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Disabilities--Welfare Reform

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Screening and Assessing TANF Clients for SSI Eligibility

Background

State welfare agencies increasingly are faced with the challenge of meeting the needs of clients with multiple barriers to employment. Many of these clients have severe mental or physical disabilities that prevent them from fulfilling the work requirements of the Temporary Assistance for Needy Families (TANF) program. States may find that securing cash benefits under the federal Supplemental Security Income (SSI) program is an option for individuals with severe disabilities who meet the federal SSI eligibility criteria. States that shift severely disabled cases from TANF to SSI may link these individuals with more appropriate services and long-term income support and also may avoid counting them towards the 20 percent federal cap on hardship exemptions, an important consideration for some states as their welfare caseloads decline.

The Social Security Administration defines "disability" as the inability to engage in substantial, gainful activity because of any medically determinable impairment that has lasted, or is expected to last, for a continuous period of no less than 12 months or that may result in death. Welfare agencies use different techniques to assess and screen TANF applicants and recipients for disabilities and to determine their potential eligibility for SSI. These techniques include training caseworkers on the use of specific disability-related assessment instruments and methodologies, collaborating with other agencies and private providers with expertise in client screening, and creating new staff positions focused on the screening and referral of clients with disabilities. Some states have created advocacy programs to follow and assist disabled clients during the SSI application process. States may use maintenance-of-effort (MOE) funds to pay for activities not allowed under the federal TANF program (e.g., stopping the time-limit clock for SSI applicants). This *Resources for Welfare Decisions* identifies screening, assessment, and advocacy resources to help TANF clients with severe mental or physical disabilities apply for and receive SSI benefits. For more information, see the Welfare Information Network (WIN) web pages at http://www.welfareinfo.org/HC_ssi.htm and <http://www.welfareinfo.org/hard-disable.htm>.

Resource Contacts

Administration on Developmental Disabilities, U.S. Department of Health and Human Services, 202/690-6590; or <http://www.acf.dhhs.gov/programs/add/>.

Center on Budget and Policy Priorities, Eileen Sweeney, 202/408-1080.

Consortium for Citizens with Disabilities, 202/785-3388; Cheryl Bates-Harris, TANF Task Force, cheryl@napas.org; or <http://www.c-c-d.org/about.htm>.

Council on Quality and Leadership in Supports for People with Disabilities, 410/583-0060 or info@thecouncil.org; or <http://www.thecouncil.org/index.htm>.

DisAbility Employment and Initiatives Unit, U.S. Department of Labor, Jim Downing, 202/219-5500, ext. 130 or jdowning@doleta.gov.

Interagency Work Group on Welfare Reform and People with Disabilities, U.S. Department of Health and Human Services, William Marton, wmarton@osaspe.dhhs.gov; or <http://aspe.hhs.gov/daltcp/ccitext.htm>.

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National Governors' Association, Rebecca Brown, 202/624-5300.

National Organization of Social Security Claimants' Representatives, Ethel Zelenske, 202/331-0472.

SSI Coalition for a Responsible Safety Net, Sue Augustus, 312/223-9600; or <http://www.ssic.org/>.
Urban Institute, Terri S. Thompson, 202/833-7200.

Publications and Electronic Resources

California Office of Workforce Policy. *California One-Stop Career Center System—Recommended Front-Line Staff Competencies for One-Stop Centers in California*. Sacramento, Calif.: California Office of Workforce Policy. <http://www.sjtcc.cahwnet.gov/sjtccweb/one-stop/Comp.htm>.

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Council on Quality and Leadership in Supports for People with Disabilities, Towson, Maryland. *The Council on Quality and Leadership in Supports for People with Disabilities Web Site*.
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DisAbility Employment and Initiatives Unit, U.S. Department of Labor, Washington, D.C. *ETA disAbility Online*. http://www.wdsc.org/disability/htmldocs/about_us.html.

Kramer, Fredrica D. *Serving Welfare Recipient with Disabilities*. Washington, D.C.: Welfare Information Network, January 1999. <http://www.welfareinfo.org/disabilitiesissue.html>.

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National Technical Assistance Center on Welfare Reform, U. S. Administration on Developmental Disabilities, Washington, D.C. *Clearinghouse on Welfare Policy and Disability*.
<http://www.welfare-policy.org/index.htm>.

O'Connor, Michael A. *Supplemental Security Income—An Underused Resource for Disabled TANF Recipients in Illinois*. Chicago, Ill.: Loyola University, March 8, 1999.
<http://www.luc.edu/depts/curl/pub/ssi.html>.

Office of Employment Support Programs, Social Security Administration, Washington, D.C. *The Work Site Web Site*. <http://www.ssa.gov/work/index2.html>.

Office of Policy, Social Security Administration, Washington, D.C. *Supplemental Security Income (SSI)*. <http://www.ssa.gov/policy/programs/SSI/>.

Rupp, Kalman, and David C. Stapleton. *Growth in Disability Benefits: Explanations and Policy Implications*. Kalamazoo, Mich.: W.E. Upjohn Institute for Employment Research, 1998.
<http://www.upjohninst.org/publications/titles/gdb.html>.

Social Security Administration. *1999 Annual Report of the Supplemental Security Income Program*. Washington, D.C., May 1999. <http://www.ssa.gov/OACT/SSIR/SSI99/index.html>.

Social Security Administration. *Social Security and Supplemental Security Income Disability Programs: Managing for Today, Planning for Tomorrow*. Washington, D.C., March 11, 1999.
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Sweeney, Eileen P. *Recent Studies Indicate that Many Parents Who are Current or Former Welfare Recipients Have Disabilities or Other Medical Conditions*. Washington, D.C.: Center on Budget and Policy Priorities, February 2000. <http://www.cbpp.org/2-29-00wel.pdf>.

Sweeney, Eileen, et al. *Windows of Opportunity: Strategies to Support Families Receiving Welfare and Other Low-Income Families in the Next Stage of Welfare Reform*. Washington, D.C.: Center on Budget and Policy Priorities, January 2000. <http://www.cbpp.org/1-12-00wel.pdf>.

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U.S. Department of Health and Human Services, Administration for Children and Families. *Distribution of TANF Adult Recipients Receiving Federal Disability Benefits (Tables), Fiscal Year 1998*. Washington, D.C., 1999. http://www.acf.dhhs.gov/programs/opre/characteristics/fy98/tab14_98.htm.

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What States Are Doing

Arizona: The state's TANF agency has established a formal relationship with the Rehabilitative Services Agency (RSA), which administers the vocational rehabilitation program, to review welfare client disability claims. This screening and assessment system was developed because the TANF agency recognized that its staff may not have the appropriate training to determine whether clients with disabilities should participate in work-related activities. Supported by TANF agency funds, the RSA staff review medical information about each welfare client who reports a disability and makes recommendations regarding referrals to SSI, vocational rehabilitation, and participation in, or exemption from, the state's welfare-to-work program. Contact Liz Steele, 602/542-5954 or voes2121@mail.de.state.us.

Maine: The state has contracts with three private, nonprofit agencies, which use formal medical, psychological, and other screening tools to assess TANF recipients for barriers to employment. Clients determined to have physical or mental disabilities are referred to other collaborating agencies. Individuals with severe disabilities are referred to the state Disability Determination Service for SSI eligibility determination and are assisted throughout the entire SSI application process. Contact Stephen Telow, 207/287-3309 or stephen.telow@state.me.us.

Maryland: All TANF applicants are screened for a disability during their up-front job-readiness assessment. Applicants are referred to a Disability Entitlement Advocacy Program (DEAP), a state-funded contractor, if they have a medical form completed by a doctor showing at least one disability that has lasted at least 12 months and that prevents them from working. The DEAP assists the individual with the SSI application and provides advocacy for the client for the duration of the SSI application process. The program also provides an attorney to handle an appeal, if necessary. While an SSI application is pending, the TANF time limit clock stops, but the applicant continues to receive cash assistance and other services. The state funds services for SSI applicants using MOE dollars in a separate state program. Contact Richard Larson, 410/767-7150 or rlarson@dhr.state.md.us.

New Jersey: TANF agency staff are required to regularly review their caseload to identify clients who may be eligible for SSI. Clients with medical documentation resulting in a deferral from TANF

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work requirements lasting at least 12 months are targeted for SSI screening. Legal Services of New Jersey works cooperatively with the TANF agency to provide legal representation and assistance to disabled TANF and general assistance recipients who are referred for SSI eligibility determination. While their application is pending, clients receive a medical deferral from TANF work requirements. Contact Mary Lucas, 609/588-2488.

Oregon: TANF case managers are trained to identify disabilities using several assessment strategies. These strategies include paper assessment tools and joint staffing with other state and local public agencies, such as vocational rehabilitation, mental health, and substance abuse. TANF case managers also regularly use eight Adult and Family Services SSI liaison specialists located throughout the TANF regions. Through this collaboration, clients may be referred to other agencies, may be assisted in securing alternative employment and, if appropriate, will be followed and assisted throughout the SSI eligibility determination process. The state's Disability Determination Service determines SSI eligibility. Contact Rene DuBoise, 541/296-4661 or Rene.L.DuBoise@state.or.us.

Tennessee: The state's Family Services program places clinical counselors in local TANF agencies to help case managers identify individuals with mental health problems and other barriers to employment. These family services counselors make referrals, as needed, to appropriate services, including SSI. Contact Holly Cook, 615/313-5465.

WIN Staff Contact:

The Welfare Information Network is supported by grants from the Annie E. Casey Foundation, the Charles Stewart Mott Foundation, the David and Lucile Packard Foundation, the Edna McConnell Clark Foundation, the Ford Foundation, the Woods Fund of Chicago, the Administration for Children and Families, U.S. Department of Health and Human Services, and the U.S. Department of Labor

WIN has added many new Promising Practices to the web site. They can be found at www.welfareinfo.org/promising.html. If you would like WIN to write a promising practice about your program or enter it into our State and Local Initiative Database please contact April Kaplan, Program Manager at akaplan@financproject.org



1000 Vermont Ave., NW - Suite 600
Washington, DC 20005

Ms. Andrea Kane
White House Domestic Policy Council
Old Executive Office Building, #210
17th Street & Pennsylvania Ave., NW
Washington DC 20502

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Representative Linkages Between Temporary Assistance for Needy Families (TANF) and the Vocational Rehabilitation (VR) Program

Introduction:

In the course of implementing welfare reform, a considerable amount of attention has been given to what factors contribute most significantly to long-term welfare dependency. One factor that appears to have serious implications for those labeled "hardest-to-serve" is the presence of disabilities. Individuals with physical, sensory, mental, cognitive, or emotional impairments often require support and/or accommodation in order to succeed in the workplace. For individuals with undiagnosed or hidden disabilities, or those without access to vocational services and supports, attempts to enter or remain in the workforce are less likely to succeed. Add to that the fact that current data indicates that between 30 and 40 percent of welfare recipients have disabilities and a certain amount of perspective is achieved about the types of services that might assist an individual receiving TANF to move off of benefits and begin working.

For 78 years, a Federal and State partnership has existed to assist individuals with disabilities to enter or return to the world of work. The Vocational Rehabilitation program, overseen at the Federal level by the Rehabilitation Services Administration (RSA) within the Department of Education, provides services to assist individuals with disabilities in achieving their vocational goal. The program is funded through a formula grant with a 20 percent State match requirement. Some of the services provided to individuals determined eligible could include; assessment, counseling, vocational training (including on-the-job training), supported employment, job placement, and rehabilitation technology services and devices.

Given its long history in providing these types of services to individuals with disabilities, VR is, in many respects, a valuable asset to welfare reform efforts on the State and local levels. In fact, many States around the country have begun to build TANF/VR partnerships. While it may be too early in most areas to gauge the success of these partnerships, indications are that they are proving beneficial to the overall success of welfare reform.

There are many ways in which VR and TANF can partner, but, in an effort to provide information about some of the types of partnerships that currently exist, RSA has compiled abstracts from eight State VR agencies. They were chosen for their representative characteristics and should not be considered an exhaustive list of States with effective models of coordination. There are other States and localities doing excellent work in this area, and RSA will continue to pass new information along as we receive it.

Within some or all of these eight partnerships, there are several characteristics that stand out:

- **Organizational Structure of TANF and VR** -- In several examples, TANF and VR are located under the same umbrella agency of State government. While this does not necessarily dictate a close working relationship, it appears to foster cooperation between the two entities.
- **TANF and VR Co-location of Personnel** -- Where co-location of agency personnel exists, it seems to stem from local conditions, such as involvement in one-stops or similar systems. The co-location appears to make referral of TANF recipients who are likely to be eligible for VR services easier. Also, co-location has meant a better means of addressing the needs of "walk-ins" with disabilities than might otherwise exist.
- **Contracts, Cooperative Agreements, and Protocols** -- In some States, the VR agency is unable to serve all eligible individuals with the resources available for the VR program. In those instances, an order of selection for services, serving first those individuals with the most significant disabilities, must be established. Individuals who cannot be selected immediately for services are placed on a waiting list.

For those TANF recipients whose disabilities do not meet VR eligibility criteria or an order of selection within VR, formal agreements seem to be one solution to the problem of how to ensure the provision of specialized services. These agreements allow for the formal recognition, by both TANF and VR, of the requirements of their programs, and the contracts, where they exist, allow the use of TANF funds by the VR agency to provide services for which there are insufficient VR funds.

- **VR and TANF Requirements** -- One of the biggest obstacles to VR and TANF cooperation, according to front-line personnel from both entities, is the time limit associated with TANF participation and the lack of any such limits in the VR program. A solution that seems to be working in some States is an agreement on the part of both programs that, once an individual is determined eligible for VR services and a vocational plan is written, the execution of that plan is considered a fulfillment of an individual's work requirement. The average length of time that a VR client receives services is two years. Consequently, most TANF recipients receiving VR services should complete their VR plan prior to losing TANF benefits.

Abstracts

In this section, eight States are highlighted. Their programs are often given as examples of effective partnerships between TANF and VR. The information was gathered from the VR agencies, and several basic questions were asked of each to develop the summaries. The questions were:

- Is the relationship mandated by the Governor, State statute, etc. or is it more informal?
- How do the referrals from TANF to VR occur? Are VR counselors co-located with TANF personnel? Is there a common computer database for information-sharing, etc.?
- How do the issues of TANF time limits and VR's requirements for informed choice, etc. get resolved?
- If a TANF recipient with a disability is determined eligible for services in a State under an order of selection, is there some kind of alternative means of service delivery either through VR or TANF or in cooperation to assist that individual to meet TANF work requirements?
- Your partnership is regarded as successful. Why do you think you have achieved the success? What is the single most important factor to it?

Arkansas

In Arkansas the relationship between VR and TANF is contractual (VR is the contractor) and covers the process of referral, evaluation and possible VR services for TANF recipients. Those TANF recipients who, based on a disability or medical condition have received a deferral from the work requirements of Welfare-to-Work, and those recipients applying for deferrals based on disability or medical condition, will be referred to VR for evaluation and possible services.

The local County TANF case manager is responsible for making referrals to VR. VR and TANF personnel are not presently co-located. VR counselors are responsible for visiting TANF offices on an established itinerant basis. VR and TANF are working to establish an agreed-upon computer database of information and commonly agreed upon referral, reporting, and billing criteria.

The language in the contractual agreement addresses such issues as TANF time limits and VR requirements for informed choice. The language of the contract states that when a customer has been determined eligible for rehabilitation services and either refuses to participate or declines to complete a [rehabilitation plan] without sufficient reason, a copy of the case closure documents will be forwarded to TANF. Such information will substantiate decisions for TANF to impose sanctions. This policy is to be clearly conveyed to each TANF recipient referral.

At this time, the VR agency is under an order-of-selection that limits the agency's ability to provide services to non- severely disabled clients. The TANF contract will provide additional resources to VR that will allow for services to be provided to a significant number of new clients.

Colorado

Before the TANF law was passed in Colorado, Colorado VR and the Denver Department of Social Services began to develop a pilot project to help meet the employment needs of TANF recipients. VR and Denver TANF staff agreed that a number of clients on TANF were people with disabilities. Both VR and Denver TANF began discussions to initiate a pilot project to coordinate efforts.

The VR counselor brings expertise about disability-related employment issues and services to the project. The social services caseworker brings expertise about the TANF program and child care services to the project. Through the pilot project the social services caseworker is educated about the VR program, the VR counselor is educated about TANF. With this information, a TANF caseworker knows which clients to refer to VR. This simplifies collaboration, and coordination with the TANF caseworker, the VR counselor and the TANF recipient to ensure progress toward the same goal. This coordination makes sharing information and coordinating employment goals simpler, avoids duplication, and allows for special services when necessary.

VR expanded the concept to five other Colorado counties -- three are in the Denver metropolitan area (Adams, Arapahoe and Douglas), El Paso (includes Colorado Springs), and Pueblo Counties. Those TANF agencies contribute 25% of the VR counselor's salary and almost all of the diagnostic and training costs for the jointly served clients. As a result of these projects it is expected that 290 disabled TANF clients will become employed this year, 711 next year, and 1,103 during the third year of the project.

Kansas:

Kansas is one of the States in which TANF and VR organizationally reside under the same umbrella agency. There is some co-location of services, particularly on the local level, and, Statewide, there is a strong knowledge of cross-programmatic requirements. Through the one-stop systems, some VR and TANF offices share intake and assessment functions.

Kansas has addressed the TANF time limit and its conflict with the more flexible nature of VR services. The TANF office counts most activities called for in individuals' written plans with VR as job skills training for the purposes of meeting the TANF work requirement. That cooperation and understanding solves one of the more contentious issues facing these partnerships.

Maine

In the state of Maine, the relationship between VR and TANF is informal. TANF operates through the Career Centers (One Stop Centers). VR counselors are presently co-located in two Career Centers in Maine-Augusta and Portland. The administration of the state VR agency has noted an increase in referrals recently in their Portland and Augusta offices.

If a TANF recipient with a disability is already eligible for services, the VR counselor works with the consumer and the TANF representative; however, the consumer receives services with TANF funds that are contracted out to two community rehabilitation service providers who provide intensive services to the consumers. VR does not pay for these services. If the TANF recipient is not eligible for VR services, there is no VR involvement in the case, but the individual receives services from the two contracted community rehabilitation providers. Two populations have been identified as TANF recipients with disabilities who are not likely to receive VR services due to Maine's order of selection. They are individuals with substance abuse challenges and learning disabilities.

New Hampshire:

The relationship in New Hampshire between the VR agency and TANF is an informal one. Each regional office will assign a specific counselor to receive referrals and to report back and forth with a counterpart in TANF. The VR counselors are not co-located, and they do not share a common computer database for information sharing. Some of the regional offices have team meetings between VR and TANF to discuss issues as they arise between the local offices.

There have been some disagreements between the VR agency and TANF regarding time limits and informed choice. When a disagreement occurs, the issues are forwarded through the VR Regional Team Leaders to a designated person in the central office who functions as the state liaison for VR with TANF. The same process occurs at TANF. The liaisons between the two agencies then resolve the disputes. At VR, the state liaison also notes patterns or trends as they occur and reports on them to the central administrative team.

New Hampshire believes that the partnership is successful because of good communication that takes place between the individuals doing the work. Most issues are resolved at the local level.

Oregon

VR and TANF reside under the same umbrella State government entity, facilitating a strong relationship, but one which is more informal than contracts or other mandates. Referrals are made at the staff level, with some VR offices co-located with TANF. In addition, VR has out-stationed staff in the State's Employment Department and other partner offices. TANF and VR can generate computer lists of mutual clients and plans to create a common computer database through the One-Stop system.

TANF clients who are mutual VR clients with a VR plan are exempted from the TANF time limits. In addition, Oregon's TANF agency has tapped private nonprofit contractors (e.g. Goodwill Industries) which have a history of working with individuals with disabilities. This should facilitate effective service provision for those individuals with less severe disabilities who might not be able to receive services under an order-of-selection and prevent a "deluge" of VR referrals from TANF.

Utah

While they are located in different government departments, VR considers the relationship it has with other Workforce Services programs to be very positive. VR has had cooperative arrangements with Job Services since the late 1970s. VR also has had working relationships with other programs providing services to welfare recipients (food stamps, AFDC, etc.) for many years. Under TANF, those prior arrangements have expanded to encompass a broader scope of TANF-related programs under the Workforce Services umbrella.

The Utah VR/TANF relationship is part of the Governor's initiative to consolidate many job training programs. Consolidation efforts involve VR and other TANF programs using a common intake form and information technology that allows information sharing between programs. Other information sharing occurs when referrals occur between VR and other TANF-related programs.

Although VR may be co-located with other Workforce Services in some regions of the State, or VR may share the costs of placement services for some VR-eligible clients who also qualify for TANF services, VR remains a highly individualized program that delivers services to VR-eligible individuals on a case-by-case basis.

Utah VR considers the length of time during which Utah has maintained cooperative arrangements with other TANF programs as a critical factor in TANF's success in the State. The State's model for consolidating job services programs was developed many years ago so today's TANF initiative is regarded as "business as usual" by VR.

Washington

A voluntary relationship between Washington VR and TANF exists; however, because of the way the two programs are structured within the same umbrella agency of State government, coordination is required. A written inter-divisional protocol for referral and coordination of services is under development by the two agencies. Both agencies have agreed that referrals to VR will be "managed" to ensure that the agency is not deluged with TANF referrals.

While some VR and TANF offices are co-located on the local and regional levels, staff believes that this is not necessarily the key element for success. Instead, the quality of the relationships among key players at the local level; trust, cooperation, and communication, are most important. A database is under development that would allow VR and TANF to identify common clients.

The draft protocol specifies that referral from TANF to VR will be voluntary based on the wishes of the client, not a mandate from a case manager. Once VR eligibility is established, it has been agreed by both agencies that elements of informed choice shall prevail in development of a plan of service and that a VR rehabilitation plan shall also serve as an individual's TANF work plan.

Conclusion

As has been demonstrated by the examples above, there are some partnerships between TANF and VR that are already in place, and while it may be a little early to evaluate completely, early indications are that they are working. Issues such as TANF's time limits, VR's eligibility requirements, and other programmatic limitations have presented challenges to the agencies, but some have found ways to confront them.

Welfare reform is still relatively new, and, over time, we anticipate having more examples to share of effective partnering. We will continue to pass new information along as it becomes available. In the interim, if you would like to discuss any of these partnerships in greater detail, what follows is a list of contacts within the featured VR agencies. Feel free to contact them with any questions you may have.

Contacts

Gary E. Angerhofer
Chief Financial Officer
Colorado Division of Vocational Rehabilitation
110 16th Street, 2nd floor
Denver, CO 80202
303-620-4155
gary.angerhofer@state.co.us

Lynnae Rutledge
Department of Human Resources
Vocational Rehabilitation Division
500 Summer Street, N.E.
Salem, OR 97310-1018
PH: (503) 945-5880

Edna Fund
Department of Social & Health Services
Division of Vocational Rehabilitation
P.O. Box 45340
Olympia, WA 98504-5340
PH: (360) 438-8008

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Fax Number: 456-7431

From: Rebecca Brown

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Remarks:

Here are my notes and some materials from
the Presidential Task Force's Workforce
Inclusion meeting. The participant list is
too long to fax (200-300 people), but if you're
interested, I can mail it. Also, if notes
aren't clear, let me know & I'll mail you
hard copies. Thanks!

Talk to you soon,
Rebecca



PRESIDENTIAL TASK FORCE ON EMPLOYMENT OF ADULTS WITH DISABILITIES

Put Ability to Work!

Fact Sheet

EXECUTIVE ORDER 13078

THE PRESIDENTIAL TASK FORCE ON THE EMPLOYMENT OF ADULTS WITH DISABILITIES

"By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to increase the employment of adults with disabilities to a rate that is as close as possible to the employment rate of the general adult population and to support the goals articulated in the findings and purpose section of the Americans with Disabilities Act of 1990, it is hereby ordered the establishment of the Presidential Task Force on the Employment of Adults with Disabilities."

EQUAL & ACCESSIBLE EMPLOYMENT FOR ADULTS WITH DISABILITIES

March 13, 1998, President Clinton signed into law Executive Order 13078, establishing the Presidential Task Force on the Employment of Adults with Disabilities. The mandate of the Task Force is to evaluate existing Federal programs to determine what changes, modifications, and innovations may be necessary to remove barriers to employment opportunities faced by adults with disabilities. Some of the areas the Task Force will review include: reasonable accommodations, inadequate access to health care, lack of consumer-driven, long-term supports and services, transportation, accessible and integrated housing, telecommunications, assistive technology, community services, child care, education, vocational rehabilitation, training services, employment retention, promotion and discrimination, on-the-job supports, and economic incentives to work.

