

QUESTIONS AND ANSWERS

OFA Peer TA Webinar Opioid Use Disorder: Treatment and Barriers to Employment Among TANF Recipients

March 29, 2018

QUESTION: Have there been any training programs, certifications, or promising practices that you can share with the presenters, share with the people on the webinar, developed for welfare or TANF or workforce development staff in order to improve their ability to work with opioid-involved clients? Have you come across any training programs or certifications or promising practices that TANF programs, workforce development programs, and staff can use to work with opioid-involved clients?

ANSWER ~ Sally Borden: This is Sally Borden. I'll jump right in. Children and Family Futures, based in California, is a wonderful resource, a national resource, that provides a lot of information about working with this population in particular, and they also operate the National Center on Substance Abuse and Child Welfare, so it's not specific to TANF recipients, but they really provide a wealth of information. Children and Family Futures, you can Google that and then find their website, which can link you to a lot of trainings, and they do provide national trainings on this topic, as well as family treatment courts and other related resources.

ANSWER ~ Justin Germain: This is Justin Germain. The one program that I'm familiar with is the *Life Link Program* in Santa Fe, New Mexico. It's a Social Services 501(c) 3 nonprofit that runs the SBERT program, which stands for Screening Brief Intervention and Referral to Treatment. I know they work with a lot of other community organizations in order to offer services that provide trauma-informed care. While I'm not familiar with any specific trauma-informed care programs or certifications, the concept of trauma-informed care has started to grow in terms of social service, welfare, and workforce providers. That might be worth looking into it.



QUESTION: Where are the sources for these statistics?

ANSWER ~ Justin Germain:

- “About the Epidemic: The U.S. Opioid Epidemic.” U.S. Department of Health and Human Services. 2017. Accessed November 3, 2017.
<https://www.hhs.gov/opioids/about-the-epidemic/index.html>.
- Benoit, Ellen et al. “The Impact of Welfare Reform on Methadone Treatment: Policy Lessons from Service Providers in New York City.” 2004. *Substance Use & Misuse* 39 (13, 14): 2355-2390.
<https://www.ncbi.nlm.nih.gov/pubmed/15603008>.

- Bernstein, Amy. "Prescription Opioid Use in the Medicaid Population." Medicaid and CHIP Payment and Access Commission. 2016. Accessed August 9, 2017. <https://www.macpac.gov/wp-content/uploads/2016/10/Prescription-Opioid-Use-in-the-Medicaid-Population.pdf>.
- Blackman, Kate. "Preventing Opioid Misuse: Legislative Trends and Predictions." National Conference of State Legislatures. 2017. Accessed June 6, 2017. <http://www.ncsl.org/blog/2017/01/31/preventing-opioid-misuse-legislative-trends-and-predictions.aspx>.
- Bride, Brian E. and Michael N. Humble. "Increasing Retention of African-American Women on Welfare in Outpatient Substance User Treatment Using Low-Magnitude Incentives." 2008. Substance Use & Misuse 43: 1016-1026. <https://www.ncbi.nlm.nih.gov/pubmed/18649227>.
- Caliber Associates. "Addressing Substance Abuse Issues Among TANF Recipients." U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration. 2000. Accessed August 7, 2017. https://peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/Sub%20Abuse.pdf.
- "Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2016." Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services. 2017. Accessed January 18, 2018. https://www.acf.hhs.gov/sites/default/files/ofa/fy16_characteristics.pdf.
- Choi, Same and Joseph P. Ryan. "Completing Substance Abuse Treatment in Child Welfare: The Role of Co-Occurring Problems and Primary Drug of Choice." 2006. Child Maltreatment 11 (4): 313-325. <https://www.ncbi.nlm.nih.gov/pubmed/17043316>.
- "Contingency Management Interventions/Motivational Incentives (Alcohol, Stimulants, Opioids, Marijuana, Nicotine)." National Institute on Drug Abuse. 2012. Accessed September 26, 2017. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-0>.
- Corman, Hope et al. "Effects of Welfare Reform on Illicit Drug Use of Adult Women." 2010. National Bureau of Economic Research Working Paper 16072. <http://www.nber.org/papers/w16072.pdf>.
- Corman, Hope et al. "Effects of Welfare Reform on Illicit Drug Use of Adult Women." 2013. Economic Inquiry 51(1): 653-674. <http://onlinelibrary.wiley.com/doi/10.1111/j.1465-7295.2012.00459.x/full>.

