

Can Welfare Case Management Increase Employment? Evidence from a Pilot Program Evaluation

Laura R. Peck and Ronald J. Scott Jr.

Welfare reform has increased the importance of employment over simple eligibility determination. Research has focused on strategies for enhancing employment among welfare recipients, and this article adds to the literature by examining specifically the effects of using an assessment tool to assist case managers in targeting services to a heterogeneous client population. Analysis indicates that clients of case managers who used the screener, compared with a set of clients of case managers who did not use it, received more services and had higher program participation rates but experienced no improvement in short-term employment outcomes. This suggests that the instrument as a tool in case management is effective at identifying client needs, which is the first step to achieving more favorable employment-related outcomes in the long run.

Welfare reform has changed the paradigm of the welfare system from one of determining eligibility and disbursing checks to one where employment is central. In the work-focused system, services are instrumental to supporting clients in their employment and subsequent moves toward self-sufficiency. This type of system requires greater attention to the needs of heterogeneous welfare recipient populations and relies to a much greater degree on case management over eligibility determination.

The Arizona Department of Economic Security (DES) Jobs Program recently developed and piloted a new management instrument called the Case Management Screening Guide (CMSG). The aim of the CMSG is to improve case managers' ability to determine clients' employment-related needs and barriers, thereby matching services to needs and presumably accelerating employment among public assistance recipients.

This article discusses the evaluation of DES's CMSG pilot project in an effort to connect known case management theory and strategies with actual employment outcomes of welfare recipients. First, we describe what we know about the case management–outcomes connection. Next, we describe the pilot project that aims to shed new light on the question. We present the research findings and then discuss the implications for future research and policy.

Does Service Approach Matter?

Generally, case management refers to coordinating program services and referring clients as appropriate so they can receive needed services (Segal, Gerdes, & Steiner, 2004). In the context of welfare reform, the years have seen an ebb and flow between use of case management and simple eligibility determination. Presumably, integrated case management approaches are more effective at coordinating services, whereas eligibility determination focuses on collecting income information and computing benefit amounts. The “front-line practices” of staff in welfare offices have been determined to matter in reforms’ abilities to achieve change (Ricucci et al., 2004). In turn, we explore here some ways in which those practices matter.

Research supports the theory that welfare programs produce the largest effects when participation is enforced and work is emphasized over education and training (Freedman et al., 2000; Gueron & Pauly, 1991; Hamilton & Friedlander, 1989; Riccio, Friedlander, & Freedman, 1994). Some have argued that the administrative system itself is a key element of reforms. For instance, Mead (1997, 2001, 2004) has asserted that administrative structures can create a culture of expectations that, when communicated to welfare recipients, assists in achieving programs’ end goals. Indeed, research on the implications of administrative reforms has shown that they can reduce welfare caseloads (Brudney, Hebert, & Wright, 1999).

Studies of welfare reform’s implementation, although often conducted in conjunction with impact evaluations, have not tended to link service delivery approaches to program outcomes (Bloom, Hill, & Riccio, 2003). Perhaps, this is expected, given that the information from these two types of studies serves its own purpose (Riccio & Orenstein, 1996). However, scholars, policy evaluators, and program administrators are becoming increasingly interested in the intersection. That is, examining service delivery in conjunction with program outcomes—or, even better, impacts, which represent the change in outcomes due to the intervention—means that we can be prescriptive about what specific strategies can work.

An important article that makes the implementation–impact link is that of Bloom, Hill and Riccio (2003), who pooled impact evaluation data from several welfare reform experiments with contextual data on the programs themselves. In addition to examining several other program features, Bloom, Hill and Riccio (2003) analyze “personalized client attention” as one of the potentially influential factors. This notion of personalized attention is relevant to the present article because it can be thought of as the element of case management that concerns service targeting. Bloom, Hill and Riccio (2003) operationally define personalized attention as having a focus on the quality of services (rather than quantity), spending time with clients at intake to learn about clients’ family problems, goals and motivation, and tailoring services to meet clients’ needs. They conclude that “getting close to clients counts,” as their estimate of the impact of doing so is both large and highly significant (Bloom, Hill, & Riccio, 2003).

This finding is in contrast, however, with prior work that concludes personalized attention has little effect on earnings and, in fact, generates less in welfare savings than do other service delivery approaches (Riccio & Orenstein, 1996).

Perhaps, this is because providing personalized attention improves service targeting, meaning more clients receive more services, which can result in fewer people being terminated from assistance. For subsequent individual outcomes, this might be a good thing.

Research on welfare reform has determined that integrated case management can result in better client outcomes than does separate provision of income maintenance and employment functions (Brock & Harknett, 1998). In some cases—for instance, in dealing with substance abuse or mental health—case management is more commonly used to tailor services than it is in providing general cash and employment assistance (Gutman, Ketterlinus, & McLellan, 2003). But we know relatively little about the elements of that integrated case management that might help. This is because multi-faceted case management treatments generally have been delivered as a whole and then compared to a non-integrated service delivery model. This leaves an important question unanswered: Are there specific instruments or strategies that can assist case managers in moving welfare recipients into work? Or, is it just that any kind of case management is better than none at all? Lincoln, Nebraska's welfare reform demonstration tested a holistic approach to case management, using a 20-dimension scale to assist in determining client needs (Stokes & Brasch, 1997).¹ Findings report changes in attitudes and behaviors among clients that resulted in a reduction of self-sufficiency-related barriers, but the subsequent implications are yet unclear. This targeting approach is similar to Arizona's development of a screening guide that intends to assist case managers in providing relevant client support for employment.

To add to the body of research on the effectiveness of specific case management strategies in achieving desired welfare reform-related outcomes, this article presents findings from the evaluation of the Arizona DES's pilot study of targeted screening. Our focus is on the relatively narrow effect of assessment instruments, which have not yet been evaluated to a large degree in existing research. This work reveals new findings not only about the effectiveness of case management in service targeting but also approaches to self-evaluation in agencies with limited resources.

The CMSG Pilot Project

Arizona's DES is the state's welfare agency. Although the agency has many branches and serves many functions, what is relevant to this study is the Jobs Program, the branch that focuses on employment and training of the state's cash assistance recipients. One of the Jobs Program's central challenges is helping clients overcome the wide variety of barriers that prevent them from being employable or being able to maintain employment. About 30 percent of existing Jobs clients have physical and behavioral disabilities; this is in line with the estimate that between 25 and 40 percent of clients in similar programs nationwide have such disabilities. Despite some disadvantages, 75 percent of new clients to Jobs become employed within 6 months (Arizona Department of Economic Security, n.d.). The program serves a heterogeneous population, suggesting that Jobs clients overall require various approaches to employment placement and retention.

