

**The TANF/SSI Disability Transition Project: Innovative Strategies for
Serving TANF Recipients with Disabilities**

OPRE Report 2013-51

December 2013

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Overview

Policymakers and program operators have long worked to understand how state and federal programs can best serve low-income families who are headed by a parent (or parents) with a disability. The Temporary Assistance for Needy Families (TANF) program, administered by the Administration for Children and Families (ACF), serves low-income families, some of whom include individuals who have work limitations or disabilities. The Supplemental Security Income (SSI) program, administered by the Social Security Administration (SSA), serves low-income individuals who are aged, blind, or disabled. While ACF and SSA have common goals of supporting vulnerable populations while encouraging their self-sufficiency and employment, the two agencies' differing missions, definitions of disability, and rules and incentives related to work pose challenges to clients trying to navigate their way through both programs and to staff members seeking to coordinate their efforts.

In order to understand how best to help TANF recipients with disabilities, ACF and SSA contracted with MDRC to conduct the TANF/SSI Disability Transition Project (TSDTP). The goals of the TSDTP are to explore the connection between the two programs, build knowledge about ways to encourage work among TANF recipients with disabilities, facilitate informed decisions about applying for SSI when appropriate, and help eligible SSI applicants receive awards as quickly as possible while also reducing administrative costs. Through MDRC's close collaboration with ACF, SSA, and participating state and county TANF agencies, the TSDTP conducted field assessments of existing services for TANF recipients who may have disabilities, tested pilot programs targeted to this population, and analyzed national- and state-level program data. This is the second report from this project. It describes the implementation and findings of three promising pilot interventions.

- **Ramsey County, Minnesota**, developed a pilot program to increase employment among TANF recipients with work limitations and disabilities. It gathered into the same location mental health services, health care services, and employment services following the Integrated Placement and Support (IPS) model. The results offer promise that IPS, which has been shown to be effective among individuals with severe mental illness, might also be effective for TANF recipients with disabilities. Although the sample size is too small to allow for definitive conclusions, a randomly assigned program group did earn more on average than the control group during the first year.
- **Los Angeles County, California**, aimed to improve the quality of SSI applications submitted by TANF recipients in order to increase the approval rate at the initial level. Local SSA and Disability Determination Services (DDS) staff members provided training to the county's SSI advocates, gave feedback on the completeness and quality of submitted SSI applications, and established local liaisons to facilitate coordination and communication. The pilot project improved coordination among the agencies, though the percentage of SSI applications awarded benefits at the initial level remained about the same.
- **Muskegon County, Michigan**, developed an intervention designed to better identify TANF recipients with disabilities and to improve the employment services offered to TANF clients deemed to have disabilities but to be able to work. The program's staff used materials drawn from the *SSI/SSDI Outreach, Access, and Recovery* (SOAR) program to develop medical and case evidence. Using this information, a Medical Review Team made the disability determination and referred recipients determined to be able to work with limitations to individually tailored employment services. Staff members were trained to use motivational interviewing techniques to reduce participants' barriers to work participation. The pilot lasted only six months, however, and it took time to gather medical documents and make disability determinations, so only a small percentage of recipients received the individually tailored employment services.

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Executive Summary

The Temporary Assistance for Needy Families (TANF) program, administered at the federal level by the Administration for Children and Families of the U.S. Department of Health and Human Services, serves low-income families, some of which include individuals who have work limitations or disabilities. The Supplemental Security Income (SSI) program, administered by the Social Security Administration (SSA), serves low-income individuals who are aged, blind, or disabled. While the Administration for Children and Families and SSA have common goals of supporting vulnerable populations while encouraging their self-sufficiency and employment, the two agencies' differing missions, programmatic and financial obstacles, definitions of disability, and rules and incentives related to work pose challenges to coordinating their efforts.

As documented by prior research, many parents receiving TANF benefits are living with a disability. Depending on how studies define disability, the proportion is estimated to range from 10 percent to 44 percent of adult TANF recipients.¹ States have choices to make regarding how to serve TANF recipients with disabilities. Should they focus on making appropriate referrals to the SSI program? Should they help these clients apply for SSI and improve the quality of their SSI applications? Should they refer them to services designed to alleviate barriers to employment? Should they require their participation in work activities, but develop employment programs specifically for individuals with disabilities? States might pursue one or all of these options. Unfortunately, research evidence on the effectiveness of strategies designed to help this population is limited.

The TANF/SSI Disability Transition Project (TSDTP), sponsored by the Administration for Children and Families and SSA, explores the different pathways for TANF recipients with disabilities. There have been two phases of the TSDTP. In the first phase, the research team reported on the current landscape — documenting how TANF agencies serve recipients living with disabilities and how the agencies interact with local SSA agencies. The team also analyzed merged TANF/SSI administrative data to estimate the extent to which adult TANF recipients are applying for and receiving SSI benefits.² The second phase, on which this report

¹Loprest and Maag found that about 10 percent of TANF and food stamp recipients needed help with self-care (bathing, dressing, or eating) or help with routine activities (such as everyday household chores). Loprest, Pamela, and Elaine Maag, *Disabilities Among TANF Recipients: Evidence from the NHIS, Final Report* (Washington, DC: Urban Institute, 2009). The U.S. General Accounting Office (now the Government Accountability Office) found that 44 percent of TANF recipients ages 18 to 64 reported having a physical or mental impairment. U.S. General Accounting Office, *Welfare Reform: More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients with Impairments Toward Employment* (Washington, DC: U.S. General Accounting Office, 2001).

²Farrell, Mary, and Johanna Walter, *The Intersection of Welfare and Disability: Early Findings from the TANF/SSI Disability Transition Project*, OPRE Report 2013-06 (Washington, DC: Office of Planning, (continued)

focuses, implemented three pilot interventions that took separate approaches to improving services to TANF clients with disabilities in Ramsey County, Minnesota; Los Angeles County, California; and Muskegon County, Michigan.

This report provides a brief summary of the first phase of the study before describing each of the pilot interventions, including its features and components, the county's experiences in implementing it, and the outcomes that emerged from it. It describes some of the challenges local agencies encountered in implementing the pilot projects and the technical assistance provided to strengthen the implementation.

The Interaction Between TANF and SSI

Between 2000 and 2009, SSA experienced a significant increase in adults applying for SSI. The number of applications it received nearly doubled during this period. Some policy-makers speculated that there might be a link between welfare reform — which included time limits on TANF benefits, more stringent work participation requirements, and tougher sanction policies — and rising SSI application rates. Were state agencies encouraging TANF recipients to turn to SSI as an alternate means of support, particularly recipients who were approaching their TANF time limits or who were not meeting work participation requirements? Given these circumstances, policymakers became increasingly interested in understanding the extent and nature of the overlap between the TANF and SSI programs.

But a data analysis performed by MDRC found that the level of overlap between the two programs is not particularly large. Only a small percentage of TANF recipients had an active SSI application: less than 10 percent in fiscal year (FY) 2007.³ This is a smaller overlap than many had suspected prior to the analysis. The analysis also found that among TANF recipients who apply for SSI only about a third are awarded SSI benefits, which is similar to the award rate for SSI applicants who are not TANF recipients.

The first phase of the TSDTP also examined the extent to which staff members from TANF and SSI interacted and collaborated, based on field assessments conducted at seven sites.⁴ The field assessments found little coordination between the TANF programs and the SSA field offices or between the TANF programs and the Disability Determination Services (DDSs), the state agencies that make initial disability determinations for SSA. Coordination between

Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2013).

³Farrell and Walter (2013).

⁴The sites were: Los Angeles and Riverside Counties, California; the Ocala region in Florida; Genesee, Mason, and Oceana Counties, Michigan; and Hennepin and Ramsey Counties, Minnesota. Because they are contiguous and shared a management structure, Mason and Oceana Counties were considered a single site.

TANF and SSA staffs typically occurred after an SSI award had been made, to determine the TANF termination date (individuals cannot receive both TANF and SSI in the same period). The field assessments also found that most TANF employment counselors knew little about the SSI application process or SSI eligibility requirements, and relied on the TANF recipients to guide their understanding of disability benefits.

Finally, the field assessments examined the employment services provided to TANF recipients with disabilities. They found that TANF recipients who are exempt from requirements to participate in work activities due to a disability are often overlooked. Furthermore, few TANF programs have employment services that target TANF recipients with disabilities; those who express interest in employment are generally referred to the same services that all other clients receive.⁵

Three key questions emerged from the first phase of the TSDTP:

1. Are there effective ways to direct TANF recipients with disabilities to programs that will best serve them?
2. How can SSA coordinate with TANF to ensure that eligible recipients who want to apply for SSI can receive assistance with the application process?
3. For TANF recipients with disabilities who are not eligible for or not interested in SSI, are there promising strategies to help them become self-sufficient?

Experience and Findings from the TSDTP Pilot Programs

The research team worked with three counties — Ramsey County, Minnesota; Los Angeles, California; and Muskegon County, Michigan — that were interested in improving how they delivered services to TANF recipients with disabilities. Each pursued a different approach, reflecting the goals the county hoped to achieve and the gaps it identified in the services provided by its current TANF program. Although full-scale impact evaluations to test program effectiveness were beyond the scope of this project, these pilot experiences yielded instructive lessons. Ramsey County focused on the third question listed above and designed an intervention that would provide better employment services to TANF families with disabilities. Los Angeles County focused on the second question with a pilot intervention designed to improve the communication and coordination among SSI advocates (TANF staff members who assisted TANF recipients with their SSI applications), SSA staff members, and DDS staff members, which the county hoped would lead to higher-quality SSI applications and increased approval rates. Muskegon County tackled the first and third questions listed above, developing an

⁵Farrell and Walter (2013).

intervention that would improve the identification of disabilities among TANF recipients and, based on that determination, direct recipients with disabilities to particular services. It aimed to provide better employment services for TANF recipients with work limitations, and for those potentially eligible for SSI, to provide information that could support their SSI applications.

Ramsey County, Minnesota

Ramsey County, through its Workforce Solutions Department, developed a new initiative called Families Achieving Success Today (FAST) with the express purpose of finding better paths to employment, and ultimately family and economic stability, for TANF recipients with disabilities and their families.⁶ FAST began in April 2011, a partnership of several agencies that provided mental health, vocational rehabilitation, community health care, and TANF employment services — colocated to improve access for families and streamline the delivery of services.⁷ A key component of FAST was the Integrated Placement and Support (IPS) model of supported employment, which many studies have shown increases competitive employment among individuals with severe mental illness. The program followed the core principles of the IPS model: finding competitive jobs in the community that fit participants’ needs and interests; fully integrating mental health services with employment services; using a rapid job search approach to help participants find jobs directly; and setting goals and designing plans based on individuals’ preferences, strengths, experiences, and abilities.

FAST was pilot-tested using a random assignment research design that targeted families who were exempt from the federal work participation requirements because there was an adult or child in the household with a disability. The adults in these families were still required to participate in activities designed to reduce barriers to employment and improve economic and family stability. Ramsey County randomly assigned these families to either the FAST program or to a control group whose members continued to receive case management and employment services from their current case managers. In the end, the county randomly assigned 389 cases to either the FAST group or the control group, a relatively small sample size for this type of evaluation. The results should therefore be interpreted with great caution.

The evaluation examined program participation and found that only 63 percent of families assigned to FAST received the FAST services; the remaining 37 percent were determined to

⁶For simplicity this report refers to the targeted population as “TANF recipients with disabilities,” though recipients in Minnesota who are determined to have a disability actually receive assistance from a non-TANF-funded track called Family Stabilization Services.

⁷“Vocational rehabilitation” services are designed to help individuals with disabilities prepare for and engage in gainful employment. State vocational rehabilitation agencies and other providers offer a wide range of services, including counseling and guidance, physical and mental restoration, and employment training. “Colocation” refers to providing services from different programs in the same physical location.

be ineligible for FAST after assignment. Both the FAST and control groups participated in program activities at high levels, though the mix of activities differed, with the FAST program members more likely to participate in job search activities than the control group members, reflecting the employment focus of the program, and the control group more likely to participate in assessment and skill training activities.

Even though less than two-thirds of the FAST group received FAST services, the evaluation found that FAST increased earnings within the first year of follow-up. FAST group members earned \$2,882 on average in the first year, while the control group members earned an average of \$1,647, an impact of \$1,235 (a 75 percent increase).⁸ The low average earnings reflect the fact that FAST and control group participants were receiving TANF benefits in the first year, and that those who had earnings did not work the full year.

Los Angeles County

The Los Angeles County Department of Public Social Services sought to increase the rate of eligible adult SSI applications approved at the initial level by SSA by improving the quality of the SSI applications prepared by the county's SSI Advocacy Program. To that end local SSA and DDS staff members provided training to the county's SSI advocates in one of the county TANF offices. In addition, DDS provided continual feedback on the quality of applications received from the SSI advocates in that office. This feedback reinforced effective practices and strengthened areas that needed improvement. Finally, the county, SSA, and DDS established local liaisons to develop effective work flows, facilitate continuing coordination and communication regarding the SSI application process, and address problems with specific cases as appropriate.

The pilot project improved communication and coordination among the TANF agency, SSA, and DDS, and according to DDS analysts, the overall quality of the applications submitted during the pilot period was satisfactory. But there was no evidence of substantial improvement in the quality of applications. The medical allowance rate among SSI applications submitted with the advocates' assistance was 14 percent, which is similar to the allowance rate among applications submitted just prior to pilot project implementation (11 percent).⁹ Age appeared to influence whether or not a recipient was awarded benefits. DDS analysts interviewed for the

⁸In order to ensure the integrity of the experimental research design, the study includes all cases assigned to FAST in the analysis, regardless of whether the families in question received services from the FAST program.

⁹The medical allowance rate is not strictly comparable to the SSI award rate, as the data source used for the pilot study (the SSA's Structured Data Repository) does not contain technical denials for applicants medically allowed by the DDS, but later found technically ineligible for reasons related to income or resources. Though rare, such cases would only appear as medically allowed.

project felt that many TANF recipients applying for SSI were young, and that many could do or be trained to do either other past work or new types of work.

Muskegon County, Michigan

The Michigan Department of Human Services implemented a pilot program in Muskegon County to better identify TANF recipients with disabilities. The program sought to expedite the state Medical Review Team’s disability determination process and help those who could work with limitations increase their engagement in TANF and work-related activities. TANF recipients reporting disabilities were referred to the pilot program, which operated from June 2012 to January 2013. After a referral the program’s staff developed medical and case evidence using a variation of materials drawn from the *SSI/Social Security Disability Insurance Outreach, Access, and Recovery* (SOAR) model.¹⁰ The Review Team used this information to determine if clients were exempt from TANF activities, categorizing each client as being “work-ready with limitations,” “disabled and potentially eligible for SSI,” or “not disabled.” The staff referred those deemed to be “work-ready with limitations” to an employment services agency that provided motivational interviewing and individually tailored support to individuals with disabilities. The staff forwarded to DDS the Review Team information of individuals assessed to be potentially eligible for SSI or Disability Insurance, with the idea that DDS could use this information to support their SSI applications. Those who were deemed “not disabled” were referred back to the regular TANF employment program.

The Review Team was able to make a disability determination for almost two-thirds of the participants in the pilot program. Among the group for whom the Review Team made a determination, about 69 percent were determined to be work-ready with limitations, 22 percent were determined to be potentially eligible for SSI or Disability Insurance, and the remaining 9 percent were determined to have no disability. Among the 69 percent determined to be work-ready with limitations, a third received individually tailored employment support — though this was just 16 percent of the original group referred to the pilot program.

The disability determination process took time. Pilot program participants who were sent SOAR packets returned them within about two weeks, on average, but it took TANF workers about two months to obtain materials from medical professionals and submit them to the Review Team (in some cases, this included materials from additional consultative exams that the Review Team requested). The Review Team took another month to make the determi-

¹⁰SOAR was originally designed to improve access to SSI and Social Security Disability Insurance for people who are homeless or at risk of homelessness, and who also have a mental illness or who have both mental illness and substance-abuse disorders.

nation. The entire process, from mailing the SOAR packet through the Review Team determination, took an average of 105 days, a long time in the context of a six-month pilot program.

Overall, the pilot program did not achieve all it aimed for during its short life. There may have been too many steps in the process, leaving not enough time for individuals who were determined to be work-ready with limitations to benefit from the individually tailored employment services. It is possible that filling out the SOAR forms helped those who were assigned to the SSI track, by improving their likelihood of approval. The pilot test did not track their SSI outcomes so it is not possible to know for sure.

Lessons Learned

The three pilot interventions tested new strategies designed to improve services for TANF recipients with disabilities. An assessment was conducted of each program, documenting its accomplishments and the challenges encountered in implementing it. Outcome information was collected at all sites, and Ramsey County, Minnesota implemented a small random assignment evaluation to estimate the impact of the intervention.

The results were mixed, but lessons emerged that will be important in developing and testing new interventions designed to help TANF recipients with disabilities. A few of these lessons follow.

From Ramsey County, Minnesota

- **It may be challenging to adapt the IPS model to the context of a TANF program, but it is possible.** The IPS model places an emphasis on providing employment services to all who are *interested* in employment. Usually IPS does not include a mandate that participants receive services from employment specialists. TANF programs do include such mandates, along with sanctions and time limits — other deviations from the IPS model. The FAST program showed that despite these differences, the IPS approach could be adapted for use within the TANF program and still remain faithful to the overall principles of the model.
- **The FAST program evolved over time, as the staff became more comfortable with the IPS principles, learned more about Minnesota TANF rules, and learned more about the participants.** FAST staff members had to come to understand their roles in the initiative, and in many cases they had to learn to work differently than they had in the past. They spent a substantial amount of time in the beginning developing a common philosophy; they did

so by gaining a better understanding of the IPS principles and implementing them in their common setting. Additionally, case consultations revealed the complexity of the FAST participants' lives: they were dealing with mental health issues, physical health issues, children with behavioral issues, issues with housing, substance abuse problems, and family members who were not supportive of their goals. The staff would not have otherwise been aware of many of these issues if its members did not meet regularly as a group.

- **The one-year impacts on earnings achieved by the FAST group are quite promising.** The findings are especially noteworthy since control group members also received employment services. These findings should be considered exploratory, however. An experimental evaluation with larger sample sizes, perhaps implemented at multiple sites, should be conducted to confirm them.

From Los Angeles County

- **It is possible to improve communication and coordination among TANF, SSA, and DDS, and to give each agency a better sense of the others' operational context.** The SSI application process is a black box for many TANF workers. DDS shared information with SSI advocates about the quality of SSI applications and the rationale behind specific SSI medical allowance decisions. These exchanges point to the potential benefits of increased transparency and communication among SSA, DDS, and TANF staffs.
- **While it is important to assist clients with their initial SSI applications, advocacy programs should also pay attention to the considerable effort that may be required of applicants between those initial application submissions and the initial determination.** The SSI advocates only met face-to-face with their clients once, to help them with the initial development of their SSI applications. They provided little assistance to applicants after that first meeting.
- **SSA advocates should be aware of the role of age in the disability determination process.** Age is factored into the disability determination process as part of the assessment of whether an individual can work or be trained to do new types of work. It emerged as a primary factor in SSI denials at the initial level during the pilot period. A national analysis conducted by MDRC revealed that TANF recipients who apply for SSI are younger on average

than other adult working-age SSI applicants, and that controlling for this and other demographic differences partially accounts for their lower rate of SSI awards.¹¹

From Muskegon County, Michigan

- **Muskegon County’s pilot program included some significant deviations from the SOAR model. The SOAR-like process that the program used may not have led to quicker or more accurate Review Team decisions, and may be difficult to implement in a TANF system.** TANF workers and the Review Team examiner assigned to the pilot program both reported that the SOAR packets were work-intensive and, in their opinion, did not necessarily result in more accurate decisions. Given that TANF staff members typically have high caseloads and limited preparation time, this additional duty may be difficult to implement in most TANF programs.
- **While the Review Team is meant to ensure that clients’ disability claims are warranted, an unintended consequence of the Review Team process is that it may distract clients from making use of employment services.** While this is not a direct finding from the pilot test, the MDRC team’s field research revealed that both staff members and clients believed that the Review Team application became a time-consuming process for clients. Clients focused on proving their disability, perhaps at the expense of pursuing work. Furthermore, while most Review Team decisions often determined a person could work, for many clients the decision, as interpreted by the employment services agency, was that they could work in very limited ways. Employment agency staff members and clients stated that it was very difficult to find jobs within these limitations.

Looking Ahead

Each chapter in this report concludes by suggesting areas for future research. The preliminary findings from the Ramsey County, Minnesota, pilot program suggest that its approach is promising and should be studied further. Specifically, future research should investigate whether these exploratory impacts can be repeated in a full-scale evaluation and replicated in other communities, and whether the impacts on the pilot program group will be sustained a year later.

¹¹Farrell and Walter (2013).

The Los Angeles pilot project, on the other hand, does not appear to have changed the quality of SSI applications or altered initial medical allowance rates. But the Los Angeles project was not a test of SSI advocacy services per se. It would be useful for future experimental research on SSI advocacy to focus on the impact of the complete service package.

Finally, the components of the Muskegon County, Michigan, pilot program did not always work well together, and included some long delays in program start-up and clients' transitions between services. It would be useful for future research to explore whether there are quicker ways to assess disability while encouraging continuing motivational and vocational support.

Chapter 1

Introduction

The Temporary Assistance for Needy Families (TANF) program, administered at the federal level by the Administration for Children and Families of the U.S. Department of Health and Human Services, serves low-income families, some of which include individuals who have work limitations or disabilities. The Supplemental Security Income (SSI) program, administered by the Social Security Administration, serves low-income individuals who are aged, blind, or disabled. While the Administration for Children and Families and SSA have common goals of supporting vulnerable populations while encouraging their self-sufficiency and employment, the two agencies' differing missions, programmatic and financial obstacles, definitions of disability, and rules and incentives related to work pose challenges to coordinating their efforts.

As documented by prior research, many parents receiving TANF benefits are living with a disability. Depending on how studies define disability, the proportion is estimated to range from 10 percent to 44 percent of adult TANF recipients.¹ States have choices to make regarding how to serve TANF recipients with disabilities. Should they focus on making appropriate referrals to the SSI program? Should they help these clients apply for SSI and improve the quality of their SSI applications? Should they refer them to treatment designed to alleviate barriers to employment? Should they require their participation in work activities, but develop employment programs specifically for individuals with disabilities? States might pursue one or all of these options. Unfortunately, research evidence on the effectiveness of strategies designed to help this population is limited.

The TANF/SSI Disability Transition Project (TSDTP), sponsored by the Administration for Children and Families and SSA, explores the different pathways for TANF recipients with disabilities. There have been two phases of the TSDTP. In the first phase, the research team reported on the current landscape — documenting how TANF agencies serve recipients living with disabilities and how the TANF agencies interact with local SSA agencies. The team also analyzed merged TANF/SSI administrative data to estimate the extent to which adult TANF recipients are applying for and receiving SSI benefits.² The second phase, on which this report focuses, implemented three pilot interventions that took separate approaches to improv-

¹Loprest and Maag (2009) found that about 10 percent of TANF and food stamp recipients needed help with self-care (bathing, dressing, or eating) or help with routine activities (such as everyday household chores). The U.S. General Accounting Office (2001), now the Government Accountability Office, found that 44 percent of TANF recipients ages 18 to 64 reported having a physical or mental impairment.

²Farrell and Walter (2013).

ing services for TANF clients with disabilities in Ramsey County, Minnesota; Los Angeles County, California; and Muskegon County, Michigan.

Background

There is ongoing discussion on how best to serve TANF recipients with disabilities.³ When TANF recipients with impairments are interested in applying for SSI and are potentially eligible, TANF programs can help them with the process of applying. TANF recipients who qualify for and move to SSI will have a steadier source of income, and in most states they will see an increase in income, though they may lose support services available to TANF recipients, such as subsidized child care and transportation benefits.

If recipients are not eligible for SSI, they will have endured a fairly complex and lengthy SSI application process, potentially while not pursuing other avenues to self-sufficiency. TANF programs might encourage individuals who are able to work, even if only part-time, to pursue employment.

This section provides a brief summary of the first phase of the TSDTP, providing background on the state TANF policies that shape how individuals with disabilities are served by the TANF program. It also describes SSA's disability determination process, based on field research conducted at seven sites,⁴ and summarizes findings from analyses of merged TANF and SSI administrative data.

TANF Policies Regarding Disability

TANF staff members can provide guidance to adults with disabilities receiving TANF assistance, though their actions are constrained by their states' TANF policies and funding decisions. Some of the pertinent policies include the following:

- **Work requirements imposed on individuals with disabilities.** The federal government requires that 50 percent of a state's TANF families participate in activities designed to prepare them for work, as must 90 percent of the two-parent families receiving TANF. While the federal government includes TANF recipients with disabilities in each state's work participation rate cal-

³See, for example, Bloom, Loprest, and Zedlewski (2011).

⁴The sites were: Los Angeles and Riverside Counties, California; the Ocala region in Florida; Genesee, Mason, and Oceana Counties, Michigan; and Hennepin and Ramsey Counties, Minnesota. Because they are contiguous and shared a management structure, Mason and Oceana Counties were considered a single site.

culuation, states develop their own policies with regard to work requirements for this population. Among states that have opted to exempt recipients with disabilities, some move them to state programs funded with state dollars, referred to as solely state-funded programs,⁵ while others strive to meet the federal rate requirement with participation by the remainder of the caseload.⁶ Most of the TANF programs at the TSDTP sites require each recipient exempted from work requirements to comply with a plan that addresses his or her barriers to work (for example, by obtaining treatment or counseling).

- **TANF time limits imposed on individuals with disabilities.** States are prohibited from using federal TANF block grant funds to provide assistance to most families for more than 60 months over their lifetimes. This is primarily a federal funding constraint, however, and states are free to develop their own policies. Some states “stop the clock” when an individual documents a disability, while other states continue to count months toward the time limit, but may provide opportunities for extensions when an individual reaches that limit.⁷
- **SSI advocacy services.** Some states or counties fund SSI advocacy services for TANF recipients who are applying for SSI. These services help clients navigate the disability application process. The TANF agencies at four of the seven TSDTP sites funded SSI advocacy services.
- **Employment services that target individuals with disabilities.** The field research conducted in the first phase of the TSDTP found few examples of employment services that targeted TANF recipients with disabilities. One nonprofit organization in Ramsey County, Minnesota, operated a small, subsidized employment program that tended to serve TANF recipients with disabilities, though funding for this program ended in 2011. The state of Michigan also previously had a contract with the state’s vocational rehabilitation

⁵In 2009, at least 10 states were serving some groups of families with disabilities in solely state-funded programs. See Schott and Parrott (2009).

⁶These targets can be adjusted downward if the state receives a caseload reduction credit, which is based on the extent to which the state’s caseload has fallen since 2005 for reasons other than changes in eligibility rules. In Fiscal Year 2009, 21 states and 1 territory had sufficient caseload reduction credits to reduce their effective required all-families rate to zero. The national effective minimum work participation requirement in Fiscal Year 2009 was 16.9 percent for all families and 23.5 percent for two-parent families. See Temporary Assistance to Needy Families Program (2009).

⁷A state that stops its clock when an individual has a disability must still maintain a separate system for tracking the federal time limit that includes the months when the individual is disabled.

agency to provide disability-specific employment services to TANF recipients.⁸ That contract was canceled due to cost and performance issues.

The SSI Disability Determination Process

The SSI determination process can be complicated and lengthy. Most TANF recipients meet the SSI program's nonmedical requirements (largely limits on income and other financial resources), though they may not meet the medical requirements. State-run Disability Determination Services (DDSs) make the initial disability determinations, using SSA's "five-step sequential evaluation process" (Figure 1.1).⁹

SSA's concept of disability focuses on an impairment's effect on a person's ability to work. Individuals are considered to have disabilities and be eligible for SSI if they have medical disorders that prevent them from engaging in any substantial gainful activity and that have lasted or are expected to last for a continuous period of no less than 12 months, or that are expected to result in death. Because SSA's definition of disability generally does not coincide with state TANF programs' policies for exemption from TANF work requirements, individuals may be ineligible for SSI and yet still be exempt from TANF requirements. Among the study sites that participated in the first phase of the TSDTP, only Michigan made disability determinations for long-term TANF work activity exemptions using criteria that generally aligned with SSA's, though Michigan's determination processes and forms are not the same as SSA's, and SSA has a higher evidentiary standard. Additionally, unlike Michigan SSA does not recognize partial disabilities.

SSI requires documented medical evidence of a person's disability. In the absence of sufficient medical evidence from the applicant, DDS may arrange for a consultative exam conducted by qualified medical professionals.

If DDS determines that a claimant does not meet SSA's definition of having a disability, the claimant may appeal the decision. Most claims have four possible levels of appeal: reconsideration, a hearing by an administrative law judge, a review by the appeals council, and a federal court review.

