



OFA Regions V-VIII State TANF Technical Assistance Meeting


***The Opioid Crisis: A Promising Approach for Assisting
Families with Opioid Use and Multiple Barriers***

Kentucky's Targeted Assessment Program

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Kentucky's Targeted Assessment Program (TAP)

- Implemented through the partnership between the Kentucky Cabinet for Health and Family Services, Department for Community Based Services (CHFS DCBS), and the University of Kentucky
- Supported with 100% Federal Temporary Assistance for Needy Families (TANF) funding to assist parents involved in Kentucky's public assistance and child welfare systems within federally mandated timeframes

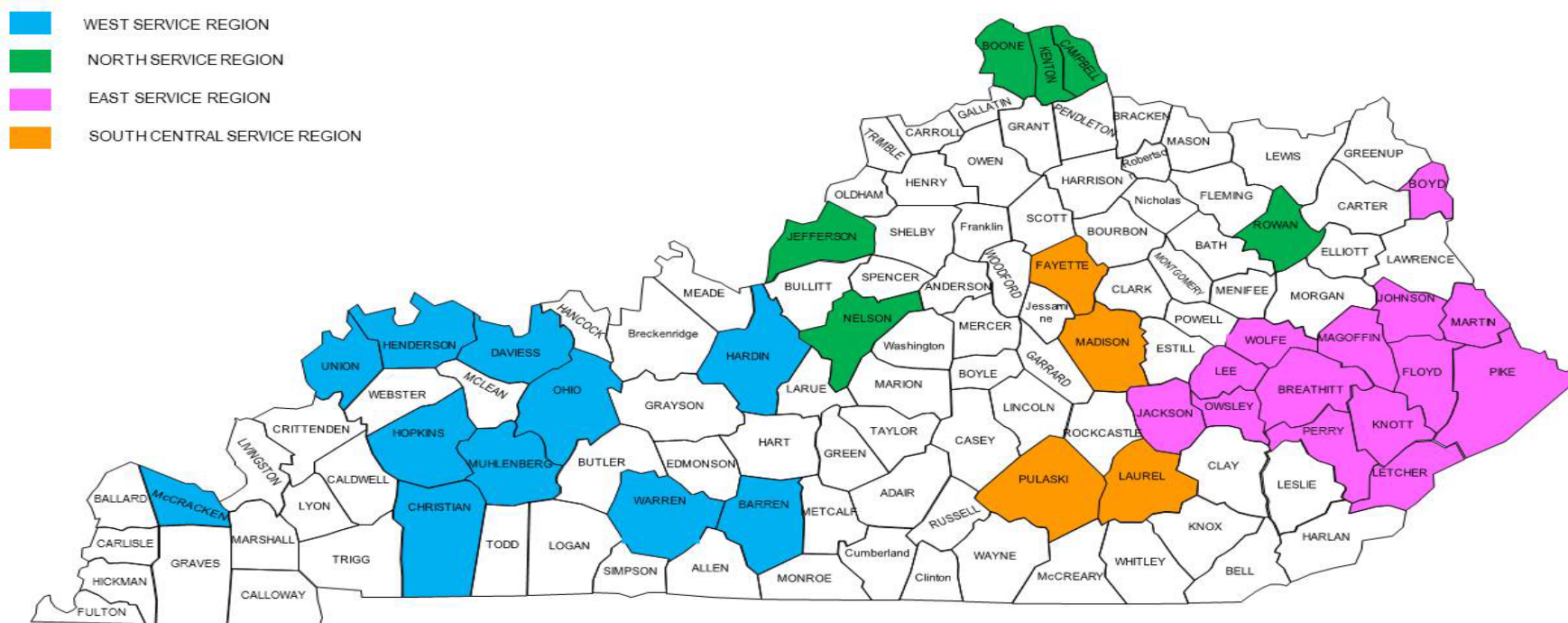
Background

- The presence of multiple barriers continues to be the strongest predictor of non-participation in work activities and continues to be linked to poor employment among low-income parents
- Estimates of drug & alcohol abuse are almost double those for individuals who receive TANF
- Studies have shown intimate partner violence (IPV) and mental health problems to be higher among women receiving TANF than other low-income women not receiving TANF

