Life On Welfare:
Who Gets Assistance 18 Months Into Reform?

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Executive Summary

October 1st of this year marked the second anniversary of welfare reform in Maryland and the second anniversary of our state s ongoing program of research into the effects of reform on Maryland families. Thus far, all evidence indicates that, pundits predictions to the contrary, welfare reform has been a success. Caseloads are down dramatically in every subdivision; families have exited welfare voluntarily, not via sanctions; former payees have been able to obtain jobs and keep their families together; and the majority of families who have been able to exit welfare have not returned.

This is all certainly good news and is reflective of the bi-partisan care and attention paid to program design by policy-makers in Maryland. However, given the dramatic decreases in welfare caseloads throughout the state, it is likely that in many counties we will soon begin to see - if we have not already seen - a slowdown in the rate and number of cases which exit the welfare rolls. Indeed, some counties may already have reached the point where many families currently on assistance are those for whom making a successful transition off welfare will not happen quickly, easily or inexpensively. Who are these families? What are their characteristics and what obstacles or challenges do they - and we - face in moving from welfare to work? Do the answers to these questions confirm the state s original hypothesis that helping those who remain on the rolls to achieve independence will require greater investments of time and resources than was true for those who exited in the first year or so of reform?

Today s report takes a beginning look at these issues in the still evolving welfare-to-work focused cash assistance system in Maryland. Specifically, using one not atypical county (Frederick) which, like many local subdivisions, has experienced a precipitous drop in the size of its cash assistance population, we examine the characteristics of those on the rolls 18 months (March 1998) into welfare reform. Particular attention is paid to obstacles or barriers which may help explain why these families are on assistance and/or which may impede their ability to exit in the future.

The purpose of the report is to provide state and local policy-makers with information that may be useful in meeting the new, likely more difficult, challenges that confront us in the mid-years of welfare reform. In particular, the report attempts to add flesh to the skeletal phrase hard to place, that has been used to describe clients who may not be job ready and/or who, for various reasons, may be at heightened risk of hitting the five year lifetime time limit.

Unlike our other research reports on Maryland s welfare reform efforts, today s document does not focus on quantitative data. Instead, it draws most heavily on case narratives recorded in the CARES system for the 358 Frederick County families who received a Temporary Cash Assistance (TCA) check in our study month, March 1998. Specifically, the methodology used was that the senior report author read all CARES narrative material from the point of system conversion (September 1994) to the study month (March 1998) for all 358 families who received a TCA check in March of this year.[1] Of the 358 cases, 72 (20%) were selected by this same person for inclusion in

[1] Conservatively, the narratives are estimated to be the equivalent of more than 850 single-spaced, type-written pages.

the qualitative portion of the study. To classify cases for reporting purposes, all three authors of this report, along with two other senior members of the SSW welfare research team, independently read the 72 study cases and coded each as to the primary problem or major issue affecting each family. In cases where the reviewers did not agree, the final coding decision was made by the senior report author.[2]

It is important to note, also, that the 72 vignettes presented in today's report are not composites; they are the stories - partial stories, certainly - of real families' lives. Thus, to protect confidentiality, no names of persons, institutions, other counties or states appear in the report and, prior to distribution, the report was reviewed by the Attorney General's office at DHR.

Far better than aggregate quantitative statistics per se, these vignettes of actual families' life situations illustrate the circumstances of those on welfare. These narrative materials and the recurring themes they contain also paint in stark relief the many complicated, real-world challenges which families, local welfare agencies, community partners, and elected and appointed officials confront as we move into the mid-years of welfare reform. What have we learned from our review of quantitative and qualitative data on one county's entire TCA caseload for the month of March 1998?

1. In some respects, there are no surprises in the profile of these cases.

The vast majority of TCA families (95%) are headed by women. About half (48%) of the payees are never-married women, few of them (4.5%) are under the age

[2] Despite the care taken in the coding/classification process, our choices are admittedly somewhat arbitrary as many families' situations clearly could have been placed in more than one category.

of 20 years, and the majority (58.7%) have been receiving TCA continuously for 12 months or less.

Notably, the proportion of families (58%) with a current spell length of 12 months or less is identical to the proportion of such cases among those who exited cash assistance during the first year of reform. Likewise, the median or mid-point current spell length (10 months) is relatively short among the active cohort and is again identical to the median spell length observed among Frederick County families which left TCA during the first year of reform.

2. In other key areas, these cases do differ from cases which have exited.

The most dramatic difference between on-welfare and off-welfare families is in the proportion of long-term welfare users. There are about three times as many families who have been on welfare continuously for more than five years in the on-welfare group (11.5%) as in the group (4%) who exited welfare during the first year of reform. When lifetime welfare use is examined, differences between the two groups are more dramatic, especially at the extremes. Among those on TCA in Frederick County in March of this year, just about one of every four (24.2%) have more than five years of total welfare receipt. About two-fifths (41.3%) have 12 or fewer months of lifetime welfare use. In contrast, about one in five cases (20.7%) who exited TCA in the first year of FIP implementation had a lifetime welfare history of 12 months or less and three in ten (29.7%) had more than five years of total lifetime welfare use.[3]

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[3] In contrast to other statistics for exiting cases, which have been based on the universe of exiting cases in the first year of FIP implementation, the lifetime welfare history data presented in this section are based on a 5% random sample of 2,156 families who exited TCA in the first year of reform.

3. Families on TCA 18 months post-implementation are a diverse group.

Except for female-headship (95% of cases), there is no one characteristic which describes the March 1998 TCA caseload in the study county. The 358 families include those who have been on TCA for just a few short months, but also those who have received cash assistance continuously for many years. There are many families who appear to have turned to TCA in times of short-term crisis; for these families, the transition from welfare to work may not be terribly difficult. There are many other families, however, for whom the prospects of a swift, lasting exit from welfare do not seem very good.

4. There appears to be an identifiable cohort of families where problems such as substance abuse, physical/mental disability, teen childbearing, domestic violence and the like, acting singly or in combination, present a formidable challenge insofar as a welfare-to-work transition is concerned.

The case vignettes reveal that many of the families are struggling with one or more serious issues and, further, that these problems are frequently of long-standing duration. For certain situations, the needed service, intervention, or behavioral change seems fairly obvious, but in many other cases, especially when problems are numerous and heavily intertwined, solutions are not at all clear-cut.

5. One group of families - those in which the adult custodian is a grandparent or other relative - may be of particular interest and concern, especially with regard to forecasting future assistance payment expenditures.

Although it is a trend which, in Maryland and nationally, began before welfare reform, the authors were struck by the number of TCA cases headed by relatives other

than the child(ren) s parent, largely by grandmothers. This situation is not unique, in our state, to Frederick County; fully one in four (24.9%) active TCA cases in Maryland in August 1998 were child-only cases. This compares to a historical, statewide figure of roughly 10-15%.

It may be prudent to take a closer look at the characteristics and circumstances of these cases for several reasons. First, in a number of such families, there may be unidentified need for other supportive services. This may be especially true in TCA cases headed by older grandmothers where there is no other adult in the home. Second, adult caretaker relatives are exempt from work and time limit requirements and, all else equal, it might be expected that child-only cases will remain on cash assistance for longer periods of time than other cases. Thus, our ability to more accurately forecast likely overall expenditures for cash assistance in future years would probably be enhanced by more detailed information about these families.

6. There is reason for optimism, but also reason for concern.

The quantitative data and the case vignettes indicate that many families have turned to cash assistance for support in a time of crisis. Most of them probably will not remain on TCA for extended periods of time and the majority do not seem at great risk of reaching the five year time limit in the foreseeable future. There is also reason for concern, however. The vignettes establish what front-line DSS staff have long known and what Maryland s reform plan explicitly recognizes as well: there are a sizeable minority of families for whom making a successful transition from welfare to work will be difficult, time consuming and relatively expensive. For some, transition seems unlikely

to happen at all despite customers and agencies best efforts. For this latter group of families, the 20% exemption provided for in federal law will be essential.

7. To be successful, welfare reform must be understood to be a community-wide challenge.

The case narratives make it clear that, for a great many of the more troubled families especially, state and local welfare agencies cannot be expected to go it alone. Among services clearly needed by families in this study are: detoxification/rehabilitation, counseling, stress management, family-life skills training, education, and child-support enforcement, as well as child care and transportation.

Two specific, important examples of the importance of viewing welfare reform as a community-wide challenge are thought most relevant to the cases we reviewed for this study. One is the invidious problem of substance abuse which state policy explicitly acknowledges cannot be addressed solely within the welfare department. The authors believe that careful review of current policy - in particular its real-world operation, its problems and its outcomes thus far - should be undertaken. It seems crystal-clear from our study that, simply put, our welfare-substance abuse policies and practices must work or they must be revised.

A second example concerns the separate welfare to work funds which Maryland is to receive. As we trust this report has made evident, helping many of today s TCA families to successfully transition from welfare to work will not be a simple matter. It seems clear, too, that traditional job placement strategies may be inappropriate or inadequate in many cases. Thus, it is imperative for elected and appointed officials to insure that these welfare to work funds are spent effectively and that results are closely

monitored. In this area, as is true with regard to substance abuse and, indeed, welfare reform in its entirety, neither our state nor its low-income families can afford for us to do any less than our best. The stakes are simply too high.

Introduction

Welfare reform (the Family Investment Program, FIP) is working in Maryland: caseloads are down; families are leaving voluntarily, not because of sanctions; the majority of payees are finding and maintaining employment and are able to keep their families together. We know this is the case because, since the outset (October 1, 1996), the state has been monitoring the effects and outcomes of reform largely through an ongoing, longitudinal study, Life After Welfare, being carried out for the Department of Human Resources by its long-term research partner, the University of Maryland School of Social Work. Using statewide random samples of exiting cases, early study reports have focused on such issues as employment, quarterly wages, job retention, child welfare impacts and returns to the welfare rolls (UM SSW, 1997, UM SSW, 1998a). Another has examined the universe of case closings at the local level (UM SSW, 1998b).

All reports to date have shown that the negative effects of reform predicted by some welfare pundits have not been observed in our state. The reports also confirm what has been found nationwide: the cash assistance caseload in all 24 Maryland subdivisions has declined dramatically. In the first year of reform alone, to illustrate, more than 41,000 families exited from the welfare rolls. In general, the data show that, consistent with the intent of the state's welfare reform plan, early-exit families in Maryland have been those who have been on welfare for shorter periods of time and/or who have fairly recent work experience.

All of this is certainly good news. However, given the large caseload declines, some local welfare agencies may already have reached the point where many families now on assistance are those for whom making a successful transition off the rolls will not happen quickly or easily. In such jurisdictions we are likely to begin seeing - if we have not already seen - a noticeable slowdown in the rate of caseload exits.

What do we know about the families now receiving cash assistance in our state? What do their characteristics and circumstances suggest are the most important challenges as the second anniversary of welfare reform in Maryland and the nation is observed? Do the answers to these two questions confirm our state's original hypothesis - that helping those on the rolls now to achieve independence will require greater investments of time and resources than was true for those who exited in the first year or so of reform?

Today's report takes a look at these emerging issues in the still evolving welfare-to-work focused cash assistance system in Maryland. Specifically, using one not atypical county (Frederick) which, like many local subdivisions, has experienced a precipitous drop in the size of its cash assistance caseload, we examine the characteristics of those who are on the rolls 18 months into welfare reform (March 1998). Particular attention is paid to identifying obstacles or barriers which may help explain why these families are on assistance and/or which may impede their ability to exit in the future.

The report's purpose is to provide state and local policy-makers with information that may be useful in meeting the new, likely more difficult, challenges that lie ahead. In particular, the report tries to add flesh to the skeletal phrase, "hard to place," that has

been used to describe clients who are not job ready and/or who are at risk of hitting the five year lifetime time limit. Unlike our other reports chronicling the effects of welfare reform in Maryland, today's document is not primarily quantitative in nature. Instead, while it presents some numbers and statistics to describe the active Temporary Cash Assistance (TCA, formerly Aid to Families with Dependent Children, AFDC) caseload in the study county, it draws most heavily on case narratives recorded in the CARES system for the entire universe of 358 families who received a TCA check in Frederick County, Maryland in the study month, March 1998. Far better than aggregate statistics per se, these vignettes of actual families' life situations illustrate the circumstances of those now on welfare. These narrative materials and the recurring themes they contain also paint in stark relief the many complicated, real-world challenges which families, local welfare agencies and elected and appointed officials jointly confront in the time-limited welfare world.

