

2002 Leadership Challenges on Employment Policy

Audio Conference Series



Welfare Reform: TANF Recipients with Disabilities Legal Requirements, Policy Guidelines and Promising Practices

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Michael Collins: Hello I'm Michael Collins with the RRTC, the Research and Training Center on Workforce Investment and Employment Policy for Persons with Disabilities, we sponsor for Today's audio-conference.

I'd like to begin by introducing our panel. Then, I will give you a brief overview of the agenda and we will begin. With us first is Eileen Sweeney, who is the director of State Low Income Initiatives for the Center on Budget and Policy priorities. Next is Robert Silverstein, Director for the Center for the Study and Advancement of Disability policy. Johnette Hartnett, Associate Professor, Department of Special Ed., University of Vermont and a Kennedy Fellow with Senator Rockefeller's office. From Labor, we have Dick Ensor, he's with the Division of One-Stop Operations, the Employment and Training Administration Department of Labor in Washington D.C. and Doris Fritz, who is also with the Division of One-Stop Operations in D.C. So that will be our panel for today.

The agenda, we will begin with a contextual piece. We would like to talk about why is the current Welfare reform initiative an important topic for people with disabilities and for programs that serve the employment needs of people with disabilities. From there we will talk a little bit about some promising practices that are occurring around serving people on TANF with disabilities. Then we would like to have a brief discussion after that of the upcoming reauthorization of TANF and the issues once again for people with disabilities and programs who serve those people with disabilities.

To begin with, we would like to hopefully set the stage of why is this Welfare reform initiative an important topic and we are going to begin with Eileen Sweeney.

Eileen Sweeney: Thanks Mike. I'm going to start with telling you a little bit about what the research shows. I'm at the point now where I think that the research is overwhelming in terms of establishing if there's a very significant number of parents with disabilities and also children with disabilities who are receiving TANF. The Urban Institute's National Survey of current Welfare recipients found that 48% of Welfare recipients had either; poor, general or mental health, with 25% reporting poor general health, with 35% reporting poor mental health. Overall, for 32% either their health limited with their work, or they were in very poor mental health. But, 18% reporting that their health limits work and 22% are saying that they have very poor mental health. There is a very high incidence of people with mental impairments amongst the parents on/off of TANF. Again this information is from the Urban Institute that over one-third of current recipients scored low on a standard mental health scale up close to one-fourth scored in very poor mental health. Approximately one-fifth are former recipients, and this is important because a lot of folks who are off the rolls who have disabilities who probably need to be back on the rolls. That one-fifth of former recipients who are not working scored very poor on the mental health scale, placing them in the bottom 10% nationwide.

Last fall all the work that Urban and others had done was confirmed by the General Accounting Office. They found that 44% of TANF recipients reported having physical or mental impairments for a portion that is almost 3 times as high as among adults in the non-TANF

population. They also said that 38% of TANF recipients in 1999 reported an impairment that was severe enough that the individual is unable or needed help to perform one or more activities, such as walking up a flight of stairs or keeping track of money and bills. They also confirmed the high number of parents with mental impairments on TANF. They said considering both severe and non-severe impairments, 29% of TANF adults reported a mental impairment, such as frequent depression or anxiety or trouble concentrating. These numbers are really significant but when you think about the fact that this is self-reported and is likely the underestimates of mental impairments and hidden impairments such as learning disabilities, the numbers could even be higher.

There is also research from MDRC, the Manpower Demonstration Research Corporation. Which, they have been running a very large study in four large urban counties---Cuyhoga County, Ohio, which is Cleveland, Los Angeles, Miami-Dade in Florida and Philadelphia. They found that compared with National Samples, women in their survey, which was of Welfare families, had substantially higher rates of personal health and mental health problems and children's health problems. They found that on a scale indicating number of potential health barriers to employment, out of eight specific health problems, three out of four women in the survey sample had at least one such barrier and 40% had two or more health barriers. They also said, and I think this is really important, they don't think the numbers are capturing how severe the health related hardships are for the families. They also did some work interviewing families in greater detail and felt that the numbers just did not adequately explain or express the depth of problems these families faced. There is also studies that talk about what kinds of diagnosis parents with mental problems have. There are two studies out of Michigan. Utah, they have done detailed worked tracking on the DSM. The Michigan study focused on a sample of TANF recipients on one urban county. Utah looked at parents who have received Welfare for at least three years. Michigan they found a quarter had major clinical depression. Utah it was two-fifths had major clinical depression. In both studies about 7% of the recipients had Post-Traumatic Stress Disorder and again about 7% in both studies showed General Anxiety Disorder.

There is also significant numbers of families with learning disabilities. There are studies in Kansas, Utah and Washington. Somewhere between a quarter and a third of the current TANF recipients have learning disabilities. Also, studies in Kansas and Utah show large numbers of parents scoring low on IQ tests. Kansas, about 22% had an IQ of less than 80 and Utah 27% had an IQ less than 80. There are also a significant numbers of parents with physical impairments and also substance abuse problems.

The other lessons from these studies are pretty simple. There are parents with disabilities who currently receive TANF and are not working. There are parents with disabilities who've left Welfare and are not working. There are also parents with disabilities who are working and may need additional help from the system.

The other very concerning piece is that some parents disabilities have been sanctioned off of TANF that are not working. There is now a substantial body of information suggesting that high numbers of the parents who have been sanctioned off did not understand the rules, did not understand how to come into compliance, did not understand the consequences of what would happen if they didn't follow the rules. So, we have in many places, people who didn't not refuse

to cooperate or comply who have now been cut off because they really needed a lot more help in adjusting their barriers than what was provided for them.

The other piece of this is the children with disabilities. Some of these children are receiving SSI, but many are not. Many require special care that results in parents having to leave work or miss work, or not work at all. The TANF system isn't totally responsive to that in many places yet. Parents are also finding great difficulty and it's probably no surprise to all of you in identifying appropriate and affordable inclusive childcare for kids.

In a study of women in urban and rural Michigan who received TANF cash assistance and have children with disabilities, families identify three systemic barriers to self-sufficiency for their families. One was poorly trained Welfare case workers who don't understand the complexities of raising a child with disabilities. Second was just limited public transportation, not existent in rural areas, unreliable, inaccessible or limited in range urban areas and inadequate child-care.

Now, the second piece I need to talk a little bit about is what is this TANF program? I think most of you know already, but you know there's lots of people with disabilities in the program and the question is what is this program? In 1996, Congress repealed the Aid to Families with Dependant Children program and replaced it with a block grant called the Temporary Systems for Needy Families Program. This is a block grant set for reauthorization right now. It's basically a block grant that gives states tremendous flexibility in how they design their programs, who they determine to be eligible, how long they have sanctions for, how long their benefits lasted, although there is an outside limit for most people of 60 months or five years. There is an exception to that which is that states can exempt up to 20% of their case loads for hardship reasons. There is another exemption too, states use it, which is that if they fund people with state dollars that they have to put into the system, rather than federal dollars the time clock doesn't run on them as well.

The flexibility has resulted in really wide range of decisions being made across the country. There's some very, as we're going to talking best practices section, exciting things happening out there for people with disabilities. There is also a lot of evidence, as I mentioned earlier that people with barriers including disabilities, have not been well served in many places and many have left the roles due to sanction or because they have closed their cases--they couldn't figure out how to comply with the rules--is such a huge part of the problem. One of the big issues is the statute requires that each state do an initial assessments of people's employability and what that means to different states, just varies all over the place. Some are doing very substantial assessments. Others have people who are basically case workers who are not qualified to be doing them, doing them. Some people refer people to their VR agencies for assessments, but they don't send money along to help cover the costs and actually the VR agencies can speak to how busy they already are and that becomes a real problem. So there is a lot of people who are not getting the types of assessments that they need in order to determine what their barriers may be and as a result, many barriers are going undetected including learning disabilities, many mental health problems and mental retardation issues.

It's also probably important to know there is a sliver of folks on TANF who should be receiving SSI but most of the parents on TANF are not going to be eligible for SSI. They have disabilities that inhibit them but they don't have disabilities that would make them eligible for SSI.

I think that's the key points for now. Bobby do you want to

Bobby Silverstein: Yes, this is Bob Silverstein. I'm going to spend the next ten or fifteen minutes just kind of giving you a quick and dirty overview of the civil rights requirements for people with disabilities that TANF programs are subject to.

