



The LEWIN GROUP

Serving the Hard-To-Employ in Colorado

Prepared for:

State of Colorado Department of Human Services

Prepared by:

The Lewin Group

Mary Farrell

Sam Elkin

June 21, 2006

Table of Contents

HIGHLIGHTS	i
I. Introduction	1
II. Overview	3
A. Who are the Hard-to-Employ?	3
B. Why is the Hard-to-Employ Issue Important?	4
C. Types of Strategies and Policies	5
III. Hard-to-Employ Strategies	6
A. Screening and Assessment.....	6
B. Strategies Addressing Specific Challenges	8
1. Physical Disabilities	9
2. Limited Education and Learning Disabilities	12
3. Mental Health.....	14
4. Domestic Violence	17
5. Substance Abuse.....	21
6. Limited English Skills	24
7. Homelessness	25
C. Broad-Based Strategies	28
D. Two Approaches: Work First and Treat First	29
IV. Conclusion	30
A. Cross-Cutting Strategies	30
B. Two Approaches: Work First and Treat First	31
References	32
Acronyms	34

SERVING THE HARD-TO-EMPLOY IN COLORADO

HIGHLIGHTS

National welfare reform legislation in 1996 imposed stricter work requirements on welfare recipients and a 60-month lifetime limit on cash assistance provided with federal funds. Partly as a result of these policy changes, welfare caseloads dropped sharply; between federal fiscal years 1996 and 2004, Colorado's TANF caseload fell 59 percent. However, while many welfare recipients were able to find employment and leave welfare, many of those who remain are less job-ready. Colorado's counties face the daunting task of helping this population find and keep employment despite the variety of challenges these individuals face that have so far prevented them from making a successful transition into employment.

Given the decentralized nature of the Colorado Works program, documenting the variation in strategies counties use to serve this hard-to-employ population and highlighting potentially promising approaches may provide counties with useful information that can help guide future policy choices. While there are a wide range of issues that affect welfare recipients' ability to succeed in the job market, this report focuses on seven barriers: 1) Physical disabilities; 2) Limited education and learning disabilities; 3) Mental health; 4) Substance abuse; 5) Domestic violence; 6) Limited English skills; and 7) Homelessness.

The following are a few of the main findings discussed in the report:

A substantial number of Colorado Works' clients face one or more difficulties. According to state data, about 12 percent have medical disabilities, 8 percent have mental health barriers, 6 percent are domestic violence victims, 2 percent have substance abuse problems, and about 1 percent have limited English skills. Eleven percent are homeless or have housing problems. These statistics likely do not include all individuals facing these challenges, but instead reflect what is reported by county staff.

Counties have focused a significant amount of attention on identifying barriers and challenges facing clients. Counties use a wide variety of tests, screening tools, and assessments, and often contract with other organizations to conduct formal assessments. A survey of county programs showed that in many counties staff are given wide discretion whether to screen participants for specific barriers, particularly with regard to mental health problems and learning disabilities, and less so for domestic violence and substance abuse (for which about one-third of counties routinely use specific assessment tools).

The most common service offered to clients with physical disabilities is help with Supplemental Security Income (SSI) eligibility issues; clients are also helped by partnerships with the Division of Vocational Rehabilitation. Several counties have special staff assigned the responsibility of helping clients pursue SSI. In addition, several counties have also developed strong partnerships with the Division of Vocational Rehabilitation (DVR) to help individuals with disabilities move into work.

- **Operational implications and considerations.** Few counties provide assistance to individuals with disabilities within the context of work. There are potentially promising models designed to assist special-needs clients in real job settings, and these could serve as models for new initiatives by county Colorado Works programs to serve clients with physical disabilities.

Basic education and GED programs are available to clients in most counties. Counties refer clients to GED, adult education, or community college programs. Some TANF programs contribute to the funding of GED programs (e.g., paying for an instructor or for services at convenient locations). Some One-Stop Career Centers offer on-site GED programs.

- **Operational implications and considerations.** Counties, for the most part, are not focusing on providing services to clients with learning disabilities (LDs). A few counties have contracts with organizations to provide specialized services to adults with LDs and there is anecdotal evidence that the relationship with such organizations is beneficial and helps clients advance in their education.

Counties have identified appropriate mental health service providers to which they refer clients with mental health issues. There is general recognition across the state that mental health issues are interfering with some recipients' ability to attend activities, find employment, and become self-sufficient. Most counties have identified mental health service providers in the community where they can refer their clients.

- **Operational implications and considerations.** The primary challenge counties face is in identifying mental health conditions and getting clients to participate in the services. Some counties have on-site therapists or services, which may help clients become aware of the services available to them and may increase participation.

All counties visited have access to service providers in the community specializing in domestic violence (DV) issues. The Domestic Abuse Assistance Program, which operates within CDHS and receives some TANF support, is funded to ensure domestic violence services are available in the communities throughout the state and that these services are stable. In addition, several counties have brought domestic violence services on-site, bringing therapists in to work with clients individually or in facilitated group sessions.

- **Operational implications and considerations.** It is important for TANF to create a safe environment in which clients feel comfortable disclosing abuse. Training staff to know how and when to broach this issue with clients is particularly important. At least one county reserves for DV victims certain Community Work Experience Program (CWEP) placements at a community center that provides DV services so that clients can feel safe in their work environment. One county offers facilitated group sessions on-site without advertising them on the public calendar, so that victims can attend sessions without their abusers becoming aware of the reason for the visits to the TANF office.

Staff in several of the counties mentioned the rising use of methamphetamine in their communities. Staff in counties that face the growing methamphetamine problem have received training to help them recognize the signs of abuse. Programs rely on mental health agencies and community groups as partners to provide treatment for substance abuse problems, and several have on-site counselors.

- **Operational implications and considerations.** Cost is a major challenge in referring clients for substance abuse treatment since, for the most part, Medicaid does not cover treatment in Colorado. Identification is another challenge since many substance abusers will not admit to their condition. Compared with many of the other barriers discussed in this paper, case managers (and employers) may be less willing to move a substance abuser into work, but a lack of economic self-sufficiency can hinder long-term recovery. Counties may want to consider ways that the goals of employment and treatment can support each other.

Many counties make resources available for limited-English speakers, but cultural issues may go beyond language. Many counties employ bi- or multi-lingual staff, and all counties offer materials in Spanish. Most counties offer ESL classes (though participation is often low), and at least one county offers work and training where limited English is not a barrier. However, staff in several counties noted a need for increased cultural competency.

- **Operational implications and considerations.** It is important that staff understand clients’ cultural norms with regard to employment, parenting, relationships, and other issues in order to effectively communicate with them. One director mentioned a multi-county effort to develop training for staff on this topic.

Several county Colorado Works programs provide services to help homeless families or to prevent families from becoming homeless. Three counties visited as part of this study are working with families that are homeless or were recently homeless to help them find stable housing. Other counties are focused on preventing homelessness by developing partnerships with the county housing authority and other agencies to help clients find affordable housing.

About one-third of the counties assign individuals with increased needs to specialized case managers. This allows staff to learn about the needs facing their clients, deliver individualized service to these clients, and develop partnerships with relevant agencies. Six of the 18 counties visited assigned harder-to-serve clients to case managers who could provide more specialized assistance to this group. The specialization included case managers devoted to: clients applying for SSI, child-only cases, the homeless, the disabled, individuals with limited education, Spanish speakers, and cases that were close to reaching the time limit.

- **Operational implications and considerations.** While rural areas might have a more difficult time pursuing this strategy because they have fewer staff, one rural county with two case managers assigned one case manager a smaller, hard-to-employ caseload so she could provide this group with more intensive case management. If any counties pursue this strategy, it is important that staff who handle specialized groups are provided adequate training and information. The county might consider reducing caseload size given the increased demands of harder-to-employ clients.

Differences in opinion exist with regard to providing services to clients: Should they “treat first” or “work first”? Some staff advocate that everyone, regardless of their barrier, can find employment, and should focus on finding employment immediately. Others take the view that some clients need to address (and possibly even resolve) their issues before moving into employment. Many counties might put themselves between these two views, or may use different approaches depending upon the client or the type of limitation.

- **Operational implications and considerations.** It is not clear which strategy is more effective. Future reports will examine how clients fare after enrolling in some of these targeted services. If there is significant variation in county policies with regard to the use of county-only activities and this is reflected in the data, it might be possible to assess the extent to which these policies affect employment and other outcomes over time.

Numerous examples of potentially promising employment strategies in the counties visited are described in the report, some of which are noted on the following page.

Selected Examples of Potentially Promising Strategies for Serving the Hard-to-Employ

Screening and Assessment

- Structured assessment procedure: Bent and Weld Counties (p. 8)

Physical Disabilities

- Assisting with SSI process: Pueblo SSI Advocate and Catholic Charity Navigator Program (Denver) (p. 10)
- Collaborating with DVR: Arapahoe/Douglas Works, Adams, Fremont, and Huerfano Counties (p. 11)

Limited Education and Learning Disabilities

- Special GED programs: Arapahoe Workforce Center and Rio Grande Bueno-HEP program (p. 13)
- Strategy for learning disabilities: Lifelong Adult Education (Arapahoe) (p. 14)

Mental Health

- Mental health assessment: Pike's Peak Mental Health (El Paso) (p. 15)
- On-site therapists: Jefferson County Mental Health, Larimer County Mental Health (p. 16)
- Facilitated workshops: Southwest Colorado Mental Health Center (La Plata), Project Wise (Denver) (p. 17)

Domestic Violence

- On-site domestic violence service providers: Hilltop Community Services (Mesa), Project Safeguard (Denver), YWCA counseling (Pueblo) (p. 19)
- Collaboration with other agencies: TESSA (El Paso) and Rural Communities Resource Center (Yuma) (p. 20)

Substance Abuse

- Collaborations: SinglePoint (Bent), Newday (La Plata), Rocky Mountain Behavioral Health (Fremont) (p. 23)

Limited English Skills

- Vocational ESL: Community College of Denver (p. 25)
- Work experience for limited English speakers: African Community Center (Denver) (p. 25)

Homelessness

- Initiatives with Housing Authority: Garfield (p. 26)
- Programs for homeless: Stable Housing, specialized case managers, and co-located staff (Denver), Family Tree and Stride (Jefferson), Housing Solutions for the Southwest (La Plata) (p. 27)

Differentiated Case Management

- Differentiated case managers: Arapahoe, Boulder, Denver, Jefferson, Larimer, and Saguache counties (p. 28)

Workplace Settings

- Work-focused program: Community Based Training (Arapahoe) (p. 29)

I. Introduction

The *Personal Responsibility and Work Opportunity Reconciliation Act* (PRWORA) of 1996 replaced the former cash assistance program, Aid to Families with Dependent Children and its Job Opportunities and Basic Skills Training (JOBS) program, with the new Temporary Assistance for Needy Families (TANF) program. PRWORA placed time limits on lifetime cash assistance provided with federal funds and imposed stricter work participation requirements on states. PRWORA also increased the flexibility that states had in designing their TANF programs, deciding how much of the federal funding is used for cash benefits, employment services, supportive services, and other activities. One result is that there is a great deal of variation in TANF programs across states.

Colorado's TANF program, Colorado Works, is administered by the Colorado Works Division, Office of Self-Sufficiency, within the Colorado Department of Human Services (CDHS). The state has a long tradition of local control of programs and, as a result, the state's 64 counties have a good deal of autonomy in the design and implementation of their Colorado Works programs. This level of county control is due, in large part, to the diversity within the state and ensures that local policies target the specific needs of residents.

