WELFARE REFORM INITIATIVE

Welfare Reform:
The Impact on Native Americans in Utah’s Uintah Basin
Phase II

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Welfare Reform: The Impact on Native Americans in Utah’s Uintah Basin
Phase II - Addendum

May 2002

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Financial supporters of this phase of the project and report
Utah Department of Workforce Services

Financial supporters of CPPA’s Welfare Reform Initiative
Catholic Diocese of Salt Lake City
The Church of Jesus Christ of Latter-day Saints Humanitarian Service
Holy Cross Ministries
IHC Foundation
Thrasher Research Fund
Utah Department of Human Services
Utah Department of Workforce Services
Utah Division of Indian Affairs

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Ross Reeve, Demographic & Economic Analysis, Governor’s Office of Planning and Budget

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ACKNOWLEDGMENTS

We wish to express our appreciation to all of those who supported and assisted us with this addendum to our earlier study. We thank the Department of Workforce Services (DWS) for funding computer and research time, as well as for the help and time of the various DWS administrators and staff who were involved in all phases. These individuals helped by generating and discussing data and by helping us track down all of the DWS activities related to Phase I problem statements and recommendations that have taken place in the interim. We also appreciate the help of the Utah Division of Indian Affairs and Ute Tribe and Bureau of Indian Affairs (BIA) administrators and staff for keeping us informed about progress in their areas of expertise and service. We acknowledge the contributions and advice of administrators and staff of allied agencies and researchers. And thanks to the Center for Public Policy and Administration (CPPA), University of Utah for taking a prolonged and expansive interest in welfare reform, including its impact on Indians in the Uintah Basin. Special thanks go to the following individuals:

Toni Ansel, DWS, Roosevelt Office
Robin Arnold-Williams, Department of Human Services (DHS)
Darin Brush, DWS, State Office
Lora Carter, Ute Tribe Workforce Investment Act Department
Larry Cesspooch, Ute Tribe Public Relations
Judy Chambley, DWS, Eastern Region
Forrest Cuch, Utah Division of Indian Affairs
Vint DeGraw, DWS, Vernal Office
Bob Gilbert, DWS, Eastern Region
Jay Groves, Ute Tribe Administration
Paul Hacking, Uintah Basin Area Technical College
Gene Hofeling, Utah Department of Health
Thomas Jenks, Ute Tribe Social Services
Sergio Lugo, TANF Program Specialist, Region VIII
Sara McCormick, CPPA, University of Utah
Melody Miller, NECC Ft. Duchesne Unit
Darryl Numan, BIA Social Services
Cathie Pappas, DWS, State Office
Ron Perry, NECC
Mike Richardson, DWS, State Office
Amanda Singer, DHS, State Office
Patrice Spiegel, DWS, State Office
Mary Jane Taylor, Social Research Institute, University of Utah
Helen Thatcher, DWS, State Office
Dan Wheeler, Vocational Rehabilitation
LIST OF ABBREVIATIONS

AF  Family Financial Assistance (a DWS program code for regular FEP)
AFDC Aid to Families With Dependent Children
BD  Blind and Disabled (a DWS closure code)
BIA  Bureau of Indian Affairs
CHIP  Child Health Insurance Program
CPPA Center for Public Policy and Administration
DCFS Division of Child and Family Services
DSPD Division of Services for People With Disabilities
DWS  Department of Workforce Services
EITC  Earned Income Tax Credit
FEP  Family Employment Program
FS  Food Stamp program (a DWS program code)
FSO  Food Stamps Only (a DWS program code)
GA  General Assistance program
GI  Gross Income (a DWS closure code)
IHS  Indian Health Service
IV  Verification not received (a DWS closure code)
LCSW Licensed Clinical Social Worker
LEP  Limited English Proficiency
MAO Medical Assistance Only (a DWS program code)
MED Medicaid (a DWS program code)
MOA Memorandum of Agreement
MSW Masters in Social Work
MV  Moved out of service area (a DWS closure code)
NCAI National Congress of American Indians
NECC Northeastern Counseling Center
NI  Net Income (a DWS closure code)
NP  Non-participation (a DWS closure code)
PACMIS Public Assistance Case Management Information System
PRWORA Personal Responsibility and Work Opportunity Reconciliation Act
RC  Requested by Client (a DWS closure code)
RV  Review (a DWS closure code)
SCM Service Coordination Meeting
SSA Social Security Administration
SSI  Supplemental Security Income
TANF  Temporary Assistance for Needy Families
TL Time Limit (a DWS closure code)
TMA Transitional Medical Assistance
TR  Transitional Medicaid (a DWS closure code)
UBAG Uintah Basin Association of Governments
UBATC Uintah Basin Area Technical College
UWORKS A name given to DWS client data information system
WIA Workforce Investment Act
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EXECUTIVE SUMMARY

In February 2001, the Center for Public Policy and Administration (CPPA), University of Utah, published a report Welfare Reform: The Impact on Native Americans in Utah’s Uintah Basin by Shirley Weathers, Ph.D. and Bill Walsh of Walsh & Weathers Research and Policy Studies. The study was funded by the Utah Department of Workforce Services and the Utah Division of Indian Affairs to determine how the 1996 Congressional welfare reform law, “The Personal Responsibility and Work Opportunity Reconciliation Act” (PRWORA), had affected this population. The report reflects qualitative information received from interviews and meetings with a wide range of people concerned with welfare reform in the region. This current report, an addendum to the Phase I study and called Phase II, was undertaken because administrative data requested was not made available during the first study. At the time, DWS computer resources were fully devoted to work on a new, extensive data system, UWORKS. Subsequent to finalizing the first report, the majority of the data was produced and the results of our analysis are reported herein. Believing it was important to generate an update of progress in the region to address concerns conveyed in the first report, the latter forms the second segment of this report.

Our original data request was for three types of administrative information covering the period from the implementation of Utah’s Temporary Assistance for Needy Family (TANF) program, the Family Employment Program (FEP), in August 1997. We were interested in caseload data for FEP, Food Stamps, and Medicaid; information on FEP case closures; and work activity participation components in which families were engaged under the new, work-based program. For each data type, we requested a breakdown between families headed by an Indian parent and all other families. The geographical regions for which data were requested were the Roosevelt and Vernal DWS Offices in the Uintah Basin, and the rest of the state. We were provided with administrative data covering three years, from January 1998 through February 2001, for the family types and regions requested, including caseload for the above programs, as well as case closure data for FEP. Data showing the kinds of activities FEP parents were engaged in could not be provided.

Findings

Data sets of this type reveal caseload and case closure trends, but not the multiplicity of factors that cause them. This, coupled with the fact that the data reflect a period of time in the past and quantify a relatively small number of cases, means that their primary value is not to prove or disprove observations about these programs made by respondents during the Phase I study, rather to indicate some areas where further investigation may be warranted. With regard to caseload data, changes over time of the program operation can be observed. Many factors would have potentially contributed to or caused those changes and, where the trends observed appear to be troubling, a better understanding of policies, practices, and a variety of external factors might productively be sought. Case closure data show some differences in reasons for leaving welfare between families headed by Indians and other families and some variation by region. These phenomena, too, may suggest the need for further investigation. The data analysis in this addendum report are most valuable as a trigger for discussion and reflection and suggest areas for further scrutiny as DWS continues to pursue the goals of FEP, “to increase family income through employment and child support,” as well as goals of other programs it administers.

Assistance Caseloads

Caseload reduction and involving more financial assistance clients in employment were two of the primary goals of Congress in the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. These goals were met, and declining TANF caseloads across the country have prompted discussions by a diverse group of observers of the effects of the new welfare system. There is controversy over precisely what factors have caused the decline in use of TANF assistance, but most agree that a complex combination of the strong economy of the 1990s and new welfare policies was responsible.

Caseloads began to drop in 1993, suggesting a significant role for the economy. From the high point in mid-1993 to January 2002, Utah’s FEP caseload dropped from over 18,000 families to 8,656 (56 percent). Respondents in the Phase I study worried that the new, employment focused environment in DWS offices, policies, and practice may have added to caseload reductions simply by discouraging families in crisis from applying. They reasoned that the threat of this could be greater for Indian families because of their historical difficulty in finding jobs in the local community or through Tribal employment opportunities. In addition to FEP utilization, a general
interest in caseload changes over time exists with regard to households using Food Stamps and Medicaid. Caseloads for both of these programs should not be expected to decline in any way similar to the TANF program. Although families have indeed left welfare for work, the jobs they have found generally paid low wages and rarely included health care benefits, providing reason to expect that TANF leavers would continue to need to rely on Food Stamps and Medicaid. However, nationwide, Food Stamp and Medicaid caseloads plummeted along with TANF caseloads. Many believe this phenomenon stemmed, at least in part, from belief among eligible people that eligibility for supportive programs was tied to TANF eligibility. We wanted to see whether administrative data would reveal anything about caseload declines in these programs among needy, eligible families in Utah, including whether there were any differences in utilization by Indian and other families.

Although the Roosevelt and Vernal DWS Offices serve approximately the same number of families, Roosevelt’s Indian caseload is far more significant. Using FEP as an example, at the end of the study period, 51 Indian families made up 40.2 percent of the Roosevelt caseload of 127 families receiving FEP, Food Stamps, and Medicaid (coded AF/FS in our data and the programmatic circumstances most generally considered to comprise a “FEP household”). Sixteen Indian families made up 15.0 percent of the total AF/FS caseload of 97 families in the Vernal Office. The reader should note the small numbers that are involved in data for the two Uintah Basin Offices. The effect of small numbers on statistical calculations may be even greater when caseloads are broken down to the level of Indian versus non-Indian families. Vernal’s Indian caseload is so small that percentages can change rather dramatically when just a few cases are involved. (The data do not indicate Tribal membership—roughly half of the Indians living in the Uintah Basin are members of the Northern Ute Tribe; the remainder belong to a variety of other Tribes and groups.)

Nonetheless, particularly the Roosevelt Office, serving a caseload including a large proportion of Indian people, offers an opportunity to consider statistical differences between caseload size and outcomes for Indian and non-Indian families. In the rest of the state, only 7.1 percent of the FEP caseload (427 out of 6,049) is headed by an Indian parent. The economic circumstances in this area—Duchesne County consistently has among the highest unemployment and poverty rates in the state—are also reflected in some of the numbers.

The Family Employment Program (AF/FS)

As noted above, caseload data in this category refer to what may be considered the standard Family Employment Program (FEP) case type—a family with dependent children (usually headed by a single, female parent), receiving FEP (financial assistance), Food Stamps, and Medicaid. In the data run, this part of the FEP caseload was coded AF/FS.

It might be assumed that caseload reductions in a work-oriented program would be less dramatic in areas like the Uintah Basin with less vigorous economies. However, at least during the period for which data were received for this study, this was not the case. From January 1998 through February 2001, the AF/FS caseload declined by 10.8 percent in the Roosevelt Office, much like the 11.0 percent in the rest of the state. Vernal’s AF/FS caseload declined at a greater rate—33.5 percent during that period.

