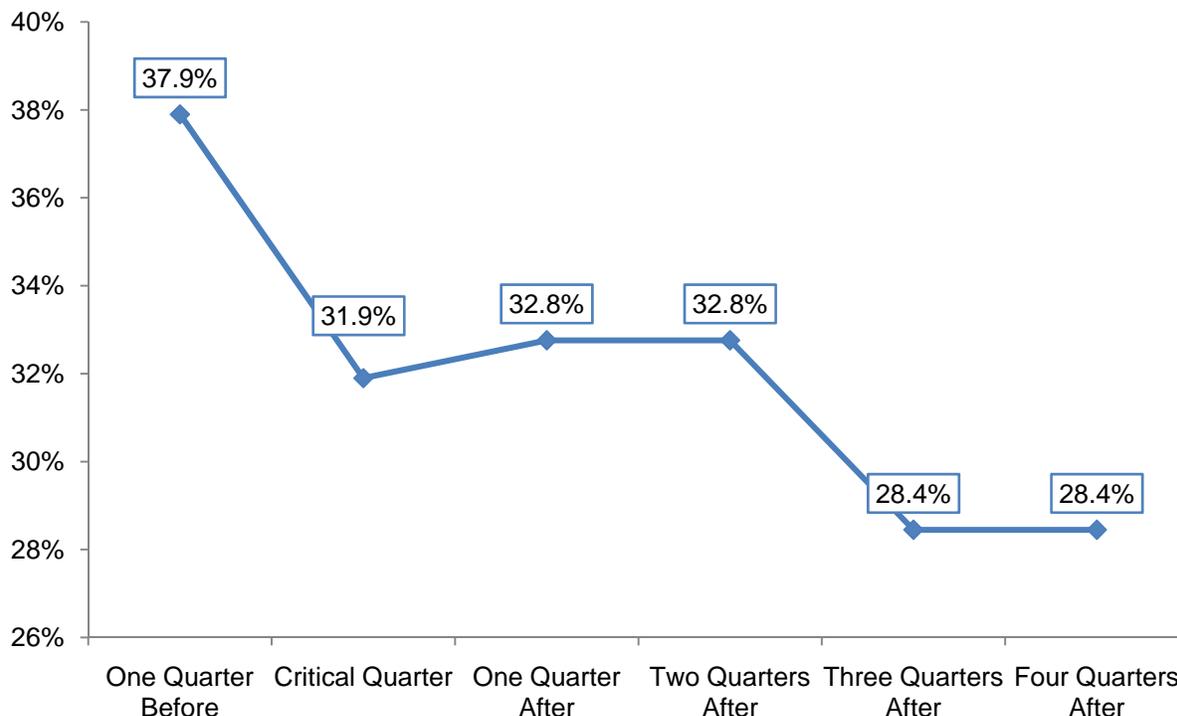
Did OWRA Respondents Work in the Year after Assessment?

One of the ultimate goals of assessment is to understand how best to move people from welfare into the formal labor market, based on a reliable picture of their individual situations and life circumstances, including easily identifiable barriers such as transportation, but also perhaps heretofore unidentified or undocumented problems such as mental health or domestic violence. Figure 4, below, investigates the extent to which OWRA respondents worked before and after the assessment.

At first glance, the main finding of Figure 4 may be of some concern: fewer clients worked in each quarter of the follow-up year than had worked in the quarter before the assessment was done. Similarly, fewer clients worked in the assessment quarter (31.9%) than in the preceding quarter (37.9%). Upon further reflection, however, it is clear that these findings reflect the horrific unemployment problem affecting all types of Ameri-

cans, including low-income adults. Among other things, these findings are consistent with previous research that shows that difficult economic conditions have depressed employment among Maryland's welfare leavers. Historically, about half of leavers find work in the months following an exit, however, only about one-third of those who left welfare between April 2009 and March 2010 found work in the three quarters after exit (Born et al., 2010). Considering the population of OWRA respondents were applicants, not leavers, it is not unreasonable that their employment rates are low. Another possible scenario is that we cannot *yet* see positive employment outcomes in this population. In the quarters immediately following assessment, it is likely respondents would take some time to remove the identified barriers to work, during which time employment would be low. Then, once those barriers are overcome, employment figures might rebound as respondents find steady work, if and when jobs become more readily available.

