



Reaching TANF Recipients with the Greatest Barriers to Work:

Tennessee's Family Services Counseling Program

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Executive Summary

One of the greatest challenges for any state's TANF program is how to effectively assist the families with the greatest barriers to work, particularly those persons with disabilities. TANF recipients have an incidence of physical or mental health impairments which is at least three times higher than that of the population as a whole. States are also subject to the mandates of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 with respect to TANF recipients. These laws mandate individualized treatment and an effective and meaningful opportunity for persons with disabilities to participate in the TANF program. This mandate includes individualized assessments of TANF recipients' abilities to meet program requirements as well as an obligation to provide sufficient services and program modifications to avoid discrimination against persons with disabilities. TANF caseworkers seldom have the expertise and training to effectively address these barriers, particularly with respect to the large number of families suffering from depression or other mental impairments. In addition, in many states local caseworkers have so many cases that they simply do not have the time, even if they had the expertise, to address these issues for individual families.

One response to this issue is a program that provides qualified professionals with small caseloads to assist those families with the greatest barriers to work. Tennessee's Family Services Counseling (FSC) initiative was established to provide such a program. FSC was designed to provide individual assessments, short term counseling, intensive case management, assistance in developing a personalized work plan and advocacy for participants. The primary barriers to work the program was designed to address are mental health, domestic violence, substance abuse, learning disabilities and children's health and behavioral problems. FSC was designed to be a holistic approach with respect to virtually all of the potential barriers to work that a family might encounter.

Tennessee's Department of Human Services contracted with the College of Social Work at the University of Tennessee to assist in the development and implementation of the FSC program. The College, in turn, contracts on a regional basis with well-established, local not-for-profit counseling agencies to provide approximately 86 predominately masters-level FSC counselors to staff FSC. These counselors serve between 3,300 and 3,700 TANF families a month. This is about 5 % of the approximately 69,000 Tennessee families who receive TANF assistance during a particular month. The total annual cost of FSC is approximately 6.03 million dollars. Participation in the program is voluntary, but FSC places special emphasis on referrals for families facing a sanction for failure to meet work participation requirements, families exhibiting signs of a barrier and families that have been identified by a work activity provider as having obstacles to work. FSC counselors are required to be masters level professionals with an expertise in at least two of five areas (mental health, substance abuse, domestic violence, child behavior, learning disabilities).

Persons who volunteer for the program are assessed for barriers by the FSC counselor and assigned to one of four categories ranging from no barriers to severe barriers. Only 3% of all persons are found to have no barriers, while at the other extreme, 8% are found to have such severe barriers that they are likely to be totally disabled. FSC counselors have the ability to modify work activity requirements in light of the individual barriers which have been identified.

After assessment, the counselor works with the family to focus on the accomplishment of specific goals which impact on the abilities of these individuals to get and keep a job. Counselors do not provide long term therapy. Instead, participants are referred to local resources for needed services while the counselor focuses on an approach known as Solution Focused Brief Therapy which is designed to identify specific problems and work through potential solutions to these problems by working with the client in a collaborative manner. A particularly prevalent problem is depression. Nearly two-thirds of FSC participants have mental health barriers, with depression being the most prevalent problem. In addition to counseling, persons suffering from depression are referred to community mental health centers for long term counseling and medication. Counselors also act as advocates for the participants. This includes helping them access treatment, obtain accommodations needed and addressing safety issues for domestic violence victims. Counselors also assist those clients who have such severe barriers that they may qualify for disability benefits in applying for and obtaining those benefits.

The effectiveness of the program can be evaluated in four different ways.

- First, do participants make progress in achieving work-related goals? Ninety percent of the families that received FSC services reported that the services helped them meet their work-related goals. Over 91% of those who successfully completed the program said they had reached their goals and over 74% said they could not have accomplished this without the assistance of FSC.
- Second, are participants more likely to comply with TANF work activity requirements? Data gathered during the first two years of the program shows that persons who successfully completed the FSC program were substantially more likely to comply with program requirements than persons referred to FSC who either chose not to participate or did not complete the program.
- Third, does the program help people get jobs? Persons who successfully completed the program were significantly more likely to be employed than those who were referred to the program but who chose not to participate. This was true despite the fact that successful completers initially had a lower rate of employment than those who chose not to participate. Approximately 14% of those who successfully completed FSC were employed when they were initially referred to the program. In contrast, approximately 19% of those who were referred but determined they did not wish to participate were employed at the time of referral. Six months after completion of the program 49% of those who successfully completed the program were employed while less than 30% of those who did not successfully complete were employed. Persons who successfully completed also had higher earnings and greater increases in hours worked and pay rate than those who chose not to participate despite the fact that this group initially had a higher percentage of person employed.
- Fourth, the success of the program can be assessed in relation to its effectiveness in meeting the legal obligations of the state with respect to program modifications and accommodations for persons with disabilities. The FSC program has been recognized as a model program by the Office of Civil Rights for the United States Department of

- Health and Human Services as well as other studies which have assessed effective state strategies for responding to the needs of persons with disabilities.

The TANF work participation mandates enacted pursuant to the Deficit Reduction Act of 2005 and the 2006 implementing regulations issued by the U.S. Department of Health and Human Services will require states to reach out to families with multiple and severe barriers in order to satisfy federal work participation rates. A barrier removal program like FSC can support this effort in several ways.

- First, it can serve as a supplemental support for families that are fully engaged in other activities which count towards the federal work participation rate. Over one-third of all Family Services Counseling participants participate fully in other work activities, typically for 40 hours per week
- Second, a barrier removal program like FSC is a “job search and job readiness assistance” activity which can be counted towards federal participation requirements. Over two-thirds of all states qualify under criteria that allow them to claim up to 12 weeks of such activities in a calendar year.
- Third, a barrier removal program like FSC can serve as a bridge program for those persons who, due to the severity of their barriers, are currently unable to engage in the required hours of activities needed to satisfy federal requirements.
- Fourth, for those families with the greatest disabilities, a program like FSC can provide effective assistance to help them obtain Social Security and SSI disability benefits.

Introduction

I think FSC fills a gap that we have had for some time; we always knew we had customers who had needs they weren't telling us about – they wouldn't or they couldn't or whatever. But we knew there were things standing in the way of their success in the Families First Program and we didn't specifically know what they were. But we knew that when we were sending them out into the workforce, they probably would be returning to us . . . So there was a sigh of relief when FSC started, because finally we had a place to send these folks to . . . It's a much needed resource; we're just so pleased to offer it here.¹

That “sigh of relief” from a Tennessee Department of Human Services administrator was occasioned by the implementation in 2000 of a special program called Family Services Counseling (FSC). FSC is designed to provide intensive services for those families receiving Temporary Assistance for Needy Families (TANF) that have the greatest barriers to work. In the FSC program, masters-level counselors perform evaluations, provide solution-focused brief therapy, make adjustments with respect to work activities and time limits in light of the barriers the family faces and act as advocates to obtain needed services for these families.

This issue brief will describe why the program was established, how it works, its effectiveness, and finally, how such a program is affected by the changes in the TANF program mandated by the Deficit Reduction Act of 2005 and the subsequent TANF regulations implementing the Act.

One woman's story

If it wasn't for my FSC counselor, I wouldn't be here now.