Targeted Assessment Program (TAP)

- Initiated as a pilot project by the Kentucky Department for Community Based Services (FY 2000); since then, the program has been expanded 7 times
- Currently co-locates 58 Targeted Assessment Specialists/Clinicians, University employees, full-time at DCBS offices in 35 Kentucky counties selected by CHFS/DCBS
- Purpose: Identify & address barriers to self-sufficiency, family safety & stability with focus on substance use, mental health, intimate partner violence, learning deficits/disabilities, and unmet basic needs
- Provide assessment, referral, pretreatment, service coordination, and ongoing follow-up services to assist participants in overcoming barriers

Kentucky's TAP Sites



Key Practices

- Co-location of TAP staff with DCBS staff
- Holistic assessment of barriers and strengths
- Strengths-based engagement, pre-treatment, & case management
- Customized service plan created with the participant in consultation with the DCBS referring worker
- Ongoing consultation & communication with referral source

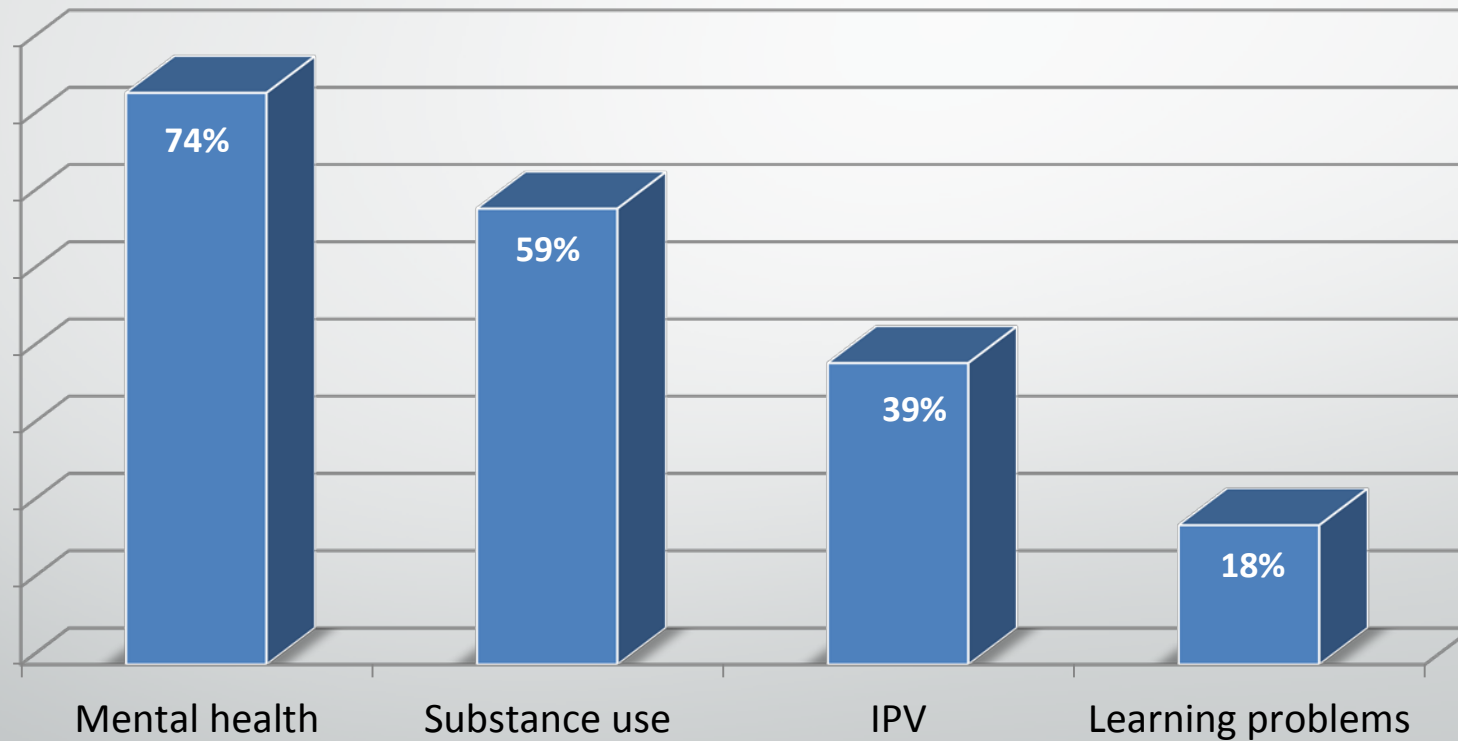
TAP Referrals

- Referrals come from Kentucky's Division of Family Support and Division of Protection & Permanency (child welfare) staff
- Eligibility:
 - Receiving or eligible for TANF/Kentucky Transitional Assistance Program (K-TAP) benefits
 - At least one dependent child and a family income at or below 200% of the federal poverty level
 - Child welfare clients must have a child in the home or a plan for reunification

