



# State Welfare-to-Work Policies for People with Disabilities

## Implementation Challenges and Considerations

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation

August  
2000



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This report was prepared under contract HHS-100-95-0021 between the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy and The Urban Institute. For additional information about this subject, you can visit the DALTCP home page at <http://aspe.hhs.gov/daltcp/home.htm> or contact the ASPE Project Officer, William P. Marton, at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. His e-mail address is: [wmarton@osaspe.dhhs.gov](mailto:wmarton@osaspe.dhhs.gov).

# Executive Summary

Welfare reform efforts in the 1990s focused primarily on recasting the nation's cash assistance system into a work-based, time-limited assistance system. To accomplish this objective, states have used the flexibility first granted under federally approved waivers and then under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 to make a wide array of changes in welfare policies and practices. The combination of these changes and a strong economy has contributed to unprecedented welfare caseload declines, with particularly dramatic declines occurring since the passage of the 1996 federal welfare reform law. Still, many who continue to receive cash assistance possess serious barriers to work, including various types of disabilities. In the post welfare reform environment of time limits and strict work requirements, creating and implementing effective welfare reform policies and strategies to help those with disabling conditions obtain and retain employment is a tremendous challenge.

This report examines key operational issues and implementation challenges associated with serving welfare recipients with disabilities. The term disabilities is used broadly in this report and includes limiting physical conditions, substance abuse and mental health problems, and learning disabilities. These are sometimes referred to as "hidden disabilities" and are generally considered to be a subset of a broader range of barriers faced by "hard-to-serve" TANF recipients. In order to serve this population, the two primary issues that TANF agencies must address are (1) how to identify disabilities among TANF recipients, and (2) how to create and structure services to assist in their transition from welfare to work. These issues provide the conceptual framework for our study.

Our findings are based primarily on interviews conducted December 1998-April 1999 with local welfare agency administrators, front-line staff and service providers in four localities: Phoenix (AZ), Chicago (IL), Providence (RI) and Portland (ME). The local level perspective provided in this report is

intended to complement state level information provided in an earlier companion report entitled *State Welfare-to-Work Policies for People with Disabilities: Changes Since Welfare Reform* which reviews state work participation and time limit policies as applied to TANF recipients with disabilities in all 50 states.<sup>1</sup>

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## POLICY CONTEXT

- ▣ Work requirements and time limits imposed by federal welfare reform help shape state decisions regarding how to design and implement their TANF programs. Although states have the flexibility to define their own work activities, they often choose the same set of work activities that PRWORA allows to count toward the federal participation rate. State choices regarding participation requirements and exemptions are often also guided by considerations concerning the 60-month lifetime limit on federal assistance and, in some states, a shorter state imposed time limit.
- ▣ According to our earlier research, 30 states (including the four reviewed here—Maine, Arizona, Illinois, and Rhode Island) have changed their work participation policies in ways that involve more TANF recipients with disabilities in work and self-sufficiency activities than under the Jobs Opportunities and Basic Skills Training (JOBS) program that preceded TANF.
- ▣ Because federal welfare reform gave states considerable flexibility and latitude, any review of how a single dimension of reform is implemented must be considered in the context of key elements of that state’s TANF system. In this report, we discuss decisions regarding participation among and services provided to TANF recipients with disabilities within the larger context of that states’ policies (time limits, exemptions, etc.) and operational factors affecting its implementation (staff experience, individual caseload sizes, duration of reform, etc.).

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## IDENTIFYING TANF RECIPIENTS WITH DISABILITIES

- ▣ TANF agencies may be motivated to identify disabilities among welfare recipients for different reasons: (1) to determine if a disability is hindering a recipient’s ability to obtain employment, (2) to determine if a recipient could be exempted from work participation or time limits due to a disability, and/or (3) to determine whether additional services or supports are necessary to assist in the transition from welfare to work.

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<sup>1</sup>The full report can be found at <http://www.urban.org> and at <http://aspe.hhs.gov>.

- ▣ When considering how to identify disabilities among welfare recipients, states face a number of choices. Our site visits to different localities in four states illustrate that there is no common criteria for defining what constitutes a disability, no single method or process used to identify disabilities, no single point when identification occurs, and no one person responsible for making all identifications. One common strategy is to build in-house staff capacity so that staff are better trained and equipped to detect disabilities, another is to rely on the expertise of third parties and still another involves some combination of the two. While there is still heavy reliance on recipients to self-report disabilities that may inhibit participation in work or work-related activities, there is also increased interest in and use of formal screening and assessment techniques and in-depth interviewing as a part of the case management process.
- ▣ Screening and assessment can include short questions intended to identify a disability, or a longer set of questions intended to collect information about the individual's situation, including the existence of a disability or other barrier to employment. Targeted screening and assessment instruments provide additional tools to uncover barriers to employment, including disabilities. While welfare-to-work programs have often relied on formal instruments to assess reading and math levels and general occupational interests/aptitudes, reliance on structured assessment tools designed to identify disabilities is much less common.
- ▣ Many states are looking to case management as a general service approach that will enable welfare-to-work programs to better identify recipients' needs (including disabilities) and tailor services accordingly. While staff interviewed for this study generally affirmed that formal screening and assessment instruments could assist in their efforts to identify various barriers and disabilities, they tended to place greater value on the ability of the case management process—talking to and developing a relationship with recipients, keeping up with their progress or lack thereof, and being on the alert for signs of potential problems—to uncover barriers/disabilities.
- ▣ Whether a state chooses one or some combination of these approaches, states should consider the level of experience and skill required of staff involved in the identification process. If staff responsible for identification do not possess the required skills or experience, training is in order. In the four study sites, training was most commonly provided in conjunction with a specific disability-related initiative. However, none of the study sites had provided comprehensive training on how to identify the range of possible disabilities that exist among the welfare population.

- Given TANF agencies' lack of experience in serving individuals with disabilities, the predominant strategy involves increasing the TANF agency's institutional capacity by developing new organizational linkages with providers that have expertise in serving this population.
- Efforts to develop new or expanded linkages are increasingly being accomplished through formal arrangements such as contracts or interagency agreements. Increased referrals to and use of outside organizations with whom the TANF agency has no formal agreement is also an important part of expanding and strengthening this infrastructure. The ability to implement new strategies depends in part on the availability of providers, services, and resources in a given community. These may vary considerably by the specific type of disability in question.
- Progress in establishing organizational linkages on behalf of this population tends to be uneven across disabilities. TANF agencies may find it too difficult to simultaneously take on developing service strategies and linkages for all the disabilities and barriers experienced by recipients. In fact, they typically lack sufficient data to determine which disability is more prevalent among their existing caseload.
- There is no one organizational model or service delivery approach for identifying and serving recipients with disabilities. As states and localities expand their welfare-to-work programs to include more service options, they will need to consider the skills and expertise of existing in-house staff; the availability of services and resources in the community which can be accessed; and the ability to spend TANF dollars for different types of supportive services, such as counseling and substance abuse treatment, or cover these expenses through other funding sources (e.g., Medicaid).
- As structural and institutional changes are put in place, TANF agencies may be able to devote more attention to developing and refining service mix and content, and to implementing more or different models that could assist recipients in becoming self-sufficient. At this point, however, the primary challenge is to develop an organizational and service delivery infrastructure that brings these types of providers and their services into the welfare-to-work world.

- While there appears to be a general consensus that the most job-ready recipients have left welfare and those remaining are more likely to experience disabilities and other barriers to employment, states and localities are still in the early stages of developing and implementing practices which identify and respond to the needs of these recipients in a proactive and systematic fashion. Expanding organizational linkages with organizations with greater expertise than TANF agencies in assessing and serving individuals with disabilities has both created more opportunities for recipients to receive needed services, while also making the TANF service delivery system and its administration more complex. Developing such linkages and effectively overcoming the coordination issues that inevitably arise when one organization relies on another to provide needed services presents a major ongoing implementation challenge.
- Relying on different types of service providers to more effectively serve recipients with disabilities does not eliminate the need for further training and development of TANF in-house staff. In many places, TANF agency staff have been given primary responsibility for service planning and case management. Both of these responsibilities require a range of skills, including the ability to determine when a disability might exist and where it is appropriate to refer a client, how to effectively interview recipients and assess their needs (or determine when additional assessment is warranted), and to serve as an effective broker between service providers on behalf of the client. It is unrealistic to assume that TANF staff can fulfill these roles without sufficient experience and/or training. In addition, the amount of individualized case management that can actually occur will be severely constrained, if staff are expected to carry large caseloads.
- In part because states are still in the relatively early stages of building this infrastructure, the degree to which different types of disabilities in a given state or locality have received attention in terms of policy, resources, assessment, or services varies considerably. Given the range of possible disabilities, and the fact that TANF clients often experience multiple barriers and disabilities, it will be important for states and localities not to focus their efforts too narrowly on one disability at the expense of others. That is, while each disability may require different services and supports, the overall approach adopted must be comprehensive in scope.

- ▣ Given the overall declines in TANF caseload size since PRWORA was first implemented, states that have not done so may want to focus more attention on cases currently exempt or deferred from participation due to disability as well as practices associated with granting deferrals and exemptions. These recipients can still benefit from the opportunity to engage in self-sufficiency activities and services. This may be a particularly important strategy for states which do not stop a recipient's time limit "clock" when they have been exempted/deferred from participation in work activities. In addition, given the pivotal role medical personnel play in the disability-related exemption/ deferral process, states may want to make a greater effort to educate medical professionals about the importance and implications of the documentation they provide regarding a recipient's condition. For example, doctors may not understand that, at least in some states, the time limit continues to be in effect even though a recipient may be exempt/deferred from work participation due to a disability.
  
- ▣ Under PRWORA, states have the flexibility to define their own participation requirements and may permit recipients to engage in a broader range of activities than considered allowable for federal work participation calculation purposes. There is variation in the extent to which states have taken advantage of this flexibility as opposed to replicating the list of countable activities as defined by PRWORA. Given the types of disabilities and service needs experienced by many on welfare, states that have not already done so should consider broadening their participation requirements or, alternatively, proactively working with and providing services to those they have deferred from participation due to disability. Broadening countable activities for federal work participation rate calculation purposes should also be taken up as a matter of consideration when TANF is reauthorized in FY2002.

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# SECTION 1

## Introduction

Welfare reform efforts in the 1990s focused primarily on recasting the nation's cash assistance system into a work-based, time-limited assistance system. To accomplish this objective, states have used the flexibility first granted under federally approved waivers and then under the Personal Responsibility and Work Opportunities Act (PRWORA) of 1996 to make a wide array of changes in welfare policies and practices. The combination of these changes and a strong economy has contributed to unprecedented welfare caseload declines, with particularly dramatic declines occurring since the passage of the 1996 federal welfare reform law. Still, many who continue to receive cash assistance possess serious barriers to work, including various types of disabilities. In the post welfare reform environment of time limits and strict work requirements, creating and implementing effective welfare reform policies and strategies to help those with disabling conditions obtain and retain employment is a tremendous challenge.

This report examines key operational issues and implementation challenges associated with serving welfare recipients with disabilities. The term disabilities is used broadly in this report and includes limiting physical conditions, substance abuse and mental health problems, and learning disabilities. These are sometimes referred to as "hidden disabilities" and are generally considered to be a subset of a broader range of barriers faced by "hard-to-serve" TANF recipients. Although not necessarily visibly apparent, these disabilities generally pose potentially serious and complex issues in the lives of individuals. This complexity increases several-fold within the specific context of TANF when one considers disabilities being confronted by a poor woman with children on welfare, now required to find a job. This report does not attempt to address each of these disabilities and possible treatment modalities in detail, but rather attempts to shed light on how they are conceptualized, identified, and addressed within the TANF context.