The President has appointed Alexis M. Herman, U. S. Department of Labor Secretary, to serve as Chair of the Task Force, and Tony Coelho, Chair of the President's Committee on Employment of People with Disabilities, to serve as Vice Chair. The Task Force is comprised of the Secretary of Labor, Secretary of Education, Secretary of Veterans Affairs, Secretary of Health and Human Services, Commissioner of Social Security, Secretary of the Treasury, Secretary of Commerce, Secretary of Transportation, Director of the Office of Personnel Management, Administrator of the Small Business Administration, the Chair of the Equal Employment Opportunity Commission, the Chairperson of the National Council on Disability, the Chair of the President's Committee on Employment of People with Disabilities.

The Task Force will implement an aggressive national public policy review and provide the President with recommendations on actions that can be taken to advance the employment of adults with disabilities, including legislative proposals, regulatory changes, and program and budget initiatives. The members of the Task Force have joined together with the President in his commitment to ensure that this national initiative receives high priority within their respective departments and agencies. Executive Order 13078 mandates the most comprehensive national public policy review to date with the goal of increasing the employment of adults with disabilities.

The Task Force will issue its initial report to the President by November 15, 1998. There will also be reports to the President on November 15, 1999, November 15, 2000, and a final

report on July 26, 2002, the 10th anniversary of the effective date of the employment provisions of the Americans with Disabilities Act of 1990. The reports will describe the actions taken by, and progress of, each member of the Task Force in carrying out this Executive Order.

ACTIONS MANDATED BY THE EXECUTIVE ORDER

In addition to the broader mandate to evaluate existing federal programs to determine what changes, modifications, and innovations may be necessary, Section 2 of Executive Order 13078 directs certain agencies to take particular steps to increase the employment of adults with disabilities.

First, the Task Force will help ensure that the Federal Government does its part to employ adults with disabilities. By November 15, 1998, the Office of Personnel Management, the Department of Labor, and the Equal Employment Opportunity Commission will submit to the Task Force a review of Federal Government personnel laws, regulations, and policies and, as appropriate, will recommend or implement changes necessary to improve Federal employment policy for adults with disabilities. This review will include personnel practices and actions such as: hiring, promotion, benefits, retirement, workers' compensation, retention, accessible facilities, job accommodations, layoffs, and reductions in force. Also, an evaluation of whether a single governmental entity or program should be established to provide computer and electronic accommodations for Federal employees with disabilities.

Second, the U.S. Departments of Justice, Labor, Education, and Health and Human Services will report to the Task Force by November 15, 1998, on their work with the States and others to ensure that the Personal Responsibility and Work Opportunity Reconciliation Act is carried out in accordance with section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990. This will give individuals with disabilities and their families the opportunity to realize the full promise of welfare reform by having an equal opportunity for employment.

Third, the U.S. Departments of Education, Labor, Commerce, and Health and Human Services, Small Business Administration, and the President's Committee on Employment of People with Disabilities will work together and report to the Task Force by November 15, 1998, on their work to develop small business and entrepreneurial opportunities for adults with disabilities and strategies for assisting low-income adults, including those with disabilities to create small businesses and micro-enterprises. These same agencies, in consultation with the Committee for Purchase from People Who Are Blind or Severely Disabled, will assess the impact of the Randolph-Sheppard Act vending program and the Javits-Wagner-O'Day Act on employment and small business opportunities for people with disabilities. The Departments of Transportation and Housing and Urban Development shall report to the Task Force by November 15, 1998, on their examination of their programs to see if they can be used to create new work incentives and to remove barriers to work for adults with disabilities.

Fourth, the U.S. Departments of Justice, Education, and Labor, the Equal Employment Opportunity Commission, and the Social Security Administration will work together and report to the Task Force by November 15, 1998, on their work to propose remedies to the prevention of people with disabilities from successfully exercising their employment rights under the Americans with Disabilities Act of 1990 because of the receipt of monetary benefits based on their disability and lack of gainful employment.

Fifth, the U.S. Department of Labor's Bureau of Labor Statistics and the Department of Commerce's Bureau of the Census, in cooperation with the U. S. Departments of Education and Health and Human Services, the National Council on Disability, and the President's Committee on Employment of People with Disabilities will, design and implement a statistically reliable and accurate method to measure the employment rate of adults with

disabilities as soon as possible, but no later than the date of termination of the Task Force. Data derived from this methodology will be published on as frequent basis as possible.

Finally, the Task Force will analyze youth related employment programs administered at the U.S. Department of Labor, Department of Education and the Social Security Administration. It will include the review of Special Education & Vocational rehabilitation, school-to-work transition, vocational education, work incentives and other programs, as they may be determined.

FOR MORE INFORMATION

For more information about the President's Task Force on the Employment of Adults with Disabilities contact the Presidential Task Force Office of Public Affairs, U.S. Department of Labor, 200 Constitution Avenue, N.W., Suite S-2312, Washington, D. C. 20210. Telephone numbers: (202) 219-6011 Extension 154, TTY (202) 219-0012. E-mail address: ptfead@dol.gov.

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Workforce Inclusion: From Barriers to Bridges

October 5, 6, 7, 1998
The National Press Club
Washington, DC

SPEAKER LIST

Sharman Davis Barrett
PACER Center
4826 Chicago Avenue South
Minneapolis, MN 55417-1058
Phone: 612-827-2966
Fax: 612-827-3065

Michael Benz, Ph.D.
Associate Professor
University of Oregon
175 College of Education
Eugene, OR 97403
Phone: 541-346-1408
Fax: 541-346-1411
E-mail: mbenz@oregon.uorogon.edu

Allan I. Bergman
President/CEO
Brain Injury Association, Inc.
106 N. Alfred Street
Alexandria, VA 22314
Phone: 703-236-6000
Fax: 703-236-6001
E-mail: abergman@blausci.org

Ed Berkowitz, Ph.D.
Department of History
George Washington University
Washington, DC 20052
Phone: 202-994-8174
Fax: 202-994-6231

Cecily L. Betz, Ph.D.
Project Director, Healthy and Ready to Work
University of Southern California
1540 Alcarzar Street, CHP 222, Suite G33-L
Los Angeles, CA 90033
Phone: 323-442-1868
Fax: 323-442-2091
E-mail: cbetz@hsc.usc.edu

Rebecca Brown
Senior Staff Assistant
National Governor's Association
444 N. Capitol Street, NW, Suite 267
Washington, DC 20001
Phone: 202-624-5367
Fax: 202-624-5313
E-mail: rbrown@nga.org

Bruce M. Bullen
Commissioner
Division of Medical Assistance
600 Washington Street, 5th Floor
Boston, MA 02111
Phone: 617-210-5690
Fax: 617-210-5697
E-mail: bbullen@nt.dma.state.ma.us

Mike Callahan
United Cerebral Palsy Association
4101 Gautier-VanCleave Road, #102
Gautier, MS 39553
Phone: 228-497-6999
Fax: 228-497-6966

Susan M. Daniels, Ph.D.
Deputy Commissioner for Disability
Social Security Administration, Office of Disability
6401 Security Blvd., Room 100 Altmeyer Bldg.
Baltimore, MD 21235
Phone: 410-965-0100
Fax: 410-965-9063
E-mail: susan.m.daniels@ssa.gov

Marty Ford, J.D.
Assistant Director
The Arc Governmental Affairs Office
1730 K Street, NW, Suite 1212
Washington, DC 20006
Phone: 202-785-3388
Fax: 202-467-4179
TT: 202-785-3411
E-mail: mfgarc@radix.net

Jeannette Harvey
Executive Director
United Cerebral Palsy Association
1660 L Street, NW, Suite 700
Washington, DC 20036
Phone: 202-776-0406
Fax: 202-776-0414

Andy Imparato, J.D.
General Counsel and Director of Policy
National Council on Disability
1331 F Street, NW, 10th Floor
Washington, DC 20004
Phone: 202-272-2112
Fax: 202-272-2022
E-mail: aimparato@ncd.gov

Ann B. Kinkor
Member, L.A. County Office of Education
30595 Granada Drive
Rancho Palos Verdes, CA 90275
Phone: 562-803-8301
Fax: 562-803-9272

Mitch LaPlante, Ph.D.
Director, Disability Statistics RRTC
University of California, Institute for Health and Aging
3333 California Street, Room 340
San Francisco, CA 94118
Phone: 415-502-5210
Fax: 415-502-5208
E-mail: mitch_laplante@quicksilvermail.ucsf.edu

Sandra M. LeBlanc
General Manager for Marriott at Metro Center
775 12th Street, NW
Washington, DC 20005
Phone: 202-737-2200
Fax: 202-661-8886

Joseph Leean
Wisconsin Department of Health and Family Services
Bureau of Long Term Support
1 West Wilson Street, P.O. Box 7850
Madison WI 53707-7851
Phone: 608-266-9622
Fax: 608-266-7882
E-mail: leeanjs@dhes.state.wi.us

Peggy Mastroianni
Associate Legal Counsel
Equal Employment Opportunity Commission
1801 L Street, NW
Washington, DC 20507
Phone: 202-663-4638
Fax: 202-663-4639

Charles H. McNelly, Ph.D.
Executive Director
United Cerebral Palsy of Prince George's
and Montgomery Counties, Inc.
3901 Woodhave Lane
Bowie, MD 20715
Phone: 301-262-4993
Fax: 301-262-4982

Paul S. Miller, J.D.
Commissioner
U.S. Equal Employment Opportunity Commission
1801 L Street, NW
Washington, DC 20507
Phone: 202-663-4036
Fax: 202-663-7101

Sarah Wiggins Mitchell, Esq.
New Jersey Protection and Advocacy, INC.
210 South Broad Street, 3rd Floor
Trenton, NJ 08608
Phone: 609-292-9742
Fax: 609-777-0187

Jonathan Mook
Ogletree, Deakins, Nash, Smoak, and Stewart
2400 N Street, NW, 5th Floor
Washington, DC 20037
Phone: 202-887-0855
Fax: 202-887-0866

Rebecca L. Ogle
Executive Director
Presidential Task Force on Employment of Adults
with Disabilities
U.S. Department of Labor
200 Constitution Avenue, NW, Room S2312
Washington, DC 20210
Phone: 202-219-6001 X147
Fax: 202-219-6523
E-mail: ogle-becky@dol.gov

A. Kathryn Power
Director
Rhode Island Department of Mental Health,
Retardation and Hospitals
600 New London Avenue
Cranston, RI 02920
Phone: 401-464-3201
Fax: 401-464-3204

Curtis Richards
Deputy Commissioner
Office of Special Education and Rehabilitative Services
U.S. Department of Education
Room 3006, Switzer Bldg.
330 C Street, SW
Washington, DC 20202
Phone: 202-205-5465
Fax: 202-205-9252
E-mail: curtis_richards@ed.gov

Catherine K. Ruckelhaus, Esq.
Litigation Director
National Employment Law Project
55 John Street, 7th Floor
New York, NY 10038
Phone: 212-285-3025 X107
Fax: 212-285-3044

Mallika Saada Saar
Center for Community Change
1000 Wisconsin Avenue, NW
Washington, DC 20007
Phone: 202-342-0519
Fax: 202-342-1132

Katherine D. Seelman, Ph.D.
Director, NIDRR
U.S. Department of Education
600 Independence Avenue, SW
Washington, DC 20202
Phone: 202-205-8134
Fax: 202-205-8997
TT: 202-205-5479
E-mail: kate_seelman@ed.gov

Joe Sellers
Cohen, Milstein, Hansfeld & Toll
Suite 500, West Tower
1100 New York Avenue, NW
Washington, DC 20005
Phone: 202-408-4600
Fax: 202-408-4699

Candy Shively
Commissioner of Income Maintenance and
Employment Preparations Services
Department of Social and Rehabilitative Services
or the State of Kansas
Room 681 West, Docking State Office Bldg.
915 Harrison
Topeka, KS 66612
Phone: 785-296-6011
Fax: 785-296-6960

Joseph A. Skiba
United Cerebral Palsy Association
9509 Essex
Romulus, MI 48174
Phone: 734-955-1203
Fax: 734-955-1203

Sue Swenson
Commissioner
DHHS/ACF/Administration on Developmental
Disabilities
200 Independence Avenue, SW, Room 300F
Washington, DC 20447
Phone: 202-690-6590
Fax: 202-401-9507

Peter Thomas, J.D.
American Academy of Physical Medicine and
Rehabilitation
1875 I Street, NW, 12th Floor
Washington, DC 20006
Phone: 202-466-6550
Fax: 202-219-6827
E-mail: pthomas@ppsv.com

Sarah L. Triano
2690 Great Highway, #102
San Francisco, CA 94116
Phone: 415-242-3309
Fax: 415-338-3382
E-mail: striano@sfsu.edu

Patience H. White, M.D.
Executive Director
Adolescent Employment Readiness Center
Children's National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
Phone: 202-994-3266
Fax: 202-994-9994
E-mail: mcaphw@gwumc.edu

Bob Williams
Deputy Assistant Secretary for Disability, Aging and
Long-Term Care Policy
ASPE, U.S. Department of Health and Human Services
200 Independence Avenue, SW, Suite 424-E
Washington, DC 20201
Phone: 202-690-6443
Fax: 202-205-2164
E-mail: bwilliams@osaspe.dhhs.gov

Pat Wright
Director of Government Affairs
Disability Rights Education and Defense Fund
1629 K Street, NW
Washington, DC 20006
Phone: 202-986-0375
Fax: 202-775-7465
E-mail: pwright@dredf.org

Marsha Zakowski
Chairperson, Subcommittee on Labor, PCEP
c/o United Steel Workers of America
5 Gateway Center
Pittsburgh, PA 15222
Phone: 412-562-2492
Fax: 512-562-2495

October 2, 1998

Presentation for "Lessons From Welfare Reform" Panel

Workforce Inclusion: From Barriers to Bridges—President's Task Force on the Employment of Adults with Disabilities/SSA

National Press Club, 10-7-98 (15 min.)

I. Introduction

- When I first spoke with my colleagues here on the panel about the subject we would be discussing today, I told them I thought a more appropriate title would be, **"Perspectives from Welfare Reform: Early Experiences, State Trends, and Future Challenges for Policy,"** rather than **"Lessons from Welfare Reform."** The reason being—under welfare reform, states are just starting to really delve into serving the population of recipients who have the greatest barriers to employment, which may include a mental and/or physical disability. (In the next presentation, Candy S. will tell us what % of Kansas' caseload faces these barriers.)
- Caseloads have fallen 31% nationwide since the passage of welfare reform in 1996 (40+% in 17 states), with the most easily employable individuals going to work first. Now, states are taking a much closer look at the challenges facing the families who are left and determining how to serve them. Nevertheless, there is significant insight to be gained from examining where states are headed with policies and programs for the harder to serve, as well as considering welfare reform's general emphasis on helping families who are dependent on public assistance to become self-sufficient.
- With that being said, I will attempt to shed some light on ways to promote workforce inclusion of individuals with disabilities—particularly learning disabilities—by first, briefly highlighting some of the major provisions of the 1996 welfare reform law to both set the context for this discussion and inform those of you who are less familiar with the law. Then, I will describe and provide examples of state trends and policy implications in four key areas: 1) **culture change—training of caseworkers in screening/referral techniques**; 2) **interagency collaboration—services and funding**; 3) **private sector involvement—emphasis on employers and community colleges**; and 4) **use of state flexibility—designing policy and programs to address particular needs of the state/locals**. Finally, I will iterate a few recommendations to the committee and others here involved in state, local, and federal policymaking to promote workforce inclusion of the disabled.
- Most of NGA's work in disabilities and welfare reform has focused on learning disabilities and some of what I will cover today is discussed in greater detail in an Issue Brief we published this summer, entitled—*Serving Welfare Recipients with Learning Disabilities in a "Work First" Environment*. A few copies are available here at the conference, but it is also very easy to pull off of our Welfare Reform web site at www.nga.org.

II. Overview of Welfare Reform

- **Why can the policymaking community learn from welfare reform?**—The PRWORA of 1996, signed by the President in 8/96, overhauled the former federal entitlement to cash assistance (former AFDC program) and switched to a work-based program of temporary assistance. States receive annual fixed block grants until 2001. The law is fairly flexible, but requires **significant state funding match** and a few other major restrictions, including:
 - **60 month lifetime limit on benefits**—20 states have shorter time limits, but most of them also have extensions or exemptions to the limit.
 - **24 month work requirement**—recipients must be in a work activity within twenty-four months of receiving assistance or when they are ready, whichever comes earlier. 21 states with shorter work requirements also have exemptions or extensions.
 - Thus, welfare reform's enhanced emphasis on helping individuals to obtain and maintain employment can enlighten the discussion of helping all disabled individuals find gainful employment. Let's look at some of the trends...

III. 1st: Culture Change—Training Caseworkers in Identification, Assessment, and Referral Processes

- Welfare reform's strong 'work first' message, time limits, and work requirements mean that caseworkers must play an enhanced role in helping recipients move from welfare to work. Now, in addition to determining benefit eligibility, they must determine the combination of work-related activities and support services that will move individuals quickly into work. For individuals with LD, this means getting identified as having special needs early, receiving a useful and effective assessment, and being referred to services that will serve their individual needs most directly.
- Several states are piloting screening tools to identify LD at application and redetermination; training caseworkers in how to administer these tools and be sensitive to such issues as client privacy; and establishing more efficient referral processes. (WA—4 R's model; KS—Candy S. will describe how it builds on WA's model; and RI—statewide caseworker training in use of "STEP" screen similar to CAGE for substance abuse, understanding of laws and accommodations, and produced "LD Resource Guide" for caseworkers and recipients [SHOW THIS])

IV. 2nd: Interagency Collaboration—Coordinate Service Delivery and Funding

- Furthering state systems collaboration in areas of service delivery and funding streams in order to make full use of existing services and to keep from reinventing the wheel and duplicating.
- **TANF/WtW**—Both the TANF and Welfare-to-Work (WtW) grant programs provide funds that can be used for serving welfare recipients with learning disabilities and low literacy levels. Under WtW, eligible clients must be deemed "long-term welfare recipients." (6 out of 1st round of 49 competitive grants mention serving

individuals with disabilities—FL departments of C&F and labor are working with the Florida Developmental Disabilities Council to support job placement and retention of recipients with learning and other disabilities)

- **Vocational Rehabilitation**—Several state welfare departments collaborate with the vocational rehabilitation department to provide diagnostic testing and support services to welfare recipients with learning disabilities. A rehabilitation counselor works with a recipient to develop a written plan outlining work objectives and activities to fulfill these. A challenge with WR will be getting these plans to mesh with TANF personal resp. plans. (NH—disability support specialist in-house contracted from DOE and ongoing meetings with voc. rehab. to help recipients access services; KS—those w/more severe disabilities are referred to voc. rehab. for case management)
- **Medicaid**-- Medicaid is another source to pay for diagnostic testing of welfare recipients with learning disabilities. New York has established a relationship between hospitals and Medicaid for much of the state's diagnostic work.

V. 3rd: Private Sector Involvement—Engage Such Critical Partners as Employers and Community Colleges

- Some states are recruiting community colleges to serve as partners for delivering redesigned job readiness services. (OR-- combines a variety of ABE techniques to create a 10-week employability training program that includes career counseling and job shadowing services. A community resource specialist is onsite to help participants gain access to area employment supports, and the community college's program staff are outstationed in TANF case management offices to recruit learning disabled and low-level reading individuals)
- Some states are also working with employers and current/prospective employees to alleviate concerns regarding legal requirements and accommodation. (MO—helping participants obtain employer accommodations using JAN)
- Other states are working with employers to target jobs where the disability is not as much of an issue. (TX—community college program targets occupations w/career ladders and identifies placements with employers like certified nurse's assistant, child care worker, landscaper)

V. 4th: Using State Flexibility to Meet Needs of the State and Local Communities

- Some states are modifying their work requirements for learning disabled recipients or combine activities that meet the federal work participation rate requirements, such as vocational education training or on-the-job training, with ABE, literacy education, or GED certificate preparation programs that are designed specifically for individuals with learning disabilities. (TN-- allows welfare recipients who test at or below 8.9 on the Test of Adult Basic Education to take twenty hours of ABE without being subject to the forty-hour work requirement, provided they are making progress

in the course. In addition, the recipient's time limit and forty-hour work requirement does not take effect until he or she reaches the ninth-grade level or completes the course. Participants who are not making progress may be referred to vocational rehabilitation agencies where they can be tested for a learning disability. Recipients are exempt from the state's time limits and work requirements while they are enrolled in vocational rehabilitation programs.)

VI. Conclusions and Recommendations

- While what I called "trends" are happening in some states, I also pose them as challenges and recommendations for promoting more activity in these areas. Again, they are...
- 1) Condition the frontline to serve the disabled as early as possible through identification, assessment, and referral.
- 2) Consider interagency collaboration of services and funding wherever possible.
- 3) Engage the private sector—employers and cc's (task forces).
- 4) Allow for state and local flexibility to serve the particular needs of the caseload.
- 5) Build upon lessons learned from other fields such as voc. rehab.—both what works and what doesn't.
- 6) Promote promising practices, encourage sharing of evaluations of screening/assessment tool pilots and estimations of caseload affected (States want to know how different instruments and state policies compare), and resources for states and recipients (TA centers, publications, hotlines, websites)

Workforce Inclusion

10-6-98

Overview of Disabil. + Work3/98 -- ~~9.6%~~ ^{7.6%} of working-age adults on SSI

most w/ severe limitations not working

leads to greater impoverishment -- 38% of disabled

- some say could work if had a suitable job
employer attitudes big barrier

- 18% of disabled have college degree (often lack on-the-job experience)

- barriers pose sharp drop in emp. rate for disab. ind.

- transport. accounted a barrier

- 42% of disabled not working

16% are looking for work

- impact of accommodations declines w/ age

- should be a priority to target young people, since they are impacted most

SSI - Costs? \$20 bil. for DI
\$80 bil. for SSI

health care costs would double this

DI - 18% claimed UT can out (but, must be able to work)
25% loss of income

40-60 yrs. on DI suggest group

(mental illness, neurological)

- female, low educ., mental illness

only refer 40% for rehab. - only 1% successfully rehabed

* [recip. say it's an "all or nothing" system]
low expectations of those on rolls
health care access is limited

- not good data on accommod. in workplace (are people being served?)

- need better defs. (long-term problem)

- CDC, WHO, etc. looking at new measures + paradigm for disab.

High Costs + Low Payoffs - outcomes of fed. policy

SSI + Voc. rehab were rivals (statified, health care)

1956 - DI passes

NA - continuation of health coverage

(this is a major barrier)

late 1930s

(*) extra copies of B.O. / new matrix (Jeffords-Kennedy bill)

10-6-98

- SSA began to fund voc. rehab. & lobby developed to preserve in length of time to retain MA

work inv. was lost → emphasis on cutting benefits & rolls

- ADA symbolizes change in employment focus

one-steps - these systems can't change how to dedicate resources
providers have little experience serving disab. folks (only through VR)

4 major policy

- conflicting policies make diff. for providers

- voc. rehab. conflicts w/ TANF "work first" - who decides what kind of customer they are

- who gives the last \$

- WIA - 4 defs. (SSA, DOL, TANF, JTPA)
of successful emp.

- proactive retention prog / integrate policies

- treat as indiv., don't compare against others (personalized emp. plan)

- are emp. progs. focusing on informal networks? - already doing this

Medicaid - Mark Ford

mental retardation - 24 hr. services (alternative to nursing homes)

- supported emp. can be covered by MA - group homes

- \$75-100 in personal spending
(what is incentive to work?)

* - state expansion of MA elig. (why hasn't there been more of this?)
Jeffords Kennedy has implications for this w/ passage

- can't have any more than \$2,000 in bank (can earn, but not save)

[need to do a crosswalk of prog. policies in this area]

poll [52% say SSA each prog should be resp. for emp.
25% ...]

But he doesn't give concrete examples of this

* what % of us have rec'd w/ disab. as getting jobs?

10-6-98

- near 2002 - #102 bil. budget for 98
- coordinate individual plans (i.e., TANF + voc. rehab.)
 - personal resp. + "return on investment" agenda
 - need federal agency coord. + unification
 - 40% of spec. ed. students drop out (end up in other systems + no one takes resp.)
 - crossover w/ housing - leap. passed yesterday that gives locals more authority to set elig.

