

**Connections Between TANF and SSI:
Lessons from the TANF/SSI Disability Transition Project**

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Overview

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

In order to understand how best to help TANF recipients with disabilities, ACF and SSA contracted with MDRC and its partners, MEF Associates and TransCen, to conduct the TANF/SSI Disability Transition Project (TSDTP). The goals of the TSDTP are to build knowledge about ways to encourage work among TANF recipients with disabilities, facilitate informed decisions about applying for SSI when appropriate, and help eligible SSI applicants receive awards as quickly as possible while also reducing administrative costs. The TSDTP conducted field assessments of existing services for TANF recipients who may have disabilities, tested pilot programs targeted to this population, and analyzed national- and state-level program data.

This brief summarizes findings from these research activities.

- **Analysis of merged TANF and SSI data.** The analysis of national-level data found that the overlap between the TANF and SSI populations is not large: in Fiscal Year 2007, less than 10 percent of TANF recipients had open SSI applications, and just 6 percent of adults applying for SSI received TANF benefits within a year before or after they applied. After accounting for differences in basic eligibility characteristics between the two groups, TANF recipients who applied for SSI were slightly less likely to be deemed “disabled,” especially at the initial level, than other SSI applicants. A new analysis of TANF data from five additional states (California, Florida, Michigan, Minnesota, and New York) largely confirms the national-level analysis.
- **Field assessments.** Field assessments at seven sites found that TANF recipients who are exempt from requirements to participate in work activities due to a disability generally have access to few targeted services designed to increase their self-sufficiency; there is little coordination between TANF programs and SSA during TANF recipients' SSI application periods; and, at most sites, TANF agencies rely largely on medical professionals to determine TANF recipients' ability to participate in work activities.
- **Pilot interventions.** Three counties developed pilot programs designed to address the gaps in services found by the field assessments. Ramsey County, Minnesota, developed a pilot program that targeted employment services to individuals with disabilities, which increased participants' earnings by 75 percent in its first year. Los Angeles County aimed to facilitate coordination and communication with SSA and improve the quality of SSI applications submitted by TANF recipients in order to increase their initial approval rate. Muskegon County, Michigan, developed an intervention designed to improve the identification of disabilities among TANF recipients and provide enhanced services to TANF clients with disabilities.

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Introduction to the Project

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

In order to understand how best to help TANF recipients with disabilities, ACF and SSA contracted with MDRC and its partners, MEF Associates and TransCen, to conduct the TANF/SSI Disability Transition Project (TSDTP). The goal of the TSDTP is to build knowledge about ways to encourage work among TANF recipients with disabilities, to facilitate informed decisions about applying for SSI when appropriate, and to help eligible SSI applicants receive awards as quickly as possible while also reducing administrative costs. Through MDRC's close collaboration with ACF, SSA, and participating state and county TANF agencies, the TSDTP conducted field assessments of existing services for TANF recipients who may have disabilities, tested pilot programs targeted to this population, and analyzed national-, state-, and local-level program data.

This brief summarizes findings from these research activities. It begins by describing how TANF agencies at seven sites in four states serve recipients living with disabilities and how those TANF agencies interact with local SSA agencies.¹ Next, the brief summarizes the findings from an analysis of merged national-level and state- and local-level TANF and SSI data, conducted to better understand the extent of the overlap between the two programs. This is followed by a summary of findings from three pilot interventions that were designed to better serve TANF recipients with disabilities. Finally, this brief discusses some of the implications for policy and future research that emerged from the TSDTP.

Existing Services: How Do TANF Programs Assist Recipients with Disabilities?

Given the broad flexibility afforded by the TANF block grant, states vary tremendously in how they assist recipients with disabilities, and the study found this variation among the participating TSDTP sites. This section describes some of the variation in how the participating TSDTP

programs assess whether TANF recipients have disabilities and how they serve those individuals determined to have disabilities.²

Assessments

There are several points at which TANF staff members might assess an applicant or a recipient and determine whether that individual has a disability or work limitation. An applicant might disclose a disability on the TANF application or discuss his or her work limitations during subsequent meetings with an eligibility worker or case manager. Some sites have assessments designed to uncover participants' barriers to employment, though programs at different sites may use the results in different ways. For example, they may exempt clients from work participation requirements, direct them to particular services, or move them to state-funded programs, or some combination of all three. Though these assessments may uncover potential disabilities or work limitations, in the end the programs at the seven sites, with the exception of those in Michigan, rely on doctors or medical professionals to make final determinations about clients' disabilities. Michigan uses information supplied by medical professionals, but ultimately a special medical review team makes the determination. Box 1 provides examples of three assessments used at TSDTP sites.

