

Center for Studying Disability Policy  
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**Addressing the Needs of TANF Recipients with Disabilities:  
Opportunities Within and Outside of TANF**

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Wendi Copeland, Vice President of Mission Services, Goodwill Industries International  
Moderator: David Stapleton, Mathematica Policy Research, Inc.

**David Stapleton:** This is the third disability policy research forum from the Center for Studying Disability Policy at Mathematica. And I would like to introduce you to Mathematica's LaDonna Pavetti, who organized this for us and who will do all the rest. If you have questions you want to ask the speakers at the end of the presentations, you can send those by webinar, too, and we will take what questions we are able to. LaDonna?

**LaDonna Pavetti:** Well, I am delighted to be here. I'll just give you a little lay of the land of what we're planning to do today and tell you a little bit about the work Mathematica has done in this area and then get started.

I have been doing work on TANF issues since TANF was created. I have spent my whole career addressing these issues, and as part of that work, some of my very early projects focused on trying to think about the link between TANF and disability, or sometimes in the TANF world what we refer to more broadly as hard to employ.

What I'm going to do today is talk a little bit about TANF. I know we have a mixed group of people, some who know lots about TANF and some who know very little so I'm going to plan to do a relatively quick and targeted overview. Then, I'm going to talk about prevalence of disabilities among the TANF population, state strategies, and end with some of the challenges.

Then once I'm done, I'm going to turn it over to Becky Blank. She comes to us from the Brookings Institution where she is now the Robert F. Kerr Senior Fellow. Before that she was Dean of the Gerald R. Ford Institute of Public Policy, and also co-director of the National Poverty Center. She was also a member of the president's council on economic policy and is one of the leading scholars in the country on poverty issues and on TANF generally. Becky wrote a paper to present new options for people who may not be served well by TANF, which she will present to us. She will also talk about disconnected families who are not in the TANF system but are likely eligible.

Then, Wendi Copeland will speak, who comes to us from Goodwill Industries International. Wendi is vice president of Mission Services for Goodwill and has been there since 2005. When Dave asked me to do this, I said I really want to

have a practitioner and Dave asked if we know somebody local because we don't have a lot of funding. I happened to be at a meeting and ran into Wendi. I met Wendi at one of our very first projects when I came to MPR, which was looking at employment programs for TANF recipients with disabilities. At that time, Wendi was at Goodwill Industries of Middle Georgia and Central Savannah and River Area. During her 10-year tenure there, the budget at Goodwill went from \$1.2 to \$17 million and went from serving 14 people to serving 2,000. When she was there, and this is how I met her, she was part of the team that developed and implemented the Georgia Good Works Program, which was a program that Georgia developed to address the employment needs of TANF recipients with disabilities and other hard to employ recipients.

We have included Georgia Good Works in, I believe, five studies at this point and it is one of the very few, if not the only program of its kind that has sustained itself over a very long period of time. Most of the programs that we have worked on have come and gone pretty quickly.

So, with that, I'd also like to acknowledge my colleagues. Jackie Kauff and Michelle Derr who are both here, who have both done a lot of this work with me. Emily Martin is not in the room but is another of my colleagues. We often do this work as a team and much of what I present is work they have done. With that, I'm going to get started.

I'm going to start with giving a brief overview of TANF. Again, this will be a brief overview, but I want people to have the context to understand what's happening. TANF was created through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. We also refer to it as Welfare Reform. We still refer to it as Welfare Reform even though it's 12 years old at this point, so it's not as much reform now as it is the system. When TANF was created, there were 3.2 cases on TANF and there is now 1.7 million. That is almost a 50 percent decline. There are more people working and there are people eligible who are not receiving assistance. Becky will talk about that. In 1997, about 80 percent of eligible were served by the TANF system or AFDC, and now there are about 42 percent served. So there are far fewer people coming into the system.

The other thing I think is important is that TANF is a block grant to states and is designed specifically to assist families with children. It was built on the previous cost structure of the AFDC program, which means there are very different allocations to states, and those allocations don't have to do with the number of poor people, they have to do with how much you were spending in your AFDC program. So it does mean if you live in Alabama or Mississippi, which have traditionally been low benefit states, there is less money available for TANF than there is in states that had higher benefit levels.

Another important point about the block grant is that even though the money came from what was the AFDC system, there is flexibility to use that beyond cash assistance, and as the caseloads have dropped, there has been a pretty significant

shift in how those resources are actually spent.

States have the flexibility to decide on the policy framework so that they can decide what the level of benefits are, what people get rewarded for, what people have penalties for, who is required to participate. But, I think this became more important because since 2006, states all must meet a 50 percent work participation rate for all families or face significant financial penalties. There were changes made through the Deficit Reduction Act of 2005 that focused on this. This previously was not a big issue for states because caseloads had come down so much, so they really didn't have to do much to actually meet that rate. In 2005, there were changes enacted that changed the way the reduction credit was calculated, so states really did have to engage that 50 percent. So, we have been doing some work in the last couple of years since the DRA was passed to look at how states are responding. There are a lot of different things that have been happening because of that provision, but what is really foremost in states' minds is meeting the work participation rates, and a lot of their decisions really reflect that.

Now what I'd like to do is to talk a little bit about what we know about prevalence of disabilities among TANF recipients. The one thing I would say is that there are many more studies than we ever had on AFDC about these issues because TANF focused more on work. Because there is a greater emphasis on work, people care more about the issues that people bring to the table. So there are more studies, but there are inconsistent estimates about what the actual prevalence is. However, they all suggest that there is a substantial share of TANF recipients who are living with a disability. So you can quibble over the numbers, but nobody would quibble that there are a substantial share within the TANF population who are living with a disability.

Disabilities that are reported most often are mental health issues, learning disabilities, other cognitive issues and physical health problems. Usually we see mental health issues in about a third of the caseload. The issues that come up the most are major depression, post traumatic stress disorder, anxiety disorders, and learning disabilities, some of which are from brain injury. Some are learning issues that have never been diagnosed and some are low cognitive functioning.

What TANF staff often report is when somebody walks in the office, it's known that there's a disability. Often the case is that the disabilities are undiagnosed and recipients themselves don't know that they have them so they are untreated. So they are not actually participating in a continuum of services because they don't realize that they have a disability.

What often distinguishes TANF recipients with disabilities from other participants in the disability system is that they have either multiple disabilities or they have disabilities and other personal family challenges. So it's not uncommon to have somebody with a mental health disability that also has transportation issues and substandard housing and health care issues and a

learning disability. So you get this package and what happens is that none of those things by themselves may be severe enough to actually qualify them for disability benefits, but the mix creates a difficult set of issues for people to deal with. So another important part of what we see in the TANF system is that it's not a single disability, but a disability that has a lot of other components to it.

