

HOW LONG-TERM CASE MANAGEMENT CAN DECREASE POVERTY

by

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THESIS

Submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work in the School of Social Work at  
the University of Texas at Arlington  
August 2021

Arlington, Texas

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### **Acknowledgments**

Among the many people I would like to thank, I would first like to thank the members of my committee. Dr. Rachel Voth Schrag provided immense amounts of advice, encouragement and support, helping me bring this project from an idea to a finished product over the year of my graduate studies. I would also like to thank Professor Nava and Hofer for their guidance and support, both in regard to my thesis and my social work education. I am also forever thankful for the encouragement from my family who were always so ready to support me in my educational and post-graduation endeavors.

Second, I would like to thank the directors, case managers, and clients who took the time to participate in this study as they truly were the ones who made this study possible. I would particularly like to thank my past coworkers who were a major support for me professionally but also so extremely supportive and understanding towards my educational goals. Lastly, as an honorable mention, I would like to thank the staff involved with the Padua program at Catholic Charities Fort Worth who took the time to speak with me about the program as it served as the inspiration for my master's thesis topic.

July 22<sup>nd</sup>, 2021

## **Abstract**

Poverty is a complex issue caused by many interconnecting factors. Long-term case management programs provide an individualized approach to combating these factors in the lives of clients and helping them overcome poverty. Previous studies have found that while clients find case management programs to be helpful, there are mixed results regarding the effectiveness in outcomes of these programs. This study conducted interviews or surveys with four clients and seven case managers from two different organizations in a large Texas metropolitan area to get their opinions on the effectiveness of long-term case management programs in decreasing poverty and what can be done to make these programs more effective.

This study found that case manager support and financial and material resources provided by case management programs were vital to client success. However, the program that only lasted 12 months was found to be too short to help clients fully overcome poverty. This study suggests that more feedback from clients regarding case manager performance, revised guidelines for matching clients to programs, increased collaboration between case management programs and referral sources, and use of new funds to expand program services rather than expand the number of clients served to increase the effectiveness of long-term case management programs.

*Keywords:* Case management, poverty, housing program, income, employment, case manager, government assistance, public assistance

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## **Introduction**

Poverty has historically been one of the most important social issues, especially to the social work profession, due to its direct connection to obtaining necessities, personal opportunity and overall wellbeing. The National Association of Social Workers' (NASW) code of ethics demonstrates the importance of poverty alleviation through their code of ethics which states, "social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice."

In a practical sense, ending poverty means increasing the income and wealth of the poor until it reaches an acceptable level. This is typically done by assisting citizens to find employment or by giving financial or material resources to provide the necessities that will push citizens over the poverty line. Of course, the reality is so many interconnected factors influence poverty that the solution is not that simple.

According to the Commission for Case Management Certification, case management is a collaborative process between a client and case worker where the case worker assesses, prioritizes, and advocates for and coordinates services to meet client needs (Kannenberg & Neville, 2018). It has the flexibility to intervene in the variety of factors that impact a person's financial circumstances and coupled with systemic and policy change, it has the potential to end poverty in the United States. The goal of this research is to examine long-term case management as a strategy of decreasing poverty, discover which elements of case management are most helpful, and find ways that case management and policy can be changed to come closer to providing a basic standard of living and equal systemic opportunity for all people. This study will be focusing specifically on case management programs, factors, and resources present in a large Texas metropolitan area due to the researcher's previous experience with organizations in the area.



## **Defining Poverty**

If the ultimate goal of this research is poverty alleviation, it is important to first define what poverty is. For this study, poverty is defined as the inability to access necessities including food, health services, a safe place to live, meaningful relationships and social interaction, accessible transportation to access these resources and an opportunity to earn life fulfillment, such as through employment. The purpose of this individualized measurement of poverty is to examine how case managers and participants in case management programs felt that the program was not only able to help clients increase their income, but also attain these basic necessities since assistance and wellbeing cannot always be measured in monetary terms.

The goal is for this information to help bring this Texas metropolitan area, and ultimately other areas, to a point where a basic standard of living is secured for all citizens with safeguards against falling below this standard. While specific standards are likely to change with society, these necessities of safe and healthy living tend to stay constant, making this a definable and reasonably attainable goal. In addition to this, increasing social mobility by giving people the tools to rise above their circumstances and providing for those who cannot support themselves is crucial to sustaining this goal for the long term. While case management has the easiest flexibility to work with each client's specific needs, government is the one that can most easily make structural changes that can improve communities on a large scale making both micro and macro interventions valuable to achieving this goal.

## **Literature Review**

This literature review examines different case management approaches and programs, how effective they were at combatting poverty and the different factors and the intersectionality of these factors that impact poverty.

### **Case Management Approaches**

Referring again to the Commission for Case Management Certification, “case management is a collaborative process of assessing, prioritizing, advocating for and coordinating services to meet client needs (Kannenberget al., 2018). While the exact approaches of different case management programs and settings can vary drastically, these basic elements make up the basis of almost all case management. The Mental Health Policy Resource Center defines four models of case management including the broker model, the personal strengths model, the rehabilitation case management model, and the program of assertive community treatment. Case management can also be defined by whether it is role-focused, service-focused, client-focused, or goal-focused (Marsha et al., 1995).

Davidson et al., (2018), did a study examining the Australian Salvation Army’s relational case management program called Doorways. This program was created to supplement emergency assistance (financial or material assistance for immediate needs) by getting to the root of poverty issues. Case management involved building relationships with both clients and other organizations to meet the clients’ needs. A mixed methods evaluation consisting of semi-structured interviews, observations, a client satisfaction and wellbeing survey and document analysis of 45 clients and 9 case managers to find out how the program was implemented, how important the client-staff relationship was in creating outcomes, and which activities and modes of contact helped to address poverty.

Case managers described the program as person centered, flexible to fit client needs, and a program that helped clients find the tools necessary to build the life they wanted without having them become dependent. Doorways builds client capacity by showing them the tools they have to build the life they want and giving them confidence and achievable goals through a long-term relationship. The study found that clients were satisfied with the program, with the structure of the program and its focus on client relationship building and input in their services likely being a big part of this satisfaction. However, it was unknown if this program helped clients in the long term. To increase effectiveness, this program would also likely need to be coupled with macro socioeconomic changes that increase opportunities for employment, housing, training and education (Davidson et al., 2018).

Scheuler et al. (2014), found that the Women's Economic Stability, which was started in 2004, was an empowerment-based case management approach that provided individual case management and assistance to supported participants while they pursued vocational education. The goal of this program was for participants to achieve economic stability at the end of three to five years. The program had 11 women from 2007 to 2010 and focused on "women in the middle," who were not in severe crisis but still were not receiving the support needed to achieve economic security. Guidance for the program came from strategies suggested by Wider Opportunities for Women (WOW) which said using a self-sufficiency standard (the minimum income required to meet needs without assistance), targeting higher wage and nontraditional employment, promoting Individual Development Accounts (IDAs, savings accounts with a match) were necessary for the financial empowerment of low-income women. Over \$175,000 total was spent over the first three years of the program.

An external evaluator created a questionnaire for case managers to use and conducted interviews with participants twice each year to see how the program could be improved. The

questionnaire rated the level of stability in the areas of education, employment, income, debt, housing, childcare, health care, mental health, and transportation. This research found that case management sessions most commonly covered school, employment, debt reduction, medical needs, housing needs, and childcare. All participants were pursuing an associate's or bachelor's degree or were in technical college so educational pursuit, increased student debt, and the 2008 recession delayed income growth. Despite this, the average monthly income of participants increased from \$935 in 2007 to \$1,351 in 2010. Participants also found working with their mentors to be a positive experience that helped them manage daily challenges more effectively. The authors suggested that future case management programs could focus more on strengthening peer support and networking between participants which could potentially increase earnings (Scheuler et al., 2014).

A program similar to the ones being examined in this study is Padua, a case management program at Catholic Charities Fort Worth. Created in 2015 in response to community needs assessments that identified poverty as one of the greatest needs in the area, Padua uses a holistic, client-led approach to build relationships with clients, target the interconnected barriers of poverty to increase client self-sufficiency and employment outcomes and break them out of the cycle of poverty (CCFW, 2015). When an evaluation of the program was done in 2020, 193 participants received services from Padua while another 234 were in a control group. Padua participants were 25% more likely to have full time employment than the control group. Those who began the program unemployed had significantly higher outcomes being 67% more likely to have full-time employment than the control group. The program also improved participant health and housing stability, but it did not have a significant effect on savings (CCFW, 2020).