Employment Services

Although TANF recipients with disabilities are generally eligible for the same employment services available to the broader TANF population, the field assessments found that the TANF programs at the seven TSDTP sites offer few employment services that specifically target individuals with disabilities. One nonprofit organization in Ramsey County, Minnesota, operated a small, subsidized employment program that tended to serve TANF recipients with disabilities, though funding for this program ended in 2011. Michigan also previously had a contract with Michigan Rehabilitation Services, the state's vocational rehabilitation agency, to provide disability-specific employment services to TANF recipients.³ However, the state canceled that contract due to cost and performance issues and has not replaced it with any specific services for TANF recipients with disabilities.

To address this lack of services, TANF agencies at two sites, Los Angeles and Ramsey Counties, began implementing new programs based on the Individual Placement and Support (IPS) supported employment model for individuals with disabilities. (See Box 2.) The IPS model is an approach developed to help individuals with severe mental illness in their efforts to achieve steady employment in mainstream, competitive jobs. An employment specialist meets individually with clients and helps them find jobs based on their preferences, skills, and experiences. The employment specialist is also integrated into the treatment team (for example, with a therapist and caseworker) to coordinate employment efforts with the treatment plan. While

multiple randomized controlled trials have shown IPS to be effective with adults who have serious mental health diagnoses, it has not been rigorously studied within a TANF program until recently.⁴

The Los Angeles County Department of Mental Health began implementing a supported employment program that serves TANF recipients who have mental health issues in early 2012. Ramsey County's program, which began providing supported employment services to a broader group of TANF recipients with disabilities in April 2011, is one of the pilot programs studied as part of this project and is discussed below.

Mental Health Treatment and Counseling

The seven TSDTP agencies typically made referrals for mental health services to providers or county health departments with which they had service contracts. For example, Minnesota contracts with health and community-based organizations across the state to provide adult rehabilitative mental health services, which assist individuals diagnosed with mental health conditions. The services are designed to address identified disabilities and functional impairments, while also addressing individual recipients' goals. In Ramsey County, Minnesota, rehabilitative staff members conduct home visits and work with participants one-on-one to help them handle everyday challenges (such as making appointments, organizing and paying bills, and getting their children to school).

The California legislature set aside TANF money for counties to provide mental health services to TANF recipients. In Los Angeles County, staff members in a specialized unit within the TANF program handle cases with mental health, substance abuse, homelessness, and domestic violence issues, conducting assessments and making referrals for mental health services. In Riverside County, California, licensed clinical therapists refer those who need counseling services to a local mental health clinic.

SSI Advocacy

"SSI advocacy" is a broad term for services provided to assist individuals with their SSI applications. All but one of the TSDTP states fund SSI advocacy services to help recipients navigate the complex SSI application process, though most of these programs are small. Most of these programs help applicants complete their application forms and work with them to gather medical evidence. Some programs' advocates also schedule appointments with medical professionals who can provide additional information, accompany clients to appointments and hearings, and are listed as authorized representatives. An authorized representative is able to obtain information from SSA about a claim, including notices and letters, represent the applicant at hearings, and provide SSA with evidence on behalf of the applicant.

The services involved are not only different from one state to the next; counties and states also procure and fund these services differently. The TANF agencies at some of the sites, such as the California and Michigan counties, created special units staffed with county or state employees, while Minnesota contracts out SSI advocacy to organizations across the state and compensates the contractors for successful SSI outcomes.⁵

Though many TANF agencies fund these types of services, SSI advocacy programs have not been subject to rigorous evaluations to determine whether they expedite application processing or increase application award rates.

Existing TANF-SSA Interactions: How Do TANF and SSA Agencies Interact to Serve Low-Income Individuals with Disabilities?

The TANF staff members at the seven TSDTP sites had few interactions with staff members from SSA field offices or the Disability Determination Services (DDSs), the state agencies that make initial disability determinations for SSA. The field assessments indicated that the interactions that occur among TANF, SSA, and DDS staffs at the local level are generally limited to three areas: (1) SSA presentations about the SSI program, when requested by county and state TANF staffs; (2) updates to TANF agencies from SSA and DDS on the status of an SSI application from a TANF recipient; and (3) financial information on the TANF grant provided by TANF to SSA after an SSI claim is awarded.

Many TANF staff members expressed interest in learning more about the SSI application process and how to make appropriate referrals to SSA. They believed that if they understood the determination process better, they could better identify which of their clients should apply for SSI.

