

EFFECT OF THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) WORK MANDATE AMONG DRUG USERS*

ISAAC D. MONTOYA, PH.D., CHS, CLS, CMC

Affiliated Systems Corporation, Houston, Texas

ABSTRACT

The present study examined the independent effects of work-activity-participation status (whether a welfare recipient is required to work or is exempt from such requirements) on employment, receipt of cash welfare benefits known as Temporary Assistance for Needy Families (TANF), and psychological functioning. The sample consisted of 228 female TANF recipients, 75 of whom were chronic drug users. Participants were administered self-report instruments to measure self-perceived work skills and barriers to employment, drug use, employment-related variables, TANF receipt, and psychological functioning. Contrary to the tested study hypotheses, results show that the work mandate was not significantly related to employment and was positively related to TANF receipt. The work mandate showed no effect on psychological distress. Aside from initial psychological functioning, self-perceived employment barriers had the only significant impact on change in psychological functioning. Self-perceived office skills was a significant predictor of higher wages earned and less time to employment. It is concluded that training recipient in office skills training while continuing to address other barriers may be the best approach to accomplishing the goals of welfare reform.

INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) established a new welfare cash assistance program known as Temporary Assistance for Needy Families, or TANF. PRWORA was enacted in order to curb welfare dependency by setting a five-year lifetime maximum on

*This study was supported by grant #R01-DA-11414 from the National Institute on Drug Abuse. Opinions expressed herein are solely those of the author.

recipients' eligibility for federally funded benefits. In conjunction with this federal time limit, states have been given the responsibility of requiring able-bodied recipients of TANF to participate in "work activities," such as paid employment, volunteer work, classroom training, and on-the-job training, in exchange for cash benefits. Recipients face financial sanctions for non-compliance. Whereas the first wave of welfare reform in 1996 required 50% of TANF families to be engaged in work activities by 2002, a newly proposed policy may require as many as 70% of TANF families to participate in work activities by the year 2007 [1]. The number of qualifying work activities would also be decreased, and the number of hours recipients are required to participate in work activities would increase. In light of these proposed changes, it is crucial to examine the effects of the TANF work mandate to this point.

Understandably, studies of the work mandate and welfare reform in general have largely focused on employment rates and welfare receipt. These studies have generally found that welfare reform and the work mandate have been successful in moving welfare recipients into employment, though studies of specific outcomes have produced mixed results. Because TANF requires all able-bodied recipients to participate in work activities, only studies conducted prior to TANF were able to randomly assign recipients to work- and non-work-required groups. One such study randomly assigned Aid to Families with Dependent Children (AFDC, the cash assistance program prior to TANF) recipients to mandated and non-mandated welfare-to-work programs with sanctions and work requirements similar to those of current TANF programs [2].

This study was conducted in two cities, Grand Rapids, Michigan and Riverside, California. Analysis of the Grand Rapids sample revealed that those who were mandated to participate in the program reported similar rates of employment and welfare receipt but significantly higher earnings than those who were not mandated. However, results from the Riverside sample suggest that, for single parents, the welfare-to-work mandate may have no apparent effect on employment, wages, or welfare receipt (mandated two-parent families in Riverside did report increased employment and earnings). The authors suggest that differences in outcome may have been due to differences in labor markets and the rigor of enforcement policies.

Another study of work mandates under AFDC was a random-assignment, two-year study of 21,000 recipients' responses to "Jobs-First GAIN" in Los Angeles County [3]. Results revealed that participants in this welfare-to-work program were 10% more likely to have been employed for any amount of time during the two-year period. Additionally, the two-year earnings of recipients exposed to Jobs-First GAIN were significantly higher than those not exposed to the program; single parents' earnings were an average of 26% higher, and two-parent families' earnings were an average of 31% higher. Despite these promising findings, it was found that the average total income of those enrolled in Jobs-First GAIN was only 2% higher than those not required to work, making

external motivation to work very low. The last month of year two showed more promising results; those required to work had incomes an average of 9% higher than those not required to work.

A report comparing 20 different studies of AFDC work programs in several states concluded that, in general, the work mandate was associated with higher earnings and lower welfare payments [4]. However, a similar comparison found that four out of five programs studied did not report any differences in the number of individuals receiving welfare benefits between those who were required to work and those who were exempt from working [5].