In an effort to figure out what works with such a diverse group of clientele, DES designed a new screening instrument and piloted it between April and July 2002. The pilot project operated on the hypothesis that if services could be more effectively targeted, then clients would receive the support, education, and training that they would need to become employed more quickly and with greater durability. That is, DES assumed that the CMSG would allow case managers to meet clients' needs and deal effectively with work barriers, thereby setting the stage for improved employment-related outcomes.

The instrument itself appears in Appendix A. Work-related needs that the instrument measures include the presence (and/or extent) of the client's reliable transportation, driver's license, car registration and car insurance, arranged child care, secured child support, health insurance, housing, food and clothing needs, and time travel to work. Examples of barriers that the instrument measures include physical and behavioral health problems, alcohol and substance abuse problems, family members' physical and behavioral health problems, felony conviction, parole/probation status and legal entanglements, and personal or relatives' domestic violence victimization. Clearly, this is an encompassing instrument that aims to collect data on a wide variety of topics that are important for assisting clients in terms of their personal and employment-related needs.

Research Questions and Hypotheses

The two primary research questions that this work intends to answer are the following:

1. To what extent does the CMSG accurately identify client needs?
2. To what extent does the CMSG contribute to the acceleration of clients' employment?

In order for the screening guide to generate any of its hypothesized employment-related effects, it must first and foremost be useful at identifying specific client needs. We hypothesize that the CMSG and its related scoring system that groups clients according to needs would indeed provide sufficient information regarding client needs. Further, we hypothesize that the more "uniform identification of family needs and employability" that DES expects from the CMSG would first increase appropriate allocation of services and then increase employment levels and duration of employment.

Evaluation Design

In order to examine the research questions and test the related hypotheses, DES carried out a pilot study in which randomly selected clients received case management that used the new screening guide. The outcomes of these clients were compared with the outcomes of a group of clients that was not screened for services using the guide. To explore the first research question, we examine only the treat-

ment group; as for the second question, we examine differences between the treatment and control groups. In general, in order to know whether an intervention has an impact, it is necessary to know what outcomes would have occurred in the absence of the intervention. This is called the “counterfactual,” and we estimate it by observing the outcomes of a group of clients that was not subject to the intervention; their outcomes represent what would have happened in the absence of the intervention.

The sample includes 276 treatment cases and 276 control cases. A total of 12 case managers in six of the state’s counties—including Maricopa county, where both Phoenix and the majority of Jobs clients are located—were trained both on administering and using the CMSG and on random selection of clients to be screened. The way DES operationalized the process of random assignment was to have case managers select appointment times arbitrarily and in advance and then administer the CMSG to the clients who ultimately came during those appointment times. The clients themselves completed the assessment with assistance, if needed, from the case manager. Because of expected small sample size, any Spanish-speaking individual who had an appointment with these case managers was screened by using the guide (in its Spanish version).

The control group comprised clients who participated in the Jobs Program during the same time period but who did not complete the screening instrument as part of their intake process. From among the one thousand or so clients who met the criteria, DES randomly selected three groups of 276 clients. After comparing the treatment and three possible control groups along a variety of measurable characteristics, DES selected the group that most closely resembled the treatment group to serve as the control group. Comparing the most important characteristics, we find that the groups of treatment and control members are statistically the same (see Appendix B).

Although this random assignment process is somewhat unconventional, we assert that it closely approximates an ideal random assignment process, such that the resulting treatment group should differ from the control group only by chance. Nevertheless, the process might have been flawed if particular appointment times would, by definition, preclude certain types of individuals from being part of the treatment group or if case managers exercised some discretion over administering the CMSG in practice. As a result, there might be some bias involved in what would otherwise be a random process. Another possibility is that the 12 case managers who administered the CMSG might be different from the average Jobs Program case manager in ways that might affect program outcomes. There is no evidence that this is the case, and so we operate under the assumption that any differences between the groups are random.

Data and Measures

Data come from multiple sources. The CMSG offers us data on the treatment group with regard to its baseline characteristics—those traits that DES determines are relevant to employment placement and retention. In addition, data on both the

treatment group and the control group come from DES administrative systems and include selected baseline traits, post-intervention services received, and employment status and earnings both at baseline and in the first two quarters following assignment to the pilot study.^{2,3}

Using data from the CMSG, DES developed a scoring system that grouped clients into “hard-to-serve,” “traditional,” and “fast-track” categories based on the number and type of responses to the screener that each client completed during his or her interview with the case manager. Questions pertaining to prior job experience counted for up to 100 points, family needs and resources ranged from 0 to –50 points, and employment barriers ranged from 0 to –50 points. When summed together—the positive indicator representing favorable resources and the negative indicators representing challenges—the possible resulting score ranges from –100 to 100 points, with higher scores representing greater employability and fewer barriers. Scores were then grouped by quartiles, with the bottom 25 percent representing “hard-to-serve,” the middle 50 percent representing “traditional,” and the top 25 percent representing “fast-track” categories, respectively. In examining our first research question, we report on the relationships among this categorization of clients, their general characteristics, and their subsequent receipt of services.

To address the second research question, we operationalize employment in five ways, using data provided by DES from the State’s Unemployment Insurance wage: (i) the number of jobs an individual has in the first two quarters after random assignment; (ii) whether an individual is employed in the first quarter after random assignment; (iii) whether an individual is employed in the second quarter after random assignment; (iv) whether an individual is employed in one of the first or second quarters; and (v) whether an individual is employed in both the first and the second quarters.

Analytic Approach

To address the first research question about the predictive ability of the CMSG, we take a variety of analytic approaches. First, with the treatment group as our sample and using multiple regression, we explore employment outcomes as a function of the employability scores, and the number and cost of services received. Because these are two measures of the same construct, we enter them in separate regressions to avoid any problems with multicollinearity. In this particular analysis, we examine the validity of employability scores (or the group categorization based on the scores) in predicting the overall employment ability. The total number of services and the total cost of all services are included in the equation to control for the effect of services provided thereafter.

Next, we examine the overall scores of employability with respect to the component pieces that measure job experience, family needs, and barriers. We also examine the number and types of services received by the employability group. These analyses offer an understanding of the treatment group’s variation in terms of employability level and subsequent service-related outcomes.