The Overlap Between TANF and SSI: Findings from the National Data Analysis

Because both TANF and SSI support low-income people with disabilities, policymakers are increasingly interested in understanding the extent and nature of the overlap between the two programs. To quantify that overlap, the research team merged and analyzed national-level TANF and SSI data, two rich data sources never before linked.⁶ The analysis suggests the following broad themes:

- **The level of overlap between the TANF and SSI programs is not particularly large.** In Fiscal Year 2007, less than 10 percent of TANF recipients had open SSI applications and just 6 percent of adults applying for SSI re-

ceived TANF benefits within a year before or after the application. This is a smaller overlap than many had suspected prior to the analysis.

- **TANF recipients who apply for SSI are not markedly different from other SSI applicants.** Some differences appeared in age, gender, and income level; these are most likely attributable to TANF eligibility requirements and client characteristics.
- **TANF recipients who applied for SSI were somewhat less likely to be awarded it, especially at the initial level, than other SSI applicants.** Among those who met basic SSI nonmedical eligibility requirements, 38 percent of TANF recipients applying for SSI were awarded it, compared with 49 percent of other SSI applicants. Controlling for basic differences in sample characteristics, such as age and gender, reduced the difference in disability determination outcomes between the two groups from 11 percentage points to 5 percentage points.⁷
- **Most TANF recipients who apply for SSI do so long before nearing their federal benefit time limits.** On average, TANF recipients who applied for SSI had accrued 17 months toward the 60-month federal time limit, and 75 percent of recipients had accrued no more than 24 months.
- **In Fiscal Year 2007, it took on average more than one year for TANF recipients applying for SSI to receive a final decision.** Specifically, the time for TANF recipients was 13.7 months from SSI application to final decision; the comparable statistic for non-TANF recipients was 11.3 months.

State and Local Data Analysis: Do Findings from TSDTP States Tell a Different Story?

The analysis above was limited to states that report all of their caseload data to ACF (referred to as “full-reporting states”). These tend to be states with smaller caseloads, so the findings might not apply to states with larger caseloads. Further, these data did not contain information on other populations of interest, including adults in California who exceeded the state time limit but whose cases remained open with continuing grants for the children in their households, and some recipients who received state-only cash assistance.⁸ The participating states and localities — New York (city and state), Los Angeles and Riverside Counties in California, and the states of Minnesota, Michigan, and Florida — provided their full caseload data, including data pertaining to these additional populations, to the research team for separate analysis to explore these issues further.⁹

Results from an analysis of these states and localities' TANF data merged with SSI data include the following:

- **The overall findings from the participating TSDTP states support the findings from the national data analysis.** Although there is variation across the participating counties and states, in their pooled data the overlap between the TANF and SSI programs is similar to the overlap from the national analysis, even when special populations are included. The analyses of data from the full-reporting states and the pooled TSDTP states both found that 8 percent of TANF recipients had open SSI applications in a given month in Fiscal Year 2007 (see Table 1). Among individuals applying for SSI in the full-reporting states, 6 percent received TANF benefits within a year before or after applying for SSI, compared with 8 percent among those applying for SSI in the TSDTP states (see Table 2).
- **The proportion of TANF recipients applying for SSI and the proportion of SSI applicants receiving TANF both varied substantially by state and locality.** Table 1 shows that the proportion of TANF adult recipients with active SSI applications ranged from 3.3 percent in Los Angeles County to 14.4 percent in Michigan. As Table 2 shows, the proportion of adults submitting initial SSI applications in Fiscal Year 2007 that received TANF in the year before or after that application ranged from 2.5 percent in Florida to 14 percent in New York City. Similarly, in the full-reporting states the average proportion of TANF adult recipients with active SSI applications during Fiscal Year 2007 ranged from 4 percent to above 20 percent (not shown).
- **SSI award rates also varied by state.** Figure 1 shows the final SSI outcomes of the TANF recipients who applied for SSI in Fiscal Year 2007 next to the outcomes of the non-TANF recipients who applied during the same time period, excluding those applicants who were denied for not meeting basic SSI nonmedical eligibility requirements before reaching the medical determination phase of the SSI process. As the figure shows, among TANF recipients applying for SSI, the award rates range from a low of 28 percent in Riverside County to a high of 50 percent in New York City. (Interestingly, the non-TANF recipients applying for SSI in New York City also had the highest award rate among the counties and states.) At all sites, TANF recipients were less likely to be awarded SSI than their non-TANF counterparts. Minnesota was the site where TANF recipients' SSI outcomes most closely matched those of other SSI applicants, followed by New York.