*This report examines key operational issues and implementation challenges associated with serving welfare recipients with disabilities.*

Our discussion and findings are based primarily on interviews conducted December 1998-April 1999 with local welfare agency administrators, front-line staff and service providers in four localities: Phoenix (AZ), Chicago (IL), Providence (RI) and Portland (ME).<sup>2</sup> The local level perspective provided in this report is intended to complement state level information provided in an earlier companion report entitled *State Welfare-to-Work Policies for People with Disabilities: Changes Since Welfare Reform* which reviews state work participation and time limit policies as applied to TANF recipients with disabilities in all 50 states.<sup>3</sup>

The report is organized as follows. Section Two provides the federal and state welfare reform policy context to better acquaint the reader with key overarching factors that drive and shape welfare reform program design. Section Three describes various approaches used to identify disabilities among TANF recipients within the context of local welfare-to-work operations. Section Four discusses service strategies and delivery arrangements used by sites to address this population. The final section offers concluding observations.

<sup>2</sup>A description of the study methodology, including site selection criteria, is presented in Appendix A.

<sup>3</sup>The full report can be found at <http://www.urban.org> and at <http://aspe.hhs.gov>.

## SECTION 2

# Federal Welfare Reform and State Policy Context

PRWORA replaced the Aid to Families with Dependent Children (AFDC) program and the Jobs Opportunities and Basic Skills Training (JOBS) program with a new block grant program called Temporary Assistance for Needy Families (TANF).<sup>4</sup> The TANF program transferred significant policy making authority from the federal government to the states. States, for example, are basically free to determine who should be subject to work requirements, who may be exempt from these requirements, and what combination of services and requirements should be implemented to move individuals from welfare to work. At the same time that PRWORA increased state flexibility overall, it also imposed some new mandates. Most notably it set considerably higher work participation rate requirements (including defining what activities count toward the rate) for recipients than in the past and set a time limit on the amount of a time a family could receive federal cash assistance.<sup>5</sup>

Both of these mandate—work requirements and time limits—help shape state decisions regarding how to design and implement their TANF programs. For example, decisions regarding the menu and mix of work-related activities and services for recipients must be considered in light of which activities are allowed to count toward the federal work participation rate requirement. Such allowable activities include job search or job readiness activities, work experience, community service, and on-the-job training; they do not include activities such as counseling or substance abuse treatment,

*PRWORA increased state flexibility overall, but also imposed new mandates—work participation requirements and time limits.*

<sup>4</sup>AFDC served as the nation's cash assistance program for needy families; JOBS was a welfare-to-work program that provided education, training, and employment services to welfare recipients.

<sup>5</sup>The participation rate in Fiscal Year (FY) 2000 is 40 percent of the TANF caseload and gradually rises to 50 percent by FY 2002 and thereafter. Separate and higher rates are set for two-parent TANF families. Participation rates are also adjusted to account for recent caseload declines.

which are not specifically linked to work but may, in fact, be an important stepping stone to employment.

States may tailor their work requirements to permit or require recipients to engage in other types of activities, including allowing greater participation in education and training than called for by PRWORA. However, there is less incentive for states to permit or require activities that cannot be counted toward the federal participation rate given that failure to meet the prescribed rate can result in a reduction in a state's total TANF block grant allocation.<sup>6</sup> Thus, the extent to which states permit recipients to engage in activities that cannot count toward the participation rate standard—even though they may be more appropriate or responsive to those individuals' circumstances—depends in part on whether they can allow this range of activities and still meet federal requirements.

*The extent to which recipients are allowed to engage in a non-countable activities depends in part on whether or not the state can meet federal work participation requirements.*

In addition to the work requirement and participation rate standard, PRWORA also imposes a limit on how long an individual may receive federally-funded assistance. The law sets a 60-month maximum lifetime limit on federal cash assistance but also allows states to impose time limits of a shorter duration. In recognition of the fact that there will be circumstances which prevent some recipients from moving off welfare before reaching the time limit, PRWORA allows states to exempt up to 20 percent of their average monthly caseload from the 60-month time limit by reason of "hardship." The definition of what constitutes a hardship exemption, or under what circumstances a recipient might be granted a temporary extension to a shorter state-imposed time limit, is left up to each state. Additionally, states may use their own state funds to provide income assistance or services to individuals in need of support beyond 60 months.<sup>7</sup>

PRWORA's work participation requirements, time limits, and increased state flexibility have spurred many states to significantly narrow or eliminate the former JOBS program's criteria for exemptions from work participation

<sup>6</sup>The penalty for not meeting the state's work participation rate is initially five percent and may be as much as 21 percent of the state's block grant in the next fiscal year. This amount may be reduced based on the degree to which states fall short of the federal requirement.

<sup>7</sup>PRWORA includes a maintenance of effort provision whereby states are required to spend 80 percent of their "historic state expenditures" or face a dollar-for-dollar reduction in their TANF grant. States may choose to use state funds to support individuals before they reach their time limit and count that expenditure toward the maintenance of effort requirement. Time during which individuals receive services funded by state MOE dollars does not count toward the 60-month lifetime limit on assistance. States may also simply continue to support individuals who have reached their federal lifetime limit with state funds.

requirements. Under JOBS, the welfare-to-work program that preceded TANF, approximately one-half of adults receiving cash assistance were exempt from mandatory participation. While the largest share of these were the result of exemptions for those with young children,<sup>8</sup> recipients experiencing an “illness or incapacity” that affected their ability participate in required activities were also exempt. The criteria used by states and localities to determine if a recipient was ill or incapacitated were largely based on the recipient’s ability to obtain medical verification of the condition. However, absent work participation requirements and time limits, states had little incentive to require participation of anyone with a disability who could provide such verification.

According to our review of states’ policies conducted for the companion piece to this report, 30 states had changed their work participation policy regarding disability-related exemptions from their pre-TANF JOBS policy as of Spring 1998. (See Appendix B.) Among these 30 states, 13 states changed participation requirements so as to no longer exempt individuals with disabilities, requiring them instead to undertake some work or self-sufficiency activities. Most of these states described their overall service strategy as one which relies on highly individualized case management when dealing with recipients and determining which activities are appropriate for them. Under this universal approach to participation, individuals with disabilities and others with barriers do not necessarily have to participate in a work activity that can count toward the federal participation rate but they are required to do something to help move themselves toward self-sufficiency (i.e. pursuing substance abuse treatment or mental health counseling, attending parenting classes, keeping doctor’s appointments). Two of the study sites featured in this report—Maine and Illinois—fall into this category.

Another 17 states require more TANF recipients with disabilities to participate in welfare-to-work activities than prior to welfare reform, but still allow for some disability-related exemptions.<sup>9</sup> Many of these states broadened participation by no longer categorically exempting individuals who

<sup>8</sup> Under JOBS, agencies were allowed to exempt participants with children under age three.

<sup>9</sup> Although there has been a clear trend away from exempting recipients with disabilities in the current welfare environment, 18 states continue to apply the same exemption criteria used under JOBS—a categorical exemption from work participation for this population. Many of these states indicated that this policy might change in the future. In many cases, changes were contingent upon being able to establish services and supports for this previously unserved population and/or better estimates of how many recipients above the 20 percent federal time limit exemption ceiling allowed under PRWORA would actually reach the time limit.

*The new welfare reform environment presents states and localities with clear incentives to involve as many recipients as possible in work activities.*

could provide a doctor’s note verifying a disabling condition, but rather take a harder look at each individual’s situation to determine their capabilities. By focusing on capabilities rather than incapacities, these states require participation of some recipients who would likely have been exempt and not received assistance under JOBS. The other two study sites featured in this report— Arizona and Rhode Island—included in the group of states adopting this approach.

State welfare-to-work exemption policies clearly have an impact on the extent to which people with disabilities may or may not engage in activities and receive services through TANF work programs. However, it is also important to remember that the nature and severity of disabilities that TANF recipients face are wide-ranging and not easy to categorize even for exemption purposes. Although data is lacking, there is general agreement that while many recipients with disabilities did not receive an exemption from JOBS, neither were they actively engaged in JOBS program activities. Resources were sufficiently limited and participation rate requirements were sufficiently low that most JOBS programs served only a fraction of those “required” to participate. In contrast, the new welfare reform environment presents states and localities with clear incentives to involve as many recipients as possible in work activities.

When considering disabilities among TANF recipients, it is important to recall that neither AFDC nor TANF was designed to support severely disabled individuals. The Supplemental Security Income (SSI) program operates separately from the TANF program and is designed to provide cash assistance to individuals who are elderly, blind, or severely disabled.<sup>10</sup> Individuals who qualify for and receive SSI are not eligible to receive TANF cash assistance. Therefore, the disabilities experienced by TANF recipients may be severe enough to account for their past inability and present difficulties in finding or holding a job, but not severe enough to qualify for SSI.

<sup>10</sup>To qualify for SSI because of a disability, an adult must have an impairment that is so severe that it does not allow that individual to perform any “substantial gainful activity.”

The new federal work participation requirements and time limits, combined with states' own commitments to reducing welfare dependency, motivated many states to adopt a welfare-to-work program strategy—often referred to as Work First—that attempts to move as many recipients as possible into unsubsidized employment as quickly as possible. To do this, Work First programs tend to concentrate attention and resources on engaging recipients in jobs through job search. This strategy is generally premised on the assumptions that any job is better than no job, that most recipients can in fact find jobs, and that the labor market serves as the first and most appropriate way to sort out those who are job-ready from those who are not.

In light of sharp reductions in the TANF caseload and the increasing concentration of recipients with significant barriers remaining, there is now increased interest in developing additional strategies and supports for these more difficult to employ recipients. It is within this evolving welfare-to-work program context that serving recipients with disabilities has received increasing attention. At the same time, it is important to note that conditions commonly grouped under the heading of disabilities—physical impairments, substance abuse, mental health, learning disabilities—are often neither conceptualized nor referred to as “disabilities” by the TANF world. Instead, they are considered part of a longer list of “barriers” to employment that are associated with the larger “harder-to-serve” population.

Each of the four study states is in the midst of reforming its cash assistance system. Each has used the flexibility provided by TANF to develop different program strategies, with varied policies and practices regarding identifying and serving recipients with disabilities. The overall program design has significant implications for what options are available to recipients and how these may be implemented in a local setting. Important features of states' programs examined in this study are provided in Table One and are briefly highlighted below.

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# TABLE ONE - Significant Welfare Policies/Characteristics Case Study States

Characteristics	Arizona	Rhode Island	Maine	Illinois
Number of Cases (June 1999) <sup>1</sup>	33,237	18,014	13,560	114,686
Caseload Decline (January 1993 to June 1999) <sup>2</sup>	52%	18%	43%	50%
Date of Reform Implementation	1995 under waiver	10/98	11/96	7/97
Benefit amount (for adult with 2 children) <sup>3</sup>	\$347	\$554	\$418	\$377
<b>Work Participation</b>				
Work Participation Exemption Policy (as applied to recipients with disabilities)	Recipients with disabilities are not “exempt” but may be deferred	Recipients with disabilities may be exempt, but disabilities are examined to consider capability to participate and work	Recipients with disabilities are not “exempt” but may be placed in “inactive” status which does not preclude requirement to participate in some activity	Recipients with disabilities may be “temporarily exempt” but this designation does not preclude requirement to participate in some activity
General Program Approach/ Philosophy	Work First	Allows education and training for first 24 months	Work First	Work First
<b>Time Limits</b>				
Shortest Limit (in months)	24	60	60	60
Exemption policy for recipients with disabilities	Exempt for any months recipient is exempt from work participation	Exempt from time counting toward state limit if have medical reason; all months count toward Federal limit	Exempt if participated in good faith <sup>4</sup>	Not Exempt (clock stops ticking if working 30+ hours/week or achieving specified grades in a college degree program)

<sup>1</sup> Department of Health and Human Services, Administration for Children and Families, <http://www.acf.dhhs.gov/news/stats/case-fam.htm>.

