

W. J. K. H. S.
Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

FUNCTIONAL IMPAIRMENTS OF AFDC CLIENTS



Richard P. Kusserow
INSPECTOR GENERAL

MARCH 1992

OFFICE OF INSPECTOR GENERAL

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**OFFICE OF
INSPECTOR GENERAL**

**FUNCTIONAL IMPAIRMENTS
OF AFDC CLIENTS**



**Richard P. Kusserow
INSPECTOR GENERAL**

OEI-02-90-00400

EXECUTIVE SUMMARY

PURPOSE

The purpose of this inspection is to determine whether and how States with Job Opportunity and Basic Skills (JOBS) experience are systematically identifying and dealing with the functional impairments of Aid to Families with Dependent Children (AFDC) clients.

BACKGROUND

The Aid to Families with Dependent Children when enacted in 1935, had as its initial intent to allow widowed mothers to stay at home with their children. Its philosophy shifted with the Family Support Act of 1988 into assisting needy children and parents in moving from welfare dependency to self-sufficiency.

To promote the philosophy of self-sufficiency, the Family Support Act requires that States develop a JOBS program, an education, training and employment program intended to help AFDC clients avoid long-term dependence.

A 1988 study for the Assistant Secretary for Planning and Evaluation (ASPE) on functional impairments in the AFDC population determined that nearly one in four women on AFDC under the age of 45 reported themselves as functionally impaired in contrast to one in eleven non-AFDC women.

A study completed recently for ASPE by Child Trends, Inc. evaluated AFDC mothers as potential employees. It found that most of these women have a limited education, score below average on verbal and math skills tests, and have had little work experience, are long-term welfare recipients and report health problems, alcohol abuse and depression.

METHODOLOGY

This inspection was conducted in three phases: 1) telephone interviews with managers of the State welfare offices and with JOBS program directors in the 25 States which have had a JOBS program in place for at least one year; 2) site visits and telephone discussions with program managers and clients in eight local programs which have especially effective practices in helping the functionally impaired; and 3) an analysis and comparison of the States' AFDC and JOBS assessment forms.

The term functional impairment is defined for the purpose of this inspection as any chronic physical or mental barrier which may prevent an individual from leaving welfare and becoming self-sufficient. These impairments affect an individual's ability to succeed in the JOBS program and become employed. Respondents were given this broad definition of a functional impairment prior to the interviews.

FINDINGS

Respondents Identify A Variety Of Impairments Among AFDC Clients; Learning Disabilities And Substance Abuse Are The Most Frequently Mentioned.

Respondents identify a variety of impairments among AFDC clients such as learning disabilities; substance abuse; low back pain; emotional, hearing, visual and dental problems; domestic violence and obesity. These impairments often contribute to low self esteem, frequently mentioned by respondents as a major problem, and serve as barriers to self-sufficiency.

Jobs Program Participation Increases Chances Of Having Functional Impairments Identified

A comparison of JOBS and AFDC eligibility assessment forms shows that the JOBS forms ask more questions which might reveal functional impairments. The JOBS program directors are more confident than AFDC program directors that their initial assessment process does in some way identify functional impairments. While AFDC respondents think that impairments might be identified during the AFDC eligibility assessment, most stress that this assessment basically consists of a financial evaluation. Participation in various JOBS activities provides further opportunities for identifying the functionally impaired.

Problems Exist In Dealing With Identified Functional Impairments

While referral does occur, it is not formal and there is little follow-up. Both AFDC and JOBS directors state that after an impairment is identified the client is referred to appropriate services, which in most cases consists solely of giving the client a telephone number or making a phone call.

Additional obstacles which prevent clients from getting the services they need include lack of available publicly funded services, lack of transportation and lack of coordination among the various assistance programs.

States Do Not Collect Aggregate Data On Functional Impairments In The AFDC Population

States do not collect systematic data on these impairments. When an impairment is identified, it is generally recorded, on the client's individual case record, but it is not

usually collected on an aggregate level in any one central place on either a local or State level.

Some Local Programs Are Especially Helpful To The Functionally Impaired

Special programs at the local level (all contracted through JOBS) were identified which employ a variety of ways to facilitate self-sufficiency in the functionally impaired. All are structured to accommodate clients with functional impairments and to assist them in achieving self-sufficiency.

