Increasing Employment Outcomes for TANF Recipients with Substance Use Disorders

February 26, 2020

1:00 p.m. – 2:30 p.m. ET

ADMINISTRATION FOR CHILDREN & FAMILIES

Welcome

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

Learning Objectives
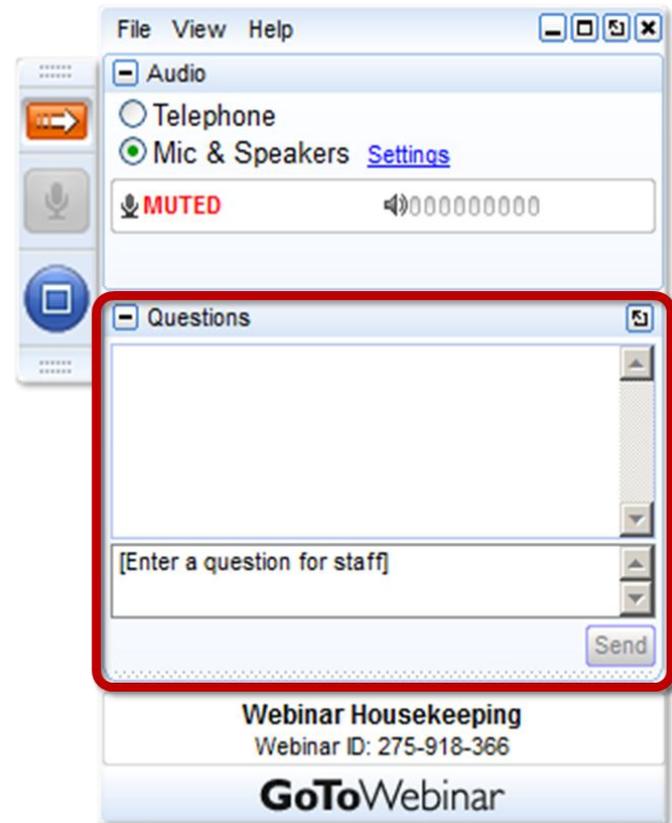
❑ Get an overview of national trends in substance use.

❑ Explore employment-focused strategies for substance use treatment.

❑ Identify strategies to design and implement a case management and referral program for TANF customers with opioid/substance use disorders.

❑ Discuss lessons learned and best practices from programs that have successfully implemented barrier remediation and work readiness activities with TANF customers that have opioid/substance use disorders.

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Participation

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Questions

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Webinar Housekeeping
Webinar ID: 275-918-366

GoToWebinar

Presenters

❑ **Dennis Romero,** Regional Administrator, Substance Abuse and Mental Health Administration (SAMHSA), U.S. Department of Health and Human Services

❑ **Dr. Christine Cauffield,** Chief Executive Officer, Substance Abuse and Mental Health Managing Entity, Lutheran Services Florida

❑ **Kim Releford Griswold,** Program Director, University of Kentucky, Targeted Assessment Program

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Increasing Employment Outcomes for TANF Recipients with Substance Use Disorders

A Brief Look at the National Landscape Regarding Substance Use

Dennis O. Romero, M.A.
Regional Administrator

DHHS Region II (NJ, NY, PR, US Virgin Islands)

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA's Mission

Reduce the impact of substance abuse and mental illness on America's communities

Roles:

Leadership and Voice

Data and Surveillance

Public Education

Regulation and Standard

Setting Practice improvement

Funding

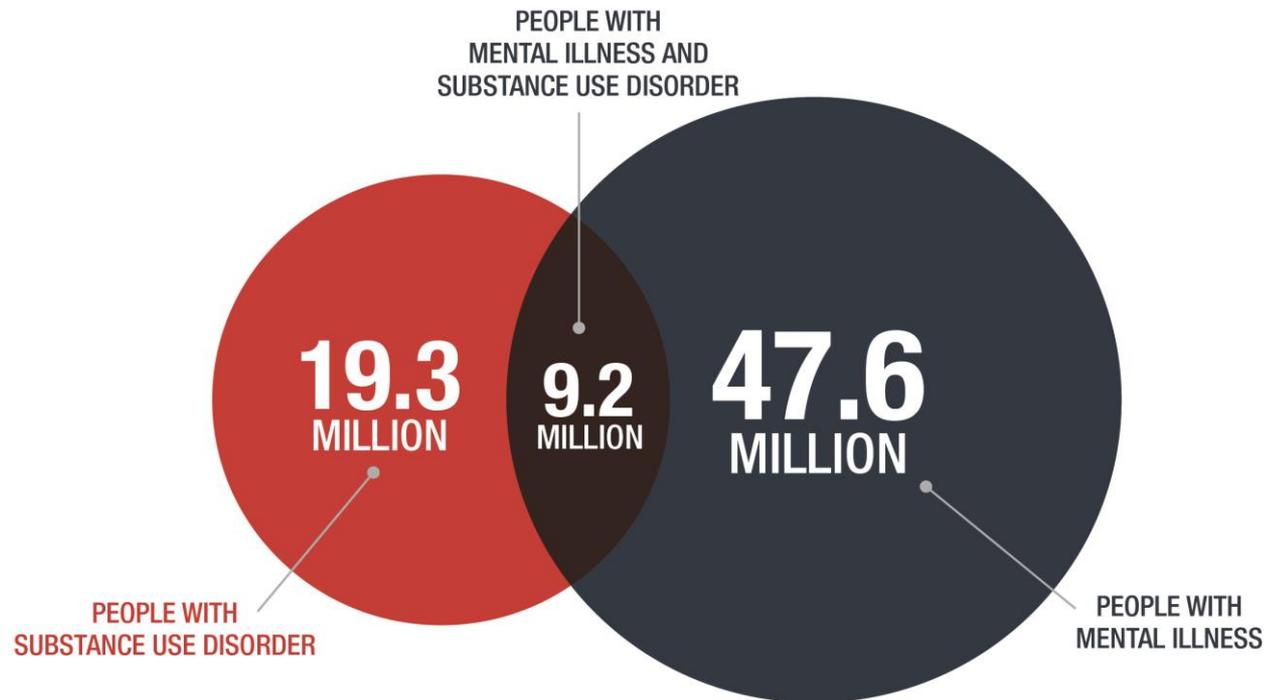| Behavioral Health is Essential to Health |
|---|
| Prevention works |
| Treatment is effective |
| People recover |