Looking separately at Indian and non-Indian families and FEP caseload reductions, the data show that the portion headed by Indians has declined less dramatically than the rest of the caseload. During the first six months of the study period, the average FEP Indian caseload in the Vernal Office was 19; during the final six months of the period, it was unchanged at 18. Non-Indian cases declined substantially—by 37.6 percent, from an average of 149 cases during the months of January through June 1998 to an average of 93 cases during September 2000 through February 2001. During the same period, the caseload reductions for Indian and non-Indian families in the Roosevelt Office were 9.1 percent (from an average of 66 to 60 cases) and 12 percent (from an average of 92 to 81 cases), respectively. Consistent with this, the Indian FEP caseload in the rest of the state only declined by 3.2 percent, and by 11.6 percent for non-Indian families. As noted, the reasons for this are not apparent from these data.

Food Stamps Only (FSO)

Across the nation, studies have indicated declines in Food Stamp utilization in most states. A common interpretation is that policy changes made in 1996 were generalized in the “information grapevine,” causing many who had need of the program to believe that they would no longer be eligible or otherwise discouraging them from
continuing with the program or applying in the first place. Respondents in the Phase I study of the impact of welfare reform on Native Americans in the Uintah Basin suggested that people in need of Food Stamps and a range of assistance programs administered by the Department of Workforce Services—an organization with a clear orientation to employment—might find it difficult to navigate through to the Food Stamp program.

Utah as a whole has, in fact, been more successful than many states in maintaining a relatively consistent level of Food Stamp utilization since the passage of the 1996 Welfare Law. The data we received as coded FSO reflect non-FEP households—those receiving only Food Stamps, although they may have received FEP at some time in the past. In Utah outside the Uintah Basin, the Food Stamp Only caseload decreased only slightly during the period studied—for all families by 7.0 percent and for Indian families, a 1.0 percent increase was found.

Recalling that the much smaller numbers involved in the two Uintah Basin Offices make comparison with the state somewhat risky, the bar chart represents a comparison of only those Offices. FSO cases have declined substantially, especially for households headed by Indians. In the Roosevelt Office, non-Indian FSO households declined by 21.4 percent (from an average of 36 cases in the first six months of the period studied to an average of 44 cases in the last six months), but Indian cases declined by 55.9 percent (from an average of 59 to 26 cases). In Vernal, the decline for all families was substantial. The Indian caseload is quite small, going from an average of 21 FSO cases in the beginning of the period to an average of nine over the last six months. This calculates to a 57.1 percent reduction. Non-Indian households averaged 65 at the beginning of the study period and dropped to 36, a decline of 44.6 percent. Again, the data do not provide reasons for occurrences. It would be our recommendation that program administrators take a look at this phenomenon and consider what may have triggered these declines and whether, by now, adequate measures have been taken to correct whatever problems may have been occurring during this time period.

Families Receiving FEP and Medicaid Only (AF/MED)

A small group of families receive FEP and Medicaid, but not Food Stamps. This may be a matter of choice—perhaps due to embarrassment over using Food Stamps—or because they have been disqualified for Food Stamps. AF/MED caseloads stayed relatively constant throughout the period of study in the Roosevelt and Vernal Office. The Roosevelt non-Indian caseload declined slightly over the course of the study period—from an average of 28 during the first six months to 25 during the last six months. In Vernal, there was no measurable difference; the period began and ended with an average caseload of around 23. The Roosevelt and Vernal caseloads with an Indian parent were quite small. During the period of the study, they increased from 9 to 18 (100 percent) and from 3 to 4 (33.3 percent), respectively. In the state outside the Uintah Basin, the Indian caseload increased from 53 to 60 (13.2 percent) and the non-Indian caseload increased from 1,268 to 1,602 (26.3 percent).

Families Receiving Medicaid and Food Stamps Only (MED/FS)

This group of families may be seen as those who have worked their way off welfare, although they are not independent of government assistance. MED/FS caseloads for all families increased over the study period from January 1998 to February 2001. In the state outside the Uintah Basin, the increase was from 15,713 to 19,578 (24.6 percent) and in the Roosevelt Office, from 315 to 386 (22.5 percent). The Vernal Office shows a slight decline, from 302 to 275 (-8.9 percent). Data separating Indian from non-Indian families shows that, in the Roosevelt Office, the caseload increase in families leaving financial assistance for work was smaller for Indians at 7.1 percent (the caseload increased from a monthly average over the first six months of the period of 98 to an average of 105 at the end of the period). The caseload increased by 16.0 percent for non-Indian families (from an average of 244 to 283
cases). Vernal’s MED/FS caseloads actually declined. The average Indian caseload dropped from 27 to 25 (-7.4 percent); the non-Indian caseload went from 295 to 259 (-12.2 percent).

Medical Assistance Only (MAO)

The federally and state funded MAO program has been utilized historically by people lacking adequate health care coverage to cover their medical needs. It is not tied in any way to the TANF or Food Stamp programs, and it is a separate program from Transitional Medical Assistance (TMA). All TANF families receive their health care coverage through the Medicaid program.

During the period of this study, while enrollment in other assistance programs generally have been declining or increasing somewhat, the MAO caseload has climbed steadily in both the state and in the Uintah Basin. Increases are high everywhere in the state—from 60.0 to 85.0 percent—for Indians and non-Indians, although generally somewhat less for Indians.

Closure Codes–Reasons for FEP Case Closures

When a FEP case is closed, it must be assigned a “closure code,” descriptive of the reason for the closure. Codes indicate whether a case was closed because the parent was working, sanctioned for non-participation, or the family’s time limit had been reached, as well as whether the client requested closure or failed to complete a review or submit required paperwork. The full report covers data findings for all of these coded reasons, but the two areas that warrant primary interest for purposes of this study are those reflecting employment and sanction.

In the Uintah Basin and the rest of the state, Indian FEP cases are less likely than other families to close due to employment. The code used for this type of closure is TR (indicating that a Transitional Medicaid case was opened for the family at the time of closure, an occurrence that only takes place when a case is closed for work). Looking at all families first, roughly the same percentage of case closures during the study period were of this type in Vernal (40 percent) and the rest of the state (43 percent). Roosevelt’s slower economy may be suggested by the lower, 23 percent closure rate. Indian families, however, did substantially less well in being able to close their cases for work. In the rest of the state, the TR closure rate was 31.5 percent for Indians and 44.4 percent for other families. In the Roosevelt Office, only 16.4 percent of Indian FEP cases closed with a TR code (122 of 746), versus 28 percent for non-Indians (279 of 1,007). In Vernal, the difference was even more extreme, at 17.9 percent (38 of 218) and 43 percent (739 of 1,717), respectively.

On the other hand, Indian FEP families are at substantially greater risk of having their
cases closed due to sanction than other families. PRWORA requires states to sanction clients who do not comply with participation requirements, although states can decide on the process and level of punishment. When a participation problem is perceived, Utah begins with a FEP monthly benefit reduction of $100 and, if the problem is not resolved, proceeds with a “full-family sanction.” These closures are coded NP.

During the period of the study, sanction rates in the Roosevelt and Vernal Offices were somewhat higher than in the rest of the state. Looking first at all families, NP closures amounted to 19.6 percent of all closures in the Roosevelt Office (344 of 1,753) and 14.7 percent (285 of 1,935) in the Vernal Office. In the rest of the state, 8.5 percent (7,378 of 86,651) of closures for all families were due to sanction. For Indian families in the Uintah Basin, the risk of sanction closure was substantially greater than for non-Indian families. NP closures in the Roosevelt Office accounted for 26 percent of all Indian FEP case closures (194 of 746), versus 14.9 percent (150 of 1,007) for non-Indians. In Vernal, 34.4 percent of Indian cases closed with an NP code (75 of 218), versus 12.2 percent for non-Indians (210 of 1,717). In the rest of the state, the gap was less pronounced, with 11.3 percent of Indian cases and 8.3 percent of non-Indian cases closed for sanction.

Update to Phase I

The full report systematically restates problems statements formulated for the Phase I report on the basis of data available at that time, along with the sets of recommendations developed to address those concerns. This information is followed by an update or progress report pertinent to each of the recommendations.

For purposes of this Executive Summary, we will state that there has been substantial positive action. Key areas of progress are as follows:

• The Service Coordination Meeting acts as a vehicle for building and improving working relationships among various service providers—DWS, local government and non-profit, BIA, and Tribal. Evident in monthly meetings is substantial commitment among service providers to achieving greater understanding of each other’s resources, eligibility criteria, and goals, so that available services can be “wrapped around” those who need them. It has also opened the door to additional opportunities to build relationships.

• The establishment of, and ongoing support for, the Northeastern Counseling Center’s (NECC) Ft. Duchesne Unit serves a number of important functions. Through this Unit, mental health and substance abuse services are provided in a setting on the Reservation, along with outreach and referral for various services. The Unit is collocated with Tribal Workforce Investment Act services and demonstrates to the Tribal community the commitment of state entities to working together to ensure consistency of essential services that are culturally sensitive.

• A full-time Licensed Clinical Social Worker was hired for the Roosevelt and Vernal Offices.

• A workshop on the Northern Ute Tribe and Indian culture was offered to DWS staff by Ron Wopsock of the Ute Tribe Business Committee.

• Tools such as the Basin Resource Guide—available online at www.helpinthebasin.com and in hard copy—and an expanded and updated resource brochure help all who come in contact with people who may need services to do more appropriate and effective referrals.

• The Service Coordination Meeting has established its intention to engage in systems change activities, i.e., to serve as a forum to study and resolve programmatic and policy conflicts among programs intended to serve Indian people in the Uintah Basin.

• The efforts of the Utah Department of Health to identify, find, and recertify Medicaid eligible families appear to have yielded a positive and important restoration of health care coverage to a substantial number of families, in the Uintah Basin and elsewhere in the state. Also, the computer process to close FEP cases has been changed to minimize inappropriate or accidental Medicaid closures.

Areas we believe are in need of additional attention in one or both Uintah Basin DWS offices include the following:

• Further study of the way FEP policies and procedures may affect Indian families, especially in light of the limited job market and high unemployment rates among Indians, is needed. The relatively low percentage of case closures for Indian families that indicate employment should be investigated further.
There is need to understand more about the way the conciliation process and sanctions influence outcomes for Indian families and all other families.

The effectiveness of the set of opportunities to identify family barriers and provide interventions may benefit from attention as a system, i.e., 1) initial assessment and preparation of employment plans as required in federal and Utah law, 2) conciliation in cases where a participation problem is perceived, and 3) review prior to case closure for time limits.

A funding source is needed to continue operations of the NECC Ft. Duchesne Unit, since existing funding from DWS will run out this fall.

Both Tribal and local community awareness of the work of the Service Coordination Meeting needs to be raised in ways that will facilitate the efforts of the group.

Tribal, BIA, state, and local community service providers need to continue to build trust and working relationships through existing linkages and by developing new ones as needed, e.g., the coordinated effort to provide transportation is a positive precedent.

All appropriate entities need to continue to find ways to coordinate activities and outreach. Tools such as those developed to increase Food Stamp awareness need to be made available to those entities that can use them and client contacts need to make sure they are used to maximum benefit.

Tribal and community service providers should be made aware of the work of DWS’s Customer Relations office so that can utilize this resource and assist in implementation of solutions.