Now I want to go back a little bit to the work requirement so that you understand what it is that TANF recipients must do to actually meet their work requirements. States have this 50 percent requirement. So what does that translate into for what individual recipients are required to do? There really are two components of this. The first component is an hour requirement and the second component is an activity requirement. On the hour requirement, single parents are required, unless they have a child under 6, to participate 30 hours a week. If you have a child under 6, that is reduced to 20 hours a week. For two parents, it is 35 hours if you are not receiving federal child care and it is 55 hours combined if you are not receiving federal child care assistance. For any hours over 20, you are required to participate; you can participate in either non-core or core activities. The other thing that is important is that participants are eligible for 80 hours of excused absences over the course of a year.

What are the core activities that people can participate in? I group these into these five categories to make it a little bit easier to see what it means TANF recipients are actually doing. One is job search and job readiness assistance. This is a category where you will, in most TANF agencies, find most recipients. There is a constraint on this. What this actually is doesn't matter; states are free to design that to be whatever it is. There is a constraint, though, that people can only participate for 6 weeks in a 12-month period. There is a provision that allows this to be 12 weeks if states meet particular criteria which they probably all will meet now. There are three different criteria: one is that if your unemployment rate is 50 percent of the U.S. as a whole. States will probably have a hard time meeting that since everybody's unemployment rate is going up, but this applies if it's greater than 6.5 percent for a 3-month period, and if you have had a 10 percent increase in food stamps. Most people are probably going to be eligible for the 12 weeks but there is also this 4 consecutive week requirement. Even if you have 12 weeks, you can only participate in job search or job readiness for 4 weeks, then you have to do something else and participate for those additional 4 weeks again, but you can never do it for more than 4 weeks in a row.

Another category that you will find people in is paid employment. That can be unsubsidized or subsidized. The requirement is that people are actually getting paid wages for the work they are doing. The other is unpaid employment and this is where there was an expectation that states would have people in unpaid work experience or community service programs and we really didn't see that. There were a few states that had pretty substantial unpaid work experience, but not many. We have seen more of an emphasis on that because of the work participation rates because there is a need to figure out what do you do if people don't find jobs. But these tend to be supervised, structured activities where

people are meeting those hour requirements, at least 20 hours; but they are not getting paid. The idea is that they are learning a skill that can help them become employable. The difference between work experience and community service is that community service has to be providing some benefit to the community. Work experience can be any kind of work activity.

People can also participate in Vocational Educational Training. There is a constraint on that for 12 months in a person's lifetime and you can't have more than 30 percent of people participating in activities. So if you meet the 50 percent requirement, you can have, at most, 15 percent of your actual participants participating in vocational educational training.

Now, on the non-core activities—and again you have to do one of those five activities that I said for the 20 hours—it can be a mix of those, but it has to be in those core activities. If you meet those core activities, then you can do one of the other non-core activities which is job skills training directly related to employment or education directly related to employment, but only if you don't have a GED or high school diploma. You can go to a secondary school and finish high school if you haven't done that. Those are non-core activities. For people who have a 30 hour requirement, states have tried to do a mix, but for the most part people are participating for 20 hours and again where you see most of the activity is either in the paid employment or the job search/job readiness and then a growing number, I think, in the unpaid.

Now what I'd like to do is talk a little bit about the special considerations for TANF recipients with a disability. The final regulations for implementing the work requirements really don't have any special considerations for recipients living with a disability. States are required to meet all federal laws in terms of service for individuals with disabilities that they would for anyone, but there are no special allowances if you have a disability on what happens to your work requirement. Advocates in some states argued for a provision that would have made fewer hours acceptable. Just assume you had somebody who could participate for, at most, 10 hours; the idea was that they would be deemed as meeting their work participation rate and it would be the same as working 20 hours or 30 hours. That was not included in the final regulations, so that is not part of the framework for work requirements right now.

States have the option to exempt anyone they want to from work requirements so that if somebody has a medical issue or a mental health issue, the state can say you do not have to participate. That would mean from the perspective of an individual that any penalty for not participating would not apply to them. However, if they are exempt, they still get counted in the work participation rate. So what states have done is to move to broader inclusion of recipients in work requirements rather than narrowing that.

The other thing I think is important is that treatment such as mental health counseling, substance abuse treatment—those kind of activities, can count as job

readiness but have the same constraints that job readiness has. So you could only do it for 12 weeks if you are at the maximum, and you could only do it for 4 weeks at a time. These activities can count, but there are constraints on when they can count.

So given that frame, what I'd like to do is talk about what states have done, and what they have done to try to both meet their work requirements and address the need of TANF recipients who are living with a disability. I have listed here six of categories of the kinds of things that states have done.

One thing that I think is important to say is that there was an expectation on the part of ACF, and probably with some other people as well, that there would be an increase in activity around programs for TANF recipients living with a disability because states had this greater work requirement to meet. We had a contract with ACF to look at programs to try to see what were states doing and it was like finding a needle in a haystack. We had to work very hard to find programs and we did not see huge expansion of efforts for TANF recipients with disabilities. There was some building on efforts that were already there, but there were so many things going on that states did not use this as a primary option for how they would meet those rates. So there was not as much activity again as we anticipated.

What I want to do is give you just a flavor for the kinds of things states are doing in these areas. On specialized assessments, first of all, states are doing more than they have in the past. The reason for that is they realize that if they don't identify people who have special needs, people will fail and they don't get the outcomes they want. They are also concerned about really trying to protect people who have issues that keep them from being able to meet work requirements and trying to distinguish between people who can't meet work requirements and people who choose not to.

But what we often see is that when people are identified, there is a clear path for them. Some examples: Louisiana put in a program where they worked with their disability center at the University of New Orleans to develop a screening tool that they could use in all of their TANF offices to identify people who may have a disability. When they did that, they identified about two-thirds of the people they screened as having a disability; 11 percent of those had physical disabilities, 22 percent had mental health issues, and 33 percent had cognitive issues. Once they have done that identification, they get referred into vocational rehabilitation, but there's not a special program there.

New York City probably has one of the most developed triage systems. If they identify somebody that they believe has a disability, they do what they call a bio-psychosocial assessment. The person goes through a medical exam and psychosocial assessment to try to figure out the right path to put them. They could either go into job search, they might be in specialized placement, or they might actually be in what they call wellness, which is getting treatment for their

disability.

