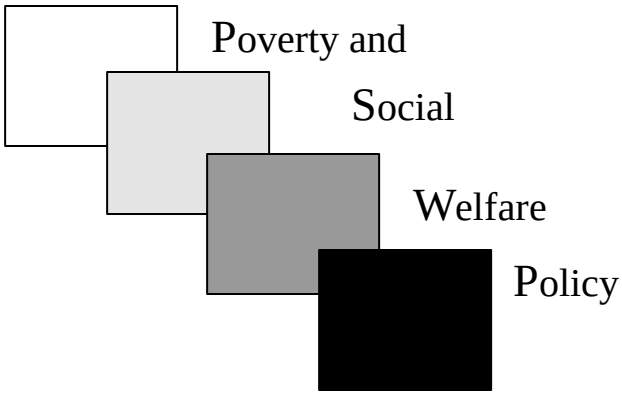
Michigan Program on



Poverty and Social Welfare Policy

The Family Independence Specialist: Successes and Challenges

May, 2000

Report prepared by
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We would like to thank all the Family Independence Agency staff who took time out of their busy schedules to participate in this study and share their experiences with us. Also, we appreciate the support we have received from FIA staff in Lansing, particularly Charles Overbey, for this and other research projects.

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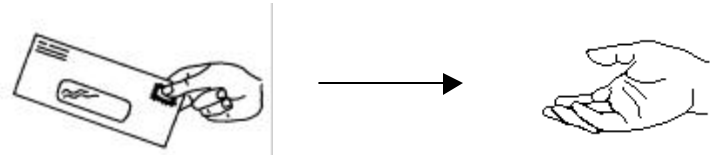
THE CHANGING WELFARE OFFICE

Both federal and state welfare reforms seek to transform the welfare system from one based on maintaining families through cash assistance to one that is temporary and focused on work. As a way to achieve that change, Michigan's welfare offices (called Family Independence Agencies, or FIA) combined the functions of eligibility determination, case maintenance, and support services provision into one worker: the Family Independence Specialist (FIS). Additionally, the FIS serves as a case manager for welfare recipients, making home calls and referring clients to Work First, the state's employment and training program for welfare recipients.

In the late summer and fall of 1999, researchers from the University of Michigan's Program on Poverty and Social Welfare Policy conducted site visits and interviewed 23 Family Independence Specialists and their supervisors and directors/district managers in five county and district FIA offices around the state. The purpose of these interviews was to examine: 1) staffs' experience in transitioning into the Family Independence Specialist position; 2) issues that present challenges to implementation; and 3) practices that have helped some offices in managing the transition. Because of the small number of staff interviewed, responses to these questions are not necessarily generalizable throughout Michigan. However, care was taken to select five sites that varied in terms of geographic location, size of caseload, and urban and rural settings. Additionally, the staff interviewed have different backgrounds, including tenure with FIA, education, and other work experience.

For the most part, the staff interviewed for this study agree with the new philosophy of the welfare system. For example, the majority of Family Independence Specialists note that the most important message to convey to applicants during intake is that , as one FIS said:

> "...there has been a change in the agency. It has gone from being a welfare check to a helping hand. We are here to temporarily assist [clients] as they work toward self-sufficiency."



However, the process by which FIA staff become "helping hands" is not straightforward. Three years after the FIS position was implemented, staff face challenges to realizing the full potential of the new role. For example, the FIS interviewed are equally split between those who see themselves as case managers whose job it is to help clients reach self-sufficiency and those who view their primary functions as determining initial and continuing eligibility for assistance programs. The majority of worker time is spent on eligibility and paperwork activities as opposed to case management. Caseloads remain high. Additionally, as cash assistance caseloads decline, the families left on the rolls may have more personal issues and barriers to employment (see page 6). These families will need more services and require more assessment and referrals for services.