Figure 4. Percent of Respondents Working

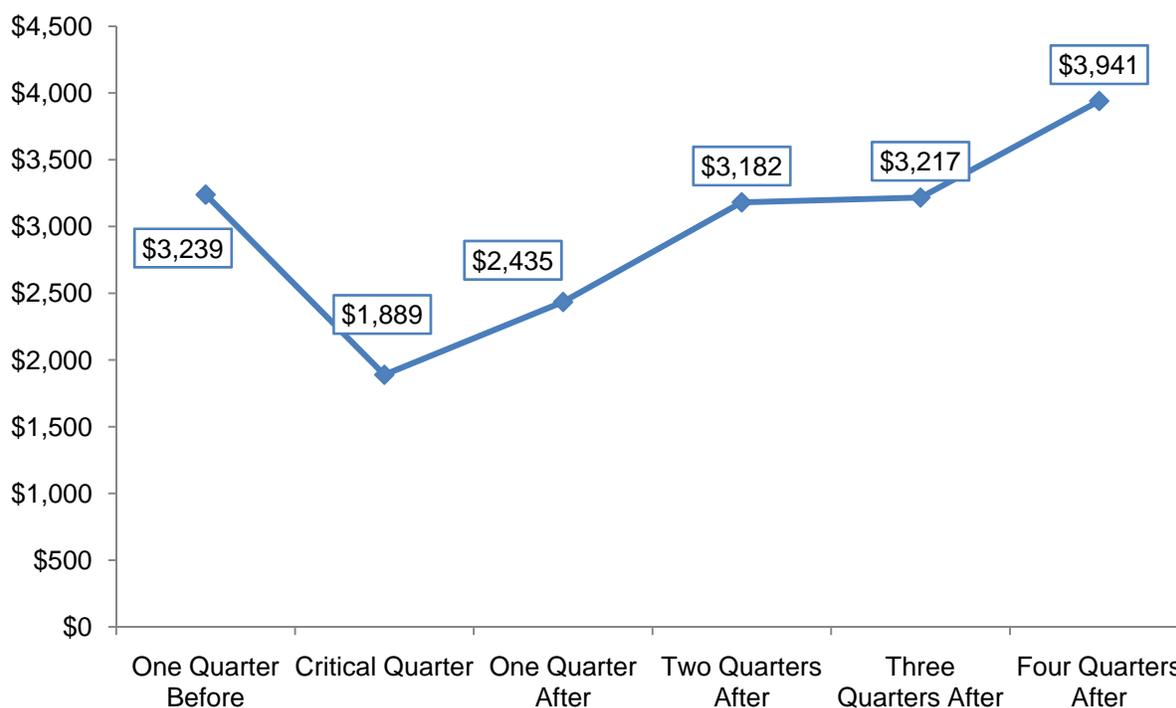


Note: Valid percentages are reported.

The earnings findings depicted in Figure 5 are more heartening. From a high of \$3,239 in the quarter before the assessment, average quarterly earnings among employed respondents were at their lowest in the critical quarter, at \$1,889, but recovered over the one-year follow-up period, to an average of \$3,941 in the fourth quarter after the critical date. This indicates that, among those people who were working, they were earning more money, on average, than they had in previous quarters. These findings are quite comparable, at the

fourth quarter, or one year, measuring point, to those reported for welfare leavers in our most recent (October, 2010) *Life after Welfare* report (Born, Saunders, Williamson, and Koplunowich, 2010). For both our assessed TCA applicants and TCA leavers who worked, average quarterly earnings trend upward over time. The more acute problem for both applicants and leavers is the unavailability of jobs.

