

Assessing and Serving TANF Recipients with Disabilities

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Authors: Bret Barden, MDRC

Submitted to:

Matthew Borus and Girley Wright, Project Officers

Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Scott Leverty and Joyce Nicholas, Project Officers

Office of Retirement and Disability Policy
U.S. Social Security Administration

Project Director: John Martinez

MDRC
16 East 34th Street
New York, NY 10016

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Overview

Policymakers and program operators have long worked to understand how state and federal programs can best serve low-income families headed by a parent (or parents) with a disability. The Temporary Assistance for Needy Families (TANF) program, administered by the Administration for Children and Families (ACF), serves low-income families, some of which include individuals who have work limitations or disabilities. The Supplemental Security Income (SSI) program, administered by the Social Security Administration (SSA), serves low-income individuals who are aged, blind, or disabled. While ACF and SSA have common goals of supporting vulnerable populations while encouraging their self-sufficiency and employment, the two agencies' differing missions, programmatic and financial challenges, definitions of disability, and rules and incentives related to work pose challenges to coordinating their efforts.

In order to understand how best to help TANF recipients with disabilities, ACF and SSA contracted with MDRC and its partners, MEF Associates and TransCen, to conduct the TANF/SSI Disability Transition Project (TSDTP). The goals of the TSDTP are to explore the connection between the two programs, build knowledge about ways to encourage work among TANF recipients with disabilities, facilitate informed decisions about applying for SSI when appropriate, and help eligible SSI applicants receive awards as quickly as possible while also reducing administrative costs. Through MDRC's close collaboration with ACF, SSA, and participating state and county TANF agencies, the TSDTP conducted field assessments of existing services for TANF recipients who may have disabilities, tested pilot programs targeted to this population, and analyzed national- and state-level program data.

TANF recipients with disabilities represent a sizable portion of the adult TANF population, but identifying the needs of clients with disabilities and offering them appropriate services can prove difficult for TANF programs and their staffs. Previous research estimates that around one in four adult TANF recipients has a disability, commonly defined as a physical, mental, or emotional issue that keeps a person from working or limits the kind or amount of work that person can do. TANF programs employ many different types of assessments to identify disabilities among recipients, including disability screenings, psychosocial and psychological assessments, clinical assessments, functional needs assessments, and vocational assessments. This practice brief describes different assessment strategies used by local agencies and organizations participating in the TANF/SSI Disability Transition Project, discusses strengths and weaknesses of various approaches to assessment, and offers some points for program administrators and practitioners to consider in choosing methods of assessment.

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Introduction

In this brief a disability is defined as a physical, mental, or emotional issue that creates work limitations for a TANF recipient. It is important to note that while this definition is commonly used in disability literature,¹ the ways programs serving low-income individuals with disabilities define “disability” vary. For example, the Social Security Administration (SSA) defines disability narrowly: it considers someone “disabled” only if a medical condition prevents him or her from doing the type of work he or she did prior to developing the condition and from doing other types of work, and only if that medical condition has lasted or is expected to last for at least one year or to result in death.² Since each state TANF program is free to develop its own definition of disability, some have chosen to define disability in terms of work limitations (with many of those definitions sharing some similarities to SSA’s), while others define disability more in terms of illness or medical condition. These definitions of disability affect how TANF agencies serve clients with disabilities, particularly when it comes to making referrals or collaborating with other agencies, such as SSA, mental health services providers, vocational rehabilitation agencies, and other nonprofit service organizations or contractors serving clients with disabilities.³

Further, the percentage of TANF recipients with disabilities varies with the definition used. When disability is defined narrowly as needing help with self-care (for example, bathing, dressing, or eating) or routine activities (for example, everyday household chores), only about 10 percent of adult TANF recipients in 2005 and 2006 would be classified as having disabilities.⁴ However, when the definition of disability includes other limitations, such as emotional or mental health, sensory, cognitive, social, or work limitations, or receiving disability benefits, about 40 percent of 2005 and 2006 adult TANF recipients would be considered to have disabilities.⁵