Despite these challenges, three times as many FIS prefer their new job over their previous position compared to those who would rather return to the old system. By and large, the issues they raised during the interviews are concerns or problems they would like resolved so that they can perform their jobs more effectively.

The remainder of this document highlights some of those issues and suggests possible solutions, some raised by the staff we interviewed. In particular, we examine:

- challenges arising from high caseloads, computer problems, and large amounts of paperwork;
- the importance of and ways to improve home calls;
- issues related to assessing clients for possible employment barriers and making referrals;
- collaboration with Work First and strategies for improving that relationship;
- additional training needs as articulated by the FIS.

UNDERSTANDING THE CHALLENGES

The degree to which Family Independence Specialists are able to carry out their new roles and the challenges they face must be understood within the context of high caseloads, new computer systems, and a continuing emphasis on completing paperwork responsibilities quickly and accurately.

Caseload Sizes: What is the Reality?

Continuing declines in the cash assistance caseload (66 percent since March, 1994) have not translated into less work for Family Independence Specialists. The directors and district office managers in the case study sites all agree that while participation in FIP (the Family Independence Program-- Michigan's cash assistance program) is decreasing, child daycare caseloads are rising, and in some offices, so are the Medicaid rolls. These latter programs are very complicated to administer, particularly child care, a program many FIS did not previously handle.

Of FIS carrying full caseloads*, three out of five think their caseloads are too high to accomplish all their tasks. Some of the FIS who report that their workloads are more manageable note that they were only getting their work done because of state authorized overtime.

Of the workers carrying full caseloads who were able to report on their caseload:**

- The number of **FIP** cases ranges from 17 to 80, with a median of 34 **FIP** cases.

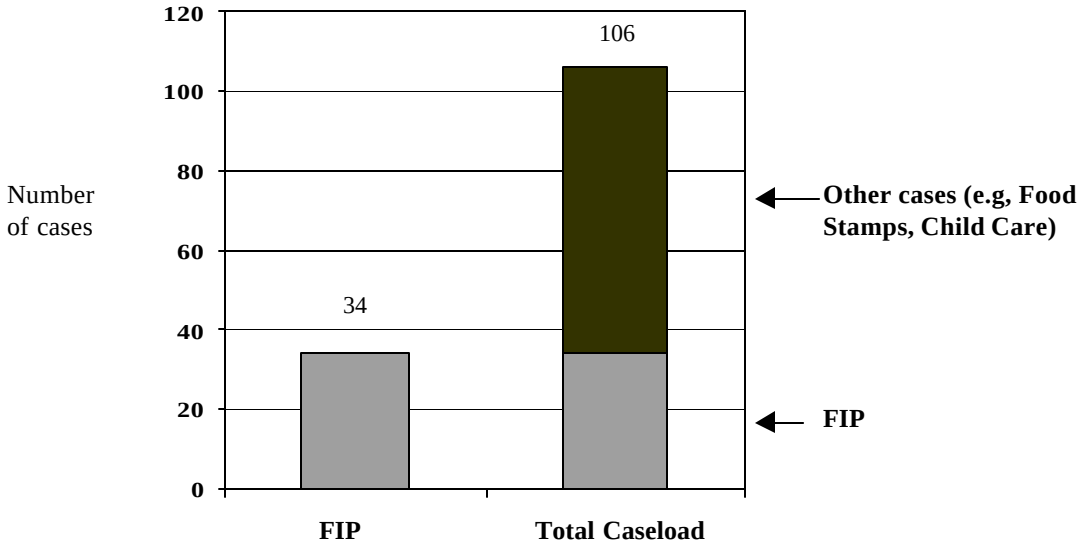
- **Total** caseloads (FIP, Food Stamps, Child Care, Medical) are much higher, ranging from 85 to 160, with a median of 106 cases.

* several of the FIS interviewed were new to the agency and did not yet carry full caseloads; their caseloads were excluded in calculating these figures.