Reports of work-participation programs under TANF also show mixed outcomes. A study examining welfare recipients just prior to TANF in 1997 and again two years later noted a significant increase in the number of adult recipients that were employed after TANF implementation [6]. However, the study failed to find evidence that work mandates and time limits resulted in fewer individuals receiving TANF benefits.

A study of Texas' work-participation program found that of families who found employment through the program, 84% remained off TANF for six consecutive months [7]. Of families who left TANF of their own accord, 72% were reported to have remained off TANF for the same time period. Although those who left TANF on their own were more likely to have been employed for some time during the follow-up period, those who were redirected through the work-participation program were more likely to be presently employed at follow-up. Though this study did not specifically compare mandated and non-mandated recipients, the study suggests that the formal requirements of the work mandate may encourage recipients to leave TANF and acquire more stable jobs.

Other than the work mandate, additional circumstances may also contribute to a recipient's likelihood of finding employment and ending the need for cash assistance. For instance, many studies, of both welfare recipients and other populations, have found psychological distress to be a barrier to employment [8-12]. When compared to non-welfare recipients, welfare-receiving women are more likely to report a psychiatric disorder, with depression being the most commonly reported [13, 14]. Unemployment rates among those with a psychological disorder have been reported to be three to five times higher than among those with no disorder [15]. An estimated 35% of welfare recipients face problems such as depression and generalized anxiety disorder [14].

Drug use is another factor that may affect employment and TANF receipt [8]. Drug use may be as much as 50% more prevalent in welfare families than in non-welfare households [16], with the prevalence of drug abuse among welfare recipients as high as 30% [17]. Drug use had been associated with lower job satisfaction, lower job stability [18], absenteeism, and decreased productivity [19]. Drug use has also been associated with lower wages, with those with longer drug use histories receiving lower wages than those with shorter histories of drug use [20].

Another consideration is recipients' skill levels. About 20% of recipients have few or no work skills [21, 22]. A study of the Adult National Literacy Survey found that compared to employed individuals not on welfare, welfare recipients are about twice as likely to have low or very low basic skills [23]. About half of TANF recipients lack 12 years of education [24], and women who do not finish high school have a significantly greater chance of repeated welfare dependency [25]. Furthermore, those who have been absent from the labor force for an extended period of time may experience a deterioration of job skills, earning lower wages than at their last job [26].

Other potential barriers to employment have been discussed extensively in the welfare literature [17, 21, 27, 28]. Such barriers include the lack of childcare or transportation, limited education, and the presence of unstable housing, health problems, and limited English skills. Studies have found that between 85% and 90% of welfare recipients experience at least one barrier to employment [21, 29]. The greater the number of these barriers a recipient encounters, the less likely that recipient is to obtain employment [12, 21, 30].

The studies mentioned suggest that the work mandate is at least partially responsible for increased employment and decreased TANF receipt among recipients. Though exemptions do exist, such as for disabled individuals or those responsible for the care of a very young child, the majority of recipients are required to participate in work activities. The enforcement of the work mandate comes in the form of financial penalties. Under PRWORA, states are required to reduce TANF benefits for those mandated recipients who do not comply with work requirements. Sanctions vary by state and can range from a percentage reduction in benefits, to complete termination of benefits until compliance with work mandates [31]. In the state of Texas, the first sanction imposed on a recipient reduces benefits by the adult's full portion of TANF benefits for one month, or until compliance, whichever is longer. For repeated instances of noncompliance, benefits can be reduced for six months or until compliance. This risk of financial sanctions or termination of benefits, coupled with the stress of looking for work despite barriers to employment, points to the possibility that the effects of the work mandate may not be consistently positive.

National welfare caseloads have recently witnessed substantial declines [24]. However, it is unclear what specific effects the work mandate has on employment and TANF receipt, and what potentially adverse effects work mandates may present to recipients who are required to work. Under TANF, no research has been able to study recipients randomly assigned to participate in work requirements, and studies have thus focused on the employment and welfare receipt of those recipients who are mandated to participate in work activities.