Future research should center on understanding the factors associated with these findings. State policies that affect who is eligible for TANF may explain some of the variation in the rate of overlap between TANF and SSI, as may state policies regarding the extent to which individuals who appear to be disabled are required to apply for SSI or are assisted with applying. Other state TANF policies such as time limits, sanction policies, and TANF benefit levels also affect the size and characteristics of a state's TANF caseload, which in turn affects the proportion of SSI applicants who are TANF recipients shown in Table 2. Other factors probably also affect this proportion, including the amount of assistance TANF recipients get in applying for SSI (which could increase the percentage) and the amount of assistance provided to non-TANF recipients, such as general assistance recipients and the homeless (which could decrease the percentage).

Future research on this topic will need to take into account these TANF programmatic factors and broader contextual factors such as state and local employment landscapes and changing demographics in the population at large.

Promising Strategies: Findings from Three Pilots

Based on the field assessments, three questions emerged that led to the development of the pilot interventions:

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

The research team worked with three counties — Ramsey County in Minnesota, which includes the city of St. Paul; Los Angeles County, California; and Muskegon County in western Michigan — that were interested in improving how they delivered services to TANF recipients with disabilities. Each county developed a pilot program for the TSDTP that addressed one or more of the questions listed above.¹⁰

Muskegon County, Michigan

The Muskegon County TSDTP pilot program sought to better identify TANF recipients with disabilities and help those who could work but had limitations increase their engagement in work-related activities. The pilot program used materials drawn from the SSI/Social Security

Disability Insurance Outreach, Access, and Recovery (SOAR), a model that has been used to help homeless individuals obtain SSI benefits.¹¹ TANF staff members helped each client complete the SOAR materials and the state’s Medical Review Team used these materials to classify the case into one of three categories, in order to make a referral for other services:¹²

- For those deemed to be “disabled and potentially eligible for SSI,” SOAR materials were forwarded to DDS to support their SSI applications.
- The staff referred clients deemed “work-ready with limitations” to Goodwill for individually tailored employment services.
- The staff referred clients deemed “not disabled” to the regular welfare-to-work program.

This pilot program also trained staff members in motivational interviewing techniques to increase participants’ engagement in pilot activities. Motivational interviewing refers to a counseling approach that uses an empathic, supportive counseling style and avoids arguments and confrontation that tend to increase a person’s defensiveness and resistance.

About 60 percent of the participants referred to the pilot program submitted the SOAR materials, and about half made it through the disability determination step using the SOAR-like process. Another 14 percent had already claimed a disability and reached the disability determination step prior to the pilot start date. Others did not submit the required medical documents providing proof of disability or other subsequent materials requested by the Review Team. Among the participants who received determinations, 22 percent were deemed to be “potentially eligible for SSI,” 69 percent were determined to be “work-ready with limitations,” and 9 percent were deemed “not disabled.” Despite Michigan’s attempts to expedite the process, collecting medical documents took longer than originally projected. Additionally, it took over two months for participants to start Goodwill services after their Review Team determinations. As a result, few participants received Goodwill employment services during the six-month pilot period.

Los Angeles County

The Los Angeles TSDTP pilot project sought to increase the number of eligible adult SSI applications approved at the initial stage by improving the quality of SSI applications submitted by the county on behalf of disabled TANF participants. The key components of the pilot project included the following:

- SSI advocates — typically assigned primarily to help TANF participants who are exempt from work participation due to incapacity apply for SSI —

received training from local SSA and DDS staff members designed to improve the quality of SSI applications.

- DDS provided continual feedback on the quality of applications received from the SSI advocates. This feedback aimed to reinforce effective practices and strengthen areas that needed improvement.
- The county, SSA, and DDS established liaisons to develop effective work flows, facilitate coordination and communication regarding the SSI application process, and address problems with specific cases as appropriate.

While the pilot project improved communication and coordination among the TANF agency, SSA, and DDS, and according to DDS analysts the overall quality of the applications submitted during the pilot period was satisfactory, there was no evidence of substantial improvement in application quality. The medical allowance rate among SSI applications submitted with advocates' assistance was 14 percent (8 of 56 applications were medically allowed at the initial level), which is similar to the medical allowance rate of applications submitted just prior to pilot implementation (11 percent, or 4 of 37 applications).¹³ Age is one factor DDS considers when determining disability. DDS analysts found, based on policy, that many TANF applicants were not eligible for SSI because they were too young to qualify based on the severity of their disabilities and that many of these applicants could do or be trained to do either work done previously or new types of work.