- “Drug Testing for Welfare Recipients and Public Assistance.” National Conference of State Legislatures. 2017. Accessed August 7, 2017. <http://www.ncsl.org/research/human-services/drug-testing-and-public-assistance.aspx>.
- “Drug Testing Welfare Recipients: Recent Proposals and Continuing Controversies.” U.S. Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation. 2011. Accessed June 21, 2017. <https://aspe.hhs.gov/system/files/pdf/76316/ib.pdf>.
- “Families in Crisis: The Human Service Implications of Rural Opioid Misuse.” HRSA: National Advisory Committee on Rural Health and Human Services. 2016. Accessed July 26, 2017. <https://www.hrsa.gov/advisorycommittees/rural/publications/opioidabuse.pdf>.
- Fudin, Jeffrey. “The Economics of Opioids: Abuse, REMS, and Treatment Benefits.” 2015. American Journal of Managed Care 21: S188-S194. Accessed September 11, 2017. http://www.ajmc.com/journals/supplement/2015/ace0029_aug15_painrems/ace0029_aug15_painrems_fudin.
- Ghertner, Robin and Lincoln Groves. “The Opioid Epidemic and Economic Opportunity.” Office of the Assistant Secretary for Planning and Evaluation. Draft Working Paper 2017.
- Gutman, Marjorie A. et al. “Potential Barriers to Work for Substance-Abusing Women on Welfare: Findings from the CASAWORKS for Families Pilot Demonstration.” 2003. Evaluation Review 27 (6): 681–706. <http://journals.sagepub.com/doi/abs/10.1177/0193841X03259030?journalCode=erxb>.
- Hansen, Helena B. et al. “Variation in use of Buprenorphine and Methadone Treatment by Racial, Ethnic, and Income Characteristics of Residential Social Areas in New York City.” 2014. Journal of Behavioral Health Services and Research 40(3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3818282/>.
- Hollingsworth, Alex, Christopher J. Ruhm, and Kosali Simon. “Macroeconomic Conditions and Opioid Abuse.” 2017. National Bureau of Economic Research Working Paper No. 23192. Accessed September 7, 2017. <http://www.nber.org/papers/w23192>.
- Integrating Substance Abuse Treatment and Vocational Services. Substance Abuse and Mental Health Services Administration. 2000. Accessed November 2, 2017. <https://store.samhsa.gov/shin/content/SMA12-4216/SMA12-4216.pdf>.

