



# Strengthening Success Through Coordinated Mental Health and Substance Use Services for TANF Participants

May 30, 2017  
1:00 – 2:30 PM EST



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

# Welcome

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- James Butler, Family Assistance Program Specialist, Office of Family Assistance (OFA), Administration for Children and Families (ACF)



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# Learning Objectives

- ❑ Review various approaches for screening and assessing substance use and mental health among TANF participants
- ❑ Identify strategies and specific services for addressing substance use and mental health challenges
- ❑ Explore opportunities for developing partnerships with outside vendors to address substance use and mental health challenges
- ❑ Consider ways to increase coordination and enhance ongoing case management for TANF participants accessing services through outside vendors



# Presenters

- ❑ Jefferson County Department of Human Services (Colorado):
  - *Tara Noble*, Colorado Works Supervisor, Jefferson County Department of Human Services (DHS)
  - *Monica Olson*, Mental Health Counselor, Jefferson Center for Mental Health (JCMH)
- ❑ Florida Department of Children & Families:
  - *Heather Allman*, Policy Chief
  - *Jacinta Murphy*, Senior Management Analyst Supervisor
- ❑ Vermont Department for Children and Families:
  - *Miranda Gray*, Reach Up Administrator, Economic Services Division



# Webinar Logistics

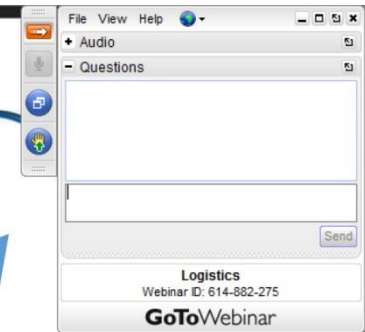
To access or hide the control panel, click on the red arrow.

To place the screen in fullscreen mode, click on the square within the blue circle.

Maintaining Two

Generation Community Partnerships

To ask a question, press the plus sign next to "Questions," type into the text box, and then press send.



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# Poll Question #1

- What is your role working with TANF participants experiencing substance use or mental health challenges?
  - Eligibility determination
  - Case manager
  - Supervisor/Administrator
  - Mental health provider
  - Substance use treatment provider



# Jefferson County Department of Human Services (DHS)



***Tara Noble***, Colorado Works  
Supervisor, Jefferson County DHS

***Monica Olson***, Mental Health  
Counselor, Jefferson Center for  
Mental Health



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# JEFFERSON COUNTY COLORADO WORKS AND JEFFERSON CENTER FOR MENTAL HEALTH

A Long-Term Partnership





# PARTNERSHIP OVERVIEW



## ❑ In place:

- 15+ years
- Administered through Memorandum of Understanding

## ❑ Includes:

- On-site mental health counselor
  - On site at least 60% of time
- In-home family counselor
- Access to:
  - All services offered through JCMH

# A WIN-WIN



## Mission

To inspire hope, improve lives and strengthen our community by providing mental health and related solutions for individuals and families.



## Mission

To support the strengths of families/individuals and communities by promoting employment and family wellbeing while providing the assistance necessary to help families and individuals meet their basic needs.



# SCREENING AND REFERRAL



- ❑ Informal assessment
- ❑ Introduction to counseling provided
  - Disclose current or past mental health concerns; or
  - Suspected concerns; or
  - Statement of inability to participate due to self, or children's mental health/behavioral problems





## Jefferson Center for mental health

Greetings,

My name is Monica Olson. I am a counselor at Jefferson Center for Mental Health (JCMH) and provide counseling services for clients on the TANF program. I have office hours at the Golden Laramie building at 3500 Illinois Street, on Tuesdays, Wednesdays, and Thursdays. I am also available to meet with clients at JCMH in Wheat Ridge at 4851 Independence Street on Mondays and Fridays, if this location is more convenient for you.

You may have recently had a conversation with your case manager about seeing me for counseling for a problem that is affecting your life. Some problems that people experience are: feeling down or sad, stressed, overwhelmed, frustrated, fearful, lonely, or worthless. Or, you may experience problems with sleep, or possibly have anxiety attacks, mood swings, dependency on drugs or alcohol, grief, poor self-esteem, or relationship problems. There are a wide range of mental health issues that can be helped with counseling. The cost is free when you are approved for Medicaid insurance through TANF. I compliment you on your willingness to ask for support. This is an important first step toward making some changes to improve the quality of your life.

To come to counseling you will need to first attend a Mental Health Orientation. This is an initial presentation where you have an opportunity to meet with me individually. In the orientation, you will learn about the services offered at JCMH, what can cause mental health issues, and what you can expect in the counseling process. You will not have to talk or disclose anything personal about yourself. You may, however, ask questions if you wish. It lasts no longer than one (1) hour. At the end of the presentation, if you are interested, I will set a date with you for your first appointment. Remember, this is no cost to you.

I can be reached at 303.271.4606 on Tuesdays, Wednesdays, and Thursdays. You can always leave a message at this number because I check messages daily and should be able to return your call within 24 hours. For any emergencies, you can call 303.425.0300 and ask for "Emergency." This is a 24-hour emergency number.

To get started, please call me at 303.271.4606. If you get my voicemail, please leave a message that you are interested in counseling and provide a phone number where I can reach you. I will then schedule a date with you to attend a Mental Health Orientation.

I look forward to meeting you and the two of us working together towards your goals.

## Introduction Letter



900 Jefferson County Parkway  
Golden, Colorado 80401  
303-271-1388  
<http://jeffco.us/hs>

Dear families,

My name is Nhia Cheng. I'm the family therapist, from Jefferson Center for Mental Health (JCMH). I'm here to provide family therapy in your home. By providing therapy in your home, it eliminates a lot of the challenges of getting to a therapist's office and provides a better assessment of the family in the comfort of their own space.

I am excited to be here to encourage each family member to be an active participant in the family unit. In our families, we find our greatest strength and at times it can be the most challenging part of our lives. These challenges often create conflicts and tension that increases the amount of stress that is already present due to daily situations that we encounter. When we are stressed every member of the family is impacted by the stress and our family balance is thrown off, which leads to less than desirable connections with each other.

My hope is to help bring back the balance so that the family unit can function as cohesively as possible. This is typically done by identifying conflicts and anxieties then creating or incorporating coping skills and strategies to resolve and improve the well being of the family structure. Each family is unique and how each member participates with each other, together we can discover what works for your family.