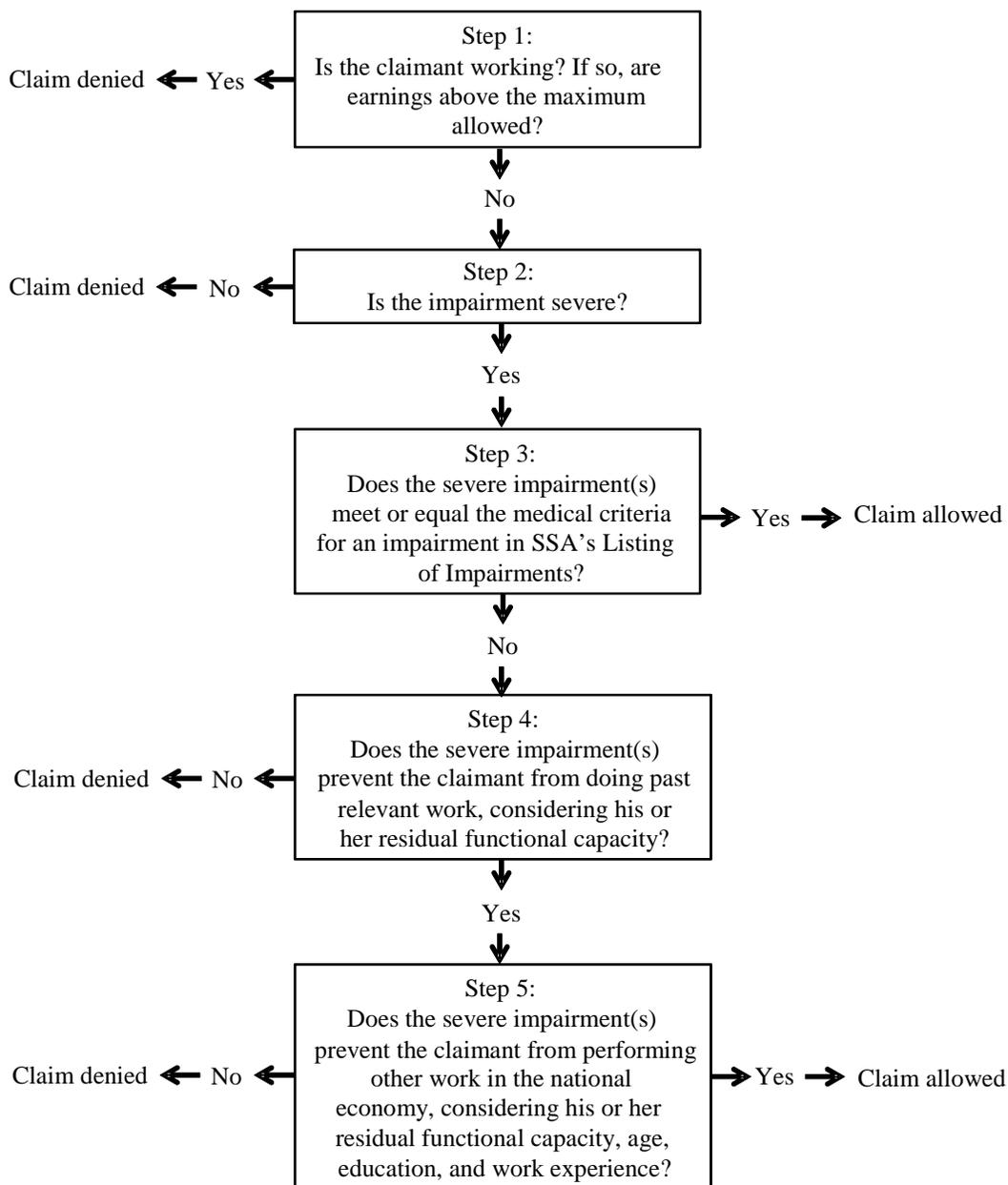
⁸"Vocational rehabilitation" services are designed to help individuals with disabilities prepare for and engage in gainful employment. State vocational rehabilitation agencies and other providers offer a wide range of services, including counseling and guidance, physical and mental restoration, and employment training.

⁹For more information about the SSI disability determination process, see Pardoe (2013).

The TANF/SSI Disability Transition Project

Figure 1.1

SSA's Five-Step Sequential Evaluation Process



SOURCE: U.S. Government Accountability Office (2005).

The Interaction Between TANF and SSI

Between 2000 and 2009, SSA experienced a significant increase in adults applying for SSI, with the number of applications nearly doubling during this period.¹⁰ Some policymakers speculated that there might be a link between welfare reform — which introduced time limits on TANF benefits, more stringent work participation requirements, and tougher sanction policies — and rising SSI application rates. Were state agencies encouraging TANF recipients to turn to SSI as an alternate means of support, particularly recipients who were approaching their TANF time limits or who were not meeting work participation requirements? Given these circumstances, policymakers became increasingly interested in understanding the overlap between the TANF and SSI programs.

Prior to the TSDTP study, there was only limited information on the extent and nature of this overlap. To address this knowledge gap, the TSDTP research team analyzed merged TANF and SSI administrative data, the first time researchers had performed such an analysis.¹¹ The analysis of the merged data suggested the following broad themes:

- **The overlap between the TANF and SSI programs is not particularly large.** In Fiscal Year 2007, less than 10 percent of TANF recipients had an open SSI application. This is a smaller overlap than many had suspected prior to the analysis.
- **TANF recipients who apply for SSI are not markedly different from other SSI applicants.** The analysis did not find striking differences between applicants who were TANF recipients and other applicants, beyond those client characteristics — such as age, gender, and income — that are most likely attributable to TANF eligibility requirements.
- **TANF recipients who applied for SSI were somewhat less likely to be awarded SSI, especially at the initial level, than other SSI applicants.** When comparing SSI outcomes only among those who met basic SSI non-medical eligibility requirements, 38 percent of SSI applicants who were TANF recipients were awarded benefits, compared with 49 percent for other SSI applicants. Controlling for basic differences in sample characteristics, such as age

¹⁰Social Security Administration (2013).

¹¹The TSDTP team analyzed TANF data reported by states to the Administration for Children and Families' Office of Family Assistance merged with SSI application information from the SSA Disability Research Files. The analysis is limited to data from the 26 states reporting their full caseloads to the Office of Family Assistance. See Farrell and Walter (2013) for more information.

and gender, reduced the difference in disability determination outcomes between the two groups from 11 percentage points to 5 percentage points.¹²

- **Most TANF recipients who apply for SSI do so long before nearing their federal benefit time limits.** Ninety percent of TANF recipients who apply for SSI do so more than one year before they reach the federal time limit on TANF receipt.
- **In Fiscal Year 2007, it took on average more than a year for TANF recipients applying for SSI to receive final decisions on their disability claims.** Specifically, it took 13.7 months from SSI application to final decision. For non-TANF recipients it took 11.3 months.

Taken together, these findings counter the common assumption that TANF programs are referring a large number of recipients to SSI.

The first phase of the TSDTP also examined the extent to which staff members from TANF and SSI interacted and collaborated, based on field assessments conducted at the seven sites. The field assessments found little coordination between the TANF programs and the SSA field offices or between the TANF programs and the DDSs. Coordination between TANF and SSA staffs typically occurred after an SSI award was made, to determine the TANF termination date (individuals cannot receive both TANF and SSI in the same period). The field assessments also found that most TANF employment counselors knew little about the SSI application process or SSI eligibility requirements, and relied on the TANF recipients to guide their understanding of disability benefits.

Strategies for Helping TANF Recipients with Disabilities

Several promising strategies have been identified for serving TANF recipients with disabilities, ranging from strategies focused on assisting with the SSI application process to ones focused on increasing employment among individuals with work limitations. Some of the strategies were developed to serve the broader disability community but might be applicable to TANF recipients with disabilities. This section describes promising approaches that were incorporated in some of the pilot initiatives described later in this report.

¹²As described in Farrell and Walter (2013), the analysis presented here includes applicants with pending applications and controls for various sample characteristics, including gender, age, race or ethnicity, state, technical denials for financial reasons, and technical denials for other reasons, using a matched sample. Another report of the TSDTP, Skemer and Bayes (2013), which describes findings from an in-depth data analysis, presents different percentages based on a variation of the current analysis. The analysis in Skemer and Bayes excludes applicants with pending applications, as well as 18-year-old applicants, and controls only for age using linear regression analysis.

SSI Advocacy

Just over half of the TSDTP TANF programs fund SSI advocacy services to assist TANF recipients with the SSI application process. The assistance that advocates provide varies by program. Most of these programs help applicants complete their applications and work with them to gather medical evidence. In some programs, advocates also schedule appointments with medical professionals who can provide additional information and who may accompany clients to appointments and hearings. Advocates in these programs are often designated as authorized representatives, thus allowing them to obtain information from SSA about claims, represent applicants at hearings, and provide SSA with evidence for them. Some advocates help only with the initial application while others continue to work with applicants through the appeals stage. Some TANF programs have contracts with private organizations for advocacy services, while others may provide advocacy services in-house with staff members who work for the state or county.

One type of SSI advocacy is provided by the SSI/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) initiative. SOAR is a national project funded by the Substance Abuse and Mental Health Services Administration that was originally designed to improve access to SSI and Disability Insurance for people who are homeless or at risk of homelessness, and who also have a mental illness or both mental illness and substance abuse disorders. SOAR uses a curriculum that provides service providers with a step-by-step explanation of the application and disability determination process. While not designed for the TANF population, some of the training provided might be helpful to TANF providers interested in learning more about the SSI disability determination process to assist their clients.

Individual Placement and Support

The Individual Placement and Support model (IPS) is an approach developed to help individuals with severe mental illness achieve steady employment in mainstream, competitive jobs. An employment specialist meets individually with clients and helps them find jobs based on their preferences, skills, and experiences. The employment specialist is also integrated into a treatment team (for example, with a therapist and caseworker) to coordinate employment efforts with each individual's treatment plan. One key feature of IPS is its focus on job development: employment specialists build relationships with employers in businesses that have jobs consistent with their clients' preferences.

Multiple randomized, controlled trials have shown the IPS model to be more effective than traditional day treatment and vocational programs in promoting employment for adults with serious mental health diagnoses who receive services in community mental health cen-

ters.¹³ It has not been formally studied within a TANF program until this project, as discussed further in Chapter 2.

Vocational Assessments

Vocational assessments are designed to assess an individual's career interests, job aptitude and skills, and work capacities. The assessments can be used to help an individual develop career goals and a plan to achieve those goals, given the person's strengths, needs, and career potential. Programs conduct vocational assessments in different ways. Some assessments involve standardized tests of capabilities and aptitudes, while some use work tasks (which can be simulated) to test an individual's ability to complete the tasks required for a given job. In addition to assessing an individual's ability to perform the job, situational assessments can assess the extent to which the individual is able to follow instructions, behave appropriately on the job, and interact with others. Trained staff members use one of these tools or a combination of them, along with interviews of the individual, to recommend appropriate employment or training. Vocational rehabilitation agencies provide vocational assessments to individuals eligible for vocational rehabilitation services. Some TANF agencies have developed relationships with vocational rehabilitation agencies, while others incorporate vocational assessments into their own programs.¹⁴

Motivational Interviewing

Motivational interviewing is not a treatment or service like the other strategies described above, but a counseling approach used in conjunction with other services. It uses an empathic, supportive counseling style and avoids arguments and confrontation that tend to increase a person's defensiveness and resistance. It was developed to address motivations to change in substance abuse treatment, and now has widespread applications in areas such as mental health, corrections, homeless outreach, and clinical practice.

One meta-analysis examined 119 previous experimental or quasi-experimental studies conducted in the previous 25 years that tested motivational interviewing compared with other interventions. It found that motivational interviewing produced durable and clinically significant effects when compared with weak comparison treatments (for example, providing participants with written materials) or no treatment. When compared with active programs that are defined or specifically named (for example, cognitive behavioral therapy or a 12-step program), the motivational interviewing results were not statistically different.¹⁵ Overall, the study concluded

¹³See, for example, Bond, Drake, and Becker (2008).

¹⁴Pavetti, Derr, and Martin (2008).

¹⁵Lundahl et al. (2010).

that motivational interviewing produces positive effects across a wide range of problem behaviors and types and is unlikely to harm clients. Additionally, compared with other active and specific treatments, motivational interviewing was equally effective in less time. Motivational interviewing has not been rigorously evaluated in a TANF setting.

Three Pilot Interventions

TANF agencies at the TSDTP sites considered some of the strategies briefly described above as they developed initiatives to improve how they delivered services to TANF recipients with disabilities. Each county developed a separate pilot approach, reflecting the goals it hoped to achieve and the gaps it identified in the services provided by its current TANF program. The pilots collectively addressed the following questions:

- Are there effective ways to direct TANF recipients with disabilities to the programs that will serve them best?
- How can SSA coordinate with TANF to ensure that potentially eligible recipients who want to apply for SSI can receive assistance with the application process?
- For TANF recipients with disabilities who are not eligible for or not interested in SSI, are there promising strategies to help them become self-sufficient?

The three pilot interventions were:

- **Ramsey County, Minnesota.** Ramsey County addressed the third question listed above and designed an intervention that would provide better employment services to TANF recipients with disabilities. It tested an integrated service design that used evidence-based practices — the IPS supported employment model and motivational interviewing — to increase employment and self-sufficiency among TANF recipients with disabilities. As discussed above, the IPS supported employment design has been shown to help people who have serious mental illness, but it has not been tested within a TANF program. The pilot program was a partnership of several agencies that provided mental health, vocational rehabilitation, community health care, and TANF employment services — colocated to improve access for families and streamline the delivery of services.¹⁶ The service design was pilot-tested using a random assignment research methodology, though the sample size was far smaller than what would be needed for a full-scale impact evaluation.

¹⁶“Colocation” refers to providing services from different programs in the same physical location.

- **Los Angeles County, California.** Los Angeles County addressed the second question above with a pilot project designed to improve the quality of SSI applications submitted by TANF recipients and, by doing so, improve the timeliness of SSI decisions and increase the SSI approval rate. Local SSA and DDS staff members provided training to the county’s SSI advocates in one of the county’s TANF offices. In addition, DDS provided continual feedback on the quality of applications received from the SSI advocates in that office. This feedback reinforced effective practices and strengthened areas that needed improvement. Finally, the county, SSA, and DDS established local liaisons to develop effective workflows, facilitate coordination and communication regarding the SSI application process, and address problems with specific cases as appropriate. The research team documented the process changes that were implemented and tracked the flow of participants through the SSI advocacy process.
- **Muskegon County, Michigan.** Muskegon County’s pilot program addressed the first and third questions listed above, developing an intervention that was designed to better identify TANF recipients with disabilities and help those not eligible for SSI to become self-sufficient. The program referred TANF recipients not likely to be found eligible for SSI to employment services designed for recipients with disabilities. It also provided motivational interviewing training to pilot program staff.

About This Report

The next three chapters describe the pilot programs — their features and components, the counties’ experiences in implementing them, and the outcomes that emerged from them. It describes some of the challenges local agencies encountered in implementing the programs and the technical assistance provided to strengthen the implementation. While this report assesses the strengths and weaknesses of each pilot program and gathers lessons learned from each, it does not attempt to provide a definitive assessment of the programs’ effectiveness. Full-scale impact evaluations would be required to estimate effectiveness, and such tests were beyond the scope of this project. Instead, each chapter suggests areas for future research based on the findings of this study.

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Chapter 2

The Ramsey County Pilot Program

Ramsey County, Minnesota, through its Workforce Solutions Department, developed a new initiative with the express purpose of finding better paths to employment — and ultimately family and economic stability — for Temporary Assistance for Needy Families (TANF) recipients with disabilities and their families.¹ The pilot initiative, known as Families Achieving Success Today (FAST), began in April 2011. It implemented an integrated service design that used evidence-based practices — the Individual Placement and Support (IPS) supported employment model and motivational interviewing — with TANF clients with disabilities.² As described in Chapter 1, the IPS model has shown positive results in other studies involving adults with serious mental illnesses who were interested in obtaining and maintaining employment.

Using a random assignment research design (though with a small sample size), a pilot test compared the experiences and outcomes of participants assigned to FAST with those of a control group whose members received the traditional set of services available to TANF recipients with disabilities. The pilot test was designed to address the following questions:

- Did the program improve TANF recipients' access to services? Were the services they received better coordinated?
- Was the IPS model appropriate for families receiving TANF? Were adaptations needed?
- To what extent did families participate in the program and receive services?
- Were there trends toward increased employment and economic stability?

After a brief summary of the main findings, this chapter describes how Ramsey County provides services to TANF recipients with disabilities, describes the pilot program that was implemented, presents outcomes from the pilot test, and concludes with lessons that emerged and implications for future research.

¹For simplicity, this chapter refers to the targeted population as “TANF recipients with disabilities,” though recipients in Minnesota who are determined to have a disability actually receive assistance from a non-TANF-funded track called Family Stabilization Services.

²As of the report date, the program continues to operate in Ramsey County. The report discusses the program that operated between April 2011 and August 2012.

Main Findings

- **The FAST program successfully integrated IPS supported employment services, medical services, and mental health services in one location in St. Paul, easing families' access to services and facilitating multidisciplinary case planning and communication among different staffs serving the same families.** A team of staff members from four organizations met weekly to review cases, conducted joint meetings with families, and used a central case management system to note and track participants' activities and progress related to the activities.
- **FAST proficiently adapted the IPS model to the context of a TANF program.** While Minnesota's TANF program places time limits on benefits and services, which deviates from one of the core principles of the IPS model, FAST remained faithful to the model's other overall principles. It focused on competitive employment based on clients' interests, coordinated service delivery, and customized job development.
- **Individuals assigned to the FAST group were more likely to participate in work activities than their control group counterparts.** Specifically, 35 percent of those assigned to the FAST program participated in job search activities, compared with 26 percent of the control group. Among those who enrolled in FAST, the analysis found that almost three-quarters were referred for IPS services, and just over half received IPS services.
- **The FAST program increased employment in two of the four quarters of follow-up and increased earnings in each of the four quarters of follow-up.** Studies of prior initiatives that have focused on increasing employment among TANF recipients with disabilities have found mixed results.³ But one year after entering the program, FAST group members had significantly higher earnings than control group members who received case management and employment services from other service providers in Ramsey County. FAST group members earned an average of \$2,882 in the first year, while control group members earned an average of \$1,647, an impact of \$1,235 (a 75 percent increase). FAST increased the percentage employed in two of the four quarters by 6.6 and 10.2 percentage points.

³Butler et al. (2012).

Background

The Minnesota Family Investment Program

Minnesota delivers TANF services through the Minnesota Family Investment Program (MFIP). MFIP is a state-supervised, county-administered program overseen by the Minnesota Department of Human Services. Most MFIP families are eligible to receive cash assistance for a maximum of 60 months.

MFIP families are placed on one of two tracks: the standard track for families who are expected to meet the federal work participation requirements, or the Family Stabilization Services (FSS) track for new refugees, victims of family violence, and families in which a member has a serious disability. FSS is a solely state-funded program and FSS participants are not included in the federal work participation rate calculation. Since 2008, the year FSS started, about 35 percent of MFIP single-parent cases have been eligible for FSS each month.⁴

Traditionally FSS services in Ramsey County have been delivered using a case management model. The participant is assigned to an employment counselor with either Ramsey County Workforce Solutions or one of the county's six contracted employment vendors. These employment counselors work with families to identify goals and develop employment plans. Each FSS employment plan centers on tasks intended to promote personal and family stability, with activities typically provided by community-based service agencies to which the counselor provides referrals. Unlike other TANF recipients in Minnesota, FSS participants are not required to complete a defined number of hours of activities every month. Their activities also often focus on addressing barriers to employment, rather than on employment itself.

The FAST Pilot and How It Differs from Standard FSS

Ramsey County leaders were concerned that many FSS families faced multiple challenges that affected their employment prospects, and that many of them were not getting the attention and services they needed. Its case managers had large caseloads and had to focus more attention on individuals who were subject to the federal work participation requirements. The county did not offer employment services that specifically targeted recipients with disabilities, and in addition the county's leaders felt that the lack of coordination among professionals was overwhelming families with multiple plans that had conflicting expectations and goals. Many FSS families were reaching their 60-month time limit with few opportunities to improve their circumstances.

⁴Minnesota Department of Human Services (2012).

All of these considerations led Ramsey County to the decision to fund this pilot initiative. The Ramsey County Workforce Solutions management staff sought a multidisciplinary partnership of community agencies to provide a comprehensive set of colocated services.⁵ The county needed a group that collectively had expertise in MFIP and FSS, vocational rehabilitation, medical and mental health care for children and adults, and other services designed to improve economic and family stability. Partnerships of organizations put themselves forward as groups capable of providing all these services and willing to adopt the supported employment model.

Through a request for proposal process, the county selected a partnership of four organizations to operate FAST. Table 2.1 lists the key partners, the role of each organization, and the staff resources each assigned to FAST. Together, these four agencies provided vocational rehabilitation, employment, medical, and mental health services.⁶ FAST was governed by an Oversight Committee made up of decision makers from each of the partner agencies.

As is standard with FSS, the pilot program used a case management approach. A FAST FSS coordinator served as each participant's primary contact and oversaw and documented each participant's activities. However, the program differed from the usual FSS practice in the following ways:

- It included IPS supported employment and promoted the goal of rapid employment.
- It colocated services to increase access for families and streamline service delivery.
- It provided training to all FAST program partners to ensure that they shared a common program philosophy promoting the client's ability to work.
- It provided all program partners with access to a single, customized database tracking the activities and progress of FAST participants.

Study Design

As stated above, the FAST program targeted families that qualified for FSS because an adult or child in the household had a disability. Box 2.1 provides more detailed information on the FAST eligibility criteria.

⁵“Colocation” refers to providing services from different programs in the same physical location.

⁶“Vocational rehabilitation” services are designed to help individuals with disabilities prepare for and engage in gainful employment. See footnote in Chapter 1.

TANF/SSI Disability Transition Project

Table 2.1

FAST Program Structure

Organization	Role in FAST	Staff
Goodwill/Easter Seals Minnesota	Goodwill, which has experience providing employment and training services to disabled individuals and operates the Working Well mental health clinic, served as the lead agent for the contract and provided IPS services, vocational rehabilitation, and mental health services for adults.	Workforce development manager (1 FTE) Employment support consultants (2 FTEs) Supported employment consultant (0.1 FTE) Adult mental health therapist (0.9 FTE)
HIRED	HIRED, a nonprofit organization that is an MFIP employment and service contractor, provided the FSS case management and employment services for FAST.	FSS coordinators (3 FTEs)
Open Cities Health Center	Open Cities, a primary care medical, dental, and behavioral health clinic, provided a part-time nurse practitioner and a part-time community health worker to the FAST program.	Nurse practitioner (0.25 FTE) Community health worker (0.5 FTE)
People Incorporated	People Incorporated (formerly Children's Home Society and Family Services) supplied a part-time therapist to the FAST program who provided mental health services for children and their families.	Child/family therapist (0.5 FTE)

NOTE: FTE = full-time equivalent, that is, the equivalent of one full-time employee.

To gain a better understanding of the potential of the FAST program relative to the current FSS track, Ramsey County pilot-tested a random assignment evaluation design. The county randomly assigned a sample of FSS cases that met the FAST eligibility criteria to one of two groups:

- The FAST group's household members received the FAST program services described above.

Box 2.1

Eligibility for FAST

The Family Self-Sufficiency track (FSS) serves families who are not making significant progress in MFIP or the Diversionary Work Program due to a variety of barriers to employment. FAST eligibility was limited to participants assigned to FSS because they or family members had a disability.

Participants were eligible if they had one of the following conditions:

- Mental illness, as diagnosed by a licensed physician, psychological practitioner, or other qualified professional, that prevents the participant from working 20 or more hours per week
- Developmental disability, as diagnosed by a licensed physician, psychological practitioner, or other qualified professional, that prevents the participant from working 20 or more hours per week
- IQ below 80, assessed by a vocational specialist as severely limiting the participant's ability to obtain or maintain suitable employment
- Learning disability (meaning a disorder in one or more of the psychological processes involved in perceiving, understanding, or using language), as diagnosed by a licensed professional who is qualified to assess learning disabilities
- Illness, injury, or incapacity that is expected to last more than 30 days and that severely limits the participant's ability to obtain or maintain suitable employment
- Another member of the household who is ill or incapacitated
- Another adult in the household who has a serious and persistent mental illness, or a child in the household who has a serious emotional disturbance

In addition to being on the FSS track due to a disability, FAST families were headed by adults between the ages of 22 and 59 who did not need interpreters, who did not have SSI applications pending, and who were not taking the exemption from the work participation requirement for having a child under age 1. Finally, the adults could not have received 50 months or more of TANF assistance that counted toward the 60-month time limit, leaving at least 10 months for FAST to assist the families.

It is important to note that many individuals had several conditions that would qualify for FAST, though only one criterion could be recorded in the management information system for FSS eligibility purposes.

- The control group’s household members continued to receive their case management and employment services from the FSS service track.

FSS cases were randomly assigned on a rolling basis beginning in April 2011. A total of 389 cases were randomly assigned from April 2011 through December 2011; 241 cases were assigned to the FAST group and 148 cases were assigned to the control group.⁷ Although this sample is small, the pilot test did provide evidence that a full-scale impact evaluation of the program is feasible.

Sample Characteristics

The study compared the basic characteristics of the FAST group and the control group. As Table 2.2 shows, there are no statistically significant differences between the two groups in any of the characteristics available from Minnesota’s case management and eligibility systems. Most cases were single-parent families headed by women. The head of the household averaged 33 years of age and the average number of children was 1.7. Over half had received more than two years of assistance. Somewhat surprisingly, given that one criterion for FSS eligibility is an inability to participate fully in work activities, 11 percent were employed at the time of random assignment. According to state policy, when recipients begin working enough hours to meet the work participation requirements, they are supposed to be transferred from FSS to the standard TANF track.⁸ Some of the individuals may have found employment but not yet seen their cases transferred to the standard track, while others may not have been working enough hours to warrant exclusion from FSS. As will be discussed later in the chapter, some individuals assigned to the treatment group were found ineligible for FAST when they arrived for orientation because they had since moved to the standard TANF track.

Study Limitations

The random assignment design ensured that there were no systematic differences between the FAST group and the control group at the time of random assignment, so that any differences — or impacts — that emerged during the follow-up period could be reliably attributed to FAST. But this study faced two important limitations that affect the impact results.

⁷At the time of this report, the FAST program was still operating. This study limited the research sample to those randomly assigned through December 2011 in order to follow participants for at least one year.

⁸Cases are returned to the standard TANF track when a caregiver with a child under the age of 6 is working at least 87 hours per month in paid or unpaid employment and the employment is expected to continue, or when a caregiver without a child under the age of 6 is working at least 130 hours per month in paid or unpaid employment and the employment is expected to continue. See Minnesota Department of Human Services (2007).

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Table 2.2

**Selected Characteristics of FAST Pilot Participants
at Baseline, by Research Group**

Characteristics	FAST Group	Control Group
Female (%)	80.9	85.8
Age (%)		
21-29	41.5	48.0
30-39	29.5	25.7
40+	26.6	22.3
Average age (years)	33.4	32.4
Average number of eligible children	1.7	1.7
Two-parent family (%)	11.2	9.5
Months of MFIP receipt (%)		
12 or fewer	22.4	14.9
13-24	21.6	23.6
25-36	24.5	31.8
37-48	29.0	25.7
More than 48 months	0.0	0.7
Missing	2.5	3.4
Average months of MFIP receipt	25.6	26.9
Age of youngest child (%)		
2 years or younger	34.0	37.2
3-5 years	24.5	18.9
6 years or older	39.4	40.5
Average youngest child age (years)	5.7	5.6
Race (%)		
Asian	6.6	5.4
Black	44.4	41.9
White	42.3	44.6
Hispanic	4.1	2.0
Other	0.4	2.0
Employed (%)	10.8	10.8
Sample size	241	148

SOURCE: MDRC calculations using data from the Minnesota Department of Human Services MAXIS and Workforce One databases.

NOTES: The sample includes individuals randomly assigned through December 2011.

Distributions for some categories may not sum to 100 percent due to missing data.

In order to assess differences in characteristics across research groups, chi-square tests were used for categorical variables and analysis of variance was used for continuous variables. A two-tailed t-test was applied to differences between the program and control groups. There are no significant differences between the research groups on any measure in this table.

- The sample size of 389 cases for this study is small relative to other welfare-to-work experimental evaluations. Those studies often use sample sizes of at least 1,000 cases in order to detect effects of modest size. For that reason, the results from this study should be interpreted with great caution. In other contexts, evaluations with larger results than expected have often been found to have smaller effects when replicated. Nevertheless, the FAST sample is adequate to test the efficacy and feasibility of the pilot program for replication and further study with larger samples.
- Cases included in the study were determined to be eligible for FAST before random assignment based on information that was available at the time from the state's case management system. Yet after random assignment, FSS or FAST staff members determined 37 percent of these cases to be *ineligible* for FAST, and those cases did not enroll in FAST. Some of these cases had been moved from the FSS track to the regular TANF track. (This could have happened, for example, due to employment. As noted above, 11 percent of adults were employed around the point of random assignment, and action may have been delayed in moving their cases off the FSS track.) Some of the families moved out of the county. Some had children under the age of 1. Finally, in some cases the family was no longer receiving cash assistance from TANF. A handful had Supplemental Security Income (SSI) cases pending, which made them ineligible.⁹ To ensure the integrity of the experimental research design the study includes all cases assigned to FAST in the analysis, whether or not they received services from the FAST program.

Data Sources

The research team obtained data from the following sources to describe the program's implementation and measure the outcomes of both FAST and control groups.

- **Fidelity reviews.** To measure how closely the implementation of FAST adhered to the IPS model, a review team consisting of two staff members with experience conducting fidelity reviews of other IPS supported employment programs conducted one review in early June 2012. The reviewers interviewed all of the FAST staff, including managers and direct service staff members, and reviewed program records.

⁹The county has since improved its procedures for identifying eligibility in advance of random assignment. This pilot study includes an early cohort, before these changes were put in place.

- **Field research.** To document the start-up of the initiative, assess the challenges the staff faced in adapting the IPS supported employment model in a TANF environment, and document the level of coordination among the partners and the services they provided, the research team observed the FAST program and interviewed essential staff members in each of the four organizations. During each visit the research team also reviewed a sample of cases with staff members to understand how they provided services and collaborated with other partner organizations.
- **Case management systems.** To describe the patterns of participation in program activities and the receipt of services for the program and control groups, the research team reviewed information recorded in automated case management systems. Case managers use the state system to record recipients' participation in TANF activities, the contents of their employment plans, and notes from their interactions. That system also includes information on the Employability Measure assessment administered to all Minnesota TANF recipients every six months. FAST referrals, FAST service receipt, and FAST partners' case notes were recorded in a system developed for FAST.
- **Case reviews.** To better understand the types of interactions that FSS and FAST staff members had with their clients, the research team reviewed the case notes recorded of 58 FAST cases and 34 control cases, all randomly assigned by April 2011. The team reviewed the notes in the case management systems for one year after random assignment.
- **MAXIS.** The Minnesota benefit eligibility system is called MAXIS. In addition to the TANF benefits provided to recipients, this data source captures demographic information about each TANF recipient and the case, information on earnings while on TANF, number of TANF months used toward the time limit, sanction status, and date of SSI award, if applicable.
- **Unemployment insurance wage records.** The unemployment insurance wage records capture quarterly wages for all unemployment-insurance-covered employment. These records capture more employment than found in MAXIS because the source data includes information on individuals who left TANF. The records do not capture informal employment or self-employment.

