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ABSTRACT

This publication, one of a series designed to help policymakers and TANF [Temporary Assistance for Needy Families] agency personnel, offers a baseline for understanding the challenge of serving persons who are being forced off welfare roles but who are hard to place in employment. The following topics are covered: (1) policy issues (who should be considered hard to place?; interaction of work requirements and time limits for the hard-to-place; effect of sanctions policies on the hard-to-place; and use of exemptions and other work alternatives for the hard-to-place); (2) research findings (prevalence of potential employment barriers; relationship to work); (3) program options (assessment tools; staffing; service options; funding options); and (4) innovative practices (special needs; post-employment strategies; and comprehensive models). A list of 14 resource contacts and 18 publications is included. (KC)

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By Fredrica D. Kramer, Welfare Information Network

Background

The strict work requirements and lifetime limits to benefits imposed by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) are forcing states to look at portions of their caseloads that have largely escaped close scrutiny because they were assumed to be harder to place and previous law permitted many such individuals to be exempted from work requirements. But the new law will force states to serve both those with recognizable and assumed barriers to employment, and those who simply stay on the rolls for long periods of time or who cycle on and off—either because of unrecognized disabilities or for other reasons.

Both groups are at risk of hitting their lifetime limit to benefits while remaining in precarious economic and social circumstances. Some may be made more employable with interventions that are responsive to identified special needs. But more needs to be known about how and when conditions handicap recipients' ability to work, what portion of the cyclers or longstayers are in fact those with unidentified handicapping conditions, and what interventions would help these recipients hold onto jobs they get—and improve their employment status over time—in order to be economically self sufficient in the long term.

Because of the breadth of the topic, this **Issue Note** offers a baseline for understanding the challenge to state and local policymakers of serving this population: notably, who and how many in the caseload might be hard to place; how other policies, such as sanctions and time limits, might interact with chosen service strategies; what protocols—assessment instruments and other management strategies—can be used to assess the extent of their problems; and what program and funding strategies within TANF or elsewhere might be used to serve them more effectively. This **Issue Note** may supplement but does not deal in depth with issues covered in **WIN Issue Notes** on substance abuse (January 1997), domestic violence (September 1997), and education and training (March 1998). Future WIN publications will offer more detail on particular subgroups, service strategies and program examples.

Policy Issues

A state's choices—as expressed in the definition of work participation and use of exemptions, type and sequencing of assessments and services, staffing structure, use of TANF funds for non-TANF services—will represent overall program philosophy and policy. The following discussion offers a glimpse at the choices states may make to accommodate those with significant barriers to sustained employment.

Who should be considered hard to place? The severity of a personal or family problem and its influence on employability vary greatly across individuals, but the list of potential barriers is

barriers is extensive. It should include a history of alcohol, drug abuse, criminal record or ongoing (criminal or civil) legal entanglements, domestic violence or involvement with the child welfare system, physical or mental disabilities or chronic health problems, developmental or learning disabilities, language barriers, protracted caretaker responsibilities—both for chronic health problems (asthma is particularly prevalent in low income populations), or behavioral problems of children, or other incapacities of family members.

In addition, recent analyses of national survey data indicate that extremely low basic skills play a much greater role in long-term welfare use than previously thought. Also, though rigorous research here is only just emerging, the frequently unstable lives of the very poor, characterized by persistent family problems, housing instability, and a variety of assaults to basic coping, as evidenced by low self-esteem or depression, is often associated with persistent use of welfare. Indeed, housing instability or homelessness may be the result of domestic violence, child behavioral problems or substance abuse. While often overlooked, seemingly less serious problems such as obesity, high blood pressure or other health problems related to poor nutrition, narrow employment options for many low income individuals. Creating a category of hard-to-place may allow states both to be alert to problems that may appear at intake and begin services early, and to revisit problems over time in order to assist those whose needs surface only as they cycle back to welfare or from job to job.

Interaction of work requirements and time limits for the hard-to-place. PRWORA allows 20 percent of the caseload to be exempted from the five-year lifetime limit to benefits. PRWORA also mandates that each recipient participate in an employment-related activity after 24 months, though those who are exempted will still be part of the denominator that establishes the state's work participation rate, unless they have a child under age one.

Many individuals with potential barriers do in fact work, but those with substantial barriers work less. The numbers of recipients with potential barriers far exceeds 20 percent, though their severity and their impact on employability is not well established. Although the time limit exemption and the work requirements were clearly thought of as separate issues, as increasing numbers of the caseload are required to participate in work (50 percent by 2002, unless adjusted to reflect overall caseload declines), the numbers of harder-to-place and longstayers will begin to converge with those who must participate in work and those who cannot be protected by the 20 percent exemption. Traditional policies to increase work, such as expanded income disregards, early evaluation findings would suggest, are unlikely to be effective for those with limited education or work history.