Kitty T.² is a single mother of four children who came to the Tennessee Department of Human Services (DHS) in tears. She did not have a job and she had recently been released from the hospital after attempting suicide. Because she was eligible for Tennessee's Temporary Assistance for Needy Families (TANF) program, which is called Families First, she was immediately referred to the Family Services Counseling (FSC) program for a crisis consultation. After the FSC supervisor defused the situation, an appointment was made for initial assessment with the FSC counselor.

Ms. T met with her FSC counselor, a Certified Master Social Worker with 20 years of experience in the field. The immediate goal was to keep the client safe by developing a safety plan and encouraging Mrs. T. to keep her follow-up psychiatric appointment and to take medications as prescribed by the emergency room. The presenting issue was bereavement due to

¹ Debra Godwin Perkins, Karen Homer, “2002 Family Services Counseling Evaluation Report,” University of Tennessee College of Social Work, Office of Research and Public Service, June 2003 at 18 (Statement of Tennessee Department of Human Services administrator) (hereinafter 2002 FSC Evaluation)

² A pseudonym is being used to protect the privacy of this Middle Tennessee resident who has participated in the Family Services Counseling Program.

the sudden death of a significant long time friend for which the client felt responsible because she, at the request of the medical staff, called the patient's mother from the hospital and his mother gave the order to not resuscitate.

Working together, Ms. T. and her counselor set up the goals they hoped to accomplish addressing the following barriers: mental health – bereavement and major depression because the death of the friend and a history of depression, alcohol/drug use disorder, and poor coping and communication skills because she was the victim of domestic violence from childhood through adulthood. Ms. T hoped that achievement of these goals would assist her in obtaining a job which paid enough to make her self sufficient. These goals are set forth below:

Bereavement goals: Client will acknowledge and accept the death of loved one, will begin the grieving process, will resolve feelings over the death of loved one, and will reconnect with old and new relationships and activities. Objectives: client will identify and state steps in the grieving process; will explore and express motions and feelings associated with this loss; will resolve feelings of anger and guilt associated with the loss of loved one; will interact with and discuss the death of loved one with others.

Alcohol/Drug Use goals: Abstinence of substance, medical assessment and introduce new coping skills and/or build on existing coping skills. Objectives: evaluate how much and how often client drinks; client will attend and then discuss experience she has had while attending 12 step meetings; client will establish a support system she can utilize.

Depression goals: Lessen depressed mood and return to an effective level of functioning; develop the ability to recognize and cope with feelings of depression; develop healthier cognitive patterns and more positive beliefs about self and the future, reduce suicidal thoughts. Objectives: client will identify the source of depressed mood; will identify any dysfunctional self-talk that is perpetuating the depression and replace those negative thoughts with more positive and realistic self-talk/ client will verbalize more positive, hopeful statements about the future, client will engage in regular exercise and/or positive self care; will reduce suicidal ideation, will take medication as prescribed by psychiatrist.

In addition to addressing these issues with her, the FSC Counselor made referrals for community counseling services and community hospice services. Ms. T participated in a grief management group operated by the local hospice program. Even though she struggled initially, Ms. T forced herself to participate at the strong encouragement of the FSC Counselor. Ms. T. continues to meet with this group once a week.

Ms. T. is now employed full time making \$ 12.00 per hour as an electrician's helper. She has received two raises despite the fact that, as she says, "I'm a woman in a man's world." She has left the Families First program and no longer receives TANF cash assistance. It took Ms. T. ten months to work through these issues and twelve months from initial contact with DHS staff. She commented during her closing session with her counselor that: "If it wasn't for my FSC counselor, I wouldn't be here now." Ms. T. requested and continued extended FSC after she left Families First, because in her words: "I never had anyone who I could sit down and talk to" and because her psychiatrist strongly recommended that she continue Family Services Counseling.

Her counselor states that the most effective way to measure whether the FSC program is successful is to determine whether progress has been made on the goals which have been identified.³ At any one point in the process, success might be measured differently. For one person not committing suicide may be success. For another, it may be learning parenting skills, asking an abuser to move out or getting an AA sponsor. Her counselor believes sometimes there is “no way to measure the seeds we plant because often times after a few sessions a client leaves the program to take a job or move to another county, but they take with them new understandings, new skills, or community resources that go unreported”. In addition, “some TANF families are doing the best they can and they will never earn enough to support their family, particularly those with borderline intelligence and severe mental health issues.” Ms.T’s counselor reports that 95% of her FSC clients make progress on their goals. The other 5% percent disappear from the system due to taking a job, succumbing to their problems, or moving out of county.

The “Faces of Change” website of the Alliance for Children and Families contains many interviews with individual Tennessee TANF recipients who discuss what the FSC program has meant to them.⁴

A description of the Family Services Counseling Program

Why the program was needed

Before it [Family Services Counseling] ever started, I had a client that kept going through the system over and over again. She now maintains a job and has even been promoted as a result. And it was all because she had the help she needed.⁵

When Tennessee’s “Families First” TANF program was first implemented, caseworkers who already had high caseloads had to take on new responsibilities for service and support to help recipients transition from welfare to work where they previously had focused on eligibility determinations.⁶ In addition, TANF families have a much higher incidence of physical and mental impairments than that of the general public. A national study conducted by the United States General Accounting Office found that 44% of TANF recipients had at least one physical or mental health impairment, which was three times higher than the rate of such impairments

³ April 26, 2006 interview with FSC counselor Susan Hofler

⁴ Faces of Change, TN-100, Alliance for Children and Families (<http://www.alliance1.org/Research/foc/articles/TN.htm>)

⁵ Debra Godwin Perkins, Kristi Roberson-Scott and Julianna Magda, *Family Services Counseling Evaluation Report* University of Tennessee College of Social Work, Office of Research and Public Service, February 2001 (hereinafter 2001 FSC Evaluation) at 59-60 (Statement of Tennessee Department of Human Services caseworker).

⁶ Linda Rudolph and Michael O’Hara, *Families First Landmark Transition*, Bureau of Business and Economic Research/Center for Manpower Studies, University of Memphis (2002) at 70.

among adults not receiving TANF benefits.⁷ The Urban Institute has found that “[P]erhaps the strongest predictor of not participating in work activity is the presence of multiple obstacles.”⁸

In Tennessee nearly two-thirds of those persons who were assessed for the FSC program had mental health barriers and nearly one half had children with physical or behavioral barriers.⁹ This is most likely an underestimate since TANF recipients are often reluctant to disclose barriers to work, particularly any mental impairments. As one TANF recipient said, “I don’t want nobody at the door when I get home taking my child away or saying ‘Okay, here’s a man in white jackets’.”¹⁰

Depression is perhaps the most widespread barrier to work for TANF recipients. A survey of the literature suggests that depression and elevated levels of depressive symptoms are highly prevalent among welfare recipients (ranging from 35-58% of the population).¹¹ Eight different studies of major depressive disorders among women on public assistance showed an incidence of twelve to thirty-six percent.¹² In Tennessee, the incidence of depression is over 30% for TANF recipients, according to a random survey of over 3,600 recipients.¹³ Depression is more disabling than all other chronic conditions except myocardial infraction (heart attack).¹⁴ Providing treatment for depression increases the likelihood of employment.¹⁵ Proper screening of depression is also important since depression may be a barrier to not only employment, but also to job retention.¹⁶ This is particularly true with respect to TANF recipients because time limits and work requirements make it critical that TANF programs have the ability to identify factors that may prevent welfare recipients from obtaining employment.¹⁷

Major depression also compromises a mother’s ability to respond to her children and greatly affects her children’s well-being.¹⁸ Mothers participating in focus groups for one study phrased it best when they stated, “if mama ain’t happy, nobody’s happy”, to convey the fact that their

⁷ U. S. General Accounting Office, *Welfare Reform: More coordinated federal effort could help states and localities move TANF recipients with impairments toward employment*, GAO-02-37, October 2001 (available at <http://www.gao.gov> under November 1, 2001).

