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# MARYLAND'S TANF PROGRAM: A COMPREHENSIVE REVIEW

FINAL REPORT TO SATISFY THE REQUIREMENTS SET FORTH  
IN MD. CODE ANN., HUMAN SERVICES, § 5-323 (2022)

PUBLIC POLICY RESEARCH

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## ACRONYMS

<b>ACE</b>	Adverse Childhood Experience(s)
<b>ACF</b>	Administration for Children & Families; U.S. Department of Health and Human Services
<b>AFDC</b>	Aid to Families with Dependent Children, established by the Social Security Act of 1935
<b>APHSA</b>	American Public Human Services Association
<b>CBPP</b>	Center on Budget Policies and Priorities
<b>CSA</b>	Maryland's Child Support Administration
<b>CSMS</b>	Child Support Management System
<b>CY</b>	Calendar Year (January 1 through December 31). For example, January 1, 2023 through December 31, 2023 represents CY 2023.
<b>DHS</b>	Maryland Department of Human Services
<b>DORS</b>	Division of Rehabilitative Services; Maryland State Department of Education
<b>DRA</b>	Deficit Reduction Act of 2005
<b>EBP</b>	Evidence-Based Practice
<b>E&amp;E</b>	The Enrollment & Eligibility system that case managers use to enter data
<b>EITC</b>	Earned Income Tax Credit
<b>ESL</b>	English as a Second Language
<b>FIA</b>	Family Investment Administration; Maryland Department of Human Services
<b>FRA</b>	Fiscal Responsibility Act of 2023
<b>FFY</b>	Federal Fiscal Year (October 1 through September 30 across two calendar years). For example, October 1, 2023 through September 30, 2024 represents FFY 2024.
<b>IRB</b>	Institutional Review Board
<b>HHS</b>	U.S. Department of Health and Human Services
<b>LDSS</b>	Local Department of Human Services
<b>LEP</b>	Limited English Proficiency
<b>LLC</b>	Limited Liability Company
<b>Maryland DOL</b>	Maryland Department of Labor
<b>MDTHINK</b>	Maryland Total Human Services Integrated Network
<b>MOMS</b>	Mental health Outreach for Mothers
<b>MSDE</b>	Maryland State Department of Education
<b>NACO</b>	National Association of Counties
<b>NAICS</b>	North American Industry Classification System
<b>NASTA</b>	National Association of State TANF Administrators

<b>OFA</b>	Office of Family Assistance; Administration for Children & Families; U.S. Department of Health and Human Services
<b>OFA Peer TA</b>	Office of Family Assistance Peer Technical Assistance
<b>OPRE</b>	Office of Planning, Research and Evaluation; Administration for Children & Families; U.S. Department of Health and Human Services
<b>OWRA</b>	Online Work Readiness Assessment
<b>PASS</b>	Plan for Achieving Self-Sufficiency; a document created regularly by Maryland's 24 jurisdictions
<b>PFP</b>	Pay-For-Performance
<b>PRWORA</b>	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration, The U.S. Department of Human Services
<b>SFY</b>	State Fiscal Year (July 1 through June 30 across two calendar years). For example, July 1, 2023 through June 30, 2024 represents SFY 2024.
<b>SSA</b>	Maryland Department of Human Services, Social Security Administration
<b>SSI/SSDI</b>	refers to two types of monthly cash benefits for people with disabilities, Supplemental Security Income/Social Security Disability Insurance
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TCA</b>	Temporary Cash Assistance, Maryland's TANF program
<b>TDAP</b>	Temporary Disability Assistance Program
<b>TIC</b>	Trauma-Informed Care
<b>TSS</b>	Transitional Support Services
<b>UMSSW</b>	University of Maryland School of Social Work
<b>WIOA</b>	Workforce Innovation and Opportunity Act
<b>WPR</b>	Work Participation Rate

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## EXECUTIVE SUMMARY

Nearly 30 years ago, PRWORA created a federal framework for a new cash assistance program, TANF. This new program gave states substantial flexibility and control over their own cash assistance programs (Holcomb & Martinson, 2002). A key feature of TANF’s design is its block grant structure, which provides funding<sup>1</sup> so states and the District of Columbia can design and implement their own programs.

Some states further decentralized their TANF programs to give more flexibility to individual localities within states (see Kim & Fording, 2010). Maryland is one of only 11 states that has a decentralized state cash assistance program (OFA, 2024). This is commonly referred to as a *state-supervised, county-administered* approach. In practice, this means Maryland has 24 individual, unique cash assistance programs, all collectively referred to as TCA. While federal and state policy apply to all 24 jurisdictions, recipients’ experiences with TCA and opportunities within the program may vary based on the jurisdiction in which they reside.

Over the last three decades, federal TANF law has not fundamentally changed. However, since its creation, individual states and localities have utilized TANF flexibilities to reform their programs to better serve families (Brown, 2022; Roberts, 2022; Rodrigue et al., 2022). In more recent years, professional organizations, think tanks, and the federal office responsible for administering the TANF block grant have also made strides toward moving TANF

The *Strengths, Areas for Improvement, and Recommendations* chapter provides a comprehensive, final examination, including **detailed strengths and areas for improvement by chapter.**

beyond its initial foci of rapid employment and barrier removal (Roberts, 2022; Brown, 2022; Rodrigue et al., 2022; Tassigne, 2022; Oalican, 2022; Floyd et al., 2021; Meyer & Pavetti, 2021; Dehry & Knowles, 2022; OFA, 2023).

In recent years, Maryland’s TCA program has undergone substantial changes at the state level to better support families. Many of the state-level changes happened through state legislation and had strong support from advocacy coalitions in Maryland. As part of ongoing efforts to improve the TCA program to ensure it serves families in the best way possible, advocates collaborated with a state delegate to initiate a successful TCA comprehensive review bill in 2022 (M. Madio, personal communication, July 31, 2024; H.B. 1041, 2022; Barnes & Valentino-Smith, 2022). The bill required DHS to hire a consultant to (1) critically examine components of Maryland’s TCA program; (2) conduct an analysis of strengths and areas for improvement; and (3) provide recommendations, as shown in Appendix A (H.B. 1041, 2022).<sup>2</sup>

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<sup>1</sup> Although TANF is typically referred to as a program—including in this document—in practice it is not a program, but rather “a set of funding streams used at the state and local levels to provide a wide range of benefits, services, and activities” (Falk, 2023, p.11).

<sup>2</sup> The bill specified that the consultant review FIA’s *Family Investment Program*, rather than TCA. The *Family Investment Program* is synonymous with TCA (Maryland State Archives, 2024), but also includes welfare avoidance grants which this review does not cover. FIA also administers additional supportive programs including SNAP and energy assistance.

To satisfy the requirements of this legislation, DHS collaborated with its long-standing research partner, the Family Welfare Research & Training Group at the UMSSW, who led the comprehensive review of the TCA program.<sup>3</sup> The authors' first step was to convert text in the legislation into measurable research questions about the TCA program. This process yielded 16 research questions (Appendix B) across five domains, including: (1) program design; (2) assessment tools; (3) equity in policy implementation; (4) evidence-based and innovative practices; and (5) outcomes disaggregated by race/ethnicity. The primary purpose, however, was to identify key strengths, areas for improvement, and recommendations for the TCA program.

To answer all 16 research questions across the five domains, the authors utilized a mixed methods approach. A mixed methods approach combines both qualitative (e.g., interviews, focus groups, and document analysis) and quantitative (e.g., surveys, data recorded in administrative records) data to answer research questions. More specifically, this study utilizes a *convergent* design in which quantitative and qualitative data were collected simultaneously, analyzed separately, and integrated to draw findings and conclusions.

In calendar year 2023, the authors conducted 66 hours of interviews and focus groups and administered surveys to staff and administrators across all 24 Maryland jurisdictions. In total, 123 staff and

administrators participated in interviews and focus groups and 154 staff and administrators participated in the survey. The authors also collected 326 publicly facing and internal DHS documents including state and jurisdiction plans, manuals, documents with program guidance (e.g., action transmittals, information memorandums, and other FIA guidance for local departments), standard operating procedures, meeting agendas and minutes, assessment tools, documentation on goals and performance measures, and vendor contracts. In addition to the collection of qualitative data, the authors retrieved administrative data from computerized information systems maintained by the State of Maryland. More details about the methods for this study are available in Appendix B.

It is important to note that there are many limitations to this study, and while sufficiently detailed, each chapter provides a surface-level or limited analysis of each research question. This is due to the limited amount of time the bill allotted for completion. Maryland's governor signed the legislation that initiated this study in late May 2022, with a final report due to the General Assembly on October 1, 2024. This allowed only 26 months after passage to (1) navigate bureaucratic processes to secure a contract with DHS and hire staff and consultants; (2) identify the necessary data and methods for each of the proposed research questions; (3) receive approval from the institutional review board;<sup>4</sup> (4)

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<sup>3</sup> The Family Welfare Research team commits to addressing any errors promptly and transparently. They are also committed to ensuring that all individuals have equal access to the information. If you would like an accessible version of this document or assistance in understanding its content, or, if you have questions, feedback, or concerns, please contact the authors.

<sup>4</sup> "An institutional review board (IRB) is a committee that has been formally designated to approve,

monitor, and review biomedical and behavioral research involving humans...The [number one] priority of an IRB is to protect human subjects from physical or psychological harm" (University of Maryland, Baltimore, n.d., Institutional Review Board section). IRBs are empowered by the U.S. Department of Health and Human Services, Office for Human

collect qualitative and quantitative data; (5) analyze qualitative and quantitative data; (6) draft the report; (7) develop recommendations; and importantly, (8) navigate and address challenges that arose at each step of the project.<sup>5</sup> With additional time, the findings in this report could have been more thoroughly developed and presented in greater depth. There are plentiful opportunities for future studies to expand on many of the analyses in this report.<sup>6</sup>

The findings and recommendations in this report offer stakeholders a first-ever, in-depth examination of critical components of Maryland's TCA program. This report provides useful, actionable information for state-level leadership, local leadership across Maryland's 24 jurisdictions, state-level policymakers, and advocacy coalitions. Further, this report sets the stage for continued improvement by providing concrete recommendations based on the findings. To fully satisfy legislative requirements, DHS must also follow through with the proposed dissemination plan and incorporate the voices of TCA customers and other stakeholders into the proposed recommendations. It is the expectation of the authors that a future version of the proposed recommendations will incorporate these voices, as recommendations that center lived experience are critical to improving programs.

The remainder of the executive summary is segmented into two parts. First, the authors provide a summary of each chapter, which aligns with the five aforementioned domains. Second, the authors provide the overarching recommendations from this report, and detail where in the report to find

additional details related to recommendations.

## Program Design

**Core Beliefs, Goals, Objectives, and Performance Measures:** Since TANF's creation in 1996, the core beliefs, goals, and objectives of TANF have shifted in a positive way to prioritize supporting families. Maryland's TCA program also reflects this shift to some degree. While Maryland grounds the TCA program in the four purposes of TANF outlined in federal law, the program primarily has a belief system that providing financial support and supportive services to families can help them achieve economic independence. Staff and administrators believe that their partnerships with local businesses and organizations in their communities are critical to the success of recipients. Despite an increased effort to shift to a *people before performance* approach in the program, DHS imposes several performance measures that jurisdictions find challenging to meet, including job placements, WPR, and compliance with application timeliness. Staff challenges to meeting these performance measures include staffing shortages, heavy workloads, errors with administrative data systems, and the elimination of full-family sanctions. Though FIA has developed TCA objectives that focus on gaining skills and eliminating employment barriers, these objectives do not have specific targets. Several jurisdictions choose to embrace the *people before performance* approach and focus on providing intensive case management and celebrating individual successes of customers. Overall, there is a perception

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Research Protections, "to approve, require modifications in planned research prior to approval, or disapprove research" (University of Maryland, Baltimore, n.d., Institutional Review Board section).

<sup>5</sup> Appendix C provides a detailed timeline of project steps.

<sup>6</sup> It is important to note that the jurisdictional practices and partnerships described in this report do not represent an exhaustive list of all practices and partnerships. This report offers only a sampling given Maryland has 24 unique cash assistance programs.



among staff that DHS lacks a shared vision and mission for the TCA program.

**Rules and Requirements:** Maryland takes advantage of many available policy flexibilities with work requirements, child support requirements, and the time limit on benefits. For example, DHS offers work exemptions for individuals experiencing illness, homelessness, and transportation barriers. However, DHS provides very few work exemptions for domestic violence, even though federal law permits this exemption and it is a common experience among TANF recipients. Additionally, DHS could explore adopting full child support pass-through; importantly, though, the federal government would still require the state to pay them their share of the support Maryland collects.

**Use of Work Experience:** Maryland is one of a few states that limits the number of months a recipient can participate in a work experience activity to satisfy work requirements. This limitation is a result of an advocate-supported bill in, which restricted the number of hours a customer can participate in a work experience activity (Maryland General Assembly, 2022). Administrators largely viewed this limitation negatively, noting that it makes it harder to meet the WPR, engage businesses to offer opportunities, and serve customers with significant employment barriers.

**Service Delivery Model:** Maryland does not have a universal service delivery model and gives each jurisdiction flexibility to tailor their program. Given the decentralized nature of the TCA program, customers may have access to different opportunities or outcomes based on where they live. Most rural jurisdictions have an in-house service delivery model where staff handle referrals to work activities. An advantage of this model is that it provides an opportunity for staff to build relationships and trust with customers. Consequently, staff feel they can provide more individualized, intentional

support. Many urban/suburban jurisdictions have a contracted service delivery model where they contract with an external entity to administer work activities. An advantage of this model is the expertise and resources the vendors provide. Some jurisdictions utilize a hybrid approach. Overall, jurisdictions aim to meet customers where they are and provide individualized services. Major challenges to this effort, though, are limited funding, staff, and service providers.

**Analysis of Vendor Contracts:** A strength of public sector and local non-profit vendors is that they have similar goals to local jurisdictions. As such, some of the contracts with community colleges include meaningful performance metrics such as long-term employment and credential attainment. However, staff perceive a misalignment between vendor and jurisdiction goals, a claim that microeconomic theory also supports. A majority of vendor contracts do not prioritize incentives for longer-term self-sufficiency or steps to achieve self-sufficiency. Instead, they incentivize compliance, engagement metrics such as the WPR, or rapid attachment to employment.

**Pandemic-era Service Delivery:** As a result of the pandemic, jurisdictions have embraced more virtual service delivery. This is especially helpful for customers with transportation barriers. However, it is challenging for some customers due to limited access to technology or the internet. The pandemic also initiated interview waivers. This presented challenges for staff, who report not having the opportunity to work with customers to address incomplete or inaccurate applications. Staff also do not have the opportunity to explain key aspects of the TCA program to customers, given that staff utilized the interview as an orientation to the program.

## Assessment Tools

### **Analysis of Assessment Tools:**

Assessment tools in the TCA program are used primarily to identify employment barriers to develop the Family Independence Plan with customers. Most jurisdictions use the OWRA assessment, but some have their own in-house assessments. While there are some strengths to both in-house tools and the OWRA, overall, the TCA assessment tools are not grounded in trauma-informed care and anti-racism principles. The chapter on assessment tools includes specific recommendations for designing a new assessment tool that is grounded in these principles.

## Equity in Policy Implementation

**Analysis of Equity:** Equal implementation means that all individuals receive the same services and treatment. Equitable implementation means that staff tailor services and treatment to each individual's needs and circumstances. Differential treatment and services are sometimes necessary to meet these needs. Research on inequities in the TANF program is still in its infancy, so the charge to examine equitable implementation of Maryland TCA policies and processes was a challenging one. As such, this chapter explores how implementation of key TCA policies and processes varies across several groups of TCA recipients (i.e., race/ethnicity, primary language, citizenship status, disability status, geographic type, age), and discusses where implementation may be equitable or inequitable.

**Assessment Process:** The assessment process varies across jurisdictions, but all aim to use assessments to identify an individual's unique barriers and skills. This aids the development of equitable, individualized independence plans and referrals to services. The majority of staff are confident in conducting assessments and developing plans, though more than

one in four are unconfident. A majority of payees living in jurisdictions that use the OWRA did not have any OWRA assessment in the past 5 years. When staff completed the OWRA, they did so more frequently for payees who were Black, disabled, United States citizens, or residents of Baltimore City. Furthermore, they were more likely to ask payees questions about drug and alcohol use than questions about other challenges, such as mental health. Finally, staff asked Black payees drug and alcohol use questions more often than they asked payees of other races or ethnicities these same questions.

### **Referral Process for Work Activities:**

Staff aim to individualize work activities for customers; however, they feel immense pressure to meet the WPR. As a result, employment and job search are the most common activity assignments. Staff report challenges finding appropriate work activities for customers with disabilities. DORS had historically been a primary referral organization for customers with disabilities, but staff described challenges with that partnership including long wait lists and the division not meeting customer needs.

### **Referral Process for Supportive**

**Services:** Jurisdictions creatively use direct funding, on-site services, and referrals to external partners to delivering supportive services. A recurring theme throughout this study was that external partnerships are vital to connecting recipients and families to a variety of supportive services. Jurisdictions face two major challenges to providing individualized service referrals, though, including a lack of diverse community services and a higher volume of cases relative to available staff. Jurisdictions also face challenges communicating with customers with limited English proficiency. Current resources, such as the Language Line, are often insufficient, as translations do not accurately convey the technical language of TCA policy. Additionally, there is a lack of written

translation for documents specific to each jurisdiction.

**Good Cause Exemption Process:**

Maryland allows for several exemptions for work requirements, child support requirements, and the time limit on benefits. Processes for determining exemptions vary across jurisdictions. There are notable challenges with child support exemptions. In practice, some jurisdictions give the child support agency full decision-making power over exemptions for TCA customers, which does not align with current policy. CSA and FIA staff sometimes provide customers with conflicting information, which FIA staff describe as distressing for customers. Moreover, staff described customers not receiving an exemption in some cases of assault. Not all jurisdictions have a family violence expert on staff or standard procedures in place to support customers experiencing domestic violence. In addition, there may be inequity in work exemptions for customers with disabilities, as the department requires additional paperwork to document the customer's disability. Federal TANF provisions do not require this additional paperwork. There may also be inequity for minor parents, who are not eligible for the same exemption that adults can receive when caring for a child under age 1.

**Sanctioning Process:** A change in Maryland's sanction policy—from full-family to partial sanctions—appears to have made the sanctioning process more equitable. This is evident when comparing recent sanction data from the newer policy to older sanction data from the previous policy. However, staff express difficulty in engaging individuals with a partial sanction in activities to support their self-sufficiency.

**Evidence-based and Innovative Practices**

Despite the accumulation of nearly 30 years of evidence, there is still substantial ambiguity around best practices in supporting TANF families in their journeys.

Questions remain with respect to *what works for whom, when, and under what circumstances*. After an extensive literature review, the authors identified eight EBPs, including practices, programs, and approaches, that can support a family on their journey to self-sufficiency.

**Evidence-based Practices:** Three evidence-based work strategies include sector strategies, career pathways, and registered apprenticeships. Some jurisdictions engage in these practices, but most do not. The two most common barriers local-level leadership have in implementing evidence-based work strategies are (1) lack of knowledge or experience to implement such strategies, and (2) lack of staff to support the work. Staff in rural jurisdictions report that they face additional challenges in utilizing evidence-based practices including limited career opportunities in the area, childcare barriers, and transportation barriers.

Trauma-informed care for both customers and TCA staff is another evidence-based approach. Staff have not had sufficient training on incorporating trauma-informed principles into the program and their interactions with customers and expressed a limited understanding of the approach. Errors with E&E create challenges to fostering trust and transparency with customers, one aspect of a trauma-informed approach. However, some jurisdictions use goal setting and coaching models which focus on empowering individuals to set goals and take ownership in their journeys to self-sufficiency. Unfortunately, trauma-informed care for staff who experience vicarious (i.e., secondary) trauma is still a work in progress. A majority of staff report that they are not well-supported in trauma-informed ways, and a substantial percentage experience stress most or all of the time.

Incorporating customer feedback into TCA is another practice that can empower customers and improve the program.

Maryland's incorporation of family input into TCA program and policy is minimal, however, with few jurisdictions incorporating feedback. On the spectrum of public participation (*Inform, Consult, Involve, Collaborate, Empower*), Maryland falls into either the *Inform* and/or *Consult* levels of the spectrum.

Lastly, all jurisdictions provide some level of supportive services to address barriers to employment. However, not all jurisdictions provide services or referrals for all common barriers. Staff face substantial challenges including a lack of staff, funding, and service providers in their area. This is especially true for mental health, transportation, and childcare barriers. For example, staff reported that the MSDE does not approve or provide the Child Care Scholarship Program vouchers in a timely manner, which are critical for TCA families. Overall, staff expressed concern that they are increasingly taking on more of a social work role, without necessary training or education. Despite these enormous challenges, some jurisdictions have had success in providing supportive services.

***Innovative Practices:*** The authors identified three innovative practices including financial incentives, two-generation approaches, and use of federal resources. Many jurisdictions have offered financial incentives for reaching certain goals or milestones. Notably, Maryland has the third highest investment of TANF dollars into the EITC, which can improve financial stability. Maryland has also embraced a two-generation approach to service delivery. Some initiatives align with this approach, including the elimination of full-family sanctions and promotion of youth

programming. However, the approach is not fully integrated into practice. Finally, jurisdictions are unaware of and do not utilize federal TANF informational resources that provide an opportunity to learn of and engage in evidence-based and innovative practices. One exception is Anne Arundel County, which has participated in federal opportunities to share their experiences and improve their service delivery.

### **Outcomes Disaggregated by Race and Ethnicity**

**Outcomes:** More than half of recipients across all racial/ethnic groups who exited TCA in SFY 2021 were employed both before receiving TCA and after exiting. Employment generally did not increase immediately after exit, though this is likely a result of pandemic effects on work opportunities. Additionally, all groups faced challenges with job retention in the year following exit. Earnings were generally low (under \$30,000/year). Most racial/ethnic groups experienced earnings increases after exit, albeit small. Indigenous recipients, however, experienced earnings declines. Asian recipients were less likely to be employed but had higher median earnings, while Black recipients were more likely to be employed but had lower median earnings. Recipients were commonly employed in low-wage sectors, such as retail trade, administrative and support services, and accommodation and food services. Still, 20% to 30% of recipients across racial/ethnic groups gained employment in high-wage sectors, including health care and social assistance, and professional, scientific, and technical services. Within sectors, earnings were often lowest for Black recipients.

## Recommendations

This final section of the executive summary provides the overarching recommendations for the TCA program. The *Strengths, Areas for Improvement, and Recommendations* chapter provides a more comprehensive examination of these areas, including detailed strengths and areas for improvement by chapter, as well as sub-recommendations, rationales for recommendations, and resources for implementation. This study opens the door for ample opportunities for future research, particularly in areas that were beyond the scope of this report or require deeper exploration.

Given the number of recommendations (and sub-recommendations provided in the corresponding chapter), the authors acknowledge that not all can be addressed before the first recommendations progress report is due to the General Assembly. Therefore, the authors suggest a collaborative effort with key stakeholders to prioritize which recommendations should be addressed first and establish a reasonable timeline for addressing the remaining recommendations.

Finally, it is important to recognize that some recommendations relate to broader, systemic issues, such as the quality of available jobs, transportation challenges, access to childcare, and mental health barriers. These larger systemic issues are beyond DHS's direct control. It is important to acknowledge that DHS alone cannot address these challenges, though they could advocate for and form cross-functional partnerships to begin tackling these broader issues affecting Marylanders. Furthermore, current state resources—specifically investments in staff and program funding—may not be sufficient to implement all recommendations for TCA families.

- **Recommendation 1:** Improve communication of (1) the program's mission, vision, values, and performance for LDSS staff and leadership; (2) evidence-based and other best practices used in TANF programs across the country for LDSS staff and leadership; and (3) program rules, requirements, and opportunities for TCA customers.
- **Recommendation 2:** Explore state- and jurisdiction-level performance measurement options other than the Work Participation Rate (WPR) and compliance measures, especially in years in which Maryland's target WPR is 0%.
- **Recommendation 3:** Advocate strongly for additional TCA-specific, merit-based staffing for each of Maryland's 24 LDSS offices. This includes case management staff as well as highly qualified staff, such as social workers. Further, ensure that entry-level staff without degrees have limited responsibilities or receive adequate training, with specialized tasks assigned to more experienced personnel.
- **Recommendation 4:** Continue to address errors with state administrative data systems.
- **Recommendation 5:** Adopt a systematic way to regularly incorporate family voices into TCA program design and policy.

The *Strengths, Areas for Improvement, and Recommendations* chapter provides **sub-recommendations**, **rationales** for recommendations, and **resources** for implementation.

- **Recommendation 6:** Provide local departments with concrete guidance, strategies, and examples for a variety of scenarios including: engaging sanctioned customers; incorporating the two-generation philosophy; addressing childcare, transportation, and mental health care barriers, notably in rural jurisdictions; communicating with LEP customers; and building partnerships with supportive service networks, notably in rural jurisdictions. Collaborating with jurisdictions on developing guidance, strategies, and examples may be helpful.
- **Recommendation 7:** Explore options for improving service delivery for customers with disabilities, including: opportunities to engage in work activities; rebuilding relationships with local DORS offices or forming alternative partnerships; and ensuring disabled customers receive hardship exemptions when appropriate.
- **Recommendation 8:** Provide ample and ongoing training opportunities to LDSS staff and leadership in a variety of areas, including: screening and referring survivors of domestic or family violence to resources; appropriate use of good cause waivers (i.e., for work or child support); referring customers to supportive services; evidence-based work strategies; trauma-informed care for both customers and staff; implicit bias and anti-racism; tailoring Family Independence Plans to a customer's unique circumstances; and the WORKS database.
- **Recommendation 9:** Explore the impacts, benefits, and drawbacks of potential policy and program changes, including child support policy changes; having a centralized versus decentralized TCA program; having co-located services for domestic or family violence survivors more consistently; verification requirements for customers with disabilities; and work requirements for minor parents.
- **Recommendation 10:** Ensure vendor contracts (1) are limited to organizations or public sector entities with goals that align with TCA program goals, when possible; (2) include regular measurement of performance outcomes; and (3) include incentives that align with longer-term TCA goals rather than engagement or short-term, rapid employment.
- **Recommendation 11:** Design a new assessment tool that incorporates trauma-informed and anti-racist principles. To that end, DHS should include TCA customers in the design of the new tool. Design-specific recommendations and considerations are provided in the *Assessment Tools* chapter.
- **Recommendation 12:** Conduct an equity analysis of any new TCA procedures or policies before adopting and implementing.
- **Recommendation 13:** Advocate for change at the federal level or pursue federal opportunities to better support staff morale and recipient outcomes, when possible.
- **Recommendation 14:** Clarify policy on sanctioning versus closing cases for non-compliance with Family Independence Plans as well as how to document good cause.



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# INTRODUCTION

Lauren A. Schuyler

Nearly 30 years ago, the U.S. legislative and executive branches embarked on a bipartisan effort to draft PRWORA, a federal law that created the new cash welfare program, TANF (Social Security Administration, n.d.; Pilon, 2018). TANF provides cash assistance to needy families with children, thereby reducing poverty, albeit at a small-scale.<sup>7</sup> This welfare program is fundamentally different from its predecessor, AFDC. While TANF and AFDC similarly aimed to provide cash assistance to needy families with children, one of the fundamental differences and hallmarks of TANF is the focus on connecting adults to employment opportunities to reduce dependence on public assistance. In the early years of TANF, it was widely known to have a *work-first* approach: in other words, any job was considered a good job, and work was an expectation for the provision of cash benefits (Brown, 1997). Although the justification for this approach was that work requirements counter incentives to *not* work (CBO, 2022), recent analysis suggests that strict work requirements are rooted heavily in racism (Floyd et al., 2021).

After states began to implement their TANF programs, there was a transition from a true work-first approach to a tri-fold approach that combined work, increases in skills and education, and the provision of supportive

services to address barriers to work (Holcomb & Martinson, 2002). The reality for states was that many recipients of TANF faced barriers, and without addressing those barriers, they could not engage in traditional work. Consequently, the early post-PRWORA period focused on how to screen or assess recipients for barriers (Thompson & Mikelson, 2001).

Over the last 30 years, not much has fundamentally changed in federal TANF law. Of note are the four purposes of TANF, which have remained unchanged for three decades and guide all spending on the program.<sup>8,9</sup> The amount of the federal block grant remains at its 1996 level of \$16.5 billion dollars (Falk, 2023), which is split among the 50 states and District of Columbia. As a result, cash benefits in every state are at or below 60% of the federal poverty line for a family of three and the vast majority of state benefit amounts have not kept pace with inflation (Azito Thompson et al., 2023).

Although the PRWORA legislation created a federal framework for TANF, states were given substantial flexibility and control over their own cash assistance programs (Holcomb & Martinson, 2002). Over the years, individual states have utilized this flexibility to reform their programs to better serve families (Brown, 2022; Roberts, 2022;

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<sup>7</sup> A comprehensive review of the anti-poverty effects of TANF is beyond the scope of this report. In general, TANF has little effect on poverty when examined in isolation. However, the combination of safety net programs does have a modest impact on poverty. See Bitler & Hoynes (2016), Ben-Shalom et al., (2011), Trisi & Pavetti (2012), and Fox et al. (2015).

<sup>8</sup> The four purposes of TANF are: (1) Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives; (2) End the dependence of needy parents

on government benefits by promoting job preparation, work, and marriage; (3) Prevent and reduce the incidence of out-of-wedlock pregnancies; and (4) Encourage the formation and maintenance of two-parent families (OFA, 2022).

<sup>9</sup> The TANF block grant has not been fully reauthorized in nearly 20 years (since 2005): rather, Congress continues to pass short-term extensions (NACO, 2024).

Rodrigue et al., 2022). Additionally, professional organizations, think tanks, and the federal office responsible for administering the TANF block grant have made strides toward moving TANF beyond its initial foci of quick labor market attachment and barrier removal.

For example, APHSA, an organization whose mission includes advancing the well-being of all people through public policy, released a TANF modernization series in 2022. This series provides a vision for the future of TANF and how to improve the program by utilizing flexibilities to offer tailored, person-centered programming that puts families on a path to self-sufficiency (see Roberts, 2022; Brown, 2022; Rodrigue et al., 2022; Tassigne, 2022; and Oalican, 2022). Moreover, in recent years, think tanks have conducted analyses focused on opportunities for improvement in the program. For example, CBPP has shed light on the racist roots of TANF policies (Floyd et al., 2021) and explored how to design more effective work programs (Meyer & Pavetti, 2021). The Urban Institute has examined how states can use flexibilities in the program to better serve families (Dehry & Knowles, 2022). Finally, OFA has taken steps to address racial equity and accessibility within TANF and other programs (OFA, 2023).<sup>10</sup>

A key feature of TANF's design is its block grant structure. The federal block grant provides funding<sup>11</sup> so states and the District of Columbia can design and implement their own programs, creating, at a minimum, 51

individual cash welfare programs.<sup>12</sup> Some states further decentralize their TANF programs to give more flexibility to individual localities within states (see Kim & Fording, 2010). As shown in Figure 1, Maryland is one of only 11 states that has a decentralized state cash assistance program. This is commonly referred to as a *state-supervised, county-administered* approach. In practice, this means Maryland has 24 individual, unique cash assistance programs. While federal and state policy apply to all 24 jurisdictions, recipients' experiences with cash assistance and opportunities within the program may vary based on the jurisdiction in which they reside (Figure 2).

In recent years, Maryland's TCA program (i.e., TANF program)<sup>13</sup> has undergone substantial changes to better support families. For example, Maryland has implemented innovative family-first initiatives, such as the creation of Transitional Support Services (FIA, 2019b), a program that provides families who leave due to earned income with 3 months of additional financial support. Other examples include extending the time limit for vocational education participation from 12 to 24 months (FIA, 2020) and providing a state-funded increase in the monthly benefit amount.<sup>14</sup> Maryland has also taken advantage of federal flexibilities and adopted child support pass-through (FIA, 2019a) and eliminated full-family sanctions (FIA, 2021).

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<sup>10</sup> Importantly, these steps are part of ACF's Equity Action Plan, which was inspired by a federal executive order (ACF, 2023).

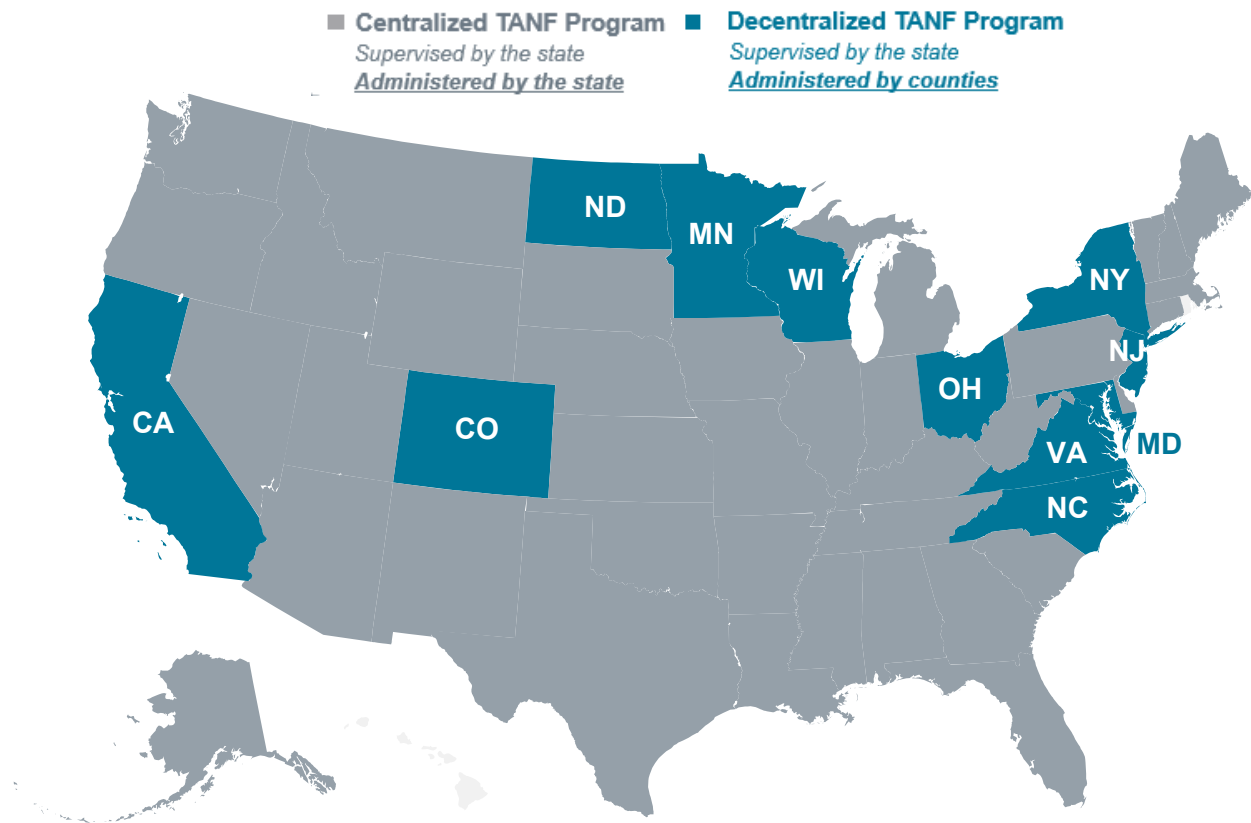
<sup>11</sup> Although TANF is typically referred to as a program—including in this document—in practice it is not a program, but rather “a set of funding streams used at the state and local levels to provide a wide range of benefits, services, and activities” (Falk, 2023, p.11).

<sup>12</sup> This effectively created a series of policy experiments in the workforce development and cash assistance policy arena for the last 3 decades.

<sup>13</sup> Maryland's TANF program, TCA, first started on October 1, 1996 (Welfare and Child Support Research and Training Unit, 1997).

<sup>14</sup> Since September 2022, DHS has provided an additional \$45 per recipient per month (FIA, 2022).

**Figure 1. Form of TANF Administration by State, 2021**



**Note:** Data was derived from the [13th TANF report](#) to Congress (OFA, 2024). This map includes all 50 states and the District of Columbia. Excel map chart is powered by Bing © GeoNames, Microsoft, TomTom.

Many of these cited initiatives happened through state legislation and had strong support from advocacy coalitions in Maryland. As part of ongoing efforts to improve the TCA program to ensure it serves families in the best way possible, advocates collaborated with a state delegate to spearhead a successful TCA-focused bill in 2022 (M. Madio, personal communication, July 31, 2024; H.B. 1041, 2022; Barnes & Valentino-Smith, 2022), with strong support from other advocates throughout Maryland (Maryland General

Assembly, 2022). The bill required DHS to critically examine components of Maryland’s TCA program, conduct an analysis of strengths and areas for improvement, and provide recommendations, as shown in Appendix A (H.B. 1041, 2022).<sup>15</sup> To satisfy the requirements of this legislation, DHS collaborated with its long-standing research partner, the Family Welfare Research and Training Group at the UMSSW, who led the evaluation and analysis of the TCA program.

<sup>15</sup> The bill specified that a review must be conducted regarding FIA’s *Family Investment Program*. The *Family Investment Program* is synonymous with TCA (Maryland State Archives, 2024), but also includes

welfare avoidance grants which were not covered in this report. FIA also administers additional supportive programs including SNAP and energy assistance.

The primary purpose of this report is to communicate the findings of the comprehensive review and bring to light the strengths of Maryland's TCA program as well as areas where improvements can be made. A secondary purpose is to communicate program recommendations based on the findings. To that end, the remainder of this report addresses each piece of the state legislation and follows this structure:

- An assessment of program design;
- A review of assessment tools used with TCA customers;
- An evaluation of equity in implementation of key policies and processes;
- An analysis of evidence-based and innovative practices;
- An analysis of outcomes after exit, disaggregated by race and ethnicity;
- An overview of strengths, areas for improvement, and recommendations;
- A plan for dissemination and next steps; and
- Appendices with supporting information, including methods (Appendix B).

**Appendix B** provides the 16 research questions derived from HB 1041. It also includes the **qualitative** and **quantitative methods** on which this study is based.

The findings and recommendations presented in this report offer stakeholders a first-ever, in-depth examination of critical components of Maryland's TCA program. This report provides useful, actionable information for state-level leadership, local leadership across Maryland's 24 jurisdictions, state-level policymakers, and advocacy coalitions. Additionally, other states or localities will find a set of carefully thought-out, transparent analyses they can utilize to inform their own program evaluations. This report sets the stage for continued improvement by providing concrete recommendations based on empirical findings. These findings are informed by the perspectives of TCA staff and administrators as well as analysis of internal and publicly available documents. However, to fully satisfy legislative requirements, HB 1041 requires DHS to disseminate the report and incorporate the voices of TCA customers and other stakeholders. It is the expectation of the authors that a future version of the proposed recommendations will incorporate these voices, as recommendations that center lived experience are critical to improving programs.

**Figure 2. Maryland Jurisdictions**



**Note:** Image is used with permission and obtained from <https://gisgeography.com/maryland-county-map/> .

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# PROGRAM DESIGN: PART I

Lauren A. Schuyler, Krysten Garcia, & Letitia Logan Passarella

The first two findings chapters of this report explore details of the design of Maryland's TCA program. This first chapter has two primary components. First, it presents an exploration of the underlying core beliefs, goals, and objectives of the program and the corresponding TCA performance measures. Then, it explores certain rules and regulations that guide the program, which are based on the underlying beliefs. The complementary chapter that follows is *Program Design: Part II*, which examines the service delivery model for Maryland's TCA program, including vendor contracts.

## Beliefs, Goals, Objectives (BGOs), and Performance Measures

Before beginning an analysis of BGOs, it was imperative to first define and differentiate between a belief, goal, and objective. In the policy sciences, a core belief is a fundamental assumption about human nature and its relation to value systems that are resistant to change

### LOOKING FOR A SUMMARY OF THIS CHAPTER?

The *Executive Summary* provides a brief overview of this chapter. The *Strengths, Areas for Improvement, and Recommendations* chapter includes detailed strengths and areas for improvement by chapter.

(Sabatier, 1988). Scholars disagree about how to define this concept given its breadth and multidimensionality, and generally, researchers do not have a clear way of operationalizing or measuring the concept. Comparatively, a goal is a broad, desired outcome to be accomplished. Similar to beliefs, goal ambiguity is common in the public sector (Rainey & Jung, 2015). Finally, an objective defines a specific component that will lead to progress on the goal: an objective is more specific and quantifiable than a goal.

## DATA SUMMARY

- This chapter includes a qualitative analysis of:
  - Federal documents, including legislation; United States Code and the Code of Federal Regulations; TANF-specific program instructions, information memos, policy announcements, and Q&As
  - Internal and publicly facing Maryland Department of Human Services documents, described in more detail in Appendix B.
  - Interview and focus group transcripts with LDSS and FIA staff
- This chapter also includes a quantitative analysis of:
  - A survey administered to LDSS staff and administrators
  - A survey of NASTA members
  - The Welfare Rules Database, Table III.B.2 and variable AR#1\_CWE

More details are available in **Appendix B**.

## TANF BGOs

To identify the BGOs of TCA, the authors began by identifying the *federal* BGOs of the TANF program. This was an imperative first step, given that TCA is the state version of the federal program. The authors approached this analysis by examining both *statute*<sup>16</sup> as well as certain federal *institutions* that implement policies, a typical practice in policy analysis (Bardach, 2012). In other words, the authors asked two questions: (1) What are the BGOs as expressed in authoritative sources (e.g., statute); and (2) What are the BGOs as understood and enacted by agencies (e.g., ACF). For example, in the case of TANF, there are the BGOs outlined in statute (e.g., PRWORA; DRA), but there may also be BGOs at the institutional level (e.g., HHS, ACF, OFA).

For the purposes of this analysis, the authors examined TANF-specific statutes, including PRWORA and DRA; federal TANF-specific policy documents (OFA, 2024) including program instructions (n=130), information memorandums (n=58), policy announcements (n=24), and Q&As (n=36); and documentation and online materials for OFA. Although both HHS and ACF—the parent department and division overseeing OFA—each have overarching beliefs, strategic goals, and objectives, the purviews of this respective department and division extend far beyond TANF. OFA, on the other hand, oversees only five programs, three of which are directly related to TANF and two related to the statutory purposes of TANF (OFA 2023). Therefore, in considering federal BGOs at the institutional level, the authors examined the BGOs of OFA.

Table 1 provides the core beliefs, goals, and objectives of TANF, segmented by statute (i.e., PRWORA & DRA) and institution-level

(analysis of OFA). As shown, the overarching beliefs of the TANF program differ between statute and OFA. The legislation that created TANF, for instance, has explicit underlying beliefs related to the importance of marriage and responsible parenting. Conversely, the underlying beliefs of the executive-level department OFA underscore the importance of investing in and supporting families and communities, with a focus on equity. These differences demonstrate how the belief systems that guide the TANF program have evolved since its creation in 1996.

Federal-level goals follow a similar pattern. As shown in Table 1, there are four overarching goals of the TANF program, which are often described in practice as the four purposes of TANF. These four purposes are guided by the core beliefs. As such, three of the four goals written in statute relate to the importance of marriage and responsible parenthood, while only one of the four goals relates to providing assistance to families in need. For example, preventing out-of-wedlock pregnancies and promoting two-parent families both are rooted in the core belief that marriage is essential. Similarly, the goals for OFA reflect their underlying beliefs. For instance, OFA has a goal to improve the services offered to families receiving assistance and another goal to address outcomes of the entire family. Each of these goals reflect the belief that investing in and supporting families as

**For more information about the WPR,** please review the *Performance Measures* and *Program Rules* sections in this chapter. For more detailed information, consult the Congressional Research Service (2017 and 2023) sources listed in the references, PRWORA of 1996, DRA of 2005, and FRA of 2023.

<sup>16</sup> Statute includes laws enacted by the legislative branch of government.

**Table 1. Federal-level TANF Beliefs, Goals, and Objectives**

	<i>STATUTE</i>	<i>OFA</i>
<b>BELIEFS</b>	<ul style="list-style-type: none"> <li>• Marriage is an essential institution which promotes the interest of children and is the foundation of a successful society</li> <li>• Promotion of responsible fatherhood and motherhood is integral to successful child rearing and the well-being of children</li> </ul>	<ul style="list-style-type: none"> <li>• It is important to invest in families and communities to promote equitable economic and family prosperity across generations</li> <li>• Economic supports, workforce development, and supportive services are critical to family success</li> </ul>
<b>GOALS</b>	<ul style="list-style-type: none"> <li>• Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives</li> <li>• End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage</li> <li>• Prevent and reduce the incidence of out-of-wedlock pregnancies</li> <li>• Encourage the formation and maintenance of two-parent families</li> </ul>	<ul style="list-style-type: none"> <li>• Ground work in narratives, lived experience, and expertise to build equitable family well-being</li> <li>• Improve access to high quality services delivered by states, tribes, territories, and community-based partners to improve family well-being</li> <li>• Improve program administration to provide high quality service and support to grantees</li> <li>• Promote intra/interagency collaboration to address whole family outcomes</li> <li>• Improve the equitable administration of all programs for children and families</li> <li>• Change the narrative about low-income families that informs policies and attitudes</li> </ul>
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Provide parents with job preparation and supportive services that lead to self-sufficiency</li> <li>• Meet the annual WPR*</li> <li>• Prevent and reduce the incidence of teenage pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• No specific objectives</li> </ul>

**Note:** \*For more information about the WPR, please review the *Performance Measures* and *Program Rules* sections in this chapter. For more detailed information, consult the Congressional Research Service (2017 and 2023) sources listed in the references, PRWORA of 1996, DRA of 2005, and FRA of 2023.

a whole can promote family prosperity across generations. OFA also includes an equity-focused goal, which includes grounding work in the experiences of cash assistance families.

The final row in Table 1 provides the federal-level, publicly available objectives for TANF which can lead to progress on overarching goals. In statute, two of the major objectives relate to the goal of ending dependence on cash assistance; these objectives include providing parents with services that will lead to self-sufficiency and meeting the annual WPR. One major objective in statute—reducing the incidence of teenage pregnancy—relates to the goal of promoting marriage. Although OFA has numerous overarching goals for TANF, the authors did not find any publicly available, specific objectives that may contribute to the goals.

### **TCA BGOs**

After defining the federal BGOs, the authors conducted a qualitative analysis to identify Maryland TCA BGOs. The results are based on a thematic analysis of internal and publicly available documents as well as data collected during interviews and focus groups with staff and administrators. Similar to the previous analysis, Table 2 provides results in the format of beliefs, goals, and objectives.

**Beliefs.** Several state and jurisdictional documents were clear in the underlying beliefs that guide the TCA program. While Maryland grounds the TCA program in the four purposes of TANF outlined in federal law, the program primarily has a belief system that providing support to families can help them achieve economic independence. For example, the mission statement for DHS states that the LDSS

offices pursue “opportunities to assist people in economic need, provide preventative services, and protect vulnerable children and adults....We envision a Maryland where people independently support themselves and their families and where individuals are safe from abuse and neglect” (DHS, n.d., ‘Mission’ and Vision” sections). In a similar vein, the Maryland WIOA State Plan<sup>17</sup> frames the underlying TCA beliefs around providing “...children resources and support that they need to succeed as adults while providing older participants with the tools necessary to become self-sufficient...” (Maryland Department of Labor et al., 2020, p.301). The introduction to the TCA manual also reinforces that protecting and supporting

### **What is a PASS plan?**

FIA requires each of Maryland’s 24 LDSS offices to create a Partnership for Achieving Self-Sufficiency (PASS) plan every few years. The PASS plan provides a framework for the jurisdiction’s cash assistance program. It communicates to the central FIA office: how the jurisdiction will support specific populations of recipients; community and business partnerships to serve TCA customers; and other pertinent information related to the administration of the jurisdiction’s unique cash assistance program. To aid in oversight of jurisdictions’ TCA programs, FIA audits each PASS plan, ensuring they align with state objectives.

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<sup>17</sup> Consistent with statute, state governors have the option to submit a unified or combined WIOA State Plan. Maryland includes its TANF program as a WIOA

partner and submits a combined WIOA State Plan. For more information, visit the HHS website (ACF, 2020).

children is a guiding, underlying belief of the program (FIA, 2020).

There are also examples of these underlying beliefs at the jurisdictional level. The state guidance for LDSS offices when drafting their quadrennial PASS plans specifies that “proposed projects must include allowable work activities based on the four TANF pillars referenced in the PRWORA Act of 1996” (FIA, 2021, p.3). Individual jurisdictions, however, make it clear that employment is not the only focus. Calvert County’s PASS plan, for example, describes a desire to “see individuals and families grow, get promoted, and have the ability to support themselves not only in the short term but in the long run” (Calvert County DSS, 2021, p. 3). In an interview, an LDSS administrator from a different rural jurisdiction shared that “we follow the four purposes of TANF that have been out there forever and a day...The marriage part I don't know why that's in there. That really needs to be updated, but that's just me.” However, some study participants suggested that the program lacked a statewide shared vision and mission, suggesting an opportunity for improved communication of the program’s mission and vision.

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*“A shared vision and mission statement is absent from the TCA program overall from the statewide perspective . . . .”*

*-Rural County Interview*

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A second overarching belief of the TCA program is that a combination of workforce development activities and supportive services are critical for recipients to achieve self-sufficiency. The state-level PASS plan guidance states that the program should engage recipients in workforce development activities, education, and supportive services to help them “achieve social and economic mobility” (FIA, 2021, p.3). As stated by a focus group participant from an urban/suburban jurisdiction, “we truly

believe that an educated person is a more employable person.” Both the introduction to the TCA manual and the DHS mission statement further reinforce this notion of work and supportive services. Notably, the DHS mission statement asserts that “work is indispensable for achieving independence” (DHS, n.d., “Mission” section).

In support of this belief, Maryland and its jurisdictions believe that their partnerships with service providers in their jurisdictions are critical to the success of recipients. Both the DHS website (DHS, n.d.) and the PASS plan guidance (FIA, 2021) as well as the qualitative analysis of interviews and focus groups underscore the importance of these partnerships and alliances with local businesses and the community. A Wicomico County interview participant, for instance, shared that collaboration with WIOA partners was crucial for identifying and connecting customers to educational and job opportunities. Similarly, St. Mary’s County describes in their PASS plan how local and regional partnerships were key to helping their customers achieve upward mobility. These partnerships are notably important in supporting families with unique and special needs, such as customers with “limited English proficiency, [a] substance use disorder, disabilities, prolonged receipt of TCA, returning citizens, opportunity youth, and non-custodial parents” (FIA, 2021, p.4).

A final underlying belief of the TCA program is the importance of focusing on families and the people in them. For example, over the last decade, there has been an increased effort to shift the program from one focused on compliance to a “people before performance” approach (FIA, 2022a, p.26; Governor’s Workforce Investment Board et al., 2016). This approach first garnered attention in 2016 with Maryland’s WIOA State Plan, which repeatedly highlighted the importance of the approach for true success (Governor’s Workforce Investment Board et al., 2016). With this approach in mind, FIA provides jurisdictions

more latitude to provide targeted case management to families in need of more intensive supports, while making compliance only a “secondary driving force” (FIA, 2022a, p.26). To that end, FIA leadership also decreased WPR expectations for jurisdictions so they could focus on supporting families (FIA, 2021).<sup>18</sup>

This focus on families is also evident in the two-generation approach adopted by DHS. This approach prioritizes addressing the needs of a recipient’s family, including children and non-custodial parents, to reduce intergenerational poverty. As

described in the WIOA State plan “the 2Gen approach to TANF seeks to support families achieve their goals; help families navigate state and local resources; and promote policies and services that reflect the lived experience and input of customers” (Maryland Department of Labor et al., 2020). Similarly, PASS plan guidance encourages jurisdictions to serve “the needs of the family as a whole...this will allow our customers to truly be on a path to economic mobility” (FIA, 2021, p.7). To that end, the jurisdictions are required to explain in their PASS plans how they will utilize their TCA funds to support the two-generation approach.

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<sup>18</sup> FIA committed to lowering jurisdictions’ WPR targets to focus on families due to having a 0% WPR goal in FFY 2020. However, in FFY21, Maryland’s

WPR target increased to 14%, and Maryland only achieved a rate of 3%, prompting a returned shift to improving WPR (OFA, 2022).



**Table 2. State-level TCA Beliefs, Goals, and Objectives**

<b>BELIEFS</b>	<ul style="list-style-type: none"> <li>• Self-sufficiency is important for the well-being of families.<sup>1,2,4</sup></li> <li>• Work, education, and supportive services promote self-sufficiency.<sup>1,3,4,5</sup></li> <li>• A two-generation or whole family approach improves individual and family outcomes.<sup>1,3</sup></li> <li>• People should be prioritized over performance and compliance.<sup>3,6</sup></li> <li>• Groups with unique needs should be honored and supported.<sup>3,5</sup></li> <li>• Business and community partnerships are critical to family success.<sup>2,3,4,5</sup></li> </ul>
<b>GOALS</b>	<ul style="list-style-type: none"> <li>• End families' dependence on TCA<sup>1,2,4</sup></li> <li>• Connect recipients with work, education and training, and supportive services<sup>1,2,3,4,5</sup></li> <li>• Implement a two-generation/whole family approach<sup>1,2,3</sup></li> <li>• Process cases in a timely and accurate manner<sup>4,7</sup></li> <li>• Provide targeted services to customers facing multiple barriers to employment, for example those with limited English proficiency or with disabilities<sup>3,5</sup></li> <li>• Form alliances with workforce development and community organizations<sup>2,3,4,5</sup></li> </ul>
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Increase the earning capacity of recipients through employment, education and credentialing, and barrier removal<sup>3,4</sup></li> <li>• Expand services to a recipient's family, prioritizing non-custodial parents and youth<sup>1,2,3</sup></li> <li>• Maximize full-time job placements that pay 130% of the minimum wage<sup>1,4</sup></li> <li>• Meet the annual WPR (varies year-to-year) and Universal Engagement Rate of 100%<sup>1,3,4</sup></li> <li>• Determine eligibility within 30 days for 96% of applicants<sup>4,7</sup></li> </ul>

**Note:** TCA BGOs were identified using the <sup>1</sup> statewide WIOA Plan (Maryland Department of Labor et al., 2020), <sup>2</sup> jurisdictional PASS plans (2021; n=24), <sup>3</sup> DHS PASS plan guidelines (FIA, 2021), <sup>4</sup> staff focus groups and interviews (2023-2024; n=123 participants), the <sup>5</sup> DHS Website (n.d.), the <sup>6</sup> TCA Work Book: Work Participation (FIA, 2022a), and <sup>7</sup> DHS' Budget Request Testimony (DHS et al., 2024).



**Goals & Objectives.** Maryland's TCA program has several goals and objectives, and they generally align with the overarching beliefs of the program. Table 2 provides the goals and objectives and details how the authors identified. Broadly, goals and objectives include the following:

- Process cases in a timely and accurate manner by determining eligibility within 30 days for 96% of applicants
- End families' dependence on TCA
- Implement a two-generation/whole family approach ensuring a recipient's family also receives services
- Connect recipients with work, education and training, and supportive services through alliances with workforce development and community organizations in an effort to remove barriers and increase earning capacity
- Provide targeted services to customers facing multiple barriers to employment
- Maximize full-time job placements that pay 130% of the minimum wage
- Meet the annual WPR (varies from year-to-year)<sup>19</sup> and Universal Engagement rate of 100%

Notably, the PASS plan guidelines identify strategic goals and specific objectives and require jurisdictions to report goals for each of their proposed projects. The strategic goals include increasing the earnings capacity of TCA customers through (1) employment; (2) skills and credentialing; and (3) eliminating barriers to employment (FIA, 2021). To that end, the plans jurisdictions submit must include descriptions of how the jurisdiction will meet WPR, strategic goals, how they will serve target populations, and measurable

objectives for implementing a two-generation approach.

Additionally, in recent years, local level leadership and FIA have worked together to begin creating a new set of objectives for the TCA program, which align with the three overarching strategic goals noted in the PASS plan guidance. Appendix D provides these objectives and their alignment to the goals. The authors' review of PASS plans revealed that these objectives are still a work in progress. Of note, it was rare for a jurisdiction to set objectives. For example, as shown in Appendix D, one objective is to increase the annual percentage of TCA customers who receive needed transportation services from X% to Y%. However, in practice, jurisdictions do not tend to populate the X or Y percentages. This is likely due to a multitude of reasons, including limitations of administrative data systems and staffing and time challenges, as discussed in later chapters. When jurisdictions did populate the Appendix D objectives in their PASS plans, objectives were modest. Cecil County, for instance, aimed to increase the number of TCA leavers who retained employment for a full quarter by 10%.

### ***Comparison of TANF and TCA BGOs***

After identifying Maryland BGOs, the authors compared federal and state BGOs, identifying points of alignment and disagreement. As shown in Figure 3, both the federal and state programs have BGOs focused on supporting families, providing economic assistance, and promoting independence. The two sets of BGOs are different, too. At the federal level, BGOs in statute focus heavily on ending dependence on TANF through marriage and work preparation, and BGOs from OFA focus on high quality services, equity, and success of

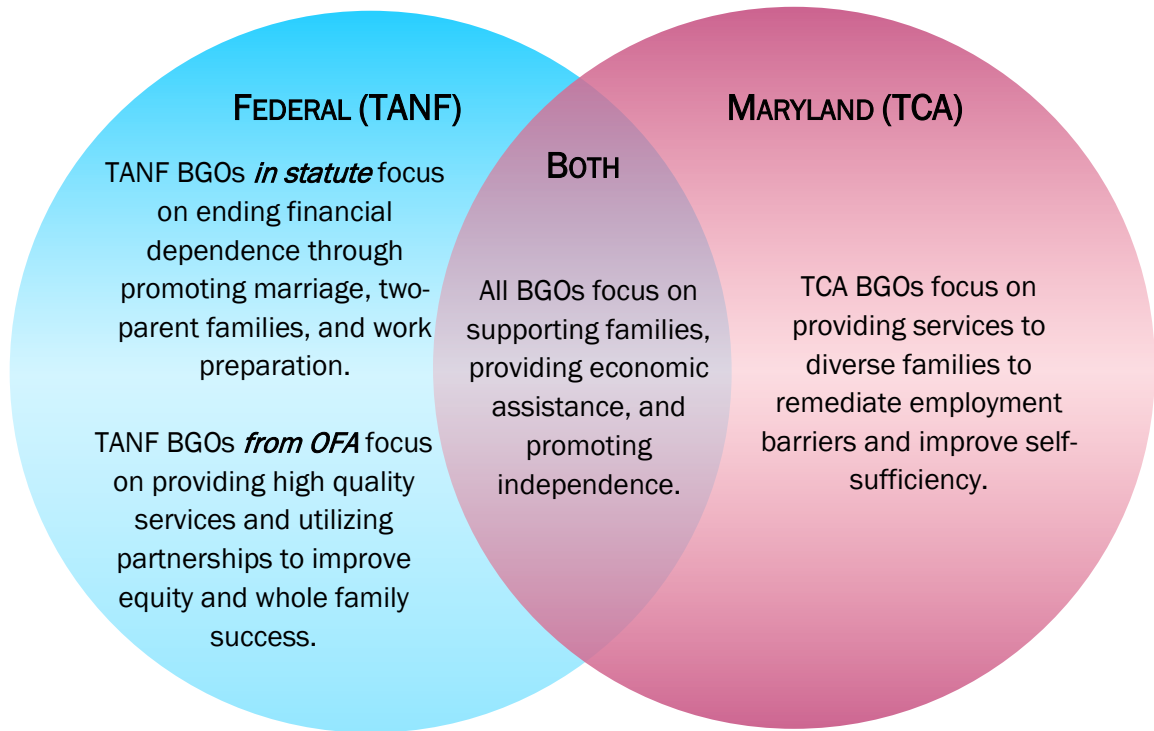
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<sup>19</sup> The performance measures section describes WPR targets.

the family unit as a whole. While the state-level BGOs are similar to OFA's, the general language varies slightly. As shown, Maryland's BGOs focus on providing services to families to address barriers to

employment and improving self-sufficiency through increasing skills and earnings, all while honoring the diversity and uniqueness of families. Overall, Maryland's BGOs more closely align with OFA's BGOs.

**Figure 3. Comparison of Federal and Maryland Core Beliefs, Goals, and Objectives**





## STAFF VOICES

Meeting performance measures

***“I'm looking at the WPR and trying to be in compliance [and] at the same time, Maryland policies say just the opposite, they don't even have to do it. So we sanction now and the sanction is only \$35 to \$46. It's not like before where you shut the case down and motivated the person to come back in and do work activity.”***

*-Urban/Suburban County Focus Group*

***“ . . . when they want quantity over quality . . . I don't think it's wise to rush through these interviews to make these numbers that they want and that causes a lot of stress on people, **they're rushing to get these cases done and then we got all these errors.** I feel at times that we're not focusing on the customers . . . . ”***

*-Urban/Suburban County Focus Group*

***“ . . . we try to use our system to monitor, but the system . . . many times is not correct . . . we do use our reports as much as we can, but you do a lot of . . . manual monitoring of our cases.”***

*-Rural County Interview*

## Performance Measures

The final analysis in this section examines performance measures for the TCA program and their alignment to previously stated goals and objectives. A performance measure is data that reflects aspects of performance that allows one to quantitatively assess a particular objective or goal (Amirkhanyan, 2011). Performance measures differ from goals and objectives. As noted by Van der Hoek and colleagues (2016), “goals specify the desired outcomes or performance that should be realized, whereas performance refers to what is actually accomplished” (p.474).

Table 3 provides an overview of specific performance measures for both the state and Maryland's 24 jurisdictions and their alignment to goals and objectives. As shown, jurisdictional performance measures mirror state performance measures, though targets for certain performance measures vary by jurisdiction. One focus group participant shared that “the [job placement] goals are usually set in place by DHS,” which explains the alignment between state and jurisdictional performance measures. Within PASS plans, specifically, jurisdictions set two-generation program *and* process performance outcomes. For example, Garrett County collects surveys on youth health and monitors program attendance (Garrett County Department of Social Services, 2021). Jurisdictions also include performance measures with PASS plans for each project they have or vendor with which they contract. When asked about performance measures in focus groups and interviews, however, staff shared that performance is generally measured in one of the following ways: job placements or WPR, compliance, and reducing dependence.

**WPR and Job Placements.** A common performance measure mentioned by TCA staff was the number of job placements and the WPR. While different, these two sets of measures reflect an overall focus on employment. Maryland measures the number of unsubsidized job placements in each of its 24 jurisdictions. In an



## STAFF VOICES

WPR

*“I think . . . that [WPR] process really needs to change, because it puts a lot of pressure . . . and we try not to put pressure on the workers because then you start making mistakes . . . I wanna do more [of what] the customer needs versus whether I’m meeting some type of number. If I don’t meet the number, I don’t meet the number. Oh well. But I help the customer with whatever was needed.”*

*-Rural County Interview*

*“The reality is that we’ve been forced to refocus, ‘cause the federal government has suddenly reminded us that failure to meet [WPR] comes at a massive consequence financially . . . the work participation rate is a terribly flawed process measurement, but it’s the measure that exists, and until Congress decides to change it . . . it’s what we got. So we focus on that. That’s a major driver of our program.”*

*-Urban/Suburban County Interview*

urban/suburban focus group, a staff member shared “...each county has individual job placement goals like a set number of customers that need to get a job. That’s the job placement goal. So those are our performance measures.” Similarly, an urban/suburban LDSS administrator shared in an interview that they “focus on getting people jobs” and they also “measure the wages that they receive in those jobs at the point of job placement.”

The WPR represents the percentage of work-eligible TANF recipients who are engaged in work activities and is a federal level performance measure that states must meet, else they risk their TANF block grant funding (CBPP, 2022).<sup>20</sup> Appendix E provides a list of federally approved activities in which recipients can participate that count towards the WPR. The WPR for each state is 50%; this is also stated in the WIOA State Plan (Maryland Department of Labor et al., 2020). In practice, however, this is not typically the percentage for which states or individual jurisdictions are held accountable. States can receive annual caseload reduction credits that reduce the expected WPR (The Congressional Research Service, 2017). Maryland’s target WPR in FFY 2024, for example, was 0% (S. Coates-Golden, personal communication, August 8, 2024). However, DHS still expects jurisdictions to meet the 50% federal WPR requirement.

WPR, specifically, was the most common measure discussed by staff. Staff expressed frustration with the WPR as a performance measure. One rural LDSS administrator shared that the WPR “really needs to change, because it puts a lot of pressure [on staff]...and we try not to put pressure on the workers because then you start making mistakes...I wanna do more the customer

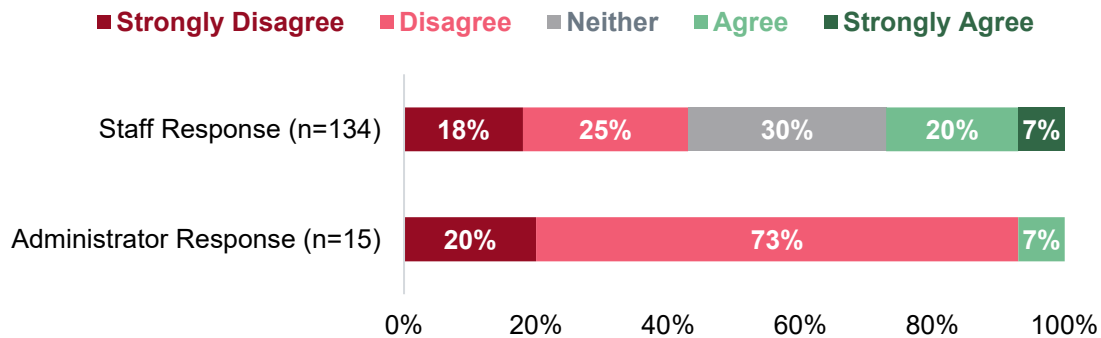
<sup>20</sup> Although work-eligible *individuals* are subject to work requirements, *states* are subject to meeting WPR targets.

needs versus whether I'm meeting some type of number. If I don't meet the number, I don't meet the number. Oh well. But I help the customer with whatever was needed." In an urban/suburban interview, another LDSS administrator shared a similar frustration, and paired this frustration with acknowledgment of Maryland's limitations due to federal requirements: "The reality is that we've been forced to refocus, 'cause the federal government has suddenly reminded us that failure to meet that rate comes at a massive consequence

financially...the Work Participation Rate is a terribly flawed process measurement, but it's the measure that exists and until Congress decides to change it...It's what we got. So we focus on that. That's a major driver of our program." Quantitative findings from surveys with LDSS staff and administrators also demonstrate discontent with this performance measure. Among participants, approximately one in four (27%) staff and only 7% of administrators believe that the WPR is the best measure of success for TCA recipients (Figure 4).

**Figure 4. Staff and Administrator Perspectives on WPR**

*Staff and administrator responses to the statement  
"WPR is the best measure of success."*



**Table 3. Comparison of Maryland TCA Goals & Objectives to Performance Measures**

State-level Goals and Objectives	State-level Performance Measures	Jurisdiction-level Performance Measures
<ul style="list-style-type: none"> <li>• Increase the earning capacity of recipients by providing employment, education and credentialing, and barrier removal</li> <li>• Connect recipients with work, education and training, and supportive services</li> <li>• Provide targeted services to customers facing multiple barriers to employment, such as language and disability</li> </ul>	<ul style="list-style-type: none"> <li>• Median earnings*</li> <li>• Job placements^</li> <li>• At least 30% of job placements provide earnings that are 30% above minimum wage</li> <li>• 54% of recipients are employed in the second quarter after TCA exit.</li> <li>• Education and credential completion*</li> <li>• Receipt of barrier removal services*</li> </ul>	<ul style="list-style-type: none"> <li>• Median earnings^</li> <li>• Job placements^</li> <li>• At least 30% of job placements provide earnings that are 30% above minimum wage</li> <li>• 54% of recipients are employed in the second quarter after TCA exit.</li> <li>• Education and credential completion^</li> <li>• Receipt of barrier removal services^</li> </ul>
<ul style="list-style-type: none"> <li>• Meet the annual WPR and Universal Engagement rate</li> </ul>	<ul style="list-style-type: none"> <li>• WPR (varies year-to-year)</li> <li>• 100% Universal Engagement rate</li> </ul>	<ul style="list-style-type: none"> <li>• 50% WPR</li> <li>• 100% Universal Engagement rate</li> </ul>
<ul style="list-style-type: none"> <li>• End families' dependence on TCA</li> </ul>	<ul style="list-style-type: none"> <li>• <i>No performance measures</i></li> </ul>	<ul style="list-style-type: none"> <li>• Changes in caseload size*</li> </ul>
<ul style="list-style-type: none"> <li>• Implement a two-generation/whole family approach by expanding family services and prioritizing non-custodial parents and youth</li> </ul>	<ul style="list-style-type: none"> <li>• DHS requires jurisdictions to include measures of two-generation process and program outcomes in their PASS plans*</li> </ul>	<ul style="list-style-type: none"> <li>• Two-generation process and program outcomes^</li> </ul>
<ul style="list-style-type: none"> <li>• Process cases in a timely and accurate manner</li> </ul>	<ul style="list-style-type: none"> <li>• 96% of eligibility decisions are made within 30 days of application receipt.</li> </ul>	<ul style="list-style-type: none"> <li>• 96% of eligibility decisions are made within 30 days of application receipt.</li> </ul>
<ul style="list-style-type: none"> <li>• Prioritize meeting individual needs and goals over performance measures</li> </ul>	<ul style="list-style-type: none"> <li>• Education and credential completion*</li> <li>• Receipt of barrier removal services*</li> </ul>	<ul style="list-style-type: none"> <li>• Education and credential completion^</li> <li>• Receipt of barrier removal services^</li> <li>• Individual successes of customers*</li> </ul>
<ul style="list-style-type: none"> <li>• Form alliances with workforce development and community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• <i>No performance measures</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>No performance measures</i></li> </ul>

**Note:** \*There are no specific targets associated with these performance measures. ^The target and exact measure (e.g., count, percentage, percent change) vary by jurisdiction.

## **Compliance**

A second common performance measure described by staff is compliance. Compliance refers to the accurate and timely processing of cases. Specifically, 96% of application must receive an eligibility determination within 30 days. Interestingly, the qualitative analysis of documents did not show compliance was an important performance measure; staff and administrators, however, discussed compliance at length when researchers asked about performance measures. In general, staff and administrators expressed that strict compliance measures are overbearing and not conducive to a healthy team morale. For example, one LDSS administrator in an urban/suburban jurisdiction shared a view that “DHS has some real stringent compliance measures in place and that compliance is very heavily measured... it’s almost like it’s become [the] measure of success.” A rural administrator noted that they only share data with their staff when “...we’re out of compliance...and I really honestly don’t like sharing that either, because it puts a lot of pressure on the workers and it makes them think that they’re not doing a good job. But that’s not the case.” Importantly, the 96% compliance measure the state imposes on jurisdictions originated from a court order in 2009 in response to a lawsuit (FIA, 2010, p. 23-24). This lawsuit showed that the state was violating federal and state law by failing to keep eligibility processing within 30 days (FIA, 2010, p. 23).

Staff, in particular, also reported poor communication and guidance around meeting compliance measures. For example, in an urban/suburban focus group, a staff member shared this view: “I don’t know if anything’s done right, I only know if something’s done wrong because that’s communicated to me...I know there’s been one time maybe two where compliance fell below a certain level. So we were all reprimanded, so we all had to come into the office every day and our telework was

revoked. I don’t exactly know what it was that wasn’t done correctly, I just know that something wasn’t right.”

**Independence from TCA.** In addition to job placements, WPR, and compliance, several jurisdictions reported disengagement from TCA as a performance measure. More specifically, jurisdictions shared that they track both declines in their caseloads and exits due to employment as measures of success. As one rural jurisdiction noted, “...if we put them through a training program or a certificate program, did they actually finish that program, or did their TCA close because of employment?” An administrator from a separate rural jurisdiction shared that they “can see how many of our TCA customers have actually exited the program successfully and gained employment,” which is a measure of success for them.

### ***Alternative Performance Measure: People before Performance***

Staff overwhelmingly shared frustration with continued expectations to meet strict performance measures as well as challenges meeting performance measures such as the WPR. Further, staff noted that recent state-level policy changes have made meeting the WPR much more difficult. For example, in many focus groups and interviews, LDSS staff and administrators described challenges related to the state’s recent move from full-family to partial sanctions for non-compliance with the work

The state embraces a *people before performance* approach; however, ***compliance is still heavily emphasized.*** Some staff and administrators choose to focus on *people before performance* rather than standard performance measures.



program.<sup>21</sup> Staff and administrators also shared difficulty in meeting performance measures due to a multitude of errors in state administrative data systems,<sup>22</sup> as well as heavy workloads and staffing shortages.

Given these challenges, many staff and administrators shared with researchers that they often decide to forgo considering official state- or jurisdiction-level performance measures, and instead, focus on the individual success of customers and families. In other words, some staff have



## STAFF VOICES

### Compliance

“I feel like DHS has some real stringent compliance measures in place and that ***compliance is very heavily measured, and it’s almost like it’s become [the] measure of success.***”

-Urban/Suburban County Interview

“***I think sometimes the meeting compliance trumps actually digging deeper and getting to like the root of the problem . . .*** and it’s just something that’s always embedded [in] us from day one is meeting compliance, meeting compliance, we need compliance.”

-Rural County Focus Group

“ . . . our supervisor just drives it into us to just stay above that 96% [compliance] rate because ***our jurisdiction threatens that if we fall below 96% . . . then we won’t be able to telework . . . so to be able to keep our freedom and telework we try to keep it above 96%.***”

-Rural County Focus Group

“I don’t know if anything’s done right, I only know if something’s done wrong because that’s communicated to me, usually in bright red bold print in an email . . . I know ***there’s been one time maybe two where compliance fell below a certain level. So we were all reprimanded, so we all had to come into the office every day and our telework was revoked.***”

-Urban/Suburban County Focus Group

“The only data that I normally share is when . . . we’re out of compliance . . . and I really honestly don’t like sharing that either, because ***it puts a lot of pressure on the workers, and it makes them think that they’re not doing a good job.*** But that’s not the case.”

-Rural County Interview



<sup>21</sup> Full-family sanctions result in the immediate closure of the TCA case while partial sanctions result in a reduction in the TCA grant.

<sup>22</sup> Maryland shifted to a new administrative eligibility system throughout calendar year 2021. All jurisdictions fully migrated by January 2022.



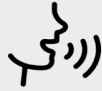
leaned more heavily into the *people before performance* approach to program delivery, fully embodying the original intention of the approach as outlined in the first Maryland WIOA State Plan (Governor's Workforce Investment Board et al., 2016). For example, rural jurisdictions tend to have smaller caseloads and have in-house programming, allowing them to build strong relationships with their customers. This also allows them to have a more intensive level of case management and understanding of outcomes that may not necessarily align with job placements, WPR, or compliance. As one urban/suburban focus group participant noted, "sometimes some things cannot be measured...I remember one time we got a customer [a] car through *Vehicles for Change* and he thanked us for getting the car...[and getting] access back and forth to work." Similarly, an LDSS administrator in a rural county shared that they, too, consider individual success stories as meeting performance: "We try to look at our success stories. If we help one person get off the system [and] get a job, we feel like that is a success for us. It's a success story. So I think you can't always look at...just the Work Participation Rate and the numbers. But how many folks did we assist with bus passes? How many did we assist with daycare? How many did we assist buy[ing] tools or uniforms or that kind of thing? So I think that's part of some of what when we do our PASS plans and things, those are some of the measures that you can look at...even if your WPR is not where it's supposed to be, you've at least helped

some folks hopefully make that next step and be self-sufficient."

Moreover, staff and administrators shared that they feel that this type of performance measurement (i.e., individual outcomes) is more attainable, not only for staff, but for customers as well. An interview participant from Garrett County, for example, shared the following quote: "WPR federal standards are almost impossible to meet. So we focus on doing the best that we can for families...looking at that family as a whole and trying to figure out every means possible that we can give them the tools to make it on their own...We try not to get so caught up in the number side of it and look at the long-term outcome for this family...what we found was happening when we were pushing too hard to meet that WPR, we just found folks were just giving up altogether instead of doing a little bit at a time...So if we celebrate a little bit and encourage them and be happy for them and make them feel proud of themselves...there's more of a chance of success that way."

#### Challenges to meeting performance measures

- Inaccurate reports from E&E/WORKS
- Policy changes, including reduced sanctions
- Heavy workload/lack of staff



## STAFF VOICES

### Customer success

“I don't honestly hear in any of my jurisdictions about performance measures or that it's communicated regularly. Once upon a time, it used to be about WPR, job placement, and engagement. ***Right now . . . there has not been a push in regards to a percentage or specifics. It's more like looking at the person and really dissecting into an assessment about what customers need,*** and it's not pushed in regards to performance in that way.”

-Rural County Focus Group

“***I think they need to stop looking at them as numbers and statistics and more as human beings*** because filing for child support and meeting with the substance abuse screener and filling out the documents within 30 days to you might not seem that big of a deal because maybe we have those executive functioning skills, but to some of our other TCA clients, that's not something necessarily that they have . . . if they face trauma, you know the whole child support thing . . . ***that can definitely open up some past trauma*** and that could be a process that takes a very long time to even get that client to go . . . maybe we should look at if we really are trying to make a difference and get people the real help that they need.”

-Rural County Focus Group

“***The WPR federal standards are almost impossible to meet. So we focus on doing the best that we can for families . . .*** looking at that family as a whole and trying to figure out every means possible that we can give them the tools to make it on their own . . . ***when we were pushing too hard to meet that WPR, we just found folks were just giving up altogether*** instead of doing a little bit at a time . . . . So if we celebrate a little bit and . . . make them feel proud of themselves . . . there's more of a chance of success that way.”

-Rural County Interview

“We try to look at our success stories. ***If we help one person get off the system get a job, we feel like that is a success for us . . . .*** So I think you can't always look at the just the work participation rate and the numbers. But how many folks did we assist with bus passes? . . . daycare? . . . ***even if your WPR is not where it's supposed to be, you've at least helped some folks hopefully make that next step and be self-sufficient.***”

-Rural County Interview

## Program Rules and Regulations

TANF is a premier example of federalism;<sup>23</sup> to that end, federal policy provides considerable leeway to states in administering their TANF programs. This second section of the chapter provides an overview and comparison of federal TANF and state TCA program rules and regulations. Importantly, the authors intentionally placed this examination second in this chapter, given that TCA program rules and policies are rooted in the belief systems from which both TANF and TCA stem.

Arguably, there are thousands of state and federal laws, rules, and regulations that guide TANF and TCA. It was impractical, then, to evaluate *all* program rules and regulations. Therefore, the authors, in consultation with DHS, chose to focus on key rules and regulations related to work activities, child support, and time limits on benefit receipt. The *Equity in Policy Implementation* chapter further explores how equitably Maryland implements these same policies and processes.

Unless otherwise specified, **details that this section provides** on work requirements, child support requirements, and the time limit **come from the Code of Federal Regulations:** §45.260, §45.261, §45.264, §45.302; United States Code 42 U.S.C. 657; and the TCA manual (FIA, 2022b) and the TCA Work Book (FIA, 2022a).

## Work Requirements, Activities, and Sanctions

Federal regulations generally require that *work-eligible* TANF individuals participate in federally defined work activities to maintain their eligibility for benefits. An individual must be engaged in a work activity when the state has determined that the individual is ready, or when the individual has received TANF for a total of 24 months, whichever is earlier. By federal definition, work-eligible individuals include adults receiving TANF, minor child heads-of-households receiving TANF, and, with some exceptions, non-recipient parents living with a child receiving assistance.<sup>24</sup>

While these are the general guidelines of who is subject to work requirements, federal law also has caveats to this definition. For instance, federal law states that work-eligible individuals do not include parents caring for a disabled family member or parents receiving certain funding under a Tribal TANF program. The law also provides states additional flexibility to exclude potentially work-eligible individuals from work requirements, and subsequently, the calculation of the WPR. For example, states have the option to not require single parents caring for a child under the age of 1 to engage in work; however, this is limited to a maximum of 12 months. In practice, these families would not be subject to work requirements. States may also exclude non-recipient adults receiving SSI or SSDI benefits from work requirements. Finally, states may adopt the Family Violence Option, which allows them to waive work

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<sup>23</sup> Federalism is the mode of political organization in the United States, whereby the federal government provides certain decision-making power to states and jurisdictions.

<sup>24</sup> Non-recipient parents are not work-eligible if the non-recipient parent is (1) a minor parent who is not

the head-of-household; (2) a non-citizen who is ineligible to receive due to immigration status; or (3) an SSI recipient (varies by state).

requirements for individuals experiencing domestic violence.<sup>25</sup>

States have a financial incentive to engage work-eligible individuals in certain activities that can improve the state's WPR. Work activities are split into core activities, which center employment and work experience, and non-core activities, which consist of more educational activities (Appendix E). To count individuals toward the numerator of the WPR, federal rules require work-eligible individuals in single-adult households to participate in a work activity for at least an average of 30 hours a week or for 20 hours a week if they have a child under the age of 6. Comparatively, work-eligible individuals in two-parent households must participate in work activities for a minimum average of 35 hours a week. For both household types, the majority of work hours must be in core activities (Appendix E). Importantly, certain activities have federal limits. For example, vocational educational training may only count for a lifetime total of 12 months. Appendix E provides additional activity limits.

If work-eligible individuals do not comply with work requirements, federal law requires states to impose a financial penalty for non-compliance. At a minimum, states must reduce to some degree the family's grant, and not doing so subjects the state to financial penalties. A separate but connected regulation addresses compliance with individual responsibility plans: if work-eligible individuals do not comply with their individual responsibility plan (in Maryland, this is called the Family Independence

Plan), the state may reduce the amount of assistance to the entire family by whatever amount it deems appropriate.

**Maryland Flexibilities.** As previously mentioned, states have certain flexibilities regarding work requirements and activities. The qualitative analysis shows that Maryland has taken advantage of the flexibilities provided to them under federal law. For example, Maryland utilizes flexibility in *when* work-eligible individuals must engage in work. Under its Universal Engagement policy, all work-eligible individuals must engage in work activities when they begin receiving benefits, unless they qualify for an exemption. Maryland law grants all *new* TCA recipients an exemption from work activity requirements for the first 6 months of receipt.<sup>26</sup>

Maryland also utilizes federal flexibility to exclude certain categories of individuals from work requirements. For instance, Maryland excludes individuals with long-term disabilities applying for or receiving SSI or SSDI. Maryland also adopted the federal option to exclude parents with a child under the age of 1 from work requirements and takes this one step further by allowing single parents to utilize this exemption for each subsequent child.<sup>27</sup> Notably, providing exemption options that go beyond federal law make it harder for states to meet their WPR.

States also have the flexibility to adopt work activity requirements that extend beyond the minimums required in federal law. Maryland takes a hybrid approach to this. First,

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<sup>25</sup> Although states that adopt this option can waive program requirements for individuals, these individuals still count as work-eligible in the calculation of the WPR (i.e., they are included in the denominator of the WPR). There is specific guidance for states to follow if they fail to meet WPR due to granting good cause waivers for domestic violence.

<sup>26</sup> Importantly, this state-level exemption does not exclude these individuals from the WPR.

<sup>27</sup> The WPR excludes work-eligible individuals caring for a child under the age of one for a total of 12 months in their entire lifetime. While state law permits work-eligible individuals to continue to use this exemption after exhausting the federal 12-month limit, these individuals are subsequently included in the WPR calculation.

Maryland's average hourly work activity requirements are identical to federal law, as described in Appendix E. However, Maryland allows additional flexibilities. For example, Maryland allows individuals to remain in activities for longer than federal requirements. While federal law permits only 12 months of vocational education, Maryland allows individuals to participate in vocational education for 24 months.<sup>28</sup> Furthermore, Maryland allows unlimited time in job readiness activities, such as substance use disorder and mental health treatment. Providing state-level flexibility for work activity requirements can also make it more difficult to meet the WPR.

Per federal law, states also have the choice to provide state-level exemptions for recipients who face significant barriers to work. For example, Maryland offers a range of exemptions from the work requirements for individuals experiencing illness, homelessness, and transportation barriers, among others.<sup>29</sup> In addition, Maryland opted into the Family Violence Option, which permits them to exempt recipients

experiencing domestic violence from work requirements. Unfortunately, in the calculation of the WPR, federal law still counts these individuals with state exemptions—even those experiencing domestic violence—as work-eligible and *not participating* in a work activity.<sup>30</sup>

Maryland imposes partial financial sanctions for work-eligible individuals who do not meet the work requirements. For all TCA grants, the grant amount is distributed to assign 75% of the grant amount to the child recipients and 25% of the grant amount to eligible adult recipients. For all work-eligible adults and minor parent heads-of-households treated as adults, the state removes 30% of the adult's portion of the grant if they do not comply with work requirements. For each instance of non-compliance, work-eligible individuals are granted a 30-day conciliation period, and a case manager may work with them to come back into compliance. The chapter on *Equity in Policy Implementation* explores sanctioning and other TCA processes in more detail.

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<sup>28</sup> Importantly, the individual is counted as participating in a work activity for only the first 12 months of vocational education. The remaining months Maryland allows in vocational education do not count as a work activity in the calculation of the WPR.

<sup>29</sup> For full details, see the TCA Work Book (FIA, 2022a) in the reference list.

<sup>30</sup> If states do not meet WPR and it is attributable to domestic violence waivers, they have the opportunity to present this evidence to show that without the domestic violence waivers, they would have achieved an acceptable WPR. Other state-level good cause reasons for non-participation, such as substantial barriers, do not receive this same exception.

## *TCA WORK REQUIREMENTS*



*Recipients 16 years and older are required to participate in work activities* (see Figure 25 in the *Equity in Policy Implementation* chapter for youth requirements) with the following exceptions:

### *Population Exemptions:*

- Adults with children under 12 months
- Adults with a long-term disability (>12 months)
- Adults caring for a disabled family member in the home
- Caretaker relatives
- Children under 16 years old
- Adults receiving their first 6 months of TCA

### *'Good Cause' exemptions granted on a case-by-case basis:*

- Short-term disability (<12 months)
- Lack of supportive services as specified in the Family Independence Plan
- 12 weeks postpartum
- Discrimination
- Referred for substance use treatment
- Hazardous work conditions
- Breakdown in childcare
- Verified court-ordered appearances
- Breakdown of transportation
- Incarceration
- Domestic or family violence
- Family crisis that threatens normal family functioning (e.g., homelessness or housing crisis, death in the family, problems at school, family counseling)
- Other circumstances determined by a case manager

Source: TCA Manual 401: Work and Education Basic Requirements (FIA, 2022b)

**Highlight: Work Experience.** As previously described, federal regulations require states to engage work-eligible individuals in federally defined work activities. Among the activities that count towards the WPR are employment and training experiences, including unpaid work experience. Federal regulations define work experience as work

that is performed in return for cash welfare that provides an individual an opportunity to acquire skills, knowledge, and work habits. The activity should improve the employability of individuals who cannot secure full-time employment.

For many years, Maryland advocates were concerned about DHS's use of work

experience with TCA customers. There are not good estimates on the return-on-investment for work-based, unsubsidized training (U.S. Department of Labor et al., 2014). However, some research suggests that work experience provides only short-term impacts (Vollmer et al., 2017). To that end, advocates supported H.B. 1043 (2022), which limited the number of hours a customer can participate in work experience (Maryland General Assembly, 2022). Importantly, this legislation also requires DHS to produce an annual report on work experience placements, demonstrating the work experience job duties and the extent to which individuals placed in work experience activities secure unsubsidized employment.<sup>31</sup>

When the Maryland General Assembly passed H.B. 1041 (2022) it also required an examination of work experience. Specifically, it states that this report should include “an examination of how the State’s use of unpaid work experience compares to other states...” (2022, p.5).<sup>32,33</sup> To that end, Figure 5 provides results from an analysis of the Welfare Rules Database (Urban Institute, 2022). As of July 2022, 46 states allowed their TANF customers to engage in work experience to satisfy work requirements. Maryland allows TCA participants to engage in all of the work activities listed in Figure 5, with the exception of job development and placement as well as life skills training.

Figure 6 expands this analysis, providing the percentage and number of states that allow either *unlimited* work experience or *limited* work experience. As shown, among the 46 states that allow work experience,

the majority (n=38; 74% of all states) allow recipients to participate in work experience for an unlimited amount of time. Maryland, along with seven other states, places limits on the amount of time an individual can spend in a work experience activity. Specifically, Maryland limits work experience to 90 days in a 3-year period.