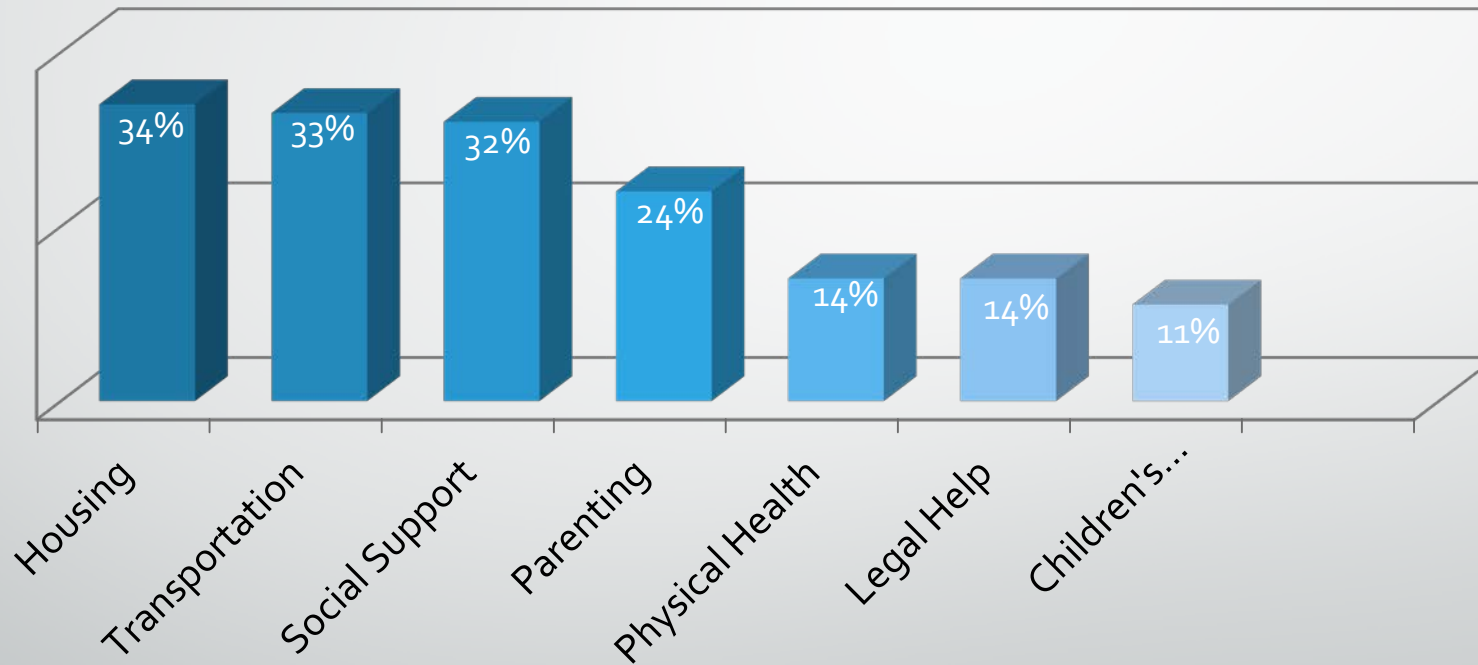
Family Support Screening/Assessment

- Family Support staff (Case Managers) conduct Assessments as part of technical eligibility for receipt of K-TAP benefits
- K-TAP Assessment gathers information regarding Employment, Education, and Barriers, including but not limited to General Health, Substance Use, Mental Health, and Learning Needs
- Case Managers refer clients to various entities based on assessment responses