I look forward to meeting and working with your family and assisting you in progressing with your TANF goals. If you have further questions or other needs, please don't hesitate to contact me. The best way to get a hold of me is my cell phone number, 303-550-8442, or my voicemail at Jefferson Center 303-432-5292.

## Introduction Letter

# PARTNERSHIP BENEFITS



## For Participants

- ❑ Access to immediate services
- ❑ Reduction of stigma
- ❑ Connection to health clinic
- ❑ Collaborative partnership between MH and TANF
  - Reduces stress
  - Ensures employment barriers are considered
  - Builds positive support
- ❑ Access to:
  - Streamlined referrals to services
  - Navigation clinicians
  - Dual diagnosis counselors
  - Peer specialists
  - Wellness classes
  - Arapahoe House - detox services
- ❑ In Home counseling

# PARTNERSHIP BENEFITS



## For JCMH

- ❑ Increased understanding of TANF and Workforce services
- ❑ Smaller case load to provide intensive services
- ❑ Access to families/individuals reluctant to pursue counseling
- ❑ Referral to workforce, nutrition, domestic violence and financial classes

## For TANF

- ❑ Employment messaging and reinforcement from counselor
- ❑ Improved understanding of mental health and impact on participants
- ❑ More realistic assessments of individual ability to work
- ❑ Higher participation and employment outcomes
- ❑ Decreased fear of employment

# QUALITY ASSURANCE AND EVALUATION



- ❑ Monthly case consultation forms are provided for every participant to be filed in TANF case
- ❑ Success evaluated through
  - Established client contact goals
  - Treatment goal progress
  - Client stories
- ❑ JCMH provides quarterly reports
- ❑ TANF cases reviewed for participation and appropriate documentation of mental health



# INDIVIDUAL PLACEMENT AND SUPPORT (IPS)



- ❑ Focus on Competitive Employment
- ❑ Eligibility Based on Client Choice
- ❑ Integration of Rehabilitation and Mental Health Services
- ❑ Attention to Worker Preferences
- ❑ Personalized Benefits Counseling
- ❑ Rapid Job Search
- ❑ Systematic Job Development
- ❑ Time-Unlimited and Individualized Support

# DISABILITY ADVISOR



- ❑ SOAR (SSI/SSDI Outreach, Access and Recovery) certified disability advisor
- ❑ Assists individuals in applying for disability benefits
- ❑ Reviews documentation and advises as to likelihood of approval
- ❑ Advantages:
  - Higher approval success through SSA
  - Reduces need for TANF
  - Provides added income for families



**THANK YOU**

## **CONTACT INFORMATION**

Tara Noble  
Colorado Works Supervisor  
303-271-4633  
[tlamont@Jeffco.us](mailto:tlamont@Jeffco.us)

Monica Olson  
Mental Health Counselor  
303-271-4606  
[Molson@Jeffco.us](mailto:Molson@Jeffco.us)

## Poll Question #2

- How does your TANF program currently screen and assess for substance use and mental health challenges?
  - It does not screen or assess as part of standard procedures
  - As needed or if suspected
  - Through comprehensive assessment of all participants
  - Any such screening or assessment is done by providers



# Florida Department of Children and Families



*Heather Allman*, Policy Chief

*Jacinta Murphy*, Senior  
Management Analyst  
Supervisor



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# Florida's TANF Program

- After Congress authorized TANF in 1996, Florida enacted State Law 96-175, and the resulting statute, Chapter 414 commonly known as the "Work and Gain Economic Self- Sufficiency (WAGES) Act."
- The Florida Workforce Innovation Act of 2000, significantly revised Chapter 414 and created Chapter 445. The new law separated TANF-funded workforce functions statutorily and operationally from the TANF-funded temporary cash assistance (TCA) functions.
- These laws are designed to promote work, self-sufficiency, and personal responsibility while providing assistance to meet the transitional needs of participants as they move toward achieving independent, productive lives and gaining the responsibility that comes with self-sufficiency.



# Florida's TANF Program – The Need to Address Substance Use and Mental Health Diagnoses

- Florida recognized that a significant number of the individuals served by TANF have mental health or substance use disorders which may impede their ability to move into the workplace.
- In 1998 the Florida Legislature began allocating TANF funds directly to the Office of Substance Abuse and Mental Health (SAMH) annually.
- Serves individuals eligible for Temporary Cash Assistance (TCA) and individuals at risk of welfare dependency for diversion.
- In FY 2016-17, the total SAMH TANF allocation was \$12,798,623
  - \$6,948,619 for mental health services
  - \$5,850,004 for substance use services



# Partnerships

- The Office of Substance Abuse and Mental Health (SAMH) and the Office of Economic Self-Sufficiency (ESS) are within the same state department and partner to:
  - Develop the TANF State Plan
  - Develop any documentation requirements for service providers
- SAMH services are considered job search and job readiness assistance and count toward work activity requirements (within established limitations).
- Services should support the following Florida TANF goals;
  - To ensure that children are safe in their homes or the homes of relatives; and
  - To prepare participants to enter the workforce and retain employment.





# TCA Households

- TCA is the TANF funded cash assistance program for Florida.
- TCA provides cash assistance to families with children under age 18 (or under age 19, if they are full-time students in a secondary school or its equivalent).
- Pregnant women in their third trimester of pregnancy if their physician restricts them from work; otherwise, TCA is available in the last month of pregnancy.



# TCA Eligibility Rules

State established eligibility rules for TCA, subject to certain Federal requirements.

- Citizenship
- Florida residency
- Income (gross less than 185% of the Federal Poverty Level)
- Assets (\$2000 limit)
- Social Security Number
- Relationship (to child)
- Deprivation
- Child Support Enforcement Cooperation
- Work requirements
- Family Cap – limits additional benefits for children born to current recipients
- Learnfare – requires school age children (6-18) to attend school and parents or caretakers relatives to have conferences with school officials each semester
- Updated Immunizations – required for children under 5
- Time limited – receives a lifetime cumulative total of 48 months as an adult unless hardship is granted by CareerSource



# Diversiónary Services

- TANF funding may be used for diversionary services for families who are at risk of welfare dependency due to a substance use or mental health disorder.
- The family must be at or below 200% of the federal poverty level and must be one of the following:
  - A parent or relative caretaker with one or more minor children living in the home;
  - A non-custodial parent with a court order to pay child support;
  - A pregnant woman;
  - A family whose children have been removed from the home by the Child Welfare Program (where the service is included or added to the active family reunification goals in the case plan); or
  - A Supplemental Security Income (SSI) recipient or a Social Security Disability Insurance (SSDI) recipient.