Effect of sanctions policies on the hard-to-place. Tougher sanction policies and certain aspects of Work First strategies may have to be refashioned in the context of a caseload increasingly made up of those with substantial employment barriers. New data show that although many comply with the work requirement under stiff sanction policies, many who do not have serious personal or family problems that render them less able to work. In Minnesota, sanctioned families were four times as likely to report chemical dependence, twice as likely to report mental health problem, twice as likely to report family violence, and three times as likely to report a family health problem. In Michigan, sanctioned families in the JOBS program were 50 percent more likely to have had contact with child protective services (Pavetti, August 1997).

Noncompliance may also result from clients failing to understand program rules and expectations, a problem of particular relevance to individuals with low social or cognitive skills. In Utah, about half

those threatened with termination had serious family or personal problems or did not understand the mandates. In Iowa, half the households who were sanctioned were not employed. States might be wary of pushing troubled families off the rolls, even inadvertently, as a result of tough sanctions policies.

Use of exemptions and other work alternatives for the hard-to-place. Though many states plan to exempt for certain disabilities, exempting routinely for some categories, such as substance abuse or extremely low basic skills, may be politically untenable. It may also neutralize the power of the work requirement to impose services on those who need them and weaken the justification for expending resources on individuals who are not required to participate. In any case, many personal and family problems are unrecognizable by easily administered tools. Further, strategies to treat the hard-to-place, by their nature, take time to succeed, so states will need to invest resources early in order to avoid such individuals—increasingly substantial portions of the caseloads—hitting the time limits without resources of their own to maintain economic independence. Some states are adopting a no exemption, so-called saturation, policy precisely because they feel obliged not to squander recipients' time on TANF.

Arguments have been made to exempt families with evidence of domestic violence (states can be held harmless if their 20 percent exemption is exceeded due to such cases). But states need to be cautious that exemptions do not cause such families to be overlooked in allocating services and case management resources. Welfare may be the route toward independence for many battered women. Indeed states may want to make an effort to reveal a variety of family circumstances, including mental health and other treatment needs, and refer and track families who would otherwise be lost to the social service system only to reappear in crisis.

States who take the position that every recipient must participate in some fashion may, as Utah has done, broaden the definition of participation so that any activity that increases family income—e.g., working with a social worker to receive SSI, getting treatment or remaining on a waiting list for a mental health services, working at home caring for someone disabled—will count as participation.

On a related issue, states may find ways to use the protections of the 1990 Americans with Disabilities Act to work with employers so that recipients with special needs can be accommodated in the workplace in jobs that take advantage of the skills they have.

Research Findings

Prevalence of potential employment barriers. Overall, according to analyses of women ages 26-33 in the National Longitudinal Survey of Youth (NLSY), more half the women who received welfare in 1991 experienced a serious form of at least one potential barrier (low basic skills, physical disability or health limitation, or mental health issue) and 35.4 percent experienced a more moderate form or had a child with a chronic medical condition. Barriers were markedly more prevalent among women on welfare than others in the survey, and among those on welfare for longer periods of time. The NLSY probably underreports mental health issues, does not address domestic violence at all, and probably underrepresents the barriers of those remaining on the caseloads today. (Pavetti, August 1997).

Disabilities. Analysis using three national surveys (Loprest and Acs, 1996) found nearly 30 percent of AFDC families had a woman or child with some disability, and about 20 percent had a disabled mother or severely disabled child. Between 16.6 and 19.2 percent of AFDC mothers had a work limitation. Over 10 percent reported a serious disability (impeding basic functions such as dressing, eating or getting around the house), and another nearly 10 percent had difficulty with an "instrumental activity

of daily living" (e.g., seeing ordinary newsprint, hearing or understanding speech, certain ordinary household management tasks). Since states have become reasonably astute at using SSI, the researchers assume that women surveyed were on AFDC because the disabilities reported, though severe, would not qualify for SSI coverage. Another survey (Meyers, et al., 1996) found 43 percent of California AFDC households had mothers or children with disabilities or chronic health problems.

Low Basic Skills and Learning Disabilities. In the NLSY, fully 65 percent (compared to 22 percent for those not on welfare) measured in the bottom quartile of the Armed Forces Qualifying Test—with 33 percent measuring in the bottom decile, that is, 3rd or 4th grade level. The Washington State Learning Disabilities Initiative found 54 percent of JOBS participants had special learning needs, 35 percent were specifically learning disabled (a significant difference between estimated ability and performance), 14 percent were slow learners (IQ of 70-80), and 5 percent showed mild mental retardation (IQ below 70). In its own initiative, Kansas also found high levels of learning disabilities in its AFDC population. The Washington project also found about one-third of Caucasians in their sample to have a "severe discrepancy" between achievement and ability, compared to 19 to 46 percent for people of color depending on the measurement method used, suggesting that screening tools must be particularly sensitive to ethnic or cultural bias. (This finding was incorrectly attributed to Kansas in the earlier publication of this Issue Note.)