Background: Frederick County

This chapter presents some relevant background data on the study county, Frederick, to provide readers with a larger community context within which to interpret study findings. In brief, the profile data reveal that, compared to many other Maryland subdivisions, Frederick County possesses a number of characteristics potentially advantageous to the goals of welfare reform. It is located within 50 miles of two major cities (Baltimore and Washington, D.C.) and has been experiencing sizable population growth in recent decades, much of it due to in-migration from other parts of the state. The county s rates of non-marital and teen births are lower than the statewide averages and the poverty rate in Frederick County is about half that of the state average as a whole. The county s unemployment rate is third lowest in Maryland and the county ranks first in the state in educational holding power, the number of high school graduates as a percentage of ninth graders enrolled four years earlier.

At the same time, it is also true that Frederick County remains far less urbanized than many other Maryland jurisdictions; about two-fifths of the county s 1990 population lived in rural areas compared to one-fifth of the total population of the state. The average weekly wage and per capita income are also lower than the statewide averages. The county mirrors the state in the distribution of educational attainment levels within the adult population. Like the rest of the state, too, the incidence of poverty in Frederick County is considerably higher among female-headed households, especially those with children. In Frederick County, however, poverty rates among non-

Caucasian female-headed households with young children are higher than the statewide averages.

The remainder of this chapter presents these community descriptors in more detail. The important point to note is that these data describe the larger context in which 358 Frederick County families were receiving cash assistance (TCA) in March 1998. To the extent that readers perceive Frederick County to be a relatively advantaged county vis-à-vis their own or other Maryland counties, they may interpret our qualitative findings about Frederick s 358 recipient families as being a more optimistic reality than is likely to prevail in other localities. To the extent that Frederick County is thought to be less advantaged or more or less typical, our findings may be viewed as indicative of the challenges that all local welfare agencies in Maryland are likely to confront in the next few years of welfare reform.

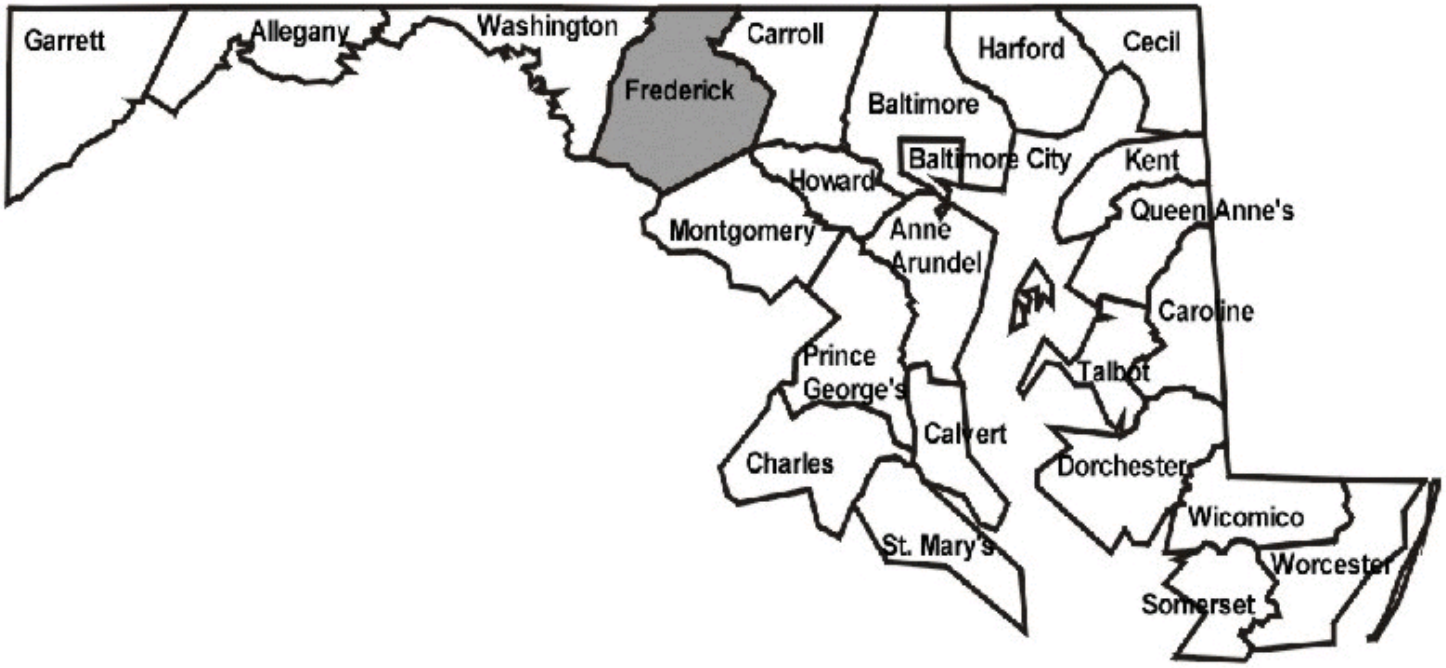
Geographic Location

Frederick County, Maryland s largest local subdivision in terms of land area (663 square miles) is located to the west of central Maryland (Maryland Department of Business and Economic Development - DBED, 1998). It borders Washington County on the west, Carroll and Howard Counties on the east, Pennsylvania to the north, and Montgomery County and Virginia to the south (see Figure 1 for a map of Maryland). The county seat, the city of Frederick, is located about 47 miles northwest of Baltimore.

Urban/Rural Residence

Despite consistent and considerable population growth since 1950, Frederick County remains less urbanized than the average Maryland county. The 1990 census

Figure 1. Map of Maryland Counties



data[4] indicate that of Maryland s 4,781,468 residents, 18.7%, or 893,487 lived in rural areas. In contrast, just about two-fifths (42.3%) of Frederick County s residents lived in rural areas at this time (n=63,519). See Appendix A for the U.S. Census Bureau definitions of urban and rural.

Population Characteristics

US Census data from 1990 indicate that Frederick County s population was 150,208 residents, or 3.1% of Maryland s total population (Maryland Department of Human Resources - DHR, 1997). The population was fairly evenly split between males and females though, numerically, there were fewer males (49.3%, n=74,112) than females (50.7%, n=76,096). The majority, 93.3% (n=140,114) were Caucasian, 5.1% (n=7,961) were African-American, and 1.4% (n=2,133) of other races. The age composition of Frederick County s 1990 population was as follows: 0-4 years, 8.0% (n=11,957); 5-14 years, 14.6%, (n= 21,880); 15-24 years, 14.2% (n=21,377); 25-34 years, 18.4% (n=27,595); 35-49 years, 23.8% (n=35,730); 50-64 years, 11.6% (n=17,489) and 65 and older, 9.4% (n=14180).

In contrast to population growth in the state of Maryland, which has been slowing since 1950, the Frederick County population has been growing rapidly and was ranked second in the state after Carroll County by the IRS (DHR, 1997) in terms of net-migration between 1994 and 1995. Growing 15.5% between 1950 and 1960, 18.1% between 1960 and 1970, the rate of growth almost doubled (35.2%) between 1970 and 1980, and continued at a rate of 30.9% between 1980 and 1990 (DHR, 1997). The

[4] 1990 Census data were obtained from the U.S. Census Bureau web-site lookup tables at http://www.census.gov.

population continues to increase, growing 13% or more between 1990 and 1996 (Gauquin & Littman, 1998).

Frederick County was ranked 11th out of the 24 counties in terms of population density, with 264.65 people per square mile. From the 1995 population estimate of 175,399, Frederick County s population is projected to grow to 203,200 by the year 2000, and to 267,100 by the year 2020 (Regional Economic Studies Institute - RESI, 1996).

Birth Rates

There were 71,473 births in Maryland in 1996. Fewer than 1% (n=215 or 0.3%) were to females under age 15. Fewer than 5% were to mothers between the ages of 15 and 17 (n=2,838 or 4.0%). A bit more than one in twenty (n=4,338 of 6.1%) births were to females between the ages of 18 and 19, almost one in five (n=13,087 or 18.3%) were to mothers between the ages of 20 and 24, and more than one in four to mothers between the ages of 25 and 29 (n=19,624 or 26.5%). Almost three in ten (n=20,141 or 28.1%) births were to mothers between the ages of 30 and 34, and about 16% (n=11,194 or 15.7%) were to mothers age 35 and older.

Births in Frederick County accounted for 3.7% of all 1996 Maryland births (n=2,660). Fewer than 1% (n=3 or 0.1%) of these births were to women under the age of 15. Fewer than 3% (n=72 or 2.7%) were to females between the ages of 15 and 17. About one in 20 (n=120 or 4.5%) were to females between the ages of 18 and 19, a bit less than one in five (n= 408 or 15.3%) to mothers between the ages of 20 and 24 and almost one third (n=809 or 30.4%) to women between the ages of 25 and 29. About one in three births (n=825 or 31.0%) were to mothers between the ages of 30 and 34.

Fewer than one in five births (n=422 or 15.9%) were to mothers who were 35 years of age or older (Maryland Department of Health and Mental Hygiene - DHMH, 1997).[5] The distribution of mothers ages shows that Frederick County has proportionally fewer births to females under the age of 20 than does the state as a whole (7.3% and 10.3% respectively).

In 1996, one in three (33.6%) births in Maryland were to unmarried women. Among Caucasian women statewide, about one fifth (19.6%) of all births were non-marital; among African American women, about two-thirds of all births were non-marital, (DHMH, 1997). In Frederick County, the proportions of births to unmarried Caucasian and African American women were somewhat lower, 18.2% and 56.1%, respectively.

Wage Rate/Average Earnings

The average weekly wage in Maryland for the fourth quarter of 1996 was $618. Wages ranged from a low of $399 in Worcester County to a high of $736 in Montgomery County (DHR, 1997). Frederick County s average weekly wage in the fourth quarter of 1996 ($516) was somewhat lower than the state average.. Per capita income (expressed in 1992 dollars) in Maryland was $24,493 in 1995, a slight (1.3%) increase from $24,184 in 1990 and ranged from $13,529 in Somerset County to $35,471 in Montgomery County. Frederick County s per capita income for 1995 was $21,916, a slight increase (1.1%) from 1990 when the per capita income was $21,670 (DHR, 1997).

[5] Percentages will not sum to 100% due to missing age data for 5.15% of the Frederick County mothers (n=132).

Employment Characteristics

The unemployment rate for Maryland during the study month (March 1998), was 4.6%. Unemployment rates across the state ranged from 2.2% in Montgomery County to 14.5% in Garrett County. The March 1998 unemployment rate for Frederick County was 3.6%, fourth lowest in the state, following Montgomery, Howard and Charles Counties (Maryland Department of Labor, Licensing and Regulation - MDLLR, 1998). As of March 1998, Maryland had 2,764,886 persons in the civilian labor force; 97,487 of these persons were in Frederick County (about 3.5%). Table 1 presents the county s largest industries.

Table 1.
Frederick County s 10 Largest Industries (1996)

Industry	Number of Jobs (n=65,467)	Percent of Total Jobs
Ranked By Employment Level		
Eating & Drinking Places	5,308	8.11%
Health Services	4,550	6.95%
Special Trade Contractors	3,989	6.09%
Business Services	3,170	4.84%
Engineering & Management Services	2,715	4.15%
Wholesale Trade - Durable Goods	2,492	3.81%
Depository Institutions	2,064	3.15%
General Merchandise Stores	1,878	2.87%
Miscellaneous Retail	1,687	2.58%
General Building Contractors	1,681	2.57%
Total	29,534	45.12%

Note: The data presented in Table 1 were taken from the 1997 DHR Fact Pack.

In addition to population growth, Frederick County has also experienced a growth in employment level. Ranked 6th in the state for percent change in employment

level, Frederick County had a 3.3% increase in employment level in the year between the fourth quarter of 1995 and the fourth quarter of 1996. Table 2, following, presents the top growth industries in Frederick County.