Our next category of activity is intensive activity and work support. To give you some context, if you walk into a TANF agency the two things you are certain to see are case management and job search activities. What is different for efforts targeted to individuals with a disability is they are much more intensive. What that means is they follow people for longer periods of time, they have much smaller caseloads, and they tend to have higher skill levels. As one example, Utah has licensed clinical social workers in all of their offices or some shared offices if they are smaller, and those more highly trained staff act as a resource to the rest of their staff. If there is concern that there is a mental health issue, that person will be brought in to try to sort out what's going on and come up with an appropriate plan. The Georgia Good Works program has what they call personal advisors and they are on call 24/7; they have virtual offices, they are in people's homes, they are at their work site. They have caseloads of no more than 25, they try and keep it even lower than that. Again, they are trying to provide very intensive support.

There's a program in Anoka County, Minnesota, where they use a comprehensive collaborative model to try to identify people who need intensive support and they are trying to put all the pieces of the package together and get them to the right services. They carry very small caseloads. TANF workers often carry caseloads of 100, so these smaller caseloads are reserved for individuals with substantial personal and family challenges.

The next option is specialized work programs, these are really trying to come up with strategies that are work focused, may be paid or unpaid but they have this specialized support around them to try and help people meet their work requirements in a specialized way. These are always paired with intensive support programs.

In some places, TANF has linked up with the Rehabilitation Agency to try to take the expertise from the Vocational Rehabilitation (VR) and help TANF clients to take advantage of the resources available to them. One of the most established programs is in Vermont where they use TANF money to hire specialized staff within VR.

Another option is SSI advocacy programs. These have been around for a while but they are becoming much more important. States realize that moving recipients to SSI helps them to meet their TANF work participation rates. Because of the complexity of the SSI application process and the complexity of TANF recipients' needs, states have put into place advocacy initiatives where they work with people closely to help them go through that process.

The other things that states have done, which is confusing for people to understand because this is a block grant, is develop what are called solely state funded programs. Solely state funded programs are developed when TANF is not

working for people, so states create their own program and use all state funds to fund it so they do not have to meet the TANF work requirements. Minnesota has done this. They have developed a program targeted to individuals with disabilities. It still has requirements in it but the requirements are more flexible. But again the important thing about this is the people who are in these programs are not counted in the TANF numbers. So in states that have created these programs, you would expect to see a lower percentage of people with disabilities because they are outside of that system.

One of the challenges states face as they try and address the needs of TANF recipients with disabilities, and this is a big challenge, is that the TANF population is incredibly diverse. I've talked mostly about the portion of the population that has a disability. But there are lots of people in the TANF system who do not have a disability, so what you are faced with if you are a case worker is you have people walking in the door with disabilities and very complex needs and you have people walking in the door who lost their job yesterday and just want another one as fast as they can get it. So you are constantly juggling the needs of a group who are very heterogeneous and trying to decide what the right path is for the people who have a certain set of expectations.

The more I talk to program administrators the more they believe that this is a very critical challenge. Staff has very limited knowledge about disability and very limited resources. If they talk to someone with a disability, they don't know what to do. They don't know what expectations are realistic. They don't have the knowledge base. Many people don't believe that staff who are hired by TANF have the skill level necessary to get there. It's not just a matter of training. It's more complicated than that. They are competing for scarce resources because it's a block grant. They are competing with child welfare, early childhood education—there are lots of priorities for the same pot of money.

As I mentioned before, there is a complexity to TANF recipients' lives; it is a much wider group of issues you are dealing with. People always complained about the limited flexibility of the work requirements. It's not that people in TANF believe that all recipients shouldn't be moving towards work; it's that they feel the frame is too narrow and it doesn't fit the needs of all people.

And there is concern about the high cost of programs for TANF recipients with disabilities, and there's very little evidence that those programs will actually produce the outcome that they are hoping to achieve. So that, combined with competition for the resources, puts people in a position of not necessarily wanting to invest in those.

The other thing that I think is important is a complication that I mentioned at the beginning and then I'm going to turn it over to Becky. Because of what appears to be a mismatch between people's needs and what TANF offers, there does appear to be a large number of people who—many of whom have disabilities—are not in the TANF system and are not connected to any system. So, with that, I'll turn it

over to Becky.

**Rebecca Blank:** Well, I appreciate the chance to be here today. I don't usually think of myself as someone who focuses on disabilities primarily, though of course the populations that have various disabilities are very closely related to a lot of the programs that I do work on. What I'm going to do is talk briefly about some of the work I've tried to do in the last several years identifying the populations of single mothers, in particular, for whom TANF programs don't seem to be working well. Then I want to talk about a proposed program and sketch-out a couple of different forums for how we can address this particular population and provide better services for them.

So let me start with this question, who is the population of concern? The population of concern here is those who are on TANF. There are two groups: one, those who are on TANF for whom the work requirements just aren't working. They aren't getting into jobs, they are cycling through training and job placement and trying to go out to search for jobs and coming back to training. They are not going on to the track they are supposed to be going on. Secondly, and this is the growing and the larger group, there are those who have left TANF and find themselves what I'm calling here disconnected. They are neither working nor on welfare at any point in time when we go out and survey them, so I'm going to talk more about them. Both of these groups are women for whom economic self-sufficiency through work, at least in the short run, does not look highly promising.

So let me talk about this second population just a little bit. Who are the people who are outside TANF? LaDonna has already talked a little bit about the people inside TANF.

I'm going to talk about disconnected mothers. I have done this kind of analysis with a variety of data sources. I'm going to show you data from the current population survey, but I have rerun this analysis with the program participation and the numbers are very similar. It's reassuring; usually you analyze the data and with your second data set, you get different results. That's not true here. I'm reasonably sure these numbers are what they look like.

I'm defining the disconnected woman here as people who have, over a year, less than a thousand dollars in TANF funds and less than a thousand dollars in SSI funds and less than a thousand dollars in earnings. These are women. It's not that they may not be at all connected to the system over the year, but they are largely unconnected over the year to either the economy or to the primary systems of support that you would think would be able to help them.

As you can see from these data, in 1995, single mothers whose incomes total all the people who live together, family income is under the poverty line. I'm focusing basically here not on poor mothers, but near-poor mothers. Sixteen percent of them report being disconnected over the past year, having none of

these main sources of income. By 2000, it goes up to 20 percent. By 2005, it's over 25 percent.

Now, you may respond, as many people do, that a lot of these women are cohabiting with men and that's where the income comes. In the second column, I take only women who are themselves disconnected and the other adults in the household also match the definition of disconnected, or they are the only adult in the household, just them and the kids. Those numbers go from 10 percent to 17 percent. So the increase in the number of women who are outside the welfare system and outside economic support has been growing no matter how you define this group and what the data sets are that you use.