County social services departments throughout Colorado face significant challenges in engaging hard-to-employ welfare recipients in work activities and moving them into self-sufficiency. This report, one of four "special topic" reports produced as part of a broader study of the Colorado Works program, examines the variety of strategies implemented by county programs across the state to assist hard-to-employ recipients.

The Colorado Department of Human Services (CDHS) has contracted with The Lewin Group and its partners—the University of Colorado's Health Sciences Center (UCHSC), the Johns Hopkins University's Institute for Policy Studies (JHU), and Capital Research Corporation (CRC)—to perform an in-depth study of the Colorado Works program. The objective is to provide administrators with information about program strategies and approaches being used in various counties that others might find useful for improving program implementation, performance, and outcomes. The study's design was developed by the Lewin team in consultation with CDHS officials and an Advisory Committee that includes representatives of the counties and Colorado's advocacy community.

As part of the study, the Advisory Committee chose topics for in-depth examination. The research team is producing reports on each topic. In addition to *strategies for assisting the hard-to-employ*, the special topics chosen were:

- ***Coordination and collaboration*** between county Colorado Works programs and other human services programs and partners.
- ***Employment services*** used by counties to encourage employment, job retention and career advancement; and ***relationships with employers and industries*** that Colorado Works programs have developed.
- ***Family-oriented and preventative services***, including interventions to keep families from entering the child welfare system, youth initiatives, and fatherhood programs.

The topic reports draw on research conducted since the evaluation's start in January 2005. Key data sources include a survey of counties, site visits to selected counties, and analysis of administrative data.

The survey, administered in the summer of 2005, asked county directors about their agency's activities and operations and their county's policies.¹ Follow-up phone interviews were conducted with nearly all county directors,² providing a more in-depth understanding of topics covered by the survey, and giving directors an opportunity to discuss interesting policies and practices they wanted to share with other counties. Through the survey and the follow-up interviews, the research team documented the practices employed by human services agencies across the state in administering the Colorado Works program.³

Site visits were conducted in 18 counties between September 2005 and January 2006. The counties were selected in consultation with CDHS and the Advisory Committee. Counties were chosen based on their innovative, unique, or interesting service delivery strategies and initiatives, as well as to represent the range of economic and geographic conditions within the state. (**Box 1** lists the counties selected.) Field teams conducted interviews with Colorado Works administrators and program staff and with representatives of other agencies and nonprofits that serve a significant number of Colorado Works participants or collaborate with the county human services departments. In some counties, researchers conducted focus groups with program participants. Topics covered in the fieldwork included program structure, case processing and client flow, assessments, work participation activities, education and training programs, post-employment programs, supportive services, partnerships, special initiatives, and particular challenges, as well as a range of county- and program-specific topics.

Box 1: Counties Where Site Visits Were Conducted

- Adams
- Arapahoe
- Bent
- Boulder
- Denver
- El Paso
- Fremont
- Garfield
- Huerfano
- Jefferson
- La Plata
- Larimer
- Mesa
- Pueblo
- Rio Grande
- Saguache
- Weld
- Yuma

¹ The survey had a response rate of 97 percent with 62 of the 64 counties completing it.

² Fifty-seven follow-up interviews were conducted.

³ Findings from the survey and follow-up call were presented in a report prepared for CDHS. See Elkin, Farrell, Gardiner, and Turner, *Colorado Works Program Evaluation: Findings from County Survey*, October 20, 2005.

Finally, the topic reports also incorporate analyses of the Colorado Automated Client Tracking Information System (CACTIS) data for June 2004.

II. Overview

Welfare caseloads have declined significantly in the past ten years. While declining caseloads might be considered a successful result of welfare reform, those who remain on the welfare rolls may be considered harder to employ. County welfare offices are faced with the challenge of helping harder-to-employ recipients meet federal work requirements, and transition into self-sufficiency before they reach the end of the 60-month time limit. The first section of this chapter defines what is meant by “hard-to-employ.” The next section explains why this issue is so important to counties and states, and the third section outlines the basic strategies used to address this issue.

A. Who are the Hard-to-Employ?

The term “hard-to-employ” refers to individuals and families facing a broad range of obstacles to employment. This group includes individuals who lack a high school diploma or credential, have limited work experience, have been exposed to domestic violence, have substance abuse or mental health problems, or have limited English skills. Many people facing these and other problems are able to find and sustain employment. However, others need targeted assistance to help them become self-sufficient.

According to one national study, long-term welfare recipients (those receiving at least two years of continuous assistance), and former recipients who are not working, face significant challenges: about 40 percent are in very poor health, more than a third have not worked in recent years, and half did not finish high school. In addition, many have limited English skills and face domestic violence (Loprest and Zedlewski, 2002). Several studies have also found that individuals who left after being sanctioned for not complying with rules are more likely to have less education as well as physical or mental health problems (Danziger and Seefeldt, 2002).

The Berkeley Policy Associates (BPA) study of Colorado Works surveyed Colorado Works clients in 2000 and asked about barriers to employment. Among non-working former recipients, over 45 percent reported personal health problems as a barrier, and 30 percent reported mental health problems as an employment barrier. In addition, non-employed respondents were more likely than employed respondents to report an employment barrier stemming from their own or a family member’s substance abuse, although the reported incidence was low (BPA 2003).⁴

While there are a wide range of issues that can affect welfare recipients’ ability to succeed in the job market, this report focuses on seven barriers:⁵

1. Physical disabilities
2. Limited education and learning disabilities

⁴ Research has found that prevalence of substance abuse problems tends to be underreported on surveys.

⁵ Other factors not included in this report are ones driven by external forces, such as a lack of transportation or child care in the community, increased caretaker responsibilities, such as caring for a disabled or elderly family member, or a lack of ample job opportunities in the community.

3. Mental health
4. Substance abuse
5. Domestic violence
6. Limited English skills
7. Homelessness

It is important to note that many individuals face multiple disabilities (Zedlewski 1999). The co-occurrence of disabilities poses a challenge to welfare offices because many of the service providers are highly specialized, meaning staff need to coordinate services provided by multiple partner agencies.

B. Why is the Hard-to-Employ Issue Important?

PRWORA emphasized increasing work among welfare recipients and decreasing their dependency on federal assistance. It imposed tougher work requirements and a 60-month lifetime limit on cash assistance. Many states responded by implementing “work-first” programs that emphasized job search and immediate employment as the route to self-sufficiency.

As a result of these policy changes, coupled with an improved economy, the welfare caseloads plummeted. Recipients who were job-ready entered the job market and left the welfare rolls. Nationally, the caseload in federal fiscal year (FFY) 1996 averaged 4.5 million cases a month; in FFY 2004, this average declined to 2.0 million, a 56 percent reduction. Colorado achieved an even greater decline during this period (59 percent), with a monthly caseload averaging 35,447 in FFY 1996 and 14,623, in FFY 2004.⁶

However, while many welfare recipients were able to find employment and leave welfare during this period, those who remain on the rolls can be considered less job-ready. This adversely affects recipients and state and county officials in several important ways, discussed below.

- ***States need to meet tougher work participation rates.*** Prior to 1996, many recipients with barriers to employment were exempt from work participation requirements. In 1995, only 20 percent of non-exempt AFDC recipients were required to participate; currently, 50 percent of a broader segment of TANF recipients must participate in a federal work activity and participate for more hours.⁷ Moreover, there are substantial limits on what constitutes a work activity. Finally, the Deficit Reduction Act of 2005 (DRA) makes meeting the participation rates even more difficult, primarily because states will not be credited for caseload reductions between 1995 and 2005.

⁶ The percentage decline of non-child-only cases is even larger (67 percent) from 28,734 in FFY 1996 to 9,457 in FFY 2004.

⁷ The Family Support Act of 1998 exempted from work participation activities AFDC individuals who were: ill; incapacitated; over age 60; needed in the home because of illness or incapacity of another family member; a caretaker of a child under age three (or, at state option, under age one); employed more than 30 hours per week; a dependent child under age 16 or attending an education program full-time; in the second and third trimester of pregnancy; or residing in an area where a program was not available. PRWORA exempts individuals who are: caretakers of a child under age one (at state’s option), disabled parents in two-parent families, or individuals with a history of domestic violence. In 1995, non-exempt recipients were required to participate for 20 hours per week; currently, the requirement for TANF recipients is 30 hours per week.

Some staff commented that recipients left on the rolls after the caseload decline are disproportionately from the hard-to-employ group, and thus, face more difficulties in meeting their work participation requirement. With this in mind, counties in Colorado have developed strategies to move more hard-to-employ recipients into “countable” federal activities.

- ***Recipients face a 60-month time limit.*** Under PRWORA, states are prohibited from using the federal TANF block grant to provide cash assistance to families with an adult recipient for more than 60 months. Those with barriers to employment may be more likely to reach the federal time limit than those who are job-ready. While states may exempt recipients with serious problems, only a few counties visited had processes in place for providing time-limit exemptions to recipients with disabilities.
- ***Recipients’ well-being.*** Many studies have shown that the presence of these special needs affects employment and income. There is also evidence that these problems, if uncorrected, can negatively impact children’s well-being. For example, research suggests that children raised by a mother with depression have lower academic performance, are less able to function in social settings, and have increased rates of clinical diagnoses (Downey and Coyne, 1990). There is substantial evidence that children of chemically-dependent parents are more likely to develop substance abuse problems as adults.

C. Types of Strategies and Policies

All Colorado counties visited have sought to provide services designed to reduce some of the barriers facing families. Because these are services that have not been provided by welfare offices in the past, many counties contract with outside agencies and organizations that specialize in helping certain populations. From the survey of county directors, 42 percent of the counties had financial contracts with substance abuse providers and 37 percent had contracts with mental health agencies. Colorado Works programs were most likely to negotiate memorandums of understanding (MOUs) for domestic violence services (23 percent).

About one-third of the counties visited have assigned harder-to-serve clients to case managers who provide more specialized assistance. Other services include barrier assessment, treatment programs, and work programs targeting the hard-to-employ.

Two philosophies have emerged with regard to serving individuals facing the challenges outlined above. Some counties have expectations that all clients seek and find employment. Other counties take a more “treat first” approach; that is, they provide services that will help clients overcome or reduce the problems they face first and then help them find jobs. In most situations, these services are incorporated into the clients’ Individual Responsibility Contracts (IRCs), and the expectation is that they cooperate with the service provider of their treatment plan. It is not known which strategy is more effective. Future reports will examine how clients fare after enrolling in these targeted services, versus enrolling directly in work activities.

The following chapter provides details on the strategies being pursued.

III. Hard-to-Employ Strategies

As mentioned above, counties employ a number of different strategies to help the hard-to-employ. This chapter describes how counties screen and assess for barriers, the strategies used that address specific needs, and the broad-based strategies used to help individuals who need a higher level of attention or services.

A. Screening and Assessment

The Lewin Group conducted a survey of county Colorado Works programs in 2005 to learn more about the assessment process. The survey found that counties have focused a significant amount of attention on assessment to uncover barriers and challenges facing clients. Part of this is due to the fact that the state plan requires that all applicants be assessed within the first 30 days after applying for benefits. This assessment must focus on identifying the services or assistance the family needs to become self-sufficient. Based on this assessment, the client and the county enter into a contract that outlines each party's responsibility, describing the benefits and services to be provided to the family. While all counties are required to assess for barriers, the state does not mandate which assessment tools to use, which barriers or special needs to screen for, and who does the assessment.