- Krueger, Alan B. “Where have all the workers gone? An inquiry into the decline of the U.S. labor force participation rate.” Brookings Institution. 2017. Accessed September 11, 2017. <https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/>.
- Kuhl, Emily. “Mitigating the Effects of Opioid Use Among Workers.” American Psychiatric Foundation: Partnership for Workplace Mental Health. 2016. Accessed August 8, 2017. <https://psychiatry.org/File%20Library/PWMH/Mitigating-Effects-Opioid-Use-Among-Workers.pdf>.
- Lawrence, Sharmila, Michelle Chau, and Mary Clare Lennon. “Depression, Substance Abuse, and Domestic Violence: Little is Known About Co-Occurrence and Combined Effects on Low-Income Families.” Columbia University: National Center for Children in Poverty. 2004. Accessed July 28, 2017. http://nccp.org/publications/pdf/text_546.pdf.
- Lones, Carrie E. et al. “Individual Placement and Support (IPS) for Methadone Maintenance Therapy Patients: A Pilot Randomized Controlled Trial.” 2017. *Adm Policy Ment Health* 44: 359-364. DOI: 10.1007/s10488-017-0793-2.
- Lyapustina, Tatyana et al. “Effect of a ‘pill mill’ law on opioid prescribing and utilization: The case of Texas.” 2016. *Drug Alcohol Depend* 159: 190-197. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4976392/>.
- “Medication and Counseling Treatment.” Substance Abuse and Mental Health Services Administration. 2017. Accessed August 10, 2017. <https://www.samhsa.gov/medication-assisted-treatment/treatment>.
- Metsch, Lisa R, and Harold A. Pollack. “Welfare Reform and Substance Abuse.” 2005. *The Milbank Quarterly* 83 (1): 65–99. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690384/>.
- Morgenstern, Jon et al. “Effectiveness of Intensive Case Management for Substance-Dependent Women Receiving Temporary Assistance for Needy Families.” 2006. *American Journal of Public Health* 96 (11): 2016-2023. <https://www.ncbi.nlm.nih.gov/pubmed/17018819>.
- Morgenstern, Jon et al. “Specialized Screening Approaches Can Substantially Increase the Identification of Substance Abuse Problems Among Welfare Recipients.” U.S. Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation. 2001. Accessed August 11, 2017. <http://aspe.hhs.gov/hsp/njsard00/screening-rn.htm>.

- Mueser, Kim T., Kikuko Campbell, and Robert E. Drake. "The Effectiveness of Supported Employment in People with Dual Disorders." 2011. *J. Dual Diagn.* 7(1-2): 90-102. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530026/>.
- Noguchi, Yuki. "Opioid Crisis Looms Over Job Market, Worrying Employers and Economists." NPR. 2017. Accessed September 7, 2017. <http://www.npr.org/2017/09/07/545602212/opioid-crisis-looms-over-job-market-worrying-employers-and-economists>.
- NORC. "White Paper: Opioid Use, Misuse, and Overdose in Women." Office on Women's Health. 2016. Accessed July 26, 2017. <https://www.womenshealth.gov/files/documents/white-paper-opioid-508.pdf>.
- "Opioid Abuse Prevention." Community Health Partnership. 2017. Accessed September 22, 2017. <https://www.ppchp.org/programs/chp-initiatives/opioid-abuse-prevention/>.
- "Opioid Addiction 2016 Facts & Figures." American Society of Addiction Medicine. 2016. Accessed July 26, 2017. <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>.
- "Opioid Overdose Deaths by Gender." The Henry J. Kaiser Family Foundation. 2017. Accessed August 2, 2017. <http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-gender/>.
- "Provisional Counts of Drug Overdose Deaths, as of 8/6/2017." Centers for Disease Control and Prevention. 2017. Accessed September 19, 2017. https://www.cdc.gov/nchs/data/health_policy/monthly-drug-overdose-death-estimates.pdf.
- Reuters Staff. "U.S. life expectancy fell in 2016 as opioid overdoses surged: CDC." Reuters. 2017. Accessed December 21, 2017. <https://www.reuters.com/article/us-usa-healthcare-cdc/u-s-life-expectancy-fell-in-2016-as-opioid-overdoses-surged-cdc-idUSKBN1EF1TF>.
- Richardson, Lindsey et al. "Addiction treatment-related employment barriers: the impact of methadone maintenance." 2012. *Journal of Substance Abuse Treatment* 43(3): 276-284. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3345299/>.
- Rutkow, Lainie et al. "Effect of Florida's Prescription Drug Monitoring Program and Pill Mill Laws on Opioid Prescribing and Use." 2015. *JAMA Intern Med* 175(10): 1642-1649. <https://www.ncbi.nlm.nih.gov/pubmed/26280092>.
- "SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis." Substance Abuse and Mental Health Services Administration. 2016.

Accessed February 5, 2018. <https://www.samhsa.gov/newsroom/press-announcements/201612141015>.