Figure 5. Average Earnings among Working Respondents



How do Workers and Non-Workers Differ?

Baseline Demographic, Case, Participation, and Earnings Characteristics

Next, we investigated whether and how the profile of those who had any Maryland UI-covered wages during the 12-month follow-up period differed from those who did not work; findings are below in Table 12.

There are no statistically significant or practically meaningful differences in applicant demographics or case characteristics between those who worked at some point during the post-assessment period and those who did

not. The typical applicant in both groups was a never-married African-American woman with one or two children. In not quite half of cases in both groups, too, there was at least one child under the age of three years.

The two groups do, however, differ significantly on all employment variables and in their prior history with the TCA program. On the other hand, average quarterly pre-assessment earnings are higher among those who subsequently worked than among those who did not, but the differences are not statistically significant.

The differences on the employment variables are as one might expect: clients who worked at some point during the post-assessment year were significantly more likely to have worked before and during the calendar quarter in which the assessment took place. These differences are dramatic at all measuring points. For example, among those who worked after the assessment, more than eight of every 10 (85.2%) had worked at some point in the previous two years, 79.6 percent had worked in the year immediately preceding the assessment, and about three of five (61.1%) had worked in the quarter immediately before they applied for TCA and went through the OWRA process. Among those who did not work during the post-assessment year, the comparable percentages are: 64.5, 53.2, and 17.7.

Findings with regard to past involvement with the cash assistance and Food Supplement programs in Maryland are mixed and intriguing. All clients in both groups (those who worked in the year after OWRA and those

who did not) came into the ORWA pilot because they filed an application for cash assistance and went through the assessment process. Notably, the plurality of clients applying for aid in both groups had not received any TCA benefits during the year leading up to their application and assessment. Among those who worked after assessment, a bit more than half (53.7%) had no TCA use in the past year; among those who did not work in the post-OWRA year, the figure was 46.0 percent. Among those who had received TCA in at least one of the prior 12 months, however, the typical assessed client who subsequently worked had about half as much welfare use (3 months out of 12) as the typical assessed client who did not subsequently work (6 months out of 12). This difference was statistically significant. In contrast, patterns of Food Supplement use among those who used this benefit were similar in both groups. On average, clients received Food Supplement benefits in nine of the preceding 12 months. The median months of benefit receipt was 11 (of 12) in both groups.

Table 12. Demographics, Participation, and Earnings among Workers and Non-Workers

	Worked (n=54)	Did Not Work (n=63)
Applicant Characteristics		
% (count) female	94.3% (50)	91.7% (55)
% (count) African-American	53.8% (28)	48.3% (29)
% (count) never married	66.7% (36)	71.4% (45)
Mean [median] payee age at study date	27.19 [26]	30.02 [28]
Case Characteristics		
Mean [median] number of children	1.68 [1]	1.88 [2]
% (count) youngest child on the grant is under 3	46.3% (19)	48.9% (22)
Participation in the Last Year		
Percent (count) with no history of TCA receipt	53.7% (29)	46.0% (29)
Mean [median] months of TCA receipt *	3.23 [3]	5.94 [6]
Mean [median] months of FS receipt	9.18 [11]	9.26 [11]
Work and Earnings before Assessment		
Percent (count) working, last 8 quarters*	85.2% (46)	64.5% (40)
Mean [median] quarterly, last 8 quarters	\$2,958 [\$2,473]	\$2,378 [\$1,727]
Percent (count) working, last 4 quarters**	79.6% (43)	53.2% (33)
Mean [median] quarterly, last 4 quarters	\$2,978 [\$2,502]	\$2,380 [\$1,745]
Percent (count) working, quarter before critical***	61.1% (33)	17.7% (11)
Mean [median] total, quarter before critical	\$3,363 [\$3,036]	\$2,867 [\$2,661]
Percent (count) working, critical quarter***	53.7% (29)	12.9% (8)
Mean [median] total, critical quarter	\$2,139 [\$1,521]	\$1,012 [\$504]