It is important to consider the current status of welfare reform in the Uintah Basin in light of factors beyond the control of either DWS or Indian service providers and families, i.e., impending congressional action related to the Reauthorization of the 1996 federal welfare reform law. At the time of this writing, the U.S. House of Representatives has passed a bill–H.R. 4737, “Personal Responsibility, Work, and Family Promotion Act of 2002”–that contains some improvements desired by Tribal organizations, but also substantially increases work participation requirements, fails to adequately increase child care funding to cover either existing shortages or new demands promised by the latter provisions, and appears to restrict state, and perhaps Tribal, flexibility in a number of important ways related to allowable participation activities.

The matter of TANF reauthorization is before the U.S. Senate in May 2002. A group within the Senate Finance Committee including Utah’s Republican Senator Orrin Hatch and Olympia Snowe (R-ME); Democratic Senators Blanche Lincoln (AR), John Rockefeller (WV), and John Breaux (LA); and Independent Senator James Jeffords (VT) is preparing a multi-partisan bill that appears (from a document entitled “Tripartisan Consensus Provisions” reflecting agreements on concepts) to contain a more measured approach to work participation and countable activities and gives more realistic attention to the need to match work requirements with adequate child care funding. It also addresses some of the issues raised by respondents during the Phase I study, but it does not address Indian issues. A bill–S. 2484, “The Indian Welfare Reform Act,”–has been introduced in the Senate by a group of Democrats. This bill has been endorsed by NCAI and would put into law a number of important changes they have recommended. Some hope to convince the Tripartisan Group in the Senate Finance Committee to embrace this bill so that both sets of concepts would be joined.

Whatever passes in the Senate will be scrutinized by a joint conference committee with the House. It is too soon to know what the future will hold–whether past successes will be able to serve as a foundation for more positive policies, practices, and partnerships or whether federal legislation will require new directions and priorities.

As a final note, data reported and discussed in both the Phase I and Phase II reports relate specifically to circumstances in Duchesne and Uintah Counties, but we believe they suggest possible areas of interest and concern in other parts of the state. The Phase I report defined problems and posed recommendations pertinent to the state as a whole. The update information provided in the current report reflects some actions taken on the state level. We wonder, after considering case closure data for Indians in the Uintah Basin, whether there is more to be learned about circumstances statewide. We wonder also about the circumstances for other families of color.

We understand from officials at the State Office of the Department of Workforce Services that there are only limited plans for reconfiguring computer systems to collect data on the basis of race and ethnic origin and the substantial cost of the small amount of data produced for this current study appears to make further, similar investigations prohibitive. However, especially given the increasingly diverse makeup of Utah’s population and the serious implications for families of Utah’s 36-month lifetime limit on financial assistance, the suggestions found in
these data for Indian families in the Uintah Basin that these families more frequently experience sanction than successful employment outcomes bears not only further consideration for this population, but there may be reason to extend scrutiny to other non-white populations, as well.
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I. INTRODUCTION

In February 2001, the Center for Public Policy and Administration, University of Utah, published a report *Welfare Reform: The Impact on Native Americans in Utah's Uintah Basin* by Shirley Weathers and Bill Walsh of Walsh & Weathers Research and Policy Studies. The study was funded by the Utah Department of Workforce Services and the Utah Division of Indian Affairs to determine how the 1996 Congressional welfare reform law, “The Personal Responsibility and Work Opportunity Reconciliation Act” (PRWORA), had affected this population. The study focused on policy and practice changes in the Temporary Assistance for Needy Families (TANF) program, known in Utah as the Family Employment Program (FEP). Under TANF/FEP, financial assistance is time limited and requires activities designed to get parents into the workforce.

Our methodology for the 2001 study included both quantitative and qualitative components. We indicated in the final report that little quantitative data had been available to us by the end of the contract period. As a result, we noted that our findings were based primarily on qualitative information received from interviews and meetings with a wide range of people concerned with welfare reform in the region. The absence of caseload, closure, and participation data precluded investigation of several aspects of the program’s impact. There was also little data to help amplify some of the impressions conveyed by service providers outside of the Department of Workforce Services (DWS)—both Indian and non-Indian. We therefore recommended that “DWS commission an additional phase of study of [the impact of welfare reform on Native Americans in the Uintah Basin] and make generating the necessary program data . . . a priority, so that the recommended phase of investigation can begin as soon as possible.”

DWS accepted this recommendation and contracted with CPPA and Walsh & Weathers to conduct the additional phase—an addendum to the initial study (Phase I), which we are calling Phase II. The purpose of Phase II was defined by DWS: “to augment what was learned during Phase I with the results of analysis of DWS program data.” The researchers were charged to “seek, during the current study, to consider the extent to which program data support findings of the first phase, as well as report on any apparent incongruities.” This report includes our findings.

Prior to and concurrent with Phase II, we have had a unique opportunity to remain in contact with Ute Tribal and Bureau of Indian Affairs (BIA) service providers, DWS, and other community service providers through monthly meetings called Service Coordination Meetings (SCM) held in Ft. Duchesne on the Uintah-Ouray Indian Reservation. These and other contacts have allowed us to continue to learn about the impact of welfare reform on Indian families and observe the emergence of solutions to some of the problems identified during Phase I. Indeed, an impressive amount of work has been done to correct some of the circumstances that were troubling to tribal and community service providers a year to 18 months ago.
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II. METHODOLOGY

We resubmitted our request for various types of administrative data comparing program data for families headed by an Indian and all other families from implementation of the Family Employment Program (FEP) in August 1997 through the most recent date available. Each data set requested included geographical locations of the Roosevelt and Vernal DWS Offices and the remainder of the DWS Offices in the state. We asked for caseload information for regular FEP households (those receiving FEP/Food Stamps/Medicaid), Medical Assistance Only, Medicaid/Food Stamps, Food Stamps Only, and FEP/Medicaid (no Food Stamps). Case counts for FEP and other types of cases with earned income were also requested, as well as FEP case closures by reason for closure.

The final type of data we requested was that which would reflect participation components in which FEP families were engaged. This request was designed to provide an indication of the types and frequencies of activities families were required to perform, again comparing Indian and non-Indian families in the three above-named geographical areas over the course of the FEP program.

DWS made special computer runs and provided data in July, 2001. The time period covered was three years—we were instructed for reasons of reliability to begin with January 1998; the data runs ended with February 2001. We received caseload and case closure data, two of the three data types we requested. It was discovered that participation component data were not accessible via the computer system. The only means to pursue this research direction would have been to analyze individual case records, an endeavor that could not be considered under the parameters of the study.
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III. FINDINGS

DWS data analyzed for this study report on caseloads and case closures. We will discuss what we found in each data type, including by geographical area and by Indian and non-Indian families. We will begin by pointing out that rather obvious fact that data of this type reflect what occurred, not why it occurred. Several, if not all, data sets left many unanswered questions about causation. These are beyond the scope of this study.

In several areas, as we considered the numbers, we noted interesting caseload and case closure differences between the Roosevelt and Vernal Offices, or between the two Uintah Basin Offices and the information from the rest of the state, or both. We noted differences in caseloads and case closures between Indians and non-Indians. But again, these are necessarily only observations about what occurred, as reflected by the data. In our judgment, discovery of what the data mean about program services and client utilization of those services will require a deliberative process that involves a diverse group of people, including DWS administrators, policy specialists, and others in the community who may be able to shed light on client practices and local conditions during the period studied. For example, it has been suggested that rather dramatic reductions in the Food Stamp Only caseloads in the Roosevelt and Vernal DWS Offices may derive, in part, from a policy change resulting in increased use by Indian households of the Commodities Program. Administrators of that program would need to comment on that possibility.

The reader is also cautioned to be mindful that the numbers for the Uintah Basin DWS Offices are relatively small, especially when considering separately two groups—households headed by Indians and all other households—even within those caseloads. This adds yet another factor making interpretation difficult. For example, at the end of the period studied, monthly FEP caseloads in Vernal averaged 111 families and 141 in Roosevelt.\(^1\)

It is not, therefore, possible to view these data, by themselves, as either supportive or contradictory of findings of the Phase I study. To prove or disprove concerns raised by Phase I respondents and presented in the 2000 report, or perhaps explain new questions raised, would be unwise. The caseload reductions and increases are not easily explained, nor are the dynamics of case closures. We urge the reader to consider the data as it is presented and, although one reasonable conclusion may be linked directly to problem statements in the Phase I report, we suggest keeping an open mind about other possibilities. Most likely, there are multiple causes for most phenomena. Our analysis therefore seems most valuable as a trigger for further investigation and discussion.

**Assistance Caseloads**

Across the various types of caseload data provided, we found the most productive approach to be general trends of either increase or decrease. As noted, we asked for caseload information for the regular FEP program (where families are enrolled in at least FEP, Food Stamps, and Medicaid), Medical Assistance Only (MAO), Medicaid/Food Stamps (MED/FS), Food Stamps Only (FSO), and FEP/Medicaid without Food Stamps (FEP/MED). Below we provide some general circumstances of families and individuals likely to be represented in each of these program groupings and caseload trends. As will be seen, some caseloads increased during the period of the study and some declined. However, what this means is beyond definitive interpretation because of the variety of factors that influence caseload size. The degree of change is further influenced by the small size of the populations being measured in the Roosevelt and Vernal DWS Offices.

PRWORA placed a great deal of emphasis on the reduction on caseloads in states’ TANF programs. In fact, reducing public assistance caseloads and getting more people into the workforce were the two overriding goals of Congress in this legislation. While in both regards, these goals were met, exactly what caused the declines in state TANF programs across the nation is unclear. While there is controversy nationally about the exact mix, most agree that a complex combination of the various new welfare policies and strong economy was responsible.

Financial assistance caseload declines began in 1993 under the old Aid to Families with Dependent Children or AFDC program, prior to the new welfare law, suggesting a significant role for the economy. From the high point in mid-1993 to January 2002, Utah’s AFDC/FEP caseload dropped from over 18,000 families to 8,656

\(^1\)Caseloads were averaged over six months periods to minimize the impact of fluctuations.
(54%). However, welfare policies have also been important, along with other possible factors. During the Phase I study, concerns were expressed that the new, employment-focused environment in DWS offices, policies, and practice may be discouraging both Indian and non-Indian parents in crisis from applying. The caseload data we analyzed (discussed just below) does not show what may have been a suspected reduction for Indian FEP families. FEP caseload declines for non-Indians have been more substantial.

This could be claimed to disprove the Phase I concern that Indian FEP applicants are “going away.” However, in this and other cases to follow, we caution against simplistic interpretation of the data. The “behavior of caseloads” is driven by a number of factors. Caseloads can increase because . . .

- people feel comfortable applying for help;
- of an economic downturn;
- a policy is implemented that reduces the number of certain types of case closures;
- a policy or practice is implemented that helps people who previously had barriers to applying to become successful in applying;
- of an increase in the population;
- fewer families are sanctioned;
- fewer families are diverted; or
- another assistance program that has been available to some people becomes unavailable.

Conversely, caseloads can decline because . . .

- of an unwelcoming or overly complex process surrounding application;
- of an increase in employment opportunities;
- a policy is implemented or circumstance exist that increase certain types of case closures;
- barriers to application are not addressed;
- more families are sanctioned;
- more families are diverted; or
- a new source of help becomes available to some people.

What is important to note, in viewing results in the following section, is that a caseload increase—or decrease—regardless of the program, best acts as an opportunity to consider possible causes and to ascertain what refinements might be made where problems are found to exist. Given the age of the data, changes may already have been made and entirely different results may be seen through examination of newer data.