The survey included two questions that are relevant to this report:

Box 2: Needs and Barriers Assessed

- Mental health problems
- Alcohol or substance abuse
- Learning disabilities
- Domestic violence
- Physical limitations
- Low literacy
- Limited English ability
- Health problems
- Dental problems
- Visual problems
- Criminal background/DUI
- Multiple barriers

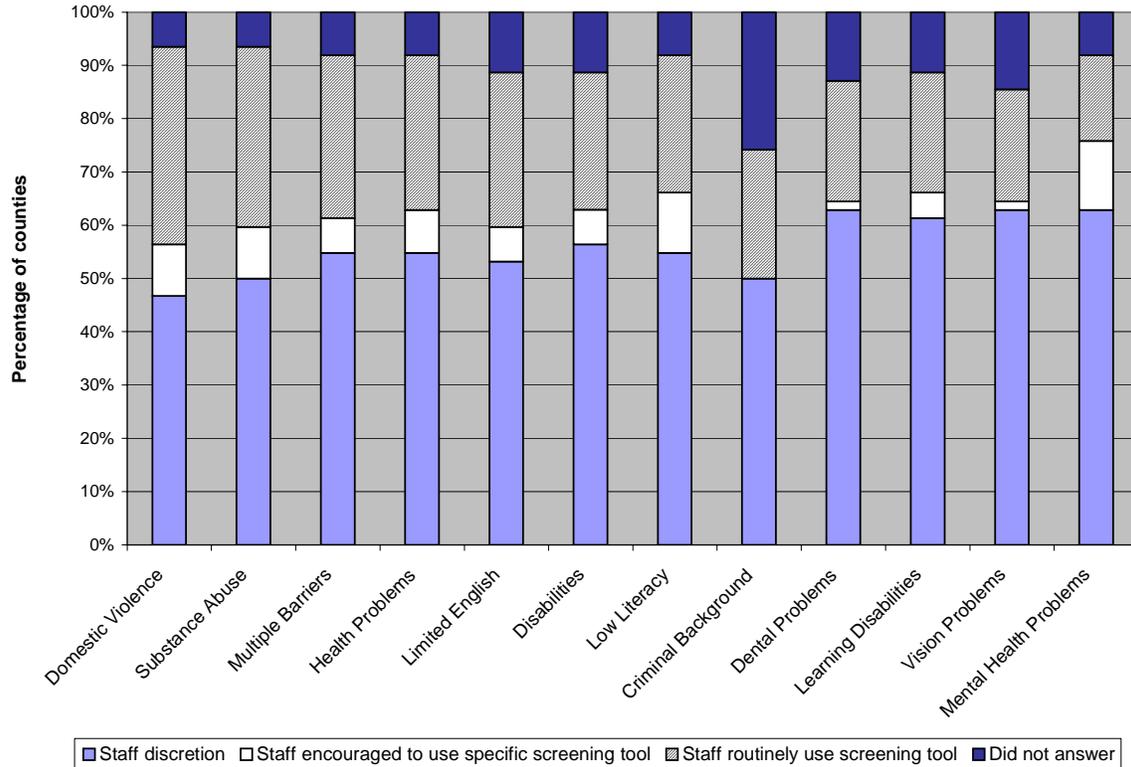
- Does the agency screen for particular barriers or special needs?
- Who provides formal diagnostic assessment/testing (e.g., in-house or through interagency agreement, financial contract, or informal referral)?

The survey asked whether agencies screen for 12 different special needs and barriers (see **Box 2**) and, if so, whether the policy is to use any specific instrument, tool, or guide.

Exhibit III.1 shows the responses to the first question from the counties. As this exhibit shows, staff have discretion as to whether to screen participants for a wide range of barriers. Staff discretion is particularly prevalent for mental health problems, learning disabilities, dental problems, and vision problems

(over 60 percent of counties have discretion). This suggests that for some issues, the county does not want to subject all participants to an assessment to determine whether they face a barrier in this area, but instead feel confident that staff will know which clients should be assessed.

Exhibit III.1: Assessing and Testing for Special Needs and Barriers



Counties allow less discretion in other areas. Staff in about a third of the counties routinely use specific assessment tools to screen for domestic violence and substance abuse. Staff may be less likely to detect a domestic violence or substance abuse problem on their own and feel they need to use a tool to uncover problems not easily observed in meetings with clients. Also, these topics have been identified by the federal government and the state as problems that need to be addressed by welfare offices. The domestic abuse issue is one of the few barriers that results in an exemption from federal work activities. In addition, the state developed a specific screening tool and provides training for counties taking the family violence option. Methamphetamine use is a growing problem in Colorado, as well as around the United States, and many staff have been trained to identify this problem.

Counties use a variety of tests, screening tools, and assessments to gauge TANF participants' limitations. The most common test reported was the TABE (Test of Adult Basic Education); 30 counties report using this tool. County directors also report using certain tools to screen for specific barriers, including substance abuse (Substance Abuse Subtle Screening Inventory, or SASSI, and CAGE), low-literacy (PLATO and BESSI), physical limitations (PET), and multiple barriers (Employment Readiness Scale).

Often, the counties will contract with other organizations to conduct a formal assessment. The survey responses indicate that formal assessment and testing are most likely to be provided through a financial contract (44 percent of counties). **Box 3** provides examples of two counties that provide extensive formal assessments.

Box 3: Examples of Assessment Procedure

The welfare office in **Bent County** refers all applicants to the *Process Program*, which begins with a two-day orientation provided by a licensed professional counselor under contract with the county. On the first day, clients spend two hours taking the MMPI-2, which helps identify potential mental health issues and three hours taking the TABE locator test and the MAB-II (an IQ test). On the second day, clients take the full TABE (three hours). This gives instructors information on grade level equivalents for reading and math. It also helps identify learning disabilities and potential vocational rehabilitation issues. Roughly a week after the initial orientation, the counselor will meet with each client individually for about one hour. The interview is an opportunity to review the results of the assessment, discuss work history and other employment issues, screen for substance abuse, and identify barriers and strengths. At this point, clients are given the in-house assessment to determine whether they are at risk for the 21 barriers defined by the state. The counselor uses the information obtained during the interview, in addition to the testing results, to fill out a client information form that she sends to the welfare office.

Weld County provides a two-day formal assessment, in which all clients see the Transitional Psychological Group (TPG) staff person. TPG is a DSS contractor that assesses all TANF clients for domestic violence, alcohol and substance abuse, family problems, educational deficiency, learning disabilities, and medical and mental disabilities. After the assessments are done, the case manager and client meet with the Employment Service Learning Lab staff person who has reviewed and interpreted the results. The case manager decides the appropriate activities based on the assessment.

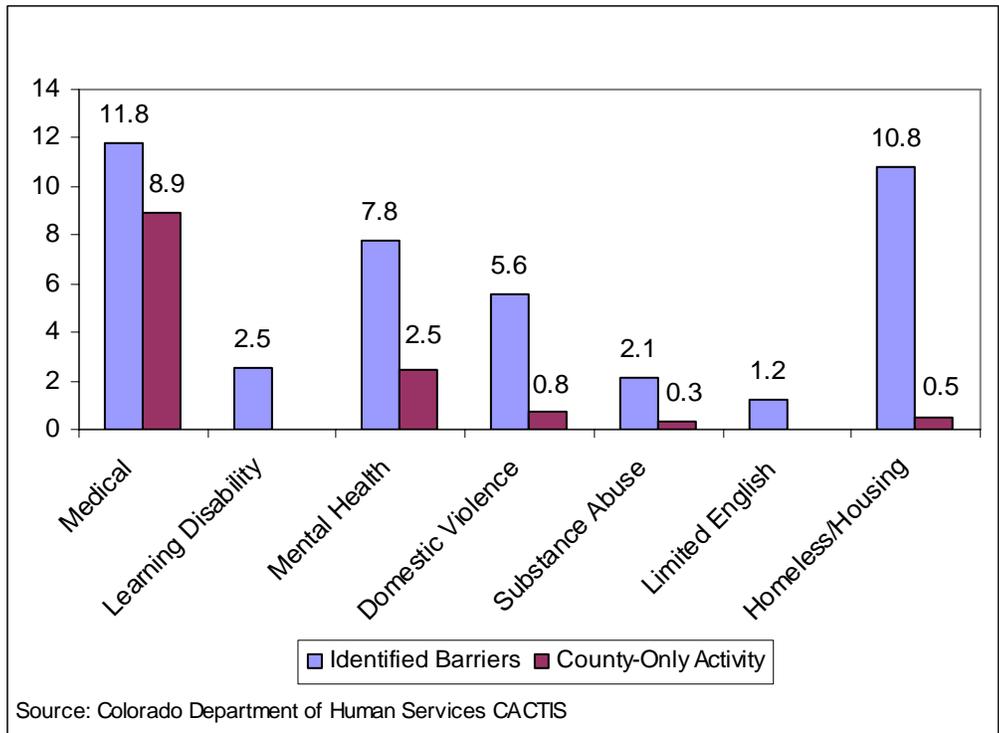
B. Strategies Addressing Specific Challenges

This section highlights some of the approaches being taken by counties to address physical disabilities, limited education and learning disabilities, mental health problems, domestic violence issues, substance abuse problems, limited English skills, and homelessness.

Data in CACTIS on individuals with barriers, as well as information on individuals who are participating in county-only activities (a set of activities outside of those that can be used for the federal participation calculation) that address one of these barriers, were examined for June 2004 (see *Exhibit III.2*). This exhibit shows that a significant number of clients across the state have medical disabilities or face mental health, domestic violence, and housing issues. Limited English and substance abuse are reported as issues for a smaller percentage of the caseload. Interestingly, individuals with medical disabilities are more likely to be participating in county-only activities for medical reasons. Individuals facing other issues are less likely to be in a county-only activity that addresses their specific barrier; instead, the expectation might be that they participate in countable work activities and receive treatment on the side. Individuals with learning disabilities or limited English can participate in adult education and ESL, which are countable work activities and thus not on this exhibit.

Exhibit III.2: Reported Barriers and Participation in Selected County-Only Activities, June 2004

(Percent of Caseload)



The rest of the chapter highlights some of the interesting strategies observed during site visits to the 18 counties.

1. Physical Disabilities

Welfare recipients may have disabilities such as chronic back pain, respiratory disease, circulatory system problems, and obesity. The severity of the disability affects employment. According to analysis of the 1996 Survey of Income and Program Participation (SIPP), one-quarter of mothers who received welfare benefits report having a severe disability, a rate about five times that of higher-income families. The study also found that having a severe disability reduces the likelihood of paid work, and this effect is greater for single mothers than married mothers (Lee et al., 2004). Another study analyzed the SIPP, and found that while females with severe disabilities were substantially less likely to be employed than individuals without a disability (25% vs. 74%), the employment rate for females with non-severe disabilities was more similar to the rate for females with no disabilities (68%) (McNeil 1997).

As Exhibit III.2 shows, in June 2004, 11.8 percent of the state caseload is reported to have a medical condition that was a barrier. Many of these individuals were receiving services; according to CACTIS data, 8.9 percent of the state caseload received services for a medical condition in a county-only activity.

a. *Strategies Pursued in Colorado*

Some recipients with disabilities qualify for SSI and some counties have mechanisms for assisting individuals with the application process. In other cases, counties have figured out ways to accommodate and support individuals with disabilities in seeking and obtaining employment. Some of the strategies include partnering with community agencies, collaborating with specialized professionals, use of assistive technologies and accommodations, designated case managers, and specialized service providers.