Substance Abuse. Over one-third in the NLSY analysis reported some form of alcohol or drug use, while data from three other sources report between 16.4 and 20 percent of welfare recipients have alcohol or drug problems. The National Household Survey on Drug Abuse (NHSDA) estimated that 5.2 percent of AFDC recipients ages 18-44 had significant alcohol or drug related impairment, and 11.2 percent were somewhat impaired (compared to 2.6 and 9 percent for non-recipients). The 1992 National Longitudinal Alcohol Epidemiologic Survey estimated 17.9 percent of welfare recipients are drug or alcohol dependent, compared to 8.9 percent for non-recipients. The National Center on Addiction and Substance Abuse reported 20 percent of welfare recipients are drug or alcohol addicted. Program-specific estimates are somewhat higher.

Domestic Violence. Studies of several welfare and employment and training programs have found at least 50 percent of participants who were receiving AFDC had experienced domestic violence (see Lyons, 1997). Other research indicates that domestic violence has a marked effect on security, tardiness, absenteeism and other workplace productivity issues. Importantly, evidence is emerging that partners may actively interfere with education and training, and that participation in work and training activity itself may bring on abusive behavior in boyfriends and other family members (see Olson and Pavetti, 1996). Of special concern is that, because of fear and embarrassment, abusive relationships are not often reported until the situation is out of control.

Other Problems. There are a range of problems that anecdotal evidence, if not systematic documentation, would suggest are likely to interfere with successful transitions from welfare to work. For example, the prevalence of mental illness in the AFDC population is not well documented, though program-specific data (e.g., Fulton County GA, Iowa, Riverside GAIN, New Chance) indicate potentially high rates of depression and other mental health issues. The Loprest and Acs analysis found high health care use among AFDC women—in the one year measured, 10 percent had hospital stays, nearly 9 percent had 16 or more doctor visits, and 7 percent were confined to bed for over 30 days.

The extent of health and behavioral problems of children is hard to assess though program-specific data show barriers to JOBS participation due to child behavioral or medical problem was not insubstantial. Loprest and Acs found between 11.1 and 15.9 percent of AFDC children had some

activity limitation, almost 4 percent had one or more chronic conditions, and over 14 percent of school-age children had some special need (e.g., special classes, or limitations or inability to attend school). Estimates of the rates of involvement with child protective services are relatively small, but may be twice as high for low income families as for children nationally (Olson and Pavetti, 1996). Other researchers note that single parents with multiple children or children with disabilities or behavioral problems have multiple appointments and other additional demands to contend with, and it is difficult to find jobs in the low wage, low skill labor market likely to accommodate such demands.

Housing problems, legal problems, and other domestic difficulties, though less well documented, are seen by program administrators to contribute to chronic welfare use. The New Chance program reported nearly 50 percent had a housing problem that interfered with their ability to participate. An analysis of Kansas' cases on over 60 months found half had moved in the past 10 months and one-third had moved two or more times. Thirty-two percent had no telephones, 9 percent were sharing living space with one or more households, and 18 percent had at least one disabled individual in the household (contact Candy Shively, 913-296-6750).

Relationship to Work. While many do work, most with personal and family challenges do not work continuously or for substantial portions of the year. About one-fifth of those reporting barriers to employment in the NLSY worked half the time or more. About a third of the recipients in each of the broad categories of barriers (medical problems, children's medical problems, mental health problems, alcohol/drug use, low skills) did not work at all.

Between 55 to 70 percent, depending on the barrier, worked less than 25 percent of the time or not at all during the during the three years covered in the survey. Importantly, fully 44.4 percent of those with extremely low skills did not work at all, while only a quarter of those reporting alcohol/drug use—the barrier least affecting work—worked half the time or more (Pavetti, August 1997). And in another analysis, Pavetti estimates that women with similar characteristics to welfare mothers were unlikely to transition from bad to good jobs or work steadily—40 percent worked steadily but in bad jobs by ages 26 and 27, one-third worked only sporadically, and for those who had not completed high school 52 percent worked only intermittently, and 34 percent worked steadily in bad jobs (Pavetti, July 1997).

Using SIPP data, Acs and Loprest found that a woman with no disabilities or disabled children had a 7.4 percent chance of leaving AFDC to work in any four month period, a 3.7 percent chance if she had a functional limitation, and a 2.3 percent chance if she had severe limitations. The probability of exiting for reasons other than work for women with children under 6 with a disability, however, is 28.8 percent, compared to 5 percent for those without disabled children, suggesting that some of these children may move from AFDC to SSI. The researchers point out that since these data are self reported and do not fully capture mental or emotional disorders or substance abuse, they may understate the level of work impairment.

A recent Urban Institute review of the effects of traditional program models suggests that sanctions, time limits and expanded income disregards alone will have limited success with those with substantial barriers. The relatively positive effects of Work First strategies, such as those reported for Riverside GAIN or the saturation model of San Diego's SWIM program, may not hold for this population—in Riverside, 35 percent were exempted due to medical, drug, emotional or mental, or legal problem, and in SWIM the most disadvantaged were no better off having left the rolls. Although the precise effect of the intervention is hard to tease out, other models such as supported work, and more proactive case management or enhanced supportive services offer more promising employment outcomes for families with greater needs (for a review of the literature and possible models, see Pavetti, *et al.*, 1997).