<sup>2</sup> Department of Health and Human Services, Administration for Children and Families, <http://www.acf.dhhs.gov/news/stats/case-fam.htm>.

<sup>3</sup> Gallagher, Jerome, et.al. “One Year After Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families Decisions as of October 1997.” Washington, D.C.: The Urban Institute, May 1998.

<sup>4</sup> State of Maine, S.P. 407 - L.D. 1302 , An Act to Amend the Temporary Assistance for Needy Families Program. Sec.1. 22 MRSA.

As indicated in Table One, only Arizona has chosen to impose a time limit that is shorter than the federal 60-month maximum time limit. However, time limits may be more complicated than the written policy suggests. For example, despite the fact that Maine has a relatively generous, five year time limit, caseworkers in Portland noted that they emphasize with all recipients that TANF is time-limited and focus on helping them achieve self-sufficiency within two years. This allows families to reserve three additional years of assistance should they fall on hard times in the future. At the time of our site visit, Portland caseworkers also noted the state's well-publicized decision to support recipients beyond 60 months using state funds as long as they have participated in TANF welfare-to-work program in good faith. In Illinois, recipients who are working 30 hours per week and those who are in an approved college degree program and maintain a 2.5 grade point average (out of 4.0), are not subject to the 60-month time limit and any services they receive are funded with state dollars. Additionally, Arizona exempts from the time limit those recipients who are granted exemptions from work participation requirements.

Although Illinois, Arizona, and Maine contend that they no longer “exempt” recipients with disabilities from work participation requirements, each retains provisions that allow a temporary reprieve from strict participation requirements and sanctions for non-compliance. In Arizona, recipients with disabilities may be “deferred.” Although not subject to strict work participation requirements, being deferred is one way in which recipients are considered candidates for referral to the Vocational Rehabilitation (VR) program for additional assessment and services. In Maine, recipients with disabilities are not exempt but may be put in “inactive” status. However, caseworkers in Portland still may require some form of participation of these “inactive” cases. In Illinois, disabilities are considered a barrier and may result in a “temporary” exemption and, like in Maine, caseworkers we spoke to in Chicago do encourage recipients to participate in self-sufficiency activities even while temporarily exempting them from participation in work activities.

All four study states have experienced substantial caseload declines, but the declines are clearly not of equal magnitude. Although caseload decline results from a complex set of factors, Rhode Island's significantly smaller caseload decline may be due in part to its relatively late implementation of welfare reform and a lack of a “Work First” program

*States that have experienced significant caseload declines may now be faced with serving recipients with more barriers to employment, many of whom would have been exempt from participation in the past.*

design (see Table One). Caseload decline, although considered a positive feature in the welfare reform environment, also results in significant challenges for states. States that have experienced significant caseload declines (having successfully transitioned the more job-ready recipients from welfare to work) may now be faced with serving recipients with more barriers to employment, many of whom would have been exempt from participation in the past.

Further, overall caseload declines should not mask what continue to be high caseload:worker ratios. For example, in Portland (ME), because of the change in work participation exemption policies, many more recipients are now required to meet with ASPIRE staff. Similarly, in Woonsocket (RI), what was essentially a voluntary JOBS program has changed into one where even exempt recipients must meet with a case manager and complete a Family Needs Assessment, significantly increasing caseworker responsibilities.

# SECTION 3

## Identifying Disabilities Among TANF Recipients

As welfare agencies try to develop more effective service strategies for those with barriers to employment, the need to expand and improve the methods by which disabilities among welfare recipients are identified has also increased. This section discusses common practices and key issues associated with identifying disabilities for this population.

It is important to underscore at the outset of this discussion that the need for welfare agencies to identify whether a recipient has a disability rests squarely within the context of their TANF program objectives and design. The existence of a disability is not, in and of itself, an issue of primary concern to welfare agencies and the motivation for identifying disabilities among TANF recipients is not for the purpose of “treatment” per se. Rather, identification has traditionally served as the necessary prerequisite to determining whether a recipient should participate in (or be exempt from) welfare-to-work activities. More recently, identification is necessary to determine whether additional services may be warranted or needed to help the recipient become employed. Even if recipients with disabilities could ultimately benefit from additional supports or services, their condition may very well never be identified or addressed by the TANF agency if they meet participation requirements or find employment on their own.

Our site visits to different localities in four states illustrate that there is no common criteria for defining what constitutes a disability, no single method or process used to identify disabilities, no single point when identification occurs, and no one person responsible for making all identifications. One common strategy is to build in-house staff capacity so that staff are better trained and equipped to detect disabilities, another is to rely on

the expertise of third parties, and still another involves some combination of the two. While there is still heavy reliance on recipients to self-report disabilities that inhibit, or are likely to inhibit, their participation in work or work-related activities, there are also examples of proactive efforts to identify disabilities through screenings, assessments, ongoing case management, or a combination of all of the above.

The implementation of these identification methods depends on two other key dimensions of the disability identification process: *when* identification takes place and *who* is responsible for identifying the disability. As illustrated in Figure One, identification of disabilities in a TANF setting can be built formally into various points in the client flow path, as well as emerge on a more informal and individualized basis as a result of working with a recipient over time. Disability identification often occurs in conjunction with one or more of the following :

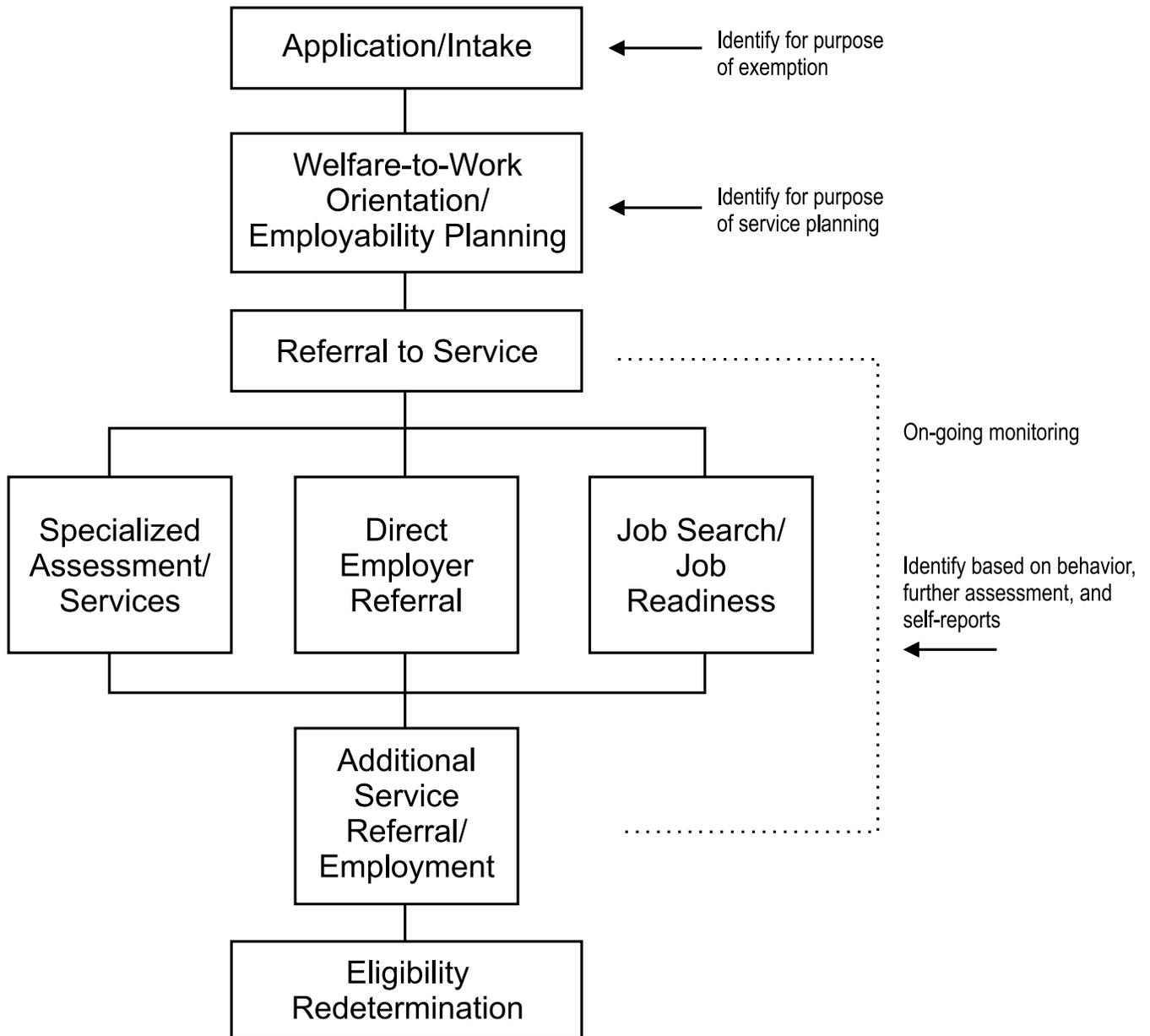
- ▣ The point of application and initial eligibility determination,
- ▣ A welfare-to-work orientation and/or meeting with the welfare-to-work case manager,
- ▣ Formal eligibility recertification or welfare-to-work reassessments, and
- ▣ Monitoring recipients' attendance and progress in required work activities (i.e., case management), particularly in the event of noncompliance.

Who is responsible for determining whether a disability exists also varies across states and local welfare offices depending upon the particular client flow path and service delivery system. However, there are potentially many types of staff who have the opportunity or are charged with the responsibility to identify disabilities among recipients, including:

- ▣ Eligibility workers,
- ▣ Welfare-to-work case managers,
- ▣ Service provider staff, and
- ▣ Specialized screening and/or assessment staff.

Although these dimensions are highly interrelated in practice, we first describe the various ways disabilities among welfare recipients are typically identified and then describe how these methods are implemented in the four study sites.

FIGURE ONE  
COMMON CLIENT FLOW AND IDENTIFICATION POINTS



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## APPROACHES TO IDENTIFYING DISABILITIES AMONG WELFARE RECIPIENTS

Multiple methods are used to identify whether recipients possess a disability that will inhibit their ability to obtain employment or participate in work-preparation activities. Drawing on our site visits and other examples, this section reviews and discusses the most common methods: (1) self-reporting coupled with medical verification, (2) formal screening and assessment, and (3) in-depth interviewing in conjunction with case management. All sites utilize self-disclosure as a means of identification, but the level and type of additional screening and assessment varies across sites and are employed in a variety of different combinations.

### *Self-Identification Coupled with Verification*

A common way that welfare agency staff initially become aware that a recipient has a disability is simply through self-identification of the condition by the recipient, often in response to a direct question or prompting by a caseworker. In this situation, a recipient is then responsible for obtaining documentation from a medical professional that verifies the existence of this condition.

Prior to the implementation of TANF, this two-step method of self-identification followed by medical verification was relied upon almost exclusively as the means by which disabilities (considered broadly under the heading of “illnesses” and “incapacities”) were identified for exemption purposes. Inquiries about the possible existence of a disability typically occurred when an applicant met with an welfare eligibility worker to determine whether s/he qualified for cash assistance. This was accomplished by asking applicants whether they had any condition that would preclude them from being able to work and instructing those that answered affirmatively to submit verifying medical documentation.

Efforts to identify disabilities in the old world of JOBS typically occurred at such an early point in the process because the primary purpose was to grant exemptions from mandatory participation in the program—not to trigger the provision of services to facilitate employment. Because there was less incentive prior to welfare reform to limit the duration of exemptions, verification of a given disabling condition was often treated as an

all-purpose and indefinite “excuse” from participating in any capacity from welfare-to-work program activities.

