

Staff Strategies To Improve TANF Employment

NEW YORK CITY: REDUCING EMPLOYMENT BARRIERS FOR TANF PARTICIPANTS WITH OPIOID/SUBSTANCE USE BARRIERS

> The New York City Human Resources Administration (HRA) is helping TANF participants with opioid/substance involvement obtain and maintain employment. Four innovative New York City vendors have combined treatment and work activities to comprehensively address barriers so participants can move into both recovery and self-sufficiency.



Integrating Innovative Employment & Economic Stability Strategies into TANF Programs

EMERGING PRACTICE SERIES | 2018 - 05

THE TANF CHALLENGE:

What Issue(s) Do TANF Programs Face?

The number of TANF participants who have been involved with substance use ranges from 4 to 37 percent.¹ TANF programs have often exempted these participants from work requirements. According to a study by the Center on Addiction and Substance Abuse (CASA), 60 percent of states counted treatment as a work activity and/or deferred or exempted individuals with substance use barriers from work requirements altogether.² The common assumption has been that these participants are not employable and should be exempt from work in order to focus on treatment.

THE INNOVATIVE IDEA: What Solution Is Proposed to Address This Issue?

HRA has established an innovative practice and operating approach to substance use barriers in its TANF program, built on the construct that work can contribute to and not inhibit treatment. This concept works particularly well with participants who have previously been classified as work exempt. By implementing strategies to simultaneously address employment needs and treatment, the HRA approach has become treatment and work instead of treatment versus work (i.e., work first). Operationalizing this principle, with the support of comprehensive case management, has positioned the agency to meet both treatment and employment objectives for TANF participants.

The New York City Human Resources Administration has adopted a treatment and work approach for participants with opioid/ substance use barriers in its TANF program.

Individuals who screen positive for opioid/substance use during the TANF cash assistance application process are deemed eligible for a specialized service. These applicants may be referred to one of four regional vendors for a full substance use assessment. The organizations then use that information to determine the need for treatment, the appropriate level of care, and an individual's ability to seek and sustain employment. Applicants are then referred to treatment and can elect to receive ongoing, comprehensive case management services.⁴

HRA has operated a comprehensive assessment and case management service for participants with substance use

Working with this population requires staff who understand both how treatment goals are met and when participants with such barriers can successfully move into employment. Further, due to the complicated nature of substance use, an integrated approach requires low staff-to-participant ratios to ensure the individualized accountability and oversight needed to reach treatment and employment goals.³ Limited funding and staffing can make it difficult for agencies to perform the dual role of substance use barrier mediation and achievement of stable employment for its TANF participants.

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involvement (Comprehensive Services Model) for the past 15 years, although its newest iteration of the program, the Case Management Support Program (CMS Program), was recently implemented (2018.)⁵ The new CMS Program expanded eligibility to additional populations with substance use barriers, increased the scope of services available, and provided a higher level of case management services.

Included in this program is a person-centered approach, with services specific to the unique needs of each client. Improvements to the model include a greater flexibility in the program's business hours and location of service delivery, including the client's home, treatment facilities, and transitional housing sites or shelters. In addition, the eligibility requirements were broadened to include people who may not be HRA clients, such as individuals who voluntarily moved from overcrowded or unsafe places to now live in transitional housing. NYC enforces the 60-month limit on cash assistance for participants but uses Maintenance of Effort (MOE) funds to support participants who stay beyond the 60-month limit, referred to as "converted cases." Collectively, these changes are improving outcomes for a greater number of people across the city.

ALIGNING INNOVATION WITH RESEARCH:

What Is Known That Gives Confidence This Idea Can Work/Will Matter?

SUBSTANCE USE DOES NOT NECESSARILY INHIBIT EMPLOYMENT

Although previous research has highlighted a correlation between unemployment and drug use,⁶ including opioid use,⁷ there is no established causal link between the two, nor between employment and drug abstinence. In fact, the broader TANF population may struggle to maintain employment in the same way low-income individuals with substance use barriers do.

Further, studies show that participation in substance use treatment is associated with more probable employment and less receipt of cash assistance.⁸ One study found that outpatient treatment (allowing the participants to combine treatment and work) was shown to have produced the highest annualized earnings for the studied cohort over a two-year follow-up period.⁹ Studies also show that employment might be an effective way to prevent substance use relapse.¹⁰ Although not specific to TANF populations, research supports the work-first approach for other populations with a history of substance use.