See Norman

- recognition that inclusion is "win-win" situation
- Pres. has directed HHS to work w/ states to take advantage of MA buy-in / use of ADA

Access to Health Care

Bruce Bullock
NASHO

- Mass. Health Prog. - full MA w/ sliding scale copay
- MA buy-in option for waivers (will not result in fed. savings, even though some states suggest this)
- fear that support system will disintegrate when they go to work
- seamless funding system at state level for long-term care of disabled

WI - Medicaid prog.

- class of coverage - 70% say it's a significant barrier + fear of class is barrier
- fragmentation + rules that are hard to explain + understand
- need feds to evaluate cost neutrality + potential savings if work across progs

WI prog. -- job placement, supports, accomod., followup

- guarantee cont. coverage of current MA they have
- "ability to save/gain assets"
- cost sharing based on net income / one-time entry premium

RI - mental health - Cathy Power

10-6-98

System accountability - "System of recovery"

- new mentality of hope + avoidance of condition complications
- client has to be focus of decision making
- they will change emotionally + interpersonally
- promote responsibility, self-advocacy
- acquiring work is better than work preparation where all you do is talk about it
- state is so small → Can't avoid relationships + this leads to creative thinking

* → look at Rhode Care as model

RECOVER - behavioral/punishing care front doors

* IPS (developed at Dartmouth) - "work is treatment" for people w/ serious mental illness

- intensive supports → 57% emp. rate

98% of state businesses have less than 100 employees (employers can't afford coverage)

* - Use as resource on mental health

in the course. In addition, the recipient's time limit and forty-hour work requirement does not take effect until he or she reaches the ninth-grade level or completes the course. Participants who are not making progress may be referred to vocational rehabilitation agencies where they can be tested for a learning disability. Recipients are exempt from the state's time limits and work requirements while they are enrolled in vocational rehabilitation programs.)

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Candy Shively - K3

- HTS cycling off + on - what's happening to them

multiple barriers

20%	- documented phys. + mental disab. (2000)
30%	- LD
25%	- have IQ < 80

- focusing on those w/ documented disab. (SA, DV, disab.)

- for TANF recips + child welfare cases (SA treatment + emp. services)

DV - physical disab. - integrate DV services into TANF off.

pilot this mo. - cross-training of staff, on-site counselor

- high incidence of standing/walking, cardio-vascular, neurological

LD - type of LD → accommod.

didn't differentiate b/w low IQ + LD - validating new tool

results expected 12/98

mental illness - "KS Emp. 1st"

(SSI/SSA - 3 pilots

parents of kids on TANF)

999 - caseworker training

LD packets for employees

- PIC has DOL grant with

- will use WTW to fund cc's to do assessment +

* - expand capacity in DV + SA for women training

K TANF - let them be used for...

★ call for 7 info

DELT

"Work Reform: Other Side of WK" - Stanford Law Review

- should have same emp. rights as all workers
- all emp. stages (enter, leaving, pre-emp) → diff. laws for these stages

DOL guidance for workplace - wage/hour, unemp. comp, worker's comp.

EEOC SL - looking at using for temp. agencies

MA - Rano v. McIntire - failure to accomod. recip w/ disab.

LD not getting access to E+T services

no prelim. inq. which would stop this st. (Dec.)

- notice of failure to comply w/ work reqs. before sanction. - ADA
- recip. don't know at state level that they have workplace rights
- promoting fed. outreach (EEOC, justice, DOL) - ce's + training providers

Malika - Center for Comm. Change

San Fran. - current/former recip. on local + state level (DHS) involved in creation of program (focus groups) → mothers + fathers on-site day care part. stipend

- city hall hearings / town hall in high-density areas

- helped them learn about process - DV/SA at state level mothers testified to state leas. (suspend work req. while in treatment)

- involve recipients it is "doable"

- mothers are afraid of assess. (SA, mental illness) + equate with taking children away
- time limits don't allow for real treatment + educ. advancement (they need time for recovery)

- San Fran. + ME - Parents as Scholars prog. (used private donations, not TANF to pay for this)

- grievance advocates in one-stops

IL - incompatibilities b/w VR + TANF (voc. rehab. up against st. l.'s)

NY - employer of record is employer or state under Title I

concept of "joint employer" (hasn't been confirmed w/ state DOL)

Educ. + IDEA

Disabilities

—

Detroit Health Department Bureau of Substance Abuse, Michigan Rehabilitation Services, Arab American and Chaldeans Council and SER Metro of Detroit.

Florida Developmental Disabilities Council

K. Joseph Krieger, Executive Director

124 Marriot Drive, Suite 203

Tallahassee, FL 32301-2981

850/488-4180

Funding: \$1,660,396 $- 300 = \$1,360,396$

developmental disabilities

This project supports job placement and retention for long-term welfare recipients with learning and other disabilities. The project will be administered by the Seminole Community College and the Palm Beach Habilitation Center. Recipients will be placed in customer service, tourism, and light industrial positions. The program will provide assessment, matching the participant to an appropriate job and employer; job coaching; and long term support and follow-up, including "follow-along" counselors for up to three years after placement. Follow-along supports include providing additional on-the-job training, intervention between the individual, family members and the employer, and assistance for future vocational needs.

In implementing its plan, the Council will be working with the WAGES Coalition, local one stop service centers, the Workforce Development Board, Department of Children and Families, and the Florida Department of Labor.

Los Angeles County Private Industry Council

Kenneth Kessler, Director, Employment & Training

Los Angeles County Community & Senior Services

3175 West Sixth Street

Los Angeles, CA 90020

NCP

Funding: \$1,216,167

The Cambodian Family will implement a comprehensive and neighborhood-based program to assist TANF-eligible Cambodians to find jobs and become self-sufficient. It is expected that 150 will be placed in unsubsidized employment with an average starting wage of \$6.00 per hour. The Cambodian Family's approach is an employment-oriented "work first" program, which enhances an existing set of services and coordinates a comprehensive set of family-oriented services, designed to help Cambodians find jobs, move from welfare, and sustain economic self-sufficiency -- while strengthening and promoting family health and well-being. Funding for this program will 1) remove barriers so that eligible clients may secure and retain jobs, and 2) promote sustainable family self-sufficiency, through improving English, vocational, and life skills and increased job earnings.

The Cambodian Family will work in partnership with the Orange County Social Services Agency CalWORKS program, the Santa Ana Private Industry Council, Santa Ana College, local employers, the Santa Ana W/O/R/K/S One-Stop and two local Cambodian religious groups to provide comprehensive specialized services.

Catholic Social Services of Albuquerque, Inc

Greg Kepferle, Executive Director

1410 Coal Avenue, SW

Albuquerque, NM 87104

505/247-9521 x3306

Funding: \$1,343,133

- 750 = 1,800

ESL
disabilities

This project, developed by Catholic Social Service of Albuquerque in collaboration with Career Service for Persons with Disabilities and Advantage Training Centers, targets services to welfare recipients with multiple barriers to employment, including homeless families; physically and learning disabled individuals; adults with limited English, low literacy, and poor work history; and long-term AFDC recipients. The program focuses on building skill sets through a curriculum developed with extensive and ongoing input from area employers.

Michigan Works, and Kalamazoo Metro Transit.

City of Los Angeles Housing Authority

Donald J. Smith, Executive Director

2600 Wilshire Blvd.

Los Angeles, CA 90057

213/252-1810

Funding: **\$5,000,000**

The project will serve that portion of the Housing Authority of the City of Los Angeles (HACLA) non-custodial parents of participant children, living in housing projects or subsidized private housing, who receive TANF assistance, are hard-to-employ, and/or are considered long-term welfare dependent, including learning disabled individuals and substance abusers. HACLA is currently operating activities through the JTPA, one-stop and Jobs Plus programs and will expand these activities and services to enhance and expand these efforts through this project with the goal of placing its clients in jobs leading to careers.

*NCPs
disabled
subs abuse*

The City of Little Rock

Cy Carney, City Manager

500 West Markham

Little Rock, AR 72201

subs abuse

Little Rock - cont.

501/371-4510

Funding: \$5,000,000

This innovative project plans a true "one-stop center" as its anchor. Following multidisciplinary assessments, *one* individualized Employment Support Plan will be developed with the client. The goal is to link and focus services that promote sustained employment. Key services include job placement, employment education and training (on-site and off-site), the assignment of a personal mentor/job coach to assist with employment retention, and identified support services of substance abuse treatment, child care (to include 24 hour care and sick child care), transportation, legal (non-criminal), and housing location assistance. The Pulaski County plan integrates "high tech" (computer-linked providers and data bases) with "high touch" (personal mentor/job coach) services focused on sustained employment. It pairs recipient services with employer liaison services so that the needs of both are met.

Community Rehabilitation Industries and Goodwill Industries of Long Beach

Becky Tschirgi, Executive Director

1500 East Anaheim St.

Long Beach, CA 90813

562/591-0539

Funding: \$3,669,874

The project involves a coalition of agencies in Southern Los Angeles County brought together to serve TANF residents. Participants will receive assessment and referral, be enrolled in a specialized employment preparation component/job club/job matching, and other key services such as expanded transportation services, expanded child care services, and basic learning skills development. Partners include Community Rehabilitation Industries, Goodwill Industries of Long Beach and South Bay, and Long Beach Boy's and Girl's Clubs.

dislikes

life, and leadership skills training. All participants will have an individualized service strategy based on the YouthBuild model. Participants will enter a 9-12 month community service/work experience subsidized employment program. During this training they will learn construction trade-skills. At the same time, they will be earning their high school or equivalency degrees and receiving classroom academic instruction and life skills counseling. Other elements of this project include leadership development and the provision of supportive services. Upon graduation, participants will be placed into unsubsidized employment.

Sites included in the project: Franklin County, OH; Wellston, MO; Sonoma County, CA; Bemidji, MN; Lower Yakima County, WA; Fort Berthold Indian Reservation, ND; Barbour/Randolph Counties; St. Louis, MO; Atlanta, GA; and Washington DC.

Partners include, Habitat for Humanity, JTPA programs, PICs, governmental human services organizations, the Home Depot, Turner Construction, the Sherman R. Smoot Construction Co., trade unions, the National Association of Minority Contractors, and the National Center for Strategic Nonprofit Planning and Community Leadership.

IAM CARES, MD (International Association of Machinists,)

Center for Administering Rehabilitation and Employment Services

Angela Traiforos, President

9000 Machinists Place

Upper Marlboro, MD 20772

301/967-4717

Funding: \$5,000,000

IAM CARES provides system enhancements through intensive case management and transitional employment support with a focus on consistent individualized interventions: Pre-apprenticeship and other employer sponsored vocational skills training offered in conjunction with work-first activities; personal effectiveness training; close ties to union jobs, and long term follow-up. The project will focus on those with the greatest barriers to self-sufficiency and has as a priority serving participants with disabilities and serious health problems. IAM CARES is also responding to the following

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special interest areas: TANF recipients with learning disabilities, noncustodial parents, and public housing residents; creation of job opportunities that allow for flexibility, i.e., telecommuting and self-employment; involvement by unions and employers in the design and implementation of the project; non-traditional occupations for women; and integration with workforce development and the welfare systems.

This multi-site project will serve recipients in Cuyahoga County, OH; Jackson County, MO; Marion, Polk Yamhill Counties, OR; and Anchorage/Mu-Su Valley, AK

The IAM CARES project has been designed as a cooperative venture among the local WtW and TANF offices, public and private sector community service providers, unions and employers.

County of Union

Frank Guzzo, Director, Union County Department of Human Services

County Administration Building

Elizabeth, NJ 07202

908/527-4809

Funding: \$5,000,000

This project will be targeted toward hard-to-employ TANF recipients, particularly in the urban centers of Elizabeth and Plainfield. An intensive service track beyond what is currently available will offer an intervention geared to the needs of these participants based on a multi-disciplinary approach. The project proposes the development of a multi-disciplinary team that centralizes the coordination and management of services. In addition, it proposes the implementation of post-employment services that will reduce TANF recidivism, introduces a more intensive approach to assessing and delivering services for TANF clients and has strong employer incentives.

Partners include Union County Workforce Investment Board, Department of Human Services, Union County Human Services Advisory Council, Retail Skills Institute, Union County Alliance, and Urban Enterprise Zone.



"Colarulli, Dana" <Dana.Colarulli@sba.gov>
10/13/98 12:53:56 PM

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To: See the distribution list at the bottom of this message
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Subject: Goodwill Industries of Southern California Receives \$1 Million Welfare-to-Work Contract

Fyi.. CA Welfare to Work Press and Goodwill Industries...drc

Dana Colarulli
U.S. Small Business Administration
Welfare to Work Office
202-401-8274 (ph)
202-205-6903 (fax)
<mailto:dana.colarulli@sba.gov> dana.colarulli@sba.gov

Date: 10/13/98 12:06:34 PM Eastern Daylight Time
Goodwill Industries of Southern California
Receives \$1 Million Welfare-to-Work Contract

LOS ANGELES--(BUSINESS WIRE)--Oct. 13, 1998--Goodwill Industries of Southern California (GISC) Tuesday announced that it has been awarded a \$1,005,168 Welfare-to-Work contract from the California Employment Department.

The contract calls for GISC to serve 125 people in 24 months with a 50 percent placement rate. GISC will work with people who have disabilities or are receiving public benefits.

Over the two-year training period, clients will receive work- experience training, take classes in work acclimation and participate in activities relating to barriers to employment. Some of those include work orientation, parenting, English as a second language (ESL), GED preparation, money management and other independent-living skills.

"We are partnering with the Mobilization for the Human Family," said Margaret O'Brien, vice president of Education, Training and Placement Services for GISC.

"They are a Christian family movement that will work with local congregations and train their members to provide mentoring service to those persons placed," said O'Brien.

GISC was one of 24 agencies in California to receive the Welfare- to-Work grants, equaling \$23 million. The funds, known as 15 percent monies, are authorized under the Federal 1997 Budget Reconciliation

CCI disability
- WTW - Gov
1590 \$

Act, where California applied for and received a \$190.4 million WtW grant.

Eighty-five percent of the funds must be directed to local Private Industry Councils, which will operate programs designed to meet local needs. Of this amount, 15 percent is available to the governor to fund innovative WtW projects in private, nonprofit or for-profit organizations and public entities.

"We are very excited to be able to play a role in helping people affected by welfare reform gain the skills they need to find employment. We believe one reason Goodwill received this contract was the recognition that Goodwill Industries has been providing these services for 79 years for persons with disabilities and other barriers to employment," said O'Brien.

The program is expected to begin serving people this December.

Founded in 1919, Goodwill is a nonsectarian, not-for-profit agency that is nearly 80 percent self-supporting through its retail stores and its Industrial Services Division's contracts with local businesses. Seventy-six cents of every donated dollar goes to fund Goodwill's education, training and job-placement programs.

--30--DB/la LES/la

CONTACT:

Goodwill Industries of Southern California
Richard Guiss, 213/223-1211, ext. 222

Message Sent To:

"Brackett, Lee Ann" <brackett_l @ a1.eop.gov >
"Overal, Dorothy A." <Dorothy.Overal @ sba.gov >
"Alvarado, Alberto G." <alberto.alvarado @ sba.gov >
"Tumpak, John R." <john.tumpak @ sba.gov >
Andrea Kane/OPD/EOP

f. learning disabilities
w/c

Linkages: Linking Literacy & Learning Disabilities **LINKING TO COMMUNITY RESOURCES**

Table of Contents

From the Director

- * Establishing a Network of Services for Adults with Special Learning Needs in West Virginia, Cathy C. Shank
- * Increasing Access to Employment and Training for Individuals with Learning Disabilities -- A "One-Stop" Approach, Dan Fey
- A Local Library Program, Cheryl Ashe
- The Client Who Benefits, Ken M.
- Collaborations: Finding Local Resources to Assist Learners with Learning Interference Issues, Anson M. Green
- Why I Offer My Services to Women in the Culebra Road Workforce Program, Laura Hernandez
- Further Sources for Community Linkages

From the Director . . .

Adults attending literacy programs often have needs that extend beyond the classroom or the tutoring environment. These needs can include vocational testing, employment services, and vision and hearing screening. They also may include counseling and support, as well as information about community resources such as public libraries, medical care, legal aid, housing, child care, and transportation.

For adults who are suspected of having learning disabilities, other community services that can prove helpful include diagnostic testing to evaluate the presence of learning disabilities, and protection and advocacy to help ensure that adults with learning disabilities are accorded the services guaranteed to them by law.

The close bond that frequently exists between the literacy teacher/tutor and the learner means that it often is the literacy provider in whom the learner confides and reveals a need for information about available resources within the community. Literacy staff who serve the learner holistically do so because they know that, for learning to take place, learners first must have more immediate and pressing needs met.

This issue of LINKAGES features some adult literacy programs which have successfully involved various stakeholders within their communities to address learners' needs. We hope that this newsletter provides our readers with some ideas and insights about building a network among provider agencies to better meet the needs of adult learners and to help learners successfully meet their goals.

--Mary Ann Corley, Ph.D.

Establishing a Network of Services for Adults with Special Learning Needs in West Virginia

Cathy C. Shank

West Virginia's Adult Basic Education (ABE) program has developed and implemented a system for serving adults with learning disabilities and other special learning needs. Under the leadership of the Professional Enrichment for Educational Renewal (PEER) program, West Virginia has trained adult education and literacy practitioners and has established a network of community services.

During the last four years, extensive regional training has been preparing adult educators in West Virginia to assess learners enrolled in basic skills or literacy programs and to identify and accommodate those with special learning needs. Teachers also have been trained to refer learners, when necessary, to appropriate professionals for formal assessment of learning disabilities and to identify important agencies and individuals in their communities and to facilitate the establishment of a network of service providers.

Forty-eight hours of training have been provided to full-time ABE and TANF (Temporary Assistance to Needy Families) teachers as well as to selected part-time teachers and volunteer literacy providers. The sessions are designed to develop teachers' abilities in the following:

- awareness of the special learning needs of many adult learners;
- identification of manifestations of learning difficulties and attention disorders;
- use of the Payne Learning Needs Inventory (LNI) to screen adults and to identify learning strengths and weaknesses of individuals;
- identification of information which requires strict confidentiality and establishment of a system for maintaining confidential student records in the local program;
- identification and accessing of resource materials and assistive technology devices for accommodating special learning needs;
- design of reasonable accommodations and development of classroom strategies for students with special learning needs;
- use of Power Path equipment for hearing/vision screening/referral and awareness of formal assessments and services offered by audiologists and optometrists; and
- recommendation of community resources, as necessary, and referral to appropriate certified professionals for specific assessment, diagnosis, and evaluation services.

In creating a statewide system of serving adults with special learning needs, the PEER program has involved state-level contacts from the following organizations as members of a policy team:

- state and county ABE directors;
- regional adult education coordinators;
- state GED test administrator;
- Department of Health and Human Resources (DHHR) officials;
- state Division of Vocational Rehabilitation (DVR) officials;

- Literacy Volunteers of America -- West Virginia (LVA-WV) representatives;
- West Virginia Laubach Literacy (WVLL) representatives;
- West Virginia Department of Education (WV DOE) Special Education Division officials; and
- K-12 school psychologists.

In preparation for training in each region, the PEER program also has set up initial meetings with local community representatives from some of these same organizations, who then have served on regional implementation teams. One outcome of these policy and implementation team meetings is that community agencies have become more aware of the role adult education can play in serving clients, while adult educators have become aware of community services that are available to adult learners and of the process for referring clients for further assessment.

Through cooperative efforts, those learners who are likely to qualify for GED or college testing accommodations are assisted in obtaining necessary documentation. Learners with vision or hearing difficulties are referred to appropriate organizations and professionals.

Because the costs of obtaining thorough professional evaluations (psychological, neuropsychological, vision, hearing, etc.) and assistive devices (glasses, hearing aids, audiocassettes, and large print materials) are prohibitive for many adult education students, it was vital that the PEER program assist in identifying appropriate community services.

The Division of Vocational Rehabilitation (DVR) is one resource through which adult learners with financial need have obtained documentation of the need for GED testing accommodations at no cost. In addition, DVR offers many other important services. The PEER program has developed a cooperative relationship with state DVR personnel and a system of referral which meets DVR intake requirements.

Under this system, adult educators who refer clients to DVR provide all relevant documentation collected during the special learning needs assessment process. To document/prove a client's need, educational, psychological, or medical records from other agencies are collected and sent to DVR (with the client's permission and signed release, of course).

Whenever possible, adult learners are referred to psychologists who are knowledgeable about these clients' accommodation and strategy needs in educational and workplace settings. PEER has identified and oriented a number of K-12 school psychologists with expertise in developing educational accommodations. DVR now allows these school psychologists to apply to become its vendors and to provide psychological testing for adult education students who qualify as DVR clients. DVR pays the vendor psychologist, and the client is able to get formal assessment free-of-charge. The psychologist's recommendations regarding classroom accommodations are provided to the learner as well as to the adult education teacher.

In addition to its collaboration with DVR, PEER has also established a number of other support services for psychological testing. The West Virginia Department of Education's Special Education Division has agreed to verify documentation of selected GED candidates at no charge to the candidate. The Director of the Marshall University Graduate College's Psychology Clinic provides psychological testing at minimal cost.

The West Virginia State GED Administrator has also been active in seeking alternatives for low income GED applicants. She has secured commitments from several civic groups to help defray the cost of psychological assessment for those in need of testing accommodations. In addition, a portion of the fee collected for GED transcripts has been dedicated to paying for the psychological assessment of needy adults who are unable to access any other free services.

Another effort of PEER has been to compile and disseminate a special learning needs resource directory which includes a listing of toll-free state and national organizations serving clients with disabilities and special needs, state community behavioral health centers, regional and local disability support groups, DVR centers, state university disabilities services, and vocational-technical centers.

PEER also has surveyed members of the West Virginia Optometric Association to compile a list of vision professionals who offer developmental eye examinations, as well as those who provide services to low income clients through the Lions Club, Vision USA, and other programs.

As a result of PEER's efforts at collaboration, several vision specialists and audiologists have volunteered their services as guest speakers during regional training sessions, and on occasion, have offered to perform free vision and hearing screenings to adult learners. Many local Lions Clubs have supported PEER's efforts by giving first priority to adult education students who need exams and corrective lenses in order to help them pursue their education.

As trained practitioners have begun establishing relationships in their communities, PEER's list of resources has been expanding. In some counties where no collaboration among agencies had existed, there is now a smooth flow of services for adults with special learning needs.

Cathy C. Shank, M.S., is West Virginia's ABE Professional Development Special Projects Coordinator. Her areas of focus include learning disabilities, beginning reading, and English as a Second Language. Previously, she served as the Special Needs Assessment Coordinator at Garnet Adult Learning Center where she piloted West Virginia's first local project on identifying and accommodating adults with special learning needs.

Increasing Access to Employment and Training for Individuals with Learning Disabilities — A "One-Stop" Approach

Dan Fey

One-Stop Employment and Training Services — Background

Many state, regional, and local employment and training systems are embracing a Department of Labor employment and training concept entitled One-Stop. Using a network of partner agencies, One-Stops are intended to replace fragmented employment and training services with a new approach that focuses on universal accessibility, integration of

services, customer choice, and accountability. Prior to the advent of One-Stop, customers in need of employment and training assistance often would "shop" for needed services in a patchwork fashion. A participant's day might begin in an unemployment agency, to be followed by separate trips to a case management program and an adult learning center across town. One-Stop systems address this patchwork approach by bringing system providers together in a collaborative, seamless, and oftentimes co-located approach. A total of 33 states are currently implementing One-Stop systems; the remaining states and territories are planning for the implementation process. Eventually, all states will have implemented their own version of a One-Stop approach to employment and training services.

One-Stops and Individuals with Learning Disabilities

In theory, One-Stop employment and training systems would appear to be a good fit for adults with learning disabilities (LD). First, it should come as no great surprise that adults with LD need the type of employment assistance a One-Stop provides. Overlooked for years, adults with LD are typically underemployed, unemployed, or have great difficulty retaining the jobs they are in. Secondly, the One-Stop is founded on accessible, comprehensive, customer-driven, and individualized services. Bringing employment and training services together in an integrated system would seem to benefit the adult with LD: more customized assistance can mean less frustration from being "bounced around" from program to program.

Unfortunately, two circumstances impede the partnership between One-Stops and adults with learning disabilities. First, a number of studies and other evidence suggest that many One-Stop customers have difficulty learning but have never had a formal learning disabilities examination. Formal diagnostic evaluations provide much needed information on the type of learning disability an individual has and the accommodations appropriate for helping compensate for the disability. Secondly, One-Stop systems and affiliated partners typically have not had comprehensive LD training to know how to begin to change services to make them more accessible to customers with LD. The result is unfortunately all too familiar, both for the participants and for the One-Stop staff working with them: Adults with learning disabilities do not receive specific and customized assistance in preparing for, obtaining, and retaining living wage employment. Case managers and instructors working with an adult having learning difficulties feel ineffective in helping that participant meet an individualized employment goal.