Most administrators reported being negatively impacted by this limitation on work experience. Some view work experience as helpful for serving customers with significant barriers who are not ready or able to engage in traditional employment or training. For example, a rural administrator stated, “[work experience] allowed the customer to be unsuccessful while they were learning and adapting the skills necessary to maintain sustainable employment. Many of our customers went through several sites where they were unsuccessful until they found an opportunity that fit their needs and where they could learn and grow... our customer[s] really need a safe place where they can fail and then pull themselves back together and go out and try again.” Some jurisdictions use work experience to hire TCA recipients as TCA staff, including Anne Arundel and Baltimore counties as well as one rural jurisdiction. While this is seen as successful in fostering trust between recipients and staff, some administrators reported the new work experience limitation as a barrier. This is discussed in the *Evidence-based and Innovative Practices* chapter in more depth. Administrators also noted that the work experience limitation makes it more difficult to meet the WPR and discourages employers or vendors from offering work experience opportunities at all. However,

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<sup>31</sup> As of writing, the most recent publicly available H.B. 1043 report is available online. See Maryland Department of Human Services (2023) in the reference list of this chapter.

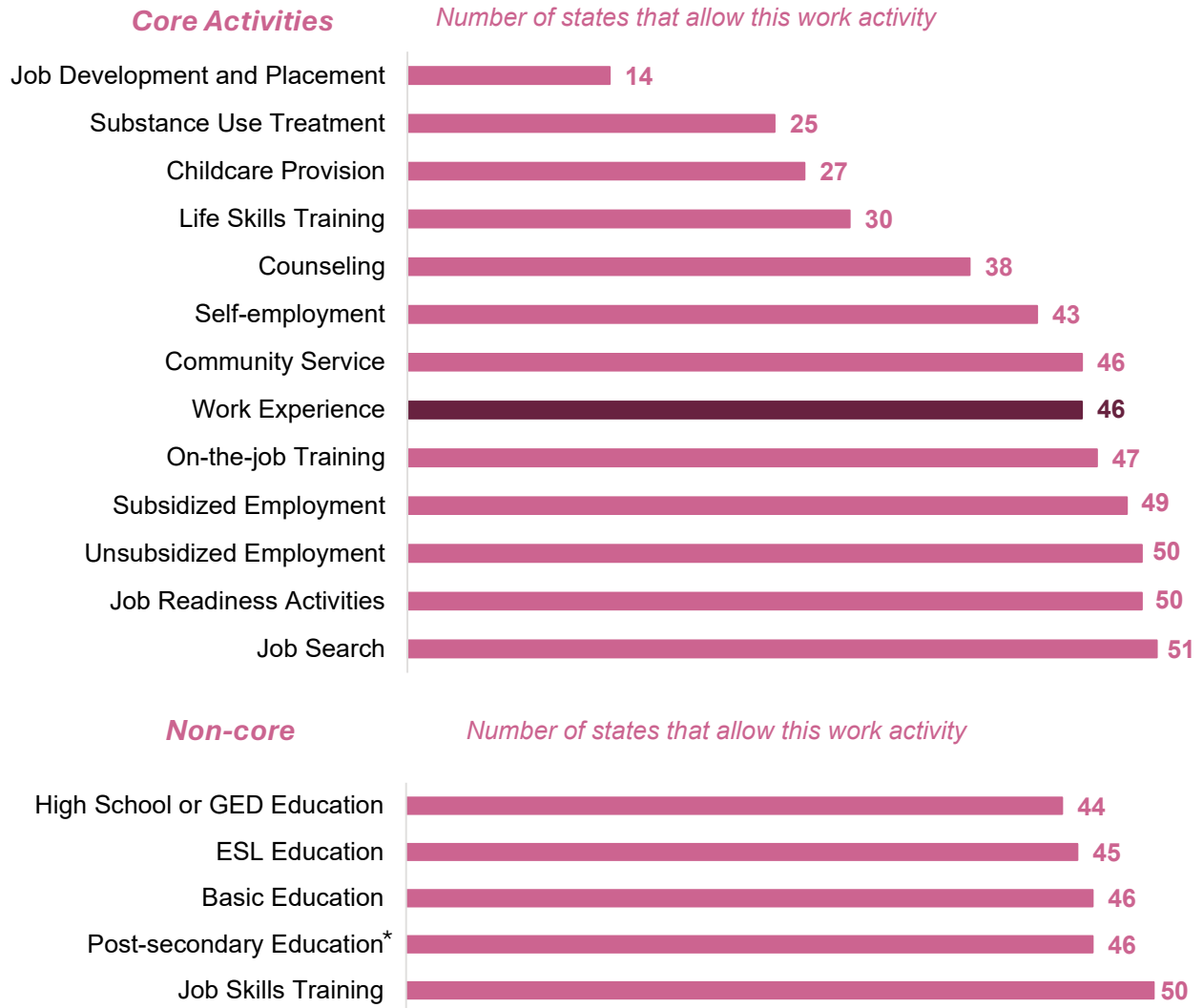
<sup>32</sup> The legislation also requires an examination of alternative program options, discussed in the chapter on *Evidence-based and Innovative Practices*.

<sup>33</sup> The legislation also required an examination of alternatives. Figure 5 in this chapter as well as the *Evidence-based and Innovative Practices* chapter provide alternatives to work experience.

there were some jurisdictions that have not been negatively impacted. Garrett and Queen Anne’s Counties reported rarely utilizing work experience even before the

policy change. In addition, Kent County shared that they were not impacted by the change

**Figure 5. States’ Allowable TANF Work Activities, July 2022**

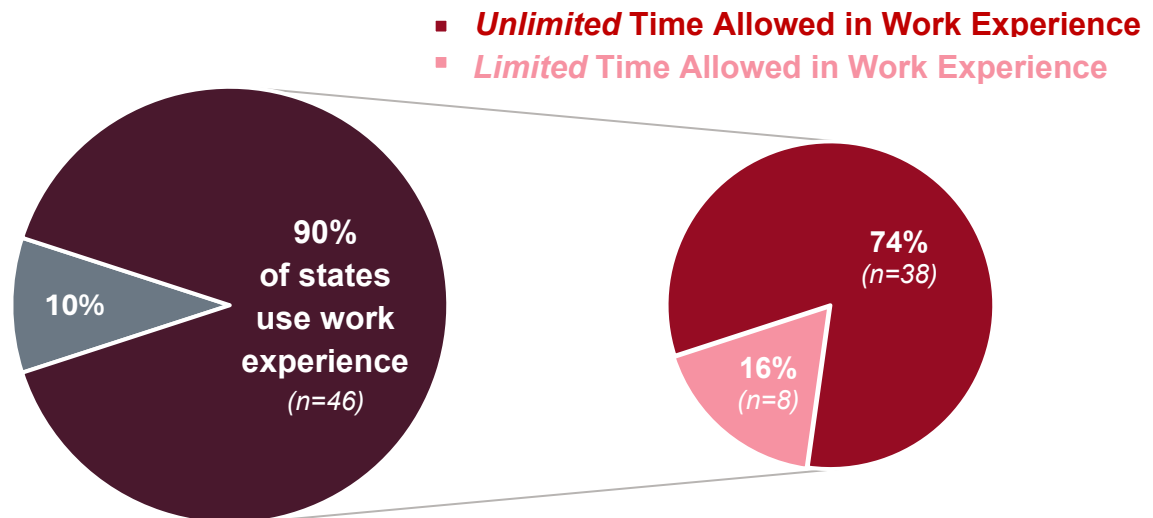


**Note:** This data is derived from the Urban Institute’s [Welfare Rules Database](#) Table III.B.2. All 50 states and the District of Columbia are included in this data. \*Postsecondary education is usually a non-core activity, with the exception of vocational education, which can be counted as a core activity for up to 12 months. See *Appendix B, Methods* for more information on data limitations.



**Figure 6. States' Work Experience Policies, July 2022\***

Maryland is one of eight states that limits time allowed in work experience to satisfy work requirements. Work experience is limited to 90 total days in a 3-year period in Maryland.



**Note:** Data is derived from the Urban Institute's [Welfare Rules Database](#) Table III.B.2, with two exceptions noted from the Welfare Rules Database First, Maryland enacted a restriction of work experience after July 2022 when these data were collected. To reflect the most updated policies, this analysis includes Maryland as a state that limits time allowed in work experience. Second, in a 2023 survey of the National Association of State TANF Administrators, conducted for this study, North Dakota indicated that they do allow work experience, contrary to the data in the Welfare Rules Database. To reflect the most updated policies, this analysis includes North Dakota as a state that does allow work experience. See *Appendix B, Methods* for more information on data limitations.



## STAFF VOICES

### Work experience limitation

“One of those advantages that our customers have from receiving TCA is having the ***opportunity to be able to try things that they're not familiar with*** . . . [work experience] allowed them time to learn, so I may have come in thinking I wanted to be a [certified nurse assistant]. And yes, you could just send me . . . [to] training and do that, but that may not [be] what I understand it to be.”

-Urban/Suburban County Interview

“ . . . it makes it harder on us because ***we struggle to find activities to put them in*** . . . nothing says after 90 days, somebody's ready to go right into a paid internship or anything like that . . . ***we're dealing with the people that need help the most, and that just takes time*** . . . . ”

-Rural County Interview

“ . . . with the limited time then we have to get creative and then find them somewhere else . . . ***it's a lot of shifting*** . . . ***I feel like it's more traumatic for the customers than it is productive*** . . . so then you get with the frustration and then they just kind of like disengage . . . . ”

-Rural County Interview

“ . . . it's very tricky to kind of figure out how to get the different organizations to wanna buy into 90 days . . . ***90 days really isn't a lot of time to train and coach someone to then be able to utilize them and see if they were actually worth hiring.***”

-Urban/Suburban County Interview

## **Child Support**

In addition to work requirements, federal regulations generally require that TANF participants comply with child support procedures. States must refer all individuals to the state or local child support office to establish parentage and orders for support. Federal regulations also note that if the child support agency determines an individual is not cooperating—and does not meet requirements for a good cause waiver—the TANF agency must, at minimum, deduct 25% of the entire TANF grant amount. States are permitted to provide good cause waivers if they opt into the Family Violence Option. This allows case managers to grant child support good cause exemptions to individuals experiencing domestic violence, and in cases in which pursuing child support would unfairly penalize those who are currently being or have been victimized.

Parents and caregivers who participate in TANF are required by federal law to assign their rights to child support payments over to the state. From a federal perspective, this is an obligation owed to both the federal and state governments for providing assistance to the family in the form of a TANF grant. However, states also have the flexibility to share with families some of the child support they collect. This policy is known as pass-through, in which the state government distributes to families some of the child support collected even while they are receiving TANF. Federal law allows states to pass through any amount of child support payments to TANF families: however, states are required to pay their federal share for any amounts passed through above \$100 a month for a family with one child and \$200 a month for families with two or more children.<sup>34</sup>

**Maryland Flexibilities.** Maryland follows federal regulations and requires TCA recipients to comply with child support requirements. The state requires adults and minor parent heads-of-households to file an application with CSA if the second parent lives outside of the household. To be in compliance, families must (1) provide information to help CSA locate the parent(s) and (2) assign their right to receive child support payments to the state, who will collect, retain, and pass-through eligible payments for the duration of receipt of benefits. If the parent or caretaker seeking support does not comply with the child support process, Maryland deducts 25% of the entire TCA grant amount. Maryland opted into the Family Violence Option, which permits case managers to provide good cause waivers for families for whom compliance would result in: (1) harm to the family; (2) instances in which the child was conceived as a result of incest or rape; (3) and when adoption proceedings are pending. Maryland also exempts Ukrainian refugees from child support requirements, given the Ukrainian policy that requires men to stay to fight in the ongoing war (FIA, 2022c). Though the state retains the right to child support payments, Maryland has a partial pass-through policy, whereby they transfer a portion of child support payments made each month to TCA recipients. When a child support payment is made on behalf of a TCA recipient, up to \$100 of that payment for one child or up to \$200 for two or more children is passed through to the custodial parent. The state retains the remainder of the child support payment and shares it with the federal government for reimbursement of TANF funding.

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<sup>34</sup> At or below these amounts, states are not required to repay the federal government its share of the child support amount reimbursement if the state disregards

the passed-through child support in the calculation of TANF eligibility or benefit amounts.

## CHILD SUPPORT REQUIREMENTS



*Adults and minor parent heads-of-households are required to file for child support with the following exceptions:*

### Population Exemptions:

- Ukrainian refugees\*

### Good Cause exemptions granted on a case-by-case basis:

- Compliance with a requirement is reasonably expected to result in serious physical or emotional harm to the child or relative with whom the child lives (e.g., domestic violence)
- The child was conceived because of incest or forcible rape
- The relative is currently working to resolve whether to keep the child or relinquish the child for adoption and the discussions have not gone on for more than 3 months
- Legal adoption proceedings are pending before a court

**Note:** \*Ukrainian humanitarian parolees were exempted from child support requirements due to the ongoing war between Russia and Ukraine that requires men to remain in Ukraine to fight (FIA, 2022c).

Source: TCA Manual 500: Child Support (FIA, 2022b)

### **Time Limit**

Federal law limits the number of months an adult recipient can participate in TANF in their lifetime. Generally, the limit is 60 cumulative months. However, states may continue to provide federal TANF funds to adult recipients who exceed 60 months if they are experiencing hardship, or a member of the household has been a victim of domestic violence or other types of abuse. Federal law permits states to continue providing federal TANF dollars beyond 60 months for up to 20% of their caseload. Only months of assistance paid for with federal TANF funds are subject to the 60-month limit. Any months of assistance for individuals in a separate state

program do not count toward the cumulative number of months.

**Maryland Flexibilities.** While some states opt for lifetime limits below the federal minimum standard, Maryland provides the maximum amount of months for TCA receipt, capping adult recipients at 60 months of lifetime receipt as an adult. If adult recipients do need additional receipt after exceeding the time limit, Maryland may grant a hardship exemption. Long-term TCA receipt is rare in Maryland, and recent estimates suggest that only 5% of *new* TCA recipient adults exceed the 60-month time limit (Hall et al., 2020). The process for granting hardship exemptions to exceed the time limit is further explored in the *Equity in*

*Policy Implementation* chapter. Generally, hardship exemptions are granted when the customer has not obtained or retained employment due to circumstances beyond their control. This may include physical or mental health conditions of the customer or

another dependent household member; experiencing homelessness, domestic violence, or transportation or childcare barriers; lack of education or training; and criminal history.

### *TIME LIMIT POLICY*



*An adult recipient can receive TCA for 60 total months in their lifetime, with the following exceptions:*

***Non-countable months** are months not counted towards the time limit when the recipient meets the following criteria:*

- Caretaker relative
- Minor child
- Receiving counseling or services for domestic or family violence
- Living on an Indian reservation or Alaskan native village
- Has countable earned income
- Was considered long-term disabled and received state-funded TCA prior to 2015

#### ***'Hardship' exemptions granted on a case-by-case basis:***

- Customer has been unable to obtain employment due to:
  - Medical conditions
  - Mental health or substance use issues
  - Homelessness
  - Domestic violence
  - Transportation barriers
  - Childcare barriers
  - Lack of education, skills, and job training
  - Criminal history
- The customer has:
  - Experienced significant barriers that prevented finding and keeping a job
  - OR
  - The local department did not offer or provide the supportive services stated in the Family Investment Plan

Source: TCA Manual 313: Time Limit (FIA, 2022b)

**Table 4. Federal vs. Maryland Rules and Requirements**

<i>Federal Rules and Requirements</i>	<i>Maryland Rules and Requirements</i>
<b>Work Requirements, Activities, &amp; Sanctions</b>	
<ul style="list-style-type: none"> <li>Recipients must engage in work activities before or at 24 months of benefit receipt.</li> </ul>	<ul style="list-style-type: none"> <li>Recipients must engage in work activities from the start of benefit receipt, unless they are receiving their first 6 months of TCA benefits or they are eligible for a state exemption.</li> </ul>
<ul style="list-style-type: none"> <li>Single adults are required to participate in work activities for a minimum of 30 hours per week.</li> <li>Single adults with a child under 6 years old are required to participate in work activities for a minimum of 20 hours per week.</li> <li>Two-adult households are required to participate in work activities for a combined minimum of 35 hours per week or for 55 hours per week if they receive federally funded childcare.</li> </ul>	<ul style="list-style-type: none"> <li>Single adults are required to participate in work activities for a minimum of 30 hours per week.</li> <li>Single adults with a child under 6 years old are required to participate in work activities for a minimum of 20 hours per week.</li> <li>Two-adult households are required to participate in work activities for a combined minimum of 35 hours per week or for 55 hours per week if they receive federally funded childcare. However, Maryland funds these households with state general funds so they are excluded from the WPR.</li> </ul>
<ul style="list-style-type: none"> <li>Federal flexibilities permit states to exclude certain categories of individuals from work requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Maryland exempts the following individuals from work requirements: recipients caring for a child under 1 year old, recipients experiencing domestic violence, and non-recipients receiving SSI/SSDI benefits.</li> </ul>
<ul style="list-style-type: none"> <li>There are limitations on how many hours an individual can spend in a work activity and still count towards the WPR.</li> <li>Only 30% of the TANF caseload may participate in a vocational education training activity and be counted in the WPR.</li> </ul>	<ul style="list-style-type: none"> <li>Maryland extends time allowed in work activities beyond what is countable for WPR in vocational education from 12 to 24 months. Maryland also allows unlimited time in job readiness activities.</li> </ul>
<ul style="list-style-type: none"> <li>States <i>are required to</i> reduce benefits for non-compliance with work by any amount they deem necessary.</li> <li>States <i>may</i> reduce the TANF grant by any amount they deem necessary if an individual does not comply with the individual responsibility plan.</li> </ul>	<ul style="list-style-type: none"> <li>For adults and minor parent heads-of-households, 30% of the individual's portion of the TCA grant is removed. For minors that are not heads of household, the individual's portion is removed.</li> <li>Recipients are granted a 30-day <i>conciliation period</i> after each instance of non-compliance. During this time, exemptions for non-compliance are investigated and recipients have the opportunity to come back into compliance in order to avoid a partial sanction.</li> <li>Non-compliance with the Family Independence Plan may result in TCA case closure.</li> </ul>
<b>Child Support</b>	
<ul style="list-style-type: none"> <li>All appropriate individuals in the family of a child must file for child support for any parents not in the household.</li> </ul>	<ul style="list-style-type: none"> <li>Parents, caretakers, and heads-of-households must file for child support for any parents not in</li> </ul>

<i>Federal Rules and Requirements</i>	<i>Maryland Rules and Requirements</i>
<ul style="list-style-type: none"> <li>Non-compliance with child support must result in a reduction in the total TANF grant of at least 25%.</li> </ul>	<p>the household, unless eligible for a state exemption.</p> <ul style="list-style-type: none"> <li>Non-compliance with child support at application results in a denial of benefits.</li> <li>If the customer becomes non-compliant after the case is approved, they are granted a 30-day conciliation period. If the customer does not come into compliance, the state imposes a 25% reduction in the total TCA grant.</li> </ul>
<ul style="list-style-type: none"> <li>States may opt in to the Family Violence Option to exempt individuals experiencing domestic violence.</li> </ul>	<ul style="list-style-type: none"> <li>Maryland offers a few exemptions for child support. First, the state opts into the Family Violence Option, and therefore exempts customers from pursuing child support if doing so would result in harm to the family. Maryland also allows exemptions for Ukrainian refugees and in cases when adoption proceedings are pending.</li> </ul>
<ul style="list-style-type: none"> <li>States have the option to pass through any amount of the monthly child support payment. States are not required to pay the federal share if they pass through up to \$100 a month for a family with one child and \$200 a month for families with two or more children and disregard that amount for TANF benefit calculation.</li> </ul>	<ul style="list-style-type: none"> <li>Maryland passes through up to \$100 a month for a family with one child and \$200 a month for families with two or more children and disregards the passed-through amount when determining TCA benefits.</li> </ul>
<b>Time Limit</b>	
<ul style="list-style-type: none"> <li>Households cannot receive TANF for more than 60 total months across the lifetime of the head-of-household or the spouse of the head-of-household. This does not include months of receipt for non-heads-of-households and non-spouses.</li> <li>Up to 20% of a state's caseload may continue receiving TANF if they experience state-defined hardship or if a household member is a victim of domestic violence or abuse.</li> </ul>	<ul style="list-style-type: none"> <li>Households cannot receive TCA for more than 60 total months across the lifetime of the head-of-household or the spouse of the head-of-household. This does not include months of receipt for non-heads-of-households and non-spouses.</li> <li>Up to 20% of the caseload may continue receiving TCA if they experience state-defined hardship or if a household member is a victim of domestic violence or abuse.</li> </ul>
<ul style="list-style-type: none"> <li>States may opt in to the Family Violence Option to exempt individuals experiencing domestic violence.</li> </ul>	<ul style="list-style-type: none"> <li>Maryland opts in to the Family Violence Option.</li> </ul>

## **Staff Perceptions of Rules and Regulations**

The final section of this chapter explores staff and administrator perspectives on the rules and requirements that guide the TCA program (Figure 7). Beginning with the top and middle of the figure, there are some clear patterns between administrators and staff. The top section shows that only one quarter (27%) of administrators agree that rules and procedures are easy for staff to understand, and the middle section shows that two in three (66%) administrators find the rules burdensome for staff. Staff, however, have different perspectives of the impact of rules and procedures. As the top section of Figure 7 shows, slightly more than two in five (45%) staff agree that rules and procedures are easy to understand, and two in five (40%) disagree that they are burdensome. Compared to administrators, staff seem to be more split in their perceptions of the TCA rules and procedures. The bottom section of Figure 7 shows the percentage of administrators and staff who find the TCA rules burdensome for customers. Again, administrators and staff do not share the same perspectives. Two in five (40%) administrators neither agree nor disagree that the rules are burdensome for customers, and the remainder were roughly split between agree and disagree. More than half (53%) of staff, on the other hand, believe the TCA rules are *not* burdensome for customers, while only one quarter (24%) believe they are.

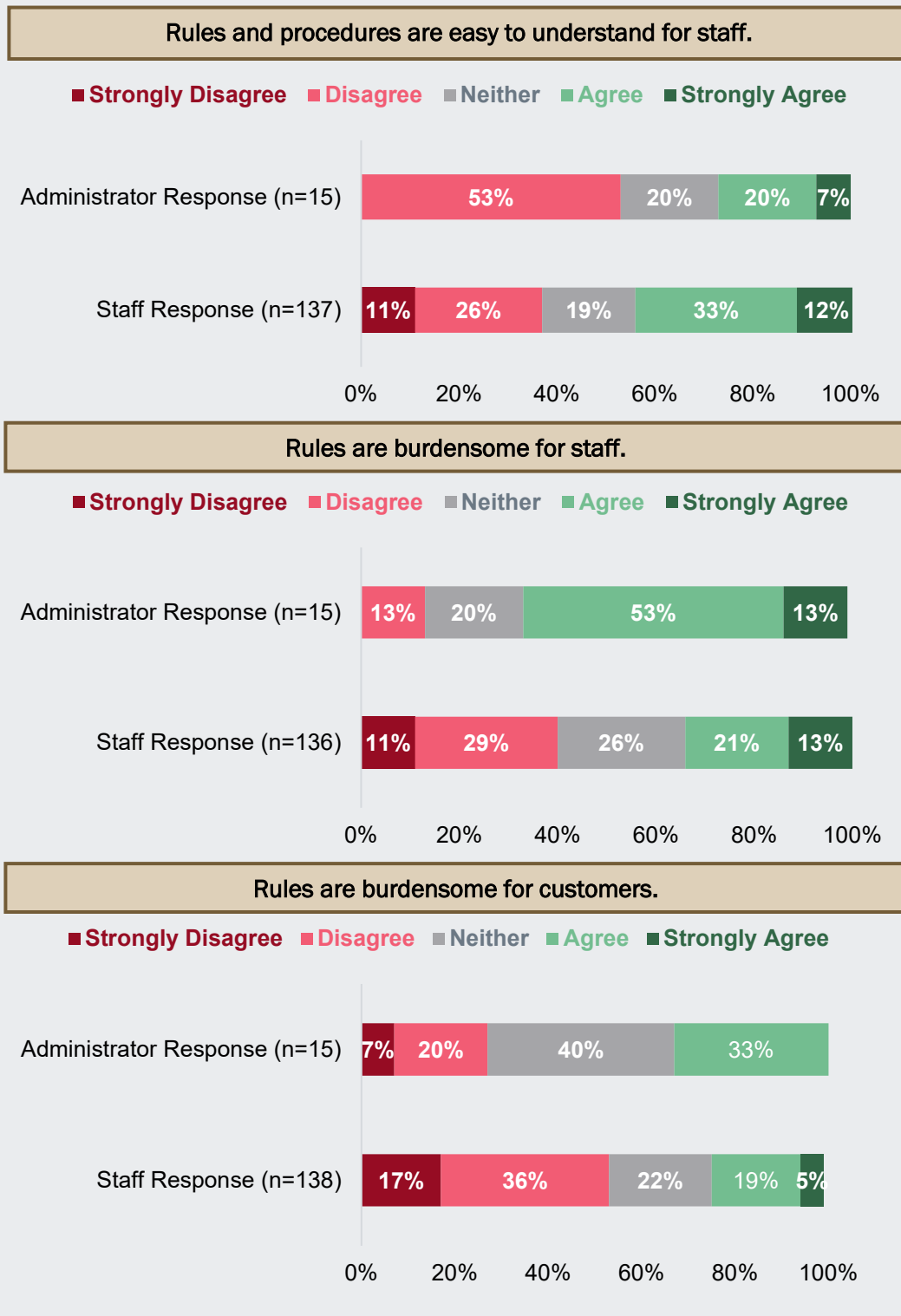
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**Figure 7. Staff and Administrator Perspectives on Rules and Requirements**

Staff and administrator responses to the following statements:



**Note:** Percentages may not add to 100% due to rounding.

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## PROGRAM DESIGN: PART II

Lauren A. Schuyler & Krysten Garcia

The first findings chapter explored the core beliefs, goals, objectives, and corresponding performance measures for the TCA program. It concluded with a review of program rules and regulations and Maryland's use of available flexibilities related to key policies. This chapter extends the exploration of program design and examines the service delivery model for Maryland's TCA program. This examination includes an assessment of vendor contracts as well as pandemic-era service delivery changes.

### Maryland's Overarching Approach to TCA Service Delivery

There are many approaches to delivering services to individuals in need of services. In Maryland, the delivery of services related to the TCA program reflects the decentralized nature of the program. As discussed in the *Introduction*, the federal TANF block grant provides funding for states to design and implement their own programs. Maryland is one of 11 states that further decentralizes their overarching TANF program, providing more flexibility to each of the 24 individual jurisdictions (see Figures 1 and 2 in the *Introduction*). This is commonly referred to as a *state-supervised, county-administered* approach.

#### LOOKING FOR A SUMMARY OF THIS CHAPTER?



The *Executive Summary* provides a brief overview of this chapter. The *Strengths, Areas for Improvement, and Recommendations* chapter includes detailed strengths and areas for improvement by chapter.

Given the decentralization of Maryland's TCA program, Maryland does not have a universal delivery model evident in other states that have opted for centralized systems. In practice, this means Maryland has 24 individual, unique cash assistance programs, each with their own sets of processes and their own service delivery models. While federal and state policy applies to all 24 jurisdictions, recipients' experiences with cash assistance and opportunities within the program may vary based on the jurisdiction in which they reside. Exploring the benefits and drawbacks of a centralized versus decentralized approach is beyond the scope of this report. However, LDSS leaders have shared that the decentralized approach allows each jurisdiction to create and tailor a cash assistance program that aligns with the unique opportunities available and

### DATA SUMMARY

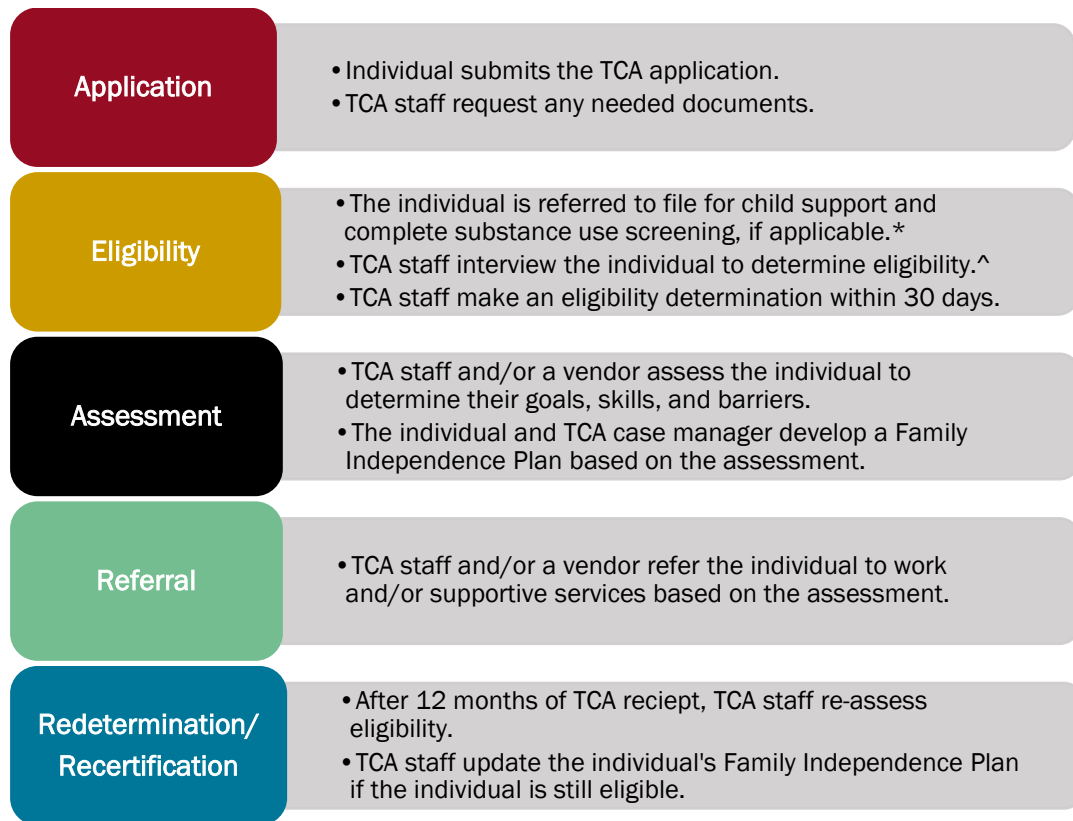
- This chapter includes a qualitative analysis of:
  - Internal and publicly facing Maryland Department of Human Services documents, described in more detail in the *Appendix B, Methods*
  - Interview and focus group transcripts with LDSS and FIA staff
  - Fourteen vendor contracts
    - Two from rural jurisdictions and 12 from urban/suburban jurisdictions
- This chapter also includes a quantitative analysis of:
  - A survey administered to LDSS staff and administrators.

More details are available in **Appendix B**.

challenges recipients face in that jurisdiction. For instance, the economic opportunities and challenges facing recipients in Wicomico County along the eastern shore do not reflect the opportunities and challenges in the western mountains of Garrett County, or the opportunities and challenges of recipients in suburban Montgomery County. While Maryland does not have a unified service delivery model for TCA, all jurisdictions have certain steps in their models, as shown in Figure 8. The service delivery model across all jurisdictions begins with the TCA application and ends with recertification of benefits or case closure. The process in between these two steps, however, varies by jurisdiction. For example, an assessment may start during the eligibility process: while one jurisdiction completes it at eligibility and then refers

recipients to supportive services, another jurisdiction may complete only a partial assessment before referral. This latter method is more common in jurisdictions that have two separate assessments (i.e., one at eligibility and one after referral to the work program). In some jurisdictions, a referral to the child support office may happen after the assessment, while in others, it happens prior to assessment. Even after jurisdictions complete recertifications they may continue to assess and refer customers to services as needed. To illustrate some service delivery differences across jurisdictions, Appendix F provides the service delivery models for three separate jurisdictions. Unless otherwise specified, these models are taken directly from jurisdictions' PASS plans, described in the previous chapter.

**Figure 8. Maryland General TCA Service Delivery Model**



### **MARYLAND DOES NOT HAVE A UNIFIED SERVICE DELIVERY MODEL**

*While this figure provides general steps, the service delivery method is not always linear and varies by jurisdiction.*

All jurisdictions start with the application, but the process thereafter differs. For example, an assessment may start during the eligibility process and be completed later before referral. In some jurisdictions, a referral to the child support office may happen after the assessment. Moreover, some jurisdictions have two separate assessments: one at eligibility and one after referral to the work program. Even after redeterminations/recertifications are completed, jurisdictions continue to assess and refer customers to services as needed.

**Note:** \*Adults and minor parents are required to file for child support and complete substance use screening as a condition of eligibility (FIA, 2022). ^Eligibility interviews were waived from December 2023 to May 2024 (FIA, 2023).

Although Maryland does not have a universal model of TCA delivery, qualitative analysis shows that the 24 jurisdictions share a similar overarching strategy: case managers utilize assessments to provide individualized referrals and case management to customers. Importantly, internal and publicly facing documents, as well as themes from interviews and focus groups, demonstrate this individualized level of service. Case managers aim to meet customers where they are and have their own internal systems for determining to which services or work activities to refer customers.

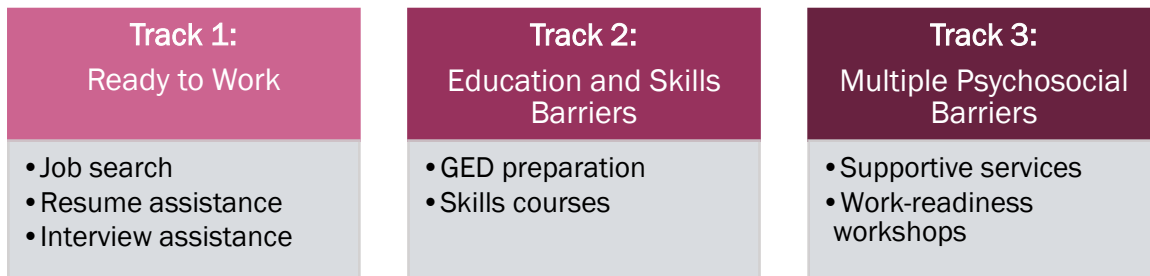
There are several examples of this method of service delivery. For example, a rural focus group participant shared that “following that assessment, the Family Independence Plan is created, and we have different tiers within our work program where we may be sending the customer...straight to the job developer and

they're ready for work...or they may actually need more assistance where they may have educational background or hardships...like childcare, transportation....” In an urban/suburban focus group, a participant shared that they have a process they call “fast tracking,” and described it in this way: “If a customer is pretty much just ready to go back to work, our vendor fast tracks them ...And then for the other customers that'll start at the beginning where they still need help...writing the resume and mock interviews and all that...there are multiple paths that they can start on.” As a visual example, Figure 9, below, shows Montgomery County’s explicit, tiered tracks in their service delivery model. Similar to other jurisdictions, the journey of the recipient varies based on the track on which they are placed.

**Appendix F** provides additional service delivery model examples from other jurisdictions.

**Figure 9. Tiered Service Delivery Model Example: Montgomery County**

*Based on an assessment with the work vendor, recipients are placed on one of the following tracks:*



**Note:** This visualization was adapted from Montgomery County’s 2021 PASS plan.



### Service Delivery Model: In-House, Contracted, or Hybrid?

One way to conceptualize Maryland’s various service delivery models for the TCA program is through the lens of *who* is providing services. From this lens, there are three general models, as shown in Table 5: (1) in-house, in which LDSS staff provide supportive services and/or employment referral services, and sometimes in-house

programming; (2) contracted service delivery, sometimes described as pay-for-performance, in which LDSS staff focus on tasks such as eligibility and contract out their supportive services and/or employment services to a vendor; and (3) a hybrid approach in which LDSS staff have some case management responsibilities, but also utilize contracts for other pieces of service delivery.<sup>35</sup>

**Table 5. Service Delivery Model Types**

TYPE	DEFINITION
<b>In-house</b> (n=12 jurisdictions)	The LDSS administers the employment program and supportive services, though they still work with external WIOA partners.
<b>Contracted</b> (n=5 jurisdictions)	Contracted vendor(s) administer the employment program and supportive services. LDSS’s may utilize more than one vendor.
<b>Hybrid</b> (n=7 jurisdictions)	Contracted vendor(s) administer some components of the employment program and supportive services while the LDSS administers other components.

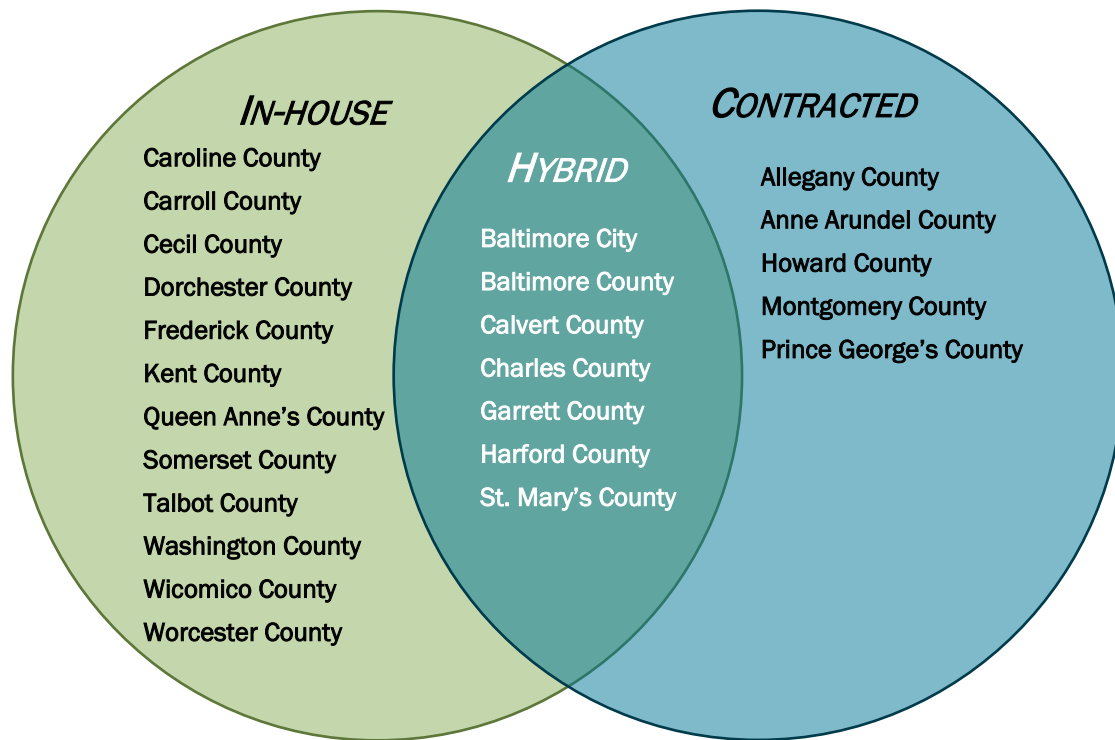
Figure 10 shows the service delivery model for each of Maryland’s jurisdictions (current as of July 2022). Across Maryland jurisdictions, half (n=12) have in-house programs, and the remaining half are almost equally split between contract (n=5) and hybrid (n=7) models. The 12 jurisdictions with in-house programs are all rural. Most of the contracted programs are in urban/suburban jurisdictions with the exception of Allegany County.

Finally, the hybrid approach is utilized by two urban/suburban jurisdictions and five rural jurisdictions. Importantly, the qualitative analysis shows that jurisdictions categorized as having an in-house program still form partnerships with WIOA providers, such as American Job Centers and community colleges, to administer work activities.

<sup>35</sup> Eddins and colleagues (2019) describe two primary approaches to administering work programs in public benefits programs: (1) in-house service delivery, and (2) contracted service delivery. However, the definitions these authors use do not align with the same definitions employed in this study. After passage of WIOA, Maryland aligned its TANF and workforce development systems; this means in practice, all 24 jurisdictions refer TCA recipients to the public workforce system if appropriate (e.g., American Job Centers), or to community-based organizations

that provide services. Based on the definition provided by Eddins and colleagues, then, all of Maryland’s 24 jurisdictions fall under contracted service delivery, since their definition of contracted includes utilizing the services of workforce development and community-based organizations funded through other means.

**Figure 10. Type of Service Delivery Model by Jurisdiction**



**Strengths and Challenges of Service Delivery Model Approaches**

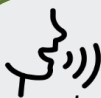
**In-house Service Delivery.** Each of the models has strengths and challenges, and staff throughout Maryland shared their perspectives with researchers. One advantage of the in-house service delivery method is that it provides an opportunity for LDSS staff to build a close relationship with customers. Consequently, staff feel they can provide more individualized, intentional support. As one LDSS leader noted, with an in-house approach to service delivery, "...we can keep a closer eye on trying to meet our customers' needs instead of...pushing it out to a vendor." This closer relationship, in turn, also builds trust with customers. Kent County, for example, shared the following sentiment: "I find that having it here...it just strengthens the relationship between customers and case management and it establishes a greater level of trust. And there's no middleman...it just makes everything a little bit more

seamless." And finally, leadership in another jurisdiction stated, "I think I like the fact that in-house, customers can trust us more, and they can depend on [us because] we're reliable..."

Despite the benefits of the in-house approach, for many jurisdictions, this approach is not feasible. The jurisdictions with strictly an in-house approach typically have smaller TCA caseloads which may make fostering close relationships with customers more practical. For example, in SFY 2023, Worcester County had nearly 250 TCA cases; comparatively, Prince George's County, which uses contracted service delivery, had nearly 3,600 cases (Smith et al., 2024).

There are also challenges to in-house models. The main challenge cited by staff was limited resources, including financial resources for programming. An LDSS administrator in a rural jurisdiction, for example, shared that a disadvantage is

“...the cost per participant. For me, [it] is way higher than it would be for Baltimore City...they’re servicing a much higher number [of customers]. So...it looks like I spent a lot of money on each customer, but technically that’s running my whole program.” Limited resources also include not having enough staff. In an interview with a different rural LDSS administrator, they noted that “over the last couple years, we haven’t had many staff, so that has been a big barrier...” Finally, limited resources can also refer to limited economic and other supportive opportunities for customers. A participant in Garrett County, which shares a border with West Virginia, shared that “the biggest challenge is what we can offer customers. We don’t have a whole lot to offer.”



### STAFF VOICES

*In-house service delivery*

“... I find that having it here . . . ***strengthens the relationship between customers and case management*** and it establishes a greater level of trust. And there’s no middleman . . . it just ***makes everything a little bit more seamless.***”

*-Rural County Interview*

“I think ***we can keep a closer eye on trying to meet our customer needs*** instead of . . . pushing it out to a vendor.”

*-Rural County Interview*

“And ***the biggest challenge is what we can offer customers.*** We don’t have a whole lot to offer . . . our resources, are so limited.”

*-Rural County Interview*

**Contracted Service Delivery.** One of the main advantages of a contracted service delivery model is the level of expertise that vendors provide. An urban/suburban LDSS leader shared that their work program vendor is “the perfect vendor because it is a college, and it allows people different opportunities...they don’t just help them find a job...they actually help them find a career. Their choice and their path. And they have so many different programs, so many different cohort groups.” In that same vein, participants shared that vendors had the ability to handle high volumes of customers given their expertise. A second urban/suburban LDSS leader shared that vendors “had the scalability and the flexibility that we did not so they could scale up or down depending on [the] amount of customers....” This administrator went on to add that if the vendor “...had a large population of customers who had co-occurring disorders, they could hire someone [to address that need]...if there was a large population of English as a second language [customers], they could hire someone [to address that need]...so that scalability and flexibility is found more in the private sector than it is in the public.”

In fact, the perceived expertise that contracted vendors provide was a recurring, major theme. In an interview with an urban/suburban jurisdiction, a leader stated that this approach to service delivery “...allows customers to be assisted by [the] subject matter expertise of the vendor. You know the vendors are best situated in terms of connecting these customers with...various resources that will help [customers] become self-sufficient.” In an urban/suburban jurisdiction with a larger caseload, an administrator shared the following sentiment: “Our case managers are not trained to deliver workforce services, they are eligibility technicians...we believe that that is a special skill that’s better suited for entities...that specialize in that area.”

Staff and administrators shared with researchers that having contracted vendors delivering aspects of the program also permits LDSS staff to focus on other aspects of the program. For example, in an interview, a participant from Montgomery County stated that "...the benefits for contracting out the work program is it allows the agency staff or our internal staff to focus on... timely and accurately processing [of] the cases...And it is also less staff to supervise and to manage for the local department...It's [an] efficient use of resources...." A final advantage noted in one jurisdiction was customer convenience. In Allegany County, specifically, an administrator noted that "most of the services [and] training needs are right there available for them, so it's...a one stop shop and it's also located close to the job center...and our building as well. So the location works out really good for our customers."

Despite the advantages of contracting with vendors, survey results show that nearly one third (30%) of staff and only half (50%) of administrators believe that contracted vendors are effective at improving self-sufficiency. Staff and administrators noted that the goals of vendors and the goals of the program are misaligned. Specifically, there is a perception that vendors are focused on compliance and profit and less focused on individual customers and barrier remediation. One LDSS administrator from an urban/suburban jurisdiction shared that "it was an extremely compliance driven payment system, so they were incentivized to get someone [into] compliance based on the hours associated with the customer,

**30% of staff** and  
**50% of administrators**  
agree that contracted vendors  
are "effective at improving  
self-sufficiency."

but...they didn't get paid for barrier remediation. They only got paid if a customer was able to go to a work vendor or look for work, so it disincentivizes...providing [a] family support...." This administrator continued on to say that their jurisdiction attempted to "right size" incentives in their contracts to focus more on employment than WPR. For example, "...maybe they would get like \$100 if one customer was compliant for a month, but they get \$1,300 if a customer got a job and maintain[ed] the job for eight weeks, and...more if they maintained it for six months. So we try to incentivize the employment and retention services more so than the work participation rate."

In another jurisdiction, an LDSS administrator shared that their vendor "had lots of incentives to cut corners and do things to maximize their profits. And our goal was to maximize outcomes for our customers. So that was a pretty big challenge and a lesson learned for me. I'm not opposed to the concept of pay-for-performance, nor am I opposed to awarding contracts to private entities. But you gotta know what you're getting into...you need to invest time to really manage that relationship." Another jurisdiction had similar sentiments, sharing, "...So if they're chasing the numbers and not really focusing on serving the customers, that is a concern...[they're] for-profit organizations and profit motive[s] do come into play sometimes." In an interview with a participant from an urban/suburban jurisdiction, they noted the tension of mismatched priorities when working with vendors. Importantly, they highlighted that the tension comes from sometimes being on the same team and sometimes not being on the same team. "...Our focus is policy and standards. [The vendor's] focus is what their contract states so that they can receive their payment...we don't always have the same goal in mind. So, we may be on the same team at sometimes and other times we're not...and we have to kind of keep that in perspective when it comes to payment."



## STAFF VOICES

Contracted service delivery

“Some of the benefits for contracting out the work program is it *allows . . . internal staff to focus on eligibility processing portion . . . also allows customers to be assisted by subject matter expertise of the vendor*. You know these vendors are best situated in terms of connecting these customers with . . . various resources that will help [them] become self-sufficient.”

-Rural County Interview

“They had the scalability and the flexibility that we did not . . . . If they had a large population of customers who had co-occurring disorders . . . they could hire someone, if there was a large population of English as a second language, they could hire someone so that *scalability and flexibility is found more in the private sector than it is in the public*.”

-Urban/Suburban County Interview

“And the number of times they can be chasing the numbers, I have to be careful with that . . . I mean if you say [they] have to complete an assessment, I don't want the focus to be on just assessment and not actually placing people in jobs. *So if they're chasing the numbers and not really focusing on serving the customers, that is a concern . . . they are for-profit organizations and profit motive[s] do come into play sometimes*.”

-Urban/Suburban County Interview

“Some of the negatives from having pay-for-performance vendors is that . . . it was an extremely compliance driven payment system . . . they didn't get paid for barrier remediation. They only got paid if a customer was able to go to a work vendor or look for work, so *it disincentivizes reviewing or working on maybe some of the fractures within the customers foundation. It didn't incentivize providing family support*.”

-Urban/Suburban County Interview

**Table 6. Strengths and Challenges for In-house and Contracted Service Delivery Models**

	In-house Service Delivery	Contracted Service Delivery
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Builds trust between recipients and TCA staff</li> <li>• More individual attention and support for recipients</li> </ul>	<ul style="list-style-type: none"> <li>• Subject-matter expertise and resources provided by vendors</li> <li>• Allows TCA staff to focus on other aspects of the program</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Limited resources, subject-matter expertise, and staff</li> </ul>	<ul style="list-style-type: none"> <li>• Mismatched priorities: vendor is focused on contract compliance and profit, while jurisdictions are focused on supporting customers towards self-sufficiency</li> <li>• Lack of experience tailoring services to hard-to-serve populations (i.e., TANF recipients) and providing barrier remediation</li> </ul>



## Analysis of Vendor Contracts

As demonstrated in the previous section, LDSS staff across Maryland identified a challenge with vendor contracts: misalignment of goals between the LDSS and the vendor. This observation among staff is not unique to Maryland's TCA program. In fact, this is a well-established challenge to contracts (see *Contracts & Microeconomic Theory* callout). In addition, the Peabody-nominated investigative podcast, *The Uncertain Hour*, recently shed light on the perverse incentives of TANF vendors in their 2023 season titled, *The Welfare-to-Work Industrial Complex* (Clark, 2023). To that end, this section critically examines a sample of contracts between local departments in Maryland and their service delivery vendors.

The authors examined 14 vendor contracts; two were from rural jurisdictions and the remaining 12 were from urban/suburban jurisdictions.<sup>36</sup> The contracts were for a variety of services and programs including: academic support; assessment services; barrier remediation, screenings, and referrals; case management; child development and parenting education; computer skills training; education and stackable industry credentials; job readiness trainings or workshops; job search; job placement; occupational/employment skills training; personal development and enrichment connected to employment; retention services; unsubsidized employment services; work experience; workforce development.<sup>37</sup>

Tables 7 and 8 provide the overarching findings from the microeconomic analysis of the vendor contracts. This includes an

### VENDOR TYPES

In the review of vendor contracts, the authors identified four types of vendors:

- ❖ Public Community Colleges
- ❖ Local Non-profits
- ❖ Other Public Sector Entities
- ❖ National For-profit Corporations or LLCs

examination of payment structures, incentives, performance metrics, strengths, and areas for improvement. The authors' initial review of contracts yielded four types of vendors with which LDSS offices contract on behalf of their TCA customers. These types include: (1) public community colleges; (2) local non-profits; (3) other public sector entities; and finally, (4) national for-profit organizations. Table 7 displays the *similarities* across *all* of the vendor contracts regardless of type. Table 8, on the other hand, explores *differences* across contracts, segmenting findings across the four vendor types.

As with any analysis, the authors base this examination of the strengths and areas for improvement of contracts on beliefs and assumptions. For example, an analyst might ask: *What makes a strong contract, and according to whom?* Therefore, the authors based this analysis on both microeconomic theory and the assumptions listed below. The authors derived Assumption 3 from the language H.B. 1041 (2022) provides. The assumptions of this analysis are:

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<sup>36</sup> FIA provided researchers with 24 local vendor contracts to examine. Five of these contracts aligned with other services the local DSS offices provide (e.g., child welfare) and were not specific to TCA, so the authors excluded these five contracts. Of the remaining relevant 19 contracts, five of the contracts

were only partial contracts and could not be fully analyzed.

<sup>37</sup> The authors acknowledge the vagueness of some of these terms. These are terms the authors pulled directly from contracts.

- Assumption 1: If contracting with a vendor, local departments should tie vendor payments directly to performance goals to maintain accountability and incentivize outcomes.
- Assumption 2: Vendors should deliver services that are aligned to the goals of the LDSS.
- Assumption 3: Vendors should engage recipients in work activities that help recipients transition into full-time employment with earnings of 150% of the minimum wage.

The summary below provides an overarching review of the strengths and areas for improvement across the sample of contracts. Appendix F also provides a detailed analysis of each individual, anonymized contract.

### **Strengths**

- The contracts with vendors have very clear, established roles and responsibilities for both the vendor and the LDSS.
- The contracts attempt to address information asymmetry challenges through behavior-based monitoring systems, such as monthly monitoring reports.
- Vendors from the public sector and local non-profits have similar goals to the LDSS. More than half of reviewed contracts were with public community colleges, local non-profits, or other public sector entities (e.g., employment development agencies within jurisdictions).
- Some of the contracts with community colleges include performance metrics that measure longer-term outcomes such as retention, long-term employment, and credential attainment. One public community college contract attaches financial incentives to these longer-term goals.
- A couple of contracts with national for-profit vendors structured incentives to encourage placement into higher-wage jobs (e.g., additional financial incentive for securing employment with wages 25% higher than the minimum wage).

### **Areas for Improvement**

- Most vendor contracts lacked incentives and performance metrics to assess the quality of the services provided. Generally, the major incentive appears to be that the contract may not be renewed if the LDSS is not satisfied with the service.
  - This is especially problematic for contracts with national for-profit vendors given that the goals of the for-profit vendors and the LDSS do not align.
- A majority of contracts do not prioritize incentives for longer-term self-sufficiency. For example:
  - Contracts do not typically incentivize higher wages (e.g., 150% of minimum wage), but instead, incentivize compliance, engagement metrics such as the WPR, or rapid attachment to employment.
  - While there is a 16-week employment retention incentive in some of the national for-profit contracts, the incentive is not strong enough to effectively encourage long-term retention.

Designing contracts for vendors is a complex undertaking given microeconomic considerations. Local departments can improve their contracts with vendors by giving thought to a few considerations. First, local departments should partner, when possible, with organizations or public-sector entities that share similar goals. For example, a couple of years ago, Baltimore City shifted from utilizing a national for-profit vendor to solely contracting their work program out to the Mayor's Office for



Employment Development. This shift provided a cost-break to the LDSS, compared to the for-profit vendor, and also provided an alignment of goals.<sup>38</sup> Second, local departments should include incentives in the design of vendor contracts. These incentives should be sufficiently powered: if the goal is long-term self-sufficiency, the contract should incentivize and reward a contractor's ability to get recipients to that goal. Sometimes customers may require additional education or experience to prepare for employment: contracts can

incentivize barrier remediation as well, which are steppingstones to longer-term metrics. Ensuring that incentives closely align with the underlying beliefs and goals outlined in the previous chapter can help improve family outcomes. Finally, the state or local departments should closely review recipients' outcomes across vendors to ensure that the vendor is truly meeting the needs of the department. An in-depth examination of vendors is beyond the scope of this report.

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<sup>38</sup> The Mayor's Office of Employment Development's mission is to deliver economic justice to Baltimore residents, which includes creating an equitable

workforce system (Mayor's Office of Employment Development, n.d.).

## VENDOR CONTRACTS & MICROECONOMIC THEORY

Agency theory is a microeconomic theory that describes, explains, and seeks solutions for interactions that occur between two actors: *principals* and *agents* (Eisenhardt, 1989). This theory provides a solid foundation for studying public accountability efforts including the design and implementation of behavior- and outcomes-based contracts in the public sector (Schillemans & Busuioc, 2015; Heinrich & Marschke, 2010). In a principal-agent relationship, the *principal* contracts with the *agent* to perform tasks on behalf of the principal. While the principal has authority over the agent, the agent has the informational advantage: they understand the full costs of the principal's goals and what they must do to reach those goals. Agency theory assumes that the agent will take advantage of the *information asymmetry*\* between them and the principal, and that they will *shirk*\* or drift from the principal's goals (Braun, 1993).

It is useful to examine TANF vendor contracts through the lens of agency theory. Vendors (i.e., agents) are contracted by the state or LDSS offices (i.e., principals) and are ultimately required to fulfill the needs identified by these principals. More specifically, the state or LDSS offices assign tasks to vendors and allocate financial resources for them to complete those tasks. However, given *information asymmetries*\*, actions taken by vendors could be opportunistic if the actions are taken out of self-interest. For example, opportunistic behavior can include *shirking*\* by individuals, opportunistic pursuit of prestige, and opportunistic pursuit of profit, all which ultimately reduce the effectiveness and efficient use of government resources.

Agency theory suggests that principals have two options to avoid or limit the extent to which agents exploit information asymmetries: (1) behavior-based contracts or (2) outcomes-based contracts (Eisenhardt, 1989; Kivistö, 2008). Behavior-based contracts use monitoring systems and reward agents' behaviors. Outcomes-based contracts, on the other hand, provide incentives to the agent for reaching pre-determined outcomes. Outcomes-based contracts are an essential part of performance management and are a common tool used in situations where information asymmetries pose potential issues (Bjurström, 2020). Through control over incentives, the principal can partially overcome the agency costs caused by information asymmetry and shirking (Miller, 2005).

Although outcomes-based contracts have advantages and appear to be a clear way to hold agents accountable to principals, these contracts face serious challenges both in design and implementation. One main challenge includes how to measure outcomes (Burgess & Ratto, 2003). Choosing how to quantify or measure performance can be problematic (Baker, 1992) and complete contract specification in which all inputs, outputs, and expectations are defined and tracked throughout is rendered impossible, given ambiguity in goals, processes, and contingencies (Amirkhanyan, 2011; Brown et al., 2006; Heinrich, 2003; Schmidt, 2017). As a result, a large portion of theoretical work on principal-agent issues and contracts focuses on finding optimal solutions to incomplete contracts. Notably, identifying the optimal incentive structure in the public sector is complex and differs from the private sector (Burgess & Ratto, 2003).

\*Definitions: (1) *Information asymmetry* is a condition under which the agent has more information than the principal, and the agent can exploit this information imbalance to their benefit, and (2) *Shirking* is the act of the agent avoiding responsibilities outlined in the contract.

*Sections of this callout have been adapted or reproduced with permission from Hall (2023).*

**Table 7. TCA Vendor Contract *Similarities***

	PAYMENT STRUCTURES	INCENTIVES	PERFORMANCE METRICS	STRENGTHS	AREAS FOR IMPROVEMENT
<p><b>ALL VENDOR CONTRACTS (n=14)</b></p>	<ul style="list-style-type: none"> <li>Contracts included language that funding was contingent on receiving state funds and included caps on payments.</li> <li>Contracts within each of the four types generally required monthly invoices and reimbursement after invoices are provided.</li> </ul>	<ul style="list-style-type: none"> <li>Across all contract types, explicit incentives were generally not embedded into any contracts.</li> <li>The two most common types of incentives were language about the LDSS:                             <ul style="list-style-type: none"> <li>being able to withdraw services at any time if the vendor violates the contract;</li> <li>not having a requirement to renew the contract after it ends.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>There were no performance metric characteristics that all or most vendors had.</li> </ul>	<ul style="list-style-type: none"> <li>The contracts establish clear roles and responsibilities for both parties, delineating the services to be provided and the payment terms.</li> <li>Contracts typically address information asymmetry by including monitoring via monthly reports.</li> </ul>	<ul style="list-style-type: none"> <li>Most contracts lacked incentives or performance metrics to assess quality and effectiveness of services rendered.</li> <li>With a few exceptions, incentives relate to contract renewal, wherein contracts may not be renewed or may be forfeited if the department is not happy with service.                             <ul style="list-style-type: none"> <li>This is more of a traditional contract model and not a PFP model where the vendor receives payments based on satisfactory performance.</li> </ul> </li> <li>Incentives based on higher wages (150% of minimum wage) are not prioritized.</li> <li>There is no language in contracts holding vendors accountable for ensuring work experience placements help recipients transition to high-quality employment.</li> </ul>

**Table 8. TCA Vendor Contract *Differences*, by Vendor Type**

	PAYMENT STRUCTURES	INCENTIVES	PERFORMANCE METRICS	STRENGTHS	AREAS FOR IMPROVEMENT
<b>PUBLIC COMMUNITY COLLEGES</b> (n=3)	<ul style="list-style-type: none"> <li>Some of these contracts included language that allowed the vendor to shift resources to other budget categories with prior approval.</li> </ul>	<ul style="list-style-type: none"> <li>Only one contract provided incentives with a true PFP model in which payments and bonuses were tightly aligned to performance metrics.</li> </ul>	<ul style="list-style-type: none"> <li>Performance metrics included the WPR, job placements, job retention, measurable skill gains, and earnings after training.</li> </ul>	<ul style="list-style-type: none"> <li>Potential alignment of goals between vendor and LDSS;</li> <li>Two of the three vendors had performance metrics tied to longer-term goals such as retention, long-term employment, skills and credential attainment, and higher earnings;</li> <li>One had embedded financial incentives to further incentivize these longer-term goals.</li> </ul>	<ul style="list-style-type: none"> <li>Incentives were only embedded into one of the three contracts; even still, the main financial incentive was tied to compliance/engagement (i.e., WPR).</li> </ul>
<b>LOCAL NON-PROFITS</b> (n=3)	<ul style="list-style-type: none"> <li>No payment structure unique to this type. See payment structures for <i>All Vendor Types</i> in Table 7.</li> </ul>	<ul style="list-style-type: none"> <li>No incentives unique to this type. See incentives for <i>All Vendor Types</i> in Table 7.</li> </ul>	<ul style="list-style-type: none"> <li>No performance metrics unique to this type. See performance metrics for <i>All Vendor Types</i> in Table 7.</li> </ul>	<ul style="list-style-type: none"> <li>Potential alignment of goals between vendor and LDSS.</li> </ul>	<ul style="list-style-type: none"> <li>No areas of improvement unique to this type. See weaknesses for <i>All Vendor Types</i> in Table 7.</li> </ul>
<b>OTHER PUBLIC SECTOR ENTITIES</b> (n=2)	<ul style="list-style-type: none"> <li>Some of these contracts included language that allowed the vendor to shift resources to other budget categories with prior approval.</li> </ul>	<ul style="list-style-type: none"> <li>Only one contract provided incentives, which included monthly performance reports on enrollment, hours of participation, credential attainment, job placement, and job retention.</li> </ul>	<ul style="list-style-type: none"> <li>Only one contract provided performance metrics, including employment, job retention, and higher wages.</li> </ul>	<ul style="list-style-type: none"> <li>Potential alignment of goals between vendor and LDSS.</li> </ul>	<ul style="list-style-type: none"> <li>No areas of improvement unique to this type. See characteristics for <i>All Vendor Types</i> in Table 7.</li> </ul>
<b>NATIONAL FOR-PROFITS</b> (n=6)	<ul style="list-style-type: none"> <li>There were variations in payment structure, including: payments tied to meeting performance metrics; outcomes having predetermined payout amounts; monthly fixed administrative fee; reimbursement for direct expenses incurred by participants.</li> </ul>	<ul style="list-style-type: none"> <li>Most of these contracts had no incentives.</li> <li>Two, however, had very thorough, true PFP models in which payments and bonuses were tightly aligned to performance metrics.</li> </ul>	<ul style="list-style-type: none"> <li>Only one contract had no performance metrics.</li> <li>All others had specific metrics related to WPR, job placement, job retention, etc.</li> </ul>	<ul style="list-style-type: none"> <li>The two contracts with incentives established accountability and encouraged placement into jobs with higher wages;</li> <li>For example: payouts for longer retention of full-time employment and securing employment with wages 25% higher than minimum wage.</li> </ul>	<ul style="list-style-type: none"> <li>Only two of the four contracts had incentives embedded in the contract.</li> <li>This is more problematic with for-profit contracts, because of goal misalignment (i.e., the goals of the for-profit vendor and the LDSS do not align).</li> <li>Some contracts seem to encourage rapid attachment to employment.</li> <li>The 16-week retention incentive is underpowered and misaligned with program goals.</li> </ul>

**Note:** More details available in *Appendix G Vendor Contract Analysis, by Contract*.

## **Pandemic-Era Service Delivery Changes**

In 2020, DHS—and the rest of the world—had to quickly adapt to a global pandemic that made the typical face-to-face service delivery model impractical. To adapt, the Department temporarily changed components of its service delivery model. For example, for a period of time, Maryland suspended work requirements and provided additional funds for the TCA grant (Shantz et al., 2023). This report highlights two pandemic-era service delivery changes. The first change this report highlights are interview waivers (FIA, 2020), which only recently ended in May 2024 (FIA, 2023). The second change this chapter highlights is virtual service delivery.

### ***Interview Waivers***

Maryland waived interview requirements for TCA benefits throughout the pandemic (FIA, 2020), only recently reinstating them (FIA, 2023). Although researchers did not specifically ask participants about interview waivers, the qualitative analysis revealed that this was an important piece of the service delivery model. Some participants had a positive perspective of the interview waiver. As one urban/suburban focus group participant shared, “I’m actually okay with not having to interview the customer simply because I find that a lot of times the TCA population may actually be experiencing a financial hardship where they may not have a cell phone by the time the interview comes around. So this delays processing...we still have the verifications requesting certain documents...” However, there were also participants who shared challenges with interview waivers, as shown in the staff voices callout. One focus group

participant noted an example of how the interview waiver resulted in both additional administrative burden and also denied applications. They shared:

“So...I will say as an intake worker...as much as I appreciate not having to do interviews every day and it helps speed up the process...with TCA specifically, it can be pretty challenging when it comes to if somebody's working or not...for example the system that we use, work number, it might show a customer active but then they may not currently be active at that moment...With TCA being very income sensitive and it's a lot lower than the SNAP amount, you know all those days [someone worked] make a huge difference...In fact, I had one yesterday. It was an online application where I went in, ran the report, it showed they were active at Amazon...I denied the application based on income. Come to find out, after I did that, she had uploaded a letter from the employer stating that she was no longer there effective a day before that, and so that caused me to have to go back and reopen their case....”

Overall, a consistent theme across jurisdictions was that staff perceive the interview waivers to be challenging and unhelpful. This was due to incomplete or inaccurate information on applications as well as difficulty with getting in touch with customers. Additionally, staff were no longer able to use the interview as an orientation to the TCA program to explain requirements and services. The perception among staff is that this, coupled with difficulty getting in touch with customers, led to providing lower-quality service and assistance.

 **STAFF VOICES**  
Interview waiver

“I’m actually okay with ***not having to interview*** the customer simply because I find that a lot of times the TCA population may actually be experiencing a financial hardship where they may not have a cell phone by the time the interview comes around. ***So this delays processing . . . .***”

-Urban/Suburban County Focus Group

“[Customers] sometimes are not comfortable filing for child support . . . ***I think that when doing interviews, you can explain [to] the customer what they need to do and the expectation.***”

-Rural County Focus Group

“The interviews for the cash assistance are kind of more needed than for the other programs, cause ***when doing the interviews, sometimes you find out a lot of stuff that you might not find out on the application*** or something like that. For example, if they have some kind of exemption from child support or something like that, you wouldn't know that by just looking at the application.”

-Rural County Focus Group

“I think the most interviews I . . . have to complete are online portal applications because they come through and ***there is significant information missing . . . I think for the TCA program we would prefer to have mandatory interviews.*** I think it causes more questions down the road for our ongoing TCA workers with having that aspect . . . it's sort of like a blank slate as we're handing it on to our TCA workers and we're ***not able to really discuss with them the requirements for child support, the requirements for substance abuse . . . . So it kind of blindsides them when they get that because they haven't had that conversation with the customer prior . . . .***”

-Rural County Focus Group

**Virtual Service Delivery**

In addition to the interview waivers, local departments began providing services virtually in 2020, to the extent possible. As shown in Figure 11, four in five staff report that they are still conducting eligibility interviews (81%) and recertification interviews (82%) virtually. Approximately two thirds of staff reported providing virtual assessments (64%) and case management (69%) as well. Virtual work activities were less common: only two in five (39%) of staff reported assigning recipients to virtual work activities.

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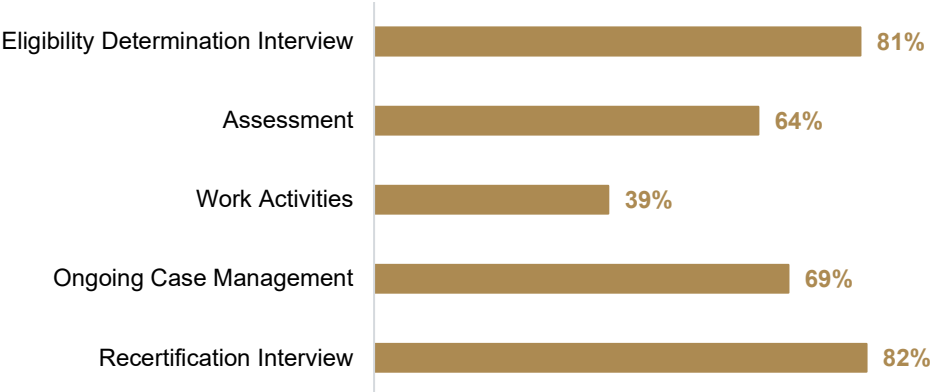
“We started the virtual orientation process at the onset of the pandemic . . . *virtual orientation continues to be effective by eliminating hardship[s] for these customers* . . . in terms of, travel commitment. So that's what . . . motivated us to continue with this process.”

*-Montgomery County Interview*

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**Figure 11. TCA Services Provided Virtually**

Percentage of staff (n=139) who reported providing the following services ***virtually***:



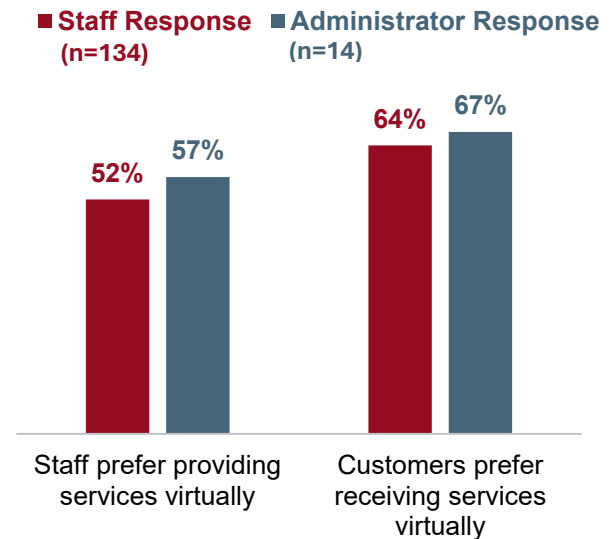
In this study, researchers explored staff's use of, comfortability with, and preferences for virtual service delivery. Between 50% and 60% of staff and administrators still prefer to provide services virtually (Figure 12). While representing a majority, it is not an overwhelming majority. On the other hand, approximately two thirds of both staff (64%) and administrators (67%) believe that TCA customers prefer virtual service delivery.

The qualitative analysis showed that virtual services are convenient, notably for customers in rural jurisdictions who have transportation barriers. For example, an LDSS administrator in a rural jurisdiction noted that offering certain virtual components is beneficial to the customer. They shared: "...for convenience purposes...we accommodate customers by phone and virtually and so forth because it's about them, to meet them where they are...We don't want our application process to be an additional barrier." In a focus group, a staff member from a rural jurisdiction noted that the work program has an in-person component; however, they maintain a flexible environment. They noted specifically, that "...If we have somebody who's in the rural part of the county and there's just no transportation for them, we would definitely make...reasonable exceptions...whether at Zoom or telephone or whatnot."

However, virtual service delivery also has its challenges. As shown in Figure 13, nearly three in five (56%) staff reported that virtual service delivery is challenging due to customers' unreliable access to phones, computers, or internet. A focus group participant in a rural county noted that due to this challenge, it is better for the customer to be served in person, sharing "...we also have issues with clients...having internet. So I think that it has been a more successful program for us to have them come in and be able to acknowledge them face to face and deal with the problems that they're having and barriers that they're

**Figure 12. Preference for Virtual Service Delivery**

Percentage of staff and administrators who **agreed** with these statements:



**Note:** Valid percentages are reported to account for missing data.

experiencing..." While some customers may have access to internet and a phone, the qualitative analysis showed that participating virtually can be difficult without a computer: "Some of the issues that we have with that are people just aren't comfortable using it. Maybe they never really had access to it until now, or the only access that they have is on their phone, which everything always I guess isn't formatted correctly, or they might not be able to kind of see as a whole because they only have that small device." In the survey, 16% of staff reported a lack of appropriate technology as a barrier to virtual service delivery (Figure 13).

Two additional challenges to virtual service delivery are technology errors and the overall quality of interactions with customers. Figure 13 shows that one in four (24%) staff reported errors with existing technology. Although the survey did not offer quality of customer interactions as a potential barrier to virtual service delivery, this finding emerged in the qualitative

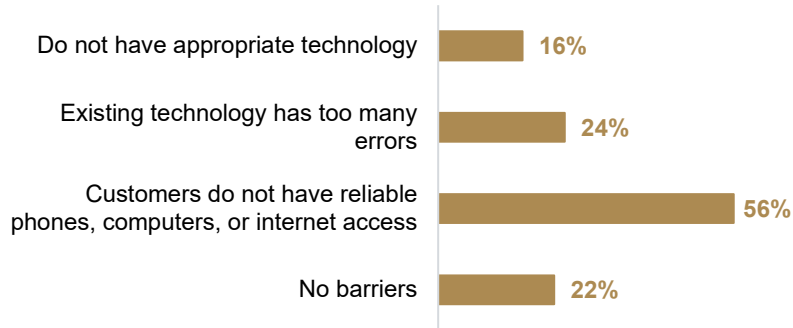


analysis. For example, a focus group participant noted that they "...make certain exceptions for phone assessments. But a lot of that body language and tone and just kind of open conversation that's done during the OWRA [assessment] is used to complete it. So we'd like to have them in

person..." As another example, a focus group participant from a rural jurisdiction shared that when offering a virtual work activity option, "...I've seen them kind of log on their computer and then you just don't see their face the rest of the time. And you're asking and they're not responding."

### Figure 13. Barriers to Virtual Service Delivery

Percentage of staff (n=139) who reported the following **barriers**:





## STAFF VOICES

Virtual service delivery

“ . . . for convenience purposes . . . we accommodate customers by phone and virtually . . . *it's about them, to meet them where they are . . . We don't want our application process to be an additional barrier.*”

*-Kent County Interview*

“Some of the issues we face is lack of participation. *I've seen people . . . kind of log on their computer and then you just don't see their face the rest of the time.* And you're asking [questions] and they're not responding.”

*-Rural County Focus Group*

“We will make certain exceptions for phone assessments. *But a lot of that body language and tone and just kind of open conversation that's done during the OWRA is used to complete it. So we'd like to have them in person . . . .*”

*-Rural County Focus Group*

“*Well, E&E itself has issues just on the consumer portal. It's not a consumer-friendly application . . .* I sat down with my friend who was doing his TDAP redetermination . . . and I felt stupid for not being able to do it. Like I've been doing this for years and years and I can't even get you to do it . . . we have so many errors in E&E . . . *it's known just come into the office and fill out a paper application.*”

*-Rural County Focus Group*

“*Some of the issues that we have with that are people just aren't comfortable using [virtual platforms].* Maybe they never really had access to it until now, or the only access that they have on is on their phone, which everything . . . isn't formatted correctly, or they might not be able to kind of see as a whole because they only have that small device.”

*-Rural County Focus Group*

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# ASSESSMENT TOOLS

Lauren A. Schuyler, Andrea Hetling, Krysten Garcia, Lily McFarland, & Juila Scott

Assessments are an integral part of the TANF program and are used by case managers to gather information from recipients. The use of assessments in cash assistance programs is a result of the transition from AFDC to TANF, which initiated work requirements and time limits. After an initial work-first approach, states transitioned to a tri-fold approach that combined work, increases in skills and education, and the provision of supportive services to address barriers to work (Holcomb & Martinson, 2002).<sup>39</sup> The federal perspective is that identifying employment barriers through assessment helps TANF recipients transition to employment more quickly (Thompson & Mikelson, 2001).

Following federal requirements, Maryland's TCA manual dictates that staff should complete assessments with TCA customers to identify their barriers (FIA, 2022, TCA Manual 204). After completion of the assessment, the case manager and recipient should develop the Family

## LOOKING FOR A SUMMARY OF THIS CHAPTER?

The *Executive Summary* provides a brief overview of this chapter. The *Strengths, Areas for Improvement, and Recommendations* chapter includes detailed strengths and areas for improvement by chapter.

Independence Plan. This document should include the recipient's goals, activities, and services that will help the recipient become self-sufficient (FIA, 2022, TCA Manual 205). Staff should also regularly update the plan whenever the recipient's circumstances change and at eligibility redetermination (FIA, 2022, TCA Manual 205).

Given Maryland's decentralized TANF program, each of the 24 jurisdictions have a choice in which assessment tool they use with TCA recipients. As discussed in the previous chapter, the majority of

## DATA SUMMARY

- This chapter includes a qualitative analysis of:
  - FIA's interview guidance for LDSS staff
  - Interview and focus group transcripts with LDSS and FIA staff
  - Each jurisdiction's primary assessment tool
- The authors examined the assessment tools through trauma-informed and anti-racist lenses. More details are available in **Appendix B**.

<sup>39</sup> Current federal law requires states to "make an initial assessment of the skills, prior work experience, and employability of each recipient who is at least age 18 or who has not completed high school (or equivalent) and is not attending secondary school" (Ensuring Recipients Work, 1999, CFR § 45.261.11). Further, states should develop an individual responsibility plan for each recipient that outlines a plan for transitioning to employment (Ensuring

Recipients Work, 1999, CFR § 45.261.12). PRWORA of 1996 requires both of these components; however, in the initial years of TANF, practitioners were more focused on the work-first approach. After finding this approach ineffective for recipients, practitioners shifted focus to identifying and addressing barriers (Holcomb & Martinson, 2002).

jurisdictions (n=19) opt to use the OWRA, an assessment tool created through a collaboration between OFA—the office that oversees the administration of TANF—FIA, and UMSSW (Born et al., 2010; see Appendix J). Maryland participated in a pilot test of the tool from 2006 to 2007 to identify areas of concern and provide recommendations for adjustments (ACF, n.d.-a; Born et al., 2010). Combined with results from other pilots across states and Indigenous tribes, OFA concluded that OWRA was a “comprehensive assessment with thorough questions and recommendations that helped create work opportunities for TANF participants....The tool also provided a user-friendly, effective roadmap providing detailed information to guide employment planning for participants” (ACF, n.d.-a, p. 2). Notably, since 2020, OFA no longer offers the OWRA on their website (ACF, n.d.-b), though the reason is unclear.

Although the OWRA tool is the predominant tool used in Maryland, a few jurisdictions (n=5) created their own assessment tools. These jurisdictions adapted the OWRA to fit their jurisdiction’s needs and make the tool more succinct. Specifically, Caroline, Dorchester, Frederick, Howard, and Washington counties all use in-house, customized assessment tools.<sup>40</sup>

To satisfy legislative requirements, this chapter provides an analysis of the assessment tools Maryland uses with TCA customers. Specifically, it aims to explore the extent to which the assessment tools are trauma-informed, empowering, and anti-racist. The first section of this chapter provides the trauma-informed analysis of the assessment tools. This section aims to determine how the assessment tools and interview guidance are aligned with trauma-informed care principles. The second section provides the findings from the anti-

racist analysis. Both sections address empowerment of assessment tools.

### **Assessment Tools: Trauma-informed Analysis**

To evaluate the OWRA and in-house assessment tools, the authors of this chapter used established trauma-informed care frameworks and tools. According to trauma theory, trauma disrupts an individual’s sense of safety, control, and capacity to cope and can have a significant impact on an individual’s psychological and emotional health (Herman, 1997). A traumatic event can be acute, such as a car accident or natural disaster, or chronic such as domestic violence or child abuse. Trauma-informed care is a framework applied to organizations and includes four pillars. Trauma-informed organizations and programs (1) realize the widespread impact of trauma; (2) recognize its signs and symptoms; (3) integrate trauma-related knowledge into policies and procedures; and (4) resist re-traumatization (SAMHSA, 2014). In order for human services to align with the needs of survivors of trauma, programs must recognize the impact of trauma on human functioning and develop appropriate and effective service delivery models (Quiros & Berger, 2016).

Experiences of poverty are often intertwined with experiences of trauma. By definition, experiences of street homelessness and material deprivation can be traumatic. Moreover, low-income neighborhoods are often more likely to have higher crime rates and violence. Exposure to trauma is particularly concerning for children, as such experiences can lead to psychological issues, toxic stress, and over time, reduced executive functioning (Adams et al., 2018; Evans & Kim, 2013; McCrory et al., 2017). The psychological impact of trauma can increase the likelihood of poverty (e.g.

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<sup>40</sup> In-house assessments are not publicly available.

Cambron et al., 2015), resulting in a cyclical relationship between the two experiences. Thus, integrating trauma-informed care into TANF agencies is a critical step in ensuring services are well-matched with those who have various challenges, such as current or past domestic violence, adverse childhood experiences, community violence, or experiences of homelessness. Working with families who have had or are having traumatic experiences can also negatively impact staff who may experience secondary traumatic stress or burnout (e.g., Bride, 2007). Trauma-informed care in TANF agencies can thus benefit both families and staff (Hetling, 2019).

The U.S. Department of Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has issued extensive guidance and resources on trauma-informed care and developed the now commonly-used six principles of trauma-informed care. Organizations can use these six principles as a guide to operationalize the trauma-informed care framework in their policies and practices. The six principles (defined in Table 9 below) include: (1) ensuring physical and emotional safety; (2) establishing trustworthiness and transparency in care; (3) allowing for peer support between beneficiaries; (4) incorporating collaboration and mutuality into decision making; (5) fostering empowerment, voice, and choice among beneficiaries and staff; and (6) practicing sensitivity to cultural, historical, and gender differences (SAMHSA, 2014).

A recent and growing body of research demonstrates the applicability and positive impact of trauma-informed care principles in TANF programs, including evaluations of creative intervention programs with the key trauma-informed principles at the core of their design. For example, a study that evaluated the implementation of Trauma Screening, Brief Intervention, and Referral to Treatment (T-SBIRT) at a local employment service agency demonstrated a positive effect on mental health, when compared to individuals that did not receive exposure to the T-SBIRT program (Topitzes et al., 2022). Another study assessed the impact of a trauma-informed program with peer support and financial education modules. Compared to individuals with lower program attendance, researchers found that individuals with higher program attendance had decreased symptoms of PTSD, feelings of economic hardships, and alcohol use (Dugan et al., 2020).

To meet the charge of determining if assessment tools are trauma-informed, the authors of this chapter utilized the Trauma-Informed TANF Evaluative Toolkit (Hetling, 2019). This Toolkit was developed by one of the primary authors of this chapter as part of a Peer-Based Training and Technical Assistance (Peer TA) initiative funded by OFA. Table 9 adapts Tool 1 of the Toolkit (Hetling 2019, Tool 1, pp. 13-14) and describes the six trauma-informed principles along with areas of consideration for each in TANF-related settings.

**Table 9. Definitions and Applications of Trauma-informed Care Principles to the TANF Program**

Principle	Definition (from SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)	Areas of Consideration for TANF Agencies
<i>Safety</i>	The recipient feels physically and emotionally safe. This is in the context of the physical environment and the ways in which interpersonal conversations promote a sense of safety for the recipient and the interviewer. Safety should also be defined by the recipient themselves and there should be space for the recipient to express feelings of safety and/or lack thereof.	<ul style="list-style-type: none"> <li>• Accessibility of exits</li> <li>• Physical and emotional safety</li> <li>• Agency space</li> <li>• Privacy and confidentiality</li> <li>• Safety plans</li> <li>• Location of services</li> <li>• Do the program requirements put recipients in unsafe situations?</li> </ul>
<i>Trustworthiness and Transparency</i>	Formal procedures are created and decisions are made with full transparency and with the goal of building and maintaining trust between the recipient and those who are serving them.	<ul style="list-style-type: none"> <li>• Clear, understandable communication of rules, expectations, and boundaries</li> <li>• Explanation of the reasons for rules</li> <li>• Universal and consistent application</li> <li>• “Right of Recipients”</li> <li>• Staff training on ethics, boundaries, and expected behavior</li> </ul>
<i>Peer Support</i>	Recipients are invited to collaborate and seek support from their peers. In the context of trauma-informed care, “peers” can be defined as other individuals that share the experiences directly and indirectly related to trauma. This can include individuals within their lives who are experiencing the same instances of trauma, such as children or family members, or those who have experienced their own forms of trauma, not directly related to the adverse experiences of the recipient.	<ul style="list-style-type: none"> <li>• Agency spaces: waiting rooms, classrooms, etc.</li> <li>• TANF programs and services</li> </ul>
<i>Collaboration and Mutuality</i>	There is a recognition and clear attempt to level uneven power dynamics between recipient, service providers, and anyone else included in the process. There is also shared power in decision making and the recipient as the ability to collaborate with the service provider to create goals and make decisions that best fit their healing needs.	<ul style="list-style-type: none"> <li>• Systems integration and coordination between and among systems of care</li> <li>• Communication among staff and coaching by supervisors</li> <li>• Case management and communication with recipients</li> </ul>



Principle	Definition (from SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)	Areas of Consideration for TANF Agencies
<i>Empowerment, Voice, and Choice</i>	The organization and individuals within the organization provide the recipient with the ability to engage in choice and encourage them to participate actively in the healing of their trauma. Recipients are empowered to consider their personal strengths and weaknesses and develop their plan of action with these considerations. Those serving the recipient provide space for personal reflection and prompt them to voice their concerns and set goals that are personalized to their strengths, goals, and healing plan. Service providers also promote the development of self-advocacy skills for those not comfortable with the skill. Staff are also empowered by the organization to make choices and adapt their support style based on their strengths and the strengths of their recipient.	<ul style="list-style-type: none"> <li>• Systems integration and coordination between and among systems of care</li> <li>• Communication among staff and coaching by supervisors</li> <li>• Case management and communication with recipient</li> </ul>
<i>Cultural, Historical, and Gender Issues</i>	The organization actively and intentionally moves away from cultural stereotypes and biases, offers access to gender responsive services, acknowledges the value in existing cultural healing and leverages this value in providing support, remains cognizant of existing historical trauma, incorporates existing policies created to promote racial, ethnic, and cultural equity and understanding.	<ul style="list-style-type: none"> <li>• Extent to which diversity is valued and supported</li> <li>• Awareness of culture and importance of incorporating this importance in daily and organizational practices</li> <li>• DEI (Diversity, Equity, &amp; Inclusion) training</li> <li>• Language access</li> <li>• Office and waiting space decorations and materials</li> </ul>

**Note:** This table is adapted from the TANF Trauma-Informed Evaluative Toolkit (Hetling, 2019, p.13-14). Questions about the Trauma-informed Care framework and domains should be directed to Andrea Hetling, one of the authors of this chapter.

The authors conducted the trauma-informed analysis in two steps. First, they conducted a broad review of the TCA manual and FIA action transmittals to understand the purpose and context of assessment practices in Maryland, including state-level expectations. Second, they conducted a detailed review of seven documents, including TCA Manual 202 (FIA, 2022), which provides guidance on interviewing,<sup>41</sup> and all assessment tools utilized in Maryland as of July 2022 (i.e., OWRA and in-house assessments for the five jurisdictions that do not use the OWRA). This chapter provides overarching findings, while document-specific analyses can be found in Appendix H.

Lastly, the trauma-informed section of this chapter presents findings from a survey of

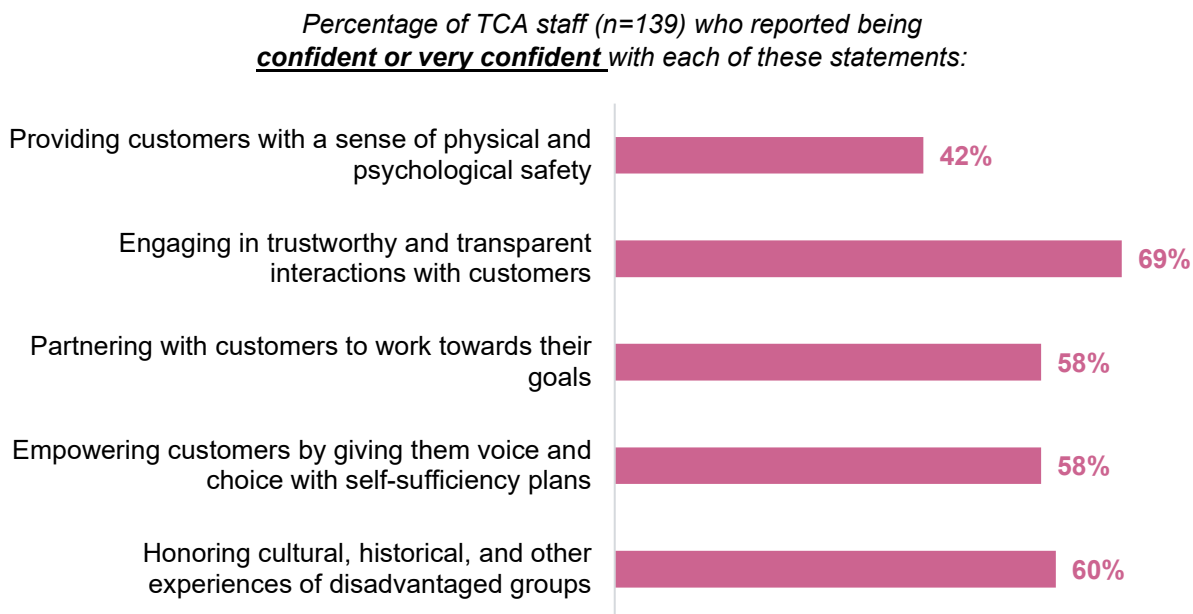
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See Appendix H for more details about assessment-specific findings for each trauma-informed principle.

