

Providing Specialized Personal and Work Support

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Personal and work supports can be instrumental in helping TANF recipients living with disabilities prepare for and maintain employment. For many TANF recipients living with disabilities, the path to self-sufficiency is encumbered by personal and family challenges that interfere with steady employment. Recognizing that these TANF recipients may require more intensive support than is available through traditional employment programs, some TANF agencies have increased the intensity and/or types of supports available to those living with disabilities. Such supports may include intensive case management, rehabilitative services, job coaching, and support groups, among others. In this practice brief, we profile four programs that provide specialized personal and work supports to help TANF recipients living with disabilities succeed in competitive employment.

INTRODUCTION

TANF recipients living with disabilities face physical health, mental health, and intellectual impairments as well as the range of personal and family challenges common among the welfare population. While most TANF employment programs provide some personal support to participants, most are not designed to address the specialized needs of individuals living with a disability. To aid TANF recipients living with disabilities in meeting their work participation requirements, some state and local agencies have instituted programs or components of programs that include a more individualized service approach where specialized staff with small caseloads work frequently and intensively with these recipients to address personal and family challenges, including appropriate socialization to the work environment and/or accommodations to perform their job well.

This practice brief explores the provision of personal and work supports intended to help TANF recipients living with disabilities participate in employment program activities and competitive work. The brief begins by identifying some of the potential benefits and challenges of providing supports. The next section presents findings from four in-depth case studies to illustrate how these programs use personal and work supports to prepare clients for and engage them in work or work-related activities. The concluding section includes a summary of key program elements. This brief is designed to provide policymakers and program administrators with information on innovations that have been implemented to improve the employment outcomes of TANF recipients living with a disability in the hope that they may encourage other programs to develop or refine programs of their own.

ABOUT THIS SERIES

This is one of four practice briefs examining strategies TANF agencies may consider implementing to help TANF recipients living with a disability to realize their full employment potential. Other briefs in the series include: *Conducting In-Depth Assessments, Creating TANF and Vocational Rehabilitation Agency Partnerships, and Creating Work Opportunities*. These briefs draw on case studies of nine programs that have been implemented by states or county welfare agencies to provide specialized services to TANF recipients living with a disability who have not succeeded in traditional job search programs. None of these programs has been rigorously evaluated, thus, their effectiveness remains unknown. Still, they provide important information on program design and implementation that program administrators can use to craft strategies that take into account their program goals and the unique features of their TANF caseload. These briefs were completed by Mathematica Policy Research, Inc. under contract to the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families.

THE POTENTIAL BENEFITS AND CHALLENGES OF PROVIDING SPECIALIZED PERSONAL AND WORK SUPPORT

TANF programs may benefit by having a process in place and staff available to address the most difficult, time consuming cases that their primary employment programs are not equipped to serve. Administrators of

programs that provide intensive support do so because they believe it will improve the overall functioning of the family, increase engagement in program activities, and help recipients to become better prepared for competitive employment. However, the very nature of these programs also creates challenges in implementing them.

Potential Benefits

Program administrators expect TANF clients will benefit from the more intensive service approach when they are able to: (1) gain access to diagnostic and treatment resources, (2) get help to resolve and avoid potential barriers to employment, and (3) develop new job skills and a better understanding of workplace norms.

Improved access to diagnostic and treatment resources. Many specialized services from which TANF recipients living with a disability could benefit (e.g., diagnostic and clinical assessments and specialized treatment programs) are provided by other agencies in the communities in which they live, but recipients may not know how to access them or feel comfortable doing so. By linking TANF recipients with these resources, staff not only help TANF recipients obtain specialized assessment and treatment in the short-term, but also help to build connections to a system recipients can continue to access after they leave the TANF rolls.

Resolution of barriers to employment. Teaching clients life and problem-solving skills and addressing barriers to employment are approaches meant to improve their ability to effectively manage their work and family responsibilities and their disabilities. Clients' personal challenges, compounded by their disabilities, often interfere with work, and in some cases, contribute to job loss. Such challenges include homelessness, raising a child with a behavioral problem, or a drug or alcohol addiction. Intensive case managers, who carry small caseloads and are specifically trained in working with those who have a disability, meet with clients frequently to identify and address their service needs. Once barriers are identified, intensive case managers may teach them problem-solving skills or link them with resources in the community. As a preventative measure, they may teach them life skills to help them organize, prioritize, and effectively manage their work and family responsibilities and their disability before problems arise.

Teach new job skills and workplace norms. Work supports may be used to help clients learn the actual tools of the job. Clients living with a disability with little work experience often lack core job skills. Job coaches or work site supervisors with training in supported employment may provide hands-on instruction. In addition, they may work with the client to better

understand the culture of the workplace so their clients can better interact with their co-workers and supervisors.

