United States General Accounting Office

GAO

Report to Congressional Requesters

October 2001

WELFARE REFORM

More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients With Impairments Toward Employment

GAO-02-37

Contents

Letter 1

Results in Brief 3
Background 6
The Percentage of TANF Recipients That Report Impairments Has Not Increased as Caseloads Have Declined 9
Counties Are Screening TANF Recipients for Impairments, but Recipients May Not Be Receiving Services to Move Them Toward Employment 15
Federal Agencies Provide Assistance to Welfare Programs, but States and Localities Could Further Benefit If Efforts Were Better Coordinated 29
Conclusions 33
Recommendation for Executive Action 34
Agency Comments and Our Evaluation 35

Appendix I **Scope and Methodology** 37

Appendix II **Comments From the Department of Health and Human Services** 40

Appendix III **GAO Contacts and Staff Acknowledgments** 43

GAO Contacts 43
Staff Acknowledgments 43

Bibliography 44

Related GAO Products 50

Tables

Table 1: TANF One-Parent Families' Participation in Work and Work-Related Activities 7
Table 2: Examples of Initial and Follow-up Questions About Impairments in the SIPP 10
Table 3: Key Features of Strategies at Sites Visited 28

Table 4: Key Initiatives to Assist States and Localities Serve TANF Recipients With Impairments 30

Figures

Figure 1: Proportion of TANF Adults Working Full- or Part-time in 1999 11
Figure 2: TANF Recipients With Obstacles to Employment Engaged in Work or Work-Related Activities 13
Figure 3: Methods Counties Use to Screen Recipients 17
Figure 4: Points During the Employment Process When Counties May Screen Recipients By Any Method 19
Figure 5: Staff Who Conducted Assessments 20
Figure 6: Primary Agency or Program With Which TANF Agencies Partnered to Provide Services 24

Abbreviations

ACF	Administration for Children and Families
ADA	Americans With Disabilities Act of 1990
AFDC	Aid to Families With Dependent Children
DI	Disability Insurance
GPRA	Government Performance and Results Act
HHS	Department of Health and Human Services
NCD	National Council on Disability
NSAF	National Survey of America's Families
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
SIPP	Survey of Income and Program Participation
SSA	Social Security Administration
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families

G A O
Accountability * Integrity * Reliability

United States General Accounting Office
Washington, DC 20548

October 31, 2001

The Honorable Benjamin L. Cardin
Ranking Minority Member
Subcommittee on Human Resources
Committee on Ways and Means
House of Representatives

The Honorable Sander M. Levin
The Honorable Robert T. Matsui
The Honorable Fortney Pete Stark
House of Representatives

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) significantly changed federal welfare policy for low-income families with children. PRWORA eliminated eligible families' legal entitlement to cash assistance and created Temporary Assistance for Needy Families (TANF) block grants to states. The Department of Health and Human Services (HHS) administers the TANF block grant program, which provides states with up to $16.5 billion each year through fiscal year 2002 and requires them to maintain a historical level of state spending on welfare-related programs. Under TANF, states have much greater flexibility and responsibility than under the prior Aid to Families With Dependent Children (AFDC) program to design and implement programs that meet state and local needs. At the same time, TANF emphasizes the importance of work and personal responsibility over dependence on government benefits. More specifically, to avoid financial penalties, states must demonstrate, yearly, that an ever-increasing proportion of adults receiving TANF are working or engaged in work-related activities. In addition, after 2 years of assistance, or sooner if the state determines the recipient is ready, TANF adults are generally required to be engaged in work or work-related activities, and each state has the prerogative to define "work" and "work-related" activities. These work requirements are more stringent than those of the previous program. Moreover, states must enforce a lifetime limit of 60 months (or less, at state option) on the length of time adults receive federal assistance, although up to 20 percent of a state's adult caseload may be exempted from this time limit.

Consistent with the thrust of PRWORA, states' TANF programs have generally taken steps to help adult welfare recipients and applicants find employment as quickly as possible, called a "Work-First" approach. TANF implementation, undertaken in a time of strong economic growth, has

been accompanied by a 52-percent decline in the number of families receiving cash welfare—from 4.4 million in August 1996 to 2.1 million as of March 2001. With this dramatic decline in the welfare rolls, some policymakers have expressed concern about those who remain on the rolls who may have physical or mental impairments and whether they are getting the assistance needed to become employed. Our previous work, while not focused solely on physical or mental impairments, found that many who remain on the welfare rolls have characteristics that may make it difficult for them to find and maintain jobs, including substance abuse, low educational attainment, limited work experience, low basic skills, exposure to domestic violence, and physical or mental impairments.[1]

Neither PRWORA nor HHS specifies actions that states must take to assess and serve individuals with impairments. However, TANF's increased work focus and lifetime limits on aid emphasize the expectation that most adults receiving aid are to take steps toward employment and economic independence and that states are to encourage and require this transition. The extent to which that happens, however, is partly dependent on state policies and implementation at the county level—where TANF program services are actually provided. While much responsibility for program design has been devolved to states, HHS retains program oversight responsibilities for TANF funding and, among other responsibilities, conducting research on the benefits and effects of the TANF program and disseminating and facilitating the sharing of information and best practices among states and localities. In addition to HHS, other federal agencies can play a role in helping TANF recipients with physical and mental impairments become employed, including the Department of Labor's employment and training programs and the Department of Education's vocational rehabilitation services.

With TANF's reauthorization pending in 2002, you asked us to provide information on how individuals with disabilities or impairments are faring in the new welfare environment. In response to your request, we are providing you with information on (1) the percentage of TANF recipients considered to have physical or mental impairments and how this percentage has changed over time; (2) how county TANF agencies assess and move recipients with impairments toward employment; and (3) what

[1]See *Welfare Reform: Moving Hard-to-Employ Recipients Into the Workforce* (GAO-01-368, Mar. 15, 2001).

key federal efforts are under way to facilitate TANF agencies' efforts to help this population become employed.

To address the first question, we relied primarily on data from the U.S. Census Bureau's Survey of Income and Program Participation (SIPP)— a survey of households nationwide that asks respondents questions about their TANF status and functional impairments and uses categories of impairments generally in keeping with those covered by the Americans With Disabilities Act of 1990 (ADA).[2] To determine how TANF agencies screen and assess recipients with impairments and help them move to employment, we sent a questionnaire to a random, stratified sample of 600 county TANF offices, representative of county TANF offices nationwide.[3] Our review of the literature and suggestions by officials at HHS and the Departments of Labor and Education, experts, key researchers, and service providers, prompted us to visit four county TANF offices identified as having promising approaches for identifying and helping TANF recipients with impairments move to employment: Cumberland County, North Carolina; Sedgwick County, Kansas; Davidson County, Tennessee; and Leon County, Florida. Finally, to determine the key efforts of federal agencies to help this population, we interviewed HHS, Labor, Education, and other federal officials; program advocates; state and local officials; and reviewed agency documents. We conducted our work from November 2000 to September 2001 in accordance with generally accepted government auditing standards.

Results in Brief

Nationwide SIPP data for 1999 show that a total of 44 percent of TANF recipients reported having physical or mental impairments, a proportion almost three times as high as among adults in the non-TANF population. Thirty-eight percent of the TANF recipients in 1999 reported an impairment severe enough that the individual was unable or needed help to perform one or more activities, such as walking up a flight of stairs or

[2]ADA defines persons with disabilities as those who have a physical or mental impairment that substantially limits one or more major life activities, such as walking, hearing, etc.; those who have a record of such impairment; or those who are regarded as having such an impairment.

[3]For our questionnaire, we defined an impairment as a physical or mental health condition, or learning disability, that may interfere with a person's ability to work. The questionnaire did not include substance abuse and domestic violence as impairments.

keeping track of money and bills.[4] Considering both severe and nonsevere impairments, 29 percent of TANF adults reported a mental impairment, such as frequent depression or anxiety or trouble concentrating. While TANF recipients reporting a physical or mental impairment were less likely to be working than other TANF recipients, about 20 percent of those with impairments also reported working full- or part-time. We could not directly compare the percentages of TANF adults with impairments from 1994 to later years because Census broadened its measurements of primarily mental impairments starting with its 1997 SIPP data. However, we did not find any statistically significant difference after adjusting the 1997 and 1999 data to be comparable to the 1994 definition of impairments.

Although most counties reported that they are screening TANF recipients for impairments, many recipients with impairments may not be receiving assistance to help move them toward employment. Most of the counties that screen for impairments rely predominantly on recipients' self-disclosure, which may not ensure the identification of some impairments that could interfere with employment. About half of the counties did not provide us with data on the number of their TANF recipients with impairments despite their screening efforts. Nearly all of these counties said they did not have the information. About 27 percent of counties reported exempting those identified with impairments from requirements to participate in work or work-related activities, but not from the states' time limits on the receipt of assistance. Most county TANF officials estimated that fewer than 20 percent of their TANF recipients had impairments that would make work so difficult that they should be exempt from the federal time limit. Many of them, however, did not provide us with data on the number of recipients with impairments to support their estimates. For TANF recipients with impairments who were receiving services, counties reported providing treatment for physical or mental impairments, including learning disabilities, and employment-related services, either through their own agency or a contractor or by linking with other service providers, including vocational rehabilitation agencies. Still, for the one-third of counties that reported service data, on average, fewer than half of recipients with impairments were receiving services to move them toward employment, which may be explained, in part, by the

[4]The SIPP relies on self-reports of disability and, therefore, may not accurately reflect the size of the impaired population. Factors other than health, such as stigmas surrounding certain health conditions, may affect the reporting of disability.

fact that a large portion were exempted from program work requirements. The sites we visited, identified by experts as having promising approaches for helping recipients with impairments become employed, had implemented strategies ranging from developing standardized diagnostic screening tools to forming multidisciplinary teams to identify needed services for recipients. While the approaches varied, all sites acknowledged that the strategy had to be tailored to each recipient. These service strategies were new, however, and had not yet been evaluated.

Federal agencies, including HHS, Labor, and Education, have implemented or are planning many research and technical assistance initiatives to facilitate state and local efforts to help TANF recipients with impairments become employed. In some cases, agencies, and offices within agencies, collaborated on these efforts. For example, HHS' Administration for Children and Families (ACF) and Substance Abuse and Mental Health Services Administration partnered with Labor's Employment and Training Administration to hold five conferences for program administrators on promising practices to move clients with multiple barriers to employment. ACF has also collaborated with Education and the National Institute for Literacy to provide technical assistance and training to state and local TANF agencies on valid screening tools for individuals with learning disabilities. These initiatives and efforts provide important information to states and localities involved in the continuing transformation of the nation's welfare system. Yet federal officials told us that there is no central focal point to ensure that research and technical assistance conducted by the federal agencies is coordinated and disseminated to the states and counties directly providing services to TANF recipients. In addition, officials at three of the four counties we visited believed that coordinated federal assistance was needed to make sure that states and localities have the best information available to enhance their efforts to help TANF recipients with impairments take steps toward employment.

To ensure that states and counties get the support they need, we are recommending in this report that HHS coordinate with other key agencies and departments, particularly Labor and Education, to make sure that federal resources, research, and technical assistance related to moving people with impairments toward employment are disseminated to state and local agencies that are designing and implementing policies and programs for TANF recipients. As a means to ensure that this coordination and dissemination of information occurs, ACF should include its strategies, goals, and measures regarding this coordination and information dissemination in its annual performance plan required by the Government Performance and Results Act. In commenting on the draft

report, HHS agreed that greater coordination at the federal level would likely help states and localities move TANF recipients with impairments toward employment and agreed with our recommendation that it should coordinate with other key agencies to ensure that research and technical assistance are disseminated. However, it did not think that strategies to ensure such coordination should be included in its annual performance plan. We continue to believe that including coordination strategies, goals, and measures in its annual performance plan would better ensure that effective coordination activities take place.