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TCA staff (n=139) and administrators (n=15), specifically questions that probed confidence in implementing trauma-informed practices with customers. While results are shown below in Figure 14, the discussion of findings is embedded throughout this draft and discussed in combination with the principles provided in Table 9. For more details regarding the survey administration, please see Appendix B.

**Figure 14. Staff Confidence in Implementing Trauma-informed Practices for TCA Customers**



The findings from this figure are discussed throughout this section.

<sup>41</sup> While the purpose of interviews is generally to determine eligibility, this guidance can also be relevant to assessments. Focus groups with staff revealed that in some cases, the assessment process

starts during interviews. The authors did not analyze the TCA manual section on assessment for this chapter because it does not include specific assessment guidance.

## Safety

The prioritization of safety, in both an emotional and physical sense, is a key element in ensuring that a policy, program, or interaction is trauma-informed. The principle of safety was addressed differently in the interview guidance and assessment tools. The interview guidance (FIA, 2022) encourages the interviewer to ensure the recipient is in an emotionally and physically safe space before conducting the interview. However, no assessment tools include questions about the physical or emotional safety of recipients directly related to completing the assessment. However, they do all probe safety concerns in the recipients' life. For example, four assessment tools ask recipients if they have concerns about their own safety (as a reminder, you can see individual assessment analyses in Appendix H). Washington County's assessment tool asks about fear of seeking employment and

Caroline County's tool asks about fear of someone hurting the recipient. These findings are summarized in Table 10. While these questions about broader safety concerns are important, Maryland could improve the tools by including an immediate inquiry about present safety as well as regular check-ins that ensure the recipient is safe throughout the assessment process. These may be especially important when conducting assessments over the phone, during which the recipient may be in an unsafe environment.

Figure 14 provides staff confidence in using trauma-informed practices with customers. When asked about their level of confidence in providing customers with a sense of psychological and physical safety, two fifths (42%) of staff reported being either confident or very confident. This lack of confidence may be in part a reflection of poor integration of safety checks throughout assessment tools.

**Table 10. Alignment of Assessment Tools with the Safety Principle**

How can this principle be implemented in assessment tools?	Maryland Findings
<ul style="list-style-type: none"> <li>Safety check-ins included at the beginning of the assessment tool and throughout the assessment process</li> </ul>	<ul style="list-style-type: none"> <li><b>No assessment tools</b> include check-ins about the safety of the individual to complete the assessment.</li> <li>Four tools ask general questions about whether the individual is concerned about their own safety or the safety of a family member.</li> <li>Washington County's tool and Caroline County's tool ask more specific safety questions (i.e., whether the individual is afraid to seek employment or afraid someone might hurt them).</li> </ul>

### **Trustworthiness and Transparency**

Trust building between recipients and case managers is integral to ensuring recipients are able to answer honestly and engage fully in the assessment process. One of the greatest examples of this principle in practice is the inclusion of a thorough purpose statement at the beginning of an assessment tool. The purpose statement serves as an opportunity for the case manager to describe the structure and goals of the assessment, as well as provide any other pertinent information that might increase trust between recipients and case managers. For example, it could describe the relevance of questions as related to TCA services, potential sensitivity of topics, potential consequences of answering certain questions, and address confidentiality concerns. Table 11 summarizes the findings for Maryland’s assessment tools.

Dorchester County’s tool is the only tool that includes a purpose statement. It is possible that case managers in other jurisdictions communicate the assessment’s purpose verbally to the customer, but this analysis does not capture this. Although not a purpose statement, Caroline County’s assessment tool does include a section on expectations of the customer and case manager. In addition, the OWRA sometimes explains the reasoning behind certain questions. Across all tools, there also was an overall lack of opportunity for trust building and information sharing between the recipient and case manager.

When asked about their confidence in engaging in trustworthy and transparent interactions with customers, more than two thirds (69%) of staff expressed being confident or very confident (Figure 14). This represents the highest level of confidence among staff out of all the trauma-informed principles.

**Table 11. Alignment of Assessment Tools with the Trustworthiness & Transparency Principle**

<b>How can this principle be implemented in assessment tools?</b>	<b>Maryland Findings</b>
<ul style="list-style-type: none"> <li>Including a thorough purpose statement to provide transparency and build trust</li> </ul>	<ul style="list-style-type: none"> <li>Most tools do not include a purpose statement. Dorchester County’s assessment tool <b>is the only tool</b> that includes a brief purpose statement at the beginning of the tool.</li> <li>The OWRA lacks a purpose statement, but occasionally does explain the reason for asking certain questions.</li> <li>Caroline County’s assessment tool lacks a purpose statement but does include an agreement at the end of the tool outlining the expectations of the individual and case manager.</li> </ul>

## **Peer Support**

Peer support, in which individuals are provided with opportunities to collaborate with and seek support from peers, is another important aspect of trauma-informed care. None of the assessment tools include aspects of peer support. However, as assessments are private, the process does not allow for an integration of peer-to-peer experiences or conversations, and it may not be appropriate to include peer support in the assessment process unless customers express an interest. Thus, tables in Appendix H do not include an analysis of this principle. Researchers did not survey staff about this principle; however, the *Evidence-based and Innovative Practices* chapter provides an analysis of how the TCA program incorporates peer support.

## **Collaboration & Mutuality, and Empowerment, Voice, & Choice**

This section provides findings related to two principles in tandem. The collaboration and mutuality principle encourages the case manager and recipient to engage in collaborative discussion and decision making. Empowerment, voice, and choice is a closely related principle that entails formal inclusion of language and sections that are meant to empower recipients to engage in reflection. Moreover, the empowerment, voice and choice principle includes engaging recipients in decision making that aligns with their individual desires and strengths. Open-ended questions as well as a strength-based perspective supports empowerment. Assessment tools that embody both of these two principles could include opportunities for recipients to work with case managers to explore their interests, goals, and future plans. Coaching models and practices hold promise in creating TANF programs that are better aligned with these two principles. The *Evidence-based and Innovative Practices*

chapter discusses these models in more detail. The location of questions that reflect these principles is slightly less important than that of a safety check or purpose section. Rather, it is important to have numerous points in the assessment where a recipient can express their voice and work collaboratively with their case manager.

Guidance on interviewing partially embraces these principles by encouraging the use of broad, open-ended questions, as well as opportunity for recipients to ask questions. Table 12 summarizes the findings for how the assessment tools reflect these principles. Unlike other principles, these principles are featured to some degree in every assessment. Some tools ask specifically about goals, and Caroline County's assessment includes a planning section to determine steps to accomplish goals. Assessments that do not directly ask about goals still include opportunity for general discussion about personal interests and/or use open-ended questions to encourage more feedback from recipients. However, the assessments generally limit questions about goals and interests to those that relate to employment. Furthermore, the assessments generally do not clearly encourage recipients to participate in decision making that aligns with their goals, strengths, and interests. Maryland could improve the assessment tools by providing sufficient formal questions that invite collaboration to allow recipients to fully express their voice and choice.

Overall, three fifths of staff were confident or very confident with these principles. When asked how confident they were in collaborating with recipients in working toward their goals, 58% reported feeling either confident or very confident (Figure 14). Similarly, when asked how confident they were in empowering customers by giving them voice and choice, 58% reported being confident or very confident (Figure 14).

**Table 12. Alignment of Assessment Tools with both the Collaboration & Mutuality and Empowerment, Voice, & Choice Principles**

<p>How can these principles be implemented in assessment tools?</p>	<p>Maryland Findings</p>
<ul style="list-style-type: none"> <li>• Opportunity for collaboration, goal setting, and planning</li> <li>• Questions allow individuals to express their voice and participate in decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Caroline County’s assessment <b>is the only tool</b> that includes a section that specifically asks recipients what their goals are and what steps they want to take to accomplish those goals.</li> <li>• The OWRA and Frederick County assessments encourage recipients to share their interests but do not include questions specifically about goals.</li> <li>• The Washington County and Dorchester County assessments include questions about employment-related goals.</li> </ul>

### **Cultural, Historical, and Gender Issues**

The last trauma-informed principle aims to acknowledge and address important cultural, historical, and gender-based barriers. For example, assessment tools could include questions that probe cultural, historical, and gender-based experiences that may impact a person’s well-being and barriers to employment. In this sense, this principle relates strongly to anti-racist principles that are discussed in the next section of this chapter. Table 13 summarizes the findings for this principle. Two assessment tools ask about the need for a language interpreter and all tools

include questions that explore a recipient’s social/community experiences. However, assessments do not provide sufficient background information that might better describe the relationship between culture, gender, and history and how it impacts an individual’s employment experience. Reiterating an earlier finding, assessment tools generally lack safety check-ins, which would be helpful when asking recipients about potentially sensitive topics, such as domestic violence. Three fifths (60%) of staff reported they were confident in honoring cultural, historical, and other experiences of disadvantaged groups (Figure 14).

**Table 13. Alignment of Assessment Tools with the Cultural, Historical, & Gender Issues Principle**

<b>How can this principle be implemented in assessment tools?</b>	<b>Maryland Findings</b>
<ul style="list-style-type: none"> <li>• Questions that probe cultural, historical, and gender-based experiences that may impact a person’s well-being and barriers to employment</li> <li>• Opportunity to discuss the connections between these experiences and barriers to employment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>All assessment tools</b> ask questions about social/community experiences, such as domestic violence and homelessness.</li> <li>• <b>No assessment tools</b> make clear the connections between these social experiences and culture, history, or gender identity.</li> <li>• Dorchester and Frederick County’s assessment tools ask about the need for a language interpreter.</li> </ul>

## Assessment Tools: Anti-Racist Analysis

### Author's Statement:

*The anti-racist portion of this chapter has been authored by the first author of this chapter, who identifies as White. She consulted with colleagues who identify as individuals of color. The author acknowledges her position of privilege, ingrained biases, and subjectivity inherent in her analyses and interpretations. She welcomes and encourages feedback and further discussion.*

The final section of this chapter explores assessment tools through the lens of structural racism to determine if the tools are anti-racist. The term *anti-racism* describes the “process of actively identifying and opposing racism” by changing “the policies, behaviors, and beliefs that perpetuate racist ideas” (Cherry, 2023, para. 1). The term *anti-racist*, then, typically refers to a person who actively engages in this process of identification and change (Kendi, 2019).

To explore whether an assessment tool should be described as anti-racist requires one to first revisit structural racism. *Structural racism* is the system of racial bias across society that advantages White individuals while creating and perpetuating

oppressiveness and barriers to opportunities that improve well-being for people of color (Braveman et al., 2022; Racial Equity Tools, n.d.; National Museum of African American History & Culture, n.d.).<sup>42,43</sup> In contrast with the overt racism of the Jim Crow period, structural racism acknowledges that the systems, structures, and institutions perpetuating racial oppression are covert and embedded into everyday life, often void of explicit racial terminology (Bonilla-Silva, 1997). Structural racism specifically encompasses the role of socially constructed structures such as laws, policies, practices, and established norms that are the building blocks of systemic oppression and inequalities. As Braveman and colleagues note, for people of color, the “opportunities denied include access to good jobs with benefits; safe, unpolluted neighborhoods with good schools; high-quality health care; and fair treatment by the criminal justice system” (2022, p.172). In sum, structural racism acknowledges that racism is built into the fabric of American society and that it creates compounded disadvantages for people of color. Creating racial equity at a structural level, then, requires embedding equity as a principle throughout systems, processes, and decisions, effectively changing how government currently operates (Rudiger, 2022).

To determine if the assessment tools the local departments use are anti-racist,

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<sup>42</sup> Systemic, structural, and institutional racism are often conflated, resulting in heterogeneity in both the definition and measurement of racism (Adkins-Jackson et al., 2022).

<sup>43</sup> In recent years, structural racism has received increased attention (de Souza Briggs & McGahey, 2022), and public health and medical communities have declared structural racism as a public health crisis. Examples of this declaration include statements from the American Public Health Association (n.d.), the Centers for Disease Control and Prevention (2021; 2023), and the Association of Schools and Programs of Public Health (2020). In addition to these declarations, the federal government has committed

to advancing racial equity throughout government and dismantling racial disparities in policies and practices (Rudiger, 2022; Exec. Order No. 13,985, 2021). One way in which they have illustrated this commitment is ensuring that, for the first time in history, the National Institutes of Health deployed funding opportunities to advance the science of structural racism (Dean & Thorpe, 2022). This federal commitment is also apparent in other federal agencies, such as ACF. ACF (2022), which administers the TANF program, has committed to assessing how its programs and policies perpetuate systemic barriers for families of color.



researchers must be able to essentially measure the complex construct of structural racism. Measurement of structural racism has largely been attempted in the health equity spaces (Jahn, 2022; Adkins-Jackson et al., 2022; Hardeman et al., 2022). Researchers typically measure structural racism using both unidimensional and multidimensional measures that are imperfect and they typically rely on secondary data sources (Wien et al., 2023). Notably, this field is still young, and there is no scientific consensus on *how* to measure structural racism, and no single measure (e.g., scales, indexes, indicators) can fairly represent the totality of what this construct represents (Jahn, 2022). What is clear, though, is that measures of structural racism depend on the specific study parameters and research questions (Jahn, 2022; Wien et al., 2023).

Using adapted definitions from historian Dr. Ibram X. Kendi (2019), a *racist* assessment tool might produce or sustain racial *inequity* between racial groups whereas an *anti-racist* assessment tool might produce or sustain racial *equity* between racial groups. To be anti-racist, the developers of a tool must first acknowledge the racist legacies of the program for which it is used (see Floyd et al., 2021). An assessment that is anti-racist, then, might yield information that allows case managers to collaborate with families of color to develop independence plans that remove obstacles to employment and education, focus on the family as a

whole, and connect families to community resources to address barriers.<sup>44</sup>

To meet the charge of determining if assessment tools are anti-racist, the authors consulted the literature. Table 14 provides a list of considerations and criteria—formulated as questions—that could be used to evaluate if TCA assessment tools are anti-racist. The authors used Critical Race Theory as a guiding framework.<sup>45</sup> And developed this list of criteria after reviewing the cited references. Notably, some of these criteria also align with a trauma-informed approach. The table segments criteria by type, focusing on *who*, *what*, *how*, and *does* questions that can help evaluate if the tools are *anti-racist*. The authors evaluated each FIA-approved assessment tool using these criteria.<sup>46</sup>

As discussed previously, most jurisdictions in Maryland utilize the OWRA tool to assess TCA customers, and five jurisdictions utilize in-house, customized assessments. Appendix I provides anti-racist analyses of each assessment tool utilized in Maryland as of July 2022. Specifically, each table in the appendix explores the *who*, *what*, *how*, and *does* questions proposed in Table 14. Overall, the analysis of each individual assessment tool revealed that all assessment tools contained anti-racist components; however, all assessment tools have opportunities for improvement.

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<sup>44</sup> The authors adapted this list from a list of impacts to expect when adopting anti-racism principles (Cherry, 2023).

<sup>45</sup> There are misconceptions about what Critical Race Theory is and what it is not (Gordon, 2021) and the term can be politically divisive (Cobb, 2021; George, 2021). Critical Race Theory is the study of relationships among race, racism, and power (Delgado & Stefancic, 2023): it posits that structural racism exists and is embedded into culture and offers a theoretical framework for examining the structural nature of race and how these structures are

maintained and disenfranchise marginalized groups (Gordon, 2021). Therefore, this theoretical framework offers a way to explore if an assessment tool is anti-racist.

<sup>46</sup> Without additional sufficient time for an in-depth investigation into these racial constructs and advanced analyses on how they are embedded throughout Maryland's TANF program, the result is a surface-level analysis. And, ultimately, any measurement or assessment of structural racism is a simplification of the complexity under which it operates (Wien et al., 2023).

**Table 14. Considerations in Evaluating Assessment Tools through an Anti-racist Lens**

The questions in this table were developed by the first author of this chapter using the following sources and Critical Race Theory <sup>47</sup> as guiding frameworks.	
<b>WHO</b>	<b>SOURCES</b>
Who is positively impacted or better off by using the assessment?	Rudiger (2022); Dundore (2017)
Who is negatively impacted or left behind by using the assessment?	Rudiger (2022); Dundore (2017)
Who holds the power in the assessment process?	Obias & Yoko-Young (2021); National Equity Project (n.d.)
<b>WHAT</b>	<b>SOURCES</b>
What assumptions guide the assessment?	Rudiger (2022); Wien et al. (2023)
What norms and values are prioritized in the assessment?	Rudiger (2022)
What are the burdens and benefits of the assessment?	Rudiger (2022); Dundore (2017)
What outcomes does the tool seek to achieve?	Rudiger (2022)
What barriers may impact access to the assessment?	Dundore (2017); National Equity Project (n.d.)
What are the potential unintended consequences of the assessment?	National Equity Project (n.d.); Hawn Nelson et al., (2020)
<b>HOW</b>	<b>SOURCES</b>
How is the assessment linked to goals/outcomes?	Rudiger (2022)
How does the assessment include the recipient's choice and voice?	Rudiger (2022)
How safe is it for different people to share their truth in this assessment?	National Equity Project (n.d.)
How did the development of this tool include the community served by it?	Rudiger (2022); Dundore (2017); Hawn Nelson et al., (2020)
<b>DOES</b>	<b>SOURCES</b>
Does this assessment collect only what is necessary for its context?	Hawn Nelson et al., (2020)
Does the assessment address the needs of the entire family?	Minoff et al. (2020)

A summary of findings across all tools is provided below. This summary provides an overarching review of the strengths and areas for improvement across tools, highlighting themes and unique features of some tools.

**Strengths**

- Largely, the assessment tools focus on collecting information about customers' past and present circumstances to help case managers identify barriers to employment and provide referrals to supportive services. For example, the OWRA as well as the Frederick and Howard County tools ask questions

specific to potentially unsafe situations, physical, and mental health challenges customers face.

- The OWRA provides a comprehensive background on previous education and training experiences as well as barriers. Further, the OWRA provides the most comprehensive screening for domestic violence, including questions that can help identify different types of abuse.
- Some of the in-house tools *succinctly* address the major barriers customers may face to self-sufficiency.
- Some tools ask about interests, non-interests, personal strengths, and goals

<sup>47</sup> See important footnote 45 about Critical Race Theory on previous page.

related to education and careers. Caroline and Frederick County tools are the best examples of this. The Caroline County tool has a unique feature in that it includes a section for outlining steps that can be taken to achieve goals and dates for these steps, which also gives the customer power in the assessment process. Some other in-house assessments also give opportunities for voice and choice to some degree.

- Compared to the OWRA, all in-house tools are shorter, which may better serve customers with comprehension or executive function challenges. This also benefits staff who may find shorter tools less burdensome. For Caroline County, the customer has the power over the amount of time spent on the assessment. In an interview with a staff member, they shared that “depending on how the conversation goes with the client...the assessment can take 15-20 minutes or it can take 45 minutes. It just depends on how they want to go into it.” Notably, the Howard, Frederick, and Dorchester County tools appear to strike a balance between comprehensiveness and succinctness.
- Some assessment tools ask a few questions about other members in the household, such as children and other adult recipients. However, these questions are rare and limited in scope.
- In-house tools generally use simplified language that is easy to understand.

### ***Areas for Improvement***

- The assessment tools do not include confidentiality clauses, and it’s unclear if the absence of this impacts customers’ comfortability with answering sensitive questions in the assessment.
- While the head-of-household (or primary applicant) on the case receives substantial attention in the assessment, the tools generally do not include many, if any, questions about other adults or

children in the household. In other words, the needs of the family as a whole are not addressed. There are a few exceptions to this, however. For example, the OWRA tool has a few questions related to child well-being.

- Some tools assume customers should be comfortable answering in-depth personal questions that may be irrelevant to the provision of benefits or the work program. These questions may elicit feelings of shame and embarrassment. For example, the OWRA and a few in-house tools ask about specific details related to *past* addiction challenges and also asks about current prescription medications, including dosages. Unnecessary questions may discourage customers from sharing their truth or from continuing with the application or redetermination process, thereby reducing access to benefits.
- There is limited opportunity to explore goals and outcomes. Many tools do not provide the opportunity for the individual to take ownership in their journey.
- The length of the OWRA tool and some of its complex language may be challenging for customers with comprehension or executive function challenges. Additionally, the length of tools may be burdensome and frustrating for both customers and case managers, as further demonstrated in the *Staff Voices* callout.
- While there are benefits to simplified questions, brevity could sacrifice the quality of services provided. For example, the in-house assessment tools generally do not give case managers the opportunity to explore potential mental health or domestic violence barriers customers face of which they may not be aware (e.g., different types of abuse). Conversely, a more thorough screening, such as provided in the OWRA, may be able to better identify these.

- Case managers generally have the power over the assessment process. Notably, they ask intrusive questions and have approval of good cause exemptions and provision of benefits.
- One in-house tool requires customers to sign a behavioral agreement as part of the process, showing an imbalance of power. This same tool requires the customer to agree to “stay positive,” which may minimize the impacts of past or current trauma. While there is a case manager agreement as well, the customer’s behavioral agreement is more restrictive.
- Terms and language within tools may benefit from revisions. For example, in the Washington County and Dorchester County assessment tools, questions that use the term homelessness could provide the DHS definition of homelessness to ensure the tool accurately captures customers facing housing insecurity. Three jurisdictions could also revise the use of the term *absent parent*, given the racist legacy of the term (Rambert, 2021; Smith, 2017).
- Some tools do not screen for potential reading, writing, and memory challenges that may impact career opportunities. To that point, one tool expects customers to remember specificities such as detailed dates for all employment and training experiences.
- The OWRA places substantial value on identifying substance abuse. In the 43-page tool, the substance abuse section has the second-highest number of questions, surpassed only by questions related to employment experience. The number of questions may be unnecessary and stigmatizing, notably given that drug use among TANF recipients is lower than the general population (Staufenberg, 2015).
- As described in the *Program Design* chapter, TANF families were not

consulted in the development of the OWRA assessment. Some jurisdictional leadership shared that in-house assessments were developed based on the OWRA, suggesting that TANF families were not consulted in the development of in-house tools either.



## STAFF VOICES

OWRA

“They really had just a work program assessment, but it wasn't detailed enough and when we started using the OWRA, which is what the state had recommended, it really *gave us information that we needed to plan well with customers and look at them holistically* across all areas of their lives.”

-Cecil County Interview

“We here in Kent have used various [assessments] over the years and *we really liked doing the OWRA, but that was time consuming for not only customers and staff . . . it was thorough and I like that piece.*”

-Kent County Interview

“But *we decided not to use the OWRA one because it was very . . . long and there was a lot of aspects that didn't necessarily go with our county* and where we're at and the things that are around us . . . .”

-Rural County Focus Group

*"We'll do it by telephone, the OWRA's. [But] we really like to do [it] in person and will strongly encourage adult members to come in."*

-Rural County Focus Group

## Summary

Embedding trauma-informed care and anti-racist principles into public human services is a critical approach to meeting the needs of low-income families. Maryland's assessment tools incorporate some of these approaches, but all fall short of truly embodying a trauma-informed and anti-racist approach. The power dynamic between staff and customers that is embedded into the assessment process and tools, while a necessary element in human service program delivery, is noteworthy and not balanced with an empowering or collaborative approach to working with customers. Moreover, differences among the various tools, and thus experiences of recipients across jurisdictions, may potentially lead to inequitable outcomes across the state.

These findings altogether suggest that Maryland should focus on creating an assessment tool informed by trauma-informed and anti-racist principles. Further, Maryland should create a tool in partnership with staff and customers. Table 15 includes a list of guiding questions written by the first author of the chapter for consideration when developing a new tool through an anti-racist lens but is not intended to be an exhaustive list of considerations. In addition to Table 15, the remaining authors provide some specific recommendations for how to incorporate trauma-informed principles into an assessment tool. While recommendations for program improvement have their own chapter at the end of this report, these assessment recommendations are specific to the *design* of an assessment tool rather than overarching recommendations for program improvement. Therefore, this chapter provides design-related recommendations.

### Trauma-informed Assessment Tool Design Recommendations

- Include a safety check at the beginning of the assessment that considers all forms of safety. This should include a

section where the interviewer asks the recipient if they have any physical or emotional safety concerns and a section where the interviewer makes it clear that the recipient is encouraged to express if their feelings of safety have changed over the course of the interview.

- Include a clear purpose section immediately following the safety check-in. This statement should include the goals of the interview, the topics that will be discussed, and transparency over the potential emotional toll that these topics might take on the recipient. Including this information at the beginning of the assessment ensures that the recipient has full knowledge of the process and helps build trust. An index of topics can serve as a complement to this section.
- Include consistent short subsection purpose statements. Subsection purpose statements serve to remind the recipient of the upcoming topic. They should include the relevance of the topic to the overall goals of the assessment, any definitions of relevant vocabulary, and a warning about sensitive topics. There should be consistency in the application of subsection purpose statements. Moreover, all sections that include potentially sensitive topics should be clearly defined, connected to the purpose of the assessment, and use culturally sensitive language.
- Include a section focused explicitly on goal setting as a major focus of the assessment. The inclusion of a goal setting section would strengthen alignment with multiple principles. The goal setting section should provide dedicated space and time for the recipient to express their individual needs and goals based off of their answers to previous questions. This section should be completed collaboratively, with interviewers guiding the recipient based off of their personal evaluation but should also encourage

individual thought throughout this section. This section could include three or four major goal areas that the recipient wants to address, as well as space for short- and long-term goal setting that might fall under the three to four areas.

- Revise DHS interview guidance to ensure it aligns with trauma-informed and anti-racist principles and is aligned with assessment tools.

**Table 15. Assessment Design Considerations**

### ASSESSMENT DESIGN CONSIDERATIONS

- How do you include families in the design of the assessment tool to ensure it reflects their needs and desires?
- What are the advantages and disadvantages of jurisdictions using a standardized or in-house tool?
- To what extent should assessment tools be standardized across jurisdictions, if at all?
- What is the most important focus of the assessment? For example: barrier documentation, goal and objective setting, etc.
- What are the primary and secondary purposes of the assessment?
- How are customers' privacy and confidentiality honored in the information they divulge? How are confidentiality and privacy protections communicated?
- What assumptions should the tool make?
- How does each question serve identified purposes?
- Which questions are necessary for the provision of benefits and compliance with federal and state policy?
- How does a tool balance legislatively required components (e.g., substance abuse), with respecting the individual and acknowledging the vulnerability and sensitivity of such questions?
- How specific should questions be? For example: details about criminal history, prescribed medications, physical and mental health challenges.
- How comprehensive and specific do past employment and education questions need to be?
- How extensive should questions be to correctly identify individuals in vulnerable circumstances? For example: individuals experiencing homelessness and individuals experiencing abuse.
- Is it appropriate, and when, to provide customers with employment/industry options that may interest them? If not, how should questions about careers be structured?
- How are assessments directly linked to customers' goals and outcomes? How do you include customers' voice and choice in those goals?
- What are appropriate goals and objectives for a customer to have? Who decides what is an appropriate goal?
- How does the tool serve families as a whole?
- Does the tool use language individuals can understand, regardless of educational background?
- Does the tool limit stigmatizing language and questions that could elicit feelings of shame and embarrassment?
- How does a tool strike a balance between necessary specificity and length, knowing customers may struggle with comprehension or executive functioning due to trauma?
- Is there a power imbalance between customers and those administering the assessment? How are customers given power in the process?
- Does the assessment incorporate the relevant historical and cultural context?

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# EQUITY IN POLICY IMPLEMENTATION

Krysten Garcia, Lauren A. Schuyler, Haley Smith, & Letitia Logan Passarella

This chapter focuses on equitable implementation of several policies and processes in the TCA program. This is a new avenue of analysis for Maryland’s TCA program. Therefore, the authors of this chapter relied on legislation, discussions with FIA, and existing equity-related research and literature to guide analyses. The authors consulted with FIA to narrow the focus, as assessing every TANF/TCA policy and its implementation for every type of individual was not feasible for this review. To that end, this chapter explores equitable implementation related to the following policies and processes: (1) assessments; (2) referrals for work and supportive services; (3) good cause exemptions for work, child support, and time limit requirements; and (4) sanctioning. For each policy and process, this chapter segments findings by the following subgroups: (1) race/ethnicity; (2) age; (3) disability status; (4) urban, suburban, or rural residence; (5) citizenship status; and (6) primary language.

To explore if policies and processes are implemented equitably, it is important to define equity and illustrate what equitable implementation may look like in practice. Table 16 provides a description of equity, including several definitions across multiple fields of work. Importantly, equity is different from equality. *Equality* denotes that all individuals receive the same treatment without awareness of or attention to

## LOOKING FOR A SUMMARY OF THIS CHAPTER?



The *Executive Summary* provides a brief overview of this chapter. The *Strengths, Areas for Improvement, and Recommendations* chapter includes detailed strengths and areas for improvement by chapter.

differences in needs or outcomes. In contrast, the multiple definitions of *equity* emphasize an intentional effort to identify and eliminate disparities between social groups, which may include differential treatment based on a social group’s unique background and needs. In discussing what it means to truly have equitable implementation of policies, Metz et al. (2021) notes that while “a blueprint for equitable implementation does not yet exist....The core elements for equitable implementation include building trusting relationships, dismantling power structures, making investments and decisions that advance equity, developing community-defined evidence, making cultural adaptations, and reflecting critically about how current implementation science theories, models, and frameworks do (or do not) advance equity” (para. 2). According to this description, equitable implementation goes beyond exploring individual policies and services and requires broader, systemic efforts.

## DATA SUMMARY

- This chapter includes a quantitative analysis of:
  - Administrative data from SFY 2023 including data on the OWRA assessment completion, assignment to work activities, barrier removal codes, and sanctions for non-compliance with work and child support requirements
  - Analysis of a survey administered to TCA staff and administrators
- This chapter also includes a qualitative analysis of DHS action transmittals, the TCA manual, jurisdictional PASS plans, jurisdictional civil rights standard operating procedures, and staff/administrator interviews and focus groups.

See **Appendix B** for more details.

**Table 16. Definitions of Equality and Equity**

<b>EQUALITY ≠ EQUITY</b>	
<b>Equality</b>	<b>Equity</b>
<p>Each group of people is given the <i>same</i> resources or opportunities (Milken Institute of Public Health, 2020).</p>	<p>Each group of people is given the exact resources and opportunities needed <i>based on their unique circumstance</i> (Milken Institute of Public Health, 2020).</p> <p>Equitable implementation involves <i>explicit attention to the history, assets, and needs</i> of each group of people (Metz et al., 2021).</p> <p>This includes fair, just, and impartial treatment of individuals, including by <i>assessing and addressing disparities or disproportionalities between social groups</i> (ACF, 2023; Baltimore Racial Justice Action, 2016).</p> <p>Equity is achieved when the identities assigned to historically oppressed groups no longer act as the most powerful predictor of how one fares. <i>Policies and practices that reinforce or fail to eliminate disproportional outcomes by group identity are eliminated</i> (Baltimore Racial Justice Action, 2016).</p>

To determine equity of implementation, this chapter examines treatment of different groups of recipients and takes into account, when possible, how this treatment relates to their unique characteristics and needs. Table 17 provides a helpful guide for understanding how implementation of policies could be equitable or inequitable. Sometimes, equal treatment may be warranted to achieve equity. For example, the top left quadrant of the table describes how program recipients with limited English proficiency should have equal access to high-quality translation services, regardless of what language they speak or other characteristics they possess. This would be both equal and equitable. However, there are cases in which equal treatment would not be appropriate and would be inequitable. The example provided in the top right quadrant describes a scenario in which recipients with and without English proficiency are referred to the same work activities. Those with limited English proficiency may not be as successful in these activities. For example, if they are referred to activities that require substantial conversational engagement, but they do not receive translation accommodations, and/or they have not received any English education prior to participating, they will likely face significant language barriers to success.

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*“Even if clients technically receive equal services, these services may not be equally beneficial for all clients. For example, children for whom English is a second language may receive the same services and instructions as their peers . . . but they may show less academic gain because of language barriers.”*

*-Racial Disparities in Human Services Programs (McDaniel et al., 2017)*

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In order to promote success for those with limited English proficiency, equitable implementation, as shown in the bottom left quadrant, would entail differential treatment that takes into account these needs. Lastly, there are cases in which implementation can be both unequal and inequitable, as shown in the bottom right quadrant. Often this captures disparities between groups. For example, if recipients with limited English proficiency do not comply with work requirements at a similar rate as those with English proficiency, equitable treatment would entail that both groups receive similar rates of financial penalties (i.e., sanctions) for non-compliance. If, however, recipients with limited English proficiency were

sanctioned more, that would constitute inequitable treatment. This could result from discrimination by those who implement the sanctioning policy. In sum, evaluating equity involves analyzing how implementation of policies and processes matches up with the needs and experiences of different groups.

While *equality* of implementation may be apparent, it may not always be possible to determine if implementation is equitable or inequitable, as this would require understanding the needs and experiences of groups.

**Table 17. Crosswalk of Equality and Equity**

	Equitable	Inequitable
Equal	<p><b><u>EQUAL AND EQUITABLE</u></b></p> <p>All recipients with limited English proficiency are provided equal access to high-quality translation services.</p>	<p><b><u>EQUAL AND INEQUITABLE</u></b></p> <p>Customers with limited English proficiency are referred to the <i>same</i> work activities as customers with English proficiency, without providing any English education or translation.</p>
Unequal	<p><b><u>UNEQUAL AND EQUITABLE</u></b></p> <p>Customers with limited English proficiency are referred to <i>different</i> work activities than customers with English proficiency that better suit their needs (e.g., ESL education or work activities that don't require English proficiency). Or, they may be referred to the same work activities, but with translation services included.</p>	<p><b><u>UNEQUAL AND INEQUITABLE</u></b></p> <p>Customers with limited English proficiency are <i>disproportionately</i> sanctioned for non-compliance with work requirements than customers with English proficiency (i.e., non-compliance rates are similar for both groups, but customers with limited English proficiency are sanctioned more).</p>

Previous research related to equity in TANF often focuses on racial equity. CBPP, in particular, has outlined how TANF is rooted in racism. They describe how perceptions of Black women as lazy and undeserving of government assistance contributed to policies that were race-neutral on the surface but have disproportionately excluded and harmed Black individuals (Schott et al., 2021; Meyer et al., 2022; Floyd et al., 2021; Pavetti et al., 2023). For example, Black families have been disproportionately denied TANF benefits on the basis of not having a *suitable home* (Meyer et al., 2022). Moreover, states with larger populations of Black children tend to have strict eligibility requirements that limit the program's reach to children in poverty (Schott et al., 2021), and Black women are penalized for non-compliance with TANF more than White women (Pavetti et al.,

2023). This last finding has been replicated in several studies (e.g., Kaplan et al., 2022), including an experiment where case managers were shown identical cases that only differed in the race of the individual (Pavetti et al., 2023). Similarly, a recent study in Minnesota found that Indigenous families were more likely to be penalized for TANF non-compliance compared to White families (OPRE, 2023). This exemplifies how race-neutral policies can reinforce racial discrimination and racial inequity.

Research on inequity by citizenship status, primary language, disability status, age, and geographic type is more limited. Studies often focus on inequity in *access* to programs, rather than *treatment* as a program participant. For example, Finn-Velasquez et al. (2021) describes how limited English proficiency and fear of

deportation are barriers in accessing TANF, particularly for Hispanic families. This highlights how ethnicity, language, and citizenship status can be closely intertwined. When examining geographic type, a recent study found that the political affiliation and

gender diversity of county leadership across the U.S. is correlated with the inclusion of punitive TANF policies (McBrayer, 2020). See the box below for information about equity beyond TANF.

### ADDITIONAL INFORMATION ON EQUITY

Although beyond the scope of this report, racial inequity is also built into programs and institutions beyond TANF. For example, a history of discrimination leading to poorer housing and resource distribution in Black compared to White neighborhoods is reflected today in differential access to resources that can improve self-sufficiency (e.g., education, employment, internet access) (Flagg, 2020). The *Outcomes Disaggregated by Race & Ethnicity* chapter continues this discussion of racial inequity, particularly related to employment and earnings. McDaniel et al. (2017) sums up how multiple forces of discrimination can result in racial inequity:

***“the research does suggest that there are factors both internal to the service delivery system, such as worker bias and discretion or location of services, and external, such as employer discrimination or nonstandard work hours, that can lead to racial and ethnic disparities in access, treatment, and outcomes.”***

Research in other human services programs reveals inequity among the subgroups on which this chapter focuses. For example, when looking at differences by age, a recent study found that older adults have limited access to SNAP due to administrative burdens (Herd, 2015). Another study looking at access to SNAP found that the inclusion of work requirements in the program led to decreased participation among people with disabilities (Brantley et al., 2020). This finding was replicated in a study looking at the effects of Medicaid work requirements, in which people with disabilities who could not work faced challenges related to the narrow definition of disability, the burden of obtaining medical records, and a lack of insurance (Pavetti et al., 2023). Some researchers and disability advocates believe that the notion of disability as binary—either you have a disability or you don’t—is outdated. They argue that it can contribute to stigma, harm, and less access to support for those who have a less medically severe or visible disability (Pavetti et al., 2023; Gerst & Schwitzman-Gerst, 2020; Jawadi, 2022). This chapter presents disability status as binary due to the limitations of administrative data.

Though there has been some research related to inequities in TANF, particularly related to racial inequities, this work is still at the beginning stages. For example, ACF recently released an opportunity for funding for up to eight state or local TANF programs to complete an equity-focused data analysis project (Warkentien, 2024). However, the project examples ACF provided included analyzing disparities in treatment or outcomes. This type of work, while important, is still the beginning stage of an equity analysis, as it does not necessarily address the broader, systemic context. This context is critical, as it is not always possible to determine whether observable, unequal treatment constitutes inequitable implementation. McDaniel et al. (2017) notes that when taking into account certain factors among groups, such as age and work history, some studies do not find differences in outcomes. Differential outcomes may therefore be a result of existing differences between groups, rather than a result of a flaw in how policies are implemented in programs (McDaniel et al., 2017). Analyses also often do not center the lived experience of people participating in programs, which is essential to studying and advancing equity (Parekh & Angeles-Figueroa, 2023; Flagg, 2020).

**Given that this type of research is still in its infancy, the charge to examine equitable implementation of Maryland TCA policies and processes is a challenging one.** As such, this chapter explores how key TCA policies and processes are implemented across several groups of TCA recipients, and notes where implementation may be equitable or inequitable. This analysis is an important first step to understanding how Maryland TCA customers with different backgrounds experience the TCA program, and the findings can contribute to the ongoing attempts to improve equity within TANF. This work may also help inform programs that are embarking on their own equity analyses through ACF's funding opportunity.

Importantly, the analyses in this chapter do not include perspectives from TCA recipients, which, as previously discussed, is key to advancing equity (Parekh & Angeles-Figueroa, 2023; Flagg, 2020). Given that H.B. 1041 (2022)—the impetus of this report—requires individuals with lived experiences to provide feedback on the final report, the authors are confident that these voices will be uplifted and reflected in the final recommendations DHS considers. The *Dissemination and Feedback Plan* chapter has more details about the dissemination plan to present findings and collect feedback.



## Assessment Process

As described in the *Assessment Tools* chapter, routine assessments with TANF customers resulted from PRWORA reforms that initiated work requirements and time limits. These reforms led to a focus on identifying employment barriers through assessment to help TANF recipients transition to employment as soon as possible (Thompson and Mikelson, 2001). The TCA manual dictates that an assessment should be completed when an individual begins receiving TCA to identify their barriers (FIA, 2022a, TCA Manual 204). After completion of the assessment, the individual should develop the Family Independence Plan with their case manager, which should include the individual's goals and the activities and services that may help them achieve their goals and become self-sufficient (FIA, 2022a, TCA Manual 205). The plans should routinely be updated both if the household's circumstances change and during eligibility redetermination (FIA, 2022a, TCA Manual 205).

To evaluate equitable implementation of the assessment process, the authors reviewed internal and publicly facing documents, examined administrative data, and conducted interviews and focus groups with staff and administrators. This review showed that the goal of the assessment process is generally aligned with policy and its historical purpose. The assessment aims to identify an applicant/recipient's employment barriers, skills, goals, and interests to be used in the development of an individualized Family Independence Plan. The purpose of the assessment does not differ by subgroup, but rather, allows individualized results based on needs and goals. This is aligned with the principles of equity, which take into account group needs and experiences when delivering services.

The type of assessments, and sometimes the processes, vary by jurisdiction. As described in the *Assessment Tools* chapter, 19 jurisdictions use the OWRA and five jurisdictions use a custom assessment designed internally by that jurisdiction, often adapted from the OWRA. The assessment tools vary in the extent to which they are comprehensive, trauma-informed, anti-racist, and empowering (see the *Assessment Tools* chapter for more details). These variations indicate that the skills, needs, and goals of recipients are captured differently based on the jurisdiction in which they reside. Furthermore, the assessment tools vary in the extent to which they assess whole-family needs, such as child well-being, with all tools largely focusing on just the applicant.

***The type of assessment used and who conducts the assessment varies by jurisdiction.***

Urban/suburban jurisdictions more often utilize vendors to conduct assessments, while rural jurisdictions conduct them in house.

***Assessments are conducted over the phone or in person.*** Case managers prefer in-person assessments for customers with limited English proficiency due to communication challenges.

Jurisdictions also vary in *who* conducts the assessment: urban/suburban jurisdictions more often utilize contracted vendors to conduct work-related assessments. The *Program Design: Part II* chapter discussed how some jurisdictions contract with vendors to administer work activities. These vendors sometimes use additional assessments to determine recipients'



barriers and skills. For example, one of Montgomery County’s vendors uses Core Academic Skills Assessments (CASAS), which evaluates academic functioning and language skills. This assessment is particularly useful because it is used to measure educational gains for participants of WIOA<sup>48</sup> trainings (CASAS, n.d.). Customers who do not live in a jurisdiction that uses a vendor may not receive the benefits provided by these more nuanced assessments.

These first two findings suggest that there are geographic inequities in the implementation of the assessment process. However, this is the hallmark of a decentralized program, where programs are county administered and state supervised. As discussed in the *Introduction*, Maryland is one of a handful of states with a decentralized TANF program, which means there are, in effect, 24 separate TCA programs (i.e., jurisdictions design their own cash assistance programs within the confines of state and federal policy). Examining the pros and cons of centralized and decentralized programs is beyond the scope of this report.

The review of the assessment process also showed assessments are conducted over the phone or in person. Jurisdictions prioritize flexibility for customers by giving them multiple options to complete the assessment. This seems to be equitable, as it allows customers to choose the option that works best for them. For example, one focus group participant who works across multiple jurisdictions noted that customers with limited English proficiency tend to complete assessments in person, as case managers have communication challenges over the phone.



## STAFF VOICES

Conducting assessments

*“We can do either [phone or in-person] . . . Whatever works for the customer and helps kind of resolve some of their barriers too.”*

*-Allegany County Interview*

*“The influx comes when there’s a immigrant population and it’s more difficult to do it over the phone . . . although we do use the translate services, but that’s the only time . . . right now that any of my jurisdictions are doing [an] in-person work participation assessment.”*

*-Rural County Focus Group*

*“They go over what barriers they have. [The customer and case manager] come up with resources together; they make a plan of how they’re going to overcome some of those barriers. They turn them into goals, and they set time frames with those goals.”*

*-Carroll County Interview*

*“We’re really starting to delve into talking with our customers about what really are your goals, what do you want to do with your life? How can we help you? What do you want to get out of this?”*

*-Harford County Interview*

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<sup>48</sup> WIOA (Workforce Innovation and Opportunity Act) was passed in 2014 to help job seekers, including

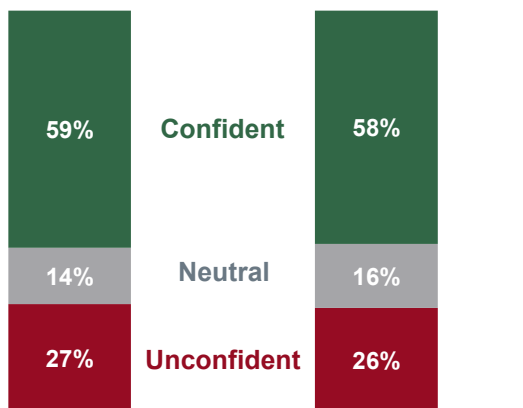
TANF recipients, access employment and training services.

The staff survey reveals how confident staff feel in conducting assessments and tailoring independence plans based on assessments. Figure 15 displays these results: almost three fifths of staff reported being confident or very confident in conducting assessments (59%) and tailoring the Family Independence Plan based on the assessment (58%). Although a positive finding, roughly one in four staff were unconfident in their abilities to do this, suggesting opportunities for training.

**Figure 15. Staff Confidence Related to the Assessment Process**

How confident do you feel in . . .

1. *Conducting assessments to identify customer strengths and barriers?*
2. *Tailoring Family Independence Plans based on these assessments?*



1. Conducting Assessments 2. Tailoring Independence Plans

A potential equity concern in the assessment process could include differences in assessment *completion* by subgroup. This next section explores this analysis for the OWRA assessment, as administrative data capture OWRA responses for payees (individuals applying for/receiving TCA on behalf of their

household). Completion can be either full (every question is answered) or partial (at least one question is answered). Though this section refers to payees completing the OWRA, in general, case managers administer the OWRA. Non-completion is likely a result of case managers not administering the assessment or payees choosing not to participate. The reason for non-completion cannot be determined with the administrative data.

In SFY 2023, roughly one in five (19%) payees on the case completed part or all of the OWRA assessment (among those who live in the 19 jurisdictions who use the OWRA).<sup>49</sup> As all payees are supposed to be given an assessment, it is noteworthy that the majority seem not to complete even part of the OWRA. However, it is possible that for some payees, the OWRA is completed on a hard copy that is not captured in the administrative data. To evaluate if completion differed by subgroup, this chapter provides the percentage of payees within each subgroup who had a partially or fully completed OWRA. The callout below describes the definitions for each subgroup and can be referenced for all of the administrative data analyses in this chapter.

In SFY 2023, (19%) of adult TCA payees (n=4,765) had a partially or fully complete OWRA assessment.

<sup>49</sup> This analysis examines completion in the previous five years. Some payees may have completed an assessment before or after this time period.

## SUBGROUP DEFINITIONS FOR ADMINISTRATIVE DATA ANALYSES

**Race & Ethnicity** is captured in the administrative data system. Categories include:

*Asian, Black, Hispanic/Latinx, Indigenous Peoples, White, and Other*

Indigenous Peoples includes individuals who identify as Native American, American Alaska Native, Native Hawaiian, or other Pacific Islander. Other includes non-Hispanic/Latinx individuals who also do not identify as any of the above listed races.

**Primary Language** is captured in the administrative data system. Categories include:

*English, Spanish, and Other* primary language. The other category is comprised of over 37 different primary languages, such as Arabic, Portuguese, and Russian.

When primary language for adult recipients was unknown (n=4,689), researchers made an assumption that the primary language was English.

**Disability Status:** Researchers coded adult recipients as disabled if they had a documented long-term disability lasting more than 12 months at any point in SFY 2023. The non-disabled status includes recipients who never received the long-term disabled status in SFY 2023.

**Citizenship Status** is captured in the administrative data system. Categories include:

*Citizen*, in which an adult is a U.S. citizen;

*Legal Alien\**, which represents an adult who is foreign born but legally admitted to the United States, and;

*Naturalized Citizen*, which represents an adult who has become a U.S. citizen through the immigration process.

Researchers coded all recipients with an unknown status (n=1,699) as a U.S. Citizen.

**Geographic Type** is based on authors' analyses of urban, suburban, and rural geographic definitions (see **Appendix B**). Maryland jurisdictions are divided into three categories:

*Urban* includes Baltimore City;

*Suburban* includes Anne Arundel, Baltimore, Harford, Howard, Prince George's, and Montgomery Counties;

*Rural* includes all other jurisdictions not classified as urban or suburban.

**Age** is an adult recipient's age during their first month of TCA receipt in SFY 2023. Categories include:

*Opportunity Youth* who are adult recipients ages 16-24;

*Adults* who are ages 25-59, and;

*Older Adults* who are ages 60 or older.

\*The authors use the term *legal alien* because it is the language used in the administrative data system.

Figure 16 displays OWRA completion by race and ethnicity. The percentage that completed part or all of the OWRA differed widely for this subgroup. Almost one quarter (23%) of Black payees completed part or all of the OWRA, followed by White (13%), Indigenous (13%), Hispanic/Latinx (6%), and Asian (4%) payees. It is possible that these differences indicate a bias among case managers that Black payees have more barriers to employment and therefore need to be assessed (whereas Asian payees, comparatively, have fewer barriers and do not need to be assessed).

Figure 17 displays completion for the remaining subgroups. Completion differed by primary language, in which a similar percentage of English-speaking payees (19%) and payees who speak a language other than English or Spanish (21%) completed part or all of the OWRA. However, only 2% of Spanish-speaking payees completed part or all of the OWRA. This may reflect immigration-related fears. For example, fear of deportation of household members has been found to discourage Hispanic individuals from engaging in TANF (Finno-Valesquez et al., 2021). Figure 17 also shows that there are differences by disability and citizenship status. A higher percentage of disabled payees (33%) completed part or all of the

OWRA, compared to non-disabled payees (19%). It is possible that disabled payees may have noted their disability during the application process and were then more likely to be assessed to determine their barriers. When looking at citizenship status, a much higher percentage of citizens (21%) completed part or all of the OWRA, compared to legal aliens (2%) and naturalized citizens (8%). Notably, refugees, who are included in the legal alien category, receive additional services through the Maryland Office for Refugees and Asylees (MORA), operated by DHS. It is possible that refugees are being assessed by MORA's resettlement centers instead of the LDSS.<sup>50</sup>

Lastly, completion differed by geography and age. A higher percentage of payees in urban jurisdictions (34%) completed part or all of the OWRA, compared to 11% of suburban payees and 16% of rural payees. When looking at age, 20% of adults completed part or all of the OWRA, compared to 16% of opportunity youth and 3% of older adults. As the assessment is geared towards identifying barriers to employment, case managers may feel it is more appropriate for adults than youth or older adults.

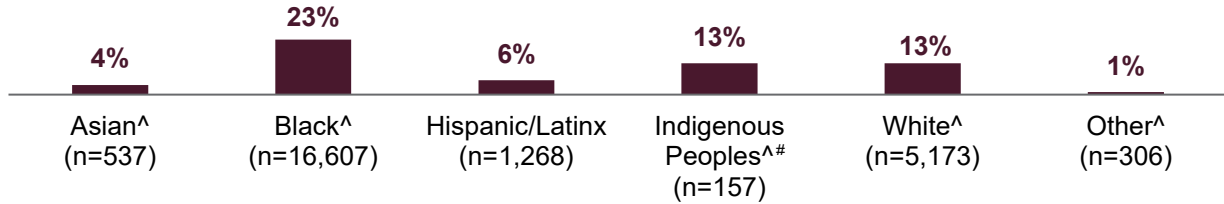
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<sup>50</sup> There are several resettlement centers throughout the Baltimore metropolitan area, Washington area,

and Frederick area that administer TCA for refugees (MORA, n.d.).

**Figure 16. Percentage of Payees with a Partially or Fully Completed OWRA Assessment by Race & Ethnicity, SFY 2023**

*Among payees who live in a jurisdiction that administers the OWRA assessment*



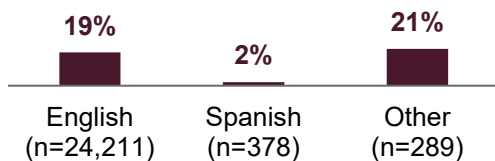
**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes payees who identify as Native American, American Alaska Native, Native Hawaiian, or other Pacific Islander. Race and ethnicity information represents the head-of-household. Race or ethnicity information was missing for 830 payees. Valid percentages are reported to account for missing data.

**Interpretation Example:** Percentages represent the number of payees living in a jurisdiction using the OWRA assessment who were administered at least part of the OWRA assessment. For example, in SFY 2023, 23% of all Black payees were given at least part of the OWRA assessment compared to 13% of all White payees.

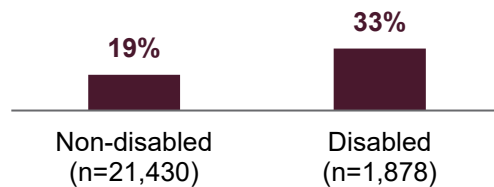
**Figure 17. Percentage of Payees with a Partially or Fully Completed OWRA Assessment by Subgroup, SFY 2023**

*Among payees who live in a jurisdiction that administers the OWRA assessment*

**Primary Language**

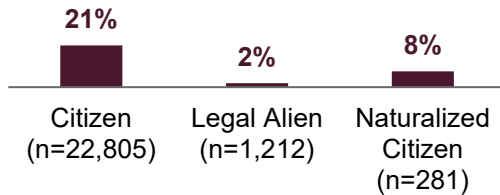


**Disability Status**



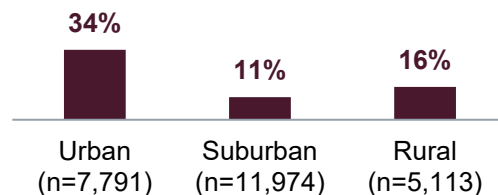
**Note:** Disability status was missing for 1,630 cases. Valid percentages are reported to account for missing data.

**Citizenship Status**

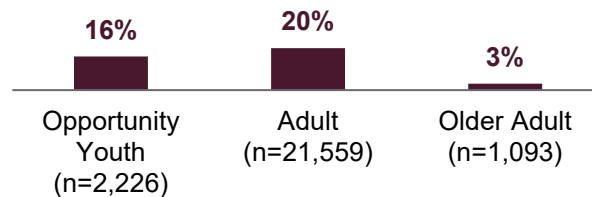


**Note:** This analysis excludes payees who were not eligible for TCA based on citizenship status (n=615). Valid percentages are reported to account for missing data.

**Geographic Type**



**Age Category**



Appendix K further illuminates subgroup differences in OWRA completion. This appendix table shows how completion differed across each *category* of questions. These categories include questions focusing on health, drug use, domestic violence, employment status, skills, and barriers to employment (see Appendix J for a copy of the OWRA tool).

Notably, the percentage of payees who completed drug and alcohol use questions was often higher than the percentage that completed other categories. For example, a majority (89%) of urban payees completed the drug and alcohol use section. Comparatively, less than 35% of urban payees completed other categories of questions, such as mental health challenges. While the TCA manual does dictate that substance use should be assessed, it also states that other areas such as employment readiness, interests, and domestic violence should be assessed (FIA, 2022a). It is not clear why there is a heavier emphasis on substance use.

***Overall, drug and alcohol use questions had the highest rates of completion across all categories of questions.***

In some cases, emphasis on substance use questions did not differ by payee characteristics. For example, almost three quarters of both non-disabled (74%) and disabled (73%) payees completed the drug and alcohol use section, while percent completion was lower for every other category of questions. In other cases, there were differences within subgroups, notably for race and ethnicity. Nearly four fifths (79%) of Black payees completed the drug and alcohol use section, compared to a lower percentage of Asian (72%), Indigenous (70%), Hispanic/Latinx (53%), and White (49%) payees. The higher completion of this section among Black payees was true for most jurisdictions, so it

cannot be attributed to differences in residence by race and ethnicity. It could, however, be indicative of biases about the connection between race and ethnicity and drug use. Higher drug use among Black compared to White individuals is a common stereotype that has been repeatedly disproven (Equal Justice Initiative, 2021). The prioritization of these questions, especially for Black payees, is noteworthy.

Unlike Baltimore City, suburban and rural jurisdictions did not have extreme differences in drug and alcohol use completion compared to other categories. Still, about three in five (59%) payees in suburban jurisdictions and half (51%) of payees in rural jurisdictions completed this section. Rural jurisdictions seem to emphasize employment status: 84% of rural payees completed this section, while percentage completion was lower for every other category of questions.

In sum, there are differences in *how* assessments are completed and *which* assessment tools are used across jurisdictions. Based on analyses, the process as a whole seems to be equitable in that it aims to accommodate customers and identify their unique skills, goals, and barriers. The exception to this is that the different assessment tools used across jurisdictions may be inequitable, with varying success in carrying out the intended purpose of the assessment. In addition, the quantitative analysis reveals inequity in the completion of the OWRA assessment. A higher percentage of Black, English-speaking, and disabled payees, as well as citizens and adults, completed part of all of the OWRA. Drug and alcohol use questions were completed more often than other questions, especially for Black payees and payees residing in Baltimore City. On the other hand, rural jurisdictions more often completed questions related to employment. Altogether, these findings show that OWRA are completed differently by subgroup, and, notably, there are differences in which questions case



managers ask payees (or payees complete). All payees should receive a comprehensive assessment to identify their skills and barriers to inform independence plans. The absence of a comprehensive assessment likely results in plans that are general rather than tailored to an individual's unique circumstances, hindering their potential success.

### **Referral Process for Work Activities**

This section provides an evaluation of the referral process staff use to refer customers to work activities. As described in the *Program Design: Part I* chapter, recipients are *generally* required to participate in work activities to receive TCA, with some exceptions. Appendix E provides the federally defined work activities in which customers may engage. This section first provides the results of the qualitative analysis of the work referral process. Following this discussion, this section provides a quantitative analysis exploring *who* case managers assign to overarching categories of work activities.

Similar to the assessment process, the referral process differs by jurisdiction due to differences in the service delivery model. As shown in the *Program Design: Part II* chapter, some rural jurisdictions that deliver services in house utilize case managers and other local-level staff to either administer or refer recipients directly to work activities. They also regularly collaborate with other workforce development partners, such as American Job Centers or community colleges, to connect recipients with work activities. In contrast, jurisdictions that solely contract with vendors refer recipients to the vendors who handle all administration of and referrals to work activities. Some jurisdictions use a hybrid approach.

The *Program Design: Part II* chapter provides a more detailed overview of these models, including strengths and challenges of each approach. The chapter also includes an evaluation of vendor contracts. One challenge staff discussed was that

vendors have less comfort and experience with serving populations that require a high level of support and barrier remediation services. This may mean that certain TCA recipients, including those with disabilities and limited English proficiency, may not be best served by vendors.

Regardless of the service delivery model a jurisdiction employs, staff aim to individualize work activities based on assessment results. For example, in an interview with a staff member in Cecil County, which has an in-house program, the staff member discussed how a recipient could be working on barrier removal if their assessment identified barriers or they could be connected with an education program if that was a goal expressed during the assessment. The *Program Design: Part II* chapter and staff voices box provide additional examples of ways jurisdictions may refer customers to activities based on their needs and employment readiness.

#### ***Referral processes for work activities vary by jurisdiction.***

All jurisdictions collaborate with local workforce development partners. Urban/suburban jurisdictions often also choose to contract with a vendor to assist with work activity referrals, while many rural jurisdictions do not have vendors.

#### ***Jurisdictions use assessments to make individualized referrals to work activities.***

Some jurisdictions use specific pathways to refer customers to activities based on their needs and employment readiness.



While the referral process aims to tailor work activities for all recipients, the qualitative analysis showed that jurisdictions prioritize opportunity youth in service delivery. For example, Maryland's WIOA State Plan (Maryland Department of Labor et al., 2020) identifies youth as a special population to focus on; in accordance with this, DHS requires jurisdictions to describe in their PASS plans what services they will provide to youth in TCA families (see the *Program Design: Part I* chapter for more information about PASS plans). Moreover, summer employment programs and career development services are common across all jurisdictions. For example, Harford County collaborates with their parks and recreation department to offer an outdoor-based summer employment program. The qualitative analysis also showed that both Prince George's County and Baltimore County use their vendors to provide career counseling and employment services specifically for youth. Notably, researchers did not ask staff or administrators about youth services in focus groups and interviews, and administrative data do not capture participation in these programs. Thus, it isn't clear how engaged youth are in these services.

### JURISDICTION HIGHLIGHT

*Harford County offers a unique summer employment program for youth:*

"The Civil Job Corps (CJC) is a six-week program for disadvantaged or at-risk youth offering job and life skills training while engaging the youth in conservation service projects in Maryland State Parks. The program uses the power of nature and outdoor experiential activities to enrich the lives of youth and foster an environmental stewardship ethic in the participants."

*-Harford County PASS Plan*



### STAFF VOICES

*Individualizing referrals*

"Following that assessment, the family independence plan is created and *we have different tiers within our work program where we may be sending the customer based on what was assessed* . . . maybe they just need to go straight to the job developer and they're ready for work . . . they may actually need more assistance where they may have educational background or hardships and work with our caseworkers and the work program . . . to get barriers removed, like childcare, transportation and those instances."

*-Rural County Focus Group*

". . . they have a thing called fast tracking. If a customer is pretty much just ready to go back to work, our vendor fast tracks them . . . . And then for the other customers that'll start at the beginning where they still need help writing the resume and mock interviews and all that. So yeah . . . *there are multiple paths that they can start on.*"

*-Urban/Suburban County Focus Group*

In focus groups and interviews, staff also expressed challenges to individualizing referrals to accommodate a diversity of backgrounds. The main challenge staff reported was meeting the WPR and transitioning recipients to employment. This is reinforced by rigid work activity policies. As explained in the *Program Design: Part I* chapter, only certain work activities count towards the WPR, the federally mandated performance measure tied to TANF funding. This creates an incentive for jurisdictions to refer customers to the activities that satisfy WPR requirements, which consist primarily of employment and employment-related activities. Similarly, it creates a disincentive to refer customers to other types of activities, such as education or activities that focus on barrier remediation. Federal TANF policy specifically sets limits on these latter activities to encourage states to refer recipients to more employment-based activities.

Federal TANF law prioritizes employment and enforces rigid work activity policies, including compliance with the WPR. As a result, *Maryland jurisdictions struggle to individualize services for customers with diverse backgrounds and needs, especially those who are not ready for employment.*

To provide customers with more flexibility, Maryland expanded limits beyond what counts towards the WPR for several activities. For example, Maryland allows customers to participate in vocational education for up to 24 months rather than the 12-month federal limit. Importantly, those additional 12 months do not count toward the WPR. Maryland also allows unlimited time in barrier removal activities (FIA, 2022b, TCA Work Participation Work Book). Moreover, given that federal policy remains unchanged, jurisdictions continue to face pressure to meet the WPR in order

continue receiving federal funding. Several staff members and administrators shared that this was a constraint to serving customers with diverse needs and skills. For example, a survey participant from a rural jurisdiction expressed that “each case is unique... families come with all different issues and sometimes it is hard to put them in a box as required to meet WPR.” Jurisdictions therefore seem limited in their ability to equitably provide referrals to work activities, as equitable referrals would be tailored to each recipient’s unique skills and needs.



## STAFF VOICES

### Work referral challenges

“Each case is unique . . . families come with all different issues and *sometimes it is hard to put them in a box as required to meet WPR.*”

-Rural County Survey

“You have a lot of customers that are very creative and we don’t tap into that . . . We just focus on just trying to get them a quick job and at times it’s good . . . but it’s a disconnect concerning what each person needs . . . *Everything is supposed to be based on a specific family and their issues and needs, and it’s not . . .*”

-Urban/Suburban County Focus Group

*“[There is] not enough wiggle room in policy to allow for customers to choose their paths to self-sufficiency, or to make the work program worth their time.”*

-Rural County Survey

In sum, the qualitative analysis shows that while jurisdictions refer customers to work activities differently, all aim to individualize referrals based on assessment results. However, pressure to meet WPR and federal limits on activities make it challenging for jurisdictions to individualize referrals, especially for those who have barriers to employment. This hinders equitable implementation of referrals. In addition, it is important to reiterate that referrals cannot be individualized if case managers are not conducting assessments to identify recipients' goals, skills, and needs, which was discussed in the previous section.

This next section presents the quantitative analysis of administrative data, which shows the work activities customers are assigned to, segmented by subgroup. Table 18 categorizes these federally defined and

state-defined activities into four main groups: employment, education and training, job search, and work readiness. Appendix L provides a more detailed breakdown of each activity that is included in these groups. All activities have a corresponding code that case managers use to report which activity a recipient is assigned to. This analysis focused on assignments for recipients in SFY 2023. Importantly, recipients can be assigned to more than one activity throughout the year and *assignment* to an activity does not necessarily mean a recipient actually *participated* in the activity. Since participation in a work activity may be influenced by many factors, including a recipient's decision to participate, this analysis explores *assignments* to activities in order to gauge equitable assignment to work activities.

**Table 18. Category Definitions for Assignment to Work Activities**

Assignment to Work Activities	
Work activities are intended to assist recipients with obtaining employment.	
Category Name	Category Description
Education & Training	Recipient was assigned to an activity to earn their high school diploma or GED, a vocational activity, on-the-job training, program or skills training related to a specific job, or self-employment training.
Employment	Recipient was assigned to an unsubsidized employment activity or to a subsidized private or public employment activity.
Job Search	Recipient was assigned to an activity searching for work.
Work Readiness	Recipient was assigned to a work readiness activity including providing childcare for another TCA recipient, unpaid work experience, or supervised community service.

**Note:** Recipients may be assigned to more than one activity in a category or to activities in multiple categories. See Appendix L for codes included in each category

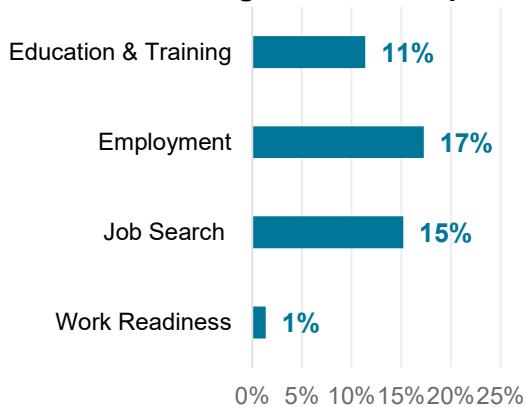
Among all adult recipients in SFY 2023, three in 10 (30%) were assigned to at least one work activity at some point in the year. The remaining 70% of recipients can be segmented into two categories: (1) recipients who were assigned only to barrier codes (15%); and (2) recipients who were not assigned to any activities (55%). Assignment to barrier codes will be discussed in the next section. In future research, it may be useful to conduct a deeper examination of non-assignment to activities.

**Three in 10 (30%) adult recipients were assigned to one or more work-related activities in SFY 2023.**

*Note: Assignment to an activity does not necessarily mean activity participation.*

Figure 18 compares the percentage of recipients assigned to each category of work activities. The most common assignments were employment and job search activities. This highlights the emphasis on employment-related activities. Nearly one in five (17%) recipients were assigned to an employment activity at some point in the year, followed by job search (15%), education and training (11%), and work readiness (1%). These categories are

**Figure 18. Assignment to Work Activities, SFY 2023, Among all Adult Recipients**



**Note:** Adult recipients can be assigned to more than one work activity.

not mutually exclusive, and recipients can be assigned to more than one activity throughout the year. Thus, these percentages do not add up to 30% (i.e., the percentage of recipients who were assigned to any work activity). Appendix L includes more detailed information about work activity assignments. Specifically, it shows the percentage of recipients who were assigned to each work activity within the overarching categories.

See Appendix L for percentages of adult recipients assigned to each work activity by subgroup in SFY 2023.

The quantitative analysis also demonstrates how assignments to work activities varied by subgroup (Figure 19). Overall, recipients tend to be assigned to either employment or job search activities, however there were some exceptions. For example, a higher percentage of Asian recipients were assigned to education and training (9%) than job search (8%), though the most common assignment was still employment at 14% (see Appendix L for all percentages). Education and training were the most common assignment for naturalized citizens (18%), compared to job search (17%) and employment (13%).

There were also differences by subgroup in assignment to any work activity. For example, half (51%) of Black recipients were assigned to a work activity, compared to recipients identified as Hispanic/Latinx (40%), Indigenous (38%), White (33%), Asian (31%), or another race/ethnicity (19%). Assignment to a work activity was also more common for non-disabled recipients (48%), compared to disabled recipients (21%). Within their subgroups, assignment to a work activity was less common for older adults, Spanish-speaking recipients, and legal aliens.

These differences could be related to differences in the percentage of recipients who were exempt from work requirements.

As an example, a recipient could be exempt if they are a caretaker relative who receives TCA for themselves and the child(ren) they are caring for. Exemptions will be discussed later in this chapter. About half (52%) of older adults meet this description, though, which could explain why a lower percentage of them are assigned to a work activity. Similarly, a recipient can be exempted if they have a disability, which may explain why assignment to a work activity was more common for recipients without a disability. Though the administrative data captures work exemption status throughout SFY 2023, this analysis does not exclude recipients who had an exemption for two reasons: (1) exemption status can change throughout the year; and (2) recipients who have an exemption are still able to volunteer to participate in a work activity. Furthermore, the administrative data does not capture the full range of exemptions. A later section of this chapter describes the challenges of identifying *good cause* exemptions in administrative data.

Differences in assignment could also be a result of differences in a recipient's employment history or barriers to work. Groups that have more barriers to employment may more often be assigned to barrier removal activities rather than work activities. The next section of this chapter sheds more light on assignment to barrier removal.

Finally, differences in assignment may be a reflection of the different referral processes and opportunities across jurisdictions. Prior research has shown that rural areas have limited access to internet, public transportation, and employment opportunities (Ward et al., 2022). This was echoed by TCA staff in focus groups and interviews. Furthermore, as described earlier, rural jurisdictions often do not contract with vendors that could provide more education and training opportunities. In fact, the quantitative analysis reveals that only 2% of recipients in rural jurisdictions were assigned to education and training

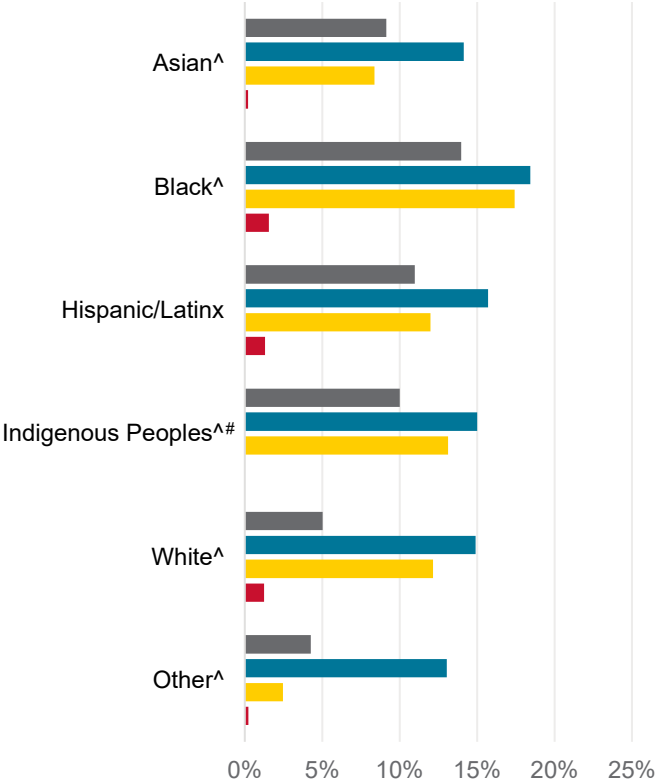
activities, compared to 12% of urban and 16% of suburban jurisdictions' recipients. Overall, assignment to a work activity was less common for rural recipients, compared to urban and suburban recipients. This could explain differences seen for other subgroups. For example, the majority (82%) of Black recipients live in urban and suburban jurisdictions, while more than half (55%) of White recipients live in rural jurisdictions. Black recipients may therefore be assigned to a work activity and particularly to education and training more often than White recipients because they live in jurisdictions where these opportunities are more plentiful.

In sum, there were differences in assignment to work activities by subgroup, though employment and job search were consistently common assignments. This may be a reflection of staff struggling to individualize referrals while also adhering to federal policy that emphasizes employment. While activity assignments are clearly not equal across subgroups, it is not possible to determine if assignment is equitable without knowing more information about recipients' exemptions, interests, and skill levels. However, the geographic analysis and qualitative findings suggest there may be differences in opportunities based on residence, highlighting potential inequity.

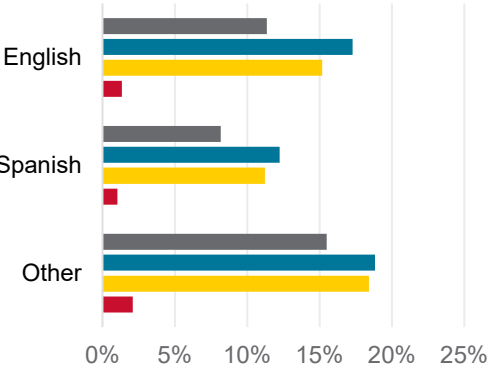
**Figure 19. Percentage of Recipients Assigned to Work Activities, by Subgroups, SFY 2023, Among all Adult Recipients**

■ Education & Training ■ Employment ■ Job Search ■ Work Readiness

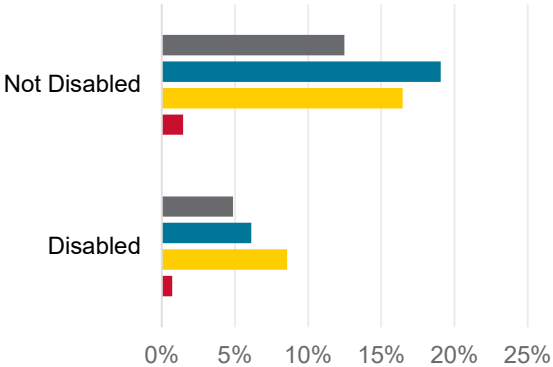
**Race & Ethnicity**



**Primary Language**



**Disability Status**



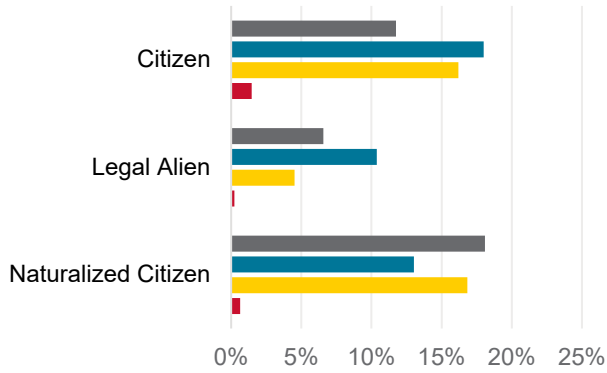
**Note:** ^Non-Hispanic/Latinx. #Indigenous Peoples includes recipients who identify as Native American, American Alaska Native, Native Hawaiian, or other Pacific Islander. Race or ethnicity information was missing for 1,041 recipients. Valid percentages are reported to account for missing data.

**Note:** Customers with disabilities can be exempt from work activities. However, some recipients may voluntarily participate in work activities or may have pursued work activities in SFY 2023 prior to their disability status. Disability status information was missing for 883 recipients. Valid percentages are reported to account for missing data.

**Interpretation Example:** In SFY 2023, roughly 10% of all Asian TCA recipients were assigned to an education and training activity or a job search activity and nearly 15% were assigned to an employment activity. Less than 1% were assigned to a work readiness activity.

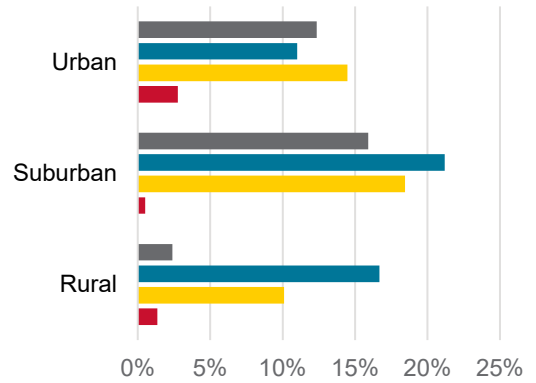
■ Education & Training ■ Employment ■ Job Search ■ Work Readiness

### Citizenship Status



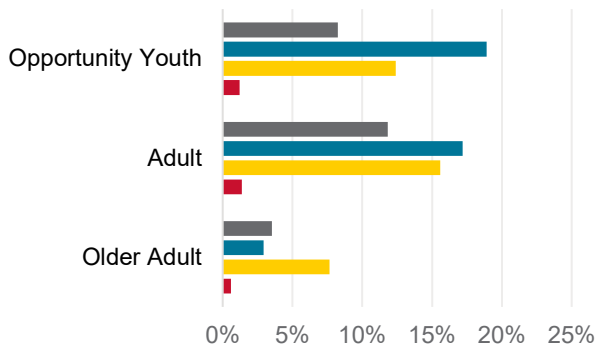
**Note:** This analysis excludes recipients who were not eligible for TCA based on citizenship status (n=20). Valid percentages are reported to account for missing data.

### Geographic Type



**Note:** Geographic type information is missing for three cases. Valid percentages are reported to account for missing data.

### Age Category





## Referral Process for Supportive Services

In addition to the referral process for work activities, this study also explores the closely related referral process for supportive services. Supportive services assist recipients with remediating barriers to and maintaining employment as well as to improve overall well-being. As alluded to earlier, recipients may be referred to barrier removal codes<sup>51</sup> instead of or in addition to work activities. Table 19 describes categories of barrier removal codes, including child under one, family crisis, disability, legal, mental health, and substance use. Appendix L provides a

detailed list of each barrier removal code. These codes align with a specific barrier and do not always include an associated activity or services. For example, substance use codes include being in treatment or on a treatment wait list, while mental health codes may only indicate the existence of a mental health barrier. Therefore, one cannot equate assignment to a code with actual receipt of supportive services to remediate a barrier. Importantly, case managers may be using these assignments to indicate when a recipient is exempt from work requirements (details provided in the next section of this chapter).

**Table 19. Category Definitions for Assignment to Services or Barrier Removal Codes**

Assignment to Services or Barrier Removal Codes	
Recipient requires services or has an identified barrier that prevents them from engaging in employment.	
Category Name	Category Description
Child under 1	Recipient is about to have a child or is caring for a child under 12 months old.
Disability	Recipient has a disability, is caring for a disabled family member, or is in a rehabilitation program.
Family Crisis	Recipient is experiencing a family crisis such as a breakdown in transportation, childcare, domestic/family violence, or requires intensive case management.
Legal	Recipient is experiencing legal issues such as a court-ordered appearance, is temporarily incarcerated, or is participating in expungement services.
Mental Health	Recipient is experiencing a mental health barrier.
Substance Use	Recipient is receiving treatment for a substance use disorder or is on the waitlist for treatment.

**Note:** Recipients may be assigned to more than one activity in a category or to activities in multiple categories. See Appendix L for codes included in each category.

<sup>51</sup> Barrier removal codes align with a specific barrier and do not always include an associated activity or services. For this reason, this section refers to these

assignments as assignments to barrier removal codes.



Similar to the analyses of work activities, analyses of assignment to barrier removal codes focused on adult recipients in SFY 2023. Overall, one quarter (25%) of adult recipients in SFY 2023 were assigned to one or more barrier removal codes.

**In SFY 2023, one in four (25%) adult recipients was assigned to one or more barrier removal codes indicating there was a barrier to employment.**

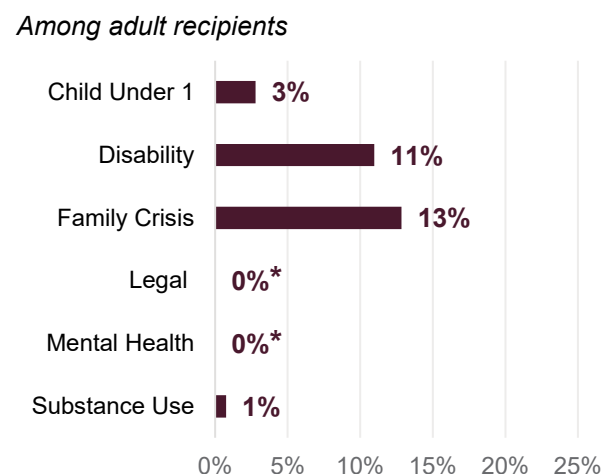
*Note: Assignment to an activity does not necessarily mean activity participation.*

Figure 20 compares the percentage of recipients assigned to each category of barrier removal codes. As shown, more than one in 10 recipients was assigned to a family crisis code (13%) or disability code (11%) at some point in the year. Assignment to other codes was rare. Fewer than one in 10 was assigned to childcare (3%), substance use (1%), legal (<1%), or mental health (<1%) codes. These are not mutually exclusive categories: recipients can be assigned to more than one code throughout the year.<sup>52</sup> Thus, these percentages do not add up to 25% (i.e., the percentage of recipients who were assigned to any barrier removal codes).

Figure 21 explores how assignments to barrier removal codes differed across subgroups (see Appendix L for specific percentages). Across groups, family crisis and disability were the most common codes to which recipients were assigned. However, there were differences between groups in assignment to *any* barrier removal code. For example, a lower percentage of Spanish-speaking recipients (15%) were assigned to a barrier removal code, compared to English-speaking recipients

(28%) and recipients speaking another language (28%). With respect to citizenship status, the percentage assigned to a barrier removal code was highest for citizens (31%), followed by naturalized citizens (19%) and legal aliens (6%). Older adults were also less commonly assigned to a barrier removal code (11%), compared to adults (29%) and opportunity youth (30%). Unlike the work activity analysis, barrier removal assignment was similar by geographic type. An equal percentage of urban and rural recipients were assigned to a barrier removal code (31%), compared to a slightly lower percentage of suburban recipients (25%).

**Figure 20. Assignment to Barrier Removal Codes, SFY 2023**



**Note:** Adult recipients can be assigned to more than one barrier removal code. \*Value under 0.5% rounded to 0%.

See **Appendix L** for the percentages of adult recipients assigned to each barrier removal code in SFY 2023.

<sup>52</sup> They can also be assigned to *both* work activities and barrier removal codes. For example, an individual may be receiving treatment for a mental health

condition for the first half of the year and then obtain employment in the second half of the year.

In sum, there were some differences in assignment to barrier removal codes, though family crisis and disability were consistently the most common assignments. It is not possible from this analysis alone to determine inequity in assignment without knowing how often each group experiences each type of barrier. However, these findings are inconsistent with common barriers discussed by staff and in prior research. For example, staff discussed widespread difficulty with securing childcare and the need for mental health treatment, an observation that is reflected in literature on TANF recipients (Pavetti & Zane, 2021). However, recipients were very rarely assigned to these barrier removal codes.

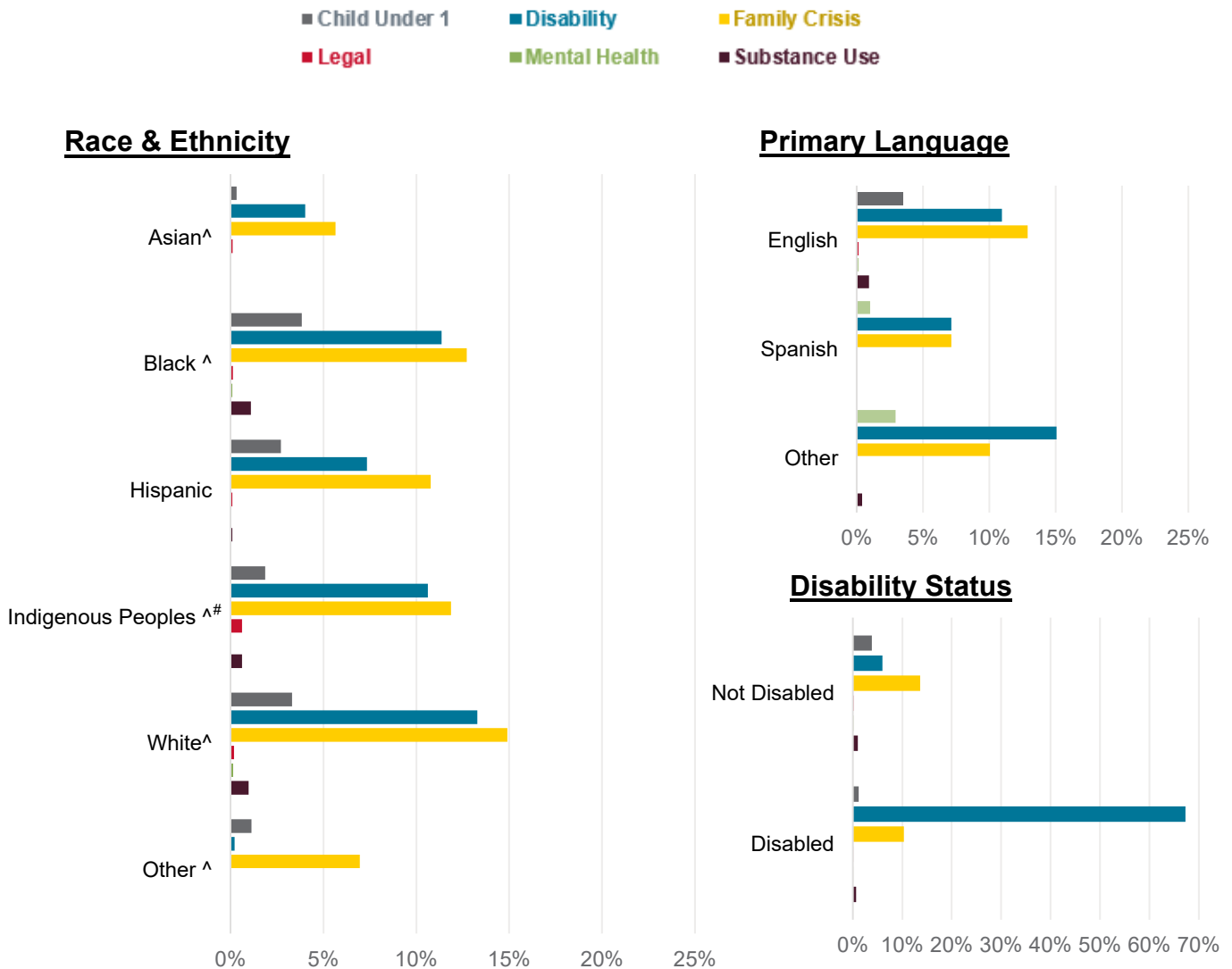
Furthermore, differences in assignment to barrier removal codes often mirror differences in OWRA assessment completion, where groups that had a lower percentage completing the OWRA also had a lower percentage assigned to codes. This suggests that how the OWRA assessment is administered may impact which barriers are being identified and therefore lead to different assignments based on these barriers. The majority of recipients that do not even complete an OWRA assessment may have barriers that continue to go undetected.<sup>53</sup> This highlights how important the assessment is to serving customers and promoting equity.

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<sup>53</sup> OWRA completion analyses were limited to those who completed it through the administrative data

system. Some recipients may complete assessments on paper.

**Figure 21. Assignment to Support Services or Barrier Removal Codes, by Subgroups, SFY 2023, Among all Adult Recipients**



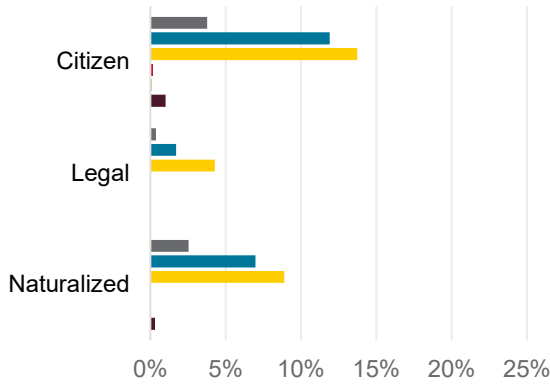
**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes recipients who identify as Native American, American Alaska Native, Native Hawaiian, or Other Pacific Islander. Race or ethnicity information was missing for 1,041 recipients. Valid percentages are reported to account for missing data.

**Note:** Disability status in SFY 2023 and assignment to a disability barrier do not align for all adult recipients. This is because the disability support services code is examined at the beginning of SFY 2023. However, adult recipients might have been classified as having a long-term disability before or after the beginning of SFY 2023. Disability status information was missing for 883 recipients. Valid percentages are reported to account for missing data.

**Interpretation Example:** In SFY 2023, roughly 7% of all Hispanic/Latinx TCA recipients were assigned to a disability code and 11% were assigned to a family crisis code.