# How Are TANF Customers Screened and Assessed?

- Service providers utilize a standard screening form to determine eligibility – TANF SAMH EZ-1.
- Service providers then typically assess individuals for service needs utilizing various level of care tools (i.e., ASAM, LOCUS) and bio-psycho-social evaluations.
- Service providers must document income verification monthly (for TANF diversion participants).
- Service providers must notify their Managing Entity of participants served with TANF funds and provide a participant log with each monthly invoice.



# Managing Entity Responsibilities

The Department contracts with Managing Entities to manage behavioral health services through regional systems of care. The Managing Entities do not provide direct services; rather, they contract for services with local behavioral health service providers.

## Managing Entity responsibilities:

- Acknowledge each new or renewed SAMH TANF participant;
- Provide technical assistance to Network Service Providers;
- Identify outreach services and promote interagency collaboration for linkages in the community;
- Oversee all TANF SAMH requirements and invoice approvals;
- Perform annual monitoring using the approved TANF monitoring tool and follow up on that monitoring to ensure that, if needed, corrective action plans are completed;
- Document, investigate, and resolve complaints;
- Monitor length of stay, for residential treatment, to ensure that TANF is used as an appropriate funding stream; and
- Implement new federal and state requirements related to the reauthorization of TANF legislation.



# What Services Are Provided?

- Aftercare
- Assessment
- Case Management
- Crisis Support/Emergency
- Day Care
- Day-Night (day treatment)
- Incidental Expenses
- In-Home & On-Site Services
- Intensive Case Management
- Intervention
- Outpatient
- Prevention (targeted)
- Residential
- Respite Services
- Room & Board w/Supervision
- Supported Employment
- Supported Housing/Living (no rent)
- Treatment Alternatives for Safe Communities (TASC)

\*Medical services may not be paid for with TANF funds



# Quality Assurance and Evaluation Measures

- MEs complete on-site monitoring.
- MEs randomly select files to review the progress notes and treatment plans to ensure that recipients are pursuing TANF goals as part of their treatment.
- The Department monitors the ME using performance measures including the average number of days worked or in school, percentage of customers competitively employed, and residing in stable housing.



# FY 15-16 TANF Allocations

Managing Entity	SA Allocation	MH Allocation	Total
Big Bend Community Based Care	\$ 509,700	\$ 466,713	\$ 976,413
Lutheran Services Florida	\$1,086,426	\$1,063,732	\$2,150,158
Central Florida Cares Health Systems	\$ 660,359	\$ 661,245	\$1,321,604
SE Florida Behavioral Health Network	\$ 559,663	\$ 767,926	\$1,327,589
Broward Behavioral Health Coalition	\$ 543,371	\$ 769,532	\$1,312,903
South Florida Behavioral Health Network	\$ 830,123	\$ 797,249	\$1,627,372
Central Florida Behavioral Health Network	\$1,660,362	\$2,422,222	\$4,082,584
TOTAL	\$5,850,004	\$6,948,619	\$12,798,623





# FY 15-16 TANF Persons Served

Managing Entity	Persons Served
Big Bend Community Based Care	881
Lutheran Services	1,473
Central Florida Cares	887
Southeast Florida Behavioral Health	1,052
Broward Behavioral Health	709
South Florida Behavioral Health	776
Central Florida Behavioral Health	4,456
TOTAL	10,234



# Jacinta Murphy

Senior Management Analyst Supervisor

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# Heather Allman

Policy Chief

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FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

# Poll Question #3

- What type of substance use and mental health services does your TANF program offer participants?
  - Formal assessment by credentialed mental health and/or substance use professional
  - Counseling services
  - Out-patient treatment
  - In-patient treatment
  - Support Groups



# Vermont Department for Children and Families



***Miranda Gray***, Reach Up  
Administrator, Economic Services  
Division



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# Vermont's Reach Up Substance Use and Mental Health Program

An Emerging and Best Practice Model: Adding SU/MH Case Managers and Clinicians to Reach Up's Teaming Model

# Reach Up Recipients: Substance Use and Mental Health Statistics

- ▶ About one in five TANF recipients abuses drugs or alcohol. (1)
- ▶ Approximately one-third of welfare recipients have a mental health condition that may interfere with employment. (2)
- ▶ Nationally, approximately fifty percent of people with a substance use condition have a co-occurring mental health condition. (3)