According to Walker et al., (2016), a study of the Australian Building Family Opportunities (BFO) program found that “work first” programs, or programs that prioritize the need for clients

to work over their personal needs, fail to address the complex systematic and intergeneration factors that impact poverty. Participants in this program appreciated the attention and social support case managers provided for non-occupational issues, such as those affecting clients' families and health, which helped them prepare for the transition to work. The provision of resources such as childcare and food vouchers was also found to be crucial to client success. Overall, the quantitative and qualitative interviews conducted by this study found that it is important to address both vocational and non-vocational barriers together and to use multiple measures of success besides employment outcomes.

The Reemployment and Eligibility Assessment (REA) initiative is a program that provides an unemployment insurance eligibility review and reemployment services including resume assistance, labor market information and assistance creating a reemployment plan. All these services are only for people in Nevada receiving unemployment insurance and all services are provided in the same setting. Studies found this program to be effective with it resulting in increased employment rates, wage earnings, and a decrease in unemployment benefits 12-32 months after the program. This program was also found to be more effective than similar programs in other states that did not require reemployment services or referred clients to other organizations for reemployment services (Ventures, 2020).

Another program called Riverside GAIN Program required single parent recipients of ADFC to participate in job search activities or a basic education program if needed. The focus of the program was to quickly find employment and it led to increased employment rates, earnings, and decrease welfare use (Laura and John Arnold Foundation, 2017). Since the 1996 welfare reforms and the focus on getting participants from welfare to work, there has been a significant increase in research on welfare programs and the people who utilize them. National studies on this topic have found that while reforms were successful in getting more than half of recipients off

welfare and into employment, they struggled to maintain this employment and were vulnerable to going back on welfare (De Marco et al., 2008).

A study found that most of those who left welfare to work were employed in the service industry or wholesale/retail trades which supports the finding that many who leave welfare to work still have low wages and few benefits. One-fourth to a third of those who left welfare to work had employer-sponsored health insurance, and less than half had paid sick leave. 50% to 75% of welfare leavers were below the poverty level meaning that many previous recipients are still experiencing hardship despite no longer being on welfare (De Marco et al., 2008).

Additionally, it is important to address individual barriers to employment and provide support for those trying to find employment. Studies show that having fewer barriers is correlated with higher rates of employment, shorter stays on welfare, and less welfare recidivism with 51% of welfare recipients with no barriers, 40-66% of recipients with two barriers, and 25% of recipients with four or more barriers finding employment. Supports for the factors impacting poverty listed above (such as transportation and childcare assistance) can help decrease these barriers (De Marco et al., 2008).

An examination of CalWorks, a program designed to transition welfare recipients in California to work, found that women, non U.S. citizens, those who didn't speak English as their main language, those with only a high school diploma or below, those with more and younger children, and African Americans and Latinos were more likely to stay on the welfare program rather than transition to work. Those who stayed on the program or who left the program and later returned also worked in jobs that provided less benefits, health insurance and paid vacation than those who left the program permanently for work. Those who stayed on the program received more governmental assistance such as Medi-Cal, Food Stamps, and Section 8. However, those who left

CalWorks for employment received more tax credits than those who stayed on the program (De Marco et al., 2008).

There were no significant differences between those who left the program and those who stayed on it with perceptions on how helpful they thought the CalWorks staff were with helping them find a job with about 80% of participants finding them helpful. Participants were equally split over whether they found CalWorks post-employment services to be helpful or not. Most found the CalWorks program to not be helpful at increasing their earnings. Those who left the program tended to have slightly more positive opinions about how much say they had in their plan, how much they trusted their worker, and how much they felt their worker listened to them (De Marco et al., 2008).

Among those who participated in work first services, leavers of the program were more likely to find job search activities to be helpful than those who stayed on the program. While few participants participated in job training programs, they were found to be the most helpful of all the work first services. Those who stayed on the program were more likely to participate in disability and special needs services than those who left for work. While most found these services were found to be helpful, leavers were more likely to find screening for learning disabilities helpful while stayers tended to find mental health services helpful. Among those who received core and education services, most participants found transportation, childcare, and homelessness assistance, and funds for school expenses to be helpful (De Marco et al., 2008).

Overall, this study found that those who had outside supports were less likely to be employed while those who felt that the CalWORKs program was helpful when they were getting a job, those with no children in childcare, and Asian/Pacific Islanders (compared to white participants) were more likely to be employed. The number of CalWORKs services utilized, the

type of services, participant perceptions about their input in their services, education level, their trust in their worker, their perceptions of how much their worker listened to them, participants' age, age of their youngest child, and citizenship status were not statistically significant predictors of employment status (De Marco et al., 2008).

While qualitative interviews of participants tend to provide positive results, quantitative results often have the opposite outcome. Rangarajan (2002) conducted an evaluation of the Post-Employment Services Demonstration (PESD) by randomly assigned clients to treatment and control groups. While clients appreciated their case managers' efforts and were able to find jobs quickly, the study found modest improvements in job retention and welfare reduction. Several reasons were attributed to this low job retention including job related costs, childcare compared with work hours, substance abuse, previous incarceration, family health issues, pressure to accept the first job they were accepted to, unrealistic job expectations, and temporary jobs. Rangarajan agreed with other articles that case management should have clear definitions, be flexible and tailored to client needs, and provided for a relatively long period of time. Including pre and post-employment services, having specialists to respond to specific needs, providing smaller caseloads and targeting services to those most in need may also improve outcomes.

### **Case Manager Perspectives**

Client satisfaction studies of Healthy Start Programs found that services increased access to care and led to positive health outcomes for families. However, Moise and Mulhall (2016) focused on case managers' thoughts about the case management program. The Healthy Start Program aims to prevent preterm births and maternal and infant mortality and increase the health of mothers around childbearing age. This study specifically examined four Healthy Start locations in the Chicago area through focus groups consisting of case managers, supervisors, health educators, and a health therapist with 19 participants total.



Case managers thought that having staff that was motivated, knowledgeable, skilled and hired specifically to run the program positively impacted the program. They also thought that staff being involved in the decision-making process and showing leadership in their roles had a positive impact. Supervision, home visits, and recruitment through word of mouth of other participants were also seen to be helpful (Moise & Mulhall, 2016).

On the other hand, lack of bus transfer cards to transfer clients to and from the center, consortium meetings, and existing specialized care, lack of prenatal related incentives to recruit and retain participants, gaps in services, and lack of specialized care to services such as mental health and dental care negatively impacted the program. Also, the changing social environment and gentrification in Chicago at the time was causing clients to move outside of the service area which made it more difficult for case managers to reach the high, required caseload number. A high staff turnover rate, lack of effective and consistent specialty, staff training, supervisor caseload which impeded their supervision abilities, lack of standardized performance and evaluation measures, and repetitive reports were also seen to be negative (Moise & Mulhall, 2016).

A different study by Joo and Huber (2018) examined previous studies to determine what barriers there were to implementing case management and found five main themes. The first was an unclear scope of practice. The case manager roles themselves were unclear, always changing, had uncertain boundaries which made case managers feel that they didn't provide structured plans. Second was the diversity and complexity of case manager activities. Case managers must take on many roles due to the variety of client needs which were demanding with short deadlines.

Third was insufficient training. Case managers felt thrown into work without training and that the provided training was not relevant or helpful enough. They felt that employment trainings should go over "the historical development of case management, goals, models of case

management, managed care, utilization review, ethics, negotiation and conflict resolution, financial systems, and reimbursement” in addition to specialized training for specific populations. They also felt that continuous training programs and assessment of their current knowledge were necessary (Joo & Huber, 2018).

Fourth, social work case managers had poor collaboration with other health care providers. Despite forming multidisciplinary teams, case managers had little contact with the care team after the first meeting. They suggested this happens because of little mutual understanding among professionals. Last were client relationship challenges. Building relationships with clients was difficult, case managers needed new ways to engage clients who did not want to engage and put barriers up for clients who were too close and may become dependent. There were also difficulties working with clients from different cultures and languages since case managers need to learn more cultural skills (Joo & Huber, 2018).

### **Learning from Experiences of the Poor**

A dissertation focused on the barriers low-income, single mothers in Prince George’s County Maryland faced when transitioning from public assistance to self-reliance in 2006 and 2007. The study consisted of interviews with women in homeless shelters or transitional housing and directors, case managers, and other personnel from non-profit and government organizations in the community. Data from the 37 women who completed the study suggests that many of the women who left the shelter or housing program or who lost financial assistance due to increases in income were not able to support their families and faced significant hardship when transitioning to self-reliance. Even among women in the homeless shelter or transitional housing programs, they faced financial and material hardship, such as housing and childcare costs, that suggested that these programs did not successfully meet the needs of their clientele (Trask, 2009).