Going back to what Eileen said in terms of the overview of the TANF program, there is a tremendous amount of flexibility. There is a wide range of decisions and strategies that states have adopted. That flexibility is not unfettered, it is not unlimited. All entities, TANF agencies and recipients of funds are subject to the civil rights statutes, including Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. You have materials that were put on the web describing some guidelines that the Office of Civil Rights and the Department of Health and Human Services issued on Jan. 19th, 2001. You have a nice piece that Eileen did describing the guidelines and hopefully you have the guidelines themselves, unlike many regulations that are issued which are dry and complex and hard to follow. The guidelines issued on Jan. 19, 2001 are actually very simple, very straight-forward. In the next ten minutes, obviously I will not be able to do justice to them, but my real goal in my presentation is to wet your appetite and hopefully have look at those things after this conference call, because they are very, very helpful guidelines to help people understand issues of how to implement TANF programs in a way that addresses the needs of people with disabilities and at the same time address the needs of other hard to serve populations. These guidelines are helpful because unlike a lot of things issued by, when we talk about 504 and ADA, this goes well beyond the issues of physical accessibility. They truly get into the programmatic issues ranging from assistance and filling out applications to what kind of assessments and what kind of screenings should be done, to what kind of services need to be provided, the adequacy of the network of providers to needs to make modifications and time limits or participation rates and sanctions. So these guidelines are very, very critical to look at and understand, so let me just kind of give you a very brief outline of what is in these guidelines.

The guidelines start with the section dealing with the background, explaining the legislative and regulatory framework that again you have both the TANF rules and the section 504 and ADA rules. Next, they talk about the challenges which feeding off of what Eileen said, the significant number of folks who have diagnosed or undiagnosed disabilities that are currently on the rolls. Then they describe some state activities explaining that in some states they get it, they really understand the importance of having a fully inclusive Welfare system, and other states are virtually doing nothing.

The OCR, the next section background in terms of the guidance explains why these guidelines are important and they explain there are two reasons. One is that there were a lot of folks asking questions that went beyond physical accessibility and provision of interpreters and alternative formats and so they wanted to get into issues like dealing with applications, assessments, work program activities, sanctions and time limits. The second reason, which is very important, and

I'm going to read right from the guidelines. This guidance is also necessary because the department has indicated that states may be subject to penalties if audits show that they are over sanctioning. That is they are imposing sanctions on individuals when sanctions are inappropriate. This is very important to explain that sanctions may be appropriate in certain circumstances, but when you are dealing with people with disabilities, there may be circumstances under which they are very much inappropriate.

The guidance is structured in a very interesting way. First they describe what the rules are and basically say what's required. Then, they include a number of promising practices, policies practices and procedures, that is they provide options of alternative ways of complying with the rules so that they give a whole bunch of examples many of them from what states are actually doing around the country.

Now in terms of the next section, it deals with the overall legal authority. The guidance describe what they call the disability policy framework. They clearly emphasize several key concepts. The first is individualized treatment that people with disabilities should be dealt with on case by case basis based on facts and objective evidence, not generalizations and stereotypes. So, the notion of individualizing and finding out information relevant to the individual and then figuring out what to do is very critical. The second concept is that the opportunity must be effective and meaningful. Sometimes providing a literacy program for example that does not have experts in how do deal with persons with learning disabilities. They may be enrolled in a program but its going to be totally ineffective and meaningless because the folks do not have the requisite skills and qualifications to use techniques that meet the needs of persons with learning disabilities.

Part of this concept of meaningful and effective opportunity is the provision of reasonable accommodations, agent services, physical and communication access, but also making reasonable modifications to rules. The regs then, the guidelines then describe a number of key concepts here under the various legal requirements. Under effective and meaningful opportunity the regs talk about the fact as Eileen said, the TANF law requires that there be an assessment, an initial assessment of skills prior to work experience and employability of beneficiaries. Then, the guidelines talk about how these assessments must be individualized. They must be voluntary. Folks know that the staff who were doing the initial screenings must be trained to look for diagnosed and undiagnosed disabilities and to be able to make referrals to folks who may need to do more comprehensive evaluations and assessment. They talk under this section about how important it is that these service providers have the requisite knowledge experience and expertise to serve individuals with disabilities and that there be an adequate network of folks who can provide the services. Then, the guidance describes some promising practices. I don't have time to get into those details at this point.

The second major section dealing with specific substantive rules deal with the legal requirements that you must modify policies practices and procedures to ensure effective and meaningful access unless it would fundamentally alter the nature of the program. These guidelines again do the obvious and say, "hey states, one of the things that you must do is figure out what the prevalence of the various populations of people are that you are serving so that you can figure out whether or not your program and the policies and procedures address and meet their needs." So, they talk about how important it is to make sure that the application process works for people

with disabilities, including those with a physical and mental disabilities, those for example may be mentally retarded may need some assistance in filling out forms. They shouldn't be sanctioned if they cannot fill out a form. They talk about work requirements and time limits. One of the things they say is, TANF agencies may need to except individuals with disabilities from work requirements when due to their disabilities these individuals are currently unable with or without the accommodations to participate in work or other TANF program requirements. They talk about rather than sanctioning beneficiaries, who because of the their disabilities do not comply, agencies may need to make reasonable modifications that facilitate compliance. They may have to grant extensions or temporary exceptions from these requirements. So these are the kinds of things that are described as under the legal requirements to make reasonable modifications.

Then the guides provide some examples, starting from the application stage where there may need to be some folks providing assistance, to the screening and assessment stage to make sure that folks have appropriate screens. Then, talk about the education job training, work and other opportunities to make sure that the place where folks are referenced to have the qualifications and skills necessary to provide the services. And they receive services that reflect their needs as identified in those comprehensive assessments that may be required. They talk about different ways of providing flexibility in terms of the work participation requirements to define some of the activities that may count towards the state's TANF work participation rates. To be more flexible to include for example supportive employment, to look at not only full time, but part time given the nature of a person's disability and what they can and cannot do.

And then they have a section of promising practices dealing with modifications to exemptions and extensions and sanctions. They provide a number of examples of things that states may do depending on what the knowledge about disability and what the individual is capable of doing in terms of whether it's amount of time they work, the kind of work activity they participate in. Then, to look at sanctions and to see whether someone sanctioned based on their disability or not and have follow-ups and meetings to see if and in fact the individual is not cooperating or participating in part because of their disability. Then, in terms of they talk a lot about methods of administration and how to make this all happen and the importance of working with Voc-Rehab agencies, with working with One-Stops, with working with a Community Rehab Providers to develop that network to develop those collaborations with other agencies. There is a number of references to One-Stops and Voc. Rehab because a lot of Welfare agencies do not have the experience and the expertise to work with people with disabilities. That ranges from what kinds of assessments are needed, to what kind of services and what kind of modifications would be appropriate. The expectation is that there will be training of folks and that maybe the Voc-Rehab folks could help in terms of the training of other state agencies or using folks who work with people with disabilities so that training is a key component to make this all happen. Then, they talk about the importance of very clear rules and oversight and monitoring to make sure that the programs work in an effective and meaningful way for people with disabilities and I promised that I would stop around 1:30 and it is 1:32.

Michael Collins: You are very good Bobby.

For just as a quick summary, and if there are any questions of people who are formulating any questions, we will let you ask them in just a second here. Yet, I think that the context here in a very simple, straightforward language is that this is an important issue because the remaining populations of Welfare, for the large part, are people with disabilities. TANF agencies are not familiar with how to serve the needs appropriately of people with disabilities. Are there at this point, any questions from either any of the other panel members, or comments from other panel members, or from the audience that they would like to pose to Eileen or Bobby?

Michelle (phone administrator): If you do have a question at this time, please press the number one on the touchtone telephone. One moment for questions. Once again if you do have a question, it is the number one on your telephone.

Michael Collins: Or comment.

Michelle: I am not showing any questions or comments at this time.

Michael Collins: Okay, great.

Eileen Sweeney: If I could add one thing. This is Eileen. All the things that Bobby just talked about that would make a difference for people with disabilities, all seem to be funded with TANF dollars. The only change I would say with what Mike just said was that state TANF agencies are becoming much more knowledgeable about ways in which they need to serve people with disabilities, but they have a long way to go and it varies from state to state. The key thing to know is that they have the flexibility not only on what their policies are, but also on how they spend their money. They can do everything that a person with disabilities needs get the support and services that he or she needs to be able to move to work.