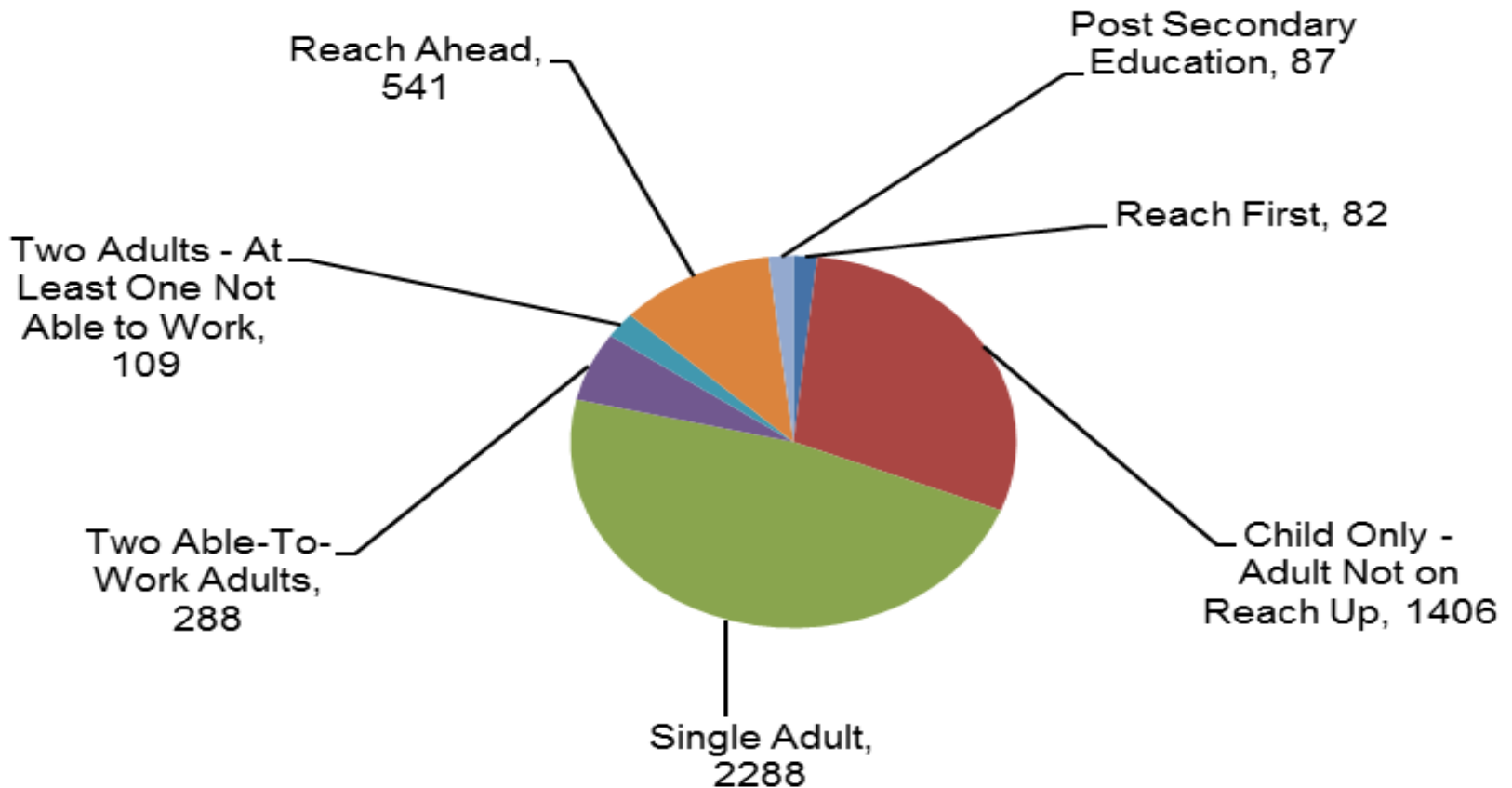
1. Center on Addiction and Substance Abuse, 2000

2. Mathematica Policy Research Inc., 2000

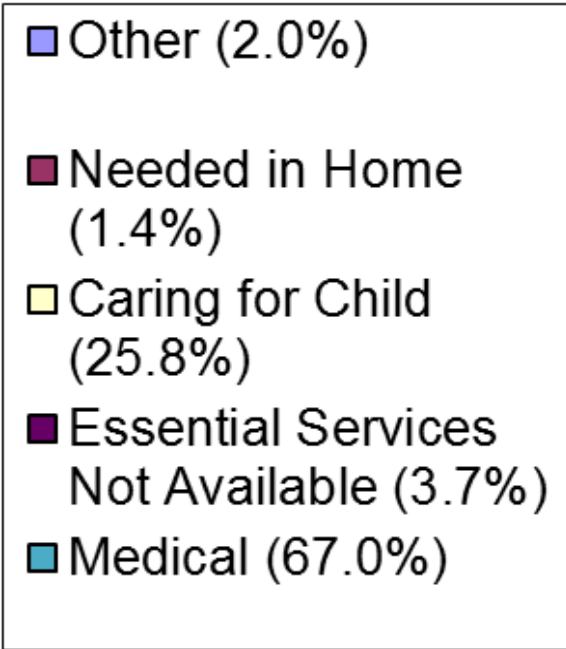
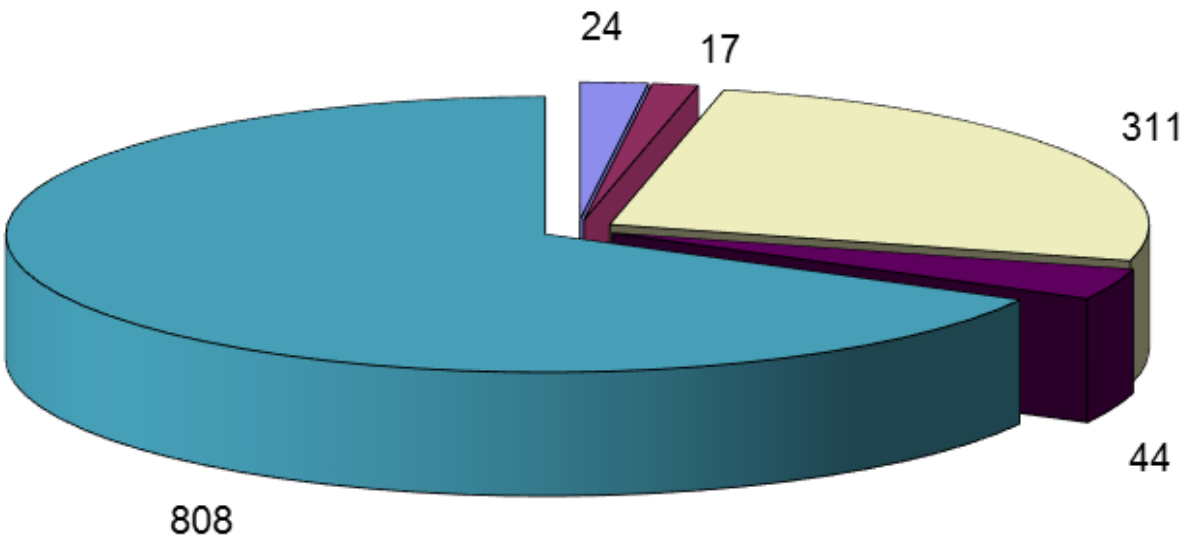
3. Substance Abuse and Mental Health Services Administration, 2004

