

February __, 2005

The Honorable Gordon Smith
United States Senate
Washington, DC 20510

The Honorable James M. Jeffords
United States Senate
Washington, DC 20510

Dear Senators Smith and Jeffords:

Thank you for introducing the "Pathways to Independence Act of 2005." The provision included in this bill, if included in the TANF reauthorization legislation, will improve the ability of states to help TANF recipients with disabilities, including substance abuse problems, to move towards work and greater independence.

Your bill builds on provisions in the Personal Responsibility and Individual Development for Everyone (PRIDE) Act, which passed the Senate Finance Committee in the last Congress and has now been introduced as part of S. 6. The current Senate version of the PRIDE Act allows states to count rehabilitative services towards the work participation rate for up to six months, as long as some core work activity is combined with the rehabilitative services in the second three-month period. The Smith-Jeffords bill builds on this and would allow states to count participation in rehabilitative activities beyond six months, so long as the individual participates in at least one-half the required core work activity hours. The bill also would encourage states to work collaboratively with other agencies that have expertise in identifying disabilities and developing appropriate service plans to address those disabilities.

The encouragement of collaboration is a critical component of the bill. It is our experience that many states have used the flexibility of current law to begin developing such collaborative approaches to working with families who face multiple barriers to employment and independence. However, we are concerned that the increased participation rate requirement contemplated in TANF reauthorization proposals will discourage states from continuing such collaborative approaches to helping families progress on the pathway to independence. Unless states are provided more flexibility in determining what activities count towards the participation rate, we fear states that are already providing critical services will no longer be able to provide them.

For example, last year, the Vermont Vocational Rehabilitation Agency, working in conjunction with the state's TANF agency, reported that it had recently assisted 109 recipients with disabilities in achieving successful employment (defined as stable employment for 90 days). Only 14 of the 109 TANF recipients with disabilities (or 12.8 percent) achieved stable employment in six months or less. Without flexibility to go beyond six months in providing rehabilitative services to people with disabilities, as provided by the Smith-Jeffords bill, Vermont would have risked penalties by offering rehabilitative services beyond six months and 95 of the 109 TANF recipients with disabilities would have been unlikely to receive the services they needed to become successfully employed.

Similarly, drug and alcohol treatment programs that serve women with children, including women receiving TANF assistance, generally require more than six months of services. Indeed, 54 percent of these family-based treatment programs extend beyond six months and demonstrate successful outcomes of upwards of 60 percent of parents achieving lasting sobriety and family stabilization. Family-based treatment programs combine job training, parenting classes, education, and life skills training in their substance abuse treatment plans. These programs also include employment as an essential aspect of the treatment plan, when a particular individual is ready to engage in work. Allowing individuals time to

complete treatment is critical. An Oregon study showed that those who completed drug treatment received wages 65 percent higher than those who did not. Nationally, SAMSA research demonstrates that parents show increased abstinence rates the longer they stay in treatment, demonstrating a 71 percent abstinence rate for parents who stayed in treatment for more than six months.

The goal should be to help parents with disabilities, including substance abuse problems, obtain whatever help they need — for however long they need, as determined by the state and local agencies working together — to help them successfully move from welfare to work. Allowing states to receive credit for only a limited number of months of rehabilitative services will mean that some parents do not get the intensive help they need to succeed.

We are also quite concerned that many of the families who are unable to obtain the services they need will end up in the child welfare system. It is the most disadvantaged families, those with barriers such as mental or physical disabilities or problems with substance abuse, who are at greatest risk of making the transition into the child welfare system.

Thus, neither families nor states can afford an inflexible and ineffective approach to addressing barriers in the TANF program. States must be permitted to count participation in activities that help parents with disabilities successfully participate in the workplace and care for their children, for as long as those activities are needed to help the family progress towards greater independence. We believe that your bill provides this needed flexibility and will encourage state agencies to work collaboratively in assisting these families. Thank you again for introducing this legislation.

Sincerely,