Assisting With SSI Process

Some welfare recipients with disabilities might be eligible for SSI, a program administered by the Social Security Administration (SSA). To be eligible, individuals must have a medically determinable physical or mental impairment that is expected to last at least one year and prevents the individual from engaging in substantial gainful activity. This means the individual cannot earn more than \$860 per month in 2006.

During the time while they are waiting for their SSI application to be approved, TANF recipients might be required to participate in work activities. Some counties exempt recipients during the SSI application period because of their disabilities and possibly because an applicant's employment can jeopardize his or her application.

The SSA determination process can be lengthy – extending over two years when appeals are included – and complicated. Several counties have strategies in place to help clients with this application process (see **Box 4**).

Box 4: Counties Assisting with SSI Process

Pueblo funded a position known as the “SSI Advocate” to assist disabled clients with the complicated SSI application process. The Advocate received referrals from Colorado Works case managers who had clients who were likely eligible for SSI or had already applied for SSI. The Advocate developed an appointment sheet, put together the relevant documents, discussed how to prepare for the interview, accompanied the client to the Social Security office and to medical examinations, if necessary, and helped with the actual application. In three months, the Advocate assisted 44 clients. This program ended in August 2005 due to budget cuts.

Denver operates a program called the Navigator Program through Catholic Charities that helps clients with disabilities that might make them eligible for SSI. Navigators perform assessments and develop self-sufficiency plans with the clients, provide services and referrals, and help disabled clients apply for SSI. Navigators conduct home visits with clients who cannot come to the office.

Collaborating with DVR

Clients with disabilities might also be referred to the Division of Vocational Rehabilitation (DVR). This agency provides services for individuals with disabilities who are able to work. These individuals might have disabilities that have gotten in the way of their getting or keeping a job. Rehabilitation Counselors review medical and vocational information to determine eligibility and rehabilitation needs, assist with job placements, provide vocational counseling, and identify accommodations and assistive technologies needed for employment success.

Generally, the counselor will develop an Individual Plan for Employment that outlines the services needed.

DVR collaborates with Colorado Works in many counties. Several counties visited have provided TANF funds that DVR can use for matching purposes to draw down additional federal funds to help pay for additional staff. **Box 5** describes four counties' approaches to working with DVR.

Box 5: Collaborating with DVR

Arapahoe/Douglas Works!, the local workforce agency and DHS contractor in Arapahoe and Douglas counties, employs Workforce Specialists who provide case management for all disability cases. Based on a review of the individuals' medical status, diagnosis, restriction and ability to work, the Workforce Specialists refer potentially eligible clients to DVR. Referred TANF clients fill out forms that are patterned after DVR. Thus, if they are eligible for DVR services, their initial DVR paperwork has already been filled out. About 60% of the Disability Workforce Specialists clients apply for DVR services. For TANF clients who are also on DVR, the two agencies work to ensure they are not double-paying for a service (e.g., TANF will pay for day care and gas for an individual and DVR will pay for training).

Adams County Challenge Employment Program, operated by Goodwill, provides job transition and employment services for disabled recipients. Assessments, case management, and job placement services are offered jointly with DVR.

In **Fremont**, a state vocational rehabilitation counselor works out of the DHS building and serves Colorado Works clients (about 10 percent of her caseload consists of joint DVR/Colorado Works clients). After a client is referred by Colorado Works, the DVR counselor schedules an intake appointment to collect documentation (such as the phone numbers of doctors with knowledge of the disability), and discusses the services that DVR can provide. If a client might have a learning disability, the counselor makes a referral for additional testing. The counselor will then develop a plan that describes the client's functional limitations and how to address them. This could include adaptive aids, referrals, community college, and classes. She meets with clients about once per month during the development of the plan, and then as needed.

In **Huerfano**, case workers regularly make referrals to DVR, which can obtain office space at the local Huerfano County Sheltered Workshop as needed. When cases are referred to DVR they can provide joint funding.

b. Lessons Learned

Counties face several challenges in working with clients who have disabilities. First, the process for applying for SSI can be daunting for clients, especially if they have impairments that make it difficult to make it to medical appointments and complete complex forms with accurate medical and social history. Missing an appointment or filling out a form incorrectly can result in a denial. Also, clients may not realize they might have to go through several levels of appeals. Several counties have assigned their own staff or partnered with other agencies to help clients transition to SSI. Given the amount of time it takes to eventually get SSI, it is too early to assess how many clients have been helped by this process. However, there is evidence that these initiatives are making a difference: in a recent quarter, Denver transitioned four clients into SSI as a result of

working with the Navigator and in Pueblo, a few of the 44 who applied had begun to receive SSI (most of the clients remaining were still awaiting a decision).

Counties have also found DVR services to be valuable, and several have entered into agreements with DVR to serve the TANF population.

We encountered few county programs that provide assistance to individuals with disabilities within the context of work. There are promising models designed to assist special-needs clients in real job settings, and these could serve as a model for new initiatives by county Colorado Works programs to serve clients with physical disabilities.⁸

2. Limited Education and Learning Disabilities

About 40 percent of recipients in Colorado in FFY 2002 lacked a high school education (DHHS 2004). Some recipients may have dropped out of high school due to pregnancy or work, but have the capabilities to obtain a high school degree through an adult education or GED class. These clients can be referred to adult education or GED programs in the community. However, since these clients dropped out of school in the past, there must be a system to monitor participation and progress.

Other recipients may have learning disabilities that require more intensive services. It is very difficult to determine who might have a learning disability. Individuals with a learning disability might be dyslexic, have attention deficit/hyperactivity disorder (ADHD), have difficulties with verbal and written communication, have difficulties with reasoning or math, or have a combination of these disorders.

About a quarter of all counties routinely assess literacy levels (in other counties, staff have discretion to assess clients who may have learning disabilities). As Exhibit III.2 shows, the percentage of the caseload in June 2004 reported as having a learning disability is low – only about 3 percent of the caseload is estimated to have a learning disability, although across counties, it ranges from 0 to 24 percent.

a. Strategies Pursued in Colorado

The strategies described in this section fall into two categories: (1) helping individuals without a high school degree obtain the additional education and skills they need for employment, and (2) referring individuals with learning disabilities to programs that can support and accommodate their needs.

Referrals to GED and Basic Education Programs

Once clients are assessed as needing a high school degree, counties will refer clients to on-site GED programs or community education providers. Most counties will refer clients to adult education or community college programs in the community. Some One-Stop Career Centers offer GED classes at the centers. **Box 6** provides two examples of GED programs that have a strong relationship with Colorado Works.

⁸ For more information, see Gardiner and Fishman (2000) and Brown (2001).

Box 6: GED Programs

Arapahoe's two Workforce Centers offer a Learning Center where GED and basic skills upgrade classes are provided to Colorado Works recipients. Assessments for all programs are completed in the Centers. Individuals without a GED are expected to get their GED, and this expectation is included in their IRC. To receive GED training, an individual has to score at the 9th grade level, and the expectation is that clients will be able to obtain a GED within 3 months. Individuals who are below the 9th grade level have more time and receive some basic skills training. Clients who participated in a focus group felt positively about this program, and reported that they especially benefited from one-on-one tutoring by staff.

Rio Grande's Bueno-HEP is a program run through the University of Colorado that helps prepare clients for the GED. DSS sends referrals to classes, which are held once a week for three hours. DSS pays for the program to operate during the summer.

Helping Clients with Learning Disabilities

Individuals assessed as having a learning disability might be referred to special programs that specialize in providing services to people with this disorder. The term *Learning Disability* (LD) is an umbrella term that covers a range of disorders. One definition of LD was developed by the National Joint Committee on Learning Disabilities (NJCLD) (see **Box 7**). Given the broad array of disorders covered by this definition, it is not surprising that it is difficult to estimate the number of adults with LDs. One survey of ABE directors nationwide estimated that anywhere from 10 to 50 percent of adults in ABE classes have an LD (Corley and Taymans, 2002).

There are a variety of strategies that could help this population. First, it is important to understand the individual's strengths and needs. Therefore, a thorough assessment is important. Individuals with a reading disability (e.g., with dyslexia) might be helped by instruction that targets individuals with this reading disability, as opposed to instruction designed for someone who has problems with math.

Conducting an assessment can be costly and there is some debate about what happens when adults are labeled as having an LD. It could increase their sense of inadequacy and discourage them from pursuing some opportunities. Nonetheless, the general consensus among experts in this area is that individuals who have been screened positive for having a learning disability should be formally tested and, if appropriate, referred for more intensive services with LD specialists. Counties may refer individuals suspected of having LDs to the DVR, which can

Box 7: NJCLD Definition of Learning Disabilities

"Learning disabilities" is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, social and emotional disturbance) or with environmental influences (such as cultural differences, insufficient/inappropriate instruction, psychogenic factors), it is not the result of those conditions or influences. (Reported in Corley and Taymans, 2002)

provide assistance. **Box 8** shows an example of a county providing extra services for individuals with learning disabilities.

Box 8: Strategy for LDs

Arapahoe Workforce Specialists handle hard-to-serve cases. If an individual has a low TABE score, the specialist will have Lifelong Adult Education Services conduct an evaluation to determine if seeking a GED is possible. One client interviewed who was diagnosed with a learning disability through the evaluation received assistance through Lifelong, and after 44 hours of training received her GED. Accommodations were provided to her (e.g., she used audio tapes and received extra time on the test).

Many adult programs require individuals who are self-directed learners, but individuals with learning disabilities may not be willing or able to initiate their own learning. They need extra assistance. There are various programs and models for working with adults with LD that provide direct instruction coupled with strategies for learning, explicitly teaching processes that can be used. Assistive technology might also be helpful. This technology does not necessarily help individuals become better learners, but instead helps them work around their barriers. Examples of this technology includes optical character recognition systems that have been shown to help people with reading disabilities, word-processing programs that can help with writing performance, tape recorders, spellers, and electronic organizers.

b. Lessons Learned

For the most part, county Colorado Works offices make referrals to GED classes. They tend to rely on other organizations to provide this service, although many counties fund part of the instructor's salary to provide services on-site or at a convenient location. For example, Fremont County pays for half of a GED instructor's time to teach a class at the Fremont Family Center. Generally, since only 10 of the 30 hours per week for this activity can be counted for federal reporting purposes, counties must combine this with other activities. From the site visits, it appears that many counties couple the GED activity with a CWEP assignment.

A bigger challenge is helping adults with learning disabilities. There are fewer examples of counties that emphasized services for individuals with LDs. At least three counties have contracts with Lifelong Adult Education Services to help this group. Staff involved with this program credited it with helping their clients. In addition, clients with LDs may be referred to DVR or SSI.

3. Mental Health

Mental health issues vary in severity from anxiety and mood disorders to schizophrenia. Between one-fourth and one-third of current welfare recipients have symptoms associated with a mental health condition (Derr et al, 2000). This may underestimate the true rate because studies of the welfare population typically screen for few specific disorders. From CACTIS data, about 8 percent of recipients across the state were reported to have a mental health barrier identified by the Colorado Works program in their county; however, this ranges from 0 percent in some counties to 50 percent in others.

Studies have also found that those with mental conditions are more likely to have spotty work histories. One study (Danziger et al., 1999) found that the severity of the disorder matters, with major depression decreasing the likelihood that women on welfare will work, while generalized anxiety and post-traumatic stress disorder had no noticeable effect on employment.

a. *Strategies Pursued in Colorado*

Assessment

Most counties do not routinely screen clients for mental health problems, but instead will use discretion in referring clients for assessment to other organizations. Some clients might disclose to case managers that they have a mental health problem. Others might be identified through general mental health screening or a depression scale. **Box 9** provides an example of one county’s process for assessing for mental health issues.