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SAMHSA leads public health efforts to advance the behavioral health of the Nation

SAMHSA
Substance Abuse and Mental Health
Services Administration

Regional Map

Region X:
Seattle
AK, ID, OR, WA
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Region VIII:
Denver
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SAMHSA
Division of Regional Policy Liaison
Anne Herron, Director
240-276-2203

SAMHSA
Substance Abuse and Mental Health Services Administration

Key Indicators

PEOPLE WITH
MENTAL ILLNESS AND
SUBSTANCE USE DISORDER

19.3 MILLION

9.2 MILLION

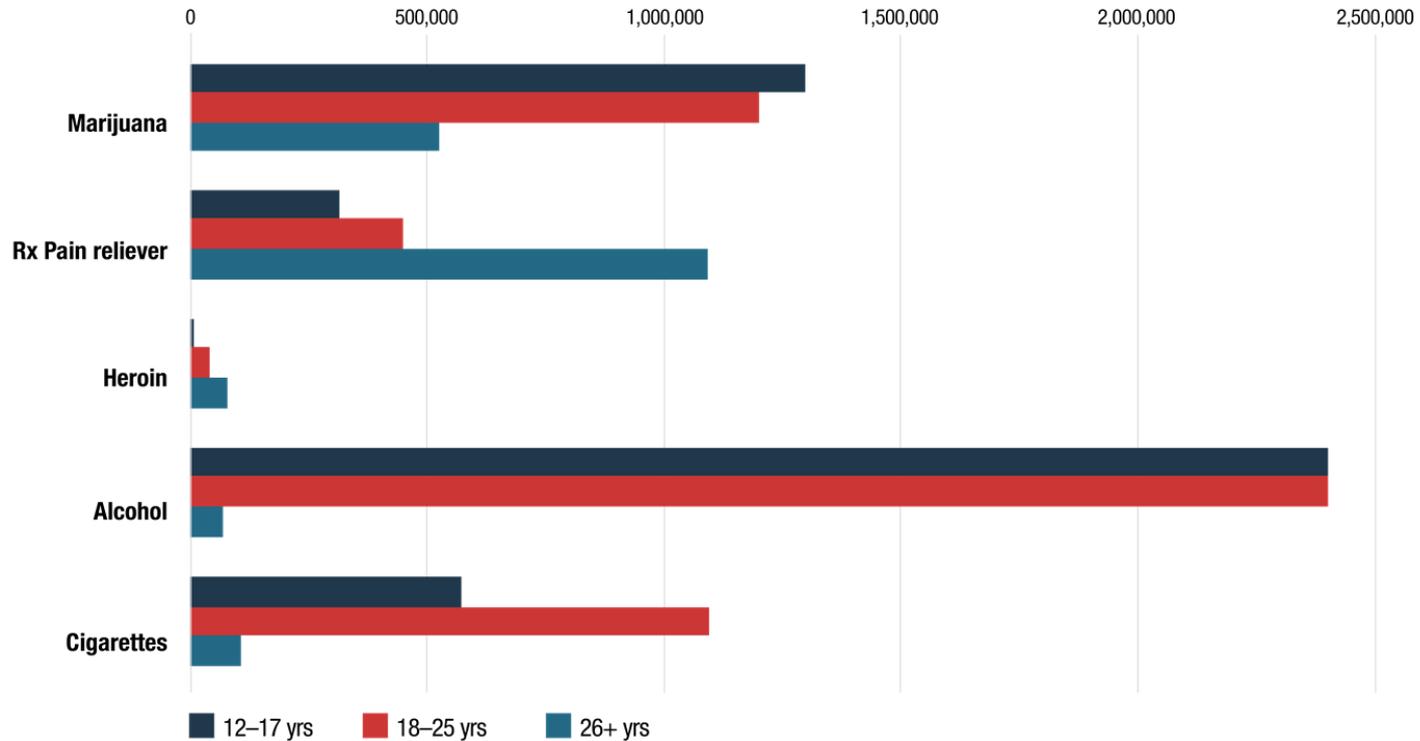47.6 MILLION

PEOPLE WITH
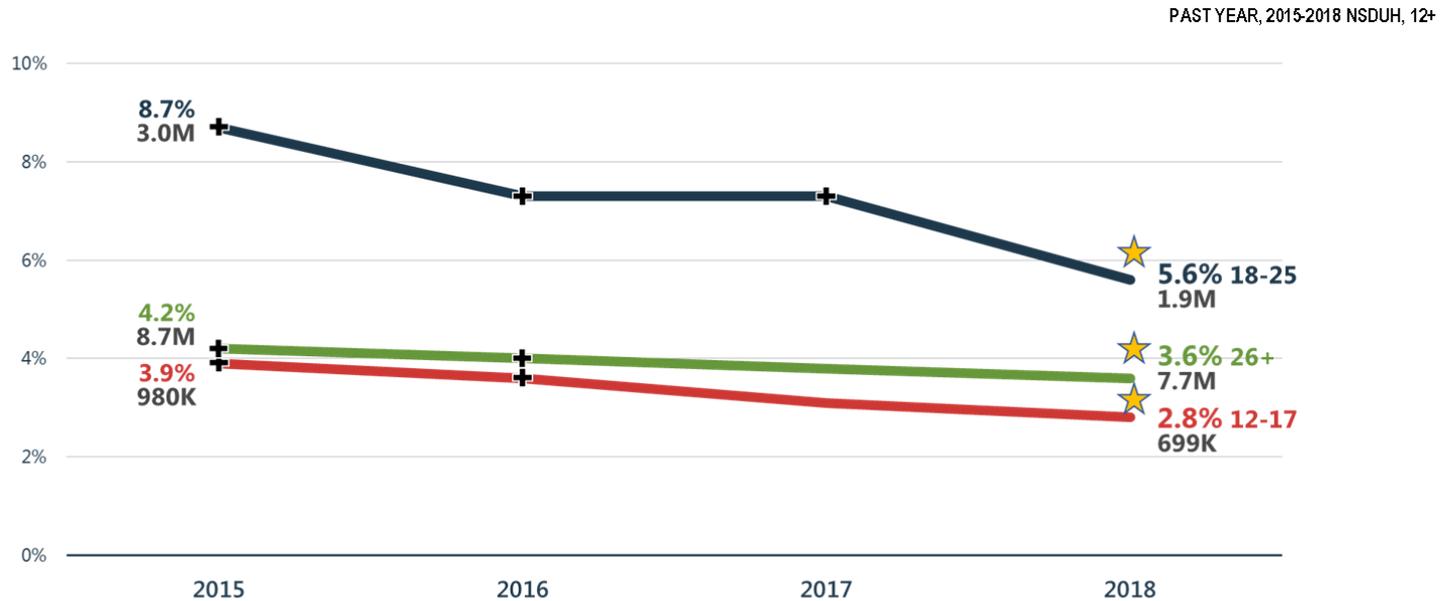SUBSTANCE USE DISORDER

PEOPLE WITH
MENTAL ILLNESS

Source: SAMHSA. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: CBHSQ, SAMHSA.
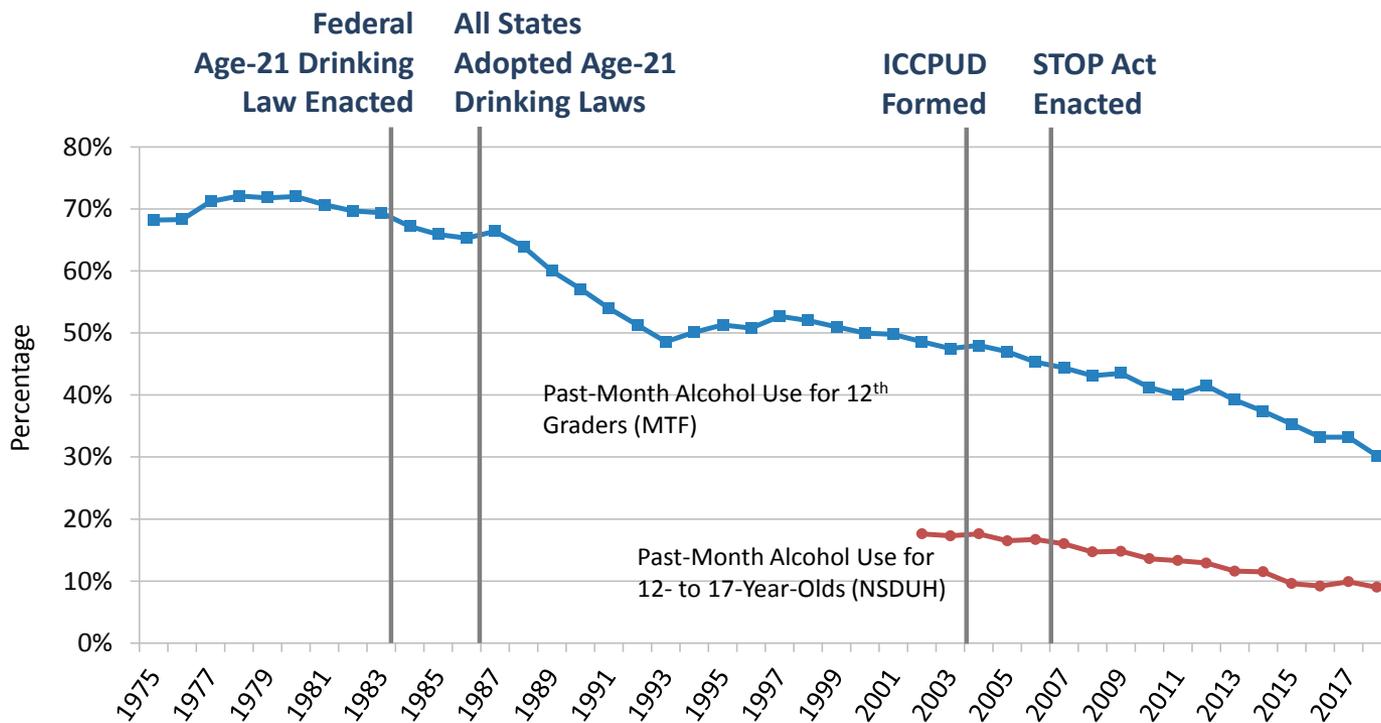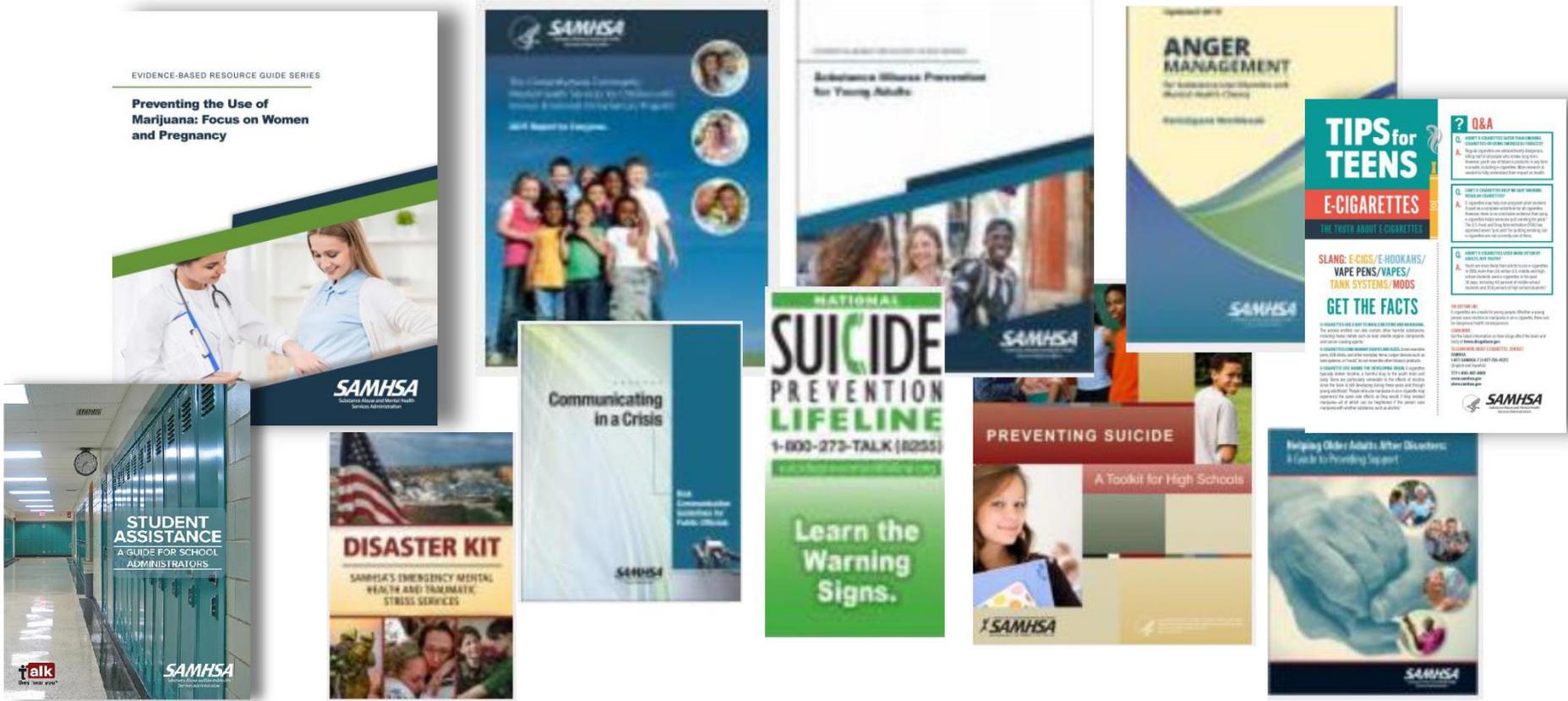
Key Indicators (Continued)

**Source:** SAMHSA. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* Rockville, MD: CBHSQ, SAMHSA.

Key Indicators (Continued)

PAST YEAR, 2015-2018 NSDUH, 12+

8.7%
3.0M

5.6% 18-25
1.9M

4.2%
8.7M

3.6% 26+
7.7M

3.9%
980K

2.8% 12-17
699K

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Source: SAMHSA. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: CBHSQ, SAMHSA.