The differing ways that agencies and policies conceive of “disability” also shape their philosophies and strategies for assisting clients with disabilities. This in turn affects the messages they deliver about disability as it pertains to employment, the assessments they conduct, and the overall service environment that clients with disabilities experience. For example, the SSA definition of disability, which focuses on an inability to do gainful work, creates questions for some TANF clients with disabilities about whether they should attempt to work, even for limited hours, if they are also applying for SSI.⁶ Further, some clients who might be considered by their local TANF programs to have disabilities do not meet the criteria to be eligible for SSI.⁷

Similarly, there are multiple definitions of “assessment” in the social services field and in TANF particularly. “Assessment” can refer to processes used to identify skills, strengths, and barriers to employment, but it can also refer to more in-depth processes by which the dimensions of strengths and barriers (such as disabilities) are explored and quantified after they are

discovered. In this brief, the term “assessment” refers to both of these definitions. Assessment therefore includes specific efforts to identify areas of strength and barriers to employment a client may face (a definition that is consistent with past literature on the topic of assessments in TANF),⁸ but also efforts to detail the extent to which these strengths and barriers affect participation in employment and other TANF program activities, along with efforts to determine what activities and services are appropriate to meet a client’s needs. Assessments can consist of specific screening or diagnostic tools, or general procedures and processes such as asking clients about challenges they may face during initial interviews or regular appointments with case managers. Each of these methods and approaches to assessment is an important part of how TANF staff members may discover a disability and begin to create a service plan for the client with that disability.

Common Methods to Identify and Assess the Needs of TANF Recipients with Disabilities

Overview of the TANF Application and Assessment Process at the TSDTP Sites

For all clients, including those with disabilities, the entry into TANF at the TSDTP sites generally involved two phases: (1) initial eligibility determination and (2) assignment to work activities (often referred to as “welfare-to-work” activities). The exact composition of these processes varied considerably among programs, and different programs also conducted their assessments for discovering disabilities or other work limitations at different key points in the processes. Although assessments most commonly occurred at TSDTP sites during a TANF client’s initial eligibility determination and entry into welfare-to-work activities, they could also happen at multiple points during that client’s intake and flow through the TANF program. All of the TSDTP agencies made multiple attempts throughout the TANF application process to assess whether any given individual had a disability. Figure 1 provides a simplified general depiction of the TANF application process as it relates to assessments.

During the initial eligibility determination, an applicant completed a TANF application form and an eligibility staff member determined whether that applicant met the financial and basic nonfinancial eligibility requirements for the TANF program (for example, a dependent child in the household). In most states (and at all but one of the participating TSDTP sites), this was done in person. However, some states have opted to allow or even require online or phone applications. For example, in Florida, all initial applications were conducted online, by mail, or by fax.

After the initial eligibility screening a TANF staff member often conducted an in-person interview, gathering more detailed information on an applicant’s family living situation,

employment history, and barriers to employment, including his or her health status and disabilities. This interview could either happen on the same day as the application or a different day. In some programs there were two interviews: one conducted by staff members responsible for eligibility determinations and another upon referral to the welfare-to-work staff or assigned case managers. During the interview phase, the potential service options available for clients with disabilities begin to shape both the application and assessment processes, as one of the key functions of assessments is to place individuals into appropriate, available, and helpful services. Each site in the TSDTP had different service options available to serve clients with disabilities, and the availability of services in large part influenced the assessment processes and procedures local TANF agencies chose to implement.

Initial Identification of Disabilities

This section describes assessment processes used at the TSDTP sites during the TANF application process and upon enrollment in welfare-to-work programs. While sites had different objectives for their assessment processes and thus used different assessment tools, some common themes emerged:

Disability Question

To trigger the assessment process, all of the TSDTP agencies relied heavily on a disability question included in either the initial eligibility screening forms or the intake interview. The application forms completed during initial eligibility screening were primarily concerned with financial eligibility, and as such any questions related to disability were typically meant to determine whether individuals were receiving disability benefits that would make them financially ineligible for TANF. However, some states did inquire beyond simple receipt of disability benefits. For example, the online application for TANF applicants in Florida asked whether the applicant had a disability. If the applicant said yes, it asked whether the applicant had applied for or was receiving any disability benefits, also documenting whether any current SSI application was pending, denied, approved, or appealed.