To our knowledge, there are no studies that have accounted for the employment activities of exempt recipients. Intuitively, it would seem that exempt recipients do not participate in work activities since they are not required to do so. However, we have found that a substantial number of exempt recipients do seek employment.

When determining the effect of the work mandate, it is important to consider the number of recipients who participate in employment even when not required to do so.

Therefore, the present study will take work-activity-participation status (exempt vs. mandated) into consideration. In determining the independent effect of the work mandate on employment, TANF receipt, and psychological functioning, we will also take into account demographic variables, drug use, education, skill levels, and initial levels of psychological functioning. It is expected that mandated recipients will have higher levels of employment and lower levels of TANF receipt. We also hypothesize that the requirements of the work participation mandate will result in a slight increase in psychological distress. This study has the advantage of observing a cohort of TANF recipients over time and is not limited to only those who remain on TANF or those who leave TANF. Additionally, the inclusion of “exempt” recipients allows this study to account for employment that may be independent of the work mandate.

METHODS

Data for this analysis were collected for a longitudinal study sponsored by the National Institute on Drug Abuse of the effects of welfare reform on chronic drug using and non-drug using TANF recipients in Houston, Texas. Potential participants were recruited at area TANF program Career Centers and through street outreach efforts by experienced personnel. For this study, chronic drug use was defined as the use of powder cocaine, crack cocaine, heroin, or methamphetamine an average of at least one time per week in the preceding six months. Non-drug use was defined as no lifetime use of the specified drugs and use of alcohol and marijuana less than two times per week, on average, in the previous six months.

Individuals who reported lifetime use of any of the target drugs but no recent use, and non-chronic users who reported having used alcohol or marijuana more than two times per week in the previous six months were not eligible for the study. Self-reported drug use status was confirmed by a urine drug screen. Self-reported non-users who tested positive and users who tested negative were ineligible to participate. In addition, participants could not have used more than four months of their allotted TANF benefits, as verified by agency personnel.

All participants had to be 18 years or older and provide a permanent address. A signed consent form was requested of those agreeing to participate in the study. Private interviews were conducted in a field research office or by phone by trained personnel. Interviews were conducted at four-month intervals. Participants received cash reimbursement upon the completion of each interview session.

Results for this article are derived from data collected during the first two years of the study. For this study, each four-month period is referred to as a “wave.” Thus, data were collected at seven waves—intake, 4-months, 8-months,

and 12-months, 16-months, 20-months, and 24-months. In order to ensure adequate representation of chronic drug use and work-activity-participation status, the study design called for the sample to consist of 30% chronic users and 50% mandated to work.

The study protocol and research instruments were approved by an Institutional Review Board. Two instruments were employed in this study. The first was the Attitudes, Behaviors, and Skills Assessment (ABSA), designed specifically for this study. The ABSA was administered at each wave and recorded demographic information and information related to welfare receipt and employment experiences. The ABSA contained four scales designed to measure a respondent's self-perceived employment skills. Items in each scale asked how well the participant believe he/she performs a given task. Responses could range from 1 "poor" to 5 "excellent." Participants could also indicate if they were uncertain how well they could perform a certain task or had never tried to perform that task. The ABSA self-perceived skills scales were:

- *Basic Skills.* This scale consisted of three items designed to measure participants' perceived ability to perform essential work place skills: reading, writing, and arithmetic.
- *Office Skills.* This scale consisted of nine items related to common office-based activities: working a phone system, typing, filing, operating a calculator, operating a computerized check-out register, performing work processing, performing data entry, bookkeeping, and speaking to other people.
- *Trained Labor Skills.* This scale consisted of six items regarding participants' ability to perform work that may require advanced training or licensing: carpentry, plumbing, electrical work, mechanical work, operating heavy machinery, and driving an 18-wheel truck.
- *Untrained Labor Skills.* This scale consisted of six items measuring the ability to perform less specialized work: driving a delivery truck, providing home health care, construction work, assembly line work, cooking, and manual labor.