As LaDonna has noted, we have a growing body of literature looking at who the women are who need welfare and who don't get into stable employment. The evidence all suggests that this is a group that has the following characteristics: they are along some dimension or another—the more of these characteristics they have, the more likely they are to fit into the disconnected group. This, together with other problems of complex and personal lives, such as other things going on in their household, low education and skills, health problems, both mental and physical—as LaDonna notes, they have a very high percent of undiagnosed depression and other mental health problems—being a primary caregiver, limit their work ability. Many of them have histories of substance abuse and many of them have histories, both past and current, of domestic violence. Self-medication and substance abuse is often a response to the issues that lead to those types of problems.

These same issues that make it difficult for these women to find jobs once they get out of the welfare system are the same problems that put them on the welfare system. For the programs they have to show up for and go through in order to meet all the work requirements the states are under, women who have these sorts of barriers have difficulty meeting requirements such as showing up for interviews and responding to letters and the information they get from welfare offices. The result is a disproportionately high share of women who get out there off welfare and are not working are women who are sanctioned off and are not able to find full-time and sustaining employment.

It's not that these women don't work. I have actually looked at work behavior over time using longitudinal behavior. They cycle in and out of jobs. The jobs are not full-time, they don't last very long. It can be the way the women interact; they return to the people they are caring for who have health problems and they get fired. At any point in time they are likely to be the ones who are not working. They are unlikely to hold stable and full-time employment. If you are out there with kids and have no other connected adults in your household, you have to be looking for employment simply to pay the bills. So it's not that they are outside the labor market, it's that they are not able to participate in the labor market to the extent they need.

Just to give you a sense of what these data look like, here I show you first the group of mothers under 200 percent of poverty, those who live alone or only with other disconnected adults. They are about the same size families and about the same size racial ethnic composition. I have a very long chart that shows a lot more. They actually aren't all that different in terms of skills and I think it's very common when you look at disabled populations along many of these measures that they don't look that different. Where they look different of course here is in their income and it is extremely low. We are talking about incomes below 10,000 dollars for mothers with kids in the household. These are not single people who might be able to live on this income. The poverty rate is over 80 percent—80 percent of all single disconnected mothers and 81 percent among the really disconnected. This is a really poor population but the disconnected are even poorer.

The estimates suggest that about 40 to 45 percent, and we could argue about whether the number is 30 percent or 50 percent, of current TANF caseloads are made up of longer term welfare recipients who are either not working or working only sporadically. It suggests there are a little over two million women in this situation altogether. If they have two children each that means that means there are over four million children living in these conditions. Even if you don't care about the moms, care about the kids and what this is doing in terms of their developmental profiles.

Let me talk about the policy response. Let me tell you what I'm not going to talk about. The first thing to think about if you know anything about this population is why don't we do something in the Supplemental Security Income (SSI) system for this? I'm going to put that to the side largely because for many reasons I think this is a non-starter. SSI is designed to be for full-time disability and it's often viewed as for permanent disability in the way they assess problems. Even if you thought you could create a part-time and partial disability system inside SSI, the cost of this would be enormous, not because of these mothers but because of all of the other people out there who potentially would become eligible for SSI. Particularly the older near-retirement population that's not 65 but has health problems, has low income, and is not currently eligible for this type of a program. The exploding costs of changing SSI and the number of populations that you might sweep into this and the political issues around that lead me to put this one aside. I'd certainly be willing to come back and talk about it, but I suspect it's less likely to talk about than the program I'm going to discuss, and this is a program focused exclusively on TANF and near-TANF populations— if you will, single mothers in particular or families in kids. I'm going to talk about single moms who are very low income and having work-related problems.

I call this a temporary and partial work waiver program. That's not terribly euphonious but it describes what it is. You have to keep work demands in this. Again I'm trying to look at what's politically doable. There are going to be work demands here but there's going to be greater flexibility than within TANF so in this sense it's a partial system, it's not requiring full-time work or 30 hours of

work as a matter of course for everyone. Someone who might have a full waiver from work for some period of time once their situation stabilizes might come back into work part-time or have no waiver whatsoever. It could well be temporary so there's regular reassessment here. Children's age, care giving issues change over time, various health and mental disabilities with treatment can change. So the temporary and partial here very explicitly relates to the type of program.

I'm going to talk about this as a program set up outside of TANF. This could happen inside the TANF program. I'll come back at the very end and say a few words about that, but the idea here is that states refer women for whom welfare to work is not working into this program. My guess is that what you want to do is let your welfare to work TANF program operate, and only as you identify women for whom recycling in and out do you then send them into this system. So you are not starting with a front end assessment, which is very expensive for all of your TANF clients, you are doing this assessment on people once they have been identified as not catching on to what's happening inside the standard TANF system.

You do a serious assessment that looks at the variety of barriers that are going on in these women's lives and the disabilities they face with two questions in mind: how much work can you reasonably expect this woman to engage in and you scale benefits to that. So you could give a 50 percent work requirement, part-time work requirement, you could give a zero work requirement. Then, secondly, how long should we provide benefits? To move forward with a particular plan before we reassess. Clearly an important piece of this—I don't know if you can see the bottom line—is that you have to use a lot of referrals to other services. Once you identify barriers you have to try to get women into various services that are going to help this. This is not just about giving a part-time work requirement to a woman who is depressed, but also getting her into some sort of treatment for that depression. If it's a separate funding program and a separate stream from TANF, it could also be a track that operates inside TANF. That's sort of a political program issue that I don't try to decide which way that goes.

So the clients are outside the TANF caseload count, but they may be subject to work requirements depending on their assessment. States can decide how much they want to sanction people in this program if they don't participate as required. A number of women eligible for this program were themselves sanctioned from TANF. Some states will be quite willing to put them in this program and provide them dollars out of this program. Other states will be more hard-nosed and I see no way of giving some variation in states here as to how tough they are. Let me give a couple examples. Say you are a single mother with a pre-schooler who requires a great deal of care for whatever set of reasons, like learning educational disabilities. You can imagine this woman is given a full-time work waiver and asked to come back for assessment when the child is 5 or 6 and able to go to school. At that time she might have a part-time work requirement and have some addition to her income but is expected to work part-time. Say you have someone

who left TANF and is only working sporadically. You can imagine seeing if you can bring this woman into an assessment and if she goes through an assessment trying to either—the issue here is mental health of some sort—get her into some sort of service and treatment program and ask for reassessment at the conclusion of that program to see if you can increase her work, increase her economic stability. You might provide some on-going benefits to this woman at different levels, depending where you are in treatment and in her life. You get women who are sanctioned who are brought into this program and then it's up to the state as to whether you simply are linking people to as many services as you can, or whether you are providing them with on-going benefits.