Screening Tools

At all sites except Florida, TANF agencies used standardized questionnaires, forms, or interview techniques that contained questions designed to identify strengths and weaknesses, and that might have directly or indirectly identified disabilities. All of these tools were intended to assess clients' skills and barriers to employment, and to determine appropriate services for them. Depending on the TANF program, these questionnaires were either administered to the entire adult eligible TANF population (including clients exempt from work participation requirements) or the entire welfare-to-work participant population. By applying these tools to large portions of their caseloads, TANF agencies could potentially identify strengths or limita-

tions that individuals did not report themselves. Two examples of such tools are described in Text Box 1.

Assessing Disabilities After Initial Identification

Once an individual has been identified as having a disability, the next step is to verify the disability through documentation. At different sites different parties were responsible for providing the necessary medical documents, and those documents had to show different levels of detail about a disability and the limitations it might cause.

Medical Assessments by Physicians

After the assessment process was triggered, to verify the existence of a disability most TSDTP agencies relied heavily on medical assessments supplied by physicians. Although each agency used different initial procedures, forms, and questions, after a client reported a disability the next step was always for the client (or, at times, the program) to obtain supporting documents from a doctor. These documents allowed agencies to assess which clients qualified for exemptions or deferrals from work participation due to their disabilities. The documents also helped them decide to which services within the local TANF program an individual should be directed, and helped them determine what additional assessments might be needed. At some sites (Riverside County, Los Angeles County, and Florida), the TANF agency could accept either a form completed and signed by a physician or a signed physician's note. Each form contained a release-of-information section. Text Box 2 describes some of these forms.

In-Depth Assessments

In Minnesota and New York City, clients who reported disabilities could be subject to additional in-depth assessments conducted either by program staff members or contracted providers. Text Box 3 describes these assessments in more detail.

SSI-Like Assessment Processes

Michigan uses a Medical Review Team (MRT), which shares a building with Disability Determination Services (DDS, the agency that makes disability determinations for SSI) and employs a similar process, albeit different criteria, to make disability determinations for "long-term" TANF work-activity exemptions. The TANF staff can approve short-term (up to 90-day) deferrals for individuals with doctor's notes. If a TANF recipient claims a longer-term disability or limitation, that recipient's case is sent to the MRT. TANF staff members are required to prepare the MRT-specific forms with information gathered from the recipient. The MRT and DDS both use inability to work to define disability; however, the MRT requires less rigorous medical evidence and can make determinations for disabling conditions that are partial or last as

little as 90 days (compared with a year for DDS). In addition, the MRT uses different forms than DDS; these and the divergent eligibility criteria sometimes result in different determinations than those from DDS. The MRT can determine that an individual does not have a disability and is therefore not exempt from work activity, is able to work but with limitations, or does have a disability and may be appropriate for SSI. For those who are able to work with limitations, the MRT establishes each individual's functionality based on his or her limitations and shares a summary with the TANF staff. The MRT may recommend extra support from the TANF program for these individuals or a reduction in their mandated work hours. Those who are determined to have a disability are encouraged to apply for SSI. Michigan designed the MRT to make quicker, more accurate exemption determinations for TANF, compared with assessments made by personal physicians. It was also designed to identify appropriate referrals to SSA.

Lessons

The TSDTP's findings highlighted several challenges to conducting useful assessments. Drawing from the examples described above and from past research, this section discusses these challenges, as well as opportunities for conducting and implementing strong assessments and service determination processes. It also provides a set of key questions for programs seeking to change or improve their assessment processes to consider.

Identifying Disabilities

Although all TSDTP local agencies relied heavily on TANF recipients' own reports of their disabilities, at each site staff members noted that some clients did not disclose their disabilities during the initial intake and assessment process. There were a variety of reasons why not. Some clients simply might not have been comfortable disclosing this information. Others might not have realized that they had disabilities. Many of these individuals often entered the program's regular welfare-to-work program, just as any client without a disability would do. Some might later be identified as having work-limiting disabilities; at that point they would join another service path.