Social welfare service providers found the most important financial and material resource barriers to self-reliance to be housing, living-wage employment, lack of education, lack of job training, lack of childcare, insufficient income, and transportation. On the other hand, women in transitional housing found the most important barriers to be housing, insufficient income, low-wage employment, childcare, transportation, poor credit history, and child support payments. Additionally, social welfare service providers perceived poor mental health and substance abuse to be another significant barrier to these women developing self-reliance while the women themselves considered being a single parent to be a more important barrier. The results of this study indicate that social welfare programs need increased federal, state, and local funding to provide greater financial assistance to clients, transitional housing programs should extend the length of time clients can participate in the program to allow for greater self-reliance, and state and local government and businesses should put more effort into promoting living-wage employment and affordable housing (Trask, 2009).

An older study from the late 1980s that conducted open ended interviews with low-income residents in four areas throughout the United States came to similar conclusions. Focusing on San Antonio, a city in a Texas metroplex, participants thought ensuring jobs and providing education and job training in addition to providing resources for those unable to work was the most crucial action the government could take to relieve poverty. While most participants had a wage that put them over the poverty line, they held temporary, seasonal, or part-time jobs that did not allow them to work year-round and had little if any benefits, job security, or opportunities for advancement. Higher pay, more hours and better working conditions were suggested to improve their existing employment while connections, transportation, child care, and capital to start a business were needed to get a job. For those who lost or left a job, many were fired or laid off, experienced

discrimination, or left because of health problems, accidents, or to take care of dependents (Coalition on Human Needs, 1987).

Regarding job training, participants thought job training should be directly targeted to jobs in the community, have better instructors and counselors, include more hands-on training with modern equipment, and teach a higher level of skills. Additionally, some Hispanic interviewees lacked the education and literacy to participate in job training. When applying to government assistance, participants recommended that increased benefits, reduced required documentation, and relaxed eligibility rules would make the process of applying easier. Welfare-to-work programs were not seen as helpful because the jobs did not teach new skills and working left participants with little time to search for better jobs. Overall, this study suggests that program and policy makers should focus on providing a living wage, economic development to under-developed communities, sufficient education and training for the poor, and public assistance for those who cannot work (Coalition on Human Needs, 1987).

### **Factors Affecting Poverty**

Together these studies demonstrate that poverty, particularly in the traditional sense of not having enough money to buy these basic goods, is impacted by a variety of interconnected factors. Several studies have found that poverty is correlated with holding a part-time job, living in a single-earner household, lack of citizenship, low educational attainment, single parent households, and heading a family with children leaving the parental home, separation and divorce, and the transition to parenthood (Van Winkle & Struffolino, 2018). On the other hand, factors such as being married have been found to correlate with higher levels of wealth (Van Winkle & Struffolino, 2018). This section examines how these factors and their intersectionality impact poverty.

### ***Work Status***

The main factor that influences a person or families' poverty status is their income in relation to their family size and for most people in the United States, their main source of income is employment, whether through a formal company or through self-employment or "gig"/freelance work. While other sources of income such as government aid, assistance from social networks or selling assets exist, these tend to be small, temporary, and in the case of government aid, sometimes only for the disabled which have very high barriers to obtaining employment. Even for those who are employed, multiple factors impact how profitable a job is including wage, number of hours available to work, employment type (full/part time, temporary, irregular, self-employment) and non-monetary benefits such as health care, flexible hours, job security or fulfillment.

Additionally, many individual factors affect a person's ability to find employment with the greatest negative factors being lack of education and/or work experience, workplace discrimination, a lack of transportation, physical or mental health problems, alcohol or drug dependency, having a child under 1 year of age, and lack of English fluency (De Marco et al., 2008). A study by Karnani suggested that the best way to increase the incomes of the poor is to increase their employment opportunities, especially in the area of labor-intensive jobs, to provide steady employment and reasonable wages while simultaneously increasing the skills of the poor (such as through training programs) to make them more employable (Karnani, 2011).

### ***Familial Characteristics of the Working Poor***

A study by Van Winkle and Struffolino analyzed a cohort of people born between 1957–1964 to examine how demographic factors affected whether they were working but still in poverty. It found that the working poor tend to leave their parental home at an earlier age. Working poor women were more often separated and less often married than the general population. The risk of in-work poverty risk after separation decreases slightly with older age but was higher for women

compared to men at any age. Being married (versus never married) decreased the risk of in-work poverty at every age, especially for women. Marriage before age 22 resulted in a higher risk of in-work poverty for men.

Having their first child increased the probability that a person would be among the working poor. For those apart of in-work poverty, having a second child tended to occur before age 30 for men and age 36 for women. The increased probability of in-work poverty lasted longer for people with more than one child, about age 36 for men and age 42 for women. Additionally, single-earner households and the self-employed had more income volatility. Overall, this study found that among those born in 1957-1964, marriage (though not marriage at very early ages) and not taking care of young children correlated with less risk of in-work poverty (Van Winkle & Struffolino, 2018).

Single mothers, when compared to all other categories of women in similar stages of life, had the highest rates of unemployment. Even when working, most of these households' incomes were in the lowest quartile in the United States. In addition to lower incomes and more family responsibilities, single women are impacted by low education levels (74% have no more than a high school diploma) and few marketable skills, lack of affordable childcare, and the task of balancing life goals, such as postsecondary education, with spending time with their children and making sure expenses are paid (Morgenstern et al., 2006).

Mental health issues are also common among low-income single mothers with a study finding that 82% of homeless mothers had experienced sexual or physical assault at some point in their lives. Another study found that most single women in transitional housing programs were still welfare dependent when they left the program and about a third gained additional debt. These single mothers would need additional job training programs, especially in male dominated jobs

that tend to pay more, additional education, assistance with childcare and living expenses, and personal support to increase their economic stability (Morgenstern et al., 2006).

### *Health and Disabilities*

The presence of health issues, particularly the presence of a mental or physical disability in clients, their spouse, or their dependent(s) can greatly impact a family's poverty status. A study by Judd and Moore (2011) found that older adults had more health issues and instances of disability which trended with higher rates of poverty, partially due to increased medical spending. While services already exist for this population, they can be disjointed resulting in decreased efficiency and effectiveness. The study recommended the implementation of a care manager who coordinated all these interagency services (Judd & Moore, 2011). A separate study found that case management services can improve health outcomes when coupled with occupational therapy. Case managers who collaborate and coordinate care have the potential to reduce the per capita cost of health care and improve overall population health (Kannenberg & Neville, 2018).

A study by Marsha et al. (1995) conducted a mail survey of 550 organizations that provided case management to patients with severe, long term mental illness. These surveys examined case manager activities (such as conducting assessments, developing service plans, referring clients, monitoring and negotiating with service providers etc.), characteristics of case managers, case manager supervisors, and the program's target population, program characteristics (such as staffing structure, staffing ratio, record-keeping system, setting, frequency and duration of client contact etc.) and mental health service system characteristics.

Regarding program characteristics, the most important values were found to be individualization, normalization, empowerment, and dignity while the most important missions were preventing hospitalization, improving quality of/satisfaction with life, and improving client

functioning. The most common models of case management included assessing client needs and planning, linking, and monitoring client services, focusing on practical problems of daily living, using a multidisciplinary team approach, and using all community resources available. The most prevalent case management approaches used were the personal strengths model and the P.A.C.T. model with a small portion using the advocacy model. The most common assessments were assessments of service needs, client supports, level of functioning, client interests, and client skills and the mental status examination. Providing support, transportation, and friendship to patients were common case manager activities. Other less common case manager activities included monitoring service provider use, providing counseling, developing relationships with clients, conducting formal skill teaching, advocating for service system change, and providing clinical treatment (Marsha et al., 1995).

These findings were condensed into four categories: (1) linking clients to services, monitoring service use, and developing client skills, (2) providing treatment, counseling clients, and intervening during a crisis, (3) assessing clients and advocating for services, and (4) identifying new clients and contacting clients. These principal features aimed to prevent hospitalization and keep patients in the community. System-level questions showed that case management was negatively impacted by the lack of appropriate services to refer clients to. Due to the small amounts of monitoring, advocacy, counseling, or relationship-building in general reported from the surveys, case management seemed to be system-driven rather than client-focused due to case managers having to make up for uncoordinated services (Marsha et al., 1995).

Another study examined if combining social services with mental health care improved the outcomes of minorities. It found that increased employment was strongly correlated with improved mental health outcomes while this correlation was not as strong with education levels. It also found that minorities had a smaller prevalence of negative health than whites but had more negative



outcomes from negative health than whites. Overall, this study confirmed that social factors, not just medical factors, must be addressed to improve mental health outcomes (Alegria et al., 2017).