So the issue about this program is that it's complex. You have to make some very detailed decisions, and those decisions are going to be different because it's a very heterogeneous population. The advantage is that it gives states flexibility to respond to women in ways the TANF work requirements do not. It recognizes that not everyone is going to move into full-time self-sufficient employment in five years, which is what's embedded in the TANF program. It recognizes your changes in family circumstances over time and that disabilities are not necessarily permanent—barriers are not necessarily permanent and particularly even those who are not eligible for SSI may, nonetheless, have disabilities or barriers that keep them from working.

The disadvantage is the complexity here. It is complex case management; you can't give people caseloads of 200 to 400 women. You can imagine this as an alternative track in TANF, but with a different set of case workers. Even so, the complexity in case management is going to remain. It is going to require additional money and is going to require certainly in many states more medical services, more substance abuse treatment, et cetera.

I do a very back-of-the-envelope cost calculation. I assume we're going to serve about a quarter of the eligible women at a cost of \$50 to \$200 per year. This comes up to be \$2.8 billion. In today's terms when we're talking about trillions of dollars in stimulus plans that's not very much, but in historical terms, that's not peanuts. Not all of those costs are additional spending. Some of these are referring women to programs that are already out there, providing services that some states are already providing.

I would be remiss if I didn't mention that even implementing this program by itself is simply not enough. There are other policies we have to be thinking about for this population, both linking them into the other existing programs that are out there such as food stamps, Medicaid, earned income tax credit, making sure programs are more widely available and similar programs dealing with domestic violence. The health insurance issue I don't have to talk about with this population that's sitting here. And I am not talking about women who are working while receiving TANF so women can maintain some greater TANF eligibility for a longer period of time if they move into work.

Those sorts of job assistance have been effective for many TANF recipients, but it is not effective for all. We need to think about the extent to which we have a safety net or don't have a safety net for mothers for whom permanent self-sufficient work is not going to be viable in the near future. I think we have let that safety net erode in too many ways and whether it's through a temporary work requirement program, we need to think about how we serve this population. We're at a moment where I think there are going to be a lot of really serious problems in TANF programs in general. As the economy continues its downward turn, and I don't think that's going to change any time in the next six months and it could be the next year, state budgets are going to be tighter and demands on TANF budgets are going to be tighter. We are almost certainly going to have more discussion about how TANF deals with a world in which women cannot find work and aren't employed and are finding themselves in deep difficulty with themselves and their children. That may renew this whole conversation, and as much as I wish we weren't in that world and aren't facing the kind of change that many people are going to experience, we should not let this crisis go to waste and should find ways to use it to try to implement the revision of these programs that are needed.

**Wendi Copeland:** I appreciate being here today. It's particularly gratifying to be here and tell you that I did what you've been telling us to do. I work with Goodwill Industries. We are a network of organizations across the country; 186 here in North America. One in three of us has a disability. Last year, we provided employment and training services to 1.1 million people. One in ten of those people were on TANF; 2 in 10 have a disability. We've been around since 1902 doing this kind of stuff. I have been around for over a decade working with folks with disabilities; folks who just wanted to go to work despite whatever was getting in their way, and have been learning. There are a number of people who will tell you that I am the great experimenter. I try to inform myself and try it. I mean, what's it going to do? You've got to make things better.

So here's what we learned. When we started Georgia Good Works, it was based on what had been in the field. I was running these self-funded career centers that were sort of like today's one-stop back in the early 90's, and we saw in two months a huge shift in the people who were coming to us who wanted to go to work. What we saw was they went from about 20 percent having no work experience to 60 percent having no work experience. That was a huge deal. They were having difficulty going to work, which was what we were doing. So we went to business and said, "What do people need to know that is on the curriculum?" We started this thing called the School of Work.

When Georgia got their caseloads down, they said we've got this small group of people—it seemed really big when we were working with them, though—who had many barriers. We made up something that we called Good Works. That's how we got started with that. It began with, "How do you get to these folks?" Because they had been through assessment after assessment after assessment, they weren't getting where they needed to go. So we said, okay, we've got to meet people where

they are. Send them something telling them to come in; that didn't work. So we engaged people in their homes and communities. The community-based case management was very small caseloads, 25 or less, and we went to wherever they were: in their homes, going with them to their kids' schools, working with them where they were trying to work or doing their work experience. The holistic assessment was critical and it didn't happen in one day because assessment has to be really focused on the whole person and looking at not just “do you have a disability” and asking you that, but looking at you over time and saying what am I seeing here? You had to have a really skilled personal advisor who was going to help them look at their whole life and see what was going wrong.

We saw lots of substance abuse. In any of these criteria you would see—depending on the community in Georgia we saw 1 in 3 to 1 in 5—criminal records, people do what they have to do to get by. But we worked with them, not to screen them out, but helped them learn how to tell their story, expunge what could be expunged, working with the court to clear things up. Domestic violence was rampant. We helped people realize life didn't have to be that way. We saw a lot of educational deficits. But unless you intervene with mom, you are never going to be able to get the kids through school. So we found we had to address these issues early on.

Anywhere I go, all across this country, I say, “What are the top two issues facing people who want to go to work?” Can you name them? Transportation and child care. These are the top two issues. It was the same everywhere we went, so we knew we had to deal with that.

How we approached it I think was a little different. What I've seen work across the country with different populations, but particularly people with disabilities who are working to go to work, is to assess the individual assets. What have I got going for me that's going to help me succeed in the world of work? And looking at things that may not be apparent. You have to go beyond the box that people think in, looking at the household assets for example. Because I function within a household, everybody where I live is part of my assets, whether it's a relative who has a car, or a friend who hangs out and can link me up to someone who's got a job available—looking at the whole household assets. Also, the community assets; what has the community got going for it? Because we did a statewide rollout, I got to see this work across many different communities with everyone bringing their assets to the table, checking their ego at the door, and thinking about the person we're serving at the center and then putting the resources together to put together a success plan that's going to give them the assets they need to move forward. The holistic whole household approach, how is everybody here going to get ahead because mom is going to work—you have to make the business case for this, the social case for this, with everybody in the household and everybody's got to have a win.

There is also a financial strengthening continuum. I heard someone say we have been guilty in the past of giving people the keys to the car without teaching them

how to drive. That's what we experience when we help people get a paycheck and we don't teach them how to use it. That's how we get into pay day lenders, refund anticipation loans, things that rob the people who need the assets the most of the assets they need to get ahead.

So we have built into this a financial strengthening continuum planning so that when you get money, you think about what to do with it—helping people dream a little bit so they have an impetus to do something with it. I had a legislative director who said, “I just don't think we are ever going to see some of these people go to work.” I said, “Well, I'm from the South. We say you can lead a horse to water and you can't make them drink, but you can make him awfully thirsty. If what you really want is a car, let's go car shopping. You want something better for your kids, a better place to live, is that what you're looking for?” People can make their plan and work their plan because you are making it in steps that they can bite off.