While there is likely no one-size-fits-all method for early identification of individuals who have disabilities, assessment is not a one-time event. Assessment may be thought of as an activity that occurs when clients first enter a program, but administrators may want to make sure they have some form of continuing assessment to ensure that services meet clients' needs, and that programs can respond if clients' health conditions change.⁹ However, continuing assessment has cost and time implications, and in the past some programs have found that too many assessments or too long an assessment process can reduce participation in other program activities.¹⁰

One strategy that may overcome these challenges is to take a data-driven approach to identifying individuals who may have undiagnosed disabilities and additional service needs, followed by additional assessment for these individuals. For example, programs may want to conduct additional assessments with clients who are not participating fully in work activities or who are in sanction status. Another related option is to use predictive models to identify clients who may be likely to have disabilities. In Minnesota, for example, a State Medical Review Team (SMRT) in the same state department as the TANF agency identifies disabilities and likely eligibility for state medical assistance among clients of the state-only general cash assistance program for adults without dependent children.¹¹ According to the SMRT manager, SMRT uses the same medical criteria for determining eligibility as are used by SSA (albeit different financial criteria), and tries to replicate the SSI determination process. While SMRT does not interact with TANF, the algorithm it has developed and employed to identify individuals with disabilities could have potential benefits for TANF programs. That algorithm predicts disability based on data SMRT has on general cash assistance recipients. It considers 18 months of claims data at a time and weights each of several factors using a point system. For example, homelessness is assigned 3 points and being over age 50 is assigned 1 point; points are also assigned for certain diagnoses. A person who amasses at least 25 points is identified as being likely to have a disability. SMRT provides lists of such people to county social services offices, and the counties are responsible for making contact with the individuals on the list and having them apply for disability assistance, often offering help with the application through their SSI advocacy programs. The algorithm has been adapted for the TANF population and some counties have elected to receive lists of their TANF clients who appear likely to have disabilities, so that they may follow up with additional assessments for them. Unfortunately, detailed data about the program's application to TANF populations are not available, but further research into similarly data-driven approaches may be warranted. Also, once programs have identified clients who might be potential candidates for additional assessments, administrators should be aware that different caseworkers conducting the same assessment may produce varying results.¹²

Verifying Disabilities and Obtaining More Information About Them

All TSDTP local agencies relied on evidence provided by physicians, and in general having information from a physician in either a form or a doctor's note led to further steps in the assessment process. Without such documents, clients did not move on to other assessments and in most cases remained part of the work participation mandatory caseload without special services or accommodations. Medical evidence from physicians has several advantages: it is generally seen as expert evidence about disability and can provide in-depth information about clients' conditions if forms are correctly set up and completed. Further, in those states that allow documents to come from clients' own treating physicians, clients tend to have a level of trust

and familiarity with their doctors that prevents some problems commonly associated with contracted medical assessors (for example, clients failing to show up for consultative exams in the SSI process).

However, there are also many potential problems with this arrangement. Some TSDTP agencies expressed that they had difficulty giving doctors incentives to complete their forms. In some instances it was particularly difficult for them to locate funding sources to pay doctors for completing them. Further, TANF staff members worried that forms often were not filled out enough to be helpful. They also worried that most doctors were not trained to make vocational assessments or assess work limitations, and might therefore err on the side of being conservative in their assessments of work limitations. At the sites that allowed a doctor's note in lieu of an actual form, staff members felt that those notes often simply stated that a client had a disability without any further detail. Staff members also noted that despite this lack of detailed information, they were reluctant — or, in the state of California, were not allowed — to make a decision that conflicted with a doctor's assessment.

Programs that pay for in-agency and contracted medical and psychological counseling staff, such as New York City's WeCARE, address some of these problems by serving participants under one umbrella program that conducts in-depth assessments it has designed itself to meet its needs. The program can then share information from those assessments among all parties serving a client. This arrangement ensures that program staff members get the information they need to serve the client, and avoids situations wherein caseworkers are left to interpret incomplete or vague forms completed by medical providers who have no affiliation with the program. However, such programs are generally expensive to maintain, as they rely on highly trained employees such as medical doctors and licensed clinical therapists.¹³ Although this model may work for a large urban area like New York City, which serves a large overall caseload and a correspondingly large population of clients with disabilities, it may not be feasible in other areas that have relatively few clients with disabilities.

