SB 499

Department of Fiscal Services

Maryland General Assembly

FISCAL NOTE
Revised

Senate Bill 499 (Senator Madden*, et al.*)
Finance Referred to Appropriations

Welfare Innovation Act of 1997

This enrolled bill provides for health screening and substance abuse treatment for adult or minor parent Temporary Cash Assistance (TCA) recipients. Recipients with substance abuse problems must agree to participate in available substance abuse treatment programs to continue to receive full cash assistance benefits. It provides for continued cash and medical assistance for legal immigrants. All legal immigrant children will be eligible for State funded food stamp benefits. The bill increases the income disregard for existing TCA recipients and requires the Department of Health and Mental Hygiene (DHMH) to obtain federal reimbursement for children who lose their Supplemental Security Income (SSI) eligibility under federal welfare reform.

The bill takes effect July 1, 1997.

Fiscal Summary

State Effect: General fund expenditures could increase by $3.9 million in FY 1998, which reflects funds for increased substance abuse treatment slots, third party payee fees, higher income disregard, Medicaid coverage for disabled children, and reduced cash assistance payments for those not complying with required treatment. Federal fund expenditures could increase by $0.7 million in FY 1998, which assumes federal reimbursement for treatment slots and health services for disabled children, and reduced cash assistance payments for noncompliers. Future year expenditures increase with annualization and inflation, offset by a decline in caseload. Expenditures could decrease by a significant amount in future years, depending on the success of substance abuse treatment and the extent to which recipients engage in work activities. General fund revenues could increase by an indeterminate amount due to additional child support collections.

(in millions)	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
GF Revenues	----	----	----	----	----
GF Expenditures*	$3.9	$3.0	$2.6	$2.7	$3.0
FF Expenditures**	0.7	0.5	0.6	0.7	0.8
Net Effect	$4.6	$3.5	$3.2	$3.4	$3.8

Note: ( ) - decrease; GF - general funds; FF - federal funds; SF - special funds
*The FY 1998 appropriation includes $1.5 million (general funds) for substance abuse treatment services, with priority given to TCA recipients. Treatment expenditures could be reduced to the extent that the $1.5 million is used for services to TCA recipients.
**Contingent upon obtaining federal waivers.

Local Effect: Expenditures could increase by a minimal amount to support a student volunteer program. Revenues would increase by a minimal amount.

Small Business Effect: Potential meaningful effect as discussed below.

Fiscal Analysis

Bill Summary:

Substance Abuse Treatment

The bill requires adults or minor parent Temporary Cash Assistance (TCA) recipients to comply with health screening requirements. An individual applying for TCA must sign a medical release allowing the Department of Human Resources (DHR) to receive the results of any substance abuse screening. It requires local departments of social services to assess the need of TCA applicants for substance abuse treatment at the time of application or redetermination. It requires Medicaid MCOs to screen TCA recipients for substance abuse and refer recipients with substance abuse problems to appropriate substance abuse treatment. The substance abuse provider is required to notify local departments of social services that a recipient has been referred for substance abuse treatment and whether the recipient is not actively enrolled in a treatment program, is awaiting the availability of appropriate treatment, or has successfully completed treatment.

A recipient who complies with substance abuse treatment will receive the full cash assistance benefit and may be exempt from work requirements for a period of time determined by the local department of social services. If the required health screening reveals that a TCA applicant is a substance abuser and the recipient refuses to participate in substance abuse treatment, or if the recipient fails to receive the health screening, the local department of social services is required to (1) reduce cash assistance by the increment for the adult recipient; and (2) pay the remainder of the cash assistance for the child or children to a "third

party payee" until the MCO provides notification that the recipient is complying with substance abuse treatment. Cash assistance may not be reduced if the recipient agrees to participate in substance abuse treatment but appropriate treatment is not available. Subject to the limitations of the State budget, DHMH must require each Medicaid MCO to provide reimbursement for substance abuse treatment for TCA recipients. DHMH must seek a waiver to obtain federal reimbursement for the provision of substance abuse treatment for adult TCA recipients.