To address the second research question, about the employment impact of using the CMSG, we run the following regression model (OLS for the continuous variable, logit for the dichotomous variables):

$$Y = a + b_1T + b_2X + e \tag{1}$$

where Y is the outcome (the five measures of employment); T is the treatment group status (1 for those who were screened using the CMSG and 0 for the control group); X is a vector of explanatory variables (including prior wages to control for random baseline variation); and e is random, individual-level error.

This is a straightforward impact model, where the coefficient b_1 is interpreted as the impact of being in the treatment group on the outcome of interest. Although we would not need to enter other covariates into our model, having a relatively small sample size suggests that we will increase the precision of our impact estimates by doing so; in turn, we include prior wages in the model, even though they are not statistically different between the treatment and control groups at baseline. While other variables—such as age, education, ethnicity, or marital status—might enhance the analysis, we did not have access to such descriptors, and as stated earlier they are not essential, given the strength of our research design.

Research Findings

To What Extent Does the CMSG Accurately Identify Client Needs?

Our analyses reveal that the CMSG is useful at categorizing clients and identifying their service needs. Specifically, Table 1 shows that the CMSG predicts the overall employment ability of clients. That is, the employability score as a whole and group membership are statistically significant predictors of our subsequent five employment outcomes. Those with higher employability scores should be better able to secure employment, and analysis reveals that this relationship exists.

Table 1. Ability of Employability and Group Scores (Among Treatment Group) to Predict Employment Outcomes

	Number of Jobs in Q1 and Q2	Employed Q1	Employed Q2	Employed Q1 or Q2	Employed Q1 and Q2
Employability	0.208**	1.030**	1.022*	1.030**	1.029*
R ²	0.074	0.104	0.057	0.127	0.059
Group score	0.250**	2.109**	1.633*	2.007**	2.079**
R ²	0.095	0.118	0.056	0.131	0.070

**Statistically significant at the $p < 0.01$ level; *Statistically significant at the $p < 0.05$ level.

Notes: Quarters 1 and 2 (Q1 and Q2) refer to the first and second quarters following assessment. Employability or group score are the independent variables, which predict subsequent employment outcomes. Values presented are standardized coefficients from the OLS regressions (number of jobs) and odds ratios from the logistic regressions (employed or not). The reported R² statistic is the Nagelkerke pseudo-R² for the employment models. Additional controls for number and cost of services are included as well, but coefficients are not presented.

Table 2. Employability and Component Scores by Group (Among Treatment Group)

	CMMSG-Assessed Group Overall	Hard-to-Serve	Traditional	Fast-Track
Number in group	276	74	132	70
Overall employability score	17.4	-3.9	18.4	38.1
Job experience score	31.6	16.0	31.7	48.1
Family needs score	9.7	10.6	9.7	8.7
Barrier score	4.5	9.2	3.6	1.4

Notes: The overall score is computed as the job experience score (0–100) less the family needs (0–50) and the other barriers scores (0–50). The between-group differences in mean scores are statistically significant at the $p < 0.01$ level.

CMMSG, Case Management Screening Guide.

Generally, the CMMSG appears to be useful in screening clients' employment strengths and weaknesses and in predicting their employability. Services subsequently provided may be useful in facilitating clients' employment.

Table 2 shows that the mean scores of overall employability, job experience, family needs, and barriers are significantly different among the groups. Indeed, those clients identified as "fast-track" show higher employment scores but lower family needs and the lowest barrier scores; the "traditional" group shows relatively higher family needs scores, higher employment scores, and lower barrier scores; and the "hard-to-serve" group shows highest barrier scores.

If case managers were to use these summary measures to assist clients, then the cross-group variation that exists is likely to assist with appropriate targeting and service provision.

Next, Table 3 shows that the most common service provided is child care registration regardless of the client category: 81.2 percent of all services provided are child care-related. Childcare service support might be so common either because all three groups have relatively high family-needs scores (see Table 2) or because it is the most straightforward, in-demand service for welfare recipients. Meanwhile, the "hard-to-serve" group shows higher barrier scores (Table 2), but they appear not to be receiving barrier-related services to any greater degree than are the other groups (Table 3). We find that "fast-track" and "traditional" clients receive more services per person (about 3 services each) than do the "hard-to-serve" clients (who receive about 2.5 services each). These observations may result from the Jobs Program's policy to transfer "hard-to-serve" clients to other programs as needed rather than providing those services in house.

"Traditional" and "fast-track" clients might receive relatively more services because their needs are easier to meet than are the needs of their counterparts in the "hard-to-serve" group. In particular, "fast-track" clients might be more motivated to seek and secure employment-related services from the Jobs Program than are "hard-to-serve" clients. Also, varying service approaches by group are not apparent; that is, the type of services provided are roughly the same across groups, with childcare registration being by far the most utilized service.

To summarize findings regarding the first research question, the CMMSG appears to be useful in differentiating clients in terms of their employment strengths and

weaknesses and predicting their employability. The scoring and related grouping drawn from the instrument are related to clients' actual employment. However, the scoring and grouping do not always have the expected relationship with the types and the number of services. Because these are all CMSG-assessed clients, it is unclear what services they would have received in the absence of having been screened.

To What Extent Does Using the CMSG Contribute to the Acceleration of Clients' Employment?

This section reports our research findings about whether the screening guide made any difference in the employment outcomes of treatment group members. Table 4 shows the treatment impacts in terms of cost and number of services provided; Table 5 summarizes the intervention's impacts on program status; and Table 6 reports the impacts on employment.

Table 4 shows that members of the treatment group received a greater level of services than did their counterparts in the control group. Treatment group members received an average of 2.9 services each, whereas control group members received an average 1.5 services each. This difference represents almost a twofold increase in

Table 3. Services Received by Group

	CMSG-Assessed Group	Distribution of Service Type (%)	Hard-to-Serve Group	Traditional Group	Fast-Track Group
Number in group	276		74	132	70
Child care registration	656	81.2	143	332	181
Medical	34	4.2	7	17	10
Shelter/utility assistance	32	4.0	5	16	11
Fair labor standards stipend	23	2.8	8	8	7
Assessment and mental health	21	2.6	8	10	3
Education	14	1.7	3	10	1
Other	28	3.5	5	15	8
Total	808	100.0	179	408	221
Services per person	2.9		2.4	3.1	3.2

Notes: Education-related services include GED-related, vocational education or training, and post-secondary education. Between-group differences in the distribution of types of services received are not statistically significant.

CMSG, Case Management Screening Guide.