Background

PRWORA built upon and expanded state-level welfare reforms to transform federal welfare policy for needy families with children. It replaced the individual entitlement to benefits under the 61-year-old AFDC program with TANF block grants to the states and emphasized the transitional nature of assistance and the importance of reducing welfare dependence through employment, among other goals. PRWORA provides states with the flexibility to set a wide range of TANF program rules, including the types of programs and services available and the eligibility criteria for them. In addition, states may choose to administer TANF directly, devolve responsibility to the county or local TANF offices, or contract with nonprofit or for-profit providers to administer TANF. In addition to TANF funds, states may access other federal funds and programs to provide treatment and employment services to recipients. For example, states may use Labor's Welfare-to-Work grants to operate employment service programs, Medicaid funds to provide physical or mental health treatment services, and vocational rehabilitation funds to provide services to recipients.[5]

Work Requirements and Time Limits

While states have great flexibility to design programs that meet their own goals and needs, they must also meet several federal requirements designed to emphasize the importance of work and the temporary nature of TANF aid. TANF established stronger work requirements for those receiving aid unlike the AFDC program, which did not require most adult recipients to participate due to allowable exemptions and minimum participation standards. For example, parents of children aged 3 and under

[5]Welfare-to-Work grants were created by law in 1997 and administered by Labor to provide states and grantees with nearly $3 billion over 2 years to help welfare clients considered the hardest to employ find jobs.

were not required to meet work requirements under AFDC; under TANF parents may now be required to work, regardless of the ages of their children.[6] Furthermore, to avoid financial penalties, states must ensure that a steadily rising specified minimum percentage of adult recipients are participating in work or work-related activities each year. To count toward the state's minimum participation rate, adult TANF recipients in families must participate in a minimum number of hours of work or a work-related activity a week, including subsidized or unsubsidized employment, work experience, community service, and job search. These activities are more employment-focused than the AFDC participation requirements. The required number of hours of participation and the percentage of a state's caseload that must participate to meet mandated rates has steadily increased since 1997, as shown in table 1.

Table 1: TANF One-Parent Families' Participation in Work and Work-Related Activities

Minimum requirements	1997	1998	1999	2000	2001	2002
Weekly hours	20	20	25	30	30	30
Percentage participation	25	30	35	40	45	50

Note: PRWORA also sets higher minimum hour and participation rates for two-parent families. The minimum hour requirement is 35 hours, and the minimum participation rate rises from 75 percent in 1997 to 90 percent in 1999 and beyond.

If recipients refuse to participate as required, states must impose a financial sanction on the family by reducing the benefits, or they may opt to terminate the benefits entirely. States must also enforce a 60-month limit (or less at state option) on the length of time a family may receive federal TANF assistance, although the law allows states to provide assistance beyond 60 months using state funds.[7] A state may exempt up to 20 percent of its average monthly caseload for hardship or having been subjected to domestic violence.

[6]States may choose to exempt parents with children under age 1 from work requirements, and states may not penalize parents with children under age 6 for not working if childcare is not available.

[7]States may count these expenditures toward the maintenance-of-effort requirement in PRWORA that requires states to spend 80 percent of their "historic state expenditures" or face a dollar-for-dollar reduction in their TANF grant. Families with no adult receiving assistance (commonly referred to as child-only cases) are not subject to the time limit.

Federal Program Responsibilities

PRWORA devolved significant authority for program results and outcomes to states and other levels of government. It also reduced HHS' staffing and restricted it from regulating any area not specified in the law. Despite these changes, the federal government retains some program oversight responsibilities. Under the law, HHS is responsible for administering TANF funding, setting reporting requirements for states, and reviewing state TANF plans. HHS is also responsible for conducting research on the benefits and effects of the TANF program and receives funding for welfare reform and social service research and evaluation studies.

The Relationship Between TANF and SSI and ADA

TANF often serves, as did AFDC, as a temporary stopping point for low-income individuals with physical or mental impairments considered severe enough to make them eligible for the federal Supplemental Security Income (SSI) program. SSI, administered by the Social Security Administration (SSA), provides cash assistance to low-income individuals who cannot obtain or retain employment because of a severe long-term impairment and who do not have sufficient work history to qualify for SSA's Disability Insurance (DI) program.[8] To qualify for SSI, an applicant's impairment must be of such severity that the person is not only unable to do previous work but is also unable to do any other kind of substantial work that exists in the national economy. Prior work experience is not a requirement, and in most states, SSI eligibility also entitles individuals to Medicaid benefits. As distinct from TANF, SSI for adults has federally-established eligibility requirements and benefit levels and a nationwide disability determination process.[9] Some individuals who apply for TANF may have impairments severe enough to make them eligible to receive SSI. In recent years, even before welfare reform, states had been actively identifying and referring potential SSI-eligible welfare recipients to SSI. In these cases, individuals may be on TANF while they are waiting for their SSI eligibility to be determined. In some cases, an individual with an impairment severe enough to qualify may not get referred to the SSI program, but remain on TANF. This puts the individual at risk of losing aid through a financial sanction or time limit or not receiving the assistance needed to become employed. Generally, except for more temporary

[8]Cash assistance and services for persons with disabilities who have worked long enough and recently enough are also available from the DI program. Other programs, which may be available, include private disability insurance or pensions and state workers' compensation programs.

[9]Some states provide supplemental payments to the federal benefit level.

conditions, TANF recipients not eligible for SSI or DI are expected to work, as their impairments are not severe enough to preclude substantial employment.

Title I of ADA prohibits discrimination against such persons who have impairments but who are nonetheless able to perform the essential functions of the job they seek or hold. Under Title II of the ADA, no qualified individual with a disability shall be excluded from participation or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by such entity. TANF, as a federal program, is subject to this requirement [10]

The Percentage of TANF Recipients That Report Impairments Has Not Increased as Caseloads Have Declined

National survey data from SIPP show that a total of 44 percent of TANF recipients aged 18 to 64 self-reported having a physical or mental impairment in 1999. In contrast, 16 percent of non-TANF adults in the U.S. population reported having an impairment. Although SIPP data show that TANF recipients with impairments were much less likely to work than those without impairments, about 20 percent who reported having impairments also reported working full- or part-time. As welfare reform has been implemented and caseloads have plummeted, the proportion of TANF recipients who reported impairments does not show any notable difference.

A Large Percentage of TANF Recipients Report Having an Impairment

SIPP data show that in 1999, a total of 44 percent of TANF adults aged 18 to 64 reported having one or more physical or mental impairments as defined by Census, and 38 percent reported a severe impairment. Considering both severe and nonsevere impairments, 29 percent of TANF adults reported having a mental impairment. These data capture individuals who reported functional or other activity limitations generally covered by ADA.[11] The proportion of TANF recipients with impairments is almost three times as high as adults with impairments in the U.S. non-TANF population. Table 2 provides examples of questions asked by

[10] On January 19, 2001, HHS' Office of Civil Rights issued *Summary of Policy Guidance-Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF* to all entities involved in the administration and operation of TANF programs.

[11] ADA was enacted, in part, to remove barriers to employment and receipt of public services for people with disabilities by prohibiting discrimination. In the area of employment, the ADA requires employers to make reasonable accommodations to persons with disabilities (e.g., by providing a magnified computer screen for a vision-impaired person), unless such accommodations would impose undue hardship on employers.

Census to identify persons with severe or nonsevere impairments. Appendix I lists the specific criteria developed by Census that individuals must meet to be considered impaired as applied in the SIPP.

Table 2: Examples of Initial and Follow-up Questions About Impairments in the SIPP

Initial impairment question	Follow-up impairment question
Do you have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if you usually wear them?	Are you able to see the words and letters in ordinary newspaper print at all?
Do you have difficulty having your speech understood?	In general, are people able to understand your speech at all?
Do you have any difficulty lifting and carrying something as heavy as 10 pounds—such as a bag of groceries?	Are you able to lift and carry this much weight at all?
Because of a physical or mental health condition, do you have any difficulty keeping track of money or bills?	Do you need the help of another person with keeping track of money or bills?

Note: If an individual reports having difficulty performing a specific activity, a follow-up question usually determines if the level of difficulty is severe or not. Impairments are generally classified as severe when an individual is unable to perform or needs help to perform one or more functional or other activities.

Identifying and measuring impairments or disabilities is a complex undertaking, and no single survey instrument has been accepted or generally agreed upon as the preferred method for identifying impairments within a population. Census believes the extensive set of disability questions contained in SIPP make it a preferred source to examine most impairment-related issues.[12] Nevertheless, SIPP data should be interpreted with care. For instance, SIPP relies on self-reports of impairments and, therefore, may not accurately reflect the size of the general or TANF population with impairments. This can result in the overreporting or underreporting of impairments. For example, although some impairments, such as inability to walk, missing or impaired limbs, or severely impaired vision, are easy to identify, many impairments are not. Individuals may not report less obvious impairments because of certain stigmas surrounding them or because they may not know of their existence. Some examples of these impairments include learning disabilities, depression, and mental illness. Other surveys use different approaches to measure impairments. The National Household Survey of Drug Abuse and the University of

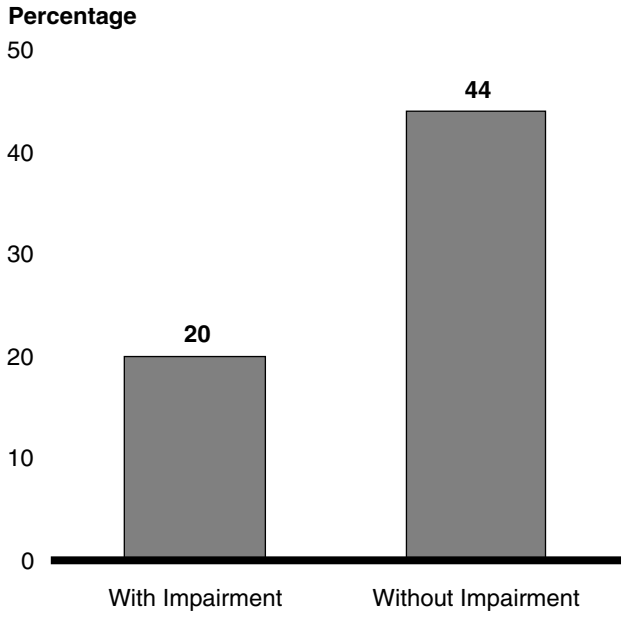
[12]The SIPP data reported do not include impairments related to substance abuse.

Michigan's Women's Employment Survey, for example, use nonclinical in-depth diagnostic questioning to identify certain psychiatric disorders that may be overlooked by other survey techniques.[13]

Many TANF Recipients With Impairments Were Able to Combine Welfare and Work

Although national survey data show that TANF recipients with impairments are less likely to be combining welfare and work than those without impairments, many, in fact, do work. SIPP data show that 20 percent of TANF recipients with impairments were working full- or part-time in 1999, compared with 44 percent of TANF recipients not reporting impairments.[14] (See fig. 1.) In addition, SIPP data show virtually no change since 1997 in the percent of TANF recipients with impairments who work. In 1997, 19 percent of TANF recipients with impairments (aged 18-64) were working compared with 20 percent working in 1999.

Figure 1: Proportion of TANF Adults Working Full- or Part-time in 1999



Source: GAO analysis of 1999 SIPP data on disability.

[13]Rukmalie Jayakody, Sheldon Danziger, and Harold Pollack, "Welfare Reform, Substance Use, and Mental Health," *Journal of Health Politics, Policy and Law* (Aug. 2000).

[14]Part-time refers to fewer than 35 hours per week.