The Implementation of the Pilot Program

This section describes the FAST program's components, then discusses how these services were delivered and the issues that emerged in delivering them. It also includes examples of the kinds of issues FAST participants faced.

Program Components and Flow

The FAST model aimed to provide a comprehensive set of colocated services. It was designed to streamline the delivery of services and facilitate case planning and communication among different agencies serving the same families. The FAST team met weekly to review cases, conducted joint meetings with clients, and used a central case management system to track participants' activities and progress.

The county took TANF recipients assigned to the FAST group and transferred them from employment service providers in Ramsey County to the FAST program. Those participants received the services described below.

Orientation

After a case was referred to the FAST program, a FAST coordinator sent a letter inviting the participant to attend an orientation to the program and complete the intake process. The letter contained the scheduled date of the next orientation. Early on, coordinators had difficulties getting participants to attend orientations, and as a result instituted a new policy. If a person failed to show up for the orientation, the staff sent another letter inviting that person to a second orientation. The second letter stated that if the person failed to attend the second orientation, the coordinator would conduct a home visit; the letter included a date and time for the possible home visit. Coordinators did conduct home visits with participants who did not attend their second orientations, and completed enrollments during these visits. But after FAST instituted this policy, participants were also more likely to attend the second orientation. Staff members speculated that some attended to avoid having to host staff members in their homes, though some staff members also mentioned cases in which home visits were helpful for individuals who were homebound and had issues getting to the FAST site.

The orientations at the site, offered once a week, lasted one hour. They were conducted in a group setting. The FAST staff viewed the orientation as an opportunity to make a good initial impression on the client. Some participants were confused as to why they had been reassigned to FAST from their previous employment service providers, and about how this program differed from the services they had been receiving. The staff used the orientation to emphasize the extra benefits that clients could get from FAST. Staff members from various parts of the FAST program attended the orientations so that they could provide insights about

the program to participants and get to know them. They put considerable effort into describing supported employment and clarifying the goals of FAST, but they also described the adult and child health services and other services available to help participants.

Case Management

Each participant was assigned to one of the three FAST coordinators, who served as that person's case manager. In the first meeting after orientation, each participant completed assessments and developed an employment plan, which outlined the participant's goals and the activities necessary to reach those goals.

Participants were expected to meet at least once a month with their coordinators. State policy required that coordinators conduct the state's Employability Measure assessment every six months; the Employability Measure assessment is a tool designed by the state to measure a participant's challenges and strengths in 11 areas.¹⁰ Coordinators also updated participants' employment plans at least every three months, tracked their participation and service receipt in the case management system, and ensured their TANF eligibility documentation was up to date. The coordinators also made referrals to the partner organizations' staffs and outside services.

While the coordinators for FAST functioned in the same capacity as the case managers that served the control group, they had substantially smaller caseloads (50 active cases per FAST staff member compared with about 75 to 100 cases per control group case manager). In order to increase engagement, the staff made efforts to "meet clients where they were" by holding meetings in community settings and conducting home visits.

FAST tried to work with all participants, regardless of their circumstances. Coordinators could sanction participants who failed to participate, though before a sanction was initiated staff members needed to follow a series of steps outlined by state policy that allowed the participant to come into compliance. Even if individuals were sanctioned and lost part of their benefits, they were not considered inactive with FAST. Staff members would still try to engage participants with whatever services they could offer. It is important to note that the control group faced the same policies regarding mandates and sanctions.¹¹

¹⁰Minnesota Department of Human Services (2009).

¹¹Within the first year following random assignment, about 8 percent of FAST and control group members received an employment services sanction (the difference between the two groups was not statistically significant). About 2 percent of the sample members received a sanction while on the FSS track; others were sanctioned after moving from FSS to the regular TANF track.

Colocated and Integrated Services

The FAST program served all family members involved in a case through multidisciplinary case planning in the following service areas:

- **IPS supported employment.** Employment support counselors in FAST followed the basic philosophy of the supported employment model: helping participants find competitive jobs in the community that fit their needs and interests; fully integrating employment services with mental health services and other services; and designing goals and plans based on individual preferences, strengths, experiences, and abilities. (Box 2.2 lists IPS's eight core principles.)
- **Children's mental health services.** FAST included a child/family therapist who worked with children with mental health issues and their parents. The therapist conducted case consultations, meeting families either in the office or at their homes and reporting the results to other members of the FAST staff. While the therapist did not focus on employment, the therapist understood that one goal of the service was to alleviate burdens that could prevent parents from going to work.
- **Adult mental health services.** Participants could be referred to the mental health clinic operated by Goodwill, which offers mental health services through a multidisciplinary approach of psychiatry, psychology, clinical social work, mental health counseling, and family therapy. In addition, one member of the clinic's staff was part of the FAST team and participated in the weekly meetings to consult on cases. Staff members could also make referrals to Goodwill's Adult Rehabilitative Mental Health Services, a program that aims to develop and enhance psychiatric stability, social competency, personal and emotional adjustment, and independent living skills.
- **Physical health services.** A community health worker and a nurse practitioner both worked part time for the FAST consortium. The nurse saw participants once a month at the Goodwill clinic, prescribing medications in limited circumstances and making referrals to doctors. The community health worker also met with participants at the clinic and conducted home visits, answering basic questions about topics such as nutrition, exercise, and flu shots, and making appointments for the participants with doctors or dentists.

Box 2.2

IPS Core Principles:^{*}

1. **Focus on competitive employment.** Agencies providing IPS services are committed to competitive employment as an attainable goal for clients with serious mental illness.
2. **Eligibility based on client choice.** Clients are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, level of disability, or legal system involvement.
3. **Integration of rehabilitation and mental health services.** IPS programs are closely integrated with mental health treatment teams.
4. **Attention to client preferences.** Services are based on clients' preferences and choices rather than providers' judgments.
5. **Personalized benefits counseling.** Employment specialists help clients obtain personalized, understandable, and accurate information about their eligibility for Social Security, Medicaid, and other government entitlements.
6. **Rapid job search.** IPS programs use a rapid job search approach to help clients obtain jobs directly, rather than providing lengthy preemployment assessment, training, and counseling.
7. **Systematic job development.** Employment specialists build an employer network based on clients' interests, developing relationships with local employers by making systematic contacts.
8. **Time-unlimited and individually tailored support.** Individually tailored services continue for as long as the client wants and needs the support.

^{*}Dartmouth IPS Supported Employment Center (2013).

The entire staff met once a week as a group and consulted on cases. The group was not able to discuss all cases in the meetings, but might select the more challenging cases to solicit advice from the entire team. The employment support counselors provided updates on the employment prospects and experiences of the individuals assigned to their caseloads.

Motivational Interviewing

Training in motivational interviewing was offered to all employment service providers in the state, and the FAST coordinators had received training prior to the implementation of FAST.¹² Motivational interviewing techniques are based on four general principles:¹³

- **Express empathy.** Empathy involves the therapist seeing the world through the client's eyes and sharing with the client his or her understanding of the client's perspective.
- **Develop discrepancy.** Clients come to appreciate the value of change when they explore the discrepancy between their current behavior and their future goals. When a client perceives that a current behavior is not leading toward an important future goal, that client becomes more motivated to make important life changes.
- **Roll with resistance.** In motivational interviewing, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenged.
- **Support self-efficacy.**¹⁴ Therapists are directed to explicitly embrace client autonomy and help clients move toward change successfully and with confidence.

In the beginning of the pilot program, FAST coordinators referred people to employment support counselors as soon as possible, but the counselors felt that some of these participants were not willing to engage fully in the IPS process. Coordinators were encouraged to use techniques from motivational interviewing with the clients prior to referral, to ensure that participants committed to IPS from the beginning. Goodwill also assigned one member of its staff to mentor the FAST staff on motivational interviewing.

Job Development in IPS

As mentioned above, the FAST coordinators referred participants interested in pursuing employment to one of the two employment support counselors.

¹²In 2010, the state partnered with Minneapolis Community and Technical College to provide two-day motivational interview training for employment service staff throughout the state. In 2011, after state funding for this training ended, the county continued to fund motivational interviewing for Ramsey County employment service staff. The county also continued to fund the development of motivational interviewing coaches to facilitate training.

¹³Miller and Rollnick (2002).

¹⁴"Self-efficacy" is a measure of a person's belief in his or her ability to complete tasks and reach goals.

Generally, job development in FAST followed the IPS model. The job search was client focused and client paced. To develop an understanding of the client's work skills and deficits and determine the types of jobs he or she might want to apply for, the counselor developed a vocational or career profile for each client. The counselor asked the client a series of questions to understand his or her work history, interests, thoughts about a new job, and other information. After learning more about the client's interests and skills, the counselor made contact with employers in businesses that had jobs that matched the client's preferences. Goodwill's use of vocational profiles was initially inconsistent, though it improved its use of vocational profiles in response to the technical assistance that followed the IPS fidelity review, discussed further below.

Employment support counselors worked with employers in diverse fields to ensure clients had broad options. As part of their job development duties, counselors were expected to make regular contact to maintain relationships with employers and to develop relationships with new employers. IPS employment specialists were expected to meet face to face with at least six hiring managers or business owners each week. Counselors also met with other job developers at Goodwill approximately every month to share job leads and strategies.

Other Services

The FAST program incorporated other services and components over time. For example, it made some use of vocational situational assessments, which consisted of an interest inventory (an exercise designed to identify participants' interest in particular jobs), a comprehensive interview, and an on-the-job assessment, which gauged the client's strengths and areas for improvement while he or she worked at the Goodwill store for a week. Vocational assessments are not part of the IPS model, but Goodwill felt they were appropriate in limited situations when the employment support counselors were having a difficult time engaging a participant.

FAST Participants' Challenges

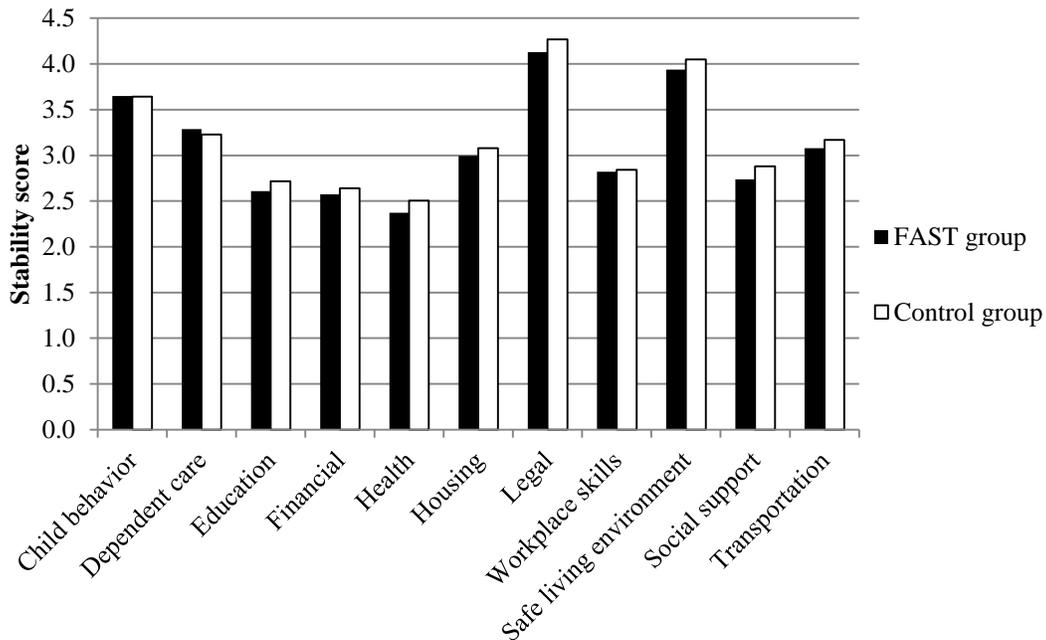
The IPS model stresses rapid job search, recommending that the first face-to-face employer contact occur within the first 30 days after a client is referred to a counselor. However, participants generally experienced several challenges in seeking employment.

The state has developed an Employability Measure assessment to assess TANF participants' strengths and barriers in 11 areas (listed in Figure 2.1) that have been shown to be related to getting and keeping a job. Each area is scored from 1 to 5, with the lowest scores (1 and 2) indicating a barrier and the highest scores (4 and 5) indicating an area of strength. Figure 2.1

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Figure 2.1

MFIP Employability Measures at Baseline, by Research Group



SOURCE: MDRC calculations using data from the Minnesota Department of Human Services Workforce One database.

NOTES: The sample includes individuals randomly assigned to the FAST and control groups by December 31, 2011.

Employability Measures data are missing for 15 sample members (9 from the FAST group and 6 from the control group).

Employability Measures have a score of “1” to “5”, with “1” indicating high instability, and “5” high stability. Employability Measures are defined by the Minnesota Department of Human Services as the effects of 11 domains on a participant’s employment. The domains are defined as follows:

Child behavior: Actions of children in the family.

Dependent care: Care arrangements for children under age 13, teens with special needs, or vulnerable adults.

Education: Highest degree attained and current enrollment status.

Financial: Family income in relation to expenses.

Health: Physical, mental, or chemical health of family members.

Housing: Stability of family’s living situation and physical condition of their housing.

Legal: Family members’ criminal or civil legal issues.

Workplace skills: Self-management and job-seeking skills.

Safe living environment: Participant’s perception of household and neighborhood safety.

Social support: Personal influences of family, friends, and community.

Transportation: Ability to get to work and child care.

shows the scores for the FAST group and the control group at the start of the pilot program; the scores are similar for both groups, reflecting the random assignment design that created two comparable groups.

As this figure shows, FAST and control group participants scored the lowest on the Employability Measures in education (highest degree attained and enrollment status), finances (family income in relation to expenses), health (the effects of physical, mental, or chemical health of family members on participants' employment), workplace skills (self-management and the ability to find and maintain employment), and social support (the influence of family, friends, and the community).

A review of a random sample of cases with the staff during one site visit showed that participants faced a myriad of problems and could benefit from assistance on many fronts.

- Participants generally had more than one significant barrier to employment. For example, a client might have a physical disability or mental health issue combined with substance abuse, alcohol, or anger management issues, or may have been caring for a child with a learning disability or behavior problems.
- Many clients needed assistance with “soft skills.” Lack of experience with work settings and knowledge of typical workplace behavior and rules appeared to be significant issues for many clients.
- While not reflected in the Employability Measures, housing was a major issue in most of the cases reviewed. Over half of the TANF recipients were either on the verge of homelessness or they were living with family members but needed to move out.¹⁵

Because of the clients' disabilities combined with instability in their lives, their engagement was often inconsistent and sometimes driven by “crises,” though the staff understood the importance of setting goals actively whenever possible. In some cases, the FAST team struggled to keep in contact with clients.

Fidelity to the IPS Model

The evidence-based IPS model was a central aspect of the FAST program. Given its strong evidence base, the federal government, states, and other policymakers have implemented IPS more broadly with other populations. However, this was the first time it had been used with

¹⁵The research team reviewed eight cases with the staff, selected randomly, during the site visit. This small number of cases may not be representative of all FAST cases.

a TANF population. To assess the extent to which FAST adhered to the IPS principles, the FAST Oversight Committee arranged a fidelity review of the program. The reviewers who conducted this assessment work for the state's Adult Mental Health Division and the state vocational rehabilitation agency. These same staff members conduct fidelity reviews statewide for the state's Community Mental Health providers.

Adapting IPS for a TANF Population

While some of the principles of IPS have been used in TANF programs previously (for example, rapid job search and high expectations for quality jobs), no one has yet studied a full implementation of IPS for a TANF population. Goodwill had previous experience using the IPS model for a mental health population, but there are important differences between IPS and Minnesota's TANF program:

- **The mandatory nature of TANF programs.** IPS was developed in a mental health care system where employment was not expected nor encouraged. People chose to engage in IPS supports when they believed they were ready for work. State TANF programs, in contrast, mandate significant employment-related activity. Minnesota's FSS track does not require that clients meet federal TANF work participation requirements, but it does require them to develop employment plans and make progress toward the goals established in their plans.
- **Referrals to supported employment.** IPS has traditionally worked with individuals with disabilities who were referred by mental health professionals after expressing an interest in employment. Thus, IPS interacted mainly with clients who were self-motivated and ready to begin working with the IPS employment specialists. In contrast, TANF programs are more likely to encourage clients to consider employment immediately, because TANF is time-limited and clients will need to become self-sufficient quickly. Some participants conveyed to their FAST coordinators that they were interested in employment, but were not ready to make any changes when they met with the employment support counselor. FAST placed more emphasis on motivational interviewing during this period to address the lack of engagement among some participants.
- **Integration of mental health and rehabilitative services.** IPS programs are usually closely integrated with existing mental health services and state vocational rehabilitation. However, only some clients in FAST had mental illnesses, and some with mental illnesses were working with mental health pro-

professionals outside of FAST. Additionally, FAST did not have a partnership with the state vocational rehabilitation agency,

- **Personalized benefits counseling.** One of the IPS principles involves helping clients understand how work affects their eligibility for Social Security, Medicaid, and other government entitlements. Because Goodwill and Minnesota’s TANF agency did not have a formal benefits counseling program, they developed counseling on how work would affect TANF and other benefits for which a person might be eligible.
- **Systematic job development.** IPS employment specialists first gain an understanding of their clients’ work goals and interests, and then use this knowledge to customize their job development efforts, developing relationships with employers and meeting them in person. This type of intensive and customized job development effort is less common in TANF programs.
- **Time-unlimited services.** Under IPS, employment services are meant to be time-unlimited. Under TANF rules cash benefits are time-limited, and all FAST participants must leave FAST when they reach the TANF time limit. While some FAST participants receive extensions to the time limit, allowing them to continue to receive cash assistance, they are transferred from FAST to another employment service provider that specializes in extension cases.

To address some of the differences from the original IPS model the FAST staff encountered and still ensure fidelity to the principles of IPS, Goodwill contracted with Dartmouth College to provide two days of IPS training for the FAST staff. This training was essentially identical to that typically provided to mental health workers. Members of the research team attended the training session and provided some additional perspectives and assistance. Goodwill reinforced this training with regular meetings with employment support counselors, using its own experience and expertise with IPS in other programs at Goodwill. The IPS training team also provided detailed technical assistance after the training.

Results of the Fidelity Assessment

The pilot program received an overall fidelity score of “fair” (98 points out of 125).¹⁶ Full fidelity was not expected, since this was the first time IPS had been implemented in a TANF program. Yet the reviewers stated that 98 was higher than the average score for an initial

¹⁶Fidelity scores were converted to the following labels: 115-125 = Exemplary Fidelity; 100-114 = Good Fidelity; 74-99 = Fair Fidelity; and 73 and below = Not Supported Employment. The pilot program received a score of 98 points.

IPS fidelity review. A more detailed summary of the fidelity assessment is included in Appendix A.

In the fidelity assessment, the project scored high on many of the areas related to employment services, including “integration of services,” “a focus on competitive employment,” “small caseload sizes,” “supervision,” “vocational assessments,” and “outreach to employers.” It scored low on “collaboration with state vocational rehabilitation services,” which was not part of the FAST model, and “time-unlimited follow-along supports,” which are not achievable within the time-limited TANF program. Areas that received midlevel ratings, identified as areas for improvement, included “data sharing,” “job placements based on client choice,” “job development that supports a diversity of jobs in different industries,” and “individualized follow-along supports” (reflecting a lack of interest on the part of participants to engage with the staff after job placement).

Pilot Program Outcomes

The FAST program had three objectives: to coordinate service delivery among FAST partners, increase FAST clients’ participation in program activities, and increase the share of FAST clients who are working. To measure whether the program met those objectives the research team (1) reviewed case notes to document the kinds of interactions participants had with staff members and the number of referrals staff members made; (2) measured the difference in participation between the FAST and control groups; and (3) measured the difference in employment and TANF outcomes between the two groups.

Program Participation

Table 2.3 shows FAST’s impacts on participation in TANF activities 12 months after random assignment, as recorded in the state’s automated case management system. The “Impact” column shows the differences between the two research groups’ participation rates — that is, the FAST program’s estimated *impact* on participation. Differences marked with asterisks are statistically significant, meaning that it is quite unlikely that they arose by chance. The number of asterisks indicates whether the estimated impact is statistically significant at the 10 percent (one asterisk), 5 percent (two asterisks), or 1 percent (three asterisks) level; the lower the level, the less likely it is that the impact is due to chance.

The column on the far right-hand side shows the participation levels for only the recipients assigned to the FAST program who actually enrolled in FAST. While only about 63 percent of individuals assigned to FAST enrolled in the program, for comparisons to the control group the analysis focuses on the entire FAST group, not just the FAST enrollees.

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Table 2.3

Participation in MFIP Activities

Activity	FAST Group	Control Group	Impact	FAST Enrollees ^a
Received any service (%)	86.4	88.8	-2.4	98.7
Assessment	50.4	62.2	-11.8 **	52.9
Job search	34.7	25.9	8.9 *	44.4
Job skills	4.7	11.2	-6.5 **	2.6
Education or training	11.0	15.4	-4.4	14.4
Community work experience	1.7	0.0	1.7	2.6
Unpaid internship	4.2	4.2	0.0	5.9
Social services	54.7	60.1	-5.5	70.6
Other	32.2	25.2	7.0	41.2
MFIP cases with work hours (%)	33.1	33.6	-0.5	34.0
Sample size	236	143		153

SOURCE: MDRC calculations using data from the Minnesota Department of Human Services MAXIS and Workforce One databases.

NOTES: Results in this table are regression-adjusted using ordinary least squares. Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent.

The sample includes individuals randomly assigned to the FAST and control groups through December 2011.

Activity data are missing for 10 sample members (5 in each research group).

^aThe “FAST Enrollees” group only includes those cases that were randomly assigned to the FAST group and enrolled in the program. It does not include individuals who were determined to be ineligible for FAST after assignment and thus received no services from the FAST program.

The participation findings include:

- During the one-year follow-up period, about a third of both FAST and control cases were employed at some point while receiving TANF benefits.
- The FAST group was less likely to receive an assessment than the control group. Half were assessed in FAST, compared with 62 percent of the control group. Assessments are conducted to determine a client’s strengths and barriers to employment, information used to develop and update the client’s employment plan.
- Reflecting the focus of the IPS model, the FAST group was more likely to participate in job search activities than the control group. About 35 percent of

the FAST group participated in a job search activity, compared with 26 percent of the control group.

- The FAST group was less likely to participate in job skills training (training directly related to employment) than the control group.
- Somewhat surprisingly, according to the state automated system the FAST group was not more likely to receive social services than the control group. However, FAST partner staff members (that is, the mental health therapists and health workers) did not have access to the state system, so the state system probably was not capturing all social services provided to participants. Outside providers who served the control group members also would not have had access to the state system.

As discussed earlier in the chapter, the analysis here includes those assigned to the FAST program who did not, in the end, participate in FAST. It includes these nonparticipants because the control group also presumably includes a group of individuals who would have been found to be ineligible had they been assigned to FAST. However, it is possible to compare those who enrolled in FAST with the full FAST group. The FAST “enrollees” (those who attended the orientation and enrolled) tended to participate at higher levels than the full FAST group. This analysis shows that 71 percent of the FAST enrollees received some social services compared with 55 percent of the full FAST sample, and 44 percent engaged in a job search compared with 35 percent of the full FAST sample.

This analysis shows that while high proportions of both the FAST group and the control group participated in activities, the mix of activities differed, with the FAST program focused more on job search activities and the control group focused more on job skills training activities. The high levels of activities for both groups reflect the FSS policies that require participants to develop employment plans and make progress toward the goals established in those plans. The FAST members’ increased participation in job search activities reflects the employment focus of the FAST program.

Interactions Between Study Participants and Program Staff Members

The case notes recorded in the case management system provide more detailed information on how often participants met with case managers, the types of service referrals they received, and what issues were discussed.

From a review of a sample of cases randomly assigned by April 2011 and followed for one year, the research team found that almost three-quarters of the FAST participants were referred for IPS services, and just over half received IPS services (see Table 2.4). FAST

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Table 2.4

FAST Referrals and Service Receipt

Activity	FAST Group
Referred to partner (% of families)	
Employment support consultants	72.4
Nurse practitioner	5.2
Community health worker	44.8
Adult mental health therapist	43.1
Child/family therapist	43.1
Receipt of partner services (% of families)	
Employment support consultants	53.5
Nurse practitioner	5.2
Community health worker	6.9
Adult mental health therapist	3.5
Child/family therapist	22.4
Sample size	58

SOURCE: Calculations from data collected from a review of case notes from the FAST management system.

coordinators referred about 45 percent of the participants to the community health worker, 43 percent to an adult mental health therapist, and 43 percent to the child/family therapist.

The analysis also found that the FAST staff had more interactions with FAST participants than the control group had with its employment counselors. As Table 2.5 shows, FAST staff members met FAST participants in person an average of 7.7 times, and employment counselors met control group members an average of 5.6 times. Additionally, FAST staff members spoke with FAST participants an average of 13.7 times, while employment counselors spoke with control group members an average of 5.0 times. Given the challenges the participants faced, keeping participants engaged was a constant struggle and a focus of the FAST program.

The topics discussed in meetings were similar for FAST and control group members, with a few exceptions. Compared with the control group, meetings with members of the FAST group were more likely to include an assessment such as the Employability Measure or MFIP

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Table 2.5

FAST Participation in In-Person Case Management Meetings

Activity	FAST Group	Control Group	Difference
Any contact with case manager since random assignment (%)			
In person	100.0	97.1	2.9
In person and by telephone	100.0	97.1	2.9
Average number of contacts			
In person	7.7	5.6	2.2
By telephone	13.7	5.0	8.7
<u>Topics discussed (% of in-person contacts)</u>			
Eligibility/TANF benefits	17.4	17.4	0.0
Employment service plan	29.0	29.5	-0.5
Activity logs	47.4	49.0	-1.5
Documenting FSS eligibility	10.9	6.8	4.1
Assessments	18.7	11.6	7.1
Noncompliance	2.7	2.6	0.0
Employment/job search	35.9	33.2	2.7
Education/training	20.5	23.2	-2.7
Physical health	25.8	22.1	3.7
Mental health	25.6	27.4	-1.8
Support services			
Child care	26.5	11.1	15.5
Transportation	66.6	62.6	4.0
Ancillary	3.3	1.6	1.8
Referrals to outside providers or FAST partners (% of in-person contacts)			
Medical professional	4.6	0.5	4.1
Mental health professional	11.1	4.7	6.3
SSI advocacy program	1.3	0.0	1.3
Housing program	1.1	0.5	0.6
Other	4.7	9.5	-4.8
Sample size	58	34	

SOURCE: Calculations from data collected from a review of case notes from FAST and Workforce One management systems.

screening tools designed to identify chemical and mental health issues and learning problems.¹⁷ The FAST group members were also more likely than the control group to discuss support services during their meetings. They were more likely to discuss their health issues and more likely to be referred for health services. They were slightly more likely to discuss employment and less likely to discuss education and training.

Employment and Earnings

One of FAST's primary objectives was to increase the share of FSS participants who worked. Table 2.6 shows FAST's impact on employment rates and earnings over the first year after random assignment, drawn from unemployment insurance quarterly wage records. The table indicates that the FAST group's rate of employment in Quarter 1 was 6.6 percentage points higher than that of the control group, and in Quarter 3 it was 10.2 percentage points higher. The FAST group also showed higher average earnings in every quarter of Year 1. Over the one-year follow-up period, the FAST group earned on average \$1,235 (or 75 percent) more than the control group. The low average earnings reflect the fact that FAST and control group participants were receiving TANF benefits in the first year.

Considering that only 63 percent of the sample received the FAST services, these are noteworthy findings. The relatively low participation rate diluted the impacts because the analysis includes individuals who did not receive FAST services. The findings are also noteworthy because few strategies aimed at improving employment among TANF recipients facing serious barriers have succeeded in increasing employment.¹⁸

As noted above, while these findings are quite promising, they should be considered exploratory. An experimental evaluation with larger sample sizes, perhaps implemented at multiple sites, should be conducted to confirm them. Also, the unemployment insurance quarterly wage records do not capture information on the types of jobs participants held, the number of hours they worked, their wage rates, or the benefits offered by their jobs. An evaluation that included other data sources (for example, a participant survey) could provide more of this information.

TANF Receipt

The FAST program was not intended to affect TANF receipt directly, though changes in employment could have had an impact on TANF. Table 2.6 shows the impacts on TANF.

¹⁷Analysis of the state automated system found the FAST group was *less* likely to be assessed than the control group, however. The assessment statistics in Table 2.5 reflect the percentage of meetings in which an assessment took place and not the overall percentage of individuals who were ever assessed.

¹⁸Butler et al. (2013).

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Table 2.6

**Impacts on TANF and Employment in Year 1 for FAST Participants,
by Research Group**

Outcome	FAST Group	Control Group	Difference
Received TANF (%)			
Quarter 1	81.4	88.1	-6.8 *
Quarter 2	75.4	83.9	-8.5 *
Quarter 3	70.3	72.0	-1.7
Quarter 4	61.9	65.0	-3.2
Average number of months of TANF receipt	8.2	8.4	-0.2
Average TANF payments in Year 1 (\$)			
Quarter 1	1,178	1,134	44
Quarter 2	1,079	1,021	58
Quarter 3	993	895	99
Quarter 4	823	728	95
Year 1	4,074	3,778	296
Ever employed (%)			
Quarter 1	23.3	16.7	6.6 **
Quarter 2	24.8	19.8	4.9
Quarter 3	31.7	21.4	10.2 **
Quarter 4	30.0	23.5	6.5
Year 1	41.5	34.5	7.0
Average number of quarters employed	1.1	0.8	0.3 **
Average earnings (\$)			
Quarter 1	524	312	212 **
Quarter 2	706	400	306 **
Quarter 3	765	394	371 ***
Quarter 4	888	542	346 **
Year 1	2,882	1,647	1,235 ***
Sample size	241	148	

SOURCE: MDRC calculations using data from the Minnesota Department of Human Services MAXIS database, and unemployment insurance wage data from the Minnesota Department of Employment and Economic Development.