Once a barrier is identified, treatment may be provided, and is generally covered by Medicaid. Medicaid funds mental health care treatment through a capitated, managed care program administered by the Department of Health Care Policy and Financing. The state is divided into five service areas each of which is managed by a Behavioral Health Organization (BHO). Once a barrier has been identified, many counties will generally refer the clients to the outside provider.

Box 9: Assessment

Pike’s Peak Mental Health, a community nonprofit in **El Paso**, assigns a licensed clinical social worker to the TANF office to assist TANF staff with assessing the need for mental health services and connecting those in need of services to participants with Mental Health Services. If a worker thinks there is a need for mental health services, he or she refers the individual to the licensed clinical social worker for screening. The social worker meets with the TANF client and assesses need. The social worker can provide short-term consultation; in the case of longer-term counseling or treatment, the social worker will refer the individual to other treatment services operated by Pike’s Peak Mental Health.

On-Site Therapists

Some counties collaborate with mental health agencies to have mental health staff co-located at the welfare office (see **Box 10**). Providing mental health services at the welfare office or Workforce Center is helpful because the client knows how to get there and will not feel the stigma associated with accessing services at a mental health center.

Box 10: On-Site Therapists

Jefferson DHS contracts with Jefferson County Mental Health for the co-location of a therapist to work with about 125 TANF clients in a year for mental health and substance abuse services not covered by Medicaid. Many of the therapists' clients have severe mental illnesses such as major depression, post-traumatic stress disorders (PTSDs), bi-polar disorders, and borderline personality disorders. This position provides individual counseling and group classes. Through this contract, clients and staff also have access to medication and off-site groups. A significant amount of TANF staff development and training is also provided through this contractual agreement. Discussions with a focus group suggest that Jefferson County TANF clients are aware of mental health services available to them, and focus group participants reported accessing services such as counseling, referrals to classes, and anxiety medication.

In **Larimer**, there is one mental health therapist from Larimer County Mental Health on site at each of the three Workforce Centers. The therapists make a one-hour presentation at the orientation meeting so that potential clients know of the services. Most clients who participate in mental health services are referred by their employment coaches. Once the therapist receives the referral form, she contacts the client for an initial appointment. If the client wants to pursue treatment, the therapist schedules an in-depth intake including medical and social histories. In the third meeting, they develop a treatment plan. The length of time in treatment depends on the client; it can be as short as a month or as long as 3 years. If the client needs medication or a more thorough assessment, she or he is referred to a psychiatrist at LCMH. Therapists also make referrals for drug treatment.

Facilitated Workshops

Other counties provide mental health services on-site in a group setting. **Box 11** describes examples in two counties. La Plata's program, discussed in the box, is one of several using the Dialectical Behavior Therapy (DBT) model. This model was developed for chronically suicidal individuals and adapted for borderline personality disorders and other behavioral disorders. The treatment occurs in different stages. The initial goal is to stabilize the client (e.g., decrease life-threatening behaviors) and help the client feel in control. Subsequent stages focus on moving from being emotionally shut down to experiencing emotions and helping the client solve ordinary life problems.

Box 11: Workshops

La Plata contracts with the Southwest Colorado Mental Health Center, which uses the DBT model in its SUCCESS program. This program, which is targeted for individuals with mental health issues, suicidal thoughts, or chronic problems in maintaining relationships, requires a six-month commitment from clients, with clients attending two staff-led group sessions each week. The curriculum is taught in an 8-week class and covers mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. The cycle of classes is repeated three times, with the last 8-week cycle focused on moving the client into employment. One client interviewed, who suffers from depression, attributes the fact that she has been able to keep a job for a year and a half to the SUCCESS program; before she had been unable to keep a job.

Denver has a contract with Project Wise (PW), an organization that provides women with various mental health-related services, to serve 50 TANF families with intake assistance, crisis intervention, individual counseling, and support and therapy groups. PW serves women whose problems are not chronic or severe, but who face issues such as anxiety, personal or family crisis, depression, or behavioral issues like frequent job change. PW bases its services on an “empowerment model” instead of a mental health model, with the goal of helping women make their own choices and recognize their own power. The group sessions address depression, isolation, and wellness while building skills of problem solving, conflict management and boundary setting, which affect an individual’s ability to work as well as maintain healthy relationships.

b. Lessons Learned

Most of the counties visited are trying to assist recipients who have mental health issues. There is general recognition across the state that these issues are interfering with some recipients’ ability to attend activities, find employment, and eventually become self-sufficient. For the most part, counties have access to mental health services and funding does not appear to be an issue.

The primary challenge counties face is in identifying individuals who have this barrier and then getting them to participate in services and make progress. Some of these programs require continual participation (e.g., the La Plata program requires a 6-month commitment), but studies have found that mental health issues can affect an individual’s ability to comply with TANF assigned activities. Future reports will examine the extent to which individuals identified as having this issue participate in activities and move from welfare into employment.

4. Domestic Violence

There are several ways that domestic violence (DV) acts as a barrier to economic self-sufficiency. TANF clients experiencing physical, psychological, or sexual abuse can face problems such as depression, anxiety, or other mental health issues that make it difficult to maintain a job. The abuser may undermine a woman’s attempts to find and maintain a job either directly through threatened or actual violence, or through subtler means such as promising to provide child care and then failing to follow through at the last moment (Brown 2001; Sachs 1999). In addition, in situations where child maltreatment is also involved, a woman may be afraid to take full advantage of services out of a belief that the family could become involved in the child welfare system which may take her children away (Schechter and Edleson, 1999).

Estimates of the prevalence of domestic violence among welfare recipients vary widely; one policy brief states that “studies of women on welfare find [that] rates of recent or current physical abuse range from 8.5 percent to 41.4 percent” (Lawrence et al., 2004). Cases identified as having domestic violence barriers within the CACTIS system make up 5.6 percent of the caseload statewide; reporting differs by county, from 0 to 34 percent.

Colorado adopted the Family Violence Option. Under that option, states agree to screen for domestic violence and refer clients identified as victims to services, and in return can grant those clients waivers from TANF work requirements and other rules without adversely affecting the state’s participation rate. Counties are therefore required to notify all applicants and participants about domestic violence and available services, screen for domestic violence, and give participants the option to disclose at any time a situation involving domestic violence, and refer victims to domestic violence services. The state passed to the counties the option to grant “good cause” waivers of program requirements where domestic violence is identified. A review of county policies found that 51 counties in Colorado adopted the Family Violence Option.

a. Strategies Pursued in Colorado

The Domestic Abuse Assistance Program, which operates within CDHS and receives some TANF support, is funded to ensure domestic violence services are available throughout the state and that these services are stable. In addition, counties pursue different strategies to identify clients with domestic violence issues and address their needs. Some counties brought domestic violence service providers into the welfare offices, while other counties referred clients to service providers in the community. Staff training on domestic violence occurred in many counties. Helping clients through programs available in their work environment was less common.

On-site Domestic Violence Service Providers

County DSS offices make referrals to domestic violence service providers after identifying a problem, but in many counties there is a closer relationship with providers. Several of the counties have domestic violence counselors or therapists on-site. On-site counselors increase the likelihood a client will receive services because of their accessibility; they also help the case manager be sure that the client saw the counselor, and serve as an easily accessible resource for the case manager when confronted with a case of domestic violence. In addition, one domestic violence program advocate noted that she thought it was valuable to offer sessions away from the domestic violence facility to mask the reason for a visit; the client can tell others (including the abuser) she is going to see a TANF case manager, when she is really meeting with a domestic violence counselor.

Box 12: On-Site Domestic Violence Service Providers

Mesa County identified domestic violence as one of the dominant barriers clients face, and entered into a contract with Hilltop Community Services, a nonprofit, for an on-site domestic violence therapist. (They similarly contracted with a separate organization for a substance abuse counselor; while the two positions overlap, each therapist specializes in a barrier.) The therapist has a relatively small caseload and is able to provide more intensive case management services. For some clients, the therapist may primarily make referrals to community resources; with other clients, she works with the clients over an extended period. The therapist works closely with the case manager. When needed, the therapist will make home visits. Clients' meetings with the therapist are written into the client's IRC.

Through a partnership with Project Safeguard, **Denver County** has an on-site therapist and an on-site counselor for victims of domestic violence. Clients can receive one-on-one counseling sessions, and clients who go to shelters can participate in groups run by Project Safeguard within the shelters. In addition, Project Safeguard provides a fulltime legal advocate, who helps clients navigate the court system, fill out paperwork, plan for safety, and retain custody of their children. The advocate also spends time at court, both to be a comforting presence for clients, and to identify TANF clients who could benefit from PS's services, but had not been previously identified as victims of violence.

Pueblo County had a contract with the YWCA for domestic violence counseling. A counselor from the YWCA provided cognitive therapy on-site to victims and ran group treatments. Each client referred to the counselor completed a 125-question assessment. The main group treatment lasted 8 weeks and covered types of abuse, cycle of violence, myths, victim characteristics, abuser characteristics, effects on kids, safety planning, and reasons why people chose to stay with their abusers. During the two years the county contracted with YWCA, the counselor saw 75-80 clients from TANF and 80% completed the 8-week group sessions. After the 8-week session there was an ongoing group that dealt with self-esteem. Groups generally had 15-16 participants. Because of funding issues, this contract expired in December 2005.

When DV advocates are on-site at the welfare office, it is important that TANF staff communicate expectations (e.g., know when the advocate will be on-site for consultation), that the advocate has the support of the agency management staff, and that there will cross-training of both functions. For example, the DV advocate should know how the DV referral and treatment plan is integrated into the overall IRC and the TANF case managers should understand what the advocate can and cannot report back to the case manager.

Integration with Other Agencies

The impact of domestic violence cuts across the purview of different agencies, including child protection, law enforcement, and TANF. For example, exposure to the domestic violence that serves as a mother's barrier to work may have a negative impact on the child that warrants the involvement of child welfare. However, that very fact may also limit the mother's willingness to report the domestic violence for fear that her child will be removed. At the same time, the woman may be economically dependent on the abuser and therefore unable to leave without aid in becoming self-sufficient. Recognizing these factors, some programs take a cross-agency approach to domestic violence issues. **Box 13** provides examples.

Box 13: Collaboration With Other Agencies

El Paso County has a contract with the domestic violence organization TESSA to provide case management services to an average of 40 clients each month, and intensive services and support to about five clients a month. In addition to providing two on-site advocates to TANF and one to child welfare, TESSA operates the DVERT program, which brings together more than 30 government and community agencies, including law enforcement, Child Protective Services workers, the DA's Office, and CASA to take a high-intensity, multi-disciplinary approach to serving DV victims. The collaboration focuses on 50 of the worst DV cases. In addition, the program has some more limited interactions with cases they learn about that do not warrant the full collaboration's involvement. The program is located at a satellite office of the El Paso DHS' economic self-sufficiency services, which gives DVERT clients immediate access to economic self-sufficiency services, and DHS clients' access to DVERT.

Yuma County's Colorado Works program has a strong partnership with the Rural Communities Resource Center. The Center is the primary provider of DV services in the community, providing confidential 24-hour assistance for individuals and families hurt by abuse. Services include shelter, restraining orders, counseling, support, advocacy with law enforcement, and referrals to all local emergency and legal services.