Whether a TANF recipient with impairments is able to work while receiving welfare can depend on many complex, interrelated factors, such as other personal characteristics they may have, and state and local programs and policies, including benefit levels and policies that encourage or require work. Regarding personal characteristics, studies have shown that many factors— including poor health or disability, no high school diploma, limited work experience, exposure to domestic violence, substance abuse, and limited English proficiency—make finding and keeping a job more difficult. Moreover, recipients with impairments may have more than one characteristic that could interfere with work. Data from a longitudinal University of Michigan's Women's Employment Study show that physical and mental impairments co-occur with other obstacles to work in almost half of the sampled cases. More specifically, data from this panel survey of women on welfare in an urban county in Michigan show that in 1998, two-thirds of TANF recipients with physical problems and about half of those with mental health problems also had other obstacles to work. In addition, the Manpower Demonstration Research Corporation reported that the prevalence of health problems among women who were receiving welfare suggests that there will be major challenges to welfare agencies as a growing number of recipients face time-limit pressures.[15]

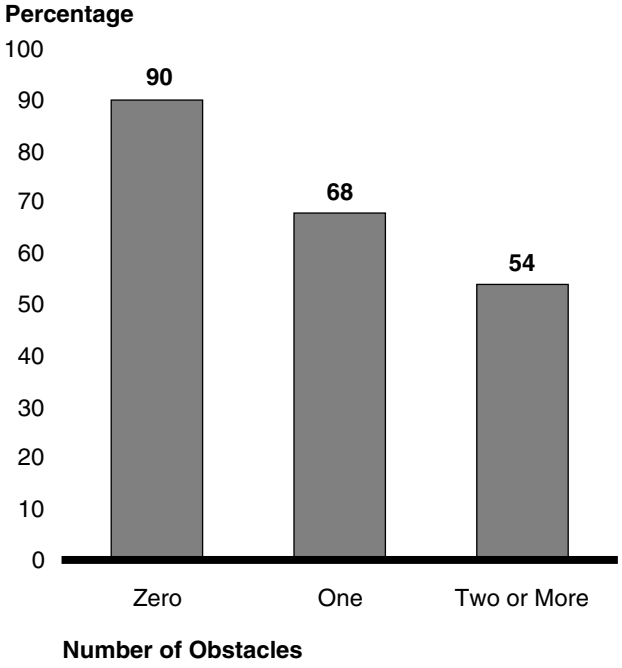
Nationwide data from another source show that the greater the number of obstacles a TANF recipient faces, the less likely that recipient is to be engaged in paid work or work-related activities while receiving welfare. On the basis of data from its 1999 National Survey of America's Families (NSAF), the Urban Institute reported that in 1999, 90 percent of recipients who had no obstacles were working in paid jobs or engaging in work-related activities (in school or training or looking for work), compared with 68 percent of recipients with one obstacle and 54 percent of recipients with two or more.[16] (See fig. 2.) The Urban Institute has also reported that a greater proportion of TANF recipients with two or more obstacles to employment were engaged in work or work-related activities in 1999 compared with 1997. While many factors could affect this outcome including economic conditions, welfare agencies increased emphasis on

[15]Denise F. Polit, Andrew S. London, and John M. Martinez, *The Health of Poor Urban Women: Findings from the Project on Devolution and Urban Change.(*Manpower Demonstration Research Corporation, May 2001).

[16]Sheila R. Zedlewski and Donald Alderson, *Before and After Reform: How Have Families on Welfare Changed?* (Washington, D.C.: The Urban Institute, Apr. 2001).

requiring and encouraging TANF recipients to take steps toward employment could be an important one.

Figure 2: TANF Recipients With Obstacles to Employment Engaged in Work or Work-Related Activities



Source: The Urban Institute 1999 NSAF.

In addition to program policies and practices, research suggests that successful transitions to work may be more likely for younger people with impairments and for those who have greater motivation to work and stronger educational backgrounds.[17] Moreover, some persons with impairments may benefit from technological and medical advances and social changes, which have created more opportunities for some individuals with impairments to work. Nevertheless, some persons with multiple work impediments may need to learn basic skills and work habits and build self-esteem to successfully function in the workplace. Some may also face tight labor market conditions, particularly for low-wage positions, that could constrain employment opportunities, while others

[17] *Social Security Disability Insurance: Multiple Factors Affect Beneficiaries' Ability to Return to Work* (GAO/HEHS-98-39, Jan. 12, 1998).

may need to overcome logistical obstacles, such as transportation difficulties.

Percentage of TANF Recipients That Report Impairments Has Not Differed From 1994 to 1999

Welfare caseloads dropped 46 percent between 1994 and 1999; however, national survey data suggest that the proportion of TANF adults reporting impairments has not changed significantly since welfare reform began. Because of steps taken by Census beginning with the 1997 SIPP data to improve and broaden its disability measurement, including measurements of mental impairments, we adjusted the SIPP data for 1997 and 1999 to be consistent with the definition used in 1994. The adjusted data showed that there were no statistically significant differences in the percentage of TANF recipients reporting impairments since states implemented welfare reform.

Data from the Urban Institute's NSAF corroborate SIPP data. They show that the proportion of adults on TANF who reported a serious physical or mental health problem was 32 percent in 1997 compared with 36 percent in 1999, which was not a statistically significant difference.[18]

While our analysis shows that the proportion of TANF recipients with impairments has not increased while caseloads have declined, it is not clear what this means in so far as outcomes for TANF recipients with impairments. The proportion of TANF recipients with impairments on the rolls at any given time and over time is affected by the number and characteristics of individuals coming onto the rolls and leaving the rolls. Regarding coming onto the welfare rolls, individuals with impairments maybe less likely to apply for and receive welfare as welfare agencies implement more stringent up-front job search requirements or take additional steps to move eligible individuals onto the SSI rolls. Regarding leaving the welfare rolls, while we know generally that a majority of former welfare recipients are employed at some point after leaving welfare, others have left the rolls without employment, in some cases due to state sanction policies that end welfare receipt for those who do not meet program or work requirements.[19] Our previous work showed that

[18]Urban Institute data are reported in terms of very poor mental health, which increased from 22 to 28 percent between 1997 and 1999. The Urban Institute assesses mental health along four dimensions— anxiety, depression, loss of emotional control, and psychological well-being—using a five-point scale to measure the severity of mental health problems. Very poor mental health indicates those falling in the bottom 10th percentile.

[19]For more information on former welfare recipients, see *Welfare Reform: Information on Former Recipients' Status* (GAO/HEHS-99-48, Apr. 28, 1999) and *Welfare Reform: Progress in Meeting Work-Focused TANF Goals* (GAO-01-522T, Mar. 15, 2001).

recipients who received a sanction often had a higher incidence of conditions such as health problems and depression than other TANF recipients.[20] In other cases, former welfare recipients with impairments may leave TANF to begin receiving SSI. More information would be needed to determine how individuals with impairments, both potential applicants and former TANF recipients, have fared as TANF caseloads have declined.

Counties Are Screening TANF Recipients for Impairments, but Recipients May Not Be Receiving Services to Move Them Toward Employment

Most counties reported they are screening TANF recipients for impairments that may interfere with their ability to work, primarily through recipients' self-disclosure, a method that may not ensure that all impairments, particularly "hidden" disabilities, are accurately identified.[21] In addition, about half of the counties did not know the number of TANF recipients they had with impairments, with nearly all of these counties saying they did not have the information. Lack of such data may hinder counties' abilities to identify and meet the service needs of their TANF recipients. When serving recipients identified with impairments, counties often partnered with other federal, state, or local agencies to provide treatment or employment services. It appears, however, that many TANF recipients with impairments are not receiving services to move them toward employment, in part because they are exempted from the work requirements. Regarding policies for imposing financial sanctions on TANF recipients who do not comply with program requirements, many counties reported making only one attempt to notify recipients that they are noncompliant. This could make recipients with impairments who have trouble complying with program requirements or understanding sanction notices inappropriately vulnerable to a sanction. Some selected TANF offices we visited have implemented strategies targeted at helping recipients with impairments find employment, but most of these strategies are too new to evaluate.

[20]For more information on state sanction policies, see *Welfare Reform: State Sanction Policies and Number of Families Affected* (GAO/HEHS-00-44, Mar. 31, 2000)

[21]Hidden disabilities may include learning disabilities; mental health disorders, such as undiagnosed depression; or physical impairments, such as hearing problems.

Screening and Assessment Procedures Are Widely Used, but May Not Identify All Impairments

Almost all the counties reported that they screen and assess TANF recipients for impairments, but many use methods that may not accurately identify all impairments.[22] In some cases, this may not be a problem because recipients find and keep jobs, while in other cases, recipients may not be able to participate in a county's regular TANF program activities, find a job, or sustain employment without special assistance. TANF agencies may screen and assess recipients for impairments for a number of reasons, including identifying individuals who might be eligible for long-term support under the SSI or DI programs; should be exempt from work requirements or time limits; or need treatment or special services, such as job accommodations, to help them engage more effectively in work or training.

In addition, the extent to which welfare agencies rely on screening and assessment of impairments and other potential barriers to assess an individual's ability to work varies. In our earlier report on hard-to-employ TANF recipients, we found that some of the states and localities we visited relied primarily on the job market to identify recipients who have barriers to employment, such as physical or mental impairments, although even in these cases an initial minimal screening may be conducted.[23] According to officials in these states, this approach precludes the welfare agency from prejudging or labeling recipients as hard-to-employ when they may be able to obtain jobs. At the same time, this approach sends a clear message that TANF is temporary and that employment is the immediate goal. Other states and localities we visited for that report relied more heavily on screening and assessment, believing that by identifying obstacles to employment early, agencies could more appropriately focus resources and time on activities and services that hard-to-employ TANF recipients need to become employed. No one approach has been proven more effective than another for moving hard-to-employ recipients into jobs.

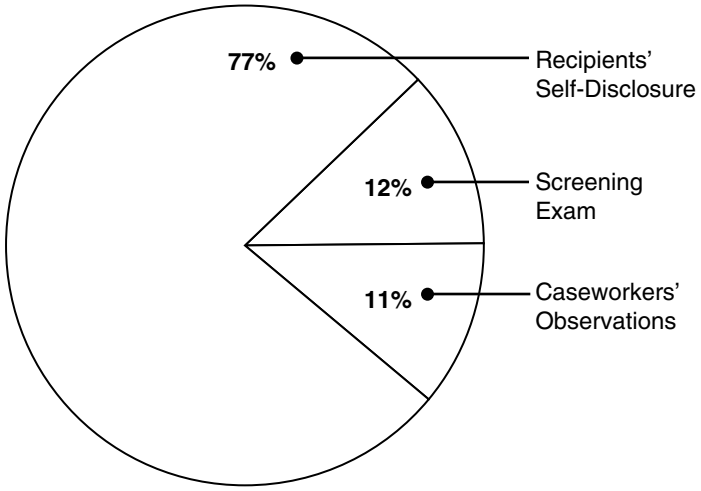
In our nationwide survey of county TANF agencies, we found that almost all counties reported that they screen recipients for physical and mental

[22]The terms screening and assessment are often loosely applied and can have different meanings in various treatment and service communities. We defined screening as "any means of gaining information about an individual that can be used to detect warning signs that suggest that some form of impairment might exist." If there is an indication that an impairment may exist, the next step is to perform an assessment. We defined assessment as "a comprehensive examination of an individual that is used to identify the specific impairment(s) he or she has."

[23]See GAO-01-368, Mar. 15, 2001.

health impairments, and three-fourths screen for learning disabilities that could interfere with recipients' ability to work. Figure 3 shows the methods that counties reported they relied on to screen recipients.

Figure 3: Methods Counties Use to Screen Recipients



Source: GAO survey of county TANF agencies.

The primary screening method counties used is recipient self-disclosure. TANF caseworkers ask recipients questions or use intake forms to identify characteristics that may interfere with a recipient's ability or the program requirement to work. Questions on intake forms might ask recipients, "Do you currently have any physical or mental conditions?" or "Has your doctor placed any limits on your activities?" Relying on this method may not uncover all impairments—for example, hidden disabilities that may be unknown to recipients but could still interfere with their ability to work. Furthermore, sometimes recipients are reluctant to identify impairments because they are uncertain about potential consequences or do not feel comfortable in doing so. The willingness of recipients to share information about impairments can largely depend on the TANF staff's ability to establish rapport with recipients. If recipients do not feel comfortable with TANF staff, they may be reluctant to share information.