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Substance Abuse and Mental Health
Services Administration

Key Indicators (Continued)

Federal Age-21 Drinking Law Enacted

All States Adopted Age-21 Drinking Laws

ICCPUD Formed

STOP Act Enacted

Past-Month Alcohol Use for 12th Graders (MTF)

Past-Month Alcohol Use for 12- to 17-Year-Olds (NSDUH)

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SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Brochures

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SAMHSA
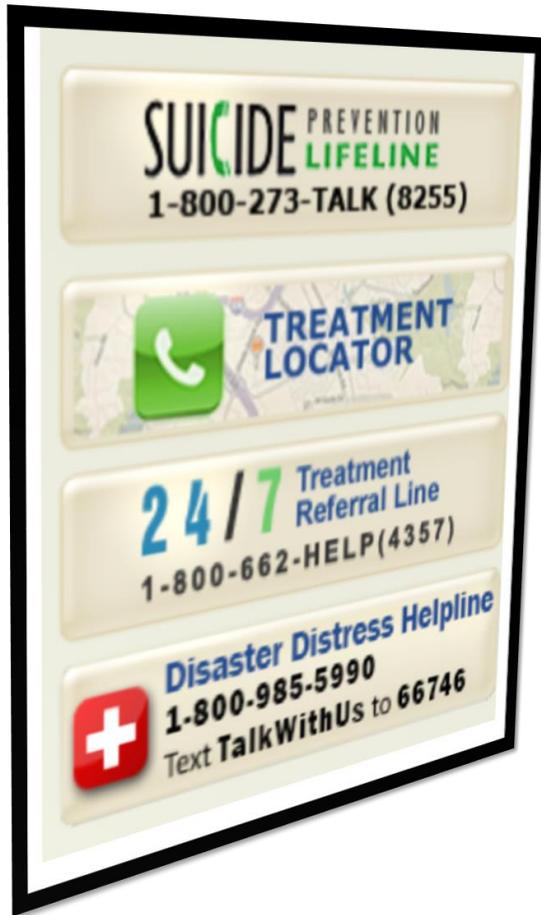Substance Abuse and Mental Health
Services Administration

Publications
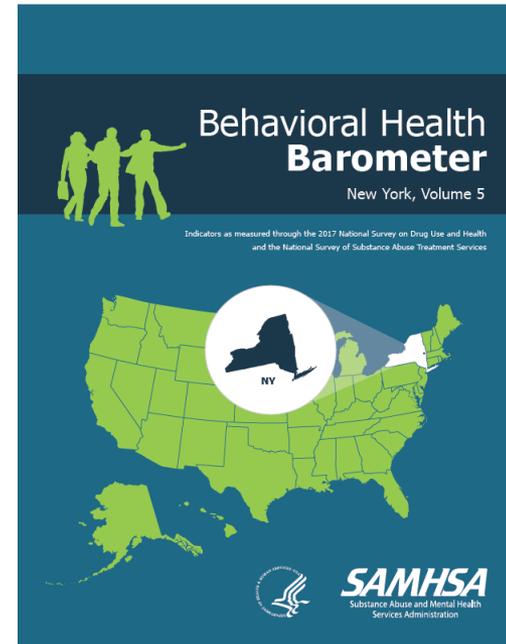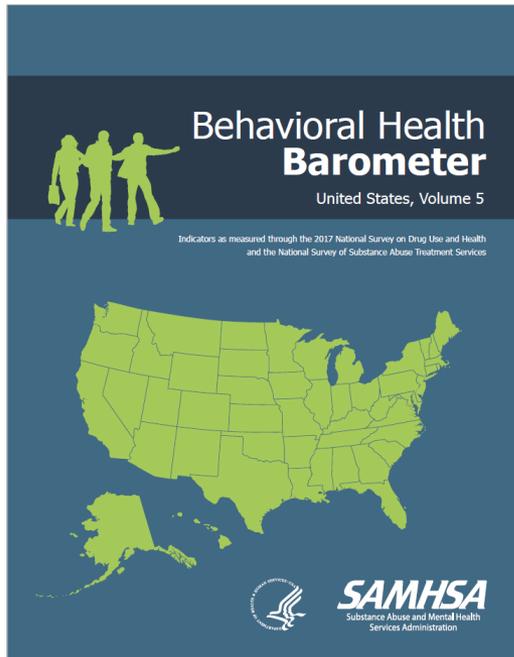
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Resources

- www.samhsa.gov

- www.suicidepreventionlifeline.org

- www.samhsa.gov/treatment

- www.disasterdistress.gov

- www.mentalhealth.gov

- http://www.integration.samhsa.gov

- SAMHSAResources@samhsa.hhs.gov or 877.726.4767

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SAMHSA
Substance Abuse and Mental Health
Services Administration

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DHHS Region II
(NJ, NY, PR, US Virgin Islands and
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SAMHSA
Substance Abuse and Mental Health
Services Administration

Polling Question #1

How prevalent are opioid/substance use disorders amongst the customers you serve?