- “The State of American Jobs: How the shifting economic landscape is reshaping work and society and affecting the way people think about the skills and training they need to get ahead.” Pew Research Center. 2016. Accessed September 20, 2017. <http://www.pewsocialtrends.org/2016/10/06/1-changes-in-the-american-workplace/>.
- Thielking, Megan. “Missouri is the only state not monitoring prescription drug use. Will it finally create a database?” STAT News. 2017. Accessed September 19, 2017. <https://www.statnews.com/2017/03/07/missouri-prescription-drug-database/>.
- Wachino, Vikki. “Best Practices for Addressing Prescription Opioid Overdoses, Misuse, and Addiction.” Center for Medicaid and CHIP Services (CMS) Informational Bulletin. 2016. Accessed June 7, 2017. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-02-02-16.pdf>.
- Werner, D. et al. “Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements, and Challenges.” U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2007. Accessed July 27, 2017. https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf.
- Wickramatilake, Shalini et al. “How States are Tackling the Opioid Crisis.” 2017. Public Health Reports, Vol.132(2): 171-179. <http://journals.sagepub.com/doi/abs/10.1177/0033354916688206>.
- Worcel, Sonia D. et al. “Effects of Family Treatment Drug Courts on Substance Abuse and Child Welfare Outcomes.” 2008. Child Abuse Review 17 (6): 427-443. <http://onlinelibrary.wiley.com/doi/10.1002/car.1045/abstract>.
- Young, Katherine and Julia Zur. “Medicaid and the Opioid Epidemic: Enrollment, Spending, and the Implications of Proposed Policy Changes.” The Henry J. Kaiser Family Foundation. 2017. Accessed November 2, 2017. <https://www.kff.org/medicaid/issue-brief/medicaid-and-the-opioid-epidemic-enrollment-spending-and-the-implications-of-proposed-policy-changes/>.



QUESTION: What type of “more intensive screening” are you referring?

ANSWER ~ Justin Germain: Compared to basic screening, which commonly includes a three- to four-question questionnaire that public assistance clients fill out on their own, specialized screening expands the scope of what agencies look for in clients. Additionally, trained caseworkers conduct one-on-one interviews with clients to make it

more difficult for clients to hide possible substance use disorders. These specialized screening procedures have appeared promising in increasing the number of clients referred for substance use disorder concerns. The following 2001 ASPE study has additional information on specialized screening and its outcomes:
<http://aspe.hhs.gov/hsp/njsard00/screening-rn.htm>.



QUESTION: I think a barrier we are seeing at DHS is getting customers to participate in treatment planning to address barriers. How do you engage hard to engage customers? Do you have sanctions—what are they?

ANSWER ~ Barbara Ramlow: This is why partners like TAP can be so helpful. Engaging the hard-to-engage takes time and effort. Some of our strategies include extensive outreach (letters, phone calls, home visits). With individuals who have transportation barriers, our capacity to do outreach is very helpful. The approach that is taken is very important. Some of the keys to engagement include a respectful, non-judgmental approach, genuine interest in the individual and their story, and willingness to start where they are rather than where we wish them to be. Motivational Interviewing skills combined with strengths-based case management are key strategies. Also, our participants tell us that it's helpful that the TAP worker is someone whose role is different than the case manager/case worker's, so they don't have the power to withhold benefits or remove children. We can often help improve communication between the participant and their case worker/case manager. That's part of our job too. Sometimes a negative relationship with the worker has become a barrier as well.

TAP does not use sanctions. We update the referring case manager/case worker on progress or lack thereof, and they make decisions within their systems (public assistance and child welfare), which may include sanctions or negative outcomes for the parents. With our state's TANF case managers, as long as they're working with TAP, they're in an "allowable" component so will not have their benefits sanctioned. If someone doesn't want to follow our recommendations or engage in TAP services, that is their choice. They can always ask to resume services or be re-referred.



QUESTION: Interested in hearing from Barbara about research basis for TAP, how they maintain consistency among TAP field workers, and what kind of research and outcomes they have related to the implementation of TAP.