Table 2.
Frederick County s Employment Growth Industries (1996)

Industry	Employment Level	Absolute Change	Percent Change	Weekly Wages
Ranked By One-Year Absolute Change in Employment Level				
Nondepository Institutions	*	*	*	*
Wholesale Trade - Durable Goods	2,492	212	9.3	$650
Business Services	3,170	195	6.6	$481
General Building Contractors	1,681	188	-12.6	$585
Special Trade Contractors	3,989	182	4.8	$544
Electronic and other Electric Equipment	636	150	30.9	$674
Health Services	4,550	144	3.3	$647
Agricultural Services	871	116	15.4	$407
Amusement & Recreation Services	949	94	11.0	$303
General Merchandise Stores	1,878	81	4.5	$247

Notes: * denotes unavailable, confidential data.
The data presented in Table 2 were taken from the 1997 DHR Fact Pack.

Educational Attainment

According to 1990 Census data, the majority (80.9%) of Frederick County residents ages 18 and over have completed high school or an equivalency diploma. About one in eight (12.2%, n=13,502) have some high school, but have not received a diploma or GED. Fewer than one in ten (6.9%, n=7,674) have less than a 9th grade education.

One third of Frederick County adults (34.7%, n=38,349), ended their formal education with graduation from high school or receipt of a GED. One in five (20.3%, n=22,468) have completed some college courses but have not received a degree.

About one fifth have either an associate s or bachelor s degree (6.0%, n=6,648 and 12.7%, n=14,098 respectively), and a bit more than seven percent (7.2%, n=7,942) have a graduate or professional degree. The distribution of adults educational attainment in Frederick County mirrors that of the state, presented below.

Statewide, more than three of four residents 18 and over have received a high school diploma or an equivalency diploma (78.7%, n=2,846,940). Fewer than one in five (14.2%, n=514,788) have some high school, but no diploma or GED. Fewer than one in ten (7.1%, n=257,518) have less than a 9th grade education.

Fewer than one in three Maryland adults (28.9%, n=1,044,976) ended their formal education with graduation from high school or receipt of a GED. One in five (20.6%, n=744,604) have completed some college courses but have not received a degree. About one fifth have either an associate s or bachelor s degree (5.0%, n=182,465 and 14.7%, n=532,883 respectively), and almost one in ten (9.5%, n=342,012), have a graduate or professional degree.[6]

Holding Power and High School Dropout Rate

Holding power is defined as the percentage of high school graduates relative to the number of 9th graders four years previously. The holding power for Frederick County public schools in 1996 was 95.5%, the highest in the state. It was also much higher than the Maryland average holding power of 74.7%. In 1996, 2.3% (n=226) of Frederick County public high school students dropped out of school and did not re-enroll. This rate is the lowest in the state, along with Queen Anne s and Howard

[6] The data presented in this section were obtained from the U.S. Census Bureau web-site lookup tables at http://www.census.gov.

Counties which also had a 2.3% dropout rate, and is again lower than the state average of 4.6% (DHR, 1997).

Poverty

In 1990, 8.3% (n=385,296) of Maryland residents lived in poverty. This includes 5.3% (n=177,809) of Maryland s white population, 16.6% (n=190,010) of the African American population, and 9.5% (n=18,197) of the population of other races. The overall poverty rate in Frederick County is lower than the average for the state; poverty status data as of 1990 indicate that 4.8% (n=7,055) of Frederick County residents, or 3.5% of its families, live in poverty. This includes 4.2% (n=5,775) of Frederick County s white population, 15.1% (n=1,117) of the African-American population, and 8.1% (n=163) of the population of other races.

Unfortunately, a closer look at these data reveal a higher rate of poverty among female headed households. One in five (20.9%, n=47,808) Maryland households headed by females live in poverty. Almost one in five, or 17.3% (n=708 of 4084) of female-headed households in Frederick County live in poverty. Four in ten (40.1%, n=21,948) female-headed households with children under age 5 live in poverty statewide. Almost four in ten, 36.6% (n=311 of 849) of female-headed households with children under the age of 5 in Frederick County live in poverty. See Table 3 for a more detailed look at female-headed households with young children.

Table 3.
Poverty Status of Female-headed Households with Children under 5.

	Frederick County		Maryland	
Race				
White	32.6%	(193 / 592)	35.2%	(6,348 / 18,035)
African-American	44.6%	(108 / 242)	42.6%	(15,188 / 35,646)
Other race	66.7%	(10 / 15)	36.8%	(412 / 1,120)
All Races	36.6%	(311 / 849)	40.1%	(21,948 / 54,801)

With this general profile of Frederick County on variables germane to the challenges of welfare reform, we now turn in the next chapter to a brief description of what the county experienced vis-a-vis caseload reductions during the first year of welfare reform (October 1996 - September 1997). Again to permit readers to assess how typical or atypical they believe Frederick County to be, comparable statewide data are also presented.

Background: Case Closings

The findings about TCA case closings reported in this chapter are based on the researchers examination of monthly administrative data on the universe of case closings in Maryland during the first full year of FIP implementation (October 1, 1996 - September 30, 1997).[7] Aggregate information about closing cases and client characteristics across jurisdictions were obtained from two administrative data systems: (1) Automated Information Management System (AIMS)/Automated Master File (AMF); and (2) Client Information System (CIS)/Client Automated Resource and Eligibility System (CARES). In addition to providing raw data about the numbers of exiting cases by month and local jurisdiction, these systems provide valuable information about the characteristics of exiting cases including: assistance unit size, case composition, length of exiting spell, and administrative reasons for case closure.

Case Closings in the First Year of FIP: Statewide and Frederick County

Statewide, during the first year of FIP, there were 41,212 unique TCA case closings.[8] About half of these cases (46%) had been active for 12 months or less. The mean spell length was about 26 months, and the median spell length was 14 months. Fifteen percent of exiting cases were child-only cases, 82% had one adult and 3% had two adults.

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[7] See Welfare and Child Support Research and Training Group. (April 1998b). Caseload Exits at the Local Level: The First Year of FIP. Baltimore: University of Maryland School of Social Work for more detailed statewide information.

[8] A unique exiting case is defined as any assistance unit which exited TCA at least once during the first 12 months, regardless of the reason for the exit.

Frederick County accounted for about two percent (n=827) of total statewide welfare exits during the first year of reform. Notably, however, it accounted for just about one percent of the average annual caseload during that time, so its share of case closings was about double what might have been predicted from the size of its active caseload. Compared to the state as a whole (46%), a notably greater proportion of Frederick s exiting cases (58%) in the first year were families who had been on assistance for 12 months or less. Median or midpoint spell length for exiting cases in Frederick County (10 months) was also less than the statewide median (14 months). In terms of the composition of exiting cases, however, there were few differences between Frederick County and the statewide figures. In Frederick, 13 percent of cases were child-only compared to 15 percent statewide. Likewise, the proportions of cases with only one adult were quite similar (84% Frederick, 82% statewide); the proportions with two adults were identical at three percent.

The timing of year one TCA exits in Frederick County did vary somewhat from the overall state pattern. In general, statewide, year one exits were highest in the first two months of reform (October-November, 1996), accounting for about 20 percent of all exits recorded for the year. In Frederick, exits were more evenly distributed, the majority occurring over the October 1996 to April 1997 period. For both the county and the state, the smallest number of exits were recorded in the last two months of the first year of reform (August and September 1997).

As has been emphasized in all of our previous welfare reform research reports, administratively-recorded case closing reasons must be interpreted with great caution. Among other things, it is simply not possible to adequately capture the myriad reasons

why families leave welfare through a series of pre-determined computer codes. Also, during the entire first year of reform, two separate automated systems (AIMS/AMF and CARES) were in use in Maryland, making exact comparisons across jurisdictions somewhat difficult. Illustrative of these issues is that our previous analyses of case narratives have led to the estimate that up to one-fifth of cases closed at the request of the client were cases where the payee had secured a job,[9] as are many if not most of the cases closed for income above limit. These caveats should be considered when interpreting the following discussion of reasons for case closings in Frederick County and statewide.

Statewide during the first year of welfare reform, the most common reasons for case closure recorded in administrative data systems were: failure to reapply or to complete the redetermination process (19.9%) , or having income above the limit (18.1%). Failure to provide information proving eligibility was the third most frequent closure reason (13.7%) statewide.

In Frederick County, the administrative closure reasons were markedly different. During the first year, nearly half (46.1%) of all case closures were recorded as having occurred because the assistance unit s income was above limit. Next most common in this county were cases closed at the request of the client (12.1%), about one in every eight cases. About the same proportions were closed because they failed to reapply/ complete redetermination (11.7%), or give eligibility information (10.4%).

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[9] See Welfare and Child Support Research and Training Group. (1998a). Life After Welfare: Second Interim Report Baltimore: University of Maryland School of Social Work.

In terms of the application of full-family sanctions, Frederick County imposed proportionately more work sanctions (7.5%) than were observed statewide (5.5%), but imposed no full-family sanctions for non-compliance with child support during the first year of reform. In contrast, statewide, about one-half of one percent (0.6%) of all first year exiting cases were closed due to the imposition of a child support sanction.

Caseload Declines

Cash assistance caseloads have been declining markedly across the state and in Frederick County beginning about a year before the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (P. L. 104-93, PRWORA) and continuing through the study month for this report (March 1998). In Frederick County, from a total of 3,085 individuals paid in October of 1995, the rolls dropped to 2,364 individuals by October of 1996, and continued to drop, to 1,141 in October of 1997. The March 1998 data obtained from DHR indicate that the number of individuals on the Frederick County TCA rolls has dropped by 65.90% over the past 30 months.

There has also been a consistent decline in the number of individuals on the statewide AFDC/TCA rolls over the same period of time (October 1995 - March 1998). From a total of 215,730 one year before the implementation of FIP, the number of individuals paid fell to 185,803 in October of 1996, when FIP was implemented, and continued to fall under FIP to 143,379 at FIP s one year anniversary point. The downward trend has continued and the data for our study month (March 1998) indicate that statewide, the rolls have fallen by 40.30% over the past 30 months.

In the context of the overall purpose of this paper - to profile the characteristics and circumstances of Frederick County families who were receiving TCA in March 1998

the important point to be drawn from these caseload data is that Frederick County has experienced a steeper decline in its cash assistance caseload than has the state as a whole. For this reason, it is not unreasonable to speculate that, as of March 1998, the county may, indeed, have reached a point where many of the families receiving TCA are those who might be considered hard to place . If this is true, then our review of these cases may well yield information which is representative or typical of what the hard to place cohort might look like in other counties, if not across the entire state.

Who are the families on TCA in Frederick County in March 1998? What is their profile and what problems or barriers are evident in their TCA case narratives? What are the implications of this hard to serve profile for welfare reform in the years to come? The next two chapters of the report address these questions.

Findings

This chapter presents a thumbnail sketch of the demographic characteristics of all 358 families who, in March 1998, received a TCA (formerly AFDC) check in Frederick County, Maryland. There is no special reason to single out Frederick County except that the county's caseload decline has been quite dramatic (1,500+ cases in 1995 to 358 cases in March 1998) and the local DSS director was very interested in learning more about the families who remained. His interest was fortuitous, however, because as shown in the preceding chapters, in many ways Frederick County probably is quite representative of the situation that prevails in a number of the suburban counties in our state. Indeed, we strongly suspect that the county is emblematic of the state as a whole. That is, while the specifics and the exact percentages no doubt vary from one county to another, our experience suggests that the general profile and recurring themes identified in Frederick County's March 1998 TCA caseload are probably not uncommon in other jurisdictions as well. At minimum, these county-specific data should provide state and other local policy-makers with hints as to what some of the mid-course, client-level and front-line welfare reform challenges may be.

Data Sources

The data presented in this section of the report were collected from the state agency s (Maryland Department of Human Resources, DHR) computerized records of the participants receipt of AFDC and TCA. The Automated Information Management System (AIMS)/Automated Master File (AMF) and the Client Information System (CIS)/Client Automated Resource and Eligibility System (CARES) contain data

concerning public assistance and social service utilization, as well as client characteristics at the individual and case levels. The data presented below were taken from the demographic screens available in CARES and the client participation screens available in AIMS and CARES.