RECOMMENDATIONS

1. States should develop mechanisms to assure appropriate identification, referral and follow-up of clients with functional impairments. These mechanisms could include:
 - o in-depth assessments with questions and features specifically targeted to functional impairments,
 - o training AFDC and JOBS workers to identify functional impairments and
 - o improved links with local programs which serve the functionally impaired, particularly with regard to follow-up.
2. The Administration for Children and Families should assist States and local governments by publicizing effective practices for identifying, referring and serving the functionally impaired.
3. The Administration for Children and Families should conduct research on the extent and nature of impairments and interventions. As suggested in ASPE's comments to the draft report, this research could include coordination with research units whose primary focus is disability.

COMMENTS

Comments to the draft report were received from the Administration for Children and Families (ACF) and the Assistant Secretary for Planning and Evaluation (ASPE) and appear in Appendix A. We have considered these comments and made changes where appropriate.

In response to the first recommendation, the ACF expresses interest in working with States to address the problem. While they cite fiscal constraints on States as a possible limiting factor, they nevertheless will encourage States to look for impairments to a participant's successful transition to self-sufficiency. They acknowledge that existing JOBS regulations will be helpful in this regard.

Both ACF and ASPE expressed concern that the definition for functional impairment used in this report is too broad and unclear. In response to these concerns, we amended the report to clarify the meaning of functional impairment. Prior to our study the nature and extent of this problem was largely unknown. Our goal was to make a preliminary identification of the various types of impairments in order to assist researchers and program administrators in coming to grips with functional impairments of the AFDC population. Therefore, we thought it important not to restrict our definition to any specific conditions. Clearly, much more research is needed to define the problem and develop remedies.

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INTRODUCTION

PURPOSE

The purpose of this inspection is to determine whether and how States with Job Opportunity and Basic Skills (JOBS) experience are systematically identifying and dealing with the functional impairments of Aid to Families with Dependent Children (AFDC) clients.

BACKGROUND

AFDC

The Aid to Families with Dependent Children has as its purpose, as indicated in Title IV of the Social Security Act (Part A, Section 401) "... encouraging the care of dependent children in their own homes ... by enabling each State to furnish financial assistance and rehabilitation and other services to needy dependent children and the parents or relatives with whom they are living." The AFDC program is administered by States, but funded jointly by the Federal and State governments.

A family unit becomes eligible for AFDC when a dependent child, under 18 years of age, is deprived of parental support for various reasons: a parent's death, a parent's mental or physical incapacity, a parent's absence from the home and, in 29 States, the parent's loss of employment. Although eligibility may be based on any of the above factors, the father's absence from the home is the primary and major reason for program eligibility. Therefore, even if a client may have a functional impairment, that impairment may not be noticed because eligibility is based on the father's absence from the home.

When enacted in 1935, the program's initial intent was to allow widowed mothers to stay at home with their children, its philosophy shifted with the Family Support Act of 1988. It now aims to assist needy children and parents in moving from welfare dependency to self-sufficiency.

JOBS

To promote the philosophy of self-sufficiency, the Family Support Act requires that States develop a JOBS program, an education, training and employment program intended to help AFDC clients avoid long-term dependence. States must enroll seven percent of the eligible population by 1991, rising to 20 percent by 1995. Clients are assessed to determine their training needs and to develop an employability plan. While all States have now implemented JOBS, some programs have been in operation longer than others.

The exposure of the AFDC population to JOBS, however, remains limited. As indicated above, JOBS is only reaching a small portion of AFDC clients. Nineteen States did not begin their JOBS program until the last possible date, October 1, 1990, and not all have implemented it Statewide. Preliminary data for the second quarter of Fiscal Year 1991 indicates that out of approximately 4.2 million adult AFDC recipients, 510,000 (12 percent) are in JOBS activities at any one point in time. This number is expected to increase as the program expands. State budget constraints are causing States to use only a part of available Federal matching funds.

Prior Studies

A 1988 study for the Assistant Secretary for Planning and Evaluation (ASPE) on functional impairments in the AFDC population determined that nearly one in four women on AFDC under the age of 45 reported themselves as functionally impaired. In contrast, only one in eleven non-AFDC women reported having a functional impairment. The data was derived from self-reported information on the client's ability to function.

A study completed recently for ASPE by Child Trends, Inc. evaluated AFDC mothers as potential employees. It found that most of these women have a limited education, score below average on verbal and math skills tests, and have had little work experience. Also, one-half of the mothers are long-term welfare recipients. Some also report health problems, alcohol abuse and depression. While this study targeted barriers to employment, it did not specifically look at functional impairments.