Table 4. Impacts on Number and Cost of Services Received

	CMSG-Assessed Group	Control Group	Difference (Impact)	Percent Impact
Number of services	2.93	1.49	1.44	96.6**
Cost of services	\$1,073	\$468	\$605	129.3**

**Statistically significant at the $p < 0.01$ level (two-tailed t-test); *Statistically significant at the $p < 0.05$ level (two-tailed t-test).

Table 5. Impacts on Program Status

	CMMSG-Assessed Group	Control Group	Difference (Impact)	Percent Impact
Registered	17	0	17	100% ^{**†}
Pending interview	1	6	-5	-83.3 ^{**}
Failed to appear; registration	1	40	-39	-97.5 ^{**}
Failed to proceed to EP development	2	21	-19	-90.5
Participating in activity	34	19	15	78.9
Employed (TANF open)	6	3	3	100.0 [*]
Employed (TANF closed)	38	10	28	280.0 ^{**}
Pending	22	12	10	83.3
Employed through 90-day follow-up	28	23	5	21.7
Closure after EP development	98	104	-6	-5.8
Other status	29	38	9	-23.7

^{**}Statistically significant at the $p < 0.01$ level (two-tailed t-test); ^{*}Statistically significant at the $p < 0.05$ level (two-tailed t-test).

[†]Although noted as a 100 percent impact, the actual computed percent impact is undefined because the control group's outcome is zero.

CMMSG, Case Management Screening Guide; EP, Employment Plan; TANF, Temporary Assistance to Needy Families.

Table 6. Impacts on Employment

	Number of Jobs in Q1 and Q2	Employed Q1	Employed Q2	Employed Q1 or Q2	Employed Q1 and Q2
CMMSG	-0.012	0.892	0.711 [†]	1.103	0.464 ^{**}
Baseline wages	0.393 ^{**}	1.001 ^{**}	1.001 ^{**}	1.002 ^{**}	1.001 ^{**}
R ²	0.155	0.254	0.127	0.254	0.191

Notes: Quarters 1 and 2 (Q1 and Q2) refer to the first and second quarters following assessment. Values presented are standardized coefficients from the OLS regressions (number of jobs) and odds ratios from the logistic regressions (employed or not). The reported R² statistic is the Nagelkerke pseudo-R² for the employment models.

^{**}Statistically significant at the $p < 0.01$ level; ^{*}Statistically significant at the $p < 0.05$ level.

[†]Marginally and statistically significant: $p = 0.08$.

the number of services received. The cost of those services was more than double in the treatment group than the control group: the average treatment group member had services valued at \$605 more than the average control group member. These impacts are both statistically significant and meaningfully large.

Table 5 shows that being screened with the CMMSG results in more favorable program process-related outcomes. Specifically, the treatment group shows a substantially higher prevalence of registration with job service, a lower prevalence of failure to appear for registration, and a lower prevalence of failure to develop an employment plan at all. In fact, the reduction in these unfavorable procedural outcomes is in the magnitude of about 100 percent. In other words, clients being screened with the CMMSG generally do not fail to appear or follow through with program rules, whereas comparison members do.

Further, many more treatment group members are participating in related activities and many more have closed cases. Two desired outcomes of welfare reforms

in general are to cut caseloads and to engage remaining recipients in work-related activity. The screening guide seems to have achieved both the caseload reduction and higher levels of participation among remaining recipients. Other program status measures are not statistically significantly different between the treatment and control groups; but the ones that are show very favorable program process outcomes and impacts.

If we can credit the CMSG for these differences, then it is clear that the guide increases the likelihood that people will interact with the program as designed. Better information on clients' employment-related resources, barriers, and needs allows case managers to better funnel treatment group clients—relative to their control group counterparts—through the program. The observation that there are both more closed cases and greater participation levels suggests that perhaps the "hard-to-serve" clients are being referred to more appropriate programs for assistance while the remaining clients are being engaged in ways that the program desires.

Given the greater service support (Table 4) and more favorable program participation and interaction (Table 5), we might expect that short-term employment impacts, if they exist, would be negative if service included education or training that might delay employment. If services include child care or transportation assistance, then we might expect greater levels of employment among treatment group members, unless child care services are coupled with training activity rather than work itself. Analysis provides support for the explanation that service support can delay work.

As shown in Table 6, there is no difference between the treatment and control groups for at least three of the five employment outcome measures. That is, the number of jobs during the first two quarters of follow-up, being employed in the first quarter, and being employed in either the first or second quarter of follow-up are statistically the same for both treatment and control group members. The other two employment measures show a statistically significant program impact in the opposite direction than what was expected. That is, the odds ratios that are less than one—the coefficients for quarter two and for quarters one and two—suggest slightly better performance among the control group. This result might have stemmed from the possibility that the treatment group is receiving more attention regarding service needs in anticipation of entering the labor market, which they had not yet done within the first 6 months after going through the screening.

Table 6 also reveals that clients who had worked in the quarter before entering the Jobs program had more success regardless of the CMSG. In other words, using the CMSG does not achieve its desired employment impacts, at least in the short run, despite positive impacts on both services and program processes.

Discussion and Implications

Findings from this research matter for at least two reasons. First, welfare reform continues, and we hope to provide insights about providing personalized attention to clients that might guide ongoing implementation on the front lines. This research

provides new evidence on the link between service delivery practice and the impacts that accrue to clients. Specifically, our findings reveal that using a screening guide can be useful for identifying client needs, which is necessary for providing useful support services. The screening guide both increased service use and improved program process-related outcomes that matter both for the clients and for the agency. Although short-term employment impacts are either nonexistent or slightly negative, it is possible that greater service support sets the stage for longer-term impacts. Future work, either in Arizona or under another state's demonstration project, might examine the longer-term effects of having implemented targeted screening. In brief, the screening guide shows promise for service targeting and administrative processes, but it is less promising in terms of achieving employment-related outcomes, at least in the short term.

Second, we believe this research model is worthwhile and encourage its replication. Researchers often encourage agencies to participate in random assignment experiments in order to ensure that the results from evaluation research are unbiased and can be useful in policy decision making. Randomization of subjects to treatment and control groups is powerful because, under ideal conditions, it eliminates rival explanations for measured program impacts and allows causal attribution of impacts to the test intervention. However, despite these advantages, program administrators often dismiss the request to randomize, concluding that implementing random assignment is unethical, unmanageable, and possibly expensive. We assert, as others have, that experimentation need not be any of these.