If programs must rely on outside physicians to document disabilities, some general considerations that arose from the TSDTP's fieldwork may be helpful in designing medical provider assessment forms that are meaningful for TANF staff members. Assessment forms should focus on specific limitations in activities of daily living, including work. Well-designed forms do not simply ask whether a client has a work-limiting disability, but instead inquire how that disability affects the client's ability to perform specific tasks. In doing so, it is vital to provide a sense of measurement or scale. An assessment that asks how far a client can walk in specific units or for how long provides much more information about what services might suit the client than one that simply asks whether a client experiences difficulty walking. Measured information obtained in this way may be particularly useful for clients who ultimately apply for SSI, as DDS emphasized this point in discussions with the TSDTP research team as well.

While it is important to provide explicit instructions and measures in assessment forms to be completed by physicians, at the same time forms should be kept as short as possible. As stated earlier, the medical assessment forms used at the TSDTP sites potentially offered a wealth of information, but they were not useful if physicians did not fully complete them. If treating physicians still have difficulty filling out forms that are clear, brief, and specific, it may be worthwhile to explore a small-scale consultative assessment model wherein outside physicians are paid a fee for completing those forms. Although this approach would cost money in an environment where funding is already constrained, it would probably be more cost-effective than a full-scale model like WeCARE.

Innovative Approaches to Serving Clients with Disabilities

Historically, TANF has focused on identifying and assessing disabilities as barriers to employment. Disability is often framed from the perspective of a medical practitioner, focusing more on medical conditions and limitations (what an individual *cannot* do), and less on the individual's perceptions of what he or she *can* do. However, many promising programs that serve populations with disabilities outside of TANF have instead focused on client perceptions of ability (what individuals *can* do), engaging individuals to the level that they are able, and over time increasing their motivation, perceptions of ability, and capacity to participate in daily life activities, including employment.

For example, Individual Placement and Support (IPS), a supported employment model developed to help individuals with mental illness in their efforts to achieve steady employment, offers services based on clients' preferences and choices rather than providers' judgments.¹⁴ The IPS approach has been found to be effective with individuals with severe mental illness. In the Ramsey County, Minnesota TSDTP pilot program it was for the first time adapted to the context of a TANF program, where it increased participation in work activities, employment, and earnings among TANF clients with disabilities.¹⁵ Notably, the pilot program's population was not limited to clients with mental illness, but also included individuals with physical disabilities and learning disabilities, along with clients who had no disabilities themselves but who had family members with disabilities.

Another example, the Progressive Goal Attainment Program (PGAP), was originally developed for clients with depression but was recently implemented with veterans who have mental health conditions. In the PGAP model clients and staff members directly address issues of motivation and perceptions of disability.¹⁶ Through daily contact, clients slowly expand their daily activities and move toward being able to care for themselves. Other providers that serve individuals with disabilities, such as Goodwill and state vocational rehabilitation agencies, tend to assess what clients can do based on their actual performance in activities related to employment, including job search activities, job classes, and actual employment. TANF programs may

want to adapt Progressive Goal Attainment principles in serving their clients, and may also want to consider how participation in various work-related activities could itself potentially reveal participants' strengths or limitations, allowing programs to adjust their services accordingly to meet clients' needs.

Since disability assessments routinely measure activities of daily living, it follows that in addition to observing someone in the workplace, observing an individual identified as having a disability in his or her home could also be a useful way to learn more about the strengths, barriers, perceptions, and realities that that person faces. California's existing program called In-Home Supportive Services (IHSS) provides a useful model for how home assessments of disabilities can work. The purpose of this program is to allow eligible clients to remain safely in their homes to avoid premature institutionalization. IHSS helps pay for services to the elderly, people with physical or mental disabilities, and dependent adults by providing payments to personal care providers designated by the clients. To establish how much support an applicant needs, a social worker conducts an in-home comprehensive assessment of that applicant's ability to carry out the activities of daily living. The social worker also examines medical documents and prescriptions, and evaluates what an individual can and cannot do safely in the home. Such in-home assessments may be applicable to TANF clients with disabilities as well, although there is not yet rigorous evidence concerning their effectiveness with other populations.