ANSWER ~ Barbara Ramlow: TAP has standard protocols for hiring and training all the Targeted Assessment Specialists. Although they have freedom to do their jobs, there are protocols for their work with participant engagement, assessment, and data collection as well as their work building collaboration with DCBS and other community partners. We have supervisors to train, support, and ensure adherence to standards. Our ongoing research includes baseline data—a survey that is completed for all referrals, whether they successfully engage in the program or not—and case closure

data—an instrument that is completed for all referrals when the case is deactivated. Aggregate case closure data is compiled quarterly and provides participant outcomes that we give to the project's state sponsor through quarterly and annual reports. We also use this data internally for program improvement. In addition, the Center on Drug & Alcohol Research has conducted follow-up studies.



QUESTION: How widespread is TAP in KY TANF Systems?

ANSWER ~ Barbara Ramlow: TAP began as a pilot project with 16 assessors in 8 counties in 2000, and DCBS chose to expand the program seven times over the past 18 years, so TAP now has 58 assessors serving 35 Kentucky counties, both rural and urban. The counties designated by DCBS to receive TAP services represented, at that time, 60-70% of the TANF caseload. Some counties were selected due to the number of TANF recipients and/or volume of child welfare cases, but other counties were selected because they are very rural and have limited services.



QUESTION: How many and what types of agencies participate in Kentucky's online system that facilitates information sharing among service providers? I too am interested in learning more about Kentucky's online info share system.

ANSWER ~ Barbara Ramlow: Through the Kentucky Works Program Online Tracking and Information System (OTIS) – facilitates communication between the KWP case manager and KWP contractors. I am only aware of our program and employment providers in our state having this type of access. It's important to note that the system is designed to protect confidentiality. Other contractors are not able to view the information TAP provides. In several communities we have Kentucky Works collaborator groups that meet monthly to discuss cases and identify referrals. TAP is able to share information with other providers with release from the participant.



QUESTION: To what extent do Kentucky Works case managers identify and assess a participant's barriers to employment? Are TAP counselors solely responsible for identifying and assessing barriers?

ANSWER ~ Barbara Ramlow: TAP counselors are not solely responsible for identifying and addressing barriers. We are a resource that is available to the Kentucky Works case managers, one that is used primarily when recipient isn't meeting requirements and/or when there is suspicion of multiple barriers – substance use, mental health, intimate partner violence, and learning disabilities/deficits. The Kentucky Works Program (KWP) case managers conduct a standard assessment of barriers with recipients when they enroll. As noted in the presentation, recipients may not be willing to disclose one of these barriers for many reasons, including stigma, fear of loss of benefits, and fear of losing their children. But sometimes they are willing to discuss their

barriers with the case managers. The case managers also work with employment specialists, workforce development, and adult education programs, including the Ready to Work Program at Kentucky's community colleges. As noted in the presentation, those professionals working with recipients more closely than the case manager may identify individuals who are having a hard time. A referral to TAP may be made at that point, and we can help get services in place that allows the person to stay in their countable activities. Or, we can recommend a transition period so they can stabilize—for example, start on new medication, complete an intense level of treatment, go to a domestic violence shelter—before they resume their countable activities.



QUESTION: Have there been any training programs/certifications developed for welfare/workforce staff in order to improve their ability to work with opioid-involved clients?

ANSWER ~ Anne Johnston and Sally Borden: We are not aware of any specific to welfare/workforce staff; that doesn't mean there aren't any, just that we're not familiar with them. However, there are many training opportunities which welfare/workforce staff can access. As I mentioned on the webinar, one excellent national resource is Children and Family Futures (<https://www.cffutures.org/training/>). While the training I'm most familiar with pertains to child welfare and courts, they do offer trainings to wide variety of audiences and have online modules as well.

Additionally, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration (SAMHSA) has a wealth of training resources (https://www.integration.samhsa.gov/clinical-practice/substance_use/trainings).

Also, the American Association for the Treatment of Opioid Dependence (AATOD) (<http://www.aatod.org/>) has an annual conference and links to information/resources.

There are others, but these provide a good starting place.