

When Five Years Is Not Enough: Identifying and Addressing the Needs of Families Nearing the TANF Time Limit in Ramsey County, Minnesota

By LaDonna A. Pavetti and Jacqueline Kauff, Mathematica Policy Research, Inc.

Shortly before its first TANF families were expected to reach the 60-month lifetime limit on benefits, Ramsey County, Minnesota (St. Paul) implemented the Intensive Integrated Intervention (III) project in an effort to reduce the number of families that would reach that limit without employment or another source of economic support. Through vocational psychological testing, in-home functional needs assessments, and intensive case management services, the county discovered that many long-term TANF recipients face personal and family challenges that severely limit their employment prospects. While some were able to find employment and leave TANF with the help of the county, others were granted time limit extensions or transferred to the Supplemental Security Income program. This brief describes Ramsey County's approach to identifying and addressing the needs of families nearing the time limit, what the county learned about the families' circumstances, what they learned about implementing a flexible and individualized service approach, and what the county's efforts imply with regard to meeting higher work participation rates. The brief is based on executive-style interviews with program staff, in-depth ethnographic interviews with 12 recipients nearing the time limit, review of published documents, and analysis of the assessment information collected by the county as a part of the III project.

National and State Policy Context

When Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in August 1996, it gave states great flexibility in terms of how they could use funds from the newly created Temporary Assistance for Needy Families (TANF) block grant to provide cash and other assistance to low-income families with children. The legislation also imposed a limit on how long states could use federal TANF funds to provide that assistance: 60 cumulative months (5 years) in a recipient's lifetime, or less, at the state's discretion. States can provide assistance beyond 60 months in two ways: by using federal funds for up to a maximum of 20 percent of their caseload or by using their own funds to provide support. Minnesota, like 22 other states, adopted the

60-month limit. They also developed criteria for granting extensions to families that would reach that limit, but counties were given the responsibility for deciding whether or not families meet the criteria and can get an extension.

Although the number of families reaching the time limit nationwide has been relatively small thus far (Bloom et al. 2002), program administrators and policymakers are quite concerned about this group for several reasons. First, these families sometimes face multiple barriers to employment, raising questions about how they will fare without cash assistance. Second, if they are granted extensions or exemptions, they could "accumulate" in the system, gradually accounting for a larger and larger share of the caseload and making it increasingly difficult for

states to meet more stringent work participation rates set by the federal government. Third, as the TANF system becomes more work-oriented, it may become increasingly difficult to garner public support for providing ongoing cash assistance to nonworking families, especially if their circumstances are not well understood. Finally, the inability of these families to succeed in a temporary, work-oriented program raises difficult questions about which agencies should be involved in providing services for them and who should have primary responsibility for developing and monitoring their service plans.

To minimize the number of families reaching the time limit, some states and county welfare offices have launched special initiatives targeted at families for whom the benefits clock is ticking loudly. These initiatives often provide more intensive services to identify and help families address barriers to employment and to determine whether families should be granted an extension to the time limit or an exemption from it. In 2000, the Minnesota legislature passed enabling legislation for such an initiative called Local Intervention Grants for Self-Sufficiency (LIGSS), which sought to reduce the number of hard-to-employ families that would exhaust 60 months of benefits. The legislature appropriated \$52 million for the initiative. Most of the money was allocated to counties and tribes based on their caseload size but some was allocated to counties and community-based organizations through a competitive process.

As Ramsey County officials began to get their LIGSS project off the ground, they felt they were gathering important information about families nearing the time limit that would interest a broader audience. They therefore contacted Mathematica Policy Research, Inc. (MPR) to work with them to document their findings. The Joyce Foundation provided funding for this effort.

This research project was designed to document what Ramsey County learned through their efforts. It was not intended to evaluate the effectiveness of Ramsey County's approach and that remains an unanswered question. Information for this report was gathered from multiple sources and through several different data collection techniques. Key data sources include executive-style interviews with program staff, in-depth ethnographic interviews with 12 recipients nearing the time limit, and published documents and

assessment information collected by the county as a part of their special initiative. A key contribution of Ramsey County's project and this report is detailed information on how the personal and family challenges that TANF recipients face affect their activities of daily living and their ability to participate in welfare employment programs and follow through with complex program requirements.

The Ramsey County Intensive Integrated Intervention Project

Ramsey County, which has the second largest TANF caseload in the state, received a total allocation of \$7,151,437 from the LIGSS over three years. (See Table 1 for a description of Ramsey County's TANF caseload and how it compares to the TANF caseload in neighboring Hennepin County (Minneapolis) and to the state as a whole.) The county used these funds, along with other monies from the Welfare-to-Work grants program and TANF, to create the Intensive Integrated Intervention (III) project. The project was funded through June 30, 2003, and some parts of it remain in place today. The III project was targeted to the estimated 3,800 families in Ramsey County that had been receiving assistance since the start of Minnesota's time-limited welfare program; the expectation was that families closest to the limit would be served first.

At the start of the initiative, the targeted families had been receiving assistance for 48 months or longer. All recipients previously had been assigned to participate in a job search program that was provided by one of several not-for-profit agencies under contract with the county. Each employment counselor provided job search assistance and case management for about 100 recipients. County administrative staff reported that as many as half of the targeted families had been sanctioned at some point for not complying with work requirements. This sanction rate was estimated to be two to three times higher than the rate for families who left TANF before reaching 48 months.

Services provided through the project included the following: intensive case management, vocational psychological assessments, interdisciplinary clinical consulting services, in-home functional needs assessments, supported work, and SSI advocacy. A key focus of the project was to identify barriers to work and, with that in mind, to develop a long-term strategy for self-support. For those who could work, the

**TABLE 1
CHARACTERISTICS OF THE TANF CASELOAD IN RAMSEY COUNTY, HENNEPIN COUNTY, AND THE STATE**

	Ramsey County (St. Paul)	Hennepin County (Minneapolis)	Statewide
Number of Cases, October 2005			
Cases with one or more adults	6,034	7,294	24,719
Child-only cases	2,040	3,167	9,960
Total caseload	8,074	10,461	34,679
Percent of state caseload	23.3%	30.2%	—
Selected Caseload Characteristics, One-Parent Cases, December 2003			
Race/Ethnicity (Percent Distribution)			
Asian/Pacific Islander	11.1	4.7	4.4
Black	50.5	64.8	35.0
Hispanic	6.7	2.5	5.3
American Indian	3.0	6.7	8.4
White	27.2	20.6	46.1
Multiple	1.3	0.7	0.8
Non-US Citizen (Percent of Total Caseload)	15.0	16.8	10.9
Educational Attainment (Percent Distribution)			
Less than high school	44.7	44.6	40.0
High school diploma or GED	45.6	46.7	50.2
Education beyond high school	9.7	8.7	9.8
Presence of Selected Personal and Family Challenges (Percent of Total Caseload)			
Family violence ¹	5.3	4.5	4.4
Maltreatment determination ²	9.9	12.8	10.3
Severe mental health diagnosis ³	17.7	15.2	18.7

¹Family violence plan was in place during TANF participation sometime between 1999 and 2003.

²Child protection assessment or determination of child maltreatment by an adult caregiver between 2001 and 2003.

³Includes psychosis, depression, personality disorder, post-traumatic stress disorder, and anxiety state.

Source: Minnesota Department of Human Services Data Reports.

project sought to identify and remove barriers as quickly as possible and then help individuals to find appropriate employment. For those unable to work in the relatively near term, the project set its sights on two goals: (1) to identify alternative sources of financial support such as SSI that could provide long-term economic stability for the family and (2) to link these families with appropriate community resources that might not only help them to address longer-term barriers to employment but also to monitor the well-being of their children. Project services were provided by four clinical consultants and several employment

counselors who worked for the county, five independent psychologists and 15 contracted not-for-profit service providers.

Intensive Case Management Services. Intensive case management services were the backbone of the III project. As the primary point of contact for recipients, case managers coordinated all assessments, the development of service plans, and referrals to and/or provision of services. Over the life of the III project, more than 1,000 families received intensive case management services.

KEY COMPONENTS

THE RAMSEY COUNTY INTENSIVE INTEGRATED INTERVENTION PROJECT

Intensive Case Management. Intensive case managers formed the backbone of the III project. Small caseloads of no more than 25 recipients afforded them the time they needed to develop meaningful relationships with recipients and provide individualized services to them. They were expected to do “whatever was needed” to help recipients find employment, address personal and family challenges or apply for alternative means of support.

Vocational Psychological Assessments. All recipients targeted by the initiative were referred to a clinical psychologist for completion of a vocational psychological assessment. These assessments were completed in order to assess recipients’ vocational capacity and identify recipients who may need special accommodations to successfully participate in work programs or to succeed in the workplace.