Of the 12 percent of counties that rely on a screening exam as their primary method, most use a screening tool or instrument, which is a more formal, standardized approach to screening recipients. Some tools are

designed to screen for multiple barriers, including impairments, while others are designed to screen for a single barrier, such as mental health problems or learning disabilities. If these tools are improperly administered, they may not be a reliable predictor of a recipient's impairment. For example, some tools must be administered by staff with specialized training to produce reliable results, while others can be administered by caseworkers with little or no training.[24] Furthermore, many tools are validated only for specific populations and may not produce reliable and valid results for TANF recipients. A study the Urban Institute conducted for HHS identified a number of tools that TANF agencies use to screen recipients, but reported that little is known about their ability to accurately identify barriers or impairments among TANF recipients.[25] Furthermore, it found that few studies or evaluations had been conducted to assess these tools' effectiveness.

About 11 percent of counties rely on caseworkers' observations to identify "red flags" (verbal or behavioral cues) that may indicate an impairment. For example, a caseworker could observe a recipient while he or she is filling out an application or might observe symptoms of mental illness, such as anxiety, depression, and behavioral problems. Experts reported that caseworkers' observations could be a useful part of the screening process when used in conjunction with other screening methods, especially when caseworkers are trained to be alert to red flags. However, many caseworkers are former AFDC eligibility workers who may not have been trained in how to identify red flags. According to one TANF official we interviewed, learning disabilities and mental impairments are harder to

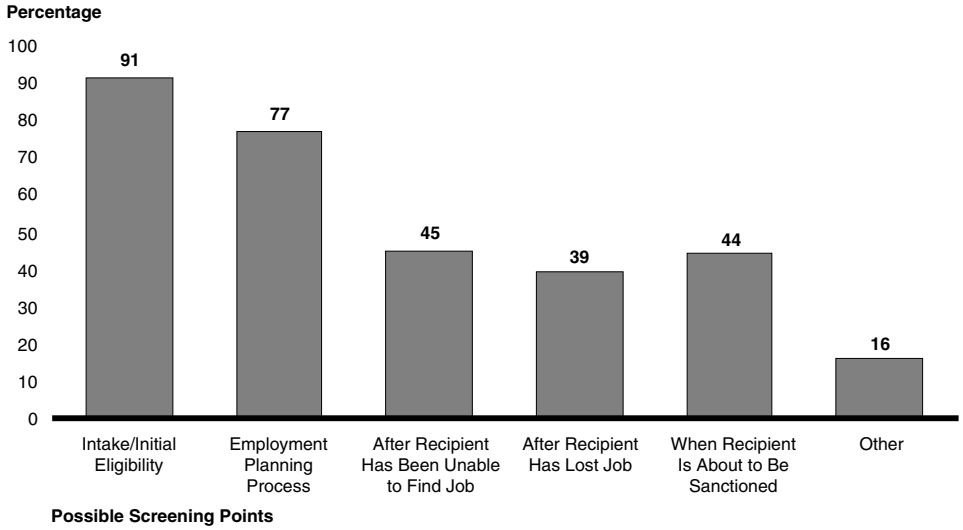
[24]Kansas Department of Social and Rehabilitation Services contracted with the University of Kansas to develop a tool to screen recipients for learning disabilities. Caseworkers with minimal training can administer this tool, which has an 89-percent reliability rate. Reliability is the consistency of a person's score across two points in time. In other words, if a recipient is screened twice, there is an 89-percent chance that the outcome will be the same the second time.

[25]Terri S. Thompson and Kelly S. Mikelson, *Screening and Assessment in TANF/Welfare-to-Work: Ten Important Questions TANF Agencies and Their Partners Should Consider*. Report prepared by The Urban Institute for U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and Administration for Children and Families (Washington, D.C.: Mar. 2001).

identify than physical impairments because of all the subtleties involved in identifying them.[26]

Of the counties that conduct screening, over 90 percent do an initial one at the intake/eligibility determination phase, but many counties also screen recipients during the employment planning process if it appears the recipient is having problems. Figure 4 shows at which points counties reported screening recipients.

Figure 4: Points During the Employment Process When Counties May Screen Recipients By Any Method

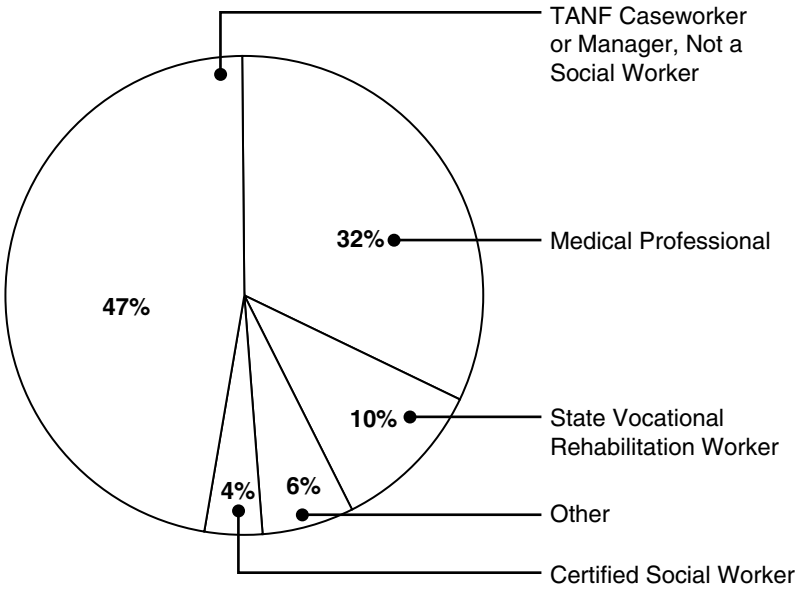


Source: GAO survey of county TANF agencies.

If screening suggests an impairment, 76 percent of counties reported that they assess recipients to determine if they have an impairment. Almost half of these counties reported that caseworkers perform the largest proportion of these assessments. (See fig. 5.)

[26]For more information on screening for mental impairments see Michelle K. Derr, Sarah Douglas, and LaDonna Pavetti, *Providing Mental Health Services to TANF Recipients: Program Design Choices and Implementation Challenges in Four States.* Report prepared by Mathematica Policy Research for U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (Washington, D.C.: Aug. 2001).

Figure 5: Staff Who Conducted Assessments



Note: Total may not sum to 100 owing to rounding.

Source: GAO survey of county TANF agencies.

According to some experts, the role of the TANF agency in screening and assessment should be to identify recipients who might have an impairment and then refer them to professionals who have the expertise to conduct assessments. Generally, because some caseworkers are former AFDC eligibility workers, they may lack the training and expertise to conduct assessments, which may result in the recipient's not having his or her impairment properly identified and evaluated. For example, at the TANF agency we visited in Davidson County, Tennessee, if caseworkers suspect that a recipient has a mental health problem or learning disability, they refer the recipient to a family services counselor, who is a certified social worker and counselor. The counselor conducts a preliminary assessment and then refers a recipient with severe symptoms to a psychologist for a comprehensive assessment and diagnosis.

Almost all counties that conduct assessments reported that they would try to determine whether a recipient's impairment affects the recipient's ability to work. That determination could be made in various ways, such as using a physician's documentation, self-disclosed information, an

assessment of a recipient's ability to work, and employment history. Possible outcomes of that review include referrals to vocational rehabilitation, treatment providers, or SSA for SSI eligibility determination or development of an individualized plan to move the recipient toward employment.

Half of All Counties Could Not Provide Data on Number of TANF Recipients With Impairments

About half of all the counties did not provide data on the number of recipients with impairments that interfere with their ability to work, and nearly all of these counties reported they did not have these data. Lack of information on the service needs of TANF recipients, particularly those nearing a state's time limit on aid, could hinder an agency's ability to provide sufficient services for recipients. In a previous study, only two of the nine states we reviewed could provide us with statewide data on such characteristics as recipients with learning disabilities, mental or psychological conditions, physical impairments, and poor health.[27] Some of the reasons we cited in that report were the lack of any requirement to collect such data, the difficulties of identifying such barriers, the lack of standardized screening and assessment tools, and inadequate computer systems.

Use of Work Requirement Exemptions for TANF Recipients With Impairments May Mean They Do Not Receive Assistance That Could Help Them Move Toward Employment

Historically, the AFDC program exempted recipients with impairments from participation requirements, and many counties reported they continue to exempt from state work requirements TANF recipients who have impairments, are caring for a child with an impairment, or are awaiting SSI eligibility determination because of their impairment.[28]

- About 63 percent of counties exempted TANF recipients with impairments from the work requirements.[29]
- About 27 percent of counties exempted TANF recipients with impairments from the work requirements, but not the state time limit.
- About one-third of counties exempted those caring for a child with an impairment from the work requirements and the time limit, but an additional 28 percent of counties exempted caregivers from only the work requirements and not the state time limit.

[27] GAO-01-368, Mar. 15, 2001.

[28] In collecting information from counties, we asked respondents about what they did regarding exemptions rather than their exemption policy.

[29] These counties include those who exempt recipients from the work requirements but not the time limits.

- Over half of counties exempted TANF recipients from the work requirements who were referred to SSA for disability eligibility determination.[30]

Counties' apparent reliance on work requirement exemptions for recipients with impairments raises the issue of whether many such recipients are being prepared for eventual employment. Some or all of those exempted from work requirements may move onto the SSI rolls, be included among the 20-percent exemption from federal time limits, or have only temporary physical or mental impairments interfering with employment, which may improve over time. The detailed data needed to make such assessments were not available. However, it is also possible that many counties have not yet put in place policies, procedures, and services for addressing the needs of TANF recipients with physical and mental impairments who may need more or different types of assistance than others. In those programs where TANF recipients with impairments are exempted from work requirements, they may not be getting the help, direction, or encouragement they need to take steps toward employment. Under these circumstances, recipients with impairments may not be receiving proper access to TANF services as required by the ADA.[31] When asked what percentage of TANF recipients were receiving services to move them toward employment, one-third of responding counties who supplied data reported that, on average, 43 percent of their recipients with impairments were being served. However, counties that did not exempt recipients with impairments reported that, on average, 61 percent of their recipients with impairments were receiving services, almost twice the 34-percent average in counties that did exempt recipients.[32] Our previous work and other studies show that some states and localities have moved more aggressively than others to enforce a work or work-activity requirement for a larger share of their TANF caseload than others and that

[30]In 2000, it took an average of 120 days from the date of SSI application to receive an initial disability determination. For claims that are denied and appealed, it may take over a year to reach a final determination. While awaiting SSI determination, less than one-third of counties suspend employment services to recipients.

[31]HHS Office of Civil Rights guidance states that "for some public entities, TANF policies relating to individuals with disabilities consist only of exemptions from TANF requirements. This practice however, denies individuals with disabilities access to TANF services and results in discriminatory exclusion of many individuals with disabilities from the program."

[32] The number of offices in the 100 counties with the largest populations reporting the information needed for this analysis was too small to be included.

these programs generally have adjusted their program approaches to help recipients address potential barriers to employment.[33]

Work requirement exemption policies could be an issue, particularly with the more than one-quarter of counties who exempt TANF recipients from the work requirements but not the state's time limit. These recipients may be at risk of reaching their time limit without employment or having received services to move toward employment, unless they are included in their state's 20-percent hardship exemption or the state provides assistance with state funds. Although there are indications that the 20-percent exemption may be sufficient, it is too early to know how many recipients might be excluded since many states have not yet defined the criteria for their exemption.

