
ADDRESSING MAJOR BARRIERS

TARGET POPULATION

Parents who face serious personal/family barriers and skills deficiencies, such as family violence, unstable housing, child care and transportation, and temporary or chronic medical, emotional, chemical dependency, mental or cognitive disorders.

GOALS

- Move those with chronic and severe conditions to federal disability benefits programs like SSI/SSDI
- Find the best mix of productive/healthy activities while a person recuperates from a temporary medical condition
- Help persons effectively manage less severe, but chronic conditions and multiple barriers with a goal of employment and improved family outcomes
- Improve life skills and self-esteem; addressing areas such as healthy relationships, parenting, goal setting, problem solving, money management and communication skills

CHALLENGE

It takes time and money to address the needs of this population. However, to the extent we don't effectively intervene, the family's quality of life suffers and they likely remain on assistance and comprise a larger proportion of the TANF caseload.

WHAT WE DO IN WASHINGTON STATE

Washington State uses the following techniques to address barriers:

- We use specialized TANF staff (SSI Facilitators) and contracted physicians to facilitate SSI applications for those likely to qualify.
- We refer motivated persons to the DSHS Division of Vocational Rehabilitation (DVR) for services based on an interagency memorandum of understanding and put the same activities in the person's DVR and WorkFirst Individual Responsibility Plans.
- Persons with emergent or temporary barriers are required to engage in productive activities only up to the hourly limits set by their physician or counselor, rather than trying to meet federal or state hourly requirements.
- Persons with less severe, chronic conditions and multiple barriers are referred to community and government agencies for counseling or services on a case-by-case basis -- as available and decided locally.
- We provide Community Jobs or unpaid supported work to parents who are able to participate full-time.

BEST PRACTICES

High-performing programs for parents with significant barriers commonly include most of these features described below. To be considered “best practice” a program must be evidence-based and/or be recognized as a national model.

- **Specialized Assessments:** Specialized assessments such as functional needs assessments or psychosocial assessments move beyond identifying a disability to assessing how the disability influences the person’s ability to live independently and succeed at work by observing how the person functions in real-life situations.
- **Intensive Case Management:** Combines work activities with intensive case management and life skills training by trained professionals with small caseloads; services may include home visits and the use of incentives and support groups.
- **Expert Staff:** Leverages knowledge of experts, such as licensed clinical therapists or Vocational Rehabilitation staff by making them available to TANF staff.
- **Collaboration:** The TANF agency collaborates with other agencies that work with individuals with barriers or disabilities to draw on their expert staff and/or share costs.
- **Supported Work/Job Coaching:** Provides paid supported work or job coaching/job retention so the person can learn to manage disabilities within the context of work.
- **SSI Facilitation:** Provides SSI facilitation to help people obtain medical documentation and move through the SSI application process.

	Program	Specialized Assessment	Intensive Case Management	Expert Staff	Collaboration	Supported Work or Job Coaching	SSI Facilitation
1.	Adult Rehabilitative Mental Health Services (Ramsey County, MN)	✓	✓	✓	✓		✓
2.	Partnerships for Family Success (Anoka County, MN)	✓	✓	✓	✓		✓
3.	Reach Up (Vermont)		✓	✓	✓	✓	✓
4.	Building Nebraska Families	✓	✓	✓	✓	✓	
5.	Intensive case management Utah)		✓	✓	✓	✓	✓
6.	Intensive Transitional Jobs (Utah)		✓	✓	✓	✓	✓
7.	SAFERR Assessment Tool	✓	✓	✓	✓	✓	

LESSONS LEARNED

- We are not recommending **Georgia GoodWorks!** and the **New York PRIDE** programs as they demonstrated a need to:
 - **Keep it simple:** This population has difficulties successfully navigating complex screening, assessment and referral system. In both programs, many clients did not complete screening

and evaluations that involved multiple handoffs. PRIDE experienced a significant increase in sanctions as people failed to show up for one of a series of appointments.