Interdisciplinary Clinical Consulting. Professionals who had extensive experience working with disabled individuals around work issues and understood how to interpret and use the information provided by the vocational psychological assessments worked with the intensive case managers to develop and implement service plans that took into account recipients’ strengths and limitations. These professionals also provided important links to services for disabled individuals.

In-Home Functional Needs Assessments. Recipients with extremely low levels of cognitive functioning were targeted for in-home functional needs assessments. These assessments were conducted to ensure that children were being cared for properly, to identify limitations that could affect recipients’ ability to participate in an employment program or work and to identify recipients who may be eligible to apply for SSI benefits.

Supported Work. Paid work opportunities with intensive supervision were provided for recipients who did not have the skills or work experience they needed to find unsubsidized employment and for those recipients who needed to work in a more supportive environment.

SSI Advocacy. Recipients who could not be expected to find employment in the short-term were provided with support to complete the application process for SSI. Staff helped recipients to compile all necessary documentation and accompanied them on appointments.

Intensive case management differs from regular case management in three ways:

Focus on relationship. Intensive case management services were established to create an individualized approach that emphasized establishing a trusting relationship. This relationship was seen as a foundation for identifying and addressing barriers to employment, and for a deeper level of service than is possible when the main focus is on immediate job placement.

Smaller caseloads. Intensive case managers carried caseloads of only 25 families instead of the 90 to 100 carried by regular case managers. The county’s contracts with the 15 agencies created intensive case management slots for about 700 TANF families, and these agencies were expected to triage their TANF

caseloads into these slots, filling them first with families closest to the time limit.

Use of seasoned staff. The county recruited experienced job counselors to fill the intensive case management positions. The basis for selecting candidates was a job description and set of credentials developed jointly by the county and the agencies that provided the services.

Ramsey County chose to use a case management model rather than develop specialized services (e.g., in-house mental health services for TANF recipients) because they felt the case management approach would allow them to consider all the needs of the family and to do a better job of providing individualized services. They believed that gathering better information was key to providing recipients with

more appropriate services. The county was particularly interested in understanding the weak response to its earlier efforts to help clients. In the minds of Ramsey County officials, the key to success was hiring experienced and higher skilled staff and lightening their caseload so that they would have more time to devote to frequent family contact, advocacy, and direct services.

Case managers were expected to have regular face-to-face (and often in-home) contact with families and to quickly identify any problems they were having with their service plan. Case managers were also expected to advocate for families so that they could receive the services they needed. Toward this end, the county gave case managers the discretion to do “whatever it would take” to help families address any issues that might prevent them from succeeding in the workplace. Additional resources—such as supported work; the vocational psychological, and functional needs assessments; and legal support for SSI advocacy—were made available to case managers for this purpose.

It took most case managers time to feel comfortable in their new role. Most had never used vocational psychological assessments or functional needs assessments, and most were not aware of the multitude of difficulties their clients faced. Through the help of the clinical consultants, the case managers learned how to develop realistic service plans and to better understand how low cognitive functioning and mental or physical health problems might affect recipients’ abilities to succeed in a work-based program. They also learned how to identify recipients’ strengths as well as their weaknesses. Instead of spending most of their time on the phone trying to monitor recipients’ participation in program activities, they spent their time driving recipients to appointments, locating specialized services for them, providing personal support, and helping them plan for the future.

Vocational Psychological Assessments. Ramsey County decided to conduct comprehensive vocational psychological assessments for all TANF recipients nearing the time limit and for other recipients who had trouble meeting work requirements and were likely to reach the time limit without having secured a job. The county based this decision on earlier

research that found that welfare recipients in general and long-term welfare recipients in particular are more likely than nonrecipients to demonstrate low cognitive abilities that greatly reduce the chances of finding work (Olsen and Pavetti 1997). The county also hoped that psychologists would bring a different perspective to assessing the circumstances of TANF recipients than the TANF employment counselors, who had previously worked with these individuals. Over the life of the project, the county assessed 2,205 TANF recipients.

The psychologists administered standard psychological tests and summarized their findings in reports submitted to the county. The tests administered most often included the Wechsler Adult Intelligence Scale III (WAIS-III), the Test of Nonverbal Intelligence 3 (TONI 3), the Wide Range Achievement Test (WRAT), and the Wechsler Individual Achievement Test (WIAT). The WAIS-III and TONI 3 are widely recognized as reliable standardized psychometric measures of general cognitive ability (e.g., IQ scores), while the WRAT and the WIAT are seen more as reliable measures of aptitude or academic achievement. All of the tests are norm-referenced with the general population, making it possible to interpret the results in the context of results for the general adult population. For example, on the WAIS-III, a score below 70 is defined as developmentally disabled; a score from 70 to 79 is considered borderline; 80 to 89 is considered low average, and 90 to 109 is considered average. In Minnesota, a recipient with low cognitive functioning, defined as an IQ below 80, is eligible for a time-limit extension.

Ramsey County did not develop a standard report format for the assessment results, but it did ask the psychologists to use the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) five-axis system of psychiatric diagnoses in reporting their findings. So while each psychologist used a somewhat different format, all of the reports included background information from an interview with the TANF recipient, test results and an interpretation of the results, the psychologist’s diagnostic impression expressed in terms of the DSM, and conclusions and recommendations. As the county had hoped, the results from the vocational psychological testing provided program staff with different and richer information on recipients than they could have gathered on their

THE SKILLS NEEDED IN A JOB COUNSELOR CARRYING AN INTENSIVE CASE MANAGEMENT CASELOAD OF FAMILIES NEARING THE TIME LIMIT

Summary: Job counselors in these positions need to maintain almost daily contact with participants who have multiple and significant challenges to getting and keeping a job. The job counselors will be expected to develop close working relationships with the participants, including accompanying participants to appointments, doing home visits, being available to solve last-minute crises, and so on. The purpose will be to help families with less than two years of eligibility get jobs that can support them under the urgency of a deadline.

Ability to create a trusting, empathetic working relationship with participants

- Ability and patience to forge and maintain those relationships even in situations where the participants may be hostile, aggressive or abusive

Cultural competency and sensitivity

- A thorough and detailed understanding of participants' cultural practices, norms and values and how that cultural context will inform a participants' understanding of TANF
- An ability to speak in the first language of participants for whom English is not a strong skill

Years of experience

- Three to five years of experience as a job counselor or in related equivalent field; substitute up to two years of experience with years in graduate education
- Demonstrated success at that work
- Successful experience and demonstrated leadership skills in case management: pulling together multiple services for a clearly articulated objective

Ability to use resources

- Extensive knowledge of community resources and ability to draw on the appropriate resources on behalf of participants
- Demonstrated ability to coordinate a team of staff offering different specialty services

Specific job skills

- Strong decision-making skills
- Demonstrated ability to observe behaviors with an eye to determining the need for further screening or assessments to understand underlying causes
- Highly competent and comfortable in applying clinical information to the development or implementation of an employment services plan
- Outstanding grasp of basic counseling skills, with a strong ability to use encounters with participants to help them develop their own skills
- Highly developed knowledge of theories of human behavior, motivation, learning and behavior modification
- Highly developed written and oral skills

Degree requirement

- Bachelors in a related field

own or to which they would otherwise have access. Program staff felt that the test results helped them not only to develop more individualized service plans but also to account for factors they had not considered in assessing their clients, such as low cognitive functioning. While program administrators thought that the psychological tests did a good job of identifying low cognitive functioning and its implications, they were not considered as effective in revealing serious mental health problems. This was attributed largely to the fact that psychologists saw recipients only once and had no treatment history available to them.

Interdisciplinary Clinical Consulting Services.

Expecting that the intensive case management staff might benefit from advice and guidance from highly trained staff who had experience working with individuals with substantial work limitations, Ramsey County hired four professional clinical staff to act as project consultants. All had experience conducting or using psychological assessments. Two of the consultants, a psychologist and an occupational therapist, had extensive experience in a program for adults with serious mental illness, including a project, based in a mental health clinic, that focused on increasing the vocational opportunities for seriously mentally ill clients. The other two consultants were a licensed social worker, who specialized in children's mental health issues, and a vocational rehabilitation counselor. Each consultant was assigned to work with a specific group of contracted service providers, helping them to:

- Interpret the results from the psychological assessments
- Develop behavioral contracts and service plans based on the results
- Identify community resources available to implement recipients' service plans
- Triage their caseload by identifying which families should receive intensive case management and which should receive SSI advocacy
- Develop alternative service plans when those initially put into place failed
- Interpret TANF policy as it related to families nearing the time limit

The consultants also worked closely together, relying on each other's expertise and meeting weekly or bi-weekly with the intensive case managers. A key contribution to the overall III project was to create a link between the disability and TANF service systems. They soon became experts in both TANF policy and rehabilitation services, using their professional relationships and knowledge of disability services to link recipients with resources beyond what TANF workers could have done on their own. Clients then had access to a full array of mental health services including assessments, medication management, day treatment programs, and in-home case management services as well as more broadly targeted vocational rehabilitation and public health services.