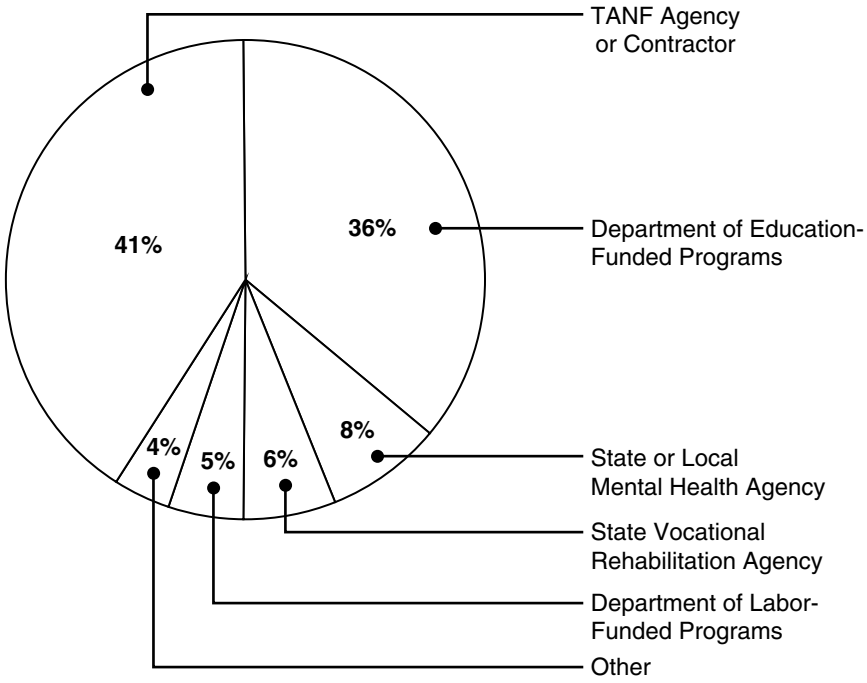
Some TANF officials we interviewed said that their states plan to include recipients with impairments who are unable to work or who care for a child with an impairment. About 80 percent of county TANF officials estimated that fewer than 20 percent of their TANF recipients had impairments that would make work so difficult that they should be exempt from the federal time limit. Many of them, however, did not provide us with data on the number of recipients with impairments that would support their estimates. Recipients with impairments are only one of many groups that states could include in their 20-percent exemption. For example, Kansas plans to include recipients who care for disabled household members, recipients over age 60, victims of domestic violence or sexual assault, and recipients who are complying with program rules but remain unemployed or underemployed. It determined that its exemption would be sufficient to include all recipients who meet these criteria until 2006. Many states also plan to continue aid beyond the federal 5-year time limit with state funds. For example, according to TANF state plans, nine states containing 44 percent of the total 1999 national caseload intend to provide benefits for all families that reach the time limit, though often in reduced amounts or noncash form.

[33]The welfare reform law also allows each state to reduce its annual mandated participation rate by an amount equal to the percentage that the state's welfare caseload has declined since fiscal year 1995. As a result, in fiscal year 1999, 23 states had a 0 percent work participation rate. If the caseload reduction slows or reverses, states may be far less able to exempt TANF recipients from work participation.

TANF Partners With Multiple Service Agencies When Serving Recipients With Impairments

Most counties that provide treatment and employment services to TANF recipients with impairments have established linkages with contractors and other local service providers to provide at least some of these services. TANF agencies can provide services modified for recipients with impairments directly or through a contractor, or they can partner with non-TANF government agencies and other community organizations. These services could include employment services, such as job readiness training, job training, education, job search, and community work experience programs, or they could include referrals to treatment programs for physical impairments, mental health conditions, or learning disabilities. Figure 6 shows the primary agency or program with whom TANF agencies partnered to provide modified services to their recipients with impairments.

Figure 6: Primary Agency or Program With Which TANF Agencies Partnered to Provide Services



Source: GAO survey of county TANF agencies.

A Majority of Counties, but Not All, Take Steps to Ensure That TANF Recipients Do Not Inappropriately Receive a Sanction

About 60 percent of counties reported they make at least two attempts to notify recipients that they are noncompliant with TANF requirements, while about 40 percent reported they make only one attempt.[34] Written notification is the primary method counties use to inform recipients the first time they are about to receive a financial sanction. About 60 percent of counties would make a repeated attempt to contact recipients. In their second attempt to contact recipients, many counties would also use more personal methods: 24 percent reported they would schedule an in-person meeting, and 15 percent would make a home visit. Regardless of the method used, almost three-quarters of counties with time limits less than the federal 5-year time limit reported they would assess recipients for possible impairments if these recipients were nearing the state's time limit. About two-thirds of all counties reported they would assess recipients who failed to comply with the work requirements to determine whether that recipient had an impairment that could interfere with his or her ability to work.

In our previous work, we found that recipients who received either a full or partial sanction often had a higher incidence of conditions such as health problems and depression than other TANF recipients, and these characteristics may make it more difficult for them to understand and comply with program requirements.[35] We reported that states' policies for notifying recipients varied, but those with a more active conciliation process often reduced the number of families under sanction and increased compliance for those families involved in conciliation.[36] For example, many states require that a written warning notice be sent to recipients, who are expected to contact the caseworker to resolve their

[34]Although federal law requires states to impose a financial sanction on families who refuse to participate, states generally specify the sanctioning policies, and many are more stringent than the federal law. States can decide how and when to inform recipients of sanction policies and sanction decisions. A sanction can be a full or partial sanction—that is, recipients can lose all or part of their cash benefits.

[35]*Welfare Reform: State Sanction Policies and Number of Families Affected* (GAO/HEHS-00-44, Mar. 31, 2000).

[36]Conciliation is the process recipients and agencies use to resolve recipients' noncompliance with TANF requirements.

noncompliance issues within specified time frames.[37] If they fail to do so, they may lose their opportunity to resolve the noncompliance issues before they lose all or part of their benefits. Because 40 percent of the counties in our survey reported making only one attempt to notify recipients before imposing a sanction, a significant number of recipients with impairments could be at risk of losing TANF benefits if their impairment hinders their ability to comply with requirements.

Some TANF Offices Have Implemented Promising Strategies to Address Needs of Recipients With Impairments, but Programs Are Too New to Evaluate

TANF experts identified the four counties we visited as having promising strategies to move TANF recipients with impairments toward employment.[38] These strategies ranged from developing standardized tools for screening recipients to establishing multidisciplinary teams to identify needed services. It is important to note that because these strategies are relatively new, they have not been evaluated, and little or no data are available on their long-term impact. Furthermore, some of them have served only a small number of recipients.

The counties we visited developed various strategies to address the predicament of recipients who were approaching state or federal time limits without having found employment. Although their strategies varied widely, a common element was the counties' realization that these recipients usually require more intensive case management than other TANF recipients to move toward employment and an acknowledgment that a "one-size-fits-all" approach did not work; thus, their programs and services had to be tailored to each recipient. All these strategies focused additional efforts on identifying and serving recipients with impairments.

The four counties we visited differed in how they screened and served recipients. Two counties conducted limited up-front screening and relied upon the job market to determine whether the recipient had impairments to employment, whereas the other two counties conducted more in-depth

[37]For more information on states' sanctioning policies, see reports issued by the HHS Inspector General: *Temporary Assistance for Needy Families: Improving the Effectiveness and Efficiency of Client Sanctions*, OEI-09-98-00290 (July 1999); *Temporary Assistance to Needy Families: Educating Clients About Sanctions*, OEI-09-98-00291 (Oct. 1999); *and Temporary Assistance to Needy Families: Improving Client Sanction Notices*, OEI-09-98-00292 (Oct. 1999,).

[38]Because welfare responsibility has been devolved, in some cases counties are following their own policies for screening, assessing, and providing services to TANF recipients with impairments while in others, they are implementing statewide policies.

screening. The counties also varied as to their reliance on a particular type of service provider. Sedgwick County, Kansas, and Davidson County, Tennessee, relied predominantly on nongovernment and community service providers to conduct assessments and provide services. Cumberland County, North Carolina, relied on a combination of government agencies, such as vocational rehabilitation, and nongovernment service providers. Leon County, Florida, was the only site that required the TANF agency to participate in its on-site center—referred to as a "one-stop"— that consolidated a variety of services, including adult education, employment services, and counseling services.[39]

Two of the sites we visited incorporated employment services as part of their strategies, and they continue to provide supportive TANF services after recipients are placed.[40] For example, Leon County developed a program that provided one-to-one tutoring and employment services, including job placement and follow-up, to recipients with dyslexia. Sedgwick County refers recipients with impairments to a contractor for vocational assessment. If recipients qualify, they can be accepted into a computer or industrial training program, which also includes job placement and follow-up services. Recipients with severe or persistent mental health impairments could also be included in a 6-month training program at a manufacturing facility.[41] Table 3 summarizes the key features of these strategies.

[39]The Workforce Investment Act of 1998 sought to unify the employment and training system. The act focused mostly on integrating and streamlining services, requiring most employment and training services to be provided through a single system, called the One-Stop Center System. TANF is not required to be part of the One-Stop Center System, but localities may require its participation.

[40]For more information on work programs, see *Welfare Reform: Work-Site-Based Activities Can Play an Important Role in TANF Programs* (GAO/HEHS-00-122, July 28, 2000) and LaDonna Pavetti, et al., *Work-Based Strategies for Hard-to-Employ TANF Recipients: A Preliminary Assessment of Program Models and Dimensions*, *Final Report* (Washington, D.C.: Mathematica Policy Research, May 15, 2001).

[41]The manufacturing facility is a nonprofit company, considered a "social business enterprise," and employees receive competitive wages and benefits. Although 75 percent of its production staff have impairments, the company is marketed as a regular manufacturing company and competes with commercial manufacturers. Employees are referred by several sources besides the TANF agency.

Table 3: Key Features of Strategies at Sites Visited

Site and date implemented	Target population	Key feature
Cumberland County, NC; Spring 1999 (statewide)	Recipients who are nearing state or federal time limit	Caseworkers offer a voluntary standardized mental health screening tool to recipients that was developed for TANF population. As part of the state's Success Initiative, the county established a multidisciplinary team of a social worker, employment service providers, community organizations, vocational rehabilitation representatives, SSA officials, etc., to identify what services a recipient needs. The agency collaborated with the vocational rehabilitation agency, which accepts all TANF recipients with impairments. TANF agency acts as a coordinator by bringing together services.
Davidson County, TN; January 2000 (statewide)	Recipients who have not made progress toward retaining employment	All recipients who have a possible or confirmed barrier to employment are referred to an on-site family services counselor (a certified social worker) who acts as a "service hub" for counseling, assessment, referrals, and intensive case management. Counselors have access to enhanced services for psychological evaluations and learning disabilities. Counselors have small caseloads, and services are confidential. Although recipients are referred, seeking help from the counselor is voluntary. Counselors have authority to "stop the clock" on the state time limit for a limited period or alter personal responsibility plan as long as they do not exceed the federal time limit. State established Customer Service Review units to review the cases of clients who are noncompliant or are about to have a sanction imposed.
Leon County, FL; March 1999	Recipients with 48 months or more on TANF	Dyslexia Research Institute developed and validated screening and preassessment tools for TANF caseworkers to use to screen recipients for dyslexia and learning disabilities. Recipients with potential learning disabilities are referred to Dyslexia Research Institute for assessment and services. Recipients who meet criteria can enroll in the Dyslexia Research Institute Literacy and Life Skills (DRILLS) program. Services include one-to-one tutoring, job skills training, and employment placement services and follow-up. TANF agency is colocated with agencies providing employment services within a one-stop center so that employment services are readily available to TANF recipients.

Site and date implemented	Target population	Key feature
Sedgwick County, KS; November 1999	Recipients on TANF longer than 24 months or who stop progressing through state's 13-step protocol designed to move recipient toward employment[a]	Caseworkers use a validated tool to screen TANF recipients for learning disabilities. Selected recipients are referred for assessment and follow-on services to the Cerebral Palsy Research Foundation (CPRF). CPRF provides vocational assessment, training, case management, job placement, and job retention services. It assigns recipients to a "blue collar" (manufacturing) or "white collar" (computer skills, repair, and maintenance) track. Computer equipment is fully adaptable for recipients with impairments. A component of CPRF provides a 6-month training program in a manufacturing plant for recipients with severe mental impairments.

[a]Kansas did not require TANF agencies to implement this protocol statewide until May 2001, but Sedgwick County started following it in October 2000.

Source: GAO compilation of information from counties visited.

