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Assisting TANF Recipients Living with Disabilities to Obtain and Maintain Employment

Final Report

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CHAPTER I

INTRODUCTION

The nation's welfare system is becoming increasingly focused on encouraging recipients to gain, retain, and advance in employment. The work requirements, sanctions for noncompliance, and time limits built into the Temporary Assistance for Needy Families (TANF) program have reinforced the need to help all recipients, including those living with a disability, quickly obtain and maintain competitive employment. Some states had adopted a universal engagement model prior to the creation of TANF in which all recipients are expected to participate in activities that will prepare them for work. Although federal rules don't include exceptions or modified requirements for TANF recipients living with a disability, states that have adopted a model of universal engagement often permit recipients with personal and family challenges, including those living with a disability, to participate in a broader range of activities or for a reduced number of hours, acknowledging that their participation may not be sufficient to meet federal work requirements (Kauff, Derr, and Pavetti 2004). The reasons for pursuing a universal engagement strategy include: (1) with time limits on the receipt of cash assistance, recipients cannot expect to rely on TANF in the long run; (2) paid employment is the surest path for achieving self-sufficiency for all, including recipients living with a disability; (3) the TANF system has an employment infrastructure in place that can be expanded and adapted to meet the needs of recipients who need more intensive services and employment accommodations; and (4) TANF agencies, like all public agencies, are required by the Americans with Disabilities Act to provide opportunities for recipients living with a disability to benefit from all the programs, services and activities they offer.

Under contract to the Administration for Children and Families at the U.S. Department of Health and Human Services (DHHS), Mathematica Policy Research, Inc. (MPR) conducted a study of state and local efforts to promote employment among TANF recipients living with a disability. There were two objectives of the study. The first was to provide program administrators with information on innovative strategies to consider as they attempt to assist all families in gaining, retaining, and advancing in employment. To address this objective, MPR produced four briefs that were targeted to program administrators and other practitioners interested in learning more about potentially promising practices to promote sustained employment for TANF recipients living with disabilities. The briefs were based on case studies of nine current initiatives in seven states.

The second objective was to outline a future research agenda for advancing the state of the art in helping TANF recipients living with disabilities succeed in the workplace. This report addresses the second objective by describing opportunities to rigorously test the effectiveness of various employment initiatives for this population. It is targeted to federal and state policymakers, other researchers, and foundations interested in program evaluation. Specifically, it addresses two key questions: (1) Which strategies would be most interesting to test and how could programs be designed to support rigorous evaluations of them? (2) Are there existing initiatives that are currently ripe for evaluation and under what conditions would rigorous evaluation be feasible?

This report represents the first step in the process of identifying initiatives intended to assist TANF recipients living with disabilities to obtain and maintain employment that may be worthy of further study. The outcomes and impacts of such initiatives are of substantial interest to program administrators and policymakers for several reasons. First and foremost is the concern over the well-being of these recipients and their families. Second, these initiatives often require considerable staff effort and intensive services and, therefore, can be costly to implement. Third, states and localities are under growing pressure to meet increased federally mandated work participation rates and recipients living with disabilities are one of many groups that program administrators and policymakers may consider targeting to increase those rates. To assist program administrators and policymakers in deciding how they should spend limited resources, it is critical to know whether the initiatives are, indeed, producing their desired effects. The time may be ripe for rigorously testing the impact of employment initiatives for low-income families living with disabilities and this report presents some potential options for doing so.

The remainder of this chapter includes a brief discussion of the TANF policy context and evolution of employment support programs for individuals living with disabilities, as well as a description of the study's methodological approach. The second chapter reviews the initiatives included in the study and the promising practices MPR identified among them. The third chapter discusses the conditions that need to be met to launch a rigorous evaluation, and the fourth chapter presents opportunities to conduct rigorous evaluations. The report concludes with a chapter summarizing next steps federal and state agencies and researchers could take to evaluate initiatives to help TANF recipients living with disabilities obtain and maintain employment.

A. BACKGROUND AND POLICY CONTEXT

Beginning in the early 1990s, prior to the creation of TANF, states began expanding the pool of welfare recipients expected to participate in work-related activities. Some states adopted a universal participation model in which all recipients were expected to participate in activities that would prepare them for work. The creation of the TANF program in 1996 encouraged more states to expand the pool of recipients expected to participate in work-related activities. In authorizing the TANF program, the Personal Responsibility and Work Opportunity Reconciliation Act required states to engage a specified percentage of TANF families (50 percent of all families and 90 percent of two-parent families) in work and work-related activities, but credited states for TANF caseload declines they experienced after fiscal

year (FY) 1995 that were not the result of program eligibility changes. Some states that previously did not have a universal participation model in place responded by implementing one. Others exempted recipients living with disabilities or other challenges from work requirements, or provided them with assistance through Separate State Programs (SSPs), which were not considered in the calculation of the required work participation rates.

The recent TANF reauthorization, incorporated into the Deficit Reduction Act of 2005 (DRA), effectively requires states to engage a greater percentage of TANF recipients in work activities than the original legislation did by changing the way the rate is calculated. In particular, the DRA extends work participation requirements to individuals participating in SSPs that count toward states' TANF maintenance of effort requirements and changed the base year for the caseload reduction credit from FY 1995 to FY 2005.[1] The DRA also instructed DHHS, through the regulatory process, to provide states with definitions of the activities that can count toward the work participation requirement. In the final rules, DHHS included activities that are designed to address barriers to employment among individuals living with disabilities—such as substance abuse treatment, mental health treatment, physical therapy or rehabilitation activities—counting them as job search and job readiness assistance. (Some states had previously counted these activities as job search and job readiness assistance, but some had counted them as community service.) While states are free to place recipients in these activities for as long as they would like, participation in job search and job readiness assistance can count toward the federal work requirement for only six weeks per fiscal year, of which no more than four weeks may be consecutive.[2] Other activities that count toward the work requirement include work experience, community service, or subsidized or unsubsidized employment. In addition, up to 30 percent of those meeting federal work requirements may be in vocational education programs (limited to 12 months in a lifetime per person) or may be teens in secondary school or the equivalent (as long as they maintain satisfactory attendance for an average of at least 20 hours per week). Since only 50 percent of all families on the caseload are required to meet the federal work participation requirement, states can place some recipients in other activities that do not count toward the requirement, and many do so with the expectation that this will prepare recipients to participate in countable work activities in the future.

As states have continued to implement TANF work requirements and other policy changes in response to PRWORA and the DRA, their cash assistance caseloads have been declining. While the extent and nature of changes in the composition of the TANF caseload are the source of some disagreement, many program administrators and staff contend that those remaining on the rolls are increasingly comprised of individuals living with disabilities. Since the creation of TANF, numerous studies have estimated the prevalence of personal

[1] Most states face higher requirements because of the change to the caseload reduction credit. Many states did not have SSPs prior to the DRA and about half of those that did have shifted families in those programs to solely state funded programs.

[2] States that meet the definition of a "needy state" for purposes of the contingency fund and those experiencing an unemployment rate at least 50 percent greater than the national rate may count these activities for up to 12 weeks, of which no more than 4 may be consecutive.

and family challenges, including disabilities, among the TANF population. While the estimates of the fraction of recipients living with a disability are not consistent across these studies, they all suggest that indeed a substantial portion of the TANF caseload lives with a disability. The disabilities that are reported most commonly among TANF recipients are mental health conditions, learning disabilities and physical health problems. Results from a common survey fielded in six states found that the fraction of TANF recipients reporting a learning disability ranged from 8 to 18 percent, a mental health condition from 21 to 41 percent, and a physical health condition from 16 to 26 percent. Across the six sites, recipients with physical and mental health conditions were significantly less likely to be employed than those without these conditions (Hauan and Douglas 2004). A recent study that uses the Survey of Income and Program Participation (SIPP) to compare the characteristics of TANF recipients before and after the implementation of TANF found that the proportion of TANF recipients reporting a work-limiting condition has increased over time. For example, in 1996, 16 percent reported a work-limiting condition compared to 21 percent in 2007 (Bavier 2007).

At the same time TANF work requirements have been becoming more stringent and caseloads have been declining, laws and policies have been changing in ways that reflect evolving views of disability. In recent years, policymakers and the disability community have increased efforts to develop laws, policies, and programs that recognize that disability is not purely the result of a medical condition, but also of a social environment that creates barriers to participation in socially expected roles and activities. Removing barriers to employment has been an important component of these efforts, as first demonstrated in the Rehabilitation Act of 1974, reinforced in the Americans with Disabilities Act of 1990 (ADA), and emphasized in the New Freedom Initiative of 2001. In addition, the ADA focused on advocacy for the right of persons with disability to work and required accommodations for an individual living with a disability who wants to work. While these efforts have begun to change the physical and social environment for individuals living with disabilities, employment rates among this population have remained substantially lower than among those who do not live with disabilities, and these rates have not improved over the last 15 years. In 2006, the employment rate of working-age individuals living with a disability was 37.7 percent, less than half of the employment rate of 79.7 percent for working-age individuals without a disability (Wittenburg and Nelson 2006; Weathers 2005; Rehabilitation Research and Training Center on Disability Demographics and Statistics 2007).