A study of long-term intensive case management (ICM) for substance dependent women receiving Temporary Assistance for Needy Families (TANF) found that case management helped increase instances of drug abstinence compared to patients with usual care. Previous studies have found that traditional community substance abuse treatment does not adequately meet the needs of low-income mothers and treatment for chronic conditions must be paired with other social and health services to be effective for this population. ICM coordinates this variety of services and provides long term monitoring and support. While ICM was twice as effective as usual care, it still only resulted in about ¼ of participants becoming abstinent suggesting that ICM by itself will not be an effective solution for low-income mothers (Morgenstern et al., 2006).

### ***Housing and Social Supports***

To quote from a previously referenced study, “the quality of social environment (resources, opportunities, and threats to the daily lives of individuals) can be either detrimental or beneficial based on the reciprocal relationship of human behavior and social environment. Improving the social environment can benefit clients and thereby impact human behavior (De Marco et al., 2008, p. 418).” A study by Kissane and Clampet-Lundquist (2012) found that lower income residents of Chicago and Baltimore that moved to more affluent areas made few new social connections. Residents’ opinions about this varied since some were grateful to be out of more dangerous conditions or while others appreciated living in a low-income community where neighbors were more accustomed to asking each other for favors. Additionally, moving to more affluent neighborhoods did not increase social connections to higher paying jobs, especially since these require more education (Kissane & Clampet-Lundquist, 2012).

### ***Current Study***

With this background, it is clear that case management is a helpful tool for decreasing poverty, but it may need some adjustments to have improved outcomes. Therefore, agencies may benefit from information on the perspectives and experiences of case managers and clients on the impact of long-term case management in reducing poverty in order to promote more effective services. Thus, this study aims to answer the following research question: What characteristics of long-term case management programs contribute to decreased poverty for clients, based on case manager and client perceptions?

### **Methods**

Recruitment of long-term case management programs started with non-profit organizations in a specific Texan county that the researcher was familiar with that had case management programs that last at least one year and address multiple areas of wellbeing. However, due to low participation rates, the study was later opened to additional programs in the surrounding metropolitan area by using a list of partner agencies of the local United Way. When recruiting eligible programs, almost all centered around housing since most social services, such as those relating to employment or health, focus on only one area and other case management programs that help with multiple areas of wellbeing but do not including a housing program generally lasted a few weeks or months at most.

Once an organization or program was found to qualify for this study, directors over the program were sent emails explaining the research study, inviting them to participate in the study, and a survey requesting basic information about the case management program such as services and referrals provided an estimate of clients served. Once the director agreed to have their organization participate in the study by completing the survey, a second email was sent to the director for them to forward to case managers. This email explained the purpose and method of

the study, a link with the case manager and client surveys, and an explanation of how to recruit clients.

Any case manager of the selected case management program 18 or older was eligible to participate by filling out the survey sent by email. Case managers could then forward my information given to clients for them to contact me and schedule an interview. Clients also had the option for their case managers to send them a link to the online survey which asked the same questions as the telephone/ video call interview. Due to study limitations, Spanish speaking clients only had the option to do the online survey. Clients were eligible to participate in the study if they were currently a client of a long-term case management program indefinitely or would end the program within the next 31 days or were a client of a long-term case management program and stopped receiving services from this program in the last 12 months. However, some clients that participated in the study had been on their program for less than 11 months with an exit date more than 31 days away. Clients who participated in a survey or interview when given a \$15 gift card for participating.

Survey and interview questions were based on findings or gaps in existing literature and designed to examine how case management responded to common factors of poverty, how effective these measures were perceived to be, opinions about what could be done to make case management more effective, and opinions about existing methods of case management. The questions were a mixture of multiple choice and open answer questions in both survey and interview format. Additionally, some questions were only asked if a participant answered a previous question indicating that the topic applied to them.

IRB (Institutional Review Board) approval from The University of Texas at Arlington was received prior to data collection and all surveys and interviews were completed in June and July

of 2021. Interviews with clients were recorded and transcribed while survey responses were recorded electronically. Analysis of the data including descriptive statistics and thematic analysis using the major topics of the survey questions since all but one participant completed a survey rather than an interview. The findings of these responses were then summarized in the results section.

## **Results**

Out of twelve social service organizations in the large Texas metropolitan area that were originally invited to participate over email, with some organizations receiving follow ups over telephone or email, two accepted the invitation to participate, three declined, and the remaining seven did not respond. The first organization, named Org A in this paper for anonymity, is a rapid rehousing and permanent housing program that serves victims of domestic violence with the purpose of providing safety. Participants select private apartments or rental properties while the program subsidizes the rent. They work with clients to help them become self-sufficient, increase their monthly income, and work on their individualized service plan. Clients would participate in the program for up to 12 months with one program going up to 18 months. Each case manager has 10-16 clients with the program as a whole serving an average of 101 clients annually.

The second program, named Org B for this paper, is a permanent housing program that provides intensive case management, life skills groups, and budgeting assistance and links clients to services providers including mental health and sober living referrals. All participants live in the same residential setting. The purpose of the program is to help clients increase their income, strengthen their self-determination, and build strong support systems. Since the program is solely permanent housing, there is no specific timeline for clients to end the program and when clients are ready, they move on to subsidized units, living with relatives, or an apartment that they can

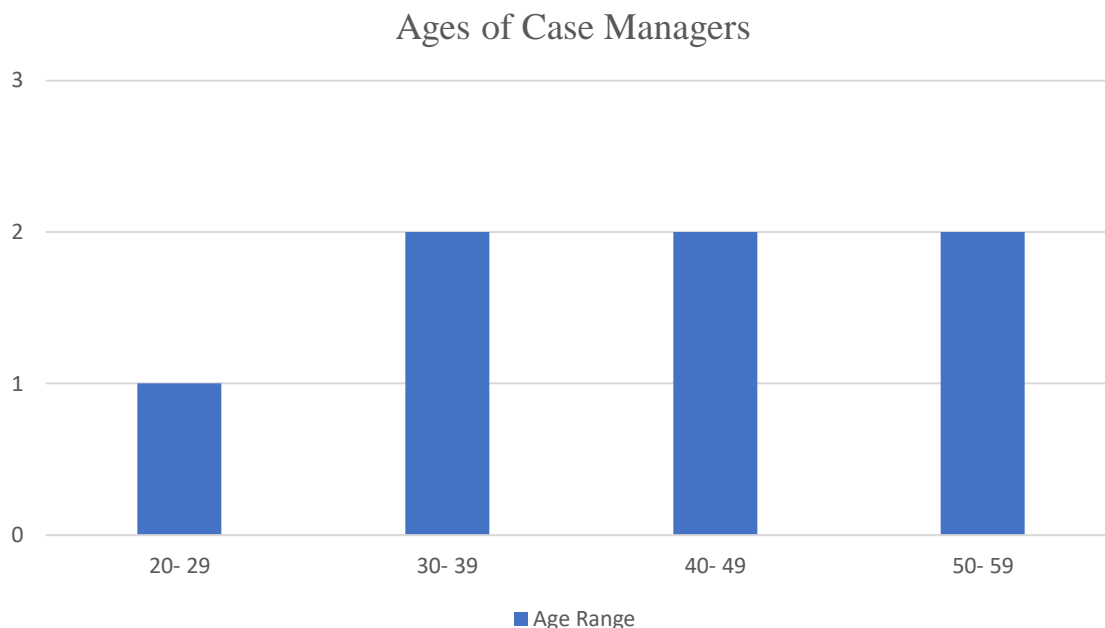
afford. Each case manager has 20-25 clients with the program serving an average of 275 clients annually.

### **Sample**

A total of seven case managers participated in the online survey with four, two from each organization, completing the full survey. This number does not include three case managers that filled out the demographics part of the survey but did not answer any of the questions. Four of these case managers were from Org A while the other three were from Org B. Six of these case managers were female and one was male. Racial demographics split fairly evenly with two case managers identifying as white/ Caucasian, three as black/ African American, and two as Hispanic/ Latino. The age range of the case managers varied and was spread out evenly between 20 and 59 years of age. Five case managers had a bachelor's degree while two had a master's degree as their highest level of education.

### **Figure 1**

*Age of Case Managers*



All four clients who participated in the study were female clients of Org A. Three of these clients participated via survey while one completed an interview. All clients completed the survey though they did not necessarily answer all questions, especially if it did not apply to their situation. Of the four participants, two identified as white/ Caucasian, one as black/ African American, and one as Native American/ American Indian/ Alaskan Native. The participants were also relatively young with two in their twenties and the other two in their thirties.