Federal Agencies Provide Assistance to Welfare Programs, but States and Localities Could Further Benefit If Efforts Were Better Coordinated

Multiple federal agencies and offices within agencies are involved in the support of research, technical assistance, and employment services related to assisting TANF recipients with impairments. However, no focal point or mechanism currently exists at HHS to ensure that states and localities have the best information available from the federal level that could enhance their efforts to help TANF recipients with impairments take steps toward employment. Within HHS, in addition to ACF's Office of Family Assistance, which oversees TANF, ACF's Administration on Developmental Disabilities and other offices within HHS, including the Assistant Secretary for Planning and Evaluation, Office for Civil Rights, and Substance Abuse and Mental Services Administration all have one or more roles to play in the support of identifying and serving TANF recipients with impairments. In addition, Labor's Office of Disability Employment Policy and the Employment and Training Administration and Education's Office of Special Education and Rehabilitative Services and Office of Vocational and Adult Education also provide research, services, and technical assistance that could aid TANF recipients with impairments move toward employment.

In many instances these departments and agencies have taken steps to assist TANF program administrators in meeting the needs of TANF recipients with impairments. Table 4 shows some of the key initiatives taken by these agencies and offices to assist states and localities in assessing and providing services to TANF recipients. In some cases, these agencies have collaborated to provide outreach services and technical assistance services. For example, ACF has partnered with the Substance

Abuse and Mental Health Services Administration and Labor's Employment and Training Administration to hold five conferences for program administrators on promising practices to move clients with multiple barriers to employment. ACF has also collaborated with Education and the National Institute for Literacy to provide technical assistance and training to state and local TANF agencies on valid screening tools for individuals with learning disabilities. In addition to these and other initiatives, HHS and Labor have worked together in relation to the administration and research evaluation of the Welfare-to-Work grants, which were geared to the hardest to employ of TANF recipients.

Table 4: Key Initiatives to Assist States and Localities Serve TANF Recipients With Impairments

Agency	Key initiative
Health and Human Services	Funded publication of a guide to TANF program administrators on identifying and addressing mental health problems among TANF recipients.[a]
	Contracted for a study of existing screening and assessment tools.
	Funded publication of a guide on screening and assessing TANF recipients for employment.[b]
	Issued a guide to states and localities on the use of federal TANF and state maintenance-of-effort funds to address the needs of TANF recipients.[c]
	Disseminated guidance on steps TANF agencies should take to comply with the ADA and the Rehabilitation Act.[d]
	Sponsored national and regional conferences to disseminate research and share promising practices.
Labor	Drafted a guidebook that includes ways to identify disabilities common to TANF recipients.
	Awarded 191 competitive Welfare-to-Work grants to fund initiatives focusing on transitioning long-term welfare recipients into jobs, including those with learning disabilities.
	Issued a series of "Ideas That Work" articles, which discuss different approaches for delivery of services to people who face multiple challenges, such as mental illness and physical disabilities.
Education	Worked with Washington State to develop a learning disability screening tool.
	Jointly funded with HHS and Labor a demonstration project in four states focusing on learning disabilities among TANF recipients.

[a] *Addressing Mental Health Problems Among TANF Recipients: A Guide for Program Administrators*. Report prepared by Mathematica Policy Research for HHS Administration for Children and Families (Washington D.C.: Aug. 2000).

[b] *Screening and Assessment in TANF/Welfare-to-Work: Ten Important Questions TANF Agencies and Their Partners Should Consider*. Report prepared by the Urban Institute for HHS Office of the Assistant Secretary for Planning and Evaluation (Washington, D.C.: Mar. 2001).

[c] *Helping Families Achieve Self-Sufficiency: A Guide on Funding Services for Children and Families Through the TANF Program*, HHS (undated).

[d]*Summary of Policy Guidance: Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF*, HHS, (Jan. 19, 2001).

Source: GAO compilation of information from agencies.

While individual federal agencies were working on ways to assist states and counties move TANF recipients with impairments to employment, the Presidential Task Force on Employment of Adults with Disabilities was created in March 1998 to develop a coordinated national policy focused on bringing all adults with disabilities into gainful employment. The task force brought great visibility to the disability issue, and it has issued the first three of four required reports to the President. The first two reports contained a total of 19 high-level recommendations to the President, all of which have either been initiated or completed. The task force's fourth and final report is due July 2002, at which time the authority for the task force expires.[42]

In addition to the task force reports and presidential recommendations, the task force has produced other benefits as well. The executive order creating the task force also established a working group on PRWORA. Recognizing the value of taking a cross-cutting, coordinated approach to this issue, the working group was composed of representatives from HHS, Labor, Education, Transportation, Justice, and the National Council on Disability (NCD).[43] The working group submitted a report with recommendations to the presidential task force in November 1998. The report contained specific recommendations on such issues as screening and assessment and civil rights protections; however, they were considered to be the views of the working group members and did not carry the weight of the task force. Despite lacking the endorsement of the task force, this coordinated effort to address TANF recipients with impairments produced some results. For example, HHS funded the publication of guides on screening TANF recipients for mental illness and substance abuse and on the prohibition against discrimination on the basis of disability in the administration of TANF.

[42]While authority for the task force is set to expire, the President announced in February 2001 a "New Freedom Initiative" designed to more fully integrate persons with disabilities into the workforce. Among the initiatives are plans to create a national commission to serve as a coordinating body for federal agencies that address mental health problems. The new commission is to study and make recommendations to improve mental health service delivery and availability.

[43]NCD is an independent federal agency that prepares and submits to the President and Congress progress reports that include recommendations on national disability policy.

HHS has recognized the value of external coordination with other federal agencies and the public and private sector in its strategic plan for fiscal year 2001-2006, and ACF's fiscal year 2002 Government Performance and Results Act (GPRA) annual performance plan.[44] The strategic plan discusses the diversity of HHS programs and the variety of ways they can be coordinated. For example, coordinating mechanisms can be imbedded in service delivery partnerships, or they can be formal mechanisms, such as coordinating councils. They can also be ad hoc mechanisms, such as meetings or workgroups. The ACF's fiscal year 2002 annual performance plan echoes the need for both internal and external coordination to administer programs effectively; however, no specific strategies, goals, or performance measures were identified to encourage or track linkages among involved agencies.

Despite the recognition of the need for such coordination, officials from HHS, Labor, and Education told us there is no central focal point to ensure that research and technical assistance conducted by federal agencies is coordinated and disseminated to the states and counties directly providing services to TANF recipients. In addition, some state officials told us that information or guidance that is jointly issued by ACF—the lead TANF agency—and other key players is very helpful in encouraging better understanding of and collaboration among federal programs and services available in the states to help TANF recipients become employed. For example, ACF and the Department of Education jointly issued a letter to TANF agencies that provided information and contacts on vocational rehabilitation agencies in the states. Our nationwide survey of counties showed that counties often relied on other agencies to assist TANF recipients with impairments. Other studies have noted that TANF agencies working with recipients with impairments often need to build new relationships with programs and service providers with whom they have not traditionally worked.

Getting information directly to the county level—where many program decisions are made and services are actually provided—is also important. Officials in three of the four counties we visited believed that coordinated assistance from federal agencies was needed. For example, they asked for technical assistance on the proper use of screening and assessment tools, guidance on what local offices should be doing to serve TANF recipients with impairments, and more examples of best practices that could be

[44] *Strategic Plan FY 2001-2006*, HHS (Sept. 2000).

replicated locally. They said that current federal technical assistance efforts, including conferences, are more often available to state-level officials than the local county TANF officials who are directly serving TANF recipients.

The National Council on Disability has also noted a lack of systematic collaboration among federal, state, and local entities on a national scale.[45] The Council believes that these entities need to place greater emphasis on removing barriers, making linkages, and combining their resources to better ensure positive employment outcomes for TANF recipients with impairments.

Conclusions

Welfare reform has led to major changes in state welfare policies and programs, with greatly increased emphasis on requiring and encouraging most adult recipients to move toward employment. This represents a significant departure from previous welfare policy, under which welfare agencies typically did not expect many recipients, particularly those with physical or mental impairments, to seek or prepare for employment. While in the years since welfare reform, states and localities have implemented Work-First approaches, they are only now beginning to understand how well these more employment-focused programs are meeting the needs of all TANF recipients, including those with impairments. As TANF agencies take steps to address the needs of TANF recipients with physical or mental impairments, much remains unknown about how well the new welfare system is performing in supporting this population's needs and in reducing their dependence on government aid. About half the counties did not provide data on the number of TANF recipients with impairments. This suggests that they may not know whether sufficient service capacity exists to move these recipients toward employment. In addition, little is known about how best to identify impairments that may affect TANF recipients' ability to work and what approaches are effective for helping those with impairments—both long-term recipients reaching their time limits and new recipients—find and maintain jobs. Ultimately, many impaired recipients may reach their time limits without suitable employment skills because their impairments have not been properly identified and addressed.

Our findings reinforce the importance of having HHS work more closely with other federal agencies, states, and counties to meet the needs of hard-

[45]NCD, *National Disability Policy: A Progress Report*, (June 14, 2001).

to-employ recipients, particularly as time limits on federal aid approach. We recommended in our March 2001 report that HHS do more to encourage and enable states to estimate the number and characteristics of hard-to-employ TANF recipients, including some with impairments, and identify recipients who will reach their 60-month limit on aid before they are able to work. After we made our recommendation, HHS solicited research applications to award grants to four or five state agencies and large counties to study how many individuals who are still on TANF are hard to employ or more disadvantaged, how many are at risk of reaching their time limits, and what services they need to make the transition to finding and maintaining work. It is important that research such as this conducted by HHS and other federal agencies be coordinated to ensure that relevant information is collected and disseminated nationwide, especially to the welfare agencies providing services to TANF recipients. As welfare reform evolves, the role of HHS, in coordination with other key federal players, in supporting and encouraging research and providing information and technical assistance to states and county TANF agencies is essential to help them better identify and move recipients with impairments toward employment. It will also ensure that states and localities across the nation can learn from each other. Such efforts should continue as TANF is reauthorized, and HHS, as the lead TANF agency, should be the focal point for the coordination and dissemination of information to agencies involved in helping TANF recipients with impairments toward employment.

Recommendation for Executive Action

As states and localities move forward to determine how best to serve TANF recipients with impairments, we recommend that HHS, as the lead TANF agency, serve as the focal point for coordinating and disseminating the research and technical assistance of federal agencies to ensure that states and counties have access to the information they need to better identify and move TANF recipients with impairments toward employment. To help ensure that this coordination occurs, the Secretary of HHS and the Assistant Secretary for Children and Families should include strategies, goals, and measures in ACF's annual performance plan to ensure that HHS partners with other key agencies, particularly Labor and Education, to take advantage of federal resources and knowledge related to helping TANF recipients with impairments move toward economic independence.

Agency Comments and Our Evaluation

We provided HHS an opportunity to comment on the report and HHS generally agreed with our conclusion and recommendation. HHS agreed that greater coordination at the federal level would likely help states and localities move TANF recipients with impairments toward employment. It also said that this conclusion is consistent with the information and feedback they have been receiving from the states and counties. In addition, as the report discussed, HHS noted that there is limited federal support for training opportunities at the local level. It said that it had not been able to target its conferences or seminars to the very specific implementation needs of counties, given the great number of localities and its technical assistance budget. HHS also agreed with our recommendation that it should coordinate with other key agencies to ensure that research and technical assistance are disseminated. However, it disagreed that strategies to ensure such coordination be included in their annual performance plan. HHS stated that GPRA results should focus on the primary PRWORA goal of engaging clients in work activities. While we agree that HHS should focus on key outcomes for the TANF program, we continue to believe that including coordination strategies, goals, and measures in its annual performance plan would better ensure that effective coordination activities take place. This in turn could help states and localities have the research and technical assistance needed to meet the needs of TANF recipients with impairments. As HHS stated in its comments, moving welfare recipients with impairments to work is a relatively new experience for welfare agencies and the very unique needs of individuals require varied strategies.

HHS' comments appear in appendix I. HHS and two welfare experts also provided technical comments, which we have incorporated where appropriate.

As agreed with your offices, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its issue date. At that time, we will send copies of this report to the Secretary of HHS, appropriate congressional committees, and other interested parties. We will also make copies available to others on request.