B. METHODOLOGICAL APPROACH

To accomplish each of the study's objectives, MPR conducted a process and implementation analysis in nine sites utilizing qualitative case study methods. Through in-person site visits and telephone interviews, we gathered slices of information from a variety of different sources to create a comprehensive picture of the initiative in each site. To identify potential sites for the study, MPR attempted to uncover as many programs serving the employment needs of TANF recipients living with disabilities as possible using four sources of information: (1) available documents (such as reports, journal articles, Internet articles, and newsletters); (2) recommendations from TANF and disability experts; (3) recommendations from federal officials; and (4) ongoing MPR studies for DHHS on

TANF and for the Social Security Administration (SSA) on promising strategies for promoting employment among persons with disabilities. For purposes of this study, we defined a disability as any mental, physical, or intellectual limitation that has the potential to affect TANF recipients' employment prospects.[3] From the full list of programs, MPR and DHHS collaboratively selected a smaller set that would likely be of most interest to other states and localities, as well as be most feasible to implement. We also attempted to select programs that were relatively large or could be implemented on a large scale to facilitate future experimental evaluations. Data on the programmatic or cost effectiveness of each strategy was not available and thus not a criteria for site selection.

We conducted in-depth, in-person site visits to seven programs and telephone interviews with program administrators and staff in two. The site visits and telephone interviews were structured to gather detailed information on program design and implementation, focusing on the issues that would be of most interest to program administrators. Table 1 identifies the programs and where they are located. Chapter II provides brief descriptions of each program.

Table 1. Study Sites

Initiative	Location
Reach Up/Vocational Rehabilitation Partnership	Vermont
Disability Specialist Initiative	Iowa
Diversified Employment Opportunities Program (DEO)	Davis County, Utah
Connection Cottage	Salt Lake County, Utah
Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)	New York, New York
Partnership for Family Success (PFS)	Anoka County, Minnesota
Adult Rehabilitative Mental Health Services (ARMHS)	Ramsey County, Minnesota
Disability Screening Services	Louisiana
GoodWorks!	Georgia

[3] This definition is substantially broader than the definition the Social Security Administration uses for determining eligibility for the Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) programs.

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CHAPTER II

REVIEW OF INITIATIVES AND PROMISING PRACTICES

The study sites all set out to assist TANF recipients to obtain and maintain employment, but did so using quite varied approaches. To provide context for the chapter on opportunities for evaluation, this chapter describes each of the initiatives in the study and the promising practices among them.

A. REVIEW OF INITIATIVES

Each study site has unique experiences from which to draw lessons about alternative strategies to address the employment needs of TANF recipients living with disabilities and each provides a useful context for considering further analysis. Some incorporate multiple service strategies and others focus on a single service strategy. Some target all individuals living with disabilities, and others a subset (e.g., individuals with mental health impairments). In addition, the initiatives vary in their size, scope, and intensity. Brief descriptions of each initiative follow.

Reach Up/Vocational Rehabilitation Partnership (Vermont). This initiative is a collaboration between Vermont's TANF program, called Reach Up (RU), and the state vocational rehabilitation (VR) agency. The collaboration, which began in 2001, is designed to increase access to services and individualized attention from a trained professional for TANF recipients living with disabilities. Each of the state's 12 regions has a specialized VR case manager dedicated to exclusively work with RU clients. RU case managers refer clients who may be living with a disability to the specialized RU/VR caseload. The RU case manager, a TANF supervisor, and the specialized VR case manager then meet to discuss whether the case is appropriate for the specialized caseload. The specialized case managers have a small caseload size (40 clients each versus the usual RU caseload size of 50-60 and VR caseload size of 130 or greater) and handle all aspects of a client's case (that is, they are responsible for completing both RU and VR functions). They are located within the VR agency where they assess clients' abilities and work interests and help them find and secure competitive employment. These services are available to all VR clients, but large caseloads prevent the personal attention that the specialized case manager is able to offer TANF

clients. Specialized caseload clients also may work with a job coach to develop good employee habits and to transition into new jobs, a service not available to other VR clients. They also may receive assistance from an SSI advocate, who guides and supports them through the SSI application process. Statewide, the initiative served about 1,000 clients in fiscal year 2006.

Disability Specialist Initiative (Iowa). This initiative, which began in July 2006 and is still evolving, is an effort to link TANF and VR services in Iowa. The cornerstone of the initiative is the disability specialist, a highly trained case manager who assists TANF staff in providing services to TANF clients living with disabilities. Currently, there are 8 disability specialists who serve TANF recipients in 8 of the 15 employment and training program regions in the state. The specialists took an intensive 10-day training course developed to address the specific needs of TANF front-line workers who serve clients with disabilities. After completing the course, specialists were expected to provide technical assistance to regular case management staff to assist them with disability issues or questions. Though the initiative was not fully implemented at the time of this study, the intent was that the disability specialists in some regions will have their own caseloads and that those caseloads will be small (40 to 60 clients versus 100 to 150 for traditional TANF case managers). Clients on the disability specialists' caseloads receive intensive case management, and clients who appear eligible for and are interested in VR services are referred for a VR eligibility assessment. The state VR agency has designated counselors to work exclusively with TANF clients who are referred to VR. TANF clients who are referred to VR will receive the same services as other VR walk-in clients. One challenge the initiative faces is that there are long waiting lists for VR services in Iowa, so TANF clients referred to VR will not necessarily receive VR services in a timely manner. Disability specialists continue to work with TANF clients while they are on the VR waiting list. They use information from the VR eligibility assessment and from consultations with the VR counselors on how best to serve clients during this time. As of May 2007, 227 clients statewide had been assigned to the eight disability specialists.

Diversified Employment Opportunities (DEO) (Davis County, Utah). This initiative provides work opportunities and intensive supports to TANF recipients living with mental health disabilities. The Utah Department of Workforce Services (DWS) contracted with the Diversified Employment Opportunities (DEO) program in 2006 to provide these services. The DEO program includes four primary components. First, TANF clients referred to DEO are hired by the program at $6.50 per hour to perform jobs that previously had been outsourced (such as janitorial, food service, landscaping, painting, or clerical jobs) at Davis Behavioral Health (DBH), the primary community mental health service provider in the state's northern region. The program participants are employees of DEO, and DEO pays their wages. While DEO does not receive a subsidy from DWS to pay these wages, it does receive DWS funding to offset the cost of supervision of these employees. Once hired, clients are told they will not lose their jobs for making a mistake. In addition, work site supervisors, many of which are successful DEO clients, oversee clients at their work site and serve as role models and mentors. DEO operates on a performance-based contract

structured to encourage steady participation over time and placement and retention in competitive employment. [4] Second, a highly-experienced employment specialist provides intensive support and rehabilitative counseling to clients while they are working. Third, therapists provide clients with mental health treatment on site. And fourth, welfare agency staff and in-house licensed social workers, case managers, employment specialists, and mental health therapists coordinate services and communicate regularly to support clients. The program espouses the notion that work is part of therapy and that recovery can be achieved through employment and appropriate mental health treatment. DEO is contracted to serve up to 20 clients within each contract year.

Connection Cottage (Salt Lake County, Utah). Connection Cottage is a supported employment program for TANF recipients living with disabilities in Utah's central region. Valley Mental Health (VMH), the primary Medicaid provider in the region, designed the program using the clubhouse model that is sometimes used to serve individuals with severe and persistent mental health conditions. The program operates out of a house located in the center of Salt Lake County. All TANF clients referred to the program become members of the clubhouse and, as members, carry out all the responsibilities for operating it. They are assigned to one of two units—the job placement and training unit or the business unit. The job placement and training unit helps clients find jobs, organizes trainings (e.g. typing, computers), and helps clients complete their GED. This unit may conduct workshops on interview skills and stress management. The business unit is responsible for the daily operations of the clubhouse. They clean the house, pay the bills, fix lunch, report participation hours, and provide the orientation session. Clients' specific roles may vary based on their level of stability and functionality. Clients are required to show up at the clubhouse for designated hours during the week and are also assigned to a work placement or internship in the community. Initially, all tasks and activities carried out at the center count toward the clients work requirement. Over time, clients' hours are gradually increased to meet the federal work participation rate. Clients must also participate in mental health services at VMH and may be referred to other programs within VMH, such as supportive services or training programs. VMH is contracted to serve up to 20 clients at any point in time.

Wellness, Comprehensive Assessment, Rehabilitation and Employment (New York, New York). Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) is the largest, most comprehensive set of services in New York City for cash assistance recipients living with disabilities. It provides comprehensive biopsychosocial assessments, vocational assessments, vocational rehabilitation services, case management, job search and job readiness workshops, substance abuse treatment, work experience, work place accommodations, and post employment services. In addition, it links clients to medical and/or mental health treatment and provides help with applying for SSI. The city's

[4] The contract between DWS and DEO includes payment benchmarks that total $4,000 per client. DEO earns $1,000 after serving the client for three months, another $1,000 after six and again at nine months if the client's number of reported employment hours increased. It may also earn a performance bonus of $1,000 if the client obtains a competitive job and stays employed for at least four consecutive weeks.