### Themes

The themes listed in this study center around the topics of questions that appeared in the survey and interview questions and includes case management, client employment and education, government assistance, credit and debt issues, family dynamics, health, housing, transportation, and other miscellaneous needs. The case management section focuses on the helpfulness of case management, resources, and the case management program in general. It also discusses the obstacles case managers face in providing assistance to clients through the program. The sections

on client employment and government assistance discuss how clients obtain and cope with the loss of these sources of income and whether they are enough to meet client needs. Client education and credit and debt issues discusses the helpfulness of educational, vocational, or financial programs. The other sections discuss how clients are able to meet their health, housing, transportation, or other material needs and the impact of the Coronavirus pandemic on client outcomes.

### *Case Management*

Two case managers from Org A said that clients may need additional resources than what their case management program provides so they partner with organizations to help clients obtain sustainable income. One of these case managers later added, “I believe this program offers a valuable opportunity for all clients, however, it only works well if the clients are in a place to participate and fully take advantage of the opportunity, and again, some need more time to heal or become stable.” Another case manager from Org A expanded on this saying client success depended on their willingness to take advantage of resources and sometimes, despite clients using all available resources, they still did not achieve self-sufficiency by the end of the program.

Feedback from clients supported these findings since clients said that the program allowed them to obtain employment, transportation, childcare, and savings. One client said, “I was given resources to reach out to and advocates to help make the connection to housing, employment, counseling and many more avenues. The combination of self will and a person to talk to and organize my thoughts into a plan has brought me and my family to a better financial and safe status than from where we were before.” Another client had similar feedback saying, “I have a place to live. I’ve been able to acquire savings.... I’ve been able to get a car.... I mean I can’t say I’m perfect but I’m... worlds better in a position than I ever was.”

Contrastingly, one client who was still on their program said the program was helpful temporarily, but they were concerned they would become homeless when the program is over. This view was explained by a client who said that the involvement of the case manager had a substantial impact on client success. This client had a friend who also participated in the program but received significantly less assistance and referrals from their case manager, meaning they would likely exit the program to enter homelessness. When talking about the value of having a supportive case manager, this client said, “Just knowing I had someone like if I have... a stupid question... she has an answer. And she will answer, opposed to trying to call 6 times, never getting any answer and never getting anywhere with the program.”

A client from Org A remarked that while they thought the program was helpful, the guidelines to dismiss clients from the program early was the main thing they would change. For this client, they paid a certain percentage of their income towards rent and when the client paid more towards rent than the organization, they were removed from the program. As the client stated, “when you finally get to a point where you make up a pay that is OK, before you’ve even been able to create any savings or been able to hit certain goals. Once you hit a point, they raise the rent... or take you off the program. So, it kind of like doesn't allow you the opportunity... to get you fully sustainable.” This client expressed that it was harder to accomplish their goals when they were removed from the program and only had enough money to break even. This method also punished clients who bettered their circumstances through the program since clients who made no effort to increase their income could receive rental assistance for the full duration of the program.

When asked if they would have preferred to have the resources to overcome poverty on their own rather than having a case manager, three clients said no while one who found their case manager to be unhelpful said yes. Of those who would prefer to have a case manager, they thought that having a case manager, advocate, or counselor was essential to their success and preferable to



trying to do everything on their own. The support and relationship built with a case manager was seen to be just as helpful as financial or material assistance.

From the case managers' perspective, the majority thought that their role as a case manager was clear and structured. However, three case managers found their job to be overly difficult or demanding. One case manager from Org B, which had larger caseloads, said that a small caseload would help them build more professional relationships with the clients. All case managers thought they had sufficient training before starting their position though one said they would like to have more training in drug and alcohol abuse now.

All case managers thought that they collaborated well with other organizations, but case managers from Org A thought that more collaborations that provided workforce education or job/career counseling would help since clients with mental health or criminal history barriers and histories of underemployment were emotionally skeptical or hopeless about finding employment and need additional support. One case manager from Org B said keeping up to date contact information, such as a contact person from a resource or referral, would improve the collaboration process.

When clients were overly dependent on their case manager or the case management program, case managers gave clients tools, instruction, encouragement, resources and in Org B, moved them to more independent housing, so clients could "take the reins of their life... once the program is over." For clients who did not want to participate in case management services, case managers would continue to engage them, such as reaching out to other employees in the organization that the client works well with, explaining how participation will benefit the client and allowing the client to make their own decisions. Motivational interviewing and harm reduction was also used to increase engagement and decrease dependency.

### *Client Employment*

When case managers were asked if clients' jobs generally paid them enough to meet their needs, the majority of case managers (n=4) said no. One case manager believed that clients need vocational training to become self-sufficient. Of the three who did not answer no, one case manager said yes, one case manager was from Org B said most of their clients were on SSI or SSDI and had limited employment or income, and another case manager from Org A thought that most clients received sufficient wages but since not all clients could work, some needed alternative forms of support.

All four clients reported that they were looking for employment while on the program and tried to increase their wage or salary. Three of the clients were employed full time while on the program while the other client was employed part time but ultimately lost this job due to their criminal background. Two of the three clients who were employed full time considered their job to be just enough to meet their needs and as a result, one was looking into continuing education. The remaining client who worked full time said the only reason that they were able to support themselves on their income was because their rent was being subsidized and despite receiving promotions, the client still did not feel that they were making as much as they needed to. They also said that their case manager's encouragement was a major help to them finding a job. Due to the domestic violence and abuse they experienced before joining the program, they originally felt like they would not be able to handle working or having a job.

Case managers of Org A helped clients find employment and increase their income by empowering and encouraging them to find a better paying job and to continue their education, passing on information about hiring events that can provide better salaries, providing interview skills classes and resume assistance, and referring them to organizations and community resources with employment assistance or an internship run by the organization's resale shop. Case managers

of Org B helped clients increase their income by referring them to the Texas Workforce Center that was on site to provide job leads and temporary placement agencies when available or assisting them or encouraging them to apply for SSDI (Social Security Disability Insurance) and SSI (Supplemental Security Income).

Clients said that case managers helped them look for jobs by providing bus passes, childcare referrals, financial assistance to pay for the G.E.D. test, and other resources that helped clients gain the credentials needed to obtain a job. Two clients said their case managers helped them tailor specific resumes for several types of careers. The relationships the client built with their case manager and the other residents of the shelter (prior to joining the housing program) allowed them to discuss the pros and cons of different jobs and reflect on the progress and opened doors they have at their current job. Another client said that despite receiving referrals to a partner organization to help with employment, the client never used them since they had a family member that worked in human resources who could help them with making a resume or other job finding advice. This client said many of the community resources they were referred to were closed or required appointments due to the Coronavirus pandemic. For example, when going to an organization for an interview outfit, the client had to pick the outfit over FaceTime and as a result, it did not fit.

All clients said that their case manager respected their wishes and decision in choosing a job with one client saying that they did their own job search. While two clients thought that the coronavirus pandemic might have impacted the availability of jobs and childcare at one point, all felt that there was a decent availability of jobs to apply to. One client thought that their lack of interview skills was a factor that inhibited their job search. This client who was unemployed while being on the program tried to increase their income by continuing to look for employment and starting to attend G.E.D classes. Their case manager helped them to get a laptop for their classes.

Another client from Org A increased their income by “hustling” at their job, moving up the ranks and receiving bonuses while their case manager encouraged them to go after what they wanted. However, the client said that at times, increasing their income was stressful because they were afraid they would be removed from the program for having their income go too high. All clients thought that an increase in the minimum wage would benefit them. However, one client was unsure how much this would help them since they already make above the minimum wage.

Case managers said that when clients lost a job, they would help them by providing referrals, such as to local temporary agencies or vocational training so it would be easier for them to find a job in the future. Case managers encouraged clients to apply for unemployment insurance and/or school and would encourage them to look for and apply for new jobs. Some of this assistance included creating forms that helped clients determine why a job would or would not work for them. They would also provide clients with bus passes and information about job leads. At Org A, case managers helped clients who were not authorized to work in the United States by connecting them with community resources to start the process towards citizenship or helping them find jobs such as housekeeping that did not require a social security number. All case managers who only partially completed the survey stopped with the employment questions, leaving only four case managers to answer questions in the following sections.

### ***Government Assistance***

When asked if government assistance such as SNAP (Supplemental Nutrition Assistance Program, aka food stamps), WIC (Special Supplemental Nutrition Program for Women, Infants and Children), TANF (Temporary Assistance for Needy Families), Medicare or Medicaid, SSI or SSDI provided a sufficient amount of benefits to meet client needs, both case managers and clients had mixed answers. Two case managers said yes with one adding that the benefits were only enough “as long as they continue to be in this Housing Program or get Affordable Housing where

they only have to pay 30% of their income.” Another case manager said that most of the time benefits were sufficient to meet the client’s needs and if not, “they are really close to meeting their needs and budgeting may help, if the client is receptive.” The remaining case manager answered no.