❑ Very prevalent – more than half of our caseload.

❑ Somewhat prevalent – more than one quarter of our caseload.

❑ Not prevalent – less than one quarter of our caseload.

ADMINISTRATION FOR
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LSF Health Systems
Dr. Christine Cauffield, CEO
904-900-1075

What Is The Role Of The Managing Entity

- LSF Health Systems is a faith based non-profit organization that provides community-based leadership to the behavioral health system through public-private partnerships, collaborative relationships, and management of a diverse and highly qualified network of service providers

- We contract with the State of Florida Department of Children (DCF) and Families to develop, support and fund the network of services and 56 service providers that deliver mental health and substance abuse services to the indigent and uninsured in 23 counties in Northeast and Central Florida.

- We are the safety net for vulnerable citizens who have no other means to obtain the help they need.

What Is The Role Of The Managing Entity

- Legislature mandated privatization of funding and oversight for behavioral health care services in 2012.
- Seven (7) Managing Entities – LSF Health Systems is second largest in the state. Budget is 152M.
- Florida ranks 50th in the nation for funding for behavioral health services.
- Each year the Department of Children and Families provides the Managing Entity with a schedule of funds.
- The funding is a combination of State and Federal funds. Some funds are very restricted in their use and must be used for specific programs and services and/or specific providers. Other funds are more flexible within the categories of Substance Abuse or Mental Health.
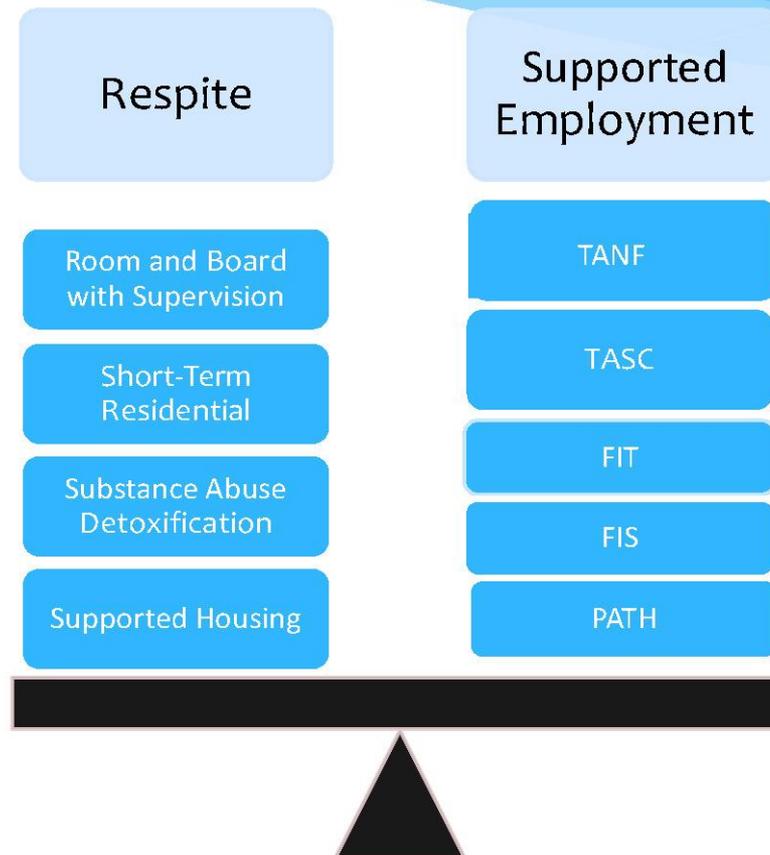
LSF HEALTH SYSTEMS