- TAP referrals are completed electronically through the Online Tracking Information System (OTIS) that contains all Kentucky Works Program (KWP) participation information. OTIS allows ongoing communication between TAP staff and Case Managers regarding appropriate work activities available to clients, treatment avenues, etc.

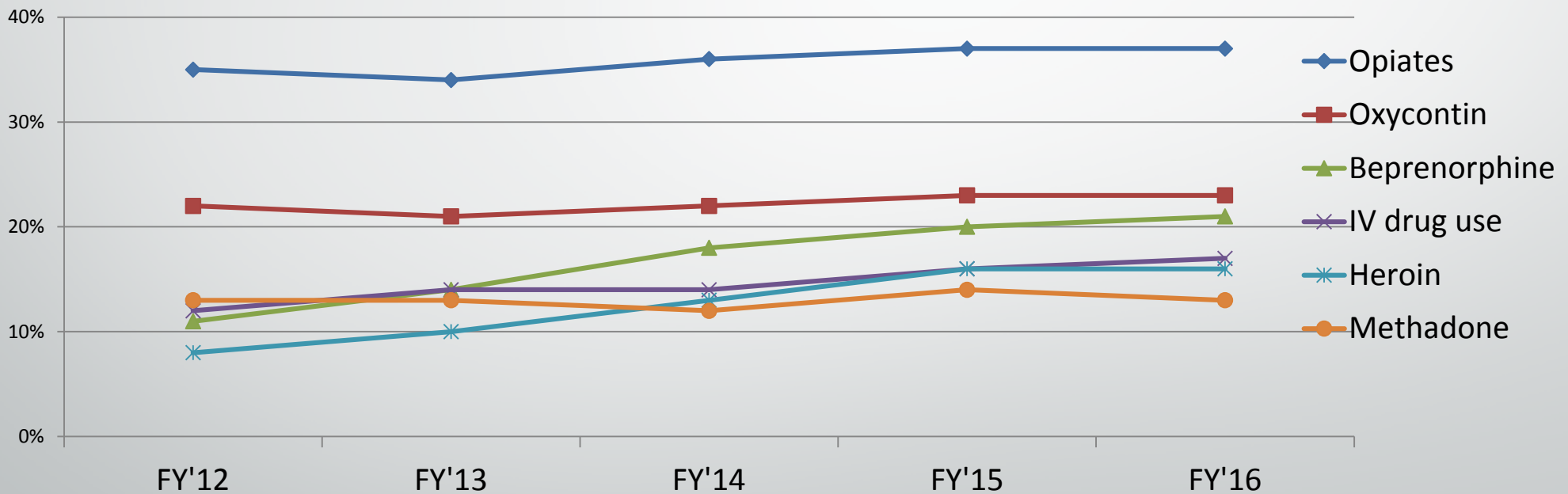
Percent of TAP participants assessed with mental health, substance use, intimate partner violence, learning problems barriers in FY 2017 (n=2,237)