Among clients, all received some type of government assistance while on their case management program. Two clients said the amount of benefits was not enough and they would have profited from an increase in benefits. Another client said that the benefits were more than enough. The remaining client said the only reason why the benefits were sufficient was because the government had maximized benefits due to the Coronavirus pandemic. These maximized benefits were the appropriate amount for assistance to be sufficient since they allowed this client to access health care and expensive, healthy food for their family. One client experienced a reduction in SNAP benefits due to an increase in income and agreed that a more gradual reduction in benefits would be helpful.

Most clients (n=3) found the process of applying to benefits to be easy and all received assistance from their case manager or the domestic violence shelter or could apply for benefits on their own. One client thought that the recertification process was difficult since they were dropped from their benefits due to an error that the client was not responsible for. Another client mentioned that the Pandemic Eligibility Benefits Transfer (PEBT) that provided food benefits for children who could no longer receive free or reduced-price school meals due to the pandemic was also helpful. Three case managers had a client who experienced a reduction in benefits due to an increase in income. One case manager said that an increase in SSI and SSDI checks caused clients’ SNAP benefits to decrease. While the clients did not like this decrease, most would accept it and make the necessary adjustments. Another case manager said that a decrease in benefits meant that “[clients] were still not able to save money and have to spend more towards bills that were no

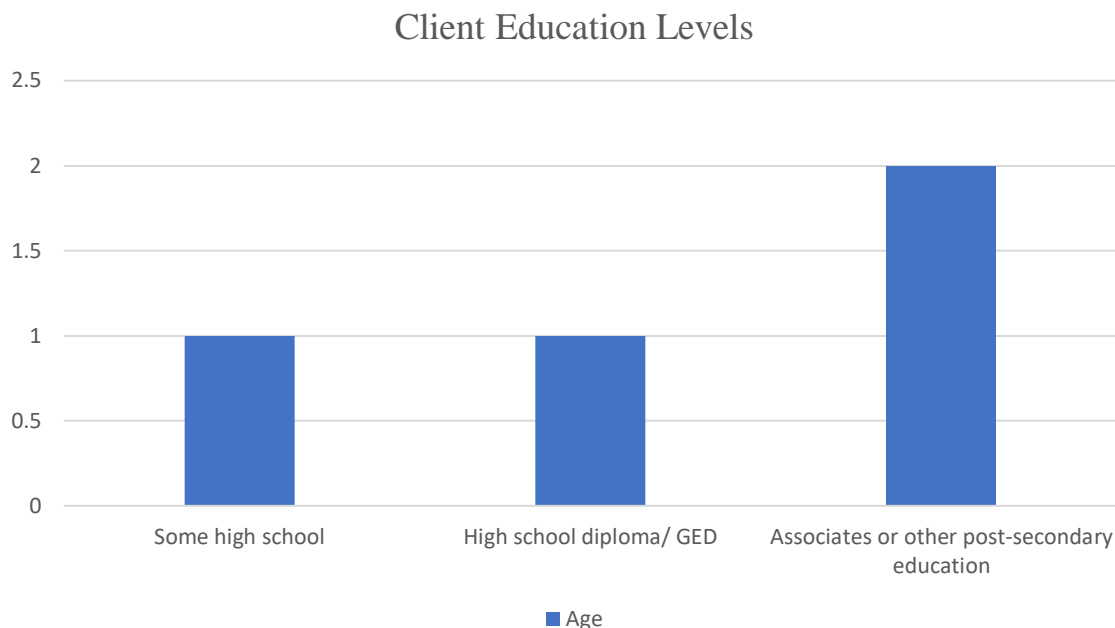
longer being covered or assisted towards.” When asked if a gradual reduction in benefits would have been better, one case manager said “[clients] could use a 3 month period to acclimate and prepare for the drop in income.”

### ***Client Education***

Case managers said they helped clients that were not proficient in English by providing them with a translator or referrals to ESL (English as a Second Language) classes. All clients in this study were fluent in English so they did not provide feedback on this topic. All clients had less than a bachelor's degree: one had less than a high school diploma and was working on their G.E.D., one had a high school diploma/ G.E.D., and two had an associate degree/ vocational or some other post-secondary education. While the clients often worked to increase their education level and vocational skills, they did not consider this to be a major barrier to finding employment. One client said that most jobs tend to prioritize experience over educational level.

### **Figure 2**

#### *Client Educational Level*



Other than the G.E.D. program, no clients participated in a training or educational program. The other three said they would have liked to participate in one of these programs. One client said they would have liked to complete training in Microsoft Office but was not aware of any training programs and did not have much available time to participate in one. Another client believed their criminal background was a barrier to them participating in educational training. Clients agreed that more scholarships or decreased education costs would have helped them in pursuing more education. A client expanded on this saying:

I think if the caseworkers had more knowledge or... just basic... places for them to turn to for scholarships... like a database or something of readily available scholarships that we could have applied for... I think that I probably would have gone after a few more things if I knew they existed. But... I was so focused on trying to like tackle these other things, I didn't have time to look for myself... to search for hours on the web trying to see what was available. But if maybe there was something... like a reference sheet... that they could have

looked at like and told me to go out and apply for 'cause... anytime there's something to apply for she helped me so much, but like how... are you supposed to know what there is if they don't even know?

Case managers at Org A said that most clients ask about educational advancement so providing case managers with the knowledge and resources to guide clients would be useful. Other case managers suggest that the program could pay for a vocational training program to be held at the organization's facilities to prevent clients from being exposed to their abusers or an educational resource fund for clients who need tools and supplies for training. At Org B, most educational resources were provided through referrals.

Regarding credit and debt issues, one client said the program allowed them to pay off their previous debts. They did most of their financial learning and planning through informal discussions with their case manager and coworker but felt that a course on credit would have been helpful, especially since they were planning to get a credit card. Another said while their credit score increased, it was not close to where it needed to be and they were continuing to work with their case manager to improve their financial situation. Another client said their case manager recommended that they get a pre-paid card and start saving my money. However, the client did not find this advice to be helpful. Only one client participated in financial classes at a partner organization that provided rewards for achievement and accomplishments. The client found these classes to be helpful. A case manager suggested that there were also financial education/ budgeting classes at another organization that clients could benefit from.

### ***Family Dynamics***

Since guidelines for both programs did not allow married couples, all clients included in this study were single. Households had an average of 3.25 people in total. All clients had children



who lived with them, ranging from one to five children. Only one client thought they would have been better off if they were married, though another client said they would have appreciated help with caring for their child. Three clients said that learning more about healthy relationships from their counselor was helpful with one adding that counseling and self-help books allowed them to form healthy boundaries for relationships. The other client said they wanted to focus on themselves and their children rather than a romantic relationship.

Case managers had mixed thoughts about whether marital status affected clients' poverty. One case manager did not think that marital status mattered at all while another said that marital status can help since clients can have increased income and social support. Supporting this, another case manager said, "sometimes, it is a shock to go from a dual-income household to a single-income household, and for many, they have never had to be in charge of paying bills." One case manager from Org B said that some clients became homeless due to domestic violence while another case manager from Org A said that some clients had stress since they were not legally divorced yet and felt like their abuser still held something over their head.

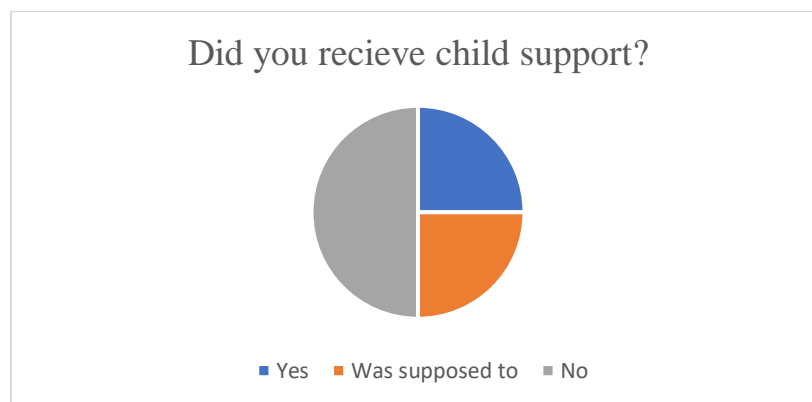
While clients did not consider their children themselves to be a barrier to them finding employment, having children affected what hours clients could work and childcare was essential for a client to find employment. One client said that not being able to see their child due to working late negatively affected them at times. While this client was appreciative about gaining childcare, she said, "the great ones might not have the hours you want, so you're sending... your child [to] something just because it's convenient rather than truly... the place you would like them to go."