Systems Change In One-Stop Employment and Training Systems - Increasing Accessibility and Services to Adults with Learning Disabilities

The Seattle-King County Private Industry Council (PIC) currently administers a program to make the Seattle One-Stop more accessible to customers with learning disabilities. Supported through a One-Stop Systems Building Grant from the Department of Labor, the PIC has implemented a system which provides One-Stop customers access to: (1) formal diagnostic services to address learning disabilities and learning strengths and weaknesses; (2) appropriate accommodations to enable participants to be successful in training and on the job; and (3) comprehensive LD-specific case management services to provide technical assistance on an as-needed basis.

The Seattle program uses the following model of services to make One-Stop programs more accessible to adults with LD. This model is not presented here as the only approach to addressing LD in employment and training, but simply as a template from which other programs may wish to work to address LD in their own systems:

**STAFF FOCUSED:
SYSTEM LINKAGES
TECHNICAL ASSISTANCE
TRAINING**

**LD Screening Tools
Comprehensive Diagnostics
Accommodations/Strategies**

**CLIENT SPECIFIC:
TRAINING
TECHNICAL ASSISTANCE
SYSTEM LINKAGES**

The central component of the service delivery strategy involves LD screening tools, comprehensive LD diagnostic evaluations, and implementation of recommended accommodations and strategies throughout all One-Stop services. The core services are supported by training, technical assistance, and services provided through agencies linked with the project. The One-Stop system and One-Stop participants each benefit from the core and support services of the strategy. The components of the model are explained in more detail below.

Core Services: Screening Tools, Diagnostics, and Accommodations

Screening Tools: A primary and secondary LD screening tool is used systemwide when a One-Stop customer demonstrates manifestations of a possible learning disability and agrees to assessment. These one-on-one questionnaires are administered by trained staff and are user friendly and confidential.

The primary screening tool is quick to administer and screens broadly for manifestations of learning difficulties. This thirteen-question tool, developed by Payne and Associates, was validated through a State of Washington Department of Social and Health Services Welfare and LD project. Sample questions from this screening tool include: (1) Were you ever in a special program or given extra help in school? and (2) Do you have problems understanding or filling out forms? Positive answers to these types of questions indicate the need for more in-depth analysis.

The secondary tool is used if the first tool indicates a repeated difficulty with learning. This secondary tool is more involved and looks at educational history, health history, and specific difficulties with various learning modalities. This screening tool, in addition to informal observations by One-Stop staff, indicates the need for formal testing.

Comprehensive Diagnostics: Individuals who appear likely to have learning disabilities are referred for comprehensive LD testing administered by contracted, certified professionals. The LD reports include specific diagnoses, as well as recommended services and accommodations. All participants going through the process receive a copy of their report, a feedback session with the diagnostician, and a detailed list of recommended accommodations for education and worksite environments.

Accommodations: Accommodations and strategies recommended from the diagnostic report are implemented at all points in the One-Stop system: case management, training/education, job placement, and on the job.

Support Services: Training, Technical Assistance, Community Services Linkages

Training: One-Stop staff have been trained in screening tool administration, LD civil rights issues, manifestations of LD, and specific accommodations and strategies for participants with LD. Only trained One-Stop staff can access the services provided through the LD program. This assures that participants in need of specific learning services receive those services in an appropriate and respectful fashion.

Technical Assistance: The Seattle PIC employs two individuals responsible for supporting case managers and instructors using the LD project. This technical assistance includes recommending and implementing support services, answering specific training requests, and helping with transitioning accommodations from the training and educational environment to the worksite.

Linkages to Community Services: The project has created formal linkages with the following area service providers:

- Seattle area diagnosticians;
- Department of Vocational Rehabilitation;
- Learning Disabilities Association of Washington;
- vision providers;
- audiologists;
- area consultants in LD;
- community and technical colleges;
- International Association of Machinists, Center for Administering Rehabilitation and Employment Services (IAM CARES);
- assistive technology providers;
- Employment and Training contracting agencies; and
- Department of Social and Health Services, Seattle, Region IV.

Through the relationships developed with these agencies, One-Stop participants with learning disabilities receive customized support services to help them reach their goals.

Assembling this list of linked services was not a difficult task; it simply took an analysis of what was available in the community and an invitation to help.

Results/Outcomes

The learning disabilities strategy has positively affected Seattle One-Stop practitioners and customers. Important systemic changes from this strategy include:

One-Stop services which are accessible to adults with learning disabilities;
better training and education services for all customers;
more individuals receiving testing accommodations on the GED and other standard examinations;
better job placement and greater retention;
coordination of services among One-Stop providers; and
interest by other programs wishing to replicate the strategy.

Summary

The lessons learned in making the Seattle One-Stop system accessible to adults with learning disabilities apply to almost any organization wishing to proactively address the customer with a learning disability. Not every program will be able to, or should, provide the services in-house as described in the above model. Every program is, however, capable of implementing an LD screening tool and coordinating area services to provide assistance to those customers suspected of having learning disabilities as well as those customers who have obtained a formal LD diagnostic evaluation. There are, of course, costs and effort associated with this approach, but the cost of not taking a stance is much greater, both to the individual with learning disabilities and to the case manager or instructor trying to provide effective services.

Dan Fey is a planner with the Seattle-King County Private Industry Council and coordinates learning disability services to One-Stop employment and training providers in the Seattle area.

South Bend, Indiana: A Local Library Program Cheryl Ashe

Why does it seem natural to me to connect adult literacy students with community agencies? I know that such referrals are common for school-age children, but they do not occur often enough for adults in literacy programs.

Elementary and secondary educators know students may have difficulty learning if they are

The Effect of Disabilities on Exits from AFDC

Gregory Acs and
Pamela Loprest

Abstract

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaces AFDC, the largest means-tested cash assistance program for low-income families, with the Temporary Assistance for Needy Families (TANF) block grant. Unlike AFDC, assistance under TANF is limited to five years in a lifetime, and states are required to move families from the assistance rolls into jobs. But not all adult welfare recipients can easily move to work because either they themselves are disabled or they have a child with disabilities requiring special care. This article examines the extent and impact of disability among families on AFDC to gain insight into the potential impact of changes under TANF. Using data from the 1990 Survey of Income and Program Participation (SIPP), we find that in nearly 30 percent of the families on AFDC either the mother or child has a disability. Furthermore, we find that having a disability significantly lowers the probability that a woman leaves AFDC for work but not for other reasons, such as a change in living arrangements. Finally, we find little evidence that having a child with a disability affects the probability of leaving AFDC for any reason. © 1998 by the Association for Public Policy Analysis and Management

INTRODUCTION

A central tenet of the 1996 welfare reform, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), is that welfare recipients should work. But not all adult welfare recipients can work, either because they themselves have a physical or mental disability or they have a child with a disability who requires special care. Although some persons with disabilities receive cash assistance under the Supplemental Security Income (SSI) program, a program specifically designed to aid the disabled, many persons with disabilities cannot qualify for SSI benefits. Further, PRWORA changes in SSI eligibility standards make it more difficult to qualify for benefits.

In the past, families with disabled persons needing public assistance but not qualifying for SSI more than likely ended up on AFDC. PRWORA eliminated the AFDC program and replaced it with the Temporary Assistance for Needy Families

(TANF) block grant. Unlike AFDC, assistance under TANF is limited to five years in a lifetime, and states are required to move families from the assistance rolls into jobs. Although states are allowed to exempt up to 20 percent of their TANF caseloads from the five-year limit, it is not clear whether this is reasonable because little is known about the extent of disability (and in consequence, employability) among women and children requiring public assistance but not qualifying for SSI.

In this article, we describe the range of disability among families receive AFDC and how these disabilities affect women's probability of leaving AFDC for work or for other reasons. Although the AFDC program has been replaced by TANF, we believe that this examination is important and relevant for several reasons. First, during the early implementation period of the program, states' TANF caseloads are likely to resemble their AFDC caseloads with respect to the extent of disability among women and their children. Second, while the five-year time limit and other reforms change the incentives for leaving public assistance for work, comparing the probabilities of exiting AFDC for women with and without disabilities provides important insight into the extent to which women with disabilities will require exemptions or additional services to be able to move to work. Indeed, as states begin to implement TANF and become more "work-focused," the experience of women under AFDC is the best source of information on the range of disability among caseloads and the relative difficulty of moving to work for those women with disabilities.

To examine the relationship between disability, welfare receipt, and work, we use data from the 1990 Survey of Income and Program Participation (SIPP). The SIPP provides detailed information on individual's functional limitations and the disabilities of their children, as well as information on the receipt of benefits. Because states' TANF caseloads are likely to resemble their AFDC caseloads, at least in the short run, we examine the extent of disability among families receiving AFDC and whether disabilities prolong AFDC receipt and inhibit work. Further, we study the impact of children's disabilities on these outcomes.

We find that women with disabilities have a lower probability of leaving AFDC for work than women without disabilities, all else equal. For the most part, women with disabilities do not have significantly different probabilities of leaving welfare for other reasons than women without disabilities. Our results also show that the measure of disability used affects the estimated probability of exit. Women with more severe levels of disability have lower estimated probabilities of exiting to work. Furthermore, in some cases, women with a less severe level of disability do not have significantly different probabilities of exiting AFDC for work than women without disabilities. Finally, using the limited child disability measures in the SIPP, we find no evidence that having a child with a disability decreases the probability of exiting AFDC.

In the following sections, we discuss previous research on the relationship between welfare receipt and disability. Then we present our analytic approach, our data, and our results. We conclude with a summary of our major findings and their implications for welfare reform.

PREVIOUS RESEARCH

Some recent research examines the extent of disability in the AFDC population. Adler [U.S. Department of Health and Human Services, 1993] reports that disability rates are considerably higher among 15- to 45-year-old AFDC recipients than among all women in that age range, 19 percent versus 10 percent. Loprest and Acs [Henry J. Kaiser Family Foundation, 1996] examine data from the SIPP, the National Health

*any info on more severe
vs. less severe?
what is incidence of each?*

✓ Interview Survey (NHIS), and the National Longitudinal Survey of Youth (NLSY), and find disability rates among AFDC mothers range from 16.6 to 19.2 percent. Further, they show that nearly one in seven children in AFDC families have some disability. Over one-quarter of all families receiving AFDC have either an adult or a child with a disability. And using data from a survey of AFDC recipients in California, Meyers, Lukemeyer, and S...ing [Center for Policy Research, 1996] demonstrate that disabilities and chronic health problems affect the mothers or children in 43 percent of all AFDC households.

✓ To the extent that these disabilities limit the scope and type of work that AFDC mothers can perform, the exemptions to the work requirements and time limits included in the TANF block grant may prove inadequate, and states may be forced to choose between spending their own resources to support disabled families not qualifying for federal assistance and pushing these families "into the street." However, having a disability or a child with a disability does not automatically prevent a woman from working. Consequently, policymakers need to consider not only the extent of disability among families on public assistance but also how those disabilities affect the length of time women receive AFDC and their movement from welfare to work.

Most research on AFDC participation and duration focuses on the effects of benefit levels and socioeconomic characteristics, but some also include a simple indicator of disability.¹ Most find that disabilities are positively correlated with participation but few find that they inhibit exits.² Using two years of data from the Panel Study of Income Dynamics (PSID), Hutchens [1981] finds that among women who received AFDC in the first year, having a disability does not significantly increase the chance of receiving AFDC in the second year. Plotnick [1983] uses information on the control group from the Denver Income Maintenance Experiment and again finds no effect of disability on exits from AFDC.

In a more rigorous analysis of AFDC spell lengths using the PSID, O'Neil et al. [the Urban Institute, 1984] reach similar conclusions. In the same paper using data from the National Longitudinal Survey (NLS) they find marginally statistically significant evidence that disability reduces exit rates. Interestingly, however, when they examine exits to marriage and other exits separately, the effect disappears. Similarly, Blank and Ruggles [U.S. Department of the Census, 1992] examine the exits from AFDC due to earnings or family composition changes using data from the 1986 and 1987 SIPP and find no significant impact of disability.

Although most research finds no statistically significant impact, this may reflect that these studies were not focused on the connection between disability and work, and therefore their exits for nonfamily reasons include all changes in income, not just changes in earnings. Because changes in income can include increased earnings as well as receipt of SSI, the effect of disability on exiting to work may be muted by a positive relationship between women with disabilities and exiting to SSI. In this study, we separate out these exits.

The lack of significance may also be attributable to the fact that this simple disability measure cannot differentiate between women with minor and more severe disabilities.

¹ Previous research has also focused more generally on the effect of disability on labor supply [see, for example, Anderson and Burkhauser, 1984; Population Studies Center, 1989; the Institute for Research on Poverty, 1985; the Institute for Social Research, 1993; Oi and Andrews, 1992; Parsons, 1982.] Although negative relationships between disability and work were found, this research has not concentrated on welfare recipients.

² Blank [1989] uses a more extensive set of health indicators than other researchers, but she focuses on participation rather than exits from welfare. Wolfe and Hill [1995] examine the effects of health of the mother and child on single mothers' labor supply and AFDC participation.

And women with different types of disabilities may have very different prospects for leaving the welfare rolls. In this study, we exploit the SIPP's more refined measures of women's disabilities in order to assess how or whether they affect the duration of AFDC receipt.

METHODS

In general, we would expect that women with disabilities have longer spells of welfare receipt. Having a disability can make it harder for a woman to participate in training or job search activities, thus lowering her probability of finding a job. Similarly, disabilities may limit the type of work a woman can do. Women also leave welfare through marriage, and disabled women may be less likely to marry.

Because the probability of ending a spell of AFDC receipt varies with time, we model exits from AFDC using a discrete time duration model. The probability of an exit in time period t conditional on receiving welfare at the beginning of period t can be written as follows:

$$\text{Prob}(E_t=1 \mid E_{t-1}=0) = f(D, C, X_t, t) \quad (1)$$

where D is a measure (or measures) of disability status of the women, C is a measure of disability status of children in the household, X is a vector of individual and family characteristics, t represents the time period, and E_t is equal to 1 if the woman exits AFDC during time period t . In this analysis, our measures of disability for adults and children do not vary with time.³ The advantage of the duration model is that it allows use of information on spell duration from women who do not exit during the time period covered by our data.⁴

Women leave AFDC for a variety of reasons, including work, marriage and loss of eligibility through a youngest child turning 18 or leaving the household. Given the emphasis on women going to work under TANF, we are particularly interested in estimating the effect of disabilities on leaving AFDC to work versus leaving AFDC for other reasons. We expect that women with disabilities are less likely to leave AFDC for work than other women because of more limited work opportunities. We also expect that having a child with a disability will reduce the probability of leaving AFDC to work because of the additional time that may be needed for caretaking.

We estimate the effect of disabilities on leaving AFDC to work and leaving AFDC for all other reasons using a competing risk duration model. Each "risk," or reason for exit from AFDC, is modeled as described in equation (1). We estimate both types of exits jointly using a multinomial logit specification.

In addition to leaving AFDC because of work or demographic changes, women may leave because they have become eligible for other public programs. In particular, women may become eligible for Supplemental Security Income (SSI), which provides cash benefits to low-income individuals with disabilities.⁵ Individuals cannot receive AFDC and SSI, although if one family member is receiving SSI others may still receive AFDC. Women may leave AFDC for SSI either because they have become disabled

³ Although some disabilities are temporary and others may worsen with time, the 1990 SIPP measures disability at a point in time. Disability is measured in a special topical module during the third wave (ninth month) of the 1990 SIPP.

⁴ For a detailed description of duration model estimation see Lancaster [1990].

⁵ Children in the household may be receiving SSI while the parents receive AFDC or vice versa. The SIPP does not collect data on SSI receipt for children under 15.

while on AFDC or because they are receiving AFDC during the SSI disability determination period and are found eligible. For the most part, SSI benefits are more generous than AFDC benefits.

We would like to account for moves from AFDC to SSI separately from other exits because such moves do not represent an exit from public assistance. Because all of the women making these exits have disabilities by definition, combining these exits with "other" reasons for exit could overwhelm other findings. For example, we could find a strong association of disability and exiting AFDC for reasons other than work simply because of exits to SSI. We would like to control for exiting from AFDC to SSI as a separate type of exit, but we find that less than 1 percent of women (13 observations) in our sample leave AFDC for SSI. Because this number is too small to estimate a separate exit, when women leave AFDC to SSI we consider them to be censored observations at the time of leaving AFDC. Families may also exit AFDC to SSI if a child becomes eligible. However, the 1990 SIPP does not include information on SSI receipt for children less than 15 years old.

Similarly, some women may exit AFDC because their youngest child turns 18, and they lose eligibility. This type of exit is nonstochastic, that is, individuals' behavior does not affect this reason for exit. Therefore, this exit occurs exogenously, and we treat as censored these observations.⁶

In addition to the variables measuring disability, we also control for a woman's age, race, education (high school or more), marital status, the presence of young children in the household, the region in which she lives, whether she lives in a metro area, and the amount of money she could receive from AFDC if she had no other income.⁷

To examine whether women with disabilities are less likely to leave welfare than other women, it is important for us to know how long the women in our sample have been on welfare. For this analysis, we use data from the 1990 SIPP. The longitudinal data from the SIPP allow us to observe when women first started to receive AFDC and the length of that spell. The SIPP reinterviews respondents at four-month intervals (known as waves) over a period of 32 months. The survey obtains information on welfare receipt, labor market activity, and other activities for each of the prior four months. During each interview, special topical modules are administered. In wave 3 of the 1990 panel, the SIPP obtained detailed information on respondents' disabilities, which we will discuss later.⁸

We use two slightly different samples for our analyses. First, to describe the extent of disability among AFDC recipients at a point in time, we use data on the 792 women who received AFDC in the ninth month of the panel.⁹ The ninth month corresponds

⁶ There are potential timing problems in trying to ascertain the exact month of exit relative to the birth date to identify these types of exits. We censor all exits not due to earnings, change in marital status, or entry onto SSI, of families whose youngest child is 15 or older at the beginning of our 32-month period.

⁷ Maximum AFDC benefits vary from state to state, with family size, and over time. Because we control for the number of children in a family and our data span a fairly short period of time, our measure of AFDC's generosity only varies across states: We use the maximum benefit levels for a family of three in 1993.

⁸ The same set of questions were asked in the wave 6 interview. We do not use this information here because we do not believe disabilities would change dramatically over a 12-month period. However, future work could use this information to try to separate more permanent from temporary disabilities.

⁹ Previous research has found confusion between the reporting of AFDC and General Assistance (GA) welfare benefits. For this reason, we include women with children who report receiving GA benefits in our sample of AFDC recipients. Approximately 4 percent of our sample report receiving GA benefits at some time over the sample period.

with the gathering of disability information in the SIPP. Next, to study the factors affecting exits from AFDC, we use data on the 761 women whom we observe starting a spell of AFDC receipt and for whom we have disability information.¹⁰

To adjust for potential reporting error, we smooth over exits that last only one month. For example, if a woman reports receiving AFDC benefits in month 2 and 3, and months 5 and 6, we smooth over month 4 to show a continuous spell of receipt from month 2 through month 6. Therefore, a woman must remain off welfare for two consecutive months to be considered an exiter. We also smooth over one-month periods of receipt; thus, a woman must receive AFDC for two consecutive months for us to observe the beginning of a spell.

The SIPP collects monthly data by interviewing respondents every four months and asking them retrospectively about the time since the last interview. Previous research has shown that this survey structure can lead to inaccurate reporting of the timing of events within the recall period because people are more likely to report the same answer for the entire four-month period. This problem is often called "seam bias." For example, a woman interviewed in June reports that she has been on welfare for the last four months. When interviewed again in October she may report that she was not on welfare in the last four months, even though she was actually on welfare in the first of the previous four months and off welfare in the final three months. Because we are unsure of the timing of exits within the recall period, we examine wave-to-wave changes in AFDC receipt rather than month-to-month changes. We identify whether a woman exits AFDC at some point within a wave, rather than in a particular month.

We define an exit to work when we observe an increase in earnings. If a woman exits AFDC and her earnings at the time of the exit are higher than they were at the start of her AFDC spell, we consider the woman to have exited for work.¹¹ The remaining women who exit (other than those leaving to SSI or because a child turns 18) are considered to have exited AFDC for other reasons.

EXTENT OF DISABILITY AMONG AFDC RECIPIENTS

While it is clear that disabilities can have an effect on the duration of AFDC receipt and work, it is less clear exactly what specific disability or combination of disabilities will have the greatest impact. The 1990 SIPP data contain a variety of information on disability and health. For adults, the SIPP asks about functional limitations, having a disability that limits work, conditions causing ability limitations, receipt of disability benefits, and self-reported general health status.

In studying the connection between disability and work, the commonly used self-reported measure of whether the individual has a disability that limits work is suspect compared to more straightforward measures of limitations on certain activities [see Myers, 1982; Population Studies Center, 1989]. Individuals who are not working may be more inclined to report a disability that limits work as justification for not working,

¹⁰ Because the amount of time a woman has spent on AFDC may affect her chances of leaving the program, it is important that we observe the beginning of a spell of AFDC. Even for spells that begin and end before month 9, we still use the disability information from this month of the survey.

¹¹ We measure earnings during the first wave of AFDC receipt and compare them first to earnings in the wave during which a woman exits AFDC and then to earnings in the following wave. If earnings in either the exit or initial postexit wave exceed earnings during the first wave of receipt, we consider the exit to be a work exit.

Table 1. Disability among adult AFDC Recipients (792 in sample).^a

Disability measure	Percentage
Disability that limits work	19.7
Has some functional limitation	22.2
Severity of functional limitation	
Needs help/unable to perform	8.8
Some difficulty	13.5
Number of functional limitations	
Needs help/unable to perform	
1 activity	5.2
2+ activities	3.6
Some difficulty	
1 activity	8.0
2+ activities	5.5
Type of functional limitations	
One or more ADLs ^b	
1 activity	8.5
2+ activities	3.9
One or more IADLs ^c	
1 activity	4.9
2+ activities	5.0
With serious disability	
2+ activities or ADL or needs help/unable to perform	18.4

Source: 1990 Survey of Income and Program Participation (SIPP).

^aThe sample for this table includes all women receiving AFDC during the ninth month of the 1990 SIPP. Percentages are weighted.

^bActivities of Daily Living (ADLs) include dressing, eating, getting in and out of bed, getting around inside the house, bathing, and using the toilet, as well as sensory impairments on hearing, seeing, or being understood.

^cInstrumental Activities of Daily Living (IADLs) include doing light housework, lifting 10 pounds, preparing meals, walking up stairs, walking a quarter mile, using the telephone, and keeping track of money and bills.

regardless of actual disability level. In addition, the subjective nature of the self-reported disability may lead to answers that are not comparable across individuals. Instead, we use measures of disability focusing on information about specific limitations. Although these answers are also self-reported, the questions do not make any reference to work. In addition, they allow for more detailed exploration of the severity and type of disability.

We measure functional limitation using the individual's ability to perform certain activities and the presence of limitations in certain physical or sensory functions. The 1990 SIPP asks:

Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (excluding the effects of temporary conditions)?¹²

¹² Despite the inclusion of mental health conditions, there is some concern that mental or emotional disabilities may be underreported in the SIPP. Accurately collecting this information is a problem for many self-reported surveys. Data from the 1989 National Health Interview Survey (NHIS) show that 2 percent of all adult women and 4 percent of all adults below the poverty threshold have serious mental illness [Barker et al., 1992].

Individuals are asked about a set of activities that are commonly divided into two groups: (a) activities of daily living (ADLs), which include dressing, eating, getting in and out of bed, getting around inside the house, bathing, and using the toilet; and (b) instrumental activities of daily living (IADLs), which include doing light housework, lifting 10 pounds, preparing meals, walking up stairs, walking a quarter mile, using the telephone, and keeping track of money and bills. In addition, several sensory/physical limitations are included, such as seeing ordinary newspaper print even with glasses or contacts, hearing another person even with an aid if usually worn, and having speech understood.

Having difficulty with ADLs is usually considered a more serious disability than similar difficulty with IADLs. For each of these limitations, two levels of seriousness of disability can be reported, either has "some difficulty" or the more serious "needs help of another person/cannot perform" the activity.

Table 1 gives information on the extent of disability in the sample of women who report receiving AFDC benefits during the ninth month of the 1990 SIPP. Of all AFDC recipients, 22.2 percent report some limitation in the activities considered, and 8.8 percent report they need help or are unable to perform one of these activities. For comparison, 19.7 percent of our sample report having a disability that limits work. The lower response to this question may be related to the fact that relatively few women on welfare are working.