Note: Valid earnings and percentages are reported. *p<.05 **p<.01 ***p<.001

Barriers to Work

Perhaps the key takeaway point from Table 12, above, is that work in a given time period is associated with work in the next. That is, despite having a common demographic profile in terms of sex, age, ethnicity, marital status, and number of children, Table 12 shows that those who worked before the assessment were significantly more likely to be working in the year following the assessment than were clients who had not worked in the recent past. In this section of the chapter and in Table 13, following the discussion, we explore whether the number and type of work impediments differs between the working and non-working clients and, thus, may at least partially explain their employment or non-employment.

The first and not terribly surprising finding in Table 13 is that, indeed, the average number of assessed barriers among non-working clients (5.08) is significantly greater than the

average number identified for clients who subsequently were employed (3.69). The medians also differed; about half of all non-working clients had at least five barriers whereas among employed clients, the median number of barriers was four.

There are also a number of notable differences—and a few important commonalities—between the two groups of clients with regard to the nature of the barriers identified through the assessment. First, the most commonly identified barrier in both groups was mental health, assessed to be an issue for three of every four (76.2%) non-working clients and about two of every three (66.7%) who did work. There was some, but not total, overlap between the two groups with regard to the next most commonly identified problems. Among working clients these were: child care (53.7%), domestic violence or other safety issue (40.7%), child behavior or disability

(38.9%), and unstable transportation (35.2%). For those who did not work in the year after assessment, the list included unstable transportation (55.6%), domestic violence or other safety issue (50.8%), child care problem (49.2%), and general health (44.4%).

Table 13 also shows that, with only four exceptions (lack of English fluency, child under one, child behavior or disability, and child care problem), the incidence of problems was higher among clients who did not work than among those who did. Non-workers were significantly more likely to lack work experience (17.5% vs. 1.9%), have a learning disability (20.6% vs. 0.0%), a general health problem (44.4% vs. 22.2%), and substance abuse problems (17.5% vs. 3.7%). They were also

significantly more likely to have an unstable transportation situation (55.6% vs. 35.2%).

We also looked at the most commonly occurring pairs of barriers. Table 13 shows that, for both groups of clients, this was a mental health issue in combination with a child care problem, recorded for 40.7 percent of employed clients and 46.0 percent of those who did not work. The only statistically significant difference between the two groups, however, was with regard to the incidence of the mental health-unstable transportation dyad. The assessment identified this combination of barriers for roughly one of every four (24.1%) employed clients, but for about two of every five (42.9%) clients who did not work in the year following assessment.