Other than these two studies, limited literature exists regarding functional impairments in AFDC. Also, little is known about what, if any, State procedures are used to identify functional impairments of AFDC clients.

METHODOLOGY

This inspection was conducted in three phases. Initially, the study team conducted telephone interviews with managers of the State welfare offices (AFDC respondents) and with JOBS program directors (JOBS respondents) in the 25 States which have had a JOBS program in place for at least one year. A total of 49 telephone interviews were completed (one welfare manager could not be contacted).

During these interviews, the team asked JOBS program directors questions about clients in their caseloads who have functional impairments, how they assess these clients, whether and how they identified the functional impairments of these clients, and, once identified, how the referral process works. Similarly, the team asked State welfare managers to indicate whether and how they identified functionally impaired clients other than through JOBS and, once identified, how the clients are referred. Additionally, both types of respondents also provided their perceptions of the characteristics and problems of this population.

The term functional impairment is defined for the purpose of this inspection as any chronic physical or mental barrier which may prevent an individual from leaving welfare and becoming self-sufficient. These impairments affect an individual's ability to succeed in the JOBS program and become employed. Respondents were given this broad definition of a functional impairment prior to the interviews.

In the second phase, the study team collected and reviewed JOBS assessment forms from 24 of the 25 States and AFDC assessment forms from 14 of the 17 States in which the welfare manager thought the eligibility assessment could identify functional impairments. The team utilized a worksheet listing features and questions on these forms, such as whether the individual had a barrier to employment, which were likely to identify functional impairments. It then checked each assessment form against this worksheet to determine how many of the features and questions it possessed.

Lastly, the team chose four special programs at the local level for site visits and four for telephone interviews with the program managers. These eight were chosen from 24 programs cited by State respondents as having some effective practices in helping the functionally impaired. The four programs interviewed by phone were in Pennsylvania, Kansas, Nebraska and Iowa. The four visited were in New Jersey, Michigan and New Hampshire. They were chosen because they might exemplify some best practices for identifying and/or serving AFDC clients with functional impairments and because they appeared to demonstrate a variety of different program practices and philosophies. The team held face-to-face discussions at each site with case managers or program staff to gain greater insight into the operations of the programs. Seventeen program clients, selected either by the program manager or the visiting team, provided their views of the program to the team.

Since limited literature and data exist on functional impairments in the AFDC population, this study was exploratory in nature. It surveyed program officials to determine basically what is known about functional impairments and to identify the issues pertaining to this problem.

FINDINGS

Respondents Identify A Variety Of Impairments Among AFDC Clients; Learning Disabilities And Substance Abuse Are The Most Frequently Mentioned

All AFDC and JOBS program directors agree that learning disabilities, substance abuse, physical problems such as low back pain, and emotional problems, such as depression, exist in the AFDC population. These emotional problems are not routine, but are severe enough to interfere with functioning. Other impairments include: hearing and visual problems, dental problems, domestic violence and obesity. Respondents based their opinions primarily on their own experience and observations in the field, and to a lesser extent on formal testing.

These impairments often contribute to low self esteem, frequently mentioned by respondents as a major problem, and serve as barriers to self-sufficiency. Many clients have multiple impairments and come from dysfunctional families.

Many AFDC clients do not have a high school diploma or equivalent, which many respondents feel is due in large part to the widespread existence of learning disabilities. Many clients were not successful in school and simply dropped out, never being identified as learning disabled and, therefore, never received special education. Most were not even aware of their problem. One AFDC respondent reflects the views of several when he says, "Fifty-one percent of AFDC clients do not have a high school degree and probably most of them have a learning disability." Another agrees that "there is a sense that a lot of literacy clients are learning disabled." Respondents described a learning disability not as a major neurological condition, but as an impairment that makes learning difficult, such as dyslexia.

The AFDC and JOBS directors also consider substance abuse to be prevalent in the AFDC population. They believe this impairment can be easily masked and only discovered if the client happens to be under the influence of the substance while in contact with program workers.