If you have any questions concerning this report, please contact me or Gale Harris on (202) 512-7215. Other staff who made key contributions are listed in appendix III.

Cynthia M. Fagnoni
Managing Director, Education, Workforce,
and Income Security Issues

Appendix I: Scope and Methodology

To develop estimates of the number of Temporary Assistance for Needy Families (TANF) recipients with impairments, we analyzed the Census Bureau's Survey of Income and Program Participation (SIPP) data for 1994, 1997, and 1999. To determine how county TANF agencies were screening, identifying, and serving TANF recipients with impairments, we conducted a nationally representative survey of 600 county TANF administrators from February 13 through June 1, 2001.

Census Bureau's SIPP Data

SIPP is a national household survey conducted by the U.S. Census Bureau in which panels of individuals representative of the nation, including those receiving TANF, are interviewed over a period of 2 years or more. At 4-month intervals, panel participants are asked a set of "core" questions involving such subjects as their labor force activity, welfare program participation, and demographic characteristics. Periodically, the survey also asks a detailed set of questions on a variety of topics not covered in the core section. These questions are called "topical modules" and are assigned to particular interviewing cycles or in the survey. For our purposes, we selected panels starting in 1993 and 1996 and sampled TANF and non-TANF adults between the ages of 18 and 64. Data from the three disability topical modules we analyzed were from interviews conducted from October 1994 to January 1995, August 1997 to November 1997, and August 1999 to November 1999.[1]

During these interviews, panel members were asked an extensive set of questions about their physical or mental impairments, including questions on a range of functional or other activity limitations. To be identified as having a disability or impairment in SIPP, individuals must meet specific disability criteria developed by the U.S. Census Bureau.[2] That is, they must meet any of the following criteria:

1. Had difficulty performing one or more functional activities, including seeing, hearing, speaking, lifting, and carrying, using stairs, and walking.

[1]We reported on individuals' status at points in time; we did not report on individuals' change in status over time.

[2]Census took steps beginning with the 1996 panel survey to broaden its measurements of disability. For example, Census added new questions concerning mental or emotional conditions that seriously interfere with everyday activities.

2. Had difficulty with one or more activities of daily living, such as getting around inside the home, getting in or out of a bed or chair, bathing, dressing, and eating.

3. Had difficulty with one or more instrumental activities of daily living, including going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

4. Had one or more specific conditions, including a learning disability, mental retardation or another developmental disability, Alzheimer's disease, or some other type of mental or emotional condition.

5. Had other mental or emotional condition that seriously interfered with everyday activities, including frequently depressed or anxious, trouble getting along with others, trouble concentrating, or trouble coping with day-to-day stress.

6. Had a condition that limited the ability to work, including around the house.

7. Had a condition that made it difficult to work at a job or business.

8. Received federal benefits based on inability to work.

9. Used a wheelchair, a cane, crutches, or a walker.

Persons defined as having a severe impairment are unable to perform or need help to perform one or more of the activities or conditions in 1, 2, 3, 6, or 7; had a condition in 5, 8, 9; or had Alzheimer's disease, mental retardation, or another developmental impairment.

Because the estimates we reported from the SIPP were based on samples, they are subject to sampling error, which varied but did not exceed plus or minus 7 percentage points at the 95-percent confidence interval. Therefore, the chances are 95 out of 100 that the actual percentages being estimated would fall within no more than plus or minus 7 percentage points of our estimates.

County Survey Sample Selection and Response

For the most part, TANF services are provided at the county level, so we selected a random sample of counties for our survey. We derived a nationwide listing of counties from *Estimates of the Population of Counties by Age and Sex: 1990-1999* (U.S. Census Bureau) for 1999 and

selected an overall sample of 600 counties. Before selecting this sample, we stratified the counties into two groups. The first group consisted of the 100 counties in the United States with the largest populations. The second group consisted of the remaining counties in the United States. We included all of the 100 counties with the largest populations in the sample to make sure that areas likely to have large concentrations of TANF recipients were represented. From the second group, consisting of all the remaining counties, we selected a random sample of 500 counties.

After selecting the sample of counties, we used the American Public Human Services Association's *Public Human Services Directory* (2000-2001) to determine the name and address of the TANF administrator for each county. In states with regional TANF programs, we asked the regional director to fill out a questionnaire for each county in the region. One county reported that it received only tribal TANF funds, which falls outside the scope of our study. We removed this county from our initial sample, reducing our sample to 599 counties. We obtained responses from 540 of 599 counties, for an overall response rate of about 90 percent. The response rate for the stratum consisting of the 100 counties with the largest populations was 92 percent. The response rate for our sample of the remaining U.S. counties was 90 percent. For relevant questionnaire items, we compared the responses of the administrators completing questionnaires in the 100 most populated counties to those of administrators in the rest of our sample and found that, for the most part, offices in both types of counties are similar in the ways that they identify, assess, and provide services to recipients with impairments.

Because the estimates from our survey are based on a sample of counties, each is subject to sampling error. The sampling errors for percentage estimates in the report from our survey varied, but did not exceed plus or minus 6 percentage points. The sampling error for our estimate of the average percentage of TANF recipients with impairments that were receiving services to move them toward employment is plus or minus 7 percentage points. The sampling error for our estimate of the average percentage of recipients with impairments that were receiving services in counties that do not offer any exemptions specifically for those recipients is plus or minus 13 percentage points. The sampling error for our estimate of the average percentage of recipients with impairments that were receiving services in counties that offer exemptions specifically for those recipients is plus or minus 8 percentage points. All of the sampling errors were calculated at the 95-percent confidence interval.

Appendix II: Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

OCT 26 2001

Ms. Cynthia M. Fagnoni
Managing Director, Education, Workforce,
and Income Security Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Ms. Fagnoni:

Enclosed are the Department's comments on your draft report, "Welfare Reform: More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients With Impairments Toward Employment." The comments present the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department also provided some technical comments directly to your staff.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

Janet Rehnquist
Inspector General

Enclosure

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE GENERAL ACCOUNTING OFFICE'S DRAFT REPORT, WELFARE REFORM: MORE COORDINATED FEDERAL EFFORT COULD HELP STATES AND LOCALITIES MOVE TANF RECIPIENTS WITH IMPAIRMENTS TOWARD EMPLOYMENT" (GAO-02-37)

The Department of Health and Human Services appreciates the opportunity to comment on the General Accounting Office's (GAO) draft report, which addresses an important topic. Because of provisions in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), such as time limits (60 months; or less, at State's option) and work requirements, it is important that States learn how to identify and serve hard-to-employ recipients. The PRWORA gives States broad flexibility in developing approaches to help recipients enter and sustain employment. The Department has actively supported States in using the flexibility afforded by the PRWORA to develop effective services for recipients at risk of reaching their time limit through guidance, technical assistance, facilitating communication among States, and research.

Evident in the title, the report concludes that more coordinated Federal efforts could help States and localities move Temporary Assistance for Needy Families (TANF) recipients with impairments toward employment. This conclusion is consistent with the information and feedback that we have been receiving from the States and counties. A fundamental shift in the goals and expectations of the welfare program has occurred, and we have seen an unprecedented increase in coordination with sister Department agencies and other Federal Departments. Nevertheless, we agree that greater coordination at the Federal level would likely help States and localities more effectively move TANF recipients with impairments toward employment. As GAO's report describes, moving welfare recipients with impairments to work is a relatively new experience for welfare agencies. The services that are generally required to make employment placements successful often need to be tailored to meet the specific needs of an individual. While a great deal of coordination and collaboration is already taking place, the very unique needs of individuals require varied strategies.

The Department's Administration for Children and Families (ACF) and Substance Abuse, and Mental Health Services Administration have been working closely together over the past several years on the issues raised by GAO. Recently, we conducted a seminar series for States with each of the 10 ACF regional offices. We found States highly receptive to the information that we provide about substance abuse and the effects of addiction upon self-sufficiency. We do agree with the report that there is limited Federal support for training opportunities at the local level. Given the great number of localities and our technical assistance budget, we have not been able to target our conferences or seminars to the very specific implementation needs of counties.

In addition, ACF and the Department's Office of the Assistant Secretary for Planning and Evaluation recently awarded a multi-year contract to rigorously evaluate the effectiveness of promising programs aimed at increasing employment and earnings of hard-to-employ parents.

1

This local, State and Federal partnership in six to eight sites will fill a major knowledge gap and help States to effectively use their TANF funds in support of moving all families toward self-sufficiency.

GAO Recommendations

As states and localities move forward to determine how best to serve TANF recipients with impairments, we recommend that HHS, as the lead TANF agency, serve as the focal point for coordinating and disseminating the research and technical assistance of federal agencies to ensure that states and counties have access to the information they need to better identify and move TANF recipients with employment. To help ensure that this coordination occurs, the Secretary of HHS and the Assistant Secretary for Children and Families should include strategies, goals, and measures in ACF's GPRA annual performance plan to ensure that HHS partners with other key agencies, particularly Labor and Education, to take advantage of federal resources and knowledge related to helping TANF recipients with impairments move toward economic independence.

Department Comments

We agree with the recommendation that the Department coordinate with other key agencies to make sure research and technical assistance are disseminated. However, we do not agree that such strategies should be included in ACF's Government Performance and Results Act (GPRA) annual performance plan. As in the past, the GPRA results should focus on the primary PRWORA goal of engaging clients in work activities (outcome measures). States have been very successful in meeting this goal and hopefully will continue to do so in a tighter economy. As the report indicates, research generally shows no evidence that the proportion of TANF recipients with impairments has changed over time. Until better screening tools are developed to identify clients with impairments and effectively address these barriers, we believe our GPRA goal should continue to emphasize work for people who are impaired. We believe that our success in moving families to work is evidence that we are serving this population. It is an area where we have a lot of interest and plan to focus more attention.

2

Appendix III: GAO Contacts and Staff Acknowledgments

GAO Contacts

Gale C. Harris, (202) 512-7235
Kevin M. Kumanga, (202) 512-4962

Staff Acknowledgments

In addition to those named above, Carolyn S. Blocker, William E. Hutchinson, Joel I. Grossman, Grant Mallie, and Elsie Picyk made key contributions to this report.

Bibliography

Barusch, Amanda Smith, et al., *Multiple Impacts of Welfare Reform in Utah: Experiences of Former Long-term Welfare Recipients*. Submitted to the Utah Department of Workforce Services, June 30, 2000.

Blum, Barbara B., et al., Welfare *Research Perspectives: Past, Present, and Future 2000 Edition*. National Center for Children in Poverty, Mailman School of Public Health, Columbia University, Aug. 2000.

Brandt, Jr., Edward N., and Andrew M. Pope, *Enabling America: Assessing the Role of Rehabilitation Science and Engineering*. Institute of Medicine, National Academy Press, 1997.

Brauner, Sarah, and Pamela Loprest, *Where Are They Now? What States' Studies of People Who Left Welfare Tell Us*. Washington, D.C.: The Urban Institute, May 1999.

Brown, Amy, *Beyond Work First: How to Help Hard-to-Employ Individuals Get Jobs and Succeed in the Workforce*. Washington, D.C.: Manpower Demonstration Research Corporation, Apr. 2001.

Cyphers, Gary, and Scott Brawley, *Charting the Path to Employment: A Study of State TANF Agencies' Client Assessment Policies and Practices*. Washington, D.C.: Research and Information Center at the American Public Human Services Association, Aug. 1, 2000.

Danziger, Sandra, et al., *Barriers to the Employment of Welfare Recipients*. Ann Arbor, Mich.: Poverty Research & Training Center, University of Michigan, Feb. 2000.

Danziger, Sandra K., et al., *Human Capital, Health and Mental Health of Welfare Recipients: Co-Occurrence and Correlates*. Ann Arbor, Mich.: Poverty Research and Training Center, University of Michigan, June 2000.

Danziger, Sheldon, *Approaching the Limit: Early National Lessons from Welfare Reform*. Ann Arbor, Mich.: Poverty Research & Training Center, University of Michigan, Dec. 2000.

Policy Guidance: *Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF*. Department of Health and Human Services, Jan. 19, 2001.