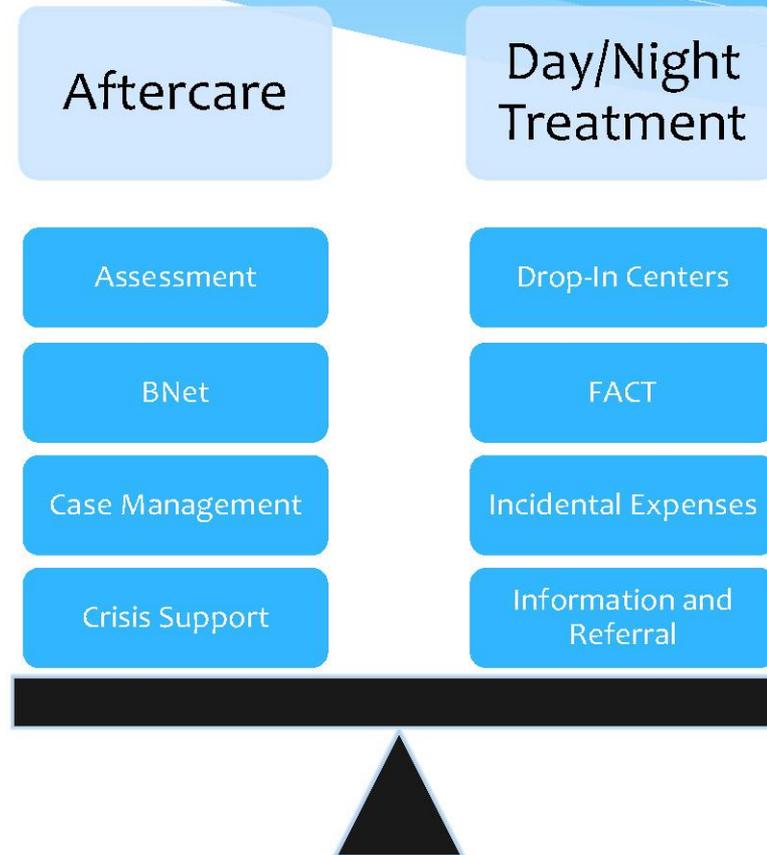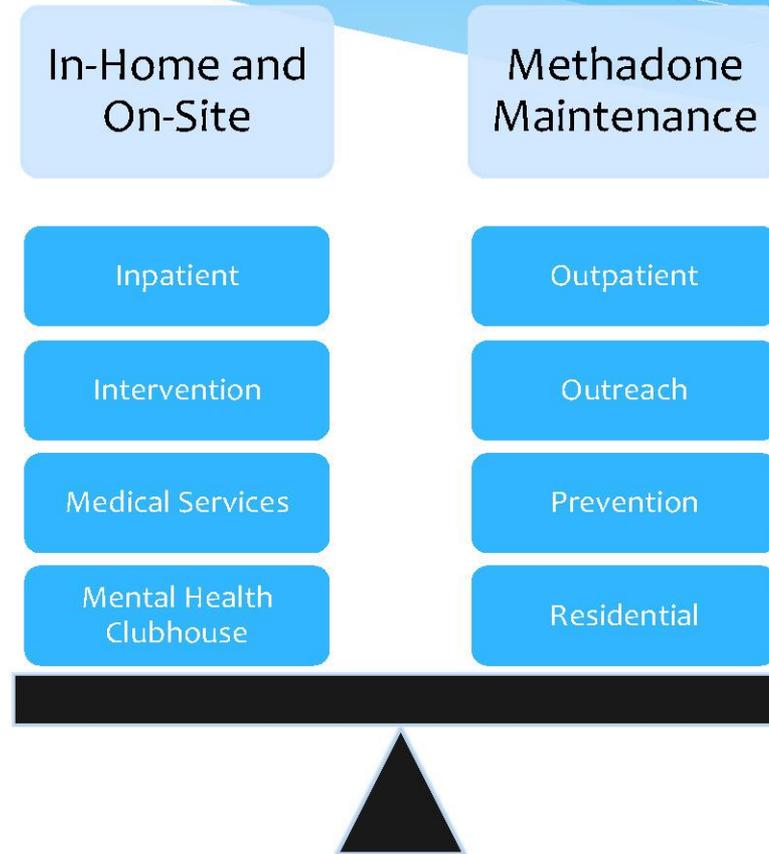FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MyFLFamilies.com

LSF Health Systems Service Area

LSF Health Systems

- Child Welfare Integration
- Clinical and Quality Impovement
- Training
- Care Coordination
- Resource Development
- Community Engagement
- LSF Health Systems
- Network Management
- Compliance
- Housing and SOAR Initiatives
- Data
- Finance

LSF HEALTH SYSTEMS

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MyFLFamilies.com

Types of Services Funded by LSFHS

Respite

- Room and Board with Supervision
- Short-Term Residential
- Substance Abuse Detoxification
- Supported Housing

Supported Employment

- TANF
- TASC
- FIT
- FIS
- PATH

Types of Services Funded by LSFHS

Aftercare	Day/Night Treatment
Assessment	Drop-In Centers
BNet	FACT
Case Management	Incidental Expenses
Crisis Support	Information and Referral

Types of Services Funded by LSFHS

In-Home and On-Site	Methadone Maintenance
Inpatient	Outpatient
Intervention	Outreach
Medical Services	Prevention
Mental Health Clubhouse	Residential

LSF
HEALTH SYSTEMS

TANF and Supported Employment

- Our funding for Supported Employment targets the SPMI population

- Three (3) clubhouses with a total budget of 375k

- TANF funding allotted includes 1.6M for Mental Health TANF

- Services include case management, outpatient, residential, In-home / onsite

TANF and Supported Employment

- Individualized treatment plans developed and employment services referred to community providers
- TANF substance abuse funding is 1.08M
- DCF approval required to shift monies from these two categories

Resources

Poll Question #2

Does your State count treatment as a work activity and/or defer or exempt substance users from work requirements?

- ❑ Yes
- ❑ No
- ❑ I don't know

Kentucky's Targeted Assessment Program:
An Approach for Addiction and Other Barriers To Employment

OFA Webinar: Increasing Employment Outcomes for TANF Recipients with Substance Use Disorders

February 26, 2020

Kim Griswold Releford, Barbara Ramlow, Megan Dickson, and Carl Leukefeld,

University of Kentucky Center on Drug & Alcohol Research

Identifying and Addressing Substance Use and Multiple Barriers in Public Assistance Programs

- Individuals across all income levels hide their substance use
  - Lower income individuals may misreport due to stigma, fear of legal consequences, and fear they will lose their public assistance benefits or custody of their children if they disclose
- Generic screening and referral methods have limited effectiveness, while screening/assessment by trained professionals have shown to increase identification and referral to treatment
- Coordinated, comprehensive approach to substance use disorders (intensive case management) combining chronic disease management and cross-systems coordination to address other health and social needs has improved TANF recipients' employment, substance abstinence, and treatment attendance outcomes

(Morgenstern et al., 2006)

Multiple Co-existing Barriers

Multiple barriers are a strong predictor of non-participation in work activities and continue to be linked to poor employment among low-income parents.