A substantial percentage of those with any limitation report difficulty with more than one activity. Of the entire sample, 3.6 percent reported the more serious limitation for more than one activity, and 5.5 percent reported some difficulty with more than one activity. Over 12 percent of the individuals report limitations on ADLs (including sensory limitations) and an additional 9.9 percent report limitations on IADLs. When we consider any women having difficulty with two or more activities or having difficulty with an ADL or having severe difficulty with one activity as having a "serious" disability, we find that 18.4 percent of women on AFDC have serious disabilities. This implies that four out of every five women who report any functional limitation (18.4 percent/22.2 percent) can be classified as having a serious disability.

Table 2 presents some characteristics of this sample by disability status. Over 30 percent of adult AFDC recipients in the sample are under 25 years of age while less than one-quarter are 35 or older. Two-fifths of the sample are black and 15.3 percent are Hispanic. Less than half of this group of AFDC recipients have a high school education or greater. Fourteen percent of women in this sample are married.¹³ The average monthly AFDC benefit in the states in which recipients reside is \$418.

The AFDC recipients with a disability have significantly different characteristics than those without a disability. They are much more likely to be older than women of AFDC without disabilities. They are more likely to be married but less likely to have a high school education. That these women are older, 45.2 percent are over age 35 compared to 16.2 percent of women without disabilities, and have less education, 35.7 percent have a high school degree or more compared to 48.4 percent, may contribute to difficulties in finding work.

The 1990 SIPP also asks about the disability of the respondent's children who are living in the household. These questions focus on limitations in a child's ability to

¹³ The percentage of women on AFDC who are currently married in this sample, 21 percent, is higher than the number at a point in time, 13 percent [U.S. Congress, House of Representatives, Committee of Ways and Means, 1994], because two-parent family AFDC benefit durations are shorter on average than single-parent family durations.

Table 2. Sample characteristics by disability status.^a

Variable	Percentage of sample			
	Total	With disability ^b	Without disability ^b	Column (2) minus column (3)
Age < 25	30.6	16.5	34.7	-18.2**
Age 25-34	37.6	31.3	39.4	-8.1**
Age 35+	22.7	45.2	16.2	29.0**
Black	41.8	43.9	41.2	2.7
Hispanic, non-black	15.3	8.8	17.1	-8.3**
High school or greater	45.6	35.7	48.4	-12.7**
Married	14.2	17.0	13.5	3.5**
AFDC benefit ^c	\$418	\$398	\$423	25.0**
Sample size	792	175	617	—

Source: 1990 Survey of Income and Program Participation (SIPP).

^aThe sample for this table includes all women receiving AFDC during the ninth month of the 1990 SIPP. Percentages are weighted.

^bDisability is defined as reporting any of the functional limitations asked about in the survey. See Table 1 for listing.

^cMaximum benefit in respondents' state of residence in 1993.

**Statistically significant at the 5-percent level.

perform certain activities and include whether any child less than 6 has any "physical, learning, or mental health condition" that limits "the usual kind of activities done by most children their age" and whether children in this age range have received therapy or diagnostic services "designed to meet their developmental needs." Unfortunately, the 1990 SIPP does not ask a wide array of activity limitation questions for children, and the measures for children over age 6 do not capture all types of disabilities. For children ages 6 to 21, parents are asked if they have a limitation in their ability to do regular school work, and whether they have received special education services. Finally, for children ages 4 to 14, the SIPP asks about any "long lasting" condition that limits their ability to walk, run, or use stairs.¹⁴

Table 3 shows the responses to the questions on limitations for the children of women who received AFDC during the ninth month of the survey. Over 12 percent of all families on AFDC in this sample have a child with some limitation. Three percent of families with children under 6 report having a child who is limited in the ability to perform usual activities, and 10.2 percent of families with a child ages 6 to 21 report having a child who is limited in his or her ability to do schoolwork.¹⁵ Nearly 30

¹⁴ In addition to these activity questions, information-specific conditions responsible for these limitations are gathered.

¹⁵ These two categories are not necessarily equivalent, because children ages 6 to 21 may have limitations on usual activities for children their age in addition to or other than difficulty with schoolwork.

Table 3. Disability among the children of adult AFDC recipients (792 in sample).^a

Variable	Percentage of all AFDC families	Percentage of all AFDC families with children this age
Age < 6; limitation on usual activities	1.9	3.1
Age < 6; received therapy or diagnostic services	3.3	4.6
Age 6-21; limitation on ability to do schoolwork	6.6	10.2
Age 6-21; received special education services ^b	5.7	8.8
Age 4-14; limitation in ability to walk, run, or use stairs	2.9	3.8
Total—child with any limitation	12.3	—
Adult or child with any limitation ^c	29.7	—

Source: 1990 Survey of Income and Program Participation (SIPP).

^aThe sample for this table includes all women receiving AFDC at some point during the ninth month of the 1990 SIPP. Percentages are weighted. A family is counted if at least one child has the reported limitation.

^bOnly asked of parents who answered "yes" to previous question.

^cFamilies where either the mother or a child has at least one limitation.

percent of families on AFDC during the 32-month period report that the mother or a child has a disability. Next, we consider how these disabilities affect the duration of welfare receipt and the likelihood of these women leaving welfare to work.

DISABILITY, AFDC, AND WORK

In addition to knowing the extent to which women on AFDC have disabilities, we also want to know whether these women remain on AFDC for longer period because they are less likely to move to work than women without similar disabilities. In this section, we determine the effect, if any, of the extent of reported limitations on exiting AFDC through work or for other reasons. By examining these outcomes, we can assess the effect disabilities have on welfare recipients' probability of earning enough to leave AFDC, and their exits from the welfare rolls for other reasons.¹⁶

Previous studies of welfare receipt and welfare dynamics that control for a recipient's disability status generally measure disability with a single variable: Does the respondent have a disability that limits work? That the estimated impact on AFDC receipt and duration is almost always statistically insignificant may reflect the inability of this measure to distinguish between different levels of disability. In our analyses,

¹⁶ About one in five AFDC spells end through increased earnings of a female head [U.S. Congress, House of Representatives, Committee on Ways and Means, 1994].

we use progressively more refined measures of disability that account for the variety and seriousness of limitations reported when considering the possible effects of disability on work. We expect that as disability becomes more severe, the probability of leaving AFDC to work will be reduced. We estimate five models with different measures of disability.

Our most basic model uses a simple indicator variable set to 1 if a woman reports any functional limitation and 0 otherwise. Because this variable does not distinguish between more and less severe disabilities and between women with one versus multiple functional limitations, the estimated impact of the indicator on exits from AFDC may be diluted. Therefore, we also estimate models using measures to capture differences in the severity, number, and type of disabilities experienced by women on AFDC.

Our second model distinguishes between the level of difficulty a person has in performing certain functions. The variable "needs help/unable to perform" indicates an individual has extreme difficulty performing at least one of the activities considered. The variable "some difficulty" indicates the less severe situation in which an individual has some difficulty with at least one of these activities. These categories are mutually exclusive; a woman with multiple limitations is included in the more serious category if she reports needing help or being unable to perform any single activity.

We also examine whether the number of limitations has a significant impact on women's work behavior and exits from AFDC. This model includes two dummy variables, one indicating if a woman has difficulty with at least one activity and another indicating if she has difficulty with two or more.

In our fourth model, we distinguish between the type of disability a woman reports by using separate indicator variables for difficulty performing ADLs and IADLs. Because of the small sample sizes, we are unable to control for each specific limitation separately. Generally, trouble performing ADLs is considered to be more serious because these functions are more basic than IADLs. Again, these indicators are mutually exclusive, with women falling into both categories included in the ADL limitation category only. Finally, for comparison with previous analyses, we estimate a model using a variable indicating that the respondent has a "disability that limits work," the measure most commonly used in previous literature.

In addition to disabilities, we control for other differences between women that could affect the duration of their AFDC receipt and their work decisions. In each model, we control for a woman's age and education because they might affect her ability to find a suitable job. We also control for differences in racial/ethnic background. Although most women on AFDC are single parents, some are married. A married woman on AFDC may have an easier time exiting because there are two potential workers in the household whose earning could lift her off the rolls.¹⁷ Thus, we include a variable indicating if a woman's spouse was present in her household at any time after the start of a spell of AFDC receipt. Because younger children need more care than school-aged children, we control for the presence of children under age six in the family. The cost of living and the generosity of the AFDC benefits also varies from state to state. Consequently, we control for the generosity of the AFDC program in a recipient's state of residence, and the region of residence. We also include an indicator

¹⁷ Before 1990, some states denied AFDC benefits to two-parent families. After 1990, all states operated AFDC-Unemployed Parent programs that provided AFDC benefits to two-parent families in which the primary earner had some attachment to the labor force and was currently unemployed. Because the competing duties of work and care for a child with disabilities may be more relevant for single-parent families that are unable to share these duties, we also estimate the same models including only single-families. The results (not shown) are substantially the same as reported in Table 5. The magnitudes of the coefficients on child disability were slightly smaller, but they are still not significantly different from zero.

Table 4. Effect of disability on probability of exiting AFDC.

Disability measure	Probability ^a of		
	Exit for work	Other exit	Not exiting
(1) Any functional limitation	3.7***	5.1	91.2
No limitations	7.4	5.2	87.4
(2) Severity of limitation			
Needs help/unable to perform	2.3***	9.2	88.5
Some difficulty	4.8	4.7	90.5
No limitations	7.4	8.2	84.5
(3) Number of limitations			
2 or more limitations	2.3***	6.8	90.9
1 limitation	6.4	3.0	90.6
No limitations	7.4	5.1	87.5
(4) Type of limitations			
1 or more ADL ^b	2.8*	9.1	88.2
1 or more IADL ^b	3.0***	5.3	91.6
No limitations	7.3	5.0	87.7
(5) Disability that limits work	4.1**	6.1	89.8
No limitations	7.1	5.1	87.8
Sample size			761
Number of waves at risk of exiting AFDC			2105
Number of exits to work			219
Number of exits for other reasons			141

^aThe estimated regression coefficients used to calculate these probabilities are shown in Table A.1. Probabilities are calculated using the indicated values of the disability measures and at the mean value of the other independent variables. All models include measures for child disability, although predicted probabilities are for women who do not have a child with disabilities.

^bDefinitions of ADL and IADL are listed in Table 1.

*Statistically significant at the 10-percent level.

**Statistically significant at the 5-percent level.

***Statistically significant at the 1-percent level.

for whether a woman lives in a metro area because availability of work varies between metro and nonmetro areas.

Because we focus on the impact of disabilities on the probability that a woman leaves the AFDC rolls and works for pay, we concentrate our discussion on how different disability measures affect the probabilities of exit.¹⁸ Full regression results appear in Table A.1.

¹⁸ Note that the variables in our models also affect women's decisions to receive AFDC in the first place. Thus, our estimated coefficients capture both the variables' impact on exits as well as their impact of the composition of the sample. For example, while more generous AFDC benefits may keep women of the rolls longer, they are also likely to draw more "work-able" women on to the program, and these more work-able women may exit welfare for work more quickly than other recipients. Developing a credible structural model to sort out independent entry and exit effects is beyond the scope of this analysis. Consequently, our reduced-form model estimation tries to control as much as possible for other differences between recipients such as education that may be correlated with both disability status and the duration of time women who choose to receive benefits spend on the rolls.

Leaving AFDC to Work

Regardless of the measures, we find that disabilities have a statistically significant, negative impact on the probability of a woman ending her spell of AFDC to go to work. For the most part, we find no significant impact on the probability of exiting AFDC for other reasons.¹⁹ Table 4 shows our estimated probability of exiting to earnings, other exits, and not exiting AFDC for each of our five models of disability measures. These probabilities are calculated at the mean value of all the other independent variables. They represent the probability of exit in a given wave or four-month period averaged over all waves in our sample.²⁰

Our first model uses the indicator for whether a woman has any of the set of 17 functional limitations considered. Although we posited that this measure might be too broadly defined, we find that women with any functional limitation have a significantly lower probability of exiting to work than women without functional limitations. The probability of exiting AFDC to work in a given four-month period for women with functional limitations is 3.7 percent compared to 7.4 percent for other AFDC recipients.

For comparison, we estimate this model using the report of having a disability that limits work (listed as model 5 in Table 4). Unlike previous research that found a negative but insignificant effect of work disability on AFDC exits, we find a significant, negative effect: The probability of leaving AFDC to work over a given four-month period for women reporting they have a disability that limits work is 4.1 percent.²¹ This is similar to the impact of having any functional limitation.

A single indicator of disability may not adequately distinguish between the "slightly" disabled and persons experiencing significantly more difficulty carrying out tasks that would allow them to work and live independently. Model 2 examines the impact of more refined disability measures. Here we use two different variables: one indicating if a woman has serious difficulty (needs help/unable to perform) performing at least one of the considered activities and a second indicating if she has some difficulty with at least one activity. We find a stronger impact on the probability of leaving AFDC for work for those with more severe limitations. Compared to other AFDC recipients, those with severe limitations have only a 2.3 percent probability of leaving AFDC to work. Women with some difficulty performing at least one measured function have a 4.8 percent probability of leaving AFDC to work. Women with no limitations receiving AFDC have a 7.4 percent probability of exiting for work.

Along the same lines, we measure severity of disability by the *number* of activities that a woman has at least some difficulty performing. Again, we find that women with more than one limitation are less likely to exit AFDC for work. Women with two

¹⁹ Because we have multiple observations on the same individuals and some of our regressors vary across individuals but not over time, our estimated standard errors are likely to be biased downward. This would lead us to find statistically significant effects when none truly exist. The likely impact of this problem is small because many of our significant findings are significant at the 1-percent level. For many of our estimates, standard error would nearly have to double to affect significance at the 5-percent level. For those estimates we already find to be insignificant, a correction for this potential problem would only increase their insignificance.

²⁰ The probabilities in Table 4 labeled "no limitations" are calculated using each respective model's coefficients. Because the disability measures used affect the estimated coefficients on the control variable, albeit slightly, the predicted exit probabilities for women without any disability differ slightly across models.

²¹ We may find a significant impact of this disability measure while others do not because, unlike earlier studies, we separate out and censor exits to SSI.

Table 5. Percent of women exiting AFDC within one year.^a

Disability measure	Percentage exiting in one year		
	Exit for work	Other exit	Not exiting
(1) Any functional limitation	14.0	22.1	26.1
No limitations	26.2	21.9	48.1
(2) Severity of limitation			
Needs help/unable to perform	8.7	36.4	45.1
Some difficulty	17.7	20.3	38.0
No limitations	25.3	32.2	57.5
(3) Number of limitations			
2 or more limitations	8.5	13.6	22.1
1 limitation	22.8	28.8	51.6
No limitations	25.5	21.9	47.4
(4) Type of limitations			
1 or more ADL ^b	10.2	35.7	45.9
1 or more IADL ^b	11.6	22.9	34.5
No limitations	25.8	21.1	46.9
(5) Disability that limits work	15.5	25.6	41.1
No limitations	25.4	21.4	46.8

^aThe estimated regression coefficients used to calculate these probabilities are shown in Table A.1. Probabilities are calculated using the indicated values of the disability measures and duration controls, as well as the mean value of the other independent variables. All models include measures for child disability, although predicted probabilities are for women who do not have a child with disabilities.

^bDefinitions of ADL and IADL are listed in Table 1.

or more limitations have a 2.3 percent probability of exiting AFDC to go to work over a four-month period compared to a 6.4 percent probability for women with only one limitation, a statistically significant difference. However, the probability of exiting to work for women with one limitation is not significantly different from the probability for women without any limitations.

Finally, we distinguish between the type of disability a welfare recipient reports, one or more ADL limitations and one or more IADL limitations. Difficulty with one or more ADLs leads to a significantly lower probability of leaving AFDC for work. These women have a 2.8 percent probability of leaving AFDC for work. Women reporting one or more IADL limitations also have a decreased probability of exiting welfare, 3 percent, than women with no limitations, 7.3 percent. The similarity of the probabilities for ADLs and IADLs indicates that differences in *type* of disability may not reflect the severity of disability as much as the *level* of difficulty in performing activities or the *number* of limitations.

Overall, women with disabilities are less likely to leave AFDC to work than women without disabilities. A broad measure of disability include women with any functional limitation or any work disability leads to this conclusion. In addition, distinguishing between greater and lesser severity of disability shows that women with more severe or a greater number of disabilities are significantly less likely to leave AFDC for work than women with less severe disabilities or no limitations.

Leaving AFDC for Other Reasons

The probability of exiting AFDC for any reason other than work is not, for the most part, significantly different for women with and without disabilities. Women reporting any functional limitation have a 5.1 percent probability of exiting AFDC for reasons other than work compared to a 5.2 percent probability for women without any disability. In general, the estimated impacts of disabilities on nonwork exits have large standard errors. They may be in part due to the various reasons for exit being combined together.²²

That women with disabilities are less likely to leave AFDC for work than women without disabilities but that they do not significantly differ in their probability of exiting for other reasons implies that women with disabilities are more likely to remain on AFDC. The third column in Table 4 reports the predicted probability of not exiting AFDC in a given four-month period. For all women, these probabilities are fairly high. However, in general, the probabilities for women without any limitations are lower than the probabilities for women with disabilities. This reflects our expectation that women with disabilities will have longer spells on AFDC.

An alternative way to illustrate the impact of disabilities on AFDC exits is to use our estimated coefficients and sample means to calculate and compare the probabilities that women with and without disabilities will exit AFDC within one year.²³ These results are presented in Table 5. The percentage of women with disabilities exiting to work within a year of enrolling in AFDC is far lower than the percentage of women with no limitations. For example, only 14 percent of women with a functional limitation exit to work in the first year of reciprocity while 26 percent of women with no limitations exit to work in this time period.²⁴ Of women with severe limitations or two or more limitations, the percentage who leave AFDC to go to work within one year of entry is even lower, only 9 percent. The percentage of women with disabilities leaving AFDC in the first year for other reasons is generally similar to the percentage of women without disabilities leaving for those same reasons. The total percentage of women with disabilities exiting in the first year for any reason is lower than the percentage of women without limitations exiting in the first year.

The coefficients for the control variables used to estimate our models appear in Table A.1. Briefly, all the models also show that women who have high school educations or are married are more likely to leave AFDC for work. Those who live in the Midwest are also more likely to exit for work, probably because of the stronger economy in this region during the early 1990s. Those who are under 25 or are black are less likely to exit AFDC for work. The estimated impacts of having children under six years of age or living in a metro area are not statistically significant.

²² An attempt to separate out exits for women who got married from other reasons for exit was unsuccessful because of the small number of women in the sample who could be identified as exiting AFDC for this reason.

²³ An alternative measure is the median duration of the spells of women with and without disabilities. Unfortunately, in our 32-month sample, we do not observe exits by the end of the sample for a large number of women with disabilities. This makes it impossible for us to calculate the median spell duration for women with disabilities.

²⁴ Pavetti [1993] estimates that 26 percent of AFDC recipients exit within one year using annual data from the NLSY; using monthly NLSY data, she finds that 56 percent exit within one year. It is important to note that our exit probabilities are calculated using sample average characteristics (that is, probability at the mean) and are not based on the mean probability of exiting within a year for each woman in the sample.

Table 6. Effect of children's disability on the probability of exiting AFDC.

Disability measure	Probability ^a of		
	Exit for work	Other exit	Not exiting
No children with limitations	7.4	5.0	87.7
Child less than age 6 with limitation on usual activities	3.5	23.1 ^{***}	73.4
Child ages 6-21 with limitation on ability to do schoolwork	8.2	9.7 ^{**}	82.1
Child ages 4-14 with limitation on ability to walk, run, or use stairs	9.7	2.7	87.6
Sample size			761
Number of waves at risk of exiting AFDC			2105
Number of exits to work			219
Number of exits for other reasons			141

^aThe estimated regression coefficients used to calculate these probabilities are shown in Table A.1, model 1. Probabilities are calculated at the mean value of the independent variables, using the model that measures disability for women as having any functional limitation. Predicted probabilities are for women who do not have disabilities.

^{**}Statistically significant at the 5-percent level.

^{***}Statistically significant at the 1-percent level.

Few of the control variables have statistically significant impacts on the probability of exiting AFDC for other reasons. This could result from combining together the variety of reasons, other than work, for which women leave welfare. A woman's marital status is the only correlate with a significant impact on these exits. Being married generally increases the probability a woman will exit AFDC for other reasons, possibly due to a spouse's work.

Children with Disabilities

If children with disabilities require additional or specialized care relative to other children, then their mothers may be less likely to work and more likely to stay on welfare. Policymakers may want to exempt these women from work requirements under welfare reform, particularly if alternative qualified caretakers are less accessible and more expensive than ordinary child-care providers. To explore the impact of children's disabilities on their mothers' welfare receipt and labor market activity, we include several measures of children's disabilities in our model of exits from AFDC.

As discussed earlier, 12.3 percent of women on AFDC have children with disabilities, although the measure of disability in the SIPP varies by the child's age. In our model, we include three measures of child disability—limitations on usual activities for children less than 6 years old, limitations on schoolwork for those 6 to 21, and limitations in ability to walk or run for those ages 4 to 14. Our results showing impact of children's disabilities on exits in the average wave appear in Table 6; results showing

the impact on exits within a year appear in Table 7.²⁵ Overall, we find almost no evidence of children's disabilities having an effect on the probability a family exits AFDC to work. The probability of exiting to work for women with children with disabilities is not significantly different, nor for the most part substantially different in magnitude, from the probability of exiting to work for women who do not have a child with disabilities.

We do find that women with children under age 6 who have limitations on usual activities have a much higher and significantly different probability of exiting AFDC for other reasons, 28.8 percent in the average wave, compared to those who do not have children with disabilities, 5 percent (see Table 6). In fact, over two-thirds of women with disabled children under age 6 will exit AFDC for reasons other than work within the first year, compared to just one in five women without such children (see Table 7). Women with children ages 6 through 21 who have a limitation in their ability to do schoolwork also have a significantly higher probability of exiting for other reasons than women without children with disabilities. One possible explanation for this higher exit probability is that women who have children with disabilities are more likely to exit when a child becomes eligible for SSI. Because of the lack of information in the 1990 SIPP, we are not able to separate out this type of exit. It is not clear why we do not find the same result for children ages 4 to 14 with a limitation in the ability to walk, run, or use stairs, although it may be that this measure represents only a subset of child disabilities while the other measures are broader.²⁶ It could also be that children with these more severe limitations are more likely to already be receiving SSI.

We conclude from these findings that we have no evidence that children's disabilities affect women's exits from AFDC. However, it is possible that these measures of children's disabilities do not reflect the dimension of disability with which we are most concerned, namely, the amount of additional care a child requires. Information on this aspect of disability may lead to more conclusive results.

SUMMARY AND IMPLICATIONS FOR POLICY

In the wake of the 1996 PRWORA welfare reforms that time-limit cash benefits and increase work requirements, it is important for us to understand the extent to which women with disabilities on public assistance may have difficulty moving into work. *additive* Of women on the AFDC caseload at a point in time, we find that approximately 22 percent have some functional limitation. In addition, about 12 percent of women on welfare have children with disabilities. Altogether, approximately 30 percent of AFDC families have a member with disabilities. We expect that as states convert from the AFDC program to TANF a similar share of the caseload will have disabilities, at least initially. Over time, we may even expect the share of persons with disabilities in the caseload to grow. How welfare reforms affect this segment of the caseload is an important concern.

²⁵ The probabilities of exit are calculated at the mean values of the independent variables. Estimates used are from the model that includes the "any functional limitation" measure of adult disability. The probabilities shown assume that the mother has no disabilities.

²⁶ We explicitly take into account women who leave AFDC for SSI. However, the 1990 panel of the SIPP does not identify children under 15 who are participating in SSI. Women whose children become eligible for SSI can still receive AFDC if they continue to meet income eligibility criteria and have other eligible children.

Table 7. Percent of women with children with disabilities exiting AFDC within one year.

Disability measure	Percentage exiting in one year		
	Exit for work	Other exit	Total
No children with limitations	26.1	21.7	47.8
Child less than age 6 with limitation on usual activities	11.6	68.3	79.9
Child ages 6-21 with limitation on ability to do schoolwork	27.5	36.9	64.4
Child ages 4-14 with limitation on ability to walk, run, or use stairs	33.6	11.9	45.5

*The estimated regression coefficients used to calculate these probabilities are shown in Table A.1, model 1. Probabilities are calculated at the mean value of the independent variables, using the model that measures disability for women as having any functional limitation. Predicted probabilities are for women who do not have disabilities.