⁸ Loprest and Zedlewski, *Current and Former Welfare Recipients: How Do They Differ?* Urban Institute, Discussion Paper 99-17, November 1999 (<http://www.urban.org/html/discussion-99-17.html>)

⁹ 2002 FSC Evaluation at 34.

¹⁰ U.S. General Accounting Office, *Welfare Reform: More coordinated federal effort could help states and localities move TANF recipients with impairments toward employment*, GAO-02-37, October 2001; Faces of Change, TN-100, Alliance for Children and Families ([http://www.alliance1.org/Research/foc/articles/TN-100\(II\).htm](http://www.alliance1.org/Research/foc/articles/TN-100(II).htm))

¹¹ Mareasa R. Issacs, *Community Care Networks for Depression in Low-Income Communities and Communities of Color, A Review of the Literature*, (September 2004)

¹² Mary Lennon, Juliana Blome and Kevin English, *Depression and Low-Income Women: Challenges for TANF and Welfare-to-Work Policies and Programs*, National Center for Children in Poverty, Mailman School of Public Health, Columbia University (2001) at 6

¹³ A longitudinal survey of 3,659 individuals receiving TANF found reports of diagnosed depression ranging from 31% to 38.9% in four rounds of interviews. Compilation of longitudinal data prepared by Kerry Mullins, Research Analyst, East Tennessee State University (December 2005)

¹⁴ Isaacs at 4

¹⁵ Lennon, *etc al* at 10- 11

¹⁶ *Id.* at 27

¹⁷ *Id.* at 9

¹⁸ *Id.* at 12

emotional state is reflected by their children¹⁹ The trickle down effect of the mothers' depression on her children is evidenced by the lower academic achievement, exhibition of behavioral problems, lower levels of social competence, and the poorer physical health of the children.²⁰

Legal obligations with respect to disabled TANF recipients

In addition to the needs of TANF recipients with barriers, there were also legal mandates with respect to the treatment of disabled persons in the TANF program. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 specifically requires states to comply with the protections contained in the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act with respect to TANF recipients.²¹ The implementing regulations with respect to the ADA make it clear that requirements of the ADA apply to actual practices engaged in by a state agency as well as written policies.²² Policy Guidance issued by the Office for Civil Rights of the United States Department of Health and Human Services provides detailed instructions with respect to the protections that must be afforded to TANF recipients with disabilities.²³ Central concepts for compliance with the ADA are individualized treatment and an effective and meaningful opportunity to participate in the TANF program.²⁴ Services which must be provided include an individualized assessment of the ability to meet program requirements if there is an indication that a person's disability may impact their ability to participate in the TANF program.²⁵ The TANF agency must also provide an opportunity for a more comprehensive evaluation.²⁶ In addition to providing assessments, states must also provide appropriate services. Examples of practices which would assist TANF agencies in providing appropriate services include counseling services such as mental health services.²⁷ The Policy Guidance specifically identifies Tennessee's FSC Program as a model program with respect to the use of specialized staff to conduct assessments and provide other assistance for TANF beneficiaries who are unable to complete work activities, do not remain employed and who are recommended for further assistance by a service provider.²⁸

¹⁹ Isaacs at 46

²⁰ Isaacs at 15.

²¹ 42 U.S.C. 608(d). For an excellent discussion of the application of these laws to state TANF programs see "Implementing the TANF Changes and the Deficit Reduction Act: Win-Win Solutions for Families and States", Center on Budget and Policy Priorities and Center for Law and Social Policies (2006) (<http://cbpp.org/5-9-06TANF.htm>) at 71-78.

²² 28 C.F.R. Part 35, Appendix A, Section 35.130 at 467 (1996) (Commentary to Title II ADA Regulations)

²³ "Prohibition Against Discrimination on the Basis of Disability in the Administration of TANF (Temporary Assistance for Needy Families), OCR Policy Guidance (January 19, 2001) (Office for Civil Rights, U.S. Department of Health and Human Services) (hereinafter OCR Policy Guidance) (<http://www.hhs.gov/ocr/prohibition.html>)

²⁴ *Id* at 7.

²⁵ *Id* .at13

²⁶ *Id* at 14

²⁷ *Id* at 20

²⁸ *Id* at 20

The establishment of the FSC Program

In 1999, three years after Tennessee's Families First Program began, the director of services for Tennessee's Families First TANF program obtained reports from local welfare administrators with respect to the types and prevalence of work barriers among TANF recipients.²⁹ In some of the rural areas of Tennessee even basic services for persons with barriers were just not there.³⁰ Based on the reports received by the Director, it was determined that some families needed more intensive clinical case management and counseling services.³¹

FSC was established by the Tennessee Department of Human Services in 2000 to "help us reach in a useful and productive way, families that may not otherwise find long term success."³² It was designed to provide screening, intensive case management, referral services and assistance in designing a personalized work plan.³³ The primary areas that Family Services Counselors should address are mental health, domestic violence, substance abuse, learning disabilities and children's health and behavioral problems.³⁴ Counselors are given the authority to modify as necessary work and activity requirements in order to address the barriers that FSC participants have.³⁵ Finally, the FSC counselor's primary responsibility is to the client.³⁶

The Tennessee Department of Human Services contracted with the College of Social Work at the University of Tennessee for the administration of the FSC program and, in turn, the College of Social Work contracted on a regional basis with local not-for-profit agencies to provide a total of approximately 86 predominately masters-level FSC counselors to serve the needs of this population.³⁷ Contracting agencies were typically local not-for-profits with a long history of working providing counseling services for low income families.³⁸ In order to publicize the program, the Department of Human Services sought the assistance of an experienced community educator with the Legal Services program in Nashville Tennessee in designing attractive and simple notices with respect to the availability of the program.

FSC counselors also participate in an orientation of all new Families First participants to make them aware of the program. In addition, Families First caseworkers are required to specifically ask certain families if they would like a referral to the program. These families include those facing a sanction for the failure to meet work participation requirements, families exhibiting signs of one of the obstacles that FSC can address, families identified by a service

²⁹ Derr, Michelle K., Douglas, Sarah, Pavetti, LaDonna *Providing Mental Health Services to TANF Recipients: Program Design Choices and Implementation Challenges in Four States, Final Report*, Mathematica Policy Research, Inc. (August 2001) (hereinafter *Mathematica Report*) Appendix A at A-10.

³⁰ December 8, 2005 interview with FSC counselor Mary Burns.

³¹ *Id.*

³² "Family Services Counseling in Families First", Tennessee Department of Human Services Bulletin No. 2 (January 6, 2000)

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.* at 1

³⁷ *Mathematica Report*, Appendix A at A-10.