Human Resources Administration contracts with two organizations (which then subcontract to others) to provide these services. WeCARE targets, among other populations, TANF recipients with physical and/or mental health conditions that limit their employability. Providers conduct assessments with all referred clients and, based on the results, refer clients to one of four service tracks: (1) vocational rehabilitation services (for clients who need assistance to minimize the obstacles to successful work participation, job placement and retention); (2) wellness (for clients who need assistance accessing necessary services and supports to stabilize and treat their conditions); (3) SSI application (for clients who need assistance applying for SSI and appealing rejected applications); or (4) referral back to traditional employment preparation programs (for clients with no or few barriers to employment). Recipients in the vocational rehabilitation services track are assigned a work experience placement and provided some case management and on-site monitoring. To date, the program has assessed approximately 100,000 individuals, about 25 percent of whom were TANF clients. About 7 percent of those assessed are found fully employable with no barriers; 43 percent are referred to vocational rehabilitation services; 38 percent are referred to wellness; and 13 percent are referred to SSI.

Partnership for Family Success (Anoka County, Minnesota). Partnership for Family Success (PFS) provides intensive and collaborative case management to TANF recipients living with disabilities. PFS is comprised of a team of workers that represent each of the different departments within Anoka County Human Services (ACHS), including Corrections, Community Health and Environmental Services, Community Social Services and Mental Health, Income Maintenance (which determines and manages ongoing TANF eligibility), and the Workforce Center (which operates the VR program and provides case management and employment and training services to TANF and WIA job seekers). PFS is intended to be one-stop shopping for families involved with multiple departments within ACHS. Families are assigned one, rather than multiple, case managers. This case manager coordinates with all of the departments involved with the clients and helps clients access all of the services they need and meet the requirements of each department. Small caseloads of between 12 to 15 clients allow case managers to work intensively with clients. Project staff meet weekly to discuss cases and coordinate services. Clients may be referred to PFS from any of the departments involved with the team and receive in-depth assessments and clinical reviews to identify their personal and family challenges and needs, increased access to mental health and substance abuse treatment, vocational rehabilitation services to help get and keep jobs, and intensive case management during home visits. As of March 2007, 229 families were on the PFS caseload; to date the initiative has served 421 families, about 85 percent of whom are TANF recipients.

Adult Rehabilitative Mental Health Services (Ramsey County, Minnesota). Adult Rehabilitative Mental Health Services (ARMHS) is a Medicaid-funded program designed to provide home-based mental health rehabilitative services to individuals with a diagnosed mental health condition. Ramsey County's TANF agency used TANF funds to encourage local providers to apply for ARMHS licensure, an extensive process that takes about four months, with the condition that they would serve TANF recipients. In addition, three existing community ARMHS providers contracted with Ramsey County for provision of services. Agencies that are approved as licensed ARMHS providers may receive Medicaid

reimbursement for rehabilitative services provided. ARMHS practitioners provide home-based rehabilitative services, usually weekly, to clients with diagnosed mental health conditions with the goal of obtaining unsubsidized employment and becoming self-sufficient. Practitioners focus on skill development in such areas as parenting, organization, problem-solving, and communication. They also coach clients through the process of getting jobs and keeping them. ARMHS practitioners may continue to work with clients even after they get jobs as long as they continue to have a diagnosed mental health condition. They have smaller caseloads and can work more intensively with clients than traditional employment case managers. There are six ARMHS providers for TANF recipients in Ramsey County: Lifetrack Resources, Hired, Goodwill Easter Seals, Employment Action Center (Spectrum Community Mental Health), South Metro Human Services, and Family Support Services, Inc.. All have somewhat different intake procedures and provide different wrap-around services (for instance, some focus on job search and placement services while others do not). The 540 clients who have received services over the past two to three years are dispersed among these six agencies.

Disability Screening Services (Louisiana). The Disability Screening Services initiative in Louisiana represents an innovative and effective approach to identifying TANF recipients living with disabilities. The purpose of the initiative is to identify recipients with hidden disabilities who may need specialized employment assistance to find and maintain competitive employment. The state uses trained counselors to screen TANF employment and training program participants for the following: (1) learning disabilities, (2) Attention Deficit Hyperactivity Disorder (ADHD), (3) substance abuse issues, and (4) mental health issues. Case managers are encouraged to refer all work-mandatory recipients for the screening, however, they can decide who to refer and some may only refer those who are not making progress. The screen is a structured interview administered individually and takes about one hour. At the end, the counselor discusses the results with the recipient and provides a written report to the TANF case manager. To assess the effectiveness of the screening interview to identify disabilities, approximately 400 recipients who screened positive for a disability were given a neuropsychological test. This testing confirmed the accuracy of the screen in 95 percent of the cases. Confident that the screen is providing case managers with the information they need, the TANF agency has stopped the psychological testing and is relying solely on the screening. In addition, the state VR agency accepts the screening results as initial evidence of eligibility for services, so the TANF case manager refers recipients who screen positive to VR for services. VR may conduct additional assessments as needed. The project screened 1,557 TANF recipients between June 2002 and June 2005 and identified a disability in two-thirds of them.

GoodWorks! (Georgia). The Georgia GoodWorks! program has been combining paid work opportunities with intensive supports for TANF recipients who are hard to employ since 2000. All clients referred to GoodWorks! are referred to the VR agency to complete a comprehensive assessment to determine if they are appropriate for the program and the potential service needs that may need to be addressed while in their work placement. Clients appropriate for the program first go through a work evaluation; they are placed immediately in a work activity so that program staff can assess their actual employment skills. The work evaluation phase is followed by a work adjustment phase. Contracted service providers with

extensive experience serving individuals with disabilities and hard-to-employ populations (e.g., Goodwill Industries, J. Stinson and Associates) place clients in paid work sites where they receive job coaching from their work site supervisor and designated job coaches while they are working.[5] Clients work at least 32 hours per week and may participate in other work-related activities (such as GED preparation, job skills training or employment-related education) for up to 8 hours. Job ready clients work at entry-level jobs in the community while those who need more structured support are assigned to on-site group placements. Clients are paid minimum wage for hours that exceed the maximum hours available for work based on the customer's TANF and food stamps grant. In addition, clients are assigned a personal advisor (or intensive case manager) who has a caseload of between 15 and 25 clients. Personal advisors are available to clients 24 hours per day, 7 days per week, and do whatever it takes to keep clients working, such as driving them to work or appointments as needed, accompanying them to appointments with service providers, or helping to negotiate child care arrangements. In addition, the VR agency may provide additional supportive services during both phases of the program. Clients may participate in work evaluation and adjustment for a total of six months, and may continue receiving job retention services for an additional six months after placement into unsubsidized employment. Since the program's inception, 5,956 clients have been enrolled in GoodWorks! and 58 percent of them have obtained unsubsidized employment. In recent years, enrollment has been declining concurrent with TANF caseload declines in the state. In fiscal year 2006, GoodWorks! was contracted to serve 300 clients, but only 120 were enrolled in the program.

B. PROMISING PRACTICES ACROSS INITIATIVES

Within the nine sites, MPR identified four types of potentially promising practices that states and localities are using to help TANF recipients living with disabilities obtain and maintain employment. This study did not obtain data to determine whether these practices are cost effective or achieve desired outcomes. Nonetheless, they are strategies with which administrators and staff have had positive experiences and which administrators and staff believe have potential to produce positive outcomes. Some of the sites in the study were employing just one of these practices in their programs while others were implementing several. Table 2 presents the four promising practices and the study sites where we observed them. A brief description of each practice follows.[6]

[5] Until recently, Goodwill Industries operated GoodWorks! in most of the state. However, as the size of the contracts decreased, Goodwill Industries chose not to continue as a GoodWorks! provider.

[6] For a more detailed description of each practice, see Sama Martin, Pavetti, Derr, and Kauff (2008); Pavetti, Derr, and Sama Martin (2008); Derr and Pavetti (2008); and Derr (2008).

Table 2. Promising Practices and Study Sites Implementing Them

	Promising Practice			
	Forging Partnerships between TANF and VR Agencies	Conducting Innovative and Intensive Assessment and Triage	Creating Work Opportunities	Providing Intensive Work Supports
Vermont	X	X		
Iowa	X			
Davis County, Utah		X	X	X
Salt Lake County, Utah		X	X	X
New York, New York		X	X	X
Anoka County, Minnesota	X	X		X
Ramsey County, Minnesota		X		X
Louisiana	X	X		
Georgia	X	X	X	X

Forging partnerships between TANF and VR agencies. Some sites developed partnerships with VR agencies to expand the scope of services they could provide and to coordinate with staff that had extensive experience in delivering employment-related services to people living with disabilities. For example, in Vermont, specialized VR counselors handle all TANF and VR functions for TANF recipients living with disabilities. In Iowa, VR counselors and TANF case managers collaborate to assist TANF recipients living with disabilities. VR agencies provide employment-related services to people living with disabilities, with the ultimate goal of helping them reach their full employment potential. Federal regulations require that recipients of VR services have a documented disability and a vocational objective (desire to become employed) in order to be eligible for services. Federal regulations also mandate that applicants be ranked in order of the severity of their disability and, if funds to serve all eligible applicants are not available, that this ranking be used to determine the order in which eligible applicants receive service. VR clients may receive a wide range of services, including assistance finding and maintaining employment, comprehensive assessment, assistive technologies, personal assistance, education, treatment, counseling, and job coaching. In fact, there are no limits on the types of services clients may receive as long as the services will help clients advance toward their employment goals. In the absence of a formal linkage between the TANF and VR agencies, TANF recipients may seek out VR services on their own, or be referred to VR by a TANF case manager on his or her own accord. Creating a formal partnership between the agencies, however, can ensure that all TANF recipients who can benefit from what VR has to offer have access to the services and expertise that the TANF agency itself is unable to provide. In addition, VR can assist TANF case managers in providing appropriate services and supports to their clients, especially if wait lists for more intensive VR services exist. Further, partnering with VR is one way that state TANF agencies can be responsive to the ADA and at the same time maximize state resources. Though linking the services of these two agencies is not a

widespread strategy, some states have had such partnerships in place for many years and other states are developing them.