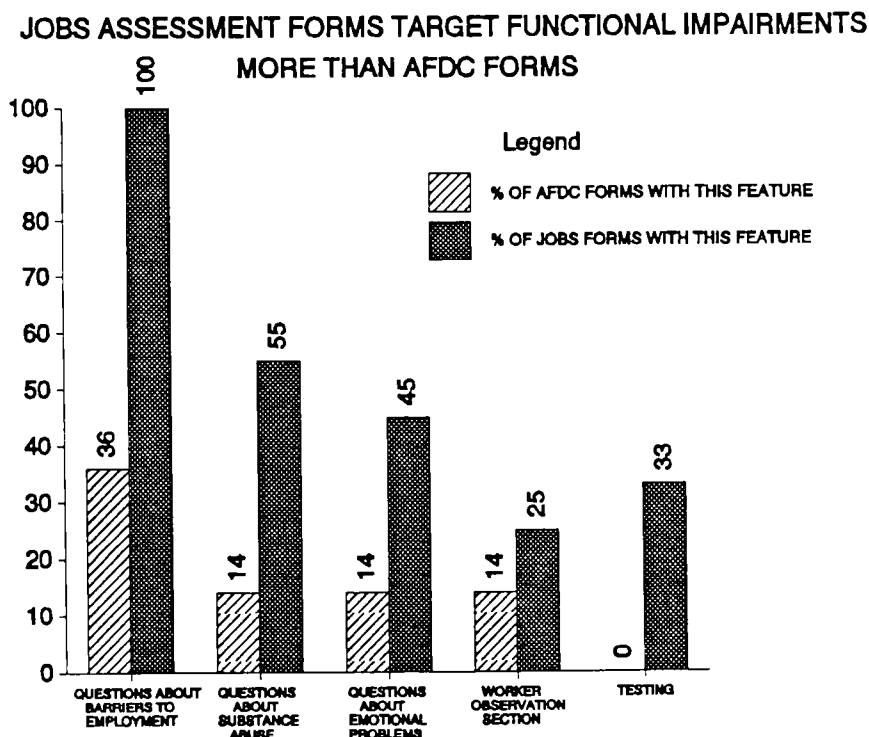
JOBS Program Participation Increases Chances Of Having Functional Impairments Identified

- ▶ *Initial JOBS assessments are more likely to identify impairments than AFDC eligibility assessments.*

A comparison of JOBS and AFDC eligibility assessment forms shows that the JOBS forms ask more questions which might reveal functional impairments. All the JOBS forms specifically ask about barriers to employability, as opposed to only 36 percent of AFDC eligibility forms. Fifty-five percent of JOBS forms, in contrast to 14 percent of AFDC forms, focus on substance abuse problems. Also, 45 percent of JOBS forms target emotional health problems, while very few (13 percent) AFDC forms do.

Finally, JOBS forms are twice as likely as AFDC forms to have a worker observation section that instructs workers to record observations about client functioning and behavior.

The review of JOBS assessment forms also shows that approximately one-third call for testing which might reveal functional impairments. Thirty-six percent have skills testing and reading/literacy testing, and 27 percent test math skills. In those same 25 States, no testing of any kind is conducted as part of the AFDC eligibility assessment.



The JOBS program directors are more confident than AFDC directors that their initial assessment process does in some way identify functional impairments. While AFDC respondents think that impairments might be identified during the AFDC eligibility assessment, most stress that this assessment basically consists of a financial evaluation, limited mostly to questions about finances and family situation. On the other hand, most JOBS respondents report that their assessment has more detailed questions about the clients' background and barriers to employment. One AFDC respondent suggests that "If more people could at least get through the JOBS assessment, that would be the most efficient, cost-cutting way to identify impairments because the

assessors for JOBS are case managers. JOBS assessments should become a requirement."

Both AFDC and JOBS respondents generally agree that if an impairment is identified in an initial assessment, it usually occurs as a result of questions asked during the interviews, worker observation, and testing.

The JOBS assessors tend, on the whole, to be more qualified educationally and experientially than their AFDC counterparts. In all but one of the 25 States, at least 75 percent of JOBS assessors have college degrees, whereas in only four of those States can the same be said for AFDC assessors. In 64 percent of the States, more than half the JOBS assessors have prior case management experience; in none of the States do more than half of the AFDC workers have prior case management experience. Also, the AFDC directors report that because their staff have very large case loads, they may not have sufficient time to note subtle client impairments. One respondent reflects a prevailing view when she says, "You can't identify and do volume service at the same time."

- ▶ *Participation in JOBS program activities provides further opportunities to identify the functionally impaired.*

Sixty-eight percent of JOBS program directors report that participation in later JOBS activities, such as training or workshops, is likely to reveal a client's functional impairments because it demonstrates the client's ability to function in a structured setting. One JOBS respondent reflects the view of many when he states, "It is very hard to identify subtle impairments if the person doesn't disclose it. They may show up down the road but the initial assessment isn't enough time to do it." Another states that, "When the client begins participation in an actual component, they have to come every day to a program and you see problems with attendance, behavior and consistency in terms of performance."