Program Options

Identifying the hard-to-place. One function of assessment is to make broad program planning and resource allocation decisions—for instance, how heavily to rely on exemptions or whether to employ a saturation model that attempts to serve all recipients. Another function of assessment is to determine what services to provide to individuals, and whether to provide them within TANF or to divert clients—both new applicants and current recipients—to other service providers and other funding streams.

In a time-limited environment states should start by identifying the longstayers in their current caseload—research would suggest that any recipient with longer than two years of welfare receipt ought to be considered a potential longstayer—in order to assess their personal and family profile and potential barriers to employment. However, predicting longstayers with commonly used intake procedures has proven difficult, and some programs that deal exclusively with the harder-to-serve find that even obvious problems such as substance abuse may not be good predictors of employment patterns. It may be the confluence of many problems—e.g., multiproblem families or substance abuse combined with low skills and low self esteem—that together make steady employment elusive.

Assessment tools. Though all states have some mechanism to do employability assessment, no single instruments have been shown to satisfy all intake screening demands, and many needs reveal themselves only over time. Some states do extremely cursory initial screening and rely on the labor market, using job search and job experiences over time, to reveal barriers. A saturation model without elaborate screening could "smoke out" those with special needs simply by subjecting all recipients to some form of work related activity. And elaborate assessment tools could waste resources on those who would exit on their own. But, it has been noted, relying solely on the market as the sorting tool of first resort does not provide a way to learn why some clients fail, to be alert to crises such as domestic violence, to protect recipients from crises brought on by the work requirement itself, or to protect recipients virtually unable to participate from being forced off welfare without getting needed help. Because of time limits many states are now attempting to focus on assets rather than barriers in order to craft assistance strategies for the greatest number. In a saturation model such as Utah's, the employment plan and the supportive services necessary to implement it precede more elaborate diagnostic assessment, in order to avoid biasing the

service response toward a focus on barriers. But specialized staff are deployed throughout the system and, much like an employee assistance plan, available when a problem emerges.

There are reliable instruments for identifying specific problems that might lead to long-term dependence, and which can be addressed with discrete service strategies. A variety of well-tested paper assessments can screen for alcohol and drug problems and are in use by welfare offices (e.g, Substance Abuse Subtle Screening Inventory (SASSI), Short Michigan Alcoholism Screening Test (SMAST), and Addiction Severity Index (ASI)). The "CAGE" test consists of only four questions and can be integrated into a standard welfare intake process. Experts recommend against universal drug (urine) testing as not cost beneficial, but other screening techniques may facilitate early recognition and treatment, and avoid wasting training and placement resources on individuals who will be rejected by employers who do test.

Some states screen for mental health problems (e.g., Oregon). Others are looking at systematic ways to recognize learning disabilities (e.g., Washington, Kansas). Some are developing protocols for identifying signs of domestic violence (e.g., Maryland, Delaware). Kentucky is developing videos and

pamphlets to help clients recognize special needs and seek help. But programs need to be sensitive to privacy, confidentiality, and protection issues around revelation of domestic violence, drug use, or other criminal involvement. Some experts suggest offering only information on symptoms and referral sources, rather than doing universal screening, in order to allow recipients to come forward on the own to seek assistance.

Others localities have developed instruments to rate employability, using descriptors such as education, work history, shelter, income, health insurance, safety, family functioning and other personal attributes (e.g., Asian Neighborhood Design in San Francisco, 415-982-2959; Bucks County Opportunity Council 215-345-8175). Instruments for precision job matching, while useful in some circumstances, may be largely wasted on those who will inevitably cycle back to welfare even as they may improve their job status over time.

Many states use many different instruments, some allow great variation across district offices within the same system, some (e.g., Oregon, Kentucky) rely most on client interaction with well-trained staff rather than formal diagnostic tools, and some build routine monitoring into their case management strategy no matter what participation is required or who is providing services.

Many programs take the position that self sufficiency can be achieved only one job at a time, as one moves in and out of work, but gains in skills, confidence and job quality with each move. Hence states will want to build in capacity to reassess job and personal needs and expect to provide appropriate supports on a continuing basis. In addition to reassessment that should inevitably follow returns to welfare, some states are using routine in-home visits to assess individual and family needs over time.

Staffing. Depending on their program model, states can broaden the function of the intake worker, add specialized staff, or rely heavily on the skills of other service providers through co-location or other collaboration on TANF objectives.

Some states are training intake staff in new screening techniques including sensitivity to evidence of domestic violence and substance abuse, when and how to use formal diagnostic tools, such as those to identify learning disabilities, and when and how to do home visits. Many states began under the JOBS program to integrate case management with the traditional functions of the eligibility worker. Case managers may be expected to perform a broad array of functions, including conflict resolution and identifying and procuring services such as mental health services, substance abuse treatment, or transportation. Case managers may do home visits to all longstayers or noncomplying recipients, and site visits to service providers, for example to establish appropriateness of child care. Oregon's staff has such broad-based responsibilities. University-based training programs or schools of social work may be good resources, as Utah found, for staff training in case management techniques.