**in one study office, caseloads were being redistributed among the FIS.

Median Caseloads in the Study Sites

Family Independence Specialists



UNDERSTANDING THE CHALLENGES

Caseload Sizes: What Might Be Appropriate?

One-third of FIS, when asked what changes they would make to the Family Independence Program, said "reduce caseloads per worker." These staff note that having too many cases prevents them from providing the best service to their clients.

Ideal TOTAL caseload sizes suggested by these FIS are in the 50-70 range. Other FIS did not give a particular number, but noted that having fewer FIP cases per worker would be better since:

1) any changes in circumstances in a FIP case also affects Food Stamps, Medicaid, and sometimes child care; and
2) FIS must spend more time on FIP cases doing home calls and completing and updating the Personal Responsibility Plan and Family Contract--the document the agency uses to help clients identify goals and move toward self-sufficiency.

A number of FIS acknowledged that to reduce caseloads and to give more personalized contact, more staff need to be hired.

The New Computer System

Another factor affecting the amount of time FIS can spend with clients is the introduction of a new computer system within FIA. The system, called ASSIST (Automated Social Services Information and Support System), was intended to consolidate several systems into one.

When first implemented in the summer of 1998, two-fifths of all county directors and district managers statewide noted problems with ASSIST, ranging from processing delays to system "bugs." Dealing with these problems, as well as learning how to use the system, took staff time away from their case management activities.

Directors anticipated that staff were on a learning curve and that the bugs would be resolved. However, one year later, according to case study respondents, ASSIST continues to cause problems for local office staff. FIS and their managers noted that ASSIST is slow to process information. Further, the system was not fully operational, so staff needed to double-enter information onto the old computer system, adding to their workload. FIA Central office staff continue to take steps to speed up processing time.





Paperwork

The new social work aspect of the FIS' job was added to the eligibility and verification tasks that were already part of the job. Although some processes have been streamlined, completing paperwork still consumes a great deal of time. FIS in the case study sites estimate that 70 percent of their time is spent processing paperwork with the balance spent interacting with clients on issues around self-sufficiency. Nearly half the FIS interviewed suggested eliminating or otherwise simplifying paperwork by getting rid of redundant forms and questions or by having laptop computers available to take on home calls, so that staff could enter information directly as they receive it.

NEW STAFF ROLES

As noted earlier, most FIS interviewed for this study prefer their new jobs to their old, particularly because of the increased opportunities for contact with clients. One place where that contact occurs is in clients' homes-- at least quarterly and more frequently for certain cases (for example, those in non-compliance). The home call was another major change for most current FIS.

The Importance of Home Calls

The majority of the FIS interviewed characterize the implementation of home calls as a positive development, and believe that the home calls assists them in doing their job. Over half of the FIS described the home call as being "important" or "very important" to fulfilling their responsibilities. The same number believe clients benefit from the visits as well, stating that clients are more comfortable in their homes than in the FIA office and therefore more likely to provide information that would aid the FIS in moving them to self-sufficiency. These FIS also stated that the home calls increase their understanding of clients' situations and barriers.

However, a few FIS think that home calls are no more instructive than an office visit. These workers indicated that clients seem to dislike the home call and find it intrusive. Others indicated that the benefit of the home call depended on the individual client; some clients will talk more freely in a home call than they would in an office visit while others may not, and clients who dislike having an FIS in their home will not have productive home call sessions.



Getting More Out of the Home Call

While most FIA directors and managers interviewed noted that their FIS were continuing to make progress in their new roles, a few also said that staff were not fully utilizing the home call to learn all they could about clients' situations.