When program impacts are unknown, perhaps the most ethical way to learn about them is to select randomly who can participate; this is an especially persuasive reason to experiment in instances when resources are scarce, which is almost always the case, specifically when a waiting list for services exists. Our experience with this Arizona pilot project demonstrates that random assignment is neither unmanageable nor expensive; the agency operationalized the process in-house and partnered with university researchers to analyze the data. While the randomization process could be more robust, the approach taken for the project is certainly better than having a completely nonrandomly selected comparison group; and the result is that the agency has information that is useful for policy and program design purposes.

We describe the process in this article and make these points about experimentation in order to continue to encourage program administrators to look for opportunities to experiment. DES took the opportunity to test a new mode of service targeting by randomly identifying which clients would be screened with the new case management tool. The resulting outcomes were then compared with the outcomes of clients who experienced the agency's status quo, thereby providing unbiased estimates of the intervention's impact. The agency integrated the pilot test into its ongoing service operations to test whether case management changes would have the desired effects. We assert that this approach is plausible in a variety of circumstances as various social service agencies undertake ongoing improvement.

This project has connected the use of a specific case management strategy—that of using a screening guide to help target services—to selected program outcomes

and impacts. Returning to our original question: does service approach matter? We found that the screening guide improves service- and process-related outcomes, but it does not improve employment-related outcomes. Evidence from this research corroborates the findings of Bloom et al. (2003) that “getting close to clients counts.” We find that this personalized case management counts in terms of service quantity and administrative processes. Although Riccio and Orenstein (1996) find that welfare savings are smaller in interventions that use personalized attention, we observed relatively large caseload reductions associated with the treatment group, which are likely to lead to welfare savings, despite offsets by service increases. Nevertheless, the ultimate desired effect—of increasing employment among recipients—did not materialize, at least in the short-term. Future analysis should test whether the short-term service impacts generate longer-term impacts on work. In addition, as welfare agencies nationwide continue to reform and refine their welfare systems, they might test small innovations like this one using an experimental research design so that findings might be of use more broadly in the field.

Dr. Laura R. Peck is assistant professor at the Arizona State University School of Public Affairs. Her research focuses on poverty U.S. social policy and on program evaluation methodology.

Dr. Ronald J. Scott, Jr. is a senior scientist with Applied Research Associates, Inc. His research includes systems theory and analysis, policy formulation and implementation analysis, and program evaluation methodology.

Notes

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1. These dimensions capture whether the client manages financial resources; has adequate housing; has resources for food and clothing; can prepare nutritional food; demonstrates good personal hygiene; understands and uses medical services for self and for child; understands responsible sexual behavior; has parenting skills; is disciplined; has domestic violence issues; understands and acknowledges substance abuse for self and for significant other; maintains and utilizes a positive support system; has completed high school or is furthering education accordingly; has engaged in career planning; implements career plan; attains job readiness; attains and sustains employment; and has sufficient transportation.
2. Because DES notes that 75 percent of its new clients find employment within 6 months, these follow-up data are sufficient for measuring the short-term outcomes of the intervention.
3. One drawback of our data is that they do not include demographic or educational indicators, which have been shown to be important in determining the employment-related outcomes of welfare recipients. We believe that the power of the study’s design reduces problems associated with not having these data. That is, the use of random assignment—specifically as sample size increases—results in having statistically comparable groups, along both measured and unmeasured traits. In estimating program impacts between the two groups, we are netting out the effects of other traits and measuring the effect of only the treatment itself.

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Appendix 1—Case Management Screening Guide

Arizona Department of Economic Security

Jobs Program

Case Management Screening Guide

Purpose

The purpose of this screening guide is to help the Jobs case manager get to know each participant's employment strengths, and to understand the pressures and problems they face everyday while they work to support their families. Everything you tell your case manager will be kept strictly confidential, so please be as frank and open as possible.

A variety of questions will be asked about your past employment, your family's needs and any serious problems you are facing that effect your getting and keeping the job you need. Your Jobs case manager knows what services are available in your community to help you successfully support your family. But, first they need to identify what your employment strengths are and what challenges you face on a daily basis.

The first set of questions, after the Basic Information section, deal with employment related questions like those employers would commonly ask at some point during the hiring process. By identifying your employment-related strengths, your Jobs case manager can direct you towards a job that will be successful for you. The second set of questions deal with the things families need on a daily basis such as childcare, transportation, housing, food and health insurance. Jobs case managers know that these needs can build up making it difficult to get and keep the job you need to support your family.

The third set of questions deals with serious problems that some Jobs participants, and many others in our communities, must work to overcome. These questions are personal in nature and do not effect all Jobs participants. But they are important questions that must be asked. If they do not pertain to you personally, that's good. But, the Jobs cannot help if these questions are not asked, and answered openly.

Instructions

Please answer all of the questions asked as openly as possible. If there is a question you are not sure how to answer, or you don't understand, skip it and your case manager will talk about it with you. With most questions you will need to pick the one best answer. But, there are some questions where you will be asked to check all that apply, so look for this special instruction as well. Also, with some answers you will be asked to go past the next question because it would not pertain to you, so be sure to look for them.

Thank you!

Section One; Basic Information

The screening guide begins by collecting basic participant information. This information is important so Jobs can contact you, so Jobs can give you references for family services and to be sure another program might not be better suited to help you and your family.

1. Today's Date: ____/____/____
2. Your Name: _____

Last	First	Middle
------	-------	--------
3. Your Social Security Number: ____-____-____
4. a. Your Home Address: _____

Street	Apt./Space	City	Zip
--------	------------	------	-----

 b. Your Mailing Address: _____

Street	Apt./Space	City	Zip
--------	------------	------	-----
5. Your Phone Numbers:

A. Home	(____)_____
B. Message #1	(____)_____
C. Message #2	(____)_____
6. Your date of birth: ____/____/____
7. Your Marital Status:

A. <input type="checkbox"/> Married	B. <input type="checkbox"/> Never Married	C. <input type="checkbox"/> Divorced
D. <input type="checkbox"/> Separated	E. <input type="checkbox"/> Widowed	
8. a. Are you a woman or a man? A. Woman. B. Man (Go To Question #9)
 b. If you are a woman, are you currently pregnant? A. Yes B. No
9. Do you have a child under 1 year old? A. Yes B. No
10. Are you a tribal member? A. Yes B. No,
 If Yes, with which tribe(s) _____
11. Is your spouse or any children in your family tribal members? A. Yes B. No
 If Yes, with which tribe(s) _____
12. Do you have a physical or behavioral disability that has been diagnosed by a medical professional and has lasted, or will last, for more than one year?
 A. Yes B. No
13. Do you have a child or a dependent adult that you must care for that has a physical or behavioral disability that has been diagnosed by a medical professional and has lasted, or will last, for one year or more?
 A. Yes B. No

Section Two; Employability

This section is designed to help the Jobs case manager understand your individual job related strengths, and abilities. Your Jobs case manager will use this information to help you get a job where you can be as successful as possible. You will be asked questions concerning general work history, recent employer and wage history, and your education and training.