Legal Immigrants

Subject to the limitations of the State budget: (1) DHR must provide TCA benefits to legal immigrants who meet program eligibility requirements and who have lived in Maryland for one year or previously lived in a state that provided cash assistance to legal immigrants; (2) DHMH must provide medical assistance to legal immigrants who arrived in this country before August 22, 1996 and meet program eligibility standards; (3) DHR must provide food stamp benefits to legal immigrant children under the age of 18 years who meet eligibility requirements; and (4) DHMH must provide medical assistance to legal immigrant children under the age of 18 and pregnant women who arrived in this country on or after August 22, 1996 and meet program eligibility standards.

Child-Specific and Transitional Benefits

Under current law, single custodial parents receive the full value of all child support payments for a child for whom child-specific benefits are received. The bill repeals this provision, so that single custodial parents must assign their child support rights to the State to reimburse it for child-specific benefits received on behalf of the child. It authorizes local departments of social services to pay an administrative fee to a third party payee to cover the administrative costs of the third party payee for managing a child-specific benefit or transitional benefits.

Demonstration Projects

The bill repeals several provisions of current law regarding demonstration projects to increase DHR's flexibility in establishing projects.

Higher Education Institutions

Each institution of higher education must report annually to the Maryland Higher Education Commission (MHEC) on efforts to identify student volunteers to provide educational and employment-related assistance to recipients. MHEC is required to report annually to the

Joint Committee on Welfare Reform on the services provided by higher education institutions.

Immunity

The bill provides immunity from damages in civil actions for volunteers engaged in community service work under the Family Investment Program and alters the Maryland Tort Claims Act to include (1) nonprofit organizations serving as third party payees to TCA recipients, to the extent a nonprofit organization has no other insurance; and (2) higher education students and staff.

Family Investment Program Savings

The bill authorizes local departments of social services to carry over into the next fiscal year any unexpended savings allocated from the Family Investment Program. It requires the Governor to include in the fiscal 1999 and 2000 Dedicated Purpose Account an amount equivalent to any excess general funds from the fiscal 1997 and 1998 appropriations, respectively, of the Family Investment Program and Purchase of Care Program.

State Waiver

The bill authorizes DHR to grant a two-year waiver to a local department of social services from having to comply with specified provisions of State law. A waiver may only be granted if it will result in no increased cost to the State and assist TCA recipients in gaining self-sufficiency. DHR must submit a report by December 1 of each year to the Joint Committee on Welfare Reform on the status of any waivers.

Displacement of Current Workers

The bill specifies that it is the intent of the General Assembly that DHR ensure that TCA recipients engaged in work under the Family Investment Program not displace current employees. It requires DHR to establish a grievance procedure by July 1, 1997 for resolving complaints regarding displaced workers. DHR must report by December 1, 1997 to the Joint Committee on Welfare Reform on the status of the grievance procedure.

Pilot Projects/Reporting Requirements

The bill requires (1) DHR to study establishment of a Maryland Individual Development Account Pilot Program and to report recommendations to the Joint Committee on Welfare Reform by September 1, 1997; (2) DHMH to report quarterly to the Senate Finance Committee and the House Appropriations Committee on the status of recipients referred to

substance abuse treatment as a result of this bill; and (3) DHMH to develop, in a sample county, a methodology for analyzing the percentage of new managed care enrollees who obtain a health screening within 90 days of enrollment. The bill authorizes DHR, the Department of Labor, Licensing, and Regulation, and the Department of Business and Economic Development to jointly conduct pilot projects with employers to develop methods whereby recipients can be employed more quickly than under current practice.

Effective Dates

The bill takes effect July 1, 1997, except that the provision (1) requiring an MCO to report to local departments of social services if a recipient has failed to receive an initial health screen takes effect July 1, 1998; and (2) regarding grievance procedures for displaced workers takes effect June 1, 1997. The bill's provision regarding waivers of State law sunsets on June 30, 1999.

Background: Federal welfare reform legislation authorizes states to test for the presence of drugs as a condition of cash assistance, bars newly-arrived legal immigrants from most public welfare benefits for five years, and terminates food stamps for current legal immigrant recipients when their cases come up for redetermination in 1997. This bill responds to the provisions outlined by federal welfare reform.

State Revenues:

Child-Specific and Transitional Benefits

Single custodial parents must assign their child support rights to the State to reimburse it for child-specific benefits received on behalf of the child. State revenues could increase by a potentially significant amount, depending on the number of child-specific benefits received by single custodial parents and the extent to which child support benefits are actually collected. TCA child support collections are distributed 47.7% to the State, 45.8% to the federal government, and 6.5% to local governments.