In contrast to the JOBS experience, only several AFDC respondents report that impairments may be picked up during additional contact with the client, such as ongoing case management; they stress that this is often informal and by chance.

Problems Exist In Dealing With Identified Functional Impairments

- ▶ *While referrals do occur, they are often informal with little follow-up.*

The AFDC and JOBS program directors report that after an impairment is identified the client is referred to services such as substance abuse treatment, medical and mental health services, social services and vocational rehabilitation. In most cases referral consists solely of giving the client a telephone number or making a phone call. Limited follow-up also hinders the referral process. As one AFDC respondent states, "Follow-up is important. Otherwise the client will be back on the rolls." Many

respondents blame large case loads and insufficient staffing and resources for this lack of follow-up.

Both AFDC and JOBS respondents mention particularly that if clients have chronic disabilities that would make them eligible for SSI, they would definitely be referred. However, many of these disabilities are not severe enough for them to qualify for SSI. One AFDC respondent reports that her State "is in serious budget trouble, so we have to look very hard for people who could be put on SSI so the Feds, not the State, pay for them."

A number of additional obstacles prevent clients from getting the services they need. Sixty-four percent of respondents cite a lack of available publicly funded services, as exemplified by the long waiting lists at many substance abuse treatment centers. Fifty-two percent mention lack of transportation. Lack of coordination among the various assistance programs is also mentioned.

► *The functionally impaired face other obstacles to self-sufficiency.*

A majority of AFDC and JOBS program directors believe the functionally impaired face other barriers to self-sufficiency. Almost all mention that these clients have a difficult time finding and retaining work that pays enough to get off the AFDC rolls. Over half the respondents state that there are not enough programs, services or training opportunities specifically suited to the functionally impaired. Some other obstacles include transportation problems and housing difficulties.

Full-time JOBS participation may be difficult for the functionally impaired. In order for States to meet the requirements for JOBS Federal funding, the JOBS participation rate in each State must average 20 hours per week for each participant. However, several respondents mention that this rate may be difficult to reach due to this population's impairments. Because a functionally impaired client might not initially be able to tolerate 20 hours of classroom instruction, other recipients' participation rates will have to be proportionately higher in order for a State to reach the required participation rate.

States Do Not Collect Aggregate Data On Functional Impairments In The AFDC Population

Almost all JOBS and AFDC respondents state that when a functional impairment is identified, it is generally recorded, usually on the client's individual case record. Employability plans, referral forms, test results and assessment forms were mentioned as other places where impairments might be indicated. However, while such information may be maintained in an individual case record, it is not usually collected on an aggregate level in any one central place on either a local or State level. Several respondents point out the fact that the collection of such data is not a program requirement.

While awareness of the problem exists, it is not usually quantified. When JOBS and AFDC respondents were asked to specify the number of individuals identified as having functional impairments over the past year, most could not give an exact figure. Those who did offered only estimates, ranging widely from two to eighty percent.

Some Local Programs Are Especially Helpful To The Functionally Impaired

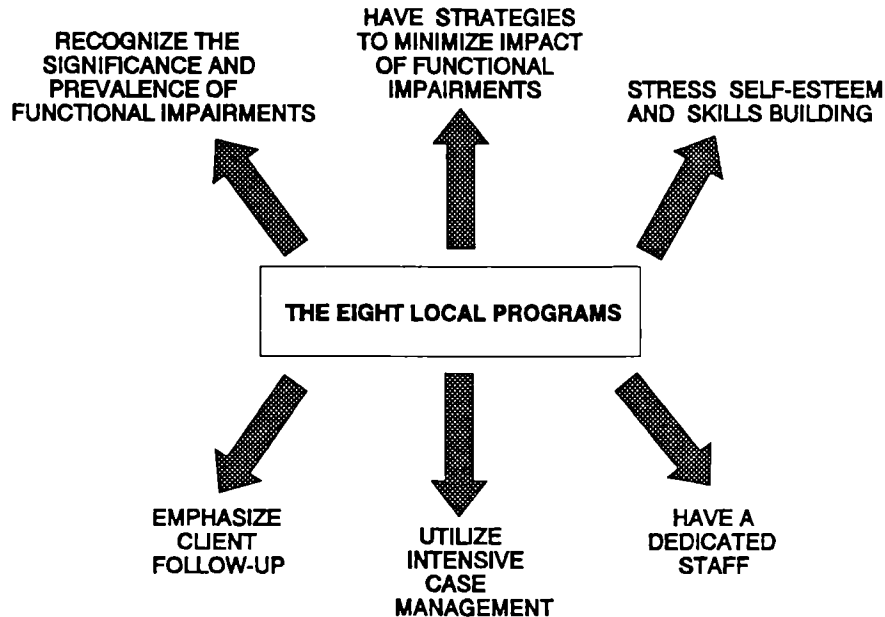
- ▶ *Special programs at the local level employ a variety of ways to facilitate self-sufficiency.*