The ABSA also contained a scale designed to measure participants' self-perceived *barriers* to employment. This scale measured the extent to which lack of social and support services prevented respondents from looking for a job. The scale consisted of 12 items, with responses to each ranging from "none" to "a lot": transportation, child care, adult care, education, job training, housing, medical care, dental care, eye care, legal status, support from friends and family, and substance use treatment.

This study also used the Multidimensional Addictions and Personality Profile (MAPP), developed by Craig and Craig (1987), in order to measure psychological distress [32]. The MAPP contains scales measuring the extent of *personal*

adjustment problems arising from behavioral or emotional distress. The MAPP personal adjustment scales are:

- *Frustration Problems.* Items in this scale measure the extent to which an individual experiences frustration with common everyday problems.
- *Interpersonal Problems.* This scale measures the extent to which an individual experiences problems in relationships with family members, friends, and others.
- *Self-Image Problems.* This scale measures problems with how the individual views themselves, their capabilities, and their self-perceived weaknesses.

Each scale consists of 14 items designed to measure the frequency of certain events in the previous six months. Responses can range from 0 (“never”) to 4 (“always”). The three subscale scores can be summed to get a total personal adjustment problems score. The MAPP was administered at intake and at the one-year and two-year follow-ups.

For this article, race/ethnicity was defined as African-American, Hispanic, or Anglo and was based on participants’ self-report. Age was categorized as less than 30 years of age or 30 years of age or older. Education was categorized as having completed less than 12 years of school or having completed 12 or more years. Marital status was defined as never married, formerly married (divorced, widowed, or separated), or currently married (including common law marriage).

A series of linear regression analyses were undertaken to examine the relationship between the work activity mandate and other independent variables (as measured at intake) and five dependent variables related to employment, TANF receipt, or psychological functioning over time. In addition to work-activity-participation status (exempt or mandated), the independent variables included demographic characteristics, drug use status (user or nonuser), self-perceived basic skills, self-perceived ability for untrained labor, self-perceived ability for trained labor, self-perceived office skills, self-perceived barriers to employment, and the total personal adjustment problems score. The five outcome variables included three measures of employment, one measure of TANF receipt, and one measure of psychological distress. The three employment outcomes studied were the total number of hours worked during the study period, average 30-day wage earned during the study period, and number of months until first reported employment (computed as 0 for individuals employed at intake, four months for those not employed at intake but who reported employment at the first follow-up, etc., with time set at 24 months for those reporting no employment during the study period). TANF receipt was defined as the number of waves in which TANF receipt was reported (which could range from 0 to 7), and psychological distress was defined as the change in total personal adjustment problems scores between intake and two years.

RESULTS

A total of 547 individuals were originally enrolled into the study. Of these, 534 (98%) were women. Due to this fact, and the fact that the vast majority of TANF recipients nationwide are female, males were excluded from the analyses reported here.

The final sample for this study consists of the 228 (43%) women who completed an intake interview and all four-month follow-up interviews during the two-year period. Those for whom complete data was available were similar to those with incomplete data in terms of education, chronic drug use status, welfare-to-work status, race/ethnicity, and marital status. Those with complete data differed from respondents with incomplete data only by age. Forty-nine percent of women who were 30 years of age or older were interviewed at each wave compared to 36% of women who were less than 30 (chi-square = 8.99, $df = 1$; $p = .003$).

Characteristics of these women at the time of their enrollment into the study are presented in Table 1. The majority of women were African American, had never been married, and had completed less than 12 years of school. Most of the sample was 30 years of age or older. Reflective of the sampling design, one-third of the women met the study's definition of chronic drug use and 45% were mandated to participate in a work activity. Those women who were required to participate in a work activity were similar to those exempted from participation with regard to race, age, education, and marital status. However, 51% of the non-drug users were required to participate in a work activity compared to 32% of the chronic drug users (chi-square = 7.33, $df = 1$; $p = .007$).

There were 36 women who did not feel able to assess their skill level for any of the items in the trained labor skills scale. Thus, this scale was not included in the regression analyses. In reliability analyses, alpha was .573 for the basic skills scales, .89 for the office skills scale, and .70 for the untrained labor scale. Alpha for the employment barriers scale was .81. Due to data entry methods, reliability for separate personal adjustment scales was not possible. For three scales combined alpha measured .74.