³⁸ In the Chattanooga area, DHS contracted with Family and Children's Services of Greater Chattanooga which had been providing outpatient mental health treatment as well as life skills training, parenting classes and employee assistance programs for over 120 years. *Mathematica Report*, Appendix A at A-12.

provider as having obstacles and a family that is in a domestic violence program.³⁹ Participation in the program is voluntary and caseworkers are instructed not to ask the reason a family is seeking a referral and no verification of need is required.⁴⁰ The FSC counselors are required to be Masters-level mental health professionals with expertise in two of five areas (mental health, substance abuse, domestic violence, child behavior, learning disabilities).⁴¹ The primary responsibility of the FSC counselor is to the client.⁴² FSC counselors do not share information about specific treatment or counseling with the DHS caseworker, in order to build trust between the counselor and the client.⁴³ The only exceptions are reporting of abuse or harm to others or self, a failure to participate in the FSC program and information directly related to eligibility or a medical emergency.⁴⁴

Persons who volunteer for the FSC program are assessed for barriers to work by the Family Services counselor. The counselor uses an eight-page assessment form which screens for issues with respect to mental health, parenting, domestic violence, learning disabilities, substance abuse, employment and school history and any applications for Social Security disability benefits.⁴⁵ The assessment specifically asks for the goals that the person seeking assistance has with respect to the FSC program. Based upon this assessment, the counselor identifies what specific barriers exist and assigns the person to one of four categories ranging from Category A (no barriers) to Category D (severe barriers). The box below sets forth the definitions for these categories. Following each definition is the percentage of persons screened who fit within each of the four categories.

³⁹ January 6, 2000 DHS Bulletin at 2

⁴⁰ 2002 FSC Eval. App. A; Families First Policy Handbook (<http://tennessee.gov/humanserv/ff-handbook.pdg>) at 364

⁴¹ Mathematica at 34

⁴² Mathematica at 1

⁴³ January 6, 2000 DHS Bulletin at 2

⁴⁴ Family Services Counseling Informed Consent Form, U.T. College of Social Work, Office of Research and Public Service (January 2006)

⁴⁵ Family Services Counseling Assessment (revised) (December 2005)

A. No barriers found. This customer will not receive Family Services Counseling services. Refer client back to the caseworker to renegotiate the Personal Responsibility Plan. **3% of all persons assessed**

B. Barriers were found and client will receive Family Services Counseling. The client will still have a traditional work plan (typically 40 or 20 hours), and may have up to 10 hours per week of FSC. **34% of all persons assessed**

C. Major barriers present that require modifications to the total hours on the PRP, modified sanction procedures, time limit interruptions, and/or modified activities. **56% of all persons assessed**

D. Severe barriers present. Participant has either chosen to have an incapacity determination or has already been determined to be Disabled or Incapacitated and has been exempted or interrupted from time limits and work requirements. **8% of all persons assessed**

Reference: Perkins, Deborah and Homer, Karen; *2002 Family Services Counseling Evaluation Report*, University of Tennessee College of Social Work, Office of Research and Public Service (June 2003) at 15; Families First Policy Handbook (<http://tennessee.gov/humanserv/ff-handbook.pdg>) at 364

Persons who report during the assessment that they had problems learning in school or being placed in a special education or resource classes have the opportunity for psycho-educational testing by qualified educational psychologists.⁴⁶ Persons who have been determined to have severe barriers (Category D) can receive assistance from the FSC counselor in obtaining SSI and Social Security disability benefits.⁴⁷ The majority of persons referred for assessment determine after assessment that they want to participate in the Family Services Counseling Program.⁴⁸ However, over 1/3 of the persons referred for assessment do not keep their appointment for an assessment.⁴⁹ The FSC program in Memphis, which contains over one-third of all the TANF recipients in the State,⁵⁰ uses home visits to follow up for persons who have not shown for an appointment within 14 days.⁵¹ Most of the persons who had a home visit did complete the assessment process.⁵²

A key design feature of the Family Services Counseling Program is the ability of the counselor to modify program requirements for persons identified as having major barriers. For

⁴⁶ Families First Contractor Manual at 57 (www.state.tn.us/humanserv/contractor-manual.pdf)

⁴⁷ *Id.*

⁴⁸ Fifty-six percent of the persons referred during both 2000 and 2001 determined that they wanted to receive services. 2002 Family Services Counseling Evaluation Report at 13.

⁴⁹ Thirty-four percent did not show in 2000 and thirty-five percent in 2001. 2002 Families Services Counseling Evaluation Report at 13

⁵⁰ 34.4% of all TANF recipients live in Shelby County, where Memphis is located. Families First 2003 Case Characteristics Study, Center for Business and Economic Research, University of Tennessee (July 2004) (<http://cber.bus.utk.edu/TDHS/ccs2003.pdf>) at Table 1.1.

⁵¹ December 27, 2005 interview with FSC supervisor Vickie Norman and FSC counselor Pam Taylor. The Memphis office made 57 home visits to persons who did not show for assessments during November of 2005.

⁵² *Id.*

such persons, a Family Services Counselor can modify program requirements including the required hours and type of activities, time limits and sanctions.⁵³ For example, a participant who has a bi-polar illness may not follow through on plans that have been made. The counselor may allow non-compliance with the work requirement multiple times before asking the caseworker to start the formal sanctioning process.⁵⁴ The counselor has the authority to completely suspend activity requirements and to interrupt the time limits in appropriate cases.⁵⁵

After the assessment, the Family Services Counselor will work with the client to design any needed modifications to the Families First activity requirements, the sanction procedures and the application of time limits. At that point the person can decide either to participate in the FSC program on those terms or return to the traditional Families First Program. Only a small percentage (7-8%) decide not to participate in the program.⁵⁶ Once a plan has been completed the Family Services counselor assists in obtaining access to treatment providers, domestic violence shelters and counseling resources and obtaining needed services for the children of the family.⁵⁷ The FSC counselor is expected to maintain weekly contact with the client and/or auxiliary service provider for persons who are identified as having major barriers.⁵⁸

Family Services counselors typically provide individual and family counseling which is focused on the accomplishment of specific goals chosen by the parent. It is modeled upon a therapy approach known as “solution-focused brief therapy”.⁵⁹ The process begins by asking the client to describe his or her problems in the area where help is needed and moves through potential solutions to the problem, assisting the person in working through these solutions and collaboratively determining when the problem is resolved and counseling should be terminated.⁶⁰ This type of short term therapy consists, on average, of six to ten sessions.⁶¹ The four major concepts of solution focused brief therapy are set forth on the following page.

⁵³ Families First Policy Handbook at 362-363 (<http://tennessee.gov/humanserv/ff-handbook.pdf>)

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ 2002 FSC Evaluation Report at 13

⁵⁷ *Id.* at 353

⁵⁸ Families First Contractor Manual at 56.