- **Contain assessment/evaluation costs:** High costs associated with multiple and/or expensive medical, vocational or psycho-social evaluations can end programs or vastly scale them back. Both programs contracted with physicians and other highly trained staffs to provide one to two-month assessments before persons were accepted into the program. Due to high cost, both programs were significantly scaled back. PRIDE was replaced by a simpler successor program, WeCare (one vender for assessment and another for case management), and Georgia GoodWorks! has lost 99% of its funding.
- **Provide effective follow-up for success:** Programs that don't involve effective interventions, such specialized activities or intensive case management, will not be successful. Georgia GoodWorks! offers SSI facilitation and supported work to those accepted into the program, resulting in increased employment and SSI approvals. PRIDE only offered standard work activities once they determined who can participate and saw limited results in terms of increased employment (about 5% found employment compared to 60% of those in the Georgia GoodWorks! program).
- **Nebraska's Building Nebraska Families (BNF)** intensive life skills training combined with home visits program demonstrated that:
 - **Savings can build over time:** Intensive programs can be cost-effective over time if targeted to the particularly disadvantaged and low-functioning parents with the most barriers. Mathematica found that this program would recoup its costs within four years if targeted to the hard-to-employ and employment trends found at the 30-month evaluation continued. Some cost reductions could not be quantified, such as fewer children entering the child welfare system, reduced intergenerational poverty or better health resulting in reduced Medicaid expenditures.
 - **Rural versus urban settings may affect costs:** Mathematica suggested that other states consider adapting this model, developed for rural areas, to an urban or near-urban setting with increased cost-effectiveness. For example, a state could move from one-on-one work to some group work. An urban/near-urban setting would also reduce travel time, as it sometimes required a two-hour drive to get to a one-hour home visit in rural Nebraska.
 - **Specialized services can be effectively targeted:** Mathematica found that impacts of the BNF model "were strong and significant for the very hard-to-employ" and that "BNF was effective in increasing employment and reducing poverty for this group".
 - **Gains don't always outweigh costs:** The two Minnesota programs used a similar model in terms of in-depth assessments, small caseloads and weekly home visits. Both programs increased quality of life and increased SSI approvals with their SSI facilitation programs. Anoka County also experienced increased employment. However, on a cautionary note, Ramsey County used master's level staff and licensed clinicians (as opposed to experienced case managers), served those with diagnosed mental health conditions (as opposed to those served by multiple state agencies) and saw decreased employment and longer stays perhaps due to

the recipients' desire to retain much needed rehabilitative services. Further, Ramsey County used the same model, along with six months of paid work experience, in its Intensive Integrated Intervention (III) program for those nearing the time limit. Under a \$7 million state grant, the III program ran for three years, and served 1,000 cases, but was discontinued due to costs.

- **Vermont's Reach Up** program was the best example we saw of a successful collaboration between the state's TANF and DVR programs. This has been refined over a period of years with clear roles and responsibilities for each agency. The model relies on one DVR staff per 40 hard-to-employ parents who acts as the TANF case manager and provides DVR's specialized vocational assessments, work activities and supports. Other DVR staff provided SSI facilitation and 94% of SSI facilitated cases were approved for SSI within 18 months.
- **Utah's case management and Transitional Jobs** programs are another example of successful cross-agency collaboration and cost-sharing. For the Transitional Jobs program, the TANF agency uses a performance based contract with mental health agencies to provide unsubsidized (the mental health agency pays the wages) transitional jobs for those with diagnosed mental health disabilities (e.g., major depression, generalized anxiety, bipolar disorder and post-traumatic stress disorder) at community mental health centers. The program is small (about 60 persons served, of which 20 were on TANF). Of 17 TANF clients, nine worked four 30-hour weeks and five moved to regular employment. Ultimately, 9 of the 17 clients moved out of state, continued to have difficulties and/or were sanctioned.

REFERENCES

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