Conducting innovative and intensive assessment and triage. Many sites in the study use innovative and comprehensive assessment tools and procedures to identify individuals who may be living with disabilities and to refer them to an appropriate service track. Basic assessments that usually are conducted during TANF eligibility and intake processes or initial case management meetings typically identify clients' skills, interests, and logistical barriers to employment (such as child care and transportation). They also offer recipients who know they live with a disability and are comfortable sharing this information an opportunity to talk about their disability with program staff. However, because many individuals may not be fully cognizant of their disability (mental health problem, limited functional capacity) or may not be comfortable sharing this information with staff, specialized assessments are often needed to delve deeper. Some programs have implemented specialized assessments to help program staff examine a client's functional capacity to work (including time management, communication skills, community mobility, organizational skills, social skills, planning and decision making, and physical limitations), assign clients to a service track based on their level of employability, help clients access Medicaid-funded services, and obtain documentation for application to the SSI program if necessary. For example, WeCARE begins with an in-depth biopsychosocial assessment to identify medical and/or mental health conditions that may affect a client's employability, and then specify an appropriate service path based on specific needs. Clients who are determined to be employable with limitations then complete a vocational assessment to identify functional limitations and any needed work accommodations. Specialized assessments tend to be conducted by licensed or highly-trained professionals, including social workers, occupational therapists, primary care physicians, psychiatrists, and other medical professionals. Louisiana, for example, uses specially trained staff from the University of New Orleans Training, Resource, and Assistive-technology Center, many of whom have master's degrees and all of whom have backgrounds in counseling.

Creating work opportunities. TANF recipients living with disabilities often have limited or no work experience. Conversely, new medical or mental health conditions can suddenly prevent people from doing the type of work they have done for many years. To provide recipients with little work history opportunities that they likely would not have otherwise and to provide those with some work history exposure to new fields, some programs create placements at government or non-profit agencies in the community that resemble real jobs. Work placements expose clients to the conditions and responsibilities of permanent work. Clients interact daily with an on-site supervisor who teaches them appropriate workplace norms and potentially provides additional training or job coaching to teach clients job skills. To the extent possible, clients are integrated with paid staff to help them feel part of the organization. The idea is that as clients become accustomed to working and gain confidence, they will be better equipped to seek a permanent job in the community. Work placements may take the form of unpaid work experience (where the client continues to receive TANF benefits and works at a placement for no compensation), paid subsidized employment (where TANF funds are used to pay clients' wages for the hours they work), or unsubsidized supported employment (where the TANF program

provides support to clients, but the employer pays clients' wages). WeCARE and Connection Cottage provide unpaid work experience positions, Georgia GoodWorks! provides paid subsidized work placements, and the DEO program provides paid unsubsidized work opportunities.

Providing intensive and customized work supports. What distinguishes many traditional employment programs from specialized programs for TANF recipients living with disabilities is the intensity and types of supports provided in combination with work opportunities. Such supports may include intensive case management, rehabilitation services (intended to coach clients through the process of obtaining the necessary services and supports so that they can work and move toward independency), work accommodations (including basic items such as eye glasses or hearing aids, minor adaptive technologies, and modifications to an individual's workstation), job coaching (intended to help clients learn a new skill or understand appropriate workplace norms at the job site), job matching (in which program staff assess the work environment and required tasks against a client's functional abilities and career interests so that there is a better likelihood they will remain employed), and specialized treatment (such as mental health therapy, physical therapy, occupational therapy, substance abuse treatment, and physician visits). Programs also often provide an array of post-employment supports to help those who find jobs keep them. The most common form of support is intensive case management, which is a particularly salient feature of the two initiatives in Minnesota (PFS and ARMHS) and in the Georgia GoodWorks! program. To provide these supports, TANF agencies either create partnerships with community agencies or hire specialized staff with formal training and experience in mental health, physical therapy, occupational therapy, substance abuse, and/or physical medicine to work directly with clients.

In addition to these practices, some programs take other approaches to addressing the needs of TANF recipients living with disabilities. First, some programs operate under the philosophy that these TANF recipients can obtain and maintain employment only after their disabilities have been properly diagnosed and treated. Thus these programs provide treatment to stabilize clients prior to work. Second, while TANF benefits are time limited, SSI can provide an ongoing source of support to individuals living with disabilities. Incentives in the program encourage individuals to work to their capacity once on SSI; however, eligibility for SSI is limited to those who cannot perform substantial gainful activity (that is, they cannot earn more than $940, as of 2008, per month). Recognizing that application to SSI can be a lengthy process that forces applicants to accrue time on TANF without pursuing employment and that some clients who may in fact be eligible may be unable to complete the application process without assistance, some TANF programs have implemented initiatives to help clients living with disabilities to file successful SSI applications. We did not include either approach in the study since employment is not an immediate goal of either. However, because clients may be more likely to work if their disabilities are diagnosed and treated and clients whose disabilities are severe enough to qualify them for SSI may be more likely to use the program's work incentives once on SSI, it is important to acknowledge the contribution these approaches may make toward clients' employment goals.

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CHAPTER III

CONDITIONS REQUIRED FOR EXPERIMENTAL EVALUATION

In the absence of a rigorous evaluation that isolates the impacts of an initiative from other factors in the environment (such as the economy, or other welfare programs and policies), it is difficult to determine what effects, if any, an initiative is producing. Random assignment is the gold standard for evaluating social programs. With this approach, a pool of individuals who are eligible for or interested in an intervention is randomly divided into a treatment group, which receives the intervention, and a control group, which does not. Data are collected for both groups before and at specified intervals after the intervention. If the experiment is implemented well at the time of random assignment, individuals assigned to the treatment group will, on average, have similar characteristics to individuals assigned to the control group. Systematic differences between the two groups following random assignment will be due only to the difference in services provided to the two groups. Because random assignment experiments have been used frequently to evaluate welfare programs, evaluations that rely on less rigorous designs to assess program impacts often meet with considerable skepticism.

Random assignment experiments have been used in both the TANF and the disability arena to expand the knowledge base of effective strategies for improving the employment and earnings of hard-to-employ individuals. On the TANF side, for example, the Evaluation of Minnesota's Family Investment Program rigorously tested the effectiveness of earnings supplements for disadvantaged working mothers and found sizable and relatively long-lasting impacts on employment and earnings (Gennetian, Miller, and Smith 2005). An experimental evaluation of Building Nebraska Families, conducted as part of the Rural Welfare-to-Work evaluation, provided encouraging results on the value of intensive personalized support to the most disadvantaged TANF recipients (Burwick et al. 2007). Experimental evidence from the National Evaluation of Welfare to Work Strategies suggests that both human capital development and labor force attachment approaches can lead to better outcomes (with the labor force attachment model producing somewhat better outcomes), but the greatest long-term impacts may come from combining strategies (Hamilton et al. 2001; Grogger and Karoly 2005; Hamilton 2002). The Post-Employment Services Demonstration and the Employment, Retention and Advancement (ERA) Project

have provided lessons of what is and is not effective when offering case management and other supports to newly employed welfare recipients (Rangarajan and Novak 1999; Bloom et al. 2005). One of the ERA projects evaluated was PRIDE, the precursor to New York City's WeCARE program. Recipients who were required to participate in PRIDE were significantly more likely to participate in work experience and job search activities and to find paid competitive employment than those who were not assigned to the program. However, even though the program produced significant increases in employment, over the two-year period, the majority of program participants never worked and only a small portion worked at any point in time. On the disability side, the Social Security Administration has commissioned several major ongoing experimental evaluations to identify effective strategies for employing individuals with disabilities, including the Ticket to Work Evaluation, the Youth Transition Demonstration, and the Accelerated Benefits Demonstration. In addition, there is a systematic body of rigorous research documenting the effectiveness of the supported employment model for promoting employment, particularly among persons with mental impairments (Bond, Wehman, and Wittenburg 2005; Bond et al. 1999; Becker and Drake 2003; Becker and Drake 1993).

To implement a random assignment experiment successfully, it is important to consider three issues. First, is the initiative targeted to a sufficiently large number of individuals to enable the creation of an adequate research sample? Second, are the circumstances appropriate for implementing random assignment? Third, is the intervention—that is, the services treatment group members will receive—clearly distinguishable from the counterfactual? If any of these conditions are lacking, it may not be possible to devise an experiment to evaluate program impacts. The sections below discuss these three issues in more detail.

A. ISSUES OF SCALE

Generally, the larger a study's sample size the greater its ability to provide information about the impacts of an intervention. To evaluate the impacts, the program must be targeted to a population large enough to generate a treatment and control group. It must also generate a research sample that is large enough to measure impacts to an acceptable degree of statistical precision—that is, so that impacts of a size that would be considered meaningful to policymakers and program administrators would be statistically detectable.