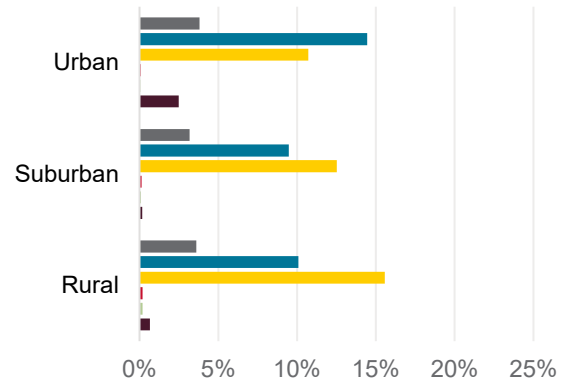


### Citizenship Status



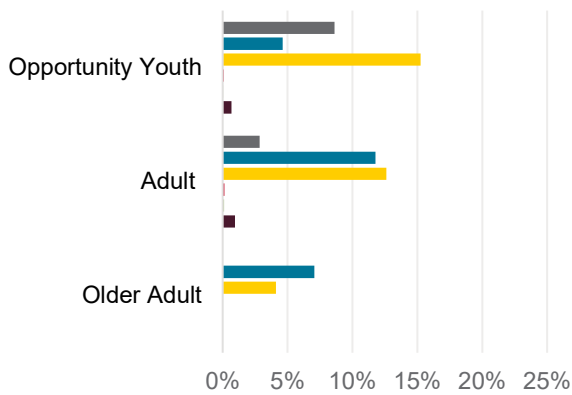
**Note:** This analysis excludes recipients who were not eligible for TCA based on citizenship status (n=20). Valid percentages are reported to account for missing data.

### Geographic Type



**Note:** Geographic type information is missing for three cases. Valid percentages are reported to account for missing data.

### Age Category



This next section focuses on how staff and administrators described the referral process for supportive services. This provides more clarity on how staff provide supportive services to remediate recipients' barriers to employment. The qualitative analysis shows that there are three ways jurisdictions provide supportive services, though these three methods are not mutually exclusive (i.e., jurisdictions can engage in more than one method). The first is through direct funding, which involves paying directly for barrier remediation or materials that help someone secure or maintain employment (e.g., tools, uniforms, rental assistance, vehicles). This is more often used by rural jurisdictions that have more personal relationships with customers and smaller caseloads. These smaller caseloads mean they have less funding spent on vendors and more funding available to support the recipients. For example, Garrett County has a budget for transportation needs which they use to pay for vehicle repairs. Their budget also includes funds to help pay for rent and utilities.

The second way staff provide supportive services is to provide on-site services such as intensive case management. For example, Anne Arundel County has a behavioral health specialist for recipients with mental health needs. In addition, Washington County has a prevention coordinator to assist recipients with significant barriers and Prince George's County has crisis intervention workers.

The final way jurisdictions provide supportive services is through referrals to external organizations that provide

supportive services or provide customers with a resource guide that they can use to access these services on their own. For example, a focus group participant from Baltimore City described giving each recipient a list of housing, food, and other resources, recognizing that recipients may want to explore these services themselves. As another example, Carroll County refers some recipients to the Carroll County Youth Services Bureau, which provides mental health and substance use treatment, when staff identify these needs.

Though captured by different codes in administrative databases, in practice, referrals to work activities and supportive services are often intertwined. While a supportive service may be provided to remediate a barrier to participation in a work activity, supportive services are also provided concurrently with work activities. For example, Garrett County may use their support funds to pay for vehicle repairs and maintenance that allows recipients to have reliable transportation to maintain their participation in a work activity.

### ***Supportive Service Challenges***

The qualitative analysis shows jurisdictions face challenges to providing supportive services. Two major challenges they expressed include, (1) a lack of community services that can address the range of diverse needs, and (2) a high volume of cases. This translates to less time to provide individual attention and support for customers.

## STAFF VOICES

Providing supportive services

### Direct funding

“Flex monies are used to assist in procuring items for a customer to obtain or maintain employment. They *may be used for items such as uniforms, interview/work clothes, tools, licenses, fines, expungement fees, car insurance, vehicle repairs, driver’s education*, etc. The referrals are identified by case managers . . . based on customer needs.”

-Howard County Interview

### On-site services

“We are lucky in Washington County to *have what we call a prevention coordinator . . . who is in-house*, so a customer can come in here to see that person . . . . He has the ability to go into the field and see how he can assist those customers. Generally, we refer them if they feel like they need a helping hand to get to any of the resources.”

-Washington County Interview

### Referrals to external partners

“If the results of the assessment completed at intake reveals the *customer would benefit from mental health and substance abuse barrier assistance, a referral is made to the vendor, CCYSB* [Carroll County Youth Service Bureau].”

-Carroll County PASS Plan

## STAFF VOICES

Supportive service referral challenges

*“I think our community resources . . . are lacking in support that help customers with diverse backgrounds.* Specifically, there was a lady who was trying to find childcare for her Muslim raised son and all of the openings in our entire county were for Christian daycares . . . . It wasn't anything TCA program specific could have addressed, but it did extend her child-care exemption on just because it was a lot of work on her part that she really put the work in to try to come up with a solution, but there just wasn't one.”

-Rural County Focus Group

“So . . . a customer will come in saying that I'm an exempt because I'm fleeing from domestic violence, but there's nothing on their [Family Independence] plan saying this . . . . Before COVID, it was much more thorough because . . . *we definitely had more staff to be able to focus on the families. But now it's just five minutes*, if that.”

-Urban/Suburban County Focus Group

“They're supposed to be individualized, which we try to do, but with . . . the *volume of people, you just have to cut and paste* and just to get your work done.”

-Rural County Focus Group

Jurisdictions reported particular difficulty serving customers with disabilities. Customers with long-term disabilities lasting longer than 12 months are required to pursue federal SSI/SSDI benefits (FIA, 2022a, TCA Manual 800). Interview and focus group participants across several jurisdictions noted the long wait period for customers to receive these benefits. This is a challenge, especially given that Maryland must still include these customers in the calculation of the WPR. The most recent publicly available data from the Social Security Administration (SSA) shows that the median total wait time for benefits is 839 days, which over 2 years (SSA, 2024). Gerst & Schwitzman-Gerst (2020) shed light on this burdensome process of seeking disability benefits, noting how the narrow definition of disability that generally relies on medical diagnoses limits support for the full range of disabilities people experience. They also argue that the process incorrectly emphasizes reforming individuals rather than improving societal accommodations for different levels of functioning.

Perhaps reflective of this prior point, LDSS staff also noted difficulty in finding appropriate work activities for customers with disabilities. For example, one interview participant expressed “There’s this little subset of the population that we need to figure out what to do with them, and we’re not really sure at times....” Another challenge staff expressed was a lack of community resources, including a lack of mental health services. DORS has historically been a primary referral organization for people with disabilities, but many staff across jurisdictions noted that the long wait list and the backlog for DORS has made the partnership untenable. One rural administrator noted that they used to have a contract with DORS that worked well, “but as DORS sort of morphed and changed their rules and the regulations and the customers that they could serve, the contract really wasn’t meeting the needs of our customers.” Even when resources are available, some staff noted a lack of



## STAFF VOICES

Serving disabled customers

“It *could take years for those individuals to actually receive [SSI] benefits*, and during that period of time, we’re continuing to try to work with them and *they’re continuing to be in our count. But nothing is really changing for them.*”

-Anne Arundel County Interview

“So it’s trying to find opportunities and things for those customers and *DORS really can’t work with them . . . .* There’s this little subset of the population that we need to figure out what to do with them, and we’re not really sure at times and the *resources are just not out there.*”

-Cecil County Interview

“It’s no secret that people that suffer with mental health are not always willing to accept that help. So in many cases . . . *we make those referrals, but the follow through is limited.*”

-Carroll County Interview

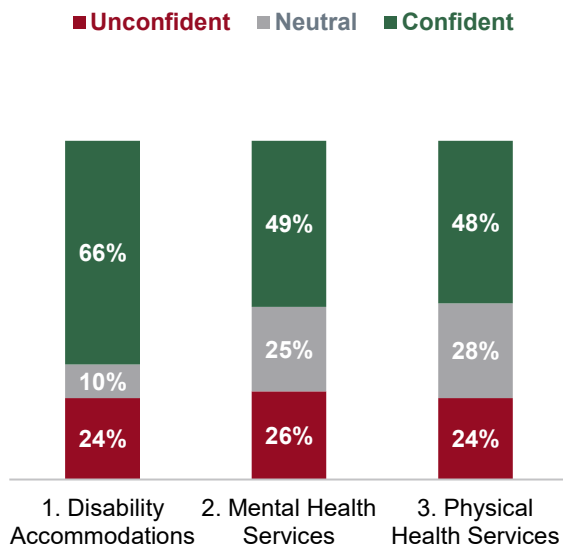
customer motivation to utilize these resources, particularly in completing mental health treatment. It is important to note that though this may be due to not wanting to participate in treatment, it could also be due to poor quality of the treatment provided or barriers to accessing that treatment, such as transportation and childcare.

Challenges expressed by staff in focus groups and interviews are also reflected in the survey results (Figure 22). Almost half of staff reported confidence in providing services to address mental (49%) or physical (48%) health needs.

**Figure 22. Staff Confidence in Serving Customers with Disabilities**

How confident do you feel in . . .

1. Providing accommodations for customers with disabilities?
2. Providing services to address mental health needs?
3. Providing services to address physical health needs?



Interestingly, despite the finding that staff struggle with serving customers with disabilities, two thirds (66%) of staff reported confidence in providing accommodations for these customers. It is possible that staff consider providing exemptions for work activities as an accommodation.

Despite these challenges, some jurisdictions do have success in serving customers with disabilities. For example, St. Mary’s County has a successful partnership with Pathways Inc., which provides intensive employment and supportive services for people with mental health needs. Additionally, Carroll County has a partnership with its Youth Services Bureau, as previously mentioned.

*JURISDICTION HIGHLIGHT*

*St. Mary’s County has a successful partnership with Pathways, Inc. to serve customers with disabilities:*

*“ . . . they don’t stop when they successfully find employment, they stay with them. I have a particular customer that she actually came off of TCA over a year ago and is still working with the Pathways program . . . she still hasn’t come back onto . . . government assistance and she’s excelling in her job.”*

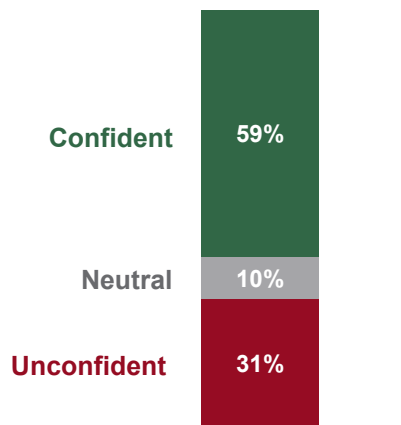
*-St. Mary’s Interview*

Jurisdictions also face additional challenges communicating with customers with limited English proficiency, which hinders both the assessment and referral process. To assist with communication, the state contracts with a telephone translation service (i.e., Language Line). Staff in focus groups and interviews discussed utilizing this service often and many expressed that it is helpful. However, many staff also noted its limitations present a challenge, primarily that it does not translate rare languages and that the verbatim translation may betray a true understanding of the program, since TCA policy contains specific, technical language. Furthermore, staff view multilingual as helpful yet challenging to recruit. Staff from Baltimore County discussed that they were unable to hire bilingual staff, despite trying several methods. In contrast, Wicomico County was able to form a successful partnership with Haitian Creole community organizations to assist with customers who speak Haitian Creole. This suggests that building partnerships may be more feasible for some jurisdictions than hiring additional internal staff.



Another challenge reported by staff was difficulty translating written documents that are specific to each jurisdiction. A rural case manager mentioned that notices are sent out only in English, regardless of a recipient’s primary language. Similarly, another focus group participant discussed using Google Translate for rough translations. Similar to Language Line, the state does have a contract with Ad Astra (FIA, 2019b) to provide written translation services, which is included in most jurisdictions’ civil rights standard operating procedures. It is unclear, however, if this service is known, used, and effective. Despite challenges, three fifths (59%) of staff reported confidence in providing accommodations for customers with limited English proficiency (Figure 23).

**Figure 23. Staff Confidence in Providing Accommodations for Customers with Limited English Proficiency**



## STAFF VOICES

*Serving customers with limited English proficiency*

“I’ve tried like hell to hire bilingual people in my program . . . we’ve done all kinds of targeted outreach and even offered some creative payment structures. But it’s just been *near impossible to hire bilingual staff.*”

*-Baltimore County Interview*

“When we use the Language Line service itself, our program is confusing and they’re just translating verbatim. So we’re saying words like FIP and cooperation and conciliation, and they’re being translated in their language, but *I don’t necessarily know if the understanding is being translated and that becomes a problem because, you know, it’s very hard to hold people accountable to things . . . if there isn’t really a great understanding.* . . . and I think that that is unfair to the client . . . as well as the caseworker . . . I feel like we’re working harder and not smarter.”

*-Rural County Focus Group*

“It becomes a little difficult when all of these forms are not centralized and localized. *And if you don’t have somebody that speaks that language that client needs, it’s very difficult to get that form translated.* You can use Google Translate as much as you want . . . . What Google Translate actually translate may be different than what you’re trying to get across.”

*-Rural County Focus Group*

A population that was rarely mentioned in focus groups and interviews was the immigrant population. Beyond challenges staff may face with this population due to language barriers, it is unclear how the referral process is similar to or different from that of other customers. This may be because this population is partially captured by the state's refugee TCA program, as described earlier in this chapter. Nearly three quarters (73%) of administrators reported little to no collaboration with organizations that provide services for immigrants.

In sum, jurisdictions have found many creative ways to support recipients, whether through direct funding, specialized staff, or unique community partnerships. Overarching challenges posed by a high volume of cases and lack of community services hinder jurisdictions' ability to provide supportive services, the latter particularly true for people with disabilities. Jurisdictions also struggle to communicate with recipients with limited English proficiency, despite the usefulness of the

state's Language Line service. These findings suggest inequitable implementation for these recipients: they likely have limited access to supportive services compared to other recipients. Notably, some studies suggest that there may also be differences in supportive services between racial groups. For example, one study suggests that White families are offered services such as mental health referrals and transportation supplements more often than Black and Hispanic families (McDaniel et al., 2017). While the current study's quantitative findings show differences in assignments to barrier removal codes, it was not possible to determine whether services offered or provided differ by race and ethnicity. Overall, staff and administrators were split in their opinion of whether the TCA program is able to address the needs of customers from diverse backgrounds, including those related to employment and barriers to employment or accommodations. Most (60%) administrators disagreed with this statement, while only about one third (34%) of staff disagreed.

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ONE THIRD (34%) OF STAFF AND THREE FIFTHS (60%) OF ADMINISTRATORS  
BELIEVE THAT THE  
TCA PROGRAM IS *NOT* WELL-SUITED TO ADDRESS THE NEEDS OF CUSTOMERS FROM DIVERSE  
BACKGROUNDS.

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## Good Cause Process for Work Requirements

In addition to looking at equity in referral processes, this chapter also evaluates equity in the processes for determining exemptions for requirements related to work, child support, and time limits on benefits. The text box below describes the work requirement policy. Adults and child recipients age 16 and over are generally required to participate in work-related

activities, though youth requirements are focused on school attendance, explained in more detail later in this section. There are some population exemptions to this requirement, notably for people taking care of a child under age 1 or people with long-term disabilities. These populations—and others noted in the callout—do not have to participate in work activities. There are also exemptions that can be applied in individual circumstances, known as *good cause* exemptions.

### *EXEMPTION POLICY FOR WORK REQUIREMENTS*



***Recipients 16 years and older are required to participate in work activities*** (see Figure 25 for youth requirements) with the following exceptions:

#### **Population Exemptions:**

- Adults with children under 12 months
- Adults with a long-term disability (>12 months)
- Adults caring for a disabled family member in the home
- Caretaker relatives
- Children under 16 years old
- Adults receiving their first 6 months of TCA

#### **Good Cause exemptions granted on a case-by-case basis:**

- Short-term disability (<12 months)
- Lack of supportive services as specified in the Family Independence Plan
- 12 weeks postpartum
- Discrimination
- Referred for substance abuse treatment
- Hazardous work conditions
- Breakdown in childcare
- Verified court-ordered appearances
- Breakdown of transportation
- Incarceration
- Domestic or family violence
- Family crisis that threatens normal family functioning (e.g., homelessness or housing crisis, death in the family, problems at school, family counseling)
- Other circumstances determined by a case manager

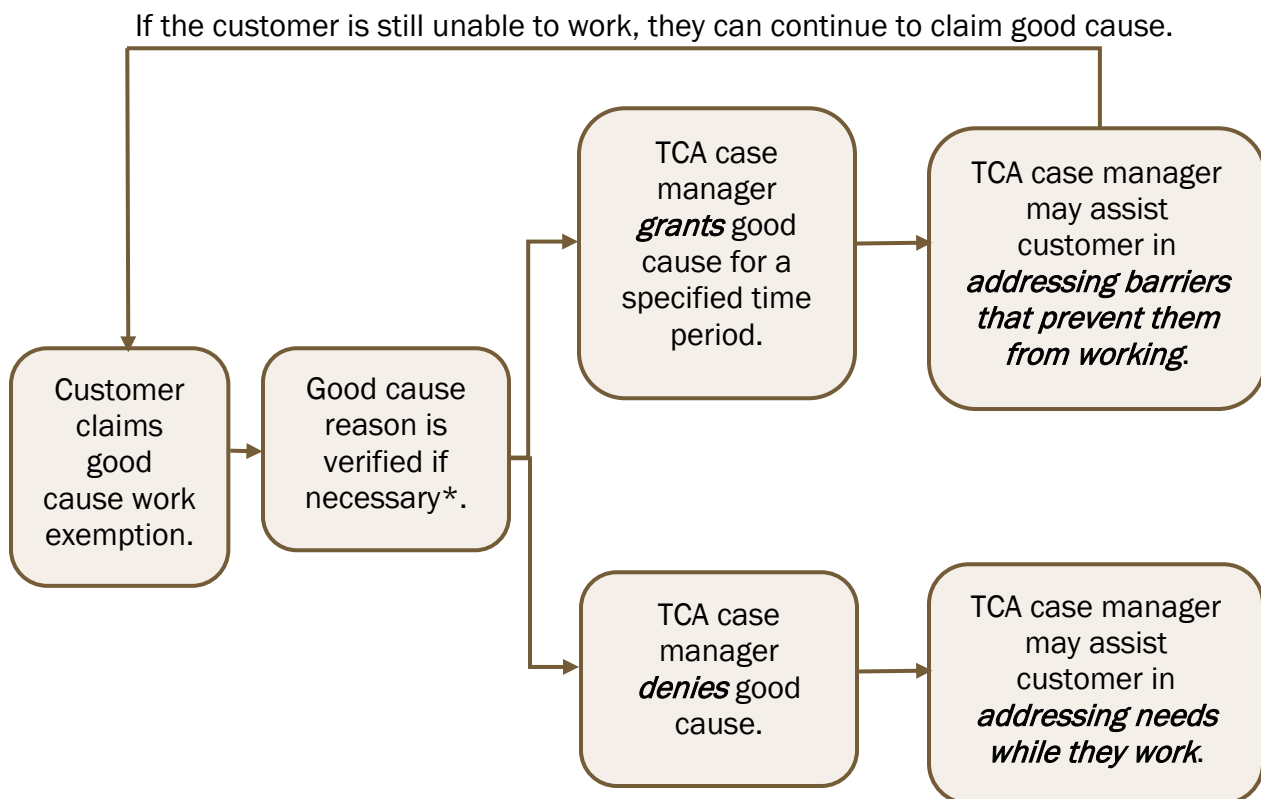
Some examples include a short-term disability, breakdown in childcare or transportation, and domestic violence. Recipients do not have to participate in work activities when they are experiencing one of these good cause barriers, and may instead be assigned a barrier removal code, as discussed earlier in this chapter. Jurisdictions are also afforded discretion to grant good cause even if a recipient's circumstance is not one of the explicit good cause reasons listed in the TCA policy.

Figure 24 describes the process case managers generally use to determine good cause exemptions for work requirements. While a customer may claim good cause at any time, case managers must also investigate reasons for good cause anytime

a customer is non-compliant with work activities. This may involve acquiring documentation, particularly for people with disabilities who need to provide medical documentation to verify the disability.

Case managers ultimately have the power to grant or deny good cause. If granted, they exempt the customer from work for a specified period of time relevant to the good cause reason and reevaluate thereafter. Case managers may also provide assistance with overcoming barriers to participating in a work activity. If denied, the customer receives a partial financial sanction for non-compliance. The last section of this chapter provides more information about sanctioning.

**Figure 24. Good Cause Exemption Process: Work Requirements**



**Note:** \*Some good cause exemptions require verification. Medical documentation is needed to verify a short- or long-term disability (FIA, 2022a, TCA Manual 800). Customers who experience domestic violence are required to meet with a family violence expert who assess them for good cause, though they are not required to provide specific documentation to verify their experience (FIA, 2022b, TCA Work Participation Work Book 103.11).

Importantly, the requirement for medical verification for people with disabilities may be inequitable in that it presents a barrier to being granted good cause. Pavetti et al. (2023) and Macfarlane (2021) both identify the burden of documentation and seeking medical verification as barriers for people with disabilities to claim exemptions and receive needed support. Requiring a medical provider's decision also takes away power from recipients to make their own decisions about whether they are able to work. Other good cause reasons do not require this same level of verification. However, some staff in focus groups perceived an abuse of the disability exemption and expressed frustration with not being able to engage recipients in any type of work or supportive service after they verify their disability. An important topic of future study may be to further explore the

process of disability verification and whether it should be revised.

As alluded to earlier, youth between the ages of 16 and 19 have work-related requirements, but their requirements generally emphasize school over work. Figure 25 displays the requirements by each youth age group. Youth ages 16 to 17 who do not have children can either maintain 80% attendance at high school or participate in TCA work activities. Youth ages 16 to 17 who are parents can either maintain 80% attendance at high school or participate in an education and training program. Youth ages 18 to 19 are only eligible for TCA on their parent or caregiver's case if they are graduating high school in the year they turn 19. Finally, youth who graduate high school before turning 18 are subject to the same work requirements as adults.

*Youth have different requirements than adults that emphasize school over work.*

**Figure 25. Work and Education Requirements for Youth**

Youth age 15 and under	Youth without children age 16-17	Minor parents age 16-17	Youth age 18-19
<ul style="list-style-type: none"> <li>• <i>They are not subject to work or high school attendance requirements.</i></li> <li>• Their household receives a \$25 reduction in benefits per month if they are not enrolled in high school.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>They have a choice between work and high school.</i> They must either maintain 80% attendance at high school or participate in work activities.</li> <li>• Their household receives a \$25 reduction in benefits per month if they choose work instead of high school.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>They must maintain 80% attendance at high school</i> or be enrolled in an "alternative educational or training program."<sup>*</sup></li> <li>• <i>Unlike adults, they are not eligible for an exemption if their child is under age 1.</i> They can be exempt if they have child under 12 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• They are only eligible to receive TCA as a child if they turned 19 while enrolled in high school or will turn 19 in the same year that they graduate.</li> </ul>

**Note:** <sup>\*</sup>Alternative educational or training programs must be approved by the State (FIA, 2022a, TCA Manual 600). Youth ages 16 to 17 who have graduated from high school or completed a GED are subject to the same work requirements as adults (FIA, 2022a, TCA Manual 401.3).

Importantly, minor parents are not eligible for the child under 1 exemption that adults are granted. They are only exempt from requirements for the first 12 weeks of the child's life. Furthermore, though youth can claim good cause for not maintaining 80% attendance at school, they cannot claim good cause for not attending at all. *Non-parent* minors who choose to work instead of attending school incur a financial reduction of \$25 from their monthly TCA grant as an incentive to encourage school enrollment.

This unequal treatment for youth can be considered equitable. Allowing youth to fulfill work requirements by going to school is appropriate for their age and prioritizes education, which promotes future employment and career success. However, not *all* of these policies appear to be equitable, most notably the difference in the child under 1 exemption. While this policy may have good intentions (i.e., to encourage minor parents to stay in school), being able to prioritize care for a child during the first year of life is critically important for both minor parents and adults. If anything, minor parents may face additional challenges that necessitate leniency in allowing them to focus on caring for their child.

In addition to reviewing work requirement policies, researchers asked staff how they determine good cause exemptions for customers. Staff reported using both explicit reasons listed in the TCA manual as well as discretion, based on individual

circumstances of customers. For example, one focus group participant explained "If it's not a medical exemption, if it's something else, it's very much up to the caseworker and their relationship with the person and what they know about the person's situation." This flexibility in using discretion is permitted by TCA policy and may allow good cause exemptions to be fairly granted to everyone who cannot work. However, it may also open the door for discrimination by case managers, leading to unfair, inequitable application of good cause. It is not possible with this analysis alone to determine if implementation is equitable. Administrative data could shed some light on equitable implementation, as it can reveal how good cause exemptions differ by subgroup. However, there is contradictory policy<sup>54</sup> on how case managers should document good cause exemptions. For this reason, this chapter does not present administrative data on good cause exemptions. This highlights the need for consistent policy communication and training for case managers. Notably, ACF does provide data on exemptions provided for TANF recipients that are experiencing domestic violence. Similar to other states, Maryland granted less than 1% of families a domestic violence exemption per month on average in FY 2022 (ACF, 2023). This highlights a potential need for improvement in identifying customers experiencing domestic violence, as research suggests that this is common among TANF recipients (discussed more in the *Evidence-based and Innovative Practices* chapter).

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<sup>54</sup> The TCA Work Book on Conciliation and Sanction (FIA, 2022b) states that customers who have a good cause exemption are identified by being placed in an activity code relevant to their exemption. However, action transmittal #10-37 (FIA, 2010) directs case

managers to directly document if a customer received a good cause exemption and the reason for the exemption in the WORKS system. Moreover, the E&E system has eligibility codes related to good cause exemptions.

## Good Cause Process for Child Support Requirements

This next section presents the exemption policy and process for child support requirements. The text box below describes these requirements. Adults and minor parents who are heads-of-households are generally required to file for child support for any parents who are not part of the household. There is only a single population-level exemption for Ukrainian refugees. This exemption was granted in 2022 as a response to the Russia-Ukraine war, which requires Ukrainian men to stay in the country to fight in the war (FIA, 2022d). Similar to work requirements, however, there are good cause reasons that can exempt individuals from child support requirements, including domestic violence and active adoption proceedings.

Figure 26 describes the process for determining good cause exemptions for child

support as described by staff and how it differs from policy. Customers may either express to TCA staff or to the local child support agency that they cannot comply with the child support requirements. TCA policy gives TCA staff authority in determining good cause exemptions and states that case managers can notify child support agencies not to pursue action (i.e., pursue receipt of child support) when they determine that a customer is eligible for an exemption (FIA, 2022a, TCA Manual 500). Child support agencies can also choose to not pursue action if they identify an *adequate reason* for temporary non-compliance, such as missing an appointment. However, if child support agencies do not find an adequate reason, policy dictates that they notify TCA case managers, and the case manager can investigate good cause (FIA, 2022a, TCA Manual 500). Recipients who cannot comply due to domestic violence should be referred



### *EXEMPTION POLICY FOR CHILD SUPPORT REQUIREMENTS*

*Adults and minor parent heads of household are required to file for child support with the following exceptions:*

#### *Population Exemptions:*

- Ukrainian refugees\*

#### *'Good Cause' exemptions granted on a case-by-case basis:*

- Compliance with a requirement is reasonably expected to result in serious physical or emotional harm to the child or relative with whom the child lives (e.g., domestic violence)
- The child was conceived as a result of incest or forcible rape
- The relative is currently working to resolve whether to keep the child or relinquish the child for adoption and the discussions have not gone on for more than three months
- Legal adoption proceedings are pending before a court

**Note:** \*Ukrainian humanitarian parolees were exempted from child support requirements due to the ongoing war between Russia and Ukraine that requires men to remain in Ukraine to fight (FIA, 2022d).

Source: TCA Manual 500: Child Support (FIA, 2022d)

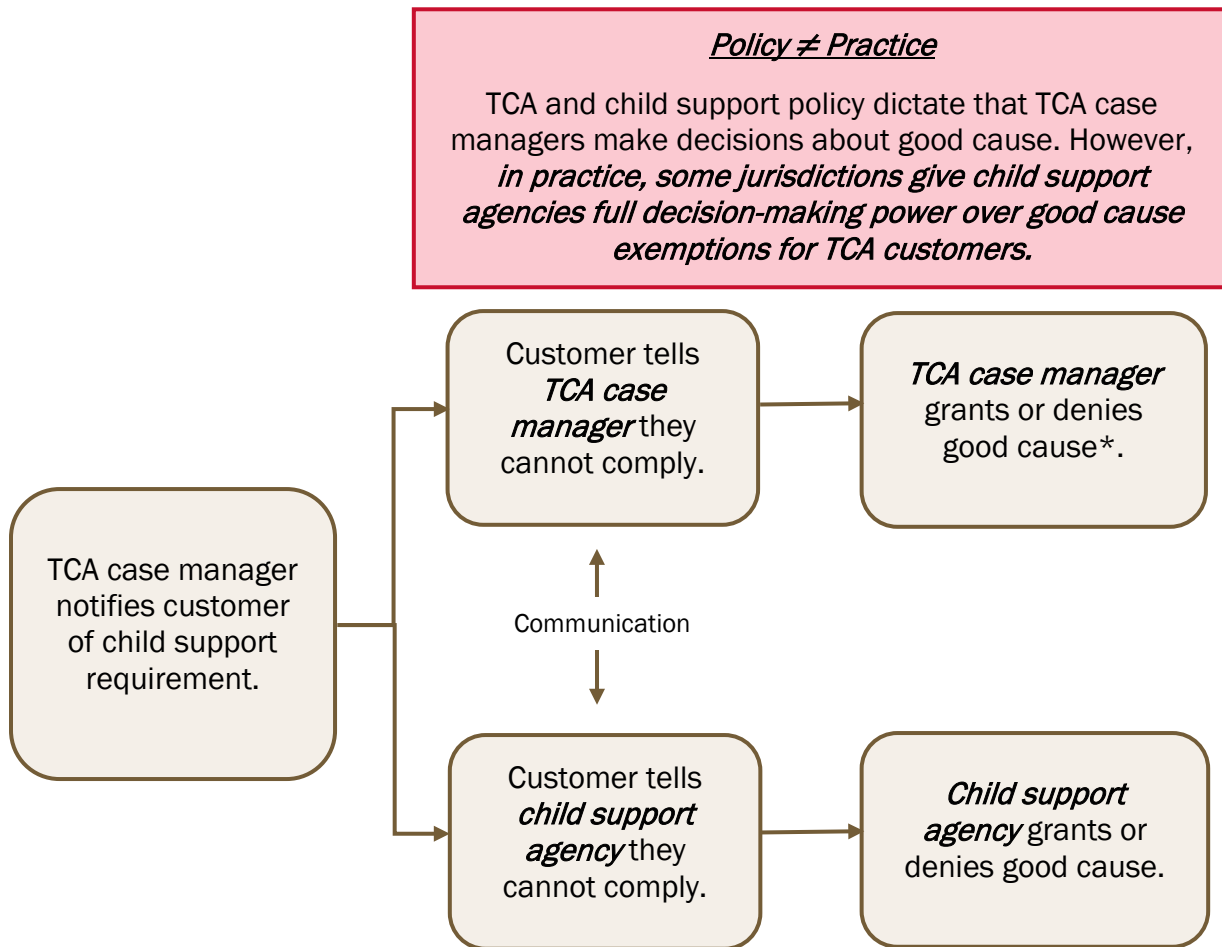


to a family violence expert (FIA, 2022a, TCA Manual 500).

Unlike the good cause process for work requirements, the qualitative analysis showed that the good cause process for child support deviates considerably from policy. The process in practice varies across jurisdictions, though the analysis shows that jurisdictions make these decisions in one of three ways: (1) jurisdictions leave good cause determinations to the local child support agency; (2) they leave the determination to the TCA case manager;

and (3) the child support agency and TCA case manager work together to make decisions. The working relationship between TCA offices and child support agencies likewise varies by jurisdiction, with some having close communication while others are more isolated. Staff perceive this as confusing and distressing for customers because they have to go back and forth between agencies that may have differing opinions on whether they need to comply with requirements. These differences in processes across jurisdictions may therefore be inequitable

**Figure 26. Good Cause Exemption Process in Practice: Child Support Requirements**



**Note:** \*Customers who experience domestic violence are required to meet with a family violence expert to be assessed for good cause (FIA, 2022a, TCA Manual 500).





## STAFF VOICES

### Coordinating with child support agencies

*“We have really good communication with our child support specialists . . . anytime family violence is reported to child support they immediately reach out to the caseworker and say the customers reporting history of family violence are you comfortable with granting good cause and then we can go from there.”*

*-Rural County Focus Group*

*“They gave us a point of contact for child support . . . when I reach out to her, it's no response at all, and it's so frustrating because like I said, when you're dealing with TCA you have all different type of scenarios. You might have a caretaker relative that . . . they don't know what's going on with child support.”*

*-Urban/Suburban County Focus Group*



**Content Warning:** This quote may be triggering for survivors of sexual assault.

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“My trainer says a customer needs to file for and be in compliance with child support. So I have to ask you what about if the customer is raped? . . . she said the child support department will make a decision if they're in compliance. *So I had a customer who, from her point of view, she is a victim of a rape . . . And so I informed her to go to child support and . . . she says they have marked her not in compliance because she did not provide enough information to reasonably find the father.* And so unfortunately, I couldn't process her case.”

*-Urban/Suburban County Focus Group*

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## STAFF VOICES

Determining good cause

*"[Good cause exemptions are] policy driven. We don't go by the feeling of the caseworker, of course they're the ones that's interviewing the customer. If the customer is explaining . . . that these are their issues . . . we try always to meet it, adjust [the Family Independence] plan whenever possible and hold them accountable. That way, the exemption is given."*

*-Urban/Suburban County Focus Group*

*"If it's not a medical exemption, if it's something else, it's very much like up to the caseworker and their relationship with the person and what they know about the person's situation."*

*-Rural County Focus Group*

Staff in focus groups shared some of the primary reasons they grant customers good cause from child support requirements. Though some staff mentioned an incarcerated or deported parent as a potential reason for an exemption, the primary reason discussed was instances of domestic violence or a customer fearing for their family's safety. Though claims of

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"I've had customers share with me how they [are] . . . just trying to make a better living . . . they will work. I mean down to the dollar, you know, just trying to feed their families. *And then when you tell them about the TCA . . . some of them are reluctant to [file for child support], especially if they know if it's going to cause a deportation in their family or household.*"

*-Urban/Suburban County Focus Group*

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domestic violence are supposed to trigger a referral to a family violence expert, jurisdictions do not have a standard operating procedure for referring recipients to such experts. Moreover, only a few jurisdictions expressed having an on-site expert. This may hinder services for this population and is discussed more in the *Evidence-based and Innovative Practices* chapter.

With respect to the population exemption for Ukrainian refugees, some staff believe that the exemption is unfairly limited to Ukrainians, when many other refugees experience similar dangerous conditions. For example, a survey participant from Montgomery County noted that refugees from Sudan are in a conflict zone similar to Ukraine but are not eligible for the same exemption as Ukrainian refugees. While this is important to highlight, the decision to exempt only Ukrainian refugees may be due to its explicit policy requiring men to stay in the country to fight.

## Good Cause Process for the Time Limit

This next section explores the good cause process for the TCA time limit on benefit receipt. The text box below details the policy on time limits. Federal TANF law allows individuals to receive benefits for up to 60 total, non-consecutive months in their lifetime (OFA, 2019). States have the flexibility to set time limits that are shorter, but Maryland does not. For most recipients, each month of TCA receipt is generally counted towards this time limit, but there are some exceptions. For example, months in which a family is receiving domestic violence services do not count towards the time limit. Notably, months in which recipients earn income through employment are also not counted. *Hardship* exemptions (i.e., good cause exemptions for the time limit) are also allowed by federal law to grant extended TANF receipt beyond 60 months for up to 20% of the TANF caseload if they have a hardship as defined by state policy (OFA, 2019). Reasons for a hardship exemption in Maryland generally fall under two categories: (1) the recipient faces significant barriers to work that prevent them from achieving financial independence; or (2) the local TCA department did not provide the supportive services it promised in the recipient's Family Independence Plan.

Prior to 2019, TCA receipt was automatically extended to TCA recipients even if they did not have a documented hardship exemption, despite the time limit policy (Office of Legislative Audits, 2019). This was a decision FIA made in light of the fact that the number of recipients reaching the time limit remained under 20% of the total caseload (i.e., the percentage that federal law permits extended TCA receipt) (FIA, n.d., p.18). To comply with federal law, the audit recommended that cases be automatically closed at 60 months unless a hardship exemption has been documented (Office of Legislative Audits, 2019). DHS implemented these recommendations and released an action transmittal in 2019

clarifying the process jurisdictions should use to determine hardship exemptions (FIA, 2019a).

This process for determining hardship exemptions is described in Figure 27. Customers are required to complete a face-to-face interview when they are nearing 60 months of receipt. In addition, reasons for a hardship exemption are investigated and staff update their Family Independence Plan. Staff are also required to complete a hardship exemption form to explain the reason for any exemption they grant. Reevaluation of eligibility for an exemption must take place every six months thereafter.

### STAFF VOICES

#### *Determining hardship exemptions*

"[In] Anne Arundel, we do [a] bi-monthly . . . big meeting where they send out appointments to all the customers over 60 months.

***They call it the 60-month seminar . . . they bring everybody in and reassess their situation and they performed the OWRA on every customer."***

*-Urban/Suburban County Focus Group*

***"We have an assessment board that meets.* We have somebody from our services that works as a liaison to provide additional resources or support if needed, and then ***we have the customer come in and then we talk to them about how they're going to be able to become self-sufficient . . . and try to support them."*****

*-Rural County Focus Group*

## HARDSHIP EXEMPTION POLICY



An adult recipient can receive TCA for 60 total months in their lifetime, with the following exceptions:

**Non-countable months** are months not counted towards the time limit when the recipient meets the following criteria:

- Caretaker relative
- Minor child
- Receiving counseling or services for domestic or family violence
- Living on an Indian reservation or Alaskan native village
- Has countable earned income
- Was considered long-term disabled and received state-funded TCA prior to 2015

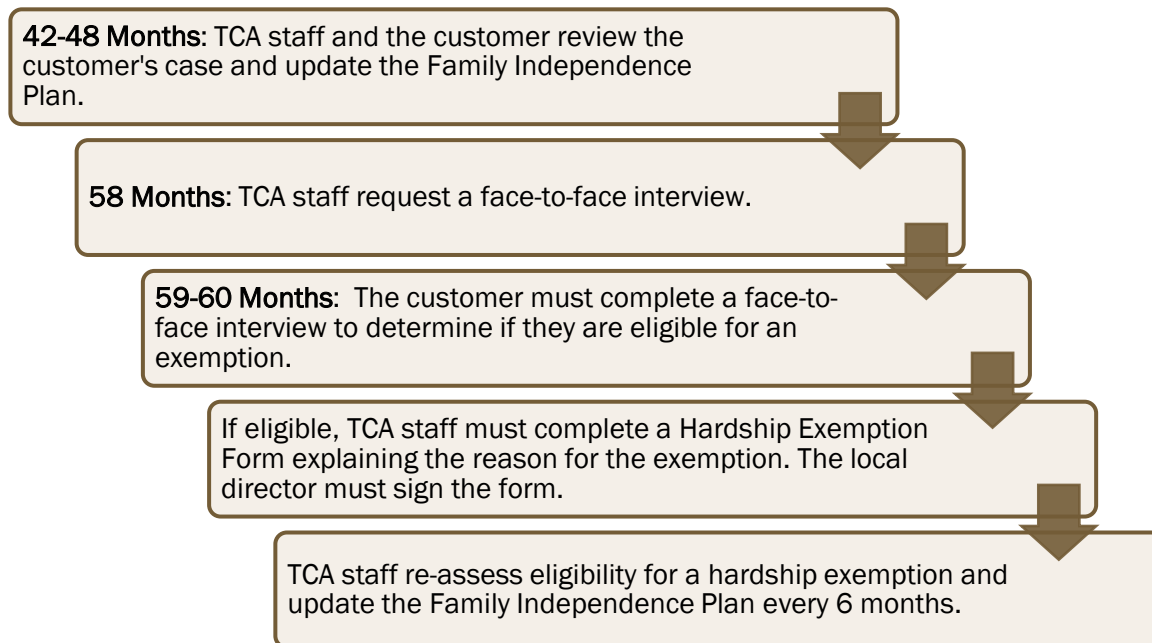
**'Hardship' exemptions granted on a case-by-case basis:**

- Customer has been unable to obtain employment due to:
  - Medical conditions
  - Mental health or substance use issues
  - Homelessness
  - Domestic violence
  - Transportation barriers
  - Childcare barriers
  - Lack of education, skills, and job training
  - Criminal history
- The customer has:
  - Experienced significant barriers that prevented finding and keeping a job
  - OR
  - The local department did not offer or provide the supportive services stated in the Family Independence Plan

Good cause exemptions for the 60-month time limit are referred to as ***hardship exemptions***.

Source: TCA Manual 313: Time Limit (FIA, 2022a)

**Figure 27. Good Cause Exemption Process: Time Limit**



**Note:** This process is described in DHS Action Transmittal #20-07 (FIA, 2019a).

The qualitative analysis revealed that jurisdictions generally follow this process, with slight variations in *who* determines the exemption and the timeframe for reaching out to customers. For example, one focus group participant described their jurisdiction's bi-monthly seminar. In this seminar, customers nearing their time limit must complete an OWRA assessment in-person. Another participant discussed how decisions about exemptions are made through their jurisdiction's assessment board. This board includes varying levels of TCA staff who collaborate to make decisions and offer supportive services.

Overall, it appears there are no differences in this process by subgroup. However, there may be differences in who is granted or denied a hardship exemption. For example, the qualitative analysis suggests that at least one jurisdiction denies hardship

exemptions for any customers who apply for SSI/SSDI benefits *close to* their time limit. Because these benefits can take a while to be approved, customers may still file for a hardship exemption to receive TCA benefits in the interim. However, a study participant shared their perspective that customers should not wait until the end of their time limit to apply for SSI/SSDI. While jurisdictions do have discretion in determining whether an individual's circumstances constitute a hardship, TCA policy only states that customers only need to be cooperating with the SSI/SSDI *process* to be eligible for TCA benefits (FIA, 2022c, TCA Conciliation and Sanction Work Book). Denying exemptions for disabled customers may be considered an inequitable application of hardship exemptions for those with disabilities.

## Sanctioning Process

The final process presented in this chapter is the sanctioning process. Sanctions decrease customers' TCA grants when they are non-compliant with work and child support requirements and have not received an exemption. Figure 28 describes this process. When a customer is non-compliant, they are placed in a 30-day conciliation period; during this time, case managers must investigate eligibility for a good cause exemption and may provide assistance in remediating barriers to compliance. If the customer is eligible for an exemption or complies with program requirements within the 30 days, no sanctions are applied to the TCA grant. If, however, the customer is not eligible for an exemption and does not comply within the 30 days, they are sanctioned. The sanction is applied for as long as the customer continues to be non-compliant.

Notably, there have been recent policy changes to the sanctioning process in Maryland. First, customers now have an unlimited number of conciliation periods for work and child support requirements: this means that each time customers are non-compliant with these requirements, they must be placed in conciliation (FIA, 2021). Second, full-family sanctions that remove full benefits for non-compliance are no longer utilized. Since late 2021/early 2022<sup>55</sup>, Maryland has had a partial sanction policy, which means noncompliance with work or child support results in a reduction of

benefits rather than case closure (FIA, 2021).

Despite these policy changes, policy does permit case managers to close TCA cases if the adults are non-compliant with the Family Independence Plan (MD Human Svs Code § 5-311, 2013). As participation in work activities could be part of a recipient's Family Independence Plan, this policy opens the door for full-family sanctions in cases of non-compliance with work activities. The TCA Work Book attempts to make a distinction between the two types of non-compliance, dictating that a "customer who has repeated good cause issues that are included in the [Family Independence Plan] must be working to resolve the issues to be in compliance" (FIA, 2022c, p. 4, TCA Conciliation and Sanction Work Book). It is unclear how case managers interpret this distinction and to what extent case closures are being applied in Maryland based on non-compliance with the Family Independence Plan.

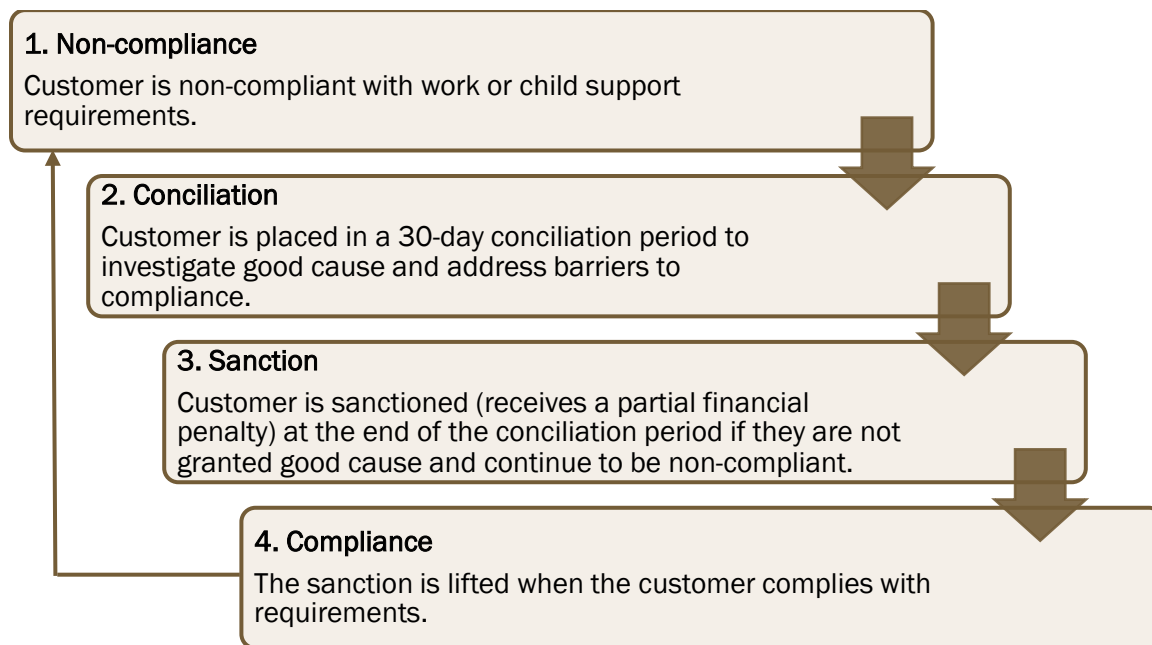
*There is inconsistency in TCA policy on sanctioning.* Full-family sanctions that remove all benefits for non-compliance with work activities are not allowed. However, case closures are allowed in instances of non-compliance with the Family Independence Plan. This distinction is vague and may cause confusion among case managers.

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<sup>55</sup> The Maryland General Assembly passed the partial sanction policy during the 2020 legislative session. However, policy implementation coincided with

implementation of E&E, the new administrative data system. As a result, statewide implementation of the new policy was not complete until early 2022 (FIA, 2021).

**Figure 28. Sanctioning Process for Non-compliance with Work and Child Support Requirements**



**Note:** This process is adapted from the TCA Conciliation and Sanction Work Book (FIA, 2022c).

### **Sanctions for Non-compliance with Work Requirements**

The next two sections explore sanctioning by subgroup for non-compliance with work and child support requirements. There are two different sanctions for non-compliance with work requirements that vary based on *who* is non-compliant. If the non-compliant adult payee is the head-of-household, their *individual portion* of the monthly TCA grant is reduced by 30%. However, if the recipient is *not* the head-of-household, which may include minor parents or minors aged 16 to 18, their *entire portion* of the TCA grant is removed from the family’s overall grant. The analyses in this section do not include recipients who are not the head-of-household.

Sanctioning data displays the percentage of payees in SFY 2023 who received a sanction in SFY 2023 as well as the percentage of payees who received a sanction between SFYs 1998 and 2022 (referred to hereafter as a *prior work sanction*). Work sanction analyses exclude payees who were work-exempt in SFY 2023.<sup>56</sup> Work-exempt payees include individuals on the following cases: child-only, those caring for a disabled household member, and those with a child under age 1 (for the first 12 months). Some payees who are excluded from the WPR or have good cause exemptions are not designated as work-exempt and are thus not excluded from sanctioning analyses. Appendix M also includes data on sanctions in SFY 2019, when full-family sanctions were permitted.

<sup>56</sup> In these analyses, work-eligibility status is based on the head-of-household. In SFY 2023, 23,157 cases were work eligible (*out of 27,973 total cases*) and 4,566 were not work-eligible. Additionally, 250 cases

were missing data on work eligibility. These cases were excluded from analyses of work sanctions.



## SFY 2023 Work Sanction

- The **SFY 2023 Sanction** category indicates whether the payee on the case received a work sanction in SFY 2023 (July 2022 – June 2023).

Overall, nearly one in 10 (8%) payees received at least one work sanction in SFY 2023, compared to more than one in three (36%) who received at least one prior work sanction (shown in Figure 29). This difference is expected for two reasons: (1) prior work sanctions are captured over a much longer time period; and (2) prior work sanctions capture sanctioning under former, stricter policies that permitted full-family sanctions and only allowed for one conciliation period per payee.

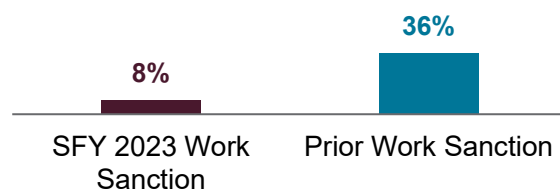
Figure 30 segments sanctions by race and ethnicity. Across all races and ethnicities,

## Prior Work Sanction

- The **Prior Work Sanction** category indicates whether the payee on the case experienced a work sanction from 1998 through June 2022 (the last month before SFY 2023 began).

Black payees had the highest percentage (41%) of prior work sanctions, followed by Indigenous (34%), White (29%), Hispanic/Latinx (22%), and Asian (19%) payees. This is consistent with prior research showing that Black and Indigenous recipients are more likely to be sanctioned compared to White recipients (Pavetti et al., 2023; OPRE, 2023). However, SFY 2023 work sanctions were similar for all groups: 8% of Black, Hispanic/Latinx, and Indigenous payees received a partial work sanction in SFY 2023, compared to 10% of White payees.

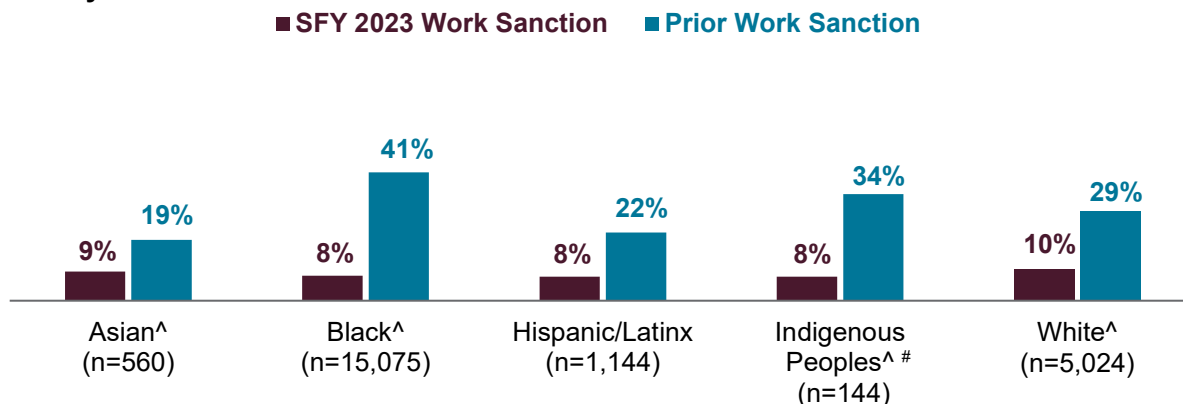
**Figure 29. Work Sanction Status among the SFY 2023 Work-eligible Caseload**  
(n=23,157)



**Appendix M** provides sanctioning data for SFY 2019, prior to the removal of full-family sanctions.



**Figure 30. Work Sanctions among the SFY 2023 Work-eligible Caseload, by Race & Ethnicity**



**Note:** ^Non-Hispanic/Latinx. #Indigenous Peoples includes payees who identify as Native American, American Alaska Native, Native Hawaiian, or other Pacific Islander. Race and ethnicity information is based on the head-of-household. Race or ethnicity information was missing for 891 recipients. Valid percentages are reported to account for missing data.

Figure 31 compares sanction rates for additional subgroups. Almost half (44%) of payees whose primary language is not English or Spanish received at least one prior work sanction, compared to 36% of English-speaking payees and 12% of Spanish-speaking payees. This pattern holds for SFY 2023: 10% of payees with a primary language other than English or Spanish received at least one sanction compared to 8% of English-speaking payees and 4% of Spanish-speaking payees. A higher percentage of sanctions among payees who primarily speak a language other than English could be a result of communication barriers between payees and case managers. Spanish-speaking payees may not experience communication barriers to the same extent as recipients who speak other languages, as Spanish is the most common language spoken in the U.S. after English (Dietrich & Hernandez, 2022).

Sanctioning also differed by disability status. About half (52%) of disabled payees received at least one prior work sanction, compared to one third (36%) of non-disabled payees. The opposite pattern was seen for SFY 2023, where a higher percentage of non-disabled payees received a sanction (9%) compared to disabled payees (6%).<sup>57</sup> Sanctioning differences could reflect the difficulty payees and case managers experience when trying to verify a disability. For example, an individual may have claimed to have a disability, but could not obtain verification; without verification or compliance with the work activity, the payee would be sanctioned. This highlights an earlier finding on potential inequity related to the requirement for verification of disability in the good cause process. Regarding citizenship status, nearly two fifths of citizens (38%) and naturalized citizens (35%) received at least one prior work sanction compared to legal aliens (10%). In

<sup>57</sup> As described in the subgroup definitions, the *disabled* category includes individuals with a documented long-term disability at any point in SFY 2023. These individuals are eligible for a work

exemption, in which case they should not receive any work sanctions. However, it is possible that their disability status changed throughout SFY 2023 or in the prior two decades.

SFY 2023, 9% of citizens and 18% of naturalized citizens received at least one sanction, compared to 4% of legal aliens. It is unclear why naturalized citizens are twice as likely to receive a sanction.

Figure 31 shows that almost half (48%) of urban payees received at least one prior work sanction, compared to almost two in five (38%) suburban payees and one in five (19%) rural payees. It is possible that lower caseloads in rural and suburban jurisdictions allow for more attention to exploring good cause before sanctioning. However, sanctioning in SFY 2023 did not have the same geographic pattern. In SFY 2023, a much lower percentage of urban payees (5%) received a sanction, while 5% of rural and 13% of suburban payees received a sanction.

Lastly, sanctioning differed by age. Nearly two fifths (38%) of adults received at least one prior work sanction, compared to 23% of opportunity youth and 7% of older adults. Sanctioning remained low for older adults in SFY 2023 (2%) and was about equal for adults (8%) and opportunity youth (9%).

Notably, SFY 2023 sanctioning differed from sanctioning patterns in SFY 2019 (see Appendix M). While some patterns were

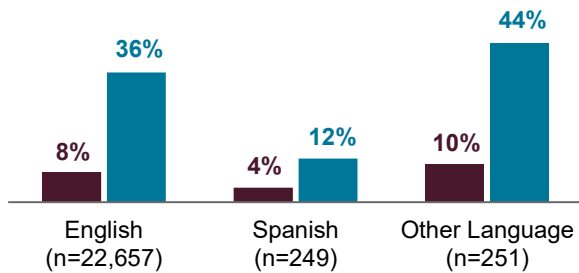
similar, SFY 2023 sanctioning appears to be more equal across groups. For example, sanctioning was similar across all racial/ethnic groups in SFY 2023. Moreover, sanctioning was overall lower in SFY 2023 than SFY 2019. This may be a result of sanctioning policy changes (i.e., removal of full-family sanctions, expansion of conciliation periods) that were implemented after 2019.

Overall, there were differences in work sanctioning by subgroup. These differences were often more pronounced for prior work sanctions—which primarily captures sanctions under the old full-family sanctioning policy—compared to SFY 2023 sanctions. This suggests that the revisions in sanctioning policy may have improved equity, particularly by race/ethnicity, primary language, and disability status. However, as noted in the introduction to this chapter, equality in implementation does not necessarily mean implementation is equitable. Equity in sanctioning is intertwined with equity in assignments to work activities and barrier codes, as well as how case managers determine good cause exemptions. Examining these processes altogether could provide additional insight into equity.

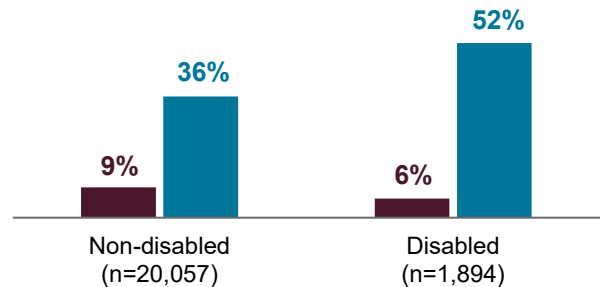
Figure 31. Work Sanctions among the SFY 2023 Work-eligible Caseload, by Subgroup

■ SFY 2023 Work Sanction ■ Prior Work Sanction

**Primary Language**

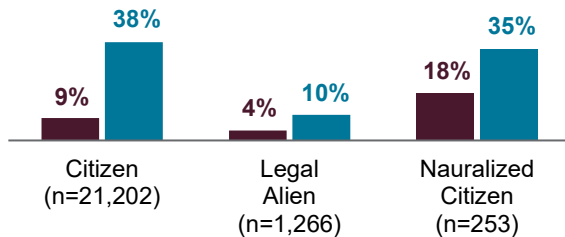


**Disability Status**



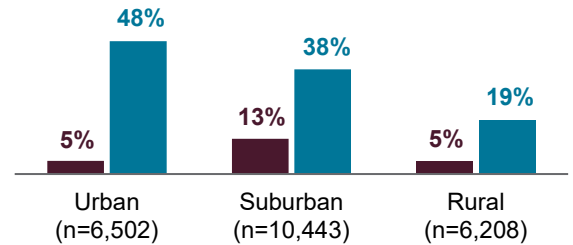
**Note:** Disability status is missing for 1,205 cases. Valid percentages are reported to account for missing data.

**Citizenship Status**



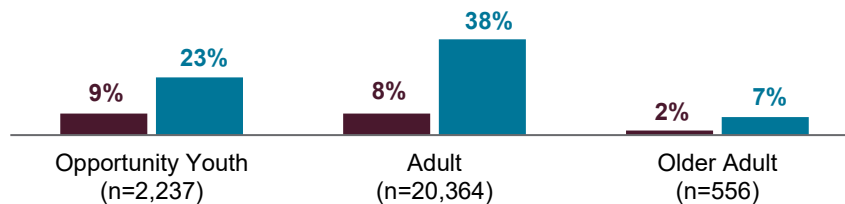
**Note:** This analysis excludes payees who were not eligible for TCA based on citizenship status (n=436). Valid percentages are reported to account for missing data.

**Geographic Type**



**Note:** Geographic type missing for four cases. Valid percentages are reported to account for missing data.

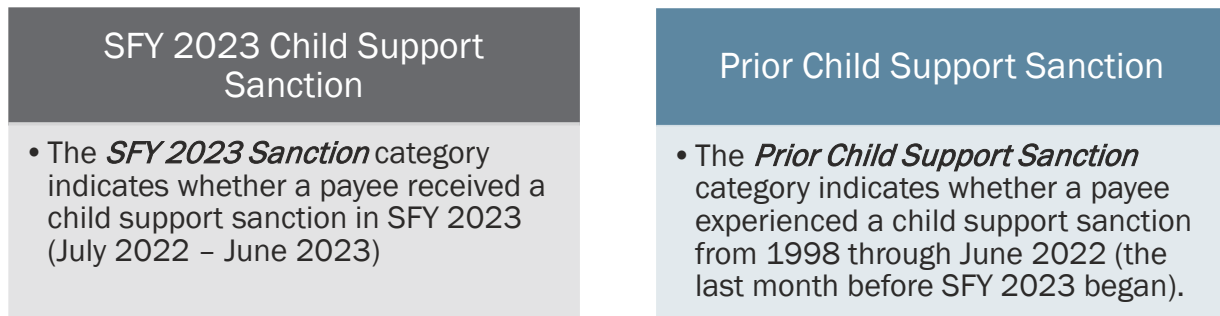
**Age Category**



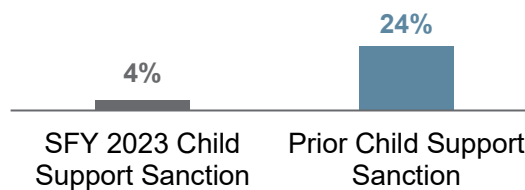
### Sanctions for Non-compliance with Child Support Requirements

The final section of this chapter examines sanctioning data by subgroup for child support requirements. Unlike work sanctions, there is one child support sanction for everyone: any household with a member who does not comply with child support requirements results in a 25% reduction in the total TCA grant for the

household. Analyses of child support sanctions was almost identical to the analysis of work sanctions, focusing on SFY 2023 and prior sanctions for SFY 2023 payees. However, this analysis includes work-exempt payees, given that work-exempt payees must still comply with child support requirements.<sup>58</sup> Overall, one quarter (24%) of payees received at least one prior child support sanction, while 4% received in SFY 2023 sanction (Figure 32).



**Figure 32. Child Support Sanction Status among the SFY 2023 Caseload**  
(n=27,973)



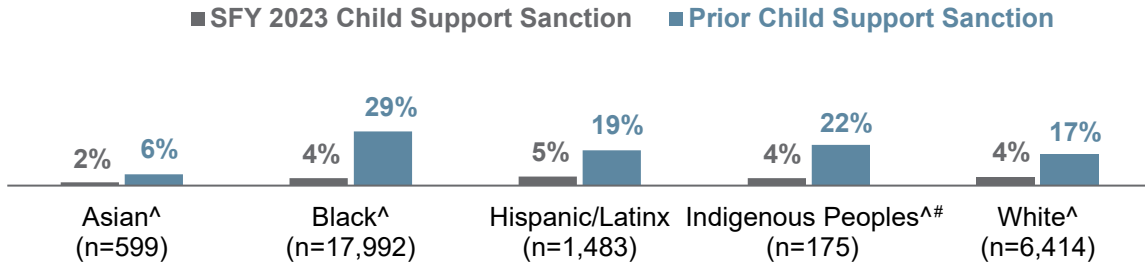
<sup>58</sup> The analysis did not exclude populations that do not have to file for child support, including some two-parent families and Ukrainian refugees. Two-parent

families make up only 8% of the caseload and sensitivity checks revealed no substantial change in results when including two-parent families.

Figure 33 shows child support sanctions by race and ethnicity. Similar to work sanctions, a higher percentage of Black (29%) and Indigenous (22%) payees received at least one prior child support sanction, compared to Hispanic/Latinx (19%), White (17%), and Asian (6%) payees. This is similarly aligned with

previous research showing higher sanctioning of Black and Indigenous recipients (Pavetti et al., 2023; OPRE 2023). The percentage of payees who received at least one sanction in SFY 2023 was more similar across races and ethnicities, ranging from 2% to 5%.

**Figure 33. Child Support Sanctions by Race & Ethnicity among the SFY 2023 Caseload**



**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes payees who identify as Native American, American Alaska Native, Native Hawaiian, and/or other Pacific Islander. Race and ethnicity information is based on the head-of-household. Race or ethnicity information is missing for 891 payees. Valid percentages are reported to account for missing data.

Figure 34 shows child support sanctioning for the remaining subgroups. With respect to primary language, prior and SFY 2023 sanctioning was similar for all groups. In SFY 2023, only 4% of English- and Spanish-speaking payees received a sanction. Only 3% of recipients whose primary language was something other than English or Spanish received a sanction. Sanctioning also varied by disability status. A higher percentage of disabled payees received at least one prior child support sanction (31%) compared to non-disabled payees (25%). Both groups were sanctioned similarly in SFY 2023, however, at 3% and 4%, respectively.

Figure 34 also provides results segmented by citizenship status. Roughly one quarter (26%) of citizens received at least one prior child support sanction. Comparatively, 15% of naturalized citizens and only 5% of legal aliens received a previous sanction. Sanctioning was more equal in SFY 2023, during which sanctioning ranged from 2% to 5% across the three categories of citizenship statuses.

Similar to work sanctions, a higher percentage (34%) of urban payees received at least one prior child support sanction, compared to 26% of suburban payees and 11% of rural payees. SFY 2023 did not show the same pattern, however. Only 1% of urban payees received a SFY 2023 sanction, compared to 7% of suburban payees and 3% of rural payees. The reason for inequity in sanctioning across geographic type in SFY 2023 is unclear.

Lastly, child support sanctioning differed slightly by age. One quarter (25%) of adults received at least one prior sanction, compared to one fifth (20%) of older adults and 17% of opportunity youth. In SFY 2023, sanctioning ranged from 2% to 5% across groups.

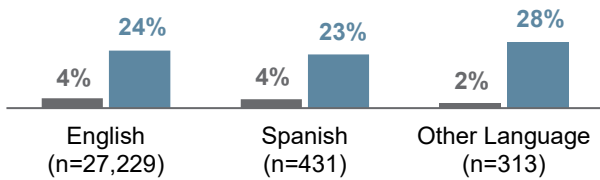
Similar to work sanctions, child support sanctioning in SFY 2019 (shown in Appendix M) was often more unequal. Sanctioning also occurred more frequently. For example, sanctioning was similar by age in SFY 2023. However, almost one fifth (18%) of opportunity youth received a sanction in 2019, compared to one in 10 (10%) adults and less than one in 10 (6%) older adults. Given the breadth and focus of this report, additional discussion about the differences between the previous sanction policy and current sanction policy is beyond the scope of this study.

In sum, findings for child support sanctioning were largely similar to work sanctioning. There were some differences in prior sanctions by subgroup, for example by race/ethnicity and citizenship status. However, there were fewer differences among the SFY 2023 caseload, suggesting that sanctioning may be more equitable after the changes in sanctioning policy. In addition, there was overall less sanctioning for non-compliance with child support compared to work requirements.

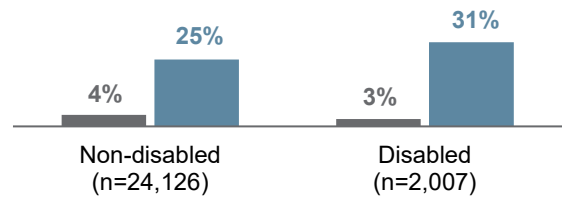
**Figure 34. Child Support Sanctions by Subgroup among the SFY 2023 Caseload**

■ SFY 2023 Child Support Sanction ■ Prior Child Support Sanction

**Primary Language**

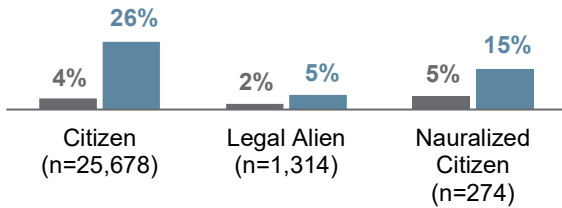


**Disability Status**



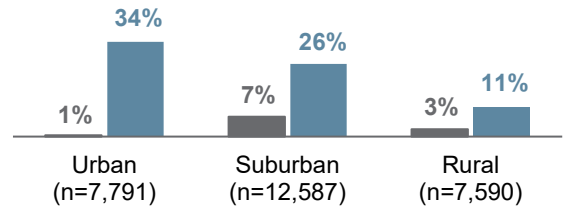
**Note:** Disability status is missing for 1,840 cases. Valid percentages are reported to account for missing data.

**Citizenship Status**



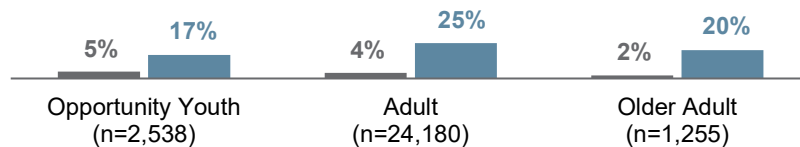
**Note:** This analysis excludes payees who were not eligible for TCA based on citizenship status (n=707). Valid percentages are reported to account for missing data.

**Geographic Type**



**Note:** Geographic type missing for five cases. Valid percentages are reported to account for missing data.

**Age Category**



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## EVIDENCE-BASED AND INNOVATIVE PRACTICES

Lauren A. Schuyler & Krysten Garcia

As previously described in this report, the federal TANF program gives tremendous latitude to states to design and implement their own cash assistance programs. Over the last nearly 30 years, this flexibility has yielded a profusion of policy experiments. States and their jurisdictions have had the opportunity to design and execute different programs and policies on behalf of families.

To better assist states in moving TANF recipients into gainful employment, the Consolidated Appropriations Act of 2017 directed HHS to create a catalogue of interventions that had demonstrated success with increasing employment and earnings. Thus, the *Pathways to Work Evidence Clearinghouse* was born (OPRE, n.d.-b). This repository provides evidence about programs that help—and do not help—increase employment and earnings, while simultaneously categorizing the evidence based on rigor. The clearinghouse is similar to the *What Works Clearinghouse* through the U.S. Department of Education: this clearinghouse provides evidence on education and career pathway interventions, including interventions targeting young adults (Institute of Education Sciences, n.d.).

The purpose of this chapter is to broadly explore both evidence-based and innovative

### LOOKING FOR A SUMMARY OF THIS CHAPTER?



The *Executive Summary* provides a brief overview of this chapter. The *Strengths, Areas for Improvement, and Recommendations* chapter includes detailed strengths and areas for improvement by chapter.

practices in TANF that increase families' self-sufficiency. Despite the accumulation of nearly 30 years of evidence, there is still substantial ambiguity around best practices in supporting TANF families in their journeys. Questions remain with respect to *what works* for *whom*, *when*, and *under what circumstances*. Consequently, this chapter provides an overview of practices, programs, and approaches that can support a family on their journey to self-sufficiency, notably through employment and earnings gains or remediation roadblocks to such gains. However, as shown in the *Pathways to Work Evidence Clearinghouse* (OPRE, n.d.-b), not all practices, programs, and approaches are fully successful: implementation and other considerations can impact the success of even the best-designed programs.

### DATA SUMMARY

- There is not a consensus on evidence-based and innovative practices for TANF. The authors of this chapter reviewed relevant peer-reviewed articles, reports from public management and administration organizations, and government reports to define and identify these practices.
- This chapter includes a qualitative analysis of:
  - Interview and focus group transcripts with LDSS and FIA staff
  - Open-ended responses from a survey of NASTA members
  - Publicly available state TANF plans for 42 states and the District of Columbia
- This chapter also includes a quantitative analysis of:
  - A survey administered to LDSS staff and administrators

More details are available in the **Appendix B**.

One of the charges in H.B. 1041 is to explore the extent to which Maryland is employing *best practices* in its TANF program, as well as the evidence-based and innovative practices of other states' TANF programs. However, after a thorough review of peer-reviewed articles, public management and administration organizations, and government reports between fall 2022 and spring 2023, the authors did not find an operational definition of a *best practice* for TANF. Similarly, there is no comprehensive list of best practices for TANF program design or delivery.

For this chapter, the authors define a best practice as an *evidence-based practice* (EBP), consistent with other literature (Kessler et al., 2005). Borrowing from the concept of EBP in medicine (Sackett et al., 1997), Kessler surmises that an EBP requires a search for the best available external evidence. However, other authors note that evidence alone does not signal a best practice: a best practice may be identified through a review of research evidence, practical wisdom from experts, or through successful marketing, lobbying, and other efforts to promote the practice (Manela & Moxley, 2002). Importantly, Manela and Moxley (2002) suggest that even if evidence demonstrates the effectiveness of a practice, it still must be useful, feasible, and relevant to the agency. Of course, it should also be feasible for and relevant to the population the practice intends to serve.

APHSA has advocated for TANF programs that are grounded in evidence of “what works for families” (APHSA, 2021; Tassigne, 2022, para. 7). They define evidence as both *traditional research* as well as the *lived experiences of families* (APHSA, 2021). Further, APHSA suggests that TANF’s success should be measured by families’ abilities to achieve long-term economic well-being or incremental progress toward barrier removal (APHSA, 2021; Tassigne, 2022), which also aligns with one of the primary goals of TANF in

statute, as described in the *Program Design: Part I* chapter.

For the purposes of this chapter, the authors adopted the following definition of an EBP, informed by APHSA and other literature: *an EBP is one that helps families achieve incremental progress toward barrier removal and/or long-term economic sufficiency, for which adequate, quality evidence exists*. In public health, attempts at determining *quality* evidence have included convening workgroups or panels of experts to gather evidence, and reviewing or creating models for classifying evidence (see Baker et al., 2020 and Spencer et al., 2013 for examples). Given time limitations, an extensive review of evidence is beyond the scope of this project. Therefore, the authors do not offer a definition of *adequate* or *quality* (part of the current working definition of EBP). Rather, they utilized their own expertise to identify EBPs with adequate or quality evidence, with emphasis on identifying EBPs that have been studied specifically among TANF populations.

It is important to note that available evidence is often skewed towards populations that are easier to study, which leads to the exclusion of many racial and ethnic minority groups or vulnerable populations (Whitesell, 2017). Whitesell (2017) also argues that research designs that are considered to produce the highest quality evidence may not even be ethical with certain groups. Furthermore, despite the acknowledged importance of centering lived experience in research, this is still not a common practice (Parekh & Angeles-Figueroa, 2023). The authors share this to acknowledge the limitations of identifying what the current literature suggests are EBPs.

Similar to EBPs, the authors utilized their own expertise to identify innovative practices in TANF. For the purposes of this chapter they adopted the following definition of an innovative practice: *an innovative*

practice is a novel practice for which limited or no evidence base exists, but retains the main aim to benefit families on their self-

sufficiency journeys. Table 20 lists and defines the EBPs and innovative practices covered in this chapter.

**Table 20. TANF Evidence-based and Innovative Practices**

Practice	Definition
<i>EVIDENCE-BASED</i>	
Sector Strategies	A combination of sector-specific on-the-job training and education that aligns with <u>in-demand</u> industries in the state or locality, which includes the involvement of employers.
Career Pathways	A combination of education and training that helps individuals learn skills and earn postsecondary credentials for specific high-wage occupations. Career pathways have <u>clear entry and exit points</u> along the path.
Registered Apprenticeships	Work-based programs that combine classroom instruction, on-the-job training, and mentorship.
Trauma-informed Approach	A holistic, systematic approach to understand, address, and minimize the impact of trauma on individuals.
Goal Setting and Coaching	A trained coach works collaboratively with individuals to set personalized goals and provide support and motivation in pursuit of those goals.
Wraparound Supportive Services	Services provided to help individuals address their barriers, meet their needs, and assist in obtaining or retaining employment (e.g., addressing mental health and childcare needs).
Centering Customer Voices	Incorporates and prioritizes the voices of individuals receiving services in program and policy decisions.
Home Visiting	Services provided by trained professionals in an individual's home or other safe location, including counseling, education, screening, and/or referrals to community services.
<i>INNOVATIVE</i>	
Financial Incentives	Rewards provided to individuals for securing or retaining employment or meeting goals set by the individual.
Two-generation/Whole Family Approach	An approach that expands services beyond adults to include their children and families in an effort to interrupt the cycle of poverty.
Federal Resources	Use of federal TANF-related resources, such as those provided by ACF, to inform TCA policies and processes.

**Note:** Given that the authors identified these practices based on a thorough literature review between November 2022 and March 2023. This chapter largely does not incorporate additional evidence after March 2023. Due to time restraints and the breadth of this study, an updated literature review was not feasible before the deliverable due date. The authors expect this list will change over time as the evidence base of what works for families evolves. Moreover, this chapter does not represent an exhaustive list of all possible evidence-based or innovative practices.

## Workforce Development

In general, postsecondary education improves long-term independence from public assistance and has the largest effects on labor market outcomes (Streke & Rotz, 2022; Vollmer et al., 2017). This type of strategy is most effective when it involves a commitment of less than two years (U.S. Department of Labor et al., 2014) and focuses on professional certifications, licenses, skills training, or vocational education (Paprocki et al., 2022; Kogan et al., 2016). Further, these strategies have

larger impacts when they are cohort-based (i.e., have a tightly knit, reliable group of peers working toward a similar goal; U.S. Department of Labor et al., 2014) and focus on in-demand occupations and state licensure. The authors' review of literature yielded three workforce development strategies that include postsecondary education and have strong evidence of success in improving earnings and employment: sector strategies, apprenticeships, and career pathways.

### Sector Strategies

**Figure 35. Review and Examples of Sector Strategies**

Definition	Outcomes	State Examples	In Maryland
<ul style="list-style-type: none"> <li>• Combination of sector-specific on-the-job training and education.</li> <li>• <i>Aligns with in-demand industries and involves employers.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Long-term increase in earnings and employment.</li> <li>• Successful for disadvantaged workers, especially when combined with support services.</li> </ul>	<ul style="list-style-type: none"> <li>• Project QUEST, Texas</li> <li>• Wyoming's <i>Climb</i> program for single mothers includes training for in-demand industries, job placement, and support services.</li> </ul>	<ul style="list-style-type: none"> <li>• 53% of administrators reported using this approach.</li> <li>• Baltimore County collaborates with their workforce department to identify in-demand industries and offer training.</li> </ul>

Sector strategies involve a combination of education and sector-specific on-the-job training that aligns with in-demand industries in the state or locality. This strategy targets specific clusters of occupations and addresses employer needs. Further, it gets participants into higher-earning industries and occupations while simultaneously improving employers' access to workers with necessary skills (Conway et al., 2007). The role of employers is a key component of this strategy (King & Prince, 2021; Oh et al., 2020).

Sector strategies have been closely studied for over one decade (King & Prince, 2021). Evidence shows that this strategy increases

employment, earnings, and benefits over time (Conway et al., 2007; Oh et al., 2020) and is particularly successful for long-term employment and earnings increases (U.S. Department of Labor et al., 2014; Fishman et al., 2020; Kogan et al., 2016; Paprocki et al., 2022; Mitchell, 2018; Holzer, 2022). Moreover, the evidence suggests that these strategies are the most successful education and training strategies for disadvantaged workers (Holzer, 2022). When combined with support services, they can also lead to improvements in long-term earnings even for participants who have experienced repeated life course shocks (Katz et al., 2020).



## Sector Strategies in Practice

To employ a true sector strategy in Maryland, jurisdictions could utilize publicly available occupational projection data on the Department of Labor's website to identify *which occupations will have the highest growth* in the coming years. Growth can be gauged by the anticipated increase in either the number or percentage of workers in an occupation. For example, when examining the data for the Lower Shore region of the state, the data show that in the coming years, there will be an increase in demand for registered nurses, truck drivers, and insurance sales agents. Given this insight, Lower Shore jurisdictions might *provide TANF customers with education, training, and employment opportunities in those occupations.*

Two examples of sector strategies include *Project QUEST* (Fishman et al., 2020) and *Climb* (Eddins et al., 2021). *Project QUEST* is a program in San Antonio, Texas that prepared individuals for healthcare careers. Program participants earned more than individuals in the control group, and earnings gains were sustained after more than a decade (Roder & Elliott, 2021; Fishman et al., 2020; Holzer, 2022). *Climb* is a nonprofit organization in Wyoming that targets single mothers who are eligible for TANF. *Climb* provides training for high-demand industries, subsidized job placement, and wraparound supportive services (Eddins et al., 2021).

Slightly more than half (54%) of surveyed LDSS administrators reported using sector strategies in their TCA programs. However, the authors found little evidence of the utilization of *true* sector strategies (see callout titled *Sector Strategies in Practice*). One notable exception is in Baltimore County. This jurisdiction identified in-demand industries in their jurisdiction, linking customers to specific training opportunities for manufacturing, logistics, and other warehousing careers. Jurisdictions looking to expand their use of sector strategies might review occupational projection data available through the Maryland DOL to gauge anticipated increases. For example, in the coming years, jurisdictions in the Lower Shore region of the state will have an increased demand for registered nurses, truck drivers, and insurance sales positions. A sector strategy, then, would involve providing customers with education and training opportunities in those occupations, while simultaneously connecting them with employers.

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“ . . . there's a lot of job opportunities in [manufacturing, logistics, and warehousing]. So that's one area where we've developed some career pipelines and some training programs and the employers over there . . . they need certain people with certain skill sets . . . *it's been a synergistic opportunity to help folks who need jobs get linked to [employers] who need people.*”

-Baltimore County Interview

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## Career Pathways Approach

Figure 36. Review and Examples of Career Pathways

Definition	Outcomes	State Examples	In Maryland
<ul style="list-style-type: none"> <li>• Combination of education and training that helps individuals earn postsecondary credentials.</li> <li>• <b><i>Emphasizes high-wage occupations, with clear entry and exit points along the pathway.</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• Short-term increase in earnings and employment.</li> <li>• Mixed evidence of long-term impact.</li> <li>• Results are dependent on implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Pennsylvania works with workforce providers to offer credentialing programs, primarily related to careers in healthcare.</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of administrators reported using this approach.</li> <li>• Baltimore City pays for training that offers stackable credentials, focusing on long-term success.</li> </ul>

Career pathways include a combination of education and training that helps individuals learn skills and earn postsecondary credentials for specific occupations (King & Prince, 2021). This strategy provides clear entry and exit points and allows participants to leave for the labor market (i.e., get a job) and return at any point to keep building their skillsets. For example, an individual could pursue a healthcare career pathway. Along this pathway are clear entry and exit points: an individual could begin with earning a Certified Nursing Assistant credential, pursue employment for a period of time, and then return to their education to continue to build on that credential to reach a higher credential with higher earnings. Although similar to sector strategies, career pathways differ in that they do not necessarily focus on locally in-demand industries or occupations. As of 2019, ACF encouraged “TANF agencies to adopt policies and practices that will connect families to robust and tailored career pathways to help parents receive the training and credentials they need to obtain jobs with family-sustaining wages” (OFA, 2019, TANF policies in support of career pathways section).

An example of a career pathway is the federal Health Profession Opportunity Grants (HPOG) Program which provides training for TANF recipients and other low-

income adults in occupations in healthcare (Sick & Loprest, 2021; Peck et al., 2022). Evidence from HPOG shows that participants who complete their registered nurse (RN), other licensed nurse, dental hygienist, physical therapy assistant, or occupational therapy assistant trainings have some of the highest employment and earnings. Based on these findings, and a recent review of select other career



### STAFF VOICES

#### Career Pathways challenges

*“It’s very limited here for us . . . the industries that we have are very much like the chicken factories and things like that. So this is something that a lot of people aren’t interested in . . . working in the chicken house [is] not a career path, you know what I mean?”*

*-Talbot County Interview*

*“Ocean City is a resort town and that is the most employment that we have in our county . . . which is still 30 miles away for most folks.”*

*-Worcester County Interview*



pathways programs (Paprocki et al., 2022), this strategy seems promising. However, a thorough meta-analysis of 46 impact evaluations shows that overall, this approach does not meaningfully increase long-term earnings (Peck et al., 2021): rather, long-term success strongly depends on the *design* and *implementation* of the career pathways program.

There is ample evidence that states are using career pathways in their TANF programs. Pennsylvania, for instance, underwent recent reforms to tailor their program to focus on education and training. They contract with workforce providers on

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“ . . . *we were really focused on stackable credentials* . . . we paid for individuals and we counted their participation and the training . . . as if they were working or volunteering, which was a detriment to our own WPR. But we were really focused on making sure they were on the right track . . . *we seem to have long-term success with placement and long-term employment gains there.*”

-Baltimore City Interview

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low-cost training opportunities and create or identify credentialing programs for participants to be trained in healthcare and other occupations (Commonwealth of Pennsylvania, 2021). Similarly, South Carolina partners with colleges to offer short-term certification trainings (State of South Carolina, 2020). Connecticut operates an intensive program through their Department of Labor to help TANF participants receive training and job placements in the construction industry (Reeves & Lamont, 2020).

In Maryland, four out of five (80%) surveyed administrators reported using career pathways with TCA customers. Similar to sector strategies, the authors found little evidence of true career pathways strategies.

One good example, however, is Baltimore City’s use of training to provide stackable credentials for long-term success. Another example is a skills course Cecil County utilizes to provide customers with Occupational Safety and Health Administration (OSHA) certification and forklift training.

The lack of evidence of this strategy in Maryland may be in part due to the narrow definition of a career pathway, and lack of consensus of how specific workforce development strategies are defined. Although career pathways with clear entry and exit points appear to be uncommon in Maryland’s TCA program, staff across the state described the importance of relationships with WIOA partners to connect customers to career pathways. These partners include American Job Centers, local workforce development boards, and the Maryland DOL: these resources are critical to connecting customers with training opportunities and pathways to longer-term success.

The lack of evidence of this strategy may also be linked to the challenges jurisdictions confront. In rural jurisdictions, opportunities for careers with longer-term earnings are scarce. Worcester County, for instance, shared that a primary location of employment for the jurisdictions’ residents is Ocean City, which has largely seasonal employment opportunities. Moreover, the location of the resort town is 30 or more miles away for many customers, and transportation is a challenge. Talbot County noted that opportunities are limited in their jurisdiction, too. They shared that “...the industries that we have are very much like the chicken factories...working in the chicken house [is] not a career path...” Rural jurisdictions are not unique in these challenges. In a recent evaluation of a TANF workforce program staff in rural areas across the countries reported challenges with access to transportation and childcare (Roy et al., 2024).

Another challenge that jurisdictions face are employers' perceptions and negative stereotypes of cash assistance customers. One urban/suburban jurisdiction noted that employers view employing TCA customers as "a risk," further sharing that "they may seem to be somewhat unstable." LDSS

staff, then, are left to combat these negative stereotypes, advocating for customers by trying to "somewhat guarantee which clients are more dependable...and saying this person can really and truly be a good fit..." for their business.

### Registered Apprenticeships

Figure 37. Review and Examples of Registered Apprenticeships

Definition	Outcomes	State Examples	In Maryland
<ul style="list-style-type: none"> <li>• Work-based programs that combine classroom instruction, on-the-job training, and mentorship.</li> <li>• One of TANF's allowable core work activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in earnings and employment.</li> <li>• Benefits employers.</li> </ul>	<ul style="list-style-type: none"> <li>• Connecticut's <i>Job Funnels</i> program provides TANF recipients with training and apprenticeship placements in the construction industry.</li> </ul>	<ul style="list-style-type: none"> <li>• 47% of administrators reported using this approach.</li> <li>• Howard County's work vendor pays for apprenticeships.</li> </ul>

The final workforce development approach this chapter discusses is registered apprenticeships. Registered apprenticeships are work-based programs that can combine classroom instruction, on-the-job training, and mentorship. Importantly, they adhere to strict guidelines (Kuehn et al., 2022). During the 2010s, there was an apprenticeship renaissance (Boren et al., 2021), and the number of apprenticeships grew by more than 70% throughout that period (Employment and Training Administration, 2020). More recently, there has been a federal effort to expand access to registered apprenticeships (The White House, 2022), notably for women (ApprenticeshipUSA, 2022).

Apprenticeships have positive impacts on participants' employment and earnings

(U.S. Department of Labor et al., 2014; see Kogan et al., 2016 review; Paprocki et al., 2022).<sup>59</sup> In the private sector, apprenticeships in the skilled trades provide women paid employment, opportunities to receive credentialing, and increased wages (Childers et al., 2021). Public sector apprenticeships—which have also recently experienced a resurgence (Elliott et al., 2021b)—also have high returns, creating pathways to economic mobility (Elliott et al., 2021a). The average starting annual salary of an apprentice after completing a program is \$77,000; moreover, 93% of apprentices retain employment after the apprenticeship ends, amounting to an average of \$300,000 more in lifetime earnings compared to peers who did not complete apprenticeships (ApprenticeshipUSA, n.d.). Public sector jobs, in general, offer the most equitable access to mobility (Escobari et al., 2021),

<sup>59</sup> Registered apprenticeships are also great for employers: a majority of employers achieve positive

net returns from participating in federal apprenticeship initiatives (Kuehn et al., 2022).

making public sector apprenticeships an attractive option for moving low-income families upward.