NOTES: Results in this table are regression-adjusted using ordinary least squares. Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent.

The sample includes individuals randomly assigned to the FAST and control groups through December 2011.

TANF data are missing for 10 sample members (5 from each research group).

While the FAST group was less likely to receive TANF in the first two quarters following random assignment, this impact disappears by Quarter 3. There was no impact on the average number of months participants received TANF or on their average TANF payments. The FAST program was not necessarily expected to move people off TANF within the first year, so the impact in the first two quarters is unexpected.

Lessons Learned

Ramsey County developed the FAST initiative to help TANF recipients with disabilities find better paths to employment, and ultimately to family and economic stability. The short-term, exploratory impacts from the evaluation are promising. In the first year, the program increased participation in work activities and increased employment and earnings. The findings are especially remarkable as the control group members also received assistance with employment services and as both groups faced similar mandates.

Several lessons emerged from the pilot program.

- **State and county support was crucial to successfully implementing FAST.** The county had a limited amount of time to implement a complex initiative, but both the state and county contributed to the cost of FAST. The county also made a key policy change that allowed participants who began working part time to remain in the FAST program, though standard rules would have had their cases transferred to the regular TANF track (because putting them into TANF would allow their work to count in the work participation rate calculation). Further, in the beginning stages of the pilot program, the county was closely involved in monitoring program operations and seeking technical assistance to address issues that arose for the program.
- **It may be challenging to adapt the IPS model to a TANF program, but it is possible.** The IPS model places an emphasis on providing employment services to all who are *interested* in employment. IPS does not include a mandate that participants receive services from employment specialists. TANF programs do include such mandates, along with sanctions and time limits — other deviations from the IPS model. In some instances families lost access to the FAST program because they moved to another county or because their TANF cases closed (for example, because the participant's youngest child reached age 18 or because the participant's earnings made the family ineligible for assistance). The fidelity review showed that despite these differences, this approach could be adapted for use within the TANF program and still remain faithful to the overall principles of the model.

- **The FAST program evolved over time, as the staff became more comfortable with the IPS principles, learned more about Minnesota TANF rules, and learned more about the participants.** FAST staff members had to come to understand their roles in the initiative, and in many cases they had to learn to work differently than they had in the past. They spent a substantial amount of time in the beginning developing a common philosophy; they did so by gaining a better understanding of the IPS principles and implementing them in their common setting. The health and mental health service providers were not accustomed to considering employment goals in their service plans. In contrast, the FAST coordinators had previously worked as employment counselors and were likely to push clients into employment before spending time getting to understand their interests and goals, a core principle of IPS. The coordinators had a problem with client engagement at the beginning and made changes to the program to encourage participation, notably adding home visits to participants who could not come to the office or who did not respond to repeated efforts to schedule an appointment. The staff also received additional training and assistance on motivational interviewing to promote engagement.
- **Participants often had to deal with multiple issues that impeded their ability to focus on employment. FAST had to develop a network of service providers to cope with these issues.** Case consultations revealed the complexity of the FAST participants' lives: they were dealing with mental health issues, physical health issues, children with behavioral issues, issues with housing, substance abuse problems, and family members who were not supportive of their goals. The staff would not have otherwise been aware of many of these issues if its members did not meet regularly as a group. While the partnership's service offerings could meet many of the participants' needs, often issues emerged that required referrals to outside organizations.
- **The one-year exploratory impacts on earnings achieved by the FAST group are quite promising.** The findings are especially noteworthy since control group members also received employment services.

Implications for Further Research

The FAST program provides a comprehensive set of colocated services for recipients with disabilities, using the IPS supported employment model and motivational interviewing. Its multidisciplinary approach is focused on helping participants find employment that fits their

needs and interests, while also helping with the other issues they are dealing with. The findings from FAST pilot test suggest that this approach is promising and should be studied further.

This pilot test raises the following questions that warrant further study:

- Can the preliminary, exploratory impacts found in the small pilot sample be repeated in a full-scale evaluation with an adequate sample size?
- Can the FAST program be replicated in other communities and achieve similar results?
- Does FAST affect other outcomes, such as the quality of job placements, job stability, and other indicators of family well-being?
- Can the IPS supported employment model alone achieve similar results, or are the other components of the FAST initiative — motivational interviewing and integrated and colocated services — required to achieve the results?
- Will the impacts from the FAST pilot program be sustained after one year?

Chapter 3

The Los Angeles County Pilot Project

The Los Angeles pilot project sought to improve the services provided by the Supplemental Security Income (SSI) Advocacy Program, operated by the Los Angeles County Department of Public Social Services, to help aged, blind, and disabled clients in the California Temporary Assistance for Needy Families (TANF) program (known as CalWORKs) with the SSI application process.¹ Los Angeles County has operated the Advocacy Program, which assists TANF recipients with their SSI applications, for many years. The county was concerned about low SSI approval rates at the initial level, and also perceived that many TANF recipients potentially eligible for SSI were not using the Advocacy Program's help in applying for it. It therefore created a pilot project in its Glendale Office, one of three District Offices that operate the Advocacy Program.

The pilot project had two goals.

- It aimed to increase the rate of eligible adult SSI applications approved at the initial level by the Social Security Administration (SSA) by improving the quality of the SSI applications prepared by the SSI Advocacy Program. To help accomplish this goal, SSA and Disability Determination Services (DDS) staff members provided training to SSI advocates on how to prepare SSI applications. The DDS staff also provided continuing performance feedback to advocates about the quality of the SSI applications they helped prepare. The expectation was that improving the overall level of communication and coordination among the Los Angeles County, SSA, and DDS staffs would contribute to the quality of services provided by the Advocacy Program.
- It also sought to help the county better understand TANF recipients' participation rates in the SSI Advocacy Program and to increase the visibility of the Advocacy Program among both the CalWORKs staff members who review TANF eligibility and welfare-to-work case managers.

Pilot outcomes were assessed by comparing Advocacy Program participants during the pilot period to a group of similar participants in a prepilot period. Pilot participant outcomes were also compared with those of TANF recipients from the pilot area who filed SSI applications on their own.

¹For simplicity, this chapter continues to refer to pilot project participants as "TANF recipients" rather than "CalWORKS recipients."

While not a test of the overall effectiveness of an SSI advocacy program for TANF participants, the pilot project offered an opportunity to learn more about the operations of such a program and to determine whether greater collaboration and coordination between TANF and SSI program staffs could make a difference in SSI advocacy outcomes. It is also important to note that the pilot project's results were in one office and are not generalizable to all TANF SSI advocacy services across Los Angeles County, as there may be differences in the characteristics of the participants served and staff practices from office to office.

After a brief summary of the main findings, this chapter describes how Los Angeles County currently provides SSI advocacy for TANF recipients and how the pilot project sought to improve services. It then discusses pilot implementation, presents outcomes from the pilot project, and concludes with lessons that emerged and implications for future research.

Main Findings

- **Most SSI applications submitted with the advocates' assistance during the pilot period were denied, and the medical allowance rate (14 percent) was similar to that of applications submitted just prior to pilot implementation (11 percent).**² The overall medical allowance rates were low. Advocacy Program staff members suggested that while many of their clients met the medical criteria for exemption from TANF work participation requirements, they did not qualify for SSI. Age was sometimes a factor; DDS analysts found, based on policy, that many of the TANF recipients applying for SSI were young and could work or could be trained to do new types of work.
- **The overall quality of the applications submitted during the pilot period was satisfactory, but there was no evidence of substantial improvement.** Taking into consideration both the application feedback forms completed by DDS and interviews conducted with staff members as part of the pilot assessment, it appears that the overall quality of the applications submitted during the pilot period was similar to that of the prepilot period. However, DDS analysts noted that the applications prepared with the help of advocates were

²The medical allowance rate is not strictly comparable to the SSI award rate, as the source of SSI application data used in this analysis, unlike other data sources used in previous TSDTP publications, does not contain records of certain types of technical denials. For instance, a claim could be medically allowed by DDS in the pilot project, then returned to the SSA field office, found technically ineligible because the person's income or level of resources was too high, and ultimately not awarded SSI. Such cases would only appear as medically allowed in the SSI application data used for pilot project analysis, but these instances are rare.

generally complete and that the forms requested by DDS were returned with more complete information than was the case for the average processed claim.

- **The pilot project improved the communication and coordination among Los Angeles County, SSA, and DDS.** SSA and DDS tagged cases coming from the pilot District Office, which improved communication and coordination at the management and line staff levels, including more routine telephone communication about particular cases. DDS application feedback also helped the county's staff to better understand the SSI application adjudication criteria.
- **At least in the pilot project's service area, the SSI Advocacy Program appears to be reaching most of the TANF recipients referred to it who are interested in obtaining help with their SSI applications.** As noted above, Los Angeles County was concerned that TANF recipients who were potentially eligible for SSI were not utilizing the Advocacy Program's help in applying. Case file reviews and an analysis of matched data suggest that the SSI Advocacy Program reached two-thirds to three-quarters of the TANF population targeted for outreach in the pilot project. While the Advocacy Program was reaching most clients interested in receiving assistance, a survey conducted by the county indicated that CalWORKs and welfare-to-work staff members had only limited knowledge of the SSI Advocacy Program, suggesting some room for improvement.

Background

Prepilot Processes for Providing Advocacy Services

California's TANF program for low-income families with children is called California Work Opportunities and Responsibilities to Kids (CalWORKs). The Los Angeles County CalWORKs program serves a large number of individuals each month: during the TANF/SSI Disability Transition Project (TSDTP) pilot period the program averaged nearly 85,000 adult cash recipients per month, more than most states.

Clients who are deemed physically or mentally unable to work or participate in a welfare-to-work activity are exempted from participating. This is referred to as an exemption for medical incapacity. Exempt clients can volunteer for activities but are not required to participate in them. During this exemption period, no months are added to their state TANF clocks (that is, to their records of months of assistance counting toward the state's lifetime limit of 48 months).

All welfare-to-work clients are screened for mental health problems, homelessness, substance abuse, and domestic violence. Depending on the outcome of the screening process, clients may be referred to a mental health and substance abuse clinical assessment. Clinical assessment is mandatory for those clients whose screening results show that they urgently need treatment. Treatment services are optional for these clients, but count towards their welfare-to-work requirements.³

CalWORKs also offers SSI advocacy services, which are described in Box 3.1. Clients can be referred to SSI advocates in two ways:

- **Referral from a CalWORKs or welfare-to-work staff member.** A client can disclose a disability to the CalWORKs staff member who reviews his or her TANF eligibility, or to his or her welfare-to-work case manager. A client who indicates that he or she has a disability is given an Authorization to Release Medical Information form, which requires that a physician or mental health worker assess the client's physical and mental condition and verify the existence of work-preventing disability. The form asks doctors to specify the client's physical and mental conditions, limitations, and capacities as well as the expected duration of the client's impairment. If the impairment indicated on the form is expected to last for more than 12 months (or continues for more than 12 months cumulatively over time), clients are granted a "medical incapacity" exemption from welfare-to-work activities and referred to the SSI Advocacy Program.⁴ If the impairment is expected to last for less than one year, the client will be reassessed at the end of the disability period to determine if the exemption should be extended. If the client remains exempt, he or she is referred to the SSI Advocacy Program when appropriate.
- **Automatic referral.** An electronic system refers all clients who have cumulatively reached 12 months of exemptions for medical incapacity. The automated system refers individuals both with permanent and with temporary medical incapacities.

The county typically identifies about 170 new clients a month who might need services, and it assists with the filing of around 25 SSI applications per month. This seemed to Los

³Specialized and Supportive Services workers handle mental health, substance abuse, and domestic violence caseloads, although treatment services for their clients are often provided by outside treatment organizations under contract. For example, the Los Angeles Department of Mental Health provides services under contract to CalWORKs.

⁴SSA requires that a disability be expected to last at least 12 months or have lasted 12 months as a condition of eligibility for SSI.

Box 3.1

The Role of the SSI Advocate

CalWORKs SSI advocates assist all clients referred to them with the SSI application process, and do not choose which clients should apply for SSI. They meet with clients once in person, traveling to the various CalWORKs District Offices across their service regions to hold these meetings. They conduct home visits for people with mobility limitations that make it difficult to reach District Offices.

During the in-person meeting, the advocate describes the SSI program and the potential benefits that it may offer the client, and explains the application process. The advocate walks the client through the various forms that must be completed for the application and helps the claimant to complete them. Among these forms are work history, medical history, and third-party observation forms. The advocate completes the third-party observation form during the meeting, noting any visible signs of the client's impairment and its severity, and any trouble the client has in completing the other forms (as this may be a sign of a learning disability or mental health condition).

After the meeting, the client or the advocate tracks down any additional information needed (except medical evidence, which is handled by DDS) and incorporates it into the SSI application before submission. Application submission is done by the advocate, who handles all interactions with the SSA field office. Clients typically do not ever go to the SSA field office.

The advocate also explains to the client the importance of filling out forms sent by SSA and attending any appointments that SSA schedules. While the advocate generally becomes the authorized representative on the case and therefore should receive copies of documents mailed to the client, the advocate asks the client to keep him or her informed when the client receives new information from SSA. SSI advocates also have the task of connecting clients to Health Advocates, an independent organization under contract to the county that provides free legal assistance to help CalWORKs SSI applicants at the appeals stage of the SSI application process. Health Advocates has a performance-based contract that rewards the organization for successful SSI appeals.

Angeles County like a low ratio, and one of the factors motivating its participation in the pilot project was its desire to gain a better understanding of this seemingly low ratio and possibly improve it.

The SSI Advocacy Program is handled by three offices in Los Angeles County (Glendale, San Gabriel Valley, and Wilshire Special). Each office's service area is composed of several CalWORKs District Offices, which all feed into only one Advocacy Program office. Each Advocacy Program office employs two to three advocates to help clients with the initial

application for SSI and to assist with the reconsideration process.⁵ SSI advocates are expected to help all who request assistance from the office.

The Los Angeles TSDTP Pilot Project and How It Differed from Prior Practice

The pilot design built upon existing SSI Advocacy Program practices in Los Angeles County. Rather than implement the pilot project countywide, the county believed that it would benefit from focusing on a specific service area, to allow the county to gain the support of a small group of staff members (three advocates, one supervisor, and one Deputy District Director). This provided the county an opportunity to learn more about the operations of the Advocacy Program, and to learn whether the pilot project could improve the quality of services at one location.

The primary components of the pilot design were:

- **SSA flagged SSI applications from Glendale SSI Advocacy Program, and clear lines of communication were established among the county, the SSA Field Office, and DDS.** The SSA Field Office flagged SSI applications submitted by the Glendale Advocacy Program. This was not an intervention in itself, but an effort to identify pilot project cases and monitor the relevant applications. If the field office determined that the client appeared likely to meet the nonmedical eligibility requirements, the application was sent to DDS.⁶ A designated manager and unit of analysts at DDS were assigned to adjudicate all flagged SSI applications coming from the Glendale Advocacy Program, to streamline communication by involving a smaller number of DDS workers. Prior to the pilot intervention, Advocacy Program cases were not flagged, and any of the DDS's many analysts could receive advocate-assisted SSI applications. Further, prior to the pilot intervention the Advocacy Program had no single point of contact with DDS.
- **SSA and DDS provided additional training to SSI advocates.** Training focused on improving the quality of function reports included in the applica-

⁵Some DDS offices in Los Angeles — including the DDS office involved in the pilot project — are what SSA refers to as “prototype” offices, meaning that applications skip the typical reconsideration portion of the SSI application process and move directly to the hearing and appeal level. In these cases advocates do not help with reconsideration, as this step is bypassed.

⁶In some places in the United States, the SSA field office fully examines applicants using the nonmedical SSI eligibility criteria (for example, income and financial assets) prior to sending the case to DDS for evaluation of medical criteria. However, the field office may also opt to conduct only a brief screening for nonmedical eligibility and then either fully evaluate applicants' nonmedical eligibility at the same time as DDS conducts its evaluation of medical criteria, or after DDS has reached a medical decision.

tions and providing better descriptions of past work history.⁷ These areas were identified for improvement in a DDS review of a small number of Advocacy Program applications submitted prior to pilot implementation.

- **The DDS office provided written and oral feedback to the SSI advocates on the quality of applications submitted.** An innovative feature of the pilot, this feedback on the completeness and quality of each application prepared by the SSI advocates was designed to reinforce effective practices and identify areas in need of improvement.
- **The Advocacy Program reached out to CalWORKs and welfare-to-work staff members to inform them about the program's services.** The countywide manager of the Advocacy Program conducted presentations to increase staff awareness and understanding of both SSI and the SSI Advocacy Program.

Partners

The partners in the pilot project were:

- **Glendale CalWORKs SSI Advocacy Program Office.** The Glendale Advocacy Program service area includes eight CalWORKs offices that combined serve roughly 32,000 adult clients per month, or 38 percent of Los Angeles County's adult TANF recipients.⁸
- **Glendale SSA Field Office.** The Glendale SSA Field Office assists potential SSI applicants with the application process and conducts the nonmedical evaluation of SSI applications.
- **Los Angeles DDS West.** One of four DDS offices that primarily serve Los Angeles County, this office conducts the medical evaluation of SSI claims submitted by the Glendale SSI Advocacy Program. DDS West relied on its more experienced analysts to evaluate SSI applications submitted on behalf of pilot participants.

⁷Function reports document whether a client can perform specific activities of daily living, and if so for how long. The work history report includes employer names and start and stop dates of employment for all jobs that the client has worked.

⁸In addition, the Glendale Advocacy Program office also assists any Armenian-speaking Los Angeles County TANF recipients who are not proficient in English. The CalWORKs offices in the Glendale Advocacy Program service area are Glendale, Pasadena, East Valley, West Valley, Southwest Family, Santa Clarita, Rancho Park, and Lancaster. Each of the other two Advocacy Program service areas covers another 31 percent of the county's adult TANF recipients.

The initial pilot design was created by the county's CalWORKs leaders in coordination with the TSDTP research team, with contributions from the federal Administration for Children and Families and SSA project teams, and from SSA regional staff members based in California. After Glendale was selected as the pilot project location, the pilot design was modified based on responses from the Glendale SSI Advocacy Program, Glendale SSA Field Office, and DDS West.

Study Design

Pilot participants were enrolled from February 1, 2012 until August 31, 2012; enrolled adult participants were considered to be "in the pilot" until SSA and DDS gave them their initial SSI determinations.⁹ The research team tracked participant data through February 1, 2013.

To better interpret the potential effectiveness of enhancements to the SSI Advocacy Program and the possibility of evaluating other, similar programs in the future, the research team compared the outcomes of the pilot participants served by the Glendale Advocacy Program with the outcomes of a group served by the same office in the six months prior to the pilot project. Eligibility for services and referral mechanisms in the prepilot period were the same as during the pilot period (adult CalWORKs clients with disabilities that are expected to last for 12 months or that have already lasted 12 months cumulatively). The purpose of the pilot intervention was not to evaluate the benefit of the Advocacy Program overall, but rather to understand and monitor the improvements made to the preexisting program. This design cannot produce estimates of program effectiveness but it does allow the program's administrators to understand the potential benefits of program changes, useful information for a full-scale evaluation.

Table 3.1 shows referrals to each of the Advocacy Program service regions during the pilot period from February to August 2012 and the number of SSI applications filed by the advocates in each region. The Glendale office's 227 referrals represented 20 percent of all Advocacy Program referrals countywide during this time. The most common referral source in all three service areas was automated referrals (that is, those that occur when a client reaches 12 cumulative months of exemptions for medical incapacity), comprising 76 percent of referrals to the Glendale office and 85 percent of referrals countywide. Nineteen percent of Glendale's referrals came directly from welfare-to-work case managers, while only 5 percent were from CalWORKs staff members who handle eligibility.

⁹The SSI Advocacy Program occasionally assists with SSI applications for children in CalWORKs cases whose parents were referred to the program. The pilot project focused on only adults.

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Table 3.1

SSI Advocacy Program Referrals and SSI Application Filings by Service Region During the Pilot Period

	Glendale	Wilshire	San Gabriel	Total
Referrals	227	213	668	1,108
Automated	172	159	612	943
Welfare-to-work service worker	44	54	55	153
CalWORKs eligibility worker	11	0	1	12
SSI applications filed with advocate assistance	77	36	36	149

SOURCE: SSI Advocacy Program manager's reports.

Sample Characteristics

To ensure that the pilot and prepilot comparison groups were demographically similar, the research team compared the characteristics of the two groups using the information available from CalWORKs TANF data systems. Table 3.2 shows the characteristics of CalWORKs clients who filed SSI applications with the assistance of the SSI advocates in the Glendale service area during both the pilot and prepilot periods.¹⁰ To provide context for interpreting the characteristics of pilot participants, the table also shows the characteristics of those CalWORKs clients who filed SSI applications in the Glendale service area during the pilot period without assistance from the Advocacy Program.

Characteristics of SSI Advocacy Program Cases: Prepilot and Pilot Cases

As this table shows, overall, the advocate-assisted clients were similar across both time periods. Most were female and from one-parent families, and the average age was 41. Using months of assistance accumulated towards the federal time limit as a proxy for the time they had spent on TANF, the table shows that clients served during the two time periods had similar TANF tenures.¹¹

Clients assisted by the Advocacy Program were racially diverse in both time frames, although there were more white clients in the prepilot period than the pilot period (51 percent

¹⁰One Glendale service area CalWORKs District Office, Lancaster, had no automated or manual referrals to the SSI Advocacy Program during the prepilot or pilot time frames, due to a very low number of exemptions for permanent incapacities. This district has been excluded from the analyses presented in this chapter.

¹¹Clients can be referred to the Advocacy Program more than once during their TANF tenures.

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Table 3.2

**Characteristics of Adult TANF Recipients Applying for SSI in the
Glendale SSI Advocacy Program Service Area**

Measure	Pilot Period Advocate-Assisted	Pilot Period Advocate-Assisted	Pilot Period Unassisted
<u>Family characteristics</u>			
Type of family for work participation (%)			
One-parent	86.5	98.2	81.3
Two-parent	13.5	1.8	18.2
Child-only	0.0	0.0	0.4
Number of eligible children on the case	1.8	1.6	1.3
Age of youngest child (years)	8.7	9.4	8.5
<u>Characteristics of adults</u>			
Average age (years)	41.3	40.8	39.5
Gender (%)			
Female	73.0	75.0	70.0
Male	27.0	25.0	30.0
Race (%)			
White	51.4	30.4	27.9
Hispanic	18.9	28.6	26.2
African-American	13.5	28.6	28.1
Other	10.8	3.6	4.5
Unknown	5.4	8.9	13.3
Primary language (%)			
English	51.4	71.4	77.9
Armenian	32.4	12.5	9.9
Spanish	0.0	10.7	7.7
Other	16.2	5.4	4.5
Marital status (%)			
Single, never married	40.5	50.0	60.3
Married (including common-law)	46.0	32.1	30.7
Separated, divorced, or widowed	13.5	17.9	9.0
CalWORKs disability status (%)			
Permanent	43.2	48.2	9.9
Temporary	35.1	51.8	21.5
No disability indicated	21.6	0.0	68.7
Homeless (%)	2.7	3.6	14.2

(continued)

Table 3.2 (continued)

Measure	Prepilot Period Advocate-Assisted	Pilot Period Advocate-Assisted	Pilot Period Unassisted
<u>Cash assistance status</u>			
Average monthly amount of cash assistance (\$)	551	551	541
Months accrued toward federal time limit (%)			
1-12	10.8	26.8	23.2
13-24	24.3	25.0	17.2
25-36	16.2	10.7	16.3
37-47	10.8	14.3	10.1
48-59	16.2	5.4	9.2
60 or more	18.9	16.1	23.2
Missing	2.7	1.8	0.9
Months of assistance, SSI application month and prior year	12.2	10.4	9.5
Months exempt during months of assistance (%)			
Exempt from work for any reason	67.9	81.4	46.2
Exempt from work due to an incapacity	63.4	79.1	26.0
Exemptions as of the month of SSI application (%)			
Exempt from work for any reason	81.1	98.2	50.2
Exempt from work due to an incapacity	78.4	98.2	30.0
Sanctioned in the prior six months (%)	2.7	5.4	5.4
Sample size	37	56	466

SOURCES: Structured Data Repository SSI application data, CalWORKs cash assistance data for Los Angeles County, and Glendale SSI Advocacy Program tracking data.

NOTES: All sample members filed SSI applications as disabled adults in Los Angeles County and received CalWORKs cash assistance in Los Angeles County as adults in districts served by the Glendale office of the SSI Advocacy Program at some point between zero and six months prior to their SSI filing dates. To be considered as having received SSI advocacy services, a person must have been most recently referred to the Glendale SSI Advocacy Program no more than 180 days prior to his or her SSI filing date. The prepilot period includes SSI applications filed between July and December 2011; the pilot period includes SSI applications filed between January and July 2012.

Percentages may not sum to 100.0 due to rounding.

One CalWORKs District Office, Lancaster, had no automated or manual referrals to the Advocacy Program during the prepilot or pilot periods due to a very low number of exemptions for permanent incapacities, and has been excluded from analysis. The table includes only pilot applications through July 2012 to allow for five months of follow-up with SSI application data. Individuals who could not be matched to SSI application data, including one with a missing Social Security Number in the Advocacy Program tracking data, are excluded from the analysis. As a result of these restrictions, this table contains fewer individuals than the 69 total adults served by the pilot project. Pilot applications included in these figures may have a January 2012 filing date, although the pilot project did not begin until February 2012. Such cases represent situations wherein applicants were reached by the Advocacy Program in January and therefore have protected filing dates — the dates to which back payments of SSI can be made if they are found eligible — in that month, although they did not meet with advocates or physically file their SSI applications until February 2012 or later.

compared with 30 percent). In the prepilot period, fewer advocate-assisted individuals were exempt for incapacity at the time of referral to the Advocacy Program (78 percent in the prepilot period compared with 98 percent in the pilot period). While these percentages reflect actual differences in the population served, the small sample sizes in the pilot and prepilot periods mean that a handful of people can cause large changes in percentages.

Characteristics of SSI Applicants: Advocate-Assisted Cases and Unassisted Cases

Table 3.2 also compares advocate-assisted clients served during the pilot period with CalWORKs clients who filed SSI applications without Advocacy Program assistance during the same period.¹² On average, the two groups were similar in age, age of their youngest children, gender, race, and primary language.

Advocate-assisted clients during the pilot period were more likely to be exempt for medical incapacity (98 percent) than their unassisted counterparts (30 percent) at the time of SSI application. Further, during the year before they applied to SSI clients assisted by the Advocacy Program spent more of their months on TANF exempt from welfare-to-work activities due to medical incapacity (79 percent of TANF months compared with only 26 percent for the unassisted clients). This difference is not surprising, as automated referrals of clients who spent over 12 cumulative months in exemption status for medical incapacity account for many of the total referrals to the Advocacy Program. It is curious, however, how few of the unassisted CalWORKs recipients were exempt for medical incapacity when they applied for SSI.

Study Limitations

Although a nonexperimental design with a historical comparison group is a convenient way to present the pilot project's results in comparison with the program that operated prior to the pilot project, caution is warranted. Only a small number of individuals received Advocacy Program services in either time period. While the comparison is helpful in illuminating potential results of the pilot project, it is not definitive, and changes in the outcomes of a few individuals can produce a relatively large change in the results. Further, nonexperimental historical comparison group designs are generally limited in that they do not account for effects related to the time periods in which participant outcomes are measured. For example, contextual factors such as the unemployment rate vary over time, and may affect observed outcomes.

¹²The research team also analyzed the characteristics and SSI outcomes of CalWORKs clients filing for SSI without Advocacy Program assistance during the prepilot period. Both were found to be nearly identical to those of their pilot period counterparts, and therefore they are not shown in the table for simplicity and ease of reading.

Further, it is important to stress that the pilot project was not designed to answer the question of what would have happened to people who received Advocacy Program services had the program not been available to them. As explained above, the assessment in no way seeks to evaluate the benefit of the Advocacy Program overall, but rather, to evaluate the improvements made to the preexisting program.

Data Sources

The research team obtained data from the following sources to describe the pilot project's implementation and measure the outcomes of both pilot participants and unassisted SSI applicants. Some data sources were available for both the pilot and prepilot periods.

- **CalWORKs benefits and services data.** To describe CalWORKs client characteristics, benefit receipt, services, and activities, the research team obtained an extract of administrative data from the Department of Public Social Services' data warehouse.
- **Glendale SSI Advocacy Program tracking spreadsheet.** To record which clients entered the pilot study, the research team relied on a tracking spreadsheet maintained by the Glendale Advocacy Program that contained electronic records of the referrals the Glendale office received and the services it provided.
- **Structured Data Repository.** To measure SSI outcomes, the research team relied on the Structured Data Repository, a database maintained by the federal Social Security Administration that contains SSI application data and is updated on a daily basis. The research team obtained an extract of Structured Data Repository data for all SSI applications originating from or served by Los Angeles SSA offices.
- **SSI Application Feedback Forms.** The SSI Application Feedback Form was the primary data source for measuring the quality of pilot applications. After receiving suggestions from DDS, the research team developed a form for DDS to complete about each pilot participant's SSI application that would inform Advocacy Program advocates about the application's quality and completeness. The SSI Application Feedback Form, shown in Appendix B, lists information about the case and the determination outcome.
- **Case reviews.** To better understand the characteristics of advocate-assisted clients (the source of their referrals, the nature of their disabilities, and their rationale for using Advocacy Program services) and the timing of services

provided by the Advocacy Program (including referrals for assistance with appeals), the research team reviewed the case files of individuals served by the pilot project. Reviews were conducted twice (once in May 2012 and once in November 2012). Each time, SSI advocates walked team members through cases and explained details about each case.