In-Home Functional Needs Assessments. As the results of the psychological assessments came in, Ramsey County became very concerned about the relationship between low cognitive functioning and a recipient's ability to provide a safe and nurturing home environment for the family. To further investigate the situation and to validate the results of the vocational psychological assessments, the county asked the occupational therapist who was hired as one of the project consultants to conduct in-home functional needs assessments for recipients whose psychological assessments revealed very low cognitive functioning (i.e., an IQ below 70). An interpreter accompanied the therapist when necessary.

Whereas traditional TANF assessments are typically designed to *discern* the presence of a personal or family challenge that might affect a client's ability to work, the functional needs assessments were intended to identify *how* such challenges affect a client's ability both to perform tasks associated with daily living and to engage in work or work-related activities. Since these assessments were conducted in recipients' homes, it was possible to gather information through several means including (1) asking questions about how certain activities of daily living are carried out (e.g., how do you do your grocery shopping? your laundry?); (2) observing both the home for cleanliness and organization and the social skills of the recipients (e.g., is the home well organized? is laundry piled up or put away? are the beds made? did the recipient introduce the therapist to others in the home?); and (3) asking recipients to perform specific tasks such as heating a can of soup or preparing a packaged meal. (Sample questions and

tasks used in the functional assessments are included at the end of this report.)

Information from the assessments helped III staff move from diagnosis to an action plan. For instance, once staff could identify how a recipient's limitations might affect her ability to find or keep a job, they could make recommendations for accommodations or service strategies designed to increase the chances of success. For example, a recipient who did not have access to a car and did not know how to use public transportation because of a cognitive deficit might be referred to a job coach, who could teach her how to take the bus. Or, a recipient who had severe anxiety attacks or depression might be referred to a psychiatrist and a mental health day treatment program. For recipients with physical limitations that interfered with their ability to complete basic self-care tasks, recommended accommodations might include adaptive equipment such as a tub bench, grab bars for the tub and commode area, long-handled bath brushes, detachable shower heads, and reachers for putting on and taking off socks and other articles of clothing.

The functional needs assessments also made it possible to examine how TANF recipients function in real-life situations without presuming that the presence of a particular condition (e.g., low cognitive functioning, depression, or anxiety disorder) meant that a recipient could not participate in work or work-related activity. Functional assessments were also used to identify which recipients might be eligible for SSI benefits, and the therapist's reports were used to support the SSI application.

Supported Work. Supported-work opportunities were central to Ramsey County's efforts to help TANF recipients nearing the time limit. Supported-work positions were provided by three organizations, each offering a different level of support. Two provided intensive support and work opportunities in on-site supervised settings, and the third developed work opportunities in community nonprofit agencies. In all three settings, recipients worked about 20 hours per week for up to six months and were paid \$6 to \$7 per hour.

The goal of supported work was to encourage the development of specific job skills and appropriate workplace behaviors. It also gave program staff a chance to interact with recipients in a context that

made it easier to identify exactly what barriers needed to be addressed and what accommodations might facilitate success on the job.

SSI Advocacy. When Ramsey County started this project, it assumed that some families would be unable to find employment and become self-supporting before they reached their time limit. To address this situation, the county contracted with Southern Minnesota Regional Legal Services, the local legal services office, and an attorney in private practice to help TANF recipients with the SSI application process. The services provided through this arrangement included (1) assistance with the SSI application and with obtaining the medical and psychological documentation required to support the application, (2) transportation to appointments, (3) legal counsel at meetings, hearings, and appointments related to the SSI application, and (4) linking TANF recipients with community resources while awaiting the SSI decision.

The occupational therapist who did the functional needs assessments prided herself in "never having had an SSI application turned down." Her success came from knowing who was appropriate for SSI and understanding how to document limitations for those who were appropriate. In October 2005, Ramsey County's TANF caseload included 2,040 child-only cases, accounting for one-quarter of the County's total TANF caseload. This represents a 27 percent increase in child-only cases since 1999. The majority of Ramsey County's child-only caseload (68 percent) is made up of families in which the adult is receiving SSI. Statewide, cases that include an adult who is receiving SSI account for 48 percent of the child-only caseload.

The Circumstances of Recipients Nearing the Time Limit

The III staff delved deeply into recipients' lives, learning not only what problems they face but also how these problems affect their ability to manage their households, participate in traditional welfare employment programs, and sustain full-time unsubsidized employment. The life circumstances of these families are illuminated by findings from both the ethnographic interviews conducted by two anthropologists with 12 recipients nearing the time limit and the functional needs assessments for 51 recipients with very low cognitive functioning. This information substantially enriches our understanding of the ways

in which low cognitive functioning, physical health problems, and mental health disorders affect the day-to-day lives of recipients who have not been successful in making the transition from welfare to work.

- **Psychological assessments revealed that many recipients nearing the time limit demonstrate low cognitive functioning that warrants an extension to the time limit in Minnesota.** Low cognitive functioning—defined as an IQ below 80—was identified by Minnesota as one of the criteria for granting extensions to recipients who exhausted their 60 months on assistance.

Using information from the psychological assessments, Ramsey County determined that many recipients nearing the time limit met this criterion. For example, information collected by one of the consultants indicated that 60 percent of the recipients from her assigned agencies had a Full Scale or Performance IQ score below 80 on the WAIS-III and 27 percent had a score below 70. Recipients with an IQ of 80 or below accounted for about one-third of the time limit extensions granted by Ramsey County through March 2005 (see Table 2). Statewide, recipients with an IQ of 80 or below accounted for just 16 percent of all extensions and in neighboring

Hennepin County, they accounted for just six percent. Other common reasons for granting extensions in Ramsey County included care of an ill or incapacitated household member, employment of at least 30 hours and mental illness.

- **Low cognitive functioning, limited education, and limited English proficiency substantially restrict the pool of jobs for which long-term recipients can qualify.** As the U.S. service sector continues to grow and the economy relies more and more on technology, more jobs require higher-order problem-solving, communication, and math skills. Many recipients nearing the time limit lack such skills, and given their low cognitive functioning and poor educational background, they may not have the ability to acquire them. Ramsey County, like many urban areas, has a limited supply of jobs that do not require these skills.

For a number of recipients, low cognitive functioning and a poor educational background are further complicated by a limited command of the English language. In addition, many of the TANF recipients from countries such as Laos or Somalia had little formal schooling in their country of origin. Immigrant families accounted for about one-fifth of the

**TABLE 2
REASONS FOR TIME LIMIT EXTENSIONS**

	Ramsey	Hennepin	MN
Number of cases reaching the time limit	1,984	2,830	7,165
Number of cases granted an extension	1,284	936	2,242
Percent of cases granted an extension	65%	33%	31%
Reasons for extension, among cases ever receiving an extension as of April 2005 (percent distribution)			
IQ less than 80	33.7%	6.2%	15.6%
Care of ill or incapacitated	17.5	21.8	19.7
One parent employed 30 hours or more	10.2	18.0	15.2
Ill or incapacitated 30 days or more	9.6	24.5	21.1
Mentally ill	9.2	2.7	5.5
Developmentally disabled	5.8	5.4	5.1
Unemployable	5.3	2.2	3.3
Learning disabled	2.8	1.8	1.9
Domestic violence	2.1	3.3	2.5
Other	3.4	13.8	9.5

Source: Minnesota Department of Human Services Data Reports.

EXAMPLES OF SKILL LIMITATIONS IDENTIFIED AMONG RECIPIENTS WITH EXTREMELY LOW COGNITIVE FUNCTIONING

Limited Mastery of Numeric Concepts

Unable to count to 10 in Hmong or English
Unable to add 5+3 on a paper and pencil task
Inability to distinguish between + and x signs
Unable to perform simple, one-column multiplication and division
Unable to recognize and name any printed number from 1-12
Unable to differentiate between numeric values
Unable to state the day of week or month, or tell time on a clock

Weak Task-Completion Skills

Unable to problem solve from diagram or written directions
Unable to complete three-step task with demonstration or verbal instruction
Unable to maintain attention to a task for more than three minutes
Slow completion of simple task
Low frustration tolerance

Limited Mastery of Prevocational Skills or Tasks

Unable to complete sample job application
Unable to arrive on time to appointments
Unable to keep a schedule of activities

cases in Ramsey County that reached their 60th month as of March 2005. In spite of their difficulties, immigrant families often achieve measures of success that are comparable to their non-immigrant counterparts. Between July and September 2005, 47 percent of TANF recipients from Somali and 25 percent from Laos were fully engaged in employment or employment-related activities. The engagement rate for all TANF recipients in the county was 27 percent. Supported work can provide an opportunity for these individuals to gain work experience and boost their self-confidence, but this experience often falls short of helping recipients qualify for jobs. Perhaps the words of the recipients themselves are best way to describe how frustrated and demoralized they feel as a result of an unsuccessful job search:

There are jobs that they will need this or that to be qualified, and I don't have any of those, so I'm going to look for something like assembly, and you know, there isn't any.