Over the last year, Maryland has also heavily invested in apprenticeships.<sup>60</sup> In late fall 2023, the Moore administration announced an investment of more than \$5 million dollars from the U.S. Department of Labor's Employment and Training



## STAFF VOICES

### *Apprenticeship challenges*

"But *the challenge is . . . getting the customers to meet the minimum requirement to be enrolled in those apprenticeship programs . . .* they spent a lot of time trying to get the customer . . . trained to be able to pass those math tests, but the success wasn't that great . . . it was something that I accessed but didn't push too hard on it because of the challenges . . . But the opportunity is great, the employment is guaranteed after and a lot of them actually get paid while they're training . . . "

*-Urban/Suburban Interview*

"I think *one of our areas of improvement is to make more referrals . . .* to Department of Labor for apprenticeship programs . . . taking advantage of our workforce investment board . . . they have a ton of training [and] funding that's available . . . they're telling us just send us an email."

*-Queen Anne's County Interview*



Administration: this investment is funding both public sector and hospitality management apprenticeships (The Office of Governor Wes Moore, 2023). In spring of 2024, the Center for Early Childhood Education and Intervention, at the University of Maryland College of Education, established the state's very first early childhood education registered apprenticeship program (University of Maryland College of Education, 2024). They invested nearly \$3 million into the program, which will help rebuild Maryland's childcare workforce. Finally, as recently as summer 2024, Maryland was selected for more than \$24 million in federal funding to develop and expand a variety of apprenticeships throughout central Maryland in areas of public transit, clean energy, healthcare, and technology (U.S. Senator Ben Cardin, 2024).

There are very few examples of TANF-specific apprenticeship programs across the country. One example, however, is Connecticut's *Job Funnel* program, which provides a registered apprenticeship program to TANF recipients. Through a partnership with their state Department of Labor, they provide recipients case management, training, and community-based support services in addition to their registered apprenticeships (Reeves & Lamont, 2020).

Nearly half (47%) of Maryland administrators surveyed for this study reported using apprenticeships for TCA customers. Howard County, specifically, works with their work program vendor to engage customers in apprenticeships. Moreover, Queen Anne's County noted that they are striving to make more referrals to apprenticeship programs and have built a relationship with their local workforce investment board to do so. Connecting

<sup>60</sup> In addition to the adult-oriented apprenticeships noted in this paragraph, the Maryland State Department of Education also invested more than \$12

million into youth apprenticeships across the state in spring 2023.

customers to apprenticeships can be challenging, though. Some apprenticeships have minimum requirements, such as math competency, and this has been a challenge for some jurisdictions. As one LDSS administrator noted, "...the challenge is...getting the customers to meet the minimum requirement to be enrolled in those apprenticeship programs...they spent a lot of time trying to get the customer...trained to be able to pass those math tests, but the success wasn't that great..." In these situations, customers may be a better fit for newer apprenticeship options, such as in hospitality management, public transit, or childcare.

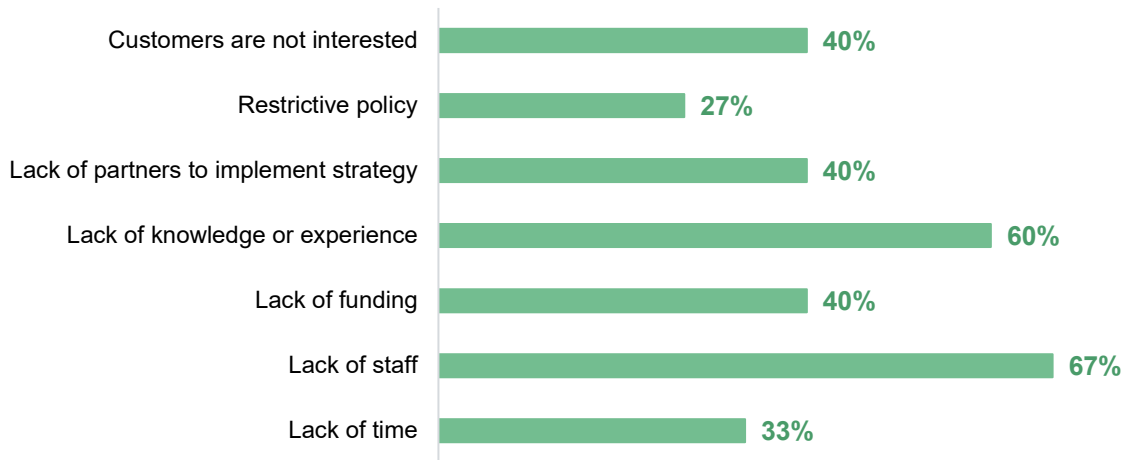
**Additional Challenges to Implementing Evidence-based Work Strategies**

In addition to the challenges outlined in each of the previous workforce development

strategies, LDSS administrators shared additional barriers they have to implementing these evidence-based work strategies (Figure 38). The two most commonly cited reasons were lack of adequate staffing (67%) and lack of knowledge or experience with strategies (60%). As discussed in the *Program Design: Part II* chapter, lack of knowledge or experience is one reason jurisdictions contract with vendors, given the perceived expertise they have. Additional barriers administrators reported were that customers are not interested in these work strategies (40%), a lack of community partners to help implement strategies (40%), and a lack of funding to execute such strategies (40%). Time (33%) and policy restrictions (27%) were the least common barriers cited to implementing these work strategies.

**Figure 38. Barriers to Implementing Evidence-based Work Strategies for TCA Customers**

*Percentage of TCA administrators (n=15) who reported each of the following barriers:*



## Brain-based Approaches

In addition to typical workforce development efforts (e.g., education and training), brain-based approaches have come to the forefront of TANF best practice discussions. Brain-based approaches incorporate research on how the brain responds to stressors caused by poverty and trauma into program design and delivery. Brain-based approaches can include trauma-informed care, motivational interviewing, goal-based coaching, and an environmental design approach to overcome the effects of poverty on the brain (Paprocki et al., 2022; Babock, 2018).

### *Trauma-informed Approaches for Both Customers and Staff*

**Customers.** Recently, the APHSA (2022) recommended states use a trauma-informed approach in the TANF program. Trauma-informed approaches have also been part of larger workforce development conversations and trainings (Ambros et al., 2023; Chen et al., 2023). Trauma-informed approaches to human service delivery and design take into consideration the trauma experienced by TANF families and how those experiences influence participants' behaviors and outcomes. These approaches can include interventions that improve environments, tools, and processes that can lead to stronger program outcomes (Babock, 2018).

There are many definitions of trauma (Hetling, 2019). As Hetling (2019) describes, in human services, it is helpful to conceptualize trauma as either (a) acute traumatic events that provoke feelings of fear and helplessness (e.g., accidents, assaults, violence, natural disasters), or (b) chronic traumatic events in which one is repeatedly exposed to threats or safety

issues, often associated with complex emotions (e.g., physical/emotional abuse and/or neglect; family violence; family with addictions, incarcerations, or untreated mental health). This latter type of trauma can lead to toxic stress and has immediate and prolonged physical and mental health consequences (Hetling, 2019).

The findings from this study show that some LDSS staff and administrators have a general understanding of trauma-informed care. For example, a rural county administrator shared that they understand they "...have clients and customers who have had adverse life experiences that inform how they view the world and how they respond to certain situations and certain stimuli." This example demonstrates a deeper understanding of the biological impacts of trauma. However, staff definitions of trauma-informed care generally were superficial, describing trauma as "having empathy," "not using trigger words," or "treating them with dignity and respect." While all part of trauma-informed care, these definitions lack the understanding of the deep and lasting impact trauma has on individuals and how that impacts their reactions, interactions, and even their ability to thrive in a workplace.

Low-income families are often exposed to trauma in their environments. This can start early in childhood. Research shows that two thirds of adults report at least one Adverse Childhood Experience (ACE),<sup>61</sup> with higher prevalence among the following categories: women, adults aged 25 to 34 years, Indigenous Peoples, multiracial adults, adults with less than a high school education, and adults who are unemployed or unable to work (Swedo et al., 2023). Comparatively, the prevalence of ACEs is substantially higher in the TANF population

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<sup>61</sup> ACEs include experiencing or witnessing violence, abuse, or neglect; growing up in a household with a substance or mental health challenge; instability due

to parental separation, among others (U.S. Centers for Disease Control and Prevention, 2024).



(Vogel-Ferguson, 2023). For example, in Utah, 90% of TANF recipients have at least one ACE, and 61% have four or more ACEs (Vogel-Ferguson, 2023).

An example of trauma that is common among TANF recipients is family violence. Family violence can include physical, emotional, or sexual violence and control tactics. Family violence is closely

intertwined with poverty: it disproportionately affects low-income women (Lindquist-Grantz et al., 2022). The majority of TANF recipients have experienced family violence (OFA, 2014). As many as 74% of TANF recipients in any given month experience family violence (ACF, 2016), and the overwhelming majority of victims have an injury that involves their head or neck (Colantonio & Valera, 2022).

Although not an exhaustive list of trauma experienced by families, these two examples—ACEs and family violence—illustrate how trauma may impact TANF participants' employment abilities and outcomes. Specifically, family violence trauma affects survivors' abilities to work, with estimates suggesting at least half have lost a job due to the abuse (Hess & Del Rosaria, 2020). Furthermore, within the TANF population, ACEs are correlated to employment barriers including absenteeism, learning disabilities, executive skills challenges, Post-Traumatic Stress Disorder (PTSD), poor physical health, criminal records, housing instability, and teenage pregnancy (Vogel-Ferguson, 2023). In some states, TANF recipients with high ACE scores are engaged in work and work activities at the same rate as other TANF recipients. However, research shows TANF recipients with higher ACE scores do not achieve the same level of benefit from employment, leading to longer spells in poverty (Vogel-Ferguson, 2023).

One evidence-based practice is to incorporate a trauma-informed approach into the TANF agency culture and design (see Kendall & Ramirez, 2022; Barthle et al., 2022; Babock, 2018; Hetling, 2019; APHSA, 2022). This can include fostering an office environment and program experience that (Barthle et al., 2022): (1) provides emotional, psychological, and physical safety to participants; (2) engages in trustworthy and transparent interactions with participants; (3) honors the cultural, historical, and other experiences of disadvantaged groups; (4) empowers



## STAFF VOICES

### *Defining trauma-informed care*

“What it means to us is just understanding that oftentimes *we have clients and customers who have had adverse life experiences that inform how they view the world and how they respond* to certain situations and certain stimuli.”

*-Rural County Interview*

“ . . . *it's having empathy, knowing we can be on the other side of the table at any moment*, not talking down, not condescending, listening, understanding situation, providing resources, when they mention [domestic violence] knowing what to do with that, *not using trigger words, not causing more stress* . . . different situations can be traumatic for different people, having the empathy.”

*-Rural County Focus Group*

“ . . . *treating them with dignity and respect* and actually listening to their concerns . . . some of them have had trauma . . . we do have a trauma policy in place for dealing with those type of customers. We can also refer those customers to our crisis worker . . . . ”

*-Urban/Suburban County Focus*

participants by giving them both a voice and choice; (5) partners with participants on working toward their goals.<sup>62</sup> The *Assessment Tools* chapter, which explored assessment tools through a trauma-informed lens, provides findings on staff confidence in implementing these key practices.

The authors conducted an analysis to determine the extent to which Maryland's TCA program incorporates trauma-informed principles into the program. Tables 21 and 22 segment results by trauma-informed domains that were introduced in the *Assessment Tools* chapter. These domains are part of the Trauma-Informed TANF Evaluative Toolkit (Hetling, 2019). The first table includes the domains of safety, trustworthiness and transparency, and peer support. The second table includes the domains of collaboration and mutuality; empowerment voice and choice; and cultural, historical and gender issues.

First, the analysis shows that there are potential areas for improvement in the domain of safety. While family violence screening and referrals to services is required, local jurisdictions do not have standard operating procedures in place. The requirement to have standard operating procedures was rescinded (FIA, 2023b) to allow time for local departments to work with the Social Services Administration and develop streamlined processes. As of writing, a new action transmittal has not been released. The analysis also shows that most jurisdictions do not have on-site family violence or trauma experts. There are exceptions, however. For example,

Baltimore County shared that they have a domestic violence coordinator whose sole responsibility is to work with TCA customers and train staff.

In addition to family violence challenges, jurisdictions' abilities to ensure customer privacy varies. One focus group participant shared that "...it's just blanket treatment at times and it's no privacy. We can retraumatize a customer just by sitting there and having an open interview in the lobby...." However, some jurisdictions attempt to create physical spaces that embody this principle. A rural focus group participant noted that they conduct interviews "...in a larger classroom...so that they're not feeling trapped in a small room."

The analysis of trustworthiness and transparency showed that despite staff confidence in engaging in trauma-informed care (see the *Assessment Tools* chapter), there are challenges in practice. For example, staff shared that communication with customers, such as providing clear information about the program, is an area for improvement. As one urban/suburban focus group participant noted, "I don't think that we're good at providing information...there is really no...streamlined process." In this same vein, a recurring theme throughout conversations with staff were challenges with E&E, which causes confusion for both staff and customers.

Some staff also expressed concerns about customers trusting them. For example, one jurisdiction noted that their jurisdiction has done outreach to "let people know that we're not baby snatchers." This notion is not

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<sup>62</sup> A related practice, though not necessarily an *evidence-based practice*, is having co-located services for family violence victims who also rely on the social safety net. To that end, the OFA (2014) recommends staff be trained by professional family violence advocates on both the dynamics of family violence and appropriate interviewing techniques to encourage disclosure and access to safe services. Further, they recommend state agencies contact

family violence coalitions or shelters to provide training to all agency staff at least once a year. OFA also describes that trauma-informed care and support built into an agency's policies and practices helps address the barriers experienced by families impacted by family violence.



an unreasonable one, as it is grounded in a history of problematic relationships between social services staff and mothers of color (Social Work Confessions, 2024; Duerr Berrick, 2020). More positively, staff noted that employing former customers is a way to build that trust. One jurisdiction shared that the majority of their staff are former recipients: "...they're great case managers... they know how to talk to people...they know what their needs are." However, staff communicated their perception that the reduction in work experience limits the opportunity to hire customers. An urban/suburban jurisdiction shared that they "...hire most of our clients to do some of our entry level positions..." but noted that the limit of work experience as an activity means that "...we don't have that opportunity now as much as we did in the past." Similarly, a rural jurisdiction noted that "the 90 days is not even giving them enough time to be eligible for [the] actual state position... if they're coming in without any previous experience, the 90 days being here doesn't benefit them at all."

In interviews, focus groups, and surveys, the authors did not specifically ask staff or administrators about their use of peer support, the third domain in Table 21. However, in conversations, three jurisdictions shared that they do engage in peer support. Anne Arundel County, for instance, holds group seminars for customers with longer-term receipt. A study participant noted that customers want to talk about their goals together, and it has the benefit of bringing a community of people together who are experiencing similar situations. Baltimore and Cecil Counties also bring in former TCA recipients to have conversations with current recipients. A participant in a focus group shared that Cecil County hosts former TCA recipients as guest speakers on a monthly basis. This guest speaker series connects recipients with someone with lived experience who can empathize with and encourage current recipients.

**Table 21. Trauma-Informed Findings in Maryland by Domain, Part I**

	Safety	Trustworthiness & Transparency	Peer Support
<b>Maryland Key Findings</b>	<ul style="list-style-type: none"> <li>• Ability to protect customers’ privacy varies by jurisdiction.</li> <li>• Family violence screening and referral to services is required but there is no formal standard operating procedure in place.</li> <li>• Few jurisdictions have on-site trauma experts, including family violence experts.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of formal orientation and clear information, especially during the interview waiver period.<sup>63</sup></li> <li>• Though customers are required to be notified of case decisions, E&amp;E errors cause confusion.</li> <li>• Employing former TCA recipients helps develop trust.</li> <li>• Some staff perceive a lack of trust between staff and customers.</li> </ul>	<ul style="list-style-type: none"> <li>• Researchers did not ask jurisdictions specifically about peer support. Peer support was rarely mentioned with the following exceptions:</li> <li>• Anne Arundel County holds a group seminar for customers with long-term TCA receipt.</li> <li>• Baltimore and Cecil Counties bring in former TCA recipients to talk to current recipients.</li> </ul>
<b>Quotes</b>	<p>“ . . . if we conduct an interview, we don't do it in a very small enclosed space, but we do it in a private space . . . in a larger classroom . . . so that <i>they're not feeling trapped in a in a small room.</i>” -Rural County Focus Group</p> <p>“ . . . it's just a blanket treatment at times and it's no privacy. <i>We can retraumatize a customer just by sitting there and having an open interview in the lobby. . . .</i>” -Urban/Suburban County Focus Group</p> <p>“ <i>We have a [domestic violence] coordinator . . . [she] works with our TCA customers and trains the staff. . . .</i> She can . . . look at some of the referrals and see who she wants to communicate with so that that actually works . . . [She] has been an asset.” -Baltimore County Interview</p>	<p>“I don't think that we're good at providing information . . . We just tell them go on DHS website, <i>there is really no . . . streamlined process. Even something as simple as a checklist to send the customer.</i>” -Urban/Suburban County Focus Group</p> <p>“The <i>majority of . . . staff are former recipients . . . . They're great case managers. . .</i> they know how to talk to people . . . because they've been those people and they know what their needs are.” -Rural County Interview</p> <p>“I don't think at my level a just trauma-informed approach is really utilized . . . because <i>there's a level of suspicion . . . .</i>” -Urban/Suburban County Focus Group</p> <p>“A lot of our outreach has been also to just kind of <i>let people know that we're not baby snatchers. . . .</i>” -Rural County Focus Group</p>	<p>“[Customers] wanted to . . . talk about their independent goals . . . . It's nice because they talk about it together. And again, <i>this is bringing in that community aspect. . .</i> they may be strangers now, but they've been doing this now for about six months, so everyone is really comfortable . . . .” -Anne Arundel County Interview</p> <p>“We have guest speakers at our program and about once a month we have a <i>former TCA recipient that comes in just [so] they can sympathize with the people who are currently in the system</i> and let them know that all the work that they're putting in does pay off.” -Rural County Focus Group</p>

<sup>63</sup> Interviews to determine eligibility for TCA were waived from December 1, 2023 to May 31, 2024 (FIA, 2023a).

Table 22 continues the analysis of the TCA program through a trauma-informed lens. One strength of the TCA program is in the domain of collaboration and mutuality. In general, qualitative findings suggest that case managers attempt to collaborate with customers to develop individualized Family Independence Plans that address their needs. For example, a supervisor in a focus group shared that they teach their case managers “that the assessment should be...an agreement that you both come to...” This point is further evidenced by findings in the *Assessment Tools* chapter: while there are certainly improvements that can be made to assessment tools, certain tools offer opportunities for goal setting and identifying interests.

The findings from the analysis also suggest that the design of TANF more broadly does not promote empowerment, choice, and voice. Many policies restrict customer choice. Work activity restrictions that impact the WPR, for instance, do not allow a customer to pursue logical avenues that could improve self-sufficiency. Even if certain education and training activities are directly related to employment, they do not satisfy work requirements unless a customer is also engaged in other core activities (see Appendix E for more information). Child support requirements are another example that restrict choice. If a customer does not want to file for support at initial application because the other parent “buys clothes, diapers and formula,” as the TCA manual describes, the case is denied for non-compliance (FIA, 2022b).<sup>64</sup>

Despite restrictions in policies, it seems empowerment, choice, and voice are woven throughout the program, albeit minimally.

Case managers try to incorporate choice into Family Independence Plans. One rural county focus group participant noted that customers’ “opinions and thoughts and input” are part of the plans. Some jurisdictions also incorporate customer feedback into the design of their local programs, discussed later in this chapter. Finally, DHS launched the Public Assistance 2 Entrepreneurship work program that offers entrepreneurship classes and support while building a business (DHS n.d.-a).

The final domain of the trauma-informed care framework is the consideration of cultural, historical, and gender issues. In interviews, focus groups, and surveys, the authors did not specifically ask staff or administrators about their use of this domain. Of note, Baltimore City engages their staff in anti-racism training. There also were limited comments from staff that suggested cultural considerations. For instance, a rural focus group participant acknowledged that “some cultures...the dad works, and the mom stays at home...we just have to learn how to be sensitive to that and make sure that we’re really working with them.” The *Equity in Policy Implementation* chapter provides an examination of equitable policy implementation across race, ethnicity, citizenship, and language. Moreover, the *Assessment Tools* chapter provides an examination of assessment tools from an anti-racist lens, which offers additional insights on cultural and historical issues.

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<sup>64</sup> While customers can no longer receive full-family sanctions (i.e., case closures) for non-compliance with child support requirements, this does not apply to compliance at application. Maryland policy states that the customer must file an application for child support for each child in the assistance unit *before* the TCA

grant is authorized (FIA, 2022b). Case managers should deny the case if the adult does not comply. After the TCA grant is approved, customers are subjected to a 25% financial sanction if they do not comply with the child support process.

**Table 22. Trauma-Informed Findings in Maryland by Domain, Part II**

	Collaboration & Mutuality	Empowerment, Voice, & Choice	Cultural, Historical, & Gender Issues
<b>Maryland Key Findings</b>	<ul style="list-style-type: none"> <li>• Customers collaborate with case managers to develop individualized Family Independence Plans, though there are challenges.</li> <li>• The <i>Equity in Policy Implementation</i> chapter includes more details about the assessment and referral process.</li> </ul>	<ul style="list-style-type: none"> <li>• Customer choice is generally incorporated into Family Independence Plans.</li> <li>• Public Assistance 2 Entrepreneurship (PA2E) is a unique, empowering work program.</li> <li>• Many TANF policies restrict customer choice, such as the child support requirement.</li> <li>• Customer feedback is somewhat incorporated into program decisions. More details about this are provided in a later section of this chapter.</li> </ul>	<ul style="list-style-type: none"> <li>• Researchers did not ask jurisdictions specifically about this domain.</li> <li>• The <i>Equity in Policy Implementation</i> chapter details implementation of policies by subgroups, including race and primary language.</li> <li>• Baltimore City reported having an anti-racism training for staff.</li> </ul>
<b>Quotes</b>	<p>“I teach my case managers . . . that <b><i>the assessment should be . . . an agreement that you both come to</i></b> . . . customers . . . present their barriers and it's our job as an agency to try to assist those barriers as best as possible.” -Rural County Focus Group</p> <p><b><i>“They don't bring the customer in for that true assessment.</i></b> It's just something quick over the phone and a lot of the times . . . you speak to the customer, [the Family Independence Plan] doesn't match up what they're going through and that's not what they need . . . It's a lot of <b><i>mental illness and that is being overlooked.</i></b>” -Urban/Suburban County Focus Group</p>	<p><b><i>“ . . . [customers'] opinions and thoughts and input is definitely a big part of the [Family Independence Plan] ongoing.”</i></b> -Rural County Focus Group</p> <p>“[If a customer] does not want to file for [child support] because [the child's] father buys clothes, diapers and formula . . . deny the case because <b><i>child support compliance is required.</i></b>” -TCA Manual Section 500: Child Support</p>	<p>“I think there are some cultures that we have run into where you know the dad works and the mom stays at home and when we're for TCA we're trying to remove all the barriers and get everybody to work. And that just may not be how their family works . . . <b><i>we just have to learn how to be sensitive to that and make sure that we're really working with them . . .</i></b>” -Rural County Focus Group</p>

Although engaging in trauma-informed approaches is an EBP, there are challenges to implementing such approaches. A recurring theme throughout this study was a perception that TCA customers need far more services than local jurisdictions can provide. One rural focus group participant noted a disconnect between the assessment and the customer's true needs,



## STAFF VOICES

### Training challenges

"We've *never been formally trained* on . . . anything trauma . . . I think it's wonderful. It's just something that family investment *staff do not have the skills* yet."

-Rural County Interview

". . . staff are not equipped to do [trauma-informed work] . . . given that they've lowered the requirement in terms of having a college degree . . . . That is a challenge . . . . We would definitely *need social workers on site* to address some of these needs."

-Urban/suburban County Interview

"And I would state that the *training that's out there that we see is more geared towards social workers and our staff are not licensed social workers*. There's not really anything that I've seen, like a formalized training, that is put out there for all of family investment staff, which would benefit all of us."

-Rural County Interview



sharing that mental illnesses are overlooked (Table 22). Administrators and staff across jurisdictions expressed concerns about capacity and training. As one study participant disclosed, "we've never been formally trained on...anything trauma...." Many staff and administrators echoed concerns that the needs of customers are better suited for social workers, and local departments do not receive funding for such investments, nor are trainings available to staff. Another participant shared that "the training that's out there that we see is more geared towards social workers and our staff are not licensed social workers. There's not really anything that I've seen, like a formalized training, that is put out there for all of family investment staff, which would benefit all of us." Finally, an administrator from an urban/suburban jurisdiction shared that Maryland's recent move to eliminate college degree requirements has been detrimental to the program (see Povich, 2022). They noted that their "staff are not equipped to do [trauma-informed work]" and that they "would definitely need social workers on site" to address some of the needs customers have.

As the previous chapter on equity in policy implementation showed, staff refer customers to supportive services and programs that benefit them, notably when staff are unequipped to meet their needs. However, investments in social workers or training for LDSS staff would be worthwhile, and trainings are available. For instance, Carroll County's LDSS shared that they participated in a Trauma-Informed Resilience-Oriented Equity (TIROE)<sup>65</sup> initiative. This initiative provided training to staff on trauma and trained them on how to engage with customers. This is a promising framework that has also caught the attention of Maryland's Commission on Trauma-Informed Care (2023a): in a recent

<sup>65</sup> Maryland's Commission on Trauma-Informed Care refers to this initiative or framework as the Trauma-

Informed, Resilience-Oriented, Equitable Care and Culture (TRIOE).

report, the Commission noted that they would like to “create a culture shift toward a TIROE within the State government” (p. 16). However, DHS acknowledges that there is still much work to be done in this vein. In the Commission’s 2023 annual report, DHS stated that they acknowledge that FIA staff “...also interact directly with children/youth, parents, families, individuals, and vulnerable adults who may be impacted by trauma” and that they plan “to expand trauma training to both FIA and CSA staff” (2023b). Further, they stated that “DHS will create and support an organizational cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services”.

Notably, a review of all publicly available TANF state plans revealed that no states explicitly mention using a trauma-informed approach in their programs. However, many states describe implementing components of a trauma-informed approach. Kansas, for instance, uses TANF funds for the evidence-based program *Trauma-adapted Family Connections*, which addresses trauma within at-risk families to improve caregiver functioning and positive parenting practices (Kansas Department for Children and Families, 2020). Additionally, it connects families to social services in the community. Pennsylvania recently piloted a 16-week trauma-informed curriculum for TANF recipients that focused on healthy relationship building, future planning, financial education, and emotion regulation (Dugan et al., 2020). The program provided financial incentives to encourage participation as well as peer support. Participants who attended more sessions had greater reductions in depression and substance use, compared to those with less attendance. A final example is the MOMS intervention (Yale School of Medicine, n.d.), which is a cognitive behavioral intervention implemented in the District of Columbia, Vermont, and Maine. This evidence-based intervention has been shown to lead to better employment outcomes and increased economic mobility (Smith et al., 2021).

## UNIQUE TRAUMA-INFORMED INITIATIVES

1. *Carroll County, Maryland* participated in a Trauma-Informed Resilience-Oriented Equity (TIROE) Initiative that led to reforms to make the office more welcoming, train staff on trauma, and conduct community outreach.
2. *Kansas* funds the Trauma-adapted Family Connections (Collins, 2012) program to improve caregiver functioning and teach positive parenting practices as well as connect families to social services in the community.
3. *Pennsylvania* piloted a 16-week trauma-informed curriculum for TANF recipients that focused on healthy relationship building, future planning, financial education, and emotional regulation (Dugan et al., 2020). It included financial incentives and peer support.
4. *DC, Vermont, & Maine* implement the Yale-developed MOMS intervention, an 8-week cognitive behavioral group therapy class led by a clinician and community mental health ambassador to help mothers manage their stress. It provides financial incentives and referrals to additional services (Yale School of Medicine, n.d.).

**Staff.** A newer evidence-based trauma-informed approach that benefits TANF recipients is supporting and investing in TANF agency *staff*. In general, ensuring TANF staff are satisfied and well-supported improves outcomes, productivity, turnover, customer experience, and feelings of safety (Roberto et al., 2022b). TANF agency staff are routinely exposed to vicarious trauma, also referred to as secondary trauma. This is a type of trauma that happens when a person is exposed to a different person's trauma or retelling of the trauma. Vicarious trauma among TANF agency staff is an occupational challenge that leads to higher staff turnover, absenteeism, reduced work quality, mental and physical health issues, and intrapersonal relationship issues (Kendall, 2022; Roberto et al., 2022a; 2022b).

Additionally, exposure to others' traumas can lead to compassion fatigue. Compassion is a finite resource and "can present in TANF staff as a sense of being haunted by the troubles that are seen and heard from others and not being able to make them go away, or the feeling that others' trauma is theirs" (Roberto et al., 2022a, p.1). The two major symptoms of compassion fatigue include burnout and secondary traumatic stress, both of which are treatable and preventable (Roberto et al., 2022a; 2022b).

Because TANF agency staff are exposed to secondary trauma and persistent stress, best practices have moved in a trauma-informed direction, which also includes focusing on improving staff well being (Hetling, 2019). In turn, this can better support TANF recipients. Some organizational culture strategies that have been successfully implemented in state

TANF agencies include: (1) flexibility for staff to respond to personal needs and prioritize self-care (e.g., flexible hours, set clear boundaries, taking time off to recharge); (2) fostering a sense of emotional, psychological, and physical safety; (3) building connections among staff; (4) normalizing conversations about compassion fatigue; (5) prioritizing staff voice in process improvements; and (6) communicating regularly with staff, including on the overarching goals of the agency office, how they contribute to the mission, operating procedures, and challenges (Derr, 2022; Webster, 2022).

The authors surveyed both TCA staff and administrators on their perspectives regarding incorporating trauma-informed support to frontline facing staff. A noteworthy trend is evident in Figure 39: administrators and staff do not agree on the extent to which staff are supported through trauma-informed practices. As shown, the majority of administrators agree that staff are supported in the ways mentioned in the previous paragraph. These percentages ranged from 80% to 93% of administrators, with the exception of normalizing conversations about compassion fatigue: only three in five (57%) administrators agreed that this happens.

Conversely, Figure 39 shows that less than half of staff agree with these same statements. Between 29% and 45% of staff agree that they are supported in trauma-informed ways. The two statements with the lowest percentages of agreement included (1) conversations about compassion fatigue are normalized (29%), and (2) staff feedback is prioritized in program decisions (32%). These findings suggest opportunities for improvement in supporting staff.<sup>66</sup>

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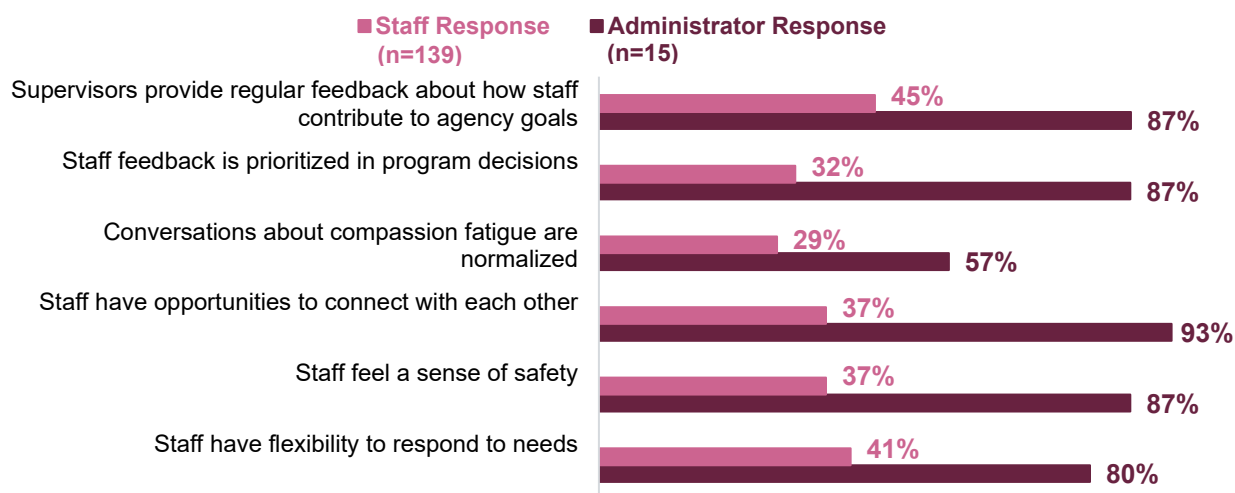
<sup>66</sup> In the NASTA survey, an administrator from Louisiana shared that they are in process of creating avenues for staff to provide feedback about their

sense of safety at work and engaging in trauma-informed training for staff, in part to assist them in creating plans of well-being.



**Figure 39. Staff and Administrator Perspectives on Trauma-informed Practices for TCA Staff**

Percentage of TCA administrators and staff who agree with each of these statements:



**Note:** Valid percentages are reported to account for missing data.

Staff and administrators also shared their experiences with working in local departments, and the extent to which they feel stressed at work. As shown in Figure 40, between 40% and 50% of staff and administrators feel stressed at work *most or all of the time*. An additional 40% to 50% of staff and administrators feel stressed only *sometimes*. The overarching themes from the qualitative data were disheartening. A staff member from an urban/suburban jurisdiction shared the following: "...we talk about the trauma of a lot of the people that we serve and I hear it in their voices...And I feel like I perpetuate a lot of that trauma sometimes because I'm so stressed...I feel like I perpetuate problems not because I'm doing it personally, but because I'm in a system that's perpetuating problems." Staff expressed that the weight of customers' experiences follows them outside of work hours. For example, a rural staff member noted that they work with customers who

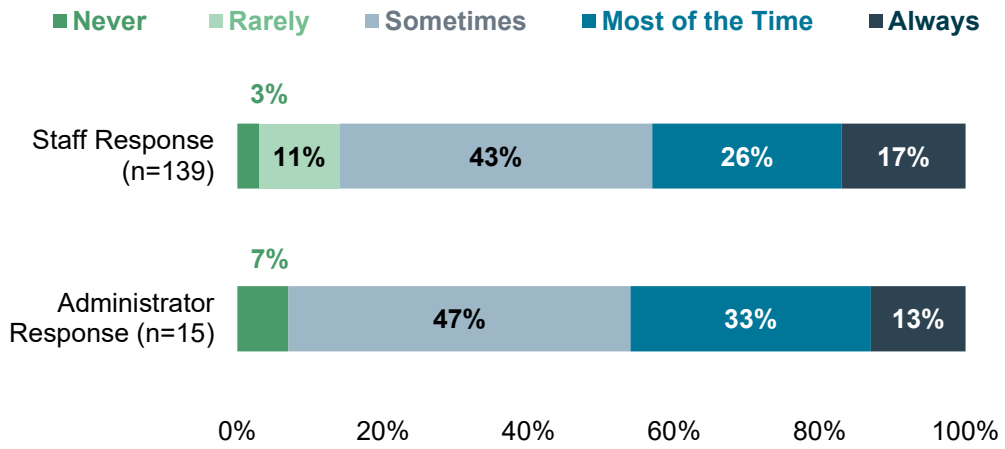
have "gone through something horrible" and that staff "take that home" with them. As one study participant noted, "I sit there and I worry about them...am I gonna see them the next time that I have a meeting scheduled with them? Like, are they gonna lose their house by then?"

However, over time, the vicarious trauma and stress in the workplace takes a toll on staff, leading to what might be described as disconnection or dissociation from the important work taking place. As one urban/suburban participant shared, "you get to a point where you just tune out and you just do the bare minimum." Some staff reported creating firm boundaries between work and their personal lives in an attempt to limit this emotional toll. A staff member shared, "when I come to work I'm at work, but as soon it's five-o'clock comes, I disconnect, and I've had to learn that because it's not worth taking home."



**Figure 40. TCA Staff and Administrators' Stress at Work**

*How often do you feel stressed at work?*





## STAFF VOICES

Staff experiences

“I put a lot of pride in what I do and I try to do things really well . . . . *I will work through my lunch* and I will actually clock out and continue working to get things done . . . . Either that or you get to a point where *you just tune out and you just do the bare minimum*, which is kind of what's asked of you. Just push this paper through . . . I think it affects morale and I know that *it really weighs on me sometimes.*”

-Urban/Suburban County Focus Group

“ . . . when you get the customers that are really just gone through something horrible . . . I feel like *you almost take that home with you* . . . I sit there and I worry about them because I'm, like, am I gonna see them the next time that I have a meeting scheduled with them? Like, are they gonna lose their house by then?”

-Rural County Focus Group

“People who have been with the state for years, you hear wonderful stories of how it was back in the day. We don't have that anymore with the bonuses or the state giving us a party or any type of recognition . . . . So I have learnt to disconnect . . . *when I come to work I'm at work, but as soon it's five-o'clock comes, I disconnect*, and I've had to learn that because it's not worth taking home.”

-Urban/Suburban County Focus Group

“ . . . I feel this is not a difficult job, but it's a stressful job . . . I think because of the atmosphere . . . it's like you're always waiting for the other shoe to drop . . . *we talk about the trauma of a lot of the people that we serve and I hear it in their voices . . . . And I feel like I perpetuate a lot of that trauma sometimes because I'm so stressed and I'm feeling the trauma inside and I can't answer their questions* . . . I feel like I perpetuate problems not because I'm doing it personally, but because I'm in a system that's perpetuating problems.”

-Urban/Suburban County Focus Group

## Goal Setting/Coaching Models

**Figure 41. Review and Examples of Goal Setting and Coaching Model**

Definition	Outcomes	State Examples	In Maryland
<ul style="list-style-type: none"> <li>• Assessments and plans that prioritize individuals' strengths and goals.</li> <li>• Paired with a coach who works with individuals to help them set and pursue goals.</li> </ul>	<ul style="list-style-type: none"> <li>• Aligned with trauma-informed principles.</li> <li>• Helps individuals set goals.</li> <li>• Mixed evidence of effectiveness, with some increase in earnings, education, and training.</li> </ul>	<ul style="list-style-type: none"> <li>• Vermont's <i>Go, Plan, Do, Review, Revise</i> Program.</li> <li>• West Virginia's partnership with <i>Economic Mobility Exchange</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Anne Arundel County, Baltimore City, and Frederick County use the <i>Goal4It</i> coaching model for customer assessments.</li> <li>• Baltimore County's vendor utilizes job coaching when working with customers.</li> </ul>

Goal setting and coaching models are one type of brain- and evidence-based practice. Goal-centered assessments and self-sufficiency plans prioritize goals, strengths, talents, and needs. This approach goes beyond a deficit-centered approach that encourages participants to share their barriers and traumatic experiences; these types of approaches can inadvertently retraumatize participants (Roberto et al., 2022a; 2022b). “Employment coaching involves a trained staff person or coach working collaboratively with a participant to set personalized goals, as well as supporting, motivating, and providing feedback to participants as they pursue goals” (Joyce, 2021, p. 1). Coaches focus on self-regulation skills, set and pursue goals related to employment, and help participants develop action plans to reach those goals (Joyce & Sheena, 2019).

Generally, coaching participants find coaching helpful (Joyce, 2021). Participants report that they have strong positive relationships with coaches and that coaches help them set goals directly related to employment. When participants face challenges in reaching their goals (e.g., caring for families, health, and transportation), coaches are able to help

them navigate these challenges. Moreover, coaches help participants stay accountable to their goals.

There are several examples of employment coaching models. The *Pathways to Work Evidence Clearinghouse* (OPRE, n.d.-b) identifies 18 interventions that used employment coaching, most combined with other services. Collectively, these studies showed gains in short- and long-term earnings, but only small or no gains in short- or long-term employment. A meta-analysis showed that, overall, education and training attainment increased by 13 percentage points, but there were no changes in public benefit receipt long-term (Cattell et al., 2021). Most of the programs evaluated in this meta-analysis, though, were implemented more than a decade ago, and in some cases, nearly three decades ago.

In recent years, new employment coaching models backed by science have come to the forefront of best practices. The *Mobility Mentoring*<sup>®</sup> program includes coaching, charting paths to economic self-sufficiency, goal setting, and recognition. *Mobility Mentoring*<sup>®</sup> has descriptive evidence of its success (Economic Mobility Pathways, 2022) though limited quasi-experimental evidence (Derr & Joyce, 2020). Results

suggest that this coaching program contributes to increases in economic self-sufficiency, attainment of goals (e.g., family stability, well-being, finance, education, employment), and increases in income (Economic Mobility Pathways, 2022). West Virginia recently joined the online *Economic Mobility Exchange* that provides resources for implementing this coaching approach (State of West Virginia, n.d.; EMPATH, n.d.).

Comparatively, the *MyGoals for Employment Success* program includes carefully-structured coaching that focuses on executive functioning skills, motivational interviewing, and an information management system that tracks goal progress (Castells & Riccio, 2020; Saunders et al., 2022; Derr & Joyce, 2021). In this program, there is a formal coaching curriculum and systematic processes (e.g., monthly contact, complex coaching model with substantial training). As of writing, this program is currently undergoing a randomized control trial in Baltimore City. Early implementation results, however, suggest that the coaching relationship helps develop trust with participants (Saunders et al., 2022).

Similar to the previous program, a third program—Goal4 It!™—is a science-informed coaching program developed by Mathematica and others (Derr & Joyce, 2020). It includes motivational interviewing, career counseling, and opportunities to practice self-regulation, with a focus on building skills through every coach-client interaction. Results suggest positive experiences among participants (see Joyce, 2021). This model was implemented by Colorado and also in some jurisdictions in Maryland. Specifically, Anne Arundel County, Baltimore City, and Frederick County all use the Goal4 It!™ coaching program with TCA customers.

Finally, the *Goal Plan Do Review/Revise* program developed by the CBPP in partnership with Global Learning Partners (n.d.) embeds neuroscience principles into

its fabric, focusing on executive skills and functioning. Vermont implemented this program and found that participants were more engaged with case managers, showed up for appointments, participated in educational activities, and explored self-employment (Oalican, 2022).

Outside of these named programs, some Maryland jurisdictions and other states utilize unspecified general goal setting and coaching programs. For example, Wicomico County offers customers life skills classes on goal setting: during these classes, customers work on goal planning, create action plans with deadlines, and meet with LDSS staff one-on-one to review goals and action plans. Baltimore County contracts with a vendor that engages in employment coaching within the customer's chosen field. Several jurisdictions, including Dorchester, Frederick, Montgomery, Somerset, and Washington Counties all have engaged in employment coaching and motivational interviewing training for staff. Louisiana is an out-of-state example: In Louisiana, staff engage in coaching and goal development to improve recipients' executive functioning skills (State of Louisiana, 2020).

## **Additional Approaches**

### ***Supportive Services***

Although individual strategies for TANF recipients are associated with positive outcomes, the evidence is clear that it often takes “several strategies working in concert [to] facilitate larger improvements” (Vollmer et al., 2017, p. 9;). After examining 200 rigorous studies of 93 distinct employment and training interventions, Vollmer and colleagues (2017) concluded that “interventions that combine several strategies to help low-income workers find and keep jobs appear more effective than any single strategy” (p. 1). A federal-level review of evidence also shows that combining multiple strategies offers higher probabilities of improved labor market outcomes (Shiferaw & Thal, 2022). For example, when supportive services are

combined with sectoral strategies, it can lead to improvements in long-term earnings (Oh et al., 2020), particularly important for “participants subject to repeated life course shocks and who may find it difficult to thrive in more traditional postsecondary educational institutions” (Katz et al., p. 22). Another example is combining job search with intensive occupational training, which may increase employment and earnings (U.S. Department of Labor et al., 2014; Kogan et al., 2016). Even something as simple as pairing transparent communication with services can be helpful: randomized controlled trials show that when workers are given structured guidance and are informed about decisions before making workforce training decisions, it leads to better outcomes (U.S. Department of Labor et al., 2014).

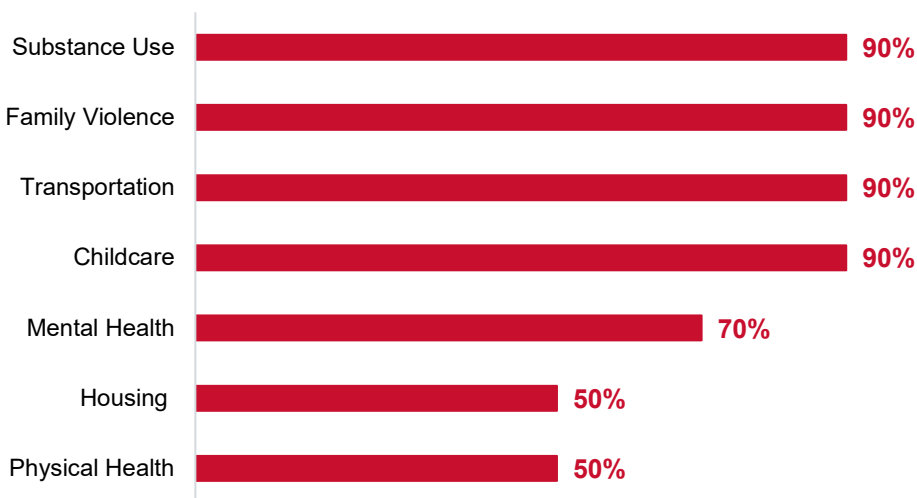
All states provide a range of supportive services generally through three approaches: (1) direct payment for needs (e.g., tools or uniforms); (2) providing services on-site; and (3) referring recipients to other organizations that provide services. For example, New Jersey’s TANF program

pays for up to 70% of a family’s rent for up to 1 year, an example of direct payments for needs. North Carolina’s TANF program refers participants to community-based harm reduction services to address substance use, an example of a referral to an external organization. Some states, including Massachusetts, have targeted, intensive case management, an example of providing services on-site. These are not mutually exclusive, as TANF agencies may combine all three approaches.

Maryland jurisdictions provide a wide variety of services to customers (Figure 42). Most administrators who participated in the survey reported that their jurisdictions provide supportive services to families related to substance use (90%), family violence (90%), transportation (90%), and childcare (90%). A majority (70%) of administrators also reported providing mental health supportive services to TCA customers. However, only half reported providing supportive services for housing (50%) and physical health challenges (50%).

**Figure 42. Supportive Services Provided to TCA Customers**

Percentage of TCA administrators (n=15) who reported **providing** the following services for:



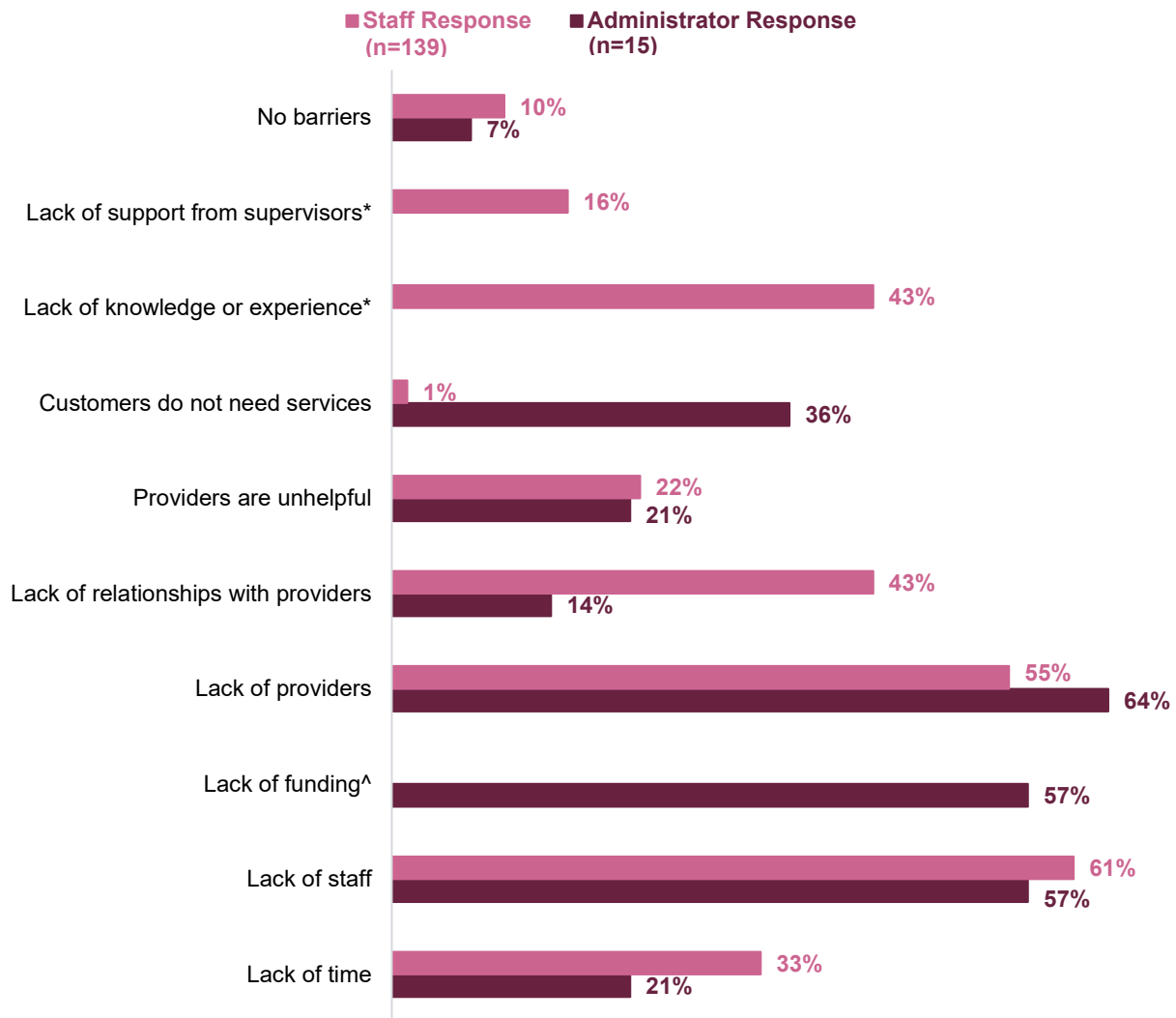
**Note:** Valid percentages are reported to account for missing data.

Arguably, the percentages in Figure 42 should be 100%: jurisdictions should be referring customers to supportive services for all of the aforementioned needs (FIA, 2022b). However, in practice, there are challenges to offering services and connecting recipients to services. As shown in Figure 43, roughly one in 10 staff (10%) and administrators (7%) do not have any barriers to providing supportive services to customers. However, that means the overwhelming majority do have barriers.

From the perspective of staff, the top barriers to providing supportive services include lack of staff (61%), lack of providers offering needed services (55%), lack of knowledge or experience (43%), as well as lack of relationships with providers (43%). Administrators' top two barriers aligned with staff: lack of providers offering needed services (64%) and a lack of adequate staffing (57%). Additionally, administrators noted that lack of funding (57%) was also a top barrier.

**Figure 43. Barriers to Providing Supportive Services to TCA Customers**

Percentage of TCA administrators and staff who reported each of the following **barriers**:



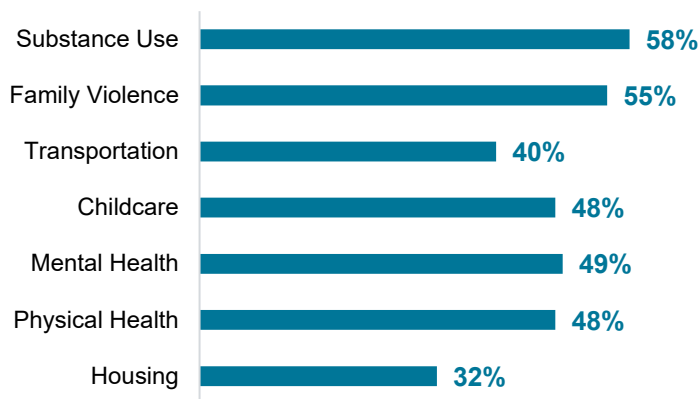
**Note:** \*Lack of support from supervisors and lack of knowledge or experience were not options provided to administrators. ^Lack of funding was not an option provided to staff. Valid percentages are reported to account for missing data.

An additional challenge not addressed in Figure 43 is staff confidence in providing supportive services to TCA customers. Staff are most confident in providing supportive services to customers experiencing substance use challenges (58%) and family violence (55%), as shown in Figure 44. However, roughly half or less than half of staff are confident in providing other types of supportive services. Only one in three

(32%) staff are confident in providing services to customers struggling with housing challenges. The findings in Figure 44 suggest additional staff training or resources (e.g. local-level decision trees, lists of service providers) may help staff better support customers. The lack of providers and staff that were noted as barriers also likely affect staff confidence.

**Figure 44. Staff Confidence in Providing Supportive Services to TCA Customers**

Percentage of staff (n=139) who reported being **confident** or **very confident** providing the following services for:



**Note:** Valid percentages are reported to account for missing data.

Throughout the authors’ analysis of supportive services in Maryland, a key theme emerged: both staff and administrators find it very challenging to provide supportive services to customers in the areas of mental health, transportation, and childcare. Individual jurisdictions have attempted to find creative ways to support customers when they have these barriers to employment, as shown in Table 23. Importantly, Table 23 is not an exhaustive list of all jurisdictional partnerships to address these barriers.

In both urban/suburban and rural jurisdictions, staff and administrators struggle to best support customers with mental health challenges. From the local perspective, more support in these areas would make the program stronger. An urban/suburban administrator shared that having “a mental health component to our

program would be very helpful,” continuing to note that “if we could break through that barrier, we would probably be more successful than we are right now.” A focus group participant also noted that they had previously felt more supported in addressing this challenge: “I think it would be good to put some of the resources back into the locals so that... [customers] don’t have to go all over the place...I remember when mental health was [in the office]...I think they need to bring that back.” Finally, some administrators expressed an interest in connecting with “supportive employment program[s]” to better support customers facing mental health barriers.

Similarly, staff and administrators across the state experience substantial challenges in addressing transportation barriers. This challenge is one that recurrently emerged when asking staff a variety of questions in

interviews, focus groups, and surveys. In rural jurisdictions—and even in rural sections of more suburban counties—customers face transportation barriers to both work activities and employment. Even when jurisdictions partner with organizations to address the transportation challenges in these areas, there are difficulties. For example, a focus group participant shared that they have customers who “want to apply for the Vehicles for Change program, but they can’t apply unless they’re working” a set number of hours a week. As the participant noted, “if you don’t have transportation...how are you going to get to your job when a lot of the buses around here do not run frequently?”

Even jurisdictions with more public transportation available have challenges. For instance, bus schedules may not align with customers’ work schedules. As one interviewee noted, “the buses don’t run on the evenings or...weekends, so it’s really difficult to get people to employment because... a lot of the jobs that they’re entering into do have weekend hours and we have no way to get there in a bus.” Additionally, when supportive or other services are not co-located, it is challenging for customers, and consequently staff. One urban/suburban focus group member communicated that “I think it really frustrates the customers...having to go back and forth...we have a lot of our customers on public transportation. And so when they can’t get to one location from another, it makes it difficult....”

A final key supportive service that is challenging for local jurisdictions is assisting customers with childcare barriers. These challenges vary. For instance, one rural county administrator emphasized lack of providers as a challenge, sharing that there are not “enough providers” in their jurisdiction. In that same vein, they communicated that very few childcare providers will accept the “state payments” (i.e., the Child Care Scholarship Program vouchers) “because they’ve had issues with

getting paid by the state. So they’re not accepting the vouchers as much as they used to in the past.” A rural focus group participant noted that their “childcare wait lists are very, very long” and that “a lot of customers cannot afford to put \$100 down to be put on the wait list.” A separate rural focus group participant also similarly noted costs as a barrier, sharing that “we’re seeing the copay the customers [owe] be half of their TCA [grant amount].” Finally, staff experience challenges with MSDE approving vouchers in a timely manner, preventing customers from participating in work activities or securing employment.

As noted throughout this report and in Table 23, individual jurisdictions have had success in building partnerships to address barriers customers face. Across these three supportive service challenges—mental health, transportation, and childcare—jurisdictions have made progress. Some jurisdictions have addressed the physical distance customers must travel. For instance, Anne Arundel County has an on-site behavioral health specialist who assists with mental health screenings and therapy. In addition, Howard County recently moved their physical LDSS to be intentionally closer in proximity to other government resources and non-profits, reducing the transportation barrier for many customers. Other jurisdictions have partnered with external organizations to address barriers. For example, a St. Mary’s County partner provides supportive employment services for individuals with mental health needs. Rural jurisdictions in western Maryland, including Garrett and Washington Counties, provide supportive services that assist individuals with obtaining vehicles and shuttles to and from dense businesses areas. Moreover, Wicomico County partners with the American Job Center, which offers on-site childcare for customers while receiving employment services.



**Table 23. Strengths and Challenges in Providing Select Supportive Services to TCA Customers**

	Mental Health	Transportation	Childcare
<b>Strengths</b>	<p><b>Anne Arundel County</b> has an on-site behavioral health specialist who assists with mental health screening and therapy.</p> <p><b>St. Mary's County</b> partners with Pathways, Inc., which has a supportive employment program for people with mental health needs.</p>	<p><b>Garrett County</b> has a Wheels to Work program that assists customers with obtaining a personal vehicle.</p> <p><b>Washington County</b> operates a Hopewell shuttle that provides free transportation to and from a dense business area.</p> <p><b>Howard County</b> recently moved their office to be located next to other government and non-profit organizations to reduce the transportation burden for customers.</p>	<p><b>St. Mary's County</b> partners with community organizations to provide a summer camp program with paid transportation for children, which allows customers to participate in work activities.</p> <p><b>Wicomico County</b> collaborates with an American Job Center that offers on-site childcare for customers while they receive employment services.</p>
<b>Challenges</b>	<p>"I think it would be good to put some of the resources back into the locals so that . . . [customers] don't have to go all over the place . . . <i>I remember when mental health was [in the office] . . . I think they need to bring that back.</i>" -Urban/Suburban County Focus Group</p> <p>" . . . even if it's a contractual service <i>having a mental health component to our program would be very helpful</i> . . . if we could break through that barrier, we would probably be more successful than we are right now." -Urban/Suburban County Interview</p> <p>"<i>I'd like to connect with a supportive employment program</i> to enhance our services to individuals who also have a mental health diagnosis . . ." -Rural County Interview</p>	<p>"I think it really frustrates the customers . . . having to go back and forth . . . <i>we have a lot of our customers on public transportation. And so when they can't get to one location from another, it makes it difficult . . .</i>" -Urban/Suburban County Focus Group</p> <p>" . . . the buses don't run in the evenings or . . . weekends, so it's really difficult to get people to employment because <i>a lot of the jobs that they're entering into do have weekend hours and we have no way to get there in a bus.</i>" -Rural County Interview</p> <p>"We have people that want to apply for the <u>Vehicles for Change</u> program, but they can't apply unless they're working the 30 hours . . . But then again, <i>if you don't have transportation . . . how are you going to get to your job when a lot of the buses around here do not run frequently?</i>" -Rural County Focus Group</p>	<p>" . . . our childcare wait lists are very, very long here, and a <i>lot of customers cannot afford to put \$100 down to be put on the wait list.</i>" -Rural County Focus Group</p> <p>"There <i>really isn't enough providers</i> here and the ones that we do have . . . <i>very minimal of them will accept the state payments</i> because they've had issues with getting paid by the state. So they're not accepting the vouchers as much as they used to in the past." -Rural County Interview</p> <p>"We're seeing daycare vouchers get approved for part time when they should be full time or <i>we're seeing the copay the customers [owe] be half of their TCA</i> . . . or [Child Care Scholarship] is not approving vouchers till 60 days into the process so we're struggling to meet that barrier . . ." -Rural County Focus Group</p>



## STAFF VOICES

### Centering customer feedback

“On a case by case basis I will receive an email from a customer or . . . they will file the complaint and so *it's complaint driven*. We don't have satisfaction surveys that have been given to our customers, but I would welcome that honestly.”

-Baltimore City Interview

“*Now we're doing [customer surveys] all the time* because they have it linked on our emails . . . we look at the customer feedback quarterly . . . the last couple of years, the feedback has been about our E&E system or the [application portal].”

-Talbot County Interview

“With us being so small, *we really probably talk to our customers more than most jurisdictions do. Most of [our customers] have one of our personal emails* . . . we always leave that line of communication open and we do check in with them.”

-Garrett County Interview

“I'm talking 5-6 questions at a time. And how would people rate the beginning of services versus the end . . . we definitely don't have anything like that. *Not that I want to put any more work on staff, but it would be great for them to see . . . that they made a difference.*”

-Kent County Interview

“*Our agency has a Customer Advisory Board . . . we do utilize them to inform us around some things that we need to make changes* . . . This is a population we're serving. We need to hear from them if we're doing what we're saying . . . .”

-Prince George's County Interview

## Centering Customer Voices

Though beyond the scope of this report, there is well-documented literature substantiating methods and frameworks for improving programs and organizational performance. Generally, program improvement is systematic, inclusive, cyclical, data-driven, and incorporates capacity-building (see overview by Holdbrook et al., 2023). In the spirit of being inclusive and data-driven, an emerging evidence-based approach to TANF is engaging TANF families in program improvements. Holdbrook and colleagues (2023) impart the benefits of engaging families in program improvements, including: (1) building trust and respect between families and program staff; (2) focusing the program on families' interests and needs; and (3) revealing and addressing inequities created by service delivery, operations, processes, and policy.

The International Association for Public Participation developed a spectrum that describes levels of participation that progressively give more voice and decision-making power to program participants. Holdbrook et al. (2023) applied this spectrum to TANF, illustrating levels of family engagement in TANF and child support. Figure 45 reproduces an adaptation of the original spectrum for centering family input in the TANF program, and includes levels titled, *Inform, Consult, Involve, Collaborate, and Empower*. The least inclusive level, *Inform*, includes one-way communication from service providers to recipients about rules and changes to a program. The most inclusive level, *Empower*, gives ultimate decision-making power to TANF families rather than providers (Holdbrook et al., 2023).

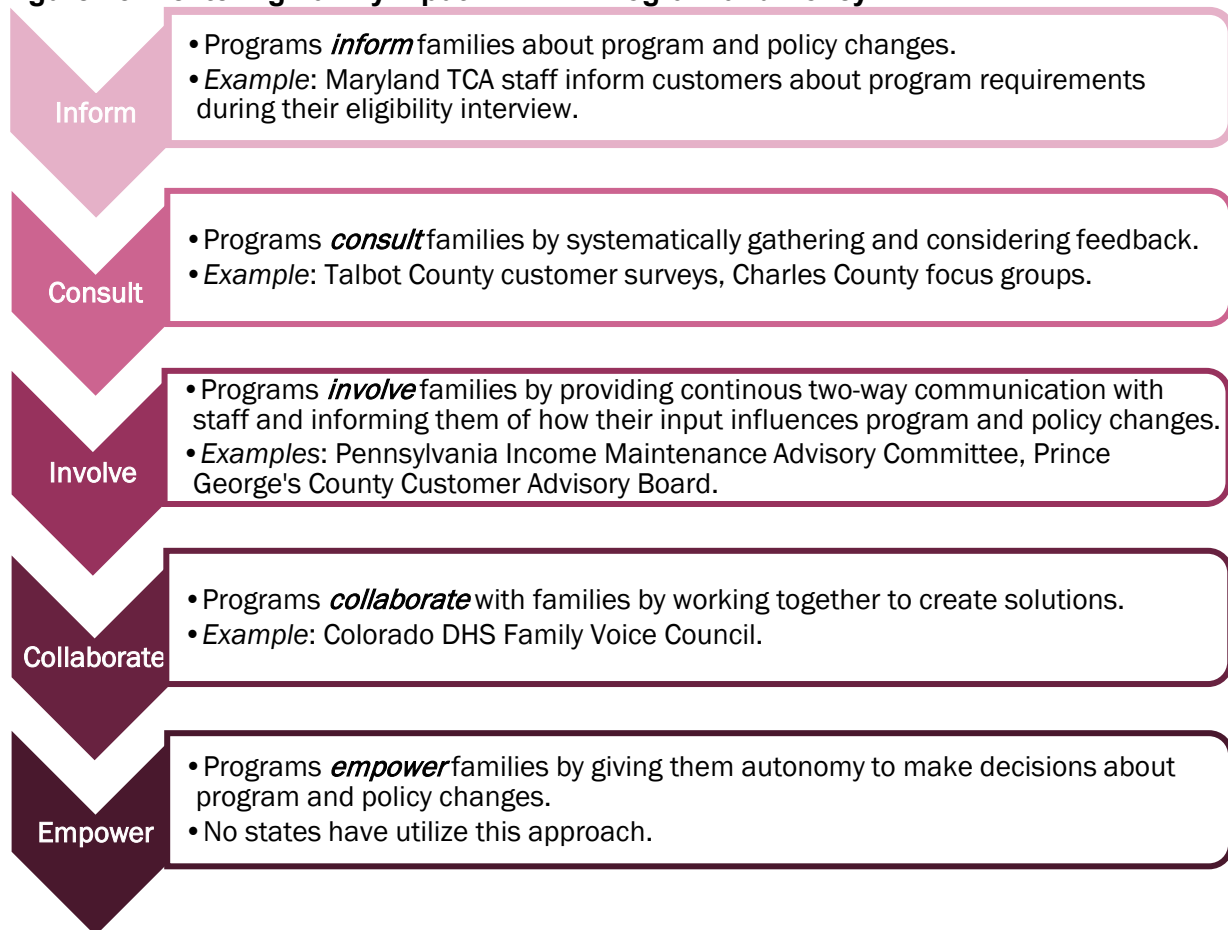
Few states include approaches to gathering and using input from TANF recipients in their TANF plans. A couple of notable examples are Colorado and Pennsylvania. The Colorado Department of Human Services has a *Family Voice Council*. This would likely fall under the *Collaborate* level of the spectrum. Notably, TANF recipients on the council have direct contact with program decisionmakers

(Holdbrook et al., 2023). Decisionmakers ask recipients for feedback regularly and ultimately communicate to recipients if, how, and why their feedback did or did not lead to program change. Similarly, Pennsylvania has an Income Maintenance Advisory Committee that includes current and former TANF recipients (Pennsylvania Department of Human Services, n.d.). The committee meets four times a year and advises the Department of Human Services on policies, procedures, and other activities.

The authors found that in Maryland, use of customer feedback is largely complaint-driven, a descriptor used by one of the urban/suburban administrators. In other words, individual jurisdictions respond to individual customer complaints when they

arise. In rural jurisdictions, where caseloads are smaller and staff have close relationships with customers, there are greater opportunities to directly address customer feedback. However, a couple of jurisdictions—Charles and Prince George’s counties—shared that they engage in focus groups with customers to solicit program feedback. Moreover, Prince George’s County also has a customer advisory board that provides advice on program changes. Some study participants also shared with researchers that FIA operates an online customer service survey, and some jurisdictions host their own in-house surveys. Based on these findings, Maryland and individual jurisdictions largely fall between the *Inform* and *Consult* levels of the spectrum.

**Figure 45. Centering Family Input in TANF Program and Policy**



**Note:** This figure is adapted from OPRE Brief 2023-024 (Holdbrook et al., 2023) and the IAP2 Spectrum of Public Participation (International Association for Public Participation, 2018).

## Home Visiting

**Figure 46. Review and Examples of Home Visiting Programs**

Definition	Outcomes	State Examples	In Maryland
<ul style="list-style-type: none"> <li>• Services provided in a family's home.</li> <li>• Services can include counseling, education, needs assessments, and referrals to community services.</li> </ul>	<ul style="list-style-type: none"> <li>• Economic independence.</li> <li>• Improved maternal health, child development, school readiness, and parenting practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Iowa's Family Development and Self-Sufficiency Program.</li> <li>• California's CalWORKS Home Visiting Program.</li> </ul>	<ul style="list-style-type: none"> <li>• State TANF funds go towards home visiting programs.</li> <li>• Prince George's County provides home visiting services via the national <i>Healthy Families</i> program.</li> </ul>

The final EBP this chapter describes is home visiting. Home visiting programs are not unique to TANF programs. They span a variety of fields and initiatives, but generally target low-income, disadvantaged, families with either young children or pregnant individuals. These programs offer in-home supports, including counseling, education, screening, and referrals to community services. Across programs, they have been found to improve economic self-sufficiency, maternal health, child development, school readiness, and use of positive parenting practices (Mickovitz et al., 2016; OPRE n.d.-a).

Some states, such as Iowa and California, operate home visiting programs specifically for their TANF recipients. Iowa's *Family Development and Self-Sufficiency* program provides in-home employment-related counseling and social service referrals, while the *California Home Visiting Program* provides parenting education, child development screening, and social service and employment referrals (Rienks et al., 2022; Derr et al., 2022). As of writing, California is in the process of evaluating the employment-related outcomes of the program (Rienks et al., 2022).

Maryland's WIOA State Plan describes the TANF programming as funding "home visitation and on-site services to families, such as parenting education, family planning, and employment services" (Maryland Department of Labor et al., 2020, p. 402). While there is not a state-level home visiting program for TANF recipients specifically, some jurisdictions engage in this practice. Prince George's County, for example, utilizes the national, evidence-based *Healthy Families* program (Prince George's County DSS, 2021). This home visiting program has several foci related to childhood development, parent and child welfare, and self-sufficiency (Healthy Families America, n.d.). Given the depth of the services provided under this program, Prince George's County is unable to provide these services to all eligible individuals (Prince George's County DSS, 2021).

Several jurisdictions also partner with other organizations to deliver home-based services. As detailed in this and previous chapters, some jurisdictions partner with Pathways, Inc. This organization delivers home-based services for transitional age youth with mental health barriers. Carroll County also partners with the Carroll County Youth Services Bureau, providing in-home services to at-risk youth

## Innovative Practices

The final section of this chapter explores three innovative practices in TANF including financial incentives, two-generation approaches, and use of federal resources. As described in the introduction to this chapter, the authors conducted a thorough review of TANF practices and categorized

EBPs and innovative practices. For the purposes of this chapter the authors have adopted the following definition of an innovative practice: *an innovative practice is a novel practice for which no strong evidence base exists yet, but retains the main aim to benefit families on their self-sufficiency journeys.*

## Financial Incentives

**Figure 47. Review and Examples of Financial Incentives**

Definition	Outcomes	State Examples	In Maryland
<ul style="list-style-type: none"> <li>• Provided to assist participants in retaining employment or as a reward for achieving goals.</li> <li>• Can include cash, gift cards, tax refunds, income disregards, and transitional benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• Mixed evidence of effectiveness.</li> <li>• Some evidence of increased employment and earnings.</li> <li>• Evidence of increased financial well-being.</li> </ul>	<ul style="list-style-type: none"> <li>• North Dakota's graduated income disregard.</li> <li>• Colorado's transitional benefits.</li> <li>• Vermont's achievement bonuses.</li> </ul>	<ul style="list-style-type: none"> <li>• Maryland funds the EITC (see Figure 46) and TSS.</li> <li>• Talbot County provides job retention bonuses.</li> <li>• Washington County provides incentives for completing customer goals.</li> </ul>

The first innovative practice this chapter discusses is financial incentives. Financial incentives to improving economic sufficiency can include earned income disregards, cash payments as a reward for securing or retaining employment or meeting some other goal, investing in the EITC, and other financial incentives. Findings on the effectiveness of financial incentives are mixed. Some evidence suggests that these incentives may have short-term positive impacts on goals (Kogan et al., 2016; Vollmer et al., 2017); however, this strategy is not effective for previously or chronically unemployed individuals (Kogan et al., 2016). Fishman et al.'s (2020) review finds that TANF earnings disregards and rent control can increase earnings, though results are larger when paired with employment services. In the near future, OPRE will be releasing additional research on the effect of pairing financial incentives

with coaching programs (Saunders et al., 2022).

One type of financial incentive for TANF recipients is an earned income disregard. Earned income disregards allow staff to deduct certain earned income (i.e., earnings from TANF recipients working) from benefit determination. For example, North Dakota uses a time-limited, graduated percentage disregard: they disregard a maximum of 55% of net earned income for the first 6 months the recipient is working and by month 13, they disregard only 25% of earned income (North Dakota Department of Health & Human Services, 2022). Maryland disregards 40% of recipients' earned income to incentivize employment (FIA, 2022b, TCA Manual 902). Maryland also piloted a graduated earned income disregard at 100% for 3 months, 60% for 9 months, and then the standard 40%



disregard for any additional months of employment between 2014 and 2016 (FIA, 2014; Maryland Department of Human Resources, 2016). The pilot aimed to serve 100 TCA recipients, but only a small number were eligible (n=21). Eight of the original 21 pilot participants (38%) experienced a case closure due to earnings exceeding eligibility limits, even with a 60% disregard.

Supplemental cash benefits are another type of financial incentive. For example, Colorado implemented a pilot program offering additional financial payments to TANF recipients with significant barriers to employment. They found that recipients who received payments were more likely to obtain employment and retain it through a full quarter, compared to recipients who did not receive payments (Manpower Demonstration Research Corporation, 2023). States also provide bonuses for retaining employment or reaching other goals. For example, Vermont provides cash payments to parents who reach their goals related to parenting skills or postsecondary education (State of Vermont, 2021).

In Maryland, supplemental cash benefits or similar rewards are common. First, since 2019, Maryland has had a Transitional Support Services (TSS) program that provides an additional 3 months of TCA benefits to families who leave the program due to earnings above the income limit (FIA, 2019). While a comprehensive evaluation has not been completed on the program, very early evidence suggested that a slightly smaller percentage of families who received TSS returned to the program after exit (Hall & Passarella, 2020).

Second, DHS and individual jurisdictions also provide recipients bonuses or rewards for retaining employment and reaching their goals. DHS utilized American Rescue Plan Act of 2021 funds to pilot a job retention bonus initiative in FFY 2022 (FIA, 2022a). This pilot provided cash bonuses to recipients who retained employment for 4 months and 6 months. Although it was short-lived, jurisdictions found this to be an effective pilot. One rural focus group participant shared that they would “like to see them bring back that job retention as an ongoing thing” given that the influx of additional funds can be beneficial to newly employed adults.

## MARYLAND FINANCIAL INCENTIVES

### *Examples*

1. **Carroll County** rewards participants of their youth summer employment program with incentives (unspecified) for meeting their goals, completing trainings, and obtaining employment.
2. **Queen Anne's County** gives customers gift cards and awards to reward engagement in work activities or retaining employment.
3. **Washington County** gives customers gift cards as a reward for completing goals outlined in their Family Independence Plan.
4. **Wicomico County** gives customers incentives (unspecified) for meeting work requirements and to reward meeting certain goals, such as earning a GED or credential.
5. **Talbot County** gives customers gift cards with increasing values for retaining employment for 30 (\$50), 60 (\$75) and 90 (\$100) days.
6. **Maryland State** implements Transitional Support Services, which provides three additional months of TCA benefits to individuals who leave TCA due to overscale, earned income.

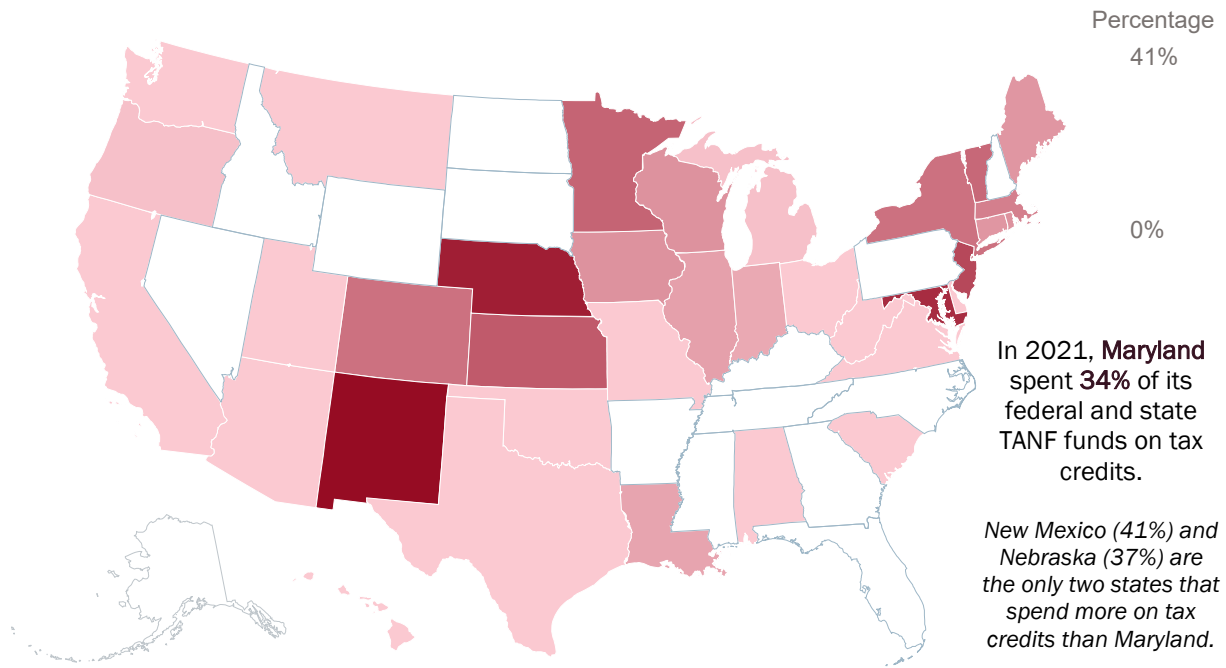
There are also many examples of individual jurisdictions providing rewards. For example, Washington County provides customers gift cards if they complete goals outlined in their Family Independence Plans. Both Wicomico and Queen Anne's Counties provide incentives for meeting work requirements and certain goals. Queen Anne's County also provides gift cards for job retention, as does Talbot County. Finally, Carroll County rewards participants of their youth summer employment program when they meet their individualized goals.

The final financial incentive this section reviews is the EITC. EITC increases are associated with increased work activity among single mothers (Kogan et al., 2016) and childless workers (Fishman et al., 2020). However, EITC increases do not have an effect on low-income families' total

earned income (Kogan et al., 2016). Although the EITC does not have an effect on total *earned* income, it can improve financial stability and reduce poverty (Maag et al., 2021). Therefore, investing in the EITC can benefit current and former TANF families.

As shown in Figure 48, Maryland is one of the states that invests a higher percentage of its TANF funds into the EITC. In FFY 2021, Maryland spent 34% of its federal and state TANF dollars on the EITC. New Mexico and Nebraska are the only two additional states that spent more on tax credits in the same year. Notably, much of the shading in Figure 48 is light pink, and many states have no shading, indicating that most states do not invest much or any of their TANF dollars into tax credits that support low-income families.

**Figure 48. Percentage of TANF Block Grant Spent on Tax Credits**



**Note:** The percentages were aggregated from a series of 2023 CBPP analyses of U.S. Department of Health and Human Services TANF financial data from FFY 2021. The CBPP analysis of TANF block grant amounts was adjusted to exclude Tribal TANF and research expenditures. Tax credits include refundable earned income tax credits (EITC) and non-EITC refundable state tax credits (OFA, 2022). In FFY 2021, 34% of Maryland TANF funds that went to tax credits were for the EITC *only*. States with no shading in the map do not have a state earned income tax credit (National Conference of State Legislatures, 2024).



## Two-generation/Whole Family Approach

According to Ascend (2020a), the term two-generation was first used in a 1988 report that described an intentional effort to combine services to children and their parents. A two-generation approach to service delivery, also called a whole-family approach, has become more common in recent years (Ascend, 2020a). These service delivery models aim to expand services beyond adults to their children and families to interrupt the cycle of poverty (Chase-Landsdale & Brooks-Gunn, 2014). Although two-generation approaches focus on the whole family, they still incorporate reforms focused on supporting the success of individuals. For example, a two-generation approach would still include remediating barriers and meeting adults' needs before engaging them in work activities or employment. Evidence of the effectiveness of this approach in improving family outcomes has been limited, though research suggests that services may not be provided with sufficient intensity or quality to see robust effects. There is ongoing research to improve this evidence (Torres-Rodríguez et al., 2024) and as well as research on how to strengthen two-generation initiatives (Baumgartner et al., 2023).

Recent examples of two-generation approaches include the District of Columbia, Tennessee, California, and New Hampshire as shown in the accompanying callout. The District of Columbia's TANF program underwent major reforms in the mid-2010s, with the new program fully embodying a two-generation approach (Ascend, 2020b). This included shifting entire value systems of the organizations, replacing transactional engagement with families, training staff, co-location of services, and incorporating many evidence-based and innovative reforms (Ascend, 2020b). Tennessee's two-generation program is also robust, including four components: early childhood and postsecondary education, economic well-being, health, and social capital. Initiatives that support these components include increasing community collaborations, expanding education and training opportunities, providing staff training, empowering families by giving them a voice in the program, connecting families to social supports, and increasing wraparound services, such as early intervention home visiting services (State of Tennessee, 2021).

## TWO-GENERATION REFORMS

### Maryland

#### State Level

- Requires jurisdictions to include in their PASS plans how they will incorporate a two-generation approach.
- Provides two-generation innovation grants for community organizations that serve TANF populations.
- Prioritizes providing services for opportunity youth and non-custodial parents as part of the two-generation approach.
- Provides TSS, an additional 3 months of benefits to help stabilize families who leave TCA due to employment.
- Recently shifted to a *people before performance* approach, in which they:
  - Lowered the WPR jurisdictions must meet, but rescinded to allow other policy changes.
  - Started measuring “universal engagement” in a variety of activities beyond employment.
- Recently passed policies that:
  - Ended full-family sanctions.
  - Gave new customers 6 months to focus on barrier remediation before being required to work.
  - Increased the allowable time customers may pursue education.
  - Expanded the child under 1 exemption.
  - Allowed families to retain part of their child support payments.

#### Jurisdiction Level

- Washington and Wicomico Counties have partnerships with Shore Up, Inc., which provides two-generation-focused services, including financial literacy education and Head Start programs.
- Garrett County operates an after-school educational program for grades 3-8.
- Howard County has a contract to provide family navigation services, including whole-family assessments and referrals to services.

## TWO-GENERATION REFORMS

### *Other states and D.C.*

#### *California*

- Initiated targeted intensive case management.
- Removed core activity requirements for the first 24 months of receipt.
- Increased the earned income disregard.
- Expanded opportunities for subsidized employment.

#### *New Hampshire*

- Increased the earned income disregard.
- Increased childcare deductions and asset limits.
- Created a transitional benefits and car savings program.

#### *Tennessee*

- Increased collaborations with community organizations.
- Expanded education and training opportunities.
- Gave families more of a voice throughout the program.
- Connected families to social support and other services, including home visiting.

#### *District of Columbia*

- Integrated intake processes across benefit programs.
- Raised cash benefit levels.
- Decoupled work requirements with eligibility for a childcare subsidy.
- Allowed unified case plans with other social services agencies.
- Increased co-location of staff in community organizations.
- Expanded opportunities for education and training.

Maryland does not have a two-generation program, but rather, DHS treats two-generation as an “intentional philosophy toward how systems, programs, and services engage with families” (DHS, n.d.-b, *What is 2gen?* section). At the state level, this philosophy is evident in several ways. For example, the PASS plan guidance FIA provides to local jurisdictions includes a section where jurisdictions must explain how they are implementing a two-generation approach in their local TCA program. Washington and Wicomico Counties partner with Shore Up, which provides two-generation services. As another example, Howard County has a contracted vendor that provides family navigation services, including whole-family assessments and referrals to services. In addition, several new policies, as described in the callout, have had a two-generation focus, such as expanding the use of the child under 1 work activity exemption and adopting partial child-support pass-through.

Importantly, researchers did not explicitly ask staff or administrators any two-generation-specific questions in focus groups, interviews, or surveys. Overwhelmingly, staff did not volunteer information about the philosophy when discussing the program’s design. However, some staff did discuss the two generation philosophy. When discussed, staff expressed that they were not necessarily convinced that DHS is truly engaging in the philosophy. As one administrator shared: “...how do we get at the second generational aspect of servicing customers...to have a TCA program that holistically looks at families. We try to, but...I think it’s gonna take a whole shift in practice and how we do work...these are deep-seated challenges that our customers face...we don’t get at kind of a preventative lens in TCA...not just providing benefits but to provide service to the families, to bring them out of poverty.”

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### ON THE TWO-GENERATION PHILOSOPHY:

“But how do we get at kind of the second generational aspect of servicing customers from that lens . . . to have a TCA program that holistically looks at families? We try to, but staffing patterns sometimes don't allow us to . . . *I think it's gonna take kind of a whole shift in practice and how we do work* . . . these are deep seated challenges that our customers face . . . and if we don't get at a preventative lens in TCA . . . not just providing benefits but to provide service to the families, to bring them out of poverty. I think our focus has to in policies have to kind of shift towards that.”

*-St. Mary's County Interview*

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## Use of Federal Resources

The final innovative practice this chapter discusses is the use of federal resources to improve the TANF program. Although there is not literature on the effectiveness of using these federal resources to improve programs, they are designed to help TANF administrators improve their services, and the guidance provided is typically evidence-based. Notably, OFA has a peer technical assistance website, OFA Peer TA. This website offers TANF-based literature, webinars, technical assistance, trainings, and opportunities to connect with other TANF administrators across the country. For example, as of writing, the landing page of the website advertises a series of resources, including but not limited to a video series of how to use family input to improve TANF and child support programs, access to the *Pathways into Work Evidence Clearinghouse*, innovations in business process management in human services, and an article on providing employment coaching to TANF families (OPRE, n.d.-b.).

Given the limited response to the NASTA survey (see Appendix B for more details), it was not possible to determine the extent to which administrators in other states utilize these important resources. Findings from interviews, focus groups, and surveys with Maryland staff and administrators, though, revealed that most staff and administrators not only do not utilize federal TANF resources, but also are unaware of them. Prior to conducting focus groups and interviews, researchers shared the forthcoming interview and focus group questions with participants. One administrator noted in their session that researchers sending questions in advance prompted them to look at the federal resources. They continued: "...I did look them up and bookmarked a couple of things...but other than that I would not have known." A second participant from a rural jurisdiction shared that they were not sure that "DHS has been as aware of those types of resources available at the federal level"

and recommended that DHS "facilitate that communication flow" in the future. Ultimately, though, staff and administrators may not have the time to engage with these resources fully given the responsibilities and lack of staff, the latter of which emerged as a recurring theme in this study. One administrator shared that when in another TANF-related position, they "had more time and interest and opportunity and it was more closely aligned with my responsibilities...the reality...is that I very infrequently have time to do that kind of stuff." There are two recent and noteworthy instances in which Anne Arundel County utilized available federal resources. First, they worked directly with the OFA Peer TA team in 2019 to share their direct



### STAFF VOICES

Use of federal resources

*"Based on the question I did look them up and bookmarked a couple of things . . . but other than that I would not have known."*

*-Rural County Interview*

"I will tell you when I worked at [location concealed to protect participant identity], I had more time and interest and opportunity and it was more closely aligned with my responsibilities . . . the *reality . . . is that I very infrequently have time to do that kind of stuff.*"

*-Urban/Suburban County Interview*

"I think it's also safe to say as a state, *I don't know that DHS has been as aware of those types of resources available at the federal level then to pass it down to the local.* So that would be a recommendation moving forward to facilitate that communication flow."

*-Rural County Interview*

experiences with the OWRA tool (OFA Peer TA, 2019), offering opportunities for other states to learn from their experiences. The second time they worked with the team was in 2023. Through this engagement, they participated in TANF learning communities to improve service delivery after the recent pandemic (Butler et al., 2023).

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## OUTCOMES DISAGGREGATED BY RACE AND ETHNICITY

Krysten Garcia, Lauren A. Schuyler, Letitia Logan Passarella, & Haley Smith

One of the federal goals of TANF is to help families become self-sufficient through employment (General TANF Provisions, 45 C.F.R. § 260, 1999). The TCA program in Maryland aims to meet this goal by providing a range of employment readiness and training opportunities. To measure the program's progress in improving self-sufficiency, Maryland annually reports on employment and earnings outcomes as well as returns to TCA for those who leave the program. This chapter expands upon this annual work by examining similar outcomes disaggregated by race and ethnicity. These outcomes are primarily related to employment, earnings, and returns to the program.

Disaggregating outcomes by race and ethnicity is important because there is a large body of evidence that details inequities in employment outcomes both in the general population and among TANF recipients. For example, Black and Hispanic/Latinx individuals are more likely to be unemployed or employed in low-wage jobs, such as in the service industry, compared to White individuals (Bahn &

### LOOKING FOR A SUMMARY OF THIS CHAPTER?



The *Executive Summary* provides a brief overview of this chapter. The *Strengths, Areas for Improvement, and Recommendations* chapter includes detailed strengths and areas for improvement by chapter.