- **Field research.** The research team met with and interviewed staff from all partner agencies multiple times during the pilot period. The focus of these visits was to understand the implementation of the pilot project, review early pilot operations to determine whether any adjustments were needed, and get a sense of early outcomes. The research team also conducted regular calls with Los Angeles County — sometimes joined by DDS — in order to better understand pilot operations, and identify and resolve challenges.
- **Los Angeles County staff questionnaire.** To assess CalWORKs and welfare-to-work staff knowledge of SSI and the Advocacy Program, Los Angeles County, with suggestions from the research team, designed and administered a questionnaire to all CalWORKs staff members who review TANF eligibility and all welfare-to-work staff members in the Glendale Advocacy Program service area. A copy of this questionnaire is presented in Appendix B.
- **SSI Advocacy Program manager reports.** To generate statistics on the number of referrals and SSI applications in each Advocacy Program service region, the research team relied on spreadsheets maintained by each region that track aggregate monthly referrals by source, scheduled client appointments in the service area, and number of SSI applications filed.

Differences in the availability of records and appropriate follow-up time for pilot project activities necessitated slightly different samples to answer the pilot project's research questions. Box 3.2 lists the different research samples discussed later in the report.

Assessing Pilot Project Implementation

This section describes how the interventions in the SSI Advocacy Program were delivered during the pilot project, including a discussion of the challenges that emerged during implementation. The implementation assessment primarily focused on the participation of eligible TANF recipients in the advocacy program and on efforts to increase the quality of SSI applications prepared on their behalf.

Box 3.2

Research Samples

The Glendale SSI Advocacy Program filed 77 SSI applications during the pilot period. Eight of these applications were for children and therefore not included in the pilot sample, as the pilot program focused only on adults.* The pilot sample contained a total of 69 adults, not all of whom were in each of the samples established for pilot analysis:

- **Case file review.** The sample used in the case file review consisted of the 60 pilot intervention adults for whom case files were available during the November 2012 case file review.
- **SSI characteristics and outcomes.** The sample used to analyze client characteristics and SSI outcomes was composed of the 56 pilot program adults who had matching records in the Advocacy Program tracking spreadsheet, the CalWORKs benefits and services data system, and the SSA Structured Data Repository, and who filed SSI applications between January and July of 2012 to allow time for appropriate SSI outcomes.†
- **SSI Advocacy Program referrals.** Three samples were used for the referral analysis: 20 case files reviewed in May 2012; 300 adult clients referred to the Advocacy Program between November 2011 and June 2012 with records in the Advocacy Program tracking spreadsheet; and the full sample of adults and children referred to each service region as described in the Advocacy Program manager’s report.
- **Feedback forms.** The sample used in analyzing the quality of SSI applications consisted of 51 adult pilot program sample members for whom SSI feedback forms were completed, out a total of 59 adult pilot program sample members who could have received SSI feedback forms (for example, those who reached the medical determination stage of the SSI application process).‡

*This full count of all 77 SSI applicants assisted by the Glendale Advocacy Program is used only in comparisons to other Advocacy Program service areas, as only aggregate counts including child applications were available for these other two service areas.

†As noted earlier, applicants with SSI filing dates of January 2012 represent situations wherein applicants were reached by the Advocacy Program in January and have protected filing dates — the dates to which back payments of SSI can be made if they are found eligible — although they did not meet with advocates or physically file their SSI applications until February 2012 or later.

‡Individuals who withdrew their SSI applications or who were denied for nonmedical reasons (for example, income or resources) at the SSA field office before the application reached DDS for a medical determination were not included in this count of 59 individuals.

Assessing Program Participation

During pilot development, Los Angeles County leaders voiced concern that the SSI Advocacy Program was not reaching its intended target population, TANF recipients who were potentially eligible for SSI. The research team examined this issue two ways: (1) reviewing whether the SSI advocates were making contact with those referred to them and (2) reviewing the extent to which CalWORKs and welfare-to-work staff members had knowledge of the Advocacy Program and were making referrals to it.

Reaching SSIAP Referrals

To assess whether the SSI advocates were making contact with their referrals, the research team reviewed a sample of one SSI advocate's client outreach efforts in one month of the pilot period, March 2012. Of 20 individuals whom the advocate recruited to participate in the Advocacy Program that month, the advocate reached 14 (or 70 percent), assisted 7 with their SSI applications, and learned that the remaining 7 were not interested in or eligible for the services (4 had already applied to SSI on their own, 1 was not eligible due to immigration status, 1 was looking for work, and 1 was already working). The remaining 6 referrals, or 30 percent, could not be reached. Unreachable clients included those who did not respond to Advocacy Program outreach efforts and those with outdated or missing contact information.

Figure 3.1 presents an analysis of the outcomes of 300 clients referred to the pilot project, using merged data from the Advocacy Program tracking file and SSI application data from SSA's Structured Data Repository. As this figure shows, overall about 40 percent of the target population applied for SSI, half with help from the Advocacy Program. Of the 60 percent who did not apply, 20 percent did not because they were found by the advocate to be ineligible for technical reasons (10 percent, mainly due to their immigration status or income) or to have a disability that was not severe enough or had not lasted long enough to be eligible for SSI (10 percent). Twenty-four percent of clients did not apply for SSI for other reasons, including unknown reasons. Only 15 percent of referred clients either refused services or were considered not to have cooperated with the Advocacy Program, meaning that they did not respond to advocacy attempts, or in some cases may not have supplied paperwork necessary for the application.¹³

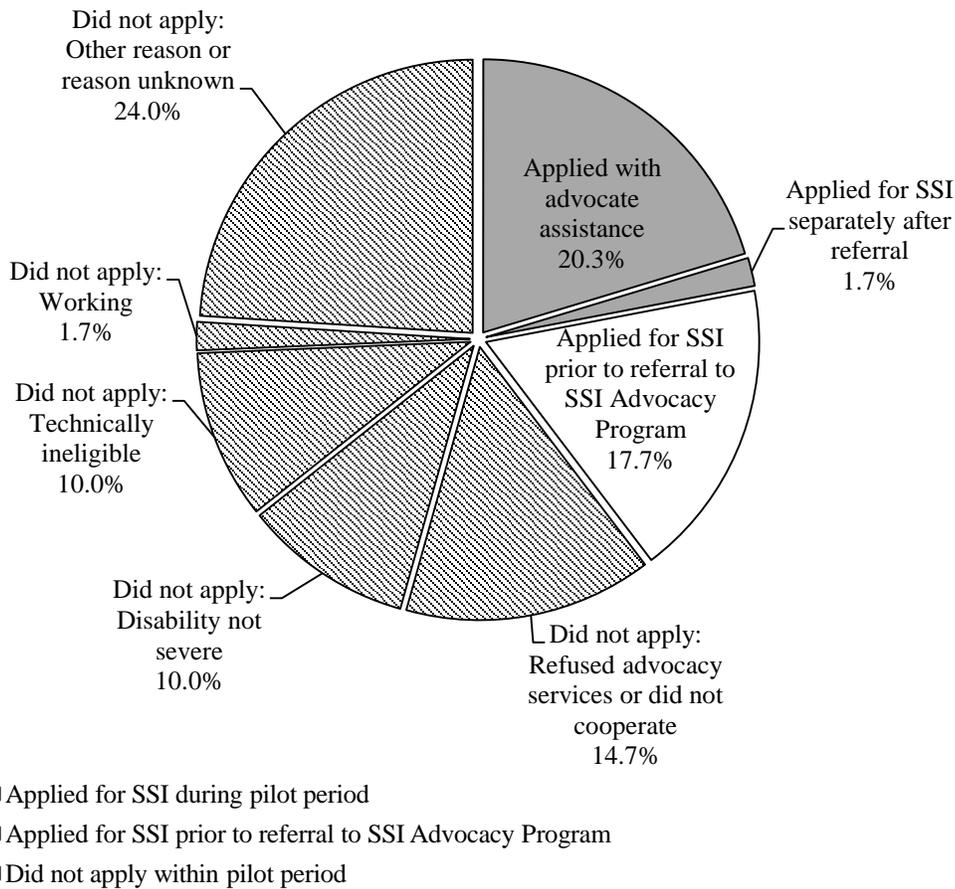
The information presented in Figure 3.1 suggests that the Glendale Advocacy Program made contact with between two-thirds and three-quarters of the 300 members. The program certainly reached those who applied with the advocates assistance (20.3 percent), those who

¹³This percentage does not include 2.7 percent of referred clients who refused advocacy services but who had already filed SSI applications in the 12 months prior to Advocacy Program referral. Those instances are included in the "Applied for SSI prior to referral to SSI Advocacy Program" category.

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Figure 3.1

Outcomes of SSI Advocacy Referrals in the Glendale SSI Advocacy Program Service Area



SOURCES: Glendale SSI Advocacy Program tracking data and Structured Data Repository SSI application data.

NOTE: Sample size = 300.

applied on their own after referral (1.7 percent), and most of those who did not apply, but for whom the advocate was able to discern the reason (for example, the client was working, was technically ineligible, did not have a severe disability, or refused advocacy services), a total of 58 percent. Results of the case file reviews suggest that some portion of the individuals in the remaining two categories (“did not apply, other reason or reason unknown” and “applied for

SSI prior to referral”) were also successfully reached by the program. Adding a portion of these two categories results in a rough estimate of between two-thirds and three-quarters.

Interestingly, the Glendale Advocacy Program assisted more clients in filing SSI applications during the pilot period than the prepilot period. As seen in the sample sizes of Table 3.2, the program assisted 56 individuals over the seven-month pilot period, for an average of eight SSI applications filed per month. In the six-month prepilot period, advocates filed 37 applications, averaging only six per month. This is despite the fact that during the prepilot period the program averaged 39 referrals per month, whereas during the pilot period the program averaged only 32 referrals per month. The program filed applications for 25 percent of referred clients during the pilot period, up from 15 percent during the prepilot period.

It is also important to note that although the Advocacy Program did reach its target population during the pilot period, in that span over eight times as many CalWORKs clients applied for SSI without advocate assistance as did so with advocate assistance.¹⁴ As noted earlier, most of the clients who filed without advocate assistance were not exempt due to medical incapacity and therefore did not come to the attention of the Advocacy Program.

CalWORKs and Welfare-to-Work Staff Knowledge of SSI Advocacy Program

The pilot project aimed to increase the use of Advocacy Program services among potentially SSI-eligible TANF recipients by implementing an internal outreach campaign to other CalWORKs program staff members. To assess how much the CalWORKs staff members who assess TANF eligibility and the welfare-to-work case managers knew about SSI benefits and the Advocacy Program process, Los Angeles County conducted a survey of those staff members in the Glendale service region. The survey asked them not only about their general familiarity with SSI benefits and the Advocacy Program, but also specifically whether they knew how to refer clients to the Advocacy Program, understood the effect of receiving SSI on a family’s TANF benefits, and agreed or disagreed with the statement that families with a family member with a disability are financially better off if the family member qualifies for SSI. Results from the initial survey are presented in Table 3.3. The survey found that while two-thirds of the welfare-to-work case managers had heard of the Advocacy Program, only one-third of CalWORKs’ eligibility workers knew of the program. Additionally, less than one-third of either staff knew how to refer an individual to the program. Around three-fourths of CalWORKs’ eligibility staff members were familiar with SSI benefits, and 88 percent reported knowing how

¹⁴Some CalWORKs clients who filed SSI applications without advocate assistance may have received application help from other sources in the community. Table 3.5, discussed later in this chapter, shows that 27 percent of these clients had authorized representatives for their SSI applications.

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Table 3.3

**Los Angeles County Staff Awareness of
SSI and the SSI Advocacy Program**

Measure (%)	CalWORKs Eligibility Workers ^a	Welfare-to-Work Service Workers
Reported having heard of the CalWORKs SSI Advocacy Program	35	67
Reported knowing how to refer clients to the SSI Advocacy Program	19	32
Familiarity with SSI benefits		
Very familiar	23	15
Somewhat familiar	52	45
Understand how receipt of SSI benefit affects CalWORKs benefits	88	63
“CalWORKs families are better off financially when a disabled family member qualifies for SSI”		
Strongly agreed	33	32
Agreed	37	32
Neutral	18	31
Disagreed or strongly disagreed	12	6
Response rate	46.9	47.4
Respondents	181	110

SOURCE: Survey of CalWORKs eligibility workers and welfare-to-work service workers in districts that feed into the Glendale SSI Advocacy Program catchment area.

NOTES: Percentages may not sum to 100.0 due to rounding.

^aAlthough the county distributed this round of surveys with the intent of reaching only CalWORKs eligibility workers, 14 respondents indicated that their job title was “GAIN Service Worker.” (GAIN is the welfare-to-work agency in Los Angeles County.) The survey results were reported to MDRC in the aggregate, so these respondents remain in the CalWORKs Eligibility Workers sample.

receiving SSI affects the TANF grant. Welfare-to-work case managers were somewhat less familiar with SSI benefits, with around 60 percent reporting familiarity with SSI and about the same percentage reporting knowing how SSI affects the TANF grant.

When the countywide SSI Advocacy Program manager learned of these survey results, she arranged to conduct presentations at each district-level meeting of program managers from

CalWORKs and the welfare-to-work division.¹⁵ These presentations explained advocacy services and how caseworkers can refer appropriate clients to the Advocacy Program. The Advocacy Program manager also highlighted a flyer containing information about SSI and potential eligibility for benefits that could be distributed to all new clients applying for TANF and to existing CalWORKs clients during the annual redetermination of their CalWORKs eligibility. This flyer was a slight modification of a preexisting one created prior to the pilot project; it instructed clients to ask their caseworkers or eligibility workers for additional information about the program. The goal of these meetings was to inform district program managers about the Advocacy Program, so that they could then in turn relay this information to their program staff.

Improving SSI Application Quality

Several steps were taken to improve the quality of the SSI applications prepared and submitted by the SSI Advocacy Program, including training CalWORKs and SSI advocates, improving coordination with the SSA staff, and putting a process in place where DDS staff members provided application feedback to SSI advocates.

Staff Training

Glendale SSI advocates received a one-day training session in February 2012 from the SSA field office and DDS that focused on how to prepare and submit an SSI application. While the SSI advocates had received training in the past, this session paid special attention to completing functional assessments and providing complete work histories for SSI applicants. In conversations after the session, the SSI advocates said that although it was a helpful refresher, it did not provide as much in-depth and hands-on guidance as they would have liked and did not cover any topics that were new to them. As a follow-up to this training session, the SSA office provided the SSI advocates with a “Disability Interviewing Guide,” which described how to observe clients with disabilities and what types of questions were most effective. The SSI advocates commented that this guide was helpful.

Communication with the SSA Field Office

All SSI applications from the Glendale CalWORKs office are sent to the SSA Glendale field office for processing. Upon receipt, the field office flagged the pilot applications to

¹⁵The countywide Advocacy Program also intended to send e-mail blasts reminding staff members about the availability of advocacy services and reiterating the message delivered by district CalWORKs and welfare-to-work program managers, but a Los Angeles County review of the language in the proposed text resulted in a need to clarify policy and process. Unfortunately, this was not resolved until after the pilot period ended, and as a result no e-mail reminders were sent to staff members during the pilot project.

facilitate tracking, ease communications with the Glendale SSI advocates, and alert the DDS to give these applications priority in the order of review due to pilot time constraints. The SSA field office identified a liaison for Glendale advocates to call or e-mail with any questions regarding applications submitted for their participants. CalWORKs and SSA staff members spoke by phone regularly about specific cases and staff members at all agencies reported having strong communication throughout the pilot period, although they also noted that their communication was strong prior to the pilot project. SSA field office staff members felt that flagging the cases was beneficial and time-saving. They said it helped to quickly identify a case as being connected to the SSI advocates (which is recorded in SSA's data system) rather than having to sift through the application packet to determine its origin.

DDS Feedback Forms

In order to share information with SSI advocates about the quality of SSI applications and the rationale behind specific SSI medical allowance decisions, the Los Angeles DDS West Office was designated to receive all pilot cases for review and determination and to provide feedback to the advocates. The flagged cases from the SSA field office were assigned to experienced analysts at DDS upon arrival. They were also not subject to being sent out to "Extended Service Teams" — DDS offices located throughout the country that handle overflow in the event of a particularly large backlog or high volume of cases.

A liaison at the DDS West Office was assigned to ensure that an application feedback form was completed for each pilot project case. The SSI Application Feedback Form, shown in Appendix B, lists a client's age, alleged disabilities, the determination made by DDS, whether a consultative exam or body system questionnaire was required, and if the application was denied, the reason for denial. It then asks the DDS analyst to rate the following four specific aspects of the application as excellent, good, fair, poor, or missing: (1) the thoroughness and completeness of function reports that describe the applicant's limitations, (2) the thoroughness and completeness of the work history report that describes past employment, (3) the availability and quality of medical records, and (4) the quality of coordination among DDS, the applicant, and the applicant's authorized representative (that is, the SSI advocate). The form asks for comments on each of these four dimensions, and has a section for general comments about the case. Finally, the form asks the DDS analyst to rank the top three most time-consuming aspects of evaluating the claim.

The DDS liaison transmitted application feedback forms to CalWORKs in batches and held monthly conference calls with the Glendale SSI advocates to discuss each adjudicated case. The goal was to help the SSI advocates understand why each particular case had been approved or denied and thereby improve the quality of future applications. The conference calls

also allowed the SSI advocates to highlight issues about pilot participants they felt might not have been given adequate consideration by DDS in their decision-making process.

Feedback forms were returned for 51 of the 59 pilot participants who could have received one.¹⁶ The content of the feedback provided by the DDS analysts is described in detail in the next section. Overall, SSI Advocacy Program staff members reported that the feedback improved their understanding of the rationale behind SSI disability determinations.

Pilot Project Outcomes

This section presents a brief profile of pilot project cases and a summary of findings on pilot outcomes, including an assessment of SSI application quality and an analysis of the medical allowance rate at the initial adjudication level. The assessment of application quality is based on the application feedback forms completed by DDS analysts as well as interviews with SSI advocates and DDS staff. Two comparisons were made to assess medical allowance rate outcomes. Outcomes for the pilot participants were compared with outcomes of participants who received assistance from the advocates prior to the implementation of the pilot project. In addition, outcomes for pilot participants were compared with those of TANF recipients who applied for SSI without assistance from the advocates. While these comparisons help place the outcomes of the pilot participants in context, they were not made to determine the overall effectiveness of the pilot effort. This was not a randomized, controlled trial, and there were probably differences between TANF recipients who did and did not seek assistance from advocates that could have contributed to different outcomes (for example, they might have had different levels of motivation).

Background on Pilot Participants

To better understand the circumstances of individuals who received advocate assistance during the pilot period, the research team conducted a case file review. The review covered 60 of the 69 individuals for whom the SSI advocates submitted applications during the pilot period. Results are shown in Table 3.4. They reveal that most individuals who applied for SSI with the help of advocates came to the program's attention as a result of automatic referral (70 percent) or were referred to the SSI Advocacy Program by Los Angeles's welfare-to-work agency (22 percent). Very few individuals who received advocacy services were referred by the CalWORKs staff members who make TANF eligibility determinations (5.1 percent). This is not surprising, as

¹⁶Individuals who withdrew their SSI applications or who were denied for nonmedical reasons (for example, income or resources) at the SSA field office before their applications reached DDS for medical determination were not included in this count of 59 individuals.

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Table 3.4

Assisted Adult Clients Filing Applications During the Pilot Period

Measure	SSI Advocacy Program Clients
Source of referral to the SSI Advocacy Program (%)	
Automated	69.5
Welfare-to-work service worker	22.0
CalWORKs eligibility worker	5.1
Other	3.4
SSI outcome at the initial adjudicative level (%)	
Allowance	6.7
Denial	61.7
Pending	31.7
Among denials, referred to health advocates (%)	89.2
Application involved physical or mental health condition (%)	
Both physical and mental	31.7
Physical only	56.7
Mental only	11.7
Days between referral and SSI application	73
Days between referral and meeting with advocate	60
Days between meeting with advocate and SSI application	13
Attended first scheduled appointment with advocate (%)	81.7
Gender (%)	
Female	66.7
Male	33.3
Age of applicant (years)	
Average	40
Minimum	17
Maximum	54
Sample size	60
Among those attending the first scheduled appointment	
<i>Days between referral and SSI application</i>	62
<i>Days between referral and meeting with advocate</i>	49
<i>Days between meeting with advocate and SSI application</i>	13
Sample size	49

SOURCE: Case files of SSI Advocacy Program cases worked during the pilot period (January 25, 2012 through August 31, 2012).

NOTES: Sample includes adult applicants only. *Italic type signals measures calculated for only a subset of the full sample.*

Percentages may not sum to 100.0 due to rounding.

both CalWORKs and welfare-to-work staff members told the research team that TANF recipients are more apt to report a disability after they are referred to welfare-to-work activities.

Around a third of individuals indicated they had both physical and mental health conditions, 57 percent indicated that they had only a physical health condition, and 12 percent indicated they had only a mental health condition. Eighty-two percent of clients attended their first scheduled appointment with the Advocacy Program. The remaining 18 percent attended a second scheduled appointment, after they missed the first appointment. On average, applications were filed with the SSA field office within two weeks of a client's meeting with an advocate. The vast majority of cases whose applications had been denied at the initial level at the time of the case file review (33 of 37 cases) had been referred to Health Advocates, the organization under contract to the county to help with SSI appeals. All but 4 of these 33 individuals were working with Health Advocates on their appeals at the time of the case file review.

Improvements in the Quality of SSI Applications

The DDS staff viewed the overall quality of the applications submitted during the pilot period as satisfactory. DDS analysts noted that applications were generally complete and that the forms requested were returned with more complete information than was the case for the averaged processed claim. However, interviews with CalWORKs SSI advocates did not suggest that they made any significant changes to the way they prepared SSI applications during the pilot period.

This section includes a discussion of the major areas covered by the feedback form, drawing from both the form results themselves and discussions with DDS at the end of the pilot period. Areas rated included the function reports completed by the applicant or family members after an initial application is submitted, the work history reports that are a part of the application assembled by the SSI advocate, and the quality and completeness of medical records.¹⁷ Before the pilot project began, DDS analysts reviewed a sample of applications prepared by the Advocacy Program and identified these three areas as the components of the SSI application that merited the most attention and had most potential for improvement.

Function Reports

Three-quarters of the applications included function reports that were mailed to DDS after the initial submission. While the advocates always completed the third-party observation form, which is part of the initial application, they rarely completed the function report or aided

¹⁷It should be noted that while the SSI application includes a medical history that identifies treating physicians, DDS is responsible for obtaining medical records based on the information included in the medical history.

in its completion.¹⁸ This is partly due to the timing of when the form is completed: the function report is mailed to the applicant after the advocate has met with the client and the application has been filed. Usually the advocates meet with clients only once, at the time of initial application. The function report is generally completed by a close family member or friend who has a longer-term relationship with the applicant than the advocate. Advocates felt that it would not be appropriate for them to complete the function report, as close friends and family are more likely to know about the client's daily life, and to have observed the client in his or her own home or other common environments of daily life. Advocates meet with clients only in Cal-WORKs offices. SSA gave the advocates an interview guide to help them advise applicants how to complete these forms. While the advocates initially said that the guide appeared helpful, at the end of the pilot period they told the research team that they did not use these guides to help clients complete the function reports. Given that advocates said they emphasized to applicants the importance of completing this form, it is somewhat surprising that over a quarter of cases were missing it entirely.

Work History Reports

Over 43 percent of the applications submitted by the advocates contained a full list of the jobs the applicant had held over the previous several years. In 33 percent of the applications, DDS indicated that the work histories were either missing or inadequate. In the remaining 24 percent of applications, DDS analysts did not choose from the available options on the feedback forms, but instead wrote that this section was not applicable. In interviews, DDS analysts noted that some of the younger clients involved in the pilot project might never have worked, and as a result they might have no work history to report. Some situations wherein individuals may not have worked could have been coded as "missing," while others could have been evaluated as "not applicable." It is therefore difficult to interpret these figures. Furthermore, during the pilot period, advocates' only resource for preparing the work history was their clients' memories. To improve the accuracy and completeness of work histories, the advocates could log into a system called "Work Number," which is free to government agencies and which provides details of employment for many individuals. The advocate could search this system if he or she knew an employer's name and employer identification number.¹⁹

Even though some of the work histories were incomplete, in interviews DDS analysts indicated they were satisfied overall with the work histories provided by the SSI advocates.

¹⁸The observation form completed by the advocate is an optional piece of the SSI application, and is generally completed by the SSA field office's staff. Since advocate-assisted clients applying for SSI rarely ever meet with SSA field office staff members, the advocates complete this form instead.

¹⁹The initial pilot design called for advocates to search the system using clients' Social Security numbers. This service is not available in the free version of the system and was not available to the advocates during the pilot project.

Analysts also commented that more of the applications contained a complete work history than is generally the case. In fact, every analyst with whom the research team spoke reported that the work histories were better than those they typically receive.

Medical Records

The pilot project did not address the part of the application process related to obtaining medical records. SSI advocates were not to collect medical evidence; DDS was required to collect evidence and thought it would be a duplicate effort if advocates were to do so as well. Advocates did have a role to play in helping clients remember all of their treating physicians and approximate dates of treatment, information that would help DDS analysts track down the records they needed. In interviews, DDS analysts noted that these lists of treating physicians were in general very complete and helpful. However, DDS analysts had difficulty obtaining quality medical records from the treatment sources listed, and ultimately had to order a consultative exam to obtain more medical evidence in 86 percent of pilot applications. In feedback forms and interviews, DDS staff members consistently reported that waiting for medical records and for consultative exams were the two most time-consuming aspects of the DDS determination process throughout the pilot period.

Coordination with Applicant and Advocate

DDS had mixed opinions of communication with the advocates, who were sometimes responsive but did not always return DDS calls in a timely manner. DDS stated that communication with advocates was not necessary for a sizable portion of the pilot project cases, but there were a few cases in which DDS reported leaving phone messages for advocates that were never returned. At the end of the pilot period, DDS analysts learned that this sometimes happened because the advocate was waiting to hear from the applicant. DDS explained that in these situations, hearing from the advocate that he or she had been unable to reach an applicant would have been helpful.

The advocates felt communication with the DDS analysts improved during the pilot period. They noted that contacts were more frequent throughout the determination of the cases, and attributed some of this to the fact that applications from Advocacy Program clients were now going only to a small unit of DDS analysts, with whom the advocates became familiar and vice versa. In contrast, in the prepilot period applications submitted by the Advocacy Program could go to any of the many analysts at the DDS office or to other DDS offices.

Overall Application Quality

In interviews at the end of the pilot period DDS analysts noted that overall, the response rate for the various forms requested from applicants during the pilot period was high, and the forms requested by DDS were better completed than the average claims that they process.

There is some evidence to show that applicants were more responsive in returning required forms and attending consultative exams during the pilot period. During the prepilot period, 7 out of the 35 applications that reached the point of medical determination (20 percent) were denied because the client either refused or failed to attend a consultative exam. An additional 3 out of these 35 applications (9 percent) were denied for insufficient evidence (that is, not returning required forms to DDS).²⁰ In contrast, during the pilot period only 4 out of the 52 cases that reached the point of medical determination (8 percent) saw their applications denied for failure to attend a consultative exam. No applications during the pilot period were denied for insufficient evidence, even though more total applications were filed in this time frame than during the prepilot period.

Medical Allowance Rate at the Initial Adjudicative Level

The analysis assessed whether there was a change in the medical allowance rate at the initial adjudication level in two ways. First, the outcomes of the pilot participants who filed an SSI application with the assistance of the SSI Advocacy Program were compared with those assisted in the prepilot period. Second, those pilot participant outcomes were compared with those of a contemporaneous comparison group of SSI applicants from the Glendale catchment area who did not receive advocate assistance. Table 3.5 displays the SSI outcomes of all three groups. It also includes limited descriptive characteristics available from SSI application data to reiterate that the pilot and prepilot applicant groups were similar in age and gender.

The SSI medical allowance rate for clients assisted during the pilot period was similar to the medical allowance rate for advocate-assisted clients in the prepilot period (14 percent compared with 11 percent).

The SSI medical allowance rate for CalWORKs clients applying without the assistance of an advocate was higher than the medical allowance rate among clients applying with advocate assistance. It is difficult to interpret these figures, however, as a number of factors could affect the outcomes for which the analyses cannot control. Chief among these are motivation and level of disability. Clients who are more motivated or who have more severe disabilities

²⁰Denials for insufficient medical evidence and for refusal or failure to attend consultative exams are included in the “Other” category of reason for denial in Table 3.5.