# Vermont's TANF Population

**Types of Families in the Reach Up Caseload (including Reach First, Post Secondary Education, and Reach Ahead)**



# Reach Up Families with Deferments

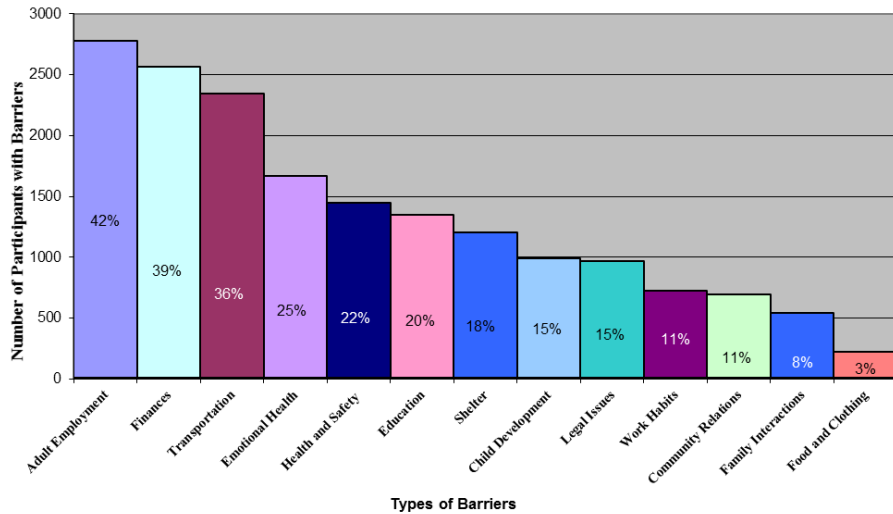


Average number of families with deferments per month: 1206

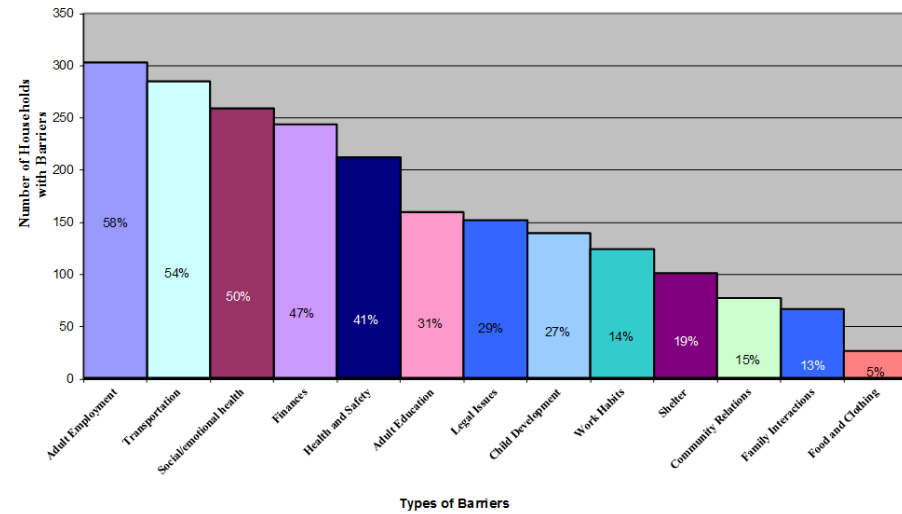


# Social Emotional Barriers in 60 Month Population

Reach Up Participants with Barriers



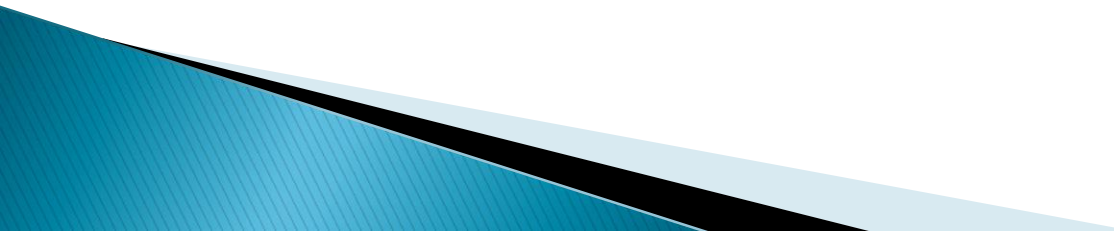
Households with 60 or more Countable Months of Reach Up - Barriers



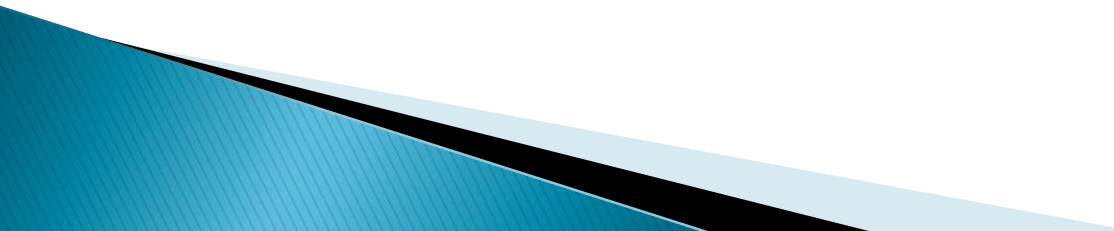
# Our Purpose

- ▶ To provide integrated substance use and mental health services for people receiving Reach Up.
  - Increased access to treatment and case management through the Designated Agency system (in many states this is known as the Community Mental Health Centers).

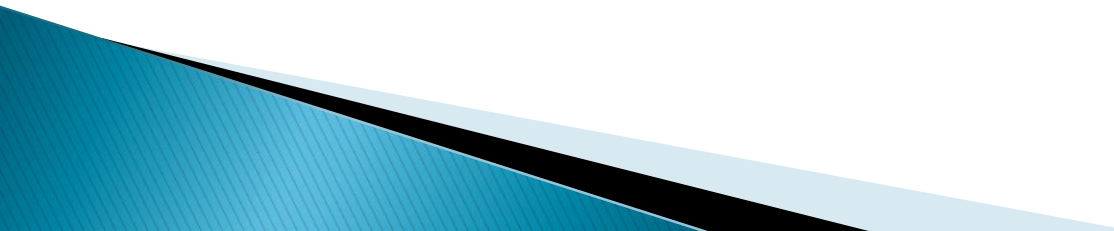
# States with Similar Programs

- ▶ With help from our Federal partner ACF, we connected with:
    - MOMS – program out of New Haven, CT
    - Utah – their TANF program has clinicians embedded in their team.
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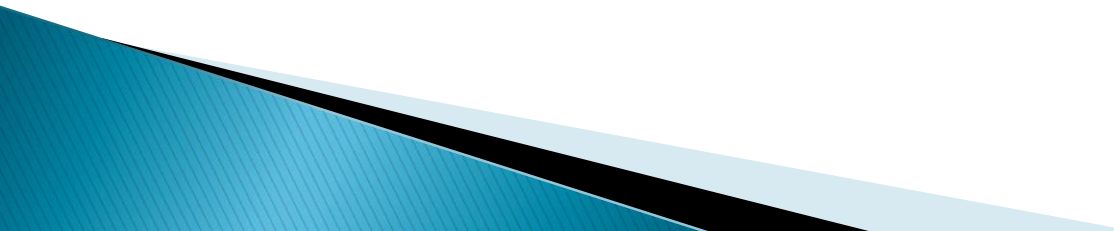
# Background