Ramsey County, Minnesota

The Ramsey County TSDTP pilot program, known as Families Achieving Success Today (FAST), tested the efficacy of an integrated service design that incorporated both the IPS supported employment model and motivational interviewing. The pilot program was a partnership of several agencies that provided mental health, vocational rehabilitation, community health care, and TANF employment services to recipients with disabilities. A team of staff members from the four organizations involved met weekly to review cases, and staff members also conducted joint meetings with families. The program provided services to all family members, not just the adult TANF recipients.

The pilot program faced challenges in implementing the IPS model — including difficulties in providing time-unlimited support and in providing extensive job development that matched clients' interests and skills to employment opportunities. However, the program remained faithful to the overall principles of the model.

The pilot test randomly assigned 389 cases to either the FAST group or a control group that received case management services from other employment services providers in Ramsey

County. The study found that both the FAST and control group members participated in services at high levels overall, though the FAST group members were more likely to participate in job search activities and the control group members were more likely to participate in skills training activities. The study also found that while just 63 percent of the FAST group received FAST services, the program increased the FAST group's employment in two of four quarters of Year 1 and increased average earnings in every quarter. Over the course of Year 1, FAST group members earned \$2,882 from employment, on average, while control group members earned an average of \$1,647, an impact of \$1,235 (or 75 percent). Given the relatively small sample size, these promising results should be considered exploratory; additional research is needed to confirm the findings.

Promising Strategies

The pilot programs reveal several promising strategies.

- **The IPS model can be adapted to a TANF program and, in the Ramsey County pilot test, has shown promising employment and earnings gains.** Few studies of employment programs targeting TANF recipients considered to be hard to employ have found improvements in employment and earnings. Yet the Ramsey County program, which included IPS integrated with health and mental health services, did significantly increase participants' employment and earnings.
- **Training staff members in motivational interviewing may improve their interactions with clients and promote engagement in services.** Two of the three programs (those in Muskegon County and Ramsey County) trained staff members in motivational interviewing techniques. Though the Muskegon County pilot program encountered challenges in implementing these techniques consistently, the Ramsey County pilot program's staff found it held promise for engaging participants. Motivational interviewing has not been rigorously evaluated in a TANF setting.
- **SSI advocacy programs can benefit when their advocates have strong partnerships with DDS and SSA.** The Los Angeles pilot project flagged SSI applications coming from one TANF office in the county. These applications were shuttled through a specific SSA field office and reviewed by a designated DDS staff member. This allowed the TANF staff to track specific applications with DDS, discuss questions about those applications when they arose, and receive feedback on the quality of the applications. This was a unique opportunity for DDS analysts to share information with SSI advocates about the quality of SSI applications and the rationale for specific med-

ical allowance decisions. Such exchanges point to the potential benefits of increased transparency and communication among SSA, DDS, and TANF staffs.

Implications for Policy and Future Research

The findings from the TSDTP field assessments, data analyses, and pilot projects suggest a few lessons for practitioners interested in developing policies and strategies for TANF recipients with disabilities. They also suggest areas for further research. The analysis of merged TANF and SSI data showed that while many TANF recipients may have disabilities or work limitations that exempt them from TANF work requirements, most will not qualify for SSI benefits (as is the case for most non-TANF recipients who apply for SSI). Age is one factor DDS considers when determining disability; most adult TANF recipients are under the age of 40 and may be considered young enough to learn a skill or adjust to other work.

Though the experiences of the pilot programs suggest a few promising strategies that can be used to help TANF recipients with the SSI application process and help recipients with disabilities become self-sufficient, the findings from the TSDTP also reveal gaps in what is known and suggest the following areas for further research:

- **SSI advocacy services.** Many TANF programs fund SSI advocacy services, but surprisingly little is known about the effectiveness of these programs in increasing the quality of SSI applications, reducing the amount of time it takes to obtain a decision, and ultimately increasing award rates. Furthermore, the approaches used vary widely. A rigorous evaluation could identify whether some strategies are more effective than others.
- **Assessments.** The Muskegon County, Michigan, pilot program developed a process that had TANF staff members collect more information and documents than usual. The Medical Review Team used this information to make its determination about each TANF recipient's disability status. The assessment process took longer than expected, which in turn meant that it took longer for individuals who could benefit from employment services to begin receiving them (though it may have led to more appropriate service referrals). While a variety of assessments exist for identifying disabilities among TANF clients, there is limited information on which ones are effective.
- **IPS services.** The Ramsey County, Minnesota, pilot program achieved promising results by incorporating IPS into its programs, increasing participants' employment and earnings. The model should be replicated to confirm

these findings, however. Moreover, the setting in which the IPS model was tested — a small-scale program operating in an integrated location that included mental health, vocational rehabilitation, community health care, and TANF employment services — is unique and also likely contributed to the findings. It is not known whether an approach using the IPS model on a larger scale with pared-down services would be as successful.

