

**The TANF/SSI Disability Transition Project: Innovative Strategies for  
Serving TANF Recipients with Disabilities**

**OPRE Report 2013-51**

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# Overview

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

In order to understand how best to help TANF recipients with disabilities, ACF and SSA contracted with MDRC to conduct the TANF/SSI Disability Transition Project (TSDTP). The goals of the TSDTP are to explore the connection between the two programs, build knowledge about ways to encourage work among TANF recipients with disabilities, facilitate informed decisions about applying for SSI when appropriate, and help eligible SSI applicants receive awards as quickly as possible while also reducing administrative costs. Through MDRC's close collaboration with ACF, SSA, and participating state and county TANF agencies, the TSDTP conducted field assessments of existing services for TANF recipients who may have disabilities, tested pilot programs targeted to this population, and analyzed national- and state-level program data. This is the second report from this project. It describes the implementation and findings of three promising pilot interventions.

- **Ramsey County, Minnesota**, developed a pilot program to increase employment among TANF recipients with work limitations and disabilities. It gathered into the same location mental health services, health care services, and employment services following the Integrated Placement and Support (IPS) model. The results offer promise that IPS, which has been shown to be effective among individuals with severe mental illness, might also be effective for TANF recipients with disabilities. Although the sample size is too small to allow for definitive conclusions, a randomly assigned program group did earn more on average than the control group during the first year.
- **Los Angeles County, California**, aimed to improve the quality of SSI applications submitted by TANF recipients in order to increase the approval rate at the initial level. Local SSA and Disability Determination Services (DDS) staff members provided training to the county's SSI advocates, gave feedback on the completeness and quality of submitted SSI applications, and established local liaisons to facilitate coordination and communication. The pilot project improved coordination among the agencies, though the percentage of SSI applications awarded benefits at the initial level remained about the same.
- **Muskegon County, Michigan**, developed an intervention designed to better identify TANF recipients with disabilities and to improve the employment services offered to TANF clients deemed to have disabilities but to be able to work. The program's staff used materials drawn from the *SSI/SSDI Outreach, Access, and Recovery* (SOAR) program to develop medical and case evidence. Using this information, a Medical Review Team made the disability determination and referred recipients determined to be able to work with limitations to individually tailored employment services. Staff members were trained to use motivational interviewing techniques to reduce participants' barriers to work participation. The pilot lasted only six months, however, and it took time to gather medical documents and make disability determinations, so only a small percentage of recipients received the individually tailored employment services.

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## Executive Summary

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

As documented by prior research, many parents receiving TANF benefits are living with a disability. Depending on how studies define disability, the proportion is estimated to range from 10 percent to 44 percent of adult TANF recipients.<sup>1</sup> States have choices to make regarding how to serve TANF recipients with disabilities. Should they focus on making appropriate referrals to the SSI program? Should they help these clients apply for SSI and improve the quality of their SSI applications? Should they refer them to services designed to alleviate barriers to employment? Should they require their participation in work activities, but develop employment programs specifically for individuals with disabilities? States might pursue one or all of these options. Unfortunately, research evidence on the effectiveness of strategies designed to help this population is limited.

The TANF/SSI Disability Transition Project (TSDTP), sponsored by the Administration for Children and Families and SSA, explores the different pathways for TANF recipients with disabilities. There have been two phases of the TSDTP. In the first phase, the research team reported on the current landscape — documenting how TANF agencies serve recipients living with disabilities and how the agencies interact with local SSA agencies. The team also analyzed merged TANF/SSI administrative data to estimate the extent to which adult TANF recipients are applying for and receiving SSI benefits.<sup>2</sup> The second phase, on which this report

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<sup>1</sup>Loprest and Maag found that about 10 percent of TANF and food stamp recipients needed help with self-care (bathing, dressing, or eating) or help with routine activities (such as everyday household chores). Loprest, Pamela, and Elaine Maag, *Disabilities Among TANF Recipients: Evidence from the NHIS, Final Report* (Washington, DC: Urban Institute, 2009). The U.S. General Accounting Office (now the Government Accountability Office) found that 44 percent of TANF recipients ages 18 to 64 reported having a physical or mental impairment. U.S. General Accounting Office, *Welfare Reform: More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients with Impairments Toward Employment* (Washington, DC: U.S. General Accounting Office, 2001).