Despite a nationwide move toward increasing case management services within the welfare system, home visiting has not been a widespread practice, even when families are facing sanctions (see US GAO, "State Sanction Policies and Number of Families Affected," March 2000; available at http://www.gao.gov). Home visits or home calls have been used within the health field, particularly after the birth of a child or in working with teenage parents. And, home visits are usually a major activity within the child protective services field. Research on early childhood programs with home visiting components has produced mixed results, but some evidence suggests that a minimum number of visits-- perhaps four-- need to be conducted before client change occurs. Home visiting at less frequent intervals-- even once a month- may not be enough to cross this threshold (see D. Gomby et al, "Home Visiting: Recent Program Evaluations-- Analysis and Recommendations," 1999, available at http://www.futureofchildren.org/).

Since FIS report high caseloads, simply increasing the frequency of home calls is not a plausible recommendation for improving the effectiveness of the visit. The agency may wish to target certain categories of clients for home calls more than it already does, for example (as suggested by one FIS) dropping the quarterly required visit for cases that are deferred or fulfilling their work participation requirement, while increasing the number of contacts FIS have with clients who are not working or meeting participation requirements. More time could then be devoted to the cases who are potentially the hardest to serve.

RESOURCES FOR SERVING CLIENTS

Even with FIA's shift to a case management orientation, the agency can only provide certain types of assistance directly to families, or the amount of assistance it can provide to each family may be limited by program rules and regulations. For example, while FIS may provide some counseling to clients, they are not clinicians who can make medical diagnoses or prescribe treatment for mental illnesses. Similarly, FIA has funds FIS can use to purchase items clients need in their homes or to go to work. However, these funds are not unlimited. For these reasons, FIS may need to refer clients to other agencies in the community.

Referrals to Other Agencies

The Family Independence Specialists interviewed for this study most commonly refer clients to agencies that provide "basic" or emergency needs, such as clothing and food assistance when those services cannot be fully met by Food Stamps or other state emergency services funds. Only a few staff mentioned making referrals to (or even show an awareness of) providers such as mental health agencies, domestic violence shelters, or substance abuse clinics.

However, recent research indicates that these problems are fairly prevalent among welfare recipients. For example, a national study of welfare recipients finds that nearly half of current recipients have poor mental or physical health, while one-third have very poor physical or mental health. (See S. Zedlewski, "Work Activity and Obstacles to Work Among TANF Recipients," 1999, The Urban Institute, http:\\www.ui.urban.org).

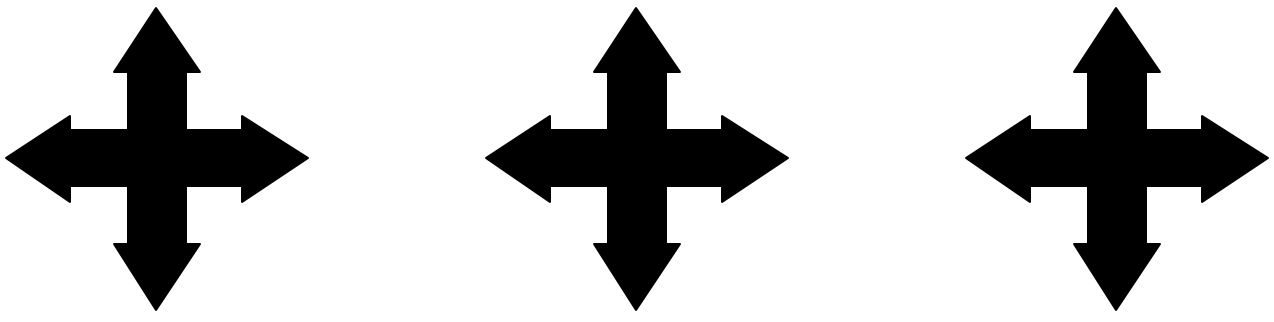
Additionally, data from an ongoing survey of FIP recipients in Michigan indicates the following set of problems for current FIP recipients who are not meeting the work requirements:

- one-quarter experienced domestic violence in the past year;
- approximately one-quarter meet diagnostic criteria for major depression or other mental health problems; and
- five percent meet diagnostic criteria for drug and/or alcohol dependence.