Earlier studies of AFDC participation and duration have not focused on the role disabilities play; they generally use a very broad indicator of disability and find no significant effects. Using detailed measures of the nature and severity of AFDC recipients' disabilities and the disabilities of their children, we find that women with disabilities are significantly less likely to leave AFDC for work than women without disabilities and that they do not have a significantly different probability of leaving AFDC for other reasons. In addition, we find little evidence that children's disabilities affect the probability of exiting AFDC to work. However, our measures of child disability are weaker than our measures for adult disability and may not capture the disabilities of children requiring extra child-care time.

Given our findings, it is clear that women with disabilities are likely to remain on AFDC for longer periods than women without disabilities and, therefore, are also more likely to hit a five-year time limit under TANF lock grants. We find that women with more significant disabilities, measured by severity level, number, and type of functional limitation, have about a two-thirds lower probability of exiting AFDC through work, on average, in a given four-month period than women without limitations. Although recent changes in welfare laws, in particular the five-year time limit and work requirement, alter the incentives to move to work for all women, the substantially lower probability of leaving AFDC to work for women with disabilities suggests that these women will continue to have difficulty moving to work even under TANF.

The extent to which accommodations and exemptions are made for women with disabilities should depend not only on the existence of a disability but the degree to which it limits a woman's ability to move into work. Of course, this is contingent on the nature of the limitation as well as the requirements of the job. We find that some functional limitations of women on AFDC make it less likely that they will go to work and leave AFDC. Although for some women with disabilities exemptions from time limits may be the best or only answer, for other women with disabilities specialized training or work accommodations may make work a reality. Training may teach these women skills for jobs that they can perform despite their disability. State's work

requirements can also include work activities that are tailored for women with certain limitations. In addition, with the passage of the Americans with Disabilities Act (ADA) prohibiting discrimination against individuals with disabilities, more employers may make accommodations in the workplace for individuals with disabilities. Therefore, the extent to which the existence of certain limitations inhibits women's ability to work can itself be affected by policy.

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GREGORY ACS is a Senior Research Associate in the Income and Benefits Policy Center of the Urban Institute.

PAMELA LOPREST is a Senior Research Associate in the Income and Benefits Policy Center of the Urban Institute.

APPENDIX

See pages 48–49.

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Table A.1. Competing risk model of exiting AFDC for work or other reasons, multinomial logit coefficients.

Variable	Any limitation		Severity of limitation		Number of limitations		Type of limitation		Work disability	
	Work exit	Other exit	Work exit	Other exit	Work exit	Other exit	Work exit	Other exit	Work exit	Other exit
Any functional limitation	-0.74 (0.25)	-0.06 (0.25)	-	-	-	-	-	-	-	-
Some difficulty	-	-	-0.47 (0.29)	-0.14 (0.31)	-	-	-	-	-	-
Needs help/unable to perform	-	-	-1.19 (0.42)	0.07 (0.36)	-	-	-	-	-	-
1 limitation	-	-	-	-	-0.19 (0.32)	-0.57 (0.43)	-	-	-	-
2 or more limitations	-	-	-	-	-1.21 (0.36)	0.25 (0.30)	-	-	-	-
1 or more ADL ^a	-	-	-	-	-	-	-0.98 (0.55)	0.59 (0.42)	-	-
1 or more IADL ^a	-	-	-	-	-	-	-0.92 (0.35)	0.02 (0.32)	-	-
Disability that limits work	-	-	-	-	-	-	-	-	-0.56 (0.27)	0.16 (0.28)
Child 6-21; limitation in school activity	0.17 (0.34)	0.74 (0.38)	0.12 (0.34)	0.74 (0.38)	0.23 (0.34)	0.68 (0.38)	0.20 (0.34)	0.75 (0.38)	0.14 (0.34)	0.73 (0.38)
Child < 6; any limitation	-0.56 (1.09)	1.72 (0.54)	-0.59 (1.10)	1.73 (0.55)	-0.57 (1.09)	1.84 (0.55)	-0.55 (1.10)	1.71 (0.55)	-0.56 (1.09)	1.72 (0.54)
Child 4-14; limitation in ability to run, walk, or use stairs	0.28 (0.61)	-0.60 (0.72)	0.35 (0.61)	-0.63 (0.72)	0.28 (0.61)	-0.70 (0.73)	0.24 (0.62)	-0.74 (0.73)	0.17 (0.60)	-0.62 (0.72)
Age < 25	-0.50 (0.24)	0.25 (0.26)	-0.54 (0.24)	0.27 (0.26)	-0.57 (0.24)	0.33 (0.26)	-0.53 (0.24)	0.31 (0.26)	-0.50 (0.24)	0.31 (0.26)
Age 25-34	0.00 (0.21)	0.09 (0.26)	-0.02 (0.21)	0.10 (0.26)	-0.04 (0.21)	0.14 (0.26)	-0.01 (0.21)	0.14 (0.26)	0.06 (0.21)	0.14 (0.26)
High school or more	0.36 (0.17)	0.05 (0.19)	0.36 (0.17)	0.05 (0.19)	0.37 (0.17)	0.04 (0.19)	0.39 (0.17)	0.06 (0.19)	0.38 (0.17)	0.06 (0.19)
Child < 6	-0.24 (0.18)	0.32 (0.21)	-0.24 (0.18)	0.33 (0.21)	-0.22 (0.18)	0.31 (0.21)	-0.24 (0.18)	0.34 (0.21)	-0.23 (0.18)	0.33 (0.21)
Married	0.46 (0.18)	0.61 (0.20)	0.46 (0.18)	0.61 (0.20)	0.44 (0.18)	0.62 (0.20)	0.47 (0.18)	0.62 (0.20)	0.46 (0.18)	0.62 (0.20)
Black	-0.37 (0.18)	-0.19 (0.20)	-0.34 (0.18)	-0.20 (0.20)	-0.34 (0.18)	-0.24 (0.20)	-0.34 (0.18)	-0.20 (0.20)	-0.38 (0.18)	-0.19 (0.20)

Variable	Any limitation		Severity of limitation		Number of limitation		Type of limitation		Work disability	
	Work exit	Other exit	Work exit	Other exit	Work exit	Other exit	Work exit	Other exit	Work exit	Other exit
AFDC benefit	-0.03 (0.08)	-0.06 (0.09)	-0.03 (0.08)	-0.06 (0.09)	-0.02 (0.08)	-0.07 (0.09)	-0.03 (0.08)	-0.07 (0.09)	-0.03 (0.08)	-0.06 (0.09)
Metro	-0.04 (0.19)	0.43 (0.24)	-0.04 (0.19)	0.43 (0.24)	-0.06 (0.19)	0.46 (0.24)	-0.04 (0.19)	0.46 (0.24)	0.01 (0.19)	0.46 (0.24)
Lives in South	0.57 (0.34)	0.26 (0.37)	0.58 (0.34)	0.24 (0.37)	0.60 (0.34)	0.20 (0.37)	0.55 (0.34)	0.21 (0.36)	0.46 (0.33)	0.23 (0.36)
Lives in West	0.26 (0.30)	0.52 (0.30)	0.26 (0.30)	0.52 (0.30)	0.26 (0.30)	0.51 (0.30)	0.27 (0.30)	0.51 (0.30)	0.22 (0.30)	0.51 (0.30)
Lives in Midwest	0.61 (0.27)	-0.12 (0.31)	0.62 (0.27)	-0.12 (0.31)	0.62 (0.27)	-0.14 (0.31)	0.62 (0.27)	-0.16 (0.31)	0.55 (0.27)	-0.14 (0.31)
Wave 1	-1.06 (0.42)	-0.87 (0.47)	-1.07 (0.42)	-0.87 (0.47)	-1.10 (0.42)	-0.86 (0.47)	-1.07 (0.42)	-0.87 (0.47)	-1.04 (0.42)	-0.86 (0.47)
Wave 2	1.24 (0.37)	1.23 (0.41)	1.23 (0.37)	1.23 (0.41)	1.20 (0.37)	1.25 (0.41)	1.23 (0.37)	1.22 (0.41)	1.25 (0.37)	1.24 (0.41)
Wave 3	0.35 (0.40)	0.81 (0.44)	0.33 (0.40)	0.81 (0.44)	0.31 (0.40)	0.83 (0.44)	0.33 (0.40)	0.81 (0.44)	0.35 (0.40)	0.82 (0.44)
Wave 4	0.52 (0.42)	0.55 (0.47)	0.51 (0.42)	0.55 (0.47)	0.48 (0.42)	0.57 (0.47)	0.51 (0.42)	0.55 (0.47)	0.53 (0.42)	0.55 (0.47)
Wave 5	-0.10 (0.51)	-0.50 (0.64)	-0.10 (0.51)	-0.50 (0.64)	-0.12 (0.51)	-0.49 (0.64)	-0.11 (0.51)	-0.50 (0.64)	-0.08 (0.51)	-0.50 (0.64)
Intercept	-2.69 (0.62)	-3.73 (0.69)	-2.67 (0.62)	-3.73 (0.69)	-2.66 (0.62)	-3.73 (0.68)	-2.68 (0.62)	-3.77 (0.69)	-2.72 (0.62)	-3.80 (0.69)
Log-likelihood	1784.5		1785.59		1779.59		1771.79		1770.69	
Sample size					761					
Number of waves at risk of exiting AFDC	2105									
Number of exits to work					219					
Number of exits for other reasons					141					

Note: Standard errors are in parentheses.

*Definitions of ADL and IADL are listed in Table 1.

✓ CC: En C
Cynthia
(Sorry I
haven't
already
seen)
Andrea
- file
disabilities

Serving Welfare Recipients with Disabilities

by Fredrica D. Kramer

Background

Because the Aid to Families with Dependent Children program excused from work those who were ill or incapacitated, or who were caretakers of such individuals—and de facto excused many others considered hard to serve, few agencies now administering TANF (Temporary Assistance to Needy Families) are expert at recognizing or addressing the range of disabilities recipients may present.

A disability is generally defined as a physical or mental impairment that limits one or more major life activities (which could include working). Disabilities can include chronic health conditions that limit employment or require continued monitoring and care, mental health problems and the effects of drug and alcohol abuse, permanent physical impairments that require workplace modifications, and learning or developmental disabilities that limit access to employment. The following discussion deals principally with physical and mental impairments that may pose challenges to gaining or sustaining employment. The reader is directed to earlier **WIN Issue Notes**, in particular to an analysis of options for serving the hard to place (Kramer, 1998).

Though an emphasis on employment is gaining currency in social insurance systems, policies across programs for persons with disabilities are often divergent, and expose a tension between the historical perspective of protective exemption from work requirements and increasing advocacy for the right to work. For example, the Supplementary Security Income (SSI) program aims at assuring income in the absence of work, and hence restricts eligibility to a specific and medically determined inability to work. The Americans with Disabilities Act of 1990 (ADA) aims to accommodate individuals' desire for work and thus requires individualized rather than generic determinations of work capabilities in order to make services available. Thus TANF agencies may not find clear guidance from other programs for defining disabilities, setting work requirements or setting time limits for assistance.

TANF requires work participation after two years of receipt of benefits, and allows exemptions to the lifetime limit to benefits to only 20 percent of the caseload. Recipients with disabilities who now must or want to work may seek or require special diagnostic and other services in order to participate. Moreover, the convergence of TANF, the new Workforce Investment Act, and ADA make it harder for TANF agencies to divest themselves of the responsibility of serving individuals with disabilities, though they may need experts to help serve them. Interagency collaboration has historically been difficult. TANF agencies will now need to become effective advocates for their clients as they work with a range of service providers, including vocational rehabilitation (VR), mental health agencies, and community colleges, and as they encourage employers to accommodate sometimes challenging clients who need or want to work. Finally, policies will need to reflect both the desires of persons with disabilities to work and a recognition that certain individuals may still have severe work limitations, and may require long term cash and services.

Policy Issues

Most TANF agencies are at the early stages of developing strategies for individuals with disabilities. Problems of identification and need for special services warrant that they seek close collaboration with experts. Exploratory discussions internally and with other service providers—parallel agencies as well as non-governmental institutions—ought to begin with the following issues in mind.

Who should be considered disabled within the TANF context? States have wide discretion in defining disabilities, and programs need to consider a broad range of conditions, as mentioned above, that may not fall under SSI or ADA limitations but may present barriers to employment and long term self sufficiency.

Controversy surrounds the nature and significance of certain disabilities. For example, special learning needs may cover a broad range of disabilities, including learning disabilities (LD), mild mental retardation (MMR), slow learning, and below average IQ or low basic skills. The relationship between apparent LD, low IQ, MMR, and developmental disabilities is not always clear. LD, associated with impairment of the ability to process information and often associated with higher than average intelligence, is largely undiagnosed, and individuals with LD may be dismissed as slow learners. Adults with mental retardation may be able to work and, as with LD, the condition may be unrecognized by TANF staff. Developmental disabilities, associated with functional impairments including cerebral palsy, autism, blindness and MR, may or may not be obvious to TANF staff.

Mental health issues can be narrowly defined to meet diagnostic criteria for affective disorders that seriously interfere with one of more aspects of daily life, or more broadly defined to include symptomatic problems indicative of mental illness or of other difficulties in a recipient's life. Different screening techniques will reveal with varying precision the presence or risk of mental health problems. Problems such as anxiety, depression, and behavior problems may be observable at intake or in job preparation activities, and by caseworkers who are astute, or by incorporating simple questions into intake and follow-up protocol to enable caseworkers to seek further expert assistance.

Identifying disabilities with certainty is likely to be a long, even elusory, process. States might begin by examining the number and kinds of medical exemptions in their current caseload, and have caseworkers, physicians, or medical review teams review those cases. Or they might use simple screening tools on a sample of their caseload, or survey caseworkers' experiences, to determine what is knowable currently and what tools might be used to learn more about the prevalence and nature of disabilities in the current caseload. States might also explore modifications to their administrative data systems to help identify and track families with disabilities, particularly those with exemptions.

What are the obligations of TANF agencies to serve persons with disabilities? Section 504 of the Rehabilitation Act of 1973 prohibits recipients of federal financial assistance from discriminating against an individual with a disability. The ADA entitles individuals to certain accommodations in order to access services, and to protections from improper treatment. It also protects individuals from discrimination who are improperly regarded as disabled. ADA uses a strict definition of disabilities, including physical or mental impairments (or a *record* of impairment) that are not short term, that exist without regard to mitigating medication or other aids, and that substantially limit a major life activity, such as caring for oneself, performing manual tasks, walking, seeing, speaking, breathing, learning, and working.

Under ADA, public entities cannot discriminate against individuals with disabilities in the ways in which they screen, determine eligibility, or deliver services, and they must make "reasonable modifications" in order to avoid discrimination, unless such modification would fundamentally alter

the nature of the program or service. ADA also applies to public and private employers of 15 or more employees, and (with some exceptions including religious organizations) to private education, training, employment referral and child care programs. Executive Order 13078, signed March 13, 1998, calls on programs that work with welfare clients to incorporate "reasonable accommodations" into education, job training, and employment settings, which could include use of tape recording for educational instruction and the GED, and receiving oral instructions at work, among other options.

ADA requirements with respect to TANF are not yet fully understood and the litigation is mixed (see Semmel and LaCheen, 1998, for a review of related litigation). But litigation in New York, now on appeal, successfully challenged workfare assignments that exceeded recipients' limitations (*Mitchell v. Turner*). Subsequent state law retains those protections and more (see Welfare Law Center (b)). A Massachusetts suit now in the courts (*Ramos v. McIntire*) seeks to assure that screening, instruction and other services in education and training programs adequately adapt to recipients with learning disabilities consistent with ADA standards (contact Ruth Bourquin, 617-357-0019).

Irrespective of litigation, states might review how well current procedures can accommodate the identification and treatment of recipients with disabilities. Indeed, ADA requires that public entities undertake a self evaluation to assess whether policies and procedures are consistent with the Act. In addition to physical accessibility as required by law, programs should consider the possibilities and limitations of application procedures, assessment, job search and other work assignments as they would be experienced by persons with disabilities. For example, job search before application and before assessing for disabilities that might impede such activities, inadequate assistance in application for those with cognitive impairments or emotional illness, or categorically excluding families with other disability insurance income from TANF merit evaluation (see Silverstein, et. al, 1998). Skill assessments prior to work assignments should arguably screen for disabilities sufficient to avoid inappropriate assignments on the one hand and assure access to full service assistance on the other. States may also be obligated to extend ADA protections to persons in community service jobs, and to offer employment-based assistance if it can be reasonably provided.

How should the work requirement be applied to persons with disabilities? Policies need not prejudice whether and under what conditions individuals can work, though, as noted above, activities to fulfill the work requirement need to reflect the ability of individuals with disabilities to comply, particularly those with cognitive, emotional, or physical impairments.

But states may have greater flexibility than generally thought in applying the work requirement. Thirty states (Thompson, et al., 1998) have broadened their work participation policies to include persons with disabilities, or require universal participation. Other states have "suspended" or "deferred" the work requirement while services such as substance abuse or mental health counseling are being obtained. Broadening the definition of work participation can allow a variety of activities that would advance an individual toward self sufficiency (e.g., participating in substance abuse treatment, attending parenting classes, applying for SSI). Such policies may afford access to assessment and services for recipients who have historically been passed over, and some states have broadened participation explicitly to assure services to families who could face the end of benefits in precarious circumstance. Such activities may not satisfy the federal definition of allowable work activities, but states can use their maintenance of effort (MOE) funds to pay for such services. Community service assignments and workfare, which are within federal restrictions, may also afford creative approaches to the work requirement for those with disabilities.

Currently states are being granted substantial relief, based on their caseload decline, from mandated work participation rates. They are thus able to meet federal requirements for work participation as

federally defined, and have greater flexibility to devise other activities to serve those with disabilities. Above all, states should consider the costs of enhancing services and the capacity of providers to deliver them, in order that those subjected to the work requirement can be served adequately.

How should caretaker responsibilities for disabled children or other household members be treated? Most states (Thompson, et.al, 1998), are applying the same participation requirements and time limits to caregivers as to those who are themselves disabled, though how to apply exemptions to the time limit is still evolving. States that require broader participation (15 states require universal participation) may count caregiving as participation, or may restrict allowable caregiving to a child or spouse (Hawaii) or just a child (Georgia). Staff may attempt to find alternative care arrangements, though this may be extremely time consuming, with the services hard to find and costly.

Though TANF recipients with caretaker responsibilities may find it hard to work outside the home, agency policy ought to consider the long term prospects for the family if the household head does not receive employment related services. Some states may assist caregivers to engage in work related activities that can be accomplished from home (e.g., telemarketing) and thus enhance their employment prospects when benefits are ended. Caseworkers will need to balance the availability and costs of caretaker services and the long term needs of the family, and collaborate with the client on objectives and implementation.

How will sanction policies affect those with disabilities? Enforcing work participation without adequate accommodations may subject recipients with disabilities disproportionately to sanctions. Many of the hard to serve may have undiagnosed disabilities that put them at risk for sanction. For example, some families may have mental health issues and other domestic difficulties that cause them to be sanctioned. Indeed, aspects of low self esteem, depression, and other mental health issues, and substance abuse, may play an explicitly interactive role with the ability to cooperate, and therefore result in failure to comply with program requirements.

Programs will want to assess routinely who is being sanctioned and why, to reassess families under threat of sanction in order to avoid sanction where possible, and to develop strategies for continued monitoring and support for families whose failure to comply was based in mental health or related disabilities. Monitoring, however, may pose both a threat to privacy and a potentially dangerous irritant to families with serious domestic strife. TANF agencies will need to devise models for interaction that make help available rather than obligatory or intrusive.

Should (any) recipients with disabilities be exempted from the time limit? Twenty-four states (Thompson, et. al, 1998) have exempted persons with disabilities (using a variety of definitions) from the time limit, particularly when the state time limit is shorter than the federal limit. A few already plan to use state MOE dollars to support those in need of assistance beyond 60 months (e.g., Minnesota, Maine), in its effect expanding the number who are exempted from time limits. Many states find it too early to decide about the use of hardship exemptions from the federal time limit while caseloads are declining and they do not know who may remain beyond 60 months and what services they will need (Thompson, et. al, 1998).

TANF programs will want to be mindful that clients who are exempted from time limits could be neglected for needed services. Programs will also need to develop policies to assure that clients are reassessed in a timely manner for changes in conditions, to assure appropriate transfers (e.g., from drug treatment to education or employment services), and to monitor families in which emotional or other conditions make them vulnerable to additional problems.

How can TANF agencies get needed expertise to screen, diagnose, and serve those with disabilities? Some agencies are training caseworkers to administer new screening tools, particularly for LD, on which to base referrals to specialists. The development of effective mental health screening tools for welfare agencies is much needed. Some tools, such as a four-item scale based on the Diagnostics and Statistical Manual of Mental Disorders (DSM) for measuring risk of clinical depression, may be transferable for use in the welfare office (see Johnson and Meckstroth, 1998).

Even if special tools and training are provided to caseworkers to conduct initial screening, more in-depth diagnostic assessments and vocational evaluations will likely be needed, using clinical psychologists or other experts. Similarly, TANF agencies can offer enhanced case management where disabilities, particular around mental health, warrant closer monitoring, but they will also likely need experts to design screening and monitoring protocols, provide additional diagnoses, and deliver needed services. No matter who is responsible for assessment and case management, staff training should assure that TANF line workers or other experts are aware of the interaction of issues such as domestic violence, housing needs, and substance abuse, with mental health and other disabilities, and that they are sufficiently knowledgeable about referral sources and appropriate accommodations in education, training and employment settings.

Collaboration exposes historical differences in philosophies between TANF and, for example, SSI, certain mental health programs, and vocational rehabilitation—which tolerates long duration of training and employment services not consistent with TANF’s time limits. Successful collaborations are, however, emerging, for instance to allow VR participation to satisfy the TANF work requirement. TANF agencies will want to facilitate potentially ongoing dialogues to share agencies’ policies, understand their nuances and create new arenas for collaboration. TANF agencies may want to engage nongovernmental and advocacy groups in such discussions to expand their own perspectives and the ground for collaboration.

How will identification be treated with respect to prescribing services and sharing information? The ability to diagnose with precision many mental health, behavioral, and emotional disturbances is uneven at best. The convergence of substance abuse and other problems is not well understood, and complicated by the self reporting of much substance abuse data. In addition, the ability to function in the workplace for many substance abusers and others with psychological disorders is not universally agreed upon, and many conditions might be successfully managed with ongoing services and without employer recognition or involvement.

Exposure of mental health or substance abuse problems may raise other issues that TANF agencies are ill equipped to manage, for example, problems due to labeling, misdiagnosis and inappropriate assignment on the one hand and an obligation to treat on the other. Strategies that aim at inclusion, with a wide variety of service options into which individuals can self sort, may mitigate some of the labeling issues associated with refined assessment and diagnosis.

The potential for misidentification and stigmatizing, the risk of client noncooperation, and added demands for follow-up may also create concerns for already burdened eligibility workers and case managers. TANF programs that have specially trained workers or contract specialists in-house, or who co-locate with mental health, VR, or substance abuse treatment providers may increase the opportunities for collegial or team consultation on individual cases, reduce the need for formal referrals, and enhance the chances for cooperation of reluctant clients.

In all cases, protection of confidentiality, particularly across jurisdictional lines and between public agencies and employers, should remain a critical concern as information will inevitably have to be

shared with a wider set of actors. Concern about creating misleading or inaccurate personal histories ought to remain the backdrop behind all protocols for screening and referral that agencies develop.

How can states fund special services for recipients with disabilities? Special services for job preparation, ongoing treatment such as mental health counseling, or new venues for employment such as supported work, may not be widely available. TANF agencies might try to leverage their funds to help others expand their coverage to TANF recipients. For instance, VR must give priority to the most severely disabled and serves only a small fraction of eligible clients. In addition, many states cannot meet matching requirements that would enable them to fully access federal funds. VR? Mental health and TANF agencies have partnered with VR to help them meet the federal match and thereby access additional funds to serve TANF recipients. Such agreements have also allowed TANF recipients who do not meet VR criteria to receive services.

In addition, 10 percent of TANF funds (reduced to 4.5 percent in 2001) may be transferred to the Social Services Block Grant, state MOE funds may be used for alcohol and drug treatment, and Welfare-to-Work funds may be used for substance abuse treatment. TANF funds may not be used for medical services, but a strict interpretation of the proposed federal rules would apply the ban only to inpatient acute care services, medications, primary health services for those in treatment and drug testing, and not to counseling and case management for substance abusers. Costs for learning disability assessments may be partially offset by coordinated funding arrangements with Medicaid.