Table 3 indicates, by various program sizes, the minimum detectable effect (MDE) of a random assignment evaluation for different sorts of outcomes variables. The MDEs in this table are the smallest effects that, if true, have an 80 percent chance of producing an impact estimate that is statistically significant at the 0.10 level.[7] They assume that the sample of treatment and control individuals in the experiment is balanced. Assume, for example, that

[7] The level of 80 percent is the statistical power of the experiment in testing a hypothesis equal to the minimum detectable effect. The level of statistical significance, 0.05, assumes a one-tailed test, which is equivalent to a two-tailed test at the 0.10 level of significance. For further details of these calculations see Bloom (1995).

the employment rates for clients are 40 percent in the absence of the intervention but 60 percent in the presence of the intervention. The true impact of the intervention on employment is therefore 20 percentage points. According to the estimates in Table 3, this impact would be less than the MDE of an experiment with only 50 individuals in the treatment group (24.4 percentage points), but would exceed the MDE of an experiment with 100 individuals in the treatment group (17.3 percentage points). If the impact of the intervention was smaller—perhaps because of low program participation rates—then the minimum size of the treatment group would need to be larger, perhaps as large as 400 individuals if the expected employment impact was only 10 percentage points.

Table 3. Minimum Detectable Effects, by Program Size

Size of Treatment Group	MDE for Continuous Outcome (Standard Deviation)	MDE for Binary Outcome (Percentage Points), Where Control Group Mean =				
		0.10	0.20	0.30	0.40	0.50
25	0.704	21.2	28.2	32.2	34.5	35.2
50	0.498	14.9	19.9	22.8	24.4	24.9
100	0.352	10.6	14.1	16.1	17.3	17.6
200	0.249	7.5	10.0	11.4	12.2	12.5
400	0.176	5.3	7.0	8.1	8.6	8.8
800	0.125	3.7	5.0	5.7	6.1	6.2

B. OPTIONS FOR INTRODUCING RANDOM ASSIGNMENT

There are several ways to implement random assignment. The ideal is to use random assignment when there are natural candidates for a control group, and program administrators and staff accept and commit to the random assignment process. A natural source of a control group arises when there is excess or latent demand for a particular service intervention—that is, when the number of clients eligible for and interested in receiving a service exceeds the program's capacity (because of resource or other constraints) to provide it. [8] In this context, random assignment is a fair approach to selecting which individuals would receive the service intervention and which would receive basic or traditional program services. In the absence of excess or latent demand, it may be possible to create a control group by expanding eligibility for a service. For example, a service model applied to TANF recipients with substance abuse issues might be expanded to clients that have substance abuse or mental health issues. Presumably there would be many more TANF recipients with substance abuse or mental health issues and, assuming no change in funding, the program might not be able to accommodate them all.

[8] Excess demand is immediate and tangible, as indicated by waiting lists of eligible clients. Latent demand is potential insofar as there is insufficient capacity to serve all of the eligible clients who would request services if they knew about the program.

There are several ways to address ethical concerns about random assignment, which typically relate to denying some services to some individuals. First, random assignment might begin only when there is sufficient demand for the intervention services that the program could not accommodate all those interested in participating even in the absence of the study. Second, while it is most desirable from a statistical perspective to assign equal numbers of individuals to the treatment and control groups, it is possible to assign an unbalanced number to each group. For example, if the program were able to serve about two-thirds of those interested in participating, the probability of being assigned to the treatment group could be set at 66 percent. Although this design would sacrifice some statistical power, it might make random assignment more acceptable to program administrators and the evaluation more feasible. Third, it may be possible to compare alternative treatments to each other, rather than test an intervention against a counterfactual of no or few services. For instance, an experiment could test the relative impacts of alternative supported employment models by providing paid work experience placements to treatment group members and unpaid work experience placements to control group members. The control group would still receive some level of service, while the treatment group would receive enhanced services. Most organizations conducting studies of social interventions require review by a committee specifically charged with ensuring that all ethical concerns are addressed before research begins.

C. THE CONTRAST BETWEEN THE TREATMENT AND THE COUNTERFACTUAL

The greater the contrast between the treatment and the counterfactual the greater the likelihood of finding an impact of the intervention on client outcomes. Programs can do two things to maximize the contrast between the treatment and the counterfactual—they can design interventions that offer substantially different services or provide standard services through substantially different mechanisms, and they can prevent exposure of control group members to the intervention (or vice versa). Control group members can be exposed to the intervention if they relocate to an area in which program staff provide them with treatment services or if treatment and control group services are accidentally commingled. Commingling can occur when program administrators and staff confuse two sets of policies or services under study such that treatment group members receive some counterfactual service and/or control group members receive part of the intervention. Exposing the control group to the intervention (or vice versa) dilutes estimates of the impact of the treatment because the difference in the services administered to the treatment and control groups is less pronounced than intended according to the evaluation design.

CHAPTER IV

OPPORTUNITIES FOR EXPERIMENTAL EVALUATION

Evaluating the initiatives in this study or variations or select elements of them can provide valuable information about their anticipated and unanticipated effects. The sections in this chapter describe opportunities to use the initiatives as a springboard for developing demonstration projects in other localities or to evaluate the initiatives themselves where conditions are appropriate for a random assignment experiment. Section A contains ideas for experiments that TANF programs might undertake within each of the promising practices identified above. Most would not require TANF programs to substantially change what they are already doing, but to alter a particular practice in a particular way for a portion of recipients over a specified period of time. Such "planned variation" experiments could yield valuable information for program administrators and policymakers designing new or improving existing programs. Section B describes opportunities to evaluate the existing initiatives included in this study and Section C suggests an innovative and alternative approach to learning about effective program models for low-income individuals living with disabilities.

A. PROMISING PROGRAM FEATURES FOR FUTURE EVALUATION

Many possibilities exist within the context of the TANF system to implement and test the effects of individual components of a more comprehensive service strategy for recipients living with disabilities. Implementing specific services in locations where they do not currently exist for the purpose of evaluation, however, can take substantial time and resources. It is first necessary to identify a site or set of sites that can support the intervention services, meet the conditions for rigorous evaluation, and ensure the results will be generalizable to a broader population. During the implementation phase, it is critical to ensure that services are being provided to treatment group members with fidelity to the intervention model and are fully ramped up before the evaluation begins. Thus, in considering which services to evaluate, it is important for federal and state agency staff to consider their goals and weigh the potential costs and benefits of each option.

1. Forging Partnerships between TANF and VR Agencies

Many TANF recipients likely have disabilities that would qualify them for beneficial VR services. Thus, it is likely that states would be amenable to establishing partnerships between the TANF and VR agencies to increase access to services and staff with specialized expertise for those recipients. Partnerships could take several different forms, ranging from a formal referral process only to a collaborative TANF/VR case management model (as in Iowa) to a combined TANF/VR case management model (as in Vermont). Random assignment could occur at the individual level—either at the point of referral to the partnership or the point at which eligibility for partnership services is determined—or, to avoid potential commingling of treatment and control group services, the office level. At the office level, some local welfare offices would offer partnership services to all TANF recipients living with disabilities and other local offices would offer only traditional TANF services to TANF recipients living with disabilities. Outcomes for the treatment group, however, would be influenced in part by the nature of the VR system in the evaluation site. If no waiting list for VR services exists, treatment group members would receive maximum exposure to treatment services and a comparison of outcomes measures across treatment and control group members would reflect a true estimate of the impact of the partnership. If a waiting list for VR services exists such that treatment group members cannot readily access VR services, the difference in services provided to treatment and control group members may be less pronounced than intended and thus dilute the impact estimates. Thus, the ideal environment in which to implement such an experiment would be one in which most treatment group members would be able to access VR services.

It also may be possible to implement and then evaluate critical elements of the partnership models we observed in Vermont and Iowa rather than a full partnership. For example, states or local welfare offices could provide specialized disability training to some TANF case managers and not to others or to all case managers in a random sample of offices and then test the effects of that training.

Examples of measures that could be used to assess the impacts of a TANF/VR partnership include the types and amount of services sample members receive, the percentage of sample members engaged in some activities that count toward the federal work participation rate requirement, the percentage of sample members who are meeting federal participation requirements, the employment rate and characteristics of the jobs sample members obtain, the job retention rate, the rate of TANF case closure (with and without employment), and the SSI application rate and rate of approval. Most of these measures could be tracked through program management information systems. Because VR clients typically receive services for 6 months to 2 years before they become employed and self-sufficient, outcomes such as these should ideally be measured 6, 12, and 24 months after random assignment.

2. Conducting Innovative and Intensive Assessment and Triage

Conducting in-depth assessments often is the first step in helping TANF recipients living with a disability that affects their employment prospects realize their full potential. Few TANF agencies have comprehensive processes in place to identify recipients living with

a disability, although some agencies do routinely screen for mental health conditions or learning disabilities. The information gathered from in-depth assessments can provide critical insights into why recipients are not progressing towards permanent competitive employment, and point to service strategies and accommodations that might increase recipients' chances for success. To test the full effects of in-depth assessments, programs that currently do not conduct in-depth assessments could implement them for a random sample of TANF recipients. If in-depth assessments do in fact help case managers better target services to recipients living with disabilities, it might be reasonable to expect those who receive in-depth assessments to have lower sanction rates, higher rates of engagement in treatment or other rehabilitative services, higher rates of engagement in work activities, and better employment outcomes than those who do not. Research comparing outcomes in these areas among the two groups could determine the extent to which this expectation is realized.