Cumming, 2020; Williams & Wilson, 2019; Neumark, 2018; McKinney et al., 2021; Weeden, 2019; Byars-Winston et al., 2015; Heflin & Morrissey, 2022; Mora & Davila, 2018; Laurito et al., 2023). This gap persists even when controlling for education and skill level (Bahn & Cumming, 2020; Williams & Wilson, 2019; McKinney et al., 2021; Biu et al., 2024; Hanks et al., 2018). In the TANF program, evidence suggests that Black and Hispanic/Latinx recipients are less likely to be offered supportive services or education and training opportunities, which can improve employment outcomes (Pavetti & Zane, 2021; McDaniel et al., 2017). Additionally, Black recipients who leave TANF are less likely to be stably employed

### DATA SUMMARY

- This chapter provides employment and earnings in the year before TCA receipt and 2 years after TCA exit by race and ethnicity for a sample of adult TCA recipients who exited the program in SFY 2021 (n=8,714). It also includes data on returns to TCA for these individuals.
- The authors' disaggregation of race and ethnicity was limited to available administrative data. Further disaggregation of groups by country of origin was not possible due to limitations of administrative data. Additionally, the authors exclude any disaggregated groups with a count of 10 or fewer recipients to protect confidentiality.
- This chapter presents data from leavers in SFY 2021: this is the most recent year for which 2 years of follow-up data were available at the time of analysis. This chapter includes TCA leavers from SFY 2022 in the analysis on sectors of employment to ensure that there was a large enough population to observe differences by race and ethnicity.
- Appendix O provides similar data from SFYs 2017 and 2019. Appendix N also shows demographic characteristics and residence by race and ethnicity for SFY 2021.
- Refer to [Life After Welfare, 2023](#) for details about the populations and **Appendix B** more information on data exclusions and limitations.

and more likely to return to TANF (McDaniel et al., 2017).

There are several reasons for these disparities. The Black-White wealth gap (U.S. Department of the Treasury, 2022) represents a legacy of racist policies. These policies have transformed from overt practices in slavery and Jim Crow laws to more systemic discrimination, including redlining<sup>67</sup> and mass incarceration (Hanks et al., 2018). As discussed in the *Equity in Policy Implementation* chapter, the TANF program itself was built on a racist foundation that especially targeted Black women, coercing them into poor working conditions while denying them needed economic assistance (Floyd et al., 2021). Employment studies also demonstrate that employer discrimination is a major contributor to occupational segregation and the employment and earnings gap between White individuals and racial minority groups (Borowczyk-Martins et al., 2017; McDaniel et al., 2017; Pager et al., 2009; Floyd & Pavetti, 2022). Racial minority groups face additional barriers, such as higher student loan debt and difficulty securing stable transportation, housing, and childcare. These make it difficult to maintain employment, especially as low-wage jobs offer fewer benefits and flexibilities to meet these needs (U.S. Department of the Treasury, 2022; Safawi & Pavetti, 2020; Heflin & Morrissey, 2022; Laurito et al., 2023).

There is limited research on the employment outcomes for other racial minority groups, such as Asian Americans and Indigenous Peoples. For example, a recent literature review of racial disparities in TANF outcomes exclusively discussed

White, Black, and Hispanic/Latinx recipients (McDaniel et al., 2017). However, there is evidence of disparities for Asian Americans and Indigenous Peoples in the general population. For example, Asian Americans typically have high levels of education and are more likely to pursue high-wage careers, such as technology and engineering (Kim & Sakamoto, 2010). Thus, Asian Americans often have average earnings similar to or higher than individuals who identify as White (McKinney et al., 2021; Heflin & Morrissey, 2022; Kim & Sakamoto, 2010). However, there is substantial diversity in education and poverty levels among different Asian American groups that is overlooked when aggregating data (Tran, 2018; Hanks et al., 2018). A recent study suggests an employment and earnings disadvantage among Asian Americans who immigrated to the United States more recently or who were educated outside of the United States (Kim & Sakamoto, 2010). Furthermore, a recent survey study showed that about one quarter of Asian Americans report discrimination in hiring and obtaining equal pay or promotions, which is substantially higher than discrimination experienced by White individuals (McMurtry et al., 2019).

Indigenous Peoples, when studied at all, are similarly lumped into one or a few categories that obscures the diversity of different tribes. In the general population, Indigenous Peoples have lower rates of employment and earnings, partly due to lower levels of education (Byars-Winston et al., 2015; Button & Walker, 2020). Though there is some limited evidence of employment discrimination, a recent study did not find discrimination when examining resume callback rates (Button & Walker,

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<sup>67</sup> Redlining refers to discriminatory real estate practices dating back to the 1930s that have reinforced segregation of and disinvestment into Black communities. Redlining continues to have a significant negative impact on communities today, especially in Baltimore (Brown, 2021). A recent study

highlights lower life expectancy in historically redlined, predominantly Black neighborhoods in Baltimore (Blake, 2022).

2020). Indigenous Peoples have endured a long legacy of historical trauma, including multiple forced relocations and assimilations (Button & Walker, 2020; Walch et al., 2022). This has severed the connection to their land, people, and culture, which continues to have a significant negative impact on their health and financial well-being. While government assistance can provide benefits to aid Indigenous Peoples, it can also perpetuate negative outcomes by further imposing non-Native ways of living (Walch et al., 2022). Some states have a separate tribal TANF program<sup>68</sup> for Indigenous Peoples that allows more flexibility in tailoring the program to their needs and restores their self-determination that has been repeatedly stripped away (CBPP, 2022).

In light of these documented disparities, this chapter aims to deepen the understanding of TCA outcomes among recipients of different races and ethnicities. Specifically, this chapter presents data on employment, earnings, and returns to TCA for Asian, Black, Hispanic/Latinx, Indigenous, and White recipients who have left the TCA program. This data is essential to measuring program equity and guiding efforts to ensure that all racial and ethnic groups can receive the full benefits of the TCA program. Researchers could not disaggregate Indigenous Peoples due to small counts. Further, they could not disaggregate the Asian category given that administrative data do not capture more nuanced races or ethnicities for this group.

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*See Appendix N for demographic data by race & ethnicity*

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<sup>68</sup> Maryland does not have a tribal TANF program because there are no federally recognized tribes in Maryland.

<sup>69</sup>Administrative data records gender as a binary field.

## Demographic Characteristics

Table 24 shows that the majority of SFY 2021 TCA leavers were Black (59%) or White (29%), followed by Hispanic/Latinx (7%), Asian (4%), and Indigenous (1%). Outcomes for Asian and Indigenous recipients may vary year to year and should be interpreted with caution, as there were fewer than 400 recipients in each respective group. Although not shown, most recipients across all racial and ethnic groups were: female<sup>69</sup> (83%); had only a high school education (64%); had never been married (70%); and were in their early 30s, with a median age of 32. Asian recipients were unique in that they were more likely to be: older (median age of 36); male (39%); married (70%); and had more education (25% with postsecondary education) compared to other races and ethnicities. Additionally, Indigenous recipients had the highest levels of postsecondary education at 32% (Appendix N).

Most recipients resided in the five most populous jurisdictions, though there are differences in residence by race and ethnicity. Higher shares of racial minority groups lived in urban/suburban regions

**Table 24. Adult Recipient Race & Ethnicity, SFY 2021**

	%	n
Black <sup>^</sup>	59%	5,149
White <sup>^</sup>	29%	2,519
Hispanic/Latinx	7%	591
Asian <sup>^</sup>	4%	348
Indigenous Peoples <sup>^^</sup>	1%	107

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Valid percentages are reported to account for missing data. Percentages may not add to 100% due to rounding.

compared to rural ones (Appendix N). For example, there was a higher percentage of Hispanic/Latinx (35%) and Asian (39%) recipients in Montgomery County than in the Southern region (3% and 1%) (Appendix N). In fact, 25% or less of racial minority recipients resided in one of the rural regions compared to 55% of White recipients.

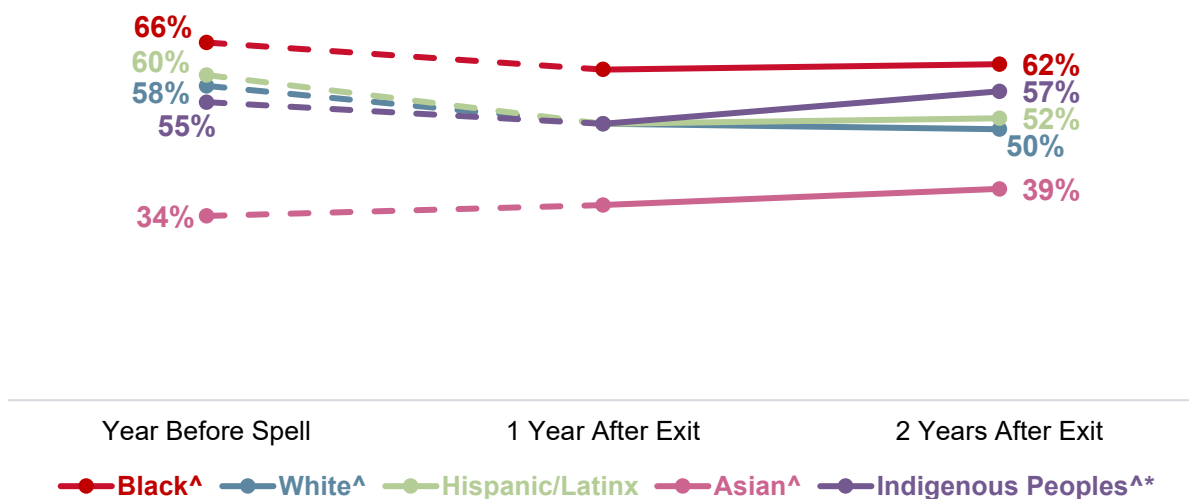
### Employment

Obtaining employment after TCA exit is a critical step towards self-sufficiency for families, and a primary goal of the TCA program. Previous *Life After Welfare* reports show that more than half of adult recipients work in the year before and after receiving TCA, with a higher percentage working after exit (Smith et al., 2022). Similarly, Figure 49 shows that generally more than half of recipients were employed at some point in the year before TCA receipt and the 2 years

after their exits in SFY 2021. Black recipients who exited TCA had the highest rates of employment, with 66% employed before TCA receipt and 62% employed 2 years after exit. Conversely, Asian recipients had the lowest rates of employment, with 34% employed before TCA receipt and 39% employed 2 years after exit. With the exception of Asian recipients, there was not an increase in employment from the year before exit to the year after exit. This is likely due to a pandemic-driven increase in business closures, including childcare centers and industries in which TCA recipients typically work, such as restaurants and retail (Smith & Passarella, 2023). Recipients who exited prior to the pandemic in SFYs 2017 and 2019 experienced a moderate increase in employment during the first year after exit (Appendix O).

**Figure 49. Annual Employment Before Spell and After Exit, by Race & Ethnicity**

*Among Adult Recipients who Exited in SFY 2021*

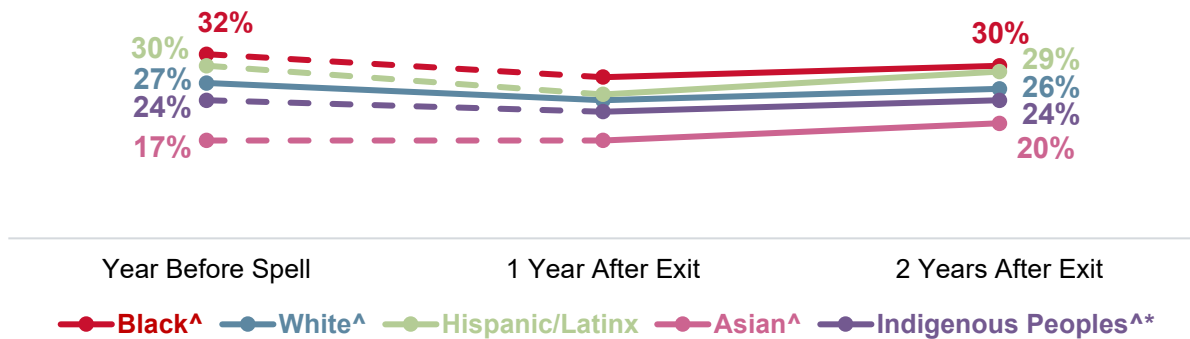


**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Annual employment is defined as employment in at least 1 quarter in a year. Dashed lines include the length of time an adult recipient receives TCA, which is different for each recipient. Valid percentages are reported to account for missing data. At the time of analysis, SFY 2021 was the most recent year for which 2 years of follow-up data were available. Data from SFYs 2017 and 2019 are included in Appendix O to show pre-pandemic trends. Refer to Appendix B for employment data exclusions and limitations.

Full-year employment, defined as employment in all 4 quarters of a year, showed some similar patterns to the findings presented in Figure 50. Figure 50 illustrates that Black recipients had the highest rates of full-year employment (32% before receipt and 30% 2 years after exit) while Asian recipients had the lowest rates (17% before receipt and 20% 2 years after exit). Notably, *full-year* employment was substantially lower than *any* employment for all groups. Among recipients with any employment in the year after exit, approximately half of each racial and ethnic

group was employed for the full year (Appendix P). This reflects a common finding that TANF recipients often engage in unstable work, either due to the nature of the job (e.g., seasonal work) or because childcare, transportation, or other barriers hinder their abilities to maintain stable employment (Safawi & Pavetti, 2020). Jobs that offer limited leave benefits and flexibilities, such as remote work, make it harder for low-income people to meet childcare needs (Laurito et al., 2023).

**Figure 50. Full-year Employment Before Spell and After Exit, by Race & Ethnicity**  
Among Adult Recipients who Exited in SFY 2021

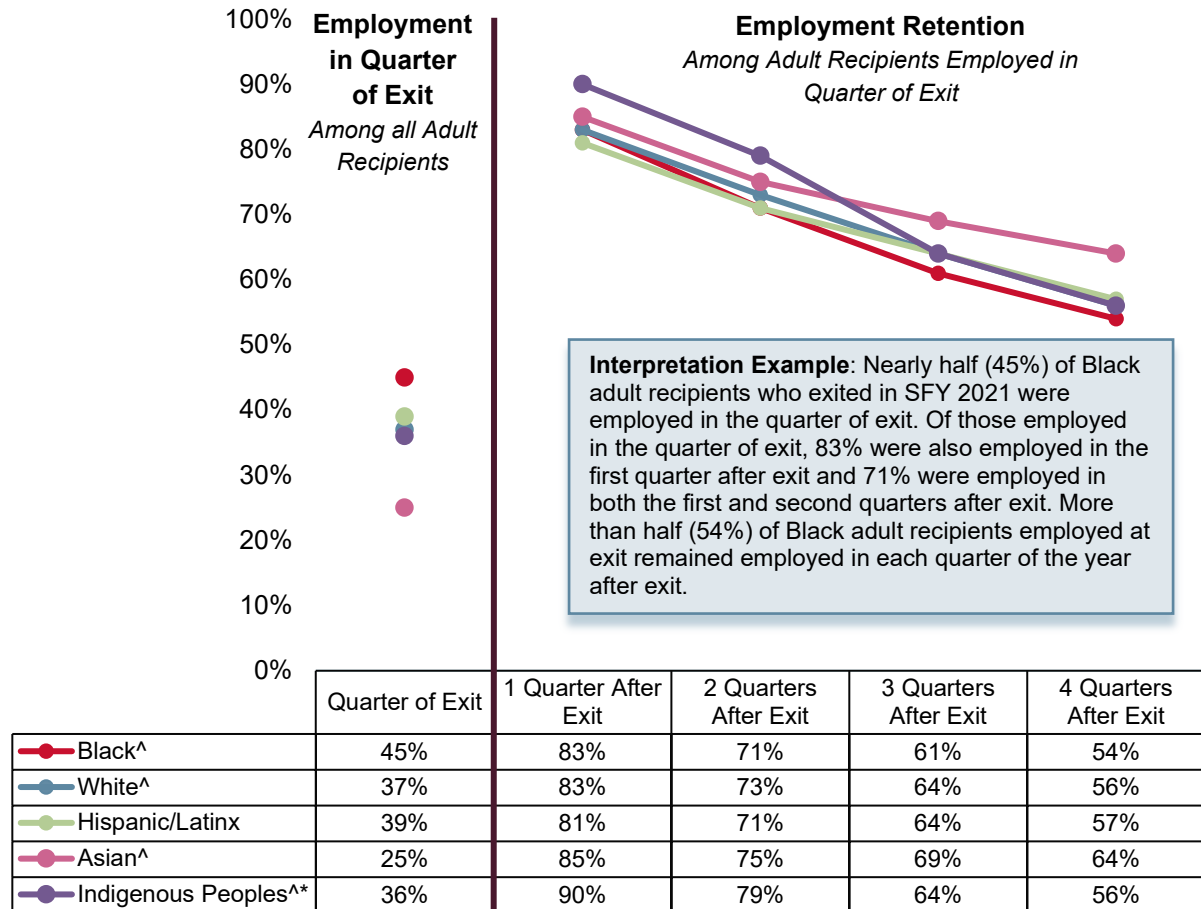


**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Full-year employment is defined as employment in all 4 quarters of a year. Dashed lines include the length of time an adult recipient receives TCA, which is different for each recipient. Valid percentages are reported to account for missing data. Refer to the *Appendix B, Methods* for employment data exclusions and limitations.

Employment retention fosters financial stability among TCA families and is an indicator of longer-term employment success (Nicoli, 2018). As shown in Figure 51, retention was high in the 1st quarter after exit and declined thereafter. Among recipients employed in the quarter of TCA exit, more than 80% of all racial and ethnic groups were also employed in the 1st

quarter after exit and more than half retained employment through the 4th quarter after exit. Asian recipients were the most likely to retain employment through the 4th quarter (64%), while Black recipients were the least likely to retain employment (54%).

**Figure 51. Employment at Exit and Retention After Exit, by Race & Ethnicity, SFY 2021**



**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Employment in the quarter of exit is based on the 8,714 adult recipients who exited in SFY 2021; employment retention is based on the 3,606 adult recipients who were employed in the quarter of exit in SFY 2021. Valid percentages are reported to account for missing data. Refer to *Appendix B, Methods* for employment data exclusions and limitations.



TCA recipients are generally less likely to be employed than the general population of Maryland. In 2021, more than 65% of all racial and ethnic groups in Maryland were employed at some point and more than 40% were employed for the full year (Table 25). This is not unexpected, given that TCA recipients tend to have more significant barriers to employment and lower levels of education (Safawi & Pavetti, 2020). The finding that Black recipients had higher rates of employment than White recipients is consistent with the general population of Maryland. In 2021, 76% of the Black population in Maryland was employed, compared to 67% of the White population (Table 25). Importantly, *higher* rates of *employment* do not mean that they have *lower* rates of *unemployment*. This is

because *employment* for the general population is measured among only those who are actively looking for work, while *unemployment* is measured among the total population (U.S. Bureau of Labor Statistics, 2023a). Previous studies have found higher *unemployment* rates for Black compared to White individuals (Borowczyk-Martins et al., 2017; Williams & Wilson, 2019). In addition, the finding that Asian recipients had the lowest rates of employment may be due to the diversity of ethnic groups within this population, or it may be because Asian recipients are more likely to be married and therefore choose not to work if they have a spouse that is employed.

**Table 25. Employment and Earnings in the Maryland General Population by Race & Ethnicity, CY 2021**

	Black	White	Hispanic/ Latinx	Asian	Indigenous Peoples*
Share of Population	30%	52%	10%	7%	<1%
<b>Employment</b>					
Full-year Employment	50%	48%	52%	50%	44%
Any Employment	69%	67%	76%	68%	68%
<b>Categorical Earnings<sup>^</sup></b>					
Less than \$10,000	12%	12%	12%	10%	17%
\$10,000–\$19,999	9%	7%	12%	7%	7%
\$20,000–\$29,999	9%	8%	16%	9%	14%
\$30,000 or more	70%	74%	60%	74%	62%
<b>Median Earnings<sup>^</sup></b>					
	\$47,992	\$61,157	\$36,185	\$62,575	\$42,585

**Note:** This data was derived from the American Community Survey 1-year estimates, Tables B20005A-E, B20005I, B20017A-E, B20017I (U.S. Census Bureau, 2022). Full-year employment includes people who usually worked 35 hours or more per week for 50 to 52 weeks in the past 12 months. Any employment includes people who worked at least one week in the past 12 months. <sup>^</sup>Categorical and median earnings include any and full-year employment. Percentages may not add to 100% due to rounding. Hispanic/Latinx is not disaggregated from other racial/ethnic groups. \*American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander.



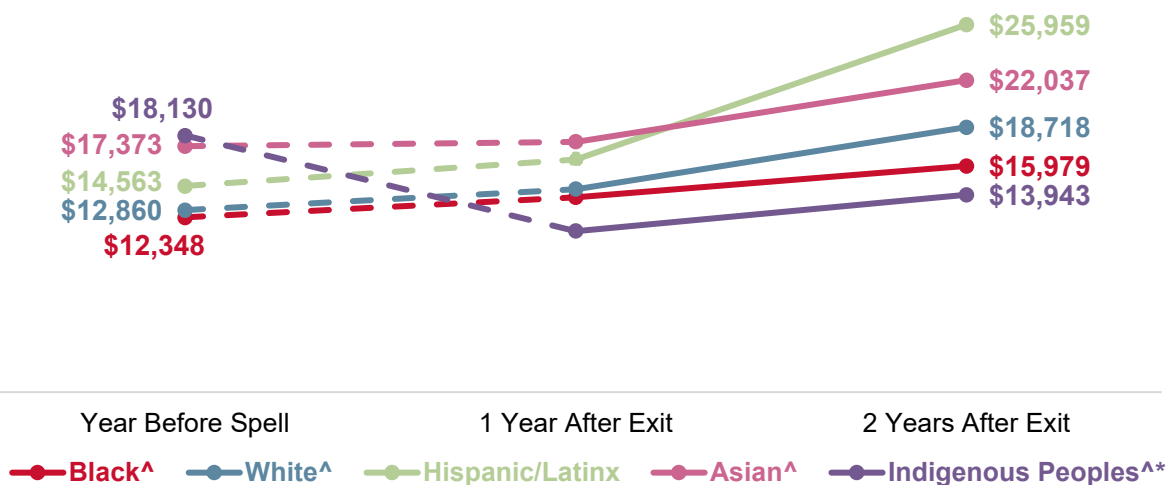
## Earnings

Earnings after TCA exit also help indicate progress towards self-sufficiency. Leavers typically experience increases in earnings after TCA exit, though earnings remain low (Smith et al., 2022). Figure 52 shows that for SFY 2021 leavers, median earnings increased after exit but differed by race and ethnicity. Prior to TCA receipt, earnings ranged from \$12,348 for Black recipients to \$18,130 for Indigenous recipients. At a 78% increase, Hispanic/Latinx recipients had the largest earnings increase, from a median of \$14,563 in the year before receiving TCA to \$25,959 at 2 years after exit. Asian (27%), Black (29%), and White (46%) recipients had more moderate earnings increases between the year before TCA and 2 years after exit. Contrary to this general pattern, Indigenous recipients experienced a 23% decline in earnings from \$18,130 to \$13,943 over the same 2-year period. Overall, recipients experienced smaller increases in earnings than in previous years (see

Appendix O), likely due to effects of the pandemic.

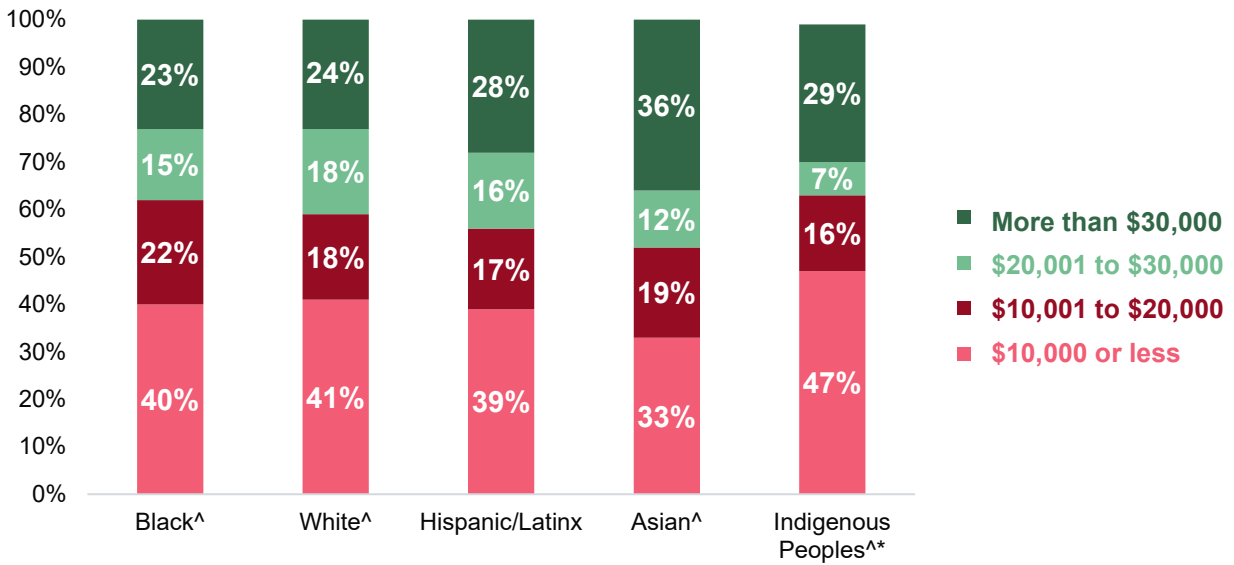
Earnings among TCA leavers are generally low, making it difficult to support a family. More than 30% of all recipients earned \$10,000 or less in the year after exit, including nearly half (47%) of Indigenous recipients (Figure 53). Asian recipients were the only racial group to have more than 30% of recipients earn \$30,000 or more in the year after exit (36%). The post-exit earnings of TCA recipients are substantially less than those of Maryland's general population, in which 60% or more of all racial and ethnic groups had median earnings of \$30,000 or more in 2021 (Table 25). Though Hispanic/Latinx TCA recipients had the highest median earnings 2 years after exit, median earnings were lowest for the Hispanic/Latinx population of Maryland at just over \$36,000 dollars. Earnings are shown for recipients that were employed part- or full-time.

**Figure 52. Annual Median Earnings Before Spell and After Exit, by Race & Ethnicity**  
Among Employed Adult Recipients who Exited in SFY 2021



**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Dashed lines include the length of time an adult recipient receives TCA, which is different for each recipient. Earnings are standardized to 2023 dollars. Earnings are shown for recipients that were employed part- or full-time. Refer to Appendix B, Methods for employment data exclusions and limitations.

**Figure 53. Categorical Earnings in Year After Exit, by Race & Ethnicity**  
*Among Employed Adult Recipients who Exited in SFY 2021*



**Note:** ^Non-Hispanic/Latinx. \*American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Earnings are based on the 4,907 adult recipients employed in the year after exit in SFY 2021. Valid percentages are reported to account for missing data. Percentages may not add to 100% due to rounding. Earnings are standardized to 2023 dollars.

## Sectors of Employment

TCA recipients often obtain employment in low-wage jobs with little benefits, such as food service and retail, which can help explain why earnings are low and employment may be unstable (Smith et al., 2022). Table 26 shows the top six sectors of employment for TCA recipients who exited in SFYs 2021 and 2022, segmented by race and ethnicity. The health care and social assistance sector as well as retail trade were the two most common sectors across racial and ethnic groups. One quarter (25%)

of Black recipients and 21% of Hispanic/Latinx recipients were employed in the health care sector, while 22% of White recipients were employed in retail trade; 14% of Asian recipients were also employed in each of these two sectors. However, Asian recipients were more likely than other groups to be employed in the professional, scientific, and technical services sector (12%). Notably, no more than one quarter of any group was employed in any single sector, highlighting the diversity of employment in which TCA recipients engage.

### SECTORS OF EMPLOYMENT

**Retail Trade (NAICS 44-45):** Services related to retailing merchandise.

**Transportation & Warehousing (NAICS 48-49):** Industries providing transportation of people or cargo, and warehousing and storage of goods.

**Professional, Scientific, & Technical Services (NAICS 54):** Industries that require a high degree of expertise to provide specialized services, such as legal and research services.

**Administrative & Support Services (NAICS 56):** Services that maintain day-to-day operations of organizations, such as office administration and waste disposal.

**Health Care & Social Assistance (NAICS 62):** Establishments that provide health care and/or social assistance. See Table 4 for more details.

**Accommodation & Food Services (NAICS 72):** Establishments that provide lodging and/or food and beverages for immediate consumption, such as hotels and casinos.

See the [Economic Census Industry Classifications](#) for a complete list of sectors.

**Table 26. Most Common Sectors of Employment in the Quarter After Exit, by Race & Ethnicity**

*Among Employed Adult Recipients who Exited in SFY 2021 or SFY 2022*

	Black <sup>^</sup>	White <sup>^</sup>	Hispanic /Latinx	Asian <sup>^</sup>
Health Care & Social Assistance	<b>25%</b>	16%	<b>21%</b>	<b>14%</b>
Retail Trade	16%	<b>22%</b>	19%	<b>14%</b>
Administrative & Support Services	17%	10%	13%	11%
Accommodation & Food Services	11%	18%	12%	13%
Transportation & Warehousing	11%	7%	6%	7%
Professional, Scientific & Technical Services	3%	4%	4%	12%
Other	16%	24%	25%	29%

**Note:** <sup>^</sup>Non-Hispanic/Latinx. Indigenous Peoples—including American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander—are not included in this table due to small counts. Based on 3,682 adult recipients employed in the quarter after exit in SFYs 2021 and 2022. If a recipient had more than one job in the quarter after exit, then the job with the highest earnings was used to determine the sector. Valid percentages are reported to account for missing data. Bolded numbers show which sectors (excluding the other category) had the highest percentage of employment within each racial/ethnic group. Refer to the *Appendix B, Methods* for employment data exclusions and limitations.

Quarterly earnings varied by sector. In three sectors, median quarterly earnings were less than the equivalent of the 2023 full-time minimum wage in Maryland (\$13.25 per hour). These sectors included retail trade, administrative and support services, and accommodation and food services (Figure 54). Recipients who worked in the health care sector had median earnings above the 2023 minimum wage, though earnings also varied by race and ethnicity. Asian recipients employed in the health care sector had the highest median quarterly earnings of \$8,933, while Black recipients had the lowest earnings at \$6,460 (Appendix P). Black recipients had the lowest median earnings in four of the other five sectors as well. This could be explained by differences in the *type* of work in which recipients engaged. For example, Asian recipients may have had more education or skills to get a higher-paying job within the same sector. It could also be a result of employer discrimination or occupational crowding, a phenomenon by which racial minority groups are pushed into jobs with

lower wages even if they are qualified for higher positions (Bahn & Cumming, 2020). Table 27 shows how median earnings can differ based on the industry of employment within a sector. For the health care and social assistance sector, median earnings in the quarter after exit ranged from \$6,134 in the nursing and residential care industry to \$8,356 in the hospital industry. Differences in sectors of employment and earnings by sector could explain why Black recipients were more likely to be employed than Asian recipients after exit, but their median earnings were lower.

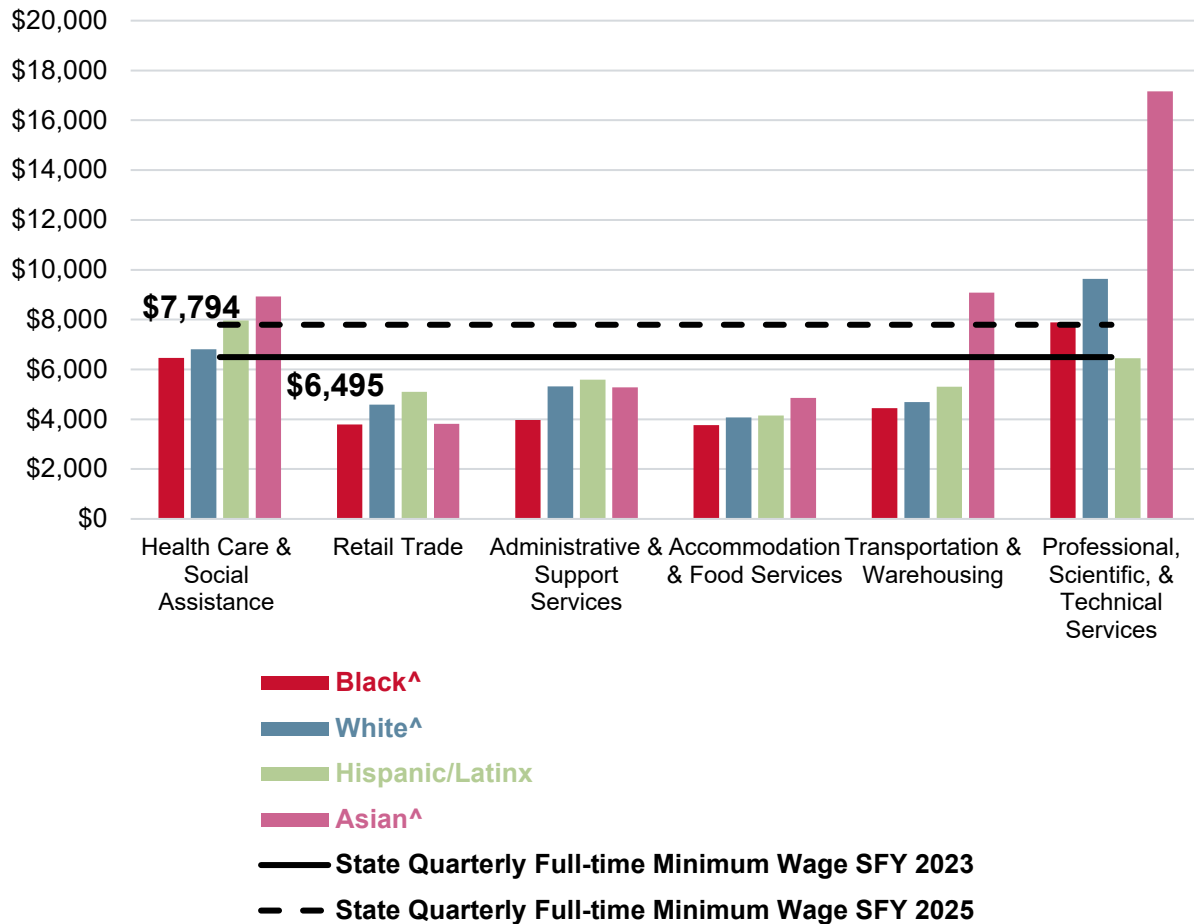
The professional, scientific, and technical services sector that employed a higher share of Asian recipients also had high median quarterly earnings above the 2023 minimum wage. These two sectors with higher earnings—health care and professional, scientific, and technical services—both require more education and training than other sectors (U.S. Bureau of Labor Statistics, 2023b), highlighting the

potential educational investments that the TCA program could provide to increase

earnings and limit employment in low-wage sectors.

**Figure 54. Median Earnings in the Quarter After Exit in the Most Common Sectors, by Race/Ethnicity**

*Among Employed Adult Recipients who Exited in SFY 2021 or SFY 2022*



**Note:** ^Non-Hispanic/Latinx. Indigenous Peoples—including American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander—are not included in this table due to small counts. If a recipient had more than one job in the quarter after exit, then the job with the highest earnings was used to determine the sector. Earnings are standardized to 2023 dollars. Earnings are shown for recipients that were employed part- or full-time. State quarterly full-time minimum wage in SFYs 2023 and 2025 was determined using data provided by the Federal Reserve Bank of St. Louis (2024). Earnings cannot be directly compared to SFY 2025 minimum wage because earnings are not standardized to 2025 dollars; the reference line is provided for informational purposes only.

**Table 27. Median Earnings in Quarter After Exit in Health Care & Social Assistance Sector, by Industry**  
*Among Employed Adult Recipients who Exited in SFY 2021 or SFY 2022*

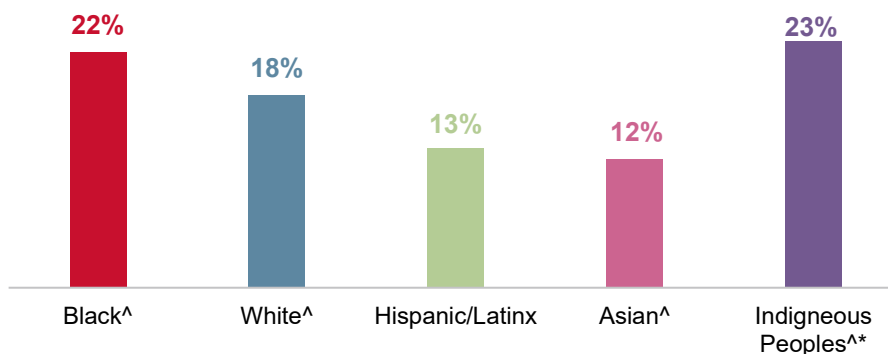
Sector or Industry	Median Earnings
<b>Sector:</b> Health Care & Social Assistance	\$6,884
<b>Industries within this sector</b>	
Nursing & Residential Care Facilities	\$6,134
Social Assistance	\$6,243
Ambulatory Health Care Services	\$7,535
Hospitals	\$8,356

**Note:** Respective NAICS codes for these industries are 623, 624, 621, and 622

## Returns to TCA

The final analysis in this chapter examines recipients' returns to the TCA program. Low earnings, unstable employment, and challenges to maintaining employment, including childcare needs, may require that families return to TCA after exit (Smith et al, 2022). As TCA recipients often engage in low-wage work with minimal benefits, this is not uncommon. Figure 55 shows similar results, with almost one quarter of Black (22%) and Indigenous (23%) recipients returning to TCA within 2 years after exit. White (18%), Hispanic/Latinx (13%), and Asian (12%) recipients were less likely to return to the program. This is consistent with research showing that Black recipients are more likely than other racial groups to return to TCA (McDaniel et al., 2017). White recipients were the fastest to return, with a median of 2 months between exit and return. Indigenous recipients, on the other hand, had the longest period between time of exit and time of return, with a median of 5 months.

**Figure 55. Returns to TCA After Exit, by Race & Ethnicity**  
*Percentage that Returned Within 2 Years After Exit in SFY 2021*



**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Valid percentages are reported to account for missing data. Recipients who had less than a 2-month break in TCA benefits, commonly referred to as churners and often leaving due to administrative errors, were included in this analysis. See the *Appendix B, Methods* for more details about why this population was included.

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## STRENGTHS, AREAS FOR IMPROVEMENT, AND RECOMMENDATIONS

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This chapter summarizes both the strengths of and areas for improvement in the TCA program.<sup>70,71</sup> This summary follows the ordering of the report's findings chapters so that the reader is able to easily refer back to chapters for more details and evidence. The second half of this chapter provides key recommendations for DHS and FIA leadership: the authors present the recommendations in no particular order of priority. The authors also provide evidence-based rationales for each recommendation and in some cases, resources that may be helpful in the implementation of the recommendation.<sup>72</sup> Notably, some areas for improvement and recommendations align with those previously proposed by an FIA internal workgroup in February 2020.<sup>73</sup> Furthermore, this study opens the door for ample opportunities for future research, particularly in areas that were beyond the scope of this report or require deeper exploration.

Given the number of recommendations, the authors acknowledge that not all can be addressed before the first recommendations progress report is due to the General Assembly. However, the authors did not want to exclude thoughtful, evidence-based recommendations solely due to the time and resources required to address them. Therefore, the authors suggest a collaborative effort with the Senate Finance Committee, House Appropriations Committee, state leadership, advocates,

TCA families, and other stakeholders to prioritize which recommendations the department should address first and establish a reasonable timeline for addressing the remaining recommendations.

Additionally, it is important to recognize that some recommendations relate to broader systemic issues, such as the quality of available jobs, transportation challenges, access to childcare, and mental health barriers. These larger systemic issues are beyond DHS's direct control. While this report still includes recommendations regarding these larger issues, it is important to acknowledge that DHS alone cannot address them, and cross-functional partnerships may be necessary to tackle these broader issues affecting Marylanders. Furthermore, current state resources—specifically staff investment and funding—may not be sufficient to implement all recommendations for all TCA families. For example, engaging the entire caseload of 20,000+ TCA families in EBPs may be unfeasible with current resources, requiring significant investments in staff and funding.

It is also crucial to reiterate that staff and administrator perspectives heavily influenced the strengths, areas for improvement, and recommendations. Notably, this does not include the voices or perspectives of TCA families. As discussed in sections of this chapter, much work

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<sup>70</sup> This chapter does not provide citations given the report references them elsewhere. There is one exception to this: in that case this chapter stylizes the reference as a footnote.

<sup>71</sup> Appendix R complements this chapter by providing additional insights from staff; while this chapter covers key strengths and areas for improvement, Appendix R offers supplementary data not found elsewhere in the report.

<sup>72</sup> The resources this chapter provides are intended as examples and do not constitute an exhaustive list of all available resources.

<sup>73</sup> However, the onset of the pandemic just one month later created significant disruption to the implementation of any recommendations, as the department quickly adapted to changing policies and procedures while continuing to serve customers amidst the evolving challenges.

remains to ensure the program reflects the voices of those it aims to serve. However, Morgan State University recently conducted a qualitative study of Baltimore City TCA families' experiences: their study includes recommendations that largely align with recommendations in this report, suggesting alignment between the perspectives of staff and customers.<sup>74</sup>

Finally, if DHS or other interested parties would like to effectively measure the impact of implementing any recommended practices or changes, it is crucial to consult with researchers before implementation. Engaging researchers early in the process allows for the development of robust evaluation frameworks. Researchers bring expertise in designing methodologies that can isolate the effects of the intervention from other variables, ensuring that any observed changes can be attributed to the new policies or practices. This collaboration also helps in setting realistic expectations, determining the most relevant metrics to track, and identifying potential challenges in data collection and analysis. By working with researchers from the outset, implementers can make informed decisions that are more likely to lead to meaningful and measurable change.

### Program Design Part I

This chapter of the report explores program design details of Maryland's TCA program and has two primary components. First, it presents an exploration of the underlying core beliefs, goals, and objectives of the program and the corresponding TCA performance measures. Then, it explores certain rules and regulations that guide the program, which are based on the underlying beliefs.

### Strengths

- Similar to movement at the federal level, the underlying belief systems that guide the TCA program have evolved since its creation in 1996. While Maryland grounds the TCA program in the four purposes of TANF outlined in federal law, the program primarily has a belief system that financial support and supportive services can help families achieve economic independence. The strength in this shift is the focus on supporting families.
- Staff and administrators believe that their partnerships and alliances with local businesses and the community in their individual jurisdictions are critical to the success of recipients. These partnerships are notably important in supporting families with unique and special needs.
- Over the last decade, Maryland has increasingly focused on shifting the program from one focused on compliance to a *people before performance* approach. This approach first garnered attention in 2016 with Maryland's WIOA State Plan, which repeatedly highlighted the importance of the approach for true success. With this approach in mind, some jurisdictions truly embody the *people before performance* approach and attempt to provide targeted case management to families in need of more intensive supports, while making compliance only a secondary driving force.

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<sup>74</sup> Van Sluytman, L., Allen-Milton, S., Taliaferro, J., & Furlow, P. (2024). *Perspectives and service needs of low-income families Temporary Cash Assistance*

(TCA) and Transitional Support Services (TSS) recipients. Morgan State University, School of Social Work.

- Maryland utilizes many of the policy flexibilities available to them in the domains of work requirements, child support, and hardship exemptions to support families facing a myriad of challenges. For example, Maryland offers a range of exemptions from work requirements for individuals experiencing illness, homelessness, and transportation barriers.

### ***Areas for Improvement***

- The qualitative analysis shows staff perceive DHS as lacking a shared vision and mission for the TCA program, suggesting an opportunity for improved communication of the program's mission and vision.
- Despite an increased effort to shift to a *people before performance* approach in the program, DHS imposes several performance measures that jurisdictions find challenging to meet, including job placements, WPR, and compliance with application timeliness. These performance measures, however, are beyond their control. It is unclear to staff the direction or focus of the program.
- Most staff and administrators do not feel the WPR is the best measure of program success, and it substantially impacts morale. Staff feel pressure to meet the expected 50% WPR even though there are years in which the target is below this percentage. Staff report receiving communication primarily when performance is lacking, with little feedback when targets are met, and insufficient guidance around how to effectively meet compliance measures.
- Staff have difficulty serving customers and meeting performance measures due to staffing shortages, heavy workloads, errors with administrative data systems, and the state's move from full-family to partial sanctions for non-compliance with work and child support requirements.
- In recent years, local level leadership and FIA have collectively developed a new set of objectives for the TCA program related to employment, skills and credentialing, and eliminating barriers. However, state-level documents do not populate targets for each objective. Moreover, while many jurisdictions include these objectives in their PASS plans, they typically also do not include targets within the objectives. It is unclear the extent to which the department measures, reports, or uses these objectives.
- Research suggests that the majority of the TANF caseload are victims of domestic violence in any given month. However, ACF reports show that very few customers in Maryland receive domestic violence exemptions for work activities, relative to the caseload size. This may indicate an opportunity for improvement in accurately identifying victims of violence who may qualify for a good cause waiver for work, child support, and the time limit. This would not affect Maryland's TANF funding. If Maryland does not meet the WPR target and can demonstrate that excluding victims from the WPR calculation would make them otherwise meet WPR, the federal government does not impose financial penalties for failure to meet the WPR.
- Maryland has opportunities to extend more flexibilities to customers if this is part of the larger vision of the program. For example, the state could explore passing through all child support to families rather than a limited amount of support. Doing so, however, comes at a financial cost, as the federal government would still be require Maryland to pay their share of the collected support.

- Maryland is one of a few states that limits the number of months a recipient can participate in a work experience activity to satisfy work requirements. Administrators largely view this limitation negatively, noting that it makes it harder to meet the WPR and serve customers with significant employment barriers. Moreover, staff shared that it is difficult to engage businesses to offer opportunities given the 90-day limitation. The limitation does not allow enough time for recipients to gain skills, and consequently, LDSS offices that once hired former TCA customers feel they no longer can.

## **Program Design Part II**

The first findings chapter explores the core beliefs, goals, objectives, and corresponding performance measures for the TCA program. It concludes with a review of program rules and regulations and Maryland's use of available flexibilities related to key policies. This chapter extends the exploration of program design and examines the service delivery model for Maryland's TCA program. This examination includes an assessment of vendor contracts as well as pandemic-era service delivery changes.

### ***Strengths***

- The decentralized nature of Maryland's TCA program provides the utmost flexibilities to jurisdictions to assist customers in the most appropriate way given local differences.
- Jurisdictions and case managers aim to meet customers where they are, and both have their own internal systems for determining supportive services or work activities referrals.

- One advantage of the in-house service delivery method, which is easier with smaller caseloads, is that it provides an opportunity for staff to build a relationship and trust with customers. Consequently, staff feel they can provide more individualized, intentional support.
- One of the main advantages of a contracted service delivery model is the level of expertise that vendors provide in workforce development and their available resources to assist a large volume of customers.
- Public sector and local non-profit vendors have similar goals to local jurisdictions. More than half of contracts the authors reviewed were with public community colleges, local non-profits, or other public sector entities.
- Some of the contracts with community colleges include performance metrics that measure longer-term outcomes such as retention, long-term employment, and credential attainment. One public community college contract attaches financial incentives to these longer-term goals.
- Jurisdictions try to offer many components of the TCA program virtually for customer benefit and convenience. This is especially helpful when customers have barriers to physically being present in the office, such as transportation barriers.

### ***Areas for Improvement***

- The decentralized nature of Maryland's TCA program means that local jurisdictions have their own sets of policies, processes, and procedures. While this may help jurisdictions appropriately tailor their programs, this impacts equitable program delivery: customers have different experiences, opportunities, and possibly outcomes based on where in Maryland they reside.

- A challenge for staff is limited resources. This is specific to limited financial resources for programming; not enough staff to meet the needs of the program; and not enough external partnerships, service providers, or opportunities for customers. This is a larger challenge for jurisdictions that use an in-house method of service delivery.
- Staff perceive a misalignment between vendor and LDSS goals, a challenge microeconomic theory also supports. A majority of vendor contracts do not prioritize incentives for longer-term self-sufficiency or steps to achieve self-sufficiency. Instead, they incentivize compliance, engagement metrics such as the WPR, or rapid attachment to employment.
- Virtual service delivery can be challenging due to customers' unreliable access to phones, computers, or internet.
- In many jurisdictions, interviews serve as an orientation to TCA for customers, providing an overview of program rules and requirements. Therefore, pandemic-era interview waivers largely presented challenges for staff and customers. Staff also report reported not having the opportunity to work with customers to address incomplete or inaccurate applications during this period. Although no longer in effect, this is an important area for improvement for future interview waiver periods.

### **Assessment Tools**

This chapter provides an analysis of the assessment tools Maryland uses with TCA customers. Specifically, it aims to explore the extent to which the assessment tools are trauma-informed, empowering, and anti-racist. The first section of this chapter

provides the trauma-informed analysis of the assessment tools. This section aims to determine how the assessment tools and interview guidance are aligned with trauma-informed care principles. The second section provides the findings from the anti-racist analysis. Both sections address empowerment of assessment tools.

### **Strengths**

- Assessment tools jurisdictions created in-house succinctly address the major barriers customers may face to self-sufficiency. The brevity makes these tools less burdensome for staff and likely for customers with comprehension or executive functioning challenges.
- The OWRA, though lengthy, comprehensively identifies multiple barriers that may help ensure appropriate referrals to work activities and supportive services. Staff that use the OWRA noted this as its main strength.
- Some jurisdictions' customer assessment tools contain elements of trauma-informed and anti-racist principles, such as goal setting and opportunities for customer voice and choice. For example, Caroline County's tool has a section dedicated to customers identifying goals they want to achieve and steps they can take to achieve them.

### **Areas for Improvement**

- While the head-of-household (or primary applicant) receives substantial attention in the assessment, the tools generally do not include many, if any, questions about other adults or children in the household. In other words, assessment tools do not address the needs of the family as a whole.

- Some assessment tools assume customers should be comfortable answering in-depth, personal questions that may be irrelevant to the provision of benefit, connection to supportive services, or engagement in the work program. These questions may elicit feelings of shame and embarrassment. Unnecessary questions may discourage customers from sharing their truth or from continuing with the application or redetermination process, thereby reducing access to benefits. For example, more than one tool asks about customers' prescription medications, including dosages.
- Although brevity can be a strength, the simplified nature of some in-house assessment tools generally does not provide assessors the opportunity to explore potential mental health or domestic violence barriers customers face. While certain in-depth questions are unnecessary, as the previous bullet point addresses, sufficient, trauma-informed questions related to mental health and domestic violence can help identify important barriers (e.g., different forms of abuse).
- The assessment tools provide limited opportunities to set goals. Many tools do not provide the opportunity for the customer to take ownership in their journey.
- Certain elements of in-house tools could benefit from revision, such as behavioral agreements, undefined or outdated language, and the absence of safety checks throughout the assessment to ensure the customer still feels comfortable and is able to proceed.
- Assessment developers did not consult TCA families when developing the OWRA or any of the in-house assessment tools.

## Equity in Policy Implementation

This chapter focuses on equitable implementation of several policies and processes in the TCA program. This is a new avenue of analysis for Maryland's TCA program. Therefore, the authors of this chapter relied on legislation, discussions with FIA, and existing equity-related research and literature to guide analyses in this chapter. The authors consulted with FIA to narrow the focus, as assessing every TANF/TCA policy and its implementation for every different type of individual was not feasible for this review. To that end, this chapter explores equitable implementation related to the following policies and processes: (1) assessments; (2) referrals for work and supportive services; (3) *good cause* exemptions for work, child support, and time limit requirements; and (4) sanctioning. For each policy and process, this chapter segments findings by the following subgroups: (1) race/ethnicity; (2) age; (3) disability status; (4) urban, suburban, or rural residence; (5) citizenship status; and (6) primary language.

### Strengths

- The assessment process aims to identify an applicant or recipient's employment barriers and skills, and in some cases, goals and interests. Case managers aim to use this information to develop equitable, individualized Family Independence Plans.
- The majority of staff are confident in their abilities to conduct assessments and tailor independence plans to customers' unique, individual needs. Regardless of the service delivery model a jurisdiction employs, staff try to individualize work activities and base them on assessment results.

- Jurisdictions creatively use multiple methods of delivering supportive services to take advantage of all of the resources available to them, both from DHS and throughout their community. These include direct funding, on-site services, and referrals to external partners. A recurring theme throughout this study was that these external partnerships are vital to connecting recipients and families to a variety of supportive services.
- A change in Maryland’s sanction policy—from full-family to partial sanctions—appears to have made the sanctioning process more equitable. This is evident when comparing recent sanction data from the newer policy to older sanction data from the previous policy.

***Areas for Improvement***

- More than one quarter of staff are unconfident in their abilities to conduct assessments or tailor independence plans for customers, suggesting an opportunity for training.
- The majority of payees in SFY 2023 who resided in jurisdictions that utilize the OWRA did not have any OWRA assessment within the previous five years. When case managers completed the OWRA, they more frequently completed it for payees who are Black, disabled, United States citizens, and residents of Baltimore City. The absence of a comprehensive assessment likely results in plans that are general rather than tailored to an individual’s unique circumstances, hindering their potential success.
- There are differences in how case managers complete assessments. They are more likely to ask payees about drug and alcohol use than questions about other challenges, including those related to mental health. Case managers are also more likely to ask Black payees drug and alcohol use questions than they are of other races and ethnicities; this is true across every jurisdiction that utilizes OWRA.
- Staff expressed challenges to individualizing referrals to accommodate a diversity of backgrounds due to a focus on the WPR. DHS incentivizes staff to refer customers to the activities that satisfy WPR requirements; hence employment and job search are the most common activity assignments.
- In SFY 2023, only 30% of adult recipients were assigned to a work activity, and 25% were assigned to a barrier removal code. This means that, at a minimum, nearly half of recipients were not assigned to a work activity or barrier removal code.
- Recipients with a disability were nearly half as likely to be assigned to a work activity. It is likely that some disabled recipients are exempt from work requirements; however, staff report barriers to finding appropriate work activities for disabled recipients.
- DORS had historically been a primary referral organization for people with disabilities; however, local departments’ partnerships with DORS have degraded over time. Staff across jurisdictions described challenges with DORS partnerships, including long wait lists and the division not meeting customer needs.



- Jurisdictions face two major challenges to providing individualized service referrals: lack of diverse community services and a higher volume of cases relative to available staff.
- Jurisdictions face challenges communicating with LEP customers. Current resources, such as the Language Line, are often insufficient, as translations do not accurately convey the technical language of TCA policy. Additionally, there is a lack of written translation for local documents, further hindering effective communication with LEP customers.
- There are challenges with the role of child support in TCA policy. In practice, some jurisdictions give the child support agency full decision-making power over good cause exemptions for TCA customers, which is not aligned with current policy. Moreover, FIA case managers and staff at CSA sometimes provide the customer with conflicting information, which FIA staff perceive as distressing for customers. Staff do not provide good cause waivers in some cases of assault.
- Not all jurisdictions reported having a family violence expert on staff . Moreover, LDSS's do not have standard operating procedures for handling these cases. Staff need support and training in this area.
- There may be inequities in work exemption policies for both customers with a disability and minor parents. Specifically, customers with a disability require additional paperwork to document their disability, while other work exemptions do not require this extra step. Additionally, minor parents are ineligible for the child under 1 work exemption.

### **Evidence-based and Innovative Practices**

The purpose of this chapter is to broadly explore both evidence-based and innovative practices in TANF that increase families' self-sufficiency. Despite the accumulation of nearly 30 years of evidence, there is still substantial ambiguity around best practices in supporting TANF families in their journeys. Questions remain with respect to *what works for whom, when, and under what circumstances*. Consequently, this chapter provides an overview of practices, programs, and approaches that can support a family on their journey to self-sufficiency, notably through employment and earnings gains. The authors identify eight EBPs including: career pathways, registered apprenticeships, sector strategies, trauma-informed approaches for customers and staff, goal setting and coaching models, supportive services for customers, centering customer voices, and home visiting. However, as shown in the *Pathways to Work Evidence Clearinghouse*, not all practices, programs, and approaches are fully successful: implementation and other considerations can impact the success of even the best-designed programs.

## **Strengths**

- Though uncommon, some jurisdictions engage in evidence-based work strategies including sector strategies, career pathways, and apprenticeships. For example, Baltimore City offers opportunities that provide stackable credentials and Baltimore County partners with a workforce development organization to identify in-demand industries for training opportunities.
- Some staff understand trauma-informed care in the context of serving TCA customers. Moreover, there are examples of staff explicitly utilizing trauma-informed approaches across the six domains of safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.
- A few jurisdictions use the evidence-based *Goal4 It!*<sup>TM</sup> coaching program, which includes motivational interviewing, career counseling, and opportunities to practice self-regulation, with a focus on building skills through every coach-client interaction. Several additional jurisdictions have provided staff training in employment coaching and motivational interviewing skills.
- Despite enormous challenges, some jurisdictions have had success in addressing mental health, transportation, and childcare challenges. For example, Washington County utilizes a shuttle that transports customers to and from dense business areas.
- A couple of jurisdictions are incorporating other EBPs, such as including customer voices in program design and delivery as well as partnering with other programs or organizations to deliver home-visiting services.

- Many jurisdictions have engaged in innovative practices, such as offering financial incentives for reaching certain goals or milestones. Some staff perceived these as helpful initiatives.
- Anne Arundel County has engaged with the Peer TA network on more than one occasion in a substantial capacity. Most recently, they participated in TANF learning communities to improve service delivery after the recent pandemic.
- Maryland has the third highest investment of TANF dollars into the EITC. Although the EITC does not have an effect on total earned income, it does improve financial stability and reduce poverty, which can benefit current and former TCA families.
- Maryland has increasingly embraced the two-generation approach. In recent years, the state has adopted new legislation aligned with this approach, such as TSS and the elimination of full-family sanctions. In addition, jurisdictions generally provide youth programming to TCA families.

## **Areas for Improvement**

- The qualitative evidence suggests that jurisdictions do not routinely engage in true sector strategies, career pathways, or apprenticeships, which are all EBPs.
- The two most common barriers local-level leadership have in implementing evidence-based work strategies are, (1) lack of knowledge or experience to implement such strategies, and (2) lack of staff to support the work.
- Rural jurisdictions find designing or securing work opportunities with self-sustaining wages challenging, notably given limited career opportunities and substantial transportation and childcare barriers in their respective areas.

- Many staff do not have a thorough understanding of trauma-informed care or how to incorporate that into the day-to-day program operations. There is no standard training on trauma-informed care for staff; many staff reported never receiving training.
- Trust and transparency, a trauma-informed principle, is crucial in operating human service programs. Effective communication is essential to this principle. Staff report communication challenges with customers, notably due to errors with the E&E system.
- A majority of staff do not perceive their local jurisdictions as engaging in trauma-informed practices for staff. Specifically, a majority of staff do not agree that their supervisors or jurisdiction provide (1) flexibility for staff to respond to personal needs and prioritize self-care (e.g., flexible hours, set clear boundaries, taking time off to recharge); (2) foster a sense of emotional, psychological, and physical safety; (3) build connections among staff; (4) normalize conversations about compassion fatigue; (5) prioritize staff voice in process improvements; and (6) communicate regularly with staff, including on the overarching goals of the agency office, how they contribute to the mission, operating procedures, and challenges. Trauma-informed practices for staff are important, and could address the 40% to 50% of staff and administrators who feel stressed at work most or all of the time.
- Many jurisdictions have not offered training on goal setting/coaching models.
- Not all jurisdictions provide supportive services (including referrals) for common barriers, such as substance use, family violence, transportation, childcare, mental health, housing, and physical health.
- A recurring theme was that the most common barriers to providing supportive services to customers include lack of staff, lack of funding, and lack of providers in their area. Moreover, staff shared that customers need far more supportive services than local jurisdictions can provide, notably around mental health. Staff expressed a dire need for social workers, or, ensuring case managers have minimum requirements, such as a bachelor's degree. Staff report difficulty with the Child Care Scholarship Program vouchers. These difficulties include not enough providers due to lack of timely payments from the program and that MSDE does not approve vouchers in a timely manner.
- Maryland's incorporation of family input into TCA program and policy is minimal. On the spectrum of public participation (*Inform, Consult, Involve, Collaborate, Empower*), Maryland falls into either the *Inform* and/or *Consult* levels of the spectrum.
- Although staff are aware of the department's two-generation philosophy, staff shared that the TCA program does not fully embody the philosophy.
- With the exception of Anne Arundel County, jurisdictions are unaware of and do not utilize federal TANF resources that provide an opportunity to learn of and engage in evidence-based and innovative practices.

## **Outcomes Disaggregated by Race and Ethnicity**

This chapter analyzes TCA leavers' employment, earnings, and returns to the program, disaggregated by race and ethnicity. Specifically, the chapter presents data on employment, earnings, and returns to TCA for Asian, Black, Hispanic/Latinx, Indigenous, and White recipients who have left the TCA program. Researchers could not disaggregate Indigenous Peoples due to small counts. Further, they could not disaggregate the Asian category given that administrative data do not capture more nuanced races or ethnicities for this group. Additionally, these analyses exclude any disaggregated groups with a count of 10 or fewer recipients to protect confidentiality. This data is essential to measuring program equity and guiding efforts to ensure that all racial and ethnic groups can receive the full benefits of the TCA program.

### ***Strengths***

- Earnings gains between the year before entry and the 1st and 2nd years after exit are common across recipients of most races and ethnicities.
- Approximately 20% to 30% of recipients, regardless of race or ethnicity, secure employment in higher-earning sectors after exit, including in (1) health care and social assistance; and (2) professional, scientific, and technical services.
- The majority of recipients, regardless of race or ethnicity, do not return to the program within the first 2 years after exit.

### ***Areas for Improvement***

- Regardless of race or ethnicity, recipients who gained employment after exiting in SFY 2021 had employment retention challenges throughout their 1st year after exit.

- Earnings after exit among SFY 2021 leavers were low across recipients of all races and ethnicities, but notably among Indigenous Peoples. This group is the only one to experience a decline in earnings between the year before TCA entry and the 1st and 2nd year after exit. Although this exact pattern is not evident for earlier years, Indigenous Peoples who exited in SFY 2017 had the lowest median earnings across all groups.
- Although Black recipients have the highest rates of employment, they have lower median earnings compared to recipients of other races and ethnicities. Within sectors, they also often had the lowest quarterly earnings compared to other races and ethnicities.
- Recipients typically find work in lower-wage sectors such as retail trade, administrative and support services, and accommodation and food services. Lower earnings in these sectors may be tied to low wages and tenuous work schedules (part-time, seasonal, or temporary work). Notably, Black recipients were most likely to find employment in the administrative and support services sector, which includes temporary job placements.

## Recommendations

**Recommendation 1: Improve communication of (1) the program's mission, vision, values, and performance for LDSS staff and leadership; (2) evidence-based practices (EBP) and other best practices used in TANF programs across the country for LDSS staff and leadership; and (3) program rules, requirements, and opportunities for TCA customers.**

**1.1.** Clarify for LDSS staff and leadership the overarching mission, vision, values, and performance measures for the TCA program.

- **Rationale:** This report demonstrates staff perceive that DHS lacks a shared vision and mission for the TCA program. Staff and administrators are unclear which performance measures matter most. On one hand, there has been an increased effort to shift to a *people before performance* approach in the program; on the other hand, staff and administrators still largely believe that DHS primarily prioritizes WPR and compliance. LDSS staff report only receiving program performance communication from their leadership or supervisors when they *do not* meet performance expectations and not when they *do* meet performance expectations.

**1.2.** Regularly communicate with LDSS staff and leadership about evidence-based and other best practices in TANF and offer opportunities for all levels of staff to share best practices with one another.

- **Rationale:** Most jurisdictions are unaware of federal resources that communicate innovative and EBPs and

allow administrators to connect with professional peers across the country to best serve customers. Regarding these resources, participants expressed an interest in improving the communication flow between DHS and local departments. Moreover, when researchers asked staff for feedback on the focus group process, they shared they appreciated opportunities to engage in conversations with other jurisdictions and learn from them.

- **Resource:** OFA's Peer TA network regularly distributes newsletters related to practical, innovative, and evidence-based TANF practices. The primary audience of these newsletters is TANF administrators across the country. <https://peerta.acf.hhs.gov/>

**1.3.** Improve communication of program rules, requirements, and opportunities for TCA customers to ensure that this information is clear and readily available.

- **Rationale:** Communication of rules, requirements, and opportunities in the TCA program is important for establishing trust and transparency with customers, a key aspect of trauma-informed care. It may also facilitate customer engagement and efficiency in the eligibility process. Some staff and administrators indicated there can be poor communication with and a lack of accessible resources for customers. When discussing challenges with the interview waiver, staff expressed that the interview is often the first opportunity to explain the program to customers. Improving communication can alleviate some of the burden staff experience to provide all information in the interview.

***Recommendation 2: Explore state- and jurisdiction-level performance measurement options other than the Work Participation Rate (WPR) and compliance measures, especially in years in which Maryland’s target WPR is 0%.***

- **Rationale:** An overwhelming finding throughout this report is that staff and administrator perspectives of the WPR are largely negative. Of note, using WPR as a performance measure negatively impacts staff morale. While DHS developed objectives that measure customer success beyond WPR and compliance, it is unclear the extent to which the department measures, reports, or uses these objectives. Moreover, this aligns with movements on the federal level. For example, a federal pilot program that temporarily eliminates the WPR and allows selected states to focus on performance measures more closely aligned with customer outcomes and well-being.

***Recommendation 3: Advocate strongly for additional TCA-specific, merit-based staffing for each of Maryland’s 24 LDSS offices. This includes case management staff as well as highly qualified staff, such as social workers. Further, ensure that entry-level staff without degrees have limited responsibilities or receive adequate training, with specialized tasks assigned to more experienced personnel.***

- **Rationale:** A clear theme throughout this report is that local jurisdictions do not have the capacity or resources to serve TCA families in the best way possible. Specifically, study participants cited staffing shortages as the primary reason for not implementing evidence-based work strategies for customers. Moreover, the lack of sufficient staff—in comparison to the volume of families who need services—does not routinely allow for individualized services. Staff

perceive contractual staff and high turnover in positions as contributing to instability in the program. Providing sufficient, consistent staffing can ensure all customers are connected to necessary supportive services, which can aid in employment. A second recurring theme in this study is a concern that the needs of customers do not align with the skillsets of current staff: study participants echoed the need for social workers. Finally, study participants’ perception is that the state’s recent elimination of degree requirements for case managers has been detrimental to customers, as staff are ill equipped to address the needs of customers. To address this, jurisdictions could ensure that entry-level staff without degrees have limited entry-level responsibilities, while more experienced personnel complete tasks involving more expertise (e.g., assessments, referrals). Alternatively entry-level staff may need additional training if completing work that extends beyond entry-level responsibilities.

***Recommendation 4: Continue to address errors with state administrative data systems.***

- **Rationale:** DHS is 2 years past full implementation of MDTHINK modules related to the TCA program. Still, as recently as early 2024, study participants continue to experience errors with E&E and WORKS. This subsequently affects performance, efficiency, and communication with customers. Additionally, the continuous errors cause confusion for both staff and customers. Staff shared that they are prohibited from using workarounds in the system to fulfill their duties, and individual support (i.e., help desk) tickets for data system issues are unable to be escalated for 2 weeks, which is significantly distressing for customers and consequently, staff.

**Recommendation 5: Adopt a systematic way to regularly incorporate family voices into TCA program design and policy.**

- **Rationale:** Engaging families in program improvements has benefits including (1) building trust and respect between families and program staff; (2) focusing the program on families' interests and needs; and (3) revealing and addressing inequities created by service delivery, operations, processes, and policy. Although some jurisdictions are already incorporating family voices into their programs, this is not done in a systematic or consistent way across the state. Maryland's incorporation of family input into TCA program and policy is minimal. On the spectrum of public participation (*Inform, Consult, Involve, Collaborate, Empower*), Maryland falls into either the *Inform* and/or *Consult* levels of the spectrum.
- **Resources:**
  - A premier model of family voice inclusion is Colorado's Family Voice Council, which has an online, public compass for states looking to begin their own Family Voice Councils: <https://sites.google.com/state.co.us/familyvoicecompass/home>
  - OPRE worked with Mathematica and MEF Associates to develop a resource guide for elevating family input in TANF programs, geared toward program staff, leaders, and families. Chapter 7, specifically, provides information on getting started on gathering and using family input: [https://www.acf.hhs.gov/sites/default/files/documents/opre/toolkit\\_feb2023.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/toolkit_feb2023.pdf)

**Recommendation 6: Provide local departments with concrete guidance, strategies, and examples for a variety of scenarios including: engaging sanctioned customers; incorporating the two-generation philosophy; addressing childcare, transportation, and mental health care barriers, notably in rural jurisdictions; communicating with LEP customers; and building partnerships with supportive service networks, notably in rural jurisdictions. Collaborating with jurisdictions on developing guidance, strategies, and examples that may be helpful.**

**6.1.** Provide local departments with concrete guidance, strategies, and examples of how to engage customers in sanction status.

- **Rationale:** Since the move from full-family to partial sanctions, staff expressed experiencing substantial challenges serving customers. Staff have difficulty engaging customers and contacting customers after they have entered sanctioned status. Study participants perceive customers as willingly accepting the partial financial penalty for non-compliance with program requirements and unwilling to participate in supportive services or work activities. Importantly, many staff advocated for a return to full-family sanctions. This was a recurring theme in focus groups, interviews, and surveys. However, as data in this report show, the partial sanction policy appears more equitable and aligns with a two-generation approach to human services. Jurisdictions need more guidance around how to re-engage customers who have entered sanction status.

- **Resources:**

- Mathematica has released several resources on evidence-based behavioral strategies that labor-related programs can use to engage individuals without punitive measures. These resources are available here:  
<https://www.mathematica.org/projects/behavioral-interventions-for-laborrelated-programs>
- Mathematica and OPRE released a study that provided strategies for increasing engagement:  
[https://www.acf.hhs.gov/sites/default/files/documents/opre/engagement\\_and\\_zero\\_hours\\_report\\_12\\_19\\_14.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/engagement_and_zero_hours_report_12_19_14.pdf)

**6.2.** Provide local departments with concrete guidance, strategies, and examples of how to incorporate the two-generation philosophy into the Family Independence Plans for every family. If impractical, clarify for local departments when, how, and for whom they should incorporate this philosophy into Family Independence Plans or the TCA program more broadly.

- **Rationale:** A two-generation approach to service delivery is an innovative practice in TANF that aims to benefit whole families rather than only work-eligible adults. However, DHS describes Maryland’s two-generation approach as a philosophy of service delivery, rather than a program or practice. Some study participants doubted the ability of the TCA program to fully engage in a two-generation philosophy.
- **Resources:** ACF provides resources for implementing two-generation approaches at program, system, and policy levels:  
<https://www.acf.hhs.gov/two-generation-approach/two-gen-strategies>

**6.3.** Provide local departments with concrete guidance, strategies, and examples of how to build partnerships in their communities with diverse organizations that can support customers through their journeys to self-sufficiency. For example, this could include resource guides, decision trees, or resource mapping.

- **Rationale:** Study participants across jurisdictions expressed difficulty in building partnerships to deliver supportive wraparound services to customers. One reason for this is a perceived lack of available community resources that target the unique needs of customers.

**6.4.** Provide local departments with concrete guidance, strategies, and examples of how to fully engage and deliver equitable services to Limited English Proficiency (LEP) customers. Along those lines, FIA should assist jurisdictions in providing written translations of local documents in languages common to that jurisdiction.

- **Rationale:** Study participants across jurisdictions expressed difficulty in utilizing the Language Line, an available resource. A challenge with this resource is that it does not sufficiently translate the complexities of, and technical language embedded in, TCA program rules and procedures. Participants report utilizing other resources, such as Google Translate, but this, too, is insufficient. One jurisdiction recently experienced an influx of immigrants whose primary language is Haitian Creole. To ensure quality services to customers, they partnered with two local Haitian Creole community organizations to help customers navigate TCA in a culturally responsive way.



**6.5.** Provide local departments with concrete guidance, strategies, and examples of how to engage customers in the plethora of Maryland apprenticeship opportunities.

- **Rationale:** In the last decade or so, there has been an apprenticeship renaissance across the country and in Maryland. This is an EBP with substantial opportunity for TCA recipients. Study participants shared that customers have previously had difficulty securing apprenticeships requiring mathematical skills; however, over the last year, Maryland has heavily invested in non-technical apprenticeships in the fields of childcare, hospitality management, and public transit. This opens the door for new opportunities for TCA customers.

**6.6.** Provide rural departments with concrete guidance, strategies, and examples of how to design or secure work opportunities for customers, notably given the limited career opportunities and substantial transportation and childcare barriers in rural areas.

- **Rationale:** Although Maryland operates a decentralized TCA program, rural jurisdictions need additional assistance in engaging customers in activities that promote longer-term earnings growth. Customers in these jurisdictions also confront public transportation and childcare barriers, as opportunities are scarce.
- **Resources:**
  - A research brief by 2M research and Urban Institute provides innovative options for serving TANF customers in rural areas:  
[https://www.acf.hhs.gov/sites/default/files/documents/opre/tanf\\_program\\_area\\_brief\\_mar2023.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/tanf_program_area_brief_mar2023.pdf)

- The Rural Health Information Hub provides toolkits for providing services to rural communities. For example, their website provides a transportation toolkit and a mental health toolkit:  
<https://www.ruralhealthinfo.org/toolkits>

***Recommendation 7: Explore options for improving service delivery for customers with disabilities, including: opportunities to engage in work activities; rebuilding relationships with local DORS offices or forming alternative partnerships, and ensuring disabled customers receive hardship exemptions when appropriate.***

- **Rationale:** Study participants across jurisdictions expressed ongoing challenges with finding appropriate activities for disabled customers and frayed relationships with local DORS offices. If DORS partnerships are impractical, new partnerships with alternative organizations may be necessary. Customers with disabilities are assigned to work activities half as often as customers without disabilities: while not all disabled customers may have the ability to fully engage in work activities, TCA program guidance encourages staff to engage disabled customers. Local departments may benefit from concrete guidance, strategies, and examples of how to engage disabled customers in appropriate work activities. Finally, staff need clarity about when to grant hardship exemptions for disabled customers.

**Recommendation 8: Provide ample and ongoing training opportunities to LDSS staff and leadership in a variety of areas, including: screening and referring survivors of domestic or family violence to resources; appropriate use of good cause waivers (i.e., for work or child support); referring customers to supportive services; evidence-based work strategies; trauma-informed care for both customers and staff; implicit bias/anti-racism; tailoring Family Independence Plans to a customer's unique circumstances; and the WORKS database.**

**8.1.** Provide LDSS staff and leadership training and guidance on domestic or family violence to ensure all are comfortable and capable of referring customers to appropriate resources. Consistent with best practices, the trainings should be led by professional family violence experts.

- **Rationale:** Research suggests that domestic violence is very common among the TANF population, yet Maryland's use of domestic violence work requirement waivers is low relative to the caseload size. This may be related to jurisdictions' lack of standard operating procedures for serving customers who are survivors. The requirement to have standard operating procedures was rescinded to allow time to for local departments to work with SSA and develop streamlined processes. As of writing in August 2024, standard operating procedures have not been released. If engaging staff in training, OFA recommends hiring professional family violence advocates on both the dynamics of family violence and appropriate interviewing techniques to encourage disclosure and access to

safe services. Further, OFA recommends state agencies contact family violence coalitions or shelters to provide training to all agency staff at least once a year.

**8.2.** Provide LDSS staff and leadership training on program requirements for customers who have or are experiencing domestic or family violence, including the appropriate use of good cause waivers (i.e., work or child support).

- **Rationale:** This study shows that the process for determining waivers varies by jurisdiction and does not align with current policy. In practice, some jurisdictions give the child support agency full decision-making power over good cause exemptions for TCA customers, which does not align with current policy. Staff shared that a lack of understanding of requirements and who is responsible for decision making confuses and distresses customers, notably when FIA and CSA provide customers with differing information about good cause determinations. There is also evidence that when making determinations, staff do not provide good cause waivers for all survivors of assault. Clearly documenting the rationale for good cause ensures that Maryland does not receive financial penalties if WPR is not met due to the provision of good cause waivers to domestic or family violence survivors.

**8.3.** Provide LDSS staff and leadership training in how to connect and refer customers to supportive services, notably for barriers related to childcare, transportation, and mental health care. This closely aligns with recommendation 6.3 on building partnerships.

- **Rationale:** Many staff are unconfident in their abilities to address customer barriers. Across jurisdictions, though, staff expressed substantial challenges in addressing childcare, transportation, and mental health care barriers. Although jurisdictions have made progress to some degree, the current solutions are not enough. For example, customers are eligible to participate in the MSDE Child Care Scholarship Program; however, a limited number of child care providers accept the vouchers and jurisdictions continue to have challenges with the program, including timeliness of approvals.

**8.4.** Provide LDSS staff and leadership access to training from qualified individuals on evidence-based work strategies that will improve customers' employment and earnings, and ultimately, their long-term self-sufficiency, including sector strategies, career pathways, and apprenticeships.

- **Rationale:** Jurisdictions rarely utilize evidence-based work strategies for customers. This study shows that study participants' understanding of these strategies is limited, and primary reasons for not engaging recipients in these strategies are lack of knowledge and lack of resources. Research suggests that engaging recipients in evidence-based work strategies. Would likely improve employment, retention, and earnings metrics.
- **Resource:**
  - Workforce GPS trainings offered by the U.S. Department of Labor, Employment & Training division may be helpful. For example, they recently launched a 3-part training on how to embed sector strategies at the local level.

**8.5.** Provide LDSS staff and leadership training from a qualified professional on how to incorporate trauma-informed principles into the day-to-day operation of the program for TCA *customers*. Customers may also provide direct insight into how they can be best supported.

- **Rationale:** Staff and administrators generally do not understand the depth of trauma, how it intersects with poverty, and how it may impact customers. In most cases (though there were certainly exceptions), study participants' understanding of trauma-informed care was superficial or incorrect. Moreover, many staff are not confident in fostering a program experience that: (a) provides emotional, psychological, and physical safety to participants; (b) engages in trustworthy and transparent interactions with participants; (c) honors the cultural, historical, and other experiences of disadvantaged groups; (d) empowers participants and giving them both a voice and choice; and (e) partners with participants on working toward their goals. This recommendation is aligned with DHS' commitment to expand trauma-responsive care to FIA and CSA staff as outlined in the 2023 report from the Maryland Commission on Trauma-Informed Care.

**8.6.** Provide LDSS leadership and supervisors training from a qualified professional on how to incorporate trauma-informed principles into the day-to-day operation of the program for TCA *staff*. Staff may also provide direct insight into how they can be best supported.

- **Rationale:** LDSS staff are regularly exposed to vicarious trauma and may suffer from compassion fatigue. This is a type of trauma that happens when a person is exposed to a different person's trauma or retelling of trauma. Vicarious trauma among TANF agency staff is an occupational challenge that leads to higher staff turnover, absenteeism, reduced work quality, mental and physical health issues, and intrapersonal relationship issues. Research shows that ensuring TANF staff are satisfied and well-supported improves outcomes, productivity, turnover, customer experience, and feelings of safety. Providing staff opportunities to share feedback about what they need to feel supported is part of the framework. This study shows that a majority of staff do not perceive their local jurisdictions as engaging in trauma-informed practices for staff. Specifically, a majority of staff do not agree that their supervisors or jurisdiction provide (1) flexibility for staff to respond to personal needs and prioritize self-care (e.g., flexible hours, set clear boundaries, taking time off to recharge); (2) foster a sense of emotional, psychological, and physical safety; (3) build connections among staff; (4) normalize conversations about compassion fatigue; (5) prioritize staff voice in process improvements; and (6) communicate regularly with staff, including on the overarching goals of the agency office, how they contribute to the mission, operating procedures, and challenges.

**8.7.** Provide LDSS staff and leadership training from a qualified professional on implicit biases (i.e., subconscious feelings, attitudes, prejudices, and stereotypes one has developed over time in life) and anti-racism, including how these can be integrated into human service program delivery.

- **Rationale:** Some findings in this study suggest implicit bias towards Black customers. For example, case managers were more likely to complete the OWRA for Black customers: this was true across all jurisdictions that utilize the OWRA. Moreover, Black customers had the highest percentage of completion for drug and alcohol questions, but lower completion percentages for other categories of questions such as mental health. These differences may occur due to implicit biases, which are present in every single individual. Through training and recognition, staff can more readily identify their biases and give thought to how those biases show up in their work. Likewise, anti-racism training can elucidate how structural racism relates to TCA and empower staff to integrate this knowledge into practice.
- **Resources:**
  - The Center for Restorative Change provides an anti-oppression training using the SHARP (Structural oppression, Historical context, Analysis of role, Reciprocity and mutuality, Power) framework. More information about this framework can be found here: <https://centerforrestorativechange.org/approach/sharp-framework/>.
  - The National Museum of African American History and Culture has information, considerations, videos, and exercises related to anti-racism available here: <https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist>
  - Racial Equity Tools provides thousands of resources that may be helpful, located here: <https://www.racialequitytools.org/>

- Dr. Ibrahim X. Kendi's national best-selling book, *How to be an Anti-Racist* may be a helpful resource. Aspen Ideas hosted Dr. Kendi to provide a one-hour overview of the book, available here: <https://www.aspenideas.org/sessions/how-to-be-an-antiracist#>

**8.8.** Provide LDSS staff and leadership training on how to conduct assessments and tailor Family Independence Plans to customers' unique situations, skills, and goals.

- **Rationale:** The findings in this study show that not all customers receive an OWRA assessment to identify their skills and barriers, which is used by 19 of the 24 jurisdictions. The absence of this assessment likely results in plans that are general rather than tailored to an individual's unique circumstances, hindering their potential success. Moreover, only three in five staff report being confident in conducting assessments and tailoring Family Independence Plans.

**8.9.** Provide LDSS staff centralized training on the WORKS administrative data system.

- **Rationale:** Staff reported that centralized policy training is available for eligibility functions, but such training is unavailable for WORKS. Rather, local jurisdictions are expected to train staff individually on the administrative data system.

***Recommendation 9: Explore the impacts, benefits, and drawbacks of potential policy and program changes, including child support changes; a centralized versus decentralized TCA program; co-located services for domestic or family violence survivors; verification requirements for customers with disabilities; and work requirements for minor parents.***

**9.1.** Explore the impacts, benefits, and drawbacks of offering additional flexibilities in the child support program. Notably, explore full child support pass-through and extending good cause exemptions to refugees from war-torn countries.

- **Rationale:** Adopting full child-support pass-through can ensure more money goes to families on a monthly basis. However, it is not without a cost to the state. The state would still be required to pay the federal share of the child support if they pass through more than \$100 on cases with one child or more than \$200 on cases with two or more children. Therefore, it is imperative to explore the impacts of a policy change of this magnitude. Additionally, Maryland currently provides good cause exemptions from child support requirements for Ukrainian refugees, given that fathers are required to stay behind and fight in the war. However, the department does not provide the same exemption to refugees from other war-torn countries.

**9.2.** Explore the impacts, benefits, and drawbacks of a centralized and decentralized TCA program.

- **Rationale:** Since TCA's creation, Maryland has operated a decentralized TCA program. This has awarded jurisdictions sufficient flexibilities to design programs that work within the unique circumstances of their jurisdiction. There are, however, both pros and cons to a decentralized program. Exploring the impacts, benefits, and drawbacks can inform DHS how to best design the TCA program(s) to improve equity among customer opportunities and outcomes.

**9.3.** Explore the impacts, benefits, and drawbacks of co-located services for domestic or family violence survivors. If impractical, ensure standard operating procedures are in place for referring customers to appropriate resources.

- **Rationale:** OFA recommends having co-located services for TANF families who are also survivors of violence. Most jurisdictions do not have these services.

**9.4.** Explore the impacts, benefits, and drawbacks of eliminating the requirement for medical verification for people with disabilities.

- **Rationale:** Research shows the requirement for medical verification for people with disabilities is burdensome and a barrier to disabled recipients receiving good cause. However, some study participants perceived an abuse of the disability exemption by customers. Exploring impacts, benefits, and drawbacks may shed light on alternative options that strike the delicate balance of placing additional burden on customers with disabilities and the concern staff have of perceived abuse.

**9.5.** Explore the impacts, benefits, and drawbacks of allowing minor parents to qualify for the child under 1 exemption.

- **Rationale:** Minor parents are not eligible for the same child under 1 exemption from work requirements (i.e., participation in secondary education) that the department provides to adults; rather, they are only exempt from requirements for the first 12 weeks of the child's life. This certainly encourages minor parents to stay in school. However, having the flexibility to prioritize care for a child during the 1st year of life is critically important for both minor parents and

adults. If anything, minor parents may face additional challenges that necessitate leniency in allowing them to focus on caring for their child, notably in cases when the child has additional needs.

**Recommendation 10: Ensure vendor contracts (1) are limited to organizations or public sector entities with goals that align with TCA program goals, when possible; (2) include regular measurement of performance outcomes; and (3) include incentives that align with longer-term TCA goals rather than engagement or short-term, rapid employment.**

**10.1.** Jurisdictions contracting with vendors should attempt to partner with organizations or public sector entities that have goals aligned with those of the TCA program, when possible. Moreover, the contracts should have sufficiently powered incentivizes. If a program goal is long-term self-sufficiency, incentives in contracts should focus on that goal—and steppingstones to achieve that goal—rather than engagement or short-term, rapid employment.

- **Rationale:** Staff perceive a misalignment of goals between private for-profit vendors and the TCA program, which microeconomic theory also supports. Contracting with vendors that share similar goals can address this challenge. Further, this study shows that contracts with vendors typically do not prioritize incentives for longer-term self-sufficiency, but instead, incentivize compliance, engagement metrics such as the WPR, and rapid attachment to employment.

**10.2.** The state and local departments should explore recipient outcomes by vendor to ensure that the vendor is truly meeting the needs of the department.

- **Rationale:** Although an important analysis, the time restraints of this study did not permit a full examination of outcomes by vendor. However, given recent national attention on the use of vendors and whether they are truly moving customers into employment with self-sufficient wages, it is important to explore vendor outcomes. This will likely only be possible if quality, administrative data are input into the data systems. Moreover, DHS would need to consult with an entity with the expertise to sufficiently control for the effects of other variables that can influence outcomes.

**Recommendation 11: Design a new assessment tool that incorporates trauma-informed and anti-racist principles. To that end, DHS should include TCA customers in the design of the new tool. The Assessment Tools chapter provides design-specific recommendations and considerations.**

- **Rationale:** Embedding trauma-informed care and anti-racist principles into public human services is a critical approach to meeting the needs of low-income families. Maryland's assessment tools incorporate some of these approaches, but do not truly embodying a trauma-informed and anti-racist approach. The power dynamic between staff and customers that is embedded into the assessment process and tools, while a necessary element in human service program delivery, is noteworthy and not balanced with an empowering or collaborative approach to working with customers. Moreover, differences among the various tools, and thus experiences of recipients across jurisdictions, may potentially lead to inequitable outcomes across the state.