AN INTERAGENCY STAFFING APPROACH EXPANDS SERVICE DELIVERY FOR PARTICIPANTS

Participant outcomes depend in part on the actions of a staffing team or partnerships across agencies and vendors that can offer more comprehensive services. An interagency team might consist of substance use treatment specialists, employment specialists, health practitioners, and mental health professionals.¹¹

INNOVATION CAN BENEFIT FROM THE USE OF INTENSIVE CASE MANAGEMENT

A few studies have found that intensive case management (ICM) is more effective than lighter-touch care coordination in helping participants with substance use involvement access treatment

programs. Intensive case management is characterized by a comprehensive approach, with wraparound services designed to motivate and support participants' progression toward self-sufficiency. Although the ICM model has not yet been studied relative to positive employment outcomes, it has been shown to increase treatment session attendance and drug abstinence among female TANF participants.¹² This is critical since most individuals with substance use barriers do not seek treatment of their own accord.¹³

With ICM, emphasis is placed on the participant-case manager relationship. Smaller caseloads allow staff and participants to engage in meaningful goal setting and attainment. This more personalized coaching/mentoring strengths-based approach and the focus on a participant's personal growth, rather than just stabilization, have proven successful.¹⁴ Studies have shown that a strengths-based case management framework–when integrated with a treatment model–can empower participants to pursue recovery, while resulting in employability, retention in treatment, and reduced drug use.¹⁵

PROGRAM MODEL: What Is Being Done?

The goals of the CMS Program are to stabilize clients' clinical conditions and enhance their life skills, ultimately leading to employment and/or economic security. Services are designed to build relationships and a working alliance with clients. This includes enrolling them into the program and monitoring the effectiveness of services (substance use treatment, participation in work-related and/or educational/training activities, gaining and maintaining employment). Through relational, person-centered support, Credentialed Alcoholism & Substance Abuse Counselors (CASACs) help clients develop and enhance their ability to address factors in their lives that inhibit them from success.

Many clients have a difficult time navigating the treatment process and securing employment. This program aims to work closely with them to maintain their engagement in treatment activities while achieving employment outcomes. CASACs track attendance and engage with those clients at risk of dropping out of the program, helping to remove barriers.

THE SCREENING PROCESS

To access cash benefits in New York City, TANF applicants are required to undergo an initial substance use screening as part of the intake process at HRA Job Centers. When that screen indicates a substance issue, rather than delaying access to cash assistance or disqualifying applicants altogether, HRA refers individuals to one of four regional vendors. Referral locations are determined by where individuals live and their schedule availability. Referred participants arrive at their assigned location, with vendors required to locate within one-quarter mile of public transportation. A CASAC sets the expectation for treatment and employment objectives as part of an initial comprehensive assessment designed to identify and understand how substance use is affecting individual functioning. It includes a clinical evaluation (medical and mental health), employability determination, and referrals for mandated substance treatment, mandated work activity, and further evaluations and services, as appropriate. Results are recorded in the HRA Substance Abuse Tracking and Reporting System (STARS).

To begin building an effective client relationship, CASACs conduct their initial assessments face-to-face. HRA provides this staff with an electronic, standardized Substance Use Assessment tool that provides a suggested path forward.

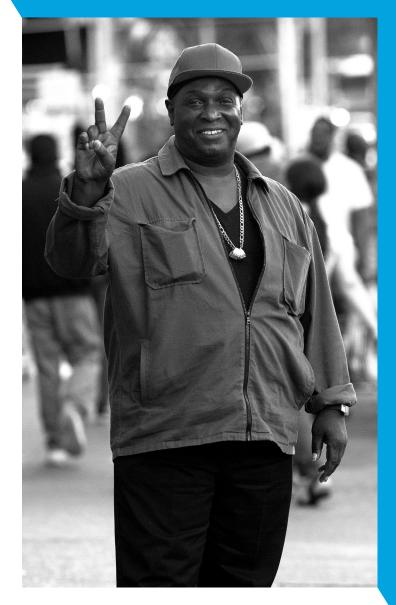
CASACs also contribute their clinical background and judgment to the process, considering all available client information from HRA systems and clinical observations, such as:

- Present and prior patterns of substance use
- Present and prior treatment history, including type(s) and level(s) of care
- Family, community, and recovery support systems
- Medical health and/or medical conditions that may potentially exempt a participant from employment