Programs that do not currently administer in-depth assessments can add them at various points in the service delivery process. For example, programs could conduct specialized early disability screenings—such as Louisiana's Disability Screening Services—to identify those who may benefit from more specialized services. This type of assessment may be conducted for a random sample of TANF recipients upon approval of their application and may be designed to uncover a broad range of disabilities or targeted to just one or two. An evaluation could help determine whether this strategy has any impact on sanction rates or engagement in treatment or other appropriate services as a result of early identification of disabilities. Alternatively, programs could add in-depth assessments, such as vocational assessments, later in the process for a random sample of recipients who are not making progress towards self-sufficiency. Diagnostic vocational evaluations are designed to assess a client's strengths, resources, and experiences in order to match his or her abilities and preferences to appropriate work placements, jobs, or training programs. They may include a test of basic literacy and math skills, an examination of the clients' preferred work environments, manual dexterity assessments, and aptitude tests that examine spatial, numerical, clerical, and word meaning. An evaluation could help determine whether this strategy has any impact on job retention as a result of improved job matching and job preparation. Finally, programs can add a specific type of assessment to their current in-depth assessment practices to determine the value-added of multiple assessments. TANF programs that conduct psychosocial assessments only, for instance, could add a vocational assessment to the psychosocial assessment for a random sample of TANF recipients.

3. Creating Work Opportunities

Four of the initiatives in the study provided work opportunities for TANF recipients living with disabilities using different program models. New York City's WeCARE program and Connection Cottage in Salt Lake County, Utah, provide unpaid work experience positions; Georgia GoodWorks! provides paid subsidized work placements; and the DEO program in Davis County, Utah, provides paid unsubsidized work opportunities. It may be possible to recreate and then test each of those initiatives in other localities that meet the conditions for random assignment or to test variations of the models against each other. Two versions of an initiative—one that is identical to the current model and one that is

identical in every way but one—may be offered simultaneously either statewide or in select counties. This type of experiment is called a "planned variation" experiment.

In a planned variation experiment of a work opportunities initiative, eligible individuals would be randomly assigned to one model or the other so that no eligible individuals would be denied services, but half would receive one set of services and half would receive another. Using Georgia GoodWorks! as an example, the second model might be different from the original with respect to the type of employment placements provided (e.g., unpaid versus paid jobs), or the caseload size of the personal advisors (e.g., 50 to 60 versus 15 to 25). As an alternative to changing an existing program component, the second model could add a component to the original model, such as a mandate for mental health or substance abuse treatment for all in need, or omit a particular component, such as the work evaluation phase. Using WeCARE as an example, the second model might be different from the original with respect to the type of work placements provided (e.g., unpaid versus paid), the types of activities required in combination with work experience (e.g., job search and job readiness workshops versus education or vocational training), or contract arrangements with work placement providers (cost reimbursement or performance-based payment points). The nature of the variation would depend upon the specific research questions program administrators and policymakers would most want to address (i.e., questions around work placements, questions around personal support and case management, etc.). The potential to implement a planned variation experiment hinges on program administrators' willingness to offer alternative strategies to eligible individuals and the evaluator's ability to implement random assignment procedures in a way that maximizes exposure to treatment and control policies and minimizes contamination of the research sample. A successful experimental evaluation also may require funding to recruit program participants so that the research sample would be of sufficient size.

By altering one aspect of an unpaid work experience, subsidized supported employment, or unsubsidized supported employment program, such planned variation experiments in this area could answer questions such as: What difference does on-site supervision/job coaching make? What difference does individualized job development make? What difference does flexibility in types of allowable activities (in addition to the work placement) make?

4. Providing Intensive Work Supports

Employment programs for TANF recipients living with disabilities often offer an array of work supports (including job coaching, job matching, work accommodations, professional clothing, and work-related equipment), and basic supports (such as transportation assistance and childcare assistance). Perhaps the most common support that programs provide, however, is intensive case management. The cornerstone of most of the initiatives MPR assessed is a strong case manager who works intensively and individually with clients throughout their participation in the program. There are several models for providing intensive case management which, if evaluated, could provide useful information about how best to support TANF recipients living with disabilities as they strive to obtain and maintain employment. Below we identify outstanding questions about various

approaches to case management and how they may be answered in a random assignment demonstration.

What difference does collaborative case management and service coordination make? One of the initiatives in the study, PFS in Anoka County, Minnesota, utilizes a collaborative case management model to provide intensive support to TANF recipients living with disabilities. As described above, TANF recipients are assigned to one case manager who is responsible for coordinating with all of the county human services departments involved in their lives (including, for example, the income maintenance, employment and training, corrections, health, and mental health departments) and for helping clients access all of the services they need and meet the requirements of each department. An experimental evaluation of an initiative like PFS would assess the effects of collaborative case management and service coordination compared to traditional TANF case management and service delivery processes. Random assignment could occur when clients are deemed appropriate for the initiative. Treatment group members would receive holistic services from a single case manager, while control group members would receive traditional TANF services from a TANF case manager and whatever other services that may be appropriate from case managers in other departments. The key challenge of such an experiment would be maximizing the difference between the treatment and the counterfactual, particularly if disability services are rich and readily accessible in the evaluation site. In a locality such as Anoka County, most control group members would likely not receive services to address their specific disabilities, as there are few specialized services available to TANF recipients with disabilities other than PFS. Mental health services and substance abuse treatment are typically hard to access in Anoka County and traditional TANF services do not address the specialized needs of recipients living with disabilities. In other localities, however, this may not be the case.

What difference does home-based case management make? Many programs that provide intensive case management do so by interacting with clients in their homes or at their jobs rather than in the welfare office. For example, in the Georgia GoodWorks! program, personal advisors do not have offices. Instead, they visit clients in their homes and at their work placement sites and are available to clients 24 hours per day, 7 days per week. The intent within Anoka County's PFS programs is for case managers to provide weekly home-based services to address clients' employment, health, mental health, and legal issues. Based on their experiences, many program administrators and staff believe that home visits provide an opportunity to gain a more complete picture of clients' circumstances and make programs more convenient for clients. In addition, clients are reportedly more willing to participate in program activities and case management meetings when program staff conduct home visits than when appointments are scheduled in the office. Clients with anxiety, phobias, depression, or other disabilities may be reluctant or unable to attend in-office appointments. Those without transportation or childcare also may have difficulty getting to and from their appointments. Home-based case management, however, can be costly and time intensive. As with in-office meetings, there can be high no-show rates among program participants. While case managers who conduct meetings in the office often can accomplish other tasks when a client does not show up for an appointment, case managers on the road may spend much wasted time tracking down and/or waiting for clients.

An experiment that tests the effects of home-based case management against traditional in-office case management can help program administrators determine whether their perceptions of the benefits of home-based case management are realized and whether the benefits justify the costs. In such an experiment, new program participants would be assigned upon initial program eligibility determination to home-based or traditional case management. Evaluators could collect data for both treatment and control group members at specified times after random assignment (for example, 3, 6, and/or 12 months) to assess the impacts of home-based case management on clients' and case managers' perceptions of the client/case manager relationship, the dose of case management provided (e.g., the number of case management contacts that were attempted and were successful, as evidenced by actual contact), and clients' responsiveness to case management (as evidenced by the percentage of sample members engaged in some activities that count toward the federal work participation rate requirement, the percentage of sample members who are meeting federal participation requirements, the percentage of clients sanctioned for noncompliance, and various employment-related outcomes).

The key challenges of such an experiment would be determining which staff members would provide treatment and which counterfactual services. There are three options, each with advantages and disadvantages. First, the same case managers can provide services to both treatment and control group members. The advantage of this approach is that it does not allow external factors, such as the backgrounds and individual strengths of the case managers, to influence the outcomes; observed impacts should be due solely to the case management approach used. The disadvantage is that there is a high potential for commingling of treatment and control group services, which will likely dilute program impacts. Second, programs can randomly assign some case managers to conduct home-based case management and others to conduct traditional case management and then randomly assign treatment group members to the home-based case managers and control group members to the traditional case managers (a two-stage random assignment process). The advantage to this approach is that it minimizes commingling. However, not all case managers have the skills and personalities necessary to conduct home visits. For home visits to be productive, staff must ensure that clients do not feel threatened; thus, home visitors must be experienced, well-trained, motivated, and eager to do this type of outreach, and have the appropriate appearance and demeanor to interact with clients in their homes. Thus, a third option would be to purposively select case managers to provide home-based services based upon their characteristics, skills and interests, and then provide them with additional appropriate training. This approach still minimizes the potential for commingling, while maximizing the chances that case management services are provided as intended. Observed outcomes, however, will still reflect difference in the types of staff that provide home-based services, as well as differences in the case management approach itself.

What difference does caseload size make? Intensive case management may not be possible if caseloads are too high. Caseloads in Georgia's GoodWorks! program average 25 clients (compared with 60 in the traditional TANF program) and in the Anoka County PFS program average merely 15 clients (compared with 80 to 100 in the traditional TANF program). New York City's WeCARE program is on the other end of the spectrum. Case managers who work with clients in WeCARE's wellness track (clients who need services and

supports to stabilize and treat their conditions) manage 110 to 120 clients each and case managers who work with clients in the vocational rehabilitation services track (clients who need employment and training services as well as work place accommodations to get and keep jobs) manage 60 to 70 clients each.[9] High caseloads were a function of an unanticipated high volume of referrals to the program. At the same time, contracted service providers have found clients to be harder to serve than originally anticipated. Many clients have serious and persistent physical and mental health conditions that have not been diagnosed or treated and, as a result, getting clients medically and mentally stabilized is often time-consuming and difficult. In hindsight, program administrators believe they should have included prescribed caseload sizes in provider contracts that limited the number of clients case managers in each service track could serve. Specifically, administrators recommend 40 clients per case manager in the vocational rehabilitation services track.