Staff Training

Staff training is a key strategy in helping case managers identify and deal with domestic violence. One report (Brown, 2001) notes that DV service providers "may find that there are few referrals for specialized assistance, owing to staff and participant reluctance to discuss the issue as well as preconceived attitudes that staff may have." At least one service provider the research team met with described this type of situation, noting that they send more referrals to Colorado Works than they receive because domestic violence can be difficult to identify. Some counties in Colorado work with domestic violence service providers to train their staff; on the survey, 17 counties reported that they cross-train staff with domestic violence service providers.

Safe Environment

Domestic violence is not a barrier that is easily recognized, unless the case manager sees visible signs of abuse. The client has to disclose the situation to case managers and many are embarrassed or afraid to do so. Creating an environment in which clients feel safe disclosing domestic violence is an important consideration. This is a challenge because many welfare office settings are not conducive to clients divulging information in private, away from other workers and clients.

Also, as mentioned above, one benefit of offering domestic services on-site or at a location other than at the domestic violence service provider is that clients can conceal the reason for the visit from others, especially the abuser.

Another strategy for helping clients who are domestic violence victims transition into work is to direct them towards workplaces where they feel safe. This strategy can be incorporated into CWEP, OJT and other employment programs. For example, one case manager mentioned that she tried to reserve CWEP placements in one site – a nonprofit community center that is a significant provider of domestic violence services in the community – for clients who were victims of domestic violence.

b. Lessons Learned

Counties need to ensure there is a safe place where clients can discuss these issues, explaining how they might be able to help them with safety planning and other services. In addition, at least one county is focusing on ensuring clients feel safe at their worksites. By and large, counties have developed important collaborations with domestic violence service providers to train staff on this issue and provide services to clients. Colorado Works agencies are also looking at ways in which they collaborate with other agencies, such as child welfare and the court system, to tackle this issue together.

5. Substance Abuse

Substance abuse, especially abuse of methamphetamine, is a rising area of concern for Colorado Works programs. Substance abuse can be a direct work barrier, as it can lead to unreliable work attendance and to problematic behavior in the workplace. In addition, to the extent workplaces conduct drug testing, drug use can be a barrier to employment itself, regardless of any behavioral consequences. Nonetheless, about three quarters of illicit drug users are employed, which implies that individuals with this barrier are finding employment – introducing treatment in an employment setting might be effective.⁹

Estimates of substance abuse among the welfare population nationwide vary widely. One paper cites a range between 6.6 percent and 37 percent of those receiving public aid (Jayakody et al., 2004).¹⁰ The range may depend in part on different definitions; for example, some define substance abuse as any drug use, while others use a measure of dependency on drugs. A survey conducted by the CDHS's Alcohol and Drug Abuse Division in 2000-2001 found that 14 percent of TANF recipients in Colorado reported having had a substance abuse or dependence problem at some point, and six percent reported having a problem in the past year. (ADAD, 2002). However, these are probably underestimates because the study relied on self reporting.

Drug abuse in Colorado appears to be increasing; one report shows that the number of treatment admissions for drug and/or alcohol abuse in Colorado rose from 16,368 in 1991 to 23,889 in 2004. The percentage of these admissions in which methamphetamine was the primary drug rose from 10 to 16 percent, and accounted for half the increase in non-alcohol admissions over that period. (Hoxworth, 2006). While this may indicate increases in treatment rather than drug abuse, DHS staff in many counties also described substantial increases in people interacting with their offices who face serious substance abuse problems, in particular involving methamphetamine use. Reported methamphetamine use is higher in rural counties.

June 2004 CACTIS data on substance-related barriers shows a low overall percentage (2.1 percent), ranging among the counties from 0 to 13 percent of the caseload. The actual prevalence of substance abuse among county caseloads could be substantially higher.

⁹ “Of the 16.4 million illicit drug users aged 18 or older in 2004, 12.3 million (75.2 percent) were employed either full or part time.” (Substance Abuse and Mental Health Services Administration, 2005).

¹⁰ That paper reports its own estimate that “9 percent of welfare recipients in 1994 and 1995 were alcohol dependent and that 21 percent had used an illegal drug in the past year (mostly marijuana),” and that only about 4 percent satisfied screening criteria for illegal drug dependence. Brown (2001) reports an even wider range of estimates: from 5 percent to 60 percent.

a. Strategies Pursued in Colorado

Most counties screen for substance abuse and are generally pursuing strategies that focus on partnering with other community organizations that specialize in treatment. Most involve counseling rather than residential treatment. Colorado is one of only a handful of states that does not fund substance abuse treatment.¹¹

Screening for Substance Abuse

Many counties use aggressive screening for substance abuse. On the survey, one-third of county administrators reported that there is a policy to routinely use tools to screen for substance abuse (as opposed to merely encouraging staff to screen or relying on staff discretion). This was the highest share of any barrier or need that the survey asked about, with the exception of domestic violence. Through the survey or during interviews, several counties reported using the SASSI (e.g., Archuleta, Boulder, Garfield, Teller, and Weld Counties) or the CAGE instrument (e.g., La Plata and Phillips Counties). These lists are probably not comprehensive; other counties may use one or the other instrument, but did not report it on the survey or in interviews.

Rio Grande County's extensive CWEP program – which differs from CWEP programs in many other counties in that participants are primarily placed into full-time positions that allow them to earn significantly more than the basic cash grant – requires that each participant be subjected to a criminal background check and a drug/alcohol screening prior to starting work in his or her CWEP. The drug test is usually performed by a DHS contractor, though in some cases the employer will administer it if it is part of the hiring process. Individuals cannot take the CWEP position if they fail the drug/alcohol test, but they are given a 30-day period in which to pass the test. If appropriate, DSS provides those failing the screening with referrals for substance abuse counseling or treatment.

Collaboration with Partners

County DHS offices largely rely on mental health agencies and community groups to provide treatment for substance abuse problems. From the county survey, counties are more likely to have financial contracts with alcohol and substance abuse programs than any other agency or service provider, although it is unclear to what extent the contract covers treatment versus testing. (Twenty-five respondents reported a financial contract with a substance abuse service provider, compared with 21 counties reporting financial contracts with mental health services and 18 reporting financial contracts with adult education or family literacy providers, the two next most common.) The frequency of contracts may be due in part to the lack of coverage provided by Medicaid discussed above.

¹¹ The Medicaid Program will pay for substance abuse treatment/services only in those cases where there is a primary medical diagnosis that requires treatment, and there is also a secondary diagnosis of drug and/or alcohol abuse that may be exacerbating the medical condition. All other substance abuse services are not defined as “medical services” and TANF/Colorado Works funds may be used to pay for these services for eligible Colorado Works families (from Colorado DHS Letter, TCW-01-6-A, 2001).

Box 14: Collaborations

Rural **Bent County** has a contract with a provider of substance abuse services, SinglePoint, to come on-site once a week. This contract is funded through child welfare, but Colorado Works clients have access to its services. Methamphetamine use is a growing problem in Bent County; one case manager estimated about four or five TANF clients she knew had a methamphetamine problem but left the rolls after they lost custody of their children.

La Plata County, another county that has seen an increase in methamphetamine use, has a financial agreement with organizations to conduct substance abuse testing. In addition, Newday is a program at the mental health center where they provide testing for dual diagnosis of mental health and substance abuse.

Rocky Mountain Behavioral Health (RMBH) in **Fremont County** is one of the county DHS's close collaborators. It is located across the street from the DHS office. There is close interaction between the RMBH counselors and case managers. Counselors share the treatment plans they develop for a TANF client with the client's case manager and send the case manager progress reports describing attendance and lab results. Counselors and case managers occasionally have joint staffing, and the two agencies have occasional joint training.

Beyond these referrals and financial contracts, co-occurrence of substance abuse with other challenges clients face, such as depression and domestic violence, has led some Colorado Works programs to use strategies that cut across these issues. For example, some counties contract with the same providers to provide counseling on both domestic violence and substance abuse. In addition, given that substance abuse can be tied to child neglect – a rising concern due to the increase in methamphetamine use – there is overlap with child welfare programs, and many county DHS offices have contracts with organizations that provide substance abuse services jointly for both programs.

On-site Counselors

Several other counties have arrangements for on-site substance abuse counselors, as well. As mentioned above, Mesa County contracted for an on-site domestic violence counselor and an on-site substance abuse counselor after recognizing that these were among the most common barriers facing their clients. Similarly, Jefferson County DHS has a contract with Jefferson County Mental Health for a therapist to provide mental health and substance abuse services on-site to TANF clients. The therapist provides individual counseling, group classes, and referrals to JCMH for more intensive needs.

b. Lessons Learned

Counties face several challenges in assisting clients with substance abuse problems. A major challenge for Colorado county TANF programs is the cost of financing substance abuse treatment. Medicaid does not pay for inpatient treatment in Colorado. Another challenge is identification. Many substance abusers will not self declare their condition, so much of the burden falls on intake staff or case managers to identify where problems exist. Training staff to recognize substance abuse or to help clients to feel comfortable disclosing their issues with alcohol or drug use is important. One possibility is to increase cross-training of staff with substance abuse programs; only 11 counties reported such cross-training on the survey.

Compared with many of the other barriers discussed in this paper, case managers (and employers) may be less likely to move a substance abuser into work, but a lack of economic self-sufficiency can be a negative factor that may hinder long-term recovery. Programs may want to consider ways that the goals of employment and treatment can support each other. In addition, because of the possibility of relapse a substance abuser may start using drugs again after a period of abstaining, lose his or her job, and return to the TANF caseload. Helping individuals permanently transition into self sufficiency may require longer-term support that county programs are not equipped to provide.

6. Limited English Skills

An inability to speak English proficiently can both limit the job opportunities available to an individual and prevent him or her from taking full advantages of services available to support economic self-sufficiency. Given Colorado's demographic diversity, language barriers may affect counties to a different degree. Within the CACTIS data, 1.2 percent of the caseload reported limited English as a barrier, but this ranges from 0 to 11 percent (Costilla County).

Limited English proficiency makes it difficult for case managers to inform recipients of the benefits and services available to them; it also makes it difficult to communicate the county's expectations, and complicates the assessment process.

a. Strategies Pursued in Colorado

Colorado's counties take many steps to overcome language barriers, including offering ESL classes and making bilingual staff or translated materials available to clients with limited English abilities. Counties can also access translation services through the telephone service. The OJT site at the Safari Seconds Thrift Store in Denver, described below, is a new program with a promising model for helping individuals with language barriers gain work skills.

ESL Classes

Most county programs offer English as a Second Language programs. According to the county survey, 41 counties offer or make referrals to ESL programs. These are often offered through public schools, local community centers, or Latino-oriented community groups. Not surprisingly, CACTIS data shows that referrals to ESL are concentrated in larger more urban communities. But still, the percent of families enrolled in ESL is low. Across the state, less than one percent of Colorado Works clients are enrolled in ESL. Jefferson and Denver refer more clients to ESL, but even in these two counties participation in ESL is under 2 percent.

Bilingual Staff and Translated Materials

Several counties reported employing bi- or multi-lingual case managers to manage the non-English speaking caseload. In some cases this is an informal arrangement. In others, it is more formal. For example, several of Denver's case managers take on specialized caseloads, and within this division of labor there are bilingual case managers who handle Spanish-speaking cases. Similarly, counties have developed both formal and informal processes for handling the intake of non-English speaking clients. Jefferson County, which employs three Spanish-speaking workers and one Vietnamese-speaking worker, holds once-a-week, one-on-one orientations for non-English speakers.