General Work History

1. Are you currently employed?

- A. Yes, full time
- B. Yes, but its part time or not steady
- C. No, but I am ready to start immediately
- D. No, and I need some services to help me get started
- E. No, because I have a disability that makes it difficult
- F. No, because I am on medical or other leave from job
- G. No, because I am a full time student
- H. I have never had a job and need help getting started

If you have never had a job before, go to Question #3

2. Why did your last three Jobs come to an end?

Check all that apply

Last Job		Next To Last Job		3 rd Job	
A. Still Employed	<input type="checkbox"/>	A. Still Employed	<input type="checkbox"/>	A. Still Employed	<input type="checkbox"/>
B. Wanted a Better Job	<input type="checkbox"/>	B. Wanted a Better Job	<input type="checkbox"/>	B. Wanted a Better Job	<input type="checkbox"/>
C. No Work, Laid Off	<input type="checkbox"/>	C. No Work, Laid Off	<input type="checkbox"/>	C. No Work, Laid Off	<input type="checkbox"/>
D. Moved	<input type="checkbox"/>	D. Moved	<input type="checkbox"/>	D. Moved	<input type="checkbox"/>
E. Temporary/Day Labor	<input type="checkbox"/>	E. Temporary/Day Labor	<input type="checkbox"/>	E. Temporary/Day Labor	<input type="checkbox"/>
F. Pay was too low	<input type="checkbox"/>	F. Pay was too low	<input type="checkbox"/>	F. Pay was too low	<input type="checkbox"/>
G. Childcare Problems	<input type="checkbox"/>	G. Childcare Problems	<input type="checkbox"/>	G. Childcare Problems	<input type="checkbox"/>
H. Transportation Problems	<input type="checkbox"/>	H. Transportation Problems	<input type="checkbox"/>	H. Transportation Problems	<input type="checkbox"/>
I. Family Problems	<input type="checkbox"/>	I. Family Problems	<input type="checkbox"/>	I. Family Problems	<input type="checkbox"/>
J. Health, Depression	<input type="checkbox"/>	J. Health, Depression	<input type="checkbox"/>	J. Health, Depression	<input type="checkbox"/>
K. Demands Too Much	<input type="checkbox"/>	K. Demands Too Much	<input type="checkbox"/>	K. Demands Too Much	<input type="checkbox"/>
L. Couldn't Get Along	<input type="checkbox"/>	L. Couldn't Get Along	<input type="checkbox"/>	L. Couldn't Get Along	<input type="checkbox"/>
M. Discipline	<input type="checkbox"/>	M. Discipline	<input type="checkbox"/>	M. Discipline	<input type="checkbox"/>
N. Other	<input type="checkbox"/>	N. Other	<input type="checkbox"/>	N. Other	<input type="checkbox"/>
O. Never Worked, Go To #3		O. Never Worked, Go To #3		O. Never Worked, Go To #3	

3. Can you work any "off-hour" shifts?
- A. No
- B. Yes *If yes, Check All That Apply*
- 1) Evenings
- 2) Nights
- 3) Weekends/Holidays
4. When was the last time you applied for a job?
- A. This Last Week B. 2 to 4 Weeks Ago C. Last Month
- D. 2 or 3 Months Ago E. Over 3 Months Ago F. Over 1 Year Ago
5. Do you have a current Driver's License?
- A. Yes, a "regular" Arizona license B. Yes, a commercial Arizona license
- C. Yes, but it's from another state D. No, I have no driver's license
6. Do you own a car (or truck)?
- C. No
- D. Yes *If yes, Please Check All That Apply*
- 1) It is currently running? Yes No
- 2) It is usually reliable? Yes No
- 3) It is currently insured? Yes No
- 4) It is currently registered? Yes No
7. Are you willing to travel more than 30 minutes to get to work on a daily basis?
- A. Yes, I can travel more than 30 minutes to get to work each day
- B. No, I cannot travel more than 30 minutes to get to work each day

If you have had a job in the past, please go to the next page and complete the Recent Employer & Salary History Subsection for your past 3 employers.

If you have never had a job before, please go to the Education and Training Sub-section that begins on page #7

Recent Employer and Salary History

Most Recent Employer

1. What was the name of the last company you worked for? _____

(Say "SELF" if you were (are) Self Employed)

2. How many hours per week did (do) you normally work?
A. 40 or More B. 24 to 39 C. 1 to 24

3. What was (is) your starting hourly wage? \$____.____ (Plus Tips)

4. What was you ending (or current) hourly wage? \$____.____ (Plus Tips)
(Check here if work was volunteer)

5. What were your dates of employment?
From: ____/____/____ To: ____/____/____ (Still Employed)

6. How much time off did you have between this job and the previous job?
A. 1 Day to 3 Months C. 6 Months to 1 Year
B. 3 Months to 6 Months D. More Than One Year

7. What kind of work did you usually do (currently do) for this employer?
A. Cook, Waitress, Other Food Service H. Construction/Installation/Extraction
B. Nursing, Pharmacy Aid, Other Health Care I. Assembly/Fabrication/Production
C. Janitorial/Housekeeping/Cleaning J. Transportation/Moving
D. Any Sales Retail, Phone, Wholesale, Cashier K. Maintenance; Building/Landscape
E. Clerical/Office Staff/Bookkeeping L. Security Services/Guard
F. Farming, Ranching, Food Processing M. Entertainment/Casinos
G. Child or Adult Care/Teacher's Aid/Library N. Computers, Other Technical
O. All Other

8. How many people did (do) you supervise or manage while at this job?
A. None/Not App. B. 1 to 3 C. 4 to 12 D. More Than 12

2nd Most Recent Employer

1. What was the name of the last company you worked for? _____

(Say "SELF" if you were (are) Self Employed)

2. How may hours per week did (do) you normally work?
A. 40 or More B. 24 to 39 C. 1 to 24

3. What was (is) your starting hourly wage? \$____.____ (Plus Tips)

4. What was you ending (or current) hourly wage?? \$____.____ (Plus Tips)
(Check here if work was volunteer)

5. What were your dates of employment?
From: ____/____/____ To: ____/____/____ (Still Employed)

6. How much time off did you have between this job and the previous job?
A. 1 Day to 3 Months C. 6 Months to 1 Year
B. 3 Months to 6 Months D. More Than One Year