RATIONALE FOR ENGAGING TANF RECIPIENTS WITH DISABILITIES IN WORK ACTIVITIES

Beginning in the early 1990's, prior to the creation of TANF, states began expanding the pool of recipients expected to participate in work-related activities, with some states moving towards universal engagement where 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, but not limited to, 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 count toward the state's work participation rate.¹ The reasons for pursuing a universal engagement strategy include: (1) as the real value of cash benefits and support for providing them long-term declines, paid employment is the surest path for achieving self-sufficiency for all, including recipients living with a disability; (2) 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 (3) 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.

Potential Challenges

States that are looking into expanding the types and intensity of personal and work supports to TANF recipients living with a disability may encounter some challenges, including: (1) achieving sufficient participation to meet TANF work requirements, (2) securing adequate funding to pay for supports, and (3) avoiding staff burnout.

Achieving sufficient participation to meet TANF work requirements. Providing intensive supports that are designed to increase clients' employability does not guarantee that clients will achieve full engagement in work or work-related activities, especially in the short-

term. Overall participation rate gains may be small because these intensive supports are provided to a small proportion of the overall TANF caseload and, in many programs, few of the recipients that receive intensive supports participate in activities or for the number of hours required to count towards the work participation rate. In addition, staff report that serving TANF clients living with a disability often requires a slow and steady approach to achieve full engagement.

Securing adequate funding. Providing an array of intensive personal and work supports to engage clients in work or work activities can be costly. Program administrators recommend aggressively promoting program outcomes related to work, clients' disabilities, and improvements with family functioning. They also recommend finding potential champions among top administrators who will advocate for continued funding. Programs in this study that provide intensive supports typically have at least one person in power who has a vision for what can be done and access to resources to make it happen.

Avoiding staff burnout. According to program administrators, specialized staff serving families with multiple and complex service needs, where the staff investment is high and progress typically slow, are at risk for emotional burnout. Some clients have multiple conditions, where no one condition is severe enough for them to qualify for SSI, but collectively create serious impediments to employment. These conditions, combined with severe personal and family challenges and/or low cognitive functioning, further complicate their ability to get and keep a job. Despite low caseloads, the complexity of these cases can take its toll on workers and can lead to high staff turnover. Lower caseloads and supports for staff (e.g., supervision, peer support) may decrease the likelihood that they will burn out.

STATE AND LOCAL PROGRAM EXAMPLES

In this section, we describe how four different programs provide intensive support to TANF recipients living with a disability. One of the programs, Georgia GoodWorks!, provides intensive support along with subsidized employment opportunities for program participants. The other three programs provide specialized support to help recipients comply with the work requirements specified in their TANF employment plans. Most often, recipients in these programs are participating in job search programs alongside TANF recipients without a disability; the additional personal and work support provided is intended to improve their chances of being successful in these programs.

Georgia GoodWorks!, targeted to hard-to-employ TANF recipients, including those living with a disability, uses "personal advisors" and job coaches to pro-

vide personal support in participants' homes and work-based support at provider and community-based subsidized employment sites. Partnerships for Family Success (PFS) in Anoka County, Minnesota, provides intensive, family-based case management to individuals served by multiple human service departments, including the TANF agency. In Ramsey County, Minnesota, certified Adult Rehabilitative Mental Health Services (ARMHS) providers that serve TANF recipients provide home-based rehabilitative services to recipients with a mental health disability. Finally, the Utah Department of Workforce Services (DWS) created a centralized Social Work Unit that hires in-house licensed clinical therapists (LCTs) who are outstationed in employment centers across the state to support TANF case managers by diagnosing and addressing clients' mental health conditions.

These programs were selected to illustrate different approaches to providing supports to increase work participation among TANF recipients living with a disability. They differ in the following ways: (1) target population, (2) designated provider agency, (3) key program staff, (4) length of time providing services, and (5) contract arrangement (see Table 1). As noted in Table 1, Georgia GoodWorks! and Utah's LCTs have been providing services for the longest period of time and, at full capacity, have served the largest number of clients. Utah's Social Work Unit was created in 1994 to help TANF recipients with mental health, substance abuse, and domestic violence issues. Since 2002, they have provided clinical support to nearly 16,000 TANF recipients. Georgia GoodWorks! began operating in 2000. Since the program began, they have enrolled nearly 6,000 TANF recipients in the supported employment program. Ramsey and Anoka counties are small programs created more recently with funding from a Minnesota special state initiative to promote service integration.

Georgia GoodWorks!