Helping Families Achieve Self-Sufficiency: A Guide on Funding Services for Children and Families Through the TANF Program. Washington, D.C.: Department of Health and Human Services, Administration for Children and Families, undated.

Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, *Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress*. Aug. 2000.

Department of Health and Human Services, Office of Inspector General, *Temporary Assistance for Needy Families: Improving the Effectiveness and Efficiency of Client Sanctions* (OEI-09-98-00290), July 1999.

Department of Health and Human Services, Office of Inspector General, *Temporary Assistance to Needy Families: Educating Clients About Sanctions* (OEI-09-98-00291), Oct. 1999.

Department of Health and Human Services, Office of Inspector General, *Temporary Assistance to Needy Families: Improving Client Sanction Notices* (OEI-09-98-00292), Oct. 1999.

Derr, Michelle K., Heather Hill, and LaDonna Pavetti, *Addressing Mental Health Problems Among TANF Recipients: A Guide for Program Administrators*, *Final Report*. Washington, D.C.: Mathematica Policy Research, Inc., July 19, 2000.

Freedman, Stephen, et al., *Evaluating Alternative Welfare-to-Work Approaches: Two-year Impacts for Eleven Programs*. Washington, D.C.: Manpower Demonstration Research Corporation, June 2000.

Hamilton, Gayle, and Susan Scrivener, *Promoting Participation: How to Increase Involvement in Welfare-to-Work Activities*. Washington, D.C.: Manpower Demonstration Research Corporation, Sept. 1999.

Jayakody, Rukmalie, Sheldon Danziger, and Harold Pollack, "Welfare Reform, Substance Use and Mental Health." *Journal of Health Policies and Law*, Aug. 2000.

Johnson, Amy and Alicia Meckstroth, *Ancillary Services to Support Welfare to Work*. Washington, D.C.: Mathematica Policy Research, Inc., June 22, 1998.

Kalil, Ariel, et al., *Getting Jobs, Keeping Jobs, and Earning a Living Wage: Can Welfare Reform Work?* Ann Arbor, Mich.: Program on Poverty and Social Welfare Policy, University of Michigan, Aug. 1998.

Kramer, Frederica D., "Screening and Assessing for Physical and Mental Health Issues that Impact TANF Recipients' Ability to Work," *Issue Notes*. Washington, D.C.: Welfare Information Network, Feb. 2001.

Kramer, Frederica D., "Seeing TANF from the Inside Out—Reconsidering the Program's Role in the Wake of Welfare Reform." *The Forum*, Vol. 3, No. 2. New York, N.Y.: National Center for Children in Poverty, Columbia University, July 2000.

Kramer, Frederica D., "Serving Welfare Recipients with Disabilities," *Issue Notes*. Washington, D.C.: Welfare Information Network, Jan. 1999.

Kramer, Frederica D., "The Hard-to-Place: Understanding the Population and Strategies to Serve Them," *Issue Notes*. Washington, D.C.: Welfare Information Network, Mar. 1998.

Lerman, Robert I., *Retreat or Reform? New U.S. Strategies for Dealing with Poverty*. Washington, D.C.: The Urban Institute, 1999.

Levine, Linda, *The Employment of People with Disabilities in the 1990s*. Washington, D.C.: Congressional Research Service, Aug. 15, 2000.

Loprest, Pamela, *Families Who Left Welfare: Who Are They and How Are They Doing?* Washington, D.C.: The Urban Institute, 1999.

Loprest, Pamela, "How Are Families That Left Welfare Doing? A Comparison of Early and Recent Welfare Leavers," New Federalism: National Survey of America's Families. Washington, D.C.: *The Urban Institute*, Apr. 2001.

Loprest, Pamela, *How Families That Left Welfare Are Doing: A National Picture*. Washington, D.C.: The Urban Institute, Aug. 1999.

Loprest, Pamela, and Gregory Acs, "Profile of Disability Among Families on AFDC" Washington, D.C.: The Urban Institute, Aug. 1996.

Loprest, Pamela J., and Shelia R. Zedlewski, *Current and Former Welfare Recipients: How Do They Differ?* Assessing the New Federalism. Washington, D.C.: The Urban Institute, Nov. 1999.

National Governors' Association, Employment and Social Services Policy Studies Division, *"Serving Welfare Recipients with Learning Disabilities in a Work First Environment,"* NGA Reports On Line, July 28, 1998.

Nightingale, Demetra Smith, et al., *Early Implementation of the Welfare-to-Work Grants Program: Findings From Exploratory Site Visits and Review of Program Plans*. Washington, D.C.: Mathematica Policy Research, Inc., Feb. 2000.

Olson, Krista, and LaDonna Pavetti, *Personal and Family Challenges to the Successful Transition from Welfare to Work*. Washington, D.C.: The Urban Institute, May 17, 1996.

Pavetti, LaDonna A., *What Will the States Do When Jobs Are Not Plentiful? Policy and Implementation Challenges*. Washington, D.C.: Mathematica Policy Research, Inc., Nov. 1998.

Pavetti, LaDonna, et al., *Welfare-to-Work Options for Families Facing Personal and Family Challenges: Rationale and Program Strategies*. Washington, D.C.: The Urban Institute, Aug. 1997.

Pavetti, LaDonna, and Dan Bloom, *Sanctions and Time Limits: State Policies, Their Implementation and Outcomes for Families*. Paper presented at "The New World of Welfare: Shaping a Post-TANF Agenda for Policy," sponsored by the Gerald Ford School of Policy, University of Michigan, Dec. 2000.

Pavetti, LaDonna, and Debra Strong, et al., *Work-Based Strategies for Hard-to-Employ TANF Recipients: A Preliminary Assessment of Program Models and Dimensions, Final Report*. Washington, D.C.: Mathematica Policy Research, Inc., May 15, 2001.

Perez-Johnson, Irma, and Alan M. Hershey, *Early Implementation of the Welfare-to-Work Grants Program Report to Congress*. Washington, D.C.: Mathematica Policy Research, Inc., Mar. 1999.

Storen, Duke, and K.A. Dixon, *State TANF Policy and Services to People with Disabilities*. Prepared by the John J. Heldrich Center for Workforce Development at Rutgers, State University of New Jersey, Nov. 1999.

Sweeney, Eileen P., *HHS Guidance Explains How Federal Laws Barring Discrimination Against People With Disabilities Apply in State and County TANF Programs*. Washington, D.C.: Center on Budget and Policy Priorities, Feb. 26, 2001.

Sweeney, Eileen P., *Recent Studies Indicate That Many Parents Who Are Current or Former Welfare Recipients Have Disabilities or Other Medical Conditions*. Washington, D.C.: Center on Budget and Policy Priorities, Feb. 29, 2000.

Sweeney, Eileen P., et al. *Windows of Opportunity, Strategies to Support Families Receiving Welfare and Other Low-Income Families in the Next Stage of Welfare Reform*. Washington, D.C.: Center on Budget and Policy Priorities, Jan. 2000.

Taylor, Mary Jane, et al., *Understanding Families with Multiple Barriers to Self-Sufficiency*. Final Report submitted to the Utah Department of Workforce Services. Salt Lake City: Social Research Institute, Feb. 2000.

Thompson, Terri S., et al., *State Welfare-to-Work Policies for People with Disabilities: Changes Since Welfare Reform*. Washington, D.C.: The Urban Institute, Oct. 1998.

Thompson, Terri S., and Kelly S. Mikelson, *Screening and Assessment in TANF/Welfare-to-Work: Ten Important Questions TANF Agencies and Their Partners Should Consider*. Washington, D.C.: The Urban Institute, Mar. 2001.

Timmons, Jaimie Ciulla, et al., *Negotiating the Landscape: the Path to Employment for Individuals with Disabilities in the TANF System*. Boston Institute for Community Inclusion/UAD, Research and Training Center on Promoting Employment, Children's Hospital, Mar. 1999.

Welfare Information Network, "Long-Term Recipients Under Welfare Reform," *Resources for Welfare Decisions*, Vol. 4, No. 5, Apr. 2000.

Welfare Information Network, "Screening and Assessing TANF Clients for SSI Eligibility," *Resources for Welfare Decisions*, Vol. 4, No. 7, July 2000.

Zedlewski, Sheila R., *Work Activity and Obstacles to Work Among TANF Recipients*, No. B-2 in Series, New Federalism: National Survey of America's Families. Washington, D.C.: The Urban Institute, Sept. 1999.

Zedlewski, Sheila R., *Work-Related Activities and Limitations of Current Welfare Recipients*, Assessing the New Federalism. Washington, D.C.: The Urban Institute, July 1999.

Zedlewski, Sheila R., and Donald W. Alderson, *Before and After Reform: How Have Families on Welfare Changed?* New Federalism: National Survey of America's Families. Washington, D.C.: The Urban Institute, Apr. 2001.

Zedlewski, Shelia R. and Pamela J. Loprest, *How Well Does TANF Fit the Needs of the Most Disadvantaged Families?* Assessing the New Federalism. Washington, D.C.: The Urban Institute, Dec. 2000.

Related GAO Products

Welfare Reform: Moving Hard-to-Employ Recipients Into the Workforce (GAO-01-368, Mar. 15, 2001).

Welfare Reform: Work-Site-Based Activities Can Play an Important Role in TANF Programs (GAO/HEHS-00-122, July 28, 2000).

Welfare Reform: Improving State Automated Systems Requires Coordinated Federal Effort (GAO/HEHS-00-48, Apr. 27, 2000).

Welfare Reform: State Sanction Policies and Number of Families Affected (GAO/HEHS-00-44, Mar. 31, 2000).

Welfare Reform: Implementing DOT's Access to Jobs Program in Its First Year (RCED-00-14, Nov. 26, 1999).

Welfare Reform: Assessing the Effectiveness of Various Welfare-to-Work Approaches (GAO/HEHS-99-179, Sept. 7, 1999).

Welfare Reform: Information on Former Recipients' Status (GAO/HEHS-99-48, Apr. 28, 1999).

Welfare Reform: States' Experiences in Providing Employment Assistance to TANF Clients (GAO/HEHS-99-22, Feb. 26, 1999).

Welfare Reform: Status of Awards and Selected States' Use of Welfare-to-Work Grants (GAO/HEHS-99-40, Feb. 5, 1999).

Welfare Reform: Child Support an Uncertain Income Supplement for Families Leaving Welfare (GAO/HEHS-98-168, Aug. 3, 1998).

GAO's Mission

The General Accounting Office, the investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents is through the Internet. GAO's Web site (www.gao.gov) contains abstracts and full-text files of current reports and testimony and an expanding archive of older products. The Web site features a search engine to help you locate documents using key words and phrases. You can print these documents in their entirety, including charts and other graphics.

Each day, GAO issues a list of newly released reports, testimony, and correspondence. GAO posts this list, known as "Today's Reports," on its Web site daily. The list contains links to the full-text document files. To have GAO E-mail this list to you every afternoon, go to our home page and complete the easy-to-use electronic order form found under "To Order GAO Products."

Order by Mail or Phone

The first copy of each printed report is free. Additional copies are $2 each. A check or money order should be made out to the Superintendent of Documents. GAO also accepts VISA and Mastercard. Orders for 100 or more copies mailed to a single address are discounted 25 percent. Orders should be sent to:

U.S. General Accounting Office
P.O. Box 37050
Washington, D.C. 20013

To order by phone:	Voice:	(202) 512-6000
	TDD:	(301) 413-0006
	Fax:	(202) 258-4066

Visit GAO's Document Distribution Center

GAO Building
Room 1100, 700 4th Street, NW (corner of 4th and G Streets, NW)
Washington, D.C. 20013

To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Web site: www.gao.gov/fraudnet/fraudnet.htm,
E-mail: fraudnet@gao.gov, or
1-800-424-5454 (automated answering system).

Public Affairs

Jeff Nelligan, Managing Director, NelliganJ@gao.gov (202) 512-4800
U.S. General Accounting Office, 441 G. Street NW, Room 7149,
Washington, D.C. 20548

PRINTED ON RECYCLED PAPER