Some states have assigned special staff or specialized case managers to welfare offices to assist in intake and screening for special problems such as substance abuse (e.g., Utah), or eligibility for SSI. Others (e.g., Kentucky) have developed strong partnerships with mental health or other service delivery agencies to train case managers—and supervisors—in how to be sensitive to issues such as substance abuse or domestic violence, and how to seek help. Some TANF offices are co-housed with specialists from other service systems (e.g., Oregon).

Staff caseloads may need to be reduced to accommodate new case management responsibilities. Similarly, states who have relied on labor market exposure many now need to accelerate their timing and use of diagnostic tools as their caseloads increasingly distill down to those harder to place, and staffing choices may have to change accordingly. And as states turn to strategies for job retention,

they may need to enhance staff skills in post-employment monitoring, mentoring, counseling, and other service delivery strategies.

Service options. Strategies for the hard-to-place take may three forms. They may: 1) provide remedial services—for minimal reading and math competencies as well as the so-called soft skills of the work place, or direct treatment—such as for substance abuse of mental health; 2) provide ancillary supports—pre- or post-employment, for tangible needs such as transportation or child care, or for routine monitoring, counseling, or crisis intervention designed to increase job retention, or 3) manipulate the labor market—either by special appeal or support for employers or by identifying market niches, as the original supported work model did, which can sustain specially designed training or employment programs. Many models incorporate aspects of all three. Remedial services and mental health or substance abuse treatment, in particular, may be offered discretely or integrated contemporaneously with employment or training.

Probably less than 10 percent of jobs can be filled by those with extremely low skill levels, hence remedial services and alternative workplace models are especially relevant. TANF allows vocational training up to 12 months in counted work participation (although only 30 percent of TANF recipients in counted work participation may be in such training). TANF also allows vocational training and other educational activities (e.g., employment-related or GED) after the mandated 20 hours of work participation. Mandated work participation for single parent families increases to 30 hours per week by 2002, but 10 of those hours may still be spent in education and training directly related to employment. For those who do find jobs, literacy and other remedial training may be important ways to help recipients become more valued employees and more economically secure in the long term. For those who will be unable to find paying jobs, community service, or providing child care for another recipient engaged in community service can count toward work participation.

After placement, programs may provide support through an intermediary to monitor, mentor, or provide crisis intervention or ongoing career counseling in order to assure that incremental progress is made toward job retention and improvement. They may also provide case management services directly to employers, offer employers ongoing monitoring as an inducement for sensitive hires, or train workplace supervisors to deal with more challenging employees. Some states are creating specific authorizations, financial incentives, or training to provide post-placement case management or other services (e.g., California, Florida, Illinois, Arkansas).

Many initiatives that have successfully placed those with minimal education and skill levels or other barriers have identified either specific jobs for which participants can be trained and eventually placed, or products or services for which the program will remain a principal producer, thus maintaining relative control over a labor market niche in which their participants will have continued comparative advantage. For example, IndEx in Tulsa, Oklahoma began its education and work-based training as sole producer of a fishing rod for a major national retail chain. Home Care Associates Training Institute, now in New York, Boston and Philadelphia, links its training to its for- profit health care cooperatives, with training and wage and benefit packages structured to give them a continued competitive edge in an industry marked by mediocre performance and high turnover.

Programs experienced with working with the hardest to serve anticipate frequent job changes and recycling back to welfare. They define work participation broadly in order to accommodate wide variation in employment and family needs. They create short-term goals with frequent revisions, close monitoring, and extremely flexible program regimen that are based on individual needs rather than preconceived program content or sequence. They tend to impose the requirements of a conventional work setting gradually, under close supervision by staff alert to problems as they arise and able to

address them, either directly or by referral. They also offer a rich array of supportive services—over a relatively long term—to deal with the variety of personal difficulties that clients face.

Given the probable interdependence of personal and family factors for many of the hard-to-place, it makes sense for TANF administrators to begin to interact with service deliverers—both parallel public agencies and other providers—best equipped to respond to the array of problems that may surface. Placing services in the community using new funding possibilities outlined below may broaden access both to recipients and other family members and thus have greater impact.

Funding options. Assessments will inform service and funding strategies, particularly options for mixing funding sources for special services, and for those activities that count toward work participation and those that do not.

TANF agencies will want to work closely with substance abuse, mental health, vocational rehabilitation, and state education agencies, and those who administer Title XX (Social Service Block Grant) funds, as well as public and private providers of shelter, crisis intervention, legal and mentoring services. States may shift up to thirty percent of TANF funds for programs under the Child Care and Development or Title XX Block Grants (though Title XX programs can receive only one-third of such funds and only for families within income limits). While most share goals of moving dependent clients and families toward self-sufficiency program philosophies may vary, and administrators will do well to start discussions early so that mutually beneficial funding and management strategies are well understood. Kentucky, for example, has funded the adult education agency to provide training in job and life skills, which would count toward the work requirement, and is attempting to develop cooperative agreements between the TANF and vocational rehabilitation agencies.