TANF/SSI Disability Transition Project

Table 3.5

**SSI Outcomes by Receipt of SSI Advocacy Among Adult TANF Recipients
in the Glendale SSI Advocacy Program Service Area**

Measure	Prepilot Period Advocate-Assisted	Pilot Period Advocate-Assisted	Pilot Period Unassisted
Average age (years)	41.1	40.9	39.8
Female (%)	70.3	75.0	70.0
Male (%)	29.7	25.0	30.0
Indications of possible county-SSA interaction (%)			
Contact agency name included “DPSS” ^a	91.9	91.1	1.1
Application was flagged with “DPSS” in the memo	2.7	89.3	1.1
Applicant had an authorized representative	89.2	98.2	26.6
Outcome at the initial level (%)			
Medical allowance	10.8	14.3	18.5
Medical denial	83.8	78.6	68.9
Technical denial	5.4	3.6	4.9
Application withdrawn/failure to pursue	5.4	3.6	2.6
Pending final decision	0.0	3.6	7.7
Title II and Title XVI claims developed concurrently (%)	54.1	83.9	61.2
Body System Questionnaire returned (%)	29.7	35.7	33.5
<i>Deciding DDS (%)</i>			
Los Angeles West	88.6	96.2	27.0
Los Angeles North	2.9	1.9	30.7
Extended Service Team	8.6	1.9	11.6
Other	0.0	0.0	30.7
Consultative examination purchased ^b (%)	77.1	75.0	52.3
<i>Diagnostic group (%)</i>			
Musculoskeletal system	40.0	34.6	31.5
Mental disorders	20.0	21.2	29.7
Neurological systems	0.0	15.4	6.9
Cardiovascular system	8.6	3.9	8.1
Neoplastic diseases	0.0	1.9	2.5
Other impairments	14.3	17.3	14.5
Other/unknown	17.1	5.8	6.6
Missing	0.0	0.0	0.3

(continued)

Table 3.5 (continued)

Measure	Prepilot Period Advocate-Assisted	Pilot Period Advocate-Assisted	Pilot Period Unassisted
<i>Reason for allowance (includes only allowances) (%)</i>			
<i>Meets level of severity of listings</i>	25.0	25.0	27.9
<i>Equals level of severity of listings</i>	0.0	12.5	4.7
<i>Medical and vocational factors considered</i>	75.0	62.5	66.3
<i>Missing</i>	0.0	0.0	1.2
<i>Reason for denial (includes only denials) (%)</i>			
<i>Impairment did not or is not expected to last 12 months</i>	0.0	0.0	3.7
<i>Impairment is not severe</i>	16.1	11.4	12.5
<i>Able to do usual past work</i>	12.9	22.7	20.6
<i>Able to do other type of work</i>	38.7	56.8	48.0
<i>Other</i>	32.3	9.1	15.3
<i>Missing</i>	0.0	0.0	0.0
Sample size	37	56	466

SOURCES: Structured Data Repository SSI application data, CalWORKs cash assistance data for Los Angeles County, and Glendale SSI Advocacy Program tracking data.

NOTES: *Italic type signals measures that are calculated for only the subset of the full sample who reached the medical determination stage of the SSI application process.*

All sample members filed SSI applications as disabled adults in Los Angeles County and received CalWORKs cash assistance in Los Angeles County as adults in districts served by the Glendale office of the SSI Advocacy Program at some point between zero and six months prior to their SSI filing dates. To be considered as having received SSI Advocacy Program services, a person must have been most recently referred to the Glendale SSI Advocacy Program no more than 180 days prior to his or her SSI filing date. The prepilot period includes SSI applications filed between July and Dec. 2011; the pilot period includes SSI applications filed between January and July 2012. Percentages may not sum to 100.0 due to rounding.

One CalWORKs District Office, Lancaster, had no automated or manual referrals to the Advocacy Program during the prepilot or pilot periods due to a very low number of exemptions for permanent incapacities, and has been excluded from analysis. The table includes only pilot applications through July 2012 to allow for five months of follow-up with SSI application data. Individuals who could not be matched to SSI application data, including one with a missing Social Security Number in the Advocacy Program tracking data, are excluded from analysis. As a result of these restrictions, this table contains fewer individuals than the 69 total adults served by the pilot project. Pilot applications included in these figures may have a January 2012 filing date, although the pilot project did not begin until February 2012. Such cases represent situations wherein applicants were reached by the Advocacy Program in January and therefore have protected filing dates — the dates to which back payments of SSI can be made if they are found eligible — in that month, although they did not meet with advocates or physically file their SSI applications until February 2012 or later.

^aDPSS is Los Angeles County's Department of Public Social Services.

^bThis measure in the Structured Data Repository reflects whether DDS purchased a consultative exam, and therefore may not include all instances wherein DDS attempted to schedule a consultative exam (for example, applicants sometimes refuse to attend a consultative exam before it is purchased).

may be more likely to apply for SSI on their own without assistance and to provide more comprehensive documentation than those who seek out advocate assistance. It is also possible that clients with more severe disabilities may apply for SSI early, before they incur 12 months in exemption status for medical incapacity and receive an automatic referral to the Advocacy Program.

Interestingly, by the end of the pilot period DDS and SSI advocates noted that they often found themselves in agreement about the outcomes of the applications. Both the SSI advocates and the DDS analysts involved in the pilot project were asked why they believed that the allowance rate at the initial level was low. SSI advocates responded that although they felt that their clients met the criteria for a medical exemption from welfare-to-work activities, they still did not qualify for SSI.

DDS analysts interviewed for the project felt that many CalWORKs applicants were not eligible for SSI because they were too young to qualify based on the severity of their disability. Vocational assessment is based on age, education, and past relevant work experience, and many DDS analysts felt that many of these younger applicants could work or be trained to do new types of work. During one interview, a DDS analyst provided an example of someone in his 50s who can only do simple repetitive tasks, for only two hours per day, and only in a sedentary position. Such a person might be allowed onto SSI because he is not expected to be able to enter back into the workforce. But someone in his 20s with the same condition might not be allowed onto SSI.

To further explore the issues of age and other characteristics that may factor in to allowances and denials, Appendix Table B.1 displays demographic, cash assistance, exemption status, and SSI application data for all CalWORKs clients who applied for SSI during the pilot period, divided into groups based on (1) whether the client received advocacy services and (2) whether the SSI application was allowed or denied. A key difference between those medically allowed and denied was indeed their age: clients who were medically approved for SSI were on average 48 to 49 years old in both the advocate-assisted and unassisted groups, while those denied in both groups were on average around 38 to 40 years old.²¹

An earlier analysis from the TANF/SSI Disability Transition Project also found a relationship between demographic characteristics such as age and SSI outcomes. Compared with other SSI applicants, those who received TANF were 11 percentage points less likely to be awarded SSI. However, this discrepancy shrank to 5 percentage points when TANF recipients applying for SSI were compared with a demographically similar comparison group of non-

²¹Interestingly, those who did not speak English as their primary language were also medically allowed SSI at higher rates than native English speakers.

TANF SSI applicants (constructed using basic characteristics including age, gender, and state of residence).²²

Appendix Table B.2 shows that allowed and denied advocate-assisted cases had identical rates of consultative exams, indicating that the two groups had medical records of similar quality. Medical record quality therefore probably did not strongly influence the outcomes.

Faster Decision Times

The pilot intervention appears to have reduced processing time for an initial decision by one month or more on average. But this was largely due to pilot project cases being flagged for special handling at the DDS West Office. Conversations with staff did not indicate other potential explanations for faster processing times. Rates of consultative exams (indicated by DDS on the feedback forms as one of the most time-consuming portions of the medical evaluation process) were similar in both pilot and prepilot periods. In the end, the pilot intervention did not provide much information about how to facilitate speedier initial decisions. Flagging all cases for special handling would not be feasible.

Overall Coordination Between Los Angeles County and SSA/DDS

There was an overall improvement in communication and coordination during the pilot period. Based on interviews with all parties, clear lines of communication were established between the SSA field office and the Glendale SSI Advocacy Program office that supported regular phone communication about particular cases. All of the pilot project cases were adjudicated in one DDS office and the SSI advocates had a single point of contact to discuss specific applications as appropriate. The DDS West Office encouraged the Glendale SSI advocates to call or e-mail with any questions or updates with regard to submitted applications. The DDS West Office provided written feedback to the Glendale advocates on the quality of SSI applications submitted and held monthly conference calls with them to discuss their written feedback.

Lessons Learned

- **Overall, there was an increase in mutual understanding between the SSI Advocacy Program and DDS.** Each side seemed to gain a better sense of its pilot partner's operational context. The SSI application process is a black box for many TANF workers, and the application feedback forms provided a unique opportunity for DDS analysts to share information with SSI advocates about the quality of SSI applications and the reasons for specific SSI

²²Farrell and Walter (2013). See Tables 4.5 and 4.7.

medical allowance decisions. While such exchanges would be very difficult to replicate on a large scale, they point to the potential benefits of increased transparency and communication among SSA, DDS, and TANF staffs.

- **TANF agencies with service units (such as the SSI Advocacy Program) that serve relatively small yet vulnerable portions of their caseloads should ensure caseworkers know that these services are available.** In this instance, the SSI advocates were able to reach most of the clients who were automatically referred to them because they had been exempted from welfare-to-work activities for 12 months due to a medical incapacity. But they might have been able to reach more clients who were applying for SSI before they reached that 12-month point and who could have benefited from advocacy services. Only half of CalWORKs and welfare-to-work caseworkers asked about the SSI Advocacy Program had any familiarity with it, and less than 10 percent said that they were very familiar with it. Had they been aware of the Advocacy Program, TANF case managers might have referred more individuals for assistance with their SSI applications.
- **Despite the county's initial concerns, the SSI Advocacy Program appears to be assisting most TANF recipients referred to it who want assistance with their SSI applications.** The evidence from case file reviews and data matches indicates that the program is currently reaching two-thirds to three-quarters of those referred for assistance. It is important to recognize that many TANF recipients are applying for SSI without assistance from the Advocacy Program on their own, with help from county mental health providers, or with help from private attorneys.
- **While it is important to assist clients with the initial SSI application, advocacy programs should also pay attention to the considerable effort that may be required between initial application submission and the initial determination.** The SSI advocates only met with their clients face to face once for the initial preparation of the SSI application. As the function report is completed later in the process they provided little if any assistance to applicants in completing it. This may be a shortcoming of the current program. One idea discussed at the end of the pilot period was that SSI advocates could provide more assistance to clients when they are filling out the function report form. The current practice is for the client or a third-party observer (a friend or family member) to complete it.

- **Age plays an important role in the disability determination process.** Age factors into DDS’s assessment of whether an individual can work or be trained to do new types of work, and it emerged as a key factor in SSI denials at the initial level during the pilot period. A national analysis of SSI applications from TANF recipients reveals that TANF SSI applicants are on average younger than other adult working-age SSI applicants, and that controlling for this and other demographic differences partially accounts for their lower rate of SSI awards.²³

Implications for Further Research

The Los Angeles pilot experience suggests that providing SSI advocacy services is a complex and difficult undertaking with many components: outreach and recruitment; application preparation, submission, and follow-up; and coordination with SSA field office and DDS staffs. While the pilot project improved services in some ways, it does not appear to have changed the quality of SSI applications or altered initial medical allowance rates.

The pilot experience also made it clear that it is difficult to assess the “quality of the SSI application.” The pilot project sought to accomplish this by asking DDS analysts to rate the SSI applications submitted by the Advocacy Program on behalf of TANF recipients. However, it is challenging to assess whether a particular SSI application presented the most complete and effective presentation of the applicant’s circumstances. It is even more difficult to ascertain the extent to which the “quality” of the application might have changed a DDS decision, as improving the application might have still led to the same outcome if the individual did not meet the SSI eligibility criteria. Would a better-prepared application lead to a different disability determination? To the extent that future research seeks to explore this question, it will be important to devote significant thought to how to assess the quality of the application.

Finally, the Los Angeles pilot project demonstrated that a strong partnership among all parties can be beneficial for SSI advocacy programs. DDS and SSA field offices offered valuable advice to guide the design of the intervention and provided ongoing feedback to the TANF agency about the quality of its SSI advocacy services. Cultivating a strong relationship with DDS in particular is useful for SSI advocacy research, as DDS staff members are in a unique position to provide insight into the quality of SSI applications submitted and why claims are allowed or denied.

The Los Angeles pilot project was not a test of SSI advocacy services, but rather a test of efforts to improve the quality of an existing SSI advocacy program. There is very little

²³Farrell and Walter (2013).

research literature about the efficacy of SSI advocacy services provided by TANF. Outcomes data about SSI advocacy are scant and no experimental analysis of these services has been conducted to date. It would be useful for future experimental research on SSI advocacy to focus on this question.

In doing so, it will be important to develop programs with strong treatments. The SSI application process involves multiple steps over a period of time. The Los Angeles pilot project focused on providing clients face-to-face assistance with the initial application, followed by relatively light phone and e-mail support. The SSI application process includes DDS requests for additional information from the applicant (for example, function reports), requests to treating physicians for medical records, and often requests for applicants to go to consultative exams. Future tests of SSI advocacy services should consider providing stronger interventions at these steps in the process. The Los Angeles pilot project also focused only on the outcomes of SSI applications at the initial adjudicative level. However, SSI advocacy services also provide important assistance with appeals. While Los Angeles County provided such support via a contractor, Health Advocates, this aspect of the county's advocacy services was not included in the pilot project. Given that appeals-level decisions account for 50 percent of SSI awards among TANF recipients, it may be wise to evaluate comprehensive services in programs that assist with both levels of adjudication.²⁴

²⁴Earlier research in the TANF/SSI Disability Transition Project found that 38.2 percent of TANF-connected SSI applications resulted in an award at some level of the SSI adjudication process, with 19 percent of applications — or 50 percent of awards — resulting in awards at either the reconsideration or hearing level. See Farrell and Walter (2013).

Chapter 4

The Muskegon County Pilot Program

The Michigan Department of Human Services (Human Services) implemented a pilot program in Muskegon County, Michigan, to improve outcomes for Temporary Assistance for Needy Families (TANF) recipients with disabilities. The pilot program employed a multidimensional approach that included improving disability determinations while providing supportive case management, motivational interviewing, and higher-quality vocational rehabilitation services.¹ Evidence from this pilot intervention will be used to assess services for TANF recipients throughout Michigan.

Michigan's ambitious pilot program sought to address both how the state TANF system determines disability for the purpose of exemptions and Supplemental Security Income (SSI) referrals, and how motivational and employment services can help recipients with disabilities engage in work activity.

Specifically, Michigan sought to address two key goals:

- To better identify TANF recipients with disabilities in order to offer them targeted services, by expediting the disability determination process performed by the Medical Review Team (Review Team). The Review Team assesses disability-based work activity for TANF exemptions. Michigan sought to achieve this by using ideas and concepts from the *SSI/Social Security Disability Insurance Outreach, Access, and Recovery* (SOAR) model to develop a packet of materials (described in greater detail later in this chapter) for the Review Team.
- To help those who could work but who had limitations increase their engagement in TANF and work-related activities by using motivational interviewing and individually tailored employment services.

The evaluation of the pilot was designed to contribute to the following questions:

- Did the pilot services result in quicker and more accurate Review Team decisions?

¹“Vocational rehabilitation” services are designed to help individuals with disabilities prepare for and engage in gainful employment. See footnote in Chapter 1.

- Did motivational interviewing help TANF recipients in the pilot program develop their motivation to achieve goals?
- Did rapid job placement and person-centered support help to change the target population's engagement in vocational and employment activities under Michigan's welfare-to-work program, known as Jobs, Education, and Training?

After a brief summary of the main findings, this chapter describes in more detail how Muskegon County currently provides services to TANF recipients with disabilities, and how the pilot program sought to improve those services. It then discusses the pilot implementation and process findings, and concludes with lessons that emerged and implications for future research.

Main Findings

- **About half of the participants referred to the pilot program made it through to the disability determination step.** Among 140 participants referred to the pilot, 68 received a disability determination based on paperwork submitted using the SOAR-inspired process. Among those who did not reach that step, about a third did not submit medical documentation that provided proof of a disability lasting 90 days, required to make them eligible for the pilot program. Others submitted this proof, but did not submit the subsequent required materials for a Review Team application (discussed further below).
- **The SOAR-inspired model received mixed reviews from staff.** Managers felt that the SOAR-inspired process positively affected the Review Team process, leading to better organized packets sent and more accurate determinations. But the pilot program staff members responsible for completing the process felt that it created an extra burden without affecting Review Team outcomes or the timeliness of the Review Team's decisions. Given the staff's high caseloads and other responsibilities, this additional duty was difficult to implement.
- **Most TANF recipients who were referred to the pilot program were determined to be work-ready with limitations or to have disabilities that potentially made them eligible for SSI.** Among the Review Team determinations, about 69 percent were determined to be work-ready with limitations. These individuals were determined to have limitations or disabilities that precluded them from fully participating in TANF work activities without assistance. Twenty-two percent were determined to be potentially eligible for SSI

and therefore exempt from TANF requirements. The remaining 9 percent were found not to have a disability. Those determined to be work-ready with limitations were not exempt from the TANF work participation requirement.

- **Due in part to the time required to gather medical documentation and the length of the Review Team process, just a third of the clients determined to be work-ready with limitations received employment services within the pilot period.** Michigan attempted to simplify and expedite the process for making a disability determination, but it still took much longer than projected. However, approximately 80 percent of those who were determined work-ready with limitations received a decision prior to the last month of pilot operations (January 2013) and therefore had enough time to attend the employment services orientation.

Background

The Michigan TANF Program

The Michigan State TANF program, called the Family Independence Program (FIP), is housed in Human Services. The Jobs, Education, and Training program, which provides activities and employment services for TANF recipients, is administered by the Michigan Department of Labor and Economic Growth through the Michigan Works! Association (Michigan Works!).² Michigan has a state-administered TANF program with offices serving every county.

Michigan developed the Jobs, Education, and Training program through a partnership with Michigan Works! and the state's vocational rehabilitation agency, Michigan Rehabilitation Services (Rehabilitation Services). The original goal of the program was to engage each individual to either the level of the federal work participation requirement or the level of the individual's ability. All clients who received medical verification that their disabilities would last 90 days or longer were referred to Rehabilitation Services for assessment. Rehabilitation Services helped people who had work limitations but who were not exempt from TANF work-participation activities. However, Rehabilitation Services is a voluntary program with no history of mandating participation. This difference between the approaches of the state TANF and Rehabilitation Services systems resulted in performance concerns, and the partnership with

²Michigan Works! agencies provide employment services under Michigan's Workforce Development System.

Rehabilitation Services was terminated after three years.³ Following this, Human Services looked to Michigan Works! to engage TANF recipients with disabilities. As part of normal operations, the local Michigan Works! agencies are responsible for Jobs, Education, and Training employment services and case management, contracting out the delivery of these services to local providers. However, most Michigan Works! agencies and local providers lack experience providing services to clients with disabilities. Staff members at the Michigan Works! agencies and providers reported strong concerns over this lack of experience, and worried that negative client experiences could result in liability problems.

As a result, prior to the implementation of the pilot program, there were no disability-specific services available for TANF recipients in Michigan. Furthermore, state and county agencies, as well as local providers, reported that many Michigan Works! agencies would in fact not work with clients who provided doctor's notes stating the existence of a disability, because providers did not want to do harm to people with disabilities due to their own inexperience. As a result, before the pilot program many TANF recipients with disabilities faced a problematic and troubling situation indefinitely: they were not exempt from work-participation activities but the Michigan Works! agencies would not work with them.

Existing Processes and Services for TANF Recipients with Disabilities

As part of normal operations, FIP case managers can grant deferrals from work requirements for TANF recipients for up to 90 days with a doctor's note. For deferrals longer than 90 days, the TANF program relies upon the Review Team to make disability determinations. The Review Team is part of Human Services, and its offices are colocated with Disability Determination Services (DDS).⁴ The Review Team uses the same general criteria for disability as DDS, except that it can determine a disability (and an exemption from TANF) lasting for as little as 90 days, and it generally requires less medical evidence than DDS. However, the Review Team does not gather any medical evidence independently; it uses information gathered by the Human Services staff. When additional information is needed, the Review Team requests it from the Human Services office. This different process and evidentiary standard typically results in quicker decisions than DDS's, but places a heavier burden on local Human Services staff members.

When the Review Team determines that a TANF recipient has a work limitation but is still able to work, the individual is referred to Michigan Works! The Michigan Works! staff then

³Due to a recent reorganization in state agencies that put the Rehabilitation Services agency under Human Services, Michigan is again exploring using Rehabilitation Services as a vocational provider for TANF recipients with disabilities. The state reorganization could potentially lessen the difference in goals that existed between the two agencies.

⁴“Colocation” refers to providing services from different programs in the same physical location.

determines the number of hours of work activity that will be required as part of the individual's mandated TANF activities.

When TANF recipients apply for SSI in Michigan, they generally have little to no support in developing their SSI applications unless they engage attorneys or other sources outside of state services, yet they are required to apply for SSI if determined to be "disabled" by the Review Team. The state's SSI advocacy service only rarely supports applications from TANF recipients, as the SSI advocacy program is set up to support the state disability program's clients and not TANF recipients.⁵ Both Human Services staff members and TANF recipients generally believe that SSI applications are usually denied initially, and then the recipient needs to get legal representation and go through a long process (lasting two years or longer) to get a final decision. In fact, most adult SSI applicants are denied benefits initially, and the initial approval rate is even lower for those who received TANF around the time they applied for SSI.⁶ During this lengthy SSI determination process, recipients may be afraid to engage in work activity for fear that it might harm their SSI applications, but in some cases they are not exempted by Human Services from participation in work activities. As noted above, some Michigan Works! agencies are also reluctant to work with TANF recipients with disabilities. As a result, individuals on TANF can often find themselves denied SSI after not working for an extended period.

The Michigan Pilot Program

As noted above, the primary goal of the pilot program was to better address the needs of TANF recipients with disabilities by delivering a range of new services and improving the Review Team process. In addition, Michigan planned to:

- **Train staff members to improve the process for submitting disability determination packets to the Review Team and, when appropriate, applications to DDS.** In this pilot program, the staff developed medical and case evidence for TANF recipients claiming disabilities using a variation of materials from the SOAR model. This information was put into a comprehensive medical packet that was sent to the Review Team. The goal was to increase Human Services' understanding of the process and improve packets sent to

⁵The state disability program provides cash assistance to adults with disabilities. It does not mandate work activity in the way that TANF does.

⁶The 2012 SSI Annual Statistical Report shows that less than 30 percent of SSI applications in 2011 from adults ages 18 to 64 were approved at the initial level. See Social Security Administration (2013) for more information. Farrell and Walter (2013) found that this rate is lower for SSI applicants who also received TANF around the time they applied to SSI, and that these individuals tend to be younger than other SSI applicants. Farrell and Walter showed that 19 percent of individuals who were TANF recipients around the time of their SSI application were awarded at the initial level, compared with 32 percent for applicants who were not TANF recipients.

the Review Team so that decisions could be made quickly, and with less back-and-forth between the Review Team and Human Services.

- **Provide motivational interviewing to help TANF recipients with disabilities become more active and engaged.** During pilot development, staff members in Michigan discussed low motivation as a barrier to work participation for TANF recipients with disabilities. The pilot program therefore arranged for its staff to receive motivational interviewing training. As described in Chapter 2, motivational interviewing is used to identify ambivalence, create realistic goals, detail steps to reach those goals, and create an action plan.
- **Provide better employment supports to TANF recipients with disabilities.** Currently there are few employment services available in Michigan for TANF recipients with disabilities. As part of this pilot program Goodwill Industries of Western Michigan provided employment services tailored to recipients with disabilities.

Michigan sought to enroll 125 recipients in Muskegon County into the pilot program. Muskegon County, a county in Western Michigan that includes the city of Muskegon, was chosen for its strong local Human Services leadership and Goodwill Industries of Western Michigan's experience serving people with disabilities. Michigan planned to enroll 50 new TANF recipients who were claiming disabilities, and 75 recipients who had previously claimed disabilities but were found by the Review Team not to be exempt from TANF participation requirements. Under this design, the existing recipients were not required to resubmit Review Team materials using the SOAR-inspired model. Instead, they were immediately referred to Goodwill for orientation and then employment services. This allowed the Goodwill staff to begin serving clients at the start of the pilot period, instead of waiting for clients to cycle through the Review Team determination process.

Structure of the Pilot Program

Key partners in Michigan's pilot program included:

- **The Michigan Department of Human Services.** The state Human Services staff provided coordination and guidance and oversaw the pilot intervention.
- **The Muskegon County Department of Human Services.** Muskegon County operated the pilot program and conducted the intake and disability interview with clients, engaged clients in motivational interviewing, prepared SOAR/Review Team materials, and provided overall case management ser-

vices. Muskegon County identified two FIP workers who provided services to pilot program clients.

- **The Medical Review Team.** The Review Team makes disability determinations for Michigan's State Disability Assistance Program and for exemption status under TANF. In this pilot program, it conducted all disability determinations for all TANF pilot clients reporting a disability. The Review Team designated one examiner to review all cases from pilot program clients.
- **Disability Determination Services (DDS).** DDS advised the project's staff and provided training about DDS procedures.
- **Goodwill Industries of Western Michigan (Goodwill).** Goodwill provides training, skills assessments, job development, and supported or subsidized employment to individuals with disabilities. For this pilot program, it provided employment services that focused on each client's abilities, goals, and interests. Goodwill identified one staff member who provided and coordinated Goodwill services for all pilot program clients.
- **The Muskegon Michigan Works! agency.** The Muskegon Michigan Works! agency provided consulting and training to the pilot program's staff and conducted initial orientation for clients before they were referred to Goodwill.

Researchers met with staff members from all agencies on a regular basis to monitor program services.

Study Design

Michigan had a goal of recruiting new TANF recipients claiming a disability or existing applicants claiming a new or worsening disability who met the following criteria:

- They were currently receiving or applying for TANF benefits.
- They had received TANF for less than 38 months in Michigan at the beginning of the pilot period (and therefore had enough time left on TANF to benefit from the pilot program).
- They had claimed disabilities but had not been found exempt from activity by the Review Team, or had not yet had their cases decided.

The program identified existing clients and then enrolled new applicants until it reached its intended size.

Study Limitations

Because this was not a random assignment study, it cannot provide reliable estimates of program effectiveness. The evaluation therefore focused on process and outcome analyses. It used data from site visits, telephone calls with the pilot program, and Michigan's management information system. The process analysis documented the pilot program as implemented and tracked the flow of clients through FIP, the Review Team, and Goodwill. The outcome analysis measured engagement in employment-related activities.

Data Sources

The research team obtained data from the following sources to describe the pilot's implementation and measure the outcomes.

- **Field research.** The research team conducted interviews with managers and direct-service staff members from all partner agencies, observed training sessions on motivational interviewing, and joined team conference calls.
- **Case reviews.** The research team reviewed a random selection of cases with both Human Services and Goodwill staff members. Topics of discussion included each client's background, work history, and experience in the TANF system; interactions with the pilot program's components; Review Team determination; engagement in Goodwill services, if applicable; and final outcomes.
- **Prepilot questionnaire.** Human Services fielded a questionnaire that assessed pilot participants' belief in their ability to work and engage in education and training. This was administered to all individuals when they joined the program.
- **Participant focus group.** The research team conducted a focus group with a random selection of pilot participants. Researchers asked questions about participants' backgrounds, experiences with the TANF system, interactions with the pilot program's staff, experiences claiming work limitations through the pilot program, experiences working with Goodwill staff (if applicable), and overall impressions of the program.
- **Management information system data.** The research team analyzed program data collected from the Review Team and Michigan Works! management information systems and a pilot program tracking log developed by Human Services. The data collected provided information on the length of time participants spent in each pilot component, the characteristics of the pi-

lot sample, and participants' interactions with Goodwill, when applicable. However, the data were limited in many places, which made it difficult to report on some aspects of the pilot program. These limitations are noted throughout this chapter.

The Implementation of the Pilot Program

Program Components and Flow

Figure 4.1 depicts the track that clients followed through the pilot program, with the number of clients that reached each stage. This section describes each of the program's components in more detail.

Recruitment and Intake Process

Clients were recruited from two target groups: 1) new TANF applicants claiming disabilities and 2) existing recipients who had previously claimed disabilities and were due for annual reviews, or who claimed new or worsening disabilities. FIP staff members used a screening tool to identify eligible candidates and refer them to pilot program workers. Pilot recruitment began in June 2012 and ran through December 2012.

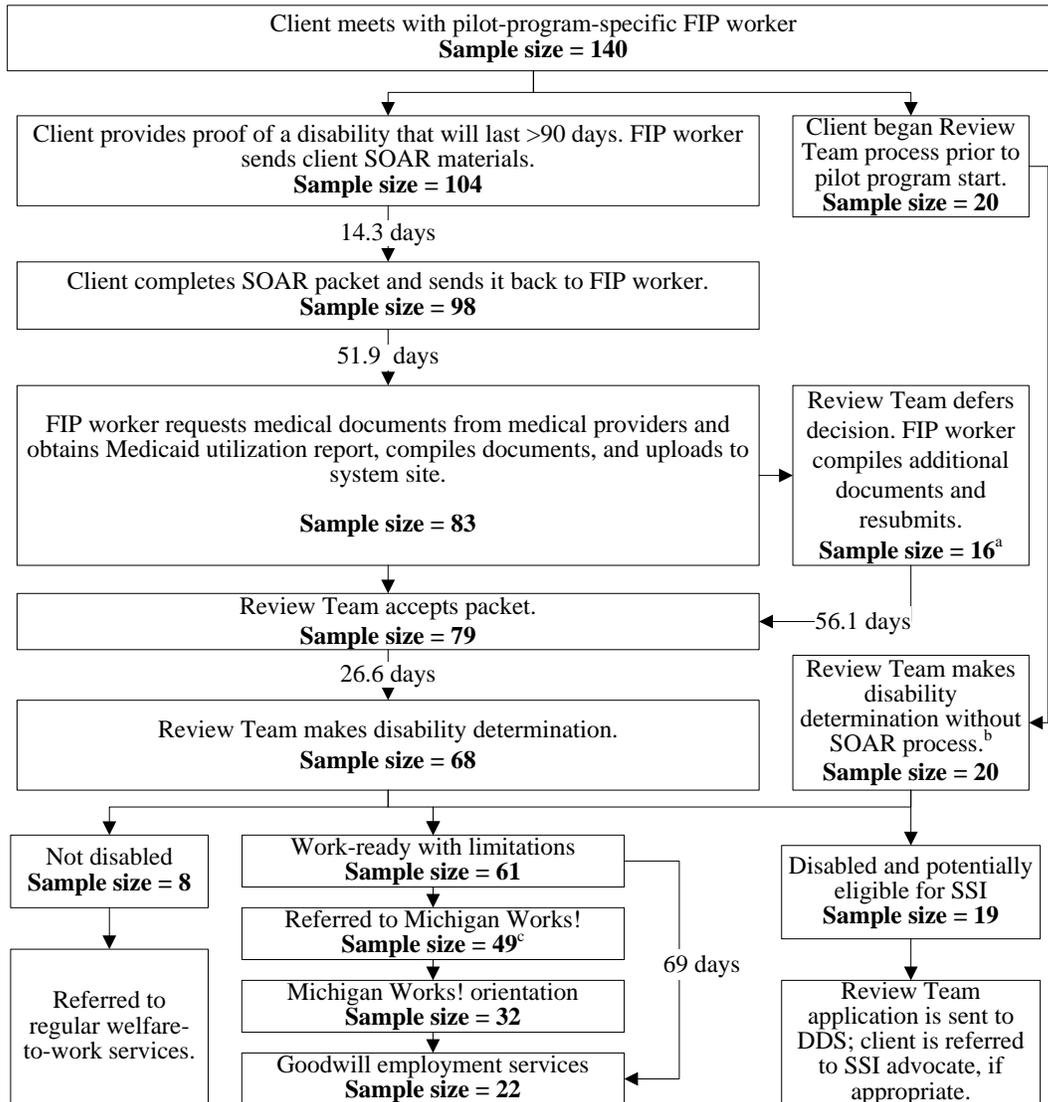
The pilot program planned to recruit 125 clients. Staff members identified existing TANF clients and then new TANF applicants and exceeded that target. A total of 140 clients were recruited: 43 new TANF applicants, 5 existing clients due for annual reviews, and 92 existing TANF clients who claimed new or worsening disabilities, or who had already received determinations from the Review Team.