**Recommendation 12: Conduct an equity analysis of any new TCA procedures or policies before adopting and implementing.**

- **Rationale:** Some results in this study suggest inequities in the TCA program. To take a proactive approach, the department and local jurisdictions should consider conducting an equity analysis when considering new procedures or policies. This gives the department an opportunity to identify and address any potential inequities before proceeding.
- **Resources:**
  - The Montgomery County Council in Maryland utilizes a Racial Equity and Social Justice Legislative Review Tool to examine potential impacts on communities of color and low-income residents, including unintended consequences: <https://www.montgomerycountymd.gov/OLO/Resources/Files/2020%20Reports/RESJLegislativeTool.pdf>
  - The Government Alliance on Race and Equity has several resource guides and toolkits available, including a how-to manual on racial equity action plans: <https://www.racialequityalliance.org/resources/gare-resources>
  - The State of Minnesota Equity Analysis Tool: <https://mn.gov/oeoa/resources/tools-templates/>
  - The State of Vermont Policy Impact Assessment: [https://racialequity.vermont.gov/sites/reap/files/doc\\_library/SOV%20IA%20Tool%20%5BRev%202022-08-18%5D.pdf](https://racialequity.vermont.gov/sites/reap/files/doc_library/SOV%20IA%20Tool%20%5BRev%202022-08-18%5D.pdf)

- Race Forward has several toolkits geared toward racial equity that can also assist in assessing equity more broadly. Some examples include the Impact Assessment of Economic Policies and Public Budgets, the Racial Equity Impact Assessment, and the Readiness Assessment for Workforce Development. All tools can be found here: <https://www.raceforward.org/resources/toolkits>
- Janelle Jones is the creator of the *Black Women Best* economic framework, which centers the success of Black women to improve racial equity. CBPP recently featured this framework in a call to improve access to TANF, though there may be additional ways to incorporate this framework into the program: <https://www.cbpp.org/research/income-security/cash-assistance-should-promote-equity>

***Recommendation 13: Advocate for change at the federal level or pursue federal opportunities to better support staff morale and recipient outcomes, when possible.***

- **Rationale:** The findings from this study demonstrate that the federal TANF program's design does not promote empowerment, choice, or voice among customers. Many policies, in fact, limit customer choice. For instance, federal

work activity restrictions prevent customers from pursuing logical paths that could enhance self-sufficiency. Even if education and training activities are directly related to employment, they do not satisfy work requirements unless combined with other core activities. Moreover, the WPR negatively impacts staff morale, as discussed in a previous recommendation. Child support requirements further restrict choice. If a customer does not comply with child support because the other parent provides in-kind support, federal law mandates a minimum 25% reduction in their TCA grant. These issues cannot be resolved by DHS alone; rather, they must advocate for change and pursue federal opportunities. For example, DHS recently applied for a federal pilot program that temporarily eliminates the WPR, allowing selected states to focus on performance measures more closely aligned with customer outcomes and well-being. A survey participant summarized this sentiment: *"Maryland should join with other states to advocate for changes to the TANF program at the federal level. The work-first approach was effective in the 1990s during a strong economy, but we live in very different times. Most of the issues with Maryland's TCA program stem from the PRWORA law itself. TANF is outdated and should be revised to meet today's challenges."*



***Recommendation 14: Clarify policy on sanctioning versus closing cases for non-compliance with Family Independence Plans as well as how to document good cause.***

**14.1.** Clarify potentially conflicting policies on partial sanctions for work and child support non-compliance and the case closure policy for non-compliance with the Family Independence Plan.

- **Rationale:** Although state law no longer permits full-family sanctions for non-compliance with work and child support, current policy regarding closures for non-compliance with the Family Independence Plan allows case managers to close cases if compliance with the plan includes, for example, steps to ensure participation in work activities. This inconsistency in policy allows a work-around to the new partial sanction policy. The TCA manual should provide concrete guidance on the situations in which the department permits case managers to determine non-compliance with the Family Independence Plan and subsequently close TCA cases.

**14.2.** Clarify guidance on how to document good cause for work and child support requirements.

- **Rationale:** Policy on how staff should document good cause exemptions is not consistent. As of writing, there are multiple places where policy instructs staff to document good cause, including including: (1) assignment to a state-defined barrier removal code in WORKS, (2) on the conciliation activity screen in WORKS, (3) the Family Independence Plan, and (4) in E&E via eligibility codes, which is particularly important for child support good cause claims as that information is transferred to CSMS. This confusion may mean that staff do not acknowledge good cause reasons for some families.

# DISSEMINATION AND FEEDBACK PLAN

*Krysten Garcia, Lauren A. Schuyler, & Letitia Logan Passarella*

**Purpose:** HB1041 requires the DHS to solicit stakeholder and customer feedback on the proposed recommendations and include their voices in the recommendations

**Overarching strategy:** Disseminate findings in a variety of formats and venues to FIA central staff, LDSS staff, customers from diverse backgrounds, and community stakeholders,

- *UMSSW Role:* Present findings, answer questions about the project, findings, and proposed recommendations; incorporate feedback into final recommendations, assist DHS as requested
- *DHS Role:* Disseminate findings, implement outreach plan, collect feedback

**Timeline:** October-December 2024

A key component of the legislation that prompted this study of TCA (H.B. 1041, 2022) is the inclusion of stakeholder voices. Specifically, the legislation requires the Maryland DHS to consult with current and former recipients and community-based organizations to ensure the final report and recommendations includes their feedback. Given the specific structure of the legislation, it was the understanding of researchers and DHS that this phase should be conducted after an independent review of the TCA program.<sup>75</sup>

This report becomes publicly available on October 1, 2024; therefore, DHS will disseminate the findings to a variety of audiences in a variety of formats throughout October, November, and December 2024. The authors encourage the use of the UNICEF (2019) guiding framework for dissemination (see Appendix Q).

## References for this Chapter

H.B. 1041, 443<sup>rd</sup> Leg., Reg. Sess. (Md. 2022). Department of Human Services – Family Investment Program - Contract and Program Review. <https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb1041/?ys=2022rs>.

UNICEF. (2019). Availability, Accessibility, Acceptability and Quality framework. <https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf>

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<sup>75</sup> Specifically, the section of the legislation that amended Maryland family law code § 5-323 is segmented into five overarching sections, with labels A through E. Sections A and C specify exactly what

this review should examine; Section D specifies inclusion of stakeholder voices.

APPENDIX A: MARYLAND HOUSE BILL 1041

HOUSE BILL 1041

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By: Delegate Valentino-Smith  
Introduced and read first time: February 10, 2022  
Assigned to: Appropriations

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Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 11, 2022

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 Department of Human Services – Family Investment Program – Contract and  
3 Program Review

4 FOR the purpose of requiring certain contractors with the Family Investment Program to  
5 provide services in a manner that complies with federal law; ~~requiring Family~~  
6 ~~Investment Program contracts with nongovernmental entities to be~~  
7 ~~performance based with certain incentives~~; requiring the Department of Human  
8 Services annually to review certain contracts with certain nongovernmental entities;  
9 requiring the Department to hire a consultant to conduct a certain review of the  
10 Family Investment Program; authorizing the Department to reallocate funds from a  
11 certain program to support any necessary contract costs to complete the review; and  
12 generally relating to the Family Investment Program and the Department of Human  
13 Services.

14 BY repealing and reenacting, without amendments,  
15 Article – Human Services  
16 Section 5–101(a) and (c) and 5–301(a), (b), (d), (e), and (h)  
17 Annotated Code of Maryland  
18 (2019 Replacement Volume and 2021 Supplement)

19 BY repealing and reenacting, with amendments,  
20 Article – Human Services  
21 Section 5–306  
22 Annotated Code of Maryland  
23 (2019 Replacement Volume and 2021 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



# HOUSE BILL 1041

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2lr1667  
CF SB 829

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1 BY adding to  
2 Article – Human Services  
3 Section 5–323  
4 Annotated Code of Maryland  
5 (2019 Replacement Volume and 2021 Supplement)

6 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
7 That the Laws of Maryland read as follows:

8 **Article – Human Services**

9 5–101.

10 (a) In this title the following words have the meanings indicated.

11 (c) “Department” means the Department of Human Services.

12 5–301.

13 (a) In this subtitle the following words have the meanings indicated.

14 (b) “FIP” means the Family Investment Program.

15 (d) “Recipient” means each individual in a FIP case.

16 (e) “Temporary cash assistance” means the cash assistance component of the FIP  
17 that is funded wholly or partly through Title IV, Part A, of the Social Security Act.

18 (h) “Work activity” means:

19 (1) job search activity;

20 (2) subsidized employment in either the public or private sector;

21 (3) work experience;

22 (4) on–the–job training;

23 (5) community service;

24 (6) training directly related to employment; or

25 (7) education directly related to employment.

26 5–306.



1 (A) In providing assistance under this subtitle, the Department may contract  
2 with:

- 3 (1) charitable organizations;
- 4 (2) private organizations;
- 5 (3) religious organizations; and
- 6 (4) institutions of higher education.

7 (B) IF THE DEPARTMENT CONTRACTS WITH A STATE, LOCAL, OR  
8 NONGOVERNMENTAL CONTRACTOR, THE CONTRACTOR SHALL PROVIDE  
9 INDIVIDUALS WITH DISABILITIES ACCESS AND EQUAL OPPORTUNITY TO  
10 PARTICIPATE IN THE BENEFITS OF THE SERVICES, PROGRAMS, AND ACTIVITIES  
11 PROVIDED BY THE CONTRACTOR IN ACCORDANCE WITH THE FEDERAL AMERICANS  
12 WITH DISABILITIES ACT, INCLUDING REASONABLE ACCOMMODATIONS NECESSARY  
13 TO PARTICIPATE IN FIP.

14 (C) ~~CONTRACTS WITH A NONGOVERNMENTAL ENTITY SHALL BE~~  
15 ~~PERFORMANCE-BASED WITH INCENTIVES FOR:~~

- 16 ~~(1) EDUCATION AND TRAINING;~~
- 17 ~~(2) JOB PLACEMENT AND PLACEMENT WAGE;~~
- 18 ~~(3) EMPLOYMENT RETENTION; AND~~
- 19 ~~(4) EXITING TEMPORARY CASH ASSISTANCE DUE TO EARNINGS THAT~~  
20 ~~MEET OR EXCEED A WAGE THAT IS 150% OF THE STATE MINIMUM WAGE.~~

21 ~~(D)~~ FOR ANY CONTRACT WITH A NONGOVERNMENTAL ENTITY IN PLACE AS  
22 OF OCTOBER 1, ~~2022~~, 2024, THE DEPARTMENT ANNUALLY SHALL REVIEW EACH  
23 CONTRACT TO MEASURE:

24 (1) OVERALL PROGRAM IMPACT, INCLUDING THE NUMBER OF  
25 RECIPIENTS ENROLLED IN EDUCATION OR TRAINING PROGRAMS THAT INCREASE  
26 THE RECIPIENT'S SKILL LEVEL;

27 (2) INTERIM PROGRESS TOWARD EMPLOYMENT FOR CURRENT  
28 RECIPIENTS OF TEMPORARY CASH ASSISTANCE, INCLUDING THE NUMBER OF  
29 RECIPIENTS EARNING AN EDUCATION CREDENTIAL OR A SKILL-BASED  
30 CERTIFICATE;

1           **(3) EMPLOYMENT OUTCOMES FOR FAMILIES WHO LEFT TEMPORARY**  
 2 **CASH ASSISTANCE DUE TO EARNINGS, INCLUDING THE NUMBER OF EMPLOYMENT**  
 3 **OUTCOMES WITH WAGES THAT:**

4                   **(I) EQUAL THE STATE MINIMUM WAGE;**

5                   **(II) MEET OR EXCEED 150% OF THE STATE MINIMUM WAGE; AND**

6                   **(III) MEET OR EXCEED 200% OF THE STATE MINIMUM WAGE; AND**

7           **~~(4) EMPLOYMENT OUTCOMES FOR FAMILIES WHO EXITED~~**  
 8 **~~TEMPORARY CASH ASSISTANCE DUE TO EARNINGS AND WERE CONTINUOUSLY~~**  
 9 **~~ENGAGED IN THE WORKFORCE FOR:~~**

10                   **~~(i) 6 MONTHS;~~**

11                   **~~(ii) 1 YEAR; OR~~**

12                   **~~(iii) 2 OR MORE YEARS; AND~~**

13                   **~~(5)~~ THE NUMBER OF THE RECIPIENTS SERVED EXPERIENCING**  
 14 **HOMELESSNESS OR HOUSING INSECURITY WHILE PARTICIPATING IN WORK**  
 15 **ACTIVITIES.**

16           **~~(e)~~ (D) WITHIN 45 DAYS AFTER COMPLETION OF THE DEPARTMENT'S**  
 17 **REVIEW UNDER SUBSECTION ~~(d)~~ (C) OF THIS SECTION, THE DEPARTMENT SHALL:**

18                   **(1) IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT**  
 19 **ARTICLE, SUBMIT THE REVIEW TO THE SENATE BUDGET AND TAXATION**  
 20 **COMMITTEE AND THE HOUSE APPROPRIATIONS COMMITTEE; AND**

21                   **(2) PUBLISH THE REVIEW ON THE DEPARTMENT'S WEBSITE.**

22 **5-323.**

23           **(A) THE DEPARTMENT SHALL HIRE AN OUTSIDE CONSULTANT TO CONDUCT**  
 24 **A REVIEW OF FIP TO ASSESS THE EXTENT TO WHICH FIP IS:**

25                   **(1) IMPLEMENTING POLICIES EQUITABLY; AND**

26                   **(2) EMPLOYING BEST PRACTICES TO ACHIEVE THE BEST OUTCOMES**  
 27 **POSSIBLE FOR CHILDREN AND THEIR PARENTS, INCLUDING BY CONSIDERING THAT**  
 28 **MANY FIP RECIPIENTS ARE EXPERIENCING OR HAVE EXPERIENCED SIGNIFICANT**  
 29 **TRAUMA.**



1           **(B) THE CONSULTANT HIRED UNDER THIS SECTION SHALL:**

2                   ~~(1)~~ **DEMONSTRATE KNOWLEDGE OF THE FEDERAL TEMPORARY**  
3 **ASSISTANCE TO NEEDY FAMILIES PROGRAMS; AND**

4                   ~~(2)~~ **HAVE EXPERIENCE CONDUCTING A COMPARABLE REVIEW OF**  
5 **TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAMS IN OTHER STATES.**

6           **(C) AT A MINIMUM, THE REVIEW CONDUCTED UNDER THIS SECTION**  
7 **SHOULD INCLUDE AN ASSESSMENT OF THE FOLLOWING:**

8                   **(1) PROGRAM DESIGN, INCLUDING CORE BELIEFS, GOALS,**  
9 **OBJECTIVES, SERVICE DELIVERY MODEL, REGULATIONS, PROGRAM RULES, AND**  
10 **PERFORMANCE MEASURES;**

11                   **(2) CONTRACT DESIGN AND EXECUTION, INCLUDING:**

12                           **(I) PAYMENT STRUCTURE;**

13                           **(II) INCENTIVES;**

14                           **(III) SERVICE DELIVERY APPROACH AND PERFORMANCE WITH A**  
15 **FOCUS ON PLACEMENT IN HIGH-QUALITY JOBS WITH WAGES THAT MEET OR EXCEED**  
16 **150% OF THE STATE MINIMUM WAGE;**

17                   **(3) PROGRAM OUTCOMES THAT, TO THE EXTENT PRACTICABLE, ARE**  
18 **DISAGGREGATED BY RACE AND ETHNICITY;**

19                   **(4) AN EXAMINATION OF HOW THE STATE'S USE OF UNPAID WORK**  
20 **EXPERIENCE COMPARES TO OTHER STATES AND ALTERNATIVE PROGRAM OPTIONS;**

21                   **(5) DOCUMENTATION OF INNOVATIVE AND EVIDENCE-BASED**  
22 **PRACTICES BEING IMPLEMENTED IN OTHER STATES; AND**

23                   **(6) ALL ASSESSMENT TOOLS USED BY THE DEPARTMENT UNDER §**  
24 **5-309(A)(1) OF THIS SUBTITLE WITH A FOCUS ON RECOMMENDING CHANGES**  
25 **NEEDED FOR THE ASSESSMENT TO BE CONDUCTED IN A MANNER THAT IS:**

26                           **(I) TRAUMA-INFORMED;**

27                           **(II) ANTIRACIST; AND**

28                           **(III) INDIVIDUALIZED, EMPOWERING, AND CLIENT-CENTERED.**

1 (D) ~~(1)~~ TO RECEIVE MEANINGFUL INPUT ON FIP IN ACCORDANCE WITH  
 2 THE REVIEW CONDUCTED UNDER THIS SECTION, INCLUDING RECOMMENDATIONS  
 3 ON METHODS TO STRENGTHEN FIP, THE DEPARTMENT SHALL CONSULT:

4 ~~(1)~~ (1) STAKEHOLDERS, INCLUDING CURRENT AND FORMER  
 5 RECIPIENTS;

6 ~~(2)~~ (2) COMMUNITY-BASED ORGANIZATIONS; AND

7 ~~(3)~~ (3) OTHER INTERESTED PARTIES.

8 ~~(2)~~ ~~(1)~~ ~~SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE~~  
 9 ~~DEPARTMENT SHALL OFFER COMPENSATION TO STAKEHOLDERS WHO:~~

10 ~~1. ARE CONSULTED UNDER PARAGRAPH (1) OF THIS~~  
 11 ~~SUBSECTION; AND~~

12 ~~2. HAVE LIVED EXPERIENCES WITH TEMPORARY CASH~~  
 13 ~~ASSISTANCE.~~

14 ~~(II) THE DEPARTMENT SHALL OFFER COMPENSATION UNDER~~  
 15 ~~THIS PARAGRAPH IN A MANNER THAT DOES NOT INTERFERE WITH ELIGIBILITY FOR~~  
 16 ~~MEANS TESTED PUBLIC BENEFIT PROGRAMS ADMINISTERED BY THE DEPARTMENT.~~

17 (E) THE REVIEW CONDUCTED UNDER THIS SECTION SHALL:

18 (1) INCLUDE A SUMMARY OF:

19 (I) THE STRENGTHS AND WEAKNESSES OF FIP;

20 (II) RECOMMENDATIONS FOR IMPROVING FIP; AND

21 (III) ANY NECESSARY LEGISLATIVE OR ADMINISTRATIVE  
 22 CHANGES TO MAKE THE IMPROVEMENTS; AND

23 (2) (I) ON OR BEFORE ~~JULY 1, 2023~~, OCTOBER 1, 2024, IN  
 24 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, BE  
 25 SUBMITTED TO THE GENERAL ASSEMBLY; AND

26 (II) BE PUBLISHED ON THE DEPARTMENT'S WEBSITE.

27 (F) UNTIL THE DEPARTMENT HAS FULLY IMPLEMENTED TO THE EXTENT  
 28 PRACTICABLE, THE RECOMMENDATIONS OF THE FINAL REVIEW SUBMITTED UNDER  
 29 SUBSECTION (E) OF THIS SECTION, BEGINNING IN CALENDAR YEAR 2024 AND EACH

1 YEAR THEREAFTER, THE DEPARTMENT SHALL REPORT, IN ACCORDANCE WITH §  
2 2-1257 OF THE STATE GOVERNMENT ARTICLE, ~~AT A PUBLIC HEARING BEFORE TO~~  
3 THE SENATE FINANCE COMMITTEE AND THE HOUSE APPROPRIATIONS  
4 COMMITTEE ON THE PLANS AND PROGRESS FOR IMPLEMENTING THE  
5 RECOMMENDATIONS MADE IN THE REVIEW.

6 SECTION 2. AND BE IT FURTHER ENACTED, That the Department of Human  
7 Services may reallocate available funds from the Temporary Assistance for Needy Families  
8 fund balance to support any contracts necessary to complete the review of the Family  
9 Investment Program required under § 5-323 of the Human Services Article, as enacted by  
10 this Act.

11 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
12 October 1, 2022.

Approved:

\_\_\_\_\_  
Governor.

\_\_\_\_\_  
Speaker of the House of Delegates.

\_\_\_\_\_  
President of the Senate.

## APPENDIX B: METHODS

This appendix provides the methodological approach for this study, which satisfies the legislative requirements of Maryland annotated code §5-323 (2022). It provides details about how researchers translated legislation into measurable research questions, the choice of study design, data collection and procedures, and data analysis.

### **Translating Legislation into Measurable Research Questions**

As discussed in the introduction of this report, the Maryland DHS contracted with UMSSW to conduct the study of Maryland's TCA program. Before the study could begin, the authors completed preliminary steps. The authors' first step was to restate text in the legislation into measurable research questions about the TCA program.<sup>76</sup> This process yielded 16 research questions, across five domains, including two research questions about overarching strengths, areas for improvement, and recommendations (detailed in Table B1). Each of the domains corresponds with a chapter in this report.

The authors' second preliminary step was ensuring a thorough understanding of each research question by operationalizing it. For example, the 11th research question asks if the TCA program implements policies and processes equitably. However, there are arguably thousands of policies and processes embedded into the federal TANF, state-level TCA, and 24 Maryland jurisdiction-level TCA programs. Given the limited amount of time awarded to answer all 16 research questions, it was not feasible

to evaluate if every policy or process was equitable. Therefore, researchers consulted with DHS to identify key policies of interest.

Many research questions required this level of careful thought to ensure they were measurable. A second example is the 12th and 13th research questions about best, evidence-based, and innovative practices. To identify if Maryland or other states utilize such practices, the authors first had to define and identify best, evidence-based, and innovative practices. This required many steps, including defining the words (i.e., "best"), determining the end-goal (i.e., "best" practice for what? For improving self-sufficiency? For improving parental or child-wellbeing?) and developing a list of best, evidence-based, and innovative practices. This latter step required a lengthy literature review in early 2023, given that there is no comprehensive list of TANF "best practices" available. The authors spent considerable time on this second preliminary step, giving each research question appropriate thought on operationalization.

### **Study Design**

After completing preliminary steps, the authors identified the most appropriate and feasible methods for collecting data to answer each research question. Some questions would require existing data-sharing agreements with DHS and others to utilize administrative data. Many questions, however, would require the collection and analysis of qualitative data. Finally, some research questions could benefit from an integration of the two types of data.

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<sup>76</sup> The bill specified that a review must be conducted regarding FIA's *Family Investment Program*, rather than *TCA*. The *Family Investment Program* is synonymous with *TCA* (Maryland State Archives,

2024), but also includes welfare avoidance grants which were not covered in this review. FIA also administers additional supportive programs including SNAP and energy assistance.

**Table B1. Research Questions & Alignment to H.B. 1041**

Domain	Research Questions	H.B. 1041 Text
PROGRAM DESIGN	What are the core beliefs, goals, and objectives underlying the program?	<p>§5-323, C(1): At a minimum, the review conducted under this section should include an assessment of the following: (1) <b>program design, including core beliefs, goals, objectives;</b></p> <p><b>Note 1:</b> This question is targeted toward the work program and how FIA administers the work program</p>
	Do the performance measures align with the goals and core beliefs of the program?	<p>§5-323, C(1): At a minimum, the review conducted under this section should include an assessment of the following:(1) <b>program design, including performance measures;</b></p>
	What are the regulations and rules that guide the program?	<p>§5-323, C(1): At a minimum, the review conducted under this section should include an assessment of the following:(1) <b>regulations, program rules;</b></p> <p><b>Note 1:</b> As related to the criteria identified in §5-323 A-1</p>
	How does MD’s use of unpaid work experience compare to other states?	<p><b>Note 2:</b> equitable implementation of these rules is covered by §5-323 A-1</p> <p>§5-323, C(4): At a minimum, the review conducted under this section should include an assessment of the following: <b>(4) an examination of how the state’s use of unpaid work experience compares to other states and alternative program options</b></p>
	What is the service delivery model employed by DHS?	<p>§5-323, C(1): At a minimum, the review conducted under this section should include an assessment of the following: (1) <b>program design, including service delivery model</b></p> <p><b>Note 1:</b> As related to the criteria identified in §5-323 A-1</p>
	Are the payment structures in contracts adequate to encourage vendors to focus on high-quality job placements? Are the pay incentives in contracts adequate to encourage vendors to focus on high-quality job placements?	<p>§5-323, C(2)(i) At a minimum, the review conducted under this section should include an assessment of the following: (2) <b>contract design and execution, including: (i) payment structure;</b></p> <p>§5-323, C(2)(i) At a minimum, the review conducted under this section should include an assessment of the following: (2) <b>contract design and execution, including: (ii) incentives;</b></p>
	Do vendors focus on placement in high quality jobs?	<p>§5-323, C(2)(i) At a minimum, the review conducted under this section should include an assessment of the following: (2) <b>contract design and execution, including: (iii) service delivery approach and performance with a focus on placement in high-quality jobs with wages that meet or exceed 150% of the state minimum wage</b></p>
ASSESSMENT TOOLS	Are assessment tools used by DHS based on anti-racist principles?	<p>§5-323, C(6)(i): At a minimum, the review conducted under this section should include an assessment of the following: (6) All assessment tools used by the Department under §5–309(a)(1) of this subtitle with a <b>focus on recommending changes needed for the assessment to be conducted in a manner that is: (ii) antiracist;</b></p>
	Are assessment tools used by DHS based on trauma-informed principles?	<p>§5-323, C(6)(i): At a minimum, the review conducted under this section should include an assessment of the following: (6) All assessment tools used by the Department under §5–309(a)(1) of this subtitle with a <b>focus on recommending changes needed for the assessment to be conducted in a manner that is: (i) trauma-informed;</b></p>

Domain	Research Questions	H.B. 1041 Text
	Are assessment tools individualized, empowering, and client-centered?	§5-323, C(6)(i): At a minimum, the review conducted under this section should include an assessment of the following: (6) All assessment tools used by the Department under §5-309(a)(1) of this subtitle with a <b>focus on recommending changes needed for the assessment to be conducted in a manner that is: (iii) individualized, empowering, and client-centered</b>
EQUITABLE POLICY IMPLEMENTATION	Does the program implement policies and processes equitably?	<p>§5-323, A(1): The Department shall hire an outside consultant to conduct a review of FIP to assess the extent to which FIP is, (1) <b>implementing policies equitably;</b></p> <p><b>Note 1:</b> We cannot evaluate every policy, so FIA identified the following policies for consideration: (1) sanction policy; (2) assessment process; (3) referral process for work program or other services.</p> <p><b>Note 2:</b> FIA would like to focus on accessibility to same level of programming across all populations, ADA and ESOL clients, 60+ month adults, and specific age groups (e.g., opportunity youth, older adults)</p>
EVIDENCE-BASED AND INNOVATIVE PRACTICES	<p>Does the program employ best practices?</p> <p>What are innovative and evidence-based practices that other states have adopted?</p>	<p>§5-323, A(2): The Department shall hire an outside consultant to conduct a review of FIP to assess the extent to which FIP is, (2) <b>employing best practices to achieve the best outcomes possible for children and their parents, including by considering that many FIP recipients are experiencing or have experienced significant trauma.</b></p> <p><b>Note:</b> We will determine, for the policies listed in the previous section (e.g., sanction, assessment, referral), if best practices are being used.</p> <p>§5-323, C(5): At a minimum, the review conducted under this section should include an assessment of the following: (5) <b>documentation of innovative and evidence-based practices being implemented in other states</b></p>
OUTCOMES	Do program outcomes vary by race/ethnicity?	§5-323, C(3): At a minimum, the review conducted under this section should include an assessment of the following: (3) <b>program outcomes that, to the extent practicable, are disaggregated by race and ethnicity</b>
STRENGTHS, AREAS FOR IMPROVEMENT, RECOMMENDATIONS	<p>What are the strengths and areas for improvement of the program?</p> <p>What are recommendations to improve the program, and the legislative or administrative changes necessary to implement those recommendations?</p>	§5-323, E: The review conducted under this section shall: (1) include a summary of: (i) <b>the strengths and weaknesses of FIP;</b> (ii) <b>recommendations for improving FIP;</b> and (iii) <b>any necessary legislative or administrative changes to make the improvements</b>

The most appropriate method for this case study of Maryland's program was a fixed,<sup>77</sup> mixed methods approach, integrating both qualitative and quantitative data to provide a comprehensive understanding of the research questions. More specifically, this study utilizes a *convergent* design in which quantitative and qualitative data were collected simultaneously, analyzed separately, and integrated to draw findings and conclusions. In this type of mixed methods design, equal emphasis is given to both the quantitative and qualitative findings (Creswell & Clark, 2017).

## Data Collection and Procedures

### ***Semi-structured Interviews<sup>78</sup> and Focus Groups***

In summer of 2023, UMSSW researchers connected with LDSS administrators (i.e., directors and assistant directors) to retrieve email addresses for all TCA staff in their local departments. TCA staff, by the authors' definition, included any staff who interact with, make decisions about, or otherwise influence outcomes of TCA families. While waiting for this information, researchers developed and refined questions for interviews and focus groups as well as facilitator guides. Questions touched on topics of program beliefs and goals, performance measures, service delivery model, pay-for-performance vendors, work program strategies, supportive services, use of best practices and data, and serving customers with diverse needs. Throughout the summer and fall of 2023, local jurisdictions provided researchers with contact information for 1,287 staff across all 24 jurisdictions. Upon approval from the Institutional Review Board

in the fall of 2023, all 1,287 staff as well as 49<sup>79</sup> administrators were invited to participate in semi-structured interviews and focus groups.

Between November 2023 and January 2024, researchers conducted 24 one-hour interviews (n=42 participants) and 21 two-hour focus groups (n=81 participants). In total, 123 unique staff and administrators participated in these interviews and focus groups. Staff participation included a range of positions across the 24 LDSS offices, including but not limited to human services staff, case managers, supervisors, work program trainers, eligibility workers, community coordinators, and work participation and other program specialists. Notably, *administrators* from both Frederick and Somerset Counties did not participate in interviews or focus groups, nor did *staff* from Charles, St. Mary's, and Talbot Counties. However, among all administrators and staff who did participate, researchers collected and analyzed voices across all 24 jurisdictions (e.g., although Frederick County administrators did not participate, at least one TCA staff person did).

Importantly, interviews and focus groups are subject to self-selection bias. Self-selection bias occurs when those who choose to participate differ systematically from those who do not (Robinson, 2014). For example, staff and administrators who participated may have stronger opinions or be more willing to share their views, which could impact the generalizability of the study. As a result, the findings may not fully represent the broader population of TCA staff across Maryland, as those who did not participate

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<sup>77</sup> A fixed mixed methods approach indicates this approach was pre-planned.

<sup>78</sup> A semi-structured interview relies on a discussion guide created ahead of time but allows flexibility for a researcher to go off-script to follow-up with participants as deemed necessary.

<sup>79</sup> Each of the 24 jurisdictions has an LDSS director and assistant director (n=48). For one jurisdiction, researchers also solicited participation from a *former* LDSS assistant director who was still employed in another capacity by DHS, resulting in 49 administrator invitations.

might have different perspectives that are not captured in the data.

Study participants participated in interviews and focus groups in a virtual environment via Microsoft Teams. Informed consent documents were provided ahead of the scheduled sessions, and verbal consent was obtained from each participant before the start of interviews and focus groups. All interviews and focus groups were transcribed and deidentified.

### Surveys

**Maryland Survey.** In the summer of 2023, UMSSW researchers connected with LDSS administrators to retrieve email addresses for all TCA staff in their local departments. While waiting for this information, researchers developed and refined closed- and open-ended survey questions. Similar to interviews and focus groups, survey questions touched on topics of program beliefs and goals, performance measures, service delivery model, pay-for-performance vendors, work program strategies, supportive services, use of best practices and data, and serving customers with diverse needs. Throughout the summer and fall of 2023, local jurisdictions provided researchers with contact information for 1,287 staff across all 24 jurisdictions. Upon approval from the IRB in the fall of 2023, all 1,287 staff as well as the 48 administrators were invited to participate in separate surveys about Maryland’s TANF program.

Between February and March 2024, UMSSW researchers deployed surveys to all staff and administrators, with a total of

154 participants from 22 jurisdictions. However, staff and administrators from Frederick and Somerset Counties did not participate. Similar to interviews and focus groups, these surveys are also subject to self-selection bias, which may influence the results. Participants completed the surveys through Microsoft Forms, with informed consent provided in advance.

**National Association of State TANF Administrators Survey.** Throughout summer and fall of 2023, UMSSW researchers designed a survey to deploy to NASTA. The purpose of this survey was to understand innovative and evidence-based practices used by other states. Researchers partnered with APhSA to deploy the survey to members across all 50 states and the District of Columbia in December 2023. Only three states—Louisiana, Virginia, and North Dakota—responded to the survey.

There are two primary reasons the authors suspect there was limited engagement. First, the request and deadline for participation coincided with a federal Notice of Proposed Rulemaking (NPRM)<sup>80</sup> to strengthen the TANF program. This was the first TANF-specific NPRM in nearly a decade.<sup>81</sup> Second, the survey deployment also coincided with a TANF Request for Information (RFI)<sup>82</sup> that sought input from states and other stakeholders on implementation of provisions in the Fiscal Responsibility Act of 2023. This RFI offered stakeholders an opportunity to consider the challenges, processes, and implications of changing decades-old outcome measures for the TANF program.

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<sup>80</sup> An NPRM is an “official document that announced and explains [an] agency’s plan to address a problem or accomplish a goal. All proposed rules must be published in the Federal Register to notify the public and to give them an opportunity to submit comments” (Office of the Federal Register, n.d., p.4).

<sup>81</sup> Based on authors’ analysis of the [Federal Register](#), prior to the winter 2023 NPRM, the last TANF NPRM was proposed in 2014.

<sup>82</sup> Agencies use an RFI “when they want public input on how to implement laws passed by Congress, whether the agency should issue a new rule, or if there is a need to change an existing rule or policy. Comments also help agencies decide what action to take if it moves forward” (HHS, n.d., p. 8-9).



## **Document Collection**

Between January 2023 and October 2023, UMSSW collected 326 public-facing and internal documents related to Maryland's TANF program to use in the qualitative analysis. The collected documents included:

- Maryland WIOA/TANF combined state plans (CYs 2016 to 2024)
- Partnership for Achieving Self Sufficiency (PASS) plans and plan modification requests from 24 local jurisdictions (SFYs 2022-2024 plans)
- FIA guidance for jurisdictions, such as PASS plan design guidance and program manuals (CYs 2021-2022)
- FIA action transmittals and information memorandums (SFY 2010-2023)
- Current (as of January 2023) standard operating procedures across the 24 jurisdictions
- FIA steering committee meeting agendas and minutes (CYs 2020 to 2022)
- FIA affiliate meeting agendas and minutes (CYs 2021-2023)
- Current (as of January 2023) assessment tools utilized by jurisdictions
- Documentation on goals and performance measures (SFY 2021-2022)
- Vendor contracts (CYs 2018-2024)

## **Administrative Data**

Some study findings are based on analyses of administrative data retrieved from computerized management information systems maintained by the State of Maryland. When necessary, demographic and program participation data were extracted from the Eligibility and Enrollment (E&E) system and its predecessor, the Client Automated Resources and Eligibility System (CARES). Employment and earnings data were obtained from BEACON

and its predecessor, the Maryland Automated Benefits System (MABS). Information on customers' participation in work activities and assignment to barrier removal codes were obtained from the Work Opportunities Record Keeping System (WORKS).

**E&E & CARES.** E&E and CARES are the administrative data systems for safety net programs managed by the DHS. CARES was operational between March 1998 and November 2021. The migration to E&E occurred between April and November 2021. Both E&E and CARES provide individual and case-level program participation data for TCA, SNAP, and other services as well as demographic data on participants. Certain demographic data in this report reflect the limited nature of the administrative data systems. Race (e.g., Black, White) and ethnicity (i.e., Hispanic/Latinx) data represent individuals who self-identify or for whom case managers assign a race and ethnicity (FIA, 2008). This report uses the combined non-gendered term Hispanic/Latinx in place of Hispanic or Latino to be inclusive.

**BEACON & MABS.** Data on quarterly employment and earnings as well as NAICS codes (i.e., sectors and industries) come from the BEACON and MABS systems. BEACON became the fully modernized unemployment insurance system in September 2020. These data include all employers covered by the state's Unemployment Insurance (UI) law and the unemployment compensation for federal employees (UCFE) program. Together, these account for approximately 91% of all Maryland civilian employment. Adults engaged in alternative work arrangements, including independent contractors, gig-workers, commission-only salespeople, some farm workers, members of the military, most employees of religious organizations, and self-employed individuals are not covered by the law and, consequently, are not represented in the employment data. Additionally, informal jobs

in which individuals and their employers do not report earnings to the government for income tax purposes (Nightingale & Wandner, 2011) are not covered. Despite limitations, empirical studies suggest that UI earnings are actually preferred to other types of data in understanding the economic well-being of welfare recipients (Kornfeld & Bloom, 1999; Wallace & Haveman, 2007).

The BEACON and MABS systems only track employment in Maryland. The state shares borders with Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia, so out-of-state employment is common. The percentage of out-of-state employment by Maryland residents (15%) is over four times greater than the national average (3.5%).<sup>83</sup> Among adult TCA recipients in the state, however, out-of-state employment is less common, and previous investigations indicate statewide employment estimates are accurate even when excluding out-of-state data. Nonetheless, this report may underestimate employment participation at the jurisdictional level. Out-of-state employment is common in two populous jurisdictions, Prince George's County (37%) and Montgomery County (23%), which have the third and fifth largest TCA caseloads in the state. It is also high in two less-populated jurisdictions, Charles County (31%) and Cecil County (30%). These four jurisdictions may be especially affected by the exclusion of out-of-state employment data. As a result of Maryland's high rates of out-of-state employment and the data limitations described, it is important to regard employment data as representing minimum levels of employment.

Since UI earnings data are reported on an aggregated, quarterly basis, it is unclear, for any given quarter, how much of that time period the individual was employed (i.e.,

how many months, weeks, or hours). Thus, it is not possible to compute or infer hourly wages or weekly or monthly salaries from these data. It is also important to remember that the earnings figures reported do not necessarily equal total household income; the data do not include information on earnings of household members who are not members of the TCA case, and the data do not include all sources of income.

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

**Administrative Data Populations and Samples.** Administrative data presented in this report utilizes samples and populations of active TCA recipients and TCA leavers. Each chapter provides a *Data Summary* with details about the given population or sample. In general, administrative data come from the SFYs 2019, 2021, or 2023 active caseloads or from data on recipients who left the program in SFYs 2017, 2019, 2021, or 2022. For more details about a population or sample of leavers or active cases beyond what is provided in the *Data Summary* box at the beginning of a given chapter, see [ssw.umaryland.edu/familywelfare](http://ssw.umaryland.edu/familywelfare) under *Life on Welfare Series* and *Life after Welfare Series*.

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<sup>83</sup> Data were obtained from the U.S. Census Bureau website ([data.census.gov](http://data.census.gov)) using the 2017–2021

American Community Survey 5-Year Estimates for Commuting Characteristics by Sex (S0801).

## Analysis & Presentation of Data

### **Qualitative**

A key component of qualitative analysis is *coding*. *Codes* are tags or labels that researchers assign to excerpts of text. Coding can be inductive, or ground-up, in which a researcher begins with no pre-conceived notions about the data and instead, cultivates codes directly from the data. This type of coding is common in grounded theory methodologies and is ideal for building and testing theories or conducting thematic analysis. Alternatively, coding can be deductive, or top-down, in which codes are pre-determined before coding begins. This is ideal for evaluative data. Some studies opt for a hybrid approach, which will have a starting list of codes, but allow for the researcher to add more codes based on the data. Regardless of coding choice (i.e., inductive, deductive, or hybrid), the researcher should create codes using one of two approaches: (1) use the research questions to inform code development, or (2) use an existing theoretical framework for the codes.

This study utilized a hybrid approach. Researchers developed a set of pre-determined codes for each research question and simultaneously allowed new codes to emerge from the data. Researchers coded for descriptive codes (i.e., nouns or phrases that summarize the topic), process codes (actions or sequences of events), and value codes (excerpts related to values, attitudes, beliefs). When possible, researchers attempted to use in vivo coding (i.e., language used directly by participants or within documents) to aid validity.

Researchers uploaded all documents and transcripts to QualCoder 3.5, an open-source qualitative coding software. They coded documents through the lens of each individual research question that required qualitative data. For each research question, two coders each independently coded a sample of documents. After

independently coding, the coders met to discuss the results to ensure a collective understanding of the research question and codes. Following, the primary coder coded the remaining documents independently and consulted with the secondary coder to discuss challenges. After the primary coder completed coding, the secondary coder coded a sub-sample to ensure reliability across codes and primary findings. The process of coding was iterative, in which researchers sometimes coded documents more than once and engaged in renaming, recoding, and recategorizing data as new codes and themes emerged. Thematic and content analysis offered the authors a high-level understanding of major themes and relationships within the data. Table B2 below provides an example of the coding process with a sample of interview transcript quotes.

### **Quantitative**

In addition to qualitative analysis, some chapters may include descriptive statistics. This can include mean values (i.e., the mathematical average of a set of numbers), median values (i.e., the middle point of a distribution organized from lowest to highest), and frequencies (i.e., the number of times an observation occurs). Throughout the report, all percentages shown are valid percentages (i.e., percentages that exclude missing data from the calculation of categorical distributions). Researchers conducted quantitative analysis using IBM SPSS. Some analyses in this report present data segmented by geographic type (i.e., urban, suburban, or rural). To determine the geographic type of each jurisdiction, the authors utilized the most recent census data that calculates the extent to which each county in the United States is urban or rural based on several factors, including population and housing density (United States Census Bureau, 2023). The authors defined urban jurisdictions as those that are more than 90% urban based on the Census Bureau data. In Maryland, only one jurisdiction met this criterion; therefore,

Baltimore City is the only jurisdiction in the urban category for analyses. The authors defined suburban jurisdictions as those that are between 20-90% urban. Based on these definitions, this report categorizes the

following counties as suburban: Anne Arundel, Baltimore, Harford, Howard, Prince George’s, and Montgomery. All other jurisdictions that were less than 20% urban were classified as rural.

**Table B2. Example of Coding Qualitative Data**

Quotes	Codes
Researchers asked participants: “What are the core beliefs, goals, or objectives that guide the TCA program?”	
“. . . strongest goal is always to <b>move the TCA customers from dependency on our role back into independence.</b> ”	Independence from TCA
“And our goal is to make sure that with the adults that we guide them to the <b>ultimate goal being employment.</b> ”	Obtain employment
“ <b>Help them gain the skills they need</b> and the linkages they need to <b>gain a foothold back into the labor market.</b> ”	Obtain skills Obtain employment
“Our goal is to we're <b>striving for self-sufficiency and independence</b> for our customers.”	Independence from TCA
“. . . belief is to assist families that are unemployed or underemployed <b>in gaining that employment</b> , but to build to that point, we also we have to really <b>look at what training and skill set they need in order to gain employment.</b> ”	Obtain employment Obtain skills
Theme derived from this coding: <i>Jurisdictions strive to assist customers with gaining skills to obtain employment and ultimately, become independent from TCA.</i>	

## Presentation of Findings in Report

Throughout the report, the authors utilize a variety of figures, tables, and other visualizations to communicate primary findings. Given that much of the report is based on qualitative data, quotes are common throughout the draft. All quotations represent the true words of the study participants. Sometimes, authors edited quotes to remove smaller utterances, which aids in readability. The authors also utilize ellipses frequently: these ellipses indicate the words in the quote may not have been continuous (i.e., there may have been utterances or other additional words in the quote that have been removed). Quotes were carefully edited to ensure that any removal of words did not change the meaning of the quote.

The authors utilize various words to describe identical populations in the report. For example, instead of *authors*, sometimes the report refers to *researchers* or *UMSSW*: these three terms are synonymous for the purposes of this report. Similarly, the authors refer to *administrators* sometimes as LDSS *leadership*. In these instances, the authors are referencing the LDSS directors and assistant directors. The term *administrator* is distinguished from *staff*, which represents non-administrator, TCA-oriented staff, including case managers, supervisors, work program trainers, eligibility workers, community coordinators, and work participation and other program specialists. This report also refers to both administrators and TCA staff as *study participants*. Finally, this report generally refers to individuals and families receiving TCA as *customers, recipients, and payees*, consistent with LDSS and DHS language. However, when discussing TANF programs more broadly and in other states, the term *client* may sometimes be used.

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## APPENDIX C: GENERAL TASKS AND TIMELINE

PROJECT ITEMS	DATES
1) Review H.B.1041 and identify the specific roles of the consultant and specific roles of DHS.	April-May 2022
2) Based on consultant expectations listed in the bill, draft the overarching research questions the bill seeks to answer.	May-June 2022
a. There are 16 specific research questions that we will measure, which for communication purposes, we have grouped into five overarching questions.	
3) Operationalize how to measure each research question in consultation with DHS.	May 2022-June 2022
a. For example, “conduct a review of FIP to assess the extent to which FIP is implementing policies equitably” (§5-323, A(1)).	
i. The Family Investment Program is guided by myriad federal and state policies and regulations. Which policies should be examined? Collaborated with DHS to identify the policies on which to focus.	
4) Determine types of data necessary to answer each of the 16 research questions and methods for collecting that data.	May-June 2022
a. Qualitative: interviews, focus groups, surveys, document analysis	
b. Quantitative: administrative data	
c. Mixed methods: both qualitative and quantitative	
5) Draft needs (e.g., staff, resources, timeline) to complete review and create a budget.	July-August 2022
6) DHS draft a scope of work that details the expectations of the consultant, based on decisions made in previous bullet. Finalize scope of work and budget.	July-August 2022
7) Planning stages for project	September-December 2023
8) Conduct extensive literature reviews related to multiple research questions.	
a. For example, §5-323, A(1) states that consultant should review the extent to which FIP employs <i>best practices</i> to achieve the best outcomes for families. Further §5-323, C(5) states the review should include documentation of innovative and evidence-based practices being implemented in other states. However, no comprehensive list of best practices for TANF has been developed, nor is there a comprehensive list of evidence-based practices being implemented in other states. This required us to conduct an extensive literature of evidence-based and other best practices and synthesizing nearly 100 sources to define a list of best/evidence-based practices. This was a necessary step before assessing the extent to which FIP or other states are utilizing such practices.	November 2022-August 2023
b. Additional sections of H.B.1041 also required us to conduct literature reviews.	
9) Identify a point-person at DHS for the project, who would be in charge of seeing it through from DHS’s end.	January 2023
10) Hire, onboard, and train appropriate staff and consultants.	January-June 2023

PROJECT ITEMS	DATES
<ul style="list-style-type: none"> <li>a. Includes time for drafting job and procurement descriptions; reaching out to, interviewing, and meeting with candidates; selecting candidates; training/correspondence as needed; meeting with university's procurement office to solicit consultants for specific components of the project (e.g., microeconomist for pay-for-performance contract evaluations).</li> <li>b. Additional sections of H.B.1041 also required us to conduct literature reviews.</li> </ul>	
11) Identify list of internal-only documents that align with research questions and that need to be collected from DHS and the 24 local DSS offices. Collect more than 300 documents.	January-August 2023
12) Identify and retrieve publicly facing documents that align to research questions.	January-August 2023
13) Create a crosswalk of best practices to available administrative data.	June 2023
14) Consult with other experts on best way to retrieve information about other states utilizing best practices.	June-July 2023
15) Develop focus group, interview, and survey questions to be administered to TCA staff and administrators.	June 2023-August 2023
16) Create a way to track document retrieval and follow up as necessary with DHS and local departments to gather undelivered documents.	July-August 2023
17) Collaborate with trauma consultant on evaluation of local jurisdictions' assessments.	July-August 2023
18) Develop survey questions for other states' usage of best practices and deploy through established channels.	July-September 2023
19) Identify key personnel at FIA central and within each of the 24 LDSS offices to invite to interviews/focus groups.	July-September 2023
20) Develop interview and focus group guides.	August 2023
21) Document federal and state rules and regulations related to the FIP work program and how they align with state administrative databases.	August 2023
22) Consult with trauma consultant to ensure interview and focus group questions are trauma-informed.	August -September 2023
23) Determine the administrative data during specific time periods to retrieve for each question for which quantitative data is feasible.	August-September 2023
24) Submit project to the Institutional Review Board (IRB) and revise as necessary.	September-October 2023
<ul style="list-style-type: none"> <li>25) Invite TCA staff and administrators to participate in focus groups and interviews and organize. <ul style="list-style-type: none"> <li>a. This was a time-consuming process, including inviting more than 1,200 individuals to participate, responding to individual emails, creating a schedule for 24 interviews and 21 focus groups, and sending information to participants such as questions, informed consent, and other documents.</li> </ul> </li> </ul>	October-November 2023
26) Create research plans for analyzing documents uploaded to QualCoder.	October 2023-March 2024
27) Clean and analyze administrative data on TCA outcomes by race & ethnicity.	November 2023



PROJECT ITEMS	DATES
28) Review literature to create a classification system in order to define Maryland jurisdictions as urban, suburban, or rural (necessary to examine equity by geographic type).	November 2023
29) Administer and transcribe 24 one-hour interviews.	November-December 2023
30) Administer and transcribe 21 two-hour focus groups.	January 2024
31) Deploy survey to TCA staff and administrators.	February 2024
32) Upload public and internal documents retrieved from FIA and LDSS offices and interview/focus group transcripts into QualCoder analysis software.	February 2024
33) Develop coding guide.	February-March 2024
34) Review publicly available TANF plans from other states and literature to determine best and innovative practices used by other states.	March 2024
35) Clean and analyze TCA staff and administrator survey.	March 2024
36) Clean and analyze state survey data on best and innovative practices.	March 2024
37) Code/analyze public documents, internal documents retrieved from FIA and DSS offices, and interview/focus group transcripts in QualCoder.	March-May 2024
38) Conduct anti-racist analyses on assessment tools and review of vendor contracts	April-June 2024
39) Review trauma consultant's findings and recommendations about assessments (re: trauma-informed and client-centered lenses)	April-May 2024
40) Clean and analyze administrative data on equitable implementation of policies (i.e., OWRA assessment completion, assignment to work and barrier activities, sanctioning).	May-July 2024
41) Create a preliminary dissemination plan and meet with DHS to discuss details.	July 2024
42) Review findings for overarching themes and findings, ensure all 16 research questions have been answered.	July-August 2024
43) Based on both qualitative and quantitative findings, develop a list of strengths and weaknesses of the program design; develop program and policy recommendations.	July-August 2024
44) Draft and format report (final length: approximately 400 pages)	April-August 2024
45) Present report to DHS and complete final formatting.	September 2024
46) Submit final report to DHS.	September 2024
47) Assist DHS in disseminating findings and recommendations from report to stakeholders via virtual and in-person meetings	October-December 2024

## APPENDIX D: STRATEGIC GOALS AND OBJECTIVES OF THE TCA PROGRAM AS DETAILED IN PASS PLAN GUIDANCE

- 1) **Increasing the earning capacity of Maryland's Temporary Cash Assistance (TCA) customers through employment.**
  - a. Increase the median earnings of Maryland's TCA customers by X%.
  - b. Increase the annual % of Maryland's TCA customers who earn at least 130% of the federal poverty level within one year after program exit from X% to Y% by date.
  - c. Increase the annual % of Maryland's TCA customers who earn at least 165% of the federal poverty level within one year after program exit from X% to Y% by date.
  - d. Increase the annual % of Maryland's TCA customers who earn at least 200 % of the federal poverty level within one year after program exit from X% to Y% by date.
  - e. Decrease the annual % of Maryland's TCA customers who earn 50% or less of the federal poverty level within one year after program exit.
  - f. Increase by XX% the number of TCA leavers who remain employed a full quarter after program exit.
- 2) **Increasing the earning capacity of Maryland's Temporary Cash Assistance (TCA) customers through skills and credentialing.**
  - a. Increase the annual % of Maryland's TCA customers who earn a High School Diploma.
  - b. Increase the annual % of Maryland's TCA customers who obtain an industry-recognized credential and/or occupational skills training completion from X% to Y% by date.
- 3) **Increase the earning capacity of Maryland's TCA customers by eliminating barriers to employment and increasing core life skills.**
  - a. Provide X% of TCA customers needed childcare services by date.
  - b. Increase the annual % of Maryland's TCA customers who receive needed substance use treatment from X% to Y% by date.
  - c. Increase the annual % of Maryland's TCA customers who receive needed mental health services from X% to Y% by date.
  - d. Increase the annual % of Maryland's TCA customers who receive needed housing services from X% to Y% by date.
  - e. Increase the annual % of Maryland's TCA customers who receive needed physical health services from X% to Y% by date.
  - f. Increase the annual % of Maryland's TCA customers who receive needed transportation services from X% to Y% by date.
  - g. Increase the annual % of Maryland's TCA customers who complete a financial literacy course.

- h. Increase the annual % of Maryland's TCA customers who receive needed criminal record expungements or similar services.
- i. Increase the annual % of Maryland's TCA customers who actively participate in their individual case plan from X% to Y% by date.
- j. Increase the % of Maryland's TCA foreign-trained customers who receive needed foreign degree credential evaluation from X% to Y% by date.
- k. Increase the % of Maryland's TCA customers who receive needed English for Speakers of Other Languages (ESOL) classes from X% to Y% by date.

## APPENDIX E: TANF WORK ACTIVITIES AND WPR

**Table E1. Description of Federally Defined TANF Work Activities and WPR Rules**

Activity	Description
<b>To count towards WPR, adult recipients in single-adult households and two-parent households must participate in work activities for an average of 30 hours and 35 hours, respectively.*</b>	
<b>Core Activities</b>	
	<b>Single-parent household: 20 hours must be in a core activity Two-parent household: 30 hours must be in a core activity</b>
Unsubsidized Employment	Full- or part-time employment in the public or private sector that is not subsidized by TANF or any other public program.
Subsidized Private Sector Employment	Employment in the private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing an individual.
Subsidized Public Sector Employment	Employment in the public sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing an individual.
Work Experience	Work activity, performed in return for welfare, that provides an individual with an opportunity to acquire the general skills, knowledge, and work habits necessary to obtain employment.
On-the-job Training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job.
Job Search and Job Readiness Assistance	The act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training, and substance abuse <sup>^</sup> treatment, mental health treatment, or rehabilitation activities. Limited to 4 consecutive weeks and 180 hours (or 120 hours for parents with a child under 6) per fiscal year.
Community Service	Structured programs and embedded activities in which individuals perform work for the direct benefit of the community under the auspices of public or nonprofit organizations.
Vocational Educational Training	Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. Limited to 12 months.
Providing Childcare Services to a TANF Recipient	Providing childcare to enable another TANF recipient to participate in a community service program.
<b>Non-core Activities</b>	
	<b>Non-core activities count towards the WPR if recipients complete the required number of average core activity hours.</b>
Jobs Skills Training Directly Related to Employment	Training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace.
Education Directly Related to Employment	Education related to a specific occupation, job, or job offer, for those who have not received a high school degree or its equivalent.
Satisfactory Attendance at Secondary School	Regular attendance, in accordance with the requirements of the secondary school or course of study, at a secondary school or in a course of study leading to a certificate of general equivalence.

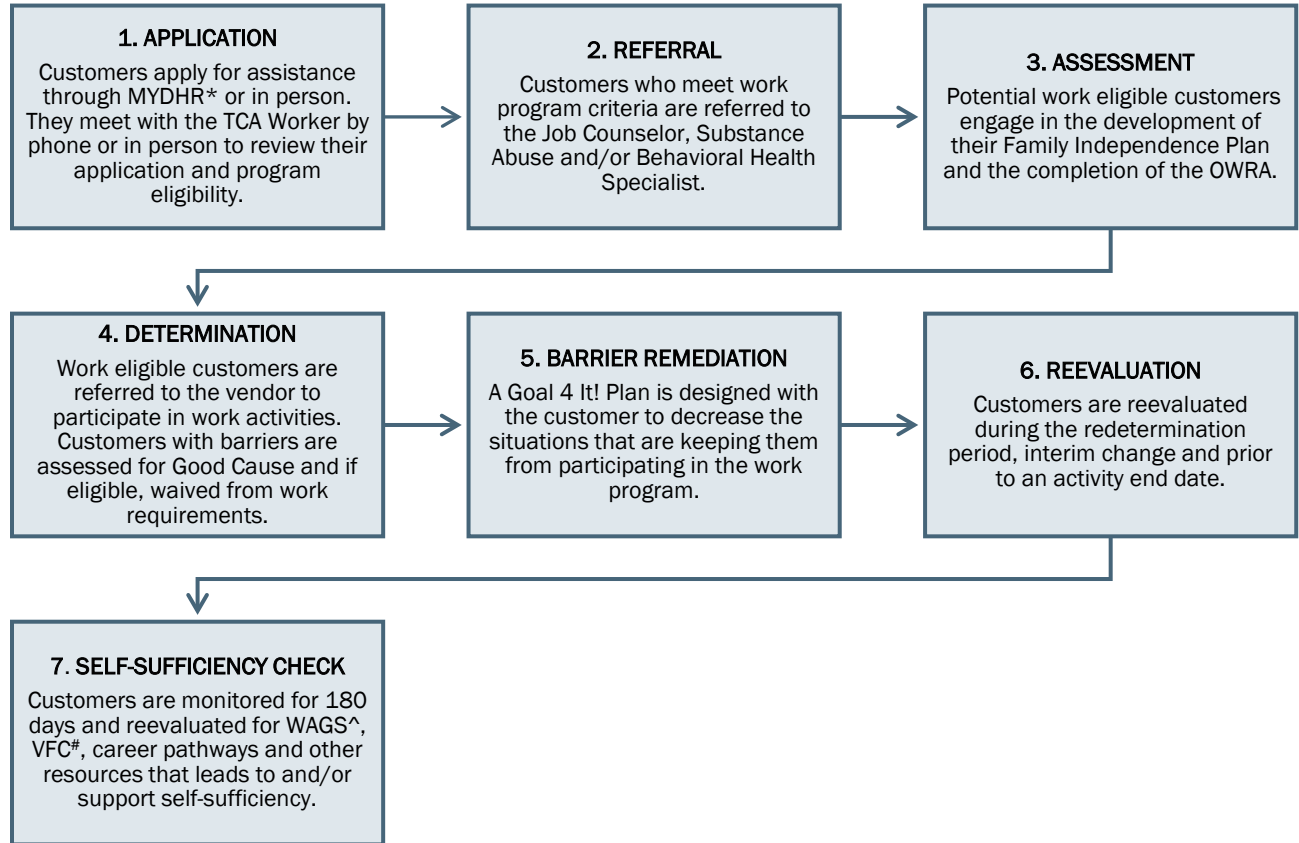
**Note:** See Code of Federal Regulations § 45.261, Ensuring that Recipients Work, for more details. \*If the two-parent household is receiving childcare subsidies, they are required to participate in work activities for a minimum of 55 average hours, 50 of which must be in a core activity. Single adults with a child under six years old are required to participate for a minimum of 20 average hours. <sup>^</sup>The term “substance abuse” is used here because it is the language used in the Federal Regulations.

## References for this Appendix

Ensuring that Recipients Work, 261 C.F.R. §45 (1999). <https://www.ecfr.gov/current/title-45/subtitle-B/chapter-II/part-261>.

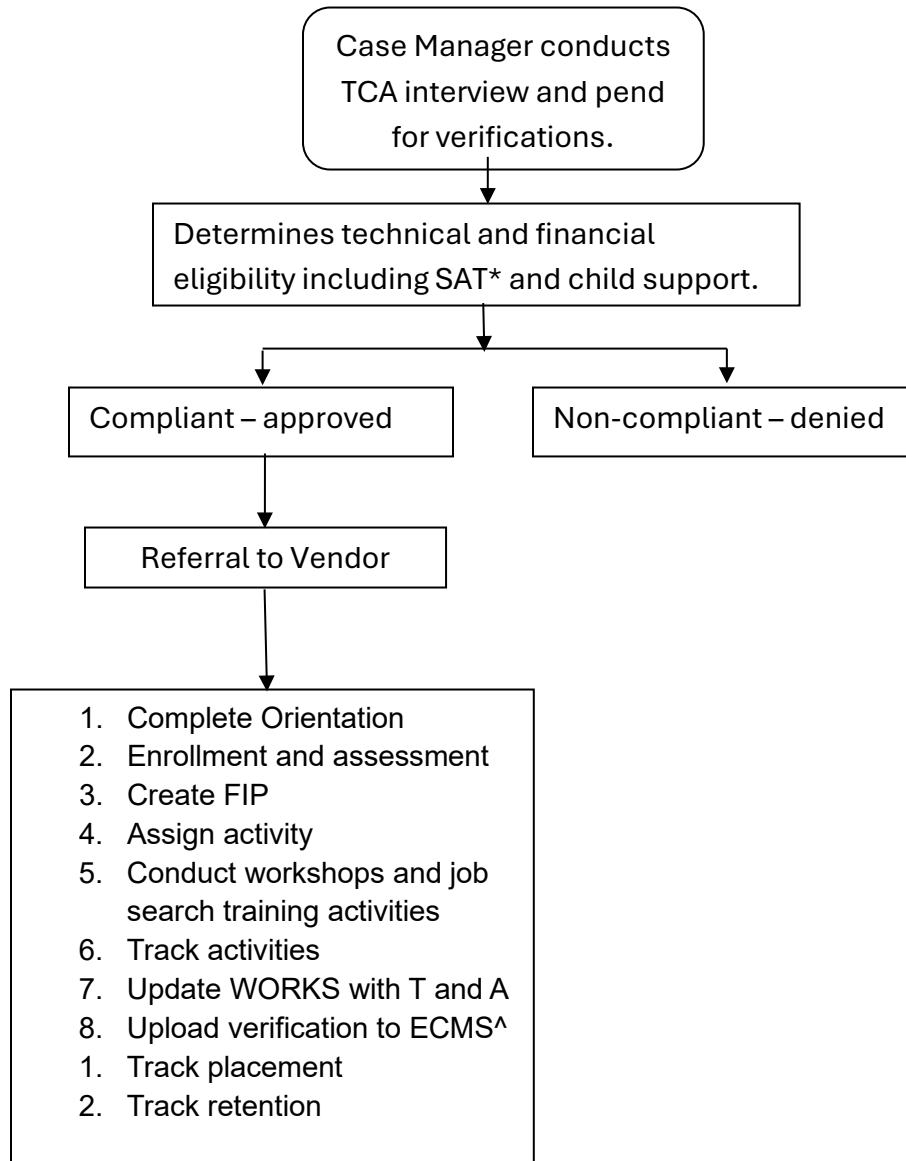
## APPENDIX F: SERVICE DELIVERY MODEL EXAMPLES FOR INDIVIDUAL JURISDICTIONS

**Figure F1. Contracted Service Delivery Model Example: Anne Arundel County**



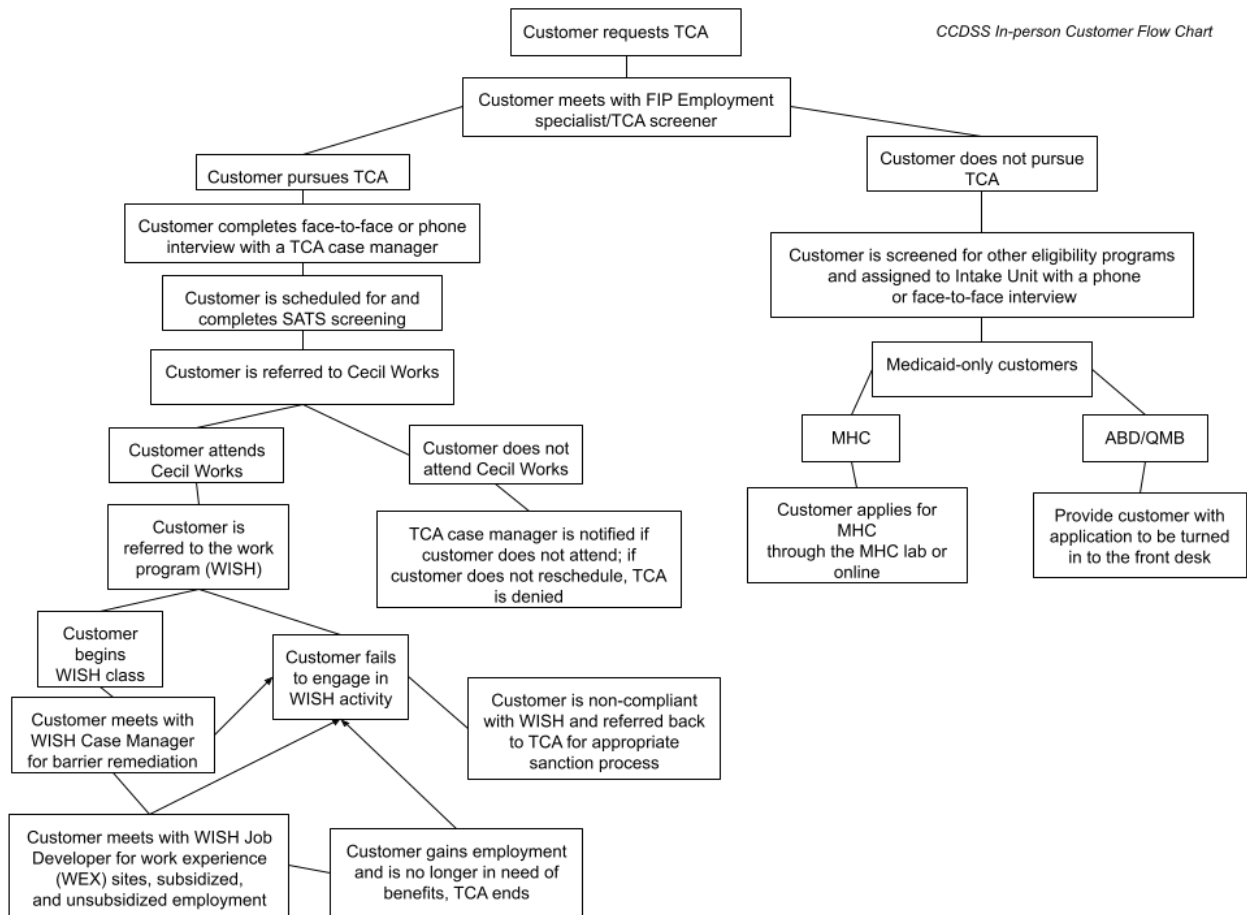
**Note:** This example is adapted for space from Anne Arundel County’s 2021 PASS plan; language and content were not edited. \*MYDHR refers to the online application portal. ^WAGS refers to Welfare Avoidance Grants. #VFC refers to the Vehicles for Change program.

**Figure F2. Contracted Service Delivery Model Example: Prince George’s County**



**Note:** This example is taken directly from Prince George’s County 2021 PASS plan; language and content were not edited. \*SAT refers to substance use screening. ^ECMS refers to the Enterprise Content Management System.

**Figure F3. In-house Service Delivery Model Example: Cecil County**



**Note:** This example is taken directly from Cecil County’s 2021 PASS plan; language and content were not edited. This flow chart was created in 2021 and does not reflect recent policy changes that no longer allow application denials due to non-compliance with work activities. SATS refers to substance use treatment and services. WISH refers to the Work Incentive Self Help program.



APPENDIX G: VENDOR CONTRACT ANALYSIS, BY CONTRACT

Vendor Type	Contract Number	Purpose of Contract	Payment Structure	Incentives	Performance Metrics
PUBLIC COMMUNITY COLLEGES	1	Provide work experience, job readiness, computer training, and personal development/enrichment activities to improve employability of recipients.	A maximum amount is provided for the length of the contract contingent on receiving state funds. The contractor submits invoices on a monthly basis. There are incentive payments for achieving performance metrics.	Vendor receives an incentive payment for achieving a WPR of 60% for recipients enrolled in their program.  Job placement bonus: The base requirement is 23 job placements, but there is a bonus for achieving 30 placements. At least 5 of the 30 must pay at or above \$15.00/hour.	WPR, job placements, customer progress, retention.
	2	Provide occupational skills training to put recipients on a path to economic mobility via workforce training, academic support, and job readiness services. The purpose is to provide stackable, industry-recognized credentials.	The contractor submits invoices on a monthly basis.  Vendor has the flexibility to shift resources between different budget categories with prior approval.	None	Total number of customers trained, percentage of individuals who have measurable skill gains, credential attainment rates, short-term and long-term employment rates, and earnings levels post-training.
	3	Provide education and training services.	A maximum amount is provided for the length of the contract contingent on receiving state funds.  The contractor submits invoices on a monthly basis.	None	None
LOCAL NON-PROFIT	4	Provide workforce development to recipients.	A maximum amount is provided for the length of the contract contingent on receiving state funds. The contractor submits invoices on a monthly basis.	None	None

Vendor Type	Contract Number	Purpose of Contract	Payment Structure	Incentives	Performance Metrics
LOCAL NON-PROFIT	5	Operate a program which aims to assist parents who owe child support to children receiving TCA. The program helps the parent in obtaining and retaining full-time employment through case management, job search, employment development, assessment, and supportive services.	A maximum amount is provided for the length of the contract contingent on receiving state funds.  The contractor submits invoices on a monthly basis.	None	None
	6	Implement a program which supports mothers with in-home services such as child development and parenting education as well as screenings and referrals.	A maximum amount is provided for the length of the contract contingent on receiving state funds.  The contractor submits invoices on a monthly basis.	None	None
PUBLIC SECTOR OFFICE OR DEPARTMENT	7	Provide assessment services, employment skills training, and unsubsidized employment services.	The contractor submits invoices on a monthly basis. Vendor has the flexibility to shift resources between different budget categories with prior approval.	Monthly performance reports are sent to the invoice manager and include customer enrollment, hours of participation, credential attainment, job placement, and job retention.	Percentage of participants placed in unsubsidized employment; retention rate at 8 weeks and 16 weeks, percentage with full-time employment with wages at least 25% above the minimum wage.
	8	Provides life skills training and job readiness services to female offenders with children.	A maximum amount is provided for the length of the contract contingent on receiving state funds.	None	None
NATIONAL FOR-PROFIT	9	Provide job readiness, placement, and retention services that prepare recipients for the workforce.	A monthly fixed administrative fee.  Reimbursement for direct expenses incurred by participants.	None	50% WPR monthly; meet yearly job placement goals; 80% job retention rate; 75% of foster care youth over age 18 secure paid employment; 80% of foster care youth, ages 14-21, eligible to participate in 4 to 8 weeks of paid internships; 75% of customers serviced through work barriers to gainful and sustainable

Vendor Type	Contract Number	Purpose of Contract	Payment Structure	Incentives	Performance Metrics
NATIONAL FOR-PROFIT					employment; a number of statistical measures in an end-of-year report.
	10	Assessments, barrier remediation, and "job readiness workshops" etc. for NCPs with children receiving TCA.	A maximum amount is provided for the length of the contract contingent on receiving state funds. The contractor submits invoices on a monthly basis.	None	None
	11	Provide education, placement, case management, and retention services to TCA recipients.	A maximum amount is provided for the length of the contract contingent on receiving state funds. The contractor submits invoices on a monthly basis.	None	They note that they have benchmarks for WPR, unsubsidized full- and part-time placements, retention, job readiness; however, there are no specific metrics.
	12	Provide education, case management, and placement services to TCA youth.	A maximum amount is provided for the length of the contract contingent on receiving state funds. The contractor submits invoices on a monthly basis.	None	They note that they have benchmarks for enrollment, assessment, and subsidized and unsubsidized employment; however, there are no specific metrics.
	13	Facilitate full-time, unsubsidized employment opportunities for TCA recipients.	A maximum amount is provided for the length of the contract contingent on receiving state funds. Payments are tied to meeting performance metrics. Each outcome/metric has a predetermined payout amount and is multiplied by the number of recipients achieving that outcome. Payments are made when milestones are met.	Successful completion of program: vendor receives a payout of \$300 per recipient after the recipient successfully completes the vendor's employment program. Full-time unsubsidized employment: vendor receives \$70.75 for each recipient who is placed in a full-time unsubsidized job (up to two times per client). Consecutive weeks of employment: payouts based on recipient retention. For example, \$1,300 for 8 consecutive weeks of full-	Number of customers enrolled each month, employment rates, and sustained employment rates.

Vendor Type	Contract Number	Purpose of Contract	Payment Structure	Incentives	Performance Metrics
				<p>time employment and an additional \$800 for 16 consecutive weeks.</p> <p>Higher wage employment: vendor receives additional financial incentives for ensuring recipients secure employment with wages 25% higher than the current minimum wage.</p>	
NATIONAL FOR-PROFIT	14	Provide work participation, placement, and support services to recipients.	<p>A maximum amount is provided for the length of the contract contingent on receiving state funds.</p> <p>Payments are tied to meeting performance metrics. Each outcome/metric has a predetermined payout amount and is multiplied by the number of recipients achieving that outcome.</p> <p>Payments are made when milestones are met.</p>	<p>Successful completion of program: vendor receives a payout of \$250 per recipient, per month if they meet WPR requirements (up to 9 times per customer);</p> <p>Full-time unsubsidized employment: vendor receives \$50 for each recipient who is placed in a full-time unsubsidized job (up to two times per client).</p> <p>Consecutive weeks of employment: payouts based on recipient retention. For example, \$1,275 for 8 consecutive weeks of full-time employment and an additional \$800 for 16 consecutive weeks.</p> <p>Higher wage employment: vendor receives additional financial incentives for ensuring recipients secure employment with wages 25% higher than the current minimum wage and maintain it for 16 consecutive weeks.</p>	<p>Number of customers enrolled proposed to achieve WPR, employment rates, and sustained employment rates for 8 and 16 weeks; percentage with full-time employment with wages at least 25% above the current minimum wage.</p>

## APPENDIX H: TRAUMA-INFORMED CARE FINDINGS, BY ASSESSMENT TOOL

This appendix presents document-specific findings on the extent to which Maryland's assessment tools and processes are aligned with trauma-informed care principles. The tables present strengths and areas in need of improvement for the following: interviewing guidance provided by TCA Manual 202 (FIA, 2020), the Online Work Readiness Assessment (OWRA), and five jurisdiction-specific tools (for Dorchester, Caroline, Frederick, Howard, and Washington Counties).

The first column of each table includes the criteria used in the systematic review of the documents. These criteria are five of the six key principles of trauma-informed care: (1) safety; (2) trustworthiness and transparency; (3) collaboration and mutuality; (4) empowerment, voice and choice, and (5) cultural, historical, and gender issues (SAMHSA, 2014). The tables do not include a row for the principle of peer support. While documents were reviewed for this principle, none had content that reflected peer support as the individual nature of the assessment process does not allow for such an inclusion. The second column, labeled strengths, contains the ways each individual tool aligns with the specific principle, including supporting evidence from sections of the tool. The last column, labeled areas in need of improvement, presents notes on missing points and areas that were lacking within the assessment documents. Any questions about these findings should be directed to Andrea Hetling, one of the authors of this chapter.

### References for this Appendix

- Family Investment Administration (2020). *Temporary Cash Assistance manual* (sec. 202 Interviewing). Maryland Department of Human Services. <https://dhs.maryland.gov/documents/Manuals/Temporary-Cash-Assistance-Manual/0200-Application/0202%20Interviewing%20rev%2011.22.doc>.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). U.S. Department of Health and Human Services, Administration for Children and Families. [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf).

**Table H1. Trauma-informed Findings for Interview Guidance from TCA Manual 202**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>• Listing of interviewing barriers (202.4)</li> <li>• Non-verbal communication acknowledgement, (202.7 D)</li> <li>• Preparation for accommodations prior to interview (202.6 D)</li> <li>• Impact of tone on emotional safety (202.9 C)</li> <li>• Remaining calm (202.10)</li> </ul>	<ul style="list-style-type: none"> <li>• Only briefly mentions confidentiality and is missing reminders of confidentiality when discussing potentially sensitive topics</li> <li>• Lacks formal mention of safety as a priority in the interview process</li> <li>• Lacks guidance for preparing an interview space and/or ensuring the physical space that the interviewee is in during a phone interview is safe</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>• Outlines an opening statement that should include the purpose, agenda, and time limit of the interview (202.7 A1-3)</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks instructions to explain program context</li> <li>• Lacks dedicated time at the beginning for interviewee to ask questions that could allow them to build more trust</li> <li>• Lacks explanation of the consequences or protocol if interviewee does not want to answer a question</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>• Includes collaborative guidance for interviewers (202.5 A4 &amp; A5)</li> </ul>	<ul style="list-style-type: none"> <li>• Despite mentioning collaboration, lacks specific guidance on when and how to engage interviewee in a collaborative discussion</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>• Interview Prep: familiarizing with individual case (202.6)</li> <li>• Encouraging usage of various methods of questioning, particularly broad questions (202.7 B)</li> <li>• Calls for opportunity for questions and input at the end of the interview (202.8)</li> <li>• Mentions potential interviewing barriers (202.4)</li> </ul>	<ul style="list-style-type: none"> <li>• Rigidity of structure and little room for variation from prepared interview</li> <li>• Lacks guidance on how to address and mitigate interviewing barriers</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>• Mentions potential interviewing barriers related to identity, such as gender and language differences (202.4 C)</li> <li>• Roles of interviewer &amp; language/ability barriers (202.5 A3)</li> <li>• Prep including case-specific information (202.6)</li> </ul>	<ul style="list-style-type: none"> <li>• Does not mention how to acknowledge and avoid personal bias in the execution of the interview</li> <li>• Lacks clear guidance on how to present protocol to interviewee</li> </ul>

**Table H2. Trauma-informed Findings for the Online Work Readiness Assessment (OWRA) Tool**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>Asks the recipient if they have concerns about the safety of themselves or their family (p. 34)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks a check-in at the beginning of the assessment about the recipient's physical and emotional safety and well-being at the present time and whether safety concerns impact their ability to answer certain questions</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>Includes the different sections and outline (p. 2)</li> <li>Introduction and language used in the questions provides clarity as to why the question is necessary (p. 7,8,9, etc.)</li> <li>Includes a brief explanation about relevance at the beginning of some sections on sensitive topics</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent inclusion of purpose statement and explanation of relevance as related to specific topics (e.g., questions about housing insecurity, drug abuse, and childcare)</li> <li>Lacks explanation of consequences if certain questions are not answered</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>Actively encourages recipient to consider their interests and strengths (p. 10,11)</li> <li>Includes opportunity for recipient to elaborate on answers that might be more complex</li> </ul>	<ul style="list-style-type: none"> <li>Lacks section dedicated to formal goal setting</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>Includes follow-up questions that allow for interviewer to gather information about strengths and interests of recipient</li> </ul>	<ul style="list-style-type: none"> <li>Lacks section dedicated to formal goal setting</li> <li>Lacks guidance on adaptability or flexibility of question ordering or follow-up questions</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>Includes questions about many different social issues that might impact job readiness or security</li> </ul>	<ul style="list-style-type: none"> <li>Lacks explanation of purpose or relevance of certain sections, particularly those on sensitive topics</li> </ul>

**Table H3. Trauma-informed Findings for the Caroline County Assessment Tool**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>Asks the recipient about domestic violence and if they are afraid someone might hurt them (p. 3)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks a check-in at the beginning of the assessment about the recipient’s physical and emotional safety and well-being at the present time and whether safety concerns impact their ability to answer certain questions</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>Service Agreement outlines expectations and requires acknowledgement from both interviewer and recipient.</li> </ul>	<ul style="list-style-type: none"> <li>Lacks an introductory purpose statement</li> <li>Lacks purpose statement and explanation of relevance as related to specific topics (e.g., questions about housing insecurity, drug abuse, childcare)</li> <li>Lacks explanation of consequences if certain questions are not answered</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>Includes questions that lead to self-guided answers and are tied to personal interests (e.g., job skills)</li> <li>Service Plan</li> <li>Service Agreement</li> </ul>	<ul style="list-style-type: none"> <li>This principle was well addressed</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>Service Agreement</li> <li>Job skill questions that allow for opportunity to adapt goals to specific needs/interests of the recipient</li> </ul>	<ul style="list-style-type: none"> <li>This principle was well addressed</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>Clear definitions/examples when speaking about sensitive issues (e.g., housing insecurity, domestic violence)</li> <li>Includes questions about many different social issues that might impact job readiness or security</li> </ul>	<ul style="list-style-type: none"> <li>This principle was well addressed</li> </ul>



**Table H4. Trauma-informed Findings for the Washington County Assessment Tool**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>Asks the recipient if they are afraid to seek employment (pg. 3)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks a check-in at the beginning of the assessment about the recipient's physical and emotional safety and well-being at the present time and whether safety concerns impact their ability to answer certain questions</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>This principle was not well addressed in this document</li> </ul>	<ul style="list-style-type: none"> <li>Lacks formal introductory purpose statement</li> <li>Lacks purpose statement and explanation of relevance as related to specific topics (e.g., questions about housing insecurity, drug abuse, childcare)</li> <li>Lacks explanation of consequences if certain questions are not answered</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>Opportunity for the customer to explain their reason for their TCA application before the case manager asks sensitive questions</li> </ul>	<ul style="list-style-type: none"> <li>Lacks section dedicated to formal goal setting</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>Includes follow-up questions that allow for interviewer to gather information about strengths and interests of recipient</li> </ul>	<ul style="list-style-type: none"> <li>Lacks section dedicated to formal goal setting</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>Includes questions about many different social issues that might impact job readiness or security</li> </ul>	<ul style="list-style-type: none"> <li>Lacks explanation of purpose or relevance of certain sections, particularly those on sensitive topics</li> </ul>

**Table H5. Trauma-informed Findings for the Howard County Assessment Tool**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>• Includes questions about domestic violence (p. 4)</li> <li>• Asks the interviewee if they have concerns about the safety of themselves or their family (p. 34)</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks a check-in at the beginning of the assessment about the recipient’s physical and emotional safety and well-being at the present time and whether safety concerns impact their ability to answer certain questions</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>• Includes language that emphasizes strengths and dignity</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks an introductory purpose statement</li> <li>• Lacks purpose statement and explanation of relevance as related to specific topics (e.g., questions about housing insecurity, drug abuse, childcare)</li> <li>• Lacks explanation of consequences if certain questions are not answered</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>• Language encourages personal reflection</li> <li>• Opportunity for additional comments (p. 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks section dedicated to formal goal setting</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>• Open-ended question about housing</li> <li>• Opportunity for comments and further elaboration (p. 1)</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks opportunity for recipient to express personal/professional strengths</li> <li>• Lacks section dedicated to formal goal setting</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>• Includes questions about many different social issues that might impact job readiness or security</li> <li>• Acknowledges the role of a non-traditional support system</li> <li>• Includes questions about language interpreter (p. 5)</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks explanation of purpose or relevance of certain sections, particularly those on sensitive topics</li> <li>• Interpreter question is at the end of the assessment instead of the beginning</li> </ul>

**Table H6. Trauma-informed Findings for the Frederick County Assessment Tool**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>Includes questions about domestic violence (p. 5)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks a check-in at the beginning of the assessment about the recipient’s physical and emotional safety and well-being at the present time and whether safety concerns impact their ability to answer certain questions</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>Includes language that emphasizes strengths and dignity</li> </ul>	<ul style="list-style-type: none"> <li>Lacks a formal introductory purpose section</li> <li>Lacks purpose statement and explanation of relevance as related to specific topics (e.g., questions about housing insecurity, drug abuse, childcare)</li> <li>Lacks explanation of consequences if certain questions are not answered</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>The language of nearly every section encourages personal reflection</li> <li>In the Work History and Interests section, there are numerous questions about the desired employment of the recipient and the opportunity for the recipient to identify what would help them to secure lasting employment</li> <li>Opportunity for additional comments (p. 4)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks section dedicated to formal goal setting</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>Includes follow-up questions that allow interviewer to gather information about strengths and interests of recipient</li> </ul>	<ul style="list-style-type: none"> <li>Some inconsistency in terms of open-ended questions in certain sections</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>Includes questions about many different social issues that might impact job readiness or security</li> <li>Includes question about the need for a language interpreter (p. 1)</li> <li>Acknowledges the role of a non-traditional support system</li> </ul>	<ul style="list-style-type: none"> <li>Lacks explanation of purpose or relevance of certain sections, particularly those on sensitive topics</li> </ul>

**Table H7. Trauma-informed Findings for the Dorchester County Assessment Tool**

Guiding Principle	Strengths	Areas in need of improvement
Safety	<ul style="list-style-type: none"> <li>Includes a question about domestic violence and whether the recipient’s safety is currently at risk (Question 9).</li> </ul>	<ul style="list-style-type: none"> <li>Lacks a check-in at the beginning of the assessment about the recipient’s physical and emotional safety and well-being at the present time and whether safety concerns impact their ability to answer certain questions</li> </ul>
Trustworthiness & Transparency	<ul style="list-style-type: none"> <li>Includes purpose section</li> <li>Includes language that emphasizes strengths and dignity</li> </ul>	<ul style="list-style-type: none"> <li>Lacks continuity in transparency following the purpose section</li> <li>Lacks purpose statement and explanation of relevance as related to specific topics (e.g., questions about housing insecurity, drug abuse, and childcare)</li> <li>Lacks explanation of consequences if certain questions are not answered</li> </ul>
Collaboration & Mutuality	<ul style="list-style-type: none"> <li>Includes questions about goals, hobbies, and professional interests (pg. 14, Question 12, 13, and 14)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks section dedicated to formal goal setting</li> </ul>
Empowerment, Voice, & Choice	<ul style="list-style-type: none"> <li>Includes follow-up questions that allow interviewer to gather information about strengths and interests of recipient</li> </ul>	<ul style="list-style-type: none"> <li>Lacks opportunity for adaptability</li> </ul>
Cultural, Historical, & Gender Issues	<ul style="list-style-type: none"> <li>Includes questions about many different social issues that might impact job readiness or security</li> <li>Includes question about the need for a language interpreter (Question 1)</li> </ul>	<ul style="list-style-type: none"> <li>Lacks explanation of purpose or relevance of certain sections, particularly those on sensitive topics</li> </ul>

## APPENDIX I: ANTI-RACIST FINDINGS, BY ASSESSMENT TOOL

This appendix presents the anti-racist analysis for each assessment tool based on criteria listed in the corresponding chapter. Each analysis begins on a new page, following this page.

**Table 11. Anti-Racist Findings for the Online Work Readiness Assessment (OWRA) Tool**

<b>WHO</b>	<i>ANALYSIS OF OWRA BASED ON CONSIDERATIONS PRESENTED IN CHAPTER</i>
<ul style="list-style-type: none"><li>• The adult applicant is the primary focus of the OWRA; the tool primarily serves the applicant via barrier identification. The tool does not identify barriers for other adults in the household. The tool only addresses the well-being of the children with a handful of questions toward the end.</li><li>• The tool provides case managers with detailed information they can use to provide informed referrals to customers with mental or physical health challenges as well as customers in unsafe situations.</li><li>• Some customers cannot identify their racial/ethnic backgrounds given the limited options provided in the tool. Nearly one in six Marylanders identify as either a race not identified on the tool (7%) or as two or more races (8%). The tool includes a catchall <i>other</i> category but does not include an option for <i>two or more races</i>.</li><li>• Customers may experience feelings of shame and embarrassment when answering questions within the tool.</li><li>• Customers with comprehension or executive function challenges may struggle with the complex language the tool uses as well as the length of the tool.</li><li>• In the assessment process, case managers generally hold the power. They are generally the individuals asking vulnerable questions and have latitude over approving and denying good cause exemptions.</li></ul>	
<b>WHAT</b>	<i>ANALYSIS OF OWRA BASED ON CONSIDERATIONS PRESENTED IN CHAPTER</i>
<ul style="list-style-type: none"><li>• The primary goal of the assessment is to collect details about the customer's present and past circumstances.</li><li>• The tool assumes that customers should be comfortable answering in-depth personal questions that may be irrelevant to the provision of benefits or the work program. The tool lists job experiences and interests that suggest customers may have interests in only jobs with lower wages. Finally, it makes assumptions about customers' knowledge of job expectations/requirements, such as the appropriate attire and tools/resources for a job.</li><li>• The tool communicates that employment status and reasons for unemployment are the most important foci of the assessment, given their placement at the beginning of the assessment directly after demographics. Conversely, the tool communicates that child well-being and childcare are least important, given their placement as last in the 43-page tool.</li><li>• The tool places value on identifying substance abuse. It is the section with the second highest number of questions, surpassed only by questions related to employment experience.</li><li>• The tool provides a comprehensive background on previous education and training experiences as well as barriers to employment. The domestic violence screening is comprehensive and includes questions that can help identify abuse beyond physical and sexual abuse.</li><li>• Customers may be distracted or frustrated by the length and intrusiveness of the assessment. If a case manager provides the customer with the assessment to complete independently, comprehension and reading level may be a barrier to completion. The time to complete the assessment is a burden for staff and customers.</li><li>• The tool may have the unintended consequence of eliciting feelings of shame or embarrassment; moreover, the level of detail required for some questions may discourage customers from continuing with the application or redetermination process, thereby reducing access to benefits.</li></ul>	
<b>HOW</b>	<i>ANALYSIS OF OWRA BASED ON CONSIDERATIONS PRESENTED IN CHAPTER</i>
<ul style="list-style-type: none"><li>• It is unclear how the assessment is linked to customers' goals or outcomes, given the lack of focus on these two potential components.</li><li>• Customers can express their interest in certain types of work.</li><li>• The tool does not contain a confidentiality or privacy clause, and it is unclear if this impacts customers' comfortability with answering questions in the assessment.</li><li>• There are several detailed questions throughout the tool that may make customers uncomfortable sharing their truth. For example, there are detailed questions about criminal activity and questions asking the customer to detail medications that have been prescribed to them.</li><li>• The available background on the tool suggests that TANF families were not consulted in the development of the assessment.</li></ul>	
<b>DOES</b>	<i>ANALYSIS OF OWRA BASED ON CONSIDERATIONS PRESENTED IN CHAPTER</i>
<ul style="list-style-type: none"><li>• The tool asks many questions that are potentially unnecessary for the provision of cash assistance benefits and engaging customers in work, training, or education activities.</li><li>• The tool does not address the needs, desires, or challenges for the entire family; rather, it focuses mainly on the adult completing the application. The one exception includes a child well-being section, which has 10 questions about physical and mental health challenges as well as behavioral, academic, and legal challenges.</li></ul>	

**Table 12. Anti-Racist Findings for the Caroline County Assessment Tool**

**WHO**

*ANALYSIS OF CAROLINE COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Compared to the OWRA, the length of this tool is substantially shorter, which may better serve customers with comprehension or executive function challenges. Moreover, the length may be less burdensome for staff.
- Customers may be better off with this tool given the types of questions that are asked, notably those related to interests and non-interests, goals, and steps to achieve goals.
- The tool may not best serve a customer who is unsure of their employment interests and goals. The OWRA, comparatively, includes specific examples of career paths and skills.
- The health questions in the tool are simplified and do not give case managers the opportunity to explore mental health barriers customers are facing of which they may be unaware. Similarly, questions about domestic violence do not address all types of abuse: a customer may not be aware of different types of abuse, which a more thorough screening would capture.
- The tool does not provide customers an opportunity to share challenges related to reading, writing, and memory.
- This tool provides both the case manager and the customer with power. The tool provides the customer a voice in their goals and steps they would like to take to accomplish those goals. However, customers are required to sign a behavioral agreement as part of the assessment process, which suggests an imbalance of power.
- The adult applicant is the primary focus of the tool. The tool does not identify barriers or goals for other adults in the household or address child well-being.