For the client who received child support, they found it to be very helpful since they used it as savings for future expenses such as security deposits. One client was supposed to receive child support but was waiting since the court case had recently been settled. They agreed that it would

be helpful for the government to provide support if receiving child support from the other parent was not possible. Case managers at Org A said they would refer clients to legal aid or the Office of the Attorney General if they were not receiving the child support they were entitled to but beyond that, there was not much they could do. Both organizations had legal aid services on site that they would refer clients to for other legal issues as well.

**Figure 3**

*Client Child Support*



Three clients said that the support they received from their family, friends, church, and community was immensely helpful. One client said, "Support is so important. You're in a dark place when you're coming out of abuse. When you're bringing your children out of abuse. It's impactful and drastic. You learn so much about each other and can be able to communicate [and] relax." The remaining client said that not having a support system outside of their case manager could be hard.

When asked about how family, friend and community support affected clients, one case manager said, "having a support system helps by providing food, social activities especially during the holidays, and overall support." Community support had a strong impact on clients and strong

or weak support affected how clients viewed themselves. Another case manager said, “those who find their support system usually do better and thrive knowing they are not alone.” Org B provided social events with a welcoming, non-judgmental environment for clients. One case manager who worked there observed that clients on their case load created a sense of community among themselves and looked out for each other.

### ***Health***

All clients and their children had health care while participating in the program. Half thought that this health care met their family's needs while the other half did not. One client said that their child's insurance was not accepted at most locations, forcing them to go to a doctor an hour away which made it difficult to stay up to date on shots. One client said the health care system could be improved if it helped to pay for emergency room visits, gym visits, and prescriptions. Another said it should help adults get medical and dental care. Another client said they would like universal health care while another thought the system worked fine. Only one client reported having a disability, chronic or severe illness, or condition while on the program and said that taking time off work for doctors' visits, paying for hygiene items, and the decreased quality of life from this illness could be difficult at times. They also wished they had insurance that would cover them financially if they had to miss work due to their condition.

Case managers helped clients meet their health needs by determining which resource the client would benefit from the most and would help them have a successful recovery. This included referrals to mental health services, aging and disability services, substance abuse services, counseling, dental care, eye care, and primary care physicians. Org B also had a health clinic on site they would refer clients to. When clients did not have health insurance, case managers helped by referring them to the public hospital, organizations with free or low-cost medical care, or simply having clients visit the nearest emergency room. To cope with the effects of domestic violence,

crime, or trauma, case managers referred clients to life skills and counseling sessions. Case management sessions also helped clients as one said their case manager helped them “[focus] on organization of thoughts and fears and goal setting then achievements. Progressively climbing the ladder out of domestic violence and poverty.”

### ***Housing***

Both programs provided housing/ rental assistance as a major part of their case management program and Org A referred clients to other resources, such as local housing authorities, if they need continued assistance after leaving the program. As a result, all clients said that their living arrangements were affordable for them while they were on the program. As one client put it, “it makes me feel safe after everything I’ve been through and that is like a huge part of healing.” While all clients were able to find a safe environment that positively affected them while they were on the program, three clients said that there was not an adequate supply of affordable housing that was also safe in the areas where they wanted to live. One client added that, if possible, they would have preferred to live in a house with a rent-to-own option. Two clients said that while the rental assistance they received from the program was enough to cover rent, it was not enough to allow them to become self-sufficient.

Case managers agreed that there was not enough safe, affordable, accessible housing in the areas where clients wanted to live. Case managers from Org A, where clients resided in private rental properties, said that affordable areas were not always safe and there was a need to partner with better apartments that are willing to give clients with background or credit issues a second chance. When asked if the program was long enough for clients to achieve self-sufficiency, case managers from Org B which had an unlimited time frame for clients said yes while case managers from Org A, whose program lasted 12 – 18 months, said no. One case manager from Org A said, “usually the rental assistance is sufficient, however, I believe most clients could benefit from an

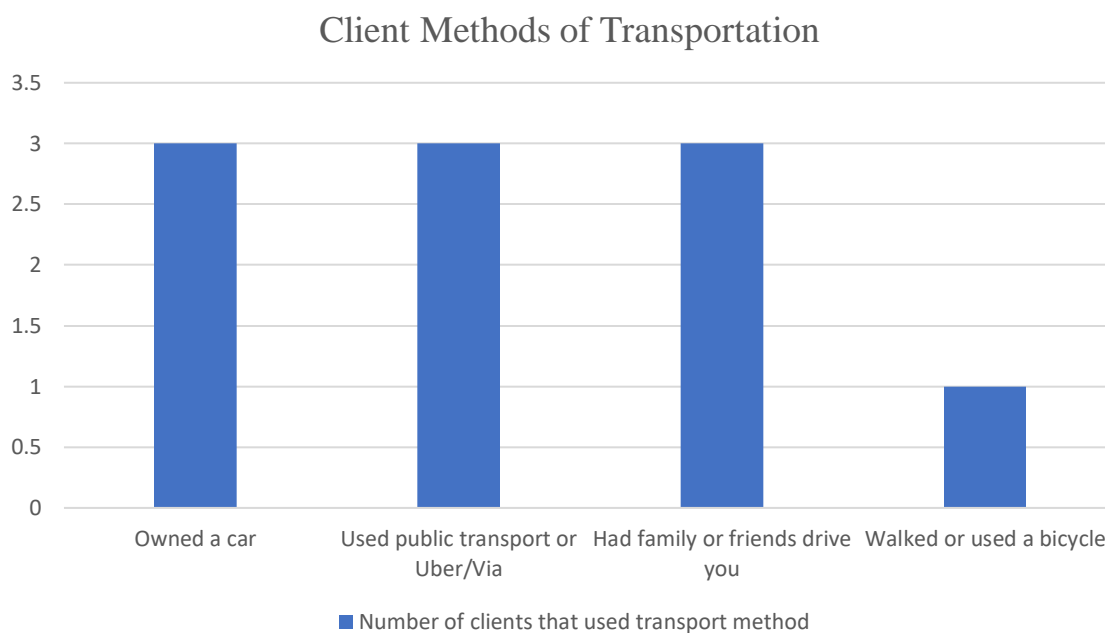
additional 6 months or so.” Another case manager said, “I do not think 12 months is a long enough program for some clients especially clients who had a lot of mental health problems.”

### ***Transportation***

When asked what forms of transportation each client used, almost all clients used their own car, public transportation or ride shares, or had family or friends drive them. Clients would usually start with methods such as using the bus or getting rides from relatives until they could afford their own car. When asked if they would prefer owning a car or increased access to public transportation, all clients said they would prefer a car as it provided more freedom and safety.

**Figure 4**

#### *Client Methods of Transportation*



Case management programs provided clients with transportation by giving them bus passes or rides through rideshare programs like Via or Lyft. Case managers at Org A felt that the

transportation assistance they provided was a bit limited and thought that expanding the transportation and financial assistance for clients would improve clients' opportunities to succeed. One case manager suggested forming a partnership with Via, a rideshare program for clients residing in a specific city that had no public bus system. Case managers at Org B also thought that their transportation assistance could be expanded to provide bus passes for other needs such as grocery store runs, doctor appointments, vital meetings and planned field trips. Another case manager suggested that Org B could create an account with Uber or Lyft for clients who are not able to ride the bus and need to make it to important appointments, such as what Org A has done.

### ***Basic Items and Internet***

No clients reported issues accessing basic items such as food, clothing, school supplies, hygiene items, cell phone or internet while they were on the program with the exception that one client wished they had more resources for diapers. Case managers from Org A reported supplying additional items such as cleaning supplies, medical equipment and scrubs and a desire to start a computer donation initiative. Case managers at Org B provided cleaning supplies, personal hygiene items, and ran a food pantry at the organization. They also referred clients for any other necessities.

### ***Coronavirus Pandemic (Covid-19)***

Clients reported both positive and negative effects from the Coronavirus pandemic. Some negative effects included decreased access to resources and quarantine meant clients could not attend important appointments. However, the pandemic also increased rental and public assistance for clients and some clients felt that virtual communication was safer for them. From the case managers' perspective, the pandemic decreased the frequency of contact with clients, closed or limited the times the organization was open, and virtual case management made it harder to build rapport with clients. Clients also lost many group opportunities in addition to lost jobs and

childcare. However, some case managers noted that their clients seemed to be coping well through the pandemic and handled the changes very well.

### **Discussion**

The literature found that while clients find case management programs to be helpful, the examination of data on client outcomes was inconsistent. While this study does not focus on the quantitative outcomes of case management programs, it does find that case managers and clients both find their case management programs to be effective at assisting clients in overcoming poverty. Clients in particular seemed to attribute the helpfulness of the program directly to the helpfulness of their case manager. The more support and useful referrals a case manager provided, the more helpful the program as a whole was considered to be. This study also supported findings from the literature in that it is essential for long-term case management programs to focus on both employment and non-employment related factors to improve client wellbeing and increase their income since these are major factors to a client's success in overcoming poverty.