Both JOBS and AFDC respondents mention several local programs with effective practices for helping the functionally impaired. Of these, the study team chose eight for onsite visits or telephone interviews (a forthcoming case study report will profile the eight programs in greater detail). All eight accommodate clients with functional impairments and to assist them in achieving self-sufficiency. These programs include: general equivalency degree (GED) training classes with special activities for the learning impaired; intensive, in-depth client assessments; programs specifically for long-term welfare recipients, the majority of whom are functionally impaired; and intensive, multi-focus group workshops. These programs were later found to be contracted through JOBS.

The managers and instructors in all eight programs, say that at least half their clients have a functional impairment, with many having multiple impairments. With the opportunity to be thoroughly evaluated and with intensive participation in program activities, clients are reportedly more likely to have impairments identified, thus allowing appropriate treatment and referrals to be made.

- *These local programs share several characteristics which contribute to their apparent success.*

The eight local programs exhibit common qualities and practices which maximize their effectiveness, as listed below.



Additionally, most program managers and instructors attribute their success to dealing with all the needs of the individual - emotional, physical, financial and personal. They also stress the importance of teaching clients to rely upon themselves, despite any impairments they may have; as one respondent states, "We teach them to advocate for themselves."

- *Clients of the visited programs offer strong support.*

All client respondents from the four programs visited give these programs positive ratings. Clients feel that they benefit from the individual attention they receive and are confident their participation will help them achieve self-sufficiency. They mention that they are being given practical skills for entering the workplace and, just as importantly, are building their self-esteem. With career discovery programs, they are able to explore the different employment options available to them.

Particularly in the GED classes, an effort is made to tailor education and training to the needs of clients with impairments. Many of these clients were not successful in regular school settings because their impairments, such as learning disabilities, were not recognized and therefore not accommodated. One client currently studying for her GED asserts, "This is a second opportunity for me. I'm not going to let it go."

► *Some program graduates are no longer dependent on welfare.*

Except for one, all of the eight programs have clients who have already graduated. Some are currently attending college and others have steady employment. Several of the programs will only place clients with jobs that pay enough to keep them off of welfare; in most cases, these jobs pay above the minimum wage. In one program, a former client is now an instructor in that program; in another, a former client attained her Master's degree in Social Work and is now a case manager.

The success of the individual parent also has wider implications for her/his children. Several program staff mention that when a parent is no longer dependent on welfare, her/his children are also more likely to avoid such dependency when they become adults. One program manager states, "Some kids think being on AFDC is a way of life"; several others mention that successful participation in their programs is one way to "break the cycle" of future welfare generations.

RECOMMENDATIONS

1. States should develop mechanisms to assure appropriate identification, referral and follow-up of clients with functional impairments. These mechanisms could include:
 - o in-depth assessments with questions and features specifically targeted to functional impairments,
 - o training AFDC and JOBS workers to identify functional impairments and
 - o improved links with local programs which serve the functionally impaired, particularly with regard to follow-up.
2. The Administration for Children and Families should assist States and local governments by publicizing effective practices for identifying, referring and serving the functionally impaired.
3. The Administration for Children and Families should conduct research on the extent and nature of impairments and interventions. As suggested in ASPE's comments to the draft report, this research could include coordination with research units whose primary focus is disability.

COMMENTS

Comments to the draft report were received from the Administration for Children and Families (ACF) and the Assistant Secretary for Planning and Evaluation (ASPE) and appear in Appendix A. We have considered these comments and made changes where appropriate.

In response to the first recommendation, the ACF expresses interest in working with States to address the problem. While they cite fiscal constraints on States as a possible limiting factor, they nevertheless will encourage States to look for impairments to a participant's successful transition to self-sufficiency. They acknowledge that existing JOBS regulations will be helpful in this regard.