Self-identification is still generally the first (and sometimes only) line of discovery used by welfare agencies to determine that a disability exists. However, time limits and increased emphasis on moving recipients into work activities have motivated many states—including our case study states—to modify and refine the way self-identification and verification practices are implemented. In addition, although TANF agencies have greater incentive to identify disabilities that present a barrier to employment, changes that accompanied welfare reform also present possible disincentives for recipients to self-identify. For example, a recipient with a substance abuse problem may be concerned about the possibility of increased involvement by the child welfare agency should concerns about child well-being surface following self-identification of a substance abuse problem.

Some sites that rely on self-identification reported making greater effort to determine (1) how long the particular disabling condition is expected to last and (2) whether and how activities can be structured to maximize participation even when a disability is present. To assist staff in this effort, Arizona and Maine modified the medical form that doctors are required to fill out to include explicit questions about the amount and type of activities recipients may perform.<sup>11</sup> For example, Maine’s modified medical deferral form helps staff better assess what individuals with disabilities can do in terms of program participation by having doctors: describe the disabling condition, indicate a specific range of hours per week the individual is able to work, note whether there are any specific limitations with respect to work activities, and provide the length of time the disabling condition is anticipated to last.

Given the importance of medical documentation for disability exemption purposes, it is critical that doctors and other medical professionals fully understand the importance and implications of their decisions for recipients. Some caseworkers interviewed for this study felt that doctors tended to be overly cautious when asked to assess an individuals’ disabling condition. Instead of providing information about a recipient’s limitations and capabilities that would allow caseworkers to determine whether some

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<sup>11</sup>At the time of our site visit, Rhode Island was also engaged in the process of revising their form for similar reasons.

*Self-identification coupled with medical verification is a useful but limited method for identifying disabilities.*

type of activity might, in fact, be appropriate, the doctor's documentation often called for exempting them from participating in work activities altogether. Some caseworkers also thought it likely that doctors do not fully appreciate the consequences of work exemptions—including the possibilities that the individual would not receive available services due to being exempt or might not be exempt from the time limit. They expressed concern that doctors were unwittingly allowing recipients to use up valuable months of their time-limited eligibility, even when the disability was not so severe as to truly prevent participation in some types of activities. Some workers expressed frustration that they could not "overrule" a doctor's decision even when it seemed apparent that some amount of participation would be beneficial.

To better inform and educate doctors, Illinois has developed a new cover letter to accompany medical verification forms. In addition to highlighting relevant aspects of the welfare reform rules, it also lets doctors know that the individual's ability to participate in work-related activities has no bearing on her continued receipt of medical assistance (the source of funding for the doctors' services). Caseworkers in Phoenix (AZ) addressed this information gap somewhat differently. Instead of trying to educate doctors at large, caseworkers referred recipients needing further assessment—to determine their ability to participate or develop an appropriate service plan—to doctors known to be familiar with welfare program rules.

Self-identification coupled with medical verification is a useful but limited method for identifying disabilities. The likelihood that TANF agency staff or service providers will learn of the existence of a disability through this method depends largely upon the following: (1) the condition is known to the recipient and has already been formally diagnosed or treated, or (2) the recipient is aware of the condition even without a formal diagnosis and is comfortable bringing it to the attention of agency staff, and (3) the condition is one that lends itself to medical diagnosis and verification. For these reasons, this method of identification is generally best suited to deal with limiting physical or previously treated conditions. When taking into account the nature and complexity of substance abuse, mental illness, and learning disabilities, however, recipients may very well be unaware that they even have a disability, do not define their condition as a barrier or a disability (and therefore do not report it as such), or are reluctant to share information about

their condition with a caseworker. Any or all of these may prevent self-identification from taking place.

Given the limitations of this approach, there is increasing interest in using additional methods to identify disabilities, including in-depth interviewing and structured screening/assessment instruments designed to help identify disabilities that might otherwise go undisclosed and unreported. These are described in greater detail below.

### *Screening and Assessment Practices*

TANF agencies use screenings and assessments to help them begin the process of determining whether a barrier/disability exists; some yield information about a specific condition while others are more general in nature and simply give workers a sense of the range of barriers faced by the recipient that may make obtaining or retaining employment difficult. In practice, the line between what is considered a “screening” in one state and an “assessment” in another can be quite fine. Screening instruments are typically short questionnaires that can be administered as part of the up-front intake process and/or the employability planning process. Assessments vary considerably in length, specificity and scope, but are also generally administered at the point of a recipients’ entrance into the welfare-to-work program. Assessment interviews are typically guided by a form or set of forms intended to ensure that the assessment collects key points of information and facilitates further discussion about the individual’s needs and barriers to employment.

Many welfare agencies are inexperienced at conducting screenings focused on identifying disabilities that go beyond the cursory questioning for exemption purposes described above. This is because screenings conducted at the welfare office traditionally took place at the point of application and were confined to screening out those clearly ineligible for assistance (or more appropriately served by another program, such as SSI) and identifying any emergency needs (e.g., expedited Food Stamps, housing).

Welfare agencies are also relatively inexperienced at conducting assessments designed to identify the full range of disabilities. While welfare-to-work

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<sup>12</sup> Formal assessments to determine basic skills levels, occupational interests, and aptitudes have been used for many years as well.

*Targeted screening  
and assessment  
instruments  
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employment,  
including disabilities.*

programs have typically included assessment interviews, they tended to focus primarily on gathering information on a recipient's educational and work history, interests, and potential barriers such as lack of child care or transportation.<sup>12</sup> Questions regarding the existence of a limiting physical condition might be included in these "employability" assessments but they generally did not elicit information on "hidden" barriers, such as mental health and substance abuse problems or learning disabilities. As caseloads decline and recipients approach their time limit on TANF, states have greater incentive to explore these disabilities and other personal barriers to work (e.g., domestic violence). States are approaching this task in several ways, including adding probing questions to the standard assessment form or using a separate assessment tool to identify disabilities that might have gone unreported or unaddressed in the past. In some places, the initial welfare-to-work assessment interview is followed by additional, more in-depth assessment if it is determined such additional assessment is warranted.

Targeted screening and assessment instruments provide additional tools to uncover client barriers to employment, including disabilities. While welfare-to-work programs have often relied on formal instruments to assess reading and math levels and general occupational interests/aptitudes, reliance on structured assessment tools designed to identify disabilities is much less common. To the extent they are used, they are often conducted by outside agencies or professional staff who have training and/or expertise in identifying a given disability or set of disabilities. However, this use of partners or more specialized staff does not mean that TANF workers were unaware that such conditions existed but rather that formal assessments on these types of issues were not the norm. At this juncture, the use of formal assessment instruments is still not a typical part of welfare-to-work programs and there is greater interest in learning about what tools are available and work well in a welfare-to-work setting than there are actual implementation experiences to draw on.

As illustrated by our case study sites, there is still a great deal of variation in the extent to which these types of tools are used (if at all), what types of disabilities they target, their content and structure (e.g., new questions created specifically for welfare recipients, adaptation of existing instruments used in different settings such as vocational rehabilitation programs, drug treatment programs), who administers them, and when they are administered

to recipients. Some overarching points about assessment and screening practices in the four study sites are as follows:

- All four sites use generic assessments as part of the recipients' employability planning process. These typically rely on recipients to provide basic information about their past work experience, educational background and family situation and "barriers" to employment. Questions regarding disabilities tended to be worded broadly to enable self-disclosure of a disabling condition. For example, recipients in Phoenix (AZ) fill out an employability self-survey form that, among other things, asks "Do you or anyone in your family have problems with health, alcohol, or drug abuse that may affect your ability to work?"
- Some sites have added targeted question designed to elicit information about specific barriers to their general needs assessment or employability assessment. For example, Rhode Island incorporated five questions that probe for learning disabilities into a general assessment administered to all recipients (even those exempt from work requirements) by TANF welfare-to-work caseworkers. Rhode Island also incorporated the four CAGE<sup>13</sup> questions into its needs assessment. At the time of our visit, one of the offices visited in Chicago (IL) was on the verge of piloting a short questionnaire to be administered by welfare staff to recipients suspected of having a learning disability.
- The use of separate screenings or assessments by TANF agency staff to identify *specific* types of disabilities was not a common feature among the study sites. States and localities still have little information about the possible prevalence of specific disabilities among their TANF caseload and therefore are uncertain which barriers they should be attempting to identify. Additionally, despite nationwide caseload declines, many TANF caseworkers are still adjusting to drastic changes to their TANF systems and in some cases significant changes to their own job responsibilities. In this context, asking TANF staff to conduct specialized assessments—that often require training to administer and interpret accurately—in addition to their other responsibilities is unrealistic.
- In-depth, specialized assessments—often but not always accompanied by more formal screening and assessment instruments—are generally conducted on a selective and secondary basis. That is, they are typically not conducted as part of the initial assessment and are more likely to occur only after a recipient's job search has proved unsuccessful or when a problem is suspected.
- Establishing linkages with outside, specialized providers to conduct assessments is a common way to enable welfare agencies to provide recipients with services that require experience and expertise that in-house staff are lacking. For example, in Phoenix (AZ) vocational

<sup>13</sup>The CAGE is a four question screening tool used to identify substance abuse problems.

evaluations are available through the Vocational Rehabilitation agency and in-depth cognitive and developmental assessments administered by a psychologist can be requested as needed. Participants in Portland (ME) may also receive additional assessment if warranted after referral and assessment by a clinical social worker at Maine Medical Center (described in greater detail in next section).

- Even where a formal tool is utilized, assessment is often not a discrete or structured event. It is a dynamic, individualized, and ongoing process that takes place as part of an overall case management approach. Respondents stressed that efforts to identify disabilities and other barriers needed to be ongoing because disabilities are often difficult to detect or overlooked until a problem appears—e.g., failing to attend required activities or inability to obtain or retain a job. These types of behaviors are symptoms of a previously unidentified problem and present a “clue” or “red flag” to workers that a disability exists.

### *In-depth Interviewing and Case Management*

*Formal, structured screening and assessment instruments were viewed more as a tool to be used in conjunction with case management rather than a stand-alone method for identifying disabilities.*

Recognizing the diversity of client needs and circumstances, many states are looking to case management as a general service strategy that will enable welfare-to-work programs to better identify recipients’ needs (including disabilities) and tailor services accordingly. Identifying disabilities and other barriers to employment is but one of many important activities associated with a case management approach. Other case management activities include developing service/employability plans, linking recipients to appropriate service providers, coordinating services, counseling recipients, and monitoring their progress and compliance. Sometimes case managers are also responsible for handling the eligibility-related aspects of a case in addition to the employment-related aspects.

Identification of disabilities through case management generally entails discussing the recipient’s needs and barriers as a starting point for their participation (or possible exemption) in welfare-to-work program activities. Based on this initial general assessment—which may or may not include specific questions or specialized screen for a disability—additional assessments may be recommended or required by the case manager. Formal, structured screening and assessment instruments were viewed more as a tool to be used in conjunction with case management rather than a stand-alone method for identifying disabilities and other barriers to employment. While staff interviewed for this study generally affirmed that formal screening and assessment instruments could assist in their efforts to identify various barriers and disabilities, they tended to place greater value on the ability of

the case management process—talking to and developing a relationship with recipients, keeping up with their progress or lack thereof, and being on the alert for signs of potential problems—to uncover barriers/disabilities.

Welfare reform has brought changes to the roles of some TANF staff. Many former eligibility technicians (or case managers in some voluntary or smaller scale JOBS programs) are now faced with assisting recipients—many with a more complicated set of service needs—leave welfare and obtain and retain employment. Each of these strategies—relying on self-identification coupled with medical verification, using screening or assessment tools, identification through case management, or a combined approach—has implications for the expectations placed on TANF agency staff and the training and experience required to identify potential disabilities. Few would argue that formal diagnosis of disabilities is most appropriately conducted by trained, medical professionals or a specialist in the field. Still, if TANF agency staff are to begin the process of identifying recipients who should be referred for additional assessment or formal diagnosis, they must be armed for the task. Regardless of the chosen approach, states and localities must consider that staff will likely require additional training. Topics of training might include:

- How to implement a particular screening tool;
- How to assess the data obtained through a screening or assessment tool;
- How to use interviewing techniques to facilitate self-identification;
- How to recognize “red flags” or “clues” that a disability may exist; or
- How to coordinate assessment or other specialized services with partner agencies.