... if I try to look for another job, I don't know the language, I don't have any skills. I don't know even how to fill an application. I have to ask someone to come with me and help me fill the application. I can't read or write because I was raised in [name of place in Somalia].

Every other day I go look for a job. But lately, it's hard. There aren't no jobs nowadays.... Some places require high school diplomas. I don't have that right now. I'm trying to get my GED...

- **Long-term recipients' employment prospects were further constrained by physical health problems that often made it impossible for them to do the jobs for which they may have otherwise been qualified.** The jobs available to people with limited skills often are physically demanding. Standing for long periods, heavy lifting, and repetitive movements are typical. Chronic and sometimes debilitating health problems have made it impossible for some recipients nearing the time limit to consider these jobs. In some cases, previous work in these types of jobs contributed to recipients' health conditions. The limitations faced by recipients with physical health problems have sometimes been accommodated in supported-work programs, but these programs provide only a short-term solution to a long-term problem. In the words of the recipients:

So I cannot work and make some money to support the children. That makes it really difficult life for me. [I used to clean vegetables] It's heavy work but I don't have any skills and I don't know English, so I just kept going. But, I have an illness—my arms are numb and my shoulders are pained and my back's not really healthy. [I left because] of my back and shoulders and my arms.

[I go to the doctor's] almost every day. I have a lot of headaches, a lot of back pain. Asthma. I use the machine [at the doctor's] for my asthma. I would like to go to work and work so I could save money to buy a car and free myself from a lot of pain, but then my health won't permit me. So I always think that, but it will never happen.

- **Untreated or inadequately treated mental health problems are common and contribute to the recipients' inability to participate regularly in welfare employment programs or to find and sustain regular employment.** Severe depression was common among recipients nearing the time limit. They also had other mental disorders, including anxiety and post-traumatic stress disorder, sometimes related to past sexual abuse. Some long-term recipients saw doctors regularly and/or took medication for their symptoms. The doctor visits often consumed substantial amounts of time, largely during daytime hours, and medications often caused undesirable side effects—such as fatigue, nausea, or increased anxiety. Some individuals did not seek assistance for their problems for several reasons: they do not trust people they do not know, they are not even aware of their problems, or they have transportation problems. The side effects from improperly regulated medication or the symptoms of untreated anxiety or depression have sometimes been almost completely incapacitating. Recipients described a lack of drive and energy, sleeping the days away as a result. Some women also described their depression or anxiety and inability to work as a vicious cycle—they are so depressed or anxious that they have trouble finding work but then become even more depressed or anxious about not working. As they pointed out:

It's frustrating. I get depressed. I take my depression pills. Because when you've got nothing to do, when you can't work, it's sort of hard. It's very hard.

I've been on anti-depressants. I've been kind of on and off them a lot. So a lot of days I don't feel well...I haven't been taking them consistently so it's kind of taking a drain on me I think, to go on and off them. I'm having a hard time with that too...And, [the psychiatrist] is changing [the dose] a lot. I'm sick of having to adjust to these meds. And I'm not adjusting to them and then they're raising the dose. And it's just, I can tell that my body is having to adjust to the changes in the meds...That's part of why I'm having a hard time. I don't really want to be on meds forever. But then I don't take them but then I get afraid when I don't take them that something could happen where I get real depressed again. I was hospitalized and stuff for it... Now I go to day treatments during the day.

- **Problems in the recipients' neighborhoods require mothers to do more to supervise their children at home.** Recipients often expressed dissatisfaction with their neighborhood. They cited a host of potentially negative influences—crime, gangs, loitering, and public alcohol consumption or drug use—that limit the extent to which their children can play outdoors, putting pressure on mothers to be more protective of their children

PREVALENCE OF PERSONAL AND FAMILY CHALLENGES IN SOURCE DOCUMENTS

	Functional Needs Assessments	Ethnographic Interviews
Mental health issues	37	9
Physical health issues	44	4
Limited mastery of numeric concepts	26	N/A
Weak task completion skills	42	N/A
Limited mastery of pre-vocational skills and tasks	40	N/A
Difficulties with hygiene and personal care	41	N/A
Weak household management skills	49	N/A
Limited community mobility	41	N/A
Difficulties with money management	49	N/A
Underdeveloped planning and decision-making skills	48	N/A
Limited social networks	48	6
Number of source documents	51	12

**EXAMPLES OF PHYSICAL CONDITIONS OR MENTAL DISORDERS EXPERIENCED BY RECIPIENTS
WITH EXTREMELY LOW COGNITIVE SKILLS NEARING THE TIME LIMIT**

Case #1: 41 years old—Physical Health Problem

Client moves very slowly and cautiously. Her 6-year-old daughter follows her everywhere, stating she needs to be close by to help her mother if she falters. She has a history of falling down stairs. Unable to lift a gallon of milk independently. Husband reports a history of multiple health problems, including severe headaches, chronic back pain, confusion, anxiety, and depression. Recipient is unable to answer questions about her health. She is quite confused and nonverbal, even with an interpreter.

Case #2: 31 years old—Depression, Anxiety and Physical Health Problems

Client was seen in her home for this assessment of her independent living skills with her case manager present. She obtained a score of 18, which places her in the intermediate range of ability to perform tasks of daily living. Client reports that the medication she takes for anxiety and depression makes her sleepy during the day. She was sleeping on the day of the assessment before we arrived, and reports sleeping several hours a day. She has missed some important appointments due to this issue, but its unclear whether the sleeping is a symptom of the depression or a side affect from the medication. I suggested she speak with her doctor. She has a history of back problems due to a fall 10 years ago. Needs new referral to physical therapy. Slept through and failed appointments and they won't schedule her again without a doctor's order. Has difficulty going up and down stairs and finding a comfortable sitting position. Reports bathing and hygiene has suffered due to depression. "Lately, I don't feel like doing that stuff." Children bathe daily in the evening. Does not care for nails. Has nail-biting habit. Brushes teeth once a day. Forgets to brush hair.

Case #3: 33 years old—Anxiety

Also of concern were the mental health symptoms recipient reported to me during the assessment. She identified anxiety symptoms of jumpiness and nervousness, resulting in head scratching and picking that is so severe her head is covered with open sores. She states she scratches her head all day every day. She reports that her family doctor told her it was from anxiety, and gave her a topical treatment for the sores, but nothing for the anxiety. Recipient reported hearing voices and noises that she thinks are not reality based, because she turns around and the people she heard talking aren't there. She reports extreme fear that her abusive ex-boyfriend will find and harm her, and one of the voices she hears is his.

Source: Functional Needs Assessment Reports from Ramsey County

than they might otherwise be absent these influences. For instance, mothers felt as if they needed to be home more to supervise their children because they either didn't have or didn't trust family, friends, or neighbors to do so and could not afford or did not trust formal child care providers. They felt just as strongly about the need to supervise older children as younger children because the older children are at a stage in life that makes them particularly vulnerable to the neighborhood's bad influences. For most mothers, the sense of need to be home further limited the time they could spend at work or searching for a job. Those who were

working described the nearly unendurable stress of worrying about their children while they were away. As some participants explained:

It's unsafe because gang shootings are taking place, drug dealers are around. [My children] would be exposed to everything and I don't want to be sitting home and your kid is dead out there. That's why I'm overprotecting them. Only once in a while I take them out to the park... But the rest of the time I have to keep them home. Bad incidents took place in the neighborhood, so I don't want my kids to get involved in that.

I don't have somebody here to watch them. If I'm out applying for a job or going to work seven to three, then I wonder what they're doing—if they're okay, if they're not fighting, if they're on the right trail... Maybe when the kids start school again I can maybe go to work when they're in school.

I just want to convince myself, to come home and see how the kids are doing, see if everything is alright. Then I run back [to work]. I can't sit my half-hour break and stay there not only because I have to feed the kids, but I worry a lot. Especially nowadays when there's no school. When they are at school you know that the school is taking care of them. But now when I leave them alone here at home, anything could happen. So, psychologically, I'm working, but I'm not there.

- **The combination of low cognitive functioning and serious physical and mental health problems often made it difficult for recipients to complete even the most basic activities.**

Balancing work and family responsibilities is a challenging undertaking regardless of one's socioeconomic status or cognitive abilities. Being successful on the job requires being at work and on time every day, communicating well with supervisors and co-workers, and completing whatever tasks the job requires. Being successful at home requires managing numerous tasks to keep a household running such as doing laundry, cleaning, shopping for groceries, cooking meals, managing finances to pay bills, and parenting. Many TANF recipients in Ramsey County who were nearing the time limit struggled to manage their households well. Severe depression, anxiety, and chronic medical problems made completing basic tasks such as dressing and bathing difficult, leaving few emotional or physical resources or time to deal with the more complex tasks associated with working or finding a job.