The Family Employment Program (AF/FS)

The Family Employment Program (FEP) is Utah’s Temporary Assistance for Needy Families (TANF) program. While the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)—Congress’s 1996 welfare reform bill—allowed Indian Tribes to develop and operate their own TANF Programs, the Navajo Nation is the only Utah Tribe that has chosen to do so thus far. This means that most Utah Indian families with dependent children who seek public assistance are served by the regular state FEP program, including those residing in the Uintah Basin. Cases coded AF/FS (Family financial assistance and Food Stamps, although these families also receive Medicaid) make up the majority of the FEP caseload. The smaller coding category of AF/MED (where the family is not enrolled in the Food Stamp Program) is dealt with separately, below. The majority of Indian AF/FS cases in the Uintah Basin are in the Roosevelt Office. In February 2001, at the end of the period studied, of the 127 AF/FS families served in the Office, 40.2 percent (51 families) were headed by an Indian parent. In the Vernal Office, the percentage was much smaller at 15.0 percent—16 out of 107 cases were headed by an Indian parent. In the rest of the state (all Offices minus Roosevelt and Vernal), only 7.1 percent of the AF/FS caseload (427 of a total of 6,049 cases) was headed by an Indian parent.

It might be assumed that caseload reductions in a work-oriented program would be less dramatic in areas like the Uintah Basin with less vigorous economies. However, at least during the period for which data were received for this study, this was not the case. From January 1998 through February 2001, the AF/FS caseload

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2We elected not to look specifically at families with an Indian member other than the head-of-household for purposes of this study.
declined by 10.8 percent in the Roosevelt Office, much like the 11.0 percent in the rest of the state. Vernal’s AF/FS caseload declined at a greater rate—33.5 percent during that period.

Looking separately at Indian and non-Indian families and FEP caseload reductions, the data show that the portion headed by Indians has declined less dramatically than the rest of the caseload. During the first six months of the study period, the average FEP Indian caseload in the Vernal Office was 19; during the final six months of the period, it was unchanged at 18. Non-Indian cases declined substantially—by 37.6 percent, from an average of 149 cases during the months of January through June 1998 to an average of 93 cases during September 2000 through February 2001. During the same period, the caseload reductions for Indian and non-Indian families in the Roosevelt Office were 9.1 percent (from an average of 66 to 60 cases) and 12 percent (from an average of 92 to 81 cases), respectively. Consistent with this, the Indian FEP caseload in the rest of the state only declined by 3.2 percent, and by 11.6 percent for non-Indian families. As noted, the reasons for this are not apparent from these data.

**Food Stamps Only (FSO)**

Across the nation, studies and reports have indicated declines in utilization of the Food Stamp Program, especially since 1996. A common interpretation is that policy changes made by the 1996 welfare reform law were generalized in the “information grapevine,” causing Food Stamp recipients and potential applicants to believe that they would no longer be eligible for Food Stamps or otherwise discouraging them from continuing with the program or applying in the first place. Respondents in the Phase I study of the impact of welfare reform on Native Americans in the Uintah Basin suggested that people in need of a range of assistance programs administered by the Department of Workforce Services—the employment office—might find it difficult to navigate through to the Food Stamp Program.

Utah as a whole has, in fact, been more successful than many states in maintaining a relatively consistent level of Food Stamp utilization. Among the data we received for this study were caseload data for households receiving only Food Stamps, i.e., receiving neither FEP nor Medicaid. These cases are coded FSO. For the state outside the Uintah Basin, the FSO caseload declined by less than 10 percent.

Recalling that the much smaller numbers involved in the two Uintah Basin Offices make comparison with the state somewhat risky, the bar chart represents a comparison of only those Offices. FSO cases have declined substantially, especially for households headed by Indians. In the Roosevelt Office, non-Indian FSO households declined by 21.4 percent (from an average of 56 cases in the first six months of the period studied to an average of 44 cases in the last six months), but Indian cases declined by 55.9 percent (from an average of 59 to 26 cases). In Vernal, the decline for all families was substantial. The Indian caseload is quite small, going from an average of 21 FSO cases in the beginning of the period to an average of nine over the last six months. This calculates to a 57.1 percent reduction. Non-Indian households averaged 65 at the beginning of the study period and dropped to 36, a decline of 44.6 percent. Again, the data do not provide reasons for occurrences. It would be our recommendation that program administrators take a look at this phenomenon and consider what may have triggered these declines and whether, by now, adequate measures have been taken to correct whatever problems may have been occurring during this time period.

**Families Receiving FEP and Medicaid Only (AF/MED)**

A small proportion of FEP families receive Medicaid, but not Food Stamps. These cases are coded AF/MED in the data runs. Two possible scenarios for this group may be FEP families who have been sanctioned off of Food Stamps or are choosing not to enroll, perhaps because of the stigma associated with Food Stamp use. AF/MED caseloads stayed relatively constant throughout the period of study in the Roosevelt and Vernal Office.
The Roosevelt non-Indian caseload declined slightly over the course of the study period—from an average of 28 during the first six months to 25 during the last six months. In Vernal, there was no measurable difference; the period began and ended with an average caseload of around 23. The Roosevelt and Vernal caseloads with an Indian parent were quite small. During the period of the study, they increased from 9 to 18 (100 percent) and from 3 to 4 (33.3 percent), respectively. In the state outside the Uintah Basin, the Indian caseload increased from 53 to 60 (13.2 percent) and the non-Indian caseload increased from 1,268 to 1,602 (26.3 percent).

### Families Receiving Medicaid and Food Stamps Only (MED/FS)

Yet another group of families receives Medicaid and Food Stamps, but not FEP. Most of these families can be assumed to have closed their FEP case due to earnings and continued to receive Transitional Medicaid (PRWORA allows 12 months of TMA and Utah has a waiver to allow an additional 12 months of eligibility), plus Food Stamps. These are families who successfully “worked their way off welfare,” although they were still not independent of government assistance.

MED/FS caseloads for all families increased over the study period from January 1998 to February 2001. In the state outside the Uintah Basin, the increase was from 15,713 to 19,578 (24.6 percent) and in the Roosevelt Office, from 315 to 386 (22.5 percent). The Vernal Office shows a slight decline, from 302 to 275 (-8.9 percent). Data separating Indian from non-Indian families shows that, in the Roosevelt Office, the caseload increase in families leaving financial assistance for work was smaller for Indians at 7.1 percent (the caseload increased from a monthly average over the first six months of the period of 98 to an average of 105 at the end of the period). The caseload increased by 16.0 percent for non-Indian families (from an average of 244 to 283 cases). Vernal’s MED/FS caseloads actually declined. The average Indian caseload dropped from 27 to 25 (-7.4 percent); the non-Indian caseload went from 295 to 259 (-12.2 percent).

### Medical Assistance Only (MAO)

The federally and state funded MAO program has been utilized historically by people lacking adequate health care coverage to cover their medical needs. It is not tied in any way to the TANF or Food Stamp programs, and it is a separate program from Transitional Medical Assistance (TMA). All TANF families receive their health care coverage through the Medicaid program.

During the period of this study, while enrollment in many other assistance programs declined, the MAO caseload climbed steadily in both the state and in the Uintah Basin. Non-Indian families enjoyed somewhat higher rates of increase than Indian families. From January 1998 through February 2001 in the state outside the Uintah Basin, MAO enrollment increased from 676 to 1,253 (77.4 percent) for Indian recipients and from 25,974 to 47,392 (82.5 percent) for non-Indian recipients. The increases are only slightly less dramatic in the Roosevelt Office, with an increase in the Indian caseload from 80 to 129 (61.3 percent) and from 337 to 594 (76.3 percent) for non-Indians. In Vernal, increases are equally apparent, but the disparity between the Indian and non-Indian caseload doesn’t exist as both groups enjoyed gains of about 63 percent over the period.

The Department of Health has confirmed these increases. They credit, in large part, MAO and Medicaid enrollments that occurred in conjunction with response to the statewide enrollment campaign for the State Child Health Insurance Program (CHIP).

### Closure Codes–Reasons for FEP Case Closures

When a FEP case is closed, it must be assigned a “closure code,” descriptive of the reason for the closure. FEP closure codes are . . .

- TR (Transitional Medicaid, a closure code that is understood to indicate cases closed due to income from employment);
- RV (closure took place during or as a result of the formal Review process);
- IV (information needed to verify eligibility was not submitted);
- BD (closure due to receipt of eligibility for Blind and Disabled program benefits);
- RC (client requested that the case be closed);
- MV (client moved out of the service area);
• GI (gross income exceeds limit, although most cases closed for income are coded TR, rather than GI);
• NI (net income exceeds limit, with the same qualification as for GI);
• NP (sanctioned cases – cases closed due to “non-participation”);
• TL (closures due to Utah’s 36-month lifetime limit on family financial assistance).

We analyzed these data by computing the percentage of all closures, for Indians and non-Indians, that were coded as closed for the above reasons. The results are presented in the order that data were provided. We again remind the reader of the small numbers involved.

TR (Transitional Medicaid)

TR closures are generally taken to signify that families “worked their way off welfare.” As their family financial assistance case is closed for excess income from a job, they become eligible for 24 months of additional Medicaid coverage under the Transitional Medical Assistance (TMA) program.

Taking all families first, TR closures in the Vernal Office and in the state outside the Uintah Basin made up roughly the same proportion of all closures—40 and 43 percent, respectively. Roosevelt TR closures were considerably less significant at 23 percent. Perhaps lower Roosevelt closures for TR can be seen as, in part, reflective of the more restricted job market in Duchesne County.

Substantial differences are seen in the percentages of all employment closures when looking at families headed by an Indian parent versus those headed by non-Indians. This is true in the rest of the state, where 31.5 percent of Indian case closures (1,927 of 6,117) were coded TR, in comparison to 44.4 percent for non-Indians (35,758 of 80,534). In the Roosevelt Office, 16.4 percent of Indian case closures (122 of 746) were due to work during the period, while 28 percent of non-Indians families (279 of 1,007) closed for work. In Vernal, closure for work made up roughly the same percentage of all Indian closures (17.9 percent computed on 39 of 218 closures) as in Roosevelt, but non-Indians did far better, closing for work 43.0 percent of the time (739 of 1,717).

RV (Review Process Closures) and IV (Information Verification Closures)

To remain eligible for FEP, program rules require periodic review of family circumstances to determine whether the family is still eligible and, if so, whether changes in benefits need to be made. This category and IV (pertaining to closure because information needed to verify something about the case was not received in a timely way) differ somewhat from other closure codes because both such closures can be “cured” quite quickly by some action on the part of the client or DWS. Cases coded RV and IV reopen almost immediately relatively often. They are often referred to as “paperwork closures.”

Investigation of the cases so coded yielded nothing remarkable. In the Uintah Basin Offices and in the rest of the state, RV closures accounted for 15 to 23 percent of all closures. There was no real difference between Indian and non-Indian cases. IV closures make up a smaller proportion of all closures (from 2 to 8 percent) and the Vernal Office consistently had the lowest percentages in this category.