Both ACF and ASPE expressed concern that the definition for functional impairment used in this report is too broad and unclear. In response to these concerns, we amended the report to clarify the meaning of functional impairment. Prior to our study the nature and extent of this problem was largely unknown. Our goal was to make a preliminary identification of the various types of impairments in order to assist researchers and program administrators in coming to grips with functional impairments of the AFDC population. Therefore, we thought it important not to restrict our definition to any specific conditions. Clearly, much more research is needed to define the problem and develop remedies.

APPENDIX A

COMMENTS TO THE DRAFT REPORT



DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL
GENERAL

Handwritten: Rachel
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1992 FEB 13 AM 9:43

ADMINISTRATION FOR CHILDREN AND FAMILIES
Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

DATE: February 13, 1992
TO: Richard P. Kusserow
Inspector General
FROM: Jo Anne B. Barnhart
Assistant Secretary
for Children and Families

IG	_____
PDIG	_____
DIG-AS	_____
DIG-EI	_____✓_____
DIG-OI	_____
AIG-MP	_____✓_____
OGC/IG	_____✓_____
EX SEC	_____✓_____
DATE SENT	2/13

SUBJECT: Draft for "Functional Impairments of AFDC Clients"
DE-02-90-0049

Thank you for the opportunity to comment on your study of the functional impairments affecting AFDC clients. We believe that it is a well written report.

However, the report uses a definition for functional impairment that we believe is broad and ambiguous: "... (A)ny physical or mental barrier which may prevent an individual from leaving welfare and becoming self-sufficient." If the discussion were more focused, it would better serve to address the needs of the participants and ACF. Distinctions should be drawn between those conditions which can be readily treated, i.e., the need for eye-glasses, dental treatments, and other physical ailments and those emotional and self-esteem problems which might only be alleviated over the long term through counseling and job readiness programs. These barriers should in turn be distinguished from physical and mental conditions which would cause exemptions for illness or incapacity at 45 CFR 250.30(b)(2) and (3). The report should also acknowledge that increasing AFDC caseloads affects a State agency's ability to serve the functionally impaired.

The report is correct that regulations allow for the combining and averaging of the hours of those individuals scheduled to participate in JOBS activities. However, the last sentence of the 4th paragraph on page 7 still implies that a particular participant will have to be in classroom instruction for a minimum period of time. There is no minimum participation rate for individual participants. Functionally impaired participants could attend for the length of time appropriate to them, as long as the participation of other recipients allowed the State to achieve the participation standard.

Finally, we would like to encourage the OIG, in these reports and in any subsequent reports, to use "people first" language wherever appropriate. "People first" language means that the person rather than the disability comes first. So, for example, not "mentally retarded boy" but "boy with mental retardation", or, not "crippled" or "confined to a wheel chair", but "uses a wheel chair", etc. In general the focus should be on the individual, not the particular limitation.

Comments on Recommendations (p.iii)

RECOMMENDATION NO. 1

- o We do not believe that recommendation no. 1 is practical in all States given the pressures associated with increased caseloads and declining fiscal resources. However, whenever appropriate, we will encourage States to look for these impairments to a participant's successful transition to self-sufficiency.
- o The JOBS final regulations specify the requirements for participant assessment in the JOBS program. The State IV-A agency must conduct an initial assessment of each participant's employability based on (1) educational, child care and other supportive services needs; (2) the participant's proficiencies, skills deficiencies, and prior work experience; and (3) a review of the family circumstances, which may include the needs of any child of the participant.

This assessment would serve to identify many of the conditions referred to in the report. The regulations give wide latitude to the States to choose methods to assess participants and recognize that methods will vary based on caseload size, program resources, and program philosophies. We believe Congress intended to give State IV-A agencies broad flexibility in developing assessment strategies.

RECOMMENDATION NO 2

- o The OFA Division of JOBS program already has a "best practices" responsibility which encompasses the gathering of information on the total recipient population, including the functionally impaired. Unfortunately, without more rigorous evaluation, it is difficult to determine which practices are most effective in reducing dependency among individuals with functional impairments.

- o We agree that when participants suffer barriers or impairments which are within the capacity of the worker to observe, every effort should be made to seek the resources to secure professional evaluation and the services to overcome these obstacles. However, this function must be performed in the context of the JOBS worker's major ongoing responsibilities.
- o Coordination with other service providers is critical to the success of JOBS. We concur that workers should be prepared to take full advantage of the network of services that are available. However, it is difficult to provide assistance where appropriate non-reimbursable services are in short supply. If States must pay for the services, there will be considerations regarding the allocation of funding and the potential efficacy of the treatment to achieve meaningful participation in JOBS.