The new Welfare-to-Work Grants, administered by the U.S. Department of Labor generally through the state or local Private Industry Council (PIC), provide $3 billion in FY 98-99 to move the hardest to place—including those with substance abuse, low reading or math skills, or poor work histories—into jobs. The funds can be used for a variety of job related activities including post-employment, job retention and supportive services. PICs may find working with TANF agencies especially helpful in developing mutually beneficial service strategies. Also, twenty-five percent of the funds are earmarked for competitive grants to PICs, political subdivisions and private entities including community-based organizations, which could support a variety of innovative approaches. (See U.S. Department of Labor Welfare-to-Work webpage http://wtw.doleta.gov).

For substance abusers, some states are using short-term outpatient treatment to make clients ready for employment, and following up with longer-term treatment as individuals remain employed. TANF funds may not be used for medical treatment, but Medicaid and federal substance abuse block grant funds might help pay for such treatment. Medicaid funds, which also generate a federal match, can support screening, counseling, detoxification, day treatment and methadone maintenance. More facilities are needed that can serve mothers with children so that children are not placed in foster care when a mother receives treatment.

TANF administrators would do well to coordinate with their local public housing authorities (PHAs) and community development agencies. New so-called place-based strategies are often characterized by program innovations to address the myriad needs of recipients and their families, and centered in public housing where welfare longstayers may be concentrated. Also, PHAs may be especially sensitive to the effects of welfare reform on available rent subsidies: though welfare recipients would not lose subsidized units due to increased earnings, loss of income due to decreased earnings or sanctions might severely strain existing subsidies. Among the programs especially appropriate for the

hard-to-place:

PHAs who have received additional units of assisted housing are obligated under the Family Self-Sufficiency Program to offer job training and supportive services to interested families, and to escrow rent increases due to earned income for use after welfare;

Community Development Block Grants (CDBGs) funds may be made available to PHAs and other nonprofits (about $50 million in FY97) for supportive services (including job retention assistance) to help residents of assisted housing become self-sufficient;

HUD's Moving-to-Work Demonstration will give 30 PHAs flexibility to mix operating, modernization and Section 8 funds, and waiver authority for new program initiatives. The Jobs-Plus Initiative in 7 of the 30 PHAs (Baltimore, Chattanooga, Cleveland, Dayton, Los Angeles, St. Paul, Seattle) will develop intensive, employment-focused programs for welfare recipients in public housing;

the Economic Development and Supportive Services Grant program ($55 million), HOPE VI ($110 million is available for social services), and Tenant Opportunity Program ($5 million) include training, credit and supportive services to residents of public housing;

the Step-Up program combines registered apprenticeships with supportive services;

designated Empowerment Zones received $100 million in Social Services Block Grants in FY97 and Enterprise Communities $3 million each in combined strategies for the most distressed areas.

In addition, HUD estimates that its housing and community development programs generate 40,000 jobs directly, and recipients of most HUD funds are mandated to hire low income residents from within the area. (Contact state HUD offices for assistance).

TANF or state maintenance of effort dollars can also be applied to alternative activities that do not count as work participation. Thus substance abuse treatment, counseling, and other alternative services could be paid for out of state or TANF funds. States could use TANF funds for case management services on the job in order to provide mentoring support or other retention services that would not accrue to the individual and therefore not count against the time limit. Also TANF funds can be used to provide office space for staff of other service systems, which in turn might fund the actual services out of their own budgets.

Some families with long-term health problems or other disabilities might overcome their need for TANF cash assistance if better served by other systems. States have attempted in the past to identify children in AFDC families who could be diverted to SSI. Clients or family members who have persistent or chronic physical, emotional or developmental problems that fall short of the SSI disability criteria may pose a greater concern within a time-limited TANF system. States may want to hone their family case management skills to identify services for family members with disabilities or mental health needs in order to increase the employment prospects of the household head who otherwise is TANF dependent.

Diversion. States may find that diversion policies—using TANF funds for targetted short-term assistance to families identified at intake with immediate crises, such as car repair, threatened eviction, of power shut-offs, and avoiding time-limited TANF cash assistance—can free up TANF case

managers to spend more time and resources on those with greater needs who remain on cash assistance. Utah's Single Parent Employment Demonstration relied heavily on this strategy, offering up to three times the amount of the monthly grant to families who might benefit from short-term assistance rather than AFDC.

Innovative Practices

Since state programs are only beginning to address the complex set of personal and family-centered issues, or those deriving from barriers such as extremely low skill levels or substance abuse, the pool from which to draw "best practices" is relatively small. However, as TANF agencies begin to work with other service providers, they will want to look for key features that programs that have dealt with similar populations have used.

Special needs. The Washington State Learning Disabilities Initiative, operating for three years, has offered a Life Skills Class and individual tutoring and has reported success in clients obtaining GEDs. It is now developing a simple diagnostic tool that could be used by intake workers. (Contact Melinda Giovengo, 206-760-2393). Kansas has a related initiative and hopes to identify service strategies that can be used within existing work programs. (Contact Phyllis Lewin 913-296-3713).