This holistic Substance Use Assessment leads to one of the following determinations:

- No substance use treatment needed and employable (Non-Work Exempt), or
- Non-intensive substance use treatment needed (less than 15 hours/week) and employable (Non-Work Exempt), or
- Intensive substance use treatment needed (more than 15 hours/week) and temporarily unemployable (Work Exempt)

Approximately 30,000 Substance Use Assessments are conducted each year for HRA, with 8,000 clients in treatment at any given time (5,000 clients in outpatient or harm reduction and 3,000 clients in residential treatment).¹⁶ The specialized CMS Program is voluntary and serves approximately 2,100 clients at any point in time–including TANF, Safety Net Assistance (SNA), Safety



Net Non-Cash Assistance (SNNC), and Safety Net Federally Participating (SNFP) clients—with approximately 650 TANF participants annually.

THE PROGRAM

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The CMS Program uses a participant-centered model to meet individual needs and assure appropriate treatment services.

The goals of the program are:

Referring participants to appropriate substance use and/or mental health treatment

- Assisting with enrollment in treatment services
- Ensuring participants attend and benefit from the substance use and/or mental health treatment program

Assisting participants in achieving income security by gaining and retaining employment, maintaining cash assistance, and/or accessing federal disability benefits



CASACs monitor the delivery and effectiveness of treatment and other social services with the dual goal of successful treatment retention and the establishment and retention of employment. Person-centered strategies include motivational interviewing and harm reduction approaches to encourage engagement, safety, and life-skills training. Participants may receive services for up to 12 months.

While each vendor has different characteristics, philosophies, and service delivery models, the following case management strategies remain consistent across the agencies:



Individual Dignity

Staff treat participants with extraordinary attention to their personhood and personal needs. Participants are provided amenities while waiting at the service center and are treated with respect at all times.



Relationship Building

CASACs develop trusted relationships with participants through their consistent presence and assistance in barrier removal. They regularly attend treatment meetings, which may include connecting with participants at a treatment center or assisting with transportation.



Harm Reduction

This approach emphasizes risk reduction to self and others and has proven to be a valuable tool for engaging participants to make progress in obtaining and maintaining employment.



Goal Ownership

Staff use the Stages of Change Theory¹⁷ and Motivational Interviewing techniques¹⁸ to engage participants in developing their own goals. An understanding of these concepts facilitates a coaching/mentoring model that is conducive to building trust and confidence.



Incentives

Motivational rewards are offered to participants who reach established goals and objectives. These rewards include Metro cards, cash cards for food and shopping, and work-related items for those who have secured and maintained a job for benchmark lengths of time. Funds for rewards are built into the agency budget.

THE VENDORS (PROVIDERS)

Each vendor serves as a case management liaison for participants, advocating on their behalf and negotiating various elements of the systems providing public assistance, treatment, and employment services. The CMS Program staff do not provide treatment but instead liaise with treatment vendors on each participant's behalf. While the vendors utilize their expertise to identify and access participant resources, the overall direction is participant-driven and determined by each participant's needs and decisions.

HRA removes access barriers by locating vendors in the major boroughs of New York City. Each organization is responsible for individual case management services for one geographic catchment area to include:

- Brooklyn (NADAP Project ACE)
- Harlem (Visiting Nurse Service of NYC)
- Bronx (University Behavioral Associates)
- Queens (Fedcap)

After completion of the assessment process, vendors focus on specific barriers that can impact a TANF recipient's ability to work. Through the provision of comprehensive case management strategies and services that combine treatment and work, some participants are able to move to sustainable employment.

RESULTS: What Has Been Learned/Achieved?

Participants with Substance Use Barriers Need Not be Automatically Determined as Work Exempt

The HRA approach moves away from the traditional method of assigning a work-exempt status to individuals with substance use involvement, and moves into a personalized coaching/ mentoring model to assist participants in reaching their goals of recovery, achievement, employment, and self-sufficiency. Past experiences may have impacted some participants' ability to see themselves as employable, but encouragement and relationships can lead to success.



Harm Reduction Is a Powerful Tool for Participant Progress Toward Employment

Participants do not always respond to clinical treatment. Agencies can educate participants on safe substance use practices to reduce potential dangers, such as needle exchange programs. This approach can be a stepping-stone towards building trust and eventual participant growth through treatment. For example, a participant in one of the programs adamantly refused treatment but did welcome harm reduction. At the time he described the program as an "educational non-judgmental environment." The harm reduction education allowed him to initially reduce his usage and eventually prompted him to volunteer for the CMS Program and treatment, which in turn set him on a path to employment.