- ▶ This is an Agency of Human Services interdepartmental program.
  - ▶ The departments directly involved with this grant include:
    - Department for Children and Families, Economic Services Division,
    - Department of Mental Health, and
    - Vermont Department of Health, Alcohol and Drug Abuse Programs.
  - ▶ The program was implemented in two phases.
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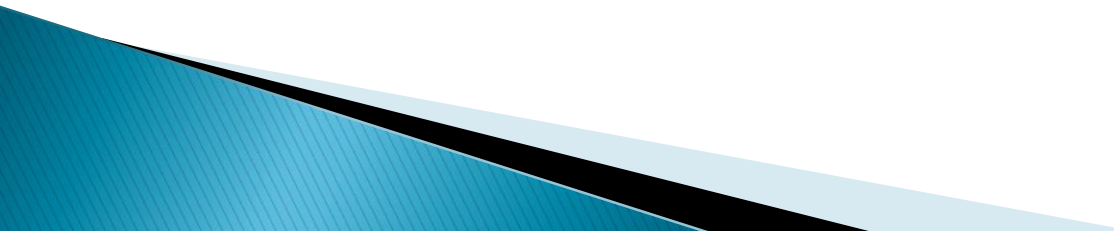
# Phasing in the Program

- ▶ November 1, 2013, we launched this program in 4 of our 12 district offices throughout the state.
  - ▶ July 1, 2014, with help from our Legislature we began the program in our remaining 8 districts.
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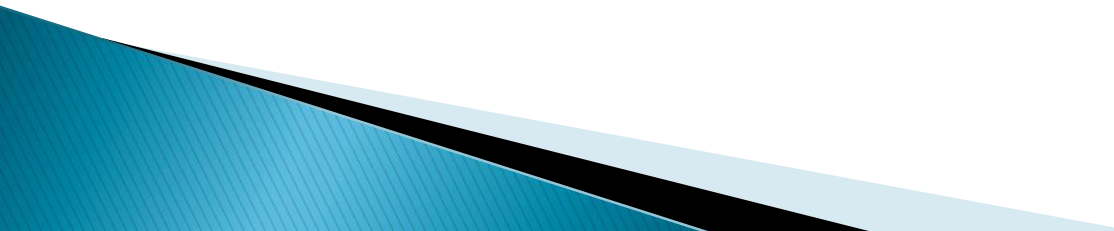
# Our Partners

- ▶ We work with 11 agencies across the state to provide services to Reach Up participants.
  - ▶ With few exceptions, all of the agencies can provide both substance use and mental health services.
- 

# The Initial Model


- ▶ Unsure what would provide the best service to our participants, we placed 1 case manager and 1 clinician in every district.
  - ▶ Due to the nature of who can provide primary mental health services versus primary substance use services, the model looked a bit different in each region.
  - ▶ MOU's were created.
- 

# Initial Model Continued

- ▶ Each case manager and clinician was expected to work with 35 participants.
  - ▶ The case managers fulfilled a double role and also provided Reach Up case management.
  - ▶ Services must be billable under the Medicaid Fee schedule.
  - ▶ Participants not willing to engage could not remain with these case managers and clinicians indefinitely, because there must be billable hours to sustain this program.
- 




# Case Management Services Provided Under This Program

- ▶ Administer specialized screening and refer to inter-agency resources for assessments for substance use, mental health, and trauma
  - ▶ Facilitate and monitor treatment plans
  - ▶ Facilitate and coordinate treatment team meetings
  - ▶ Coordinate closely the Hub and Spoke program
  - ▶ Provide integrated service planning and coordination and specialized community supports as outlined in the State of Vermont Fee for Service Medicaid Manual
- 


# Clinical Services Provided Under This Program

- ▶ Access to evidence based programs such as Seeking Safety and Rocking Horse
- ▶ Diagnosis and Evaluation
- ▶ Emergency Services
- ▶ Individual Therapy
- ▶ Family Therapy
- ▶ Group Therapy
- ▶ Intensive Outpatient Treatment
- ▶ Medication Management
- ▶ Residential Substance Use Treatment
- ▶ Medication Assisted Therapy (MAT)
- ▶ Case reviews for each case manager
- ▶ Case consultation to Reach Up teams on a regular basis


# How Participants Are Identified

- ▶ Reach Up case managers screen all new participants with an UNCOPE and PHQ2.
  - ▶ Positive results yield a referral to our substance use/mental health case manager and/or clinician.
  - ▶ Best practice is to hold a 3 way meeting to introduce the participant to the SU/MH case manager.
  - ▶ The SU/MH staff routinely spend time in Reach Up offices.
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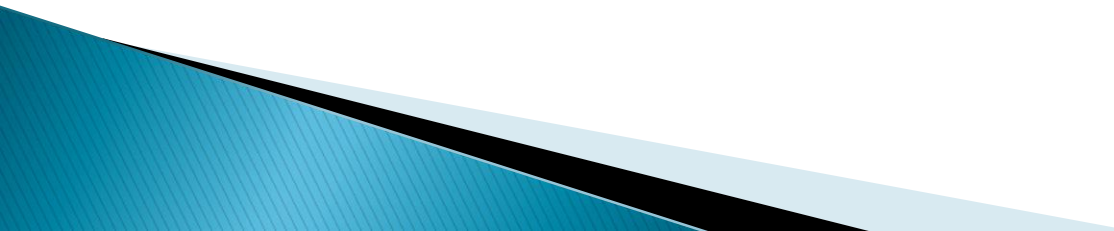
# Challenges

- ▶ Filling the positions – compensation
  - ▶ Navigating two separate systems of care (Preferred Providers through ADAP versus Designated Agencies through DMH)
  - ▶ Determining what the connection to the Hubs (Vermont's Methadone clinics) should look like and how to begin that process
  - ▶ Funding – the grantees receive a very small grant, the bulk of revenue is from Medicaid billing
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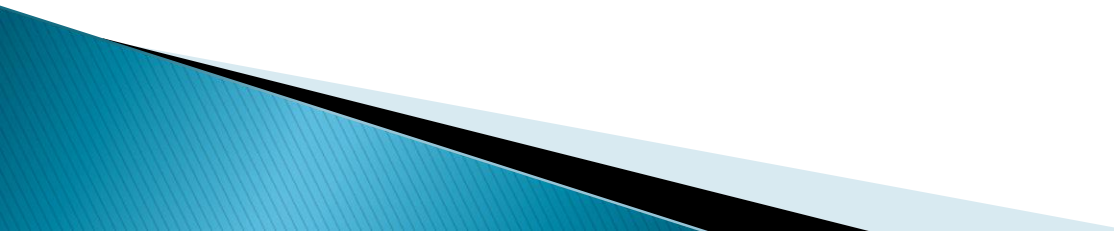
# Challenges Continued