<sup>2</sup>Farrell, Mary, and Johanna Walter, *The Intersection of Welfare and Disability: Early Findings from the TANF/SSI Disability Transition Project*, OPRE Report 2013-06 (Washington, DC: Office of Planning, (continued)

focuses, implemented three pilot interventions that took separate approaches to improving services to TANF clients with disabilities in Ramsey County, Minnesota; Los Angeles County, California; and Muskegon County, Michigan.

This report provides a brief summary of the first phase of the study before describing each of the pilot interventions, including its features and components, the county's experiences in implementing it, and the outcomes that emerged from it. It describes some of the challenges local agencies encountered in implementing the pilot projects and the technical assistance provided to strengthen the implementation.

### **The Interaction Between TANF and SSI**

Between 2000 and 2009, SSA experienced a significant increase in adults applying for SSI. The number of applications it received nearly doubled during this period. Some policy-makers speculated that there might be a link between welfare reform — which included time limits on TANF benefits, more stringent work participation requirements, and tougher sanction policies — and rising SSI application rates. Were state agencies encouraging TANF recipients to turn to SSI as an alternate means of support, particularly recipients who were approaching their TANF time limits or who were not meeting work participation requirements? Given these circumstances, policymakers became increasingly interested in understanding the extent and nature of the overlap between the TANF and SSI programs.

But a data analysis performed by MDRC found that the level of overlap between the two programs is not particularly large. Only a small percentage of TANF recipients had an active SSI application: less than 10 percent in fiscal year (FY) 2007.<sup>3</sup> This is a smaller overlap than many had suspected prior to the analysis. The analysis also found that among TANF recipients who apply for SSI only about a third are awarded SSI benefits, which is similar to the award rate for SSI applicants who are not TANF recipients.

The first phase of the TSDTP also examined the extent to which staff members from TANF and SSI interacted and collaborated, based on field assessments conducted at seven sites.<sup>4</sup> The field assessments found little coordination between the TANF programs and the SSA field offices or between the TANF programs and the Disability Determination Services (DDSs), the state agencies that make initial disability determinations for SSA. Coordination between

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Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2013).

<sup>3</sup>Farrell and Walter (2013).

<sup>4</sup>The sites were: Los Angeles and Riverside Counties, California; the Ocala region in Florida; Genesee, Mason, and Oceana Counties, Michigan; and Hennepin and Ramsey Counties, Minnesota. Because they are contiguous and shared a management structure, Mason and Oceana Counties were considered a single site.

TANF and SSA staffs typically occurred after an SSI award had been made, to determine the TANF termination date (individuals cannot receive both TANF and SSI in the same period). The field assessments also found that most TANF employment counselors knew little about the SSI application process or SSI eligibility requirements, and relied on the TANF recipients to guide their understanding of disability benefits.

Finally, the field assessments examined the employment services provided to TANF recipients with disabilities. They found that TANF recipients who are exempt from requirements to participate in work activities due to a disability are often overlooked. Furthermore, few TANF programs have employment services that target TANF recipients with disabilities; those who express interest in employment are generally referred to the same services that all other clients receive.<sup>5</sup>

Three key questions emerged from the first phase of the TSDTP:

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

## **Experience and Findings from the TSDTP Pilot Programs**

The research team worked with three counties — Ramsey County, Minnesota; Los Angeles, California; and Muskegon County, Michigan — that were interested in improving how they delivered services to TANF recipients with disabilities. Each pursued a different approach, reflecting the goals the county hoped to achieve and the gaps it identified in the services provided by its current TANF program. Although full-scale impact evaluations to test program effectiveness were beyond the scope of this project, these pilot experiences yielded instructive lessons. Ramsey County focused on the third question listed above and designed an intervention that would provide better employment services to TANF families with disabilities. Los Angeles County focused on the second question with a pilot intervention designed to improve the communication and coordination among SSI advocates (TANF staff members who assisted TANF recipients with their SSI applications), SSA staff members, and DDS staff members, which the county hoped would lead to higher-quality SSI applications and increased approval rates. Muskegon County tackled the first and third questions listed above, developing an

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<sup>5</sup>Farrell and Walter (2013).

intervention that would improve the identification of disabilities among TANF recipients and, based on that determination, direct recipients with disabilities to particular services. It aimed to provide better employment services for TANF recipients with work limitations, and for those potentially eligible for SSI, to provide information that could support their SSI applications.