Vocational assessments may also allow TANF agencies to focus more on what clients can do. Vocational assessments provide staff members with detailed information on clients' strengths and abilities, and on where clients may be able to grow. Only one TSDTP agency (WeCARE in New York City) routinely conducted vocational assessments, and even there the process was not conducted statewide.¹⁷ Vocational assessments can be of use in serving and assessing TANF clients with disabilities in three important ways: (1) they can reveal potential employment opportunities for clients with work-limiting disabilities, (2) they can help to identify previously undisclosed disabilities, and (3) they can be used to strengthen communication with and improve referrals to other community providers, including state vocational rehabilitation agencies, as they provide an up-front, relatively standardized appraisal of clients' aptitudes. A note of caution, however: past research has shown that if up-front assessments are too detailed and time-consuming, they can slow or stall the placement of clients into other activities, such as employment.¹⁸

Collaboration with Vocational Rehabilitation and Other Services

There were few partnerships with vocational rehabilitation programs among the TANF agencies in the TSDTP. Only New York City and Minnesota's agencies had established links with vocational rehabilitation programs, and those in Minnesota were limited. Vocational

rehabilitation agencies are accustomed to voluntary clients who are motivated to participate, and unlike TANF they do not focus exclusively on low-income populations. Further, they tend to favor initial skills training rather than immediate employment. In contrast, TANF is a program defined by its work mandates and mostly work-first nature. This can make it difficult for the two programs to collaborate. Although these differences can be challenging to navigate, the potential benefit to a TANF program in establishing such a relationship is in having a link with an agency skilled in vocational assessments and in working with individuals with disabilities. Strong examples of TANF/vocational rehabilitation collaboration include New York City's WeCARE program discussed earlier and Vermont's Reach Up program, which features staff members at its vocational rehabilitation agency dedicated to serving TANF clients.¹⁹

Conclusion

While a variety of assessments exist for identifying disabilities and strengths among TANF clients, selecting the most effective assessment tools and processes for a given environment from the wide array of assessment tools and processes available is a complex decision. The end goal of the assessment process and the services available in particular states or localities influence this choice. There is no one-size-fits-all approach to assessment, and correspondingly, programs may decide to implement multiple assessments and assessment strategies, as the programs in the TSDTP have elected to do. Some promising approaches to assessment include comprehensive psychological and social assessments, data-driven modeling to assess disabilities, partnerships with vocational rehabilitation agencies, improved screening techniques, and focusing on clients' strengths, perceptions, and interests to better identify their abilities while simultaneously increasing their engagement. In order to provide the most effective and useful services for clients with disabilities, local agencies should continue to develop new models and tools for assessing disabilities and to experiment with what works best for their programs in serving TANF recipients.

Notes

¹For example, see Loprest and Maag (2009).

²Social Security Administration (2013).

³"Vocational rehabilitation" services are designed to help individuals with disabilities prepare for and engage in gainful employment. State vocational rehabilitation agencies and other providers offer a wide range of services, including counseling and guidance, physical and mental restoration, and employment training.

⁴Loprest and Maag (2009).

⁵Loprest and Maag (2009).

⁶SSA policy states that SSI applicants can in fact be employed, but provides a specific cutoff that earnings can be no greater than \$1,000 per month. Work resulting in earnings higher than that amount qualifies as “Substantial Gainful Activity” and disqualifies an application.

⁷Farrell and Walter (2013); Farrell et al. (forthcoming).

⁸See, for example, Thompson and Mikelson (2001).

⁹For additional guidance and strategies for assessing TANF clients, see Administration for Children and Families (2001).

¹⁰Jacobs and Bloom (2011); Butler et al. (2012); LeBlanc et al. (2007); Hamilton and Scrivener (2012).

¹¹The SMRT primarily assesses general assistance participants, as most TANF clients are already receiving Medicaid and therefore do not need state medical assistance.

¹²Gooden, Doolittle, and Glispie (2001).