Characteristics of Families

What can we say about the characteristics of families who were receiving cash assistance in Frederick County 18 months after the implementation of welfare reform? The Frederick County TCA Caseload in March 1998 was comprised of 358 households. A summary of the demographics of the caseload is presented in Table 4, following brief discussion of each of the main characteristics on which data are available.[10]

Gender and Racial/Ethnic Group

Consistent with historical trends in the AFDC/TCA program, in March 1998 the vast majority of the heads of Frederick County TCA households (96.4%, n=345) are female and only a very small minority are male (3.6%, n=13). Two racial groups predominate: the majority of case heads are either Caucasian (53.1%, n=190) or African-American (41.6%, n=149). Only a very small minority are from other racial/ethnic groups (3.1%, n=11). Compared to overall county population statistics, it is obvious that while Caucasians are the majority among TCA recipients, members of ethnic minority groups are over-represented in the population receiving TCA in the county in March 1998. While African-Americans only make up about 5% of the county s population, they account for more than 40% of the TCA caseload; similarly, even

[10] In the table and text, valid percent is used. Due to missing or unavailable data, n may not always sum to 358.

though members of other racial/ethnic groups make up less than 2% of Frederick County s population, they make up 3% of the TCA caseload.

Age

Also consistent with trends over time in the AFDC program, we find that about three-fifths of TCA heads of household in Frederick County in March 1998 are between the ages of 20 and 39 (n=220, 61.8%). There are more payees age 30 to 39 (n=117, 33.0%) than there are payees age 20 to 29 (n=103, 28.8%). Relatively few case heads (n=16, 4.5%) - about five percent- are under the age of 20. However, one of every three heads of household 40 years of age or older (33.5% n=119).

Consistent with these age distributions, the mean age of TCA heads of household in Frederick County is 37.31 years in March 1998 with a midpoint or median age of 34.58 years, and a standard deviation of 13.26 years. The ages range from 18.63 to 80.65.

Marital Status

Almost half (47.8%, n=171) of the heads of household in Frederick County have never married. Only about one in seven (14.2%, n=51) are married, 13.1% (n=47) are separated, and one in eight (12.0% n=43) are divorced. Only 2.8% are widowed, and for about 8% we are unable to determine their marital status.

Student Status[11]

From the data available on the state s automated systems, it appears that very few of Frederick County s case heads are students. About three percent are attending school full time (2.8%, n=10). Even fewer, about one percent, are attending classes on a part-time basis (0.8%, n=3).

Disability Status

About one in seven (13.4%, n=48) household heads reports a disability. The disabilities reported include alcoholism, arthritis, back pain, bone fractures, cancer, depression, diabetes, hearing problems, heart disease, psychiatric disorders, and other or unknown diseases. Distribution of recorded disabilities among county case heads is presented in Table 4.

[11] Data on student status and disability status are taken from the DEM1 and DEM2 screens of CARES.

Table 4.
Frederick County TCA Caseload Demographic Characteristics March 1998

Demographics	Frequency (n=358)	Percentage (%)
Gender		
Female	345	96.4%
Male	13	3.6%
Ethnicity		
Caucasian	190	53.1%
African-American	149	41.6%
Hispanic	10	2.8%
Asian	1	0.3%
Unknown	8	
Age		
19.99 years or younger	16	4.5%
20 - 24.99 years	48	13.3%
25 - 29.99 years	55	15.5%
30 - 34.99 years	67	18.9%
35 - 39.99 years	50	14.1%
40 years or older	119	33.5%
Missing or Unknown	3	
Mean	37.31 years	
Median	34.58 years	
Standard Deviation	13.26 years	
Range	18.63 - 80.65	
Marital Status		
Never Married	171	47.8%
Married	51	14.2%
Separated	47	13.1%
Divorced	43	12.0%
Widowed	10	2.8%
Unknown	7	2.0%
Missing	29	
Student Status		
Full-time Student	10	2.8%
Part-time Student	3	0.8%
Disabilities		
Alcoholism	1	0.3%
Arthritis	3	0.8%
Back Pain	2	0.6%
Bone Fracture	4	1.1%
Cancer	1	0.3%
Depression	4	1.1%
Diabetes	1	0.3%
Hearing	1	0.3%
Heart Disease	1	0.3%
Other Disease	26	7.3%
Psychiatric	3	0.8%
Unknown	1	0.3%
No Disability Reported	310	86.6%
Total with Disability	48	13.4%

Patterns of Welfare Use

Length of Current Spell

Among all Frederick County TCA households which left welfare during the first year of reform, the average length of welfare receipt (current spell) at the time of exit was 17 months, while the median or mid-point was 10 months. How do these data compare to those for the 358 families receiving cash assistance in the county in March 1998? There are both similarities and differences. March 1998 recipient families had, on average, longer mean TCA spell lengths than families which had exited during the first year of reform (25 months vs 17 months). However, median or midpoint spell lengths were identical (10 months).

The active-in-March 1998 Frederick County TCA cohort contained families who were brand-new to welfare as well as those who can be classified as long-term dependents. The range of current spell lengths among the March 1998 active TCA caseload in Frederick County is from one month to 287 months (23 years, 11 months).[12] The distribution of current spell length among the universe of active TCA families in Frederick County in March of this year is shown in the next table.

[12] The data for this case, which at first glance may appear to be a mistake, were checked on the system and appear to be accurate.

Table 5.
Distribution of Current Spell Lengths:
Frederick County Active TCA Universe, March 1998

	Frequency	Percent	Cumulative Percent
Length of Current Welfare Spell			
12 months or less	210	58.7%	58.7%
13 - 24 months	37	10.3%	69.0%
25 - 36 months	26	7.3%	76.3%
37 - 48 months	30	8.4%	84.6%
49 - 60 months	14	3.9%	88.5%
61 months or more	41	11.5%	100.0%
Mean	24.9 months		
Median	10.0 months		
Standard Deviation	36.0 months		
Range	1 month to 23.9 years		

The good news illustrated in Table 5 is that about two-thirds of all active TCA cases (69.0%) have been receiving welfare for two years or less; indeed, nearly three-fifths (58.7%) have a current spell that has lasted for no more than 12 months. At the same time, the table shows that about 12 of every 100 customers (n=41 of 358, 11.5%) have been receiving welfare continuously for more than five years. Nearly one in four (23.8%) have been on without interruption for more than three years.

These current spell data can be contrasted to those describing the universe of cases which left TCA in Frederick County in the first year of welfare reform (n=827). There are both similarities and differences. The two groups are similar in that both have a median spell length of 10 months. They differ, however, in that the mean or average spell length of those on welfare in March 1998 is considerably longer than that of those who exited welfare during the first year of reform. The figures are 25 months and 17 months, for stayers and leavers, respectively.

The most dramatic and programmatically relevant difference in current spell length between the two groups is the proportion of very long-term clients. There are about three times as many families who have been on welfare for more than five years without a break in the March 1998 caseload (11.5%) as in the leavers group who exited welfare in the first year of reform (4%). The proportions of short-term (12 months of less) users are identical in both groups (58%).

These findings at the extremes, (very short spells/very long spells) suggest several things. First, because these data are cross-sectional, they include those who have been receiving welfare for a considerable time, those who have just entered the welfare rolls and many whose current use lies somewhere in between these two extremes. While many families have left welfare, others have just entered and some are in the middle of a spell.

Historically, the majority of those entering the welfare rolls will experience spells of two years or less (Bane & Ellwood, 1994). Thus, Frederick County should expect that many families on welfare in March 1998 probably will be relatively short-term users and should, without inordinate investments of time and/or resources, be able to successfully transition off the rolls. At the same time, the relatively high concentration of long-term users in the population (11.5% on for more than five years, 23.7% on for more than three years), suggests that there is reason to be concerned about a sizable minority of families' ability to exit welfare. These data also suggest good reason to be concerned about how many families might hit the five year lifetime limit, even in a relatively prosperous county such as Frederick. The importance and potential

incidence of this last point is made clear when we examine lifetime welfare use, not just current spell length, for all families on TCA in the county in March 1998.

Lifetime Welfare Use[13]

In the short term, people who may hit the time limit first by receiving TCA continuously for the first five years of reform, understandably, have been of greatest policy and program concern at the national, state and local levels. However, over time, another and probably considerably larger group of adults are also likely to reach the time limit by accumulating 60 months of welfare receipt via separate spells of welfare interspersed with periods of being off the welfare rolls. Thus, in addition to looking at the length of customers' current or most recent welfare spells, it is important to also examine their cumulative, lifetime welfare experiences. Failure to do so may, at the programmatic level, cause elected and appointed officials to have an overly rosy picture of current realities. Failure to consider customers' lifetime welfare receipt patterns may cause us to underestimate the size of the recipient population for whom exiting welfare may be quite difficult, time-consuming, and/or costly.

Table 6, following, illustrates just how dramatically the picture changes when lifetime, rather than current spell, welfare use data are examined. The differences are most apparent at the extremes. First, instead of three in five clients (58.7%) having one year or less of welfare use, the true, lifetime proportion is two in five (41.3%). Second, the proportion of long-term welfare users - those with more than five total years of adult

[13] Lifetime welfare use data include months of cash assistance receipt which occurred prior to the imposition of the five year time limit, as well as months of benefit receipt which do count toward the five year threshold.

welfare receipt - is twice as high (24.2%) compared to what current spell data alone suggest (11.5%).

Table 6.
Distribution of Lifetime Welfare Receipt:
Frederick County Active TCA Universe, March 1998

	Frequency	Percent[14]	Cumulative Percent
Lifetime AFDC/TCA receipt			
12 months or less	147	41.3%	41.3%
13 - 24 months	46	12.9%	54.2%
25 - 36 months	35	9.8%	64.0%
37 - 48 months	26	7.3%	71.3%
49 - 60 months	16	4.5%	75.8%
61 months or more	86	24.2%	100.0%
Missing	2		
Mean	39.0 months		
Median	20.0 months		
Standard Deviation	46.7 months		
Range	1 month to 23.9 years		

Considered together, these current spell and lifetime welfare use data for the 358 payees heading Frederick County TCA cases in the spring of 1998, suggest there is reason to be hopeful as well as reason to be somewhat concerned. One can be optimistic because, even when lifetime adult receipt is taken into account, the plurality (41.3%) of all clients on the rolls at the point of data collection had no more than 12 months of welfare use. Most likely these are clients who are relatively new to the system. An important point often overlooked in recent discussions of welfare is that the system is not static; while most attention these days is being paid to those who have exited welfare or, to lesser extent, those who have not been able to exit, we must also

[14] Valid percent is used. Lifetime welfare history was unable to be determined for two cases.

keep in mind that new families continue to come on the rolls as well. If the past is any guide, we can expect that the largest proportion of these short-term relatively new users will be able to successfully transition off welfare and do so rather quickly.

There is also reason for concern, however. One in every four clients (24.2%) has more than five years of cumulative welfare receipt; more than one in three (36.0%) have received cash welfare assistance for more than three years.

Comparing the lifetime data to the single spell data it is obvious that many of the adults on TCA in Frederick County in March 1998 have exited welfare in the past. We are unable, from these data, to say why they left before, but clearly those exits were not successful. This, too, is an important point to bear in mind: in a time-limited welfare world, it is premature to declare success when a TCA case closes. A truer measure of success is the extent to which clients are able to remain off the welfare rolls. These lifetime welfare use data suggest that, at least for a large minority of the 358 remaining TCA cases in Frederick County, as of March 1998, if an exit is accomplished, post-exit support services will be essential to ensure that these exits are not short-lived. The next chapter draws on actual case narratives to begin to illustrate these families' situations and the challenges that they and we face.

Recurring Themes

Thus far our report has described the general context of welfare reform in Maryland and the nature of the steep decline in the TCA caseload in Frederick County, and presented a bare-bones, percentages-based profile of key characteristics of the 358 county families who were receiving cash assistance in March of this year. While informative, none of the preceding material sheds any light on the questions of greatest interest to the local DSS director and, we suspect, to other elected and appointed officials as well: Why are these families on welfare? What are the obstacles that they face?

This chapter provides some beginning, qualitative answers to those two important questions based on information contained in CARES case narrative material.[15] All narrative material from the time of system conversion (September 1994) to March 1998 for all 358 families were read by the lead author of this report. From review of the narratives (conservatively, the equivalent of more than 850 single-spaced typewritten pages), it was clear that certain themes recurred. In no particular order, these not uncommon issues are:

Substance Abuse

Physical and Mental Disabilities

Inter-generational Issues

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[15] The narrative section of CARES is essentially free-form space where the TCA case manager may write as much or as little detail as desired. Certain actions are required to be documented via the narrative, but staff are also free to record other data which they think pertinent or important.