Hygiene and personal care. Personal grooming skills and dressing appropriately are key “soft skills” for success in the labor market. While important for all workers, these skills often take on added importance for adults with limited skills and sporadic work histories. For some long-term recipients with low cognitive functioning, these tasks required a monumental effort. Severely depressed recipients said that they bathed or changed their

clothes infrequently, some as little as once a week. Some only did so when someone was around to help them. Many stayed in their pajamas all day, and some changed their clothes only when reminded to do so by their children, when their clothes became too dirty to wear, or when they had an appointment outside the home. Physical health problems made it especially difficult for some recipients to bathe regularly. Some had difficulty climbing into the bathtub, while others did not have the stamina to stand long enough to shower. Anxiety also affected the recipients' ability to practice good personal hygiene. For example, one recipient who suffered from severe anxiety never washed her face, and another showered only when someone else was in the house. A recipient with obsessive-compulsive tendencies who was afraid of germs washed her hands repeatedly throughout the day. Not surprisingly, recipients reported that their personal care was better when they felt better.

Household management. Recipients typically understand what they need to do to keep their homes tidy and safe, and they acknowledged being aware of social norms regarding how often these tasks should be performed and even expressed shame about the condition of their homes. Despite all of this, many could not motivate themselves or were not physically able to do anything to change the situation. As a result, they lived in unclean, unsafe environments. During the in-home assessments, staff observed spoiled food on kitchen countertops, dirty counters and appliances, dirty dishes piled in the sink, garbage spilling onto the floor, no sheets or dirty sheets on beds, and severe dust buildup throughout the home. Fleas and other pests were also present in a few homes. Doing laundry is such a struggle that older children or other family members sometimes take full responsibility for it. Recipients who could not rely on family members were left to fend for themselves in whatever way they could. One recipient did all her laundry by hand because she could not figure out how to do it at the laundromat. Others had piles of clothes, some dirty and some clean, throughout their house. One recipient went so far as to throw away clothes when they became too dirty. Cooking was just as difficult. Recipients cooked infrequently; most were able to prepare at least one meal, usually one they learned to prepare from a family member. Most were unable to read the directions to prepare a simple prepack-

Case #1: Anxiety, Hearing Impairment, and Unstable Housing (Unable to state birthdate)

Summary Assessment: Client was seen in her home with a case manager and an interpreter present. She was pleasant and cooperative with testing. However, she appeared quite anxious and reported she was concerned about losing her housing. She was focused on this topic throughout the assessment, and sometimes had difficulty working on the tasks presented to her, or answering questions, because of this focus. For example, when asked about how often she performs certain household tasks, she would respond with: “Can you help me find housing?” It was reported by the case manager that the client has a hearing impairment, but the interpreter did not think this was the reason for her inability to focus on the tasks. The interpreter thought that she was hearing and understanding the questions for the most part, but was having difficulty focusing on anything but her housing situation. Client can only find her way to four places outside the home independently, and she is afraid that if she must move from the area she now lives in, she will be disoriented and unable to find her way to such places as the grocery store and the doctor’s office. In addition to many limitations in activities of daily living, client was not able to remember instructions for long enough to carry them out.

Recommendations: Client needs immediate assistance with her housing concerns. She will not be able to fill out the necessary applications and paperwork for public housing or Section 8, nor will she be able to follow-up once the application is completed. I suggest a referral to Development Disabilities case management through Ramsey County Human Services based on her Performance IQ of 67. Also, it would be helpful if someone could accompany her to medical appointments to better understand her medical condition. I suggested she use a product such as Depends for her incontinence problem, but she may need assistance in finding and purchasing them.

Case #2: 32 years old—Depression, Physical Health Problems, and Parenting Issues

Summary Assessment: Client scored 16 on the functional needs assessment, which places her in the intermediate range of independent living skills. Client appeared disheveled during the assessment and her home environment was somewhat chaotic and disorganized. There was leftover spoiled food on the stovetop and the kitchen counters and table were covered with food and crumbs and spills that hadn’t been wiped up. Client had some harsh interactions with her young children and was observed to be ordering them to clean up the kitchen. This seemed age inappropriate, as the children she was speaking to were toddlers. Client reports that she doesn’t let the children out of the house often because she fears they may get hurt or meet “bad kids.” She goes out of the house very infrequently due to a “loathing of people.” This fear and avoidance keeps her from accomplishing many tasks of daily living. For example, even though she has been diagnosed with diabetes and a thyroid condition, she does not go to the doctor and is not being treated for these conditions. She pays a neighbor to do things like picking up milk and diapers, and also to take her children to the doctor if they need medical treatment. She reports some symptoms of depression as well, stating that there are many days when she doesn’t get out of bed, dress, or bathe, depending on her mood. She became defensive when asked who cares for her children at these times. She has been seeing a therapist who comes to her home for some of these issues, but states that the therapist has canceled appointments with her too many times and she doesn’t trust her any more. I recommended to her case manager that she follow up with the therapist regarding this issue.

Recommendations: I recommend a referral to mental health case management through the county, and if she can be persuaded, the skills for living group at Ramsey County Mental Health Center would be beneficial as well. The children could benefit from involvement with a head start program. I made these suggestions to client and her intensive case manager will be following up with her to schedule intakes.

Source: Functional Needs Assessment Reports from Ramsey County

aged meal. As a result, most of the time, they simply relied on already prepared meals. Children often prepared their own meals, and family meals were a rare occurrence. Severely depressed recipients ate infrequently, and their children sometimes needed to remind them to do so.

Community mobility. Many recipients with physical and mental health problems did not freely or willingly move about in their community. Few long-term recipients had a car or access to one. Even in the best circumstances, relying on a bus or walking was time-consuming and frustrating. Getting to and from doctors' appointments, doing laundry, or buying groceries often required the better part of a day. When physical and mental health problems were present, it became even harder for recipients to get around, even in their own neighborhood. Recipients with physical health problems had trouble walking long distances, standing for long periods, maintaining balance, and bending or lifting. Many could not walk to community facilities, and some could ride a bus only if there was a hydraulic lift for wheel chairs. Though physically able, those with mental health problems were sometimes afraid to take public transportation. One recipient, for example, had panic attacks when using public transportation and opted to walk long distances through unsafe areas rather than take a bus. Another had a general fear of other people—attributed to post-traumatic stress disorder from childhood events—and avoided going anywhere there might be crowds. Others avoided going anywhere that required them to take the bus because they were depressed and wanted to avoid interacting with other people. To avoid the stress associated with public transportation, many recipients relied on family or friends to take them to the laundromat or to the grocery store.

Money management. Many recipients with low cognitive functioning had a great deal of trouble managing their money. During the in-home assessments, some could not determine how much change they should get from a dollar if they spent 69 cents. Some who have had repeated problems paying their bills have their bills paid directly by the county through vendor payments. Those who paid their own bills usually did so with money orders; few had checking accounts, and most could not project a monthly budget. Some asked family members to

manage their finances, and some borrowed money from their families to make ends meet.

Planning and decision-making. Recipients had a broad range of problems with planning and decision-making. Many were unable to assert themselves in simple situations, such as negotiating a payment schedule for an overdue bill. Only a few recipients had a calendar in their home, and even those who did have not been able to use it as intended. Recipients often rely on their children to remind them of key appointments, which they often missed anyway because they forgot about them again or because of a conflict with another appointment. Moreover, recipients did not demonstrate enough skill to call and reschedule or cancel appointments they could not keep.

- **Low cognitive functioning combined with serious physical or mental disabilities affected the recipients' ability to provide a stimulating environment for their children.** Recipients' parenting suffered for many of the same reasons that impeded good household management. Physical health problems made it difficult for some recipients to lift or do any physical activity with or for their children. And the children of recipients with severe depression or anxiety not only often fended for themselves but also took responsibility for their mothers, ensuring that they got up in the morning, changed their clothes, and showered. Children who spent long hours at school or at neighborhood recreation centers were often responsible for getting themselves to and from these settings. Family meals being a luxury, even young children learned how to get food on their own.

Two critical and very basic parenting responsibilities are making sure that children are safe in their homes and knowing how to respond in emergencies. Most, but not all, recipients with low cognitive functioning knew how to call for emergency help. Most also knew that they should leave their home in the event of a fire. However, a substantial number were missing basic first aid supplies such as band-aids, a thermometer, or salve for cuts. And, they were unable to read a thermometer or make appropriate decisions regarding when medical care was necessary. In some cases, the clinician conducting the assessment expressed concern about a recipient's ability to respond in a medical emer-

gency or to administer medication according to a doctor's orders.