This all leads to the critical question: "What caseload size is ideal for providing intensive case management?" Caseloads of 15 (as in PFS), 25 (as in GoodWorks!), and 40 (as recommended in WeCARE) are all substantially smaller than caseloads in traditional TANF programs. However, those caseload sizes are all substantially different from each other and have huge implications for program costs. An experiment that randomly assigns program participants to case managers with small and relatively larger caseloads could help inform this question. The ideal design for this type of experiment would be a two-stage random assignment process, whereby case managers are randomly assigned to manage small or relatively larger caseloads and then sample members are randomly assigned to case managers. Random assignment of case managers would ensure that outcomes reflect differences in caseload size only and not the skills, experience, or other characteristics of the case managers. Evaluators could collect data at specified periods after random assignment on outcomes similar to those described in the experiment above. The definition of small and relatively larger caseload sizes would likely depend on program resources and pre-existing average caseload sizes. For larger programs, this type of experiment could lend itself to testing multiple treatments (i.e., the effects of various caseload sizes).

What difference does the approach to client interaction make? TANF recipients living with disabilities often need more specialized or targeted personal support than other recipients. Specifically, they may require rehabilitative services that include help with disease management (e.g., medication management, contact with doctors or therapists, relapse prevention), home management (e.g., cooking, proper nutrition, cleaning), and stabilization (e.g., crisis intervention, accessing treatment). In the Ramsey County ARMHS program, rehabilitative specialists provide this type of support. Rehabilitative specialists conduct weekly home visits to teach clients about their mental health and coach them through the process of accessing services within the community. They also teach clients coping skills, basic soft skills, self-care, communication, disease management, and home management. Rehabilitative specialists distinguish themselves from traditional case managers by coaching more and teaching clients to do for themselves, compared to case managers who often carry out tasks on behalf of the client. In addition, nearly all services are provided during home

[9] Caseload sizes reflect average caseloads at one of WeCARE's two contracted service providers.

visits or at least face-to-face contacts. Provision of rehabilitative services requires specific expertise and training and, unlike traditional case management, may be reimbursable under Medicaid.

It would be valuable to conduct an experiment to test the impacts of a rehabilitative approach to client interaction for TANF recipients living with disabilities. In such an experiment, new program entrants would be assigned either to a rehabilitative counselor or a traditional case manager. Once again, evaluators could collect data at specified periods after random assignment on outcomes such as the quality of the client/staff relationship (e.g., clients' and case managers' perceptions of the client/staff relationship); the nature of the client/staff relationship (e.g., the number of contacts that were attempted and were successful, as evidenced by actual contact); and clients' responsiveness (as evidenced by the percentage of sample members who enroll in needed treatment, the percentage of clients who regularly take their medication, the percentage of sample members engaged in some activities that count toward the federal work participation rate requirement, the percentage of sample members who meet federal participation requirements, the percentage of clients sanctioned for noncompliance, and various employment-related outcomes). Many functions that traditional case managers may perform, such as sanctioning or monitoring and reporting program participation, may not be appropriate for rehabilitative counselors, so clients randomly assigned to the treatment group may also need to have a case manager or other staff person assigned to their cases solely to conduct these logistical functions. In this case, a key challenge of the experiment would be ensuring that these additional staff persons do not conduct additional case management (thereby enhancing the treatment) and that rehabilitative counselors do not get bogged down coordinating with them (thereby diluting the treatment).

5. Other Practices

Providing treatment. There is debate over whether and when treatment should be provided to individuals living with disabilities within the context of the TANF program. There is general consensus in the disability field that providing immediate employment support contributes to greater employment success than providing upfront treatment alone (Cook et al. 2002, 2005a, 2005b; Twamley, Jeste, and Lehman 2003; Cook et al., in press). Participants in programs for individuals living with disabilities within the general population, however, often enter programs with specific diagnoses and some history of treatment. In contrast, TANF recipients often live with hidden disabilities that are undiagnosed and have gone untreated for long periods of time. Thus, while some in the TANF arena espouse a work-first approach for all recipients, regardless of their conditions, others maintain that TANF recipients living with disabilities need a diagnosis, treatment, and stabilization before they can benefit from employment services. Because welfare recipients may have relatively more needs and personal and family challenges than other individuals living with disabilities (who are not necessarily low-income), existing research on the effect of a work-first versus treatment-first approach for those the general population may not apply within the TANF context.

It may be feasible and valuable to conduct an experiment to determine how likely TANF recipients who receive treatment for their disabilities prior to any work-oriented services are to succeed in employment compared to TANF recipients who are required to combine treatment with more work-oriented services or TANF recipients who are not required to receive any treatment. Persuading states or localities to conduct such an experiment may be tricky, however, since mandating treatment has direct implications for work participation rates. In the final rules for the DRA, DHHS defined activities that are designed to address barriers to employment among individuals living with disabilities—such as substance abuse treatment, mental health treatment, physical therapy or rehabilitation activities—as job search and job readiness assistance. While states are free to place recipients in these activities for as long as they would like, participation in job search can count toward the federal work requirement for only six weeks per fiscal year, of which no more than four weeks may be consecutive. Once program participants have exhausted their federally countable time in job search and job readiness assistance, they must be engaged in other work-based activities—such as work experience, community service, or subsidized or unsubsidized employment—for at least 30 hours per week to count toward the federal work participation rate, leaving little time for additional activities such as treatment. (Up to 30 percent of those engaged may participate in vocational education programs for up to 12 months). Thus, states requiring treatment for some TANF recipients may need to set strict limits on such treatment to avoid repercussions on their participation rates.

Providing SSI advocacy. Many TANF programs recognize that there may be some recipients who will not be able, even with additional support, to engage in work or work-related activities for an extended period of time due to the nature of their physical, mental, or intellectual limitations. WeCARE, for instance, refers clients who are assessed to be unable to work for 12 months or more to an SSI unit for assistance in applying for federal disability benefits. SSI case managers assist clients with completing their SSDI/SSI applications and work with clients during the application process to help them access needed medical or mental health treatment and to address housing, food assistance, and other basic needs. Contractors receive payment for their work with clients when federal disability benefits are awarded. In Vermont, VR staff spent a lot of time processing SSI paperwork when the RU/VR partnership began, as the focus on clients living with disabilities led the state to recognize more clients who might be SSI eligible. To alleviate this burden, VR hired SSI assistants to process the paperwork so that counselors could return their focus to client services. Of the approximately 160 clients the partnership moves off of TANF each year, about 100 go on to SSI. In Anoka County, Minnesota, a disability advocate who helps clients apply for SSI is a member of the PFS team. The advocate coordinates medical and mental health appointments, helps with paperwork for the SSI application, and, when necessary, helps with SSI denial appeals or connects clients to Legal Aid. Similarly, Goodwill Industries and Lifetrack Resources, two of the ARMHS providers in Ramsey County, Minnesota, conduct SSI advocacy for TANF recipients living with disabilities.

The SSI application process can be lengthy. During the process, TANF recipients likely are not engaged in work-related activities, yet they continue to count in the denominator of the federal work participation rate. A critical question of value then to both programs in their pursuit of high participation rates and individuals in their pursuit of economic stability

is, "Is there a set of services that can help clients applying for SSI engage in some work-oriented activities that furthers their human capital development but does not jeopardize their eligibility for SSI?" A three-way experiment could study this. One group of clients could simply be referred to SSI, without assistance to pursue the SSI application process. A second group could be provided with assistance to complete the SSI application, and a third group could be provided both with work services and assistance with completing the SSI application.

B. OPPORTUNITIES TO EVALUATE EXISTING PROGRAMS

Based on the necessary criteria described in Chapter III, most of the initiatives included in this study are not currently ripe for experimental evaluation. Some are in the very early stages of implementation and therefore are small and still evolving (DEO and Connection Cottage in Utah), some have the capacity to adequately serve all of the target population and are therefore not appropriate for random assignment (WeCARE and Georgia GoodWorks!), and some do not have a uniformly-defined treatment or provide sufficient distinction between the treatment and the counterfactual (ARMHS in Ramsey County, Minnesota). A few, however, do offer some promise for experimental evaluation now or in the near future, assuming certain conditions hold and others can be slightly manipulated. Below, we identify these initiatives and describe the circumstances that may make experimental evaluation feasible. Where possible, evaluations of existing programs may be attractive since implementing new service strategies for the purposes of evaluation can take substantial time and resources.