Michael Collins: Thank you. Now we are going to hear a little bit about what some of those things are that TANF agencies are doing. We will talk a little bit more about those promising practices. First Johnette who has been recently evaluating a TANF initiative up in Vermont, is going to talk a little bit about the promising practices there.

Johnette Hartnett: Thank you, I am from the great state of Vermont and worked with Michael on this evaluation and I hope Michael that you will step in if you can add to my summary. I am going to maybe spend ten minutes, hopefully not much more to really just give you a quick overview of what Vermont has done in order to meet what they expected to be a rising number of people that were going to be needing services from VR in their population, their counter population.

Vermont is a state of about 650,000. We had an increase this past ten years first time in years in our population. We have about 5,400 families on TANF. We just ended our seven-year demonstration project July 1st, so this is really a snapshot of the first six or eight months of full Federal Welfare Law implementation in the state. So, the results are new and this is the first time that Vermont has really had to go into full implementation.

Our evaluation is two-prong. The first part of it, which is the part that I am going to talk about today was to go out and actually talk to the people in the field, the providers, both in VR and both in Welfare to find out how it was going. What were the challenges, what was going on. The second part we're going to do this summer and fall is going to be to actually go families on TANF and find out from them, what has this partnership meant to you? Has it helped you? Where can be do better. I think as a researcher from Higher Ed, I just want to make a disclaimer that I'm not a practitioner like most of you out there who I respect enormously for the work that you do. I am presenting to you through my lens, the words and the work that I heard over the past year.

The purpose again of this evaluation was to look at the partnership between Welfare and Voc-Rehab and to understand how it was unfolding. To understand that this was a contractual agreement where TANF actually paid for eleven FTE, we call them hybrid counselors, which I don't really like that, but counselors who were dual trained in both TANF and Voc-Rehab. We do understand that Voc-Rehab. counselors traditionally have always served TANF participants. In Vermont, about 4% of the caseload. But because of that large number that we were anticipating and the severity of the caseload, the state decided that this partnership was very, very important.

There are current partnerships around the country and the institute; the 28th Institute on rehab issues is going to be coming out with a study on Welfare to Work for individuals with disabilities. In that report, which is in draft right now, it shows about 17 states have statewide partnerships with their Welfare offices--Voc.-Rehab Welfare. There over a dozen local level partnerships. The problem is there is not a whole lot of written evaluations or studies on these partnerships and hopefully we will be seeing a lot more of that.

I just want to move into quickly, talking about maybe five of the themes that I found that really came through. This is not probably new for a lot of you that are in the field, but I think that it is important in the policy level that we have some direction.

The first theme was the changing culture of service delivery. I think, you know, we hear a lot about the results and the population on TANF, but not many studies have really looked at implementation. Even though Vermont did a wonderful effort a year prior to full implementation of doing special cross-training, co-training, every kind of training for Welfare the VR population. What was really surfaced in the initial first months of this evaluation work was the change in the culture. I think you have to step back when your are looking at a systems change, which wasn't just Vermont it was around the country. Welfare in Vermont was over 60 years old, Voc-Rehab was over 80 years old. You have two systems that are almost over century year old, and trying to come together and to really do a major transformation. Specifically with Welfare--to be able to come together and to also have competing philosophies. Even though Vermont was not doing a Work-First, it was a new emphasis on work that Welfare has never, never had before in the state.

The consumer choice philosophy of Voc-Rehab--how were these two philosophies going to play off of each other? That was the conversation I heard from the field. I went into all the Voc-Rehab offices around the state. I went into ten of the thirteen Welfare offices and interviewed

from administrators, district managers, down to counselors and case managers. The theme that came through was the change in the mission. What began to emerge was that even though most of the Welfare workers had never had time limits in the past in serving their clients, it was never mandatory. People walked in and volunteered to come in and sign up for Welfare. Voc-Rehab has never had mandatory requirements around their service or time limits in terms of their case service of their clients. So both conversations were going on.

I think the other piece that was surfacing was the accountability, the ability to produce performance based outcomes. I think this was something that although Voc-Rehab has always kept data and everything, this was new to combine this record keeping effort and there was a lot of dialogue back and forth. I think that in the end of the day, as they say here in Washington, there was an agreement to disagree around the philosophies. I think because of the past changes--and I think this is an interesting finding--that both Welfare in Vermont and both Voc-Rehab in Vermont had gone through a major systems change over the prior decade before this partnership. So, in a way, they were ready. They were ready to kind of step out on the edge and say we are going to try something like this. I think the other point was that they really agreed to serve people with disabilities, because that is what they, Voc-Rehab has historically always done.

The second theme was a changing roles and responsibilities. This was a pretty lengthy conversation between the Welfare case managers in Vermont, who were now being shifted more into a multi-case management role. The social work role was sort of being phased out, although they still have social workers, but more of a dual case management role. There's a couple of research national studies out on that. I think it is a critical, critical issue because it is for many of these people they have been working 25-30 years in a particular role and now they are being asked to do both eligibility and case management. One of the issues that surfaced was co-location, how important it was to be able to walk down the hall to the One-Stop or to your VR office and to be able to have conversation in all of the sights except one that's happening in Vermont.

Counselors talked to me, case managers in Welfare talked to me about competing schedules as did counselors in Voc-Rehab--that they had so much work to do, the cases were so many that to actually go and do a day's training was they felt was just asking a lot, even though they are all doing it. Again, the record keeping challenges, the new VR-counselors were asked to keep two sets of records. The case activities and then of course what the Welfare TANF offices were requiring.

I think that, and I am not to spend a lot of time on it--but the dual integrated case management of the emerging role for the person in Welfare is a challenge and is something that is new and is not something that is going to happen over night. They've all had tremendous amount of training. I think it is an evolution for Welfare to move into these roles. One of the concerns that came about in the study is that many of the counselors that are being moved into case management dual roles may have a High School degrees. So, at the root of it, the front line worker (and there is a couple of national studies out on that, on the Welfare side) many of them have (although they may have had recent training) may not have the skills when they are sitting down and doing the screening to actually make observations. That may be a social worker who certainly who's been around for 25 years, or that a VR Counselor, who has the expertise in the diagnosis piece of assessment.

That was a concern on both sides, that many people were just feeling uncomfortable. I had case managers tell me that they'd been case managers on Welfare for 25 years and their job had just so many changes for them. So, capacity concerns were also--that the case managers on the Welfare side were talking about the increase in the complexity and the intensity of cases, so on top of a new role, they also were having much more difficult cases.

On the VR side, in terms of the expanding role of the new VR counselor, they kept the counselors roles, the case loads at 30 in anticipation of this intense population. The part of the training for the new VR counselor was over a period of almost a year and they did monthly state meetings, everybody came together and that was something that they all looked forward to. They would spend a whole day. They did case review, they talked about situation that they were struggling with. They really liked their job coaches that were helping them and the communication between Welfare and VR was critical. The cross training was critical. Some of them asked for more of that. I sat in many offices across the state where a Welfare case manager would come in looking for me in a VR office so there was a lot of flexibility and communication. However they were saying that they even needed more.

The fourth theme was the screening and the assessment protocol, and that's sort of the cornerstone of the Vermont partnership. Welfare really leaned on Voc-Rehab to help them in the development of these tools. The protocol for referral is very much around most of the sites that I visited was a triage model where there was a weekly meeting with a case manger from Welfare, a VR Counselor, and a family member whose going through the process on TANF. Issues of this of course were around time and getting everybody together, but they were all doing it.

Confidentiality issues were discussed and the Social Security Administration can't give out client information without authorization from the client. VR cannot release documents they've obtained from another source. So these issues were discussed, and just to give you an example--one of the concerns with the VR counselors that were doing the special, we are calling the VR--ReachUp, was the term they are using in Vermont, was for example an individual who came in who kept giving, not the correct primary physician. So, the counselor was getting all the medical data, but not from the right physician. So, it was two months that was going on around this, and of course the counselor was aware that the 60 month time limit was working.

So, there is a concern for many of the VR counselor's intention that they get this done, that they get it done in a timely way, because it means something to the clients. I think that because this is new in Vermont, many of the families that are on TANF still do not quite understand that 60-month piece and that it's a process.