Georgia GoodWorks!, a statewide transitional jobs program, combines intensive personal and work supports with subsidized paid work opportunities to help clients steadily progress toward competitive jobs in the community. Program services are provided by contracted employment service providers that have established reputations in their communities and extensive experience with operating supported employment programs for individuals with disabilities and other hard-to-employ populations. Personal advisors (intensive case managers) and job coaches, who are hired by the provider, identify and address clients' barriers to employment, teach them job skills, help them develop healthy workplace habits, and provide personal encouragement and support.

Key program features include: (1) use of work and vocational assessments to identify barriers to employment, (2) individualized and intensive personal support, (3) use of paid work placements and job coaches to teach job skills and healthy work habits, and (4) continued provision of personal support after placement in competitive employment.

Use of work and vocational assessments to identify needed supports. Before clients begin at GoodWorks!, they complete an in-depth vocational assessment, completed by Vocational Rehabilitation, to identify disabilities and barriers to employment. When they start at GoodWorks!, recipients are assigned to an on-site structured paid work placement where a supervisor observes their work habits. This work evaluation period ends with a case conference where staff review the results from the vocational assessment and work evaluation period to recommend a job placement and discuss the types and amount of supports clients will require to move into competitive employment. After the evaluation, clients begin the “work adjustment” phase of the program, where they are placed in a paid work placement in an on-site structured group placement or placement in the community, depending on their level of job readiness. Clients with little or no work history are typically assigned to an on-site struc-

tured work placement; whereas, those who are more work ready may be referred to a placement in the community. During work adjustment, personal advisors and job coaches continue to assess clients’ personal and work-related needs while they are working.

Individualized and intensive personal support. Personal advisors, a cornerstone of the GoodWorks! program, are available 24 hours a day, 7 days a week by cell phone to help recipients resolve personal and family challenges that interfere with work. Personal advisors describe their role as “helping clients get a handle on their lives” and “doing whatever it takes to help people get and keep a job.” Personal advisors meet with clients in their homes, attend clients’ court appointments, accompany parents to meetings at their children’s schools, and assist in a variety of other settings, if deemed necessary to achieve their work goals. To help ensure frequent and ongoing contact, caseloads are small. Personal advisors, many of whom have master’s degrees in social work or a related field, are assigned between 15 and 30 cases that are at various stages of participation in the program. Personal advisors begin working with participants as soon as they are assigned to the program and continue working with them for 180 days after they have secured unsubsidized, competitive employment.

TABLE 1. SUMMARY OF KEY PROGRAM DIMENSIONS

Program	Program Implementation Date	Target Population	Primary Service Provider	Key Staff	Contract Arrangement w/Providers
Georgia GoodWorks!	2000	TANF recipients not progressing toward work	Disability employment service provider	Personal advisors Job coaches	Performance-based
Anoka County’s Partnerships for Family Success	2003	Families served by multiple human service departments	Interagency collaborative within Anoka County Human Services	Intensive case managers	N/A
Ramsey County’s ARMHS	2005	TANF recipients with mental health disabilities	Certified ARMHS providers	ARMHS rehabilitative practitioners	Cost reimbursement (treatment paid by Medicaid)
Utah DWS LCTs	1994	TANF recipients with mental health, substance abuse, or domestic violence issues	Department of Workforce Services (in-house social work unit)	Licensed clinical therapists	N/A

Job coaching and structured paid work placements. GoodWorks! also provides job coaching and structured work placements to teach clients basic job skills and help them acclimate to competitive employment. Job coaches, assigned to work with between 15 and 25 clients at a time, are available during standard work hours, to coach clients while they are working. For clients in community placements, job coaches contact them at least weekly to monitor their progress. When needed, they may provide on-site help such as teaching a client to use a complicated telephone system or help with modifying a clients' work station to match their functional abilities. They may also mediate conflicts between a client and their supervisor or co-worker. Job coaches are available to provide the same services when recipients transition to competitive employment. During the work evaluation period, where all clients are in on-site group placements at the provider, work site supervisors, who are GoodWorks! staff, act as job coaches. The worksite supervisor continues to provide job coaching to participants who remain in an on-site placement during the work adjustment phase of the program.

Support during the transition to competitive employment. Recognizing that the transition to work is not easy, GoodWorks! provides post-employment services to all program participants. Once a client starts a competitive job, their personal advisor contacts them at least monthly for up to six months to monitor how they are managing their new jobs and family responsibilities. They also act as a mediator between employers and workers and help clients access supportive services and other service needs (e.g., housing, physical or mental health treatment). According to personal advisors, they typically build strong working relationships with clients during the work adjustment period, which makes it easier to provide support during the transition to competitive employment. As recipients become comfortable in their jobs and hone their skills for managing work and family responsibilities, the personal advisors reduce their level of involvement. Job coaches are also available to assist with the transition if recipients need help learning how to do their job tasks or making adjustments to address their disability.