Teenage Childbearing

Domestic Violence

The Role of Grandparents and Other Relatives

Multiple Problems

Shorter-Term Crises

All of these thematic issues are ones on which at least some quantitative research has been done nationally or locally (see, for example, Born & Kunz, 1992; Children s Defense Fund, 1993; US DHHS, 1994; Olson & Pavetti, 1997; Raphael & Tolman, 1997). Such reports are very useful in identifying the incidence of the various phenomena and, often, in anticipating the size of the population at risk to experience the problem. Quantitative research findings are much less useful, however, in putting a human face on just what phrases like "domestic violence" or "teen childbearing" actually mean in the day-to-day lives of families. They are of only limited value, too, in portraying the true complexity of the challenges faced by local welfare agency staff who now are charged with assisting as many families as possible to move from welfare to work.

This chapter's purpose, through the use of case vignettes, is to try and paint these pictures in richer colors than is possible with purely quantitative data. Our intent is not to take away from or diminish the very real accomplishments and successes of welfare reform in our state or to imply that our primary focus should be on families with problems or "problem families". Rather, our intent is to illustrate that, indeed, the most difficult challenges of welfare reform are those which are ahead of, not behind, us all.

Thus, what appears in the remainder of this chapter are some 72 vignettes, representing approximately one of every five (20%) of all active TCA cases in Frederick County, Maryland in March 1998. The vignettes were all chosen for inclusion by the lead author of the report, the same person who read all 358 case narratives in their entirety. Readers should be aware that the vignettes included do not necessarily represent either the most or the least complicated family situations reflected in the county s TCA caseload; instead, they are believed to represent a good cross-section of the universe of active cases in March of this year. Neither do the stories told in the CARES narratives necessarily convey the full realities and complexities - for good or ill - of these families lives; instead, they represent the slices of these families situations that were known to and recorded by Family Investment Program workers in the CARES system and abstracted by the lead author.

In preparing the vignettes for inclusion in this report, care was taken to prevent any individual family or individual from being able to be identified.[16] Care was also taken to neither minimize nor exaggerate the descriptions of families realities and the day-to-day struggles that they face. In addition, readers are asked to keep in mind that the stories told in these vignettes are real. They are not composites. What they describe are real Maryland families for whom the time limit clock is ticking. For these the various challenges of welfare reform are very real, but perhaps not nearly as compelling as some of the more immediate daily crises that many of them face.

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[16] No names of persons, places or institutions are used and the report has been reviewed by the Attorney General s office at DHR.

A Note About Classification

As noted previously, the entirety of CARES narrative materials on the 358 active TCA families were read by the lead author, Dr. Born, who also selected the 72 cases whose vignettes are included in this report. The most difficult challenge was deciding how to organize and present the vignettes, specifically, how to categorize them in terms of the problems or obstacles identified. As will become quickly evident to readers, many if not most of the families do not just have one problem or crisis; most have two, three, or more; some chronic, some short-term; some where the solution or solutions seem relatively clear-cut, other problems where no solution is readily apparent.

How, then, to classify these families' situations for purposes of this report? The approach chosen was to have the lead author, Dr. Born, and four members of the School of Social Work welfare research team (Dr. Charlesworth, Dr. Morris-Hyde, Ms. Caudill, and Ms. Cordero) each independently review and code each vignette. Reviewers were asked to identify all problems noted in the vignette, but also to identify what they perceived as the primary or major issue or problem affecting each family. In many cases there was unanimity of opinion with regard to identification of primary problems; when there was not, Dr. Born made the final decision as to primary problem classification.

Despite our best efforts to be as scientific as possible in assigning families to one or the other problem category, our choices are admittedly somewhat arbitrary for as readers will see, many families' situations clearly could have been placed in more than one category.

Substance Abuse

One of the more persistent popular welfare myths is that most women on welfare are using drugs, and this is why they are unwilling/unable to work, and dependent on cash assistance. A recent report (US DHHS, 1994) using data collected in the National Household Survey on Drug Abuse shows that this is not the case. However, substance use was found to be somewhat more prevalent in the AFDC sample than in the non-AFDC portion of the national sample. In 1991, 10.5% of adults age 15 and older in AFDC households reported using drugs in the past month as compared to 6.5% in the general population. However, fewer than one in ten of the people estimated to be significantly impaired by substance abuse reported receiving AFDC benefits. More germane to the welfare reform challenge, approximately 4.9% of female AFDC recipients were estimated to have significant functional impairment related to substance abuse, and an additional 10.6% are estimated to be somewhat impaired by substance abuse problems.[17]

The true incidence of alcohol and drug abuse among women receiving AFDC/TCA remains a matter of speculation; estimates range from 16.1 percent to more than 20 percent (Sisco & Pearson, 1994). According to Young and Gardner (1998), a consensus estimate is that about 25 percent of the AFDC/TCA population has alcohol or other drug problems that are likely to interfere with their ability to get and keep a job. Whatever the exact magnitude of the problem, it is indisputable that substance abuse in the public welfare population is every bit as difficult and debilitating a problem as it is in

[17] See Appendix B for the definitions of significantly and somewhat impaired.

the general population. Enabling substance-abusing clients to move from welfare to work is certainly a daunting challenge that local welfare agencies face, as the following vignettes illustrate.

> Ms. A, a public housing resident, has received cash assistance for herself and five children at least since 1994 and, under the Primary Prevention Initiative (PPI), had experienced long-term sanctions. Under welfare reform she was able to obtain a 30 hour per week job paying $5.25 per hour, but was able to keep that job for only a few months. It was reported a few months later that she had spent her TCA check on crack cocaine; a Protective Services referral was made. Shortly thereafter, three of her children went to live with their father.
>
> Ms. B began receiving AFDC for herself and two children in 1995 when she resided in a homeless shelter. Later that same year her mother applied for AFDC for Ms. B's children as client was in rehabilitation. About a year later, client reapplies for AFDC for herself and her children, having moved back from another state to live with relatives. In 1997 the agency makes Protective Service and substance abuse referrals, though client denied any substance abuse. Over the next few months, client missed multiple appointments at DSS and a non-profit vendor; sanction policies were thoroughly explained in January 1998 and, in that same month, the client reports to work experience on time.
>
> Ms. C, currently living at a local drug treatment center, applied for TCA in 2/98 for herself and newborn after transferring from another jurisdiction. Another child is in foster care in another jurisdiction.
>
> Ms. D s case has been open since at least 9/94, a mother and two children living in public housing, but mom is not on grant due to Project Independence sanction. Primary Prevention Initiative school attendance issues; many absences coded "parental indifference"; client says children may stay home if they want to. Possible substance abuse issue raised and client says she "maybe drinks too much", especially since death of grandmother who raised her. Misses many appointments at non-profit vendor; says if she didn't feel like it, she was not going to go; conciliations; 11/97 reports job babysitting and making $125/wk; 11/97 babysitting ended; children in after-school program; 12/97 gets job w/cleaning service (39 hrs wk @ $5.50 hr), but client turns down because it would "mess up her grant"; requirements explained and client to take job; bus tokens and POC offered; 2/98 sanctioned for failure to enroll in substance abuse program after screening; 3/98 confirmed client is in substance abuse treatment on outpatient basis.

> Ms. E s mother and representative payee report that client stole car, fled county and has outstanding warrant; case closed in 8/96. 3/97 client applies for TCA for self and unborn child; other three children live with their father; unborn's absent parent is unknown; client was prostituting to buy drugs; living in shelter and has been clean only 1-2 months

Physical and Mental Disabilities

Estimates of the prevalence of health limitations which are a potential barrier to employment in the AFDC population range from about 16.6% to about 28.5% (Olson & Pavetti, 1996). Serious disabilities were estimated to affect between 6.1% and 13.6% of AFDC household heads, and mental health problems between 2.0% and 28.4% of the AFDC head of household population. The mothers and caretakers of children with chronic illnesses or disabilities also face barriers to self-sufficiency. The estimated prevalence of physical limitations or disabilities among children in AFDC households is thought to range between 11.1% and 21.1% (Olson & Pavetti, 1996).

Clearly, the literature provides less than adequate empirical data on the true incidence of physical and mental disabilities among adults and children involved with cash assistance programs. It could be that as few as 10% or as many as 50% or more of families are affected by these issues. What we do know for a fact is that the most recent national statistics indicate that nearly one-quarter (24%) of first AFDC spells that began between 1986 and 1991 were associated with the householder acquiring a work limitation; this was notably higher (1973-79, 18% and 1980-85, 16%) than the percentages recorded in prior periods (U.S. Department of Health and Human Services, 1997).

The very real difficulties facing families with a disabled member, adult or child, and the challenges such families present to local welfare agencies are illustrated in the following representative vignettes.

> The F s are an intact family of five who live in Section 8 housing. Both parents are hearing-impaired and receive TCA for their three children only.
>
> Mr. G, a single parent of one adult and two adolescent children, began to receive welfare in Fall, 1995. He is a veteran with a strong work history who is unable to work because of multiple health problems including heart problems and a diagnosed anxiety disorder for which he takes medication. One of Mr. G s sons was murdered several years ago, another - on probation for theft - was awaiting placement in a residential facility (was placed and returned home approx. two years later). Mr. G receives welfare for himself and his teenage child.
>
> Ms. H has been known to the agency since prior to CARES conversion (9/94), getting AFDC for herself, one child and a niece; her disabled infant son received SSI. In early 1996, client called to report that her niece moved to another Maryland county with her mother who had just been released from prison.
>
> Ms. I has only been receiving TCA for about nine months. She applied at age 18 for herself and her infant child, who is multiply-handicapped. Ms. I is a high school dropout who lives with her mother and other family members. She is exempt from work until her child turns one.
>
> Ms. J has only been receiving TCA for three months, applying for herself, three children and her husband, who is hospitalized because of an accident. Ms. J cooperates with job search, but this becomes difficult when husband is released from hospital because of the seriousness of his injuries; MD provides letter that she is needed at home to care for him for several months. Thus, client is exempt through mid-1998.
>
> Ms. K, who is deaf and receives SSI, began to receive TCA in the summer of 1997 for her young child. She and child live with her mother.
>
> Ms. L, a single mother of two pre-schoolers, has been receiving AFDC/TCA since before CARES conversion (9/94). One absent parent pays child support, the other is incarcerated. Client works part-time in child care field, but does have chronic medical condition which, by

narrative s end, has made her work exempt for 12 months and led to application for SSI.

Ms. M, a public housing resident, began to receive TCA for herself and two children in 8/97. Client had been on sick leave from her job since 6/97, but all sick leave is now exhausted and she has no current income or assets. Her physician deems her unable to work until at least 6/98.

Ms. N, in her early 20s, becomes known to TCA in mid-1997 when TCA is provided for her and her newborn baby (through a relative who has custody of the newborn as rep. payee). Client moved here from another state where another child is being adopted and where she must return for court-ordered mental health evaluation. Local assessment will also be done and decisions about work program participation will be made once results are known.

The O s are an intact family who were receiving AFDC in 1995 in another county for all family members. Mr. was removed from AFDC grant upon approval of his SSI benefits; AFDC remained open for Mrs. and two children. Son also qualifies for SSI, so Mrs. and daughter on TCA. Family moves and case transferred to Frederick County in 1995. In 1/96 Mrs. requires major surgery which leaves her unable to walk w/o a cane for several months and exempts her from work requirements until 2/97. In 2/96 second child also qualifies for SSI. Mrs. applies for SSI but is denied, though in 1997 she is medically exempt from work requirements for another year. Client also suffers from major depression.

Ms. P has been on welfare since at least 11/96.She has an 8th grade education, has never worked, lives in subsidized housing and receives TCA for herself and two children. After being hospitalized 3x in two months she has temporary (12 month) disability and has applied for SSI.

Ms. Q has only been receiving TCA for two months, for herself and one child. She currently lives with her brother and has a pending claim with Social Security; physician verifies client has mental health problem of long-standing duration.

Ms. R has a history of psychiatric hospitalization and, at 18, applied for TCA in 4/97 for herself and infant child; child's father is 16, but has dropped out of school. Client lives with her mother in subsidized housing and is a full time HS student. Client's mother also receives TCA.

Ms. S applied for TCA for self and daughter in 12/97 after release from psychiatric hospital for anorexia and depression due to 2 year abusive marriage. She has worked, but is on medical leave; has 12 month

disability due to unstable mental state and eating disorder. Daughter is full time HS student; absent parent lives out of state.