Table 13. Barriers to Work among Workers and Non-Workers

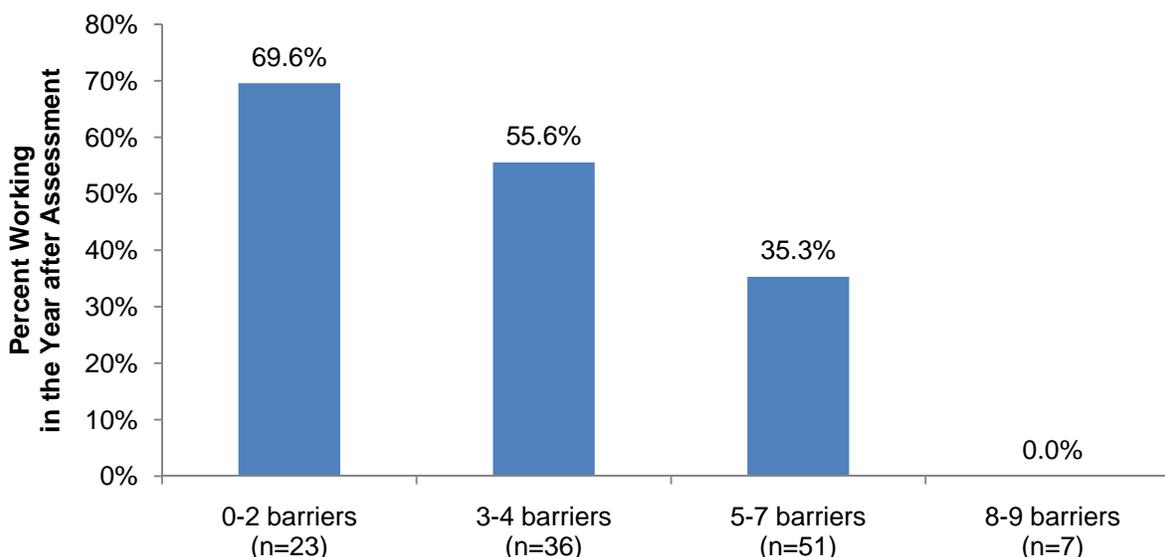
	Worked (n=54)	Did Not Work (n=63)
Total Barriers to Work		
Mean [Median]***	3.69 [4]	5.08 [5]
Human Capital Barriers		
Lack of work experience**	1.9% (1)	17.5% (11)
Less than a high school education	5.6% (3)	9.5% (6)
Learning disability***	0.0% (0)	20.6% (13)
Lack of English fluency	5.6% (3)	3.2% (2)
Personal and Family Barriers		
Single parent with a child under 1	16.7% (9)	12.7% (8)
Single parent with a child under 6	22.2% (12)	28.6% (18)
General health*	22.2% (12)	44.4% (28)
Pregnancy	9.3% (5)	22.2% (14)
Mental health	66.7% (36)	76.2% (48)
Substance abuse*	3.7% (2)	17.5% (11)
Domestic violence or other safety issue	40.7% (22)	50.8% (32)
Child behavior or disability	38.9% (21)	38.1% (24)
Caring for an ill family member	1.9% (1)	3.2% (2)
Child care problem	53.7% (29)	49.2% (31)
Logistical and Situational Barriers		
Unstable housing	16.7% (9)	25.4% (16)
Unstable transportation*	35.2% (19)	55.6% (35)
Criminal history	27.8% (15)	33.3% (21)
Top 5 Barrier Combinations		
Mental health and child care problem	40.7% (22)	46.0% (29)
Mental health and domestic violence	35.2% (19)	42.9% (27)
Mental health and unstable transportation*	24.1% (13)	42.9% (27)
Mental health and child behavior problem	29.6% (16)	33.3% (21)
Mental health and general health problem*	16.7% (9)	36.5% (23)

Note: Valid percentages are reported. *p<.05 **p<.01 ***p<.001

The obvious next question, of course, is whether or not the sheer number of barriers present in a client's life is associated with her likelihood of working. Common sense would suggest and some research studies (e.g. Loprest and Zedlewski, 2006) have shown that there is an inverse relationship between barriers to work and employment (i.e. as the number of barriers increases, the likelihood of steady employment decreases). Our findings, illustrated in Figure 6, show a similar pattern. Among clients with the fewest (0 – 2) as-

essed barriers, more than two-thirds (69.6%) worked at some point in the first post-assessment year. About half (55.5%) of clients with three or four identified barriers worked in that same time period, compared to about one in three (35.3%) clients for whom five to seven barriers to work had been identified. Finally, none of the clients assessed to have more than seven impediments to work were employed at any point in the one year follow-up period.

Figure 6. Number of Barriers and the Likelihood of Work



Note: Valid percentages are reported.

Work Activities

Our primary purpose in this study is to take a look at the empirical data gleaned from the pilot test of the first-ever Online Work Readiness Assessment (OWRA) instrument for cash assistance recipients. By linking OWRA data with other administrative databases, we have also been able to present a demographic profile of clients taking part in the project and describe their labor market participation before and after the assessment. In this last section, we use other data sources to look at work activities among pilot program participants, how these compare to work activities for the entire active cash assistance caseloads in the three pilot sites, and, informally,

the extent to which the work activities to which OWRA clients were assigned seem to align with the issues and barriers that were identified in the assessment.