Some of the study sites had conducted training associated with a specific disability-related initiative. For example, at the time of our visit to one office in Chicago (IL), staff were about to be trained on how to screen for learning disabilities, in light of a new partnership with a local college designed to serve TANF recipients with learning disabilities. In Rhode Island, training on the identification of learning disabilities by state VR staff served

to raise awareness among TANF staff of the prevalence of this disability. The training also gave them information about how to link recipients with VR services.

However, none of the study sites had conducted comprehensive training on the general topic of identifying disabilities among TANF recipients. Additionally, although all sites noted that they provided training on the Americans with Disabilities Act (ADA), it was generally provided at the time the legislation was passed and as a part of the general training provided to all new workers. The ADA has not, by and large, been the topic of additional training or any training efforts regarding identifying or serving TANF recipients with disabilities.

Front-line workers and others interviewed for this study noted that the ability of case managers to identify disabilities and develop effective service plans depends on many factors, including: sufficient staff training and experience in recognizing indicators of disability, training on effective screening and assessment tools, good communication and interviewing skills, knowledge of services available in the community, and sufficiently small caseloads to be able to spend time working with individual recipients.

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## IDENTIFYING DISABILITIES: CLIENT PERSPECTIVES

This section uses hypothetical situations to illustrate how the identification methods chosen by our study sites are implemented, including at what points in the client flow process a disability may be uncovered and what types of staff participate in this process. By following fictitious TANF recipients—Nancy, Eleanor, Marta, and Carolyn—we illustrate disability identification is a dynamic and on-going process. The vignettes that follow are merely intended to describe *one possible path* a client might follow in each of the study sites, and each of the possible points at which a disability might be uncovered. These paths also reflect the extent to which each state has changed the philosophy of its TANF program to focus on the transition from welfare to work. Additionally, each of these illustrations should be further considered within the policy context of the state (described in Section Two).

## *Nancy – Woonsocket, Rhode Island*

**Application/Intake.** Nancy approaches the Department of Human Services (DHS) office in Woonsocket to apply for cash assistance. She is first met by a Social Caseworker<sup>14</sup> who conducts an eligibility screening interview to ensure the likelihood that Nancy is eligible for TANF and should not be more appropriately served by another program. At this point, Nancy may be screened for the existence of a domestic violence situation (based on a recent initiative in the State of Rhode Island) or, if she is severely physically disabled, she could be referred to the SSI program office. If a medical problem is apparent, the Social Caseworker would give Nancy a doctor's form on which to obtain verification of the condition.

Upon returning to DHS for her eligibility determination appointment, Nancy would meet with an Eligibility Technician. During the process of collecting documentation required to establish eligibility, Nancy would be asked, "Are you or your spouse physically or mentally incapacitated, ill or blind?" If Nancy answered yes, she would be given a doctors form, or if provided one previously, would return the completed form to the Eligibility Technician. If the doctor verifies that the condition prohibits participation in Rhode Island's Family Independence Program (FIP) activities, Nancy would be granted an exemption. Whether exempt or not, Nancy would be scheduled for an appointment with a FIP Social Caseworker.

**Employability Planning.** At the appointment with her Social Caseworker, Nancy would complete a Family Needs Assessment. This assessment reviews a range of needs and includes a general assessment of subsistence needs (such as housing, utilities, transportation and food), physical health, substance abuse, and mental health service needs. It also collects information about Nancy's education and employment history (including possible learning disabilities) and goals. If Nancy is exempt, she would complete the FIP Plan (Part I) that identifies services to address her needs, and be asked to sign the form acknowledging that she is exempt from participation in FIP.

If Nancy is not exempt, she would also be required to complete the FIP Plan (Part II) – Employment Plan. During this process, Nancy and her

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<sup>14</sup>"Social Caseworker" is the title given to Family Investment Program (FIP) workers in RI. They are not required to be trained in social work or hold a social work license. Requirements of the position include having a college degree in a social science field and passing the state civil service examination.

Social Caseworker would discuss and establish an employment goal and determine the steps necessary to achieve the goal. If at any time during the FIP Plan completion process Nancy disclosed a disability, she could be provided an exemption (provided she obtained medical verification) or referred to services to address the disability. If it appeared possible that Nancy had a learning disability, her FIP Plan would indicate that she is referred to the VR program for further assessment and services, as appropriate.

**Referral to Services.** If Nancy does not appear to have a learning disability, she would be referred to a work-related service provider able to help her take the steps outlined in her Employment Plan. It is possible that at any point in her participation with a service provider a disability could be uncovered, either informally through case management or formally if that service provider utilizes formal assessment tools. If this occurs, Nancy would be referred back to her Social Worker to amend her FIP Plan to allow her to seek appropriate services. Nancy would continue pursuing the steps on her FIP Employment Plan and periodically review the plan with her Social Caseworker making modifications as components are completed, or as necessary.

## ***Eleanor - Portland, Maine***

**Application/Intake.** Eleanor's TANF/ASPIRE experience begins when she enters the Department of Human Services office in Portland, Maine. After filling out the short, one-page screening form indicating why she's visiting the office, Eleanor is seen by an Eligibility Specialist. The Eligibility Specialist does an initial assessment of Eleanor's needs and completes the Family Contract, a general form describing program rules and expectations. The Eligibility Specialist does a preliminary assessment to determine if Eleanor should be exempt from participating in ASPIRE,<sup>15</sup> but regardless of this determination Eleanor is referred to an orientation session that is a condition of TANF application.

**Orientation.** At the orientation, Eleanor hears about TANF eligibility, the ASPIRE program, and the process for establishing paternity. If Eleanor was determined exempt by the Eligibility Specialist, she would be excused following the orientation and her application would be processed. If Eleanor is not exempt, following the orientation she would meet with an ASPIRE

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<sup>15</sup>Having a disability does not result in an exemption from participation in ASPIRE. The primary reason for exemption is having a child under one year of age.

worker to develop an amendment to her Family Contract. Depending on Eleanor's situation, the Family Contract may be more or less complete. During this brief interview with the ASPIRE worker, Eleanor may disclose that she has a disability. In this case, she would be asked to obtain verification from a doctor and return it at a subsequent meeting with her ASPIRE worker.

**Employability Planning.** If during this interview, Eleanor did not indicate that she has a disability, she and her ASPIRE worker would begin to develop a plan (Family Contract amendment) that outlines the steps she should follow to help her get a job and leave welfare. If the Family Contract amendment could not be completed following the orientation, Eleanor would return for another meeting with her ASPIRE worker. During this subsequent meeting, Eleanor would be asked about the members of her household and answer the questions, "Are there any conditions that would prevent employment or other ASPIRE activities? Are you presently under the care of a doctor? Do you use prescribed medication? Do you have a drug or alcohol problem? Is there a physical reason why you can't work?" She could use this as an opportunity to disclose a disability or return the medical verification form. The doctor's note asks about details of the condition and the doctor is asked to specify a range of hours an individual may be able to work, if there are limitations placed on work activities, and how long the condition is anticipated to last. If the doctor indicates that Eleanor is unable to work due to a disabling condition, she could be placed in "inactive" status. It is up to the ASPIRE worker when to place a recipient in inactive status. If Eleanor is made inactive, she is not required to participate in ASPIRE activities. However, she could be required to fulfill other self-sufficiency related activities. If Eleanor's condition is severe enough for her to possibly be eligible for SSI, she could remain in inactive status while she applies for SSI.

Absent the doctor's verification, Eleanor would likely remain in active status and be required to continue pursuing employment opportunities as outlined in her Family Contract amendment. If Eleanor's ASPIRE worker determined in the course of completing the Family Contract amendment that she has multiple barriers to employment, Eleanor could be referred to the multibarrier contractor serving Portland, Maine Medical Center (see additional steps below).

**Referral to Services.** Eleanor's Family Contract amendment could indicate that she is to attend services provided by a service contractor to assist her with her job search. At any time during her participation with a

service provider, Eleanor or the service provider staff might identify a disability or other barrier to employment. This could result in Eleanor contacting her ASPIRE worker and being placed in inactive status, or amending her Family Contract to have her pursue other appropriate services including those provided by Maine Medical Center.

If, after pursuing several activities or failing to obtain or retain employment, Eleanor's ASPIRE worker determines that she has multiple barriers to employment, Eleanor could be referred to the Maine Medical Center. Once referred to Maine Medical Center, Eleanor would meet with a clinical social worker. This social worker would conduct an in-depth assessment interview intended to uncover barriers to employment. This interview does not utilize formal screening or assessment tools, but relies heavily on the training of the social worker to identify disabilities. Based on this interview, the Maine Medical Center staff would work closely with Eleanor's ASPIRE worker to continue to map out appropriate steps Eleanor should follow to continue her transition from welfare to self-sufficiency. Eleanor would be in periodic contact with staff from Maine Medical Center and would see her ASPIRE worker every 3-6 months for a review of progress made following the Family Contract amendment.

### ***Marta - Phoenix, Arizona***

**Application/Intake.** In Phoenix, Marta would seek TANF cash assistance from the Family Assistance Program within the Department of Economic Security. After being determined eligible for TANF by a Family Assistance staff person, Marta would be referred to Arizona's Employing and Moving People off Welfare and Encouraging Responsibility (EMPOWER) program, still commonly called JOBS.<sup>16</sup>

**Orientation.** Marta must first attend an orientation session. At this point she would hear about the program's services and participation requirements. If Marta had a disability that made it impossible for her to attend the orientation, a JOBS Case Manager would go to her home to introduce the program and obtain the information necessary to give Marta a medical deferral from participation. If able to attend the orientation, Marta would hear that she could obtain a medical deferral from participation if she obtains proof from a doctor that she is unable to participate.

<sup>16</sup>Although prior to welfare reform exemptions from EMPOWER were determined at the eligibility determination point, now, all TANF eligible recipients are referred to EMPOWER.

**Employability Planning.** After orientation, Marta would meet with her JOBS Case Manager to develop an employability plan. As part of this process, Marta would complete a Self-Survey which, among other things asks, “Do you or anyone in your family have problems with health, alcohol or drug abuse that may affect your ability to work (complicated pregnancy, doctor’s orders, medications?” It also asks, “Are there things you need to do or that you need help with before you can go to work?” and “Are you or anyone in your family experiencing physical or emotional harm or threats of harm that affect your ability to participate in work activities?” If Marta has one of these barriers or disabilities, and chooses to answer yes to these questions, she may be deferred from participating in a work activity.

**Referral to Services.** If Marta is not deferred at this point, she would likely be referred to a two-week job readiness program which involves job search. If unable to obtain employment, Marta would likely be referred to a contractor for a work experience placement, or perhaps some short-term training. It is possible that through the course of working with service contractors and looking for a job, Marta would disclose a disability. In this situation, she would be referred back to her JOBS Case Manager who would probably place Marta in deferred status. If Marta chose not to disclose a disability but her JOBS Case Manager suspected such a problem, Marta could be referred for medical testing or psychological assessment and, depending on the outcome of the assessment, be deferred.

Once deferred, Marta is assigned to the JOBS Case Manager who handles all deferred cases (often an experienced staff member; in one office and for this illustration, called a Deferral Specialist). As a deferred case, Marta may be a candidate for referral to the VR program that has a special arrangement with the TANF agency to work with TANF recipients. Based on Marta’s situation, what the Deferral Specialist knows about the VR program, and whether the Deferral Specialist thinks Marta could benefit from VR (and possibly in consultation with a VR Counselor dedicated to serving TANF clients), Marta would be referred to VR.