7. What kind of work did you usually do (currently do) for this employer?
A. Cook, Waitress, Other Food Service H. Construction/Installation/Extraction
B. Nursing, Pharmacy Aid, Other Health Care I. Assembly/Fabrication/Production
C. Janitorial/Housekeeping/Cleaning J. Transportation/Moving
D. Any Sales Retail, Phone, Wholesale, Cashier K. Maintenance; Building/Landscape
E. Clerical/Office Staff/Bookkeeping L. Security Services/Guard
F. Farming, Ranching, Food Processing M. Entertainment/Casinos/
G. Child or Adult Care/Teacher's Aid/Library N. Computers, Other Technical
O. All Other

8. How many people did (do) you supervise or manage while at this job?
A. None/Not App. B. 1 to 3 C. 4 to 12 D. More Than 12

3rd Most Recent Employer

1. What was the name of the last company you worked for? _____

(Say "SELF" if you were (are) Self Employed)

2. How many hours per week did (do) you normally work?

A. 40 or More B. 24 to 39 C. 1 to 24

3. What was (is) your starting hourly wage? \$____.____ (Plus Tips)

4. What was you ending (or current) hourly wage? \$____.____ (Plus Tips)

(Check here if work was volunteer)

5. What were your dates of employment?

From: ____/____/____ To: ____/____/____ (Still Employed)

6. How much time off did you have between this job and the previous job?

A. 1 Day to 3 Months C. 6 Months to 1 Year

B. 3 Months to 6 Months D. More Than One Year

7. What kind of work did you usually do (currently do) for this employer?

- | | |
|---|--|
| A. <input type="checkbox"/> Cook, Waitress, Other Food Service | H. <input type="checkbox"/> Construction/Installation/Extraction |
| B. <input type="checkbox"/> Nursing, Pharmacy Aid, Other Health Care | I. <input type="checkbox"/> Assembly/Fabrication/Production |
| C. <input type="checkbox"/> Janitorial/Housekeeping/Cleaning | J. <input type="checkbox"/> Transportation/Moving |
| D. <input type="checkbox"/> Any Sales Retail, Phone, Wholesale, Cashier | K. <input type="checkbox"/> Maintenance; Building/Landscape |
| E. <input type="checkbox"/> Clerical/Office Staff/Bookkeeping | L. <input type="checkbox"/> Security Services/Guard |
| F. <input type="checkbox"/> Farming, Ranching, Food Processing | M. <input type="checkbox"/> Entertainment/Casinos |
| G. <input type="checkbox"/> Child or Adult Care/Teacher's Aid/Library | N. <input type="checkbox"/> Computers, Other Technical |
| | O. <input type="checkbox"/> All Other |

8. How many people did (do) you supervise or manage while at this job?

A. None/Not App. B. 1 to 3 C. 4 to 12 D. More Than 12

Education and Training

1. *What is the highest grade level you have completed in school?*
 A. Primary (8th Grade or Less) E. Some College or Technical Courses
 B. High School (9th, 10th, 11th or some 12th Grade) F. 2 Year College or Tech. Degree Completed
 C. High School Graduate/GED G. 4 Year College Degree Completed

2. *Are you currently attending school, a training program or taking language classes?*
 A. No B. Yes If yes, what kind? _____

3. *Have you had any on-the-job training that would help you get a job now?*
 A. No B. Yes If yes, what kind? _____

4. *Have you had training in any of the trades (plumbing, electrical, carpentry, etc.), or for a technical position (electronics, computers, mechanic, etc.)?*
 A. No B. Yes If yes, what kind? _____

5. *Do you have any occupational licenses, vocational certificates or similar accomplishments which would help you get and keep a job?*
 A. No B. Yes If yes, what kind? _____

6. *Do you have any other skills, experiences or knowledge that would help you get and keep a job?*
 A. No B. Yes If yes, what kind? _____

7. *What languages do you know fairly well?*
 A. English B. Spanish C. Navajo D. Hopi E. Other _____

Section Three; Family Needs

In this section the screening guide looks at the daily and supportive needs every family experiences. If these needs become too great, they can prevent families from becoming self-sufficient. Most or all of the questions asked in this section deal with services a Jobs case manager can provide to Jobs participants, depending on where in the state they live and money available.

1. How do you get to work and important appointments, like the doctor's office?

Check all that apply

- | | |
|--|--|
| A. <input type="checkbox"/> My Own Car | E. <input type="checkbox"/> Taxi or Shuttle |
| B. <input type="checkbox"/> A Borrowed Car | F. <input type="checkbox"/> Walk, Bicycle or Scooter |
| C. <input type="checkbox"/> Bus/Dial-a-Ride | G. <input type="checkbox"/> Churches, Religious Groups |
| D. <input type="checkbox"/> Family or Friends Drive Me | H. <input type="checkbox"/> Other |
| I. <input type="checkbox"/> None, I currently have no transportation | |

2. Do you have children that need childcare or after-school care for you to get and keep the job you need to support your family?

A. No, I have no children needing daycare or alternative supervision at any time.

If you have no children needing childcare go to question #4

B. Yes *If yes, Check All That Apply*

- | | | | |
|--|------------------------------|-----------------------------|--------------------------------------|
| 1) I have "regular" day time childcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2) I have evening & weekend childcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> None Needed |
| 3) I have "sick child" childcare available | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> None Needed |
| 4) I have no childcare available | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> None Needed |

3. Who currently provides child care or after-school care when you work or attend important appointments?

Check all that apply

- | | |
|--|--|
| A. <input type="checkbox"/> Child Care Center | E. <input type="checkbox"/> Cooperatives, Home Based |
| B. <input type="checkbox"/> School, Preschool, Head Start | F. <input type="checkbox"/> Roommate in Household |
| C. <input type="checkbox"/> Family/Friend In Household | G. <input type="checkbox"/> Churches, Religious Groups |
| D. <input type="checkbox"/> Family/Friend Not In Household | H. <input type="checkbox"/> Other |

4. Does your child (children) have health insurance, either AHCCCS or a private company?

A. Yes, All Have Insurance B. Some Yes, Some No C. No, None

5. Do you have health insurance, either AHCCCS or a private company?

A. Yes, I Do B. No, None

6. Do any of your children have personal problems (legal, drugs, counseling, school, etc.) that make it difficult for you to get and keep the job you need to support your family?