Vermont's RU/VR Partnership. The RU/VR partnership is large enough to support an experimental evaluation, and there is some evidence that excess demand exists for program services. In the most recent contract year, the VR/RU partnership served approximately 1,000 clients. In June 2007, 509 clients statewide were on the specialized caseload and 92 were on the waiting list for the specialized caseload. With a sufficient sample enrollment period (and potential for creating an unbalanced research sample), it may be possible to create treatment and control groups of sufficient size to measure program impacts to an acceptable degree of statistical precision. Random assignment could occur when program staff determine that referred clients are appropriate for the specialized caseload. However, because clients enrolled in the partnership typically receive services for six months to two years before they become employed and self-sufficient, it would be necessary to deny control group members access to the specialized case manager for a follow-up period of at least that long. The difference between treatment and counterfactual services would be clear; clients in the control group would receive traditional TANF services and may enroll in the general VR caseload, but only treatment group members would get the personal attention and expertise the specialized counselors offer.

An experimental evaluation of Vermont's RU/VR partnership could provide valuable information to policymakers and program administrators on the value of intensive case management provided by VR staff. It could provide insight on specific anticipated and unanticipated outcomes of the initiative, such as the types of services provided to clients, employment and job retention rates (as well as the characteristics of jobs attained),

engagement in activities that count toward the federal work participation rate, tenure on RU and VR, SSI application approval, and client self-esteem and self-efficacy.

Iowa's Disability Specialist Initiative. Unlike Vermont's RU/VR partnership, Iowa's Disability Specialist Initiative is in the initial stages of implementation and is still evolving. The disability specialists have been hired and trained, and some are starting to build caseloads. However, the state is still in the process of defining performance outcome measures for the initiative, and local regions are in the process of determining referral and monitoring procedures and establishing protocols for communication between agencies. Statewide, 227 clients had been assigned to a disability specialist as of May 31, 2007; most of these referrals occurred after February 2007, after training for the initiative was completed. The state does not currently track the number of clients referred to VR, though when it appropriated funds for the initiative, it estimated that 450 TANF clients would receive VR services in 2007. Thus, while the initiative may be ripe for a more in-depth process evaluation as it continues to roll out, it is premature to consider an outcome or impact evaluation.

If there is not enough funding to serve all eligible TANF recipients, experimental evaluation may, however, be possible in the future. Though there are 15 TANF employment and training program regions in the state, the funding appropriated to date is sufficient to support the salaries and overhead of one disability specialist in each of only eight regions plus training (in the amount of $50,000) for all specialists. Recently, the state implemented new codes to identify three groups of TANF recipients with disabilities in the TANF management information system: (1) disabled and unable to work 30 hrs/week, (2) unable to work 30 hours/week—long term disability, (3) unable to work 30 hours/week—short term disability. It is likely that in the regions with a case-carrying disability specialist, only those in group 1 and some of those in group 2 will be referred to the specialist due to lack of capacity. Thus, at some point, it may be feasible to randomly assign clients—in any or all of these three groups—to treatment or control group status. The experiment would likely effectively test the impact of a specialized, highly-trained case manager with a small caseload against traditional TANF case management for clients living with disabilities, since the wait list for VR services may preclude most TANF recipients from actually receiving services within a reasonably defined study follow-up period.

Anoka County, Minnesota's Partnership for Family Success. The high demand for program services and potential for excess demand in the near future may make an experimental evaluation of PFS possible. In the first quarter of 2007, PFS served 254 adults within 229 families. Since the program began, it has served 481 adults in 421 families. About 80 to 85 percent of these families receive TANF. On average, there are 10 referrals a week to PFS and about 80 percent of those referred are appropriate for PFS. Given the high demand for services, according to the PFS supervisor, keeping the maximum caseload size at 15 has been challenging. Additionally, when state funding for PFS runs out in a year or two, it is expected that PFS will continue, but on a smaller scale. Administrators agree that sustaining the program after the state funding ends will be challenging. If funding for the initiative is limited in the future, PFS will have more limited capacity to serve clients which, given the already high demand for program services, would likely create excess demand. An

experimental evaluation of PFS would assess the effects of collaborative case management and service coordination, compared to traditional TANF case management and service delivery processes.

C. Opportunities for Evaluation Outside the Existing TANF System

TANF programs that have attempted to address the needs of recipients living with disabilities have relied on conventional wisdom to develop specific service strategies and have implemented a variety of models. A critical yet outstanding question is: "What types and combinations of services would be most effective for TANF recipients living with disabilities and when should those begin?" A related question is: "How are services to TANF recipients living with disabilities best targeted—to those with physical, mental, or intellectual limitations—and how should the target populations be identified?" TANF agencies themselves have little experience on which to base theories on these issues; but programs in other service delivery systems, which for years have been helping individuals living with disabilities obtain and maintain employment, could provide valuable insight. Programs such as those in the Social Security Administration's Youth Transition Demonstration and Accelerated Benefits Demonstration provide a combination of employment supports, coordinated health care management, and benefits counseling. The Individual Placement and Support (IPS) employment model has been used in other programs to promote employment among low-income adults with mental impairments.[10] These programs largely target individuals rather than families and those who are at risk of becoming SSI or DI beneficiaries rather than TANF recipients. However, there is almost certainly overlap between their target populations and the TANF population, and it is likely that there is much that TANF program administrators and policymakers can learn from employment and work support programs that have been implemented for individuals living with disabilities outside the TANF context. A qualitative study of best practices among employment programs that serve individuals with disabilities who resemble TANF recipients could identify lessons for and program features that could be integrated into TANF programs.

The TANF system itself, however, may not be particularly well-positioned or equipped to implement many of the service strategies that may be appropriate for individuals living with disabilities. These individuals have a diverse set of needs that often require very individualized attention and considerable resources to address. Yet, federal work participation requirements may discourage TANF agencies from providing treatment or providing extensive customization with regard to service planning. In addition, in many cases resource constraints may prevent agencies from providing more than minor work accommodations. TANF agencies face some incentive to move recipients to alternative cash

[10] The IPS model assumes that clients benefit more from learning on the job more than through pre-employment screening and training in sheltered work settings. Program staff begin by helping people conduct job searches after securing employment, provide training and follow-up support (i.e., counseling, transportation, intervening with an employer) as needed, and work directly with clinical teams to ensure coordinated services (Becker and Drake 1993, 2003).

assistance programs, such as SSI, but the SSI program is only beginning to provide work opportunities to program recipients.

One solution to this dilemma that some states are considering and others have already started to put into place is to create a new service delivery system outside the purview of both TANF and SSI. The first step to creating such a program is developing a process to identify TANF applicants or recipients who may be eligible for SSI, and then move them into state-only programs that do not count toward state TANF maintenance of effort requirements. State-only programs are not constrained by the same federal work participation rate requirements that TANF programs are, and may be able to provide more in the way of work supports than the SSI program does. Participants in state-only programs would receive a cash assistance grant similar either to their TANF grant or potential SSI benefit as well as a range of employment, coordinated health care management, and benefits counseling services.[11] While the ultimate goal of the program would be to assist individuals to secure employment, the path to reach this goal would be different for each participant according to individual circumstances. A program of this sort would be beneficial both to the TANF and SSI system. Diverting otherwise would-be applicants from SSI could result in huge federal savings, because once individuals enter the SSI rolls there are no program policies motivating them to leave. In fact, Rupp and Scott (1998) projected that adult SSI recipients between the ages of 18 and 34 have an average expected duration in the program of approximately 20 years. In addition, SSA faces a substantial backlog of SSI applications, and a program of this sort would help ease that burden. The primary benefit to TANF would be the elimination of individuals not likely to meet federal work participation requirements from the denominator of the work participation rate.

[11] SSI benefit levels generally are higher than TANF grants. In 2008, the maximum federal SSI payment for an individual is $637 per month, and many states provide a separate supplement to the federal payment, ranging from a few dollars to approximately $150 per month.

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CHAPTER V

CONCLUSION

This study identified several promising practices for addressing the employment needs of TANF recipients living with disabilities. Descriptions of these efforts can lend ideas to other communities interested in developing initiatives for this population and can help them build on perceived strengths and avoid potential pitfalls. However, absent a rigorous experiment designed to test the impacts of these approaches, we cannot know whether any of the initiatives have had or will have a measured positive impact on increasing employment, participation in work-related activities, or other key outcomes of interest.

Findings from this study suggest that federal or state agencies or researchers interested in conducting rigorous experiments to examine program impacts have three options. First, they can identify individual program components to test and create or modify existing TANF programs to best meet their needs. The advantage of this approach is that the intervention can be very specifically and purposefully designed and implemented in an environment that already meets all of the conditions for random assignment. The disadvantage is that implementing the interventions and evaluations can take time and be quite costly. A second option is to conduct evaluations of existing initiatives within the TANF system. The advantage of this approach is that the evaluations can likely occur more quickly and would likely require no or few new program resources upfront. However, existing initiatives may not incorporate strategies of most interest to federal and state agencies. In addition, where the initiative reflects a comprehensive service strategy, it may be difficult to tease out the relative effects of various program components. A third option is to create a comprehensive demonstration evaluation of a new service delivery system for low-income parents living with disabilities outside the context of the existing TANF system. The biggest advantage of this approach is that the system and evaluation could be tailored to best address the most pressing questions about effective services. However, a new service system would take substantial time and resources to develop, let alone evaluate, and may face substantial political obstacles. Nonetheless, there is general consensus among program administrators and policymakers in both the TANF and disability policy arena, as well as among researchers and advocates, that new strategies are needed for addressing the employment needs of low-income individuals living with disabilities. It is likely that these groups will demonstrate considerable support for attempts to (1) increase our knowledge of

how best to move individuals living with disabilities into paid employment, and (2) examine alternatives to the current service delivery structure.

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