Partnerships for Family Success, Anoka County, Minnesota

Anoka County's Partnerships for Family Success (PFS) is designed to improve the service coordination and communication for families involved with and served by multiple departments within Anoka County Human Services (ACHS). The goal for families is to become self-sufficient by meeting the requirements for each of the departments in which they are involved; in the case of TANF, this means being able to successfully follow through with the requirements in their employment

service plan. Departments within the collaborative include Corrections, Public Health Nursing, Community Social Services and Mental Health (includes child welfare), Income Maintenance (which determines and manages ongoing TANF eligibility), and the Job Training Center (which provides case management and employment and training services to TANF and other job seekers). Families enrolled in the PFS program, nearly all of which receive TANF, are assigned an experienced case manager who provides home-based, individualized case management and personal support to help parents prepare for work, get and keep competitive employment, and address family-based needs.

Key program components include: (1) in-home intensive case management, (2) a family-oriented service approach, (3) individualized and flexible case planning, and (4) collaborative and coordinated service delivery.

THE PREVALENCE OF DISABILITIES AMONG TANF RECIPIENTS

Since the creation of TANF, numerous studies have estimated the prevalence of personal and family challenges, including disabilities, among the TANF population. While the estimates of the fraction of the recipients living with a disability are not consistent across these studies, they all suggest that a substantial portion of the TANF caseload is living with a disability. While the majority of these recipients may be able to eventually find and sustain employment, they may need more specialized assistance and take more time to do so. 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 mental health condition from 21 to 41 percent, a learning disability ranged from 8 to 18 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.² 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 2007.³

In-home, intensive case management to prepare clients for work and support them while they are working. Intensive case managers, the heart of the program, describe themselves as “champions” and “advocates” for families. Small caseloads, between 12 to 15 families per worker, allow them to conduct frequent home visits. Initially, they work with families two or three times a week, with telephone calls between visits to prepare clients for work and, once they begin working, help them balance work and family responsibilities. During these home visits, intensive case managers help clients access work supports (e.g., child care and transportation), access support to meet their basic needs (e.g., housing, food assistance, child care), provide transportation to physical or mental health assessments, teach clients basic life skills (e.g., communication, problem-solving, organizational skills), and teach them basic work habits. They are also available to PFS families during nonstandard work hours to attend special activities (e.g., child’s sporting event) or provide family-strengthening activities when everyone is home. The amount of contact and support gradually decreases as the family becomes more self-sufficient. When unemployed parents have secured reliable transportation and child care and have addressed their primary barriers, they are referred to a vocational rehabilitation counselor co-located in the local One-Stop center for job placement. After they get a job, their intensive case manager continues to provide support to address their work-related needs.

Family-oriented service approach. PFS is a family-based service approach aimed at improving the self-sufficiency of the family unit. Intensive case managers work primarily with parents; however, they also address the service needs of the children. For example, intensive case managers may accompany the parent to the child’s school appointment or help them access physical or mental health treatment for the child. Addressing the needs of children often helps their parents go to work. To complement individualized case management, parents are invited to attend a support group every two weeks where they can talk about their life challenges, including balancing work and family responsibilities, and listen to guest speakers who talk about effective parenting skills or work-related topics. To increase support group participation and eliminate the need for child care, the children attend a separate activity group at the same location where their parents meet. Parents and children enjoy a pizza dinner before each group.

Individualized and flexible case planning. Intensive case managers develop incremental service goals, including employment, based on the immediate needs of the family. While case planning is initially based on a functional assessment conducted during intake, case managers mostly identify clients’ service and employment needs during their regular and ongoing interac-

tions. On average, case managers work with families for a year, although there is no limit to the length of time families can participate in the program. The decision to close a case is made through a weekly case staffing in which all staff present each of their cases and obtain feedback from their colleagues on how to best support the family’s progression to self-sufficiency.

Collaborative and coordinated service delivery. Collaboration and service coordination are the key organizing principles underlying the PFS program. Program administrators and front-line staff from each of the departments involved with the collaborative meet regularly to discuss strategies for improving service coordination. Rather than the client navigating the pathways of multiple service providers, one intensive case manager coordinates the services and requirements for each of the different departments. For example, a family who receives TANF from the welfare department and child welfare services from another department, works with one PFS case manager who coordinates with both departments. The PFS team, led by a clinical supervisor from adult mental health, includes case managers from each of the departments involved with the collaborative. The PFS team shares resources such as suggestions for obtaining specialized child care or accessing housing assistance and expertise across departments as it reviews challenging cases during a two-hour weekly team meeting. The supervisor, who is a licensed clinician, may also make clinical recommendations. In addition, intensive case managers are co-located within ACHS, which allows them to communicate daily with staff in the involved departments on behalf of clients, if needed. Top department administrators also collaborate during regular meetings where they discuss ways to integrate policies and procedures and strengthen service delivery.