Teenage Childbearing

One of the more controversial topics which has been linked to welfare receipt is teen childbearing (see, for example, Parrott and Greenstein, 1995). The rate of births to teens rose 23.6% between 1980 and 1990 in Maryland, the 9th largest rate of growth in the nation (Children's Defense Fund, 1993). However, in recent years, the trend has reversed itself in Maryland and nationally. To illustrate, for the nation as a whole, the rate of births to females between the ages of 15 and 19 fell 12.4% between 1991 and 1996, while in Maryland the rate fell 15.1% during this same time period (CDC/NCHS, 1998).

The employment implications for teen mothers are grim. The US General Accounting Office (GAO, 1994b) reports that working women who gave birth as teenagers earn less than other women who work and did not give birth as teenagers. Women who begin childbearing during adolescence are less likely to have a high school diploma, are less likely to marry, and are more likely than women who delay childbearing to have total family incomes below 50% of the poverty line (GAO, 1994b). Current and former teenage mothers comprised 42% of the national AFDC single mother caseload in 1992 (GAO, 1994a). As the following vignettes illustrate, teen childbearing appears to be a common phenomenon among Frederick County active cases.

Ms. T has only been on TCA for about a year; she applied in May 1997 when, at age 18, she was pregnant with her first child. She lived then and still lives with her father and stepmother, has health insurance through her

parents, is a full-time high school student and has cooperated with child support. She is exempt from work activities until her child is one year old.

Ms. U applies for AFDC in 4/96 for herself, one 7 month old and her unborn child. She is 19, had been living in another county, has moved in with her parents but wants to get a place of her own. She is cooperating with child support and has had blood tests which show same man is father of both children. Her mother agrees that client should get her GED and will provide child care while client is in school and will provide transportation, too. Several months later, client moves in with children's father, so AFDC case closes; a few months later, client reapplies as she has moved back to her parents' home. By spring, 1997 client and her children have moved to public housing and receive TCA, food stamps and MA.

Ms. V made several partial applications for TCA during the first nine months of 1996, but did not complete the application process until 9/97. At that time, she was 19 and the mother of four children, three of whom lived with her aunt (who received TCA for them), and the youngest of whom (2 mos.) resided with Ms. V. Client gave birth to another child before having been on TCA for 10 months; when the narrative ends, client sporadically attending GED classes and is exempt from work requirements because her youngest child is under one year of age.

Ms. W began to receive AFDC in 10/96 when 18 and pregnant with her first child, living with her mother and grandmother in subsidized housing. In June of 1997, client reports that her mother kicked her out of her home and she spent night on street. In November, she applies for self, child and unborn due in 5/98. At the end of March 1998, the client, her mother and her child moved to another state and applied for benefits there.

Ms. X became an AFDC payee in the fall of 1994 as an unmarried 18 year old pregnant with her first child. Prior to this she had been receiving Food Stamps and Medical Assistance on her mother's case. Her second child was born at the end of 1995 and she obtained her own apartment (public housing). Client has been reluctant to participate in required work activities, claiming that her friends don't have to, etc., chronically missed or was late for appointments and, eventually, was closed for non-compliance. Subsequently, she began to participate in a program at a non-profit vendor and seemed to be "flourishing"; three weeks later, however, she had begun to be late or to miss days with no notice/excuse. After conciliation sessions involving an outside advocate, client began at the non-profit again, but again quickly began to miss days or leave early; her best stretch was attendance for six consecutive days. In addition to

these issues, client has experienced day care breakdowns and reports that the father of her two children is incarcerated.

Domestic Violence

Domestic violence is another of the issues which is faced by many TCA recipients. A recent study of adult women in a low income neighborhood of Chicago, showed that many of these women had experienced male violence in their relationships within the last 12 months. This study also found significant differences in the prevalence of abuse between AFDC participants and non-AFDC women; specifically, rates for physical aggression (throwing objects, pushing, grabbing and slapping) and severe aggression (kicking, hitting, beating, injuring, raping, and assault or battery with a weapon) were higher for women with a history of AFDC receipt than they were for women with no AFDC history. One in three AFDC recipients had experienced physical aggression in the past 12 months, compared to one in ten non-AFDC recipients; about 7% of non-AFDC recipients reported severe aggression, in sharp contrast to the 20% of women with an AFDC history. (Raphael & Tolman, 1997)

Another study cited by Raphael and Tolman (Curcio, 1997, as cited by Raphael & Tolman, 1997), found that in Passaic County, NJ, two out of three welfare participants are currently involved with an intimate partner, and that one in five of these relationships are physically violent. While many of the women surveyed reported that their partners did not encourage attempts at education and training (47% of abused women and 38% of non-abused women), domestic violence victims also face interference with their attempts to work.

Women who are subjected to domestic violence are often not alone; many have children who are at risk for being witnesses to the repeated abuse of their mothers or being abused themselves. Straus and Gelles (1990) reported that in a survey of American families, 50% of men who frequently assaulted their wives also frequently abused their children. Children who witness violence in the home display many emotional and behavioral disturbances, including withdrawal, low self-esteem, nightmares, self-blame, and increased aggression against peers, family members and property (Peled et al, 1995). The implications of witnessing domestic violence during childhood are particularly serious for males, since men who witnessed their parents domestic violence are three times more likely to abuse their wives than are sons of non-abusive parents.

Maryland, among many other states, has elected the option in the federal welfare bill that allows welfare officials to exempt domestic violence victims, at least temporarily, from work requirements and time limits. As the following vignettes illustrate, this policy is a wise one because domestic violence victims often face many formidable challenges in being able to provide for their families in a safe and secure environment.

> Ms. Y applied for AFDC in 3/96 for self and 3 children when husband leaves home; she has protection order. Her oldest child is in school; she has no income. As of September 1997, the client and her children are living in shelter and client working part-time.
>
> Ms. Z began to receive TCA in Md in late 1996, for herself and two minor children, having moved to the state a few months earlier to escape an abusive marriage. Client only got aid for a few months, then was able to exit due to earnings from job and receipt of child support. However, client needed surgery shortly after beginning work; lost job due to having to miss so much time from work in first few months. Client back on TCA, but

actively looking for full-time job, cooperating with program and working part time

Ms. AA has only been receiving TCA for two months, for herself and her newborn child. She cooperates with child support, noting that the absent parent and she have separated and reconciled five times. Client claims history of domestic violence, but reports that absent parent now lives out of state. She lives in her grandfather s home and is exempt from work requirements because her child is less than one year of age.

Grandparents and Other Relatives

In some cases, when parents are unable to support and care for their children for various reasons, the children will be taken in by grandparents or other family members as an alternative to placement in foster care. This was seen in many of the cases we reviewed. Children are placed with grandparents and relatives for many different reasons, including substance abuse, teen pregnancy, AIDS, incarceration, emotional problems and parental death (Fuller-Thomson, Minkler & Driver, 1997) In some cases, previously employed custodians must give up employment in order to care for children with special needs or because of lack of child care (McLean & Thomas, 1996).

In particular, grandparents caring for grandchildren are part of a growing trend in the United States. The Census Bureau reported an increase of 76% in the number of families headed by grandparents between 1970 and 1997. Troubling statistics follow this increase. Families headed by a grandmother are more likely to be poor and to receive cash assistance than other families (U.S. Bureau of the Census, 1998), headed by both a grandmother and a grandfather, or a grandparent and a parent, because they are less likely to have another adult available who can work or care for the children while she works. Grandparents taking care of their grandchildren are also more likely to have symptoms of depression (Minkler, Fuller-Thompson, Miller, & Driver, 1997).

Current Maryland policy exempts caretaker relatives from work requirements and time limits. As a result, it may be predicted that these cases will spend more time on the welfare rolls than the traditional single mother household. As the following vignettes illustrate, the situations caretaker relatives face in rearing the children they are caring for will often require attention from the human services community and may require different policies and practices than those developed for other types of households.

> Ms. BB is caretaker for two grandnieces and one grandnephew; only asset is 9 year old's school savings account. Family lives in Section 8 housing; client has 10th grade education and work history of domestic and cashier positions; willing and ready to work and has family members who may be able to provide child care.
>
> Ms. CC is caretaker relative for son's daughter for whom she has been receiving TCA since early 1995; client cooperated w/child support against both parents, but believes both are incarcerated. Lives w/adult daughter with whom she shares expenses.
>
> Ms. DD and her husband are caretaker relatives for 14 year old nephew who had been living with great grandmother in another state. Grandmother received AFDC for him, but can no longer care for him; his mother has signed papers for aunt to care for child. They have received AFDC for nephew since 8/96.
>
> Ms. EE applied for AFDC in 11/94 for her grandson who was known to Child Protective Services and whose mother was reportedly out of state with a carnival and had left the child in her mother's care.
>
> Ms. FF has received TCA for her granddaughter since early 1997. Client receives SSA/SSI and food stamps, lives in public housing and has no assets.
>
> Ms. GG has been receiving TCA for about nine months for her 13 year old grandchild, whose parent is incarcerated. Ms. GG. does not receive TCA for herself; her income is $60/week from housecleaning.
>
> Mr. and Mrs. HH have been receiving TCA for two grandchildren, but not for themselves, since before CARES conversion in 9/94 and, in that month, added a third grandchild to the case (a few months later one of the

children is placed in foster care). In late 1997, another grandchild was added to the TCA case for a period of several months while his mother was receiving cancer treatments. In spring, 1998, the TCA case for two grandchildren remains open.

Mrs. II and her husband receive TCA for their niece and have done so for about 15 months, since child was placed with them by DSS. They also receive foster care payments from another state for four nephews.

Mrs. JJ has gotten TCA for two grandchildren (receives Social Security herself) since before CARES conversion in 9/94. In late 1994 her son and his common-law wife move out of the home and their 13 year old daughter is added to the TCA case. At about the same time, Mrs.JJ s son, who receives SSI, returns to live with her. Approximately nine months later, this son moves in with his brother and one grandchild moves to another state. In spring, 1998 Mrs. JJ continues to receive TCA for her 6 and 12 year old grandchildren.

Ms. KK and her husband have been receiving TCA for her sister s two children (of whom she has custody) since fall of 1995. They continue to receive TCA for these two girls in the spring of 1998.

Ms. LL receives TCA for her three grandchildren, but not for herself (she works full-time and receives purchase of child care subsidy). Whereabouts of children s parents are unknown; Ms. LL has received TCA for these youngsters for at least three years and continues to do so in the spring of 1998.

Ms. MM and her husband have gotten TCA for their two school age grandchildren at least since 1994. Children s father is unknown and their mother has very limited abilities and resides in a group home. TCA benefits continue to be received as of spring, 1998.

Ms. NN received TCA for herself and two school age grandchildren since before CARES conversion in 9/94. She ceases to get TCA for herself in 1995 as she obtained a job. Family lives in subsidized housing with client s employed adult daughter. The situation remains the same and the children s TCA case remains open as of spring, 1998.

Ms. OO receives TCA for her two grandchildren and has done so at least since 1994. TCA case for these children remains active as of spring, 1998.

Ms. PP and her husband began to receive TCA for their grandchild in May 1997. In 2/98, client reports that child s mother, currently in the county

detention center, will have a parole hearing in 5/98 and returning to her parents home until she can get settled. Client also reports that Mr. has been laid off; considers applying for food stamps, but decides not to when calculations reveal monthly benefit of $90

Ms. QQ, an SSI recipient, has been receiving TCA for her four grandchildren at least since the latter half of 1994. She speaks little english and usually has one of the grandchildren serve as interpreter at DSS meetings. In early 1995, the oldest grandson is removed from the grant as he has turned 18 and is not expected to graduate high school before his 19th birthday (he does have good attendance, but is only in the 11th grade). Shortly thereafter, he is incarcerated for a few months, returns to the home, but eventually moves out. Another grandchild is a full-time high school student who also works part-time , hoped to attend college and, in fact, was able to enroll at a UM campus during the period of time covered by these narratives. In contrast, her sister, a year younger, drops out of high school, but attends GED classes through the housing authority. The narrative ends with the client and this grandchild being scheduled for an appointment to discuss program requirements relative to the grandchild who is not in school.

Ms. RR, a grandmother, receives TCA for her daughter s pre-school child who client has been raising since child was an infant. Both parents are incarcerated and child s mother has prior history of imprisonment. Client is concerned that her daughter may soon be paroled and demand custody of child; client interested in legal custody or foster care.