State Expenditures: Exhibit 1 provides a summary of the bill's provisions which affect State expenditures. Additional detail on each item is provided below.

Exhibit 1
Summary of Expenditures
(in millions)

	1998	1999	2000	2001	2002
Treatment Costs (GF/FF)	$3.2	$2.2	$2.4	$2.5	$2.6
3rd Party Payee Admin. Costs (GF)	0.3	0.4	0.4	0.4	0.4
Noncomplier Savings (GF/FF)	(1.7)	(2.2)	(2.2)	(2.2)	(2.1)
Income Disregard (GF)	1.2	0.9	0.3	0.3	0.4
SSI (GF/FF)	1.6	2.2	2.3	2.4	2.5
Total	$4.6	$3.5	$3.2	$3.4	$3.8

Substance Abuse Treatment-Additional Treatment Costs

Expenditures for additional substance abuse treatment slots could increase by an estimated $3.2 million in fiscal 1998, which reflects a 90-day start-up delay. The information and assumptions used in calculating the estimate are stated below:

- 51,300 average monthly adult TCA recipients, of which 2,765 are new applicants and 48,535 are part of the current caseload;

- 16% are estimated to need substance abuse treatment (based on data from U.S. Department of Health and Human Services and sampling of TCA recipients in Montgomery County);

- the distribution of TCA recipients among various types of treatment is similar to the distribution for Medicaid recipients receiving substance abuse treatment;

- an estimated 80% will comply with treatment requirements and an estimated 20% will fail to comply;

- a 90-day start-up delay, since the Medicaid MCO program will be phased in during the early part of fiscal 1998;
- recipients will be entering and dropping from the TCA rolls throughout the fiscal year; those who drop from the TCA rolls would still be eligible for

substance abuse treatment, since recipients retain eligibility for Medicaid for one year after losing TCA eligibility; and

- the 2,765 new monthly recipients who enter the TCA rolls through January will receive a full-course of drug treatment (some types of treatment last six months) in fiscal 1998; those who enter the TCA rolls after January will receive a full-course of treatment, but some of it will occur in fiscal 1999.

The $3.2 million estimate reflects the cost of providing substance abuse treatment not already included in the Medicaid MCO benefit package. Medicaid MCOs are required to provide an initial health screen and the benefit package is limited to outpatient and methadone maintenance treatment. Therefore, additional costs will be incurred for halfway houses, intermediate care, and other residential treatment. Since the bill directs DHMH to require each Medicaid MCO to provide reimbursement for inpatient, intermediate care, and halfway house substance abuse treatment for adult TCA recipients (subject to the limitations of the State budget), expenditures for substance abuse treatment would increase by an estimated $8.6 million. If, however, 20% of those who need treatment do not comply with treatment requirements, the actual costs would be $6.9 million, with a 90-day start-up delay.

DHR advises that $3 million in Family Investment Program funds will be available for substance abuse treatment. The bill requires DHMH to seek a waiver to obtain federal funding for the provision of inpatient, intermediate, and halfway house substance abuse treatment for adult TCA recipients. If the waiver is granted, 22%,or $660,000, of additional treatment costs would be reimbursed by the federal government. Assuming the availability of $3.66 million, increased expenditures for substance abuse treatment would be $3.2 million rather than $6.9 million. It is assumed that 22%, or $0.7 million of the $3.2 million would be reimbursable by federal funds.

The fiscal 1998 Alcohol and Drug Abuse Administration appropriation includes $1.5 million general funds for substance abuse treatment services, with priority to be given to TCA recipients. The $3.2 million additional expenditures could be reduced to the extent that the $1.5 million is used for services to TCA recipients.

It is possible that expenditures would be higher than the $3.2 million estimate due to the bill's provision that health screening and substance abuse treatment be provided for not only adult recipients but also minor parent recipients. The $3.2 million estimate reflects 51,300 TCA households, of which it is assumed that only one person is an adult eligible for treatment. However, expenditures would increase to the extent that a household includes an adult and a minor parent. It is not possible at this time to reliably estimate the number of minor parents who are not the head of a household.