The state TANF application is available in Spanish to all counties. Materials in Spanish or other languages include informational brochures, intake forms, and assessments. GED programs are available in Spanish in some areas.

Work Experience in and Training Opportunities in Language-Friendly Environments

Among the strategies suggested by Brown (2001) for helping hard-to-serve recipients with language barriers move into employment is to identify jobs where high English ability is not needed. One example is the Vocational English as a Second Language (VESL) program, recently added as a track in the Community College of Denver's Essential Skills Program. This program combines ESL classes with placement in entry-level positions, where English is not a requirement and growth is possible. CCD has targeted rental car companies where vehicle maintenance positions are open (e.g., cleaning cars). Participants will start in this position, but as soon as they have learned sufficient English, they take the Commercial Driver's License test and are promoted to the shuttle driver position. CCD also is targeting the hospitality industry for the VESL program, and has an agreement with several hotels in downtown Denver to provide contextualized English language education for employees. **Box 15** provides an example of another program offered for non-English speakers in Denver.

Box 15: Work and Training in Language Friendly Environment

Denver County has a contract with the African Community Center which runs the Safari Seconds Thrift Store near the Castro Building in Denver. In this new program, the store provides On-the-Job Training for refugees with low levels of English, focusing on the non-Spanish population who are not being served by other programs in the community. In addition, individuals learn how to do inventory, provide good customer service, and dress appropriately for work. At the same time, the Center is receiving funding to provide the refugees Intensive ESL, employment readiness and Life Skills workshops. This program can provide up to 40 hours of countable work activity.

Many TANF recipients who face challenges in getting a job because of language issues are motivated and ready to work. Brown suggests integrating ESL and training programs to address job skills and language skills simultaneously, rather than waiting for individuals to learn English.

b. Lessons Learned

Staff provided different opinions, even within the same county, on whether there were problems serving and assisting clients with limited English skills. Many counties have bi-lingual staff and referrals to ESL can be made. However, language is not the only issue; staff in several counties mentioned a need to increase cultural competency in their offices. Given the diversity in the caseload, the belief is that it is important for staff to understand clients' cultural norms with regard to employment, parenting, relationships, and a range of other issues in order to effectively communicate with them. One director mentioned working with other county directors to develop staff training on this topic.

7. Homelessness

It is estimated that every year about one percent of the U.S. population will experience one night of homelessness and will be in contact with a homeless assistance provider (HHS 2003). While

Colorado does not track the number of homeless individuals in the state, a report by the Denver Commission to End Homelessness reported that each year, 4,693 people live “on the streets, under bridges, in alleyways, in cars or in shelters” in the City and County of Denver. There are an average of 1,968 homeless people in the City and County at any time.

The percentage of Colorado recipients reported to have a homelessness or housing barrier is high – 11 percent of the caseload for the state. The range is wide – from 0 to 63 percent – most likely reflecting differences in interpretations of this barrier, as well as difference in availability of affordable housing in the community.

a. Strategies Pursued in Colorado

Several county DSS staff members noted the importance of stabilizing the situation of homeless families before finding them work. While not strictly a factor that makes individuals hard to serve in the same way as some of the other issues discussed in this report, it is clear that without strategies to confront their housing situation, homeless families will be among the hardest to employ. As a result, some programs focus on the need to stabilize a homeless family’s housing situation as a critical step in helping them move to self sufficiency.

Many staff discussed partnerships with housing programs designed to help clients at risk of being homeless find affordable housing. More unusual are programs designed to help the homeless or formerly homeless. Three counties have funded programs confronting homelessness (see **Box 16**).

In addition, other counties are focused more on helping prevent homelessness. About half the counties have initiatives to help clients find affordable housing. This often involves working with the county Housing Authority. Assistance ranges from providing housing counseling, to providing housing assistance payments or vouchers to pay for housing, to mediating with landlords. For example, Garfield County has a contract with the county housing authority to guarantee a housing voucher (DHS pays if a Section 8 voucher is not available) for clients who have met requirements for 30 days.

Box 16: Programs for Homeless

Denver has initiated three new programs worth noting.

- The *Stable Housing Program*, administered by Catholic Charities, provides affordable housing to its participants for one year with the aim of helping them attain self-sufficiency. The family must be homeless and job-ready. The program is brand new; at the time of the research team's site visit, they had just identified their first family for participation.
- Denver has case managers dedicated to the homeless caseload. These case managers primarily focus on the goal of making sure the family finds permanent housing. Only when the family is in a stable situation is the case passed to another case manager who then concentrates on helping the client prepare for and find employment and overcome other barriers.
- As part of the Mayor's plan to end Homelessness, DHS has co-located staff at the shelters to do outreach for human service programs. The initiative is funded in part with TANF dollars. The staff do the full range of intake and processing duties, but do not maintain a caseload; after intake, cases are passed to the case manager in the main TANF office. The program also offers eviction assistance (funded through Emergency Shelter Grants, TANF, and CSBG), which is handled by two staff members in the main office.

Two interesting programs in **Jefferson County** focus on assisting formerly homeless families.

- *Family Tree* provides intensive, home-based case management for clients with the aim of ensuring the families do not return to homelessness. It has a small transitional housing program, and, through TANF, provides child care to its clients.
- *Stride* works with formerly homeless clients in transitional housing to get them to the point where they are not dependent on the Housing Authority and have sustainable employment. A client is not considered to have graduated from the program until they have full-time stable employment in a job that pays them enough to rise above the Federal Poverty Line. A client may leave TANF and be in Stride for two to three years.

La Plata County partners with Housing Solutions for the Southwest, which operates the Transitional Housing Program for the Homeless. The program manager receives referrals from TANF to help clients who are homeless or facing homelessness get transitional housing. She meets with families weekly to develop a goal plan and ensure they are meeting their plan. Currently, about eight TANF recipients participate in this transitional housing program. Clients can participate for two years. While in the program, the program manager will help the client find permanent housing, which is difficult to find in this area.

b. *Lessons Learned*

Three counties have implemented initiatives designed to help the homeless. Denver and Jefferson are large communities that have greater numbers of homeless on their caseload. La Plata staff discussed the increase in housing costs in their community (bordering a resort community), which has resulted in recipients not being able to find affordable housing. These initiatives have helped the homeless access needed services, obtain transitional housing, and work toward finding permanent housing.

Staff in most counties discussed the dearth of affordable housing in their county. While the state has experienced a growth in housing, much of the focus has been on new expensive housing developments, not low-income housing. Staff in many counties mentioned the long waiting lists for Section 8 housing. Many counties are focused on preventing homelessness by developing

partnerships with the county housing authority and other agencies to help clients find affordable housing.

C. Broad-Based Strategies

In addition to strategies to address particular barriers or problems that their clients face, county Colorado Works programs utilize a range of strategies aimed at clients who need a higher level of attention or services, or who have remained on the caseload for longer periods. As mentioned earlier, long-term welfare recipients are more likely to face barriers placing them among the hard-to-employ than shorter-term welfare recipients.

Two strategies are discussed in this section: using different case management procedures, and using worksites to train clients.

Case Management

Many counties dedicate special case managers to different types of cases with different needs. **Box 17** lists the different groups of clients served by specialized case managers.

An overlapping strategy is to perform more intensive case management or provide more intensive services to longer-term clients or those identified as facing particular barriers. Boulder hired a “Social Caseworker” – a caseworker trained as a social worker – who helps hard-to-serve clients on an individual basis and assists them with daily living skills, minor parenting skills, family stability skills, budgeting, job search and SSI application assistance. In several counties, any applicant reaching a certain number of months must meet with various staff from DHS and outside agencies involved with the client to discuss how they can assist the client. In Larimer, a Workforce Center employment coach performs “triage” in order to assign new clients to one of five “tracks,” including an Intensive Track for clients with a high TANF clock count or a pattern of non-cooperation with their IRC. Intensive management involves new assessments, regular meetings with clients (up to twice a week), and individualized services that have included, for example, going places with clients, such as Alcoholics Anonymous meetings, a shelter, or even a ride on the bus.

Intensive case management services may also be related to efforts to prevent a family from becoming involved with the child welfare system. This is the case in Garfield and Mesa Counties. In these two counties, clients keep their regular case manager, and the specialized services/life skills workers are additional resources.

Workplace Settings

Another strategy that a smaller number of counties is pursuing is providing specific employment opportunities and providing training and skills to the hard-to-employ within the context of work. In a supported employment environment, clients are assisted in real job settings. Supervision is intensive and specialized. Counties may designate certain CWEP slots to working with the hard-

Box 17: Focus of Differentiated Case Managers

- Arapahoe: hard-to-employ and disabled; 50-month; two-parent cases
- Boulder: cases approaching time limits and with special needs
- Denver: single-parents; two-parents; teen parents; child-only cases; SSI; Spanish speakers; homeless.
- Jefferson: disabled; CWEP; job-ready; education; youth
- Larimer: barriers (education, legal, DV); high TANF clock; SSI; two-parent cases
- Saguache: received 36 months of TANF

to-employ. Arapahoe provides an interesting example of a county that uses some of its placements for those considered to be hard-to-employ (See **Box 18**)

Box 18: Work-Focused Programs

Individuals with disabilities participate in the **Arapahoe County's** Community Based Training (CBT). The workforce agency has developed over 100 CBT sites in not-for-profit and for-profit companies in the county with a 225 placement capacity. All training plans and training goals are customized for each participant based on their abilities, interests, and other assessment information. Some of the slots are used for hard-to-employ individuals. The coordinator partners with other community-based organizations to assist in building supports for individuals. Some of the agencies that he works with include Cerebral Palsy of Denver, Job Corp, Division of Vocational Rehabilitation, and Social Security Administration.

Other types of work programs are business ventures with an on-the-job training component. Denver contracts with Work Options for Women (WOW) to operate a cafeteria in the One-Stop that also serves as a training facility. Clients learn food service skills and job readiness, take classes, and receive individualized case management. While this program is not restricted to individuals considered to be hard-to-employ or even on TANF (about half are not on TANF), those who have multiple barriers participate and are able to stay in the program longer. Similarly, the Saguache County DHS operates Blue Horizons, a thrift store designed to provide retail training

to Colorado Works clients, although not necessarily targeting the hard-to-employ.

D. Two Approaches: Work First and Treat First

From the visits to the 18 counties, two approaches emerged for assisting the hard-to-employ. These are categorized as “treat first” or “work first.” In some cases, which strategy was pursued depended on the severity of the barrier, and in other cases reflected the philosophy of the county office.

- **Treat First.** This approach focuses on providing clients who are considered “not job-ready” with supportive services. The expectation is that these clients will not move into employment immediately, but will instead get the assistance they need so that they might later move into employment (unless they transition into SSI). They meet their IRC requirements through participation in county-only activities, with the intention that they will later move into job search and work experience after reducing their barriers. This approach might be used selectively, depending on the issue. For example, staff might put off employment for clients who are homeless or in a domestic violence situation until the issues are resolved, but might not excuse someone with a mental health issue.
- **Work First.** The Work First approach expects the clients to move into employment immediately. In addition to participating in a work activity, they might also receive additional services, such as intensive

Box 19: No One is Unemployable

Debra Angel and Elisabeth Harney wrote a book in 1997 titled “No One is Unemployable.” This book operates under the assumption that no one has barriers that will excuse them from employment. It focuses on identifying barriers, understanding the perspectives of the employer and job candidate regarding the barrier, and then working with the job candidate to develop effective solutions that will satisfy the employer. Case managers are trained on solution tools for overcoming barriers.