The record keeping, again was another issue that came up with VR. Learning both systems because they had to be able to input data into both has been challenging.

The SSI, SSDI our referral protocol was discussed at length at different meetings. Many of the VR offices are helping people to fill out their forms. I think up to date right now the 354 referrals I think 99 were referred to SSI and I think over 50% had been accepted. This is all within eight months, which is pretty impressive too.

And then they talked about sanctions and no-shows and the way it works in Vermont. The VR does not do the sanctioning that goes back to Welfare. Concern about that and I heard stories from counselors who said they actually went out and visited the household that had been sanctioned and there was a parent with a kid with a disability and no transportation. So, those issues that we heard about Eileen and Bobby are very, very true and they are happening. We've never had waiting lists in Vermont and so order of selection was never an issue and now it was discussed early on in the partnership. Now there is over 200 and something odd people on a waiting list. So, it's become a real issue.

The fifth theme and the final one of course is the profile of our TANF population. Because a lot of my other hat is on a fellowship working for Senator Rockefeller from West Virginia. We've just introduced a bill, a Welfare bill three weeks ago. One of the points that the Administration has talked a lot about is family formation. I think it is interesting to know that our TANF population, people on TANF in Vermont 25% of the population is married, compared to 15% of the US population. In terms of--and just to give for those of you who are interested in the TANF population in Vermont, it is 16% is child only and I think that is compared to a 30% national figure. We have 9% with parents able to work, two parents homes, and 72% are single adults. I think that's, that's pretty much...

I have a few recommendations that I've tried to connect to some of the issues around re-authorization and I may just kind of jump in here if that is ok Michael. That currently there is a bill from Herger-McKeon on the house side, both from California. The Herger Bill is eliminating asking for the elimination of the assessment provisions of current law. The Administration appears to be retaining that current assessment. So my first recommendation is that universal screening assessment tools are essential and that we just don't even touch those and that elimination of these protocols from federal re-authorization would jeopardize the integrity of the shared case model that many states are attempting to do to serve people with disabilities.

The next one is the inter-agency collaboration. There are a couple of bills that talk about that and Senator Rockefeller's bill we actually have a pathways to, which is some money that's being allocated to allow states to look at this issue of inter-agency collaboration. We feel the states really haven't just doing the job that they've had to do the last five years, that they need some money and maybe some time to look at how can we best serve people that we are finding have barriers. I think some of us feel that as the resources start to change for the Welfare population, that collaboration with the experts yourselves in Voc-Rehab will not be preferred, but will become essential. I've put in my recommendation an interagency collaboration.

I think the flexible timelines based on individual approach to case management is achievable throughout the partnership model of shared case management. However as states get---as the participation rates and those of you know that the reauthorization and administrative wants to move everybody up to 40 hours and have 70% participation rates. Even though many of the Voc-Rehab partnerships, unless the individuals that are working get the deferment to work with Voc-Rehab unless they are doing one of the projects that account for work participation, maybe like Voc-Ed. or something, pretty much they don't get counted in the big federal number. So, there may be some area there that we could work on a little and I think that is an area that we still needs a lot of talk about.

Then there's an issue here on universal engagement. I know in Vermont, we have some data on the Voc-Rehab population that needs for example substance abuse administration is suggesting that we could count 90 days and we know from our caseload in Vermont, non-TANF VR caseload is about 15 months from coming in and closing at 26 and going to work.

I think that the real strength we have with the partnership and this is not just in Vermont, but 48% of our closures are with people---with primary disabilities of mental illness, mental retardation, learning disabilities and substance abuse are the people that close and find a job in our VR population. This afternoon in Washington we are having our third hearing on Welfare and it is going to be about barriers to employment and we have a speaker from MDRC, which is Manpower Demonstration Research Center. The Gentleman that has produced this testimony, David Butler I was pretty impressed because he's is talking about the barriers that we're finding in our population that there is a co-occurrence of not just substance abuse, there is several different problems that are going on. I think this story is so similar to our special-ed story in our schools. We have many people that aren't going to be eligible for SSI and they are not even going to be eligible for VR. What are we going to do with this population. I think his testimony if you can get this, it will probably be out there. Or, you can call me and I will get it for you. It's very, very helpful because he talks that we need more intense services and many, many of the current programs are not really equipped to do provide services for dual diagnosis population. I guess I could go on, but I think my time is up here, so are there any questions, or.....

Michael Collins: At this time Johnette, I would just like to add a couple of quick things.

Johnette Hartnett: Sure.

Michael Collins: One is that one of the effective, I think effective things about this model is that it devolved a universal screening and assessment tool. It is very simple to administer by the eligibility or the intake people at Welfare. They use the screening tool as a broad net to refer people to VR or possible services. Over 400 people referred only two have been found not eligible for VR, so its been a very effective way to identify people with disabilities and get them to the service provider of choice.

The second is that deferments from the work requirements and modification to the work requirement are now totally the responsibility of this hybrid counselor. So, that no untrained case manager at TANF or even the medical profession can actually make the decision as to whether a person should have a modified work requirement or deferred entirely from it. It's made by the VR counselor.

The third point is that for the first time, many of these people have a single individual that they have to have contact with because these positions are hybrid. The consumer coming in gets all of their services through one individual, whether its their housing support assistance, transportation, childcare or employment. Its all right there in one, so it's kind of a, it's a rather different approach from our traditional VR system.

Johnette Hartnett: The other thing I didn't really go into at all is the whole population, our remaining population with barriers. We have 37% of our remaining 5,400 families with 3.0 barriers. Eileen pretty much said what that means, so and that is a population that is being referred to VR.

Eileen Sweeney: I would like to say one last thing, and that is the testimony that Johnette referred to will be on the Finance Committee's website in the next few days, they post everything up.

Johnette Hartnett: Wonderful, thank you.

Michael Collins: Because we have so many folks from One-Stop and labor organizations out there, I would like to jump a little bit and bring in Dick and Doris from the Division of One-Stop operations to talk a little bit about this whole issue from the labor perspective. We haven't really addressed it from their viewpoint yet. So, I hope I am not catching you off guard folks, because I had you third, but now I'm moved you up to second, so Dick.....

Dick Ensor: Fine, sounds good to us.

Doris and I, are both representing Maria Kniesler Flynn, who is the Division Chief for the Division of One-Stop operations. Alex Kielty, who is our lead for disability issues and ETA would like to have been here also, but couldn't be.

I want to go back and prime a little bit and talk about a few of the things that have happened at the Federal level and then what is hopefully the result of some of those things at this state and local level.

I guess back in 1994, beginning with the rollout of One-Stop grants, we recognized that it was critical that ETA insure that the newly developing One-Stop system be welcoming to people with disabilities. We were concerned with both physical and programmatic accessibility. We developed sort of a four pronged strategy and one of these four strategies were to provide leadership and demonstrate a commitment to the provision of quality services for people with disabilities. Promote knowledge development including new technologies for One-Stop centers. Facilitate the provision of technical assistance and training to the system and facilitate collaboration between organizations serving people with disabilities. And that is sort of what I would like to focus a little bit of time on. Specifically I would like to talk a little bit about ETA's collaboration with Rehabilitation Services Administration.

I think both that ETA and RSA recognize the collaboration at the Federal level was crucial to the development of a system that provides quality services to people with disabilities. After several meetings between our respective Assistant Secretaries it was decided to establish a work group that would meet monthly. When we started this in 1995, we just want to spend a few minutes talking about some of the things we've done to move the system along. There have been several joint issuances by the Assistant Secretaries advising the system of this collaboration and conveying a high level of commitment of both agencies. Early in the process we did a

facilitative study group or state Voc-Rehab directors and One-Stop leads to identify barriers to collaboration and also best practices. We've co-funded a five year system change grants. I guess they're in their fourth year at his point. The focus was to facilitate the integration of systems serving people with disabilities. ET is actually transferred to three million to RSA in this effort.

There may be some of you on the line that are working on some of these system change grants. If so, we would like to hear from you later.

We've done a multitude of joint presentations that both ETA and RSA sponsored conferences. We've co-sponsored regional and co-regional conferences across the country to ensure that One-Stops are serving people with disabilities adequately.