⁵⁹ Detailed descriptions of this approach are set forth in Chanser, S.D. and Burg, K. (1997) What Works? Remarks on Research Aspects of Solution-Focused Brief Therapy, *Journal of Family Therapy*, 19(2), 121-124; Schindler-Zimmerman, T.; Prest, L. A. and Wetzel, B.F. (1997) Solution-Focused Couples Therapy Groups: An Empirical Study, *Journal of Family Therapy*, 19(2), 125-143

⁶⁰ Perkins, Debra; Roberson, Scott; Christy and Magda, Julianna, *Family Services Counseling Evaluation Report*, February 2000 through October 2000, University of Tennessee College of Social Work, Office of Research and Public Service (2001)

⁶¹ Derr, Michelle K., Douglas, Sarah, Pavetti, LaDonna *Providing Mental Health Services to TANF Recipients: Program Design Choices and Implementation Challenges in Four States, Final Report*, Mathematica Policy Research, Inc. (August 2001) (hereinafter Mathematica Report) Appendix A at 17.

Tennessee's Solution-Focused Brief Therapy

In Tennessee, in-house mental health counselors are trained extensively in solution-focused brief therapy and are expected to use it in providing treatment to TANF clients referred to their program. The objectives of solution-focused, brief therapy are to identify the problems that keep a client from becoming employed and to explore options for resolving those problems. Solution-focused therapy is based on four major concepts:

1. **The overall goal is change.** The counselor's role is to guide clients through the process of identifying what needs to change to improve their circumstances, and to motivate and encourage clients to make these changes.
2. **There are practical solutions to problems.** The counselor helps clients to focus on what is possible and changeable, and to outline a plan for working through barriers.
3. **Clients define their goals and determine how they will reach them.** The counselor raises client's consciousness about problems by pointing out discrepancies in their handling of issues, rather than by telling clients what they need to change and how they should do it.
4. **It is important to identify and tap into clients' strengths and resources.** The mental health counselor helps clients recognize and tap into their own strengths and resources to solve problems.

Reference: Derr, Michelle K., Douglas, Sarah, Pavetti, LaDonna *Providing Mental Health Services to TANF Recipients: Program Design Choices and Implementation Challenges in Four States, Final Report*, Mathematica Policy Research, Inc. (August 2001) (hereinafter Mathematica Report) Appendix A at 18.

FSC counselors and supervisors uniformly report that depression is the most prevalent barrier for their clients.⁶² The FSC program has proven to be a crucial component of Tennessee's Families First program with respect to addressing welfare recipients' mental health problems generally, and depression specifically, which may otherwise reduce the effectiveness of interventions designed to improve education and employment.⁶³ Participants in Tennessee's FSC program can receive counseling from the FSC counselor if the depression is not too severe, or they may be referred to community mental health centers for psychological assessments, medication, cognitive behavioral therapy, or evaluation of suicidal ideations.⁶⁴ Tennessee's FSC program also teaches recipients important coping strategies.⁶⁵

The Family Services counselor also acts as an advocate for the client. This includes helping a client access needed treatment, obtain special accommodations needed and helping domestic

⁶² Interviews with Amy Diller, Susan Hofler, Mary Charles Ledsinger, Stacy Mann and Pam Taylor

⁶³ 2002 FSC Evaluation at 37; Lennon *et. al.* at 9-10.

⁶⁴ December 27, 2005 interview with FSC Supervisor Vickie Norman; April 20, 2005 interview with FSC counselor Susan Hofler

⁶⁵ December 27, 2005 interview with FSC counselor Pam Taylor

violence victims address safety issues.⁶⁶ Counselors also assist clients who have been identified as having severe barriers in obtaining Social Security and Supplemental Security Income disability benefits. Counselors focus their efforts with respect to obtaining disability benefits on the seven to eight percent of all FSC participants who are found to have severe impairments. They assist clients with severe disabilities in the application process, in obtaining needed information from treating physicians and, when necessary, obtaining needed psychological evaluations.⁶⁷ While the numbers of participants who receive SSI as a result of this assistance are fairly modest (13-18 per month)⁶⁸ at least one counselor has had remarkable success in obtaining SSI benefits for parents he has seen over the last six years in rural west Tennessee.⁶⁹ This counselor has obtained disability benefits for approximately 50 persons out of a total of approximately 225 persons he has worked with during that time period. A majority of the persons he has seen have mental illness issues or developmental disabilities. They are often ashamed to admit that they have had to seek mental health services. Finally, counselors serve as advocates with respect to the Department of Human Services (DHS) system. This includes helping caseworkers understand special accommodations that are needed⁷⁰ as well as simply helping them negotiate DHS procedures and requirements.⁷¹

Over 9,000 TANF families are referred to the Family Services Counseling program on an annual basis.⁷² The annual cost of the program is approximately 6.3 million dollars.⁷³ At a particular point in time, approximately five percent of all Tennessee TANF families are participating in the FSC program. In a typical month 3,300 to 3,700 families are receiving assistance from the FSC program out of a total of approximately 69,000 Tennessee families receiving TANF assistance during that month.⁷⁴ These families are served by 86 FSC counselors.⁷⁵ Most of these families have identified mental health barriers.⁷⁶ Over 700 families have identified domestic violence barriers; almost 400 have identified substance abuse barriers and over 200 have a learning disability identified as a barrier.⁷⁷ Despite these barriers, over 96% have been employed and 67% have been employed within the last year.⁷⁸

A prototypical FSC customer is a woman with two or fewer children.⁷⁹ At most, she has a high school education and is currently unemployed.⁸⁰ Almost 62% of all FSC customers are

⁶⁶ Families First Contractor Manual at 57

⁶⁷ Families First Contractor Manual at 50

⁶⁸ FSC Statewide Monthly Reports for October and November of 2005, Tennessee Department of Human Services

⁶⁹ December 22, 2005 interview with Family Services Counselor Robert Williams

⁷⁰ Families First Contractor Manual at 27

⁷¹ April 20, 2006 interview with Family Services Counselor Susan Hoffler

⁷² There were 9,569 referrals in 2001. 2002 FSC Evaluation at 11

⁷³ The current cost is \$ 6,316,487.20. Information provided by Families First Consultant Finney Clarkson, East Tennessee State University.

⁷⁴ FSC Monthly Reports October of 2005 through April of 2006, Tennessee Department of Human Services. The number of persons served during these months ranged from 3,350 to 3,776; Families First in Numbers, October 2005, Tennessee Department of Human Services (<http://tennessee.gov/humanserv/famfar-stats-10-05.pdf>)

⁷⁵ Information provided by Finney Clarkson, Families First Consultant, East Tennessee State University

⁷⁶ FSC Monthly Reports, October of 2005 through April of 2006. Tennessee Department of Human Services

⁷⁷ *Id.* October 2005

⁷⁸ FSC Administrative Data, January – December 2001, Tennessee Department of Human Services

⁷⁹ FSC Evaluation Report at 60

⁸⁰ *Id.*

white and 36% are African- American.⁸¹ She is most likely white unless she resides in an urban county, in which case she is most likely African-American.⁸² Approximately 70% of participants are unemployed.⁸³

During 2000 the average time to participate in the program was 110 days.⁸⁴ Approximately 55% of all families were in the program more than 90 days and over 15% were in the program for more than 180 days.⁸⁵ For example, during 2003 almost 2,900 families participated in the program for 7 to 12 months.⁸⁶