Once referred to VR, Marta would meet with the VR Counselor to determine if she meets the eligibility criteria for the VR program.<sup>17</sup> At this point, Marta could disclose any disabilities not previously identified, although to have received a deferral from participating under JOBS, she has likely already provided medical verification of a disability. The VR counselor would provide Marta the same services offered to VR program participants who are

not TANF recipients, including medical testing and vocational evaluations (if needed). She would then prepare a plan for returning to work outlined in an Individual Written Rehabilitation Program (IWRP) plan. While participating with VR, Marta may stay deferred, or if participating in services that are “countable” under TANF, she might be removed from deferred status so that her participation can be counted by the state toward the federal participation rate. She would continue to follow her IWRP and her VR Counselor and the Deferral Specialist would be in regular communication to monitor her progress.

### ***Carolyn - Chicago, Illinois***

**Application/Intake.** Upon entering the Department of Human Services (DHS) office in Chicago, Carolyn would first meet with a Screener who obtains general information about Carolyn and the services she is seeking. Next, Carolyn would meet with an Eligibility Worker who would complete an Intake Assessment form that includes questions about drug and alcohol use and the general question “Do you or a member of your household have a physical, mental, or developmental disability (such as mental retardation, cerebral palsy, epilepsy, autism, or a head injury before age 22)?” She would also complete a Responsibility and Services Plan that sets goals to help Carolyn achieve employment and self-sufficiency. Prior to being determined eligible for TANF, Carolyn would have to complete a pre-eligibility job search.<sup>18</sup> If Carolyn discloses a disability during this process, she would be asked to obtain verification of her condition from a doctor and could be given a temporary exemption from participating in job search.

**Employability Planning.** If Carolyn does not find a job during pre-eligibility job search and is found eligible for TANF services, she would then meet with a Human Services Coordinator (HSC). While she awaits her appointment with her HSC, Carolyn would continue searching for work and participate in a post-eligibility job club. Either the Employment and Training staff who run the job club or the HSC (whoever sees Carolyn first) would complete a Family Assessment. Through the completion of the Family Assessment, Carolyn would have an opportunity to indicate if she has problems with reading and basic math and where she or a member of her family

<sup>17</sup>An individual must have a disability that inhibits their ability to work and be able to benefit from VR services (i.e., VR services must be able to help them return to work) in order to be eligible.

<sup>18</sup>This would include attending job club sessions at DHS as well as contacting employers and reporting those contacts to DHS.

is receiving (or waiting for) services from other agencies including Alcohol/ Substance Abuse, Developmental Disability, Vocational Rehabilitation, or Mental Health. Carolyn would also have to answer the question, “Has anyone ever been terminated from employment, suspended/excluded from school or had legal problems because of a substance abuse problem?” There are also separate questions regarding physical, mental or developmental disabilities, alcohol and other drug use, and domestic violence. If she answered yes to any of these questions, Carolyn’s Responsibility and Services Plan (RSP) would include referral to services to address those needs or disabilities. If during this interview with the HSC or E&T staff, Carolyn indicated a medical condition that precluded her from participating in job search, she would be given a medical verification form to have completed by her doctor. Depending on the diagnosis from the doctor, Carolyn could be given a temporary exemption from participation.

**Referral to Services.** In one office in the Chicago area, if Carolyn’s HSC determined that Carolyn has characteristics associated with a possible learning disability (LD),<sup>19</sup> she could be further screened for the existence of a learning disability using a more formal screening instrument (developed under a special pilot to identify and serve learning disabled TANF recipients). Based on this screening, Carolyn could be referred to the local adult education entity for further testing including grade level testing using the TABE and possibly a picture vocabulary test. If these tests indicate evidence of a learning disability, Carolyn would be referred to the LD program of a local community based organization where she would receive further assessment to shed light on her particular learning disability and services to help her better understand this disability.

If Carolyn is not temporarily exempt or referred to the special LD initiative but has not found a job through job search, she may be referred to contracted service providers or community organizations to help her pursue self-sufficiency. These organizations may use formal or informal methods to determine why Carolyn has not yet successfully obtained employment. At any point in working with these other organizations, Carolyn could disclose a disability and be referred on to other appropriate services and/or back to DHS for additional referrals and possibly a temporary exemption.

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<sup>19</sup>These include being a TANF recidivist, being a long-term recipient who is not making progress toward achieving self-sufficiency, reporting having received special services in the past (such as special education or reading classes in school), having a traumatic brain injury, or having low literacy levels.

Although Carolyn is not required to participate in work activities while temporarily exempt, she would still meet with her HSC every six months and may have other self-sufficiency activities to complete as outlined in her RSP. Because she is continuing to use time on her time clock, Carolyn would be encouraged to continue to pursue employment and self-sufficiency and would be allowed to voluntarily participate in work activities.

As illustrated through these vignettes, the process of identification in our study sites relies heavily on self-identification of a disability that can be verified by a doctor as well as the case management process (of both TANF agency staff and other community partners) to elicit such disclosure. Although asked very directly about physical, emotional, and other problems, recipients must be willing to answer these questions honestly, the equivalent of self-identification. These illustrations also show the numerous opportunities each recipient has to disclose a disability to both TANF agency staff, contract service providers, and other public agencies to which they may be referred. They also point out, at least in these sites, the limited use of formal screening or assessment tools generally and the limited use of specific questions to identify substance abuse problems and learning disabilities.

Finally, these illustrations also suggest that no one method is necessarily better than another. While formal assessments may assist in identification, they work best in an environment where a recipient is comfortable honestly answering the questions posed. Informal assessments may seem simpler and less costly, yet they rely heavily on staff skilled at eliciting self-identification or otherwise identifying disabilities that present a barrier to employment. When developing a disability identification strategy, TANF agencies and their partners must consider what is allowable under their state TANF policies and what services are available to address any disabilities that are uncovered. Additionally, new initiatives require time to implement and all staff involved need to be trained on how to use the assessment information produced.

# SECTION 4

## Service Strategies and Delivery Arrangements for Helping TANF Recipients with Disabilities

Once a disability has been identified, the primary implementation challenge shifts from determining what the condition is to how to best serve that recipient's needs. The service strategies and delivery arrangements described below discuss key ways that local sites in our study have structured services to meet this implementation challenge. What follows is by no means, however, a complete picture of welfare-to-work programs in these sites. For example, we highlight special initiatives and linkages with outside providers that provide some additional service, treatment, or assistance for mental health, substance abuse, or learning disabilities. However, we do not describe the array of contractual and collaborative relationships that exist at the local level for the more standard employment-related services, such as job search and placement assistance. Additionally, critical supportive services such as child care and health care that routinely form part of the overall service package extended to recipients are not discussed here.

This section focuses on what is one of the newest and arguably least developed parts of welfare-to-work programs—namely, strategies and services for TANF recipients with disabilities and other significant barriers to employment. Given TANF agencies' lack of experience in serving individuals with disabilities, the predominant strategy involves increasing TANF agencies' institutional capacity by developing new organizational linkages with providers that have expertise in serving this population.<sup>20</sup> Thus, the first

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<sup>20</sup> As noted previously, disabilities are commonly grouped under the larger heading of the characteristics of the "harder-to-serve" population and so the expansion of organizational linkages is not necessarily confined to the disabilities referenced in this report.

step in serving recipients with disabilities has been to begin building an infrastructure which can provide recipients better access to and services from outside specialized service providers who are better trained and equipped than TANF agencies to address these needs. As structural and institutional changes are put in place, TANF agencies may be able to devote more attention to developing and refining service mix and content, and to implementing more or different models that could assist recipients in becoming self-sufficient. At this point, however, the primary challenge is to bring these types of providers and their services into the welfare-to-work world.

Using examples from the study sites, the remainder of this section illustrates ways in which service strategies are being implemented through new or expanded organizational linkages on behalf of recipients with disabilities. This is followed by a discussion of key implementation challenges associated with these service strategies and delivery arrangements.

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## CREATING SERVICE DELIVERY STRUCTURES CAPABLE OF SERVING TANF RECIPIENTS WITH DISABILITIES

Both before and since TANF implementation, welfare-to-work programs have commonly relied on other agencies and providers within the local community to provide some or all of the program's employment, training, and education services. Linkages with providers who dealt with disabilities

### Phoenix, Arizona: The TANF-VR Link

In Phoenix (AZ), TANF funds are used to support VR program staff to work exclusively with recipients who have been deferred from participating in the TANF welfare-to-work program due to a physical or mental disability. Once referred to VR, a Vocational Counselor determines VR eligibility for deferred TANF recipients and develops an individualized service plan that integrates VR services (e.g., vocational training) with TANF welfare-to-work services (e.g., child care and transportation). The goal is to ensure that, when possible, deferred cases are actively engaged in activities and linked with supports that will ultimately help them move out of their deferred status and into employment.

### Portland, Maine: Serving Clients with Multiple Barriers to Employment

In the Portland (ME) area, the contracted provider is Maine Medical Center (MMC), an agency with a 15 year history of working with service providers and employers in helping individuals with physical, learning, or mental disabilities find employment. Under this contract, MMC has dedicated one clinical social worker and two job development and placement specialists to work exclusively with TANF clients with multiple barriers who are referred by TANF agency staff. The overall service package involves assessing clients for disabilities and other barriers, coordinating with TANF welfare-to-work staff on developing a service/activity plan, helping clients access additional services (e.g., substance abuse treatment) as needed that are either offered on-site or elsewhere in the community, and providing job search assistance to clients. While well-known in the local area by other agencies that work with persons with disabilities (e.g., mental health providers, substance abuse treatment centers), MMC had not previously been a contracted service provider to the TANF agency.

were far less common and, where they did exist, tended to take place on an informal, referral basis. Thus, as TANF agencies look to establish relationships with outside agencies to help them better serve recipients with disabilities, they are not building on existing organizational relationships so much as forging new ones.

Both Arizona and Rhode Island have drawn upon the expertise and resources of the VR program to serve TANF recipients with disabilities. In both states, the TANF program and VR program are run out of the same agency (but different administrative divisions) making collaborative efforts significantly easier.<sup>21</sup> In both states, VR is (and always has been) a potential source of services for welfare-to-work recipients. However, these special efforts are examples of how states might utilize VR staff resources and services in a targeted manner to better address the service needs of recipients with disabilities. In our other two study sites—Chicago (IL) and Portland (ME)—there was little interaction between the vocational rehabilitation program

<sup>21</sup> Within the Arizona Department of Economic Security, the JTPA/JOBES Administration is responsible for job placement and training services to public assistance recipients and other disadvantaged workers and the Rehabilitative Services Administration administers the Vocational Rehabilitation program. Within the Rhode Island Department of Human Services, the Center for Children and Families is responsible for the Family Independence Program (Rhode Island's TANF program) and the Office of Rehabilitative Services runs the Vocational Rehabilitation program.

and the TANF program. In Illinois, for example, VR and TANF staff interviewed reported little familiarity on the part of TANF workers with VR services, and little knowledge about TANF program or recipients on the part of VR staff, and no training on either the TANF or VR side about the other.

In Maine, the State Legislature authorized the use of funds to contract with providers who are experienced in assessing and working with individuals with disabilities to serve TANF recipients with multiple barriers to employment.<sup>22</sup> While the TANF system in Chicago (IL) has formal contractual relationships with outside providers for a variety of employment-related services, it also relies on informal relationships with community based providers for services for recipients with disabilities.<sup>23</sup> An exception to this general arrangement is a pilot initiative to screen for learning disabilities and provide vocational training services. The TANF Special Learning Needs Employability/ Vocational Training Pilot Project is a multi-pronged collaboration between the South Suburban College Division of Community Education (SSC/DCE) and the South Suburban DHS office.