I guess one of the things we did a few years ago too, is we sponsored a two-day conference of ETA regional RSA staff in Washington. So, we had both RSA staff and ETA staff and the idea was to jointly develop strategies at the federal level to improve services to people with disabilities and the One-Stop system. Interestingly, one of the things that was suggested at that conference was that we do some joint federal reviews of One-Stop systems. I am happy to say there we're in the process of planning these visits for this summer and we'll be visiting some of the One-Stop centers together with their RSA partners across the mall.

I guess there's been really heavy participation by RSA as well as Voc-Rehab. at the state level and what we called our One-Stop Readiness Workgroups that were held over the past year. These were for the purpose of developing strategies for the implementation of DWI. They focused on M O U development and partnership service integration, cost allocation and resource sharing. Out of this, there came a recommendation for the issuance of a comprehensive national issuance that would come from all the Assistance Secretaries involved in the One-Stop system and RSA has played a critical role in developing this national issuance.

As part of our educational campaign, which is of course another one of our strategies. We develop and distributed a video on facilitative self-service to targeted populations and specifically much of this was devoted to people with disabilities. While RSA was not involved in the development of this video, it played a key role in the distribution and many of the technologies demonstrated in the video were funded part by RSA.

I guess that one things that comes to mind that's had some impact for this particular TANF recipients is the funding of the Seattle/King County learning lab. We funded several learning labs to demonstrate various strategies. I must say that the King County learning lab was the only one that was funded a second time for a second two-year period. This is significant because what this learning lab did was to develop an assessment tool for identifying people with learning disabilities and to test it and to get it in the position where it could be replicated. I understand that OVAE has funded, and provided some additional funding and it's subsequently been replicated in several communities across the country including Brevard County in Florida.

I also wanted to mention a Welfare-to-Work technical assistance tool that's been developed. It is called building employment success for persons with disabilities under Welfare reform. A Technical Assistance Guide about learning disabilities, mental retardation, psychiatric

disabilities and addictive disorders in the context Welfare to work and TANF. It was written by a work group that was headed by Glenn Young, and I think many of you may know Glenn, he's a disabilities, a Learning Disabilities Specialist in the Department of Education. It's currently in the Assistant Secretary's office for sign-off and we're encouraging everyone to keep an eye out for the Welfare-to-Work website. Because it will be published there and we'll also be glad to provide hard copies when it is finally approved.

I guess what's really important is what is happening at the state and local level. We'd like to think that some of the activities that we just discussed have facilitated some of the things that we see going on there related to collaboration. One of the things that we've learned is that if we have a unified organizational structure at the state level, that is if we have the VR Director, the Director of TANF, Employment Service, Title I, and other programs all under one Secretary Workforce, it's very helpful in moving the system along. The states that come to mind are Minnesota and Wisconsin. I think there are other states where this is the case. I think Maine it's also the case. I must admit, we don't have a comprehensive sense of what's going on in all of the states. I might want to add that what I'll be talking about reflects more about my relationships to certain states than actually what's happening across the country. Particular I deal a lot with Region 5, so you will here more about Region 5.

Another thing that seems to help in developing a One-Stop system that adequately serves people with disabilities is having Voc-Rehab staff co-located. Early on we noticed that if they were on board full time, the One-Stop system in general was much more responsive to people with disabilities, whether in fact they were eligible VR participants or not. In retrospect I guess this should have been pretty obvious, but we are pleased then in several states we know of, there are no separate VR offices. If a person wants to see a VR counselor, he goes to the local One-Stop. We think this is significant, in the sense that the person with the disability then has access to all the services a One-Stop in particular the self-service area.

Cost allocation has been an issue for many programs participating in the One-Stop system. Of course VR is no exception. States have varied in their approach, but many have let the local areas work out what they consider to be the best arrangement. Frequently this is later formalized in an M O U. In one state, to give you some examples VR provided assistive technology for the self-service areas. In other states VR pays for its share of space in facilities. In others VR contributes to staff and cost and cost of space. We also know that VR participation in resource rooms has been an issue. Again, states have let the local areas work this out. However some states have provided significant guidance in this area. Again, Minnesota with the assistance of the RSA Commissioner has provided detailed guidance to local areas. This guidance is interesting. The guidance acknowledges the critical importance of resource areas, the importance of the initial customer contact point in many One-Stops. The guidance also recognizes that the more resources in a Self-Service Resource Room, the more questions you will have generated by the customer. I think in Minnesota, I think you will find that almost all the Self-Service Resource Rooms are staffed.

The guiding principle that the VR Director provided for the local One-Stops, for the local VR Directors was that if the VR Director feels there is an inherent value and the services provided to

his customers and self service areas, VR should pay it's share of the cost. And this includes staffing cost.

I might add that I visited Minnesota and I've visited several of their local One-Stop centers, and their resource rooms are large, well equipped and information rich. My impression is that all are staffed full time. It was interesting that in one center I visited, the VR Supervisor volunteered that many of his VR graduates return to use the Self-Service Resources Room and earn additional training opportunities, update their resumes and look for better paying positions.

I guess I guess, as Alex has mentioned in several calls before, the states are using the ETA funded Work Incentive Grants in a variety of creative ways to help One-Stop centers become more welcoming to people with disabilities. For example, all VR in Rhode Island is co-located and it's paying for its share of space cost, VR to the Work Incentive Grants is playing a major role in providing in-kind staff and assisted technology. In New Hampshire, the Division of Adult Learning and Rehab. is developing the facility to have an integrated record of services for each customer. I know that Eileen mentioned that this was a problem or actually Johnette, mentioned that this was a problem in Vermont.

Of course New Hampshire is also working with TANF recipients suspected of having disability related employment barriers. There is also a Welfare to Work Grantee that the Welfare to Work office has been promoting as a promising practice. Its, it serves Welfare to Work participants and TANF participants with disabilities. It's lead by the Florida Development Disabilities Counsel in Tallahassee. This is an exemplary program that was designed to provide a supported employment model of service to TANF recipients with disabilities through partnerships with the Seminal Community College of Palm Beach Habilitation Center. The project is a model highly individualized services and supports that are designed to assist individuals with disabilities find and maintain paid work and settings with non-disabled peers, as well as providing ongoing support to the employee and to the employer after the hiring of the persons with a disability.

The results of that--the performance state is rather impressive also. I guess that is where I am going to end. One of the things I meant to mention initially is that of course a lot of our efforts and the efforts of the state is not specifically focused on TANF recipients with disabilities, but people with disabilities in general. If there any questions or comments that I think would be great, in particular if there's anybody on the line related to any of these things we talked about, we'd appreciate your input.

Michelle: All right, thank you.

Michael Collins: We'd also love to hear from the audience at any time about some best practices in their sites. We have selected a couple of places here from a state and from a federal perspective on best practices, but I've noticed a lot more going on out there that we don't know about it, and if any of you would like to share with us we'd certainly encourage that now or even during the open Q and A session.

Bobby Silverstein: Michael are you going to get Eileen to. . .

Michael Collins: Yes, before we do that however, Eileen is going to talk about a promising practice from a TANF agency perspective. Something I just learned about myself that is pretty exciting. So, Eileen, you want to?

Eileen Sweeney: I am going to talk a little bit about Tennessee and I want to go back to the point I made earlier. Everything that Dick just described. If it is being done on behalf of a TANF family or TANF parent you have the ability to be negotiating with your state to have TANF dollars available to help cover those services. In some places that is already happening. In many places there's the idea of the dollars proceeding the individual or following the individual still isn't there. You need to think about that and also think about in the context of reauthorization where no new dollars are being added to the TANF proposals from the Administration.

There are some very exciting things that are being done down in Tennessee. Part of what I think is exciting about Tennessee is that they've got a lot of different things going all across the state. They've done a lot of good statewide stuff. They have improved notices. They have something called Family Services Counseling, which is a program that requires that they take a look before they sanction somebody to determine whether or not state policies were followed and give the person a second opportunity to comply. Then, determine whether there were any barriers that the person needs help with. Then they also have something called Customer Service Reviews and that's what I really want to focus on, because I think it is making a huge difference for people with barriers in Tennessee.