BD (Closures to Enroll in the Blind and Disabled Program)

The Uintah Basin numbers in this category are really too small to indicate anything meaningful. In the rest of the state, a total of 357 closures out of 86,652 (0.4 percent) were coded BD. There was no difference between Indian and non-Indian families.
RC (Closures at the Request of the Client)

Clients may initiate case closure under a large variety of circumstances; they may or may not provide any information to DWS about their decision to do so. However, for example, 1) the eligible child may have left the home, 2) the parent may have married, 3) the parent may no longer wish to comply with program requirements and does not care to go through the conciliation process, 4) the parent has enough income from some other source that the partial grant they receive is not seen as beneficial enough to continue complying with FEP program requirements, or 5) the parent may see the approach of her time limit and close her case to “bank” the remaining months.

During the period of this study, it appears that RC closures played a greater role in the Uintah Basin Offices than in the rest of the state, although there is not much difference between RC closure rates for Indians and non-Indians. It cannot be known from these data what that means and the relatively small caseloads in Roosevelt and Vernal may play a role. Whereas in the rest of the state, only 8.5 percent of all closures are at the client’s request, 14.5 percent of closures in the Vernal Office and 24.2 percent of those in the Roosevelt Office were coded RC.

MV (Closures Because the Client Moved out of the Service Area)

FEP families move a great deal, often because they cannot afford their housing and must move or face eviction. However, MV coded closures only occur when the move takes them out of the Office where their case has been open. The numbers during the period of the study were quite small—only around 4 percent of all case closures in the state outside the Uintah Basin were coded MV. There does not appear to be anything noteworthy, either by region or family type.

GI (Gross Income Exceeds the Eligibility Limit) and NI (Net Income Exceeds the Limit)

These two case closure categories are among the smallest of all of those tracked by DWS. Less than two percent of all closures are coded either GI or NI.

NP (Closures for Non-participation or Sanctions)

PRWORA requires states to sanction clients who do not comply with participation requirements, but it is up to states to design their specific approaches. In two-thirds of states, failure to comply can result in a “full family sanction” or closure of the entire family case. Other states have other approaches, such as to reduce the financial payment, but continue to provide assistance for the needs of the children. Utah’s policy begins with a reduction of $100 of the monthly financial assistance payment when a participation problem is perceived and cannot immediately be resolved and, if the problem persists, proceeds with a “full family sanction.”

During the period of this study, a somewhat higher percentage of closed cases in the Uintah Basin Offices were sanction closures than in the rest of the state. Whereas 7,378 of 86,651 (8.5 percent) of closures outside the Uintah Basin were coded NP, 285 of 1,935 (14.7 percent) of Vernal cases and 344 of 1,753 (19.6 percent) of Roosevelt cases were closed due to sanction.

Indian families were at greater risk of closure due to sanction than were non-Indian families. Of all Indian case closures outside the Uintah Basin, 693 of 6,117 (11.3 percent) were coded NP and 6,685 of 80,534 (8.3 percent) of non-Indian closures were due to sanction. However, Indian families fared worse in this regard in the Uintah Basin. Of the 1,007 non-Indian cases closed in the
Roosevelt Office during the period of the study, 150 (14.9 percent) were due to sanction. NP closures made up 194 of 746 closures (26.0 percent) of Indian cases. In Vernal, 210 of 1,717 (12.2 percent) of non-Indian case closures were due to sanction, in contrast to 75 of 218 (34.4 percent) of Indian closures.

**TL (Closures Due to Utah’s 36-Month Lifetime Limit)**

The Utah Legislature imposed a 36-month lifetime limit on Utah’s financial assistance to families with dependent children in 1996, before Congress finalized and passed PRWORA with its 60-month lifetime limit. During the period of this study, Utah closed 2,227 cases due to time limits. These closures amounted to 2.6 percent of all case closures. The 42 time limit closures in the Roosevelt Office equaled 2.4 percent of all closures. Vernal closed 24 cases for time limits (1.2 percent of all closures).

Indian families confronted closure for time limits to a greater extent than did non-Indian families. In the rest of the state, the difference was slight—3.1 percent of Indian case closures were due to time limits, compared to 2.5 percent for non-Indians. In the Roosevelt Office, 32 out of 746 Indian case closures (4.3 percent) were coded TL, whereas 10 out of 1007 non-Indian closures (1.0 percent) closed for that reason. Vernal closures were closer for the two family types. Indian closures for time limits amounted to 2.3 percent of all closures and non-Indian closures equaled 1.0 percent.
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IV. UPDATE TO THE PHASE I STUDY

As noted above, Phase II is an addendum to the Phase I study Welfare Reform: The Impact on Native Americans in Utah’s Uintah Basin. As such, it is also an update. We have found it essential to consider the information brought forward in Phase I of the study in light of additional qualitative data that has become available concurrent with data analysis in Phase II. We will, therefore, report quantitative findings in the context of Phase I findings and recommendations. Only by augmenting the results of our analysis of administrative data with additional existing qualitative data can a meaningful addendum to the Phase I study be developed. The report’s organization will therefore mirror that of the Phase I study, restating problem statements and Phase I recommendations verbatim, reference to Department of Workforce Services responses, as appropriate, followed by a Phase II update.

A. Local Problems & Recommendations

Phase I Problem Statement #1: Some parents approach DWS Employment Centers in an emotional and material condition to begin immediately to plan and carry out employment-related activities; however, others are in crisis. They may be deeply troubled with personal or family problems and are often too fearful and stressed about their financial circumstances to cope effectively with future planning. There is a common perception among service providers outside of DWS that, for this latter group of families, the employment-focused pathway is often discouraging. As a result, families who are the most vulnerable and in need of help and stabilization may not connect with appropriate services. They may be putting pressure on already overloaded tribal and community services or may be getting no help at all.

Phase I Recommendation #1: That the DWS Eastern Region Uintah Basin Council and staff study ways to redesign their procedures so that people in need of assistance can easily access assistance programs. An essential part of this would be the development of information about programs and services of all types that will help clients better understand what may be available and help community-based agencies to coordinate resources and make referrals. A second critical component is a revision to the “pathway” to services. Any redesigned “pathway” should be tested with customers, agencies, and Ute Tribe representatives before it is enacted.

Phase II Update: Prior to the release of the Phase I report, Eastern Region DWS extended an invitation to anyone who wished to go through the pathway and offer suggestions for improvement. The State DWS Office agreed that this would be a helpful step for Tribal and other community providers to take. To date, no one has responded to this offer, but DWS plans to approach the Director of Ute Tribe Social Services—hired since the Phase I report—to see if he has interest. DWS stated that they would also provide an orientation to staff of the Ft. Duchesne Office of Northeastern Counseling and the Medicaid Outreach Office.

The Service Coordination Meeting (SCM), discussed in greater detail below, has set as a goal for its work in 2002 a review of existing information about programs and services available through all member entities to determine where gaps exist and develop strategies to fill those gaps. Although all participants agree that referrals have increased and each provider has a much better working knowledge of what others offer, they also acknowledged that better tools are needed to help both clients and providers as they attempt to wrap services around those who need a variety of types of help. A second related 2002 goal that is likely to facilitate the same outcome is the development and adoption across all involved entities of a uniform referral form that will go with the client from place to place.

Phase I Recommendation #2: That DWS out-station an Assistance Outreach Specialist/ Employment Counselor at the Ute Tribal Offices for one half-day each week to raise awareness of DWS services, assist potential applicants, and facilitate coordination and information-sharing with Tribal service providers. The optimal out-stationed worker would be an American Indian with a Social Work degree.

Phase II Update: Both the treatment and outreach components of the Ft. Duchesne Northeastern Counseling Center (NECC) Unit project, funded by DWS, have provided an effective alternative to the above plan. This has been a valuable way to help resolve the concerns raised during Phase I. To continue
this progress, it will be important that a source of funding is secured to keep the Unit open after September 2002.

The Utah Department of Health hired and out-stationed an Indian to do outreach in May 2001. The first person in this position reported to Service Coordination Meeting participants that she had encountered eligible people who were reluctant to apply for state-run assistance because of difficult prior experiences. She said this problem had been diminishing over time and that she was having progressively greater success in helping people apply for Medicaid programs.

**Phase I Recommendation #3:** That DWS develop, field test, publish, and distribute a Basin Resource Guide for use by DWS staff and the community. A helpful model could be *The Salt Lake Area Human Services Directory*, updated and published annually by the Salt Lake Information and Referral Center. The resource guide should be updated on a regular basis.

**Phase II Update:** There has been substantial activity related to this recommendation. DWS has revised and expanded its single-page brochure that provides contact information for a number of important community resources. Additionally, an extensive website has been produced by DWS staff and is found at [www.helpinthebasin.com](http://www.helpinthebasin.com). Hard copy versions will assist entities that are not able to utilize the Internet. The Eastern Regional Council funds the monthly Internet charge.

**Phase I Recommendation #4:** That DWS design and implement an outreach campaign for the whole community—Indian and non-Indian—so that, a) needy families know what types of supportive services are available and how help can be accessed, b) families can choose among options that will benefit them and, c) community-based organizations can coordinate their assistance services with those of DWS. In designing the campaign, care is needed to ensure that there are adequate mechanisms to get the word out to potential clients that will be likely to reach them, including those who lack computer expertise.

**Phase II Update:** The Eastern Region DWS indicated satisfaction with its outreach activities: visits by DWS administrators and staff to different groups, booths at community events, a daily radio show, and poster campaigns. DWS has recently begun listing job openings in the Ute Bulletin. They also receive referrals from staff at the Ft. Duchesne NECC Unit as they make home visits. Connections with the religious community have not been made, but DWS administrators indicate that there is interest in that. The implementation of the self-service portion of UWORKS computer system—scheduled for July 2002—is also expected to play a role in outreach, as well as allow job seekers with Internet access to view job listings.

**Phase I Recommendation #5:** That DWS develop clear, written program descriptions for local service providers to facilitate coordination and effective use of resources. These tools would assist other service providers in understanding some of the basic eligibility requirements and other general program parameters so that they can more effectively refer clients. It would also be helpful if DWS would continue to host and expand periodic meetings with providers to share new information and respond to concerns.

**Phase II Update:** The actual goal of this recommendation was to find ways to “demystify” program regulations and requirements to enhance the effectiveness of client services through a more informed referral process. Although there is still a shortage of written information assisting with understanding of rules at-a-glance across DWS, Tribal, and BIA programs, the regular contact among staff and providers at the Service Coordination Meeting (SCM) has resulted in solid strides towards the goal. Those same contacts have also facilitated helpful interchange through joint staffing of individual cases on an as-needed basis. With that said, there is need for continued efforts by all who have essential services to offer to generate succinct information to assist other providers and clients to know where to go to find help. There is no way to wrap services around people unless everyone knows what is available. Case managers, receptionists, administrators, and other staff who meet with the public need to understand how the various systems work and what they do. This is a tremendous, ongoing challenge that warrants continuous work. Any program changes, including those made during 2002 welfare reform reauthorization, will need to be brought in, as well as routine policy modifications originating in any of the involved entities.
Phase I Recommendation #6: That DWS examine program utilization across all assistance programs to determine whether or not eligible, needy families are using all available assistance programs, or if welfare changes in FEP have caused some to lose out on other necessary assistance for which they are eligible (Food Stamps, Medicaid, Child Care) due to misunderstanding of current program rules. This investigation is particularly important for families who leave FEP under circumstances where a case manager is not directly involved and therefore cannot counsel the client on their eligibility for other possible types of assistance. Data could also be analyzed to understand possible impacts of welfare changes on private charitable assistance programs and resources.