(University of Michigan, Poverty Research and Training Center, unpublished data, January, 2000; see page 10 for reports from this study).

These problems may impede a recipient's ability to work in a variety of ways. An abusive partner may sabotage a woman's efforts to go to work or may prevent her from leaving the house; likewise, depression and drug dependence can severely limit daily functioning.

To serve clients more holistically, local office staff may need to become aware of a broader array of service providers (where available) and establish closer connections to those agencies. Training on assessing and recognizing these problems is also crucial.



RESOURCES FOR SERVING CLIENTS

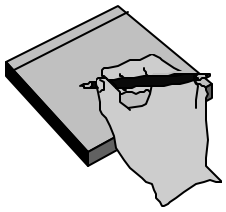
Assessment

Awareness of resources is one aspect of helping clients remove barriers to employment. But in order to make appropriate referrals, staff must first be able to detect and identify clients' problems.

In the FIA offices visited, FIS do not perform assessment by administering diagnostic instruments during intake or subsequent interactions with clients.* Rather, assessment of barriers to employment relies on client self-disclosure during interactions with FIS. With increased communication and contact in the home (presumed to be a more comfortable environment), clients may feel more trusting and self-disclose various problems, and FIS may see for themselves potential problems in the home. The majority of FIS we interviewed believe that this happens. However, a self-disclosure approach has limitations, because clients may hold back or give incomplete information, particularly early in the relationship with the worker, and about sensitive issues.

As noted in a recent review of state and local approaches to identifying and serving the "hard to place" (Kramer, 1998), reliable instruments exist for systematically identifying specific problems that could hinder employment and welfare exits. For example, some welfare offices use previously tested paper assessments that can screen for alcohol and drug problems.** These include the Substance Abuse Subtle Screening Inventory (SASSI), Short Michigan Alcoholism Screening Test (SMAST), the Addiction Severity Index (ASI), and the "CAGE" test. The latter consists of only four questions and could be integrated into the intake interview fairly easily.
For more information, see Kramer, Fredrica. (1998). *"The Hard-to-Place: Understanding the Population and Strategies to Serve Them."* WIN Issue Notes, 2:5, March, 1998. http://www.welfareinfo.org/hardto.htm). For more information on the CAGE and MAST, see http://www.health.org:80/survey/7k.htm

Screening tools might also be an appropriate supplement to the training on domestic violence awareness received by some FIS. In Oregon, welfare office staff use a screening and assessment tool to help identify domestic violence victims. For more information about this tool, contact Shirley Iverson, Field Services Manager, 503-945-6902, or Carol Krager, Domestic-Violence Lead, 503-945-5931.



* This summer, 20 FIA offices will use a more structured screening tool as part of a pilot project.
** Michigan opted to implement urine screens to test for drugs, although at this writing there is a temporary restraining order on the testing.

Alternative Staffing Models

One of the case study offices recently contracted with a mental health professional to meet with all clients currently not working and further assess potential barriers to employment. In a staffing configuration like this, the FIS are still responsible for conducting an initial screen for barriers, monitoring the case and ensuring that clients do not "fall through the cracks."

Another option is to assign the task of referrals (and possibly further assessment) to other staff, ideally those with a background in social work, counseling, or like fields. For example, welfare recipients in Utah who are identified as having mental health or substance abuse problems are referred to a case staffing team that includes specialized professionals who have the background to determine the most appropriate route of treatment. (For more information, see A. Johnson and A. Meckstroth, "Ancillary Services to Support Welfare to Work,"1998, prepared for the U.S. Department of Health and Human Services by Mathematica Policy Research. http://aspe.hhs.gov/hsp/isp/ancillary/front.htm).