In responding to need, people need to have a clear plan A and a plan B and a plan C and a plan D because things happen. That's the way life works. Helping people to learn to contingency plan, helping all of us as a team working to support families, has the family itself think contingency.

Operating beyond traditional boundaries, I love that in 168 test kitchens across this country I've gotten to see all kinds of cool stuff. One is using AmeriCorps to move off TANF. Who would have thought of that? A lot of times people are getting hired from their AmeriCorps experiences. Not just doing work and getting pay or a stipend, but getting the support they need to pull their lives together so they can launch on to the next place they are going to be, despite their disability. The issue is not their disability; the issue is how they do learn to deal with everything they have going on.

There is also initial job coaching or ongoing support and employment. Learning the job is only a small part of it. Employers teach people to do jobs all the time. A lot of the time it's learning to deal with the interpersonal relationships that are going on there. You know you have done this well is when you go in as the job coach and the people who work there are saying, “What are you doing here? Get out of here, she's fine.” That's when you know you are through with your work. At Senior Community Service Program, in many of these households we're seeing big mama or the grandmother raising the children. How do we get people 55 and older going in to work, using different programs—thinking beyond the boundaries on how we can build the supports to help people go to work.

Then there is microenterprise. A number of organizations around the country are teaching folks to use the black market skills they have been using to get by somehow and turn it into a real business. That's going to build them some security for their household.

There are soup-to-nuts career centers. I think one of the big surprises I had as we

were developing services was the need to have something, whether we funded it or whether the work force investment act now funds it, where everything in one place. If my number one barrier is transportation, how in the world am I going to get around to all the different places to get all those different things I need to get my life going? Putting it in one place is it. I think the time I knew we had done something right is when I walked by and I heard a lady say, "You have got to get down here, everything is here, you don't have to drive all over town, you don't have to take the bus all over town." As someone who uses the bus, an hour to an hour and a half to two hours to get to where you want to go is just not cutting it.

There is also short term training with an internship. It's not enough to help me get the skill; I've got to get the rhythm of how it works in the culture of that particular profession. This helps people get back together. Alternative staffing services—this is something that's been coming out over the years. We've got about one-third of the Goodwills now that are doing this helping people get into the job. If you went to New York City, you would see a major business in which the city of New York calls and says I need someone to come in and do whatever it may be, and the workers are low skilled to high skilled and are people with disabilities. They are coming from TANF and coming from being laid off or wherever they are, going to work via alternative staffing services. Business partnerships might include cuts in employment, and, my favorite of all time, working with the hospital. They had a horrible time getting certified nursing assistants. Well, I had people who a horrible time getting a job, so we worked together. But it had to pay off. It couldn't just be a job. So we cut a deal. People came in, they paid them from the first moment they started training as certified nursing assistants and if they work for a year, they paid for them to go to licensed practical nursing school. They paid them 20 hours a week to work and 20 hours a week while they were in school they got their full benefits and it was a win-win for the family and for the business.

Job accommodation support. This involves helping people know how to deal with a disability; helping the person know how to suggest to their employer, but also helping the business know how to respond to the requests. The Member for Life Commitment—this is something that's gotten a lot of interest—Rutgers has done some studies on this. The Member for Life Commitment says that once we've worked with you, we're going to keep talking. We're going to keep talking about your job advancement and your whole household and how is everybody making it to move forward.

The goal is to support the whole individual in a holistic household approach to work together. In working together, we will all have more assets, with work at the center of it. Collaboration is nothing more than work—convening community resources to support those who need it most. The strongest message I would give you from this is that bad systems meet good people every day. If we can create systems that work better together, we have the flexibility to allow us to do what people need, then we will get a lot further for the people who are in need and for our country as a whole.

**David Stapleton:** Okay, so we're ready to take questions and have a discussion. We're right on schedule. Does anybody have a question?

**Audience Member:** First question for LaDonna. What solely funded state programs would you say most closely approximate Rebecca's proposal? Second question for Rebecca: even without wanting to reform the SSI system, would you include SSI advocacy and referral within your proposal to ensure that you are kind of maxing it out, even given current eligibility?

**LaDonna Pavetti:** Yes. Just for the states that approximate it, I think there are two that we know of. One is Minnesota. What Minnesota did was basically create something that looks very much like Becky's program. Minnesota does have some exemptions and they also have extensions for their time limit so they probably have better information than most other states on the issues people are facing. One of the handouts is a piece we did on a program in Ramsey County that documented what they found when they were doing extensions. What they did was to pull people out of their TANF system who have barriers and are not expected to go to work in the short term. They don't necessarily have to have a diagnosed disability, but when they do, they do have an expectation for them. They come up with plan. It may be treatment if they need mental health treatment and they need to be stabilized first. They just have a more flexible set of activities.

Michelle did this work so she could comment more on this, but one of the things the staff said, was that they felt so much better about it because they felt that they could set realistic expectations for people and expect something of them whereas in the TANF system they were being exempted because in the TANF system the bar was too high. So this provided sort of this middle ground. I think that's one example.

The other example is Oregon, which is in a much earlier stage, but a similar structure. The state that is at the forefront of thinking about how to deal with the whole caseload is Utah. Utah is like Georgia Good Works; we have included them in almost every study we have done. They have a lot of innovative things going on; they have been doing it a long time. They have these more specialized staff. They are doing some interesting work programs for TANF recipients with disabilities. They are very thoughtful about their processes. They are very small, but again they have some interesting things going on around recipients with disabilities and other barriers.

**Brad Turner.** Brad Turner, Easter Seals. With a desire or at least an option being moving off from the TANF role to the social security role and the SSI program, thinking in particular about those states you have determined to have an effective relationship between the TANF recipient and the voc rehab program, do you see a similar process between TANF and Social Security and the Ticket to Work as an option for continuance of whatever plan may have been developed to

try to achieve work underneath TANF to keep that process moving? Because there is a continued option available. Do you see any sort of leveraging between those two systems and the use of the ticket?

**LaDonna Pavetti:** Short answer is no. But I do think the one example I will give is in Vermont where TANF and voc-rehab have a very well-established relationship. They have two different tracks that they send people down, so they do an initial assessment to determine whether or not they think somebody can find work in the short term. And if they do, then they use their vocational rehabilitation resources to help people. But if they don't, then they do SSI advocacy and they do it out of this TANF-vocational rehabilitation link. What they said works for them is that they get people on to SSI and then they come back to focusing on work, usually a year or two after they are on. The reason for that is that many TANF recipients have not been diagnosed and they are not stabilized. So the reason why they are referring them to SSI is because they need to be stabilized so they don't feel that work is appropriate as a first step. They feel they really need to get some of their life stabilized, getting connected to services before they can actually make that link. So I think the link is pretty weak. I don't know that I ever had anybody in a TANF agency mention Ticket to Work. Michelle, have you? Jackie? That says something about the link. People don't think about it. It's part of not knowing the resources. It's pretty rare to have anybody in the TANF agency who knows anything about the disability system or even where to start to send people. They are two very separate, very disconnected systems except in a few places.