Adult Rehabilitative Mental Health Services, Ramsey County, Minnesota

In 2005, Ramsey County Workforce Solutions, the county-operated workforce development agency that provides employment services to TANF recipients, responded to the state’s request for innovative projects to promote service integration with a proposal to help its TANF employment service providers or agencies with whom they chose to partner to become certified Adult Rehabilitative Mental Health Service (ARMHS) providers. ARMHS was created in 2001 when the Minnesota legislature authorized an expansion of the state’s Medicaid program to cover a broader array of rehabilitation services for individuals diagnosed with a mental health condition through what is known as “the rehabilitation option.” ARMHS moves beyond medical services, covering services that enable recipients to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these

abilities are impaired by symptoms of mental illness. ARMHS providers instruct, assist, and support recipients in such areas as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental health symptom management skills, household management skills, employment-related skills, and transition to community living skills.

Workforce Solutions' ARMHS initiative was designed to provide in-depth clinical assessment and home-based intensive rehabilitative services to TANF recipients diagnosed with a mental health condition who were not progressing toward work. The hope was that ARMHS workers could provide specialized support that would help to stabilize clients' mental health conditions and gradually move them toward self-sufficiency, including steady employment. Central to the program are rehabilitative practitioners who conduct weekly home visits to clients. Using the rehabilitative model, they help clients prepare for work by teaching them coping skills to manage their stress, medication management to address their disability, life skills training, personal health and hygiene, home management (e.g., cooking, proper nutrition, cleaning), and work with clients to identify strategies for avoiding a relapse of their mental health conditions. Once clients are stabilized, they help them look for employment and, when they get a job, teach them basic work habits and address their personal and family issues that interfere with employment.

Becoming ARMHS certified was much more difficult for TANF employment agencies than the county anticipated. While one agency completed the certification process in four months, it took another agency a year. The agencies also learned that the Medicaid reimbursement to pay for face-to-face rehabilitation services was not sufficient to cover the full cost of providing ARMHS, primarily because no-shows were common and the agencies could not get reimbursed for time spent trying to locate families and because the range of services that can be covered through ARMHS is more narrowly-defined than the range of services TANF clients often need.

Key program components include: (1) clinical mental health assessments, (2) access to skilled staff who carry small caseloads, and (3) home-based rehabilitative services.

Clinical mental health assessments. Clients referred to the program, typically by their TANF case manager, complete a series of assessments, including a mental health assessment conducted by a licensed clinician to determine if they have a DSM-IV (Diagnostic and Sta-

tistical Manual of Mental Health Disorders) diagnosis. A clinical diagnosis of a mental health disorder is a condition of eligibility for the program. It also is used along with a functional needs assessment to identify the right amount and types of supports for the client to help them work and manage their disability.

Access to skilled staff who carry small caseloads.

ARMHS practitioners are assigned caseloads of 18 to 25 clients per worker, compared to a caseload of between 80 and 100 clients per TANF case manager. Most ARMHS practitioners have earned or are working toward their master's degree in social work, counseling, or rehabilitative services. As an additional support and requirement for Medicaid reimbursement, a licensed clinician supervises ARMHS practitioners and provides ongoing clinical consultation. ARMHS practitioners work with the client's TANF case manager to help them meet their work requirement and progress toward competitive employment.

Home-based rehabilitative services. Rehabilitative services are provided in clients' homes rather than an office setting, providing a more complete picture of the clients' circumstances and making the program more accessible to clients. The home-based approach expands access to those with mental health conditions that prevent them from using public transportation or leaving their homes. It also expands access to clients who become overwhelmed and immobilized when required to participate in something new. Clients who do not have reliable transportation or child care also benefit.

Utah's Department of Workforce Services In-house Licensed Clinical Therapists

For more than a decade, Utah's Department of Workforce Services (DWS) has hired a team of in-house licensed clinical therapists (LCTs) to identify and address mental health disabilities, substance abuse issues (which often co-occur with mental health disabilities), and domestic abuse among TANF recipients. The primary program goal is to increase their TANF program participation and employability. Currently, 21 LCTs, co-located in employment centers across the state, provide mental health diagnostic assessments, crisis intervention or short-term therapy to stabilize a client's condition, and a referral to a mental health treatment provider in the community. In addition to supporting clients, LCTs also provide clinical consultation to welfare agency staff so they might better serve these clients. LCTs are experienced clinicians who have earned their master's degrees in social work or counseling psychology and maintain a clinical license to practice. Clients may be referred to the LCT in a variety of ways, but most are referred when a potential mental health, substance abuse, or domestic violence issue is identified during ongoing service delivery. Clients may also be

identified as appropriate for social work services during the sanction problem-solving process, time-limit extension reviews, and by the client's mental health therapist. Key program components include: (1) clinical assessments to diagnose clients' mental health conditions, (2) coordination between DWS staff and mental health treatment provider, (3) clinical support for TANF case managers, and (4) support for helping clients apply for SSI.