Phase II Update: As noted in the Findings section of this report, determining utilization patterns and resolving barriers to program utilization is not easy. However, Medicaid has initiated a process to identify and retroactively restore eligibility to families who lost Medicaid benefits inappropriately, generally due to misunderstandings about the new welfare rules.

Phase I Recommendation #7: That DWS convene at least one meeting of a group of interested parties to consider the types of data that should be collected and made available if the impacts of welfare reform on families and children are to be understood. It seems clear from this study that a number of types of program data are needed by ethnic and racial subgroups. There are undoubtedly other types of information needed.

Phase II Update: DWS reports that there are system limitations to gathering data that would show impact on Indian or other ethnic families and children. The main computer system, Public Assistance Case Management Information System (PACMIS) does not break out information by sub-groups of ethnicity. A recent change allows data to be generated on the basis of whether or not a family lives on a reservation, as well as primary language spoken to begin to fulfill Limited English Proficiency (LEP) requirements. A community group was put together to discuss how to approach the LEP issue, but it did not focus on data collection on Indian families. It is possible that the current study may constitute the only look at administrative data related to welfare reform and Indians in the state in the foreseeable future.

Phase I Recommendation #8: That DWS reconsider concepts and suggested activities of the “Maximizing Resources Project” proposal submitted by the Ute Tribe in March 2000 as part of the TANF Performance Bonus process. The proposal was not selected for funding, but has merit in light of issues surfaced during this study, as the process described called for increased and wider communication about FEP families and mobilizing existing resources to assist them.

Phase II Update: There is wide agreement as of the end of 2001 that the Service Coordination Meeting is performing a substantial part of what was intended in the Maximizing Resource Project and that its effectiveness is steadily increasing. Begun in May 2000 as a way to bring together Ute Tribal service providers and DWS officials in the Eastern Region and the Roosevelt and Vernal Offices, monthly meetings have continued to the present. In May 2001, the Service Coordination Meeting name was adopted by the group, as was a mission statement as follows: “The mission of the Service Coordination Meeting is to share information, coordinate efforts, and devise systemic change recommendations for policy makers of programs that serve Native Americans in Utah’s Uintah Basin.”

The involvement of this group in activities and accomplishments that have fulfilled a number of recommendations in this report are discussed in appropriate places throughout. To date, SCM has . . .

- through ongoing, monthly meetings, facilitated coordination and positive working relationships among DWS and Tribal and local community service providers.
- addressed regulatory incompatibility between the BIA and DWS General Assistance (GA) programs by creating an operational guideline that ensures applicants are served. An additional positive byproduct of this solution is commitment by both agencies to raise awareness of GA applicants of their respective services, regardless of which entity will provide GA benefits.
- provided support, advice, and problem resolution during the establishment of the Northeastern Counseling Center Outreach Unit in Ft. Duchesne.
- assisted DWS in the preparation of both the Basin assistance program brochure and the online Basin Resource Guide.
• assisted in the coordination of essential new services funded by DWS: educational stipends and transportation for adult Indians.

• provided support and advice during the development of the outreach video being developed by the Ute Tribal Public Relations Department and funded by TANF dollars through DWS.

• increased participation over the course of meetings.

Attendees include representatives from Ute Tribe Social Services (the Director is the current Chair of the SCM), DWS, Indian Health Services, Vocational Rehabilitation, Uintah Basin Area Technical College, Ute Tribe Education Department, Ute Tribe Emergency Food Services, Ute Tribe Head Start Program, Ute Tribe Workforce Investment Act Program, Ute Tribe Public Relations Department, Bureau of Indian Affairs Social Services Department, Ute Tribe Child Welfare Department, Uintah Basin Association of Governments, Northeastern Counseling Center, and Walsh & Weathers Research and Policy Studies.

Goals for 2002 include the following:

• Develop navigation tools and other assistance to ensure that Native Americans can access state, Tribal, and local public services more effectively.

• Develop a common referral form for Tribal, BIA, and public services.

• Work on “systems change” solutions as necessary, especially in Child Welfare, FEP “Specified Relative” policy, and health care coordination policies and practices.

• Increase consistency of entity attendance and involvement and consider expanding membership.

• Increase awareness by Ute Tribal leadership of SCM activities.

Phase I Problem Statement #2: In the Uintah Basin (and undoubtedly in other rural areas of the state), enormous distances and the lack of public transportation cast participation requirements and other aspects of work-based welfare in an entirely different light that in more urbanized areas with more transportation options for FEP families.

Phase I Recommendation #9: That (at least) the DWS Eastern Region thoroughly review its options to assist families with transportation problems and its participation policies, and make changes as needed to ensure that those without reliable, ongoing transportation are not disadvantaged.

Phase II Update: DWS has provided TANF funding to assist the Uintah Basin Association of Governments (UBAG) and the Uintah Basin Area Technology College (UBATC) to establish a transportation infrastructure to serve certain populations in Duchesne and Uintah Counties. This is being coordinated with the Ute Tribal Transportation System. UBAG purchased two vans and will run a shuttle service throughout the Basin. TANF customers with medical, dental, mental health, and other appointments will be able to ride the van at no charge. Additionally, the UBATC is to purchase a shuttle van that will be used to provide transportation between the Roosevelt and Vernal campuses. The system, as currently planned and funded, will not be able to be a transportation resource for ongoing activities such as work, taking children to child care, etc., because schedules and/or routes will change, but the additional services that can be provided will be helpful. These new projects are funded with one-time money, therefore there will be a need to develop a means for ongoing support if this critical resource is to be continued. Nonetheless, the development through this project of a collaborative transportation infrastructure is an important first step in begining to resolve this critical shortage.

Phase I Problem Statement #3: Complex and multiple barriers appear to prevent Indians from receiving adequate educational skills needed for self-sufficiency.

Phase I Recommendation #10: That public school boards, administrators and teachers work with Tribal officials, parents and students to rethink their approach to Indian education, stressing success experiences and basic competencies.

Phase II Update: To date, we are not aware of any formal actions related to this specific goal.

Phase I Recommendation #11: That the Utah State Board of Education review available materials related to the management and use of school fee waivers by all children, including Native Americans, to ensure that school fees are not excluding low-income students from participation in school-sponsored activities.
Phase II Update: While 44 percent of children in the Duchesne School District were enrolled in Free/Reduced Price lunch during the last school year, only 13 percent of students received fee waivers. The fact that fee waivers have never been funded by the Utah Legislature exerts pressure on school district budgets. Given deep cuts in the public education budget made during the last Legislative Session, this problem is unlikely to be resolved and may even become more pronounced.

Phase I Recommendation #12: That DWS sponsor skill building, unemployment benefits, Earned Income Tax Credit (EITC) and other benefits workshops on the Reservation.

Phase II Update: DWS has not conducted workshops in Ft. Duchesne, but they provide calendars of workshops they offer in their Offices to the Tribal Head Start program, WIA Director, and the BIA Social Services Specialist. Head Start sends the calendars home to parents with their students. DWS believes that these contacts are effective and that people contacted through these means are attending their workshops.

Phase I Recommendation #13: That DWS investigate ways for FEP families and others enrolled in training programs to be able to pay living expenses.

Phase II Update: DWS indicates that FEP families who are enrolled in training programs approved in their employment plans can receive monthly TANF cash assistance and food stamps. They and others may receive income from part-time jobs and, if eligible, from unemployment payments, Pell grants, and financial scholarships. As of December 2001, TANF funds began to be used to pay stipends of $1,000 ($500 during each of two six-month periods) to TANF eligible people attending approved training courses at Uintah Basin Area Technical College. It is expected that the stipends will be used for school related, rather than living, expenses. It is important to note, however, that if living expenses are purchased with the stipend amount and the family is TANF-eligible but not enrolled, the family’s “time clock” will, in fact, be activated for the month in which the payment was received. (TANF-approved programs include Practical Nursing, Medical Assisting, Medical Office Administrative Assistant, Business/Computer Technology, Computer Specialist, Network Administrative, Executive Assistant, Accounting Technician, Drafting, Policy Academy, Automotive Technology, Diesel Technician, Welding, Emergency Medical Technician, Customer Service, Police, Commercial Driving, and Farm Business Management.)

Phase I Recommendation #14: That DWS enhance coordination with the Tribe WIA program in doing assessments, providing support services like Food Stamps, sharing client eligibility information for programs, and sharing information on which employers are good to work with.

Phase II Update: As noted above, the Director of the Tribal WIA program is a regular attendee of the Service Coordination Meeting, providing good opportunities for information exchange and collaboration. DWS has met with the WIA Director about employers on whom DWS relies for On-the-Job Training opportunities and has offered to assist in making connections or with recommendations for particular types of jobs those employers tend to have. The Tribal WIA program is now collocated with the Northeastern Counseling Center’s Ft. Duchesne Office. This will further enhance coordination between these two programs.

B. Problems and Recommendations Beyond the Uintah Basin

Note: Among the items in this section, we have referenced some of the same problems that appeared in the earlier section. These may benefit from solutions devised jointly on the local and state levels.

Phase I Problem Statement #4: Due to work on a new computer system, quantitative data needed for CPPA to conduct this research could not be made available by DWS during the time/funding parameters established for the study, leaving a number of important questions about the impact of welfare reform on Native American families in the Uintah Basin unanswered.

Phase I Recommendation #15: That DWS commission an additional phase of study of the subject matter of this current study. To accomplish this, DWS should make generating necessary program data—such as
that requested for the current study—a priority, so that the recommended phase of investigation can begin as soon as possible.

**Phase II Update:** The current study is the result of the above recommendation.

**Phase I Problem Statement #5:** DWS administrative structures complicate the process needy people must negotiate to obtain critical emergency or stabilization assistance.

**Phase I Recommendation #16:** That DWS redesign their assistance program procedures for accessibility and provide in-service training to employment counselors on the new approach. A system of incentives for employment counselors should be instituted in the FEP program that credits the worker when barriers to workplace functioning are identified, as well as when workers provide help that results in a barrier being overcome.

**Phase II Update:** The DWS State Office reports that, over the past five years, it has improved the One-Stop Employment Center Design for all DWS Employment Counselors to follow. There are no plans to change this design at this time. They believe that the design has the ability to identify customer needs and address them. DWS indicates that it is important to maintain the employment-focused services; FEP is only one of those services. DWS has a performance evaluation and incentive program for staff that recognizes many outstanding performances by staff, but no specific incentive program has been designed strictly for outcomes related to the FEP program. It is said to be unlikely that DWS would develop incentive programs that only address one funding stream. They note that identifying barriers and helping to provide resources to overcome those barriers for all customers is a performance expectation for staff.

**Phase I Recommendation #17:** That DWS produce written assistance program information in clear language for distribution to customers. Fact sheets, brochures, self-advocacy booklets, and resource guides should be available in alternative formats and in languages common to the area served. They should also be checked for low-literacy comprehension and tested with customers before final production.

**Phase II Update:** The DWS State Office reports that an ad hoc committee called the Supportive Services Outreach Committee began in the spring of 2001 and ran until recently. The committee focused on outreach to customers who are potentially-eligible for supportive services. Glenna Harper (BIA), Gina Cornia (then at Utah Issues), Tim Shultz (then of Crossroads Urban Center), Jesus Blanco (a community health representative), Mickey Adams-Grames (DWS Central Region Council), and various DWS staff were invited to participate.