**Denny Vaughan.** I'm Denny Vaughan, retired Social Security and Census Bureau. In 1996, I found almost a fifth of TANF families had another family member who was disabled. In the old AFDC program they had an exemption for caring for another person and I wonder if there is anything like that in the TANF program.

**LaDonna Pavetti:** I don't remember exactly the details of it. If you need to care for somebody full-time, then you can be exempt and you are out of the calculation, but if the disabled person is in school or in some kind of program you are not exempt. There is some provision, but it covers a narrower pool than everybody who is caring for somebody.

**David Stapleton:** LaDonna, I think we have a couple questions from the internet.

**Debra Wright:** One question from our participants is, "Are there any states with Medicare infrastructure grants using those funds to develop programs for TANF recipients with disabilities?"

**LaDonna Pavetti:** I don't know of any, but it doesn't mean they are not out there. I think our research is too separate. We haven't asked the question so I don't know the answer. I don't know if anybody else does.

**Audience Member:** One thing that Ramsey County, which is St. Paul, Minnesota, tried to do is to use the provision in Medicaid for rehabilitation services to provide some of the work-oriented case management. And they actually found that they had a lot of problems with it because of the billable issue. What happened is a lot of times they go to people's homes, people aren't there; the services are narrowly defined. So it was constantly playing catch up trying to make that system work. My take-away message from that was you have to have multiple funding to be able to make that work because you can't just count on the Medicaid funding because it's not flexible enough to cover the circumstances you may come into.

**Audience Member:** I'm from the office of Family Assistance and I think we discussed that with states. The problem is that if it's defined as a medical service, then you could bill for it under Medicaid. But if it is something under case management under TANF, if it's something that they could pay for under TANF, it's not that you can use both. It has to be either/or. And states were not willing to define a lot of their case management services as medical services or vice versa because they had already decided what system they were going to use to bill those particular activities to.

**Audience Member:** Hi, I'm Erickson from YHHS. You talk about how a third of the caseloads have a mental health condition. Of that third, how many have what kind of health insurance and is the issue really about insurance or about access to services or both?

**LaDonna Pavetti:** It depends. People in TANF have access to health insurance. Access to medical coverage is generally not an issue because if they come into TANF they are almost always doing a joint application so that's not it. It's the population that Becky talked about, the people who are disconnected and not on TANF. A very likely scenario is that the kids may be covered but the adults are not, which leaves them out of a whole range of services. They could potentially be eligible, but they really are just disconnected from services so they are not necessarily accessing—and they may not be eligible, also, depending on what their circumstances are.

**Audience Member:** You talked about a lot of them having undiagnosed mental health conditions. But they have access to healthcare; it's just that they have never gone forward to get care or to get an assessment.

**LaDonna Pavetti:** Exactly. They don't know and they have never been diagnosed. They don't name it as a mental health issue so they are not seeking out services, and it's only when somebody makes the suggestion that something may be going on that the process gets started.

**Audience Member:** (inaudible) Medicaid coverage, is it always complete?

**LaDonna Pavetti:** There are gaps both in availability of services and on what Medicaid will cover. Utah has some special contracts where they try and fill in with what Medicaid will not cover to try and deal with those gaps. Particularly there was an issue in rural areas, and particularly with mental health.

**Denny Vaughan:** Denny Vaughan, Social Security and Census. We developed a model for medical coverage and we found there was a particular subset of the population on TANF that was medically eligible, according to the model. This model I don't think is rock solid, but it gave you an impression. So it occurs to me that there is a subset of this population that is likely eligible. Is there any evidence that over the course of welfare reform the number of recipients on TANF that move to SSI has increased at all?

**Rebecca Blank:** There's quite a bit of evidence that shows just that. Virtually for every state in the early 90's before welfare reform caseloads rose very rapidly in the early 90's and virtually every state, because they were facing budget crises with the slower economy, implemented different actions to try to identify SSI recipients. As you know, SSI is completely federally funded. There's a clear showing of increase in SSI applications as well as acceptances and another increase about the time of welfare reform, which states you are going to scan. There's a sense by the end of the 90's that most of the SSI-eligible population had been moved into SSI, unlike the late 80's where I think that wasn't true. I have no idea what those numbers are like now but I can't imagine any states that are continuing that push.

There's more of a push now. But if you talk to states, what they will tell you is that the process—anybody who knows the SSI process will tell you that it's complicated, but it's even more complicated for TANF recipients, and part of the reasons for that are some of the reasons we talked about. Their disabilities are often undiagnosed so it's very difficult to show longevity of an issue. They don't have the paperwork—it just is—there's all these other things going on so getting follow through on appointments and getting people to acknowledge that they actually have those disabilities, getting case managers to identify them in the first place so they get in the right pipeline, there are a lot of issues to trying to get people who appear to be eligible to go through that process. Ramsey County has a staff person who is an expert in SSI eligibility so she has this whole system in place where people are trained, they understand the process and they are successful at getting people on. But we did see a much greater emphasis when we went out on our site visits for this project, to see that. There are people who are eligible.

But I think the other side is there are mixed feelings on the TANF side on what benefit that provides for the families, because while it provides them with a longer term income stream, the case management and the sort of personal attention that is available to people is generally much greater in TANF than it is in the SSI system. So they get this long-term economic stability that they don't have in TANF, but they lose the personal support. So there is this trade-off and

the feeling is like you want something between those two. And I think that's sort of what Becky tries to lay out in what she presents is something that really expands this, that acknowledges that there really is a need for much greater level of service for this group of families that they may not get in the SSI system and may not be eligible because each one of their issues may not add up to enough to make them qualify.

**David Stapleton:** Any other questions?

**Audience Member:** This is for both Becky and LaDonna. I was curious, what is the feasibility of actually creating a program that kind of falls in between SSI and TANF and what would it take to create that program? What would you envision it looked like?