Future year expenditures reflect (1) 16% of the 2,765 (or 442) average new recipients each month require substance abuse treatment; (2) 50% of those on the existing caseload and who have received substance abuse treatment require a repeated course of treatment; (3) annualization; (4) 4.7% annual increase in medical inflation costs; and (5) annual decline in caseload (FY 1999 =1.5%; FY 2000 = 1.7%; FY 2001 = 2.4%; and FY 2002 = 2.5%). It is assumed that 22% of future year expenditures would be reimbursable by federal funds. It is possible that expenditures would be lower than estimated to the extent that new TCA recipients in future years have been on TCA in prior years and have previously been screened and treated.

Administrative Fees for Third Party Payees

General fund expenditures would increase by $308,659 annually to pay an administrative fee for third party payees for the estimated 20% of the substance abusers who would not comply with treatment requirements. This estimate reflects (1) 2,349 non-compliers; (2) cash assistance payments of $292/month; (3) a 5% administrative fee; and (4) a 90-day start-up delay. Expenditures for an administrative fee to a third party payee for managing cash assistance benefits for recipients receiving child-specific benefits or transitional benefits could increase by a potentially significant amount, depending on the number of third party payees who choose to participate.

Future year expenditures reflect (1) annualization; (2) 2% annual increases in ongoing operating expenses; and (3) annual decline in caseload (FY 1999 = 1.5%; FY 2000 = 1.7%; FY 2001 = 2.4%; and FY 2002 = 2.5%).

Substance Abuse Treatment-Reduced Assistance Costs for Non-Compliers

Expenditures for cash assistance benefits would decrease by $1.7 million (50% general funds and 50% federal funds) annually for the estimated 20% of the substance abusers who would not comply with treatment requirements. This estimate reflects (1) 2,349 non-compliers; (2) cash assistance reduction of $81/month; and (3) a 90-day start-up delay.

Future year expenditures reflect (1) annualization; (2) 2% annual increases in ongoing operating expenses; and (3) annual decline in caseload (FY 1999 = 1.5%; FY 2000 = 1.7%; FY 2001 = 2.4%; and FY 2002 = 2.5%).

Substance Abuse Treatment-Decrease in Future Expenditures Resulting from Successful Treatment

Successful treatment is likely to result in decreased expenditures due to lowered levels of

criminal activity, cash assistance payments for recipients able to participate in the workforce, emergency room visits, and uncompensated care. A recent study of the outcomes of substance abuse treatment of 150,000 individuals in California who were parents and/or TCA recipients indicates that measurable treatment benefits exceeded treatment costs. In comparing the year before treatment with the year after treatment, substance abuse decreased by a range of 14% to 42%, criminal activities dropped between 54% to 67%, and hospitalizations declined by 58%.

Substance Abuse Treatment-No Increased Costs for Substance Abuse Screening

The Department of Human Resources advises that expenditures could increase by an estimated $93,383 ($50,427 in general funds and $42,956 in federal funds) in fiscal 1998, which reflects a 90-day start-up delay. This estimate reflects the cost of hiring 3.5 caseworkers to assess the need of TCA applicants for substance abuse treatment at the time of application. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

The Department of Fiscal Services advises, however, that there should be no need for additional positions to administer the IDA Program because TCA caseloads have decreased by 16% since fiscal 1996 without a corresponding drop in the number of caseworker positions. The average monthly caseload was 209,957 in fiscal 1996, is 175,434 in fiscal 1997, and is expected to be 167,400 in fiscal 1998. In addition, much of the responsibility that departments of social services have shouldered in the past for determining Medicaid eligibility for pregnant women and certain children is planned to be shifted to local health departments under implementation of the Medicaid 1115 waiver.

Income Disregard

The bill increases the income disregard from 20% to 26% for TCA recipients who obtain unsubsidized employment and specifies that the disregard applied to TCA applicants remain at 20%. By raising the percentage of income disregarded in calculating welfare benefits, the bill would increase cash assistance available to welfare recipients engaging in work. As depicted in **Exhibit 2**, general fund expenditures could increase by an estimated $1.2 million in fiscal 1998 as a result of going from a 20% disregard to a 26% disregard for existing applicants. The $1.2 million estimate includes the cost ($30,000) of computer program modifications necessitated by establishment of a two-tier income disregard system (i.e., 20% disregard for applicants, 26% disregard for existing recipients).