Participation in the pilot program was voluntary, but once recruited participants were required to engage in activities, including employment services at Goodwill, if it was deemed appropriate. Once recruited into the pilot program, individuals met with program-specific FIP workers and were notified of the program's purpose, expectations, and next steps. They were also asked to complete a questionnaire that gauged their interest in working and identified any barriers to employment. Lastly, new applicants and existing recipients with new disabilities were required to have a medical professional complete or update a deferral form. This form was used to verify the existence of a physical illness, mental health issue, limitation, or incapacity expected to last longer than 90 days. Individuals who did not return their completed forms or who had disabilities that were not expected to last longer than 90 days were removed from the pilot program; a total of 16 individuals were removed at this stage.

The TANF/SSI Disability Transition Project

Figure 4.1

Michigan Pilot Program Flow



SOURCES: MDRC calculations based on data from the Pilot Client Tracking Log maintained by Muskegon County DHS.

NOTES: ^aOf those deferred, four were not resubmitted to the Review Team before the pilot program’s end because of delays in receiving consultative exams.

^bAs described in the text, the SOAR-like process used in the pilot deviated substantially from the standard SOAR model.

^cOf those determined to be work-ready with limitations, 49 received a decision before January 2013.

Of the 124 other individuals, 20 were existing TANF recipients who had already claimed disabilities and received Review Team determinations prior to the pilot program's start date. They were automatically referred to Goodwill for employment services. These individuals are not included in the calculations of client flow prior to Review Team determination. The remaining 104 participants were sent a SOAR packet, the first piece of the pilot program's services, and were counted as "participating in the pilot program." The SOAR packet, a key piece of the SOAR model, is discussed below.

Participants could be deemed ineligible for TANF and removed at any point during the pilot period. This most often happened if they were working full time, if they were receiving SSI or Disability Insurance income, or if a household member's income put the family over the TANF income limit. Participants were also removed from the pilot if they failed to provide a necessary document (for example, any disability determination or SOAR document). By the end, of 104 participants a total of 44 were removed from the pilot program.

SOAR-Inspired Process

Once a TANF client confirmed that his or her disability was expected to last longer than 90 days, the FIP worker sent that client a packet of SOAR materials. This packet contained a release of information form, a form requesting a complete list of medical professionals' names and contact information, and the SSA application forms (relating to disability, work history, and functional assessments). The FIP worker also obtained a Medicaid utilization report (through the online Department of Human Services management information system), which contained 12 months of medical history, including medication, and the name and address of each medical provider.

The SOAR model was originally designed to help community-based caseworkers expedite SSI (and Disability Insurance) applications for homeless individuals. It focuses on developing strong relationships with SSA and DDS offices. There were two reasons for using a SOAR-inspired model in the Michigan pilot program. First, by training FIP workers in the SOAR model, the pilot program sought to help them to better understand both the Review Team and SSI processes and eligibility criteria. Second, it sought to create an efficient, more expedient process, beginning when a client claimed a disability and continuing through the Review Team determination process and eventually the SSI application, when appropriate. By developing more complete packets for the Review Team and by sharing medical data collection responsibilities across the Human Services and Review Team offices, the state hoped to see a reduction in administrative costs.

While the pilot program's staff members were trained in SOAR, the county made some significant deviations from the SOAR model. The research team concluded that it is more accurate to say they used a SOAR-like process rather than the SOAR model itself. For example,

the standard SOAR model is a step-by-step process in which documents are completed with the client over eight weeks. Under SOAR, many of the application materials are completed online. In the pilot program all materials were provided to participants at one time as hard-copy documents. Participants were expected to complete the packet independently, though they could call the FIP worker with questions. Furthermore, unlike in the SOAR model, the staff members assisting participants with their SOAR applications did not interact with SSA very much. These divergences from the standard SOAR model were a consequence of both the pilot program's timetable and the decisions that Michigan made in implementing it. The pilot program was only slated to operate for six months, and Michigan believed that following the standard eight-week SOAR protocol would have created a bottleneck and limited the time available for other services.

Almost all pilot participants who were sent a packet returned it (94 percent), and did so within about two weeks on average. When a completed SOAR packet was received from a participant, the FIP worker checked it for completeness and then used the information from the participant's list of providers and the Medicaid utilization report to send requests for medical documents directly to the participant's physicians. When all documentation and evidence was received from medical professionals, the FIP worker compiled the materials and transmitted the file to the Review Team. It took on average almost two months (51.9 days) to receive materials back from medical professionals and submit them to the Review Team. Ultimately the FIP workers submitted a total of 83 packets.

National studies show that SOAR-trained staff members are able to compile SOAR documents and submit packets for SSI eligibility determination within an average of 60 days. In the pilot program it took a little over 60 days for a participant to return the SOAR documents and for the FIP worker to compile and submit the SOAR packet. But the delays in Review Team determinations, especially for those deferred,⁷ took significant additional time and created challenges for the pilot program (see next subsection). Overall, the entire process — from mailing the SOAR packet to the client through the Review Team determination, including delays for referrals — took an average of 105 days.

Review Team Determinations

The Review Team dedicated one staff member to complete determinations for all pilot cases. In the pilot program, the Review Team was expected to make disability determinations or issue requests for consultative exams within five days of receiving complete medical evidence (that is, the completed SOAR packet). This policy was put in place because the pilot period was

⁷Participants were "deferred" by the Review Team when a determination could not be made based on the documents provided. In these cases, the Review Team requested that the participants undergo a consultative exam to provide additional medical evidence.

so short. If the Review Team was unable to make a determination based on the medical evidence provided, it faxed the Department of Human Services a document that requested a consultative exam or additional medical records. In these cases, the FIP worker coordinated with the client to schedule an appointment with a medical provider under contract to the state. Once the Review Team made its determination, it faxed a document to Human Services that indicated whether the person was “work-ready with limitations,” “not disabled,” or “disabled and potentially eligible for SSI or Disability Insurance.”

The Review Team was able to make disability determinations without the use of consultative exams for 67 participants.⁸ Once the Review Team received an acceptable packet, it took 27 days, on average, to make a decision, substantially longer than the expected 5 days.

A total of 16 packets were deferred because the Review Team was not able to make a determination based on the materials in them. These packets were sent back to the FIP worker with a request that the individual undergo a consultative exam. On average it took almost two months from when the packet was originally submitted before it was resubmitted to the Review Team. The most often cited reason for this delay was the waiting list for consultative exams.

By the pilot program’s end, the Review Team made decisions for 88 clients, though 20 of them had submitted information to the Review Team before the pilot period began and thus did not submit SOAR packets. Of these 88 clients, 61 were deemed to be “work-ready with limitations,” 8 were deemed to be “not disabled,” and 19 were deemed to be “disabled and potentially eligible for SSI or Disability Insurance.” The Review Team was unable to make a determination for 4 clients; they were referred back to Human Services for consultative exams but were unable to schedule appointments before the end of the pilot period. The remaining 11 participants dropped out or were removed from the program after their packets were submitted. Due to data limitations, there is no information from the management information systems on the reason each specific participant was removed, but in interviews program staff members indicated that removal from the program most often occurred because a household member’s income put the family over the TANF income limit.

The Review Team listed work limitations in the documents sent to the FIP worker. These were categorized as physical, mental, or “other.”⁹ Participants who were deemed to be work-ready with limitations were referred to Goodwill for employment support. The Muskegon

⁸Due to limited data, the evaluation was unable to compare this to prepilot outcomes.

⁹“Physical” limitations include limitations on lifting, carrying, standing, walking, or sitting. “Mental” limitations refer to an individual’s ability to understand, remember, and carry out instructions; respond to supervision; and make simple, work-related judgments. “Other” limitations include postural, manipulative, visual, or communicative limitations, as well as the need for handheld assistive devices. Due to limited data, it is unknown how many of the 43 participants who were determined to be work-ready with limitations fell into each category.

Michigan Works! agency used the Review Team’s work-readiness documents to determine the number of work hours the participant had to complete to fulfill TANF requirements (see subsequent section).

Table 4.1 characterizes the individuals who were determined to be work-ready with limitations and referred to the local Michigan Works! agency before January 2013.¹⁰ As noted in the table, the majority of the individuals referred for employment services were female, and their average age was 36. Over 80 percent (81.6 percent) were white, 14.3 percent were African-American or black, and the remaining 4.1 percent were Hispanic. The most common primary diagnoses were split between “other” (36.7 percent) and mental disorders (34.7 percent). Almost a quarter (24.5 percent) of participants referred for employment services reported a musculoskeletal diagnosis and a small minority (2 percent) were diagnosed with digestive or neurological disorders.

Participants who were deemed to be “not disabled” by the Review Team were referred back to regular welfare-to-work services unless they claimed new or worsening disabilities. Clients who were deemed to be “potentially eligible for SSI or Disability Insurance” are discussed in the *SSI Advocacy* subsection.

Employment Services and Training

The pilot program’s employment services and training component was designed to fill a gap for TANF recipients with disabilities. Goodwill was specifically given the contract for this pilot because of its experience in providing work opportunities and skill development for people with disabilities and other barriers to employment.

Because participants were likely to be referred back to the regular welfare-to-work program after the pilot program’s completion, Goodwill and the Muskegon Michigan Works! agency worked closely to streamline the postpilot transition and make the process as simple for clients as possible. Once participants were determined to be work-ready with limitations, they were automatically referred to a Michigan Works! orientation. During the week-long orientation, participants met with Michigan Works! coordinators who explained the welfare-to-work program and its rules. Both pilot participants and regular welfare-to-work clients participated in this orientation as a group. Participants performed work-readiness assessments, which Michigan Works! coordinators used along with the Review Team’s work-readiness documents to determine the number of hours each participant had to complete to fulfill his or her TANF work activity requirement. Prior to the last day of orientation, there was no pilot-program-specific

¹⁰This table only includes data for 49 individuals (approximately 35 percent of the total sample) who had records in both the Michigan Works! data system and the Review Team’s determination data system. Due to limited data, the evaluation is not able to report on characteristics of the remaining 91 pilot participants.

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Table 4.1

Characteristics of Michigan Pilot Program Sample Members Referred for Employment Services

Characteristic	Employment Services Sample
Age at Review Team decision (years)	36.4
Gender (%)	
Female	75.5
Male	24.5
Race (%)	
White, non-Hispanic	81.6
African-American, non-Hispanic	14.3
Hispanic, any race	4.1
Body system of primary diagnosis (%)	
Musculoskeletal	24.5
Digestive	2.0
Neurological	2.0
Mental disorders	34.7
Other	36.7
Sample size	49

SOURCES: TANF/SSI Pilot Client Tracking Log maintained by Muskegon County Department of Human Services, Michigan Medical Review Team determination data, and Michigan FIP characteristics data, 2011-2013.

NOTES: The employment services sample comprises 49 sample members referred to the Muskegon Michigan Works! agency by January 2013. Due to data limitations, pilot participants who did not reach the Michigan Works! agency are not included in this table.

Percentages may not sum to 100.0 due to rounding.

content. On the last day of orientation, pilot participants met with the Goodwill employment specialist to discuss their participation in the pilot program as well as their individual priorities and concerns.

The project team learned that due to complications with their health and medications it was often very difficult for participants to attend for the full five days of orientation, and as a result many were dropping out at that stage. As a result, in November 2012 the orientation was cut to three days. In addition, Goodwill tailored these sessions to participants individually, ensuring that they were valuable and informative to each. In the new arrangement, pilot participants met as a separate group instead of attending the orientation with other welfare-to-work clients. While they met with Michigan Works! coordinators briefly to determine the

number of hours they were required to engage in work activities, the majority of their time was spent with the Goodwill staff. Participants were given both standard welfare-to-work work-readiness assessments as well as ones used regularly by Goodwill. The restructured meetings gave Goodwill staff members more time to meet individually with clients to discuss the results of their assessments, recommend services, answer their questions about the pilot program, and address their concerns about participation. Because the orientation was abbreviated, participants were more likely to start services quickly. Once participants completed the orientation phase, they began to work closely with the Goodwill employment specialists.

Of the 61 participants determined to be work-ready with limitations, only 49 received determinations prior to the last month of pilot operations and were therefore referred to the Muskegon Michigan Works! agency. The remaining 12 received their determinations too late to be included in pilot-program-specific employment services and were referred to the regular welfare-to-work program. Of the 49 referred to Michigan Works! during the pilot period, 65 percent (32 individuals) attended the Michigan Works! orientation. About half of the participants referred to orientation and then Goodwill started services (22 individuals); on average, it took over two months for participants to start Goodwill services after the Review Team determination.¹¹ Goodwill reported that participants often contested the Review Team's decision; those who supplied new evidence or reported a worsening disability or a new one were not required to participate in employment services. Due to limited data, it is unknown how many participants formally contested the Review Team's decision.

Once a participant was referred to Goodwill, he or she received individually tailored employment services that focused on a quick attachment to competitive employment, drawn from an array of services well established in Goodwill support models for people with disabilities. These services included:¹²

- **Assessment and individually tailored case management.** Case management started with a thorough assessment of participants' background, skills, and abilities, focusing on four areas: career, life management, behavior, and interpersonal needs. The staff evaluated participants' job interests and need for vocational services through one-on-one discussions and by using Work Keys tests that measure applied math, reading, and locating skills. Goodwill also used short work evaluations to determine the skill and work readiness of those with more restricting disabilities, or little to no work history.

¹¹“Starting services” is defined as meeting with a Goodwill staff member for assessment and case management. It does not include meeting with a Goodwill representative during the Michigan Works! orientation.

¹²Due to limited data, it is unknown how often participants used specific services or Goodwill programs.

- **Barrier identification and resolution.** Goodwill is closely tied to local transportation services and worked to secure the transportation pilot participants needed to apply for jobs and travel to work. In addition, Goodwill helped participants secure adaptive technology or other assistive devices that were necessary to maintain employment. Lastly, while this is not a disability-related barrier, Goodwill noted that many pilot participants had criminal records; the staff worked with participants to appropriately disclose their backgrounds and identify suitable jobs for them (for example, some had records of thefts and were unable to work in sales).
- **Support with job preparation and on-the-job training.** When the participants were ready for a job search, they were provided with Goodwill Works job readiness services, such as résumé development, further skill assessments, financial literacy courses, situational assessments, and on-the-job training. Every participant’s work plan was individually tailored, and participants were only provided services both they and the Goodwill staff agreed were needed. Goodwill could also subsidize some pilot participants’ salaries to support on-the-job training efforts and give incentives to employers, though it is not known whether any pilot program participants received on-the-job training funded by Goodwill.
- **Job development and connection to employers.** Job developers worked directly with employers on the behalf of the participants. This one-on-one “education” was effective in diminishing the anxiety of potential employers by focusing on applicants’ skills and not their disabilities. In the cases where Goodwill found that participants had restricting disabilities or little work history, it was able to supplement employers’ costs in job assessments and training wages while providing work experience for participants. Job developers kept participants abreast of job postings and other opportunities.

SSI Advocacy

Clients determined to be “disabled and potentially eligible for SSI” by the Review Team were required by Human Services to apply for SSI benefits. As noted in previous subsections, a total of 19 people met this requirement. When the FIP worker received the Review Team’s determination, the worker then verified whether the person had an active SSI application. In the pilot program, the Review Team application was directly aligned with the SSI application; participants were required to complete SSA forms as part of the SOAR-inspired process. The objective of aligning the Review Team and SSI applications was that a participant determined to be “disabled” by the Review Team would be more likely to receive the same

determination from DDS. Therefore, Human Services could refer individuals to DDS who were the most likely to be eligible for SSI. Pilot participants who had already applied for SSI could use the Review Team report to support their applications.

In Michigan, SSI advocacy is provided to General Assistance clients who have already applied for SSI and are appealing a decision.¹³ In the pilot program, an SSI advocate was identified to provide services to pilot participants who were determined to be “disabled” by the Review Team and who had already applied for SSI. Once the FIP worker verified that a participant had already filed an SSI application, the worker called or e-mailed the SSI advocate to begin working with the participant. The SSI advocate then used the Review Team application to provide additional evidence of disability for the SSI application.

Participants who were determined to be “disabled” but who had not yet applied for SSI were not eligible to receive SSI advocacy services. Instead, the Review Team forwarded the participant’s application and the Review Team’s determination report to DDS with a cover page stating that the individual would apply separately, and DDS would store that information. The participants were then notified by the FIP worker that they were required to apply for SSI.

Motivational Interviewing

The pilot program used motivational interviewing to address low engagement in TANF work activities among individuals reporting work limitations and disabilities. Previously, FIP workers struggled to engage clients and relied on the mandatory nature of TANF to compel them to participate in work activity. By using motivational interviewing techniques, the pilot program sought to help participants see goals from a different perspective and develop their own motivation to take advantage of all the community resources, educational tools, and job placement opportunities that the TANF program offered.

The questionnaire given by Human Services to clients when they entered the pilot program yielded some information on the sample’s level of engagement and interest in working. The questionnaire asked questions about a person’s belief that he or she would work, attend school, or seek job training now, in the next six weeks, in the next six months, and in the next year. If a person was not seeking to work, the questionnaire asked why not. Questionnaires were collected from 62 clients at the start of the pilot program: at baseline, 8 percent stated that they would find work in the next year, 12 percent said they would go to school, and 11 percent stated that they would seek job training. These data led the research team to believe that motivational interviewing was a necessary tool in the pilot design.

¹³General Assistance refers to benefits provided to adults *without dependents* (single persons, or less commonly, childless married couples). TANF is limited to eligible adults with dependents.

While the pilot design called for “motivational interviewing sessions” to be provided at specific points in time, the motivational interviewing model is characterized by a particular clinical “way of being” and is based on three key elements: collaboration between the staff and the participant; evoking the participant’s ideas about change; and emphasizing the autonomy of the participant. Staff members were trained to develop a client-centered counseling style in order to elicit behavior change. They were given the opportunity to use motivational interviewing techniques when participants enrolled in the pilot program, when they received the Review Team’s determination, when they were referred to Michigan Works!, and during any necessary “triage” sessions. Goodwill also used motivational interviewing techniques during orientation, during discussions concerning employment, and during any pretriage sessions.

Triage and pretriage sessions were opportunities for staff to discuss with noncompliant participants their reasons for not participating in services, and to resolve their barriers to participation. Pretriage sessions were meetings between pilot program clients and Goodwill staff members. During these meetings, Goodwill staff members used motivational interviewing techniques to discuss the individuals’ goals, any barriers they faced, and next steps. If after the pretriage session the individual was not participating in services, he or she was required to attend a triage meeting.

For triage meetings, clients were required to meet with the FIP worker along with staff members from Michigan Works! and Goodwill. During these meetings, staff members used motivational interviewing techniques to discuss each participant’s case and resolve his or her barriers. Individuals who failed to attend a triage session or to provide a good cause for not participating in pilot program services were at risk of being sanctioned by having their cases closed a minimum of three months for the first episode of noncompliance, six months for the second, and for their lifetimes for the third episode. Determining “good cause” was at the discretion of the FIP worker but was based on Human Services policies and procedures. MDRC was provided only limited data on the rate of sanctioning, and therefore it is unknown how many participants were removed from the pilot due to noncompliance.

Technical Assistance

Technical assistance was provided throughout the six-month pilot and included training in SOAR, the disability determination process, and motivational interviewing.

SOAR Training and Review Team/SSA Workshops

As part of the pilot’s commitment to provide ongoing support to the FIP workers, the entire team (that is, Human Services, the Review Team, Michigan Works!, and Goodwill) held regular meetings both with the research team and independently to discuss concerns. During these meetings, the team discussed specific cases and the Review Team provided technical

assistance on how staff members could improve the medical documentation they provided. The Review Team was also available to answer any question on an as-needed basis, by telephone or e-mail.

Motivational Interviewing

Motivational interviewing training occurred over two days in May 2012, and was conducted by a member of the Motivational Interviewing Network of Trainers. The training focused on altering the staff's communication styles and interactions to a more collaborative and supportive approach. Since the training was provided in the context of the TANF program, it focused on the end goal of motivating clients to move toward self-sufficiency and participation in work activities. Attendees were given multiple opportunities to apply lessons, discuss specific concerns, and solve problems with the group. Due to the short time available to develop and implement the pilot program, however, the team did not arrange to have formal ongoing technical assistance available from the motivational interviewing expert who conducted the training.

The Muskegon Human Services director felt it was very important for her entire team to improve their interactions with recipients and promote a more positive message. Therefore, the local Human Services reinforced motivational interviewing lessons with workshops and practice sessions provided by a local motivational interviewing expert.

Implementation Findings

The findings presented in this section are based on interviews with pilot program staff members.

Pilot Development and Launch

During the design phase, the pilot's development was met with some challenges, including staffing changes, leadership changes at the state level, and conflicting priorities. In addition to these challenges the pilot partners had limited experience working together, so it was necessary to build relationships. Initially, Human Services, Michigan Works!, Goodwill, and Review Team staff members had little understanding of each others' goals and processes; this lack of mutual understanding affected clients, who were often left confused or frustrated by obstacles in the way of getting services. The agencies approached working with this population in different ways, and their objectives were not always aligned. For example, Human Services aimed to meet the federal work participation rate requirement, but local Michigan Works! providers often felt they were ill-equipped to serve clients with disabilities. During the course of the pilot, the agencies developed stronger relationships and consistently worked together to

solve problems. This outcome was achieved through regular staff and management meetings, and by attending training sessions and workshops as a cohesive group (instead of separately).

Enrollment

While in the design phase of the project, the pilot team reviewed Human Services' data and determined that it could recruit at least 50 new applicants over the course of the pilot program and at least 75 existing applicants at the start. However, Human Services found coding errors in these data; many clients were incorrectly coded as having disabilities who were in fact not eligible for the pilot program. As a result, there were fewer incoming and existing clients than expected. Recruitment was delayed as Human Services corrected the coding errors. There were fewer eligible clients ready to begin services at the pilot program's start than expected. In addition, at the time the pilot program launched, the state adopted a policy change that affected Muskegon Human Services' TANF caseload. As a result, the state required that the Human Services team delay implementation of the pilot program and focus instead on implementing the policy change. Enrollment was set to start in spring of 2012, but due to this unanticipated work the Human Services team could not begin recruitment until the early fall.

The SOAR/Review Team Component

Training

The pilot team felt the SSA/Review Team training sessions helped staff members understand better the Review Team process and the criteria DDS uses to make disability determinations. Human Services further reported that the information was valuable and, as a result, staff members felt better prepared to answer clients' questions about the Review Team and DDS processes.

However, there were unexpected challenges inherent in the training sessions. First, the pilot team struggled to determine how much information to provide during the workshops. The training session attendees (FIP workers and Goodwill staff members) were not medical examiners, and there was some concern that providing in-depth information on SSA paperwork would be overwhelming or not applicable to their actual responsibilities. The Human Services management team also noted that the Review Team/DDS systems are confusing and complex. While the training helped staff members to provide accurate information to clients, they needed hands-on experience to implement the SOAR-inspired process. Therefore, it may have been more appropriate to schedule time for staff members to practice working on SOAR packets, or even to have supplemented the workshop by allowing them to shadow or work with an expert on actual cases. Lastly, the training occurred in late 2011 but the pilot program did not begin until the summer of 2012; the lag between the training and implementation caused some attendees to forget the information they learned, but a "refresher course" was not provided.

Implementation Lessons

The implementation findings were based on impressions from staff members. The Muskegon and state Human Services management teams felt that SOAR was a valuable addition to the TANF service model. They reported that the model gave staff members a better understanding of what documents needed to be collected, and helped them organize these materials for the Review Team. Managers felt the SOAR-like process positively affected the Review Team process; they believed that the packets sent to Review Team were better organized and the Review Team staff was able to turn around quicker, more accurate determinations.

In contrast, the FIP workers were less enthusiastic about the SOAR-like process. They felt it created extra burden but did not affect Review Team outcomes or the timeliness of decisions. They stated that it took longer than the previous, more limited efforts to collect documentation, and particularly a lot of time for medical professionals to fulfill requests for documents. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), doctors' offices were required to fulfill requests within 30 days. FIP workers tried to hasten their responses by creating informal relationships with office personnel and stressing the importance of the documentation on clients' behalf. However, in reality, it took almost two months (51.9 days) to receive documents back from medical professionals, a very long time especially given the abbreviated pilot time frame.

While pilot program policy mandated that the Review Team make determinations within five days, on average it took about a month for the Review Team to make a determination.¹⁴

The Review Team also felt that the SOAR-like process was ultimately not worth the extra administrative burden for FIP workers. The Review Team staff felt that the use of the SOAR model did not produce any differences in determination results compared with the "regular Review Team process."

A key difference between the prepilot Review Team process and the process used in the pilot program was that the Review Team's staff applied SSA evidentiary standards to all cases submitted as part of the pilot program. SSA requires evidence to prove all medical conditions, while generally the Review Team can make determinations using less documentation. This may mean that the Review Team's determinations under this pilot process were more in line with SSA decisions. However, due to limited data, the research team was unable to determine whether cases determined "disabled and potentially eligible for SSI" were more likely to be approved for SSI than similar cases during the prepilot period.

¹⁴Due to limited data, it is unknown whether the Review Team processing time during the pilot period was on average quicker than the processing time in prepilot periods.

A consultative exam request added almost two additional months to the timeline. The SOAR model seeks to reduce the need for consultative exams, but Michigan believed that they were necessary due to the Review Team’s requirements under this pilot design. Because FIP workers were not medically trained, they were not able to make inferences about what additional medical documentation was needed. This, in addition to the Review Team’s use of SSA evidentiary requirements, resulted in the need for more consultative exams than expected. Human Services employed contracted medical professional groups for all consultative exams. These offices had extensive waiting lists, and it often took months for clients to schedule their exams, let alone have their cases resubmitted to the Review Team.

The SOAR-inspired process was also not well received by clients. During the focus group, the research team learned that clients felt the SOAR packet was overwhelming and they did not understand why they were required to complete more medical documents. This could be because the pilot program gave the applicant everything at once to fill out on his or her own, a significant deviation from the original SOAR model.

In addition to the burdensome paperwork, clients were not happy with the Review Team determinations. For example, Michigan Works! used details from the Review Team determinations — such as the number of hours a person could stand, sit, or walk per day — to determine a recommended number of hours a person could work. In some cases, Michigan Works! determined that some people could work as few as five hours a week. In interviews with the research team, clients expressed the belief that they could “only work five hours a week” as a result of the Review Team determinations, thereby setting perhaps impossible standards for finding employment.¹⁵

Employment Services

Overall, the Michigan Works! and Human Services teams thought the employment services successfully reached participants who had not previously been served. Human Services reported that each agency had an understanding of its role in this process and worked to ensure clients flowed through it efficiently. However, while the pilot did create a “service path” to employment for clients, there were significant challenges in engaging clients and motivating them to participate in employment activities.

¹⁵It is important to note that the Medical Review Team made a general determination about a client’s limitations for performing physical tasks, while Michigan Works! used that information to make the determination about the hours required for that client to meet the welfare-to-work requirements. A determination that a client is only able to work for five hours a week would likely prevent the client from engaging in substantial gainful activity. Therefore, if the Review Team had been responsible for determining the number of hours a client was required to work, and had determined that he or she was only able to work five hours a week, that client would have likely been determined to be potentially eligible for SSI.

One major challenge was that few participants used Goodwill services, and those that did began working with Goodwill's staff only very late in the pilot period. Of the 61 participants determined to be "work-ready with limitations" and to be eligible for pilot-program-specific employment services, only 49 received the Review Team decision in time for a referral to orientation. Among these only about two-thirds (65.3 percent) completed the Michigan Works! agency orientation and 44 percent started Goodwill services. Most participants began working with Goodwill between early November 2012 and mid-January 2013. The pilot program ended January 31, 2013, leaving very little time for Goodwill to engage pilot participants in activities. These data show that the lengthy Review Team process and the Michigan Works! orientation together resulted in very late referrals to Goodwill, leaving little time for employment services before the pilot program ended.

Among those determined to be "work-ready with limitations," most participants' engagement dropped off between the Review Team determination and their referral to Goodwill. Many either did not show up for orientation or dropped out before it was complete. As noted in previous subsections, it took over two months on average between the Review Team determination and the start of Goodwill services. Participants reported during the focus group that they found the Review Team process demoralizing and frustrating. The week-long Michigan Works! agency orientation at the beginning of the pilot period may have hindered clients from receiving services from Goodwill, although decreasing the length of the orientation and meeting with the clients individually did improve engagement. Participants also reportedly became confused by the various staff members assigned to their cases. The pilot program may have seen better engagement if the participants had had to interact with fewer entities and if the same entity had been assigned both the coordinator and job developer roles. Participants who eventually received employment services and Goodwill staff members reported that it would be very difficult to find competitive employment that could accommodate the job restrictions and limited work hours of clients determined to be "work-ready with limitations." Many participants felt that the determinations were not accurate and noted that "the Review Team didn't know the whole situation." Participants also may have come to see their Michigan Works! decisions as the "maximum" hours they could work and acted accordingly.