The committee focused on Food Stamps. They developed a Food Stamp Outreach Plan that includes the production of a set of collateral outreach materials in English and Spanish. DWS has been distributing these to community-based organizations statewide, and made them available at the Anti-Hunger Conference held on May 16, 2002. DWS has also begun work on a more comprehensive plan for outreach to potentially-eligible Unemployment Insurance claimants, to be completed in the spring of 2002.

**Phase I Recommendation #18:** That DWS closely monitor its Constituent Services customer and community calls for information that may flag areas of assistance delivery systems in need of improvement. Further, DWS should consider organizing a Constituent Services Council or Committee so that information from related Health and Human Services Constituent Services representatives can be compiled and mined for useful data to upgrade services. An annual report to the public should also be considered.

**Phase II Update:** DWS’s Customer Relations office created a new tracking system that records and allows analysis of customer and community calls. They report two benefits. First, calls and complaints are categorized, allowing DWS to establish historical data sets for baselines, as well as to watch for trends and “red flags.” Second, the data have allowed DWS to “close [their] continuous improvement loop.” Their Customer Relations team meets regularly with the DWS Deputy Director, as well as with Regional Directors, to discuss the information and talk about potential causes for problems. DWS states that this
process has yielded positive results in terms of recognizing problems and devising solutions that might otherwise have gone unnoticed.

**Phase I Recommendation #19:** That the 211/Community Assistance Phone Number Campaign be supported by all parties so that toll free information on community assistance programs is available statewide and a clearinghouse for agency collaboration is established.

**Phase II Update:** Statewide, the Department of Workforce Services has declared support for the 211 Campaign; however to date, only the Salt Lake, Provo, and Ogden areas are participating. A local initiative is required to implement this resource and there are currently no plans in the Uintah Basin for such an effort.

**Phase I Problem Statement #6:** Barriers to employment and other life skill difficulties need to be identified early and effectively if appropriate interventions are to be provided to FEP families in a timely fashion, but inadequate staffing may be allowing these individual difficulties to go undetected. These may include mental health, cultural differences, language barriers, substance abuse, learning disabilities, children with behavior problems, and so on.

**Phase I Recommendation #20:** That new FEP policy be written to ensure that assessment takes place early. Form 310 is only part of the solution, since many problems are too complex to be detected with it. However, if all sections are completed systematically with all applicants, this would be a first step.

**Phase II Update:** The DWS State Office reports that department policy, rules, and Utah statute already require an upfront assessment. Staff is trained on assessment and tools are provided to perform quality assessments. DWS also recognizes that assessment is an on-going process and should continue at some level during the entire period of providing services. The case management computer system, UWORKS, is being redesigned to assist staff to better document assessment outcomes and design Employment Plans based on the information.

**Phase I Recommendation #21:** That Employment Centers ensure that employment counselors are adequately prepared to recognize indications of personal and family barriers and problems as soon as possible in their interactions with clients. New workers need to be provided with tools they need and ongoing in-service training and other supports need to be put in place for both new and more experienced workers. It is important that the identification of problems and effective response by arranging appropriate interventions are given high priority among Employment Counselor goals.

**Phase II Update:** The DWS State Offices indicates that it recognizes the need to continue staff development. They report that, currently, a provider is being selected to assist DWS in developing a certification program for Employment Counselors to provide the opportunity for staff development and the measurement of skill attainment. In addition, DWS is currently accepting proposals for the development of curricula to address both beginning and advanced Career Counseling and Case Management. Modules should be available in 2003.

**Phase I Problem Statement #7:** On a related note, employment counselors report that, once an employment plan has been agreed upon, when “follow-through” by the parent is a common problem, they (the employment counselors) do not have adequate tools to respond. Without the means to discover reasons behind what can be generically called “participation problems,” sanctions may reflect undiscovered problems and unaddressed needs.

**Phase I Recommendation #22:** That DWS provide for more specialized workers, preferably Licensed Clinical Social Workers (LCSW), with specific charges as to their roles in Employment Centers. The Uintah Basin is one area that is in particular need of this augmentation. Roles would include, a) early identification of families with problems, b) staffing, c) building strategies for addressing problems in employment plans, d) regular follow-up, e) substantial, mandatory involvement in conciliation proceedings prior to adverse action being taken and in consideration of extensions to time limits, and maintenance of careful case records for use in all phases of work with individual families, as well as to add to the body of knowledge about families with barriers.
Phase II Update: There is substantial progress to report on this front. First, in January 2001, the Northeastern Counseling Center (NECC) signed a contract with the Eastern Region DWS to establish and fund a branch office on Ft. Duchesne in a Ute Tribal facility with a half-time Masters in Social Work (MSW) and a half-time outreach worker. DWS reports that this partnership has been very productive. The social worker provides a monthly report on the clients that are being seen and communicates with Employment Counselors when appropriate. In April 2002, the office had around 40 clients. DWS finds it very useful to have an additional resource for counseling services. In the early stages of the office, there were substantial hurdles that caused some delays. Funding for the program runs out in September 2002 and efforts are being made to obtain additional funds. The Services Coordination Meeting has provided support throughout the process—making the Counseling Center and its progress a central feature of their meetings for nearly a year. The natural outgrowth is an evolving referral and networking relationship with both Tribal and Roosevelt community service providers that promises to become even more productive in the future.

In addition, in December 2001, DWS was able to arrange funding to hire a full-time Licensed Clinical Social Worker (LCSW) for the two Uintah Basin Offices. In this position, he works with TANF families. DWS reports that this has been a positive action, improving the effectiveness of assisting families and facilitating linkages between DWS and the NECC. The LCSW participates in case staffing, assessments, and meets with TANF clients who are nearing the end of their time limits. DWS notes that he is also involved when clients become involved in the conciliation process, but they stress that TANF parents who are not progressing or appear to have employment barriers are referred to him immediately, enabling DWS to provide intervention before the situation develops into a problem or the client begins to approach sanction.

Phase I Recommendation #23: That DWS utilize information from all phases of SRI research, plus case records produced by LCSWs, to develop a state-funded program for people with severe or permanent barriers to employment. Information and planning that results from this process should be communicated to appropriate parties for inclusion into congressional discussions related to welfare reform reauthorization.

Phase II Update: The DWS State Office reports that they have taken no specific action to develop or fund an on-going financial support program to serve this group of families, nor are there any plans to do so. Such families are subject to FEP rules and practices and subject to participation requirements, sanctions, and time limits. This kind of activity and accompanying intervention may assist these families, and they may be extended beyond time limits if they apply for and meet one or more of the criteria for which Utah grants extensions. However, they become long-term or possibly permanent members of the limited, 20 percent of caseload extension pool that cannot be exceeded using federal dollars. As Utah runs out of extensions to give out, this federal limit could exert inappropriate pressures on case managers in granting extensions to these or other families.

Walsh and Weathers note that, as Congressional Welfare Reform Reauthorization approaches, there are a number of entities advancing proposals at the Congressional level for a more effective mechanism to address the reality of welfare parents with permanent or multiple barriers to employment. Some have requested that Congress eliminate the cap on exemptions and allow states to grant exemptions on the basis of individual parent and family circumstances. Another recommendation is that states be allowed to pause an individual’s time clock while severe employment barriers are being addressed, or for any period during which appropriate resources to assist that person are unavailable. Recent Congressional discussions, proposals, and introduced legislation have not included these or similar ideas to adjust the exemption policy. The outcome will not be known until reauthorization legislation is passed.

Phase I Problem Statement #8: People with low IQs (but above the Supplemental Security Income or SSI cut-off of 70) who need financial assistance do not fit well in the work-focused FEP program as offered by DWS. The development of an employment plan for them, given the shortage in many areas of sheltered work situations, is not in their best interest. They are almost guaranteed to reach their time limits without becoming employed, there is not an extension criteria for which they qualify, and they cannot be expected to support themselves.
Phase I Recommendation #24: That DWS partner with the Division of Services for People With Disabilities (DSPD) or other appropriate entities in the development of sheltered work options or community service programs in every part of the state for those who cannot be expected to succeed in the general labor market.

Phase II Update: The DWS State Office indicates that there are no sheltered workshops funded by TANF, rather DWS looks to sister agencies that offer the service for eligible customers. DWS does have an Intensive Case Management service provided by contract providers that offers a job coaching/support component. Most, if not all, of the providers of this service to FEP families are to be experienced with the needs of people with disabilities and provide the service for other state agencies as well.

Phase I Problem Statement #9: Some FEP parents have disabilities that they or a professional believe would qualify them for the SSI program administered by the Social Security Administration (SSA). The application process is quite arduous and denials of first applications are very common so that most applicants need help to continue on with an appeal of their denial. Indian Health Services assists Native Americans trying to get through this process, but they are very short-handed and referrals are increasing.

Phase I Recommendation #25: That DWS employment counselors and IHS develop a partnership in accomplishing the tasks needed to assist Indian SSI applicants. For example, employment counselors could fill out the parts of the application about which they have information, excluding the parts calling for medical information that IHS can provide. Employment counselors could also arrange the required telephone interview between the client and SSA. IHS could continue with the remainder of the process.

Phase II Update: No formal agreement or memorandum of agreement (MOA) has been developed with IHS. The DWS State Office notes that DWS has a partnership with Vocational Rehabilitation using temporary grant dollars to address the needs of FEP families who have a disability, including a developmental disability. The service is called Choose to Work and operates in the Uintah Basin. It allows for specialized intervention and access to Rehabilitation services for the parent with a disability. The focus is employment. DWS’s Roosevelt Office reports that Employment Counselors are able to help all customers seeking SSI to complete their paperwork.

The IHS staff person who suggested this recommendation has left IHS to take a new position. However, Walsh & Weathers note that, at an April 2002 meeting of Ute Tribal service providers and the Eastern Region Independent Living Center, Active Re-Entry, continuing concern was expressed. It is expected that additional efforts will be made to resolve this difficulty through the SCM.

Phase I Problem Statement #10: Work-based welfare reform forces people who face discrimination in the workplace to confront prevailing, negative workplace and societal attitudes with little hope of success. Employment counselors have no procedural options to cope with this, either. In fact, they may share community attitudes and allow them to affect their work with these clients, however unwittingly. Solutions are admittedly difficult, especially at the local level, but this reality should not be ignored.

Phase I Recommendation #26: That the DWS State Council initiate discussions on racial, ethnic and other discrimination issues, and develop a strategy for use in communities throughout the state, possibly with regional Workforce Services Councils as the centerpiece.

Phase II Update: The State Council on Workforce Services has not addressed this recommendation in the manner suggested. However, a session on “Cultural Integration and the Bottom-Line” was offered on April 4, 2002 during the State Council’s annual Utah Employer Conference. The session was attended by 70-80 people. The purpose was to raise awareness among employers of the multi-ethnic composition of Utah’s workforce. BD Medical was featured as an employer that has focused on understanding and celebrating cultural differences as a way to reduce turnover and increase efficiency. BD Medical said they had employees who speak 80 different languages at their worksite. On May 22, a day-long conference provided tools to employers to facilitate integration of a diverse workforce. The Office of Hispanic Affairs was the central organizer.
Phase I Recommendation #27: That DWS arrange for and offer cultural sensitivity training to Employment Center staff and administrators.