A joint effort of the New York State Office of Alcoholism and Substance Abuse Services and Office of Vocational and Educational Services for Individuals with Disabilities integrates short-term vocational skills training (using community colleges and tailored to prospective employment in nursing assistant, clerical/word processing, food service work) while in upstate residential drug treatment, thereby substantially reducing the time necessary to prepare for employment once individuals reenter their home communities. (Contact Doug Bailey, 518-473-7213).

The National Center on Addiction and Substance Abuse (CASA) at Columbia University is beginning demonstration programs, using controlled experimental designs in multiple locations, to help women in particular—a departure from most drug treatment programs—become both drug free and job ready and improve parenting skills. A key feature will be the development of effective screening tools for substance abusing welfare recipients. The project will also produce a manual to help states understand and address substance abuse problems in the welfare population, and will offer technical assistance to states wishing to replicate the model. Also, CASA and the American Public Welfare Association are surveying the states on their plans for connecting substance abuse with welfare-to-work strategies. (Contact Mary Nakashian, 212-841-5200).

The Center for Employment and Training (CET), based in San Jose, California and operating in cities around the country, has a long history of working with individuals with extremely low skills and does not prescreen applicants. It features math and literacy training primarily in the context of a specific job and classroom vocational training in a simulated work setting with real work expectations and geared to employer needs. The U.S. Department of Labor is funding CET to provide technical assistance for replication. (Contact David Lah for replication project, 202-219-5782 or CET website http://www.best.com/~cfet/main.htm).

Post-employment strategies. Marriott Corporation regards welfare hires like all entry-level employees, whose access to certain supportive services will pay off in reduced turnover, tardiness and lower productivity. Hence, in addition to their Pathways to Independence program aimed directly at welfare recipients, they operate the Associate Resource Line Service, a toll-free confidential 24-hour hotline staffed by professionals to assist with personal and family matters and direct employees to help. (Contact Donna Klein, 1-800-638-8108, ext. 86856).

Oregon's Post-Employment Services Demonstration, in recognition of inevitable job cycling and of the need for career advancement, created "resource rooms" at most welfare-to-work sites. They offer job listings, telephones, typewriters, word processors, paper, fax and copiers, and other materials for job applications, as well as staff to assist on an individual and group basis, and are available evening and weekends. (Contact Shirley Iverson, 503-945-6902).

Kentucky is mailing materials to those already in jobs and off TANF about eligibility for the Earned Income Tax Credit (EITC), Food Stamps, Medicaid and continued case management support. They also expect to test different strategies through special funding to selected counties. (Contact Sharon Perry, Cabinet for Families and Children, 502-564-0417).

> The New York State Education Department's Education for Gainful Employment (EDGE) program uses many providers, combined funding, and different models for unpaid work and study for the hardest to employ welfare recipients. One program, Closing the Revolving Door, is designed for cyclers. It takes welfare recipients who have failed in the workplace and, with employers and past students and half-day classroom and half-day supervised work experience, examines what went wrong with specific jobs, and how to remedy problems for future jobs. (Contact Ted Hale, 716-658-7820, or Dale Sells, Livingston County Department of Social Services, 716-243-7388).

For additional examples of the use of intermediaries and other post-employment supports, see *Employer Involvement in Welfare Reform.* **WIN Resources for Welfare Decisions**. November 1997.

Comprehensive models. Project Match, operating for 12 years in Chicago's Cabrini-Green, and its recent Pathways project for the most disadvantaged welfare recipients, holds that independence is achieved incrementally over time and over many job experiences, and that individuals will achieve different rungs on the ladder to independence at different points over time. Flexibility based on individual and family circumstance is key to success, and programs ought not preordain program components, sequences, or duration. Education—especially classroom training—and paying jobs may not be useful "first rung" activities for those who have previously failed in these venues. But alternatives such as activities with children, or hobbies or athletics for self-improvement, may be good vehicles for work preparation. Frequent (monthly) goal setting and resetting encourages feedback, avoids holding patterns and discouragement, and more closely resembles natural pathways for those with uncertain success in the work environment. The program also provides ongoing services such as counseling, treatment or other support services irrespective of welfare status—for many as long as 3-5 years. (Contact Toby Herr or Ria Majeske, 312-755-2250). The Los Angeles County Office of Education's Passport to Success, with LA County GAIN, expects to apply the incremental goal setting concept in training public housing workers to continue ongoing case monitoring and goal setting after GAIN job search ends. (Contact David McElwain, 562-806-0447).

The Chicago Commons Employment Training Center serves the hardest to serve welfare recipients, over half of whom are current victims of domestic violence and a quarter have past experience, a third have a child with a severe learning or other disability, and many have current or past addictions. Its comprehensive services include life skills and basic education, which may last a year or more but still fulfill TANF participation requirements. It is also able to use vocational education programs that are characteristically inaccessible to those with very low educational levels by removing the social issues (e.g., attitudinal, child care) that prevent their participation, by previewing program content to prepare

their clients, and by understanding that the GED is not the only appropriate exit from work preparedness training. (Contact Jenny Wittner, 773-772-0900).