They began this program in February of 2000. It provides intensive counseling and advocacy for families with special needs. Those needs can include mental impairments, learning disabilities physical or mental impairments of children and domestic violence or substance abuse. They stay contracted--originally there was like 95, and now I think it was over 100 Master's Level Social Workers who are in non-profit agencies across the state, but they are on contract with the state agency. They are known as a family services counselors and they are spread throughout the state. The each have a caseload of 30 to 40, which is similar to what Johnette was describing in Vermont. I think she said 30 was the number. They also have contracted through the Department of Health with 25 Substance Abuse Treatment agencies across the state to provide treatment that is not available through Ten-Care which is their Medicaid program. States can use their State Maintenance of Effort dollars and TANF for things like substance abuse treatment. They cannot use TANF dollars for health care. The types of agencies that they've contracted with includes child and family services in Knoxville, East Tennessee State University in Johnson City, Family and Children Services in Chattanooga, Whitehaven Southwest Mental Health Center in Memphis.

Anytime that a participant and their Family First or TANF program request to see the Family Services Counselor they will be referred to the counselor. It's totally voluntary, nothing they tell the Family Services Counselor is reported back to their TANF Case Worker, except if there's information that they have income or resources that makes them ineligible for TANF or if there's evidence of child abuse, in which case it's reported back to the state. But in lots of rural areas and lots of other places where people fear telling their case workers things because they live in various small towns. They are afraid that the case worker will run into Aunt Minnie at church on

Sunday or something like that and the family will know something about what they were talking about. That can't happen in this program.

They, state can also refer people to the program or suggest they go. That particularly happens for people who are about to be sanctioned, whether they think they might be a barrier. The Family Services Counselors have a lot of responsibilities and a lot of authority. They use a screening tool and follow up questions to learn the problems a person faces. They develop a plan to address these needs. They can refer people out for more sophisticated focused assessments. They can exempt people from time limits if they think the person will need more time on the rolls. They can change the number of hours that a family has to participate in work activities and they can create and require different activities than those normally required of other families. They can basically tailor something that works for that family. They also have money. They have the ability to order needed testing including psychological testing. They act like advocates for the family. They can also assist family members in applying for SSI and DI benefits, which as Johnette mentioned, there is going to be a percentage of people who are eligible for those benefits and they should be referred. So that is a key piece.

The results have been pretty impressive. Since Feb. 2000, about 4500 families have gone to Family Services Counselors. That's out of a population of a little over 50,000 families statewide receiving TANF and when the families start, they start with a family services counselors, about 14% of those families are working. They are struggling, but they are working. By the time they finish the Family Services Counseling, 49% are working, so that's pretty impressive. Under a triage formula ranking families from 1 to 5, only 5% have been ranked as one and immediately returned to the regular program. So that gives you a feel for the sake that there are a lot of folks with barriers that they are working with.

There's other parts of the Family First programs which I think are pretty cool. One is they provide bonuses for employment, education and training, sort of little pats on the back, at steps when you accomplish something. Tennessee, there are a lot of folks who are at a low literacy level and they will provide you with a bonus that if you read the second grade reading level of literacy, you can get \$150 dollars. Same thing at sixth grade and ninth grade, you get \$350. If you get your high school diploma or GED, the extra \$500. They also have comparable ones for taking skills training, job skill training classes, short of an AA. If you complete an associates or bachelors degree, that's \$500. If you were working in a full time job of at least 35 hours per week, or you get part time jobs up to 40 hours per week, and you stay, by just obtaining it gives you a \$100 bonus. If you leave family First and have work income, you get another bonus. There's just all these little bonuses. I think there's been nice ways for the state to be supportive of folks and it also helps the state keep in contact with people after they've left the cash assistance rolls.

The other piece I just wanted to mention briefly is that there is also states that have been doing some things to help families with a child in the family that is disabled. For example, Illinois recently modified it's rules to provide for a family care barrier. That stops the TANF time clock for a parent who provides full time care required by a child under age 18 or a spouse due to their medical condition. This is very important. Families had been, or could be exempted from the work requirement in Illinois, but their time clocks were still running, so we're up against this

clock, even though the child still needed them at home. California has a similar rule to the Illinois rule. Providing that if a person's care taking responsibilities for a child or other family member who is ill or incapacitated significantly impairs the ability for the person to be regularly employed or to participate in the Welfare to Work activities that the person will be except from the work rules. The month that they are exempt from the work rules will not count against the person whose 60 month time clock. So, that's also a key piece of this.

Just briefly I wanted to just run through the types of things that you can spend money on. The types of things that states can be doing with TANF dollars that would be very beneficial to families with disabilities. They include intensive case management. Job coaching, long-term mentoring, things I think many of you are familiar with...placements and supportive job settings. Creation of publicly funded transitional jobs. Transportation allowances, Housing Assistance, Vocational Ed training, GED programs, Adult Basic Ed programs, English as a Second Language programs and post Secondary Ed are all things that can be done with TANF funds if the person being served is a member of a needy family under the state's definition of needy family.

Michael Collins: Thank you very much Eileen. I would like to once again change the order a little bit. Johnette is going to have to leave us very shortly and she's been very involved with the reauthorization and before she does run off, I'd love to have us hear her perspective on what's happening and what it means for, or what it could mean for people with disabilities. I was wondering Johnette if you could address that for the

Johnette Hartnett: Ok, I'm going to do it really quickly and try to be very non-partisan and just go through very quickly, a couple of the various aspects that we've heard today, the sanctions review and compliance procedures, assessments that I think are critical. I think Eileen has made the point, Bob has made the point that most of the proposals out there are looking for no increase in the overall funding or cost of living increase. As we are starting to hear TANF dollars are also supporting many people who are not getting cash assistance. So I'm not sure that we have our numbers all correct these days to really understand what this is going to mean if we don't get an increase. The sanction review and compliance procedures, from the current law there is no provisions.

The Administration has in their proposal that states require to describe in their states plan particular strategies and programs that are employing to address various TANF challenges including "outreach to and services for struggling non-compliant families, no mandate to provide outreach or services to sanctioned families". Herger's Bill; which is in the House side, similar to the Administration proposal, no requirement to adopt particular procedures. But States must describe in state plans, any strategies that the state may be undertaking to address services for struggling and non-compliant families. Again the language is quite different than what we've heard today around barriers and the clients with special problems. Cardin's Bill, out of the House again, the state may not impose a sanction unless it has attempted at least twice to notify the person of the impending sanction. It goes on afforded opportunity to meet with a case worker and explain the non-compliance. Then the Rockefeller Bill, which is the one that I've worked on, we have a requirement that states develop a practice of standard or develop standards regarding the most appropriate procedures from posing sanctions by December 03 and that the

standards be developed. In our bill, also in Rockefeller's Bill, we have a barrier section, or panel which is I think Cardin has something similar in his Bill, which is basically asking the states to develop and provide some funds for states to set up an advisory panel to really look at the issue of barriers. I think we are short on the language around sanction in that section.

The other piece that I think we are concerned about is I think assessments. Current law says that states require to conduct an initial assessment of skills prior work experience and employability of recipients. The administration appears to retain the current assessment provision. I mentioned this before, but the Herger's Bill in the house eliminates the assessment provisions with current law. We've included in the Rockefeller Bill, child well-being assessment. That child well-being for each child in the family as the individual responsibility plan. So, I think there is, and Eileen you could probably help me on this, or Bobby, but there's I think a universal engagement piece that's going to be saying how many days or months we are going give to help people or to count to give people time before they are required to go back to work. I think we are very concerned about that language and we are working hard to make it as beneficial to people with disabilities. The timeframe here is that they are hoping to go to mark up or to really work on this and have something by memorial day, towards the end of May. So, it's pretty quick. There's to be honest with you, from somebody who comes from the disability area, the conversation is not about disability. We've been working on it, but I think what's happened is that these studies, even though there is so much information on barriers that we don't have any national across the states, even though we have really good data and I think we're going to need another round before we are going to get a lot in their on-ness, but there are those of us who are working towards that.

So, I think that's all.

Eileen Sweeney: Could I add a couple more things.

Johnette Hartnett: Sure.