The estimate reflects the following assumptions: (1) increasing the disregard from 20% to 26% will result in a 2.5% increase in the number of currently eligible recipients who work 20 hours a week or fewer; (2) the $1.2 million will be general funds; (3) 95% of the average

monthly caseload has been a recipient in prior months and 5% of recipients have come onto the rolls in the current month; and (4) a 90-day start-up delay.

The estimate further reflects the assumption that a growing percentage of TCA recipients will be working part-time as a result of federal and State welfare reform. In fiscal 1997, 7% of TCA recipients have earned income and benefit from the income disregard. Caseworkers at the local departments of social services have been instructed to encourage recipients to participate in the workforce and to assist them in overcoming obstacles to working, such as finding adequate child care and transportation to work. Although 16% of the caseload must be participating in the workforce in fiscal 1997 to avoid federal sanctions, it is difficult to predict whether people will be working full-time or part-time at paying jobs, or doing community service work. There are several activities that count towards work under the federal requirements for which a disregard would not apply: job search, community service, and job training. In addition, single parents with a child under age one are exempt from federal participation rates. As a result, Fiscal Services assumes that 12% of the caseload (5,643) would be engaged in income-producing work activities in fiscal 1998.

An increased disregard could significantly increase Medicaid costs because recipients will retain TCA benefits for a longer period or gain eligibility which they would not have had otherwise. It is not possible at this time to reliably estimate the number of additional Medicaid benefits that would result from the bill's requirements. For illustrative purposes, however, the average cost per TCA recipient on Medicaid is $1,800 per year.

Future year expenditures reflect (1) annualization; (2) an annual decline in caseload (FY 1999 = 1.5%; FY 2000 = 1.7%; FY 2001 = 2.4%; and FY 2002 = 2.5%; (3) an annual 5% increase in recipients engaged in work (FY 1999 = 17%; FY 2000 = 22%; FY 2001 = 27%; and FY 2002 = 32%) because the federal minimum work participation rate escalates by 5% per year from 1997 through 2002; and (4) an increase in the number of hours worked per week based on federal requirements of 20 hours of work per week in fiscal 1997 and 1998, 25 hours per week in fiscal 1999, and 30 hours per week in fiscal 2000 and subsequent years.

The bill could also result in future cost savings for community service slots. Federal welfare reform requires that adults who have received assistance for more than 24 months must participate in work activities as a condition of maintaining eligibility. The start date for Maryland was January 1997; therefore the first 24 months will end as of December 31, 1998, or halfway through fiscal 1999. More than 50% of Maryland's caseload has received assistance for two consecutive years. If this trend continues, additional funding will be required to create community service jobs and offer subsidized child care for the 20,000 or so individuals affected by this provision in fiscal 1999. Expenditures on community service work and child care for participants could total $30 million in fiscal 1999. To the extent that

a higher disregard allows more individuals to work and still receive assistance, fewer community service slots will be needed. However, the State is allowed to define work for affected individuals and may be able to do so in a manner that contains costs.

Children Ineligible for SSI Under New Disability Criteria

The bill requires DHMH to apply for a federal waiver to obtain federal funding for Medicaid services to children who lost Supplemental Security Income (SSI) eligibility as a result of federal welfare reform. It is estimated that approximately 3,200 Maryland children will have their SSI status reviewed because of federal changes regarding welfare eligibility. Approximately 66% (2,100) are expected to lose their SSI eligibility at redetermination. It is further estimated that 85% of the children who lose SSI will retain Medicaid due to their family income. The cost of providing Medicaid benefits to the remaining 15% (315) would be $1.6 million in fiscal 1998, of which $1 million is general funds and $1 million is federal funds (assuming federal reimbursement is obtained). This estimate reflects a 90-day start-up delay.

Future year expenditures increase with annualization and medical inflation of 4.7%.

Legal Immigrants

The fiscal 1998 budget includes $3 million in general funds to provide TCA benefits to legal immigrants. This estimate reflects an estimated 2,155 legal immigrant TCA recipients at an average monthly cost of $116. One factor which could produce higher than estimated costs is the decisions of other states with respect to legal immigrants. Maryland TCA expenditures could increase if Maryland's neighboring jurisdictions deny benefits to legal immigrants and immigrants elect to move to Maryland or choose to settle in Maryland after arriving in the country specifically to gain access to benefits. The bill's requirement that benefits be paid during the first 12 months of Maryland residency only if another state also paid benefits to legal immigrants should mitigate any magnet effect.