FSC counselors and supervisors stress that the more barriers a person has and the greater the severity of their barriers, the longer they need to remain in the program.⁸⁷ This is particularly true for persons with mental illness who need appointments to see a community mental health organization for medication and who may need to try more than one medication in order to address their problems.⁸⁸ One former supervisor of FSC counselors cautions that if we rush persons out of FSC we risk failure and loss of credibility with employers because they will not be ready to succeed in the job market.⁸⁹

An Assessment of the Effectiveness of the FSC Program

The stated purpose of the FSC program is to “provide help to participants who are not making progress and to those who may have barriers to their progress.”⁹⁰ When counselors and their supervisors were asked how they measured success with respect to a family they worked with, they universally responded that they measured success by how effectively the barriers to work the families had were addressed.⁹¹ They also cautioned that an assessment of success depends on the individual and success for one person may be completely different than success for another.⁹² For some people it may be getting them to take their medication and line up services they need.⁹³ Someone else may not be able to get a job immediately but they can get help dealing with their children.⁹⁴ For other persons this may involve identifying mental health needs, assisting with respect to domestic violence, helping resolve parenting issues and identifying those with a disability. The common thread with respect to all of these barriers is that they have a significant impact on the ability of these individuals to get and keep a job.⁹⁵ Finally,

⁸¹ *Id.*

⁸² *Id.*

⁸³ *Id.* at 61

⁸⁴ 2002 FSC Evaluation Report, Appendix E

⁸⁵ *Id.*

⁸⁶ Information provided by Kerry Mullins, Research Analyst, East Tennessee State University

⁸⁷ December 27, 2005 interview with FSC Supervisor Vickie Norman.

⁸⁸ December 21, 2005 interview with FSC Supervisor Stacey Mann; December 8, 2005 interview with FSC East Tennessee Regional Supervisor Mary Burns

⁸⁹ December 8, 2005 interview with former FSC Middle Tennessee Regional Supervisor Mary Beth Heany- Garate.

⁹⁰ Families First Policy Handbook at 353 (<http://tennessee.gov/humanserv/ff-handbook.pdf>)

⁹¹ Interviews with FSC counselors and supervisors Kimberly Collins, Vickie Norman, Pam Taylor, Stacey Mann and Chris Barton

⁹² December 27, 2005 interview with FSC Supervisor Chris Barton

⁹³ December 21, 2005 interview with FSC supervisor Stacey Mann

⁹⁴ December 27, 2005 interview with FSC supervisor Chris Barton

⁹⁵ See footnote 8

FSC counselors recognize that some of the parents they work with have barriers which are so severe that they may never be able to achieve self-sufficiency.⁹⁶

While an assessment of success in achieving their goals is necessarily subjective, almost 90% of the families that received FSC services reported that the services helped them meet their goals.⁹⁷ The most prevalent goals of the families were work, getting back to work or school and obtaining a GED.⁹⁸ Over 91% of those who successfully completed the FSC program said that they had reached their goals and over 74% said that they could not have accomplished this without the assistance of FSC.⁹⁹ Family Services Counselors also report significant success by their clients in achieving their goals.¹⁰⁰

The Department of Human Services also has data from a longitudinal survey of 3,659 Families First participants who have been tracked through seven rounds of interviews since 2001.¹⁰¹ The survey supports the conclusion that even those persons who do not successfully complete the program are usually successful in meeting their goals with respect to their barriers.¹⁰² Ninety percent of those who were involved with the FSC program reported meeting at least some of their goals and over 45% met most or all of their goals.¹⁰³ Sixty percent strongly agreed that FSC helped them meet their goals while an additional twenty-seven percent agreed that FSC helped them meet their goals.¹⁰⁴

There is also data which indicates that persons who have successfully completed the FSC program were significantly more likely to be employed than those who were referred to the program but chose not to participate. Only 14.3% of those who successfully completed FSC were employed when they were referred to the program.¹⁰⁵ In comparison, 19.2% of those who were referred to the program but determined they did not wish to participate were employed at the time of referral.¹⁰⁶ Six months after successful completion of the program, 49% of the persons who successfully completed were employed.¹⁰⁷ In contrast, only 29.9% of those who did not successfully complete the program were employed six months later.¹⁰⁸ Persons who successfully completed also had higher earnings and greater increases in hours worked and pay rate than those who chose not to participate in the program, despite the fact that the group initially had a higher percentage of persons employed.¹⁰⁹ Over one third of all persons who successfully completed the FSC program had earnings of at least \$ 800 per month.¹¹⁰ In contrast,

⁹⁶ 2002 FSC Evaluation at 19

⁹⁷ 2001 FSC Evaluation at 65

⁹⁸ *Id.* at 64

⁹⁹ 2002 FSC Evaluation at 18

¹⁰⁰ Kristen Green, the FSC supervisor for the FSC program operated by East Tennessee State University, polled her counselors who reported that approximately 65-70% of their clients made progress on their goals.

¹⁰¹ Information provided by Kerry Mullins, Research Analyst, East Tennessee State University