Employment Success for Individuals with Opioid/Substance Use Barriers Is Achievable

Each vendor measures job placements and outcomes at determined benchmarks (after 30, 60, 90, and 180 days). One vendor reported that approximately 37-45% of its participants gain employment, mostly in food service, maintenance, stock work, childcare, Occupational Safety & Health Administration certified fields, and skilled trades.¹⁹ The keys to success are rooted in the collaborative relationships between CASACs and their clients, where hope is built through appropriate treatment, skills building, and a personalized hand-off to employers.

A FIELD VIEW OF THE EMERGING PRACTICE:

Perspectives from the TANF Agency

Engage individuals with substance/opioid use challenges by first letting them know they are seen and valued.

CMS Program staff members at all levels, from receptionists to directors, are trained to welcome clients with nonjudgmental attitudes and genuine care, forming a connection and focusing on strengths and the future.





- TARA NOTO Director of Visiting Nurse Service CMS Program

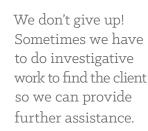


We make every accommodation to see any client that walks through our door... Clients are often approached by agencies from a deficit conceptualization, looking at issues that need 'fixing' as opposed to looking at what successes, even small ones, a client has experienced and built. [Our] strength-based approaches build on the philosophy of self-determination, that an individual is capable of making decisions on what needs they want addressed.

- UNIVERSITY BEHAVIORAL ASSOCIATES CMS STAFF

Be persistent and committed to helping TANF participants get and stay employed, regardless of their barriers. Don't give up on them.

This attitude has been a critical component in fostering participant hope and self-esteem. It helps CASACs focus on individuals at risk of dropping out of treatment/employment activities by addressing participation barriers and offering reminders and incentives as positive reinforcements. Support for TANF participants doesn't end when they become employed. In some cases, vendors go all-in on their commitment to their clients' employment success, hiring them directly when the participants have the desired skills and meet the high standards of the vendor organization.



- VISITING NURSE

SERVICE STAFF

We supply incentives like Metro cards for

a week or a month at post-employment benchmark dates. This encouragement and recognition is really motivating to our clients.

- SARAH HACKETT Director of NADAP Project ACE



Offer after-hours availability and emergency services.

HRA contracts require this level of accessibility for some services, recognizing that staff availability is particularly important for clients who struggle with substance use. This availability is individualized to each person, communicating to clients that they are important, they have a future, and that they are "part of the family."

We are available around the clock for crisis intervention. Clients are able to contact their case managers during regular business hours, and access the program's toll-free number for after-hours emergency services.

- UNIVERSITY BEHAVIORAL ASSOCIATES CMS STAFF

Engage all staff members to discover job leads.

It takes the entire team to identify good job prospects. One vendor has established practices that combine staff members in working together to find job opportunities for work-ready participants. All staff bring job leads to the monthly staff meetings in addition to communicating regularly with each other and other agencies. Weekly job blasts report new openings and spotlight clients who have gained employment. Current job opportunities are posted in the waiting areas of all four service vendors.

> [I tell participants:] I can't guarantee you a job, but I can guarantee I will help you find an opportunity. I can't walk your journey for you, but I can journey with you."

- ANTOINE JOHNSON Job Developer, Visiting Nurse Service CMS Program

Remove agency silos if they are present (us vs. them mentality) and focus on team building.

Vendor staff communicate regularly with treatment, mental health, and other service vendors to coordinate the best care and individualized support for each client. Comprehensive Service Plans for participants are shared with staff and treatment vendors to ensure all moving pieces-treatment, work, and case management services-are aligned. Vendors establish an organizational culture that recognizes their staff's hard work and needs, as staff retention is important to providing person-centered care to TANF participants.

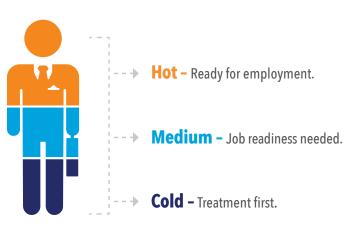
> If you expect your staff to take care of clients well, then you as supervisors need to take good care of your staff.