RESOURCES FOR SERVING CLIENTS

With a few exceptions, clients are generally expected to be looking for work, and, since late 1994, a local Work First agency provides assistance in this area, along with access to certain supportive services and training opportunities. Because two different organizations are providing services, FIA and the Work First providers need to build and sustain a relationship with each other so that clients are given consistent messages and served in a seamless manner. Policy changes have been frequent over the last several years, and several staff expressed frustration that Work First providers were not receiving information about these changes in a timely manner. Since FIA and Work First are not administratively linked, the task of building collaboration between the agencies has been somewhat challenging.

Collaboration with Work First

In 1996-97 we found that front-line communication between FIA and Work First occurred in fewer than half of FIA offices (see Seefeldt, Sandfort, and Danziger, 1998). Over time, more relationships seemed to have developed, and some offices are working together with Work First in interesting ways.

The majority of FIA staff report at least weekly contact with staff from the Work First subcontractors. Issues discussed include clients' attendance, their progress in finding a job, and other information learned from talking to or working with clients.

In one office, FIS and Work First staff meet weekly to discuss particular cases. According to one FIS:

> "We pull out difficult cases [e.g., those not meeting the work requirement or nearing sanction status] and try to figure out what's causing the problems. Usually between both agencies we are able to find a solution."

In another office, FIA and Work First worked together to plan and hold a job fair for clients. In both of these offices, staff cited these mutual efforts as well as Project Zero* as avenues which brought both agencies together and increased communication and understanding levels. As Project Zero moves throughout the state, more partnerships such as these may develop.

In the sites that were not yet Project Zero at the time of the interviews, most staff believe that their relationship with Work First subcontractors has improved. Nevertheless, some staff, particularly those in two of the study sites, think there is still room for more improvement. These staff desire more teamwork of the nature described above (regular meetings to discuss cases) or even just a better sense of how the other operates. As one FIS notes:

> "Our agencies need to work better together, because we do things differently. It's not clear what they (Work First) do, and it's sure not clear to them what we do."

One possible way to develop this type of understanding is through co-location efforts. At one of the FIA offices, a supervisor spends a couple half-days at the Work First subcontractors. This supervisor does not have scheduled meetings during that time; rather, her job is to be on site. The office director says that:

> "Having the supervisor there has enhanced our understanding of their [Work First's] process, and gives their staff a chance to ask questions about our programs. Obviously we can't co-locate the entire agency, but this kind of regular contact of individual staff-- knowing they will be at the other agency at a certain time-- helps increase communication and understanding between the agencies."

*Project Zero began as a small research study undertaken by the state to identify client employment barriers and then use that information and additional resources to assist six Project Zero sites in meeting the goal of 100 percent employment of recipients. Over time, the project has expanded across the state and is set for statewide implementation during 2000.

TRAINING NEEDS AND SUMMARY

As part of the transition to the Family Independence Specialist position, workers were provided a set of trainings in "Strength-Based, Solution Focused" techniques, a therapeutic model in which clients are urged to set up small, concrete goals as a way to affect change and to focus on what they do "right," instead of analyzing their problems. This training provided a foundation for the philosophy behind the Family Independence Specialist position. However, as staff become more experienced in their jobs, many may need further training to acquire new skills or sharpen existing ones.

Additional Training Needs

The FIS interviewed for this study identified three areas where more training would be useful:

1) Techniques and Skills for Working with Clients: The ability to communicate successfully with clients of all backgrounds strengthens the FIS-client relationship, supports workers in learning about their clients, and should lead to improved client outcomes and improved job satisfaction for the FIS. A number of FIS said that they would like more training on solution-focused methods and other social work techniques or training in customer service, including cultural sensitivity, in order to achieve better relations with clients.



Many FIS recognized that education about and identification of barriers to employment (such as substance abuse or domestic violence) as well as access to community resources and supports are a pivotal part of the process of improving the clients' ability to become self-sufficient. Training in these areas is also desired.