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## BENEFITS ASSOCIATED WITH EXPANDED ORGANIZATIONAL LINKAGE STRATEGIES

### *Increased Service and Resource Options*

According to respondents interviewed for this study, the primary benefit associated with the expanded interorganizational arrangements described above is that they increase the probability that previously unserved or underserved recipients will now receive needed services. Services for various disabilities (e.g., substance abuse treatment, mental health counseling) previously existed in these communities and, in and of themselves, are not new. However, the extent to which linkages with other organizations have

<sup>22</sup>When seeking services for multi-barrier clients, the State of Maine divided the state geographically into three service regions. Contracts were established through a competitive bidding process and granted to one provider per region.

<sup>23</sup>In some cases, community-based providers can pay for services that the TANF agency cannot. For example, the Illinois Department of Human Services does not pay for mental health services. TANF recipients in our Chicago study site who need mental health counseling are referred to a Department of Public Health funded provider that operates on site. This provider, in turn, is able to refer those with substance abuse problems directly to treatment centers in the community.

been established or expanded to allow recipients to make more and better use of a wider range of services is a new and increasingly common way that TANF agencies are addressing the needs of recipients with disabilities.

In Portland (ME), workers reported that the recipients now referred to the multibarrier contractor would most likely have been assigned to an inactive status in the past simply because they “didn’t know what to do with them.” Similarly, it is unlikely that the deferred recipients in Arizona who are now engaged in the VR program probably would have been referred or encouraged to participate in this program in the past. In Woonsocket (RI), staff can now send recipients who appear to be learning disabled (based on new assessment questions) to a designated VR worker whereas this condition was not even considered in the past by many TANF welfare-to-work staff. In one office in Chicago (IL), learning disabled TANF recipients are now likely to receive specialized services through a collaborative initiative between South Suburban College, the Adult Learning Resource Center, and Federated Church, whereas in the past they might have received services that did not take this disability into account.

### ***Recipients Receive Increased Individualized Attention***

Another important aspect of these approaches is that they facilitate a greater level of individualized attention to recipients in conjunction with the specific services they are being provided. In many states, narrowing exemptions and expanding the pool of recipients required to participate in a work-related activity has not been accompanied by an increase in staff. In fact, many welfare offices—such as those in Rhode Island—are operating under statewide hiring freezes. Among our four sites, only Illinois had increased the number of in-house TANF welfare-to-work staff. As a result (and despite caseload declines), TANF welfare-to-work staff often carry caseloads that are simply too high to provide recipients the type of individualized attention that those with multiple barriers appear to need. Creating linkages with other organizations and transferring significant portions of responsibility for these recipients to outside providers who are better trained and more experienced with serving these populations is an effective way to provide greater individualized attention that would not be possible if only staff from the TANF agency were assigned to assist a particular family.

### Increased Individualized Attention — An Advantage of Partnerships

Welfare-to-work staff in Portland (ME) are responsible for planning and monitoring the activities of 150-300 cases at any given time. By contrast, the specialized hard-to-serve provider, MMC, was contracted to provide 200 assessments and in-depth services to 50-100 recipients over a 15-month period with the work spread across three workers. This smaller staff:client ratio allows the MMC clinical social worker to spend more time with each recipient on assessment and service planning and allows the two MMC employment specialists to work more closely with recipients on job readiness, job matching and job retention issues.

In Phoenix (AZ), ASPIRE staff reported individual caseloads of 70-90, with 40-50 actively participating at any time. VR counselors in Phoenix reported caseloads of 80-100 and the rehabilitation technicians who assist them work intensively with 10 clients at any given time. In Woonsocket (RI), welfare-to-work staff carry caseloads averaging 250-280. In contrast, a VR counselor would typically carry a caseload of approximately 100 and a caseload of half that size was recommended for the learning disabled TANF recipients given that populations' special needs. In both sites, respondents remarked that it was not the employment services offered by the VR program that were so different but rather the intensity and one-on-one attention provided by VR staff that distinguished these recipients' program experiences.

Flexibility afforded by individualized service plans creates great latitude for TANF workers in assessing, assigning, and monitoring recipients' progress. On the other hand, it can also place increased demands on staff to craft singularly appropriate packages of services. Caseload size and the degree to which case management can be shared with others outside of TANF will offset the burden experienced by TANF staff and allow for the individualized attention often required of these special cases.

#### *Opening the Door to Additional Providers and Services*

Organizational linkages may be facilitated by formal mechanisms such as contracts and interagency agreements but they also depend on front-line staff knowing what other providers have to offer, good working relationships between in-house and provider staff, and being able to match client needs with the most appropriate provider or service. Staff noted repeatedly that one characteristic shared by the harder-to-serve is that, rather than a single

disability that creates an impediment to self-sufficiency, these individuals have multiple barriers to employment. Finding a service strategy that works may entail finding several different providers for one individual, perhaps brokering between them, working with service providers to understand the multiplicity of and interrelationships among issues that TANF recipients confront, and developing more complex or intensive case management strategies than previously required.

It appears that establishing an organizational linkage with even one agency that is experienced with working with individuals with disabilities can open the door for additional referrals to and utilization of other agencies and services. In many cases, these agencies have long-standing linkages with one another but simply have not had much interaction with the welfare agency. All of the sites discussed how referrals to one agency could serve as a springboard for referrals to other agencies.

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## KEY IMPLEMENTATION ISSUES AND CHALLENGES

Given TANF agencies' lack of experience in serving individuals with disabilities, drawing on the resources and expertise of other agencies and providers in the local community is a logical service delivery arrangement. As indicated in the following discussion, however, attempting to provide and coordinate services across agencies on behalf of an individual or family is itself a complex undertaking replete with many implementation challenges.

### *Understanding Differences in Program or Service Philosophies, Objectives, and Client Base*

In order to promote effective communication, coordination, and service delivery at an operational level, differences in program philosophies, objectives, and cultures need to be acknowledged and considered when designing organizational linkage strategies. To illustrate this point, consider the VR program. Administered by public agencies—sometimes, but not always, the same one that also administers TANF—the VR program would appear to be “a natural” for TANF programs to partner with on behalf of recipients with certain types of disabilities. In fact, as we found in Arizona and Rhode Island, the two agencies in both states reported favorably upon their efforts to collaborate and coordinate in ways that had not been tried prior

*In order to promote effective communication, coordination, and service delivery, differences in program philosophies, objectives, and cultures need to be acknowledged and considered.*

to welfare reform. However, in order for this collaboration to occur, both sites noted the importance of identifying and acknowledging distinctive differences in the programs and their respective client bases which make smooth implementation more difficult than might first appear to be the case.

For example, although TANF program designs vary across states, there is in general emphasis on moving recipients off welfare as quickly as possible and requiring recipients to participate in specific activities or face financial penalties (sanctions). This runs counter to the typical VR program environment in which participation is voluntary, largely client-motivated, and guided by empowerment and choice. Eligibility for VR programs is not based on income and the program has neither the resources nor the mandate to serve everyone that is eligible for services.

*For organizational linkages to work effectively, front line staff from the TANF agency and provider staff must work together to share information.*

Working intensively with TANF recipients may also require adjustments on the part of the VR program and staff. The VR assessment process is much more lengthy and thorough than typically found in TANF welfare-to-work programs and there is no time limit on VR services. Moreover, a VR client's service package (i.e., types of services, duration, and intensity) is not shaped or constrained by considerations that are central to TANF programs such as time limits, work requirements, and sanctions for failure to meet program demands. For example, the VR program in Rhode Island is trying to accommodate TANF policies by developing service plans for TANF recipients that are considerably shorter than the typical four years for traditional VR clients.

In addition to differences in program philosophies and rules which can make coordination difficult, the problems and conditions faced by the TANF recipients themselves are often more severe and complex than those with which VR programs may be accustomed. The magnitude of the barriers faced by TANF recipients led one VR staff person interviewed to remark that it sometimes seemed as though TANF recipients required “habilitation, not re-habilitation.” In contrast, while VR clients may also experience severe disabilities, they often have greater financial and family/support resources, have at least some past work experience, and, in seeking assistance from the VR program, they have already demonstrated at least some initiative and interest in participating in the VR program.

VR respondents in both Phoenix (AZ) and Woonsocket (RI) noted that TANF recipients referred to them seem more in need of intensive help and support due to a combination of significant barriers and disabilities—for

example, few people are said to come through the door with “just” a learning disability or physical limitation. Staff also noted that TANF recipients often have less family support, less work experience, and lower self-esteem than the typical VR client. Addressing these issues requires more personalized attention, patience, chances for a recipient to try and fail (without the repercussion of a sanction), and intensive case management services to oversee, track, and troubleshoot when problems arise. Some respondents also noted that TANF recipients would need more job retention support and follow-up beyond the 90 day standard for VR clients.

### ***Maintaining Strong Communication Between In-house and Provider Staff***

For these organizational linkages to work effectively for recipients, the front-line staff from the TANF agency and provider staff must work together to make sure they are communicating and sharing information. For example, in Portland (ME), the MMC service providers assume substantial responsibility for recipients referred to them, but TANF welfare-to-work staff still retain an active and important role in the service planning and delivery process. Following MMC’s assessment of the recipient’s barriers and needs, the MMC social worker, ASPIRE case worker, and recipient all meet to decide upon what steps are to be taken by the recipient and what services and supports MMC and the TANF staff need to arrange to enable the recipient to take these steps. Communication is reportedly frequent between the two types of staff. MMC workers are often on-site at the Portland office—meeting with recipients, or talking over specific cases with TANF welfare-to-work staff. At the time of our site visit, MMC staff were poised to gain access to the welfare-to-work program’s automated system, a change that would further enhance coordination.

Respondents in Portland (ME) stressed that communication between the MMC dedicated staff and the ASPIRE staff was essential to making the referral and case management process work. In Phoenix (AZ), respondents noted that communication across agencies remained a challenge, both for tracking clients and assuring that welfare-to-work staff recognize potential VR clients early in the process so they do not squander time-limited TANF benefits, and in maintaining continuity with TANF welfare-to-work staff in the face of high staff turnover.

***...in-house TANF staff need training to help them know what resources are available in the community, and how to access, refer, and broker services on behalf of clients.***

### *Cross-Training Issues*

For organizational linkages and partnerships to work, staff need cross-training on each other's policies and procedures. The type of training needed depends in part on how much of the responsibility for a case is shifted over to the outside providers. At a minimum, in-house TANF staff need training to help them know what resources are available in the community, and how to access, refer, and broker services on behalf of recipients. Partner agency staff need to be trained on the policies and requirements that TANF recipients face.

The amount and type of cross-training on disabilities provided in the sites visited for this study varied. Where provided, it largely focused on specific cooperative arrangements. In Portland (ME), the contract with MMC included training on assessing barriers for TANF staff. The training focused on the importance of empowering recipients with disabilities and on learning styles of this population. The utility of training provided in Portland was in some dispute—the MMC staff feeling that it was needed by TANF welfare-to-work staff to make appropriate referrals, the welfare-to-work staff finding it too basic and unclear in its objectives to be of great use.

In Phoenix (AZ), VR staff received training in welfare-to-work program rules and VR counselors have given presentations to local TANF welfare-to-work staff about the VR program and how better to identify individuals with disabilities as part of the cooperative relationship between the two administrations. Both sides identified training and cross-training as an important issue. More generally, however, TANF welfare-to-work staff did not receive any other specific training on issues related to people with disabilities, such as how to identify such individuals or determine appropriate services. In Woonsocket (RI), staff had received training on characteristics associated with a potential learning disability so that they could make appropriate referrals to the learning disability project and were slated to receive training on substance abuse and mental health issues in the future.

# Concluding Observations

The sites featured in this report offer examples of different approaches, strategies, and implementation challenges associated with identifying and serving welfare recipients with disabilities. This section offers a few final summary observations, including items which have policy implications or merit further consideration.