Overall, 76% of those who were not exempt from participation in a work activity at intake reported being employed at some time during the study period compared to 66% of those who were exempt ($F = 3.07$; $p = .08$). Results of the regression analyses of the effects of the work activity mandate are shown in Table 2. Due to the observed numbers for race/ethnicity and marital status, for these regressions a dummy race variable was created which was equal to 1 if a participant was African American and 0 if Anglo or Hispanic and a dummy marital status variable was created which was equal to 1 if a participant was married at intake and 0 if never or formerly married.

A marginally significant positive association was found between the total number of hours worked during the study period and self-perceived office skills.

Table 1. Sample Characteristics

Variable	<i>N</i>	%
Race/Ethnicity		
African American	179	79
Hispanic	43	3
Anglo	6	19
Marital status		
Never married	132	58
Formerly married	67	12
Currently married	27	30
Education		
Less than 12 years	152	67
12 years or more	75	33
Age		
Younger than 30	99	43
30 or older	129	57
Drug use		
Nonuser	153	67
Chronic user	75	33
Work activity participation		
Exempt	126	55
Mandated	102	45

Chronic drug use was associated with a marginally significant decrease in the number of hours worked. Being required to participate in a work activity was associated with an average increase in the number of hours worked during the study period of 85 hours, but this finding was not significant. Higher self-perceived office skills were also positively and significantly associated with an increase in the average 30-day wage earned during the study period.

Chronic drug use was associated with a marginal decrease in average wage. A mandate to participate in a work activity was associated with an increase in average 30-day wage of \$55. But again, the effect of the mandate was not statistically significant. With regard to the length of time until participants first reported employment, higher self-perceived office skills were significantly associated with a decrease in length of time. On average, each one-point increase in perceived skill level decreased the time to first employment by an average of 2.4 months. Those who were mandated to participate in a work activity reported

Table 2. Effects of the Work-Participation Mandate and Other Variables on Employment, Welfare, and Psychological Outcomes
(Unstandardized Estimated Regression Coefficients and Exact *p* Values)

	Total number of hours worked	Mean 30-day wage	Time to first employment	Number of waves received TANF	Change in personal adjustment score
Constant	478.35 (<i>p</i> = .44)	201.70 (<i>p</i> = .20)	24.10 (<i>p</i> < .000)	3.98 (<i>p</i> = .001)	-45.05 (<i>p</i> < .001)
African American	-76.17 (<i>p</i> = .72)	-41.92 (<i>p</i> = .45)	-0.57 (<i>p</i> = .71)	1.19 (<i>p</i> < .01)	-2.34 (<i>p</i> = .41)
30 years of age or older	118.62 (<i>p</i> = .54)	0.26 (<i>p</i> = .996)	-0.32 (<i>p</i> = .82)	-0.70 (<i>p</i> = .06)	1.28 (<i>p</i> = .62)
Completed 12 years of school	315.82 (<i>p</i> = .11)	77.41 (<i>p</i> = .12)	0.43 (<i>p</i> = .76)	-0.03 (<i>p</i> = .93)	1.99 (<i>p</i> = .45)
Currently married	186.52 (<i>p</i> = .46)	57.95 (<i>p</i> = .37)	-2.32 (<i>p</i> = .21)	-0.70 (<i>p</i> = .15)	4.56 (<i>p</i> = .19)
Self-perceived basic skills	173.93 (<i>p</i> = .11)	57.95 (<i>p</i> = .37)	-0.70 (<i>p</i> = .37)	-0.02 (<i>p</i> = .93)	0.03 (<i>p</i> = .98)
Self-perceived office skills	229.75 (<i>p</i> = .06)	67.91 (<i>p</i> = .03)	-2.42 (<i>p</i> = .01)	-0.44 (<i>p</i> = .054)	2.30 (<i>p</i> = .15)