### **Ramsey County, Minnesota**

Ramsey County, through its Workforce Solutions Department, developed a new initiative called Families Achieving Success Today (FAST) with the express purpose of finding better paths to employment, and ultimately family and economic stability, for TANF recipients with disabilities and their families.<sup>6</sup> FAST began in April 2011, a partnership of several agencies that provided mental health, vocational rehabilitation, community health care, and TANF employment services — colocated to improve access for families and streamline the delivery of services.<sup>7</sup> A key component of FAST was the Integrated Placement and Support (IPS) model of supported employment, which many studies have shown increases competitive employment among individuals with severe mental illness. The program followed the core principles of the IPS model: finding competitive jobs in the community that fit participants’ needs and interests; fully integrating mental health services with employment services; using a rapid job search approach to help participants find jobs directly; and setting goals and designing plans based on individuals’ preferences, strengths, experiences, and abilities.

FAST was pilot-tested using a random assignment research design that targeted families who were exempt from the federal work participation requirements because there was an adult or child in the household with a disability. The adults in these families were still required to participate in activities designed to reduce barriers to employment and improve economic and family stability. Ramsey County randomly assigned these families to either the FAST program or to a control group whose members continued to receive case management and employment services from their current case managers. In the end, the county randomly assigned 389 cases to either the FAST group or the control group, a relatively small sample size for this type of evaluation. The results should therefore be interpreted with great caution.

The evaluation examined program participation and found that only 63 percent of families assigned to FAST received the FAST services; the remaining 37 percent were determined to

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<sup>6</sup>For simplicity this report refers to the targeted population as “TANF recipients with disabilities,” though recipients in Minnesota who are determined to have a disability actually receive assistance from a non-TANF-funded track called Family Stabilization Services.

<sup>7</sup>“Vocational rehabilitation” services are designed to help individuals with disabilities prepare for and engage in gainful employment. State vocational rehabilitation agencies and other providers offer a wide range of services, including counseling and guidance, physical and mental restoration, and employment training. “Colocation” refers to providing services from different programs in the same physical location.

be ineligible for FAST after assignment. Both the FAST and control groups participated in program activities at high levels, though the mix of activities differed, with the FAST program members more likely to participate in job search activities than the control group members, reflecting the employment focus of the program, and the control group more likely to participate in assessment and skill training activities.

Even though less than two-thirds of the FAST group received FAST services, the evaluation found that FAST increased earnings within the first year of follow-up. FAST group members earned \$2,882 on average in the first year, while the control group members earned an average of \$1,647, an impact of \$1,235 (a 75 percent increase).<sup>8</sup> The low average earnings reflect the fact that FAST and control group participants were receiving TANF benefits in the first year, and that those who had earnings did not work the full year.

### **Los Angeles County**

The Los Angeles County Department of Public Social Services sought to increase the rate of eligible adult SSI applications approved at the initial level by SSA by improving the quality of the SSI applications prepared by the county's SSI Advocacy Program. To that end local SSA and DDS staff members provided training to the county's SSI advocates in one of the county TANF offices. In addition, DDS provided continual feedback on the quality of applications received from the SSI advocates in that office. This feedback reinforced effective practices and strengthened areas that needed improvement. Finally, the county, SSA, and DDS established local liaisons to develop effective work flows, facilitate continuing coordination and communication regarding the SSI application process, and address problems with specific cases as appropriate.

The pilot project improved communication and coordination among the TANF agency, SSA, and DDS, and according to DDS analysts, the overall quality of the applications submitted during the pilot period was satisfactory. But there was no evidence of substantial improvement in the quality of applications. The medical allowance rate among SSI applications submitted with the advocates' assistance was 14 percent, which is similar to the allowance rate among applications submitted just prior to pilot project implementation (11 percent).<sup>9</sup> Age appeared to influence whether or not a recipient was awarded benefits. DDS analysts interviewed for the

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<sup>8</sup>In order to ensure the integrity of the experimental research design, the study includes all cases assigned to FAST in the analysis, regardless of whether the families in question received services from the FAST program.