¹³Bloom, Miller, and Azurdia (2007); Hendra et al. (2010).

¹⁴Farrell and Walter (2013).

¹⁵Farrell et al. (forthcoming).

¹⁶Hossain, Baird, and Pardoe (2013).

¹⁷Hennepin County in Minnesota had vocational counselors on staff who could conduct vocational assessments, but in practice this rarely occurred.

¹⁸Jacobs and Bloom (2011); Butler et al. (2012); LeBlanc et al. (2007); Hamilton and Scrivener (2012).

¹⁹Derr (2008); Derr and Pavetti (2008); Kauff (2008); Pavetti et al. (2008).

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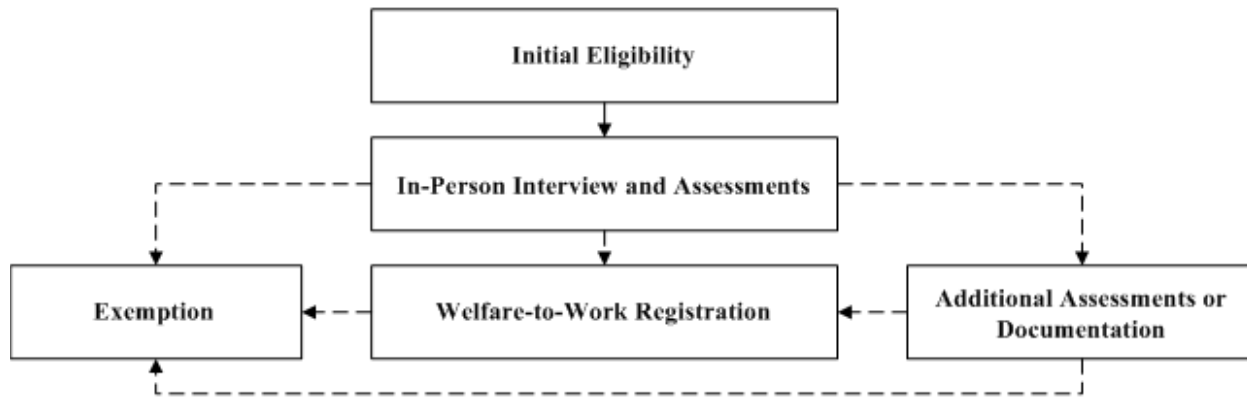
EXHIBITS

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The TANF/SSI Disability Transition Project

Figure 1

A Typical TANF Assessment and Application Process at TSDTP Sites



NOTE: Solid arrows represent pathways that all clients must go through. Dashed arrows represent optional pathways resulting from earlier steps in the application and assessment process.

Box 1

**Screening Tools Used at the TSDTP Sites
to Identify Strengths and Weaknesses**

Structured Decision Making® in Riverside County: In Fiscal Year 2010, Riverside County, California, began using Structured Decision Making® (SDM), a “decision support” and caseload management system designed to assess TANF recipients’ employability and likelihood of participating in employment and work-related activities. One of the goals of SDM is to identify barriers to employment earlier, including mental health barriers, and program administrators have said that SDM has in fact identified more mental health conditions among their clients more quickly. Each SDM questionnaire is completed online, and an Appraisal Screening algorithm then assigns a support level (low, moderate, or high) that determines contact frequency and generates a list of activity recommendations. For example, clients designated as needing “high” support require four contacts per month, one of which must be in person. Employment services counselors are required to make contact with recipients designated as needing a “low” level of support only once per month, and the meeting need not be in person. In addition to the SDM tools, caseworkers also complete a statewide “Strengths and Weaknesses” assessment form for all clients.

Employability Measure in Minnesota: The purpose of the Employability Measure, which Minnesota began administering to all TANF recipients in 2010 (including those in the state’s solely state-funded program), is to measure a participant’s status in eleven areas of life: transportation, dependent care, education, housing, social support, child behavior, finances, legal matters, safe living environment, health, and workplace skills. The measure consists of a matrix in each area, and the goal is for the employment counselor to use the matrix to assign a rating from 1 to 5, with “1” representing an area of challenge and “5” an area of strength. Aside from the matrix, the assessment is not structured. It offers sample questions and guidelines for employment counselors to use, but ultimately leaves the flow of the assessment up to the employment counselor. Upon completion, the measure should have helped the employment counselor identify the presence of any health issues that are potential barriers to employment and are in need of further assessment or action. The employment counselor determines the next steps and fills out (or updates) the client’s employment plan accordingly.