¹⁰² *Id.*

¹⁰³ *Id.*

¹⁰⁴ *Id.*

¹⁰⁵ 2002 FSC Report at Appendix E

¹⁰⁶ *Id.*

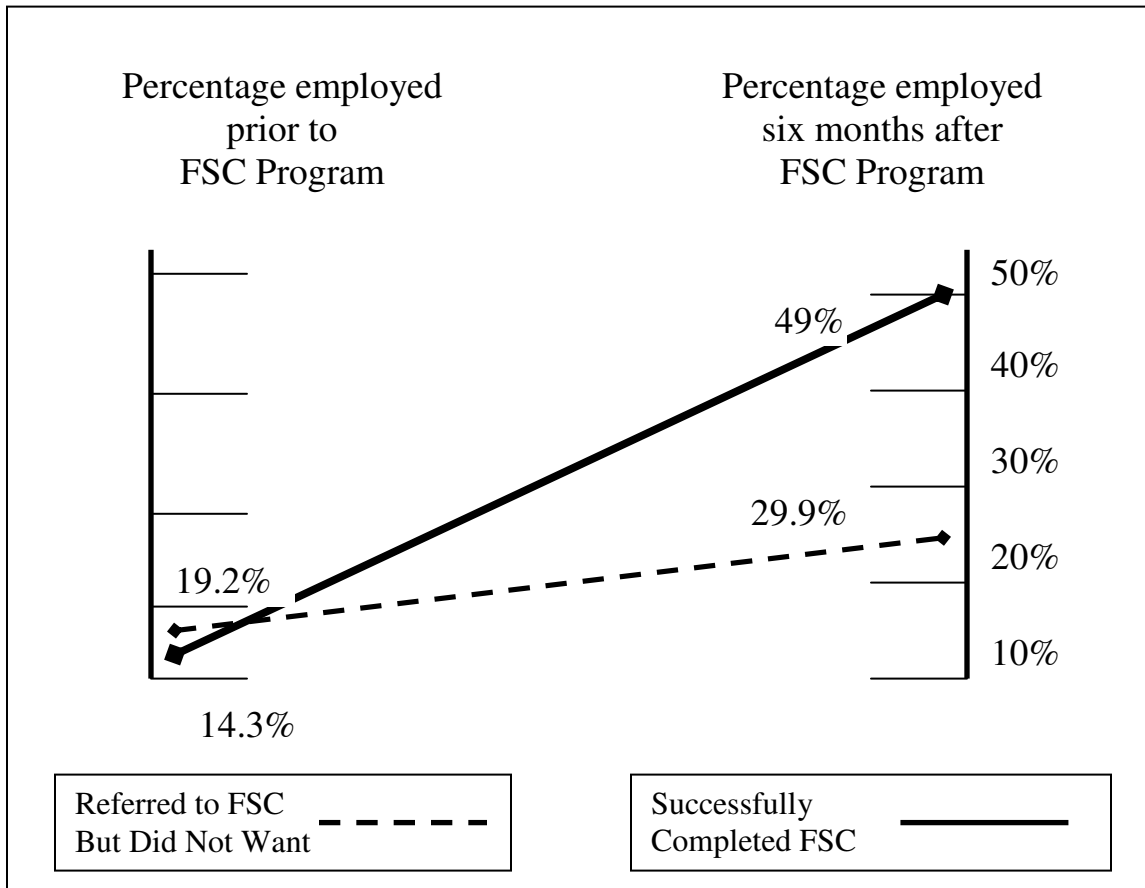
¹⁰⁷ *Id.*

¹⁰⁸ *Id.*

¹⁰⁹ *Id.*

¹¹⁰ 34% had average earnings of \$ 800 or more per month. 2002 FSC Evaluation Report at 31

only 18% of those persons who were referred but rejected the program had earnings of \$ 800 per month or more.¹¹¹ Unfortunately, data comparing these two groups is only available for 2000, the year the FSC program was established.¹¹²



Data collected during the first two years of the FSC program also indicate that persons who successfully completed FSC were substantially more likely to be compliant with the Families First program requirements than persons who were referred to FSC and either chose not to participate or did not complete the program.¹¹³

¹¹¹ *Id.*

¹¹² This information depended on an extraction of employment data from Department of Human Services case records which was not performed in subsequent years.

¹¹³ Over 71% of those who successfully completed FSC had no incidents of non-compliance for a period of 1 year to 18 months after completing the program. In contrast, for those persons who did not complete, less than 57% had no incidents of non-compliance over the same time period. 2002 FSC Evaluation Report at 31 and Appendix E *Families First Non-Compliance History by FSC Closure Reason*

Finally, the success of the program can also be assessed in relation to its effectiveness in meeting the legal obligations of the state with respect to program modifications and reasonable accommodations for persons with disabilities. Because Families First policies specifically allow FSC counselors to modify work participation requirements, sanction procedures and time limits to accommodate the specific disabilities of the individual being considered, the FSC program has been nationally recognized as a model program with respect to compliance with the ADA by the Office of Civil Rights for the United States Department of Health and Human Services as well as other studies assessing effective state strategies for responding to the needs of persons with disabilities.¹¹⁴

The Need for a Barrier Removal Program in Light of Recent Changes With Respect to Federal Work Requirements for TANF Programs

In 2006 Congress and the U.S. Department of Health and Human Services made some significant changes in the work activity requirements that states must meet with respect to their TANF programs. These changes will make it more difficult for states to claim credit with respect to work participation rates for barrier removal programs such as Family Services Counseling (FSC). However, these more demanding requirements also increase the need for a program such as FSC if a state hopes to include its most disadvantaged TANF recipients in work activities which meet federal requirements.

The Deficit Reduction Act of 2005 (which was actually enacted in 2006) made significant changes in the work activity performance standards which states must meet in order to avoid a federal penalty. The modifications include a change in the caseload reduction credit which states can use to reduce the work activity participation rates that they must meet. Prior to the Deficit Reduction Act, states received a caseload reduction credit based upon a comparison of their caseloads in 1995 to their current caseloads. During that time period almost every state experienced a dramatic reduction in caseload. In the State of Tennessee the number of families on TANF declined from 91,499 to 72,320 (21%) in the first six months after the program was implemented in September of 1996.¹¹⁵ During the first year there was a net decline in families receiving TANF of 33%.¹¹⁶ Because states could use these caseload declines to offset the work participation rates established in the new legislation, it was significantly easier for states to meet their federal work participation requirements prior to the 2006 change in the law. The Deficit Reduction Act modifies this caseload credit to only give states credit for reductions in their TANF caseload since 2005.¹¹⁷ Like many states, Tennessee has seen a much more modest reduction in its caseload since 2005.¹¹⁸

¹¹⁴ OCR Policy Guidance; Welfare Reform and Substance Abuse: Innovative State Strategies, *NHPF Issue Brief*, No. 771 (March 7, 2002), National Public Health Forum, George Washington University; *In Support of Low Income Working Families*, Annie E. Casey Foundation; *Implementing the TANF Changes in the Deficit Reduction Act: Win-Win Solutions for Families and States*, Center on Budget and Policy Priorities, Center for Law and Social Policy (May 9, 2006)

¹¹⁵ Linda Rudolph and Michael O'Hara, *Families First: Landmark Transition*, Bureau of Business and Economic Research/Center for Manpower Studies, University of Memphis (2002) at 67.

¹¹⁶ *Id.*

¹¹⁷ Deficit Reduction at Sec. 7102(a).

¹¹⁸ The Families First caseload in Tennessee has declined from 73,032 in January of 2005 to 68,151 in June of 2006, a decline of slightly less than 7%. Families First in Numbers (http://tennessee.gov/humanserv/adfam/ff_stats)

The Deficit Reduction Act also required that state programs funded solely with state maintenance of effort funding be included in determining whether a state meets the mandated work activity participation rate.¹¹⁹ Under the prior law, programs funded solely with state maintenance of effort dollars were not counted toward the federal work rate requirements.¹²⁰ Beginning October 1 of 2006, state TANF programs must satisfy a work participation requirement of 50% for single-parent families and 90% for two-parent families.¹²¹ These participation rates include almost all families in which an adult is receiving assistance.¹²² For a state to receive credit towards the federal work participation requirements, a single-parent family with a child under six must participate for an average of 20 hours a week while all other families must participate for an average of 30 hours per week.¹²³

Finally, the Deficit Reduction Act directed the United States Department of Health and Human Services to issue regulations with respect to which activities would qualify for inclusion in the required work participation rate.¹²⁴ These regulations were issued on June 29, 2006.¹²⁵ The only work activity which would clearly include a barrier removal program like Family Services Counseling is “job search and job readiness assistance”.¹²⁶ The regulatory definition of job search and job readiness assistance includes life skills training, substance abuse treatment, mental health treatment and rehabilitation activities for those who are otherwise employable. The general rule is that a state may obtain credit toward the federal work activity requirement based upon participation in job search and job readiness assistance only for six weeks within a fiscal year.¹²⁷ In addition, no more than four of the six weeks may be consecutive.¹²⁸ However, currently the majority of states may qualify as a “needy state”, which would allow them to extend the limits to 12 weeks within a fiscal year.¹²⁹ It is estimated that 2/3 of all states currently qualify as needy states under these criteria.¹³⁰

These new work participation requirements will make it more important than ever that states support families with multiple barriers to work in order them to engage in work activities which satisfy federal criteria. At the same time, the United States Department of Health and Human Services(HHS) has reaffirmed that states must comply with the mandates of the Americans with

¹¹⁹ Deficit Reduction Act, Sec. 7102

¹²⁰ *Implementing the TANF Changes in the Deficit Reduction Act: “Win Win” Solutions for Families and States*, Center on Budget and Policy Priorities and Center for Law and Social Policy (2006) (<http://www.cbpp.org/5-9-06tanf.htm>)

¹²¹ 42 USC, Sec. 607(a)

¹²² *Id.* The only significant exceptions are single-parent families with a child under age one and families under a penalty for failure to meet work requirements. 42 USC, Sec. 607(b)(5) and 42 USC, Sec. 607(b)(1)(B)(ii)(II).