Clinical assessments to diagnose clients' mental health conditions. Utah's LCTs conduct in-depth clinical assessment and, if appropriate, provide a DSM-IV-based diagnosis. Each LCT has his or her own style and approach for conducting the clinical assessments. They spend between two and four hours with the client over multiple sessions. More complicated clinical issues or conditions may require additional evaluation time. LCTs may detect conditions such as major depression, generalized anxiety, personality disorders, or suicide risk, based on clients presenting symptoms. Clinical assessments are used to diagnose mental health disability and provide treatment recommendations to TANF case managers and mental health treatment providers.

Coordination between DWS staff and mental health treatment providers. After the initial diagnosis of a mental health disorder, LCTs provide clinical case management on behalf of DWS, which includes informing treatment providers what the TANF agency requires of clients. While most clients are linked to existing Medicaid mental health treatment providers in the community, some are referred to private providers. DWS contracts with local providers for short-term therapy for TANF recipients where access to treatment by the local Medicaid treatment provider may be delayed or when the client may benefit from a short-term, intensive treatment approach. Contracting with local providers allows for a client to be seen immediately. In both cases, LCTs obtain a release of information from the client to act as a liaison between DWS and the treatment agency to ensure that the therapy is high quality and, when appropriate, the therapist incorporates steady program participation and work as part of the client's goals. Another benefit is that LCTs monitor clients' treatment, to help keep them attending their therapy appointments regularly.

Clinical support for TANF case managers. LCTs provide TANF case managers ongoing consultation and support with case planning. Co-location improves the accessibility of LCTs and allows them to build strong working relationships with TANF case managers. LCTs are readily available to train staff to identify a mental health condition, inform them how a condition might interfere with employment, or to provide clinical recommendations to support them with difficult decisions. As a safeguard for clients, DWS requires LCTs to participate in formal case conferences

for critical case management decisions, such as imposing a sanction or time limit. The program model is designed to ensure that by working together, LCTs and TANF case managers provide clients with the most appropriate services and support based on their mental health needs.

TYPES OF SPECIALIZED SUPPORTS PROVIDED TO TANF RECIPIENTS LIVING WITH A DISABILITY

Intensive case management. Intensive case managers play a pivotal role as teachers, resource locators, problem solvers, motivators, and advocates. They help put into place the work, personal, and logistical supports to prepare clients for employment. As a first step, they often help to link recipients with specialized treatment to stabilize their condition. Then, once the clients are working, case managers teach them to manage their disability and balance work and family responsibilities.

Rehabilitative services. Using a rehabilitative approach to empower clients, program staff help clients through the process of obtaining work-based services and developing the soft skills needed to manage their households and remain successfully employed. They identify and structure activities based on clients' strengths and abilities, rather than focus on their disabilities. As part of rehabilitation, they may help identify and advocate for appropriate work accommodations, such as adapting technologies, modifying their work station, or negotiating with employers for workplace flexibility. They also may provide rehabilitative services in recipients' homes to help them develop the time management and organizational skills that will increase their chances of staying employed once they find a job.

Job coaching. Clients with disabilities often have limited or no work experience, which can hinder their job performance. Job coaching is temporary support offered to clients at work to teach them a new skill or how to function well in a work environment. Coaches may be designated program staff or a work site supervisor who works directly with the client.

Support groups. Voluntary support groups tap into clients' strengths by creating opportunities for parents to learn new information about topics such as parenting skills, community resources and supports, anger management strategies, and stress reduction techniques.

Support for helping clients apply for SSI. When working with clients, LCTs identify clients who may be eligible for SSI due to their mental health condition. They work with a contracted treatment provider to obtain an in-depth mental health evaluation that is based on the criteria required for a successful SSI application. They also assist clients with the overall SSI application, including completing paperwork and obtaining needed documentation.

KEY PROGRAM ELEMENTS

These programs illustrate various approaches to providing intensive personal and work supports for TANF recipients living with a disability. While intensive case management is central to most of these programs, other essential supports include job coaching, work accommodations, rehabilitative services, work and logistical support, and physical and mental health treatment. Despite the variation in the amount and types of supports provided, we identified six program features common across programs, including: (1) initial and ongoing assessments to identify needed supports, (2) use of skilled and specialized staff, (3) intensive service approach with small caseloads, (4) efforts to blend supports with work, (5) access to physical and mental health treatment, and (6) supports that strengthen families.