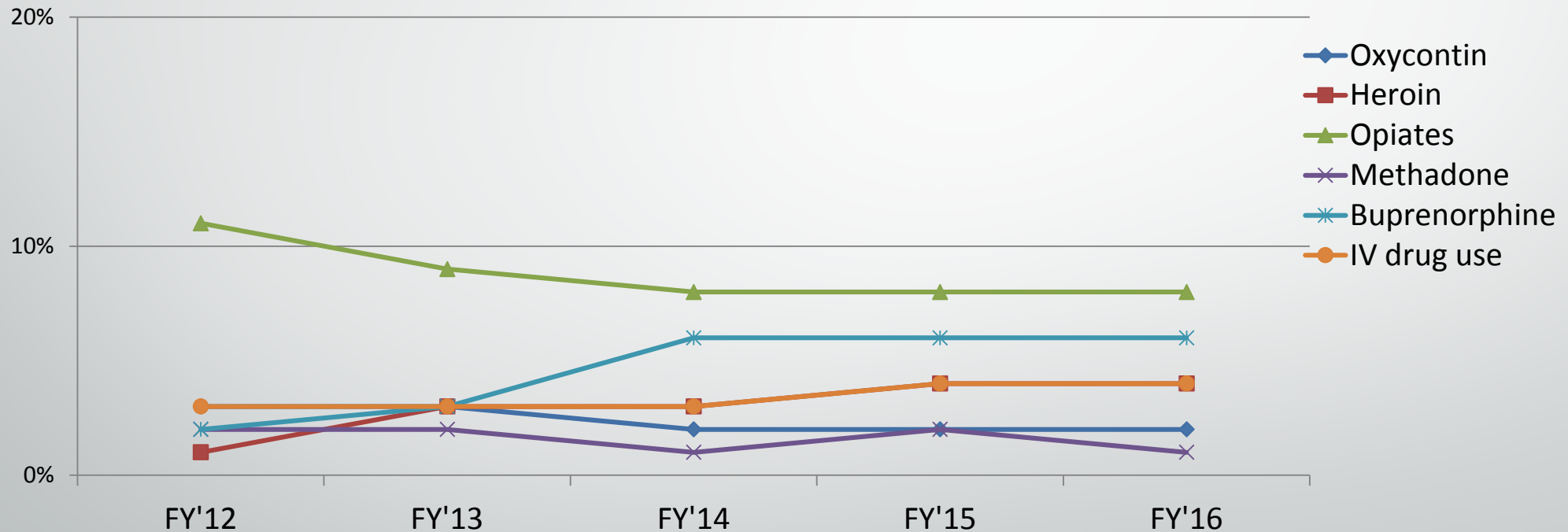
Percent of assessed TAP participants reporting unmet basic needs at baseline in FY 2017 (n=2,237)




Percent of TAP participants (n=12,191) self-reporting lifetime opioid use at their baseline assessment (FY 2012 through FY 2016)



Percent of TAP participants (n=12,191) self-reporting opiate use 3 months before baseline assessment (FY 2012 through FY 2016)





“Sasha” and “Jenny”

Engagement in Treatment

- Motivational Interviewing to assist participants in progressing through Stages of Change so they are ready to engage in recommended treatment
- Assistance with referrals to resolve basic needs barriers that could interfere with treatment engagement and ongoing participation
 - Housing, transportation, child care, possibly temporary placement of children with family
- Determination of appropriate level of care

Engagement in Treatment

Resolving Internal and External Barriers

- If Medication Assisted Treatment (MAT) is appropriate:
 - Steer participants toward high quality MAT programs
 - Coordinate participation in additional treatment modalities in conjunction with MAT
- Communicate with referral source about plan of care
 - Help determine when participant can engage in education, work, community service
- Ongoing follow-up with participant and treatment providers to monitor participation and provide help if participant disengages