While there appears to be a general consensus that the most job-ready recipients have left welfare and those remaining are more likely to experience disabilities and other barriers to employment, states and localities are still in the early stages of developing and implementing practices which identify and respond to the needs of these recipients in a proactive and systematic fashion. Given the general lack of experience among TANF agency staff in working intensively with individuals with disabilities, states have sought to increase their capacity to do so by creating and expanding organizational linkages with specialized service providers who have more training and expertise in this area. This has both created more opportunities for clients to receive needed services while also making the service delivery system and its administration more complex. Developing such linkages and effectively overcoming the coordination issues that inevitably arise when one organization relies on another to provide services presents a major ongoing implementation challenge.

At the same time, relying on different types of service providers does not eliminate need for further training and development of TANF in-house staff. In many places, TANF agency staff have been given primary responsibility for service planning and case management. Both of these responsibilities require a range of skills, including the ability to determine when a disability might exist and where it is appropriate to refer a client, how to effectively interview recipients and assess their needs (or determine when additional assessment is warranted), and to serve as an effective broker between service providers on behalf of the client. It is unrealistic to

assume that staff can fulfill these roles without sufficient experience and/or training. In addition, the amount of individualized case management that can actually occur will be severely constrained if staff are expected to carry large caseloads.

There is no one organizational model or service delivery approach for identifying and serving recipients with disabilities. As states and localities expand their welfare-to-work programs to include more service options they will need to consider the skills and expertise of existing in-house staff; the availability of services and resources in the community which can be accessed; and the ability to spend TANF dollars for different types of supportive services, such as counseling and substance abuse treatment, or cover these expenses through other funding sources (e.g., Medicaid).

In part because states are still in the relatively early stages of building this infrastructure, the degree to which different types of disabilities in a given state or locality have received attention in terms of policy, resources, assessment, or services varies considerably. Given the range of possible disabilities and the fact that TANF clients often experience multiple barriers and disabilities, it will be important for states and localities not to focus their efforts too narrowly on one disability at the expense of others. That is, while each disability may require different services and supports, the overall approach adopted must be comprehensive in scope.

Given the overall declines in TANF caseload size since PRWORA was first implemented, states that have not done so may want to focus more attention on cases currently exempt or deferred from participation due to disability as well as practices associated with granting deferrals and exemptions. This may be a particularly important strategy for states which do not stop a recipients' time limit "clock" when they have been exempted/deferred from participation in work activities. As illustrated in Arizona, recipients can still benefit from the opportunity to engage in self-sufficiency activities and services do even if they have been granted an exemption or deferral from work program participation requirements. Maine and Arizona provide examples of how revamping medical verification forms to include information on the amount and types of activities that a recipient may still perform can also help caseworkers make more informed and tailored decisions regarding exemptions and/or recipient's service plans. Given the pivotal role medical personnel play in the disability-related exemption/

deferral process, states may want to make a greater effort to educate medical professionals about the importance and implications of the documentation they provide regarding a recipient's condition. For example, doctors may not understand that, at least in some states, the time limit continues to be in effect even though a recipient may be exempt/deferred from work participation due to a disability.

PRWORA defines for states the types of "allowable" activities which can be counted toward the federal work participation rate. These activities tend to be strictly work-oriented (e.g., job search, community service) and do not include the range of activities or services which might be important stepping stones to obtaining or sustaining employment, such as mental health counselling or drug abuse treatment. States have the flexibility to define their own participation requirements and may allow for a broader range of activities than considered allowable for federal work participation calculation purposes. There is variation in the extent to which states have taken advantage of this flexibility as opposed to replicating the list of countable activities as defined by PRWORA. Given the types of disabilities and service needs experienced by many on welfare, states that have not already done so should consider broadening their participation requirements or, alternatively, proactively working with and providing services to those they have deferred from participation due to disability. Broadening countable activities for federal work participation rate calculation purposes should also be taken up as a matter of consideration when TANF is reauthorized in FY2002.



# Appendix A

The selection of the four sites featured in this study was largely based on research conducted for the companion to this report, *State Welfare-to-Work Policies for People with Disabilities: Change Since Welfare Reform*. In that earlier report, we identified the extent to which states were using the flexibility provided under TANF to change their work and time limit policies as applied to TANF recipients with disabilities by conducting a 50 state review of relevant welfare-to-work policies. Because states that changed their policies represent the most potential for sharing new approaches with others, we selected two states—Arizona and Rhode Island—that had broadened participation as compared to participation required under JOBS and two states—Maine and Illinois—that had eliminated exemptions from work participation for reasons of disability for more in-depth study. It should also be noted that our site selection was influenced in part by a desire to expand what is known about interesting state and local TANF practices, we purposely did not select states (e.g., Oregon, Washington) that have already received attention for their work on disability-related initiatives for welfare recipients.

Each of the four sites ultimately selected for further study offered an interesting approach to serving TANF recipients with disabilities. Arizona had forged a formal relationship between the TANF agency and the agency housing the VR program to serve TANF clients deferred from participating in TANF work activities. Rhode Island’s TANF agency had collaborated with the VR agency to better identify and serve TANF recipients with learning disabilities. Illinois also offered an approach to better serving TANF recipients with learning disabilities, but in this location the collaborative effort was between the TANF agency and a local college. Maine offered yet a different approach of hiring a separate contractor to serve TANF recipients with multiple barriers to employment.

Our goal was to better understand the implementation of these specific strategies and approaches within the context of local TANF welfare-to-work programs. To do this, Urban Institute researchers visited the following local sites in the four study states: Portland (ME), Phoenix (AZ), Woonsocket (RI) and Chicago (IL). Site visits were conducted between December 1998 and April 1999. Localities were not expected to be representative of the entire state and we did not attempt to capture the extent to which one office's practices varied from other office's practices. In each site, we visited the TANF agency (visiting two local offices in Phoenix and Chicago, and one in Portland, ME and Woonsocket, RI) and conducted interviews with TANF agency managers and front-line eligibility and caseworkers responsible for determining whether or not individuals with disabilities would be given an exemption and what service strategy would be undertaken. Additionally, interviews were conducted with staff of contract service providers and other partners, including vocational rehabilitation programs, who work with TANF recipients with disabilities in the offices visited.

# APPENDIX B

## State TANF Participation Policies as Applied to Individuals with Disabilities (as of April - May 1998)

State	Same Participation Requirements as Under JOBS	Different Participation Requirements than Under JOBS		Notes About Changes in Participation Requirements
		Universal Participation	Broader Participation	
AK	X			
AL			X	Participation decision now made by JOBS case manager not eligibility staff in an attempt to broaden participation. Staff may grant deferrals from participation. Deferrals are intended to be temporary.
AR			X	Must be SSI eligible to be permanently exempt. Staff may grant deferrals from participation. Deferrals are intended to be temporary.
AZ			X	No longer categorically exempt. Participation determined by case manager with input from the Rehabilitative Services Agency based on medical documentation.
CA	X			
CO		County Decision		
CT	X			
DC	X			
DE	X			
FL			X	Must be SSI eligible to be permanently exempt. Participation decision now made by work program staff in an attempt to broaden participation. Staff may grant deferral from participation. Deferrals are intended to be temporary.
GA			X	Not categorically exempt but can receive a postponement from participation while seek treatment for a disability.

State	Same Participation Requirements as Under JOBS	Different Participation Requirements than Under JOBS		Notes About Changes in Participation Requirements
		Universal Participation	Broader Participation	
HI			X	Not categorically exempt. Must comply with treatment or else they are not exempt.
IA			X	Must meet ADA definition of disabled to be exempt. May be temporarily excused from participation for less severe conditions.
ID		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
IL		X		Must be SSI eligible to be exempt. All others must participate. Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
IN			X	Not categorically exempt. Use strength-based assessment to determine capability to participate.
KS	X			
KY			X	Not categorically exempt but may be granted good cause for not participating.
LA	X			
MA	X			
MD	X			
ME		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
MI		X		Only SSI/RSDI recipients are exempt. All TANF recipients are required to participate in activities specified on their Personal Responsibility Plan and Family Contract indicating how they intend to achieve self-sufficiency.
MN	X			
MO			X	No longer categorically exempt. Staff emphasize capabilities in an attempt to broaden participation.
MS	X			
MT		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.

State	Same Participation Requirements as Under JOBS	Different Participation Requirements than Under JOBS		Notes About Changes in Participation Requirements
		Universal Participation	Broader Participation	
NC		Based on County Resources		Not exempt but can be allowed to not participate if resources are not available. Participation requirement is determined by county who is responsible for meeting federal work participation requirements.
ND		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
NE	X			
NH			X	Participation requirement based on assignment to separate programs for able-bodied or non-able bodied program component. Must receive SSI, SSDI or Veterans Disability to be considered non-able bodied and are then exempt from participation. Those who are able-bodied are not exempt but may receive a temporary exemption.
NJ			X	Review more detailed information from doctors before granting a deferral.
NM	X			
NV		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
NY			X	Stricter review of medical evidence is conducted in an attempt to broaden participation. If granted an exemption from participation, expected to seek treatment.
OH		County Decision		No longer categorically exempt. Counties determine who must participate and are required to meet a participation rate 5% above federal requirement.
OK			X	Not categorically exempt but can be granted good cause exemption from participation for temporary conditions.
OR		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.

State	Same Participation Requirements as Under JOBS	Different Participation Requirements than Under JOBS		Notes About Changes in Participation Requirements
		Universal Participation	Broader Participation	
PA	X			
RI			X	No longer categorically exempt. Staff emphasize capabilities in an attempt to broaden participation.
SC			X	Not categorically exempt but may be deferred from participating after closer review.
SD		X		Must receive SSDI or be a Veteran with 100% disability to be exempt. Allowable activities may not meet federal work participation requirements.
TN	X			
TX	X			
UT		X		Not exempt but must be engaged in activity that will help client achieve a better way of life or increase family income. Allowable activities may not meet federal work participation requirements.
VA	X			
VT	X			
WA		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
WI		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.
WV			X	No TANF recipients considered permanently disabled. Temporary exemptions are granted.
WY		X		Participation is broadly defined and individualized. Allowable activities may not meet federal work participation requirements.

# About the Study

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## THE URBAN INSTITUTE

The Urban Institute is a nonprofit policy research organization established in Washington D.C. in 1968. Its objectives are to sharpen thinking about society's problems and efforts to solve them, improve government decisions and their implementation, and increase citizens' awareness about important public choices. Institute researchers identify and measure the extent of social problems, assess developing trends and solutions to those problems, evaluate existing social and economic programs and policy options, and offer conceptual clarification and technical assistance in the development of new strategies. In pursuit of broader research and educational goals, Institute staff present their analysis and research to members and staff of the executive and legislative branches, the media, and other interested groups.

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## THE AUTHORS

The study on which this report was based was directed by Pamela A. Holcomb, a Senior Research Associate at The Urban Institute. The report was prepared by Pamela Holcomb and Terri Thompson.

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## FUNDERS

This study was funded by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and the Social Security Administration, Office of Disability.

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## ACKNOWLEDGMENTS

This study could not have been completed without the cooperation and assistance of many individuals. Most importantly, our thanks go to state and local TANF agency staff and their partners in the four locations studied. In each, staff were tremendously generous with their time and were instrumental in helping us understand their current policies and practices, as well as the challenges faced in identifying and serving TANF recipients with disabilities. We also recognize the invaluable contributions of Pamela Loprest of the Urban Institute throughout the project. She assisted in the design and implementation of this project and contributed to earlier drafts of this report. Frederica Kramer, consultant to the Urban Institute, also provided valuable assistance on early drafts of this report. Finally, we are indebted to William Marton, ASPE Project Officer, for his commitment to the project.

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## HOW TO GET THE REPORT

A free copy of the report can be obtained from:

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