Supports are identified through initial and ongoing assessments. To serve clients well, program staff must be aware of what types and level of support clients need to progress toward self-sufficiency. Initially, staff typically rely on specialized assessments, such as a vocational or mental health assessment conducted by licensed or highly-skilled staff, to develop a support plan. After the initial assessment, program staff rely on their ongoing interaction with clients at work or during home visits to modify the service approach. Over time, new information may be uncovered about existing service needs or the need for support may change.

Use of skilled and specialized staff. Clients in these programs often present complex conditions and personal and family challenges that require the expertise and experience of skilled and specialized staff. Staff selected to work in these programs may have graduate training or extensive experience in vocational rehabilitation, mental health counseling, social work, or occupational therapy. They use these specialized skills to identify or diagnose a client's conditions, as in Utah and Ramsey County, and provide targeted treatment recommendations. In addition, they may teach clients about their conditions and how to effectively manage their symptoms. They may also train TANF case managers on how a disability may effect clients' abilities to perform certain job tasks, and recommend work accommodations that may improve clients' employability. More recently, Utah's DWS has formalized the clinical

consultation and guidance provided to TANF case managers by requiring LCTs to be involved with the sanction problem-solving (conciliation) process.

Intensive service approach with small caseloads. What differentiates these programs from traditional employment programs is the intensive, individualized approach to providing supports. Georgia GoodWorks!'s personal advisors and Anoka County's PFS intensive case managers illustrate this approach. One designated worker, typically an intensive case manager, coordinates supports to address all the clients' service needs and coordinates services with other agencies. Managing small caseloads of no more than 30 clients per worker allows for frequent and direct contact between the intensive case manager and client. Over time, an intensive case manager cultivates a meaningful working relationship with the client that is intended to help the client participate in TANF program activities and transition into competitive employment.

Efforts to blend supports with work. While each program attempts to blend supports with work or work opportunities, programs differ on when they introduce actual employment. Programs may use supports to prepare clients before they participate in competitive work or a work placement, such as in Anoka and Ramsey counties, or they may immediately combine work and supports, as in the Georgia GoodWorks! program. Those who implemented the former approach believe it reduces the chances of clients disrupting their work placement or being fired. Those who chose the latter approach believe it creates opportunities to uncover and address barriers while the client is working that might not be identified otherwise.

Access to physical and mental health treatment. Some clients require ongoing physical or mental health treatment to manage the symptoms of their disability. The TANF agencies in this study take several approaches to leverage these supports. First, they may create formal partnerships with contracted service providers that offer treatment. For example, Ramsey County contracts directly with treatment providers or employment service providers who earned their ARMHS certification alone or in partnership with another ARMHS provider. Utah pays private mental health treatment providers for short-term therapy under a fee-for-service arrangement. Second, they may form collaborative relationships, such as Anoka County where staff resources are shared across agencies. Third, staff may create informal relationships with treatment providers in the community where they are able to access treatment in a timely way for their clients. In addition to relying on private providers, Utah's LCTs have strong relationships with local Medicaid treatment providers where clients who need ongoing treatment may be referred.

Supports that strengthen families. Children may benefit directly or indirectly from the intensive personal and work supports provided to their parents. Recognizing the complexity of clients' lives, some programs, such as Anoka County's PFS and Georgia Good-Works!, target the needs of the entire family unit. For example, intensive case managers from these programs have accompanied a parent to a child's school appointment, leveraged treatment for a child with a physical or mental health condition, and/or taught parents effective parenting skills. Even when programs provide supports to the parents exclusively, children may benefit, such as when their parents are taught to effectively manage their work and family responsibilities or when an undiagnosed disability is identified and treated.

CONCLUSION

Recognizing that the service needs of TANF recipients living with a disability may be more complex, some states and localities provide intensive personal and work supports to help them fully engage in work activities and transition to competitive employment. As program examples highlighted in this practice brief illustrate, supports may be provided in a variety of ways to prepare clients for competitive employment. Supports provided include intensive case management, job coaching, work accommodations, rehabilitative services, work and logistical support, physical and mental health treatment, and support groups, although programs vary in the types and intensity of supports provided. Despite differences, some service components are common across the programs, such as small caseloads, use of specialized staff, access to specialized physical and mental health treatment, and efforts to blend supports with work.