Is SSI being fully utilized for income support or the cost of services for disabled children or adults in TANF-assisted families? States have at times been aggressive in attempting to shift cases from TANF to SSI in order to provide disabled low income children both income and services. It may now be useful to revisit the possibility of SSI for other household members, particularly in order to pay for needed long term services. SSI defines disability as the inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment expected to result in death or that has or will last more than 12 months. Enhanced capabilities to identify persons with disabilities might increase the potential use of SSI for long term coverage. On a related issue, some states have elected to include the SSI recipient in the assistance unit and to count SSI benefits of a child in computing the TANF grant. While this may reduce state outlays for TANF benefits, it may make families, particularly in low benefit states, ineligible for cash assistance and other supports that would move them toward self sufficiency in the long run.

How can TANF agencies better inform employers about the problems and opportunities of working with those with disabilities? Employers may have limited understanding of the nature of disabilities and their effects on employment, productivity and health coverage. Small employers, for example, may fear higher insurance rates if they hire individuals with disabilities, though such individuals may actually exemplify low absenteeism and long-term commitment. Information on ways to configure job structure, work hours, and work sites, and ensure health coverage and continuing assistance on the job may also help employers hire those with disabilities. TANF agencies can work with vocational rehabilitation and mental health professionals with greater experience in this area. Agencies may also want to engage advocacy groups to help devise informational materials and ways to approach employers.

Research Findings

National data suggest disabilities in the welfare population may be substantial. Using three national surveys, Loprest and Acs (1996) found nearly 30 percent of AFDC families had a woman or child with some disability, and about 20 percent had a disabled mother or severely disabled child. Over 10 percent reported a serious disability (impeding basic functions such as dressing, eating or getting

around the house) and another nearly 10 percent had difficulty with an “instrumental activity of daily living” (seeing ordinary newsprint, hearing or understanding speech, certain ordinary household tasks). Between 16.6 and 19.2 percent of AFDC mothers had a work limitation. A survey of California AFDC households found 43 percent had mothers or children with disabilities or chronic health problems (Meyers, et al., 1996). Loprest and Acs also found high health care use among AFDC women. In the one year measured, 10 percent had hospital stays, nearly 9 percent had 16 or more doctor visits, and 7 percent were confined to bed for over 30 days.

Estimates of mental health problems vary, in part depending on definitions and survey techniques. One review finds estimates from national surveys range from 6 to 23 percent using narrowly defined measures of affective disorders and up to 39 percent using indicators symptomatic of depression (Johnson and Meckstroth, 1998). A survey since welfare reform of recipients *not* deferred for a disability or otherwise (Danziger, et. al, 1998) found 27 percent met the criteria for major depression, 15 percent for post-traumatic stress disorder (PTSD), and 7 percent for generalized anxiety disorder. Another literature review (Kalil, et. al, 1998) reports 42 percent of AFDC recipients (compared to 20 percent of nonrecipients) in the 1992 National Longitudinal Survey of Youth (NLSY) were at risk for clinical depression, with similar findings from JOBS evaluation data. Traumas from rape, domestic violence and sexual molestation, it is noted, may put many at risk of PTSD, which is three times higher among low income women than the general population.

The 1994-5 National Household Surveys of Drug Abuse, which has information on psychiatric disorders, welfare use, and substance abuse, found about 19 percent of welfare recipients (compared to 15 percent of nonrecipients) qualify for a diagnosis of psychiatric disorder: major depression, generalized anxiety disorder, panic attack, and agoraphobia or one of three other psychiatric disorders. A psychiatric disorder and crack/cocaine raised the odds of welfare use significantly.

Learning disabilities are indicated by a disjuncture between potential achievement (as measured by IQ) and measured achievement. The Washington State Learning Disabilities Initiative found 54 percent of JOBS participants had special learning needs, with 35 percent learning disabled, 14 percent slow learners (IQ of 70-80), and 5 percent showing mild mental retardation (IQ below 70). A similar initiative in Kansas found about 30 percent of its AFDC caseload with LD and about 26 percent with IQs at or below 80. Some researchers argue that gender bias has made girls less identified for LD and less likely to receive needed special education, which in turn leads to a variety of problems including school failure and teen motherhood, and may carry over into adulthood creating overrepresentation of LD in the welfare population (Young, et al., 1997). Individuals with low literacy levels due to undiagnosed LD, a common problem, may be siphoned off into adult basic education without occupational training (Brown, 1998), or drop out of training because their needs are unmet (Gerber and Reiff, in Johnson and Meckstroth, 1998).

Relation to work. Children in low income families are likely to have more health problems, health problems in childhood may have residual effects in adulthood resulting in more chronic or handicapping conditions, and families with major health issues are likely to have a harder time maintaining employment. Loprest and Acs (1996) found between 11.1 and 15.9 percent of AFDC children had some activity limitation, almost 4 percent had one or more chronic conditions, and over 14 percent of school-age children had some special need (special classes, or limitations or inability to attend school).

In another analysis using NLSY and National Medical Expenditure Survey data, more than one in three families faced a family illness of 2 weeks or more each year, 28 percent had no sick leave in the five years observed, 36 percent of the mothers of children with chronic conditions had no sick leave

while they were employed, and 38 percent of those who lived in poverty had no sick leave (Heymann, Earle, and Egleston, 1996). In the NLSY, 59 percent of mothers who returned to work after 5 years on welfare lacked paid sick leave and 32 percent had neither sick leave nor paid vacation, compared to 30 percent and 15 percent for working mothers never on welfare (Heymann and Earle, 1998).

There is evidence that, at least in the AFDC environment, welfare recipients with disabilities were unlikely to leave welfare for work. In one NLSY analysis (Pavetti, 1997) 63 percent of those with severe barriers worked less than 25 percent of the time or not at all. Over a third of disabled adults, according to a recent Harris poll, lived in households with income of \$15,000 or less, and only 29 percent of disabled individuals 18-64 worked (72 percent said they preferred to work), compared to 79 percent for the nondisabled (National Organization on Disability, 1998).

There is some evidence that vocational rehabilitation programs for both physical and emotional disabilities can result in significant gains in employment. Although the costs of assessments can vary greatly, the response to a diagnosed learning disability, for example, can be low cost tutoring or mentoring, modifying instructional materials, and combining basic skills instruction with functional occupational skills training (Johnson and Meckstroth, 1998).

Innovative Practices

Getting needed expertise for client assessment and delivery of services.

Vermont has developed a memorandum of understanding between TANF and VR, perhaps a useful model for other states, to improve a formerly hit or miss referral process, provide cross-training of staff, and negotiate individualized employment plans that respect differences in policies. Referrals to VR are based on simple questions about whether an applicant's or recipient's condition impacts her ability to work, is longstanding (over a year) and whether she is willing to be assisted by VR. For those not referred, REACH UP (formerly JOBS) case managers use an extensive set of questions provided by VR, using functional loss indicators and a severity continuum, to assess areas of dysfunction and potentially to refer to VR. Referral can result in exemptions from the work requirement up to a year or indefinitely. Contact Steve Gold, 802-241-2834.

Kansas reviewed the file records on a sample of their caseload with medical exemptions, and found about a quarter with mental illness, about a quarter with muscular or skeletal disabilities, and the remainder with other conditions including neurological, respiratory conditions or diabetes. Staff are consulting with the disability community, and calling in all cases for possible referral to vocational rehabilitation and to put supports in place to permit work participation. TANF and VR, under the same umbrella agency, commonly co-locate services, and staff can share intake and assessment functions. They have created a formal component to allow VR participation to meet the TANF work requirement. The state is also pooling staff and funding from TANF, Child and Family Services, and Alcohol and Drug Services to pair intensive case management with child protective service workers and improve treatment and employment outcomes. Contact Katy Evans, 785-296-0147.

Maine has contracted with three private non-profit agencies (Maine Medical Center, Goodwill Industries, and BDL Rehabilitation, Inc.) to each cover a region of the state, and assess, refer to other collaborating agencies, or place TANF recipients with disabilities, including learning disabilities, domestic violence, and substance abuse. The contractors have helped train TANF staff who do basic screening, and a good working relationship between TANF and contractors supports the referral process. Because contractors offer a greater level of service with one-on-one attention over a sustained period of time, they relieve otherwise overburdened staff and may alleviate some client

resistance to referrals. Because Maine is within federal participation requirements, it has flexibility in applying the requirement to recipients with disabilities, and state law allows families that have complied with program requirements (fewer than three sanctions) to continue to receive benefits beyond 60 months using state funds. Contact Stephen Telow, 207-287-3309.

Florida's WAGES PLUS, under contract to the University of Florida, will serve TANF applicants with substantial barriers to employment. Preliminary data from the instrument used by TANF staff to screen applicants found about a quarter had a variety of serious anxiety indicators, a quarter revealed serious depression (two or more weeks), and a quarter were unable to carry out daily activities due to family or personal health problems. The project will ultimately have a team of social workers, case managers, psychologists, and job developers, with access to local medical, drug treatment and psychiatric facilities for services. They credit positive client response to aggressive outreach, including home visits to all those served. Contact Leslie Clarke, 352-392-8254.

Washington State began a pilot in 1994 to develop a brief screening tool to enable case managers and social workers to identify AFDC recipients with learning disabilities. The project will train staff to use the tool, and will work with vocational rehabilitation, social service agencies and community colleges to improve referral, use alternative testing, instruction and library formats, and assist clients to access information and develop strategies to accommodate their disabilities—including developing necessary social skills for employment, pursuing educational activities, and requesting accommodations in the workplace. Contact Allen Shanafelt, 360-413-3243.

Illinois, on a pilot basis in two locations, will prescreen TANF recipients for LD using the 14 question inventory developed in the Washington State initiative, and refer for hearing, vision testing, and adult education. Those referred will be given an eligibility assessment using the TABE (Test for Adult Basic Education). Those who score between 3rd and 8th grade levels and indicate mild to severe LD may be eligible for a four-month, work-based component combining counseling, education and job experience, including two months of soft skills training and two months of job shadowing and internships. Contact Sue Barauski, 847-803-3535.

Several more states (e.g., KS, RI, MN, WI, MO) have begun LD initiatives, many of whom have borrowed aspects from the Washington experience. And seven states have Welfare-To-Work grants to develop models for LD (AK, CA, FL, OH, NM, NJ).

Maryland screens every TANF applicant for potential referral to SSI. They are particularly concerned with expanding access to SSI for children, in TANF families or elsewhere, in part to stem the use and cost of foster care. Applicants identified with a disability must have a doctor complete a medical form, and those with expected long-term disabilities are referred to a state-funded contractor (Disability Entitlement Advocacy Program (DEAP)) for assistance in applying for SSI. DEAP continues as long as the SSI determination is pending and will provide an attorney to support an appeal. During this time the TANF time clock stops, the case is funded with state MOE dollars in a separate state program, and other services may continue. For disabilities that would not appear to meet SSI eligibility criteria TANF time limits and work requirements apply. The state is training cases managers to access the mental health system with representatives of that system and have access to a toll-free telephone number to make referrals. Contact Richard Larson, 410-767-7150.

Models for supporting employment

New Jersey has had a 10-year collaborative between its VR and mental health agencies to refer individuals with severe mental illness to a non-profit Supported Employment contractor in each of its

21 counties. The contractors market themselves to prospective employers as an employment service, and individuals may choose whether or not to disclose their condition to an employer. Depending on that preference, contractors may work with the employer to develop jobs of mutual benefit with the promise of continued support on or off site, or clients may receive continued support off site. Services can include including vocational assessments, life skills training, and service referrals, and continued supports include a variety of counseling and job coaching interventions that can last for as long as needed. Although there is no formal arrangement with the TANF agency, perhaps a third of the clients have been welfare recipients. Contact Steve Fishbein, 609-777-0708.

KANDU Industries, a non-profit rehabilitation center for persons with disabilities, is now handling all TANF Work First participants in Ottawa County, Michigan. Its work centers provide minimum wage jobs, generally for 25 hours/week up to 6 weeks, for those who do not find employment after a two week job club, with continued supportive services using community mental health or other providers and TANF funds. Its largest product line is picture frames, though products for the 60-70 companies with whom it contracts include assembly, packaging, collating, and quality control inspection, and its products and services are competitive in both cost and quality. Though the program may make some modifications in jobs (e.g., different tools, quieter work stations), it credits staff assistance for generally affording the necessary accommodation to an individual's special needs. Contact Peg Beall, 616-355-3214.

The Corporation for Supportive Housing (CSH), in eight sites around the country, was begun to create permanent housing with on-site services for homeless single individuals with chronic disabilities (e.g., mental illness, substance abuse, HIV infection, chronic housing instability or homelessness). It is in the early stages of expanding its work (in New York City, Illinois, Minneapolis, San Francisco Bay Area) to support hard to serve, but unlikely to be exempted, families on public assistance. CSH projects use non-profit housing developers and social service providers, state and local financing for capital and operating costs, and some foundation funding. CSH's "Next Step Jobs" is a housing-based employment initiative. Some projects have hired clients directly by expanding the number of in-house jobs. Others have profitable businesses that employ residents directly (e.g., bakery, landscaping, coffeehouse, sporting goods, thrift store).

The housing-based model is ideal for people with disabilities because it offers the possibility for bundling social and employment services, for "blended management" between social service and property management staff (rather than using adjunct social service professionals, as traditionally done), and in generally stable, well managed settings. Place-based employment strategies allow for long term relationships, involvement of a network of individuals beyond the client and staff, and a critical mass of work participation and high expectations that reinforce work norms—often essential to individuals with severe barriers to employment. The program finds that part time or temporary employment is common among people with mental illness, that long term services are necessary for individuals who often follow a circuitous path to employment, and that residents with disabilities need services that cut across traditional service lines. Contact John Weiler, 212-986-2966, ext. 234.

Rhode Island offers comprehensive, unlimited physical and mental health benefits (including substance abuse coverage), under Medicaid waiver, to former AFDC recipients with incomes up to 250 percent of the poverty level and their children. For those with serious or persistent mental illness, its community mental health system offers coverage from outpatient to hospitalization, irrespective of TANF eligibility. In addition, the Department of Mental Health has run on a pilot basis a supported work program for adults with serious mental illness, emphasizing placement within a month of entry, and continued support on the job and through inevitable job cycling, using

intensive staff services. The program reports over 50 percent of its cases are able to maintain employment. Contact Dan McCarthy, 401-462-6036.

For More Information . . .**RESOURCE CONTACTS**

Goodwill Industries International. Contact Elaine Williams, 800-741-0197, ext. 525.

Job Accommodation Network, a toll-free consulting service for information on job accommodations, employability of people with disabilities, and ADA. <http://janweb.icdi.wvu.edu/>

National Association of Protection and Advocacy Systems for local legal and advocacy services www.protectionandadvocacy.com or Curt Decker, 202-408-9514.

National Association of State Mental Health Program Directors. Jenifer Urff, 703-739-9333.

National Industries for the Severely Handicapped (NISH) assists non-profit community rehabilitation programs get government contracts to provide products and services outside the competitive bidding process under a Javits Wagner O'Day Act set-aside program. Contact Larissa Timmerberg, 703-641-2720 or www.nish.org with links to programs involved in welfare reform.

National Institute for Literacy, 202-632-1042 or www.nifl.gov

National Technical Assistance Center on Welfare Reform and Disability, with HHS funding, providing technical assistance on disabilities and employment. Contact Martin Gerry, 785-864-0572.

President's Committee on Employment of People with Disabilities, especially for information useful to engage employers. <http://www.pcepd.gov/pubs/publicat.htm>

The Family Village, an extensive website with information, organizations and other resources on mental retardation and other disabilities. <http://www.familyvillage.wisc.edu/tindex.htm>

US DOL/ETA/Office of Welfare to Work. Contact Cheryl Turner, 202-219-0180, ext. 160, or <http://wtw.doleta.gov/intrestweb.htm#> and http://wtw.doleta.gov/documents/project_descpt.htm for descriptions of Welfare-To-Work grants dealing with substance abuse, learning and other disabilities, and <http://wtw.doleta.gov/disable/disability.htm> for links to organizations dealing with variety of disabilities and rehabilitation services.

US HHS/Administration for Children and Families (ACF). Holding conferences on promising practices for the hard to serve, including strategies for substance abuse, mental health, learning and developmental disabilities. Contact Lois Bell, 202-401-9317 or Leola Brooks, 202-690-7693. <http://www.acf.dhhs.gov/programs/opre/rd&e.htm>

US HHS/Assistant Secretary for Planning and Evaluation/Office of Disability, Aging and Long-Term Care Policy. Interagency Work Group on Welfare Reform and Persons with Disabilities. Contact William P. Marton, 202-690-6613 or <http://aspe.os.dhhs.gov/daltcp/reports/purpgoal.htm>

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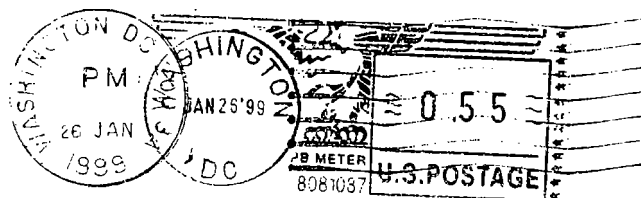
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The Welfare Information Network is supported by grants from the Annie E. Casey Foundation, the Charles Stewart Mott Foundation, the David and Lucile Packard Foundation, the Edna McConnell Clark Foundation, the Ford Foundation, the Foundation for Child Development, the McKnight Foundation, the Woods Fund of Chicago, and the Administration for Children and Families, U.S. Department of Health and Human Services.



1000 Vermont Ave., NW - Suite 600
Washington, DC 20005



Andrea Kane
White House Domestic Policy Council
Old Executive Office building, #210
17th Street & Pennsylvania Avenue, NW
Washington, DC 20502





BOB WILLIAMS <bwilliam @ OSASPE.DHHS.GOV>
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Record Type: Record

To: Andrea Kane/OPD/EOP, Cynthia A. Rice/OPD/EOP

cc:

Subject: Welfare Reform and Disability Briefing

Dear Colleague:

I would like to personally invite you to a briefing on a report entitled State Welfare-to-Work Policies for People With Disabilities: Changes Since Welfare Reform that summarizes state-level changes in welfare programs for persons with disabilities and caregivers following the enactment of PRWORA. The report was prepared by research staff at the Urban Institute for the Office of the Assistant Secretary for Planning and Evaluation and the Social Security Administration. The authors will present an overview of the study and the major findings on January 22, 1999 at 10:30 am. The briefing will be held in Room 505A at the U.S. Department of Health and Human Services (Hubert H. Humphrey Bld., 200 Independence Ave. SW, Washington, DC 20201).

If you have any questions or comments regarding the report or study, please contact William Marton of my staff. He can be reached at 690-6613.

Warm regards,

Bob Williams
Deputy Assistant Secretary for Disability,
Aging, and Long-Term Care Policy

Call for HHS report



State Welfare-to-Work Policies for People with Disabilities

Changes Since Welfare Reform

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

October
1998

Executive Summary

The focus of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) on work and temporary cash assistance is likely to have significant implications for welfare recipients with disabilities and individuals who care for recipients with disabilities (caregivers). Prior to welfare reform, disabled recipients and caregivers were generally exempt from participating in welfare-to-work programs and cash assistance was available for an unlimited period. The purpose of this study is to determine the extent to which states have used the flexibility provided under PRWORA to change their welfare-to-work policies as applied to individuals with disabilities and caregivers. States' decisions about policy changes must be balanced against two key challenges presented by welfare reform:

1. *States must consider the diverse needs of individuals with disabilities while meeting the work participation and other requirements established in federal law.* States now have the latitude to design their welfare-to-work programs in ways they believe will best meet the needs of their clients. States may also decide who among the welfare population will be required to participate in these programs. However, states are required to meet increasing work participation requirements or face financial penalties. PRWORA specifically requires that states must continue to comply with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and other civil rights statutes.
2. *The imposition of state and federal time limits increases the immediacy of welfare recipients' need for help in overcoming their barriers to work and self-sufficiency.* Welfare agencies have not historically been required to focus on the needs of many clients with serious barriers to employment or self-sufficiency—including individuals with disabilities—and now must develop service strategies that achieve this end within 60 months (or less in some states).

This study represents a first attempt to provide a nationwide overview of welfare-to-work policies for individuals with disabilities and caregivers. To obtain this overview of state policies, Temporary Assistance for Needy Families (TANF) plans and other relevant policy documents were reviewed and conversations were held with welfare agency staff in each of the 50 states and the District of Columbia. This report does not provide detail on local-level implementation or local pilot projects. Additional detail about policy implementation will be obtained through case studies of a small number of policy approaches to be conducted in the second phase of this project.

The major findings of this report are:

- The majority of states have changed their work participation policies to require participation among some individuals with disabilities and caregivers who were previously exempt.
- States are in the early stages of making decisions about who should be required to participate in welfare-to-work services, who should be expected to move off welfare within 60 months, and what services will best help recipients achieve this objective.

The summary below provides a more detailed overview of the policy context essential to the understanding of state policy decisions and findings related to state welfare-to-work policy decisions as of

BACKGROUND POLICY CONTEXT:

- **There is no single definition of "disability" used by the welfare community.** Individuals considered "ill or incapacitated," the definition used under the Job Opportunities and Basic Skills Training (JOBS) program, face issues ranging from short-term illnesses to permanent disabilities. However, many of the most severely disabled individuals have traditionally been, and continue to be, referred to the Supplemental Security Income (SSI) program.
 - **Little is known about the prevalence of disabilities among the welfare population.** Separate estimates of work-related disabilities, mental health issues, and substance abuse range from less than 10 to almost 30 percent of all welfare recipients. Estimates of recipients with learning disabilities range from 25 to 40 percent.
 - **Many early welfare-to-work strategies focus on moving the most job-ready clients into employment.** Under JOBS, recipients who were "ill or incapacitated," caring for an "ill or incapacitated family member," or faced other significant barriers to employment were not required to participate in employment and training programs. Because of categorical exemptions allowed under JOBS, states have less experience working with less job-ready recipients, commonly referred to as "hard-to-serve."
 - **States are early in the process of assessing their "hard-to-serve" clients—of which individuals with disabilities are commonly considered a subset—and establishing appropriate service strategies.** States are beginning to consider the extent to which individuals with multiple or severe barriers to employment comprise the welfare caseload. To the extent individuals with disabilities are considered a subset of the hard-to-serve, state welfare agencies know relatively little about their specific circumstances and needs, and are early in the process of designing services to assist them in moving from welfare to work.
-

KEY FINDINGS ON WORK PARTICIPATION AND TIME LIMIT POLICIES:

The majority of states are using the flexibility provided under PRWORA to increase participation in welfare-to-work programs among persons with disabilities. Overall, these changes reflect an increased emphasis on moving recipients with disabilities and caregivers toward work and self-sufficiency.

- **Thirty states have changed their policies so as to increase participation in work and self-sufficiency activities among individuals with disabilities.**
- **Of these, 17 states have broadened their participation policies to require participation among some recipients who were previously exempt.**
- **Another 13 states have adopted a "universal participation" approach that requires all recipients to**

participate in some type of activity.

States that have "broadened" participation requirements but have stopped short of requiring "universal" participation have done so in a variety of ways. The following are common approaches used by states to broaden participation by individuals with disabilities over what was required under JOBS.

- One common way states have broadened participation requirements is by allowing for very few formal exemptions but still maintaining mechanisms (e.g., "deferrals," "postponements") to release some recipients with disabilities or other significant barriers to employment from their obligation to participate.
- Another approach entails having caseworkers "take a harder look" at cases that would have been exempt in the past in order to more fully assess if the individual is capable of participating in any work or self-sufficiency activity. Some states use staff more familiar with work program requirements to make participation decisions.
- Still another approach is the review of disabling conditions by medical review teams or other agencies in an attempt to apply more consistent standards when determining whether or not the individual should be required to participate.

States requiring universal participation among welfare clients use individualized service planning strategies that emphasize recipients' capabilities and acknowledge that the path to self-sufficiency may be long.

- The activities required are varied and in many cases are not limited to work or work-related activities that can be counted toward federally-mandated work participation rates.
- Examples of activities in some states include substance abuse treatment, vocational rehabilitation, or mental health counseling. Allowable activities may also include attending parenting classes, keeping scheduled appointments with doctors, or applying for SSI.

Eighteen states have chosen to retain JOBS participation policies and generally exempt individuals with disabilities. States in this category have not changed their processes for determining if individuals with disabilities are required to participate or are eligible for exemptions.