RECOMMENDATION NO. 3

- o ACF will give consideration to conducting research on functional impairments and appropriate interventions. We had hoped that the OIG investigation would shed more light on this area. However, because of its broad definition of functional impairments, its usefulness was limited.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Rec'd 2/24/92

Washington, D.C. 20201

FEB 20 1992

Handwritten signatures and initials:
Thompson
Back
Hyman
Feb 2

IG
 PDIG
 DIG-AS
 DIG-MI
 DIG-OI
 AIG-MP
 OGC/IG
 EIX SEC
 DATE SENT 2/24

TO: Richard P. Kusserow
 Inspector General

FROM: Assistant Secretary for
 Planning and Evaluation

SUBJECT: Comments on OIG Draft Reports: "Functional Impairments
 of AFDC Clients" and "Functional Impairments of AFDC
 Clients: Case Studies" 02-90-00401

We appreciate the opportunity to review the draft reports for your study of how States are dealing with functionally impaired AFDC clients under JOBS. This study provides the Department and States with insights about what types of impairments are found in the AFDC population and examples of local programs making special efforts to identify and help this population. This information will be useful as the Department continues to help States to fine-tune their JOBS programs. Following are our comments on the draft.

We are concerned about how "functional impairments" are defined in these reports. While functional impairments are the keystone of both reports, the definition is somewhat unclear. The distinction between having an impairment (such as low back pain) and being functionally impaired by low back pain needs to be sharpened. The functional impairments of most concern here are those that affect ability to succeed in the JOBS program and become employed. The difference between chronic versus acute impairments also needs to be raised. The studies, we believe, are referring to chronic impairments but this is not clearly stated anywhere.

Learning disabilities are a major impairment according to the reports. However, we wonder if these impairments had been diagnosed during these women's school years and, if they were, what was the role of special education? Had these impairments been identified before? Did these women receive special education? Did the clients themselves know that they were learning disabled?

Emotional impairments also predominate, but what they consist of is unclear. The point needs to be made here that these impairments are not routine emotional concerns, but serious emotional impairments which could interfere with functioning. In the current text one might interpret the emotional impairments reported to be relatively minor ones that are part of everyday life.

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Several times, references are made to SSI eligibility wherein States encourage impaired AFDC recipients to enroll in the disabled portion of SSI. Readers are apt to wonder why most of these clients don't get SSI benefits. It should be pointed out that most of these AFDC clients probably have disabilities that are not severe enough for them to qualify for SSI.

The recommendations call for: (1) the States to develop mechanisms to provide in-depth assessments, (2) for ACF to assist States in effective practices to identify, refer, and serve impaired clients, and (3) for ACF to conduct research on the nature and extent of impairments in the AFDC population. There are many physical and mental/emotional assessment instruments that can be used. Does OIG have any preferred or standard measures to recommend? The study's first two recommendations could be strengthened by calling for States to include physical, mental/emotional, and learning disabilities in their assessments and identifications. Too often, persons with disabilities are thought to include only those with physical disabilities. Regarding the third recommendation, is there any overall guidance that ACF should follow, such as coordination with research units whose primary focus is disability?

OIG should include a recommendation that ACF get together with ADAMHA to coordinate diagnosis and treatment of AFDC recipients with alcohol, drug abuse or mental health impairments. Such coordination could be particularly productive in regard to depression. There have been major advancements in the effective treatment of depression in recent years. Early identification and treatment of JOBS participants with treatable depression is likely to have a significant impact on their ability to benefit from JOBS services and become self-sufficient.

ASPE and ACF are jointly supporting an evaluation of JOBS program strategies. Among the baseline data to be collected for this study will be measurements of depression among potential participants. This data will provide further information about the extent of emotional impairments in this population.

Finally, we have a few specific questions about the report, "Functional Impairments of AFDC Clients: Case Studies":

- The references to "Bad or no teeth" on page 5 need to be further described as to why they are impairments.
- The reference on page 7 to "too much perfume" as indicative of a substance abuse problem needs to be explained.

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- The description on page 12 needs an explanation as to how the AFDC client population and the JOBS program are incorporated into the MOST/MRS Program. Prevalence figures of broad categories of impairments are given for this program, but it is unclear whether they are all AFDC clients. ✓

If you have any specific questions about this report, please contact Jane Baird, 245-2409.



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