Phase II Update: Ron Wopsock, a member of the Ute Tribe Business Committee, attended a DWS staff meeting after the release of the Phase I report. He provided history on the Ute Tribe and its arrival in the Uintah Basin and described the property they own and the role of the government in property issues. He also discussed Tribe dividends and Individual Indian Monies (IIM). DWS indicated that this information was very welcome and helpful, clarifying some points of misinformation.

Phase I Problem Statement #11: To enforce time limits on welfare recipients equally without regard to external conditions such as high unemployment stretches the limits of fairness and applies a one-size-fits-all strategy without consideration of important local conditions.

Phase I Recommendation #28: That DWS reconvene the Extension Task Force to consider high regional or subgroup unemployment as an additional criterion for a “hardship” extension. The task force should add members from rural areas with high unemployment.

Phase II Update: The DWS State Office states that there are no plans to add high unemployment as an extension criteria for FEP time limits. They reported that the original workgroup—which included DWS, advocates, and partner agencies such as Vocational Rehabilitation, the Division of Child and Family Services, DSPD, Mental Health, and substance abuse—had adequate rural representation, discussed this issue at length, and made a decision not to include that criterion.

Phase I Recommendation #29: That DWS, at least in areas of high unemployment, meet with those with job training expertise and employers to develop ways to focus more expeditiously on job preparation. The Workforce Investment Act, PRWORA, and state laws should be studied carefully to determine legal parameters, after which an approach should be devised that provides the maximum flexibility to clients to obtain training for available jobs.

Phase II Update: The process suggested in the Phase I report has not been initiated, but DWS reports increased use of training money for FEP clients. Statewide, they have added $3 million in TANF monies to the pool of training dollars. WIA dollars have more flexibility because they can serve individuals without dependent children. TANF funds, called TANF “non-FEP training funds” and “FEP training funds,” require that a dependent child be in the home for eligibility. On the other hand, TANF non-FEP funds are more flexible in that income eligibility extends to 200% of poverty, while the income eligibility criteria for WIA adult funds are more restrictive. DWS reports that they have developed a service delivery pathway that blends access to training funds. Most customers would not know if they are receiving WIA adult or TANF non-FEP training dollars.

Phase I Problem Statement #12: As more is known about barriers of some families subject to FEP time limits, the need to ensure that there is adequate flexibility in the use of extensions to time limits becomes more clear. This particular study featured the need for extensions in areas of high unemployment. Another related issue is the need for extensions for subgroups within the FEP population who suffer from exceptional difficulties becoming employed, such as American Indians or people with disabilities. However, the fact that both Utah and federal law limit the number of extensions to 20 percent of the average caseload stands in the way of making policies that will allow the most rational use of extensions.

Phase I Recommendation #30: That the Utah Legislature repeal the “20 percent extension” provision and replace it with one based on individual family circumstances. The total number of extensions would not be limited.

Phase II Update: No action on this has been initiated. Since a similar effort is being directed toward Congress during welfare reform reauthorization discussions, the outcome there may be a factor in any response the Utah Legislature may consider.
**Phase I Recommendation #31:** That Governor Leavitt work with the National Governors’ Association to encourage Congress during Reauthorization of PRWORA to allow states to repeal the “20 percent extension” provisions in their state statutes and replace them with an extension provision based on individual family circumstances, thereby ensuring that the total number of extensions would not be limited.

**Phase II Update:** The National Governors Association has a number of proposals for changes to the TANF law before Congress, but this approach is not among them.

**Phase I Problem Statement #13:** There is little data on the well-being of children in families leaving the FEP system.

**Phase I Recommendation #32:** That DWS partner with the Division of Child and Family Services, and consult with the Department of Health and the State Office of Education, to study child welfare caseloads and other data to determine impacts on children in “welfare leaver” families.

**Phase II Update:** There is no information on this recommendation at this time.

**Phase I Problem Statement #14:** Under the Child Welfare Agreement between the Ute Indian Tribe of the Uintah-Ouray Reservation and the State of Utah, Ute Tribal authorities have the right to decide with whom a child may be placed when a kinship placement is required. If, however, the placement family needs financial assistance to support the child, FEP policy will deny the application unless certain blood relationships exist.

**Phase I Recommendation #33:** That DWS, the Department of Human Services, and the Ute Tribe devise a solution to this discrepancy between state agency approaches, possibly involving the Child Development Team currently working on a revised Child Welfare Agreement. One avenue that could be explored would be for DWS to modify FEP “specified relative” policy to add language such as, “an individual who, under a Child Welfare Agreement between a recognized Indian Nation and the State of Utah, is designated by an authorized tribal entity as ‘kin’ for purposes of a kinship placement” to the list of qualified individuals.

**Phase II Update:** The DWS State Office reports that the specified relative policy will remain the same. There are no plans for expanding the definition of relatives beyond the current policy; the specified relative definitions are considered to be very broad now. However, a proposal for expanding the kinship care services in DCFS in partnership with DWS has been developed and will be considered by the two departments. Consideration of cost must be made. It is not known at this time if the proposal will be implemented.

**C. Recommendations to Decision-makers at Other Levels**

**Phase I Problem Statement #15:** The new federal welfare system does not appear adequately cognizant of either individuals and families who cannot succeed in the workplace or the difficulties faced by the growing sector of working poor. Yet, these problems do exist and some solutions will be needed.

**Phase I Recommendation #34:** That the Governor of Utah and his cabinet identify the specific Department or State Agency that is charged with addressing poverty issues and assist that entity to set up a process to devise strategies to mitigate poverty, at least among Utah families with children.

**Phase II Update:** There is no information on this recommendation at this time.

**Phase I Problem Statement #16:** The requirement in the Balanced Budget Act of 1997 that an Indian Reservation have a 50 percent unemployment rate among on-Reservation residents of working age to qualify for exemptions to federal welfare time limits is excessive.

**Phase I Recommendation #35:** That Congress reduce the unemployment rate in this provision to a realistic level in its TANF Reauthorization process. Congress is encouraged to consult with the National Congress of American Indians (NCAI) and include input from other Indian organizations in the upcoming Reauthorization process.
Phase II Update: A working paper “Investing in Indian Families and Tribal Communities: A Tribal Agenda for Welfare Reform Reauthorization” approved by the NCAI Executive Committee in May 2001 has this to say: “The 50 percent threshold rate has proven to be fairly arbitrary. There is no significant difference in the quality of life for Indian families who live on reservations with a 38 percent or 45 percent joblessness rate, instead of a 50 percent joblessness rate. Tribes will propose options for dealing with the 50 percent rate. Tribes feel strongly that cash assistance recipients who comply with all program requirements should not be arbitrarily dropped from assistance because of a lack of available jobs in their communities.” The Ute Tribe Business Committee is considering taking some type of action on this and other issues of welfare reform reauthorization, as are leaders of other Utah Tribes.

Phase I Problem Statement #17: The “checkerboard” configuration of the Uintah-Ouray Reservation was not taken into account when the abovementioned provision for granting exemptions to time limits was written. Consequently, even though Indians living on this particular Reservation face similar employment difficulties to those on qualifying reservations, they are still subject to the federally established 60-month welfare time limits.

Phase I Recommendation #36: That Utah’s Congressional Delegation collaborate with the Ute Tribe and the National Congress of American Indians to devise a strategy for the 2002 Reauthorization that allows residents of the Uintah-Ouray Reservation Trust Lands the same recourse to high unemployment rates and time limits as exists for land mass reservations.

Phase II Update: The Ute Tribe Business Committee is also considering a response to Congress on this reauthorization issue.

Phase I Recommendation 37: That the Utah State Legislature pass a resolution in support of congressional action to amend PRWORA as described above.

Phase II Update: No action has been taken on this recommendation to date.

Phase I Problem Statement #19: Problems surfaced in this study of Uintah Basin Native Americans’ experience with welfare reform undoubtedly affect other Tribes in Utah and across all states; solutions will be needed there, as well.

Phase I Recommendation 38: That the State Division of Indian Affairs convene a working group, including representatives of State agencies involved in supportive programs and services needed by FEP families and of Utah’s Indian tribes. The charge of the group would be to discuss and determine state and federal policies and laws that would improve outcomes for Indian families using these services. A written report with recommendations should be given to the Governor, State Legislature, Congress, and NCAI.

Phase II Update: The State Division of Indian Affairs has studied welfare reform policies, including most recently, those that should be refined to assist more families during welfare reform reauthorization. The Division met with a group of Ute Tribal service providers on April 10, 2002 and offered to facilitate communication of whatever action they would like to take to other Utah Tribes through the Tribal Leaders’ Council. The outcome will be conveyed to the above and other interested parties.

Phase I Problem Statement #20: The majority of jobs FEP parents obtain pay low wages. The Earned Income Tax Credit (EITC) is one way of increasing the amount of income families are able to keep, but it is a benefit that is not yet used by low-income families, especially if their incomes are low enough that they are not required to file a return. EITC needs to be expanded at state and national levels. Indian families (and other rural Utah families) need to be made aware of the benefits of utilizing it.

Phase I Recommendation #39: That DWS add an explanation of EITC to its orientation, as well as reorient FEP parents who find jobs. DWS could also work with others in the community to develop an aggressive publicity campaign about the benefits of EITC and how to access it.

Phase II Update: State DWS Office is exploring the issue of increasing awareness of EITC.
Final Authors’ Note Relating to the Potential Impact and Outcomes of 2002 Welfare Reform Reauthorization

It is important to consider the current status of welfare reform in the Uintah Basin in light of factors beyond the control of either DWS or Indian service providers and families, i.e., impending congressional action related to the Reauthorization of the 1996 federal welfare reform law. At the time of this writing, the U.S. House of Representatives has passed a bill—H.R. 4737, “Personal Responsibility, Work, and Family Promotion Act of 2002”—that contains some improvements desired by Tribal organizations, but also substantially increases work participation requirements, fails to adequately increase child care funding to cover either existing shortages or new demands promised by the latter provisions, and appears to restrict state, and perhaps Tribal, flexibility in a number of important ways related to allowable participation activities.

The matter of TANF reauthorization is before the U.S. Senate in May 2002. A group within the Senate Finance Committee including Utah’s Republican Senator Orrin Hatch and Olympia Snowe (R-ME); Democratic Senators Blanche Lincoln (AR), John Rockefeller (WV), and John Breaux (LA); and Independent Senator James Jeffords (VT) is preparing a multi-partisan bill that appears (from a document entitled “Tripartisan Consensus Provisions” reflecting agreements on concepts) to contain a more measured approach to work participation and countable activities and gives more realistic attention to the need to match work requirements with adequate child care funding. It also addresses some of the issues raised by respondents during the Phase I study, but it does not address Indian issues. A bill—S. 2484, “The Indian Welfare Reform Act,”—has been introduced in the Senate by a group of Democrats. This bill has been endorsed by NCAI and would put into law a number of important changes they have recommended. Some hope to convince the Tripartisan Group in the Senate Finance Committee to embrace this bill so that both sets of concepts would be joined.

Whatever passes in the Senate will be scrutinized by a joint conference committee with the House. It is too soon to know what the future will hold—whether past successes will be able to serve as a foundation for more positive policies, practices, and partnerships or whether federal legislation will require new directions and priorities.