Based on participant responses, client success was affected by three main factors:

1. The client's motivation to better their situation and take advantage of the program.
2. The involvement and helpfulness of the case manager to build a relationship with the client, encourage them and support them in improving their situation.
3. The presence of resources in the community to support client's needs and the constraints of the rules and requirements of the program on clients.

Regarding the first point, clients who put less effort into improving their situation were not necessarily lazy or taking advantage of the system. Often, these clients had barriers that required them to work harder to receive the same level of self-sufficiency as other clients and past failures

and discouragement left clients defeated about bettering their situation. A client's ability to be self-sufficient after leaving the program was a direct result of obtaining and sustaining income near or over the living wage as support from government or non-profit assistance was usually cut off before a client's income reached a sufficient level to meet all their needs. Additionally, a client's existing barriers, resources, and supports impact the speed at which the client can overcome poverty. Regarding case managers, it was found that large caseloads, and potentially other aspects of the case management program, contribute to case managers finding their job overly demanding or difficult, possibly leading to a low quality of support for clients.

The fact that most long-term case management programs center around providing for clients' housing needs supports the view of the housing first model which says clients need reliable access to necessities, such as housing, before they can focus on secondary goals such as finding employment. This philosophy has led to the creation and funding of many rapid rehousing, transitional housing, and permanent housing programs. However, this also contributes to one of the major issues this study found regarding long-term case management programs: the time limits.

### **Benefits Cliff**

Rapid rehousing is short term rental assistance (12 months or less) and more prevalent than transitional housing which is slightly longer (18 to 24 months or longer), both being designed to help individuals come out of homelessness. While rapid rehousing programs are effective at preventing most participants from returning to homelessness directly after leaving the program, the comparison of the two organizations in this study shows this does not necessarily extend to helping participants overcome poverty as well and does not examine the long-term outcomes of these programs. This study supports the finding that increased time on the program leads to better outcomes for clients who leave these programs and fewer returns to poverty and homelessness.



Due to the barriers that they face, many clients who are referred to rapid rehousing programs may be assisted better by transitional housing to increase the chance of long-term self-sufficiency.

Since there were mixed thoughts about whether client employment and government benefits gave, it can be inferred that the amount the income needed to meet a client's needs depends on their individual situation and the combination of all benefits in relation to their earned income. Clients only wanted a level of benefits that was enough to meet their needs and both case managers and clients agreed that a gradual decrease in benefits would be better than a sudden drop in benefits. Aiming to eliminate the "benefit cliff," when a client experiences a significant decrease in benefits due to increased income, is important if programs want to encourage participants to increase their wages.

A paper by Shinn, P., & Kickham, K. (2020) on the effect of plateau and cliff effects suggested that "the most effective way to reduce cliff effects is to reduce benefits gradually as income grows" (p. 37). This strategy allows clients to know in advance how an increase in income will affect their benefits and will prevent a sudden drop from benefits when clients reach the maximum income. While the exact amount of the decrease is up for debate, the report suggested to aim for no more than a 25 cent decrease in benefits for each dollar earned. It is also important for organizations to remember that each program tends to decrease benefits independent of each other, clients often experience multiple benefit decreases at once so a 20 cent decrease in rental assistance with a simultaneous 20 cent decrease in SNAP benefits and a 10 cent decrease in a child care subsidy means that a client only ends up with half of the increase of their dollar raise.

### **Client Income**

From client survey responses, it can be assumed that clients on long-term case management generally did not earn enough from employment to meet all their needs without subsidies from

government or non-profit assistance. Full-time employment or a household with at least two earners was needed for a household to achieve self-sufficiency. For clients who were not able to work, it was unclear how they met their needs or increased their income outside of assistance, primarily from SSI, SSDI and the rental subsidy provided by the program.

Interestingly, when asked about finding or increasing income through employment, case managers focused on providing referrals to employment focused agencies while clients focused on the material and financial resources (such as childcare and bus passes) provided to help clients overcome barriers to employment. This may suggest that the Coronavirus pandemic impacted clients' ability to access resources through referrals or that clients preferred to get help directing from their case managers regarding resume building, interview strategies, and finding employment. This second conclusion is supported by findings from the Reemployment and Eligibility Assessment (REA) initiative which suggested that clients used in-house employment services more often than referral employment services (Ventures, 2020).

Clients did not consider the availability of jobs or their own educational level to greatly impact their ability to find a job. This may demonstrate that increased education, particularly a bachelor's degree and higher, may be seen to be a secondary goal after the client achieves sufficiency rather than a path to achieving sufficiency, particularly because of the time and cost inhibitors inherent in post-secondary education. This also may signal a need for increased funding for clients to attend training and educational programs or increased knowledge or collaboration with colleges to increase client access to scholarships and other financial aid. Additionally, unlike employment referrals, clients seemed more open to professional referrals and training regarding financial topics such as building credit. Other macro forms of advocacy, such as limited restriction in job search due to criminal history or increases in the minimum wages, may be needed to further improve clients' outcomes.

### **Other Client Needs**

While clients and case managers generally did not see a client's marital status as an important factor in a client's poverty status, it was clear that familial and community support was vital to client success and a necessary addition to the support provided by a case manager. Guidelines of housing programs may prevent clients from fully utilizing help from familial supports, particularly when it comes to joint living where the client could benefit from the additional income or free childcare provided by another person, since many housing programs only allow for one adult and their dependents. Clients would also benefit from increased access to health care, counseling, transportation, and funds that can be used for other miscellaneous needs.

### **Implementing Results**

When determining which services are best for a client, this study transitional housing programs are best for clients who are not currently employed, have several barriers to employment, and are open to working with a case manager to improve their situation. Rapid rehousing programs that focus on workforce development are better for clients who are already employed but need assistance with moving into a new location and possibly increasing their income. Permanent supportive housing is best for clients with major physical or mental health barriers or disabilities that would make it difficult for them to quickly become employed. Other resources provided by social service organizations without case management are best for clients who only have one or two areas that they need assistance in or who are not interested in participating in case management. Any reduction a program makes in benefits or rental assistance due to an increase in a client's income should follow the 20 cent decrease in rental assistance to \$1 increase in income guideline and the cut off for client benefits should be slightly above the minimum amount to be self-sufficient to allow for clients to build savings and a buffer zone to protect against future returns to poverty.

There is also a need for increased feedback from clients regarding case manager performance to ensure that clients are receiving adequate assistance from their case management program. Rental subsidies may also need to increase so that clients can have greater access to safer areas. This could possibly be done by setting maximum rent limits by the zip code rather than city or county level so that clients are limited to the most affordable areas in most areas of the city rather than being limited to the low income areas of the city. All clients and case managers said that their programs would improve from an increase in funds that can be used for a variety of purposes such as computers, car repairs, or any other client needs that are not easily accessible through referrals. If long-term case management programs come into increased funding, they must balance the priorities of expanding services to more clients and continuing the current level of program success or providing existing clients more services to increase the outcomes, and speed of these outcomes, for existing clients.

Additionally, case managers and programs in general may need to advocate for macro changes such as increased affordable housing, adequate childcare, and wages to aid in clients' transition to self-sufficiency. The study by De Marco et al. (2008) came to the conclusion that to encourage low-income families to achieve self-sufficiency, welfare legislation needs to address:

- (1) employer incentives to upgrade the skills of low-wage entry-level workers to assist them with job advancement and self sufficiency,
- (2) expanded supports for on-going post-employment case management services to increase family self-sufficiency and reduce poverty, and
- (3) the development of transitional job support programs for those with significant barriers to employment (p. 437)

This study supports these findings as supports that help clients find living wage employment and overcome barriers to employment is the best way that long-term case management programs can

help clients overcome poverty. A paper by Lee et al. (2008) says that there are four steps to implementing evidence-based research in new populations: (1) determine the primary mechanism of change used in the study and any factors that may enhance or diminish the change effect, (2) identify population differences between the study and the target program, (3) adapt the study/program content, (4) develop an evaluation plan that examines the effects of the primary mechanism of change.

### **Limitations and Future Research**

A major limitation of this study is the low sample which limits the conclusions and generalizability of the findings. Thus, these finds may need to be confirmed in future studies that use larger sample sizes. Additionally, the small sample size prevents from determining if there are any trends that may emerge from participant demographics such as age, race or educational level. This study contributes to existing research on programs designed to decrease poverty by making suggestions on how to improve existing programs. However, there is a need for future studies to examine how case management programs can assist clients who are unable to work and the long-term effects of case management and housing programs to determine if the interventions provided by these programs lead to long-term self-sufficiency for clients.

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