Ms. SS, who works full-time, was known to the agency before CARES conversion in 9/94 as she had been receiving cash assistance for her minor daughter s child of whom Ms. SS. has legal custody. Her daughter was residing at a residential treatment center at the time, although she has a history of running away and a history of prior hospitalizations, during one of which, allegedly she became pregnant by another patient. In 2/97 Ms. SS. also applies for TCA for her nephew of whom she has been awarded temporary custody by the court (child s father is incarcerated and mother is too unstable to care for him). At year s end this child is removed from the home and institutionalized in another county. When the narrative ends in spring, 1998, Ms. SS. has married and is still receiving TCA for her grandchild.

Ms. TT has received TCA for one grandchild for about two years; both of child s parents are incarcerated; Ms. TT receives Social Security.

Ms. UU and her husband have only been receiving TCA for two months, not for themselves, but for her sister s two children who were placed with

them by a child welfare agency from another state. Mr. works and Mrs. did too until children came to live with them.

Ms. VV has been on cash assistance continuously since prior to CARES conversion (9/94), receiving AFDC for herself and one granddaughter. Client had been PI-mandatory but is now 61 and pursuing Social Security disability. She and grandchild live in Section 8 housing. Although client took part in and graduated from welfare-to-work program in 1997, she has mobility problems and cardiology problems which may require surgery. In 1997 client's SSI claim was denied, but she is appealing and her case has been assigned to an administrative law judge.

Inter-generational Issues

Despite the persistence of the stereotype that most women who use welfare are those who received welfare as children (i.e., that welfare use is inter-generationally transmitted), the empirical literature is consistent in indicating that this is simply not the case (see, for example, Bassuck, Browne & Buckner, 1996). However, the research has also shown that receipt of welfare as a child is a risk factor for receipt of welfare as an adult (US DHHS, 1997).

Though theories abound, the causal chain which makes childhood welfare receipt a risk factor for adult welfare receipt is far from being well-understood. One explanation for inter-generational welfare receipt posits that children who grow up in welfare households are socialized to hold attitudes and values that interfere with their ability to function in the labor market. In contrast some explain inter-generational welfare receipt in terms of poor children s more limited opportunities for education and employment (see Greenwell, Leibowitz and Klerman, 1998, for discussion of the major competing theoretical explanations).

Whatever the relationship, however, in the real world of the front-line welfare agency and its staff, cases where the now adult payee may have come from a welfare-dependent family of origin may prove particularly challenging in the new time-limited, work-oriented world of welfare. A few representative examples from the remaining cash assistance caseload in March 1998 help to illustrate this point.

> Ms. WW. applied for cash assistance in May of 1995, a few months before her 18th birthday, pregnant with her first child. At the time of application Ms. WW, a 12th grade student, was on her mother's grant and resided with her mother and siblings in public housing. In July 1997 Ms. has her second child, has dropped out of school, but is working on her GED and has secured her own public housing apartment.
>
> Ms. XX began to receive cash assistance (GPA-PW) in 1/95 when 19 and pregnant with her first child. She lives in public housing with her mother and brother, both of whom receive AFDC. Client does not work and dropped out of school, but attends GED classes at night. Her case was closed in fall 1996 for failure to return verifications, but opened shortly thereafter when the materials were submitted; at this time client reported 2nd pregnancy; upon birth of child, client is exempt from job search for one year.
>
> Ms. YY began receiving AFDC for herself and her one child shortly after her 18th birthday in mid-1995. She applied for aid because she had to leave her job at a fast food restaurant because she was pregnant with her second child. Client had been living with the father of her unborn child until his arrest on serious drug charges. Prior to welfare reform client had experienced several sanctions for non-compliance with Project Independence and child support. Had a short-lived, fast food job. Chronically missed appointments at DSS and AFDC case was eventually closed. Reapplied in 4/97 for self, two children and unborn child; living with her mother; placed on bed rest by MD for duration of pregnancy. Oldest child removed from home in 6/97 (Child Protective Services issue) and lives with father in another state; father of newborn incarcerated for crack cocaine sale and possession. Referral for HeadStart for middle child; client did not follow through, but did cooperate with child support. As of 10/97 had part-time, weekend job at a fast food restaurant (approx. 16 hours @ $5.75/hour); quit this job 12/97; exempt from work requirements until infant is one year old. As of 3/98 was living in Section 8 housing with her two children, not working, but was attending GED classes.

Families with Multiple Problems

Unfortunately, in many cases, families problems do not exist as separate compartmentalized issues; instead and more commonly, families often need to deal with multiple problems at once. A recent report profiling the multiple barriers to work and lifetime self-sufficiency faced by Oklahoma TANF clients and workers indicated that the top eleven challenges included spouses or partners with criminal records, current illnesses, lack of reliable transportation, spousal assault, not wanting to work, chemical dependency of payee, chemical dependency of payee s spouse/partner, mental health problems of payee, payee caring for a disabled family member and payee s criminal record (Keesee & Williams, 1997). More than half of the caseload (56%) had between two and seven of these problems at once, with the average number of problems faced being between two and three. Virtually all of the vignettes presented in the preceding part of this chapter indicate that families often struggle with more than one issue at a time. However, our review identified certain cases in the March 1998 active TCA caseload in Frederick County that unequivocally paint a picture of families where multiple problems, often of long-standing duration, are evident. Following are some vignettes illustrating the situations of families with multiple problems.

> The ZZ family has been known to TCA since before CARES conversion in 9/94, but also has a history of both child protective services and intensive family services involvement. In fall 1994 this was a two parent household with both parents unemployed (Mrs. receiving SSI) and their home just destroyed by a fire. Mr. is not willing to cooperate with work requirements and refuses to reveal information about his part-time job. In spring, 1995, Mrs. reports and police confirm Mr. s removal from the home and fact of multiple domestic violence calls to the family s new (Sec. 8) residence. School attendance for all three children is chronically poor; in spring 1996 son is arrested for selling drugs and placed in a private detention center. Released after 8 weeks, he returns home, but just about a year later is

sent to boot camp for three months. In the meantime, his 15 and 17 year old sisters have stopped attending school; in agency interview about this, the older girl is both belligerent and tearful, but says she will not cooperate with job search; she is removed from the TCA grant; approximately 8 months later she is not in school, not working, but is pregnant. At about the same time (2/98) , her brother is sent by DJS to a residential drug treatment program, her younger sister has withdrawn from school, the family is told they must move due to sale of rental house, and the ZZ s add their grandchild (another son s child) to the TCA case, as both parents are incarcerated.

Ms. AAA applies in early 1997 for TCA only for herself and two children. She is 18, working with a local non-profit agency to obtain her GED and lives with her mother in public housing. She and her children have been receiving TCA on client's mother's case. Client participated in and graduated from welfare-to-work program, obtained retail job and TCA case closed. Eight months later, client reapplies for TCA as she is no longer working; two weeks later her mother calls to report client is in the hospital with a brain tumor for which surgery has been performed. Client is certified for TCA and is exempt from work requirements.

Ms. BBB has received AFDC/TCA for about four years for one or more grandchildren - currently for three grandchildren and one great-grandchild. Two of the grandchildren have involvement with Juvenile Services and at least one has a history of placement in residential facilities. Oldest grandchild has second baby by end of the case narrative. Ms. BBB does not have enough quarters of coverage to qualify for Social Security.

Ms. CCC began to receive TCA for herself, three children and an unborn in late 1996 as a transfer case from another county. At the time of application, client claims unborn s father, now incarcerated, had been stalking her and she fears for her safety and that of baby. Client wants to return to work ASAP; claims lost job because of car breakdown and inability to have it fixed. MD certifies she can t work for remainder of pregnancy. During period covered by this study, client loses license for overdue tickets, has one child in residential school, one absent parent is incarcerated on abuse charges, and client has a fourth child.

Ms. DDD has been known to the agency at least since early 1995 when she received TCA for herself and two pre-school children. Both client and her mother are known to have histories of alcohol and drug abuse and possible abuse/neglect complaints in another state. Ms DDD also has a history of mental illness, including hospitalizations, and takes medication for same. During the roughly three year period covered by the case

narrative, Ms. DDD has resided in three different residences, including a stay in a shelter with her two daughters, has had several utility and rent emergencies, been sanctioned for non-compliance with pre-school health rules, and been determined by an MD to be medically unable to work. She is to be reassessed for ability to engage in work activities in fall, 1998 and has applied for SSI. Throughout this period transportation has been a chronic problem.

Ms. EEE applied for TCA in 2/96; so disruptive and threatening to other clients that police were called; child not living with her; with father in DC; Child Protective Services involvement; 4/97 client in jail on theft charges; child in Child Protective Services custody in neighboring county; 10/97 worked brief time but fired for excessive absences; 12/97 pregnant with twins, living w/friend and working 20 hrs wk @5.00 hr; 1/98 no longer working; MD certificate exempting her from work due to high risk pregnancy.

Families Facing Shorter-Term Crises

The vignettes presented thus far in this chapter make it quite clear that for at least a sizable minority of Frederick County TCA-recipient families, prospects for a speedy, smooth, lasting exit from welfare may not be very good. At the same time it is important to point out that not all families in the active caseload in March of this year are as troubled, nor are all of them experiencing the seemingly intractable problems that other families confront. Rather, it is clear from our review of case narratives that many families in Frederick County do use welfare in the manner in which the program was intended to be used: as a relatively short-term program to provide income in times of crisis. There are many such families in the Frederick County caseload; several representative vignettes are reported below.

Mr. FFF has been known to TCA only for about six months; he applied for aid for himself and two children after the death of his wife, certification of his own temporary medical disability and waiting decision on application for benefits on wife s SSA account. Client participates in work program and engages in job search; as narrative ends, his job search continues and he believes he has a good job possibility.

Ms. GGG began to receive TCA and Food stamps for herself and two children in summer 1997. She is a student at a local beauty school, due to graduate in a few months; she also works part time at a barber shop.

Ms. HHH applied for TCA in fall, 1997 when on unpaid maternity leave from her job. She has an infant son and plans to return to work in just about one month. She is interested in POC so her mother can provide child care when she returns to work.

Ms. III, in her early 20s, has been on TCA for about nine months. She was employed at the time of application and expected to work until the birth of her child (which she did). Client immediately reserved spot for infant at day care center and plans to return to work after 8 weeks, a plan which is verified by her employer.

Ms. JJJ applied for TCA in 1/97 for self and 8 month old child; was making $400-$500 per week on job, but now homeless and fears will lose job. Moved to a shelter after losing the job, but is now staying in a room of another client s house. Has 3 yrs of college, borrows mother's car for transportation. In May 1997 got retail job (24 hrs/wk @ $6 hr) but was fired in June for missing one day of work - verified by worker call to employer who said "I don't need unreliable employees". Client requested TCA case closure in 7/97, to receive child support instead ($70/wk, $60 current support & $10 arrears). Her child was taken out of state for surgery in 12/97. As of March 1998 client has a part time job at an insurance company (24 hrs/wk @$7.50 hr). TCA case closed, receiving transitional MA.

Ms. KKK, who works full time and rents in public housing, has been receiving Food Stamps and/or MA for herself and two children (ages 14 and 18) at least since 9/94. Her adult daughter lives with her and receives AFDC/TCA for herself and one child. In early 1996, adult daughter goes to another state to care for sick grandmother; her son is added to Ms. KKK's Food stamps case and she begins to receive AFDC for the grandson. Client continues to work full time at nursing home.

Ms. LLL applied in 11/97 for TCA for self and unborn child; husband incarcerated for parole violation; lives with her parents; says she's able and willing to train, will enroll in GED classes; is taking child development course at non-profit agency.

Ms. MMM applied for TCA in fall, 1997 for herself, boyfriend and unborn child. Client has steady work history and was working until fired from last job due to disagreement with boss; has been applying for jobs, but has not been hired due to pregnancy. Client and boyfriend are both involved

with parole and probation due to separate DUI; client has several years of probation remaining. She does not have driver s license because of insurance violation, but does have vehicle that runs. Boyfriend does work full-time. Client is exempt from work until child turns one, but says she will return to work ASAP after child s birth.