A. Yes B. No

7. Are you currently receiving assistance with your rent from Section 8 or HUD Housing?

A. Yes B. No

8. Are you currently receiving assistance with your utilities, water or phone?

A. Yes B. No

9. What is your current housing situation?

- A. The family and I are in our home alone
- B. The family and I share our home with others permanently
- C. The family and I are sharing our home with others temporarily
- D. The family and I are share other peoples' home permanently
- E. The family and I are share other peoples' home temporarily
- F. We are homeless, or living in a shelter *(If checked, go to question #12)*

10. Are you currently up-to-date with your rent (or mortgage payment)?

A. Yes

B. No *If No:*

1) How many weeks are you behind? _____

2) How much do you currently owe? \$____.____

- 11. *Is getting behind on your rent an ongoing problem, or has something changed recently in your life that will make paying rent difficult in the future?*
A. Yes B. No
- 12. *Do you have the business clothes to get and keep the job you need?*
A. Yes B. No
- 13. *Do your children have the clothes they need for school, to keep warm?*
A. Yes B. No
- 14. *Do you have the eyeglasses or contact lenses you need to read, drive and perform work?*
A. Yes B. No
- 15. *Do you have severe dental problems that need fixing before you can get and keep a job?*
A. Yes B. No
- 16. *Has you or your family recently gone hungry because you could not afford to buy food?*
A. Yes B. No
- 17. *Is having enough food an ongoing problem, or has something changed recently in your life that will make buying food more difficult in the future?*
A. Yes B. No
- 18. *Has your family recently relied on any of the following sources for food?*

Check all that apply

- A. Food Stamps
- B. WIC
- C. Food Banks
- D. Family or Friends
- E. School Free Lunch Programs
- F. Community Meal Programs
- G. Churches, Religious Groups
- H. Neighbors, Farm Fields, All Others
- I. None have been used recently

- 19. *Has your family recently relied on any of local or community organizations to get services or other kinds of help?*

Check all that apply

- A. School Programs (Head Start, after-school)
- B. Community/Tribal Centers
- C. Thrift Stores, Clothing Banks
- D. Churches, Religious Groups
- E. Minority Group Assoc. (CPLC, NAACP)
- F. Salvation Army or Similar Group
- G. Community Support Group Programs
- H. Health Fairs, Health Outreach Programs
- I. Domestic Violence or Homeless Services
- J. Other Local or Community Organizations
- K. No, I haven't used any community support organizations recently.

- 20. *You may be qualified for other government/public programs that can help you and your family. Form the list below, please check all of the government programs your family is currently involved. Your Jobs case manager will talk to you about the other programs you qualify.*

- A. Employment Services (a.k.a. "Job Services"—is different than "Jobs Program")
- B. Unemployment Insurance
- C. Disability Programs, Determination Services & Advocacy
- D. Youth and Families (Family Builders, AZ Families First, CPS, foster care)
- E. Vocational Rehabilitation
- F. Behavioral Health Services (counseling)
- G. DES Child Care
- H. Domestic Violence Shelters or Counseling, Post Shelter Education
- I. Adult & Aging Services (AZ Long Term Care (ALTCS), Home Care, Older Worker)
- J. Health Outreach (Healthy Families, Baby Arizona, Public Health Screenings, etc.)
- K. HUD Housing & Programs (Subsidizes, Legal Aid, Shelters, AZ Housing Authority)
- L. Utility Payment, Weatherization and
- M. Any other government or public programs? Please List: _____

Section Four; Barriers To Employment

This sections assesses the type and extent to which you may have barriers keeping you from getting and keeping the job you need to successfully support your family. It is very important that you are as open as possible when answering these questions. Many people cannot be successfully employed until these barriers are removed. Your Jobs case manager will keep all information you provide confidential, and they need it to help you as much as they possibly can.

1. Do you have any physical health problems that make it difficult for you to get and keep the job you need to successfully support your family?

A. Yes B. No
2. Do you have any mental/behavioral health problems that makes it difficult for you to get and keep the job you need to successfully support your family; including depression, anxiety, alcohol/drug use?

A. Yes B. No
3. Generalyy, how well have you done with schoolwork or during training?

A. Very Well B. Well C. Average D. Not Well E. Poor
4. Were you in any special education classes when you were in school?

A. No B. Yes
5. Do you need a translator or help learning English to get and keep the job you need?

A. No B. Yes
6. Have you ever missed work because of too much partying?

A. Yes B. No
7. Have you ever felt you should cut down on your drinking or drug use?

A. Yes B. No
8. Have people annoyed you by criticizing your drinking or drug use?

A. Yes B. No
9. Do any of your family members have any physical health problems that make it difficult for you to get and keep the job you need to successfully support your family?

A. Yes B. No
10. Do any of your family members have any mental/behavioral health problems that makes it difficult for you to get and keep the job you need to successfully support your family; including depression, anxiety, alcohol/drug use?

A. Yes B. No
11. Have you ever been convicted of a felony?

A. Yes B. No
12. Are you currently on probation or parole?

A. Yes B. No
13. Are you or a family member involved in court or police actions that make it difficult for you to get and keep the job you need to successfully support your family?

A. No
B. Yes, Myself
C. Yes, A Family Member

If you answered "Yes, Myself", or "Yes, A Family Member", please let us know what kind of involvement it is, especially if it effects your ability to get and keep a job:

- 14. Are you, or any member of your family, facing domestic violence of any kind?
 A. Yes, Myself B. Yes, A Family Member C. No
- 15. Are you, or any member of your family facing anything that is a threat physically, emotionally or financially?
 A. Yes, Myself B. Yes, A Family Member C. No
- 16. Do you have a barrier to becoming employed that wasn't discussed in question #1 through #1 that make it difficult to get and keep the job you need to support your family?
 A. No B. Yes If "Yes" Please describe these barriers _____

Appendix 2: Comparability of Treatment and Control Groups

Table 2a shows the between-group differences at baseline. The treatment group members appear to have slightly more earnings both overall and among those who were employed at baseline. Although the difference in wages earned of \$103 represents an 18.0 percent difference, it is not statistically significant, nor is the very small difference in employment rates.

Table 2a. Employment Outcomes Measured at Baseline

	CMSG-Assessed Group	Control Group	Difference
Number of observations	276	276	
Overall mean wages at baseline	\$675	\$572	\$103
Mean wages among those employed at baseline	\$1,960	\$1,643	\$317
Percent employed at baseline	34.4	34.8	0.4

**Statistically significant at the $p < 0.01$ level; *Statistically significant at the $p < 0.05$ level.
 CMSG, Case Management Screening Guide.

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