<sup>9</sup>The medical allowance rate is not strictly comparable to the SSI award rate, as the data source used for the pilot study (the SSA's Structured Data Repository) does not contain technical denials for applicants medically allowed by the DDS, but later found technically ineligible for reasons related to income or resources. Though rare, such cases would only appear as medically allowed.

project felt that many TANF recipients applying for SSI were young, and that many could do or be trained to do either other past work or new types of work.

### **Muskegon County, Michigan**

The Michigan Department of Human Services implemented a pilot program in Muskegon County to better identify TANF recipients with disabilities. The program sought to expedite the state Medical Review Team's disability determination process and help those who could work with limitations increase their engagement in TANF and work-related activities. TANF recipients reporting disabilities were referred to the pilot program, which operated from June 2012 to January 2013. After a referral the program's staff developed medical and case evidence using a variation of materials drawn from the *SSI/Social Security Disability Insurance Outreach, Access, and Recovery* (SOAR) model.<sup>10</sup> The Review Team used this information to determine if clients were exempt from TANF activities, categorizing each client as being "work-ready with limitations," "disabled and potentially eligible for SSI," or "not disabled." The staff referred those deemed to be "work-ready with limitations" to an employment services agency that provided motivational interviewing and individually tailored support to individuals with disabilities. The staff forwarded to DDS the Review Team information of individuals assessed to be potentially eligible for SSI or Disability Insurance, with the idea that DDS could use this information to support their SSI applications. Those who were deemed "not disabled" were referred back to the regular TANF employment program.

The Review Team was able to make a disability determination for almost two-thirds of the participants in the pilot program. Among the group for whom the Review Team made a determination, about 69 percent were determined to be work-ready with limitations, 22 percent were determined to be potentially eligible for SSI or Disability Insurance, and the remaining 9 percent were determined to have no disability. Among the 69 percent determined to be work-ready with limitations, a third received individually tailored employment support — though this was just 16 percent of the original group referred to the pilot program.

The disability determination process took time. Pilot program participants who were sent SOAR packets returned them within about two weeks, on average, but it took TANF workers about two months to obtain materials from medical professionals and submit them to the Review Team (in some cases, this included materials from additional consultative exams that the Review Team requested). The Review Team took another month to make the determi-

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<sup>10</sup>SOAR was originally designed to improve access to SSI and Social Security Disability Insurance for people who are homeless or at risk of homelessness, and who also have a mental illness or who have both mental illness and substance-abuse disorders.

nation. The entire process, from mailing the SOAR packet through the Review Team determination, took an average of 105 days, a long time in the context of a six-month pilot program.

Overall, the pilot program did not achieve all it aimed for during its short life. There may have been too many steps in the process, leaving not enough time for individuals who were determined to be work-ready with limitations to benefit from the individually tailored employment services. It is possible that filling out the SOAR forms helped those who were assigned to the SSI track, by improving their likelihood of approval. The pilot test did not track their SSI outcomes so it is not possible to know for sure.

## Lessons Learned

The three pilot interventions tested new strategies designed to improve services for TANF recipients with disabilities. An assessment was conducted of each program, documenting its accomplishments and the challenges encountered in implementing it. Outcome information was collected at all sites, and Ramsey County, Minnesota implemented a small random assignment evaluation to estimate the impact of the intervention.

The results were mixed, but lessons emerged that will be important in developing and testing new interventions designed to help TANF recipients with disabilities. A few of these lessons follow.