- ▶ Engaging participants with both a case manager and clinician
  - ▶ Retaining staff
  - ▶ Gathering data: the three Departments have no common database
  - ▶ Determining what is “success”
  - ▶ Therapeutic relationship hard to establish when also administering and following TANF rules
- 

# Present Day Models

- ▶ Six agencies are still working with a case manager and clinician model.
  - ▶ Five agencies have moved to having a clinical case manager model.
    - This has allowed for participants to have to “tell their story” to one less person.
    - Get assessed sooner so that being able to bill Medicaid happens quicker.
  - ▶ The Designated Agency case managers no longer administer the Reach Up program.
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# The Role of Central Office in This Program

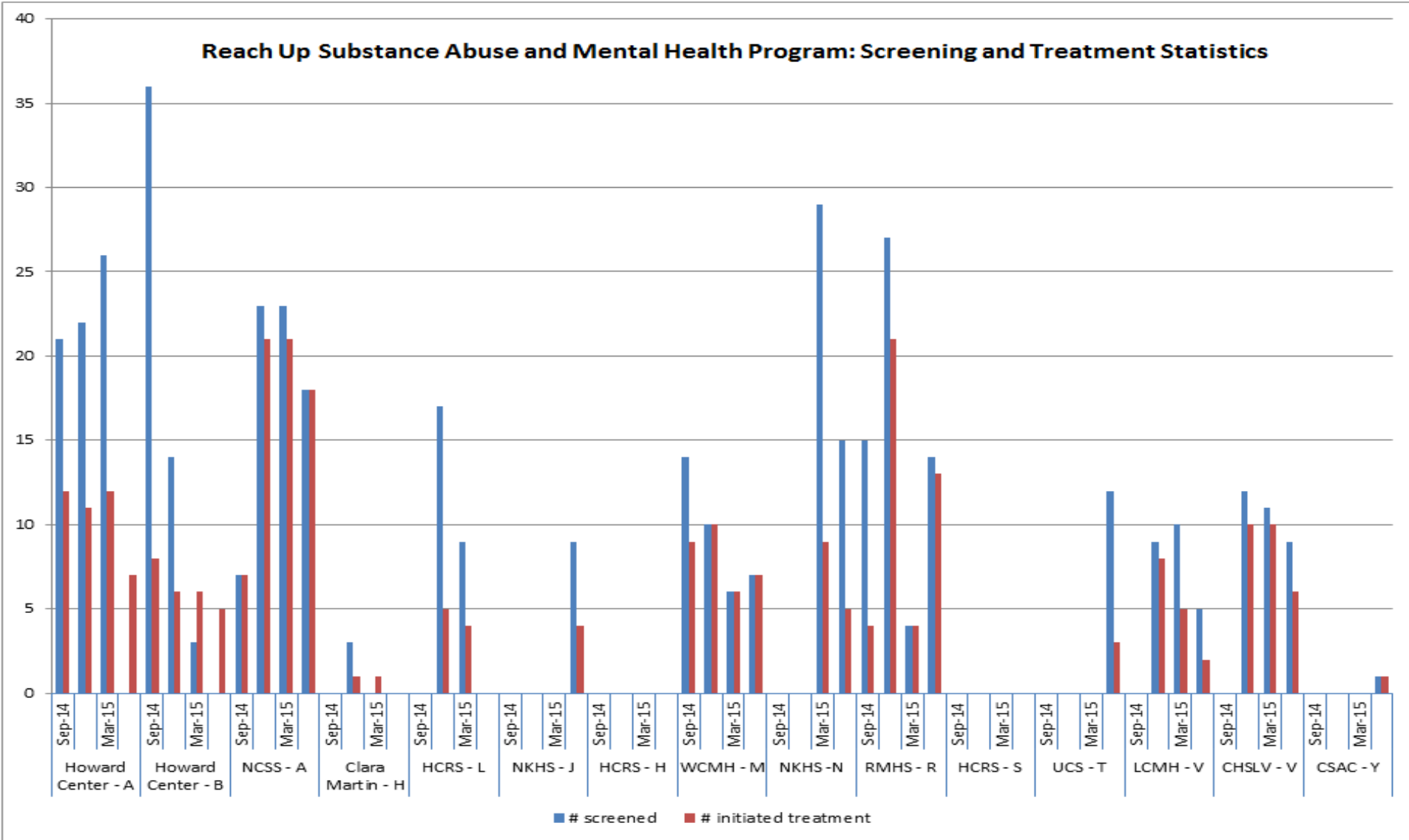
- ▶ Coordinate face to face Community of Practice meetings
  - ▶ Coordinate management team meetings in every district
  - ▶ Working to find ways to collaborate with our Family Services Division; there is a significant overlap in the families served
- 

# The Data

- ▶ Currently we are tracking:
  - Number screened
  - Of the number screened, how many screened Positive for SU/MH
  - Number assessed and how quickly (within 3 days is the goal)
  - Of the number assessed, how many needed treatment were referred to treatment
  - Number initiating treatment and how quickly (within 14 days of assessment is the goal)
  - Number receiving 2 or more services