For the pilot sites' combined cash assistance caseloads as a whole, Table 14 shows that, overall, the most commonly-recorded work activities were, by far: personal or family barrier (43.5%) and work subject to the Fair Labor Standards Act (FLSA) (36.9%). Together these two codes accounted for fully eight of every 10 (80.4%) active cases across the three subdivisions.

Table 14. Work Activities among Active TCA Recipients

	Active TCA Recipients, June 2009			
	Carroll	Frederick	Baltimore City	Pilot Sites' Total
Work Subject to the FLSA	23.1%	37.9%	49.9%	36.9%
Job Search	3.8%	7.5%	4.2%	5.2%
Education and Training	0.0%	6.2%	3.4%	3.2%
Personal or Family Barrier	60.9%	36.1%	33.6%	43.5%
Logistical Barrier	3.2%	4.4%	0.4%	2.7%
Sanctions Process	5.1%	1.3%	3.9%	3.5%
Pursuing Income Supports	1.9%	5.7%	3.5%	3.7%
Transferring to another DO	0.0%	0.9%	0.3%	0.4%

The pattern was different among OWRA respondents, as shown in Table 15, following. Considering all three pilot sites together, there was a tie with regard to the most commonly-assigned activity. About three of 10 clients (30.3%) were recorded as pursuing income supports and an equal percentage were recorded as having a personal or family barrier. Another one in five (22.7%) were recorded as having a logistical barrier and, together, these three codes accounted for more than four-fifths (83.3%) of all clients in the pilot program. It is not surprising that the “top three” activity codes differ so greatly between active cases, as a whole, and our pilot project partic-

ipants. That is because, in large measure, OWRA clients were assessed at the point of applying for benefits whereas the active caseload consists of a much more mixed bag of clients: new recipients, recycling recipients, and long-term beneficiaries. Thus, it is not surprising that roughly 10 times as many OWRA clients were pursuing income supports (30.3%) as were clients in the active caseload (3.7%), that twice as many (12.1% vs. 5.2%) were assigned to immediate job search, or that so few, relatively speaking, were coded as working in jobs subject to the FLSA (1.5% vs. 36.9%).

Table 15. Work Activities among OWRA Respondents

	OWRA Respondents		
	Worked Post-Assessment (n=34)	Did Not Work Post-Assessment (n=32)	Total (n=66)
Work Subject to the FLSA	2.9%	0.0%	1.5%
Job Search	20.6%	3.1%	12.1%
Education and Training	0.0%	0.0%	0.0%
Personal or Family Barrier	14.7%	46.9%	30.3%
Logistical Barrier	23.5%	21.9%	22.7%
Sanctions Process	2.9%	3.1%	3.0%
Pursuing Income Supports	35.3%	25.0%	30.3%
Transferring to another DO	0.0%	0.0%	0.0%

Finally, we looked at the top three work activities to which pilot program clients had been assigned at the one month post-assessment mark. These results are presented in Table 16, following. For clients who worked at some point during the post-assessment year, we see that the top three activity codes one month after assessment were: pursuing income supports (35.3%); logistical barrier (20.6%); and job search (20.6%). Together these three codes accounted for the large majority (79.4%) of all activity codes among OWRA participants who eventually worked. In contrast, Table 16 shows that personal and family barriers were, by far, the most common activity code for non-working clients, accounting for almost half of all such cases (46.9%). Pursuit of income supports (25.0%) and logistical barriers (21.9%) rounded out the top three codes. Together, these three activity codes accounted for almost all (93.8%) pilot program participants who did not work in the first year after assessment.

One could surmise from these findings that, in general, applicants or clients who find work within 12 months tend to present at the welfare agency with an immediate need for some type of income support perhaps caused, or at least exacerbated, by some type of logistical work impediment. Clients for whom unsubsidized employment proves not to be attainable in the short run (12 months), on the other

hand, are more likely to present at the agency with one or more personal or familial barriers. General health problems (44.4% vs. 22.2%) and substance abuse (17.5% vs. 3.7%), in particular, are significantly more likely among the non-working group than among those who do find employment within the first year.