- **Some recipients have at least one family member or an older child they can depend on to help them during the most difficult times, but many have very limited social networks.** In times of struggle, family, friends, and neighbors can be an important source of emotional, logistical, and even financial support. However, some long-term recipients have no family, friends, or neighbors with whom they felt comfortable asking for assistance. In fact, some have no social network at all. Perhaps one reason for this phenomenon is that many recipients are transplants to Ramsey County—either from a foreign nation or from another city or state—and have had to establish community networks from scratch. Though some have done a better job in this area than others, it has been difficult for most of the women, and many still do not have deep connections. Some cite a general lack of trust in people, and the immigrant women in particular have had trouble both assimilating culturally and communicating with others because of a language barrier. Depression may also play a role in the inability or unwillingness to cultivate social networks. Two statements, in particular, are telling:

I've been here three or four years and I don't know too many people around here. Nobody. Don't want nobody knocking on my door, cause I don't know them. And I don't want to know them. I don't trust them. I don't trust nobody around here.

I don't have time to go out and have friends.... There's no one that I'm close to or interact with...

Those who received help from family, friends, and neighbors saw this assistance as invaluable. Help came primarily in the form of transportation—either getting rides or borrowing a car—and impromptu babysitting. Some recipients also received help with grocery shopping, laundry, or cleaning their living quarters. More important, however, recipients valued the social aspect of their relationships—relaxing, sharing good times, confiding—and the encouragement they received through these connections.

- **The struggle to manage activities of daily living has limited their ability to consider what the future might hold.** Recipients nearing the time limit expressed concern about the impending loss of benefits. They were clearly frustrated by what they perceived as a lack of help from the government in the past and the prospect of being abandoned in the future. Ironically enough, none of the recipients seemed to be planning for a post-TANF future—perhaps because they had a hard time even contemplating the future as they focused all their energy on simply trying to get by from day to day and week to week. Some expressed their frustrations, fears, and expectations for the future in this way:

I'd get letters in the mail, [saying] 'the clock is ticking.' Now I'm going into an anxiety fear attack. I got to find a job. How am I going to feed my kids, pay my bills? I'm going to be cut off public assistance in a month.

In the five years that I've been on [TANF] they didn't question what I did all the time, but all of a sudden they're questioning everything I did and when I did it. I think they were a little late for these questions.

I take life day by day. I'll set myself for a downfall, and I don't need that right now. I try not to take on more than what I can handle. [Five years] is forever. I can't think like that...I've done that all my life, and I've never gotten nowhere. So, I have to take it day by day.

I cannot predict my life a year from now. It could be worse, it could be the same, it could be better. Perhaps my kids will be able to get a job and support me financially. I could get the opportunity myself that someone like you come and tell me, "Hey, there's a job here that you can take." and I could take it and earn money that way. My health condition might deteriorate and it could be worse. Anything could happen. I can't predict it. It could be both ways a year from now.

- **Recipients' hopes for a brighter future often rest with their children. Religion, earlier work experiences, and their relationship with their TANF case manager helped to carry them through hard times.** Regardless of whether participants could identify future plans or goals, all wanted something better and had high hopes for their children. Specifically, they expected their

children to excel in school and to enter meaningful careers. Those who did have personal goals set their sights primarily on educating themselves—getting a GED in particular—in order to find both a decent-paying job they would enjoy and, eventually, better housing. Many also wanted to buy a car to ease the burdens of daily life. And despite their weaknesses and disappointments, they all had three basic strengths that they hoped would see them through the undeniably tough times ahead as they develop and work toward their goals:

Faith. Many recipients had a very strong sense of faith. In fact, when asked about the most important figures in their lives, several said, “God.” A number of recipients prayed regularly with their children, finding peace in this simple act.

Work history. Though few recipients were currently working, all had work experience—as a retail salesperson, cashier, kitchen aide, housekeeper, nursing assistant, factory or assembly line worker, package handler, janitor, fast food cook, waitress, and bus monitor. While most of these jobs tend to pay extremely low wages and involve undesirable shifts, they nonetheless represent the building blocks of a work history. In addition, a number of recipients have volunteered at homeless shelters, schools, criminal justice facilities, and hospitals.

TANF case manager. Though some recipients have been dissatisfied with supported job placements because of low pay and limited duration, most were satisfied with the help they received from their TANF case manager. They tended to see that person as an ally who has done his or her best to provide referrals to services and job leads.

Key Lessons

As many other states, Minnesota saw its welfare caseload drop and financial surpluses arise in the early years after the 1996 welfare reforms. Many states used these surpluses to fund innovations in the delivery of social services. Ramsey County used the additional revenue to offer its neediest citizens a service package that combined assessment with intensive case management services, expert consultation, and supported work and SSI advocacy. Through this approach, the county came to more fully understand its long-term

welfare recipients’ circumstances and what might be required to improve their job prospects. Several key lessons emerged from their experience:

- **Diagnostic assessments commonly used in employment programs for individuals with disabilities but not often used in TANF employment programs can both reveal barriers to employment often missed by standard TANF assessments and provide guidance on how to intervene.** Since the start of welfare reform, many TANF offices have devoted considerable resources to in-depth assessments of TANF recipients (Thompson et al. 2001). Despite these well-intentioned efforts, the assessments are often conducted by TANF case managers who are inexperienced in identifying potential barriers to employment. As a result, the barriers remain undetected, and recipients remain in programs that do not address their needs. Even when barriers are identified, staff may not know how to develop an appropriate service plan. The vocational psychological, and functional needs assessments conducted by Ramsey County opened a window onto a once-hidden dimension of long-term recipients’ lives. In addition to revealing previously unidentified barriers to employment, the assessments provided concrete suggestions for surmounting the barriers, including finding paid employment if that was a realistic goal. For case managers, the information has been invaluable, making the task of working with long-term recipients a targeted effort as opposed to a shot in the dark.

The circumstances uncovered through the assessments also convinced staff of the importance of taking a proactive approach to identifying recipients whose personal and family circumstances contribute to their inability to participate and succeed in traditional welfare employment program activities. Ramsey County granted time limit extensions at almost twice the rate as neighboring Hennepin County even though the demographics of their TANF caseloads are very similar (see Tables 1 and 2). Program administrators in Ramsey County attribute this difference to their success at identifying recipients with low cognitive functioning that, by its very nature, would make it unlikely that recipients would request an extension on their own and be able to obtain the documentation needed to successfully complete the process.

KEY PROJECT ACCOMPLISHMENTS

- Psychological assessments helped staff identify recipients most likely to have employment difficulties and helped concentrate intensive services on recipients who could benefit most.
- Use of clinical consultants created a link between the TANF and disability systems that had not existed previously.
- Functional needs assessments provided detailed information on *how* personal and family challenges affected day-to-day functioning and offered concrete suggestions for improving their circumstances.
- Ongoing clinical case consultations with staff with specialized skills increased intensive case managers' ability to develop and implement service plans for recipients with multiple barriers to employment.
- Small caseloads made it possible for the intensive case managers to develop meaningful relationships with their clients and provide more individualized services.
- The availability of specialized services such as supported work and SSI advocacy expanded the range of services intensive case managers could use to address recipients' unique circumstances.

- **Together, the intensive case managers and the clinical consultants were able to provide the flexible, customized services that long-term recipients needed.** Although it took some time for many intensive case managers to fully appreciate what it meant to provide flexible and customized services to recipients, they eventually changed their approach to their work. And, some became very good at providing the individualized services the III program had hoped to provide. In particular, they gradually learned to appreciate the importance of doing assessments and using the results to craft individualized service plans, conducting home visits to develop a trusting relationship, and taking to heart the idea of “doing whatever it takes” to help someone improve their circumstances. Whereas employment counselors spent much of their time on the phone with clients, intensive case managers spent their time in the clients' homes, driving them to appointments, and identifying resources that might provide the assistance their clients needed. The clinical consultants played an important role in helping the intensive case managers to learn how to approach their work in a new way and to feel comfortable in their new role. However, it took some time for agencies providing case management and county employment services staff to appreciate the value of the consulting role. The clinical consultants did not directly supervise the intensive case managers, but because of their experience in the disabil-

ity field, they had strong expectations about how the intensive case managers should approach their work. The most successful intensive case managers looked at their work through the lens of rehabilitation and social work. That perspective gave them the power not just to identify their clients' limitations but to accept them and thus put together a set of services and resources that would open up new possibilities for them.