**Rebecca Blank:** The TANF rules have made it harder now than it was prior to the last round of reauthorization, because as LaDonna talks about, in TANF you have this very high bar you have to reach as being certified as meeting all the requirements unless you are completely exempted and that's only a small group. And that bar has been raised, as LaDonna noted earlier, in terms of the number of hours you have to work and core activities, et cetera. If you look at the recent activity of the program, things have moved in the wrong direction making it seem less likely. I am not out there at the state level as much as LaDonna is, so she should answer this in part, but there certainly is a rising concern about these number of women who don't seem to be accessing the services that you think that they and their children might need, whether they are disconnected or they are not taking up things. Another issue going on here among women who are TANF eligible is that take-up rates have fallen quite dramatically in the last number of years. Some of these women could be on TANF and aren't, so that concern is rising—combined with a growing number of women who are going to lose jobs if they have not already lost them in the last year. I think the chances of going back and rethinking this is there. State money is very limited, federal dollars are going to be limited, and there are so many other things, especially health insurance, that are on state and federal plates that are going to take a higher priority. Something has to happen that pushes this up the priority list. Is it logistically doable to think about how you can do that, absolutely. Some of it could be people in this room and people in various advocacy organizations and people around the state who have to speak up for what they are seeing and what the problems are and what the needs are.

**LaDonna Pavetti.** I can imagine another scenario playing out. There are several things going on, I think, that all simultaneously will lead to things in a new direction. One is a new administration. The second thing is that because of the economic situation, I think it's going to be very hard to hold states to the 50 percent work participation standards and to dole out penalties. So if there is some leeway on that I think it will open up the option of flexibility around requirements. Then the other is that the DRA reauthorized TANF through 2010, so at some point there will be another discussion. I think states would argue that

if they had the deeming provision that they could do a lot more than they do now. That if they had greater flexibility around sort of not having the 6 week or the 12 week constraint that they could do a lot more within their current system. So it may be that we can't get to a system that needs more money but that you can get to a system within TANF that opens up some flexibility that will allow some different things to happen.

But I want to say I think there's the more likely scenario, and that is that there are stimulus package dollars that go to the states for special TANF use that don't have to be spent according to the regulations. And when those dollars go away you've got the old program back again. What you are much better off trying to do is create a system that temporarily loosens restrictions of some sort and lowers that bar and makes things more flexible for states, because then you've got a place where you can say let's not put everything back in place again. I think that's less likely than the one-time big dollar system stimulus package which isn't going to create any precedent for changing the existing rules.

**Debra Wright:** There is another question here from webinar participant. What have been the best incentives for increased participation in TANF work programs?

**LaDonna Pavetti:** I don't know that we know. I go out and talk to people and am in welfare offices quite a bit and there's no silver bullet. But what I hear over and over again is the relationship and the support that they feel. Wendi is over there nodding her head. The relationship and the support they feel from their case manager, their worker, whoever their job coach is, that is what makes the difference.

**Wendi Copeland:** Yes, it's long been said that the thing that makes a difference is the relationship. And I truly believe it is. People make a difference with people.

**LaDonna Pavetti:** You know I really do believe that we are in different stages of learning through TANF. I think that what happened at the very early part of TANF is that states increased the incentives by providing people with extra benefits when they went to work and I think people who could go to work and could maintain jobs, it really did make a difference. And there are people who entered the labor market—many more of them than we expected. I think there is a difference when you have somebody for whom the bar is set higher than what they can achieve. They just start out being a failure. And so I think it's somehow trying to figure out what are the ways in which you can create steps that help people move along the way. There's an interesting program in Utah which I think on a larger scale would be a very interesting model to test for individuals with disabilities. It is called the Diversified Employment Opportunities program. It's an employment program where the county mental health agency hired individuals with disabilities. They were not all TANF recipients, but they hired them to be their regular workers. The way the TANF agency structured the contract with them is they have an initial payment point for getting them in to

work. They can get them in to work for 5 hours a week. It does not have to be the TANF maximum of 30 hours, they just need to get them engaged for some period of time. Then they have to achieve over a certain period an increase in that. If they achieve that increase, then they get another sort of payment point and it keeps going up. So there is an incentive for the agency to start where somebody else can start but to really put into place the support services. They have to be in mental health treatment to participate in this program if they have a mental health disability. That's sort of an interesting model of providing incentives for the agency to provide the services to get people to move on.

**Lois Bell:** Okay, I'm Lois Bell from ACF and I have some social security partners here with John Tamburino from SSI and we are at this point embarking on a project called the TANF-SSI Disability Transition project where we are looking at the interaction between TANF and SSI and what happens to clients when they interact. We have six sites participating with us and in the first phase of the project we are really trying to document what happens to folks. We are trying to get the data out there. Georgia—Fulton County, Atlanta—is one of the sites involved with this. Part of the incentive for doing this project, it was started under the Bush administration, was to ensure TANF reauthorization. One of the problems with doing what you want to do is that when TANF reauthorization comes up, Congress wants to know your numbers. We were in Michigan talking to the folks in Lansing because Wayne County, Detroit, is one of the sites also and they admitted that if it weren't for DRA, they weren't going to do anything. The change in the law was the reason they just automatically referred to SSI if they indicated that they had a disability. They didn't try to work with them and they admitted that was the reason that they started working with vocational rehabilitation and trying to see what would happen. And I think those numbers, once we can actually document what's happening in states when they try to work with people with disabilities, will show how they fall in the category that they can't go to work full-time. You're going to need those numbers to actually inform the debate when it comes time to tweak the program.

**Audience Member:** There are a number of Social Security people in the room who may want to say something. I would just say that for folks' information, one of the sites we're including is Ramsey County, Minnesota. The project really is building on Mathematica's work so you should be credited. The first stage of the project is just getting the number for the number of TANF referrals to SSI and then what the overall outcome is in terms of timing and what not for their case. Hopefully, we'll get you some of that basic empirical information that we still don't really have.

**LaDonna Pavetti:** Great. I think that's an important project, and you know, I think everybody will be interested in what comes out of that and where it goes. Again, I think there is an opportunity. I think we know so much more than we knew when we went into this. I think there are small numbers of places that are doing innovative and interesting things and there's a lot to learn from them. I think we learn every time we go out about what it takes to do this and, as I said,

the thing that is unique about Georgia Good Works is that a lot of the programs that we had in our first reports don't exist any longer. Some of it has to do with the costs; some of it has to do with not having a champion who can keep it going. Some of it is how do you think about the sustainability of those programs as are there other competing needs. So, with that, I think we're out of time and I'm going to hand it over to Dave.

**David Stapleton:** Thank you very much, a round of applause, please. Thank you, Becky and Wendi and LaDonna, especially. I want to announce our next forum will be on March 26th and the topic will be how health system reform will address the needs of working age people with disabilities. I will talk about some research I have done here as well as my colleague, Sui Lu, and I hope to see some of you there. Thank you for braving the cold weather. I think we have warmed you up enough so you will be glad to get out there again. Bye-bye.