Descriptive studies have been conducted on some of the programs highlighted in this practice brief. Two sites, Anoka and Ramsey Counties, were included in a recent study conducted by Urban Institute of Minnesota's Integrated Services Project.⁴ Of the eight sites included in that project, Anoka County's PFS program served the largest number of TANF recipients and was among the top sites for achieving program outcomes. This was measured by comparing changes in employment, earnings and a specially constructed employability measure at the point of enrollment to six months later. Although relatively modest in absolute numbers (13.9 percent employed at enrollment and 20 percent employed six months later), Anoka County's PFS families reported significant increases in employment and improvements in scores for 8 of 11 employability measure categories. There were no statistically significant differences in employment, earnings, or employability measure scores reported for Ramsey County's

ARMHS program. Program staff in Ramsey County believe that the lack of impacts from the ARMHS intervention may be due to early implementation challenges and a slow start-up. The researchers conducting this study caution that readers should be aware that the findings do not measure the extent to which the program was *responsible* for producing the results. For example, the study does not definitively rule out that the increased employment outcomes could have resulted from changes in economic conditions in the county rather than efforts of the programs, even though the county's economy was relatively stable over the course of the study.

Recent findings from a couple of studies that use an experimental design may shed light on the challenges of increasing program participation, employment, and earnings among people with multiple barriers to employment. A recent study conducted by MDRC of Minnesota's Tier 2 Program found that providing case management with small caseloads [between 25 and 30 compared to between 75 and 100 in the Tier 1 (control group) sample] to hard-to-employ TANF recipients had no effect on employment or earnings over the 18-month follow-up period. While a majority (over 60 percent) in both groups were employed early in the study, the percent employed fell to about 45 percent by the end of the follow-up period, highlighting the challenge to employment retention. The relatively high levels of employment among the groups may suggest that criteria used to define hard-to-employ within this project may have been too broad.⁵ A study conducted by Mathematica Policy Research of the Building Nebraska Families (BNF) program had somewhat more encouraging results.⁶ BNF, an initiative where specialized staff (e.g., master's level educators) with very small caseloads work with hard-to-employ TANF recipients living in rural areas, found large and significant program impacts among the most disadvantaged participants. BNF relies on specialized staff to provide individualized life skills education and mentoring to TANF recipients during ongoing home visits. Using a rigorous research design with an 18-month follow up, among clients who were considered very hard-to-employ, those in the experimental group demonstrated significant increases in employment and earnings, and a reduction in welfare dependency, compared with the control group. The size of the earnings increases was especially noteworthy, as they were greater than is usually found in these programs. What the evaluation cannot tell us is what program components contributed to these impacts. Key components of the program included small caseloads, highly trained staff, home visits, and the use of a curriculum to teach various life skills to recipients. The combination of these components may have produced the large impacts or one component may have been the driving force.

NOTES

¹ Kauff, Jacqueline, Michelle K. Derr, and LaDonna Pavetti. "A Study of Work Participation and Full Engagement Strategies." Washington, DC: Mathematica Policy Research, Inc., September 2004.

² Hauan, Susan and Douglas, Sarah. "Potential Liabilities Among TANF Recipients: A Synthesis of Data from Six State TANF Caseload Studies." Washington, D.C.: U.S. Department of Health and Human Services. 2004.

³ Bavier, Richard. "Prevalence and Dynamics of Disadvantaged Recipients in the TANF Caseload." Washington, D.C.: Office of Management and Budget. September 2007.

⁴ Martinson Karin, Caroline Ratcliffe, Elizabeth Harbison, Joanna Parnes, "Minnesota Integrated Services Project: Participant Characteristics and Program Implementation," The Urban Institute, September 2007.

⁵ LeBlanc Allen, Cynthia Miller, Karin Martinson, and Gilda Azurdia, "The Employment Retention and Advancement Project: Results from Minnesota's Tier 2 Program," MDRC, February 2007.

⁶ Meckstroth, Alicia, Andrew Burwick and Quinn Moore. "The Impacts of a Home Visitation and Life Skills Education Program for Hard-to-Employ TANF Recipients: Findings from the Rural Welfare-to-Work Evaluation." Presented at the Association for Public Policy Analysis and Management Conference, November 2-4, 2006, Madison, WI.

PROJECT BACKGROUND AND SITE SELECTION

This study was conducted by Mathematica Policy Research, Inc. under contract to the Administration for Children and Families at the U.S. Department of Health and Human Services (DHHS). There were two objectives of the study. The first was to provide TANF program administrators with information on strategies they could consider implementing to help TANF recipients living with a disability reach their full employment potential. (For purposes of the study, a disability was defined as any mental, physical, or cognitive limitation that has the potential to affect TANF recipients' employment prospects.) The second was to identify potential opportunities to advance our understanding of the most effective strategies for helping TANF recipients living with a disability find and sustain paid employment through rigorous random assignment evaluations.

To accomplish these objectives, MPR conducted a process and implementation analysis in nine sites utilizing qualitative case study methods. To identify sites for the study, MPR attempted to uncover as many programs as possible using four sources of information: (1) available documents (such as reports, journal and 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 employment programs and for the Social Security Administration (SSA) on promising strategies for promoting employment among persons with disabilities. 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 conducted in-depth, in-person visits to seven sites 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.

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