- **Other employment services for clients with disabilities.** In addition to the IPS model, other employment services have targeted individuals with disabilities and warrant further study. For example, a few TANF programs collaborate with vocational rehabilitation agencies to provide individually tailored employment-related services to TANF recipients with disabilities. This approach has not been studied rigorously. Another example is TANF-funded transitional employment programs, which provide temporary, wage-paying jobs to individuals who have difficulty getting and holding jobs in the regular labor market. Past studies of these programs have found the programs produced large but short-lived increases in employment.¹⁴ A new round of studies is testing new, innovative, subsidized employment models, though these studies are not targeting TANF recipients with disabilities.

In sum, the TSDTP provided important information about the current connections between TANF and SSI, providing a more complete understanding of the extent and nature of the overlap between the two programs. The project also described strategies that might improve these connections and help TANF recipients with disabilities become self-sufficient. Finally, the TSDTP identified questions for further study.

Notes

¹The sites are: Los Angeles and Riverside Counties, California; the Ocala region in Florida; Genesee, Mason, and Oceana Counties, Michigan; and Hennepin and Ramsey Counties, Minnesota. Because they are contiguous and share a management structure, Mason and Oceana Counties are considered a single site.

²The observations and data provided in this section were gathered from the field assessments at the seven sites. For more information, see Farrell and Walter (2013).

³“Vocational rehabilitation” services are designed to help individuals with disabilities prepare for and engage in gainful employment. State vocational rehabilitation agencies and other providers offer a wide range of services, including counseling and guidance, physical and mental restoration, and employment training.

⁴See, for example, Bond, Drake, and Becker (2008).

⁵In 2012, the Minnesota program compensated contractors \$1,000 for each person successfully placed on SSI as a result of the advocate’s outreach, application, and assistance during the initial application or at the reconsideration level, and \$2,500 for successful appeals work beyond the reconsideration level. In Michigan,

only people receiving benefits through separate state funding rather than federal TANF funding can gain access to the advocacy services.

⁶Analyses were conducted of TANF and Separate State Program caseload and characteristics data for Fiscal Years 2005 through 2009, obtained from ACF, merged with information on SSI applications and outcomes available through SSA's Disability Research File for 2009 and 2010. The analysis is limited to data from the 26 states that reported full caseload data during this period; in these 26 states reside about 30 percent of the TANF population and about 31 percent of new adult SSI applicants. For simplicity, the discussion refers to "TANF" recipients throughout, although months of Separate State Program receipt are also included. For more information, see Farrell and Walter (2013) and Skemer and Bayes (forthcoming).

⁷As described in Farrell and Walter (2013), the analysis presented here includes applicants with pending applications and controls for various sample characteristics, including gender, age, race or ethnicity, state, technical denials for financial reasons, and technical denials for other reasons, using a matched sample. Another report of the TSDTP, Skemer and Bayes (forthcoming), which describes findings from an in-depth data analysis, presents different percentages based on a variation of the current analysis. The analysis in Skemer and Bayes excludes applicants with pending applications, as well as 18-year-old applicants, and controls only for age using linear regression analysis.

⁸The federal government requires that 50 percent of a state's TANF families participate in activities designed to prepare them for work, as must 90 percent of the two-parent families receiving TANF. After the passage of the Deficit Reduction Act of 2005, which increased work-participation requirements to these current levels, some states opted to move TANF recipients who were less likely to participate in work activities into state programs referred to as "solely state-funded" programs (distinct from the Separate State Programs mentioned in footnote 6). These cases are not reported to ACF.

⁹New York did not participate in the field assessment phase, but did contribute administrative data to the study.

¹⁰For more information about the pilot projects, see Farrell et al. (forthcoming).

¹¹While the staff was trained in SOAR, the county made significant deviations from the SOAR model in the pilot program. See Farrell et al. (forthcoming) for more information.

¹²The Medical Review Team makes disability determinations for Michigan's State Disability Assistance Program and for exemption status under TANF.

¹³The medical allowance rate is not strictly comparable to the SSI award rate, as the source of SSI application data used in this analysis, unlike other data sources used in TSDTP publications, does not contain records of certain types of technical denials. For instance, a claim could be medically allowed by DDS in the pilot project, then returned to the SSA field office, found technically ineligible because the person's income or level of resources was too high, and ultimately not awarded SSI. Such cases would only appear as medically allowed in the SSI application data used for pilot project analysis, but these instances are rare.

¹⁴Bloom (2010).