Eileen Sweeney: One is that the time frame that Johnette mentioned is the Senate's timeframe. The House is actually moving on a faster track, not to suggest it's always slow, but the House is moving really fast. Last week the two-house sub-committee, one Ed and Workforce and one at Way and Means marked up TANF reauthorization bills. They were thinking they might go to a full committee this week, but that appears to have been delayed until next week. Although we don't have dates for those either. There may be some efforts to get some amendments to modify those bills and it is not clear if it will be successful or not. It appears that it is a strategy to design the most conservative bill possible coming out of the House so that there's a bargaining position with the senate down the road. One thing I don't think Johnette mentioned was the 70/40 requirements and you should really know about those. The Bush proposal as well as Herger and McKeon in the House, would propose that the current work participation rate and TANF were 50%, the increase to 70% over the next couple of years. That might not sound like a big jump from 50 to 70, but in fact many states have benefited greatly and many people with disabilities in states have benefited greatly from the fact that states have not been, they have had a caseload reduction credit against their current work requirement. So, many states be real rate is very, very low and some cases zero, although all states I think are doing much better than that. So, you are really talking though about states having to jump in

many cases from 20% to 70% or something along those lines and it would be to get to a 70% rate. The general thinking amongst experts is that you have to have virtually everybody in a work position in order to make sure you get to 70%, so that is one piece of the problem.

The other piece is the 40-hour requirement. Currently under the law, parents are required to work 30 hours per week and if you have a child under the age of six, states have the option to only require you to work 20 hours a week. Under the age of six piece disappears under the Administrations proposals and House bills and is replaced, and a 30 hour does too, and they are both replaced by a 40 hour requirement.

The forty-hour requirement, is not straight, it's called a work activity, but the first 24 hours of it are much more restrictive in terms of what counts for work activity than the current 30 hours under the law applies. That's going to be a problem. But then the last 16 hours are very flexible--states could do all sorts of work activity if they could enhance a person's ability to work during that period. I think the problem for a lot of people with disabilities and other people with barriers is that you have to climb this 24 hour mountain to get to the services and supports you need on the other side. That other 16 hours and that really is not the, from what we can tell the best approach for serving families that you really do want to help move to work down the road. They may need something that wouldn't fit into those first 24 hours for a long, long time.

There is also a proposal that says that up to three months, a consecutive month could be used for treatment or substance abuse treatment or Voc-Ed or something along those lines. The general feeling is that that's a good start, but it's not really adequate as Johnette mentioned then the VR in Vermont it takes 15 months and so getting that piece expanded would really help a lot of folks as well.

Michael Collins: We've already started down this road so Bobby or Dick or Doris, would you care to weigh in on your perspective on concerns for people with disabilities and the programs that serve them around pre-authorization? Any additional thoughts?

Eileen Sweeney: Could I raise a little more if nobody else does?

Michael Collins: Go ahead please.

Eileen Sweeney: That is that there is another provision in the House bills that would create something called a "Super Waiver" where states could basically wave any rules and requirements that they want and any programs that are covered by the Super Waiver. It's a big question mark about which programs are covered but it would cover programs in the jurisdiction of the Secretary of HHS the Secretary of Labor and the Secretary of Education. So far, and it's possible that it may just expand at the HUD and the USDA as well.

I know in the context of One-Stops and the comment Dick was making before about cost allocation issues and things like that, this could be very appealing to think about super wavers and how they might be beneficial to you, but there maybe something that would fall short of that which would be just as beneficial. There is a real risk here that a lot of the protections and rights

that people with disabilities and other folks have will get lost in the shuffle as things that can be waved. So, think about that, think about what the implications of it are in your state.

Bob Silverstein: This is Bob Silverstein. On April 11, 2002, Paul Marchand on behalf of the Consortium of Citizens with Disabilities TANF Taskforce testified before the House with the Ways and Means Committee. I believe that testimony should be on the Web for access for those on the call. He basically laid out the specific recommendations as well as the principals for reauthorization of TANF from a disability perspective. This document I think will be very helpful for all of you not only to know what the national folks are saying to Congress, but I think as important, or more important, it provides a wonderful outline for working at the state level. Especially in terms of the collaboration between One-Stops rehab, people with disabilities and the TANF agencies to figure out a real kind of an outline, or framework, audit, or checklist, or guidepost, whatever words you want to use for assessing how the state TANF program is being implemented and looking at it from the perspective of people with disabilities. So, there are recommendations ranging from screening and assessments to confidentiality issues, work requirements, work participation requirements, time limits, sanctions and closures, insuring continued success for people in transition to work, the relationship between the Section 188 Methods of Administration under the Workforce Investment Act and complying with TANF civil rights obligations, participation in program design in terms of advisory counsels, including people who are representatives of people with disabilities, general research issues, systems change, trying to get funding to help state systems, address specific needs of people with disabilities. And finally, funding.

Eileen Sweeney: Very briefly, Johnette mentioned that the Administration's proposal would freeze the TANF block grant funding for the next five years at the current level. It also does not include additional dollars for the Childcare and Development Fund. If you don't increase the TANF block grants, then the value of the block grant will have eroded by 22% by 2007, since it was created in 1996. We're finding, we do a lot of work on looking at state sending of TANF dollars, how they spend it as well as how much they spend. For the first time in fiscal year 2001, states spent more federal TANF funds than they received that year. They were able to do that because they had carry over from previous years. States are really dipping into that carry-over now and its being exhausted. States spent 18.6 billion in federal funds according to the treasury data. That's 1.8 billion more than the 16.8 billion they received in annual TANF grants. So, without an increase they won't be able to even maintain current spending levels for Welfare to Work service booths and the benefits that they provide. That's a key piece of this.

The other piece of it, as I mentioned with the Childcare and Development Fund, the Center for Law and Social Policy has issued a paper which indicated that just for states to be able to meet the increased expenses, putting people into work programs as well as putting people into childcare, or getting people sufficient childcare for their kids that would result form the 70% requirement and the 40 hour requirement, you would need to have at least another 15 billion dollars added to the block grants in both a combination of TANF and Childcare Development Fund over the next five years.

So, there is a hole that is being dug here that needs to be filled or there is going to be some serious questions. Unfortunately, many of the services and supports that people with disabilities need are more intensive more expensive as a result and more longer term than other folks might need. So, thinking about what that means in terms of the importance of an increase on the block grants can be very important.

Michael Collins: Thank you. Dick or Doris, is there anything you'd like to contribute here?

Doris Fretz: Certainly, I'd like to talk a little bit about some of the reauthorization activities that we are undertaking here at the Department of Labor for WIA, WIA reauthorization. I think its really important. We're thinking very much along the lines of other federal programs that need to be reauthorized. As we know, TANF is up for reauthorization in September of 2002, but there are a lot of other federal programs that are going to be up for reauthorization in 2003, such as WIA Titles I, III and V, TAA and NAFTA, TAA, Adult Ed and Literacy Programs, which are WIA Title II. Vocational rehabilitation programs to assist individuals with disabilities to prepare for engaging in gainful employment, which is WIA Title IV, the Perkins Vocational and Technical Education Act and the Higher Education Act. One of the reasons that we're holding a number of regional forums on WIA reauthorization is because we want to look at the linkages between WIA and TANF, and I think it is really important to highlight how everyone would be able to provide comment at this point, since we have the chance to also provide comment how WIA reauthorization and TANF reauthorization might be linked.

So, I had forwarded to James Schmeling to put up on the website some information about the regional forums that we're holding across the country.

The focus of the ETA efforts to gather inputs and comments are looking Titles I, III and V of WIA and how Titles I of WIA and TANF can be improved. We are gathering inputs from states in localities from Workforce Investment Board members, from the business community, from One-Stop partner organizations, One-Stop service providers and customers of the system. We are going to be having a series of nine forums around the country. They started in March and they are continuing through May. We have two more that are scheduled. Now Let's see what date are we today? Is today the 25th? At any rate, we have two more that are scheduled. We have one in New York City today, if today is the 25th. We also have ones that are occurring on April 30, in Kansas City, Missouri and Dallas, Texas. On May 8th in Park City, Utah. We might also be adding additional forums and what I've done is James has posted to the website a link form our US Workforce.org page, which is actually www.usworkforce.org/reauthorization. This has informational on DOL's activities relating to reauthorization, a full list of al the public forums, how you can also register for those forums online. You can find linkages to some of the other public meetings that are happening, such as the Office of Special Ed and Rehab Services, OSERS, public meetings that are going on through June on the Rehabilitation Act.

It also includes information about different ways that you can submit your comments. We want to make sure it's possible for people to reach us whether or not they can make the public forums.

So, individuals can also send us comments online, fax us comments, e-mail us comments and all that information is on that website.