### From Ramsey County, Minnesota

- **It may be challenging to adapt the IPS model to the context of a TANF program, but it is possible.** The IPS model places an emphasis on providing employment services to all who are *interested* in employment. Usually IPS does not include a mandate that participants receive services from employment specialists. TANF programs do include such mandates, along with sanctions and time limits — other deviations from the IPS model. The FAST program showed that despite these differences, the IPS approach could be adapted for use within the TANF program and still remain faithful to the overall principles of the model.
- **The FAST program evolved over time, as the staff became more comfortable with the IPS principles, learned more about Minnesota TANF rules, and learned more about the participants.** FAST staff members had to come to understand their roles in the initiative, and in many cases they had to learn to work differently than they had in the past. They spent a substantial amount of time in the beginning developing a common philosophy; they did

so by gaining a better understanding of the IPS principles and implementing them in their common setting. Additionally, case consultations revealed the complexity of the FAST participants' lives: they were dealing with mental health issues, physical health issues, children with behavioral issues, issues with housing, substance abuse problems, and family members who were not supportive of their goals. The staff would not have otherwise been aware of many of these issues if its members did not meet regularly as a group.

- **The one-year impacts on earnings achieved by the FAST group are quite promising.** The findings are especially noteworthy since control group members also received employment services. These findings should be considered exploratory, however. An experimental evaluation with larger sample sizes, perhaps implemented at multiple sites, should be conducted to confirm them.

#### **From Los Angeles County**

- **It is possible to improve communication and coordination among TANF, SSA, and DDS, and to give each agency a better sense of the others' operational context.** The SSI application process is a black box for many TANF workers. DDS shared information with SSI advocates about the quality of SSI applications and the rationale behind specific SSI medical allowance decisions. These exchanges point to the potential benefits of increased transparency and communication among SSA, DDS, and TANF staffs.
- **While it is important to assist clients with their initial SSI applications, advocacy programs should also pay attention to the considerable effort that may be required of applicants between those initial application submissions and the initial determination.** The SSI advocates only met face-to-face with their clients once, to help them with the initial development of their SSI applications. They provided little assistance to applicants after that first meeting.
- **SSA advocates should be aware of the role of age in the disability determination process.** Age is factored into the disability determination process as part of the assessment of whether an individual can work or be trained to do new types of work. It emerged as a primary factor in SSI denials at the initial level during the pilot period. A national analysis conducted by MDRC revealed that TANF recipients who apply for SSI are younger on average



than other adult working-age SSI applicants, and that controlling for this and other demographic differences partially accounts for their lower rate of SSI awards.<sup>11</sup>

### **From Muskegon County, Michigan**

- **Muskegon County’s pilot program included some significant deviations from the SOAR model. The SOAR-like process that the program used may not have led to quicker or more accurate Review Team decisions, and may be difficult to implement in a TANF system.** TANF workers and the Review Team examiner assigned to the pilot program both reported that the SOAR packets were work-intensive and, in their opinion, did not necessarily result in more accurate decisions. Given that TANF staff members typically have high caseloads and limited preparation time, this additional duty may be difficult to implement in most TANF programs.
- **While the Review Team is meant to ensure that clients’ disability claims are warranted, an unintended consequence of the Review Team process is that it may distract clients from making use of employment services.** While this is not a direct finding from the pilot test, the MDRC team’s field research revealed that both staff members and clients believed that the Review Team application became a time-consuming process for clients. Clients focused on proving their disability, perhaps at the expense of pursuing work. Furthermore, while most Review Team decisions often determined a person could work, for many clients the decision, as interpreted by the employment services agency, was that they could work in very limited ways. Employment agency staff members and clients stated that it was very difficult to find jobs within these limitations.

## **Looking Ahead**

Each chapter in this report concludes by suggesting areas for future research. The preliminary findings from the Ramsey County, Minnesota, pilot program suggest that its approach is promising and should be studied further. Specifically, future research should investigate whether these exploratory impacts can be repeated in a full-scale evaluation and replicated in other communities, and whether the impacts on the pilot program group will be sustained a year later.

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<sup>11</sup>Farrell and Walter (2013).

The Los Angeles pilot project, on the other hand, does not appear to have changed the quality of SSI applications or altered initial medical allowance rates. But the Los Angeles project was not a test of SSI advocacy services per se. It would be useful for future experimental research on SSI advocacy to focus on the impact of the complete service package.

Finally, the components of the Muskegon County, Michigan, pilot program did not always work well together, and included some long delays in program start-up and clients' transitions between services. It would be useful for future research to explore whether there are quicker ways to assess disability while encouraging continuing motivational and vocational support.