Box 2

California's Medical Assessment Form

California's statewide medical assessment form is divided into three parts: (1) a general section filled out for any individual seeking an exemption due to disability that asks about the type of disability, the date of its onset and its expected duration, and whether the individual is currently seeking treatment or requires any in-home care; (2) a section only completed for individuals with physical disabilities that measures in specific units (for example, hours, feet, or pounds) any limitations related to standing, sitting, walking, and carrying weight, and how these limitations or related medications might affect the individual's ability to work; and (3) a section completed only for individuals with mental health conditions that asks guided but open-ended questions about the condition's effect on daily life and work.

Florida and Minnesota have similar forms, although they collect less detailed information about the number of hours that clients can perform specific tasks. Interestingly, Minnesota's form asks the medical provider if he or she would support the participant's disability claim with documentation if the participant seeks disability benefits such as those provided by SSI.

Box 3

In-Depth Assessments at the TSDTP Sites

Psychological Evaluations in Minnesota: In Minnesota, TANF employment services counselors and staff members at community service organizations that serve TANF participants can refer a client to a contracted county psychologist, an in-house psychologist at an employment service provider, or another referral source for a psychological evaluation. This evaluation is an in-depth comprehensive assessment used to identify barriers to employment and to make recommendations to the employment counselor about treatment or the appropriateness of SSI. It typically includes an evaluation of symptoms and an assessment of the person's ability to do daily activities (called "functional capacity"). The psychologists contracted by the counties do not use a standardized assessment tool, but may incorporate measures or scales that are evidence-based best practices in the field. Many are familiar with the SSA's standards because they perform consultative examinations for DDS. In most instances, after conducting assessments psychologists make recommendations that might include applying for SSI, seeking short-term or long-term therapy, or scheduling a neurological exam.

WeCARE in New York City*: In 2005, New York City implemented the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program for clients reporting that they cannot work due to mental or physical health conditions. Clients referred to WeCARE complete a comprehensive "biopsychosocial" assessment that includes a medical evaluation, an integrated psychological and social evaluation, and laboratory tests. Medical providers under contract to WeCARE conduct these assessments and review any medical documents supplied by clients' own physicians in order to determine which of four main service tracks is most appropriate for any given client: (1) vocational rehabilitation, for clients who are employable but with limitations; (2) treatment by community-based health providers, along with the development of a "wellness plan" and continuing case management, for clients with unstable medical or mental health conditions; (3) SSI application assistance for clients who appear eligible for SSI; or (4) referral back to the general mandatory work program for clients who are fully employable without limitations. Clients referred to vocational rehabilitation receive in-depth vocational assessments to further identify their strengths, functional limitations, and needs for accommodation in the workplace. The program asserts that its use of comprehensive clinical assessments upon program entry, rather than medical evaluations of specific ailments or disabilities, allows it to develop a more holistic assessment of clients and avoid unnecessary repeat assessments.†

(continued)

*New York State participated only in the data analysis portion of the TSDTP and no site visits were conducted in New York as part of this project. However, MDRC visited and conducted an evaluation of WeCARE's predecessor, PRIDE, as part of the Employment Retention and Advancement (ERA) project. By the end of the ERA project, WeCARE was being implemented. WeCARE has since been included in other studies as well.

†See New York City Human Resources Administration (2009).

Box 3 (continued)

While other programs have some features similar to the WeCARE model, it is distinguished by its scale (serving on average around 24,000 clients at any given time), its partnership with vocational rehabilitation agencies, and its use of performance-based contracts with its providers. Contractors are paid based on completed biopsychosocial assessments, wellness plans, and vocational evaluations; client approvals for SSI or Social Security Disability Insurance; and job retention at 30, 90, and 180 days of employment.

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