TAP Outcomes

FY 2018 “countable” work activity by TAP participants

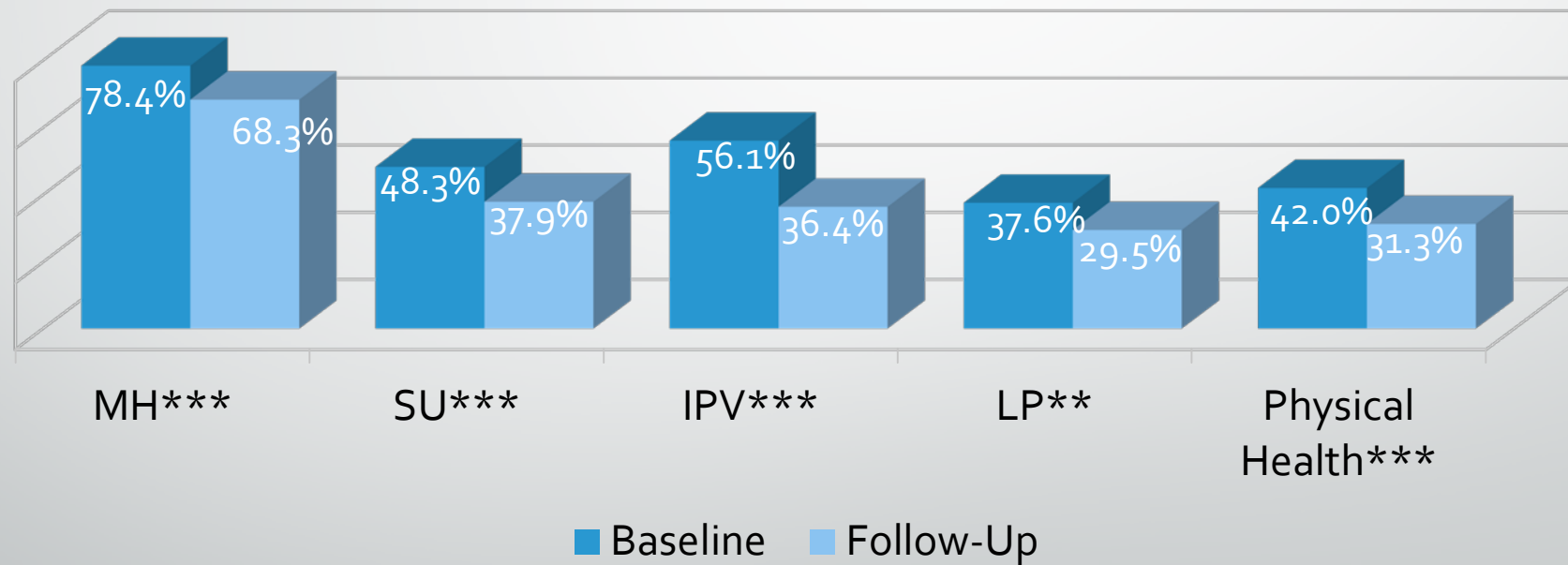
- Almost two-thirds (63%) of terminating assessed TAP participants enrolled in the Kentucky Works Program participated in a countable work activity within six months of TAP assessment
- The average amount of time to enrollment in a countable work activity was 7 weeks

TAP Outcomes

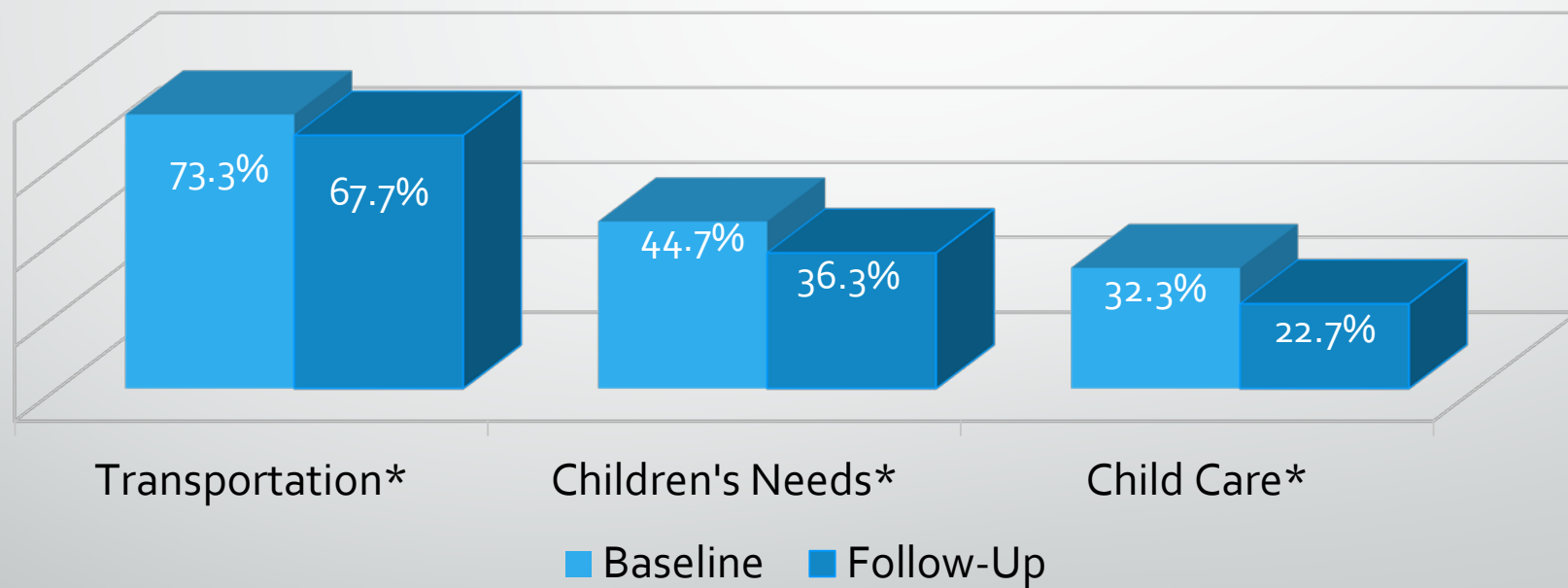
TAP Follow-up Study (Leukefeld et al, 2012)

- There were statistically significant decreases from baseline assessment to 6-month follow-up (n=322) for:
 - MH symptoms
 - Substance use
 - IPV (intimate partner violence)
 - Percentage of participants with an open child welfare case
 - Percentage of participants experiencing work difficulty
 - Reliance on TANF decreased while employment increased

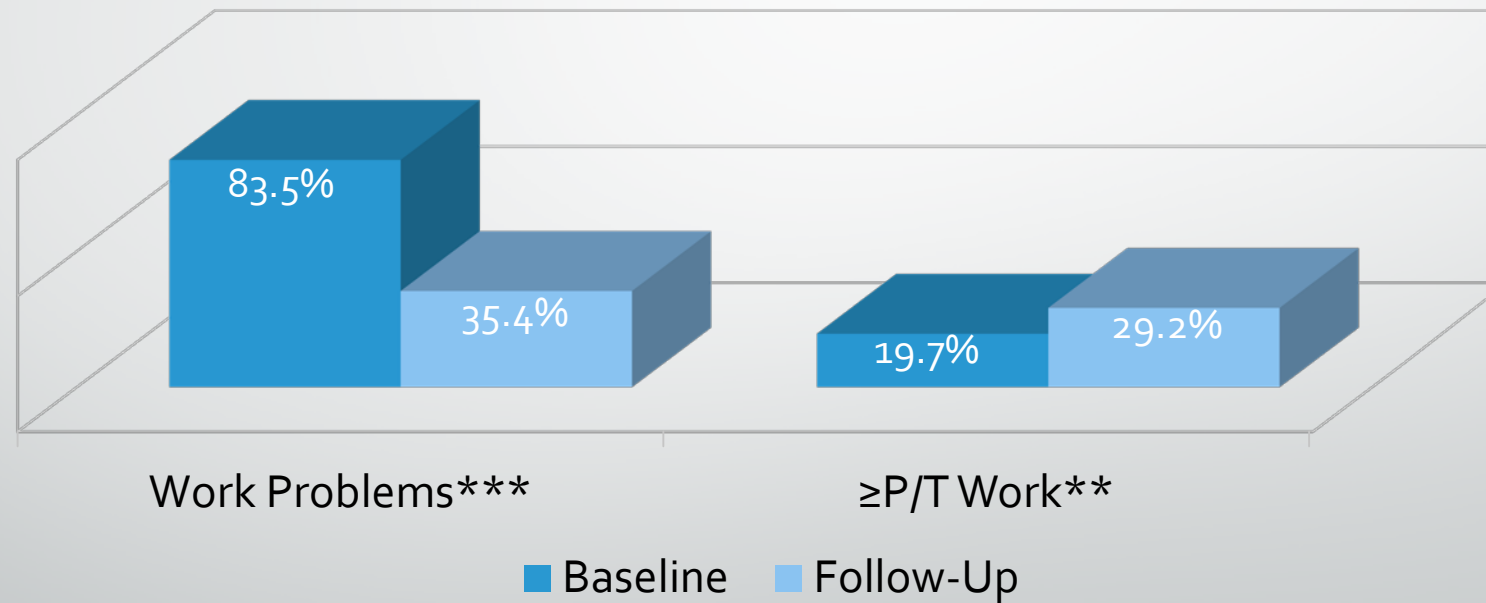
At 6-month follow-up (n=322), the percent of participants with assessed barriers significantly decreased



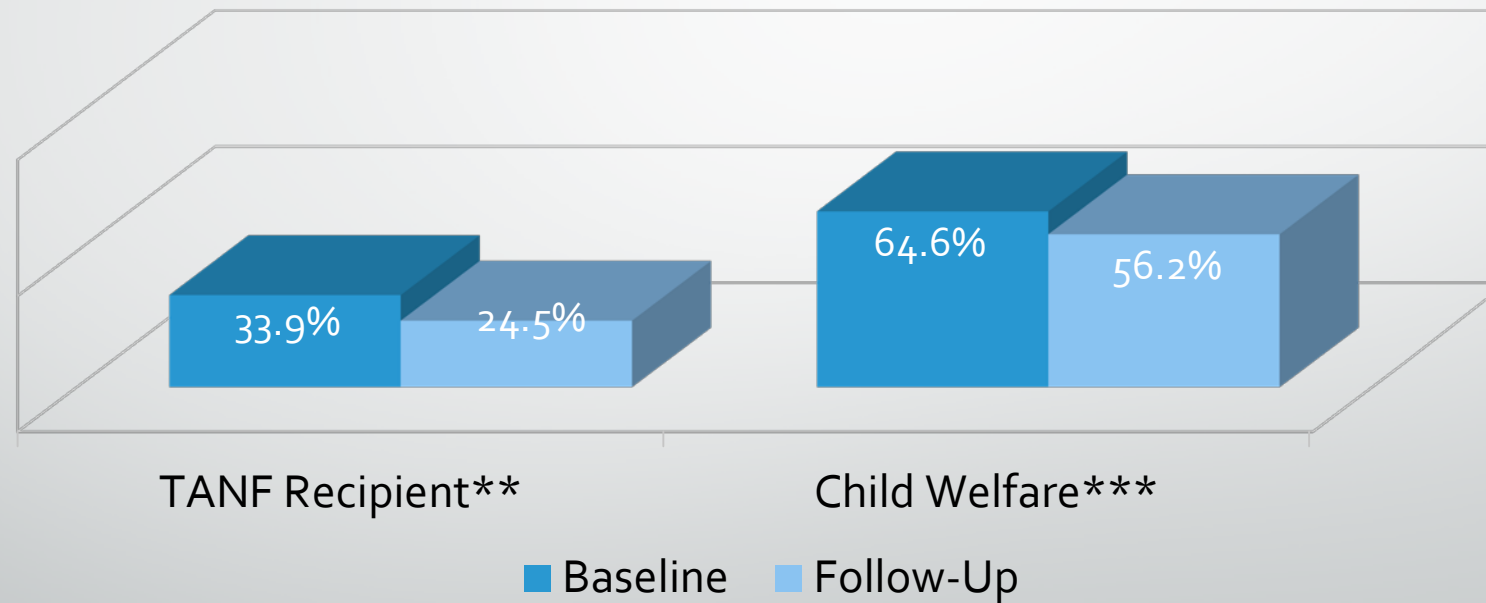
Participants also reported significant decreases in unmet basic needs at 6-month follow-up (n=322)



Participants reported significant changes in employment-related outcomes at the 6-month follow-up (n=322)



Participants reported significant decreases in welfare receipt and child welfare involvement at 6-month follow-up (n=322)



References

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Thank You!