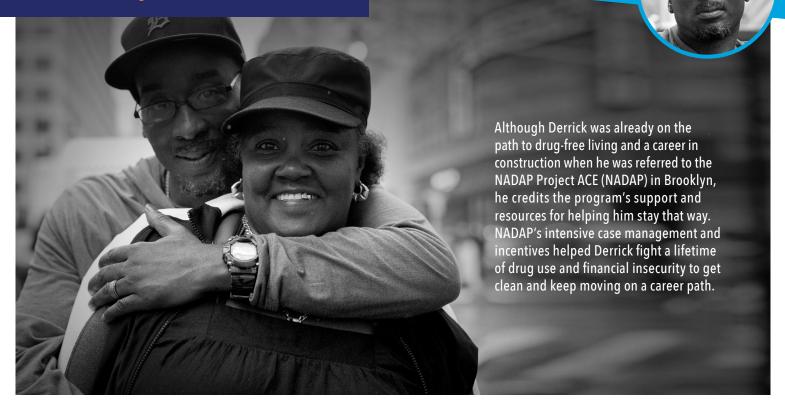
- TARA NOTO Director of Visiting Nurse Service CMS Program

Use a scale to assess participant readiness and employability.

Participants enter the CMS program at varied stages of recovery. One vendor developed and implemented a tool to measure participant motivation for work activities, with the results designating individuals with an "employment temperature rating" of hot, medium, or cold. Participants designated as "hot" are prioritized and matched with suitable job leads as soon as possible, while those designated as "cold" are prioritized for treatment first.



TANF SUCCESS IN ACTION: Derrick's Story



Derrick's addiction came by way of his grandmother who raised him after his mother passed at the age of 19. "I used to buy drugs from my grandmother. I used to use drugs with my grandmother. You know, my grandmother was my everything. I went to jail for my grandmother. She was my world." Her death inspired Derrick to take a closer look at his life, and he decided to let his addiction die with her.

Living in a homeless shelter without a job and hooked on opioids, Derrick turned to TANF where he was enrolled in a methadone program to help him stop using. But for Derrick using methadone was like living a half-life – a half-life that his wife of 12 years could barely tolerate. Her plea to "love himself like you love me" inspired him to quit methadone. "She said it with so much conviction that I realized that if I don't get my act together, I am going to lose her and where would that put me? Downward spiral."

Because Derrick's enrollment in the methadone program did not preclude him from being on a work track, he was referred to NADAP. Derrick used this referral as motivation to get a jump on a career path. He pursued his OSHA Department of Labor Completion Card and applied for a construction position. He walked in the first day of NADAP with a job.

NADAP's caseworkers made Derrick feel supported by highlighting his strengths and by emphasizing and helping him build on the steps he had taken on his own to pursue employment. The relationship he developed with Mustafa, his coach, helped him keep sober and overcome obstacles encountered on the job. Instead of feeling supervised, Derrick felt the freedom to take agency in his career.

The incentives helped, too, especially in the early days of his job when he was newly off methadone and making a lower wage than he is now. "It worked out so good for me because [NADAP] was giving me weekly metro cards so I didn't have to worry about how to get to work." As he stayed employed, the incentives became a badge of honor, something tangible to show he was making progress and a chance to celebrate his continued success with Mustafa.

Derrick has been employed for six months (at the time of the interview), is excited about advancing in his position, and looks forward to enjoying time with his wife. "The only thing on my mind is the fact that I'm with the love of my life, living my best life."

I'm going to put this footwork in myself because I'll appreciate the job more if I go out and get it myself.

TANF SUCCESS IN ACTION:

Amy's Story



Born into a family with widespread alcohol use and abuse, Amy found herself struggling at a young age with the disease of addiction. This led her down a path of experimentation with other substances and criminal activity. Eventually she was arrested, incarcerated, paroled, and mandated to seek substance use treatment. She applied for public assistance through TANF and was referred to the CMS Program at Visiting Nursing Services (VNS), which helped her with treatment and employment.



When Amy's VNS case manager asked questions to assist her and provide support ("What can I do to help you? What are some of the challenges you are facing?") rather than talking about her criminal history or substance use, it was a pivotal and life-changing moment for her.

For the first time, Amy felt motivated and hopeful that she could change and create a better life for herself and her children.

VNS provided training so she could update her resume, brush up on interview skills, and pursue opportunities. There was some trial and error, and moments when she felt hopeless, but with the support of her case manager, Amy found employment. Unfortunately, after working for the company for several months, her employer learned of her previous felony conviction and terminated her. She was devastated, but knew she could find support from VNS. She did not give up. Amy reached out to VNS again, and they worked with her to help overcome these additional barriers.