These findings and others from this study suggest that client-level and program-level benefits could be considerable if front-line staff, across the board, were able to reliably sort all—or at least the vast majority of—TCA applicants and new clients into one or the other of these two groups (e.g. “more likely to work soon” and “less likely to work soon”). Among other things, earlier and better client sorting could, all else equal, result in more efficient targeting of scarce resources and, perhaps, better outcomes for individual clients and for the TCA program in general. What is needed to accomplish better initial sorting is an assessment instrument that is reliable, focused on prevalent and important client barriers and problems, and one that can be readily integrated into normal, front-line case management practice. The Online Work Readiness Assessment (OWRA) tool appears to generally meet all of these important criteria and, as the results of Maryland’s pilot OWRA project suggest, may hold great promise as an assessment tool that could be used across-the-board.

Table 16. Top 3 Work Activities

Non-Workers (valid n=32)		
Personal & Family Barrier	46.9%	(15)
Pursuing Income Supports	25.0%	(8)
Logistical Barrier	21.9%	(7)
Total	93.8%	(30)
Workers (valid n=34)		
Pursuing Income Supports	35.3%	(12)
Logistical Barrier	23.5%	(8)
Job Search	20.6%	(7)
Total	79.4%	(27)

CONCLUSIONS

The ultimate goal of our nation's reformed welfare program, Temporary Assistance to Needy Families (TANF), is to move clients into unsubsidized employment as quickly as possible. This goal has been made enormously more difficult as a result of the recent Great Recession and the largely jobless recovery to date. The economic situation notwithstanding, state TANF agencies are being held to stringent 'work participation' standards, and despite rising caseloads and stagnant funding at best, they must do their best to hit these mandated marks. One promising strategy in terms of getting maximum value from scarce resources (e.g. work experience placements and job slots) and improving client and program outcomes is standardized and individualized client assessment. Maryland, along with the federal government, private sector partners, and several other states, has been working to develop, test, and refine a reliable and relevant online client assessment instrument for several years.

Today's report is the second in our series of analytic papers about this client assessment initiative, and it focuses specifically on empirical results from a pilot test of the online assessment instrument, the Online Work Readiness Assessment (OWRA), in three Maryland subdivisions. In the first findings chapter, we presented the baseline characteristics of pilot program participants and their pre-assessment experiences with work and welfare. The second findings chapter described the barriers to work that were identified during the assessment, and in the final findings chapter, we looked at participants' post-assessment welfare and work experiences and how barriers might have affected those experiences. In this concluding chapter, we offer some context for the pilot project findings and some "food for thought" implications of those findings for the State of Maryland.

First, the OWRA instrument clearly serves its main goal—identifying barriers to work—extremely well. The tool helped caseworkers identify the existence of a wide variety of problems and potential work impediments among clients. Most notably, the tool was

able to tease out the presence of certain problems (e.g. domestic violence, substance abuse, mental health) which, in the main, have not been well-identified through less formal or less structured assessment processes and protocols. Research in Maryland and elsewhere, for example, has consistently found large discrepancies between epidemiological evidence and welfare agency records on the prevalence of domestic violence among TANF clients. One of our studies found, to illustrate, that about one in four Maryland TANF payees had experienced domestic violence within the past 12 months; among these same women, only 4.2 percent had an administrative domestic violence marker or case note in the TANF automated system (Hetling, Saunders, and Born, 2006).

It is not surprising that, compared to more informal assessment practices and questionnaires, the OWRA instrument was able to more adequately identify the presence of less obvious, but critically important issues such as mental health, substance abuse, and domestic violence. This is because for these troublesome issues and others, the OWRA tool uses valid, reliable, and generally-accepted instruments and questions. This is one of the greatest strengths of the OWRA tool: it yields valid and reliable empirical data from which client sorting and case management decisions can be made. The reality is that these types of decisions must be made and are made in each and every case; better decisions can be made with reliable, empirical data than without it.