Ms. NNN, 19, and a high school graduate, began to receive TCA for herself and one child in 8/97. She was living with the absent parent, but when he kicked her out of the apartment she went to live with her mother. Within a few weeks, client leaves mom s home and moves to apt. leased by absent parent (who is confirmed to be inmate at detention center) and reports part-time work. In 1/98 it is revealed that client is facing drug possession and distribution charges, though client claims this was all done by the absent parent. In 3/98 the TCA case closes as client has found a telemarketing job (25 hrs/week @ $6/hour) and has filed application for child care subsidy.

Ms. OOO began getting TCA in spring 1996 as a 17 ½ year old pregnant female with a 10th grade education. She lives with her mother who is employed (client has 2 yr old child who is awaiting adoption), but two months later reports she has been thrown out of her mother s home and living with friends. A few months later, Ms. OOO has reconciled with mother and living with mother, boyfriend and newborn. Client and boyfriend subsequently have second child and marry. He is employed by a moving company, but is injured and, as of the spring of 1998, is medically certified as unable to work.

Ms. PPP is caretaker relative for nephew; had to quit job due to evening hours and inability to afford/find evening child care. Did not want to be added to TCA case, but to keep looking for work; got fast food job in 10/97 (35 hrs wk @ $5.25 hour; changed to another fast food job in 11/97; 1/98 unable to work - poured hot grease on legs at work; out for one month; 2/98 back to job (74 hrs biwk @$6.25 hr).

Ms. QQQ moved back to this county and applied for TCA for herself and two children in 10/97; husband in jail; previous AFDC in another county and another state. Husband out of jail 1/98 (early release due to elec. engineering course at community college), back in home and added to case. Husband will participate in work programs as client exempt due to child under one year of age.

Ms. RRR has only been receiving TCA for herself and one child for a few months after separating from her husband. She worked briefly before applying but claims Mr. made her quit; she does have an ex parte order against him. Client immediately begins to participate in work readiness

program and to do job search. After court hearing, absent parent is ordered to pay $400+ month in child support and client reports a job offer; TCA case closes at end of March 1998.

Ms. SSS has been receiving cash assistance for herself and two children since before CARES conversion (9/94) and adds a newborn to the assistance unit in 12/94. Client and her children (all under 4 yrs of age) live with her mother and continue to receive aid until 2/97 when case is closed for non-compliance with work requirements. Ms. SSS reapplies in 4/97 and says she has been looking for work and hopes to find before TCA case opens because she is not interested in job search and Bridges program. Claims her mother can watch children. Does not attend Bridges program, but eventually calls agency agreeing to do whatever it takes to get case opened. After several false starts, client participates in job search and Bridges program; TCA case is reopened. Client then begins to miss sessions, but reports she is working full-time, though fails to provide verification; TCA case closes again. Client calls to report she has quit first job, got another. Shortly thereafter, quits that job and gets a third job . Client does not provide wage verification so TCA case is closed at the end of 3/98.

Ms. TTT , who has completed 11th grade and is living with her grandmother, began to receive TCA for herself and three children in fall 1995 after being released from prison after serving five years (children lived with client s mother during her incarceration). In spring 1996 client has gall bladder surgery, is pregnant and exempt from work requirements for these two reasons. By spring 1997 client has graduated from work readiness program and is completing required weekly job searches. Client also takes part in internship program, but has child care and transportation problems. When narrative ends in spring, 1998 client is continuing to work with services worker to find more accessible housing and to enroll in driver s education class; will begin job search when youngest child turns one.

Conclusions

In Maryland, welfare reform is working according to plan: in general, families who have exited cash assistance in the first year or so of reform have been those with relatively short welfare careers and/or those with a history of labor force attachment. This is unquestionably good news which has been reflected in truly dramatic decreases in the number of families receiving TCA benefits in our state. Local welfare agencies and their community partners must continue their efforts to help families make speedy, lasting exits from welfare. However, as we move into the mid-years of welfare reform, it becomes equally important focus on families that have not been able to leave welfare and on families who have recently come on to the welfare rolls. In particular, it is imperative that we learn more about the characteristics and circumstances of those who remain on the cash assistance rolls and the problems or barriers they face, so that, where possible, appropriate services or interventions can be developed.

This report represents a beginning attempt to put a human face on the population of families who, 18 months after welfare reform implementation, are on the cash assistance rolls in one representative Maryland subdivision, Frederick County. Having reviewed administrative data and case vignettes for the entire universe of 358 TCA families in this county as of March 1998, the following profile emerges.

The vast majority (95%) of households on TCA are headed by women; only five percent are headed by males. About half of the case heads (48%) have never been married, few (4%) are attending school on a part-time or full-time basis, and relatively few (13%) household heads report a disabling condition. Noteworthy also is the fact

that TCA cases in Frederick County tend to be headed by older, rather than younger, women. Fully two-thirds of all 358 cases, to illustrate, are headed by a payee who is 30 years of age or older. Indeed, fully one-third of all cases are headed by a payee who is at least 40 years of age. It is also true that the TCA population in Frederick County is not composed exclusively or even primarily of long-term welfare users; both first-time and long-term recipients are included. Indeed, the majority (69%) of the 358 families have been on assistance continuously for two years or less. About half have a current spell length of 10 months or less - a figure which is identical to that of families which exited welfare during the first year of reform. However, when lifetime welfare use is considered, about one in four on-welfare families had accumulated more than five years of welfare receipt as of our study month, March 1998.

What about the challenges these families face? The vignettes presented in the previous chapter make it clear that, in many instances, these households confront multiple problems, some of long-standing duration, and many of which do present formidable barriers to swift, lasting transitions from welfare to work. Among the more common challenges or problems revealed in the vignettes are: substance abuse, physical and mental disabilities, teenage childbearing, domestic violence, the role of grandparents and other relatives and inter-generational issues. In addition, many families have one or more members involved with the criminal justice system and, often, families face one or more of these issues simultaneously.

Based on these profile data and having read the case narratives of these families in their entirety, the authors believe several conclusions can be drawn. A first is that there is reason for optimism, but also reason for concern. Among the 358 TCA

families in Frederick County in March 1998, there are many who probably will not remain on assistance for extended periods of time and/or are relatively new users of TCA. The case vignettes suggest that these families have turned to welfare for short-term income support in a time of crisis. History suggests that few of the families of this type will be at risk to hit the five year time limit and that most of them may be able to transition off the welfare rolls without major difficulties.

There is also reason for concern, however. Our case vignettes suggest there are a sizable minority - if not a small majority - of families for whom making a successful transition from welfare to work will likely be a difficult, time-consuming and perhaps resource-intensive process. Without doubt, many of these families will need long-term, comprehensive post-exit services, if they are to have any chance of remaining independent of cash assistance and avoiding the five year lifetime limit. It seems obvious, too, that for many of these families, the local welfare agency can not be expected to go it alone in terms of providing the pre- and post-exit services needed. These vignettes make it quite clear that welfare reform is a community-wide challenge. Among the services needed are: detoxification/rehabilitation, counseling, stress management, family planning, parenting education, transportation, child care, job training, child support enforcement and the like.

There is another not so subtle reality that bears mentioning: the fact that a sizable number of active TCA cases are ones headed by grandmothers and other relatives. Increases in this phenomenon, particularly growth in the size of the child-only TCA/TANF cohort, have been noted in statewide Maryland statistics and in a

recent U.S. Department of Health and Human Services analysis of nationwide data.[18] In Maryland in August 1998, to illustrate, fully one-fourth (24.9%) of all active TCA cases statewide were child-only cases.[19] This compares to a historical, statewide figure of roughly 10 to 15%.

The upward trend in child-only cases, both nationally and in Maryland, began before implementation of welfare reform, but is probably an issue to which some research and programmatic attention should be devoted. Somewhat more specifically, as we continue to tweak and refine our state's reformed welfare system based on front-line experience and empirical research, it would seem prudent to take a closer look at the characteristics and circumstances of such cases. For example, adult caretaker relatives in these cases are exempt from both work requirements and time limits and all else equal, it might be expected that child-only cases will remain on TCA longer than other types of cases. Thus, our ability to more accurately forecast likely overall expenditures for cash assistance in future years would be enhanced by more detailed information about these families.

So what are the bottom-line conclusions from our review of materials describing the Frederick County TCA caseload some 18 months into welfare reform? In the opinion of the authors, the one bottom-line is that the hardest work of welfare reform is yet to come. As our case materials show, there are many families - even in a relatively prosperous county such as Frederick - for whom troubles are many and resources to

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[18] Dr. Donald Oellerich, ASPE-USDHHS, Personal Communication, August 1998.

[19] Mr. Mark Millspaugh, Family Investment Administration, Maryland Department of Human Resources, Personal Communication, October 27, 1998.

address them are few. Families such as these present challenges not only to the welfare agency, but to all of us. No doubt some of these families will qualify for exemptions of various sorts, but many others may not. Meanwhile, the five year clock continues to tick. As it does, the case vignettes presented in this paper make it crystal-clear how important the welfare savings/dedicated purpose fund and state maintenance of effort (MOE) dollars will be in agencies efforts to serve the more troubled families on the cash assistance rolls.

There is one other conclusion or word to the wise that we would offer based on this study and our familiarity with welfare and human service delivery systems in Maryland. This is a point which has been articulated in other of our reports, but seems even more compelling after our review of the vignettes of 358 TCA families in one Maryland subdivision. That is, welfare reform, to be successful, must be viewed and approached as a community-wide challenge and responsibility, not just a responsibility of the Department of Human Resources (DHR) and the 24 local Departments of Social Services (DSS).

Two specific examples seem most evident from the data presented in this report. One concerns the invidious problem of substance abuse which current state policy explicitly acknowledges can not be addressed solely within the welfare agency. It is our opinion that careful review of current welfare substance abuse policy, particularly its real world implementation, its operation and its problems and outcomes thus far is of prime importance. In short, our substance abuse policy must work or it must be revised.

A second example of the critical need for substantive, focused welfare reform work outside the DHR/DSS walls, we believe, concerns the separate federal welfare-to-work funds that Maryland is to receive.[20] As we trust this report has made clear, assisting many of today s TCA families to successfully transition from welfare to work will not be easily, quickly or inexpensively accomplished. In addition, traditional job placement strategies may not be most appropriate (or sufficient) in some instances. Thus, it becomes imperative for elected and appointed officials to insure that these welfare-to-work funds are spent effectively and that the results achieved are closely monitored. In this area, as is true with regard to substance abuse and, indeed, for welfare reform in its entirety, neither our state nor its low-income families can afford for us to do less than our best. The stakes are simply too high.

[20] As we understand it, these funds are to be administered by the Department of Labor, Licensing and Regulation and Private Industry Councils (PICs) .

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Appendix A.
U.S. Census Bureau Definitions of Urban and Rural [21]

Urban and Rural

According to the1990 census definition, the urban population comprises all persons living in (a) places of 2,500 or more inhabitants incorporated as cities, villages, boroughs (except in Alaska and New York), and towns (except in the New England States, New York, and Wisconsin), but excluding those persons living in the rural portions of extended cities (places with low population density in one or more large parts of their area); (b) census designated places (previously termed unincorporated) of 2,500 or more inhabitants; and (c) other territory, incorporated or unincorporated, included in urbanized areas. An urbanized area comprises one or more places and the adjacent densely settled surrounding territory that together have a minimum population of 50,000 persons. In all definitions, the population not classified as urban constitutes the rural population.

[21] Extracted from the Statistical Abstract of the United States 1997: The National Data Book, (117th ed).

Appendix B.
National Household Survey on Drug Abuse (NHSDA) Definitions of Impairment[22]

Significant impairment

Defined to identify people who were dependent on alcohol and drunk at least weekly **or** as dependent on an illicit drug other than marijuana **and** used an illicit drug at least monthly or used heroin in the last year, (emphasis in original).

Somewhat impaired

Defined to identify people who were not dependent on an illicit drug but used and illicit drug at least weekly **or** not dependent on alcohol but was drunk at least weekly **or** dependent on an illicit drug other than marijuana but used an illicit drug less than monthly and did not use heroin **or** dependent on marijuana **or** dependent alcohol but was drunk less than weekly (emphasis in original).

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[22] Extracted from the executive summary of: US DHHS. (1994). Patterns of Substance Use and Substance-Related Impairment in the Aid to Families with Dependent Children Program (AFDC), Washington DC: Author. http://aspe.os.dhhs.gov/hsp/cyp/afdcdrug.htm.