- **Services to address the needs of individuals with low cognitive functioning and other serious barriers to employment are costly and in short supply.** Many of the service recommendations for recipients nearing the time limit involved referrals to specialized programs such as supported work, semi-independent living services or day mental health treatment programs. Because recipients are so isolated from the community, a key objective was to connect them to a structured program that could both address their individual needs and provide them with meaningful opportunities to succeed. Through the III project, Ramsey County made supported work opportunities more available, but the high cost of this service limited the number of slots. As with many specialized services, vocationally oriented day treatment programs in Ramsey County are limited in number and not always available where and when recipients needed them. Intensive case management services also

were very costly and thus not sustainable over the long term due to budget cuts and competing priorities. By moving a substantial number of families to SSI, staff in Ramsey County felt that they helped to provide families with a stable income source for an extended period but that unfortunately did little to improve their lives.

- **Addressing the service needs of long-term recipients meant stitching together a variety of services that are typically not set up to address the circumstances unique to low-functioning adults with children.** A key finding of the III project was that low cognitive functioning is common among recipients nearing the time limit in Ramsey County. Some recipients at this functional level are eligible to receive services through the vocational rehabilitation or developmental disabilities systems. Recipients who have serious mental health issues are eligible to receive services through the community mental health system. However, none of these systems is fully equipped to serve individuals whose circumstances resembled those of TANF recipients. These families need long-term family support services that address the needs of parents as well as their children. This includes supported employment opportunities and a set of services to promote the positive development of children. The disability system provides long-term services and has demonstrated that most individuals can work with appropriate support, but it is not set up to respond to families. The children's services system is set up for families but focuses on short-term services. The workforce system is focused on employment but doesn't have the resources to meet the needs of disabled families. Because the TANF agency is focused primarily on moving recipients into the paid labor market as quickly as possible, it is not well-suited to providing the longer-term services families with the most serious personal and family challenges need to eventually find and sustain paid employment. In the end, the TANF agency ended up brokering service agreements with other organizations that could provide recipients with the services for which they are eligible and that are more appropriate for them. In doing so, TANF workers took the responsibility for helping recipients navigate an unfamiliar and otherwise elusive service system.

- **Serious personal and family challenges not only affect TANF recipients' abilities to find and sustain employment, but also to parent effectively.** In the push to help TANF recipients find paid employment as quickly as possible, the needs of children are often overlooked. Through the in-home assessments, Ramsey County staff concluded that low cognitive functioning, serious mental health issues, and chronic health problems affect not only TANF recipients' ability to find and sustain paid employment but also their ability to be good parents. In some homes, staff saw a need for immediate assistance if parents were to learn how to provide a safe environment for their children. It was more common, however, to find parents who could provide a safe environment but not necessarily the stimulation important to early childhood development. This is especially true in the homes of TANF recipients with low cognitive functioning and serious mental health problems, where very young children were often left to fend for themselves and to act as a caretaker for their mother. While participation in a structured early learning environment may be ideal for these children, the same issues that keep parents from participating in welfare employment programs keep them from enrolling their children in appropriate programs. In addition, child care assistance is available to families on the basis of the parents' work activity, not the children's needs or status. Therefore, a mother who ends up on SSI has very little chance of getting child care assistance, and her children have very little chance of ending up in a formal early childhood program.
- **Intensive interventions targeted at a relatively small number of individuals can be difficult to sustain over the long-term.** The grant that Ramsey County used to create the III project ended at the same time the county's TANF budget was cut by 33 percent, making it impossible to sustain the full project. Recipients who are nearing the time limit are now referred to a small unit that assesses their eligibility for an extension. The county continues to provide SSI advocacy and has a small unit of employment counselors whose primary function is to gather the documentation to make informed extension decisions. Two clinical consultants assigned to the unit interpret assessments, grant extensions (or not), make referrals to

non-TANF services, and do functional needs assessments as needed. Intensive case management and supported work are no longer available.

One reason why programs such as the III program may be hard to sustain is that they concentrate limited financial resources on a very small group of recipients. A longitudinal study of TANF recipients in Minnesota found that as of month 48, 66 percent of the original sample of recipients had left TANF, as had 76 percent of the sample of new applicants. Because long-term recipients account for a small share of families who ever turn to the system for support, it is an ongoing challenge to figure out how to best address their needs. Most welfare employment systems are designed to provide the moderate support the majority of welfare recipients need to find paid employment. However, that often leaves the most needy families with nowhere to turn for the more intensive and long-term services they need to improve their current circumstances. While this is not a new dilemma, the more the welfare system becomes oriented toward work, the more difficult it is to determine how to best meet the needs of both groups of families.

Implications

Beginning in October 2006, states will be required to meet higher work participation rates in their TANF programs than they have in the past. To meet this requirement, states will be re-examining their TANF policies and their program strategies for engaging applicants and recipients in work activities. A key question will be how to accommodate the needs of hard-to-employ recipients in this new framework. Ramsey County's experience offers some guidance on options that states and counties may want to consider.

Early Identification of Hard-to-Employ Recipients.

The recipients who reached the time limit in Ramsey County had been referred to a job-search program long before they reached the time limit. However, the program staff responsible for monitoring participation in this program had neither the time nor the skills to distinguish between recipients who were unable to meet their job-search requirements because of serious personal or family challenges and those who were already working or were not inclined to participate for other reasons. As a result, many individuals with extensive needs were not engaged in any program activity for quite some time, and many

were sanctioned for noncompliance. In a TANF system with substantially higher work participation rates, it will be important for states and counties to identify these recipients as soon as possible.

For instance, building on Ramsey County's experience, welfare offices may want to consider assessment approaches that are widely used in programs for individuals with disabilities but have not been used on the same scale in TANF programs. Welfare offices may also want to pay closer attention to behaviors, such as missed appointments and erratic program participation, that may signal the presence of serious personal and family challenges. In addition, states might look at reducing the caseloads for staff who are directly responsible for engaging recipients in work programs and ensuring that these staff have more advanced skills.

The use of sanctions is likely to be a tricky proposition under the new work requirements. For instance, states and local welfare offices may decide to use sanctions more aggressively in order to promote greater compliance with program rules. While this approach may encourage some recipients who may not otherwise be inclined to participate in welfare employment programs to do so, it may not influence the participation decisions of recipients with serious personal and family challenges in the same way. The early use of more-targeted assessments may reduce the likelihood of inappropriate sanctions, but additional safeguards may also be needed. Through the III project Ramsey County staff realized how unrealistic it was to assume that families in need of an exemption or extension would request one. Similarly, the very nature of their disabilities makes it unlikely that they will be able to complete the steps necessary to document why they are unable (rather than unwilling) to comply with program requirements.

Development and Use of Program Activities That Accommodate Recipients' Limitations.

States and counties will also need to decide how to address the needs of recipients whose personal and family challenges are such that participation in "countable program activities" is not feasible. In Ramsey County, some of the recipients nearing the time limit, especially those with low cognitive functioning and serious mental health or medical issues, were not capable of participating in countable work activities, at least in the short-term. So the county placed them in pro-

gram activities, countable or not, that were appropriate to their needs, the expectation being that these activities would prepare recipients either to participate in countable activities or to work in the future. The activities included mental health day treatment and vocational rehabilitation programs, among others. Depending on how the U.S. Department of Health and Human Services defines countable work activities, participation in these activities could be countable (for example, under a broad definition of community service). If they are countable, states and counties will need to devise systems to monitor participation in them. If they are not countable, states and counties may still use them, especially if they believe they offer the best prospects for long-term success. Or, they may decide to establish a separate program for these recipients that is supported entirely with state funds that are not used to meet the state's maintenance of effort requirement.

Creation of Developmental Work Opportunities.

Ramsey County's experience suggests that states and local welfare offices may need to develop program strategies for recipients who can work but may not be able to do so without special accommodations and support. Ramsey County provided supported-work opportunities for these recipients. In some cases, supported work provided a stepping stone to unsubsidized employment; in others, it provided only temporary employment. However, although Ramsey County believed that supported work filled an important service gap for recipients nearing the time limit, the service was unsustainable over the long-term because of its high cost. If resources are not available to create supported-work programs that offer paid employment to recipients, states and welfare offices may want to consider how they can design unpaid work-experience programs that emulate the following features that have made supported employment programs effective: (1) providing work opportunities that help to build specific, marketable skills; (2) providing participants with gradually increasing responsibility; (3) identifying tasks that are flexible enough to account for participants' strengths and limitations; and (4) providing ongoing supervision in a nurturing environment.

Consideration of Alternative Income-Support Programs When Work Is Not Feasible in the Foreseeable Future. Despite the formidable

personal and family challenges uncovered by Ramsey County staff, they felt that with the right assistance (i.e., intensive case management, supported work and specialized services such as mental health counseling) most recipients could eventually support themselves through paid employment most of the time. However, because the staff did not have enough resources or time to provide the services that, in their minds, would help most disadvantaged recipients to find and sustain unsubsidized employment, they helped recipients with the most serious personal and family challenges to apply for SSI.