**WHAT**

*ANALYSIS OF CAROLINE COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The primary outcome of the assessment is to document barriers to employment, assess interests and non-interests, and develop goals.
- The tool assumes customers are familiar with careers and opportunities they may want to pursue.
- The tool prioritizes customers' goals and steps they will take to achieve those goals.
- The tool succinctly addresses the major barriers customers may face that could impact employment.
- A benefit of the tool is that the customer is in control of how much time is spent on the assessment. In an interview with Caroline County, staff shared that "depending on how the conversations goes with the client...the assessment can take 15-20 minutes or it can take 45 minutes. It just depends on how they want to go into it."
- The tool uses simplified language.
- The tool may have the unintended consequence of eliciting feelings of shame or embarrassment.
- The tool requires customers to sign an agreement that they will "stay positive," which may minimize the impacts of past or current trauma, and may reinforce trauma, if that trauma is not acknowledged.

**HOW**

*ANALYSIS OF CAROLINE COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The tool provides customers with an opportunity to share which employment, education, and training programs interest them. It also provides an opportunity to express which careers do *not* interest them.
- The tool provides customers with an opportunity to set broad goals that can help them reach self-sufficiency. Moreover, it provides them an opportunity to list the specific steps they will take to achieve those goals and to set a date by which they would like to achieve the overarching goal.
- The tool does not contain a confidentiality or privacy clause, and it is unclear if this impacts customers' comfortability with answering questions in the assessment.
- Overall, the tool provides both voice and choice to the customer.
- There are a few questions that may make customers uncomfortable. For example, questions about past or current abuse and legal challenges may not encourage a customer to share their truth.

**DOES**

*ANALYSIS OF CAROLINE COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Generally, it appears the tool only asks what is necessary. One exception to this is a question regarding if military service discharge was honorable.
- The tool does not address the needs, desires, or challenges for the entire family; rather, it focuses mainly on the adult completing the application.

**Table 13. Anti-Racist Findings for the Washington County Assessment Tool**

**WHO** *ANALYSIS OF WASHINGTON COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Compared to the OWRA, the length of this tool is substantially shorter, which may better serve customers with comprehension or executive function challenges. Moreover, the length may be less burdensome for staff.
- The tool may not best serve a customer who is unsure of their employment interests and goals. The OWRA, comparatively, includes specific examples of career paths and skills.
- The health questions in the tool are simplified and do not give case managers the opportunity to explore mental health barriers customers are facing of which they may be unaware. Similarly, questions about domestic violence do not address all types of abuse; a customer may not realize their situation constitutes abuse, which a more thorough screening would capture.
- Customers experiencing homelessness may not be captured if they are unaware of the scope of the definition.
- This tool provides the customer with very little power. It gives the customer an opportunity to share briefly their employment and job training goals, and what would make them more “employable,” but the limited space dedicated to the tool may not provide the opportunity for the individual to take ownership in their journey to self-sufficiency.
- The adult applicant is the primary focus of the tool. The tool does not identify barriers or goals for other adults in the household, except for the substance abuse and disability sections.
- The terminology “absent parent” used in the beginning of the tool has a racist legacy and may have negative impacts on the customer.

**WHAT** *ANALYSIS OF WASHINGTON COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The primary outcome of the assessment is to document present and past circumstances.
- The tool assumes customers are familiar with careers and opportunities they may want to pursue.
- The tool assumes customers have a social support network that may be able to help them reach their employment goals.
- The questions in this assessment tool communicate that work is a priority, and it succinctly addresses the major barriers customers may face that could impact employment.
- There is an assumption that the customer has access to detailed information about the “absent parent,” including their SSN.
- The tool uses simplified language.
- Customers are expected to remember specificities such as dates for all employment and training experiences.
- The tool may have the unintended consequence of eliciting feelings of shame or embarrassment. It may also incorrectly categorize customers as *not* experiencing homelessness when they are experiencing homelessness.

**HOW** *ANALYSIS OF WASHINGTON COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The tool provides customers with an opportunity to share their employment and training goals broadly. This provides some level of voice and choice for the customer.
- There are a few questions that may make customers uncomfortable. For example, questions about past or current abuse and legal challenges may not encourage a customer to share their truth.
- The tool does not contain a confidentiality or privacy clause, and it is unclear if this impacts customers’ comfortability with answering questions in the assessment.
- The tool asks how they have previously tried to support their household: customers may not be comfortable sharing that truth if it includes illicit methods, such as under-the-table jobs.
- This tool was developed internally by LDSS staff.

**DOES** *ANALYSIS OF WASHINGTON COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The tool generally includes only necessary questions for the provision of cash assistance benefits and engaging customers in work, training, or education activities. Two potential exceptions to this include questions about past therapy experiences and asking about resources that they have already tried.
- The tool does not address the needs, desires, or challenges for the entire family; rather, it focuses mainly on the adult completing the application.



**Table 14. Anti-Racist Findings for the Howard County & Frederick County Assessment Tools**

**WHO** *ANALYSIS OF HOWARD/FREDERICK COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Compared to the OWRA, the length of this tool is substantially shorter, which may better serve customers with comprehension or executive function challenges. Moreover, the length may be less burdensome for staff.
- The tool may not best serve a customer who is unsure of their employment interests and goals. The OWRA, comparatively, includes specific examples of career paths and skills.
- Contrary to other assessment tools, the Frederick County tool, specifically, briefly assesses customers' computer access and comfortability, an appropriate question for modern-day employment opportunities. Customers without computer access or who are less comfortable are possibly better off once this barrier is known and addressed.
- The tool provides case managers with detailed information they can use to provide informed referrals to customers with mental or physical health challenges as well as customers in unsafe situations.
- The adult applicant is the primary focus of the tool. The tool does not identify barriers or goals for other adults in the household or address child well-being.
- The terminology "absent parent" used in the social supports section of the tool has a racist legacy and may have negative impacts on the customer

**WHAT** *ANALYSIS OF HOWARD/FREDERICK COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The primary goal of the tool is to document barriers to employment.
- The tool assumes customers are familiar with careers and opportunities they may want to pursue.
- The tool succinctly addresses the major barriers customers may face that could impact employment.
- One benefit of this tool is its balance between comprehensiveness and succinctness.
- The Howard County tool, specifically, does not seek to document work history or goals. Comparatively, the Frederick County tool documents work history and provides questions related to desired employment, personal strengths, and education goals.
- The tool uses simplified language.

**HOW** *ANALYSIS OF HOWARD/FREDERICK COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The Frederick County tool provides customers with an opportunity to share which type of employment interests them. Howard County, however, does not provide this opportunity in their tool.
- There are a few questions that may make customers uncomfortable. For example, questions about past or current abuse and legal challenges may not encourage a customer to share their truth.
- The tool does not contain a confidentiality or privacy clause, and it is unclear if this impacts customers' comfortability with answering questions in the assessment.
- There are a few detailed questions throughout the tool that may make customers uncomfortable sharing their truth. For example, there is a question asking the customer to detail medications that have been prescribed to them.
- This tool does not directly link to goals or outcomes.
- The Howard County tool does not provide customers an opportunity to include their voice or choice. The Frederick County tool has one question that includes the customer's voice but does not expand beyond this one question.
- This tool was developed internally by LDSS staff.

**DOES** *ANALYSIS OF HOWARD/FREDERICK COUNTY ASSESSMENT TOOLS BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Generally, it appears the tool only asks what is necessary. One exception to this is a question regarding prescription medications. A second exception may be questions about CPS involvement: unless the purpose of this question is to provide additional services to the family, this question is unnecessary.
- The tool does not generally address the needs, desires, or challenges for the entire family; rather, it focuses mainly on the adult completing the application. However, it does ask about parenting concerns.

**Note:** The assessment tools provided to us by FIA for Howard County and Frederick County were nearly identical, with a few minor exceptions.

**Table 15. Anti-Racist Findings for the Dorchester County Assessment Tool**

**WHO**

*ANALYSIS OF DORCHESTER COUNTY ASSESSMENT TOOL BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Compared to the OWRA, the length of this tool is substantially shorter, which may better serve customers with comprehension or executive function challenges. Moreover, the length may be less burdensome for staff.
- The tool may not best serve a customer who is unsure of their employment interests and goals. The OWRA, comparatively, includes specific examples of career paths and skills.
- Customers experiencing homelessness may not be captured if they are unaware of the scope of the definition.
- The health questions in the tool are simplified and do not give case managers the opportunity to explore mental health barriers customers are facing of which they may be unaware. Similarly, questions about domestic violence do not address all types of abuse; a customer may not realize their situation constitutes abuse, which a more thorough screening would capture.
- The adult applicant is the primary focus of the tool. The tool does not identify barriers or goals for other adults in the household or address child well-being.
- The tool provides the customer with very little power.

**WHAT**

*ANALYSIS OF DORCHESTER COUNTY ASSESSMENT TOOL BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- The primary goal of the tool is to document barriers to employment.
- The tool assumes customers are familiar with careers and opportunities they may want to pursue.
- The tool provides the customer an opportunity to share career interests and hobbies.
- The tool succinctly addresses the major barriers customers may face that could impact employment.
- One benefit of this tool is its balance between comprehensiveness and succinctness.
- The tool uses simplified language.

**HOW**

*ANALYSIS OF DORCHESTER COUNTY ASSESSMENT TOOL BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- There are a few questions that may make customers uncomfortable. For example, questions about past or current abuse and legal challenges may not encourage a customer to share their truth.
- The tool does not contain a confidentiality or privacy clause, and it is unclear if this impacts customers' comfortability with answering questions in the assessment.
- This tool asks about long-term career goals and interests, providing the customer with some level of voice and choice.

**DOES**

*ANALYSIS OF DORCHESTER COUNTY ASSESSMENT TOOL BASED ON CONSIDERATIONS PRESENTED IN CHAPTER*

- Generally, it appears the tool only asks what is necessary.
- The tool does not address the needs, desires, or challenges for the entire family; rather, it focuses mainly on the adult completing the application.

## APPENDIX J: ONLINE WORK READINESS ASSESSMENT TOOL



### Online Work Readiness Assessment (OWRA v1.0.0) Questionnaire

Spring 2010

*OWRA is designed and validated as an online tool. This questionnaire is intended to be used only as a reference for the tool but does not replace the Online Work Readiness Tool.*

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### DEMOGRAPHICS

\_\_\_ Client did not show for assessment

\*First: \_\_\_\_\_ \*Last: \_\_\_\_\_ \*Customer ID: \_\_\_\_\_  
 \*SSN: \_\_\_\_\_ \*DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_F \_\_\_M  
 \_\_\_ Multiple-worker household / 2-parent family

Race / Ethnicity:  
 \_\_\_ American Indian / Alaskan Native \_\_\_ Asian  
 \_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander  
 \_\_\_ White \_\_\_ Some Other Race  
 \_\_\_ Hispanic or Latino \_\_\_ Non Hispanic or Latino

Residential Address \_\_\_\_\_ Mailing Address \_\_\_ Same as residential  
 Street: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Household Composition** \_\_\_ No Household Members  
*Members of the assistance unit plus other household members for which care is given or responsibility is taken.*

Name	DOB	Age	Gender	Relationship	Financial Responsibility
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____
_____	__/__/____	____	F M	_____	_____



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## SECTION A. EMPLOYMENT

### A1 Currently Working

Are you currently working?

Yes  No

*(If not currently working)*

Have you ever held a paying job?

Yes  No

*(If currently working)*

Since you currently have a job, why is it not meeting your needs?

\_\_\_\_\_

Do you currently own the appropriate professional attire?

Yes  No

Do you own or have access to the appropriate tools and resources for a job?

Yes  No

### A2 Reasons Not Working

Why do you think you are not currently working?

*Instructions: Do not read list aloud and check all that apply.*

Employer initiated	__ Laid off	__ Failed drug test	__ Criminal record
Job Opportunity	__ Quit	__ No jobs available	
Satisfaction/Motivation	__ Did not like the work involved	__ Do not want to work	__ Schedule/shift issue
	__ Too busy to work		
Compensation	__ Low wages/hours	__ No benefits	__ Poor benefits
Worksite Behavior	__ Insubordination	__ Interpersonal conflicts	__ Tardiness/Absence
Experience/Skills	__ Inadequate education, experience, or skills	__ Language barrier	__ Returned to school
Health	__ Physical health	__ Mental health/stress	__ Pregnancy
	__ Alcohol/drugs		
Household	__ Issue with child	__ Issue with household member	__ Need to work close to home
Childcare	__ Can not find childcare	__ Location of available child care	__ Can not afford
Housing/transportation	__ No transportation	__ Vehicle needs repair	__ No permanent housing
Other	__ Specify _____		

Did not provide specific reason

**A3 Job History (for each job discussed)**

I would like information about your work history, starting with your current or most recent job.

*Instructions: Collect information on customer's most recent jobs first. Indicate if current job, omit the end date.*

Current Job

Employer \_\_\_\_\_ Begin Date \_\_\_\_(/\_\_/\_\_) End Date \_\_\_\_(/\_\_/\_\_)

Street \_\_\_\_\_ Contact Person \_\_\_\_\_

City \_\_\_\_\_ Contact Phone \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Type of work (job function) \_\_\_\_\_

Special skills \_\_\_\_\_

Avg hrs/wk \_\_\_\_\_ Shift usually worked \_\_\_\_\_ Pay \_\_\_\_\_ Per \_\_\_\_\_

Benefits received

None  Paid sick days  Paid vacation  Paid holidays  Health plan  Insurance

Would this employer rehire you?  Yes  No  Not Sure

**Why did the job end?**

*Instructions: Do not read list aloud. Check all that apply. If customer states they Quit or were Fired, ask for the reason and select the appropriate response below*

Employer Initiated  Laid off  Failed drug test  Criminal record

Job Opportunity  Quit  No Jobs Available  New Job

Satisfaction/Motivation  Did not like the work involved  Do not want to work  Schedule/shift issue  
 Too busy to work

Compensation  Low wages/hours  No benefits  Poor benefits

Worksite Behavior  Insubordination  Interpersonal conflicts  Tardiness/Absence

Experience/Skills  Inadequate education, experience, or skills  Language barrier  Returned to school

Health  Physical health  Alcohol/drugs  Mental health/stress  
 Pregnancy

Household  Issue with child  Issue with household member  Need to work close to home

Childcare  Can not find childcare  Location of available child care  Can not afford

Housing/transportation  No transportation  Vehicle needs repair  No permanent housing

Other  Specify \_\_\_\_\_

Did not provide specific reason

Shift: Day; Afternoon; Evening; Night; Weekends only; Split; On call; Shift work; Irregular  
 Pay period: Hour; Day; Week; Bi-weekly; Monthly; Bi-monthly; Yearly

**A4 Legal Barriers**

Sometimes having a criminal record can hinder someone's ability to get a job.  
 Have you ever been convicted of any criminal offense other than a minor traffic violation?  
 \_\_ Yes \_\_ No

If yes, what type of offense was it? \_\_ Felony \_\_ Misdemeanor \_\_ Other

If yes, explain \_\_\_\_\_

If yes, are you on parole or probation now? \_\_ Yes \_\_ No

Do you have any upcoming court dates? \_\_ Yes \_\_ No

If yes, explain

Reason	Date
_____	_____
_____	_____
_____	_____
_____	_____

**A5 Experiences**

Thinking about all the work you have ever done, whether at a job or through community service, have you:  
*Instructions: Read aloud each task.*

Tasks	Does this type of work interest you?			
	Yes	No	Yes	No
1. Communicated with customers by phone or email?	Yes	No	Yes	No
2. Communicated and/or interacted with customers in-person?	Yes	No	Yes	No
3. Worked in a retail or food position working directly with customers?	Yes	No	Yes	No
4. Worked with an electronic machine such as a cash register, bar code scanner, or calculator?	Yes	No	Yes	No
5. Used math skills. For example adding, subtracting, making change, counting money in a cash drawer, or balancing the money from a cash drawer?	Yes	No	Yes	No
6. Performed housekeeping tasks such as vacuuming, cleaning, or dusting?	Yes	No	Yes	No
7. Taken food or beverage orders?	Yes	No	Yes	No
8. Cleaned tables and/or eating areas?	Yes	No	Yes	No
9. Served food or beverages?	Yes	No	Yes	No
10. Prepared food?	Yes	No	Yes	No
11. Assisted a handicapped or elderly person with daily living tasks such as grooming, dressing, or eating?	Yes	No	Yes	No
12. Taken care of children?	Yes	No	Yes	No
13. Worked in cosmetology (e.g., cut or braided hair, painted nails)?	Yes	No	Yes	No
14. Read instructions or reports?	Yes	No	Yes	No

15. Written business letters, memorandums, or other office documents?	Yes	No	Yes	No
16. Worked on a computer (typing, basic knowledge of word processing, entering information/data)?	Yes	No	Yes	No
17. Resolved customer inquiries or complaints?	Yes	No	Yes	No
18. Filled out forms?	Yes	No	Yes	No
19. Supervised other people who reported to you?	Yes	No	Yes	No
20. Harvested local commodities (such as timber, farming, local product manufacturing - wreath-making)?	Yes	No	Yes	No
21. Acquired skills through cultural activities (such as canoe-building, beadwork, hide tanning, totem-pole building, cultural dress sewing, etc.)?	Yes	No	Yes	No
22. Worked with the government or government agencies (including State, Tribal, county, local, etc.)?	Yes	No	Yes	No
23. Contributed to a local community event?	Yes	No	Yes	No
24. Worked in local tourism?	Yes	No	Yes	No
25. Participated in local subsistence hunting, fishing, and gathering?	Yes	No	Yes	No
26. Served as a guide for visitors to the local community (hunting/fishing guide, activities guide, hiking guide, etc.)?	Yes	No	Yes	No
27. Held an apprenticeship to gain experience using a particular skill or skills?	Yes	No	Yes	No
28. Worked in preserving, protecting, or conserving natural resources (fisheries, forestry, land management, etc.)?	Yes	No	Yes	No

**A6 Spoken Languages**

Do you speak any languages other than English?

Yes  No

Language	How Fluent Are You?		
	Limited	Average	Fluent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A7 Work Interests**

What type of work interests you?

*Instructions: Do not read list aloud. Please check all that the customer mentions.*

Working alone                       Working with ideas                       Working with people or things

<input type="checkbox"/> Working with children	<input type="checkbox"/> Working with numbers	<input type="checkbox"/> Working with elderly, disabled, or those in need
<input type="checkbox"/> Working outdoors with tools or objects	<input type="checkbox"/> Working indoors	<input type="checkbox"/> Organizing things
<input type="checkbox"/> Working with words and numbers	<input type="checkbox"/> Helping people	<input type="checkbox"/> Cleaning or organizing rooms, areas, etc.
<input type="checkbox"/> Solving complex problems	<input type="checkbox"/> Creating or making things or objects	<input type="checkbox"/> Fixing objects
<input type="checkbox"/> Drawing, painting, or sketching	<input type="checkbox"/> Building things	<input type="checkbox"/> Writing letters, memorandums, or other written documents
<input type="checkbox"/> Operating office machines	<input type="checkbox"/> Operating motorized machines or equipment	<input type="checkbox"/> Operating own business
<input type="checkbox"/> Protecting people or areas (providing security)	<input type="checkbox"/> Using computers	<input type="checkbox"/> Bookkeeping or accounting
<input type="checkbox"/> Working with the government or government agencies (including State, Tribal, county, local, etc.)	<input type="checkbox"/> Using traditional skills (canoe building, art work, baskets, beadwork)	<input type="checkbox"/> Teaching traditional skills (canoe building, art work, baskets, beadwork)
<input type="checkbox"/> Farming, fishing, and hunting for commercial or community use	<input type="checkbox"/> Sewing (seamstress, tailor, traditional dress, etc.)	<input type="checkbox"/> Providing customer service
<input type="checkbox"/> Preserving, protecting, or conserving natural resources (fisheries, forestry, land management, etc.)	<input type="checkbox"/> Other, Specify _____	

**A8 Career Interests**

**What specific type of job/career interests you specifically?**  
*Instructions: Do not read list aloud. Please check all that the customer mentions.*

<input type="checkbox"/> Construction	<input type="checkbox"/> Office work (filling, answering phones, etc.)
<input type="checkbox"/> Computer work (word processing, typing, data entry)	<input type="checkbox"/> Health aide
<input type="checkbox"/> Nursing	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Teaching (teachers, teacher assistants, etc)	<input type="checkbox"/> Child care
<input type="checkbox"/> Social services (working with people such as social workers, case managers, etc)	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Landscaping and grounds keeping	<input type="checkbox"/> Hospitality (hotels)
<input type="checkbox"/> Working with animals (working in a veterinarian's office, etc.)	<input type="checkbox"/> Retail jobs (cashier, supervisor, stocker, manager, etc)
<input type="checkbox"/> Restaurant jobs (cashier, server, host/hostess, cleaning, manager, etc)	<input type="checkbox"/> Manufacturing

<input type="checkbox"/> Cosmetology (beauty salon or barber shop)	<input type="checkbox"/> Truck driving
<input type="checkbox"/> Security jobs	<input type="checkbox"/> Bookkeeping or accounting
<input type="checkbox"/> Farming, fishing, and hunting for commercial or community use	<input type="checkbox"/> Tourism
<input type="checkbox"/> Logging	<input type="checkbox"/> Using traditional skills (canoe building, art work, baskets, beadwork)
<input type="checkbox"/> Working with the government or government agencies (including State, Tribal, county, local, etc.)	<input type="checkbox"/> Natural resource employment (game warden, land management, forestry, etc.)
<input type="checkbox"/> Other, Specify _____	

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**SECTION B. EDUCATION***B1 Highest Grade*

What is the highest grade or year of school that you have completed?

	Grade	Dates of Attendance
	<input type="checkbox"/> None	
Elementary, Middle, or Junior High School (1-8)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	_____
High School (9-12)	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____
College or Vocational School (After High School) (13-16)	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	_____
Post College/Graduate School (17-20)	<input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20+	_____

Are you currently enrolled in school or training programs?

Yes  No

*If yes*, indicate total number of years \_\_\_\_\_

*If yes*, please specify what school, degree or training program you are currently enrolled in.

\_\_\_\_\_



**B2 Diploma, Degree, Certification****Do you have a diploma, degree, or certificate?***Instruction: Read each item aloud.* High School Diploma

From (Name of Institution): \_\_\_\_\_

Location (city, state, or country): \_\_\_\_\_

 GED / Equivalency

From (Name of Institution): \_\_\_\_\_

Location (city, state, or country): \_\_\_\_\_

 Vocational, Technical, or Trade School Diploma/Certificate

Specify: \_\_\_\_\_

From (Name of Institution): \_\_\_\_\_

Location (city, state, or country): \_\_\_\_\_

 Professional License

Specify: \_\_\_\_\_

From (Name of Institution): \_\_\_\_\_

Location (city, state, or country): \_\_\_\_\_

 College Degree:

Specify: \_\_\_\_\_

From (Name of Institution): \_\_\_\_\_

Location (city, state, or country): \_\_\_\_\_

 Post Graduate / Graduate School

Specify: \_\_\_\_\_

From (Name of Institution): \_\_\_\_\_

Location (city, state, or country): \_\_\_\_\_

 Other,

Specify: \_\_\_\_\_

 None

**B3 Other Education, Training, Certificate**

<p>Have you attended any other educational or work activities that we have not talked about, such as...?  <i>Instructions: Read each item aloud. For each "YES" response, specify skills learned and when.</i></p>		
		EXPLAIN (specify skills learned and when)
a. Classes or training to prepare for the GED exam, or to improve basic reading or math skills?	Yes No	_____
b. College classes?	Yes No	_____
c. Job readiness or Job search programs (resume writing, filling out applications, scheduling interviews, interviewing, building self-esteem, participating in job clubs)?	Yes No	_____
d. Work experience programs (community service, job, internship, or volunteer work)?	Yes No	_____
e. Military service/schooling/training?	Yes No	_____
f. Other	Yes No	_____

**B4 Learning Difficulties**

In this set of questions, we would like to know more about your previous learning experiences. You will notice that some questions relate to how you might learn through listening, seeing, and doing hands-on activities and some to your family and background. It is important to find out how it was for you when you were in school/training and if there is anything that would get in the way now as you pursue education or training. Your responses to these questions are confidential and will help us identify resources and services for you, if needed, to be successful in education, training, and securing employment.

*Instructions: Read each item aloud. This tool is intended to screen for learning disabilities as a preliminary step of diagnosis and assessment. This tool is not a diagnosis but a crucial step to making recommendations for effective and efficient use of resources. Please refer to the Learning Needs Screening Tool protocols before, during, and after using this Tool. The protocols are in the Additional Resources section.*

**Learning Difficulties****Section A**

- |   |            |
|---|------------|
| 1. Did you have any problems learning in middle school or junior high?  | Yes (1) No |
| 2. Do any of your family members have learning difficulties?            | Yes (1) No |
| 3. Do you have difficulty working with numbers in columns?              | Yes (1) No |
| 4. Do you have trouble judging distances?                               | Yes (1) No |
| 5. Do you have problems working from a test booklet to an answer sheet? | Yes (1) No |

**Section B**

- |   |            |
|---|------------|
| 6. Do you have difficulty or experience problems mixing mathematical signs (+/X)? | Yes (2) No |
| 7. Did you have any problems learning in elementary school?                       | Yes (2) No |

**Section C**

- |   |            |
|---|------------|
| 8. Do you have difficulty remembering how to spell simple words you know? | Yes (3) No |
| 9. Do you have difficulty filling out forms?                              | Yes (3) No |
| 10. Did you (do you) experience difficulty memorizing numbers?            | Yes (3) No |

**Section D**

- |   |            |
|---|------------|
| 11. Do you have difficulty adding and subtracting small numbers in your head?   | Yes (4) No |
| 12. Do you have difficulty or experience problems taking notes?                 | Yes (4) No |
| 13. Were you ever in a special education program or given extra help in school? | Yes (4) No |

**B5 English**

Familiarity with English can be a factor in getting hired and keeping a job.

Do you have trouble reading English?     Yes     No

Do you have trouble writing English?     Yes     No

*Instructions: Select yes/no if you observe that the customer...*

Has trouble speaking English             Yes     No

Has trouble understanding spoken English     Yes     No

**SECTION C. HOUSING AND TRANSPORTATION*****C1 Current Housing*****What is your current housing situation?**

- Rent/own house/apartment
- Staying in a shelter
- Transitional housing
- Homeless
- Sharing house/apartment with family/friends

Other, Specify \_\_\_\_\_

***C2 Housing Situation*****How many times have you moved in the last 12 months, including temporary or short moves?***Instructions: If customer indicates more than 3 times, ask for further explanation.*

Has not moved

Moved  Times

Explanation \_\_\_\_\_

**Is there anything about your housing situation that is unstable or presents a challenge to you to work or participate in work activities?**

Yes  No

If yes, please explain \_\_\_\_\_

**C3 Transportation Method**

**How do you usually get to the places you need to go?**

*Instructions: Check all that apply.*

- Drive my own vehicle  
 Ride with someone  
 Borrow a vehicle  
 Use public transportation (bus, train, subway, etc)  
 Bicycle  
 Walk  
 I do not go to job and/or work activity now and I do not know how I would get to job and/or work activity  
 Other, Specify \_\_\_\_\_

**If that falls through, do you have a backup plan?**

Yes  No

*If yes, what is it?* \_\_\_\_\_

**How many times have you used public transportation in the last week \_\_\_\_\_, last month \_\_\_\_\_?**

**C4 Driving License**

**Do you have a valid driver's license?**

Yes  No

*If yes, check all that apply.*

- Private passenger vehicle  
 Commercial Driver License (CDL)  
 Motorcycle  
 Other, Specify \_\_\_\_\_

Issuing State(s) \_\_\_\_\_

*If no, do you have a suspended license?*

Yes  No

*If yes, why was it suspended or revoked?* \_\_\_\_\_

*When was it suspended or revoked?* \_\_\_\_\_

*When will it be reinstated?* \_\_\_\_\_

*If no, do you have other forms of government issued identification?*

\_\_\_\_\_

**C5 Vehicle Access**

Do you own a reliable vehicle?

Yes  No

*If yes*, how many vehicles does your household currently have? \_\_\_\_\_

How many of these are in working condition? \_\_\_\_\_

In the last seven days, how many days were you unable to use a vehicle? \_\_\_\_\_ Days

Do you feel comfortable driving?

No

*If not*, do you have regular access to a reliable vehicle?

Yes  No

**C6 Transportation Challenge**

Is there anything about your transportation that presents a challenge for you to work or participate in work activities?

Yes  No

*If yes*, explain \_\_\_\_\_

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## D. GENERAL HEALTH

### *D1 Current Health*

I'd like you to think about your health. In general, would you say your overall health is...

Excellent  Very Good  Good  Fair  Poor

Are you current with your vaccinations?

Yes  No

Do you have any serious health or medical conditions?

Yes  No

*If yes, are you under a doctor's care?*

Yes  No

Are you currently taking any prescription medication?

Yes  No

*If yes, please list type and explain*

---



**D2 Pregnancy**

**Are you currently pregnant?**

Yes  No  Maybe

*If yes, when are you due (mm/yyyy)?*

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you seeing a doctor regularly for prenatal care?**

Yes  No

*For all females in the household, indicate yes if pregnant and provide the Estimated due date.*

Name	Pregnant?	Estimated due date (mm/yyyy)
_____	Yes No	____/____
_____	Yes No	____/____
_____	Yes No	____/____
_____	Yes No	____/____
_____	Yes No	____/____
_____	Yes No	____/____
_____	Yes No	____/____

***D3 Last Checkup***

**When was the last time you saw a doctor for a physical or checkup?**

*Instruction: If date is unknown, record approximate timeframe*

\_\_\_\_\_

Did the doctor prescribe you any medication?

Yes  No

*If yes, are you taking the medication?*

Yes  No

*If no, why are you not taking the medication?*

\_\_\_\_\_

**Is there anything about your health that presents a challenge for you to work or participate in work activities?**

Yes  No

*If yes, please explain*

\_\_\_\_\_

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## SECTION E. MENTAL HEALTH

*E1 Mental Health*

Now I would like to talk a little about your mental health. I would like to know during the last 30 days, about how often did you feel...

*Instructions: Read each item aloud. Read response categories as needed.*

	All of the time (5)	Most of the time (4)	Some of the time (3)	A little of the time (2)	None of the time (1)
a. Depressed?	—	—	—	—	—
b. Fearful?	—	—	—	—	—
c. Worried?	—	—	—	—	—
d. Nervous and anxious?	—	—	—	—	—
e. Very concerned for no apparent reason?	—	—	—	—	—
f. Tired and exhausted?	—	—	—	—	—
g. Not motivated?	—	—	—	—	—
h. Scared?	—	—	—	—	—
i. Angry?	—	—	—	—	—

Have you ever experienced or witnessed a frightening or violent event?

Yes  No

Have you ever wanted or thought of hurting yourself or others?

Yes  No

Do you have trouble sleeping even if you are tired?

Yes  No

*E2 Diagnosis*

Have you ever been diagnosed or treated for:

*Instruction: check all that apply or indicate none.*

Mental health condition

Attention deficit disorder

Other, Specify \_\_\_\_\_

None

Are you currently seeking help for this condition/these conditions?

Yes  No

*if yes, specify* \_\_\_\_\_

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## SECTION F. SUBSTANCE ABUSE

## F1 Alcohol and Drugs

Alcohol and drugs play a part in some people's lives.

The next questions are about the role they may have played in your life in the past year.

1. How often do you have a drink containing alcohol? (Never; Monthly or less; Two to four times a month; Two to three times per week; Four or more times per week)	_____			
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (1-2; 3-4; 5-6; 7-9; 10 or more)	_____			
3. How often do you have six or more drinks on one occasion? (Never; Less than monthly; Monthly; Two to three times per week; Four or more times per week)	_____			
	Has this ever been a problem?		Is this an issue now?	
4. Have you ever tried to cut down or quit drinking or using drugs?	Yes	No	Yes	No
5. Have you ever had a problem stopping drinking or using drugs?	Yes	No	Yes	No
6. Did you ever have more to drink or use more drugs than you intended to, or did you drink or use longer than you intended to?	Yes	No	Yes	No
7. Was there ever a time you had to drink or use drugs much more than you used to in order to get the same effect you wanted?	Yes	No	Yes	No
8. Has any relative, close friend, or partner ever worried or complained about your drinking or drug use?	Yes	No	Yes	No
9. Have you ever felt bad or guilty about your drinking or drug use?	Yes	No	Yes	No
10. Have you ever spent a lot of time thinking about or trying to get alcohol or other drugs?	Yes	No	Yes	No
11. Was there ever a time that drinking or drug use interfered with your work at a job, school, or at home?	Yes	No	Yes	No
12. Have you ever participated in high risk activities or been injured while under the influence of alcohol or other substances?	Yes	No	Yes	No

13. Did you ever have any emotional or psychological problems from drinking or using drugs?	Yes	No	Yes	No
14. Have you ever gone to anyone for help because of your drinking or drug use?	Yes	No	Yes	No
15. Have you ever been hospitalized because of drinking or drug use?	Yes	No	Yes	No

**F1 Alcohol and Drugs (continued)**

16. Have you ever experienced any of the following related to any drinking or drug use?				
	Has this ever been a problem?		Is this an issue now?	
a. Blackouts or other periods of memory loss?	Yes	No	Yes	No
b. Injury to your head?	Yes	No	Yes	No
c. Convulsions or delirium tremens (DTs)?	Yes	No	Yes	No
d. Hepatitis or other liver problems?	Yes	No	Yes	No
e. Feeling sick, shaky, or depressed?	Yes	No	Yes	No
f. Feeling "coke bugs" or a crawling feeling under the skin?	Yes	No	Yes	No
g. Injury to yourself or others?	Yes	No	Yes	No
h. Using needles to shoot drugs?	Yes	No	Yes	No

17. Have you ever been diagnosed for:				
	Has this ever been a problem?		Is this an issue now?	
a. Alcohol dependency?	Yes	No	Yes	No
b. Drug dependency?	Yes	No	Yes	No

*The following question is to learn about the customer's substance abuse in the past thirty (30) days.*

	Has this ever been a problem?		Is this an issue now?	
In the past month, have you ever abused prescription or non-prescription drugs or any other substance?	Yes	No	Yes	No

\_\_\_ Participant does not want to answer questions regarding substance abuse.

**F2 Household Drugs**

Does anyone living with you have a problem or a history of problems with drugs and/or alcohol?

\_\_\_ Yes \_\_\_ No

*If yes, please explain*



--

## SECTION G. DOMESTIC VIOLENCE - SAFETY

## G1 Domestic Violence

Other people can sometimes help or hinder your efforts to work.

The next few questions ask about conflict you may experience.

	Has this ever been a problem?	Is this an issue now?
a. Has there ever been anything going on at home that made you feel afraid?	Yes No	Yes No
b. Have the police ever been called to your house to settle a dispute or because of violence?	Yes No	Yes No
c. Have you ever been in a relationship in which you have been threatened or physically hurt?	Yes No	Yes No
d. Has another person ever destroyed your clothing, objects, or something you especially cared about?	Yes No	Yes No
e. Has your partner or others ever tried to control the money you earn or spend?	Yes No	Yes No
f. Has another person ever prevented you from leaving the house, seeing friends, getting a job, or attending school?	Yes No	Yes No
g. Have you ever been in a relationship with someone who is very jealous?	Yes No	Yes No
h. Have you ever been in a relationship with someone who checked up on what you were doing?	Yes No	Yes No
i. Have you ever been watchful of what you were doing in order to avoid making another person angry or upset?	Yes No	Yes No
j. Have you ever been in a relationship with someone who criticized you or embarrassed you in front of others?	Yes No	Yes No
k. Have you ever been in a relationship with someone who said that if you left him or her, you would never see your children again?	Yes No	Yes No
l. Have you ever been in a relationship with someone who threatened to turn you in to child protective services if you didn't do what he or she wants you to do?	Yes No	Yes No
m. Have you ever been in a relationship with someone who has harassed you at work, training, or school?	Yes No	Yes No
n. Have you ever been in a relationship with someone who interfered with your attempts to go to work, training, or school?	Yes No	Yes No
o. Have you ever felt forced by a partner or others to engage in sexual activities?	Yes No	Yes No



*G1 Domestic Violence (continued)*

<p>Have you received counseling or other services with any of these situations?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If/yes, what is the name and contact information of the service you used before?</i></p> <p>_____</p> <p>Do you want to receive counseling or other services to help you with this situation?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><u>Participant does not want to answer questions regarding domestic violence.</u></p>
--

*G2 Safety Concerns*

<p>Do you have any concerns about your safety or the safety of your family?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>If/yes, do you want information or telephone numbers for places that can help you and your children if you are afraid for your safety or their safety?</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Do you have a safety plan in place?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you interested in putting a safety plan in place?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
--

### SECTION H. CHILD CARE & WELL-BEING

*H1 Children Issues (3 tables below to accommodate total of 12 children)*

Do any of the children in your household					
<i>Instructions: List each child's name and age at the top of each column.</i>					
Child's Name	_____	_____	_____	_____	_____
Child's Age	___	___	___	___	___
a. Have any disabilities?	Yes No	Yes No	Yes No	Yes No	Yes No
b. Have health problems?	Yes No	Yes No	Yes No	Yes No	Yes No
c. Have mental health problems?	Yes No	Yes No	Yes No	Yes No	Yes No
d. Have behavioral problems?	Yes No	Yes No	Yes No	Yes No	Yes No
e. Have special needs?	Yes No	Yes No	Yes No	Yes No	Yes No
f. Experience frequent disciplinary problems at school or child care?	Yes No	Yes No	Yes No	Yes No	Yes No
g. Miss school or child care frequently?	Yes No	Yes No	Yes No	Yes No	Yes No
h. Face suspension or expulsion from school or child care?	Yes No	Yes No	Yes No	Yes No	Yes No
i. Face charges, involvement with the juvenile justice system, detention or on probation?	Yes No	Yes No	Yes No	Yes No	Yes No
j. Other?	Yes No	Yes No	Yes No	Yes No	Yes No
Specify	_____				
Child's Name	_____	_____	_____	_____	_____
Child's Age	___	___	___	___	___
a. Have any disabilities?	Yes No	Yes No	Yes No	Yes No	Yes No
b. Have health problems?	Yes No	Yes No	Yes No	Yes No	Yes No
c. Have behavioral problems?	Yes No	Yes No	Yes No	Yes No	Yes No
d. Have special needs?	Yes No	Yes No	Yes No	Yes No	Yes No
e. Experience frequent disciplinary problems at school?	Yes No	Yes No	Yes No	Yes No	Yes No
f. Miss school frequently?	Yes No	Yes No	Yes No	Yes No	Yes No
g. Face suspension or expulsion from school?	Yes No	Yes No	Yes No	Yes No	Yes No
h. Face charges, involvement with the juvenile justice system, detention or on probation?	Yes No	Yes No	Yes No	Yes No	Yes No

	Yes	No	Yes	No	Yes	No	Yes	No
	<hr/>							

**H2 Primary Caregiver**

Are you the primary caregiver for an elderly, disabled, or sick family member?

Yes  No

If yes, please explain relationship, living arrangements, and if other caregivers are available.

\_\_\_\_\_

**H3 Parenting**

What is your current custodial situation?

2-parent custodial  2-parent other  1-parent custodial  1-parent non-custodial

If you are 1-parent custodial, do you have sole custody?

Yes  No

Does the children's other parent have sole custody?

Yes  No

Do you currently have an established child support order?

Yes, I receive child support  Yes, I am paying child support  No, there is not a child support order

If not, please explain \_\_\_\_\_

Do you share responsibility in the care of your children with the children's other parent?

Yes  No

If yes, is this equally?

Yes  No

If not, how would you describe the other parent's role in the children's life?

\_\_\_\_\_

A lot of parents when they are out of work find it very stressful to handle issues with their children. Would you be interested in receiving more information on parenting, attending a parenting class, or joining a support group?

Yes  No

Do you have access to and regularly use a car seat for your child?

Yes  No

**H4 Childcare Concerns**

Now I'd like to ask about childcare arrangements and how they may affect your ability to work.

During the past year, was childcare or lack of childcare ever such a problem that you could not take a job, had to stop working, or could not attend education or training activities?

Yes  No

*If yes, what were the problems you had with childcare or lack of childcare?*

*Instructions: Do not read list aloud. Please check all that the customer mentions.*

- |   |  |
|---|--|
| <input type="checkbox"/> Costs too much here                                      | <input type="checkbox"/> Subsidy late, so lost provider                              |
| <input type="checkbox"/> Child sick or disabled                                   | <input type="checkbox"/> Couldn't find care for times needed                         |
| <input type="checkbox"/> Too far from work or home                                | <input type="checkbox"/> Caregiver unavailable / unreliable                          |
| <input type="checkbox"/> Worry about child abuse / unsafe environment             | <input type="checkbox"/> Afraid to leave child in care of someone else               |
| <input type="checkbox"/> My child has medical conditions                          | <input type="checkbox"/> Do not feel comfortable with others taking care of my child |
| <input type="checkbox"/> Prefer home-based child care over center-based childcare | <input type="checkbox"/> Cannot get to childcare provider (no transportation access) |
| <input type="checkbox"/> Other, Specify _____                                     |  |



**H5 Childcare Status**

Now I'd like to review your childcare arrangements for your children while you're working or in a work activity.

What are the arrangements for each of your children while you are working or participating in a work activity?

*Instructions: Note childcare arrangements for eligible children. Any gaps identified in care should be addressed in the self-sufficiency plan.*

Child's Name	Age	Has Provider		Providers' Information including formal care, family members, etc.	Licensed		Subsidized	
		Yes	No		Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No
_____	__	Yes	No	_____	Yes	No	Yes	No

**H6 Backup Childcare Plan**

**What is your plan for your children when the primary provider is not available or your children are sick and can not go to childcare?**

\_\_\_\_\_

**How do you usually get your children to childcare?**

Drive my own vehicle  Ride with someone

Borrow a vehicle  Take public transportation

Walk  Bicycle

I do not know  Other, Specify \_\_\_\_\_

**When school is not in session, do you have different child care arrangements during the summer time?**

Yes  No

*If yes, what is it?* \_\_\_\_\_

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## SECTION I. FINAL THOUGHTS

### *11 Closing Question*

Is there anything else concerning your situation in getting or keeping a job that we should discuss?

Yes  No

*If yes, what would that be?*

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## APPENDIX K: OWRA ASSESSMENT COMPLETION, BY SUBGROUP

**Table K1. Percentage of Adult Recipients who were Asked OWRA Assessment Questions by Subgroups, SFY 2023**  
*Among adults who lived in a jurisdiction administering OWRA and who at least partially completed the OWRA assessment*

	Overall Health	Mental Health	Drugs & Alcohol	Domestic Violence	Child Well-being	Employment Status
<b>Race &amp; Ethnicity</b>						
Asian <sup>^</sup>	52%	61%	74%	65%	35%	61%
Black <sup>^</sup>	39%	37%	80%	37%	35%	41%
Hispanic/ Latinx	62%	55%	53%	51%	55%	57%
Indigenous Peoples <sup>^#</sup>	48%	52%	71%	57%	52%	67%
White <sup>^</sup>	67%	63%	51%	63%	62%	69%
Other <sup>^*</sup>	100%	100%	0%	100%	100%	100%
<b>Primary Language</b>						
English	43%	41%	75%	41%	40%	45%
Spanish	67%	67%	50%	50%	50%	67%
Other	45%	45%	81%	42%	40%	48%
<b>Citizenship Status</b>						
Citizen/ Assumed Citizen	43%	41%	75%	41%	40%	45%
Legal Alien	68%	55%	55%	50%	50%	59%
Naturalized Citizen	35%	35%	55%	40%	20%	25%
<b>Disability Status</b>						
Not Disabled	42%	40%	75%	40%	38%	44%
Disabled	53%	50%	74%	48%	49%	55%
<b>Geographic Type</b>						
Urban	26%	24%	90%	24%	25%	30%
Suburban	57%	57%	61%	53%	47%	52%
Rural	79%	73%	51%	78%	74%	84%
<b>Age Category</b>						
Opportunity Youth	44%	39%	72%	38%	33%	49%
Adult	44%	42%	75%	42%	40%	45%
Older Adult	27%	24%	76%	24%	16%	16%
<b>Total</b>	<b>44%</b>	<b>41%</b>	<b>75%</b>	<b>41%</b>	<b>40%</b>	<b>45%</b>

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes recipients who identify as Native American, America Alaska Native, Native Hawaiian, or Other Pacific Islander. Race or ethnicity information is missing for 117 cases. Disability status information is missing for one case. Valid percentages are reported to account for missing data. <sup>\*</sup>Two recipients in the Other category completed part or all of the OWRA.

**Interpretation Example:** Nearly half (44%) of all adult recipients in SFY 2023 who lived in a jurisdiction using OWRA and who at least partially completed the assessment, were asked a question regarding their overall health. However, this varied by recipient's race and ethnicity. For example, 52% of Asian adult recipients were asked a question about their overall health compared to 39% of Black recipients and 62% of Hispanic/Latinx recipients.

	Educational Attainment	Learning Difficulties	Legal Barriers	Housing & Transportation	English Fluency
<b>Race &amp; Ethnicity</b>					
Asian <sup>^</sup>	43%	58%	48%	52%	48%
Black <sup>^</sup>	27%	32%	34%	37%	32%
Hispanic/ Latinx	36%	49%	49%	55%	45%
Indigenous Peoples <sup>^#</sup>	43%	52%	57%	57%	48%
White <sup>^</sup>	46%	57%	62%	66%	59%
Other <sup>^*</sup>	50%	100%	100%	100%	100%
<b>Primary Language</b>					
English	30%	36%	38%	42%	36%
Spanish	0%	50%	33%	50%	50%
Other	37%	39%	44%	42%	37%
<b>Citizenship Status</b>					
Citizen/ Assumed Citizen	30%	36%	39%	42%	36%
Legal Alien	36%	36%	36%	45%	36%
Naturalized Citizen	15%	25%	20%	36%	10%
<b>Disability Status</b>					
Not Disabled	29%	35%	37%	40%	35%
Disabled	35%	45%	48%	50%	44%
<b>Geographic Type</b>					
Urban	18%	22%	24%	25%	22%
Suburban	35%	43%	46%	51%	42%
Rural	60%	70%	75%	79%	71%
<b>Age Category</b>					
Opportunity Youth	29%	35%	40%	46%	37%
Adult	30%	37%	39%	42%	36%
Older Adult	11%	14%	14%	11%	11%
<b>Total</b>	<b>30%</b>	<b>36%</b>	<b>38%</b>	<b>42%</b>	<b>36%</b>

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes recipients who identify as Native American, America Alaska Native, Native Hawaiian, or Other Pacific Islander. Race or ethnicity information is missing for 117 cases. Disability status information is missing for one case. Valid percentages are reported to account for missing data. <sup>\*</sup>Two recipients in the Other category completed part or all of the OWRA.

APPENDIX L: ASSIGNMENT TO WORK ACTIVITIES/BARRIER CODES

Table L1. Definitions and Assignment to Work Activities and Barrier Codes, SFY 2023

Category Name	Activity Code	Code Definition	Customers Assigned	
			Count	%
Assignment to Work Activity	<b>Education &amp; Training</b> <i>Assigned to an education, vocational, or job training activity</i>	<b>BED</b> Program that leads to High School Diploma or GED	24	<1%
		<b>BEV</b> Vocational activity (1–12 months)	1,458	6%
		<b>OEV**</b> Vocational activity (13–24 months)	674	3%
		<b>OJT</b> On-the-job training	18	<1%
		<b>BER</b> Program related to a specific job	30	<1%
		<b>IST</b> Job skills training for a specific job	1,927	8%
		<b>SET</b> Self-employment training	9	<1%
	<b>Employment</b> <i>Assigned to an employment activity</i>	<b>WEJ</b> Unsubsidized employment	4,208	17%
		<b>WSU</b> Subsidized employment–private	9	<1%
		<b>WSP</b> Subsidized employment–public	4	<1%
	<b>Job Search</b> <i>Assigned to a job search activity</i>	<b>JBS*</b> Activity that helps obtain employment	3,701	15%
		<b>OBS**</b> Activity that helps obtain employment	2,502	10%
	<b>Work Readiness</b> <i>Assigned to an activity that provides work experience or community service</i>	<b>WEC</b> Childcare experience for another TCA recipient	2	<1%
		<b>WEX</b> Unpaid work experience	314	1%
		<b>WEM</b> Supervised community service experience	16	<1%
<b>Unique count of adult recipients</b>			<b>7,324</b>	<b>30%</b>
Assignment to Barrier Removal Code	<b>Child under 1</b> <i>Caring for a child on the case who is 12 months old or younger</i>	<b>OTP</b> Prenatal/caring for child, first 12 weeks post-partum	343	1%
		<b>OTB</b> Caring for a child under the age of one (12-month federal life-time maximum)	485	2%
		<b>CU1**</b> Caring for a child under the age of one (after federal maximum is reached)	75	<1%
	<b>Disability</b> <i>Having a disability or caring for a family member with a disability</i>	<b>OTD</b> Long-term disability (12+ months)	1,368	6%
		<b>OTM</b> Short-term disability (<12 months)	1,106	5%
		<b>OTG</b> Caring for a disabled family member	349	1%
		<b>JBR*</b> In rehabilitation	5	<1%
		<b>OBR**</b> In rehabilitation	1	<1%
	<b>Family Crisis</b> <i>Experiencing a family crisis</i>	<b>OTT</b> Seeking transportation/transportation breakdown	248	1%
		<b>OTZ</b> Seeking childcare/lost current childcare arrangement	1,516	6%
		<b>CMS</b> "People before Performance"–case designated as needing intensive case management	103	<1%
		<b>OTV</b> Family is experiencing domestic/family violence	94	<1%
	<b>Legal</b> <i>Experiencing legal barriers to work</i>	<b>OTO</b> Recipient has court-ordered appearance	15	<1%
		<b>OTJ</b> Recipient is temporarily incarcerated	9	<1%
		<b>CRX</b> Expungement services	8	<1%
<b>Mental Health</b> <i>Experiencing mental health barriers to work</i>	<b>JBM*</b> Experiencing a mental health barrier	15	<1%	
	<b>OBM**</b> Experiencing a mental health barrier	81	<1%	
<b>Substance Use</b> <i>Participating in substance use disorder treatment</i>	<b>JBT*</b> In substance use disorder treatment	220	1%	
	<b>OBT**</b> In substance use disorder treatment	170	1%	
	<b>OTS</b> On a waitlist for substance use disorder treatment	29	<1%	
<b>Unique count of adult recipients</b>			<b>6,081</b>	<b>25%</b>

**Note:** \*Recipients can participate in the federally defined activity for up to 4 consecutive weeks in a 12-month period. \*\*Recipients are typically assigned to the corresponding state code when maximum participation in the federally defined activity is reached. Both work and barrier removal activities are considered work activities for the purposes of calculating the WPR. Customers can be referred to more than one activity during the SFY: as a result, percentages do not add to 100%.



**Table L2. Assignment to Work Activities, by Subgroup, SFY 2023**

		Education & Training	Employment	Job Search	Work Readiness
		%	%	%	%
<b>Race &amp; Ethnicity</b>					
Asian <sup>^</sup>	(n=920)	9%	14%	8%	0%*
Black <sup>^</sup>	(n=15,556)	14%	18%	17%	2%
Hispanic/Latinx	(n=993)	11%	16%	12%	1%
Indigenous Peoples <sup>^#</sup>	(n=160)	10%	15%	13%	0%
White <sup>^</sup>	(n=5,314)	5%	15%	12%	1%
Other <sup>^</sup>	(n=445)	4%	13%	2%	0%*
<b>Disability Status</b>					
Not Disabled	(n=21,467)	12%	19%	16%	1%
Disabled	(n=2,079)	5%	6%	9%	1%
<b>Age Category</b>					
Opportunity Youth	(n=2,656)	8%	19%	12%	1%
Adult	(n=21,603)	12%	17%	16%	1%
Older Adult	(n=170)	4%	3%	8%	1%
<b>Primary Language</b>					
English	(n=24,092)	11%	17%	15%	1%
Spanish	(n=98)	8%	12%	11%	1%
Other	(n=239)	15%	19%	18%	2%
<b>Citizenship Status</b>					
Citizen	(n=21,995)	12%	18%	16%	1%
Legal Alien	(n=2,099)	7%	10%	5%	0%*
Naturalized Citizen	(n=315)	18%	13%	17%	1%
<b>Geographic Type</b>					
Urban	(n=6,539)	12%	11%	14%	3%
Suburban	(n=11,422)	16%	21%	18%	1%
Rural	(n=6,465)	2%	17%	10%	1%
<b>Total</b>	<b>(n=24,429)</b>	<b>11%</b>	<b>17%</b>	<b>15%</b>	<b>1%</b>

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes recipients who identify as Native American, American Alaska Native, Native Hawaiian, or Other Pacific Islander. \*Values under 0.5% are rounded to 0%. Race or ethnicity information was missing for 1,041 recipients. Customers with disabilities can be exempt from work activities. However, some recipients may voluntarily participate in work activities or may have pursued work activities in SFY 2023 prior to their disability status. Disability status information was missing for 883 recipients. Three recipients were missing geographic type information. Citizenship status excludes recipients who were not eligible for TCA based on citizenship status (n=20). Valid percentages are reported to account for missing data.

**Interpretation Example:** Percentages represent row percentages. In SFY 2023, 11% of all adult recipients were assigned to an education and training work activity and 17% were assigned to an employment activity. Assignments varied by adult recipients' race and ethnicity. For example, 9% of Asian adult recipients were assigned to an education activity compared to 14% of Black recipients. Asian adult recipients were less likely (14%) than Black recipients (18%) to be assigned to an employment activity.

**Table L3. Assignment to Barrier Removal Codes, by Subgroup, SFY 2023**

		Child Under 1	Disability	Family Crisis	Legal Barrier	Mental Health	Substance Use
		%	%	%	%	%	%
<b>Race &amp; Ethnicity*</b>							
Asian <sup>^</sup>	(n=920)	0%	4%	6%	0%*	0%	0%
Black <sup>^</sup>	(n=15,556)	4%	11%	13%	0%*	0%*	1%
Hispanic/Latinx	(n=993)	3%	7%	11%	0%*	0%	0%*
Indigenous Peoples <sup>^#</sup>	(n=160)	2%	11%	12%	1%	0%	1%
White <sup>^</sup>	(n=5,314)	3%	13%	15%	0%*	0%*	1%
Other <sup>^</sup>	(n=445)	1%	0%*	7%	0%	0%	0%
<b>Disability Status</b>							
Not Disabled	(n=21,467)	4%	6%	14%	0%*	0%*	1%
Disabled	(n=2,079)	1%	67%	10%	0%*	0%*	1%
<b>Age Category</b>							
Opportunity Youth	(n=2,656)	9%	5%	15%	0%	0%	1%
Adult	(n=21,603)	3%	12%	13%	0%*	0%*	1%
Older Adult	(n=170)	0%	7%	4%	0%*	0%*	0%
<b>Primary Language</b>							
English	(n=24,092)	3%	11%	13%	0%*	0%*	1%
Spanish	(n=98)	1%	7%	7%	0%	0%	0%
Other	(n=239)	3%	15%	10%	0%	0%	0%*
<b>Citizenship Status</b>							
Citizen	(n=21,995)	4%	12%	14%	0%*	0%*	1%
Legal Alien	(n=2,099)	0%*	2%	4%	0%	0%	0%
Naturalized Citizen	(n=315)	3%	7%	9%	0%	0%	0%*
<b>Geographic Type</b>							
Urban	(n=6,539)	4%	14%	11%	0%*	0%*	2%
Suburban	(n=11,422)	3%	9%	13%	0%*	0%*	0%*
Rural	(n=6,465)	4%	10%	16%	0%*	0%*	1%
<b>Total</b>	<b>(n=24,429)</b>	<b>3%</b>	<b>11%</b>	<b>13%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>#</sup>Indigenous Peoples includes recipients who identify as Native American, American Alaska Native, Native Hawaiian, or Other Pacific Islander. \*Values under 0.5% are rounded to 0%. Race or ethnicity information was missing for 1,041 recipients Disability status in SFY 2023 and assignment to a disability barrier do not align for all adult recipients. This discrepancy is due to examining the disability support services code at the beginning of SFY 2023. However, adult recipients might have been classified as having a long-term disability before or after the beginning of SFY 2023. Disability status information was missing for 883 recipients. Three recipients were missing geographic type information. Citizenship status excludes recipients who were not eligible for TCA based on citizenship status (n=20). Valid percentages are reported to account for missing data.

**Interpretation Example:** Percentages represent row percentages. In SFY 2023, 3% of all adult recipients were assigned to a child under one barrier code and 11% were assigned to a disability code. Assignments varied by adult recipients' race and ethnicity. For example, no (0%) Asian adult recipients were assigned to a child under one barrier code compared to 4% of Black recipients. Asian adult recipients were also less likely (4%) than Black recipients (11%) to be assigned a disability code.

## APPENDIX M: WORK AND CHILD SUPPORT SANCTIONS, BY SUBGROUP

**Table M1. Work & Child Support Sanctions, by Subgroup, SFY 2019**

	Work Sanction (n=14,163)		Child Support Sanction (n=25,690)	
	SFY 2019 Sanction	Prior Sanction	SFY 2019 Sanction	Prior Sanction
<b>Race &amp; Ethnicity*</b>				
Black <sup>^</sup>	40%	82%	13%	43%
Hispanic/Latinx	37%	68%	9%	31%
White <sup>^</sup>	26%	63%	6%	19%
Other <sup>^</sup>	30%	56%	7%	18%
<b>Disability Status</b>				
Not Disabled	47%	72%	11%	35%
Disabled	14%	79%	9%	39%
<b>Age Category</b>				
Opportunity Youth	50%	75%	18%	38%
Adult	35%	77%	10%	36%
Older Adult	15%	41%	6%	20%
<b>Primary Language</b>				
English	37%	77%	11%	35%
Spanish	25%	57%	8%	30%
Other	34%	76%	11%	33%
<b>Citizenship Status</b>				
Citizen	37%	77%	11%	36%
Legal Alien	24%	48%	3%	16%
Naturalized Citizen	35%	68%	9%	28%
<b>Geographic Type</b>				
Urban	41%	87%	15%	49%
Suburban	38%	76%	11%	37%
Rural	27%	58%	4%	13%
<b>Total</b>	<b>37%</b>	<b>76%</b>	<b>11%</b>	<b>35%</b>

**Note:** Sanction data in SFY 2019 is not directly comparable to SFY 2023 data due to data variable definition differences between the respective years. As a result, data between years should be compared with caution. This table relies on race/ethnicity data originally retrieved in calendar year 2020. When those data were retrieved, Asian and Indigenous Peoples were included in the *Other* race & ethnicity subgroup category. Therefore, this table does not further segment these data. <sup>^</sup>Non-Hispanic/Latinx. Race or ethnicity information for work sanctions was missing for 741 payees and 1,743 payees were missing race or ethnicity information for child support sanctions. Disability status was missing for 73 payees for work sanctions analysis and 705 payees for child support sanctions. Citizenship status excludes payees who were not eligible for TCA based on citizenship status (n=706). Valid percentages are reported to account for missing data.

**Interpretation Example:** In SFY 2019, 37% of work-eligible adult payees received a work sanction within the state fiscal year and 76% of work-eligible adult payees had received a work sanction in years prior. However, this varied by race and ethnicity. For example, 40% of work-eligible Black payees received a sanction in SFY 2019 compared to 37% of Hispanic/Latinx payees. Similarly, work-eligible Black adult payees were more likely to have received a sanction in a prior year (82%) compared to Hispanic/Latinx payees (68%).

## APPENDIX N: DEMOGRAPHICS BY RACE AND ETHNICITY

**Table N1. Adult Recipient Demographic Characteristics, by Race & Ethnicity, SFY 2021**

	Black <sup>^</sup>	White <sup>^</sup>	Hispanic/ Latinx	Asian <sup>^</sup>	Indigenous Peoples <sup>^*</sup>
<b>Gender</b>					
Female	86%	79%	81%	61%	79%
Male	14%	21%	19%	39%	21%
<b>Age</b>					
Median	31	34	33	36	32
<b>Education</b>					
Did not finish high school	17%	20%	20%	19%	18%
Finished high school <sup>#</sup>	83%	80%	80%	81%	82%
>High school only	66%	63%	61%	56%	50%
>Postsecondary education	17%	17%	19%	25%	32%
<b>Marital Status</b>					
Never Married	81%	59%	55%	21%	64%
Married	9%	21%	24%	70%	22%
Previously Married	10%	20%	20%	10%	13%

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. <sup>#</sup>General Education Development (GED) certificates are included in high school completion rates. Valid percentages are reported to account for missing data. Percentages may not add to 100% due to rounding.

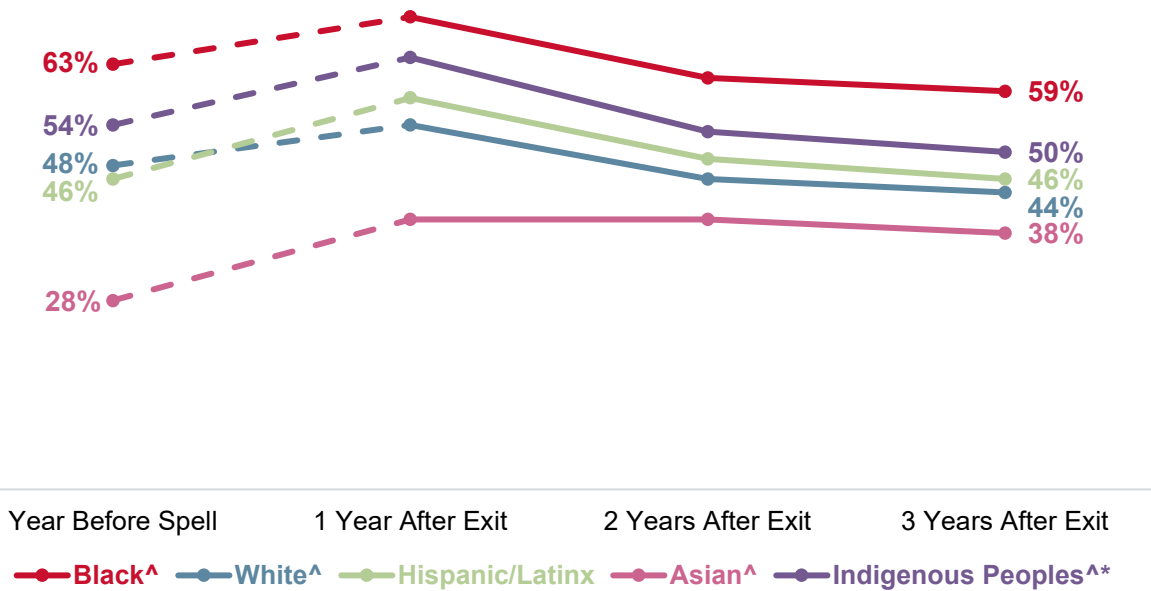
**Table N2. Adult Recipient Residence, by Race & Ethnicity, SFY 2021**

	Black <sup>^</sup>	White <sup>^</sup>	Hispanic/ Latinx	Asian <sup>^</sup>	Indigenous Peoples <sup>^^</sup>
Baltimore City	<b>26%</b>	6%	6%	4%	7%
Prince George's County	19%	3%	19%	18%	20%
Baltimore County	14%	12%	8%	14%	<b>22%</b>
Montgomery County	12%	7%	<b>35%</b>	<b>39%</b>	21%
Anne Arundel County	8%	<b>17%</b>	7%	6%	13%
Metro Region <i>Carroll, Harford, Howard, &amp; Frederick Counties</i>	7%	15%	11%	14%	7%
Southern Region <i>Calvert, Charles, &amp; St. Mary's Counties</i>	5%	8%	3%	1%	4%
Western Region <i>Garrett, Allegany, &amp; Washington Counties</i>	2%	14%	3%	2%	1%
Upper Shore Region <i>Cecil, Kent, Queen Anne's, Caroline, Talbot, &amp; Caroline Counties</i>	2%	12%	5%	1%	1%
Lower Shore Region <i>Worcester, Wicomico, &amp; Somerset Counties</i>	4%	6%	2%	2%	3%

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. <sup>#</sup>General Education Development (GED) certificates are included in high school completion rates. Valid percentages are reported to account for missing data. Percentages may not add to 100% due to rounding. Bolded numbers show where the largest percentage of each racial/ethnic group resides.

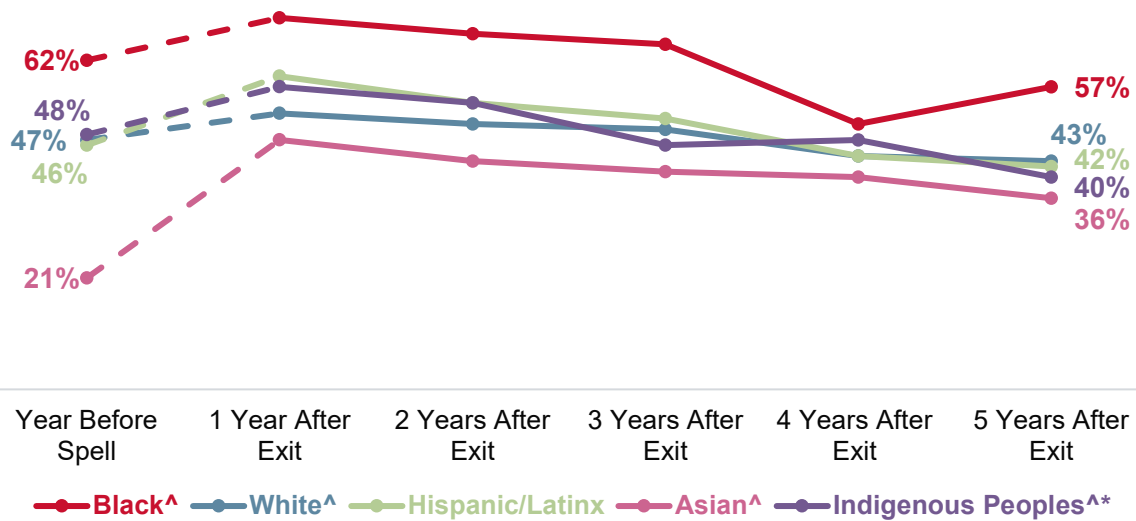
## APPENDIX O: PRE-PANDEMIC EMPLOYMENT AND EARNINGS, BY RACE AND ETHNICITY

**Figure O1. Annual Employment Before Spell and After Exit, by Race & Ethnicity**  
*Among Adult Recipients who Exited in SFY 2019*



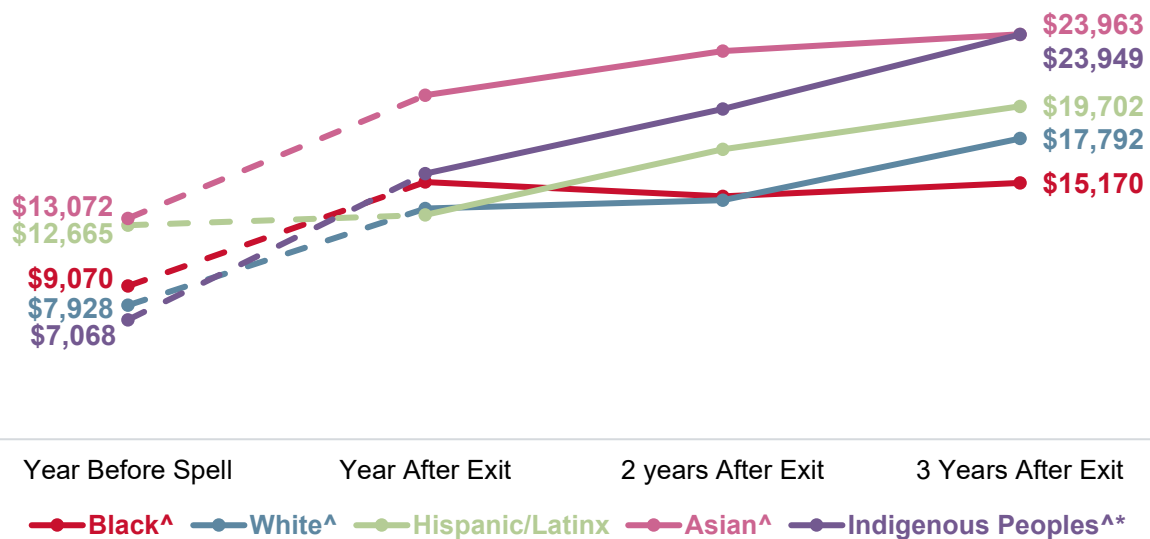
**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Annual employment is defined as employment in at least 1 quarter in a year. Dashed lines include the length of time a person receives TCA, which is different for each recipient. Valid percentages reported to account for missing data. Refer to the *Appendix B, Methods* for employment data exclusions and limitations.

**Figure O2. Annual Employment Before Spell and After Exit, by Race & Ethnicity**  
Among Adult Recipients who Exited in SFY 2017



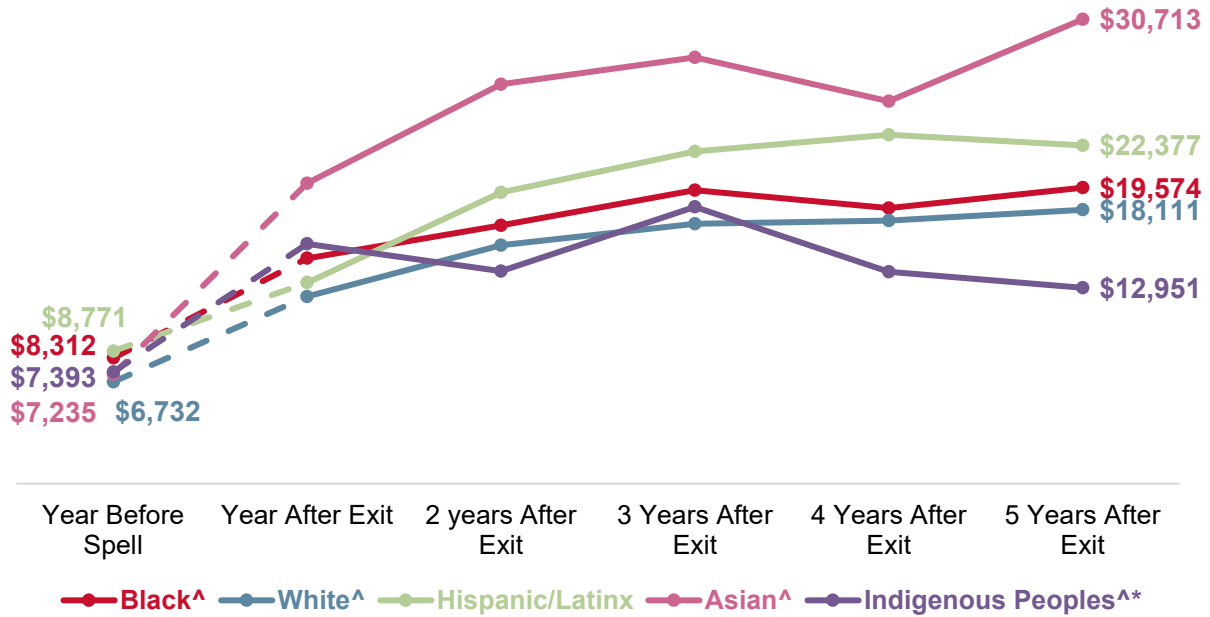
**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Annual employment represents employment in at least 1 quarter in a year. Dashed lines include the length of time an adult recipient receives TCA, which is different for each recipient. Valid percentages are reported to account for missing data. Refer to *Appendix B, Methods* for employment data exclusions and limitations.

**Figure O3. Annual Median Earnings Before Spell and After Exit, by Race & Ethnicity**  
Among Employed Adult Recipients who Exited in SFY 2019



**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Dashed lines include the length of time an adult recipient receives TCA, which is different for each recipient. Earnings are standardized to 2023 dollars. Earnings are shown for recipients that were employed part- or full-time. Refer to *Appendix B, Methods* for employment data exclusions and limitations.

**Figure O4. Annual Median Earnings Before Spell and After Exit, by Race & Ethnicity**  
*Among Employed Adult Recipients who Exited in SFY 2017*

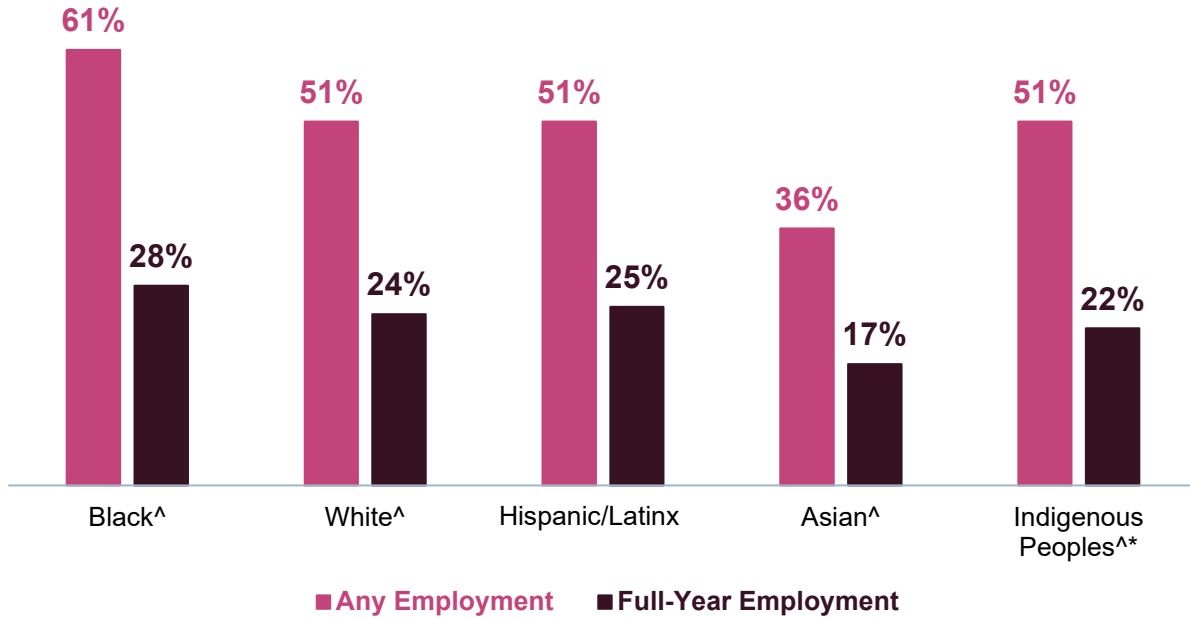


**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Dashed lines include the length of time an adult recipient receives TCA, which is different for each recipient. Earnings are standardized to 2023 dollars. Earnings are shown for recipients that were employed part- or full-time. Refer to *Appendix B, Methods* for employment data exclusions and limitations.



## APPENDIX P: ADDITIONAL EMPLOYMENT AND EARNINGS OUTCOMES, BY RACE AND ETHNICITY

**Figure P1. Any and Full-year Employment in Year After Exit, by Race & Ethnicity**  
Among Adult Recipients who Exited in SFY 2021



**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Any employment is defined as employment in at least 1 quarter in the year after exit. Full-year employment is defined as employment in all four quarters in the year after exit. Valid percentages are reported to account for missing data. Refer to Appendix B for employment data exclusions and limitations.

**Table P1. Employment Retention in Fourth Quarter After Exit, by Race & Ethnicity, SFY 2021**

	Black <sup>^</sup>	White <sup>^</sup>	Hispanic/ Latinx	Asian <sup>^</sup>	Indigenous Peoples <sup>^*</sup>
Employment in 2nd Quarter After Exit <i>Among All Adult Recipients</i>	44%	37%	36%	23%	36%
Employment in 4th Quarter After Exit <i>Among Adult Recipients Employed in 2nd Quarter After Exit</i>	79%	77%	81%	83%	76%

**Note:** <sup>^</sup>Non-Hispanic/Latinx. <sup>\*</sup>American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander. Valid percentages are reported to account for missing data. Refer to *Appendix B, Methods* for employment data exclusions and limitations.

**Table P2. Median Earnings in Quarter After Exit in Most Common Sectors, by Race & Ethnicity**

*Among Employed Adult Recipients who Exited in SFY 2021 or SFY 2022*

	Black <sup>^</sup>	White <sup>^</sup>	Hispanic/ Latinx	Asian <sup>^</sup>
Health Care & Social Assistance	\$6,460	\$6,812	<b>\$7,964</b>	\$8,933
Retail Trade	\$3,789	\$4,592	\$5,099	\$3,818
Administrative & Support Services	\$3,970	\$5,315	\$5,595	\$5,282
Accommodation & Food Services	\$3,767	\$4,075	\$4,152	\$4,854
Transportation & Warehousing	\$4,447	\$4,686	\$5,304	\$9,085
Professional, Scientific & Technical Services	<b>\$7,893</b>	<b>\$9,633</b>	\$6,451	<b>\$17,165</b>

**Note:** <sup>^</sup>Non-Hispanic/Latinx. Indigenous Peoples—including American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander—are not included in this table due to small counts. Sectors are ordered by highest to lowest percentage of recipients employed in that sector. Earnings are standardized to 2023 dollars. Bolded numbers show which sectors had the highest median earnings within each racial/ethnic group.

## APPENDIX Q: GUIDING FRAMEWORK FOR DISSEMINATION

### **Availability, Accessibility, Acceptability, and Quality Framework**

This appendix provides an overview of a UNICEF guiding framework. The framework is a tool for identifying barriers to accessing services. However, the authors adapted this framework for use in the dissemination phase of this project.

#### **Availability**

- Is the report available in multiple formats and are there sufficient opportunities for feedback?

#### **Accessibility**

- *Physical:* Are in-person meetings accessible to people with physical disabilities, including hearing or vision impairments? Is the report and are opportunities for feedback easy to access for people with transportation barriers?
- *Financial:* Is there a monetary cost to accessing the report or providing feedback?
- *Administrative:* Can people without internet access or a personal phone/computer access the report and opportunities for feedback? Does accessing the report or providing feedback require administrative steps, such as registration?
- *Social:* Is there discrimination in the dissemination of the report and collection of feedback? Are the identities of individuals kept

anonymous/confidential? Does the report and opportunities for feedback accommodate individuals' work or childcare schedules?

- *Information:* Is the report able to be understood by those with low literacy levels or limited English proficiency? Is the report and are opportunities for feedback available in multiple languages? Are there multiple modalities of the report and opportunities for feedback?

#### **Acceptability**

- Is the report and are opportunities to provide feedback respectful of different cultures?

#### **Quality**

- Is the report of sufficient rigor and quality?

#### **Accountability and Transparency**

- Is DHS transparent with the community about how they are collecting and incorporating feedback?
- Are amendments to the report clearly stated, with information about how DHS came to those conclusions?
- Are people who may have contributed feedback aware of how their feedback was used?
- Is UMSSW transparent about their methods and reasoning for not including community feedback in the report?

## APPENDIX R: STAFF VOICES ON STRENGTHS, AREAS FOR IMPROVEMENT, AND RECOMMENDATIONS

This appendix provides a summary of strengths, areas for improvement, and recommendations, as expressed by TCA staff and administrators. The authors carefully developed the recommendations provided in the main recommendations chapter of the report to ensure that they accurately reflect these voices. However, the authors felt it was important the report also include direct staff voices in these areas.

### Strengths

Staff and administrators expressed four overarching strengths of the program, as displayed in Table R1. The first strength is staff dedication: staff often reported going above and beyond to serve customers. Rural jurisdictions especially felt that the more personal relationships they develop with customers, due to smaller caseloads, are important for customer success. Another strength staff perceived is TCA's ability to promote self-sufficiency by assisting some customers in gaining employment or skills. Staff also expressed that the benefits and supports the program offers are critical to stabilizing customers, including child support pass-through, TSS, job retention bonuses, flexible exemptions, and barrier removal funding. Lastly, strong and productive partnerships with community organizations, vendors, and WIOA are strengths of the program. Staff expressed that these partnerships offer important employment-related and support resources.

Importantly, not all study participants agreed with these strengths. For example, nearly half (45%) of staff and more than one in 10 (13%) administrators do not believe that the TCA program improves self-sufficiency. These differences in opinion may in part be due to the decentralization of the program, which may mean that strengths vary by

jurisdiction. Furthermore, there is room for improvement on these strengths. While assistance was seen as a strength, the majority of staff (63%) and administrators (80%) do not believe that the cash benefits provided are enough to meet families' needs.

### Areas for Improvement

When asked about challenges they face, staff and administrators reported six overarching challenges, as displayed in Figure R1. One challenge is the lack of resources jurisdictions have, both within the program (e.g., funding, co-located services, staff) and externally (e.g., public transportation, employment opportunities, community organizations). A second challenge is the workload, exacerbated by a lack of well-trained staff and pressure to meet strict compliance measures. This was a common source of stress reported by staff, especially for those in urban/suburban jurisdictions with a higher volume of cases.

Staff also described an overall low morale resulting from a lack of support or positive feedback from supervisors and DHS more generally. Related to this challenge, staff described the use of contractual staff as a barrier to retaining trained staff. Ultimately, this turnover affects the development of trust with customers. Both of these challenges are further affected by a lack of training for staff. While some jurisdictions set aside funding for staff to attend external trainings, there is not standardized TCA training for several aspects of the program, including trauma-informed care or for the WORKS system. Many staff expressed concern that their job expectations align more with the work of a social worker, but that they lack the necessary education or training to operate in this capacity.

**Table R1. Overarching Strengths Expressed by Staff and Administrators**

Staff Dedication	Self-Sufficiency Promotion	Cash Assistance and Support	Partnerships
<p>“I think our biggest strength is the fact that <b><i>we have staff that want to see their customers succeed</i></b> . . . For example, during COVID, when the office is closed down, we had only one work activity caseworker . . . she set up a schedule and she would every day during the week call so many people . . . just to reach out and say, hey, I know the office is closed . . . if there's anything you need, you know, you can call me or email me. I'll see what we can do.”</p> <p>-Rural County Interview</p> <p>“I think the one strength is like the <b><i>openness and . . . communication</i></b>, both like with . . . case managers in the TCA unit, but then also just with our clients.”</p> <p>-Rural County Focus Group</p>	<p>“I feel like that TCA <b><i>opens a lot of opportunity for customers</i></b> such as the job network program looking for employment, those who are really struggling to find employment or even to better their resume, TCA opens up doors as far as that.”</p> <p>-Urban/Suburban County Focus Group</p> <p>“I have personally seen numerous families take advantage of the TCA program, use it for exactly what it was supposed to be used for, and become self sufficient.”</p> <p>-Rural County Focus Group</p> <p>“I think our vendor and our job counselors do an excellent job. The <b><i>customers that actually show up and participate get great jobs.</i></b>”</p> <p>-Urban/Suburban County Focus Group</p>	<p>“It can provide a like almost a stopgap between events and help support our most vulnerable people through times until they can be able to support themselves.”</p> <p>-Rural County Focus Group</p> <p>“I think in our jurisdiction our greatest strength is being able to have the <b><i>funding to assist with more barrier removal.</i></b>”</p> <p>-Rural County Interview</p> <p>“I will say one strength for the TCA program . . . if you have never received TCA before and you are pregnant . . . you are exempt from work activity for a whole year until the child turns 1 . . . where <b><i>you can actually focus on your baby</i></b>, and for that first year, I think that's completely all awesome.”</p> <p>-Urban/Suburban County Focus Group</p>	<p>“I think one of the strengths is definitely our partnerships. I think <b><i>WIOA is something that has been very helpful to the betterment and success of our customers</i></b> and we rely on them heavily to help strengthen or build bridges to those successes.”</p> <p>-Rural County Focus Group</p> <p>“We have a lot of relationships with our community partners where we can refer customers to . . . . We work closely with the Board of Education when we have customers who you know, are struggling with getting their children to school, the people . . . will come right to the program, work with that family, get those kids where they need to be . . . . <b><i>Our community partners really is a strength of our program.</i></b>”</p> <p>-Rural County Interview</p>

Another overarching challenge staff report is frequent errors with the E&E system and miscommunication with WORKS. They noted that errors that affect benefits or send incorrect notices are confusing and stressful for customers, which in turn, causes staff stress. They also expressed frustration with restrictions in using workarounds in the system and escalating tickets and inaccuracies in data reporting from both databases.

In terms of challenges with customers, many staff reported frustration with a perceived lack of motivation among customers to participate in activities, notably after removing full-family sanctions. This contributes to staff stress as they

simultaneously feel pressure to meet the WPR. Although this is true of the staff experience, it may not reflect the customer perception or experience.

Finally, staff expressed that some policy changes, like the removal of full-family sanctions, are too incompatible with federal requirements and make it difficult to meet performance measures. Furthermore, many reported frustration with frequent, abrupt changes in policy that are not communicated well. For example, some staff reported receiving action transmittals explaining policy changes *after* the policy went into effect, and customers being aware of policy changes before staff.

**Figure R1. Overarching Challenges Expressed by Staff and Administrators**





## STAFF VOICES

### Overarching challenges

“ . . . our customers often have severe **trauma and personal challenges that we either do not have service providers for**, or, TCA work activity codes that gives customers enough time to address these barriers.”

*-Urban/Suburban County Survey Participant*

“ **There is not adequate training for [the] work program, period.** There is policy training for eligibility functions, but in terms of people managing the work program, there isn't any. There needs to be . . . specialized systems training in the WORKS program available centrally. The locals are expected to train their own staff upon hiring . . . there needs to be formalized . . . **skills training on assessment, service planning, caseload management** . . . in order to, you know, deliver the program as it's expected.”

*-Rural County Interview Participant*

“ . . . our TCA customers seem to increase every single month. The volume of work is split between a few specialized case workers . . . . **We have more work than workers . . . . Once fully trained, we can't keep anyone** . . . . Many use this job to get their foot in the door and leave for another state job . . . . In my opinion, **staff turnover makes a huge impact on the customers and the work environment.**”

*-Urban/Suburban County Survey Participant*

“ . . . **using contract employees to staff the program does not offer stability for the program.** In addition, addressing the complex needs of customers requires not just consistency of staff, but also staff who are trained and skilled at providing comprehensive assessment and the related needed services.”

*-Rural County Survey Participant*

“I submit a ticket [in E&E]. I'm not allowed to escalate the ticket for two weeks. Try explaining that to a customer. They're calling everybody that they know in our agency, upset, crying, cursing, carrying on coming in, and we're just not allowed to escalate the ticket. **We're supposed to be providing this gold standard customer service and ever since E&E, we've just gone in the exact opposite direction. I have to constantly remind myself that this is a Human Services agency, but it does not feel like it.**”

*-Rural County Focus Group Participant*

“I feel like the current policy has swung the pendulum too far in the opposite direction. Now **we needed to loosen things up because our customers are struggling and they have a lot of barriers** and life . . . just gets in the way of employment for them and managing all of that is very difficult for our customers to have these huge life crises happening all the time. **But now we're starting to [go in the] total opposite direction where customers have no little to no penalty if they just choose not to participate at all, and a lot of them are flat out saying I'm not gonna participate.**”

*-Rural County Interview Participant*

## Staff Recommendations

Figure R2 displays recommendations that staff expressed in the survey, which largely reflect the challenges staff face. Two out of every three staff survey participants agreed that investing in more staff was an important recommendation. Nearly three out of every

five survey participants agreed that more trainings (59%) and changes to TCA program rules or procedures (56%) would be helpful. Finally, roughly half (48%) identified a need for clearer instructions on TCA procedures.

### Figure R2. Recommendations Expressed by TCA Staff

Percentage of staff who **agreed** with the following recommendations:

