2017 Linking TANF Families to Employment and Economic Opportunities Meeting

Promising Approaches for Assisting Families with Substance/Opioid Abuse

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Kentucky’s Targeted Assessment Program (TAP)

• Implemented through partnership with the Kentucky Cabinet for Health and Family Services, Department for Community Based Services

• Supported with Temporary Assistance to Needy Families funds to assist parents involved in Kentucky’s public assistance and child welfare systems within federally mandated timeframes
Purpose of TAP

• To identify & address barriers to self-sufficiency, family stability, & safety:
  – Substance Use
  – Mental Health
  – Intimate Partner Violence (IPV)
  – Learning Problems
  – Basic Needs
Kentucky’s Targeted Assessment Program
by DCBS Division of Family Support Region
Evidence-Based & Other Key Practices

• Motivational interviewing
• Strengths-based pre-treatment case management
• Staff co-location at DCBS offices
• Local hiring process – community selection committees
• Comprehensive assessment across barriers
• On-going follow-up and regular case review
• Collaboration with public agencies and multiple community partners
Percent of terminating TAP participants with mental health, substance abuse, intimate partner violence, learning problems barriers in FY 2017 (n=2,237)

- Mental health: 74%
- Substance abuse: 59%
- Intimate partner violence: 39%
- Learning problems: 18%
Percent of terminating TAP assessed participants reporting unmet basic needs at baseline in FY 2017 (n=2,237)
FY 2017 “countable” work activity by TAP participants

- Two-thirds (65%) 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.
Percent of TAP participants (n=12,191) self-reporting opiate use 3 months before baseline assessment (FY 2012 through FY 2016)
Percent of TAP participants (n=12,191) self-reporting opioid use at baseline assessment in lifetime (FY 2012 through FY 2016)
There were statistically significant decreases from baseline to 6-month follow-up (n=322) for:

- MH symptoms
- Substance use
- 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

Baseline | Follow-Up
---|---
MH*** | 78.4% | 68.3%
SA*** | 48.3% | 37.9%
IPV*** | 56.1% | 36.4%
LP** | 37.6% | 29.5%
PH*** | 42.0% | 31.3%
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 6-month follow-up (n=322)

- Work Problems***: Baseline 83.5% vs. Follow-Up 35.4%
- ≥P/T Work**: Baseline 19.7% vs. Follow-Up 29.2%

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

- TANF Recipient**: 33.9% at Baseline vs. 24.5% at Follow-Up
- Child Welfare***: 64.6% at Baseline vs. 56.2% at Follow-Up
Participant case

“Jenny”


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