This bill would continue Medicaid benefits to all legal immigrants who arrived before August 22, 1992 (50% federal funds and 50% State general funds) and, in addition, provide State-funded Medicaid benefits to legal immigrant children under the age of 18 and pregnant women who arrived in this country on or after August 22, 1996. The cost to provide Medicaid funding for legal immigrants will be approximately $42 million in fiscal 1998 (based on 1995 figures adjusted for medical cost inflation), and is included in the fiscal 1998 budget. An estimated 240 children and 180 pregnant women arriving in the country on or after August 22, 1996 would be eligible for 100% State-funded Medicaid benefits, at a cost of $500,000 for fiscal 1998.

The cost to the State to provide Medicaid assistance to legal immigrants in future years is uncertain at this time because reliable data are not available on the population of new immigrants in Maryland who might apply for Medicaid assistance.

Long-term Medicaid costs could increase if many of Maryland's neighbors deny benefits to legal immigrants and the immigrants elect to move to Maryland or choose to settle in Maryland after arriving in the country specifically to gain access to health insurance. There is little reason to suspect such an occurrence, however, given that neighboring states have yet to make a final determination of whether or not to continue Medicaid benefits; and emergency care in other states will still be available through hospitals.

The fiscal 1998 budget includes $2.0 million in general funds to provide food stamp benefits to legal immigrant children under the age of 18 years. An estimated 2,271 children will receive assistance at a cost of $2 million.

Higher Education Institutions

The bill requires institutions to report annually to MHEC on efforts to identify student volunteers to provide educational and employment-related assistance to recipients. General fund expenditures could increase by a minimal amount in fiscal 1998, depending on the extent to which institutions develop new student volunteer services to assist recipients. Some higher education institutions already have student volunteer programs. St. Mary's College has a literacy program and the University of Maryland at College Park's MSTART program assists 100 to 150 TCA recipients a year with job training skills and provides follow-up services to recipients who have found work.

Immunity

The bill alters the Maryland Tort Claims Act to include nonprofit organizations serving as third party payees to TCA recipients and higher education students and staff. This could result in increased general fund expenditures that are potentially significant, depending on the number of organizations that are willing to serve as third party payees.

Local Revenues: Single custodial parents must assign their child support rights to the State to reimburse it for child-specific benefits received on behalf of the child. TCA child support collections are distributed 47.7% to the State, 45.8% to the federal government, and 6.5% to local governments.

Local Expenditures: Expenditures could increase by a minimal amount, depending on the extent to which community colleges develop new student volunteer services to assist recipients.

Small Business Effect: The bill could favorably affect small business substance abuse treatment providers if DHMH is able to obtain a waiver to get federal funds for more inpatient treatment slots. The bill's authorization of local departments of social services to pay an administrative fee to third party payees could benefit small businesses, since the bill includes both nonprofit and for-profit organizations in the definition of third party payee.

The bill's provisions on substance abuse treatment and volunteer mentoring programs could increase the number of people in the Maryland workforce by encouraging people to overcome substance abuse problems and other impediments to participating in the workforce. Small business child care providers in areas of the State where the demand for child care services exceeds the supply of providers could be favorably affected. Child care services are almost entirely provided by small business.

Managed care organizations (MCOs) participating in the Medicaid program are not small businesses. However, health care providers and other contractors who provide services to Medicaid enrollees either directly or through MCOs may be self-employed or small businesses. To the extent that the bill retains eligibility for medical assistance for certain populations that would otherwise lose eligibility, small business health care providers who serve those populations will benefit.

Additional Comments: Expenditures at the 27 independent colleges and universities in Maryland could increase by a minimal amount, depending on the extent to which independent institutions of higher education develop new student volunteer services to assist recipients.

Information Source(s): Department of Human Resources; Department of Health and Mental Hygiene (Medical Care Programs Administration); Maryland Higher Education Commission; University of Maryland System; Morgan State University; St. Mary's College; *Joint Committee on Welfare Reform, Report of the 1996 Interim,* December 1996; *Alcohol and Other Drug Treatment for Parents and Welfare Recipients: Outcomes, Costs, and Benefits*; U.S. Department of Health and Human Services, January 1997; Department of Fiscal Services

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