I know that we've also done a little survey on the degree of WIA and TANF collaboration and I wanted to share some of the results from that. What we found is that about 35 states do have substantial WIA and TANF collaboration. TANF is represented on the state board in 49 states. It's a required One-Stop partner in 26 states. It contributes funds to the One-Stop system in 21 states. Clients can apply for TANF through One-Stops systems in 19 states and they can access TANF employment services through the One-Stop system in 27 states. The GAO had also conducted some research. They found some similar trends. A quote from a report there is that, "nearly all states reported some coordination at the state or local level achieved with methods ranging from informal linkages, such as information sharing or periodic program referral to formal linkages such as memoranda of understanding shared intake or integrated case management".

So, as I was saying before, I think it is very important for individuals with specific expertise in disability issues to weigh in on these TANF and WIA linkages as we're conducting the various reauthorization discussion.

Michael Collins: Thank you Doris. Well, we have precious little time, but I'd like to ask the members of the audience if they would care to take any of this last time that we have to share with us any promising practices that they may be involved with that would be an interest to the audience. Also, if you have any concerns or questions about reauthorization that you would like to share, I'd certainly like to hear that. Then, generally any questions for any of our panel members or comments to any of our panel members about their presentation. Michelle, we'd like to just go ahead and see if there are any questions now.

Michelle (the system administrator): Ok, thank you, and if you do have question at this time, please press the one key on your touch-tone telephone. If your question has been answered please press the pound key. Again if you do have a question, please press the one key. One moment for questions.

Our first question is from Scott Steinbrecher.

Michael Collins: Okay, Scott. It's all yours.

Scott Steinbrecher: Actually I have two questions. This isn't Scott, but Scott is here. There is a whole group here that is Scott.

I have two questions for anybody. One would be do you know of any states, is there anyone who has developed specific criteria around the 20% extension stuff on in order to be able to do that without discriminating about who gets what and where. The other question would be regarding the partnerships, and I think this is mostly for Vermont, regarding the partnerships with VR. I'm wondering if you guys are maximizing funding for VR, because what you said is that VR is now an order of selection, which is not good for Welfare or VR, because then they have a waiting list. So, are you using any, have you come up with any way to max funds to get some non-state funds? Clean money to match and pull down to help VR keep out of order of selection.

Michael Collins: Okay. First, can anyone respond to the criteria for the 20% question.

Eileen Sweeney: This is Eileen. I think there are some states that have their states have been very slow to do it because they have been concerned that if they have things like that out there, the people would think they didn't have to go to work. I'm drawing a blank on examples right now, but I think that Washington has them. I am not sure of who else, but I could find out for you if you want to give me a call. I apologize for not knowing.

Michael Collins: Our numbers or e-mail addresses on the website. I assume they are. Maybe Scott could contact Eileen directly?

As for the second question, around the order of selection issue and maximizing VR resources: I can speak a little to that. When we began the pilot program back on July 1, the preliminary data that the TANF agency had, indicated there would not be that many people referred. We didn't anticipate anything more than a very temporary, very brief waiting time for anyone to come into our capped caseloads. In fact we now have more on a waiting list than we have being served right now in the pilot program. Implications of that is going to have on that--funding is a question for our state director. I don't know how it's going to be address. I am sorry that I can't answer that at this time. We are also using VR funds to supplement the funds that come from TANF to serve this population, but its fairly minimal.

Bobby Silverstein: This is Bobby. The question, I think what's equally interesting is: are TANF agencies paying Rehab. agencies for carrying out training and providing screening a development of screening tools and etc? Because, that's another way of expanding, not diminishing Voc-Rehab's funding base to serve their clients, because under the Rehab Act is reauthorize by Title IV, WIA. One of the obligations of the state is inter-component training, but certainly the expectation is other components such as TANF, would pay their fair share for services that they might otherwise need to get in the open market. So, that in terms of memorandum of understanding, there would be a hope and expectation that the Voc-Rehab would in fact be paid for some of their services.

Eileen Sweeney: I was in a meeting a couple of years ago where a state VR director was asked could you serve this TANF population and I wasn't in a position to be able to raise my hand or anything so I just sat and listened. His answer was no, he couldn't. I went up to him at lunchtime and I said, "if they had asked you the question and said, if your state gave you TANF money to serve this population, could you serve them?" And he said, absolutely, I could expand my number of staff I have, I have space, I could do that, but I can't do it if the TANF dollars don't come with the people. I think that is pretty reasonable.

Michael Collins: I would share also that here in Vermont that TANF agency did pay for the 11 hybrid counselors and provide the access to the support service dollars that are needed. There was quite a controversy at the beginning of the project with some of our TANF agency people saying well excuse me, but VR has a mandate to serve people with disabilities and their

employment needs. So, why aren't we just referring people to them and it's their problem. The reality of course would have been even longer waiting list.

Other questions? Michelle?

Michelle: Thank you. Our next question is from Nick Rose.

Nick Rose: Yes, we just wanted to know if we could get information on the referral form that Vermont is using with the VR agency?

Michael Collins: Screening tool?

Nick Rose: Yes.

Michael Collins: Certainly. I'll give you my e-mail address for anyone else that wants it. Michael@dad.state.vt.us Anybody that sends me an e-mail, I will send them back the screening tool. Ok, Michelle.

Michelle: Thank you. Our next question is from Terry Cantine.

Terry Cantine: Thank you. Can you just repeat your e-mail address again? I got @dad.state.vp.us

Michael: No, VT for Vermont, vt.us

Terry Cantine: I have a couple of questions. The first is concerning the Seattle learning lab. I don't remember, I am sorry, who spoke of that. Is that assessment tool available for us to get a hold of or is available online?

Michael Collins: Dick, I think that was your.....

Dick Ensor: Yeah, I actually I'm sure it's available to get. I am not sure that it is online, and actually it's one of the things that they are doing is encouraging other states and localities to adapt that, adopt that process. So I remember the guys name was Dan, but I can get you that information and perhaps we could get it to Michael and he could put it on the web. We have some notes we are going to put on anyhow.

Terry Cantine: That's great, and one more if I can.

I am in California and with our WIG grant, we have done a lot of outreaching with many agencies. One of our biggest challenges is getting people with disabilities to use our One-Stops, getting them into our One-Stops. One of the agencies that was actually written into the grant and that we have been working over a year to try to connect with is the Department of Social Services---DPSS. I have gone up and down throughout the ranks and throughout different districts and different offices and what I keep getting back from everybody that I contact is the fact that people with any type of a disability are not required to work and they do not want to be

bothered. They do not want to go anyplace else. I know there is a large population that is being exempted from that category of having to work and having to go through the month, et cetera. But I am just at my wits end in trying to reach that population and while we partner very closely with the department of rehab, people that don't make their list of selection, which is a great amount of people, that's also tricky getting that group of individuals because of the confidentiality and not being able to give names and numbers so they may be given a referral slip, but again we are not seeing them coming into the One-Stop.

Any suggestions, or anybody have anything thoughts on that?

Eileen Sweeney: One person I know who has been having some success in California on TANF and disability issues is a woman names Jody Berger at the Welfare Advocacy Project at the Employment Law Center in San Francisco. I have her number. It is 415-864-8848 ext. 254. I believe she is on a couple panels that the state agency or other folks have put together looking at disability issues and it may be that she is a good avenue for getting some of those issues looked at the state level that would then be helpful to you.

Terry Cantine: Thank you very much.

Bobby Silverstein: Are you working, I assume you are working with the ARC and the UCPs and the Easter Seals and NOMI affiliates in the state.

Terry Cantine: Yes.

Bobby Silverstein: And that is not bearing fruit either?

Terry Cantine: No. We have pulled together different agencies to help us with conducting focus groups at our One-Stops and having secret shoppers go into make sure that our staff is properly trained and assisted technology is in order and what is needed. We go to all those agencies that you've mentioned for the people. We have the people together in groups when we do our focus groups we disseminate the information, but we are still not getting enough people into the one stops. We know they are there, especially in California, the numbers are staggering, but we just are having real problems.

Michael Collins: Thank you. Michelle?

Michelle: At this time I am showing no further questions. I'll turn it back to you.

Michael Collins: Well it is about 3:00 on my clock so that worked out quite well. I want to thank everyone for joining us. Thank you to the panel. We will see you all later.