In addition, some participants were told by medical or legal representatives that they could not or should not work either for safety reasons or to increase the chance that they would be approved for SSI. During the focus group, all the attendees reported that they had lawyers, and two out of three noted that their doctors told them they were too disabled to work. Goodwill reported that, in addition to their disabilities, clients also had significant barriers to employment associated with poverty, including lack of transportation and internet access, criminal records, and inadequate skill sets. While such challenges are not unique to this pilot program, the staff reported that it was a challenge to find employment that fit the diverse needs of participants.

While Human Services provided support for transportation to job activities, Goodwill reported that pilot participants may not have made adequate use of this service.

Lastly, the employment services component was affected by the amount of turnover on the Goodwill team. Though most of that turnover took place during pilot program development, the staff member who was eventually assigned to the job development role at Goodwill did not attend early team meetings or motivational interviewing training. In addition, this person had a Michigan Works! background, and Human Services stated that she did not fully engage in the “anyone can work” philosophy that Goodwill promotes.

Motivational Interviewing

Human Services managers noted that they observed the pilot program’s staff using motivational interviewing reflection and positive-thinking techniques not only when interacting with clients, but also with coworkers and supervisors. Yet a focus group held with a small number of clients suggests that the motivational interviewing model may not have been consistently implemented. When asked if they felt that Human Services spoke to them in a different manner than they had previously experienced, all focus group attendees reported that their staff members did not spend any additional time with them, listen to their needs, or help to motivate them, and they discerned no difference in interactions over time with the Human Services staff. However, it is difficult to draw conclusions about the implementation of motivational interviewing based on this focus group. It represented a small subset of those served, and even if staff members were using motivational interviewing techniques, they were ultimately still determining TANF eligibility and therefore focusing the discussion on topics that may have been unpleasant for many clients.

Pilot Program Outcomes

As noted previously, the Michigan pilot study was designed as a process and outcome analysis. But the state of Michigan provided only limited data, which constrained the research team’s ability to conduct a full outcome analysis.

A summary of the pilot outcomes follows.

Intake and Paperwork Preparation

Of the 140 participants recruited for the pilot, about three-quarters (74.3 percent) completed the first step of the pilot process: they provided medical proof of their disabilities by submitting forms completed by their physicians and were sent SOAR packets. From there, 70 percent of participants returned their SOAR packets, and 59.3 percent of participants had packets submitted to the Review Team for a disability determination. An additional 20 partici-

pants had started the Review Team process prior to being referred to the pilot program and reached the disability determination step without using the SOAR-like process.

The paperwork preparation process took longer than expected. It took 66.2 days, on average, from the time a pilot participant completed the SOAR materials to the time the FIP worker submitted that packet to the Review Team. The longest step in this process was waiting for medical records from the participants' physicians and preparing those documents for the Review Team. Although FIP workers attempted to engage physicians' offices personally, this did not prove successful.

Review Team Determinations

Of the 83 participants submitted to the Review Team using the SOAR-like process, 67 (80.7 percent) were accepted "as is." That is, the Review Team was able to make a disability determination based on the original submission. On average, it took the Review Team 26.6 days to make a determination once it accepted a packet. This was longer than the expected 5-day turnaround time envisioned in the pilot program's design.

Sixteen individuals were deferred from the Review Team and therefore had to undergo consultative exams. This step added about two months (56.1 days) to the timeline.

Of the packets submitted, the Review Team made decisions for 68 (86.1 percent). The remaining cases were either not resubmitted before the pilot program's end because of delays in receiving consultative exams or were removed from the pilot program prior to the Review Team's decision. Out of the 88 participants who received determinations both with the SOAR-like process and without, most (69.3 percent) were determined to be "work-ready with limitations." An additional 22.6 percent were determined to be "disabled and potentially eligible for SSI" and the remaining 9 percent were determined to be "not disabled."

Employment Services Engagement

As noted above, 61 participants were determined to be work-ready with limitations. However, only 49 received decisions by January 2013, leaving enough time for a referral to the Michigan Works! orientation. Only about two-thirds of those referred (65.3 percent) engaged in the orientation, which was required before participants started Goodwill services. Even fewer eventually engaged with Goodwill; about half of those eligible and referred to orientation (44.9 percent) participated in Goodwill services. For those that did engage, it took over two months on average between the time they were referred to Michigan Works! and the time they engaged in Goodwill services. This delay was a serious impediment to achieving employment outcomes; especially because many clients began working with Goodwill between early November 2012

and mid-January 2013, and the pilot program ended at the end of January 2013. This left Goodwill very little time to engage participants in activities.

Lessons Learned

- **Michigan’s pilot program was ambitious and difficult to implement in light of both the time frame and internal challenges.** Due to state-level policy changes, Muskegon County had to delay pilot implementation and training for its staff by several months. Additionally, the pilot program’s broad goals were difficult to achieve within the limited time available.
- **Michigan’s pilot program included some significant deviations from the SOAR model. The SOAR-like process that the pilot program used may not have led to quicker or more accurate Review Team decisions, and may be difficult to implement in a TANF system.** TANF workers and the Review Team examiner assigned to the pilot program reported that the SOAR packets were work-intensive and, in their opinions, did not necessarily result in more accurate decisions. Given TANF’s staff members’ high caseloads and limited preparation time, this additional duty may be difficult to implement in most TANF programs.
- **While the Review Team is meant to ensure that clients’ disability claims are warranted, an unintended consequence of the Review Team process is that it may distract clients from engaging in employment services.** While this is not a direct finding from the pilot program, the team’s field research showed that both staff members and clients believed that the Review Team application became a very absorbing process for clients. Clients focused on proving their disabilities, perhaps at the expense of pursuing work. Furthermore, while most Review Team decisions often determined that a person could work, for many clients the decision, as interpreted by Michigan Works!, was that they could work in very limited ways. Goodwill staff members and clients stated that it was very difficult to find a job within these limitations.
- **Motivational interviewing may be a good model for TANF recipients, but its effects may diminish over time.** TANF workers at the Muskegon County and Michigan state Departments of Human Services praised the motivational interviewing training, which was provided by a recognized national expert. Goodwill and Human Services staff members strongly believed that motivational interviewing could help this population achieve better out-

comes. However, the lengthy SOAR-inspired/Review Team process and the initially week-long Michigan Works! orientation made it difficult for clients to maintain the goals they identified through motivational interviewing. Furthermore, interviews with staff members and clients suggest that the goals of motivational interviewing may not have been completely embraced. Staff members felt that the model did not fit within the TANF eligibility and disability determination process and participants noted that their interactions with the pilot program were no different from their previous experiences. Human Services managers also stated that it was difficult to get staff members to adopt the motivational interviewing service model without addressing the other demands and incentives of their jobs. Finally, due to privacy concerns and other issues, the pilot program was not able to conduct an outside assessment of its motivational interviewing component, which could have served as both a valuable technical aid and a research tool.

Implications for Further Research

The Michigan TANF/SSI pilot program provided a comprehensive set of colocated services for recipients who claimed disabilities. It attempted to combine several evidence-based approaches — SOAR, motivational interviewing, and disability-specific vocational services — into a single package. Unfortunately, the components did not always work well together — the time required to gather medical documents and the length of the Review Team process were not conducive to either motivational interviewing or eventual vocational work, especially within the short life of the pilot project.

Michigan's pilot program suggests that motivational interviewing and quick engagement in appropriate vocational supports could be an important part of TANF agencies' efforts to improve outcomes for TANF recipients with disabilities.

The research team believes the following question warrants further study:

- Are there quicker ways to assess disability, while encouraging continuing motivational and vocational support?

Appendix A

**Fidelity Review Assessment of Families Achieving
Success Today (FAST)**

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The pilot program received an overall fidelity score of 98 points, which is considered to be “fair” (2 points below “good”). The reviewers stated this was a higher-than-average score for an initial Individual Placement and Support (IPS) fidelity review.

The project received a maximum score of “5” on many of the IPS measures, including the time that employment counselors spend on employment services, the integration of the FAST team, the structure of the vocational unit, the lack of exclusion criteria, the benefits counseling services available, the information provided on how to disclose disabilities to employers, the diversity of the program’s employment contacts, and the program’s success in placing clients into competitive jobs. The program also scored well, or “4,” on several measures related to caseload size, employment counselor supervision, focus on competitive employment, vocational assessments, and outreach to community and employers. None of these areas required significant technical assistance efforts, though the FAST program did work to improve issues related to supervision, vocational assessments, and job developer connections to the community.

The project demonstrated some problems, or “3” scores, in a few important areas.

- While the employment counselors and Family Stabilization Services (FSS) coordinators were an integrated team and met weekly, the reviewers observed that employment records were not always shared and reviewed by FAST coordinators and other team members through the electronic management system. FAST managers responded to this problem by implementing more rigorous adherence to record keeping and data management, and by creating weekly meetings at which all FAST team members reviewed cases together and determined appropriate referrals and services. The reviewers also noted that the team should consider using motivational interviewing techniques to help ascertain when a person should be referred to IPS.
- While the employment supervisor at Goodwill had regular contact with employment counselors and FSS coordinators, executive team leaders did not regularly meet with the employment counselors and there was no clear evidence that the executive team communicated with the rest of the agency about how IPS supported the goals of Goodwill overall.
- It was unclear whether employment counselors always supported individually tailored services based on client choice. The review team found evidence that only 50 to 74 percent of job placements were based on client choice. FAST managers felt this was largely a reflection of incomplete documentation in the vocational profiles, and made significant efforts to improve documentation to properly reflect the program’s efforts to ensure client choice.

- Job development in FAST did not always support a diversity of jobs in many different industries and areas. Goodwill responded by improving coordination between the agency’s job developers and FAST staff members, and increasing employer outreach in diverse fields.
- Individually tailored follow-along support was found to be problematic under FAST. While some support existed, it was not frequently used or readily available. Goodwill stated this was because clients did not want continuing contact with the agency after job placement. According to Goodwill, follow-up with TANF recipients was more difficult than with the usual population of people with disabilities that Goodwill serves.
- Integration with community services was also found insufficient, though the reviewers believed this was partly a function of the employment counselors being new to their jobs. Goodwill made efforts to reach out better to community providers and make better use of the agency’s existing contacts.

In two areas, Goodwill received a “1” or “2,” which show some significant shortfalls in services.

- Collaboration with state vocational rehabilitation services was not part of the proposed FAST model. Since reviewers observed no sharing of cases, FAST scored a “1” in this area. The reviewers stated that having access to state vocational rehabilitation counselors could enhance FAST services. Goodwill did enhance vocational profiles and job development during the course of the project, but did not believe a connection to vocational rehabilitation would enhance FAST services.
- As discussed in Chapter 2, time-unlimited follow-along support is a key part of the IPS model, but it is not achievable in a time-limited TANF program. FAST scored a “2” in this area. In case reviews by the research team, staff members stated that it was difficult to deliver services to clients when they used up their TANF eligibility and were directed to extension services. The reviewers also felt that Goodwill could improve its postemployment support, though Goodwill stated that it was very difficult to keep in touch with the TANF population. Goodwill did attempt to improve its postemployment communication with clients, but continuing support remained a challenge for FAST.

The reviewers noted that, overall, FAST staff members were enthusiastic and committed to helping people obtain employment. They stated that the agency’s leaders were active in and supported the implementation of IPS as a way to help TANF-eligible families where a parent or child had been diagnosed with a serious mental illness or other disability. Additionally, the research team noted that FAST was very responsive to feedback and technical assistance.

Appendix B

**The Los Angeles County Pilot Project:
Supplemental Materials and Tables**

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Questionnaire for CalWORKs Eligibility Workers and Greater Avenues for Independence (GAIN) Services Workers

Los Angeles County TSDTP Pilot

Questionnaire

1. What is your job title?

- Eligibility Worker
- GAIN Services Worker

2. How many years have you worked in this position?

- Less than one year
- One to two years
- Three to five years
- More than five years

3. How many years have you worked for DPSS?

- Less than one year
- One to two years
- Three to five years
- More than five years

4. In the past year, have you served a participant who disclosed to you that he or she had either a physical disability or a mental health condition?

- Yes
- No

5. Have you heard of the CalWORKs SSI (Supplemental Security Income) Advocacy Program which helps participants apply for federal disability benefits?

- Yes [GO TO QUESTION 6]
- No [SKIP TO QUESTION 10]

6. How did you hear about the CalWORKs SSI Advocacy Program? Please mark all that apply.

- At an orientation or training
- From a colleague or supervisor
- Department email
- A flyer/literature within the Department
- From a participant
- Other: _____

7. How familiar are you with the services provided by the CalWORKs SSI (Supplemental Security Income) Advocacy Program?

- Very familiar
- Somewhat familiar
- Somewhat unfamiliar
- Very unfamiliar

8. On a scale of 1 to 5, how much do you agree with the following statement: "I know how to refer participants to the CalWORKs SSI Advocacy Program."?

1----- 2 ----- 3 ----- 4 ----- 5

Strongly Disagree

Strongly Agree

9. In a typical month, how many referrals do you make to the CalWORKs SSI Advocacy Program?

- 0
- 1 to 2
- 3 to 5
- More than 5

10. How familiar are you with the benefits received by SSI beneficiaries?

- Very familiar
- Somewhat familiar
- Somewhat unfamiliar
- Very unfamiliar

11. Do you understand how the receipt of SSI affects a family's CalWORKs benefits?

- Yes
- No
- Somewhat

12. On a scale of 1 to 5, how much do you agree with the following statement: "Cal-WORKs families are better off financially when a disabled family member qualifies for SSI."?

1----- 2 ----- 3 ----- 4 ----- 5

Strongly Disagree

Strongly Agree

SSI Application Feedback Form

<p>Claimant ID: Claimant Age: Alleged Disability(ies):</p> <p>Determination: <input type="checkbox"/> Approval <input type="checkbox"/> Denial</p> <p>Did the application require a: <input type="checkbox"/> Body system questionnaire? <input type="checkbox"/> Consultative exam?</p>	<p>If a Denial, Reason for Denial:</p> <p><input type="checkbox"/> Insufficient evidence/documentation <input type="checkbox"/> Failure to cooperate <input type="checkbox"/> Impairment did not or is not expected to last 12 months <input type="checkbox"/> Impairment is not severe enough <input type="checkbox"/> Applicant is able to do usual past work <input type="checkbox"/> Applicant is able to do other type of work <input type="checkbox"/> Other:</p>
<p>1. Thoroughness/Completeness of Function Reports:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Missing</p> <p>Comments? (e.g., anything additional that could have been done, anything done particularly well?)</p>	<p>2. Thoroughness/Completeness of Work History Reports:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Missing</p> <p>Comments? (e.g., anything additional that could have been done, anything done particularly well?)</p>
<p>3. Availability/Quality of Medical Records:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Missing</p> <p>Comments? (e.g., unavailable? available but inconclusive? medical contacts not provided?)</p>	<p>4. Coordination with Claimant/Representative:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Missing</p> <p>Comments? (e.g., anything additional that could have been done, anything done particularly well?)</p>
<p>Additional Comments? (e.g., what done well, what could Advocates have done to improve/expedite the application?)</p>	<p>In brief, what were the three (3) most time consuming steps in the development of this application? (e.g., medical records, awaiting CE results)</p> <p>1) 2) 3)</p>

TANF/SSI Disability Transition Project
Appendix Table B.1
Glendale SSI Advocacy Service Area
Characteristics of Adult TANF Recipients Applying for SSI
During the Pilot Period

Measure	Advocate-Assisted		Not Advocate-Assisted	
	Allowed	Denied	Allowed	Denied
<u>Family characteristics</u>				
Type of family for work participation (%)				
One-parent	100.0	97.7	74.4	81.3
Two-parent	0.0	2.3	25.6	18.1
Child-only	0.0	0.0	0.0	0.6
Number of eligible children on the case	1.3	1.7	1.3	1.3
Age of youngest child (years)	14.8	8.6	10.4	8.3
<u>Characteristics of adults</u>				
Average age (years)	48.6	39.8	47.8	38.0
Gender (%)				
Female	75.0	72.7	54.7	71.7
Male	25.0	27.3	45.4	28.4
Race (%)				
White	50.0	25.0	36.1	26.2
Hispanic	25.0	29.6	30.2	26.2
African-American	12.5	31.8	12.8	30.5
Other	12.5	2.3	8.1	4.1
Unknown	0.0	11.4	12.8	13.1
Primary language (%)				
English	50.0	75.0	57.0	83.5
Armenian	25.0	9.1	15.1	8.4
Spanish	12.5	11.4	15.1	5.9
Other	12.5	4.6	12.8	2.2
Marital status (%)				
Single, never married	37.5	54.6	47.7	62.9
Married (including common-law)	62.5	25.0	40.7	29.0
Separated, divorced, or widowed	0.0	20.5	11.6	8.1
CalWORKs disability status (%)				
Permanent	50.0	47.7	11.6	10.0
Temporary	50.0	52.3	36.1	17.1
No disability indicated	0.0	0.0	52.3	72.9
Homeless (%)	0.0	2.3	4.7	15.6

(continued)

Appendix Table B.1 (continued)

Measure	Advocate-Assisted		Not Advocate-Assisted	
	Allowed	Denied	Allowed	Denied
Cash assistance status				
Average monthly amount of cash assistance (\$)	498	554	505	548
Months accrued toward federal time limit (%)				
1-12	25.0	25.0	15.1	26.8
13-24	25.0	27.3	17.4	16.2
25-36	12.5	9.1	20.9	14.6
37-47	0.0	18.2	11.6	10.0
48-59	0.0	6.8	7.0	10.3
60 or more	37.5	11.4	24.4	21.8
Missing	0.0	2.3	3.5	0.3
Months of assistance, SSI application month and prior year	10.0	10.4	10.3	9.0
Months exempt during months of assistance (%)				
Exempt from work for any reason	88.6	79.9	57.2	42.1
Exempt from work due to an incapacity	88.6	78.4	37.3	22.4
Exemptions as of the month of SSI application (%)				
Exempt from work for any reason	87.5	100.0	64.0	45.2
Exempt from work due to an incapacity	87.5	100.0	45.4	25.9
Sanctioned in the prior six months (%)	25.0	2.3	4.7	6.2
Sample size	8	44	86	321

SOURCES: Structured Data Repository SSI application data, CalWORKs cash assistance data for Los Angeles County, and Glendale SSI Advocacy Program tracking data.

NOTES: All sample members filed SSI applications as disabled adults in Los Angeles County between January and July, 2012 and received CalWORKs cash assistance in Los Angeles County as adults in districts served by the Glendale office of the SSI Advocacy Program at some point between zero and six months prior to their SSI filing dates. To be considered as having received SSI Advocacy Program services, a person must have been referred to the Glendale SSI Advocacy Program no more than 180 days prior to his or her SSI filing date.

Sample members are categorized by the initial-level DDS medical determination; technical denials are excluded. Percentages may not sum to 100.0 due to rounding.

The Lancaster CalWORKs District Office had no automated or manual referrals to the Advocacy Program during the prepilot or pilot period, due to a very low number of exemptions for permanent incapacities, and has been excluded from analysis. The table includes only pilot applications through July 2012 to allow for five months of follow-up with SSI application data. Individuals who could not be matched to SSI application data, including one with a missing Social Security Number in the Advocacy Program tracking data, are excluded from analysis. As a result of these restrictions, this table contains fewer individuals than the 69 total adults served by the pilot project. Pilot applications included in these figures may have a January 2012 filing date, although the pilot project did not begin until February 2012. Such cases represent situations wherein applicants were reached by the Advocacy Program in January and therefore have protected filing dates — the dates to which back payments of SSI can be made if they are found eligible — in that month, although they did not meet with advocates or physically file their SSI applications until February 2012 or later.

Appendix Table B.2

Glendale SSI Advocacy Service Area

**SSI Outcomes by Receipt of SSI Advocacy Among Adult TANF Recipients
During the Pilot Period**

Measure	Advocate-Assisted		Not Advocate-Assisted	
	Allowed	Denied	Allowed	Denied
Average age (years)	49.1	39.9	48.2	38.3
Female (%)	75.0	72.7	54.7	71.7
Male (%)	25.0	27.3	45.4	28.4
Indications of possible county-SSA interaction (%)				
Contact agency name included "DPSS" ^a	100.0	88.6	2.3	0.9
Application was flagged with "DPSS" in the memo	75.0	90.9	2.3	0.9
Applicant had an authorized representative	100.0	97.7	37.2	23.7
Title II and Title XVI claims developed concurrently (%)	50.0	88.6	50.0	64.8
Body System Questionnaire returned (%)	50.0	36.4	39.5	34.6
Deciding DDS (%)				
Los Angeles West	100.0	95.5	30.2	26.2
Los Angeles North	0.0	2.3	26.7	31.8
Extended Service Team	0.0	2.3	11.6	11.5
Other	0.0	0.0	31.4	30.5
Consultative examination purchased ^b (%)	75.0	75.0	44.2	54.5
Diagnostic group (%)				
Musculoskeletal system	37.5	34.1	27.9	32.4
Mental disorders	12.5	22.7	27.9	30.2
Neurological systems	0.0	18.2	3.5	7.8
Cardiovascular system	0.0	4.6	14.0	6.5
Neoplastic diseases	12.5	0.0	8.1	0.9
Other impairments	37.5	13.6	17.4	13.7
Other/unknown	0.0	6.8	0.0	8.4
Missing	0.0	0.0	1.2	0.0
Reason for allowance (includes only allowances) (%)				
Meets level of severity of listings	25.0	--	27.9	--
Equals level of severity of listings	12.5	--	4.7	--
Medical and vocational factors considered	62.5	--	66.3	--
Missing	0.0	--	1.2	--

(continued)

Appendix Table B.2 (continued)

Measure	Advocate-Assisted		Not Advocate Assisted	
	Allowed	Denied	Allowed	Denied
Reason for denial (includes only denials) (%)				
Impairment did not or is not expected to last 12 months	--	0.0	--	3.7
Impairment is not severe	--	11.4	--	12.5
Able to do usual past work	--	22.7	--	20.6
Able to do other type of work	--	56.8	--	48.0
Other	--	9.1	--	15.3
Missing	--	0.0	--	0.0
Days between initial filing and initial decision	181	117	155	152
Sample size	8	44	86	321

SOURCES: Structured Data Repository SSI application data, CalWORKs cash assistance data for Los Angeles County, and Glendale SSI Advocacy Program tracking data.

NOTES: All sample members filed SSI applications as disabled adults in Los Angeles County between January and July 2012 and received CalWORKs cash assistance in Los Angeles County as adults in districts served by the Glendale office of the SSI Advocacy Program at some point between zero and six months prior to their SSI filing dates. To be considered as having received SSI Advocacy Program services, a person must have been referred to the Glendale SSI Advocacy Program no more than 180 days prior to his or her SSI filing date.

Sample members are categorized by the initial-level DDS medical determination; technical denials are excluded.

Percentages may not sum to 100.0 due to rounding.

The Lancaster CalWORKs District Office had no automated or manual referrals to the Advocacy Program during the prepilot or pilot period, due to a very low number of exemptions for permanent incapacities, and has been excluded from analysis. The table includes only pilot applications through July 2012 to allow for five months of follow-up with SSI application data. Individuals who could not be matched to SSI application data, including one with a missing Social Security Number in the Advocacy Program tracking data, are excluded from analysis. As a result of these restrictions, this table contains fewer individuals than the 69 total adults served by the pilot project. Pilot applications included in these figures may have a January 2012 filing date, although the pilot project did not begin until February 2012. Such cases represent situations wherein applicants were reached by the Advocacy Program in January and therefore have protected filing dates — the dates to which back payments of SSI can be made if they are found eligible — in that month, although they did not meet with advocates or physically file their SSI applications until February 2012 or later.

^aDPSS is Los Angeles County’s Department of Public Social Services.

^bThis measure in the Structured Data Repository reflects whether DDS purchased a consultative exam, and therefore may not include all instances wherein DDS attempted to schedule a consultative exam (for example, applicants sometimes refuse to attend a consultative exam before it is purchased).

TANF/SSI Disability Transition Project

Appendix Table B.3

Glendale SSI Advocacy Service Area

SSI Outcomes for CalWORKs and Non-CalWORKs Cases During the Pilot Period

Measure	Advocate- Assisted	Not Advocate- Assisted	Applied in Glendale SSI Advocacy Program Service Region	All SSI Applications from Los Angeles
Average age (years)	40.9	39.8	43.4	43.4
Female (%)	75.0	70.0	46.5	45.2
Male (%)	25.0	30.0	53.5	54.8
Indications of possible county-SSA interaction (%)				
Contact agency name included "DPSS" ^a	91.1	1.1	2.6	3.4
Application was flagged with "DPSS" in the memo	89.3	1.1	1.3	1.9
Applicant had an authorized representative	98.2	26.6	21.8	21.3
Outcome at the initial level (%)				
Medical allowance	14.3	18.5	28.7	27.8
Medical denial	78.6	68.9	59.1	59.9
Technical denial	3.6	4.9	6.0	5.8
Application withdrawn/failure to pursue	3.6	2.6	2.1	1.6
Pending final decision	3.6	7.7	6.3	6.5
Title II and Title XVI claims developed concurrently (%)	83.9	61.2	60.5	61.8
Body System Questionnaire returned (%)	35.7	33.5	30.2	30.3
<i>Deciding DDS (%)</i>				
<i>Los Angeles West</i>	<i>96.2</i>	<i>27.0</i>	<i>30.9</i>	<i>20.4</i>
<i>Los Angeles North</i>	<i>1.9</i>	<i>30.7</i>	<i>39.2</i>	<i>29.6</i>
<i>Extended Service Team</i>	<i>1.9</i>	<i>11.6</i>	<i>8.5</i>	<i>11.5</i>
<i>Other</i>	<i>0.0</i>	<i>30.7</i>	<i>21.4</i>	<i>38.4</i>

(continued)

Appendix Table B.3 (continued)

Measure	Advocate- Assisted	Not Advocate- Assisted	Applied in Glendale SSI Advocacy Program Service Region	All SSI Applications from Los Angeles
<i>Consultative examination purchased^b (%)</i>	75.0	52.3	52.6	51.0
<i>Diagnostic group (%)</i>				
<i>Musculoskeletal system</i>	34.6	31.5	31.7	30.5
<i>Mental disorders</i>	21.2	29.7	29.9	30.2
<i>Neurological systems</i>	15.4	6.9	7.1	7.0
<i>Cardiovascular system</i>	3.9	8.1	5.9	5.6
<i>Neoplastic diseases</i>	1.9	2.5	3.3	3.4
<i>Other impairments</i>	17.3	14.5	15.1	15.8
<i>Other/unknown</i>	5.8	6.6	7.0	7.5
<i>Missing</i>	0.0	0.3	0.0	0.0
<i>Reason for allowance (includes only allowances) (%)</i>				
<i>Meets level of severity of listings</i>	25.0	27.9	43.6	44.4
<i>Equals level of severity of listings</i>	12.5	4.7	3.3	3.6
<i>Medical and vocational factors considered</i>	62.5	66.3	53.0	52.0
<i>Missing</i>	0.0	1.2	0.1	0.1
<i>Reason for denial (includes only denials) (%)</i>				
<i>Impairment did not or is not expected</i>				
<i>to last 12 months</i>	0.0	3.7	3.0	2.9
<i>Impairment is not severe</i>	11.4	12.5	12.4	12.9
<i>Able to do usual past work</i>	22.7	20.6	20.9	19.8
<i>Able to do other type of work</i>	56.8	48.0	46.3	45.8
<i>Other</i>	9.1	15.3	17.4	18.7
<i>Missing</i>	0.0	0.0	0.0	0.0
<i>Days between initial filing and initial decision</i>	127	153	143	139
Sample size	56	466	10,950	28,233

(continued)

Appendix Table B.3 (continued)

SOURCES: Structured Data Repository SSI application data, CalWORKs cash assistance data for Los Angeles County, and Glendale SSI Advocacy Program tracking data.

NOTES: *Italic type signals measures that are calculated for only the subset of the full sample who reached the medical determination stage of the SSI application process.*

All sample members filed SSI applications as disabled adults in Los Angeles County between January and July 2012.

Members of the “Advocate-Assisted” and “Not Advocate-Assisted” groups received CalWORKs cash assistance in Los Angeles County as adults in districts served by the Glendale office of the SSI Advocacy Program at some point between zero and six months prior to their SSI filing dates. To be considered as having received Advocacy Program services, a person must have been most recently referred to the Glendale Advocacy Program no more than 180 days prior to his or her SSI filing date.

Members of the “Advocacy Program Service Region” group submitted their SSI applications to 1 of 12 SSA field offices that commonly take applications from TANF recipients in districts served by the Glendale office of the SSI Advocacy Program. This group includes all members of the “Advocate-Assisted” group and most of the members of the “Not Advocate-Assisted” group.

The “All SSI Applications from Los Angeles” group includes the members of the other groups.

Percentages may not sum to 100.0 due to rounding.

One CalWORKs District Office, Lancaster, had no automated or manual referrals to the Advocacy Program during the prepilot or pilot periods, due to a very low number of exemptions for permanent incapacities, and has been excluded from analysis. The table includes only pilot applications through July 2012 to allow for five months of follow-up with SSI application data. Individuals who could not be matched to SSI application data, including one with a missing Social Security Number in the Advocacy Program tracking data, are excluded from analysis. As a result of these restrictions, this table contains fewer individuals than the 69 total adults served during the pilot project. Pilot applications included in these figures may have a January 2012 filing date, although the pilot project did not begin until February 2012. Such cases represent situations wherein applicants were reached by the Advocacy Program in January and therefore have protected filing dates — the dates to which back payments of SSI can be made if they are found eligible — in that month, although they did not meet with advocates or physically file their SSI applications until February 2012 or later.

^aDPSS is Los Angeles County’s Department of Social Services.

^bThis measure in the Structured Data Repository reflects whether DDS purchased a consultative exam, and therefore may not include all instances wherein DDS attempted to schedule a consultative exam (for example, applicants sometimes refuse to attend a consultative exam before it is purchased).

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