¹²³ 42 USC, Sec. 607(c)(1)(A) and (2)(b).

¹²⁴ Deficit Reduction Act, Sec. 7102(c)

¹²⁵ 71 Federal Register 37454 (<http://www.tpoaccess.gov/fr/index.html>)

¹²⁶ 71 Federal Register 37476 (45 CFR, Sec. 261.2(e)); *Analysis of New Interim Final TANF Rules*, Center on Budget and Policy Priorities and Center for Law and Social Policy (2006) (<http://www.cbpp.org/7-21-06tanf.htm>) at 20.

¹²⁷ 42 USC, Sec. 607(c)(2)(A)(I) and 45 CFR, Sec. 261.34

¹²⁸ *Id.*

¹²⁹ A needy state is defined as one which satisfies either an unemployment trigger or a trigger based upon a growth in food stamp participants since fiscal year 1994 or 1995. 42 USC § 603(b)(5) and 45 CFR § 260.30.

¹³⁰ Elizabeth Lower-Basch, *Two-Thirds of States Qualify as Needy States for Extended County of TANF Job Search and Job Readiness Assistance*, Center for Law and Social Policy (2006) (http://www.clasp.org/publications/needy_states.pdf)

Disabilities Act and Section 504 of the Rehabilitation Act with respect to TANF recipients.¹³¹ In response to the obvious tension between increased work participation rates and the accommodations and program modifications required by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, HHS noted that “that is why the participation requirement is only 50%.”¹³² However, there will obviously be other families who cannot satisfy participation requirements including those with an illness, temporary gaps between work program components and family emergencies.¹³³

A barrier removal program like Family Services Counseling (FSC) can assist those families with the greatest barriers to work in engaging in acceptable work activities in several different ways. First, a program like FSC can serve as a complimentary support service for families already engaged in acceptable work activities. The FSC program provides a full exemption from work activities for only 8% of all persons who are assessed.¹³⁴ Thirty-four percent of all persons assessed used the FSC program only as a supplemental support while they engage in the full range of work activities provided by the Families First program.¹³⁵ The majority of these persons are engaged in these activities for 40 hours per week.¹³⁶ For these persons, FSC is simply a supportive supplement to insure that these families maximize their ability to participate in work activities and become self-sufficient by alleviating barriers to work.

Second, in most states activities such as FSC may count toward the federal work participation rate for 12 weeks in a year.¹³⁷ States that meet the definition of a “needy state” are eligible to claim up to 12 weeks of job readiness activities during a year. It is important to note that even in states that qualify under the “needy” criteria, job search and job readiness activities cannot be counted towards work participation rates for more than four consecutive weeks for any individual participant.¹³⁸

Third, it must be recognized that some TANF participants will have such severe barriers to work that they are currently unable to participate in work activities for a sufficient number of hours to qualify for credit with respect to federal work participation rates. For these persons, a barrier removal program can act as a bridge towards future participation in work activities while also insuring that the state meets its obligation to identify and provide reasonable accommodations and program modifications for those persons with disabilities.¹³⁹

¹³¹ Intra pages 7-8.

¹³² 71 Fed. Reg. 37466 (June 29, 2006); *Analysis of New Interim Final TANF Rules*, Center on Budget and Policy Priorities and CLASP (same cite as previous).

¹³³ *Analysis of New Interim Final TANF Rules*, Center on Budget and Policy Priorities at 20.

¹³⁴ See box on page 8.

¹³⁵ *Id.*

¹³⁶ Those persons who do not have a high school diploma or GED and chose to participate in an adult basic education program currently have a 20 hour per week obligation. Families First Policy Handbook at *** (web address)

¹³⁷ *Two-thirds of States Qualify as “Needy States” for Extended Counting of TANF Job Search and Job Readiness*, Center for Law and Social Policy (2006) (http://www.CLASP.org/publications/needy_states.pdf)

¹³⁸ 42 USC, Sec. 607(c)(1)(A) and (2)(b).

¹³⁹ *Implementing the TANF Changes in the Deficit Reduction Act: “Win-win Solutions for Families and States”*, Center on Budget and Policy Priorities, Center for Law and Social Policy (2006) at Pages 71-82.

Some TANF participants may have such severe disabilities that it is unlikely they will ever be able to satisfy federal work activity requirements. For example, in Tennessee, approximately 8% (264 to 296 families at a point in time) of all FSC participants were found to have such severe barriers that they had either been found to be incapacitated or disabled or were in the process of seeking such a determination.¹⁴⁰ A barrier removal program like FSC can be used to assist these persons in obtaining SSI disability. The receipt of SSI disability benefits not only assists the family, it also assists the state in meeting federal work participation requirements, because persons who receive SSI benefits may be excluded from the work participation rate calculation.¹⁴¹ While the FSC program has helped a relatively modest number of persons obtain SSI disability benefits (13-18 per month)¹⁴² there is clearly the potential for such a program to assist significantly larger numbers of families. For example, one FSC counselor obtained disability benefits for over 20% of all the families he worked with.¹⁴³ Such assistance may be particularly crucial with respect to TANF participants who have mental impairments for which they have received little or no treatment and whom are often reluctant to acknowledge such limitations.

Finally, it should be recognized that only a relatively small portion of a state's TANF participants may participate in a barrier removal program. For example, only about 5% of all TANF participants in Tennessee are participating in the FSC program at any point in time.¹⁴⁴ Of this 5%, less than half of 1% is completely exempted from work participation requirements.¹⁴⁵

Whether or not a state has an effective barrier removal program for its TANF participants, there will inevitably be families who are unable to participate in the required work activities at a level sufficient to qualify for federal work credit due to disabilities or other severe barriers to work. A program like FSC can provide significant assistance to families with the greatest barriers to work while at the same time satisfying the state's obligation to provide accommodations and program modifications for those persons with disabilities.

¹⁴⁰ See box on page 8.

¹⁴¹ States have the option of excluding SSI recipients on a case by case basis from the category of work eligible individuals who are counted towards the TANF work participation rate. 71 Federal Register 37476 (45 C.F.R. §261.2(n)(1)(iii)) (<http://www.tpoaccess.gov/fr/index.html>)

¹⁴² FSC Monthly Reports for October and November of 2005, Tennessee Department of Human Services

¹⁴³ Family Services Counselor Robert Williams has obtained disability benefits for approximately 50 persons out of a total of approximately 225 persons he has worked with since he began as a FSC counselor. December 2005 interview with Family Services Counselor Robert Williams.

¹⁴⁴ FSC Monthly Reports October of 2005 through April of 2006, Tennessee Department of Human Services. The number of persons served during these months ranged from 3,350 to 3,776; Families First in Numbers, October 2005, Tennessee Department of Human Services (<http://tennessee.gov/humanserv/famfar-stats-10-05.pdf>)

¹⁴⁵ See box on Page 8.