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EXHIBITS

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Box 1

Examples of Assessments Used at TSDTP Sites

Michigan's Medical Review Team, made up of state staff members, determines whether TANF recipients are eligible for deferrals from work participation requirements due to disabilities lasting longer than 90 days. The Review Team uses criteria similar to SSA's, but unlike SSA it does not require that the disability last at least one year. A local TANF caseworker assembles and forwards to the Review Team medical forms, available Medicaid records, a self-sufficiency plan, and other relevant medical and situational information. After the Review Team makes its determination, the disability decision is good for up to one year.

Minnesota's Employability Measure, which the state began administering to all TANF recipients in 2010, measures strengths and challenges in 11 areas of life functioning: child behavior, dependent care, education, finances, health, housing, legal matters, personal skills, safe living environment, social support, and transportation. Case managers assign a rating in each area. While not intended to assess disabilities, the case manager may gain information about disabilities from the questions asked, particularly those focused on health issues, and may then refer the TANF recipient for further screening by a qualified professional who makes the final determination about the recipient's disability.

Riverside's Structured Decision Making is used by case managers to assess recipients' employability and likelihood of participating in employment and work-related activities. One of the goals of Structured Decision Making is to identify barriers to employment earlier, including mental health barriers. Each Structured Decision Making questionnaire, completed online, assigns a support level that determines how frequently a case manager contacts a client and generates a list of activity recommendations. An individual who informs his or her case manager of a disability is given a form to take to his or her doctor for verification.

Box 2

Individual Placement and Support (IPS)

Individual Placement and Support (IPS) is a supported employment model developed to help individuals with mental illness in their efforts to achieve steady employment in mainstream competitive jobs. IPS has been found to be effective with individuals who have severe mental illness.^{*} The eight core principles of the model are:

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

While the IPS program has been shown to be effective with those who have severe mental illness, research studies are currently under way to determine whether it is effective with other populations (such as veterans with posttraumatic stress disorder, individuals with spinal cord injuries, and TANF recipients).[†]

^{*}Bond, Drake, and Becker (2008).

[†]Davis et al. (2012); Chandler (2011); Ottomanelli et al. (2012).

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Table 1

SSI Activity Among TANF Recipients in Fiscal Year 2007

Region	Average Adult TANF Caseload	Average Adult TANF Cases with Active SSI Applications	Percentage of Adult TANF Caseload with Active SSI Applications
Los Angeles, CA ^a	81,724	2,691	3.3
Riverside, CA ^a	11,320	411	3.6
Florida	10,720	940	8.8
Michigan	70,242	10,143	14.4
Minnesota	21,004	1,906	9.1
New York City	81,583	5,194	6.4
New York State	34,582	4,492	13.0
TSDTP Sites	311,174	25,777	8.3
ACF Full-Reporting States	270,262	20,915	7.7

SOURCES: Social Security Administration Disability Research File 2009-2010; ACF cash assistance data for TANF and Separate State Programs for Fiscal Year 2007; and participating state and county cash assistance data for TANF, solely state-funded programs, and Separate State Programs for Fiscal Year 2007.

NOTES: An SSI application is considered “active” in all months between initial filing and ultimate decision (including any appeals). “New York State” excludes the five counties that comprise New York City. “Los Angeles” and “Riverside” refer to the counties (as opposed to metropolitan areas).

^aIn Los Angeles and Riverside, the caseloads include adults whose needs are no longer included in the grant calculations for their cases because they have reached the state time limit. The percentage of each caseload with active SSI applications is largely unchanged when these adults are excluded (Los Angeles: 3.4 percent; Riverside: 3.6 percent; pooled TSDTP sites: 8.7 percent).

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Table 2

TANF Receipt Among SSI Applicants

Region	All SSI Applicants (Age 18-64)	SSI Applicants Receiving TANF	Percentage of SSI Applicants Receiving TANF
Los Angeles, CA	36,453	2,698	7.4
Riverside, CA	8,736	534	6.1
Florida	81,514	2,022	2.5
Michigan	50,993	6,114	12.0
Minnesota	17,994	2,204	12.2
New York City	33,822	4,742	14.0
New York State	34,361	3,513	10.2
TSDTP Sites	263,873	21,827	8.3
ACF Full-Reporting States	415,300	24,553	5.9