2) Tools for Working More Efficiently: Many FIS expressed that their new responsibilities have led to increased demands on their limited time. Although the new role is rewarding in that it offers more opportunities to support clients' paths to self-sufficiency, it also, as some noted, means FIS have "many hats to wear." Time management strategies would support FIS who are feeling overwhelmed by all of the tasks expected of them and would help create a balance between client contact and paperwork.

Another new responsibility is working with ASSIST, which many staff see as challenging and frustrating. A better understanding of ASSIST, as well as other computer programs, would enable workers to be more efficient and free up time to work with clients. A number of staff appreciate the help they have received from "Local Office Experts" who serve as ASSIST troubleshooters.

3) Training on Policies/ Programs A number of the FIS interviewed said that they could perform their jobs better if they had a clearer understanding of certain policies and programs. Most frequently mentioned was more training on the day care program, since many staff had not administered the program prior to becoming FIS, and the program itself is complicated.

SUMMARY

Based on our interviews, the Family Independence Specialists in Michigan have successfully adopted the new mindset of the agency and believe in the importance of moving recipients to self-sufficiency. The challenges lie in providing workers with the time, resources, and training to carry out their mission. Although FIP caseloads continue to decline, FIS carry cases from other programs and still process large amounts of paperwork, limiting the time they can spend on case management activities. Staff may need to learn more about community resources that can provide additional services to their clients. Some client problems are very difficult to address, because without the proper assessment tools, the issues themselves are hard to detect. We hope the strategies highlighted in this document may prove useful to case managers such as FIS as they face these challenges.

ADDITIONAL INFORMATION

In addition to the reports and resources cited throughout this report, the University of Michigan's Program on Social Welfare Policy and Poverty Research and Training Center has produced a number of reports related to various aspects of welfare reform. Free copies may be downloaded from:

http://www.ssw.umich.edu/poverty/pubs.html

or contact Kristin Seefeldt at (734) 998-8514 or kseef@umich.edu for hard copies of these and other reports mentioned in the document.

General Welfare Reform:

Welfare Reform Policy From Nixon to Clinton: What Role for Social Science? Sheldon Danziger, 1999.

Child Poverty, The Labor Market and the Welfare State in the Industrialized Counties. Giovanni Andrea Cornia and Sheldon Danziger, 1997

Welfare Recipients

Work, Income, and Material Hardship After Welfare Reform. Sandra Danziger, Mary Corcoran, Sheldon Danziger, and Colleen Heflin, 1999.

Barriers to the Employment of Welfare Recipients. Sandra Danziger, Mary Corcoran, Sheldon Danziger, Colleen Heflin, Ariel Kalil, Judith Levine, Daniel Rosen, Kristin Seefeldt, Kristine Siefert, and Richard Tolman, Revised, February, 2000.

Welfare Reform, Substance Use, and Mental Health. Rukmalie Jayakody, Sheldon Danziger, and Harold Pollack, Revised 1999.

Getting Jobs, Keeping Jobs, and Earning a Living Wage: Can Welfare Reform Work? Ariel Kalil, Mary Corcoran, Sandra Danziger, Richard Tolman, Kristin Seefeldt, and Yunju Nam, 1998.

Welfare Reform Implementation and Policies

Inside Michigan Work First Programs. Nathaniel Anderson and Kristin Seefeldt, 2000.

What FIA Directors Have to Say about Welfare Reform. Kristin Seefeldt, Sandra Danziger, Nathaniel Anderson, 1999.

What Contractors Have to Say about the Work First Program. Kristin Seefeldt, Sandra Danziger, Nathaniel Anderson, 1999.

Moving Toward a Vision of Family Independence: Local Managers' Views of Michigan's Welfare Reforms. Kristin Seefeldt, Jodi Sandfort, Sandra Danziger.

Welfare Reform and Employers

Employer Demand for Welfare Recipients and the Business Cycle: Evidence from Recent Employer Surveys. Harry Holzer, 1998.

Will Employers Hire Welfare Recipients: Recent Survey Evidence from Michigan. Harry Holzer. 1998.