



## Proposed Amendments to TANF to Assist Adults and Children with Mental Disorders:

### Definition of Work

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- States should have greater flexibility to define certain activities as work.
- Currently, states can allow certain activities that contribute to a family's becoming self-sufficient to count as work, but do not receive federal credit for the activities because federal law does not recognize them as work.
- The federal definition of work should be amended to include as a *countable* activity any activity which enhances a family's ability to be self-sufficient. Costs of these activities should be an allowable use of federal funds.
- States should be able to count as meeting their federal work participation rates activities for adults with mental illness or adults caring for a child with mental illness such as:
  - participating in services
  - participating in supported employment
  - attending a child's medical appointments
  - attending a child's Individual Education Plan (IEP) or similar planning meeting
  - participating in training regarding care for their child

### RATIONALE

The degree to which the mental illness affects employment differs with each case. There are a myriad of ways in which mental illness take a toll on employment. Some of them include:

- symptoms such as difficulty concentrating, irritability, low energy levels, skill deficiencies, and a high anxiety level
  - the unpredictable nature of mental illness can cause disturbances in work
  - medication side effects, such as sleepiness
  - a limited education background and work history
  - the stigma attached to mental illness
  - employers who discriminate against those who are mentally ill
- Nationally, 70-90% of adults of working age with a mental illness are not employed.

- A national study found that about three-quarters of adults on welfare had at least one barrier to employment.
- Thirteen to 50 percent of welfare recipients nationally experience multiple barriers to work- such as mental illness, disability, substance abuse disorders, child care, domestic violence, lack of health insurance and transportation.
- Depression is the third most prevalent barrier to work, behind transportation and lack of education.
- A Utah study found 42% of TANF recipients were clinically depressed and that this prevented them from working. 23% had children with severe behavioral problems.

## **EXAMPLES OF GOOD PRACTICES**

- When a TANF participant in Washington’s WorkFirst program is detected as having problems retaining or finding a job because of a child with a special need, a case worker refers him/her to the Public Health Department. The health department then assess the impact of the child on the parent’s ability to work and keep his/her job. If this poses a significant problem for the parent, the case workers come up with alternative activities to count as work for the parent. For example, a parent might receive credit for taking a child to medical appointments or therapy sessions.
- The Steps to Success program, Portland, Oregon is a collaboration between TANF offices and local community colleges. Individuals on TANF are given an Employment Development Plan, which outlines activities in which they are to take part. Included are education and counseling for mental illness which are counted for work requirements. Each welfare branch houses its own licensed mental health practitioner who screens, conducts assessments and provides referrals to appropriate counseling for each individual. These clinicians serve as links between the welfare and mental health systems.
- Project Match, a program in a housing project in Chicago, uses a stair step model for women to keep climbing to higher levels of independence. In the beginning, such activities as volunteering at a child’s school can count towards her work requirements. The women work towards the end goal of paid employment.

## **FURTHER DETAILS OF THE RECOMMENDATION**

The federal law should define participating in the following activities, at a minimum as “work”:

- treatment; supported employment; volunteering in child care programs or classroom; attending child’s health appointments and service planning meetings (such as IFSPs or IEPs); training regarding caring for a child with a mental disability, and direct care of child.