At least three counties – Arapahoe, Huerfano, and Larimer – have trained their staff on this approach.

case management or treatment. The “No One is Unemployable” concept assumes everyone can move into employment, *despite their barriers* (See **Box 19**).

It is not known which approach is more effective. From state reports of June 2004 CACTIS data, about 23 percent of the caseload is in some county-only activity. Future reports will examine how clients fare after enrolling in these services. If there is significant variation in county policies with regard to the use of county-only activities and this is reflected in the data, it might be possible to assess how these policies affect outcomes over time.

IV. Conclusion

With its increased emphasis on work, national welfare reform legislation in 1996 imposed tough work requirements on the welfare caseload and a 60-month lifetime limit on benefit receipt. Partly as a result of these policy changes, welfare caseloads dropped sharply; between federal fiscal years 1996 and 2004, Colorado’s TANF caseload fell 59 percent. However, while many welfare recipients were able to find employment and leave welfare, many of those who remain can be considered less job-ready. In addition, PRWORA required that county TANF offices engage a higher percent of their caseload in countable work activities. Colorado’s counties have faced the daunting task of helping this hard-to-employ population find and keep employment despite the variety of challenges these individuals face. This report documented the variety of strategies implemented by county programs across the state to assist hard-to-employ recipients.

A. Cross-Cutting Strategies

To meet the increased challenges, counties have developed a variety of strategies. Some of the strategies include increased collaboration with partner agencies, training staff on important issues facing their clients, and having specialized case workers who are able to work with groups of clients facing the same issues and barriers.

- **Increased Collaboration.** Colorado Works program officials realize that their TANF programs alone cannot effectively meet the widespread needs of the TANF population and that it is vital to partner with the other human service providers in their locality. The local programs have the expertise to serve recipients facing certain challenges and limitations to employment that might not be available in the TANF office. In some cases, they are able to leverage additional resources through the partnerships. From the survey of county directors, 42 percent of the counties have financial contracts with substance abuse providers and 37 percent have contracts with mental health agencies. Colorado Works programs are most likely to negotiate memorandums of understanding (MOUs) for domestic violence services (23 percent).
- **Staff Training.** Counties also provide training to staff to help them assist their clients who have special needs. Throughout the years, the state has offered training on domestic violence issues. The topics generally included in the training are screening for domestic violence, helping participants self-identify that they have a domestic violence issue, providing appropriate responses to disclosure, and developing relationships with service agencies in the community. Training is offered on substance abuse screening and testing. Staff cross-training, where staff learn about other agencies’ programs, also occurs. From the survey of

county directors, many counties reported cross-training staff with child welfare, public health, the workforce development agency, and domestic violence organizations.

- **Staff Specialization.** Another strategy used to address barriers in the Colorado Work caseload involves assigning individuals with increased needs to specialized case managers. Doing this allows staff who work with particular clients to learn about the needs facing their caseload, deliver individualized services to these clients, and develop partnerships with relevant agencies. Six of the 18 counties visited assign harder-to-serve clients to case managers who can provide specialized assistance to this group. The specialization includes case managers devoted to: clients applying for SSI, child-only cases, the homeless, the disabled, individuals with limited education, Spanish speakers, and cases that were close to reaching the time limit.

B. Two Approaches: Work First and Treat First

Differences in opinion exist with regard to providing services to clients, as seen above in the discussion of the “treat first” and “work first” philosophies. Some staff advocate that everyone, regardless of their barrier, can find employment, and should focus on finding employment immediately. Others take the view that some clients need to address (and possibly even resolve) their issues before moving into employment. Many counties might put themselves somewhere in between these views, or may use different approaches depending upon the client or the type of limitation.

It is not clear which strategy is more effective. Future reports will examine how clients fare after enrolling in targeted services. If there is significant variation in county policies with regard to the use of county-only activities, and this is reflected in the data, it might be possible to assess the extent to which these policies affect employment and other outcomes over time.

References

- Alcohol and Drug Abuse Division, Colorado Department of Human Services and Survey Research Unit Health Statistics Section, Colorado Department of Public Health and Environment (2002). Alcohol and Drug Use and Abuse Among Selected Medicaid Recipients: Colorado 2001. April, 2002.
- Angel, Debra L. Angel and Elisabeth Harney (1997). No One is Unemployable: Creative Solutions for Overcoming Barriers to Employment. Hacienda Heights, CA: WorkNet Publications, 1997.
- Berkeley Policy Associates (2003). Evaluation of the Colorado Works Program: Fifth Annual Report. Oakland, CA: November 2003.
- Brown, Amy (2001). Beyond Work First: How to Help Hard-to-Employ Individuals Get Jobs and Succeed in the Workforce. New York, NY: MDRC, April 2001
- Colorado Department Of Human Services (2001). Agency Letter TCW-01-6-A: Definition of Medical Services for Purposes of the Colorado Works Program, April 5, 2001.
- Corley, Mary Ann and Juliana M. Taymans. Adults with Learning Disabilities: A Review of the Literature. National Center for the Study of Adult Learning and Literacy (2002). Available online: <http://www.ncsall.net/?id=575>.
- Danziger, S., Corcoran, M., Danziger, S., Heflin, C., Kalil, A., Levine, J., Rosen, D., Seefeldt, K., Siefert, K., and Tolman, R. (1999). Barriers to the Employment of Welfare Recipients. Ann Arbor, MI: University of Michigan, Poverty Research and Training Center, School of Social Work.
- Derr, Michelle K., Heather Hill, and La Donna Pavetti (2000). Addressing Mental Health Problems Among TANF Recipients: A Guide for Program Administrators. Washington, D.C.: Mathematica Policy Research, Inc., July 2000.
- Downey, G. and Coyne, J. (1990). "Children of Depressed Parents: An Integrative Review," Psychological Bulletin, 108 (1): 50-76.
- Gardiner, Karen N. and Michael E. Fishman (2000). Employing Welfare Recipients with Significant Barriers to Work: Lessons from the Disability Field. Falls Church, VA: Lewin, October 2000.
- Hoxworth, Tamara (2006). Patterns and Trends in Drug Abuse in Denver and Colorado: January – June 2005. Community Epidemiology Work Group, 2006.
- Jayakody, Rukmalie, Sheldon Danziger, Kristin Seefeldt, and Harold Pollack (2004). Substance Abuse and Welfare Reform. Ann Arbor, MI: Nationality Poverty Center, April 2004. Originally published in Connection, a publication of Academy Health.
- Lawrence, Sharmila, Michelle Chau, and Mary Clare Lennon (2004). Depression, Substance Abuse, and Domestic Violence: Little is Known About Co-Occurrence and Combined Effects on Low-Income Families. New York, NY: National Center for Children in Poverty, June 2004.
- Lee, Sunhwa, Gi-Taik Oh, Heidi Hartmann, and Barbara Gault (2004). The Impact of Disabilities on Mothers' Work Participation: Examining Differences between Single and

- Married Mothers. Washington, D.C.: Institute for Women's Policy Research, February 2004.
- Loprest, Pamela and Sheila Zedlewski (2002). Making TANF Work for the Hard to Serve. Washington, D.C.: Urban Institute, April 2002.
- McNeil, J. (1997). Americans with Disabilities: 1994-1995. Current Population Reports, #70-61. Washington, DC: U.S. Bureau of the Census.
- Sachs, Heidi (1999). Domestic Violence As A Barrier To Women's Economic Self-Sufficiency. Washington, D.C.: Welfare Information Network, December 1999.
- Schechter and Edleson (1999) Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice. Reno, NV: National Council of Juvenile and Family Court Judges, 1999.
- Zedlewski, Sheila R. (1999). Work-Related Activities and Limitations of Current Welfare Recipients. Washington, DC: The Urban Institute.

Acronyms

A+	Advancement Plus (Goodwill Industries, Adams County)
ABE	Adult Basic Education
ADHD	Attention Deficit/Hyperactivity Disorder
AWEP	Alternative Work Experience Program
BBH	Baby Bear Hugs (Yuma)
BHO	Behavioral Health Organization
CACTIS	Colorado Automated Client Tracking Information System
CASA	Court Appointed Special Advocates
CBMS	Colorado Benefits Management System
CBT	Community Based Training (Arapahoe)
CCA	Community College of Aurora
CCD	Community College of Denver
CDHS	Colorado Department of Human Services
CHEERS	Community Household Education & Economic Resource Center (Saguache)
CHOICES	CHOICES Specialized Training Options (Community College of Aurora)
CNA	Certified Nursing Assistant
COPEs	Career Orientation Placement and Evaluation Survey
COPS	Career Occupational Preference System
CRC	Capital Research Corporation
CWEE	Center for Work Education and Employment (Denver)
CWEP	Community Work Experience Program
DBT	Dialectical Behavior Therapy
DHHS	U.S. Department of Health and Human Services
DHS	Department of Human Services
DSS	Department of Social Services
DV	Domestic Violence
DVERT	Domestic Violence Enhanced Response Team (El Paso)
DVR	Division of Vocational Rehabilitation
DWD	Division of Workforce Development (Denver)
EIPP	Early Intervention and Prevention Program (Adams)

ERS	Employment Readiness Scale
ES	Employment Services
ESL	English as a Second Language
ESP	Essential Skills Program (Denver)
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
FRCC	Front Range Community College
GATB	General Aptitude Test Battery
GED	General Educational Development (high school equivalency)
HEP	High School Equivalency Program (Buena HEP, Rio Grande)
IRC	Individual Responsibility Contract
JHU	Johns Hopkins University
JOBS	Job Opportunities and Basic Skills Training\
LCMH	Larimer County Mental Health
LD	Learning Disability
LPN	Licensed Practical Nurse
MMPI-2	Minnesota Multiphasic Personality Inventory-2 (used in Bent County)
MOU	Memorandum of Understanding
MSR	Monthly Status Report
MYAT	Multidisciplinary Youth Assessment Team (Weld)
NJCLD	National Joint Committee on Learning Disabilities
OJC	Otero Junior College
OJT	On-the-Job Training
PCM	Primary Case Manager (Denver)
PHA	Public Housing Authority
PREP	Personal Responsibility Employment Program (Mesa)
PLATO	PLATO Simulated GED Preparation Package
POP	Parent Opportunity Program (El Paso)
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
PTSD	Post-Traumatic Stress Disorder
PW	Project Wise (Denver)
RMBH	Rocky Mountain Behavioral Health (Fremont County)

SASSI	Substance Abuse Subtle Screening Inventory
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSI/SSDI	Supplemental Security Income/Social Security Disability Insurance
SIPP	Survey of Income and Program Participation
TABE	Test of Adult Basic Education
TANF	Temporary Assistance for Needy Families
TDM	Team Decision Making (child welfare)
TEP	Transitional Employment Program (Larimer)
TESSA	Trust Education Safety Support Action (El Paso)
TIGHT	Teamwork, Innovation, Growth, Hope, and Training Youth Corps
TPG	Transitional Psychological Group (Weld)
UCHSC	University of Colorado Health Sciences Center
VESL	Vocational English as a Second Language (Community College of Denver)
VESTED	Vocational Enhancements: Services, Training & Education (La Plata)
WAIT	Why Am I Tempted? (Weld)
WE	Work Experience
WFC	Workforce Center
WIA	Workforce Investment Act
WIB	Workforce Investment Board
WOW	Work Options for Women (Denver)