Self-perceived untrained labor skills	-38.90 ($p = .69$)	-35.37 ($p = .16$)	-0.53 ($p = .46$)	0.15 ($p = .41$)	0.67 ($p = .61$)
Self-perceived employment barriers	-79.38 ($p = .49$)	-35.76 ($p = .22$)	0.26 ($p = .75$)	0.26 ($p = .22$)	-3.28 ($p = .03$)
Total personal adjustment problems	-6.67 ($p = .15$)	-1.84 ($p = .12$)	0.01 ($p = .77$)	<0.01 ($p = .91$)	0.65 ($p < .001$)
Chronic drug use	-373.47 ($p = .06$)	-83.42 ($p = .099$)	0.76 ($p = .59$)	0.18 ($p = .64$)	-.09 ($p = .97$)
Mandated participation status	85.32 ($p = .61$)	55.49 ($p = .20$)	-2.04 ($p = .095$)	0.67 ($p = .04$)	-1.80 ($p = .43$)
<i>F</i>	3.87 ($p < .001$)	4.78 ($p < .001$)	2.92 ($p = .001$)	2.22 ($p = .02$)	10.99 ($p < .001$)
<i>R</i> ²	.17	.20	.13	.10	.37

Note: A negative coefficient in the "Change in personal adjustment score" column represents a decrease in the change in personal adjustment problems between intake and the two-year interview.

their first employment an average of 2.0 months earlier than those who were exempt, an association which was marginally significant.

African-American participants received TANF an average of 1.2 additional waves than did Hispanics and Anglos. Higher self-perceived office skills were marginally associated with a decrease in the number of waves in which participants received TANF. Women 30 years of age or older also received TANF for 0.7 fewer waves than did younger women, a marginally significant association. Those who were mandated at intake to participate in a work activity received TANF approximately 0.7 additional waves than those who were exempt at intake, a statistically significant association.

A higher level of personal adjustment problems at intake was significantly associated with an increased change score in personal adjustment problems over time. Higher levels of perceived barriers to employment were associated with a significant decrease in change scores. Mandated work-activity-participation status was associated with a non-significant decrease/increase in personal adjustment change scores.

DISCUSSION

This longitudinal study examined the effect of the work mandate, as embodied in the 1996 welfare reform legislation, on employment, TANF receipt, and psychological functioning. In contrast to conclusions drawn from other studies, we found that work requirements did not have a statistically significant independent effect on any of the employment characteristics measured. Though results of the chi-square test found that mandated recipients were significantly more likely to have been employed at any time during the study period, the work mandate was not significantly related to any employment variables used in the regression analysis.

The work mandate appears unrelated to the number of hours recipients work, the wages they earn, or the length of time it takes to find a job. Also in contrast with other studies, this study found that the work mandate was significantly related to more frequent TANF receipt. This may be due to the fact that those required to participate in work activities have more frequent contact with the welfare system and thus have more opportunities to renew their benefits. Further research is needed to determine if exempt recipients are being sanctioned for reasons other than work requirements or if they are perhaps voluntarily dropping out of the welfare system altogether.

Holding all other independent variables constant, the work mandate had no effect on psychological distress. This finding was opposite of what was initially hypothesized. Rather, psychological distress at intake and self-perceived barriers to employment were the only significant predictors of change in psychological distress. This result appears as though it may be consistent with the finding that exemption status is unrelated to employment. It appears that both exempt and

mandated recipients are interested in gaining employment, for reasons independent of their work-activity-participation status. If the work mandate does not independently affect recipients' employment, then it also makes sense that it may not contribute to psychological distress.

Results of this study suggest that it is not the mandate, but any barriers to gaining employment that engenders distress on recipients. The work mandate may persuade recipients to get jobs sooner, as indicated by the marginally significant association with time to first employment. However, other than this possible association, the work mandate appears as if it may be a non-meaningful categorization. Recipients appear to either work or not work, independent of the work requirement. These results must be interpreted with caution however, because recipients were classified as exempt or mandated at intake, and it is possible that their exemption status could have changed throughout the study, unbeknownst to the researchers. It is unclear how much variation in exemption status occurred in the first two years after classification.

Of all the independent variables studied, office skills was the only significant predictor of the employment variables. Those who rated their office skills better also reported greater 30-day wages and less time to employment. Office skills were also marginally related to number of hours worked and fewer waves on TANF. Higher self-perceived office skills also seemed to have a desirable effect on psychological functioning, though this result was non-significant.