Before TANF, while struggling with unemployment, lack of education, and substance use, Amy often felt alone and distraught. Older and wiser, and having done the hard work of treatment and getting a job, she's grateful for the people that saw she could manage both of these challenges on her road to success. Having fought the disease of addiction, working in a job she loves, she's now healthy and loving life.

It's what made the difference. The support you receive [from VNS] is phenomenal. They really care about your well-being. They want to see you succeed, and they're going to stand by you through thick and thin until you get there.

TANF SUCCESS IN ACTION: Leroy's Story

Leroy grew up in New York City, with a mother who relied on public assistance to help the family stay afloat. After being incarcerated at a young age, he was released and out of prison for a while. When he was incarcerated a second time, he decided that would be the last time. "I just got tired. I got tired of running the streets. There's a better way," he told himself, choosing to use his time behind bars to prepare for life on the outside. While incarcerated, he earned his bachelor's degree.

Upon release, Leroy found that reentry meant a lot of stress and many closed doors. Though he heard "no" a lot, Leroy persevered. He applied for countless jobs, worked in temporary positions, and took per diem jobs, but in the end he struggled to find sustainable employment. He decided to apply for TANF to "get by" and was referred to VNS.

The road to success is always still under construction. You can always get better.

He quickly learned VNS was an organization eager to tell him "yes" rather than "no." They wanted to help open doors that might otherwise be closed. Yes, they would help fill out a job application. Yes, they would help set up job interviews. Yes, they would help him get to where he needed to be.

Leroy worked with a case manager and employment specialist, sat through mock job interviews, attended job readiness classes, and received ample employment resources. One resource was a Job Board – a bulletin board in the waiting area of the office that displays available job openings in different industries.

The support and resources at VNS were enough to keep Leroy's hope alive. Although he didn't immediately find a job, his reputation at VNS as a person who never gives up led to a temporary position with VNS at their home office. He excelled and as a result, VNS offered him a permanent job, which he's kept for seven years.

Today, Leroy is married to a wonderful woman and they live outside NYC. Although he commutes several hours on a bus to get to work, he maintains his smile and positive outlook each day. Leroy is now able to assist others through his work at VNS, helping patients receive medical care from the very same organization that once provided him help, and told him "yes" when he needed it most.



For Leroy, perseverance and a personal drive for a better way of life carried him through prison and a difficult reentry. However, it was the relationship and reputation he built with Visiting Nurse Services (VNS) that led him to nearly a decade-long successful career of helping others.

Endnotes

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 $^{16}\mbox{These}$ numbers refer to the entire population of HRA clients in treatment, not just CMS clients.

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TANF Works!

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Further Resources

TECHNICAL ASSISTANCE SUPPORT

- Opioid Use Disorder, Treatment, and Barriers to Employment <u>Among TANF Participants</u> (OFA PeerTA webinar)
- <u>National Center on Substance Abuse and Child Welfare</u> (NCSACW)

FURTHER RESEARCH

- <u>A Collaborative Approach to the Treatment of Pregnant</u> <u>Women with Opioid Use Disorders</u> (Substance Abuse and Mental Health Services Administration)
- Comprehensive Case Management for Substance Abuse Treatment (Substance Abuse and Mental Health Services Administration)
- <u>Vermont's Children and Recovering Mothers</u> (CHARM) Collaborative

TANF EMERGING PRACTICE SERIES

The Emerging Practice Series highlights strategies being deployed by TANF Agencies and their partners to address the needs of TANF participants seeking to gain and sustain meaningful employment. These ideas are often in the innovation stage, yet show promise for consideration by other TANF programs based on implementation success and evidence from related research. This innovation by TANF Agencies is critical to an on-going learning agenda and to the ultimate development of Promising Practices, which are ultimately documented through a more rigorous process.

Each publication is structured with a similar format:

- The TANF Challenge: What Issue(s) Do TANF Programs Face?
- The Innovative Idea: What Solution Is Proposed to Address These Challenges?
- Align Innovation with Research: What Is Known That Provides Confidence This Idea Can Work/Will Matter?
- Program Model: What Is Being Done?
- Results: What Has Been Learned/Achieved?
- A Field View of Emerging Practices: Perspectives from the TANF Agency
- TANF Success in Action: TANF Clients' Perspectives