It is also important to comment upon the meaning of our finding that OWRA identified barriers in all but three participating clients (whose assessments, upon further review, were not complete) and also that at least two impediments were present in roughly 90 percent of cases. First and foremost, these findings do not mean that all or even the majority of assessed clients are unable to work, if not now, then in the short-term future. For example, some identified barriers such as pregnancy and having a child less than one year of age are time-limited and unsubsidized employment is a common post-barrier outcome.

Other barriers—often of the human capital or logistical variety—do not necessarily preclude working either. Barriers of this type might include unstable transportation or housing, inadequate child care, lack of work experience, limited education, or lack of English fluency; these barriers might be amenable to agency or partner intervention. In other words, that OWRA identified a large majority of clients as having two or more impediments to work is not an indicator that work is impossible, but instead a reminder that the lives of low-income families are often fraught with multiple difficulties simultaneously. It is a reminder, too, that even in the most robust of economic times, the ‘welfare to work’ path for many families (and the agencies who serve them) may not be as simple or as straightforward as the ‘welfare to work’ catchphrase implies.

In terms of program and practice implications, it seems, at least initially, efforts to incorporate OWRA into regular front-line case management protocols would be most beneficial if applied to new applicants and recipients, for several reasons. First, both the agency and its clients benefit if work impediments are promptly identified and addressed: some evidence suggests that the longer a barrier persists, the more likely it is to impede work (Danziger and Seefeldt, 2002). Second, front-line staff members are few in number compared to increasing numbers of cases, and barrier removal and other service resources are also in scarce supply. Thus, it is important to have an efficient assessment process to increase the likelihood that the right resources are directed at the right clients and, in so doing, increase the odds that desired outcomes are achieved. Additionally, in those jurisdictions where client assessment may be done by vendors, using a state-approved assessment tool like OWRA would enhance accountability. Finally, resource constraints may mean that using the OWRA tool with every client at every encounter is infeasible. Using it at the initial point of contact thus would seem to make practical as well as programmatic sense. However, based on numerous of our post-1996 research studies looking at the phenomenon of returns to welfare after exit (i.e. recidivism) we would also encourage OWRA use with all recidivating clients.

The nature and frequency of client barriers commonly identified in the pilot project also offer some food for thought. That is, the most commonly identified issues were: mental health, child care, domestic violence, transportation, and health and child behavior problem or disability. Since the 1996 reforms and their almost exclusive welfare-to-work thrust, however, much of the emphasis across the country has been on services to help clients address their human capital barriers to work (e.g. lack of work experience, limited education and skills). As a result, programs often focus on education and skill enhancement—GED programs, job task skills training—with less attention paid to problems clients face at home. Pilot project results at least hint that there may be some degree of mismatch between TANF’s emphasis on so-called “human capital” barriers and the types of personal and familial barriers that are present in many clients’ lives. This is not to suggest that agencies abandon efforts to help clients increase their human capital, but rather to note that, at least in some cases, clients may not succeed in their welfare-to-work endeavors because of the perhaps unrecognized presence of health, mental health, domestic violence, or other personal and family problems.

Especially in this age of scarcity, some may be concerned that, having identified certain barriers, there may not be services readily available to address them. This could be true, but identifying service gaps is itself an important task and may suggest the need for new or re-oriented partnerships with public and private community partners, work program vendors, or other components within the local DSS. Moreover, having reliable state- and jurisdiction-level empirical data about client and program service and resource needs can be of great help to policy-makers when they must make the difficult decisions about resource allocation. As the TANF fund balance is exhausted, the block grant remains static, caseloads rise, and the potential for deficits increases, this type of data could be especially useful in the seemingly inevitable resetting of priorities for the “non-mandated” uses of increasingly scarce TANF funds that will be necessary.

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