An alternative interpretation may be that those with lower psychological distress also have higher self-efficacy for their skill levels. However, the fact that basic skills and untrained labor skills were not even marginally significant in the relationship with psychological functioning suggests that this is not the case. Regardless of the relationship of work skills to psychological functioning, it is important to note that office skills appear to potentially be a key factor in the success of welfare reform.

Chronic drug use was only marginally associated with the number of hours worked and average wage. Though these results were not statistically significant, it is of interest that on average, drug users reported 373 fewer hours worked and \$83 less in wages per month than nonusers, the most substantial effects for either of these two employment outcomes.

The limitations of this study warrant caution when interpreting findings. First, the study was conducted in a single city, Houston, Texas. Generalizability of the results presented here will exist to the extent that recipient characteristics and program policies in other cities are similar. Second, the sample for this study was not drawn at random from the population of TANF recipients in Houston and was based on specified quotas for the recruitment of chronic drug users and mandated recipients. While drug use and work-activity-participation status were verified at intake, employment and income data were based on self-report, and this may be subject to recall bias. Finally, work-activity-participation status was measured only at intake. Future research should focus on changes in work

participation status over time. Future studies should also focus on identifying the relative effectiveness of classroom training, on-the-job training, volunteer work, and other components of the work mandate in securing paid employment.

In designing their TANF programs, many states, including Texas, have adopted a “work first” approach that emphasizes the rapid placement of recipients in the labor force, without job training. This study has shown the potential benefits of job training for TANF recipients, particularly in the area of office skills. Welfare reform efforts may best be applied to training recipients in office work while continuing to address other barriers to employment. The question arises as to what components of office skills, as opposed to basic skills or labor skills, may contribute to better employment outcomes. It is possible that those with office skills may have had a greater opportunity to interact with others and develop social skills for the work environment. Future studies should further explore intervening variables in the relationship between office skills and employment.

REFERENCES

1. *Working towards Independence*, The President’s Plan to Strengthen Welfare Reform. Available at: <http://www.whitehouse.gov/news/releases/2002/02/welfare-reform-announcement-book.pdf>. Accessed March 11, 2002.
2. J. T. Knab, J. M. Bos, D. Friedlander, and J. W. Weissman, *Do Mandates Matter: The Effects of a Mandate to Enter a Welfare-to-Work Program*, Manpower Demonstration Research Corporation, New York, 2000.
3. S. Freedman, J. T. Knab, L. A. Gennetian, and D. Navarro, *The Los Angeles Jobs-First GAIN Evaluation: Final Report on a Work First Program in a Major Urban Center*, Manpower Demonstration Research Corporation, New York, 2000.
4. C. Michalopoulos, C. Schwartz, and D. Adams-Ciardullo, *What Works Best for Whom: Impacts of 20 Welfare-to-Work Programs by Subgroup*, U.S. Department of Health and Human Services and U.S. Department of Education, Washington, D.C., 2000.
5. D. Bloom, *Welfare Time Limits: An Interim Report Card*. Manpower Demonstration Research Corporation, New York, 1999.
6. S. R. Zedlewski and D. Alderson, *Do Families on Welfare in the Post-TANF Era Differ from Their Pre-TANF Counterparts?* The Urban Institute, Washington, D.C., 2001.
7. E. M. Bost, *The Impacts of Welfare Reform Changes in Texas: Early Findings*, Texas Department of Human Services, Austin, 1998.
8. R. Jayakody, S. Danziger, and H. Pollack, Welfare Reform, Substance Use, and Mental Health, *Journal of Health Politics Policy and Law*, 25:4, pp. 623-651, 2000.
9. R. A. Ellis and M. S. Taylor, Role of Self-Esteem within the Job Search Process, *Journal of Applied Psychology*, 68:4, pp. 632-640, 1983.
10. D. Dooley, J. Prause, and K. A. Ham-Rowbottom, Underemployment and Depression: Longitudinal Relationships, *Journal of Health and Social Behavior*, 41:4, pp. 421-436, 2000.