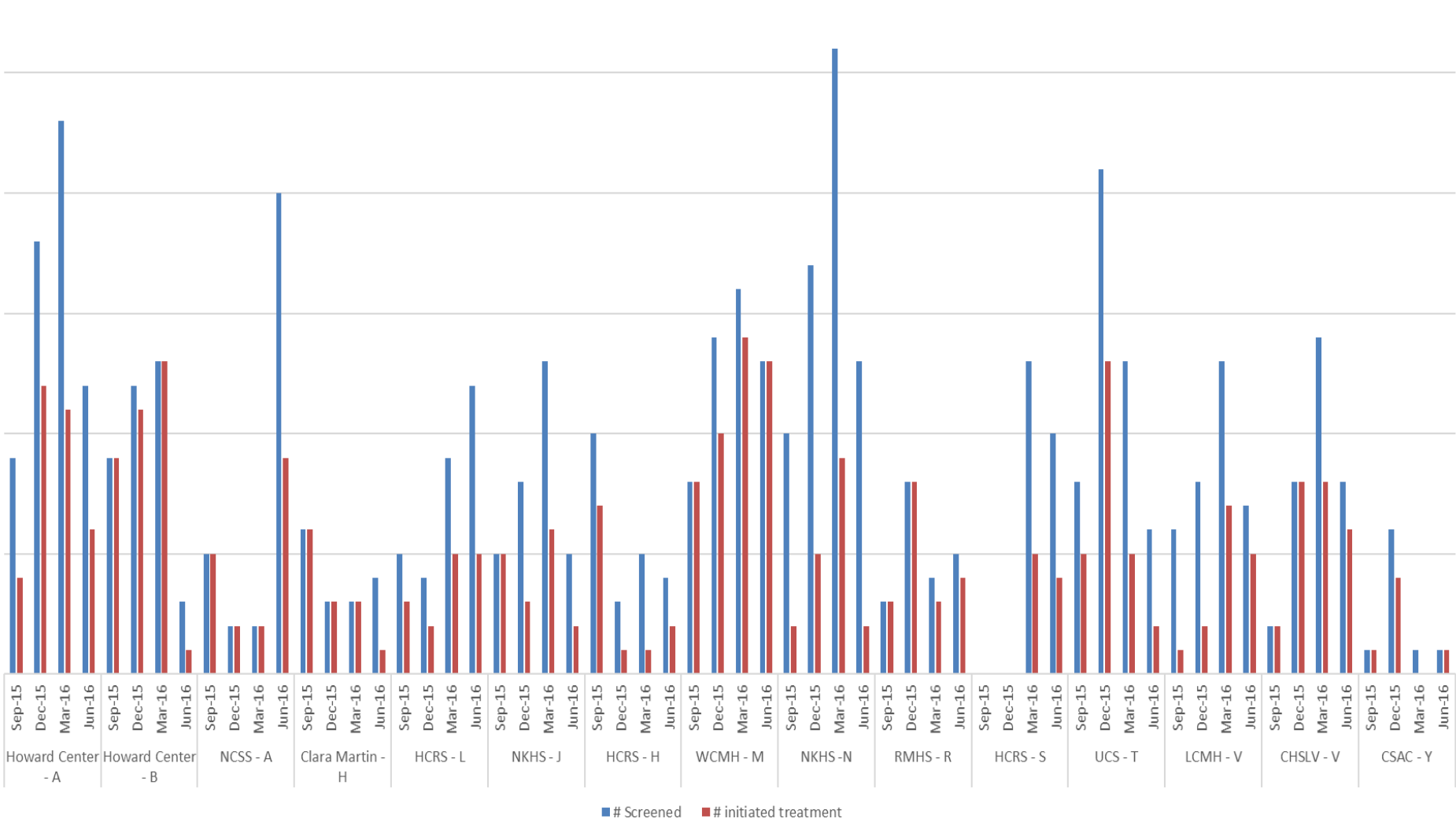
## Reach Up Substance Abuse and Mental Health Program: Screening and Treatment Statistics



Data collected on this program shows that state-wide, sixty four percent of participants became engaged in treatment after being screened by our contracted staff at the Designated Agencies/Preferred Providers. The graph below illustrates that data by district.

Based upon data supplied by the Designated Agencies quarterly.

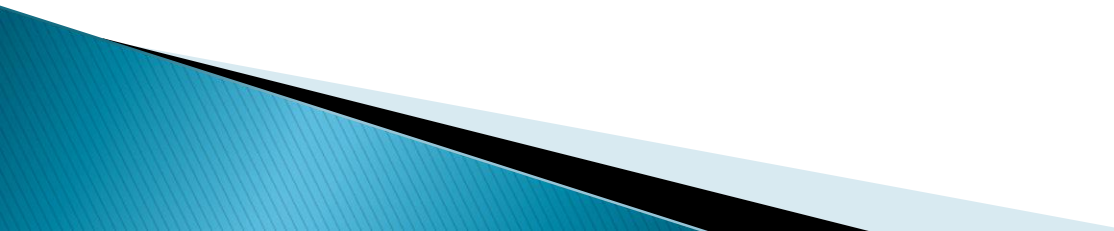
## Reach Up Substance Abuse and Mental Health Program: Screening and Treatment Statistics FY'16



Data collected in FY'16 shows that state-wide, fifty nine percent of participants became engaged in treatment after being screened by our contracted staff at the Designated Agencies/Preferred Providers. The graph below illustrates that data by district.

Based upon data supplied by the Designated Agencies quarterly.

# Common ICD-10 Diagnoses

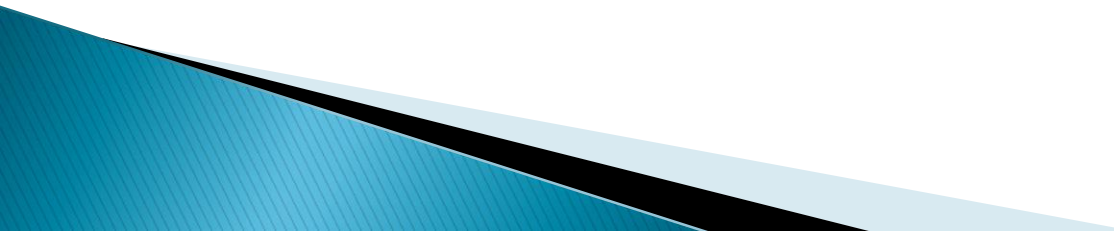
- ▶ PTSD
  - ▶ Major Depressive Disorder
  - ▶ Adjustment Disorder (with mixed anxiety and depressed mood)
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# Contact Information

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## Poll Question #4

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As a result of this webinar, what is one thing you will do differently to improve coordination of mental health and substance use services for TANF participants?

(Please respond via chatbox.)



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# Q&A



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# Poll Question #5

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What topics would you like to see in future webinars?



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# Additional Information

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- OFA PeerTA website (<http://peerta.acf.hhs.gov>)
- Webinar transcript and recording
- Future webinar topics (peerta@icf.com)





# Webinar Feedback

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- Please remember to provide your feedback using the brief survey that will launch when the webinar ends.