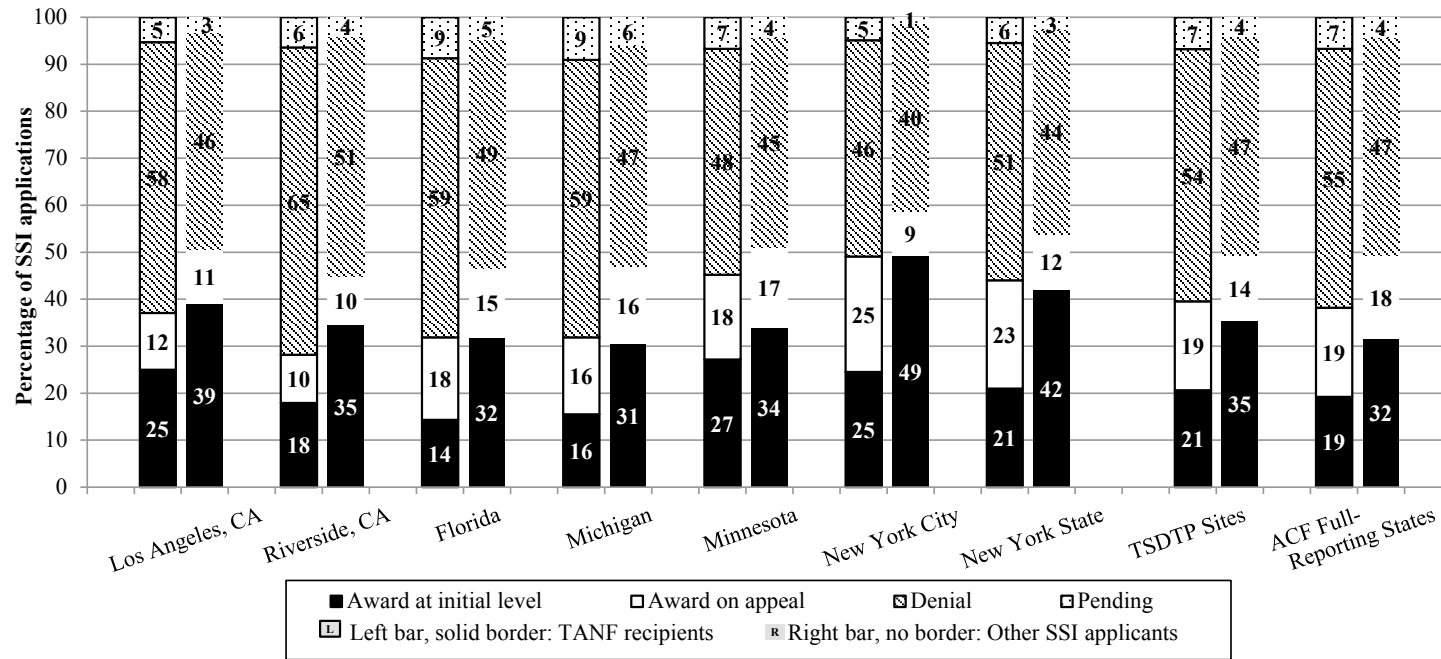
SOURCES: Social Security Administration Disability Research File 2009-2010; ACF cash assistance data for TANF and Separate State Programs for Fiscal Years 2006-2008; and participating state and county cash assistance data for TANF, solely state-funded programs, and Separate State Programs for Fiscal Years 2006-2008 (unless an adjusted time frame is indicated below).

NOTES: All sample members applied for SSI for the first time as adults during Fiscal Year 2007, except in Michigan (April 2007-March 2008) and Los Angeles (January 2007-December 2007). SSI applicants are considered to have been “receiving TANF” if they received cash assistance at any point between 12 months before and 12 months after filing their initial SSI applications. “New York State” excludes the five counties that comprise New York City. “Los Angeles” and “Riverside” refer to the counties (as opposed to metropolitan areas).

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Figure 1

Outcome of Latest SSI Application for TANF Recipients and Other SSI Applicants, by State or County



SOURCES: Social Security Administration Disability Research File 2009-2010; ACF cash assistance data for TANF and Separate State Programs for Fiscal Years 2006-2008; participating state and county cash assistance data for TANF, solely state-funded programs, and Separate State Programs for Fiscal Years 2006-2008 (unless an adjusted time frame is indicated below).

NOTES: All sample members applied for SSI as adults for the first time in Fiscal Year 2007, except for those from Michigan (applied April 2007-March 2008) and Los Angeles (applied January 2007-December 2007). TANF recipients, shown with a solid border, received TANF between 12 months before and 12 months after their SSI applications. Other SSI applicants are shown without a border. Applicants who received initial technical denials are not shown. "New York State" excludes the five counties that comprise New York City. "Los Angeles" and "Riverside" refer to the counties (as opposed to metropolitan areas). "Other SSI applicants" samples in New York exclude childless adults who receive non-TANF cash assistance.

Percentages do not sum to 100 due to rounding.

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