11. A. Kalil, H. Schweingruber, and K. Seefeldt, Correlates of Employment among Welfare Recipients: Do Psychological Characteristics and Attitudes Matter? *American Journal of Community Psychology*, 29:5, pp. 701-723, 2001.
12. S. R. Zedlewski, *Work-Related Activities and Limitations of Current Welfare Recipients*, The Urban Institute, Washington, D.C., 1996.
13. R. Jayakody and D. Stauffer, Mental Health Problems among Single Mothers: Implications for Work and Welfare Reform, *Journal of Social Issues*, 56:4, pp. 617-634, 2000.
14. S. Danziger, A. Kalil, and N. J. Anderson, Human Capital, Health, and Mental Health of Welfare Recipients: Co-Occurrence and Correlates, *Journal of Social Issues*, 56:4, pp. 635-654, 2000.
15. R. Sturm, C. R. Gresenz, R. L. Pacula, and K. B. Wells, Labor Force Participation by Persons with Mental Illness, *Psychiatric Services*, 50:11, p. 1407, 1999.
16. J. Delva, Y. D. Neumark, C. Furr, and J. C. Anthony, Drug Use among Welfare Recipients in the United States, *American Journal of Drug and Alcohol Abuse*, 26:2, pp. 335-342, 2000.
17. A. Johnson and A. Meckstroth, *Ancillary Services to Support Welfare to Work*, Mathematic Research Policy, Inc., Princeton, New Jersey, 1998.
18. E. R. Galaif, M. D. Newcomb, and J. V. Carmona, Prospective Relationships between Drug Problems and Work Adjustment in a Community Sample of Adults, *Journal of Applied Psychology*, 2001.
19. J. Wiebe, G. Vinje, and E. Sawka, Alcohol and Drug Use in the Workplace: A Survey of Alberta Workers, *American Journal of Health Promotion*, 9:3, pp. 179-181, 187, 1995.
20. R. R. Bryant, V. A. Samranyake, and A. Wilhite, The Effect of Drug Use on Wages: A Human Capital Interpretation, *American Journal of Drug and Alcohol Abuse*, 26:4, pp. 659-682, 2000.
21. S. Danziger, M. Corcoran, S. H. Danziger, C. Heflin, J. Levine, D. Rosen, K. Seefeldt, K. Siefert, and R. Tolman, *Barriers to the Employment of Welfare Recipients*, Poverty Research Training Center, University of Michigan, Ann Arbor, 2000.
22. T. Donnelly, *Calworks 1999 Year End Report*. Available at: http://www.co.alameda.ca.us/assistance/calworks6/end_file_1999. Accessed February 8, 2002.
23. H. P. Johnson and S. M. Taylor, *The Basic Skills of Welfare Recipients: Implications for Welfare Reform*, Public Policy Institute of California, San Francisco, 1999.
24. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, *Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress*, Washington, D.C., Author, 2000.
25. K. M. Harris, Life after Welfare: Women, Work, and Repeat Dependency, *American Sociological Review*, 61, pp. 407-426, 1996.
26. J. Mincer and H. Ofek, Interrupted Work Careers: Depreciation and Restoration of Human Capital, *The Journal of Human Resources*, 17, pp. 3-24, 1982.
27. G. Hamilton and S. Scrivener, *Promoting Participation: How to Increase Involvement in Welfare-to-Work*, Manpower Demonstration Research Corporation, New York, 1999.

28. S. R. Zedlewski, *Work Activity and Obstacles to Work among TANF Recipients*, Series B, Report No. B-2, The Urban Institute, Washington, D.C., 1999.
29. K. Olson and L. Pavetti, *Personal and Family Challenges to the Successful Transition from Welfare to Work*, The Urban Institute, Washington, D.C., 1996.
30. K. Seefeldt, K. Siefert, and R. Tolman, *Barriers to the Employment of Welfare Recipients*, Poverty Research and Training Center, University of Michigan, Ann Arbor, 1999.
31. State Policy Documentation Project: Sanctions for Noncompliance with Work Activities. Summary of State Sanctions Policies as of April 2000. Retrieved March 6, 2002, from http://www.spdp.org/tanf/sanctions_overview.pdf, June 2000.

Direct reprint requests to:

Isaac D. Montoya
3104 Edloe, Suite 330
Houston, TX 77027
e-mail: imontoya@affiliatedsystems.com