Though a better and more appropriate option than TANF for some recipients, SSI had its limitations. On the positive side, recipients who moved from TANF to SSI were guaranteed a more stable and longer-term source of income support. They also received not only more income, owing to higher benefits received through SSI, but also continued TANF eligibility for their children. And because SSI eligibility is predicated on work limitations, the system acknowledged the challenges recipients would face in becoming fully self-supporting. The downside of referring TANF recipients to SSI was that they were unlikely to continue to receive the intensive services that welfare office staff felt they needed to improve their circumstances. Although the SSI system has begun to experiment with special services to help recipients overcome their work limitations, the services are neither fully developed nor widely available. In addition, the majority of SSI recipients are not caring for children, so SSI staff have little exposure to or understanding of the added challenges faced by parents with disabilities when trying to balance work and family.

As the new, higher work participation rates under TANF place further pressures on TANF recipients to enter the labor market, states may find it harder to provide cash assistance to parents who may be unable to find paid employment in the foreseeable future through their current TANF programs. Some recipients' chances for success in a work-oriented assistance system may be so low that states and counties may decide that these would be better served through the SSI system. Because it costs substantially less to provide SSI advocacy than to provide intensive services, Ramsey County has been

able to sustain that aspect of the project over the long-term, and other states may find it beneficial to follow this path regardless of its limitations.

Creation of More Effective Partnerships Between TANF Programs and Programs for Individuals with Disabilities. Agencies that serve people with disabilities have been in the business of helping those often classified as “unemployable” to find long-term employment opportunities for many years, and this experience may be the very compass that TANF agencies need to achieve the same end. While some welfare offices have brought its TANF and disability systems closer together, many have not. But by hiring staff that had worked in employment-related programs for seriously mentally ill individuals, Ramsey County was able to link its TANF program with a broad range of programs to address the broad range of personal and family challenges recipients faced. As agencies in both systems try to create effective partnerships, their greatest obstacle to success may be finding a way to pool their limited financial resources to serve TANF recipients with the same disabilities as clients already served by the disability agency but with the added challenge of caring for one or more children.

As states and local welfare offices examine their options for achieving higher work participation rates, they will be faced with many choices and only limited evidence of what works best to help hard-to-employ recipients achieve success in the labor market. While this presents states with a formidable challenge, it also presents them with a new opportunity to experiment with different approaches for helping recipients with a broad range of needs and abilities to improve their circumstances and those of their children.

Sources

- Bloom, Dan, Farrell, Mary and Barbara Fink. “Welfare Time Limits: State Policies, Implementation and Effects on Families.” New York: MDRC, July 2002.
- Minnesota Department of Human Services, Program Assessment and Integrity Division. “Minnesota Family Investment Program (MFIP) Trends Report, Data for a 25-Month Period Ending October 2005.” St. Paul, MN, January 2006.
- Minnesota Department of Human Services, Program Assessment and Integrity Division. “Minnesota Family Investment Program (MFIP) County-Specific Report, Data for October 2005.” St. Paul, MN, January 2006.
- Minnesota Department of Human Services, Program Assessment and Integrity Division. “Characteristics of December 2003 Minnesota Family Investment Program Cases and Eligible Adults.” St. Paul, MN, August 2004.
- Minnesota Department of Human Services, Program Assessment and Integrity Division. “Minnesota Family Investment Program (MFIP), Characteristics of MFIP Cases Reaching the 60-Month Time Limit, Data as of March 2005.” St. Paul, MN, April 2005.
- Minnesota Department of Human Services, Program Assessment and Integrity Division. “Minnesota Family Investment Program Longitudinal Study: Four Years After Baseline.” St. Paul, MN, August 2005.
- Minnesota Department of Human Services, Program Assessment and Integrity Division. “Minnesota Family Investment Program (MFIP) Performance Measures by Racial/Ethnic or Immigrant Group and County, July through September of 2005.” St. Paul, MN, February 2006.
- Olson, Krista, and LaDonna Pavetti. “Personal and Family Challenges to the Successful Transition from Welfare to Work.” Washington, DC: Urban Institute, May 1996.
- Thompson, Terri S., Van Ness Asheley, and Carolyn T. O’Brien. “Screening and Assessment in TANF/Welfare-to-Work: Local Answers to Difficult Questions.” Washington, DC: Urban Institute, December 2001.

IN-HOME FUNCTIONAL NEEDS ASSESSMENT SAMPLE QUESTIONS

Physical Abilities

How far can you walk without stopping to rest? Can you climb stairs, how many?
Can you get on and off a bus, in and out of a car?
Can you lift a gallon of milk, a bag of groceries?
Do you have any physical disabilities or illness?

Orientation

What city, state, neighborhood do you live in? What time, day, date, month, year is it?
Can you tell me how to get to your doctor's? your grocery store? your children's schools?

Bathing and Personal Hygiene

How often do you bathe, wash your hair, comb or brush your hair, care for your finger and toe nails, brush your teeth?
Do you get reminded by anyone to do any of these things? Do they tell you have body odor? Does anyone physically assist you?

Dressing

Do you dress daily, weekly, or only when you leave the house? Do you stay in your pajamas? Do you need to be reminded to dress? How many days do you wear the same clothing without changing? Do you sleep in your clothing and wear them the next day?
Do you need physical assistance with any dressing tasks?

Safety and Prevention

How do you know when you or one of your children needs to see a doctor?
What do you do for a cut, a burn, or a fever? in case of fire?
What temperature is a fever? Do you have a thermometer?
Where do you store cleaning supplies? scissors and sharp objects? medicines?
What number would you call for an emergency?
Do you have first aid supplies? Where are they? Can you show them to me?

Care of Living Quarters

Who does the housework? How often? Do you need reminders?
Who does the laundry? How often? How do you do it?

Kitchen Skills

Can you follow the written directions to make this food item? How about if I show you in pictures or demonstrate?
Have you ever burned food or left the stove or oven on and forgotten about it?
How do you store leftovers? How do you know if food in the refrigerator is still good?

Money Management

Can you tell me what these coins are, these bills?
Can you tell me how much money you receive a month and what all your bills are? How much money do you have left after the bills are paid? Have you had late notices or utility shutoffs in the last year? Have you had any evictions in the last year?
How do you explain to your children about what money is available to spend?
Can you give me change from \$2 for this item that costs \$1.69? \$1.50?
Do you have a checking account? savings account? know how to use a money order? How do you decide what to spend money on each month?

(Continued on page 24)

IN-HOME FUNCTIONAL NEEDS ASSESSMENT SAMPLE QUESTIONS (Continued)

Community Mobility

How do you get to where you need to be?

Can you read the street names? Can you tell me what these traffic signs mean?

What do you do before crossing a street? Have you ever walked onto the street without looking and have you had any near accidents or accidents as a pedestrian?

What would you do if you were lost?

Shopping and Purchasing

Do you shop in stores? What for? How often?

How do you get to the grocery store? How long does it take you to shop?

Do you feel comfortable in the store? At any time of day? Do you write a grocery list? Do you figure out how much things are costing and how much money you have to spend as you go along? Do you ever go over and have to put items back?

Task Skills

Observe paper folding task with written or diagram directions. Observe speed, organization, ability to follow directions, which type of directions is easier to use, frustration tolerance, persistence, etc.

Prevocational Skills

Can you fill out this sample job application for me? Have you worked in the past? At what type of job?

Did you get to work on time? Did you attend every day? Did you have trouble getting organized in the morning?

Did anyone tell you your work was too slow? Poor quality?

Have you been fired? Did you get along with other employees and supervisors?

What type of clothing would you wear to an office?

Social Skills

How would you introduce me to your children? A friend?

Do you know the name of your neighbor?

Do you do anything social? What types of things do you do? Do you have close friends? How many?

Do you go out or invite family members to your home? How often?

Do you talk on the phone? Do you feel comfortable introducing yourself to someone? Feel comfortable in a group? One on one? Do you start conversations or wait to be approached?

Planning and Decision Making

Can you choose your own foods, colors, and activities? Express likes and dislikes?

What would you do if you were scheduled for an appointment and something else came up?

What would you do if you were overcharged for an item you were buying? If someone got ahead of you in line?

Do you have a calendar? Do you plan your day? Week? Can you write this appointment in this calendar for me?

Leisure Skills

What do you do for fun? Do you have hobbies or favorite activities?

Do you go to planned events? Any groups or organizations?

What activities would you enjoy doing in the future?

Visit the Mathematica
website at:
www.mathematica-mpr.com

Princeton Office
PO Box 2393
Princeton, NJ 08543-2393
Phone: (609) 799-3535
Fax: (609) 799-0005

Washington Office
600 Maryland Ave., SW, Suite 550
Washington, DC 20024-2512
Phone: (202) 484-9220
Fax: (202) 863-1763

Cambridge Office
955 Massachusetts Ave., Suite 801
Cambridge, MA 02139
Phone: (617) 491-7900
Fax: (617) 491-8044

Mathematica® is a registered trademark of Mathematica Policy Research, Inc.