Wildcat Service Corporation, based on the original supported work model and serving the most disadvantaged groups including welfare longstayers and those from the criminal justice system, now competes for New York City service contracts, which provide paid work experience in entry level jobs. They may mix work and remedial training, and sometimes match up service contracts with grants from a public agency to provide soft skills training and supportive services. Like the original supported work, they are also trying to identify product niches, such as late night data processing, mail-order catalogue work, and off-hour construction work, for which their participants would be suited and in which they might have a competitive edge. (Contact Jeffrey Jablow, Senior Vice President, 212-219-9700).

Saturation models. Utah's Family Employment Program, begun under the Single Parent Employment Demonstration, developed individualized, highly focussed efforts to help families with multiple barriers, adding specialized staff, increased routine and team review, and facilitating AFDC and JOBS workers' focus on potential longstayers. They hired social workers at each site as a resource to case managers and offered 24 months of post-placement case management. At some

sites, specialized workers carried very small caseloads, and used intensive monitoring and follow-up (they could offer up to six months of counseling and conduct home visits). One office developed a short life skills program for cases with mental health problems and no other mental services. The program, now statewide, finds that when eligibility and employment functions are combined employment planning is sometimes compromised. (Contact John Davenport, 801-468-0244).

Oregon has trained case managers to identify problems and make referrals, hired specialists, including mental health workers for their JOBS program, and allows wide variation in assessment strategies across the state. Some offices do urine testing, others use paper assessment tools, others rely on interpersonal interaction for assessment, and they use SASSI to identify individuals in denial. In general, they treat substance abuse as in an employee assistance model—only after it becomes a problem. But beginning in 1992 they have required treatment as a condition of eligibility for those identified as substance abusers. (Contact Shirley Iverson, 503-945-6902).

The Kenosha County (Wisconsin) JOBS Center, a one-stop service center, has been committed throughout its 7-year operation to placing all new AFDC applicants in a work situation within eleven weeks. It has reduced the county caseload dramatically, using integrated service teams for case management from all the agencies involved—a major culture change for those agencies, a simulated work week to enforce adaptation to the demands of work, and strong "Work First" labor force attachment strategies. (Contact Larry Jankowski, 414-697-4552).

Michigan's Project Zero, a pilot begun in eight counties in 1996, aimed to identify barriers to employment in those families with no earned income and develop strategies that would assure every family had some earnings within sixty days. Counties have used a range of strategies to expand transportation, child care, mentoring and other services. Though they have seen marked success in increasing work participation, full participation has remained largely elusive as new families enter the rolls and the programs are increasingly having to address problems including literacy, substance abuse, and domestic violence. (See website www.mfia.state.mi.us).

For More Information...

RESOURCE CONTACTS

DHHS/Administration on Children and Families. Contact Mack Storrs, Director, Division of Self-Sufficiency, 202-401-9289.

DHHS/Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-term Care Policy. http://aspe.os.dhhs.gov/daltcp/home.htm Also, Interagency Work Group on Welfare Reform and Persons with Disabilities will develop and share information and technical assistance on TANF-related issues. Contact William P. Marton, 202-690-6613.

DOL/Employment and Training Administration. Contact John Heinberg, Team Leader, Welfare-to-Work Technical Assistance Implementation Team, 202-208-7281, ext. 183.

Legal Action Center. Also, National Coalition of State Alcohol and Drug Treatment and Prevention Associations, for state, community-based providers. Contact Gwen Rubinstein, 202-544-5478.

Manpower Demonstration Research Corporation. Contact Amy Brown, 212-532-3200.

Mathematica Policy Research, Inc. Contact La Donna Pavetti, 202-484-4697.

National Adult Literacy and Learning Disabilities Center for information on learning disabilities and the workplace. Contact Eve Robins 202-884-8177.

National Association of Counties webpage on model programs includes several initiatives appropriate for the hard-to-place. http://www.naco.org/research/modprogs/modprogs.htm

National Association of State Alcohol and Drug Abuse Directors. Contact Kathleen Sheehan 293-0090. www.nasadad.org

National Association of State Mental Health Program Directors. Contact Jenifer Urff. 703-739-9333. Also, their National Technical Assistance Center for State Mental Health Planning. Contact Bruce D. Emery, 703-739-9333. www.nasmhpd.org/ntac

National Institute for Literacy. Contact Glenn Young, 202-632-1042. Also, for exemplary programs that are using basic skills instruction as a vehicle out of long-term welfare dependency, contact Garrett Murphy, 518-459-0738.

National Resource Center on Domestic Violence. Two papers (forthcoming) in Practice Series on ways to assist battered women's access to welfare and child support information systems. Contact Ann Menard, Director, 800-537-2238, ext. 140.

National Resource Center on Homelessness and Mental Illness
http://www.prainc.com/nrc/natl_orgs.htm

The Urban Institute is beginning a 50-state survey of state plans to treat disabilities and innovative approaches to serving TANF individuals with disabilities. Contact Pamela Holcomb or Pamela Loprest, 202-833-7200.

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The Welfare Information Network has additional information on the Hard-to-Place and other issues of importance to welfare reform.

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