State policies vary with respect to whether individuals with disabilities are subject to time-limited benefits.

- Slightly less than half of the states (24) exempt persons with disabilities from time limits.
- Many states have not yet determined who will receive a hardship exemption to the time limit. For now, these states consider all recipients—including individuals with disabilities—subject to the time limit.

States are in the early stages of assessing who among those on welfare may need assistance beyond 60 months. Welfare caseload compositions are changing as job-ready clients find employment and less job-ready recipients remain on welfare. States must also decide who among those remaining on welfare may be eligible for inclusion in the 20 percent hardship exemption allowed under PRWORA or if they will use state funds to provide additional services.

The overwhelming majority of states have chosen to apply parallel policies to individuals with disabilities and caregivers. Although individuals with disabilities and caregivers likely face very different

circumstances, both populations were categorically exempt from participating in the JOBS program and most states continue to apply similar policies to the two groups.

- Eleven states have broader participation requirements for caregivers. In some states participation has been broadened by redefining who may be considered a caregiver.
- Fifteen states now require all caregivers to participate in some activity. This does not mean all caregivers are required to work or participate in work-related activities. Some states allow caregivers to fulfill their participation requirements by continuing to care for a disabled household member.
- All but one state have adopted the same time limit policies for caregivers as for individuals with disabilities.

ARTICLES



file

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The Boston Globe August 12, 1998, Wednesday

Suit says welfare slights the disabled By Doris Sue Wong, Globe Staff

Hilda Ramos of New Bedford wanted to do well in the GED program, but she usually got everything wrong and left the class in tears. Now she frequently plays computer games in class instead.

Ateefewawa Pereira of Boston also has had difficulty earning a general equivalency diploma, bouncing through three programs in two years.

The two women, both single mothers on welfare, have substantial learning disabilities that state welfare officials are failing to accommodate, according to the women's attorney, Ruth Bourquin of the Massachusetts Law Reform Institute.

Ramos, 30, has a mild form of mental retardation and has dysgraphia, a writing and spelling disorder, while Pereira, 20, has dyslexia. The class-action lawsuit, filed in April in Suffolk Superior Court, is being closely watched by welfare officials in other states and by advocates for the disabled. In it, they charge that Transitional Assistance Commissioner Claire McIntire has effectively deprived welfare recipients with learning disabilities of equal access to job training and education programs that could help them get off welfare.

Dick Powers, a Department of Transitional Assistance spokesman, countered that welfare officials have only \$ 25 million for employment training and education programs and that priority should be given to recipients who are subject to work requirements and time limits.

Ramos, who also suffers from depression, received a disability exemption from those rules. And if recent studies in other states are any indication, the number of welfare recipients with disabilities is considerable.

Soon-to-be-released results of a three-year pilot study found that 44 percent of nearly 700 welfare recipients in Washington who were tested had learning disabilities, said Melinda Giovengo, a coauthor of the study. In a smaller study in Kansas, 30 percent of 89 welfare recipients tested were found to have learning disabilities.

Glenn Young of the National Institute for Literacy said the findings show that many women went through public school systems without being diagnosed and have ended up on welfare because the early misconception had been that boys, who tended to act out and be more verbal, were more apt to have learning disabilities than girls.

"Girls tend to be more hyper-shy and quiet," said Young. "So girls tend to get socially passed along to the point where they can't hide it anymore, and they tend to drop out and blame themselves because they are told they are lazy, stupid, and crazy."

That, essentially, is what happened to Ramos. Apparently never diagnosed as learning-disabled while attending New York public schools, she recalled dropping out in 10th grade after the principal told her the school couldn't do anything for her.

But states' response to the growing evidence of the link between learning disabilities and welfare dependency, Giovengo said, should not be to grant more recipients exemptions from welfare-to-work rules. Instead, states should find ways to help them learn and succeed in spite of their disabilities.

Please contact Larry McSwain if you would like to receive the WR Daily Report by e-mail or if you have questions about articles found in this publication. (lmcswain@acf.dhhs.gov (e-mail) or 202-401-1230(voice)).

Welfare Reform Daily Report - August 12, 1998 (PAGE 5)

"They have been exempted all their lives," she said. "We have tossed them to the bottom of the food chain because they can't do what we expect. But these people have abilities. Why waste human potential?"

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The Bulletin's Frontrunner August 12, 1998, Wednesday*

Potential Welfare Recipients Encouraged To Seek Other Remedies.

The W. Post (8/12, A1, Vobejda, Havemann) reported on state welfare offices "across the country" that are "working vigorously to prevent families from ever getting on the rolls," in "a little-noticed shift in policy that is helping to fuel a historic decline in the number of Americans receiving assistance." Welfare offices "are urging applicants to ask for help from relatives instead of signing up for government assistance," and "one noted welfare researcher believes the policies are responsible for one-third of the 27 percent drop in caseloads since the nation's welfare system was overhauled in 1996." The W. Post described the changing policies as "popular and controversial," adding that "diversion efforts" have "rerouted thousands of families who in the past automatically would have been moved onto welfare," but some families "have been scared off or intimidated from applying for help that their children genuinely require." The W. Post included a chart showing the percentage by which the number of welfare cases has dropped in ten states with "the largest declines" in caseload.

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The Bulletin's Frontrunner August 12, 1998, Wednesday*

Faircloth Ad Touts Welfare Reform.

The Raleigh News & Observer (8/12) analyzed a television ad sponsored by the campaign of incumbent GOP Sen. Lauch Faircloth. In the ad, Faircloth said: "When I ran for the Senate the first time, I made one solid commitment to the people of North Carolina. That was welfare reform — workfare and not welfare. And I simply think that people that are able-bodied should work for their welfare benefits. And that's what this welfare reform does. It not only reduces the welfare rolls, but it puts more pride and personal integrity into the recipients." An announcer added: "Common sense conservative. Experience we can trust." The News & Observer said: "Is the ad true? Yes. The state welfare rolls have sharply declined and Faircloth was an active supporter in Washington of welfare reform. In the ad, Faircloth carefully does not take sole credit for welfare reform. How much of the welfare decline should be attributed to Congress and how much should be attributed to (Gov. Jim) Hunt is difficult, if not impossible to gauge. Much of the state's welfare decline occurred before Congress passed welfare reform. But some welfare recipients may have been looking for jobs in anticipation of the law being passed."

State Welfare-to-Work Policies for People With Disabilities: Changes Since Welfare Reform

A report entitled *State Welfare-to-Work Policies for People With Disabilities: Changes Since Welfare Reform* will be published in the near future. The report was prepared by the Urban Institute for the Office of Disability, Aging, and Long-Term Care Policy in ASPE and the Social Security Administration. The report documents changes states have made to their welfare programs as of April-May 1998 for TANF recipients with disabilities and individuals caring for persons with disabilities (caregivers). The information in the report is based on published state TANF plans and other relevant documents, and follow up conversations that Urban Institute staff had with state welfare agency personnel.

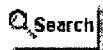
The major finding of the report will be that although states are in the early stages of making decisions about whether persons with disabilities and caregivers should participate in welfare-to-work programs, a majority have changed their welfare programs to require that these two groups participate in some type of work or other approved activities (as opposed to receiving a categorical exemption as was possible under the former JOBS program). The degree to which persons with disabilities are required to participate in welfare-to-work programs varies by state; however, the general trend is to make these programs more inclusive for persons with disabilities and caregivers. We hope to get a better understanding of the potential implications of changes in states' welfare policies in the next phase of the study when we conduct a series of site visits and qualitative case studies.



ETA

welfare to

work



FACT SHEET

U.S. Department of Labor

Welfare to Work Disability Initiative

Background

Senator Tom Harkin, the author of the Americans with Disabilities Act (ADA) recently said:

About 1 out of 5 people on welfare have recognized disabilities. And even though our economy is stronger and unemployment is near record lows, the jobless rate for people with disabilities is enormous, sixty-eight percent, compared to that of non-disabled persons.

To make welfare to work successful for all Americans, we need to make sure there are accommodations for people with disabilities and that means things like community service, subsidized and unsubsidized employment, vocational and on-the-job training and basic education.

Welfare recipients often have disabilities of various kinds. Available research indicates that as many as 7 percent of recipients have chronic and persistent mental illness, while some studies have indicated learning disabilities as high as 40 per cent. Mild and moderate mental retardation is present in a higher percentage of welfare recipients than the general population it is believed, as are physical and sensory disabilities like hearing difficulties or visual impairments. The last several years before and since the Americans with Disabilities Act was passed have brought much more knowledge and information about how workers with disabilities, with new civil rights under the ADA, can benefit from improvements in employer attitudes, assistive technology and most significantly job accommodation.

Job accommodation provides a modification at the job site to enable a worker to meet the "essential functions" of the job. Examples such as modifying work hours are commonly used while purchasing assistive devices such as computer enhancements, TDDs (Telephone communication Device for the Deaf) or providing interpreters or readers are other types of job accommodation. Accommodations must be carefully customized to each disabled individual's needs (job accommodations come in groups of one, it is said) focusing on functional impairment. In the last ten years job accommodation has been carefully studied, cost benefit results analyzed, and centers specializing in job accommodation established. The Job Accommodation Network can supply suggestions for job accommodation techniques that need to be applied when assisting transition of welfare recipients with disabilities transitioning into the workforce so that identification and screening take place.

State planners and welfare agencies are encouraged to build into their state plans links with disability community organizations to provide information and assistance. What's more, vocational rehabilitation techniques have been improved with changes brought about by the disability rights movement and a more holistic approach to counseling, guidance and service provision with greater focus on consumer choice. There is also a wide network of community based disability consumer (individuals with disabilities) and professional organizations in every state. For most of these organizations, their mission is to focus on independent community life for their constituents, very often with various types of job components.

Some useful links

For information on specific disabilities and job accommodation that works well for individuals with those disabilities see some of the following Web Sites for more information.

Disability Community Pages

[American Foundation for the Blind](#)

[Deaf Web Sites](#)

[National Easter Seals Society](#)

[The National Multiple Sclerosis Society](#)

Rehabilitation Services

[Inter/National Association of Business, Industry and Rehabilitation \(I-NABIR\)](#)

(Note that all states should have government organizations in this area.)

Government Agencies

[The Disability Initiative](#)

[National Council on Disability](#)

[Rehabilitation Services Administration](#)

Psychiatric Rehabilitation Organizations

[Bazelon Center for Mental Health Law \(BCMHL\)](#)

[Boston University Center for Psychiatric Rehabilitation](#)

Disability Resources

[Association of Persons in Supported Employment \(APSE\)](#)

[The Arc Home Page](#)

[The Center for Independent Living, Berkeley, CA](#)

[The Center for Independent Living, Central PA](#)

[The Center for Independent Living, Southwest FL](#)

(Similar centers exist in other states and large cities.)

[Goodwill Industries International, Inc. \(GII\)](#)

[ILRU Job Bank Listings](#)

[Independent Living Research Utiliation at TIRR](#)

Local disability community organizations can help you assist your customers. Millions of Americans with disabilities have proven that rehabilitation and job accommodation can improve job placement and increase job retention. Make sure you plan on your own strategy.

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Putting Disabled Mothers in Workfare

Giuliani Wants Them in Jobs Tailored to Their Medical Problems

By RACHEL L. SWARNS

In an ambitious and controversial effort to increase the number of welfare recipients participating in New York City's workfare program, Mayor Rudolph W. Giuliani will soon begin requiring physically and mentally disabled mothers to work for their welfare checks.

The new policy began quietly this weekend when city officials ordered about 800 disabled women to report to welfare offices for screening into the new 20-hour-a-week workfare program. The women, who showed up at city offices clutching plastic pill bottles and crumpled medical forms on Saturday, had already been examined by city doctors who classified them as permanently or temporarily unemployable since they suffer from chronic seizures, mental illness, severe arthritis and other ailments.

But under the new rules, the mothers will be required to work in jobs tailored to their specific impairments by nonprofit groups accustomed to working with the disabled, including Goodwill Industries of Greater New York. Women who cannot walk, for instance, might type or stuff envelopes. Only those women with disabilities severe enough to qualify for Federal disability benefits will be exempt.

City officials say the old system, which allowed the disabled to stay home until city doctors certified that they could work, denied job training, work experience and career counseling to people who desperately needed those services. State officials, who will help finance and oversee the new program, say about 12,000 disabled mothers will participate in workfare initially, with the first group starting in two months. The remaining 21,000 disabled welfare mothers may follow if the program works well, city officials say.

But the shift in policy, which comes five months after Mr. Giuliani vowed to move virtually all of the city's welfare recipients into workfare jobs, was quickly condemned by advocates for the poor, who said it violates state law and endangers the lives of the sickest and most vulnerable New Yorkers.

The clash between advocates and city officials over the issue marks only the beginning of a contentious debate that will likely land in civil court, and one that already swirls across much of the nation as states like Florida, Oregon and Wisconsin push disabled people on public assistance into the workplace.

"The ethic has changed and a lot of states are trying to reach into that population," said Jack Tweedie, who tracks welfare policy for the National Conference of State Legislatures.

Under Federal law, mothers on public assistance can receive welfare checks for only five years, regardless of whether they are disabled or not. State officials may exempt 20 percent of their welfare mothers from the time limit, but many are still pushing as many women into work as they can, fearful that more than 20 percent will still need benefits when the deadline hits.

"The clock is ticking and we want to help more participants work," Mr.



Aglaee Muniz, 57, who takes medication for severe depression and diabetes, was classified as permanently unable to work.

Tweedie said of the disabled on public assistance. "The hard part is figuring out how to do it."

In New York City, where welfare officials have been sued for assigning people with less serious medical ailments to workfare jobs that threaten their health, advocates for the poor found the new policy particularly alarming.

A sharp shift in welfare policy begins quietly.

Last month, a state judge ordered the city to create a process that would allow welfare recipients to challenge work assignments for health and safety reasons. But that process would apply to welfare recipients without severe medical problems, workers with asthma who can answer telephones but cannot scrub dusty garages, for instance. This group is classified as employable, but with limitations.

The city's new policy is directed toward a group that city doctors say are actually unable to work, and advocates say it will be impossible to find suitable work for this group. About 4,000 welfare mothers have been deemed permanently unemployable by the city's medical contractor, Health Services Systems. About 30,000 have been classified as temporarily unemployable, meaning they cannot work for three to six months.

They are young women like Daisy Rivera, 28, who was deemed permanently unemployable because she

suffers from severe asthma and weighs 400 pounds. They are older women like Evelyn Valle, 39, who hobbled to the welfare office, leaning hard on a scratched wooden cane because of the arthritis in her hip. Or like Aglaee Muniz, 57, who takes medication for severe depression and diabetes and was also classified as permanently unable to work.

Advocates for the poor say state law clearly exempts such people from participating in work activities.

"This is mind-boggling," said Susan Sternberg, a staff attorney at the Brooklyn Neighborhood Office of the Legal Aid Society, who represents the workfare workers with medical limitations in their suit against the city. "These are people who the city has already found to be unable to participate in work activities. This means hundreds more people are going to be sicker and risk death."

But state and city officials say the policy is perfectly legal because the law also requires disabled people who have "the potential to be restored to self-sufficiency" to participate in vocational rehabilitation programs.

City officials say the new program has been carefully planned to meet the needs of this population, which was unable to participate in the traditional workfare program along with the 32,000 current participants. The work sites will be chosen by officials at four groups, Goodwill Industries, the Brooklyn Bureau of Community Service, the National Center for Disability Services and the Federation Employment and Guidance Service, who will safeguard the health and safety of the new workers.

All told, the groups must place at least 228 mothers in unsubsidized jobs for at least 90 days by March 1999.

"We have to be concerned about the disability, but that doesn't mean these people are not worthy of being given an opportunity to be productive members of the community, to use the talents they have," said Debra Sproles, the spokeswoman for the Human Resources Administration, which runs the city's welfare programs.

"This is a whole group that was forgotten about," Ms. Sproles said. "We want to proceed cautiously, but this is a great step toward bringing these people back into the fold."

On Saturday, caseworkers for the four groups used a two-page questionnaire to screen hundreds of mothers, who were either temporarily disabled or permanently disabled women who had been denied Federal disability benefits.

Those with serious disabilities were given an appointment for a more complete evaluation, which will be reviewed by the State Office of Vocational and Educational Services for Individuals With Disabilities. Most of those women will ultimately work 20 hours a week for three months, and 35 hours a week after that, while receiving career counseling, job search training and other services. Twenty other New York counties, including Westchester and Onondaga, also received state financing for similar programs.

Those welfare recipients who are determined to lack serious disabilities will be re-examined by city doctors and may eventually end up in the traditional workfare program, although they can appeal that decision, city officials said. And those with the most severe medical problems will be told to apply for Federal disability benefits.

No one knows how smoothly the new process will work. Advocates for the poor in Wisconsin, which has also eliminated broad work exemptions for the disabled, said they have not encountered widespread problems. Jason A. Turner, the recently appointed chief of New York City's welfare agency, was the architect of that state's welfare program.

But the sheer size of New York City's welfare population makes the job infinitely more complex. Wisconsin

has only about 9,000 adults on public assistance statewide, while New York City has about 200,000 mothers on welfare, including the 33,000 disabled women.

Hundreds of those women filled the waiting rooms of the city's welfare offices on Saturday, sitting on hard, plastic chairs as they thumbed through plastic bags and time-worn envelopes for their medical records. Most seemed stunned to learn that they were going to work after city doctors had told them that they could not.

"I work with people who can't see, who can't hear," a caseworker from one of the nonprofit groups told a doubtful woman, who said a stroke left her with chronic seizures. "I work with people who have only one leg, in wheelchairs. We're here to help you find jobs."

The New York Times

MONDAY, JUNE 8, 1998

funding mechanism?

+ are the 4,000 applying for SSI?

**ETA****work
welfare to**

CC: DF
from: ALC
Just found this
on their
web
site.



FACT SHEET

U.S. Department of Labor

Welfare to Work Disability Initiative

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Background

Senator Tom Harkin, the author of the Americans with Disabilities Act (ADA) recently said:

About 1 out of 5 people on welfare have recognized disabilities. And even though our economy is stronger and unemployment is near record lows, the jobless rate for people with disabilities is enormous, sixty-eight percent, compared to that of non-disabled persons.

To make welfare to work successful for all Americans, we need to make sure there are accommodations for people with disabilities and that means things like community service, subsidized and unsubsidized employment, vocational and on-the-job training and basic education.

Welfare recipients often have disabilities of various kinds. Available research indicates that as many as 7 percent of recipients have chronic and persistent mental illness, while some studies have indicated learning disabilities as high as 40 per cent. Mild and moderate mental retardation is present in a higher percentage of welfare recipients than the general population it is believed, as are physical and sensory disabilities like hearing difficulties or visual impairments. The last several years before and since the Americans with Disabilities Act was passed have brought much more knowledge and information about how workers with disabilities, with new civil rights under the ADA, can benefit from improvements in employer attitudes, assistive technology and most significantly job accommodation.

Job accommodation provides a modification at the job site to enable a worker to meet the "essential functions" of the job. Examples such as modifying work hours are commonly used while purchasing assistive devices such as computer

hours are commonly used while purchasing assistive devices such as computer enhancements, TDDs (Telephone communication Device for the Deaf) or providing interpreters or readers are other types of job accommodation. Accommodations must be carefully customized to each disabled individual's needs (job accommodations come in groups of one, it is said) focusing on functional impairment. In the last ten years job accommodation has been carefully studied, cost benefit results analyzed, and centers specializing in job accommodation established. The Job Accommodation Network can supply suggestions for job accommodation techniques that need to be applied when assisting transition of welfare recipients with disabilities transitioning into the workforce so that identification and screening take place.

State planners and welfare agencies are encouraged to build into their state plans links with disability community organizations to provide information and assistance. What's more, vocational rehabilitation techniques have been improved with changes brought about by the disability rights movement and a more holistic approach to counseling, guidance and service provision with greater focus on consumer choice. There is also a wide network of community based disability consumer (individuals with disabilities) and professional organizations in every state. For most of these organizations, their mission is to focus on independent community life for their constituents, very often with various types of job components.

Some useful links

For information on specific disabilities and job accommodation that works well for individuals with those disabilities see some of the following Web Sites for more information.

Disability Community Pages

American Foundation for the Blind

Deaf Web Sites

National Easter Seals Society

The National Multiple Sclerosis Society

Rehabilitation Services

Inter/National Association of Business, Industry and Rehabilitation
(I-NABIR)

(Note that all states should have government organizaions in this area.)

Government Agencies

The Disability Initiative

National Council on Disability
Rehabilitation Services Administration

Psychiatric Rehabilitation Organizations

Bazelon Center for Mental Health Law (BCMHL)
Boston University Center for Psychiatric Rehabilitation

Disability Resources

Association of Persons in Supported Employment (APSE)
The Arc Home Page
The Center for Independent Living, Berkeley, CA
The Center for Independent Living, Central PA
The Center for Independent Living, Southwest FL
(Similar centers exist in other states and large cities.)
Goodwill Industries International, Inc. (GII)
ILRU Job Bank Listings
Independent Living Research Utiliation at TIRR

Local disability community organizations can help you assist your customers. Millions of Americans with disabilities have proven that rehabilitation and job accommodation can improve job placement and increase job retention. Make sure you plan on your own strategy.

[ETA](#)[Home](#)[Top](#)[Index](#)[DOL](#)[Glossary](#)

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*Cynthia & Andrea -
From a presentation
by Peggy
Hamburg
see next
page.*

- Despite the fact that there are work incentives that specifically permit people on SSI or SSDI to go to work but still keep Medicaid or Medicare within certain limits; but participation in these programs is very low.

More Research is Needed

- ◆ Our information raises a number of important questions that need to be addressed:

Diana

- Why are some people with disabilities able to go to work without ever entering the Social Security disability system? Is it something about the individuals, the service systems, or both?
- Why is participation in our work incentive programs so woefully low? Is it a function of lack of outreach? What are the characteristics of people who use them successfully and those who do not?
- What role does access to a secure source of health care play in the decision to work?
- Who among the population with disabilities need PAS and what role do these services play in the decision to work?
- What more can be done to link service systems that address the education, training, employment and health care systems, with the ultimate aim of getting more people into good jobs earning a living wage?

Current ASPE Research to Address these Questions

- ◆ I'm pleased to report that my office has a solid research agenda underway to address some of these questions.

- ◆ First, our **employment studies**. We started a few years ago with a study to review the evidence that supports the proposition that people do not seek work because they fear losing health coverage. While there are few empirical studies to date, they do suggest that health care access is an important factor in the decision to seek work.
 - In a follow up study last year, we looked at participants in the SSI 1619 work incentive program -- which allows people to keep Medicaid when they go to work, if they earn below about \$20,000 per year.
 - You won't be surprised by the preliminary findings: there is a group of 1619 participants who deliberately restrain their earnings so they can keep Medicaid.
 - The same researchers at the Lewin Group are looking at labor force participation and earnings levels of people with disabilities before and after substantial Medicaid expansions in the "natural laboratories" of Tennessee and Oregon.
- ◆ Also, we must understand the impact of ~~welfare reform~~ on the nearly 40% of former AFDC recipients reporting a disability. We want states to be able to help many of these "hard to serve" people get into and stay in the work force.
 - Bob Williams co-chairs an Interdepartmental Work Group on Welfare Reform and Disability. That group is pulling together the research -- past, present, and future -- to help understand the characteristics and needs of this special population.
 - ASPE is also supporting two important studies in this area. First, we are surveying states to see how they treat people with disabilities under TANF. We are particularly concerned about

the extent to which states are enabling people with disabilities to enter the work force with appropriate supports. We will have a report by the end of the year.

- We are also adding a disability component to a major study of the impact of welfare reform on poor families with children. Through a comprehensive family survey, as well as intensive longitudinal case studies, we will examine how people with disabilities and their families are doing as a result of welfare reform.

Planned Research

- ◆ I believe we have a good research program underway to get some answers, but we still have a long way to go.
- ◆ As the Secretary said, we are beginning new studies that will move us much closer to the critical answers we need.
 - First, we are planning to study why some people with severe disabilities are able to work while others are not. What are the characteristics of those who work and the systems that serve them, versus those who do not?
 - Second, the Disability Survey is a rich source of information on work. The latest data will be ready for analysis in the next few months and we will use it to better understand earnings, barriers, accommodations and health care spending and utilization.
 - I know that the Executive Order clearly states that we need good data to address the challenges we face. We are eager to work with you to achieve that goal. The Disability Survey, the first ever comprehensive survey of Americans with disabilities, is a good start. I'm proud of the role my