- Estimates of drug and alcohol use among TANF populations are more than double compared to individuals who do not receive TANF.
- Women receiving TANF with substance use disorders report co-occurring depression, anxiety and high levels of post-traumatic stress disorder (PTSD).
- IPV and mental health problems are higher among women receiving TANF than other low-income women not receiving TANF.
- Adverse Childhood Experiences (ACE) and adult trauma are more prevalent in this population.
- Low education levels and learning disabilities are common barriers to employment among TANF recipients.
- Unmet basic needs have been strongly correlated with mental health and intimate partner violence.

(Ellerbe et al., 2011; Leukefeld et al., 2012)

PROMISING APPROACH

Targeted Assessment Program

- TAP is a partnership between the Kentucky Cabinet for Health and Family Services, Department for Community Based Services (DCBS), and the University of Kentucky
- TAP is supported with 100% Federal TANF funding to assist parents involved in Kentucky's public assistance and child welfare systems within federally mandated timeframes
- TAP OUD is supported with 100% Federal State Opioid Response (SOR) funding to assist parents involved in Kentucky's public assistance and child welfare systems access a full continuum of high quality, evidence-based opioid prevention, treatment, and recovery support services

Targeted Assessment Program

- Initiated as a pilot project by DCBS (FY 2000); since then, TAP has expanded 8 times
- Currently co-locates 57 Targeted Assessment Specialists who are: clinically trained, University employees, and full-time at DCBS offices in 35 Kentucky counties selected by DCBS
- Purpose: Identify & address barriers to **self-sufficiency**, family safety & stability with the focus on substance use, mental health, intimate partner violence, learning deficits/disabilities, and unmet basic needs
- TAP provides assessment, referral, pretreatment, intensive case management, and ongoing follow-up services to assist participants in overcoming identified barriers

REFERRAL PROCESS

TAP Referrals

- Referrals are received primarily from DCBS/CHFS, outside agencies may refer

- TANF Eligible
  - At least one dependent child
  - Family income at or below 200% of the federal poverty level

TANF Agency Assessment and Referral

- Case managers conduct assessments as part of technical eligibility for benefits
  - employment, education, and other barriers, including but not limited to general health, substance use, mental health, and learning needs
- TAP referrals are completed electronically through an 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.
- Case managers can also ask for immediate consultation during assessments because of co-location
- Referrals are also identified during reviews of cases being considered for discontinuation

KEY PRACTICES

TAP Key Practices

- Co-location of TAP with DCBS
- Holistic assessment of barriers and strengths
- Motivational Interviewing
- Customized service plan created with each participant in consultation with the referring case manager/worker
- Strengths-Based Case Management
- Pretreatment
- Assistance with basic needs barriers
- Ongoing follow-up with participants, referral source, and community partners (including job readiness programs, community services sites, employers)
- Consultation & training
- Advocacy
- Multi-agency participation and collaboration at local, regional and state level

Resolving Internal and External Barriers

- Individualized recommendations made with the participant and in consultation with the referring case manager/worker
  - Determining level of care
  - If medication assisted treatment (MAT) is appropriate:
    - Steer participants toward high quality MAT programs
    - Coordinate participation in additional treatment modalities in conjunction with MAT
- Motivational Interviewing is used to engage TAP participants in progressing through stages of change to accept and fully engage in the recommended treatment

Resolving Internal and External Barriers

- Strengths-Based Case Management resolves basic needs and other barriers that could interfere with treatment engagement, participation, and retention
  - Housing, transportation, childcare, utilities, physical health, social supports, legal problems, etc.
  - Focus on employment readiness through empowerment, self-esteem building and connecting to work readiness activities
  - Ongoing to ensure treatment and other service retention, completion and aftercare

Collaboration

- Ongoing communication with referral source about plan of care
  - Help determine when participant can engage in education, work readiness, community service and employment
- Ongoing follow-up with participant and treatment providers to monitor participation and provide help if participant disengages
- Ongoing education to public assistance program staff about substance use disorders and evidence-based practices

Data Collection

- Data are collected using a confidential encrypted secure web-based data system approved by the University Institutional Review Board

- Data collected at baseline and case closure

Fiscal Year 2019

- Case closures completed for 3,053 participants who terminated TAP services between July 1, 2018 and June 30, 2019
 - Of those, 2,072 had received a baseline assessment

Table 1: Demographics for Assessed Participants Terminating TAP Services in FY 2019

Demographics	Assessed Participants (n=2,072)
Age (mean)	31.6 years
Gender (female)	88.0%
Race (white)	83.6%
Marital Status (married)	15.6%
Number of children (mean)	2.4
Education (less than a high school diploma)	27.8%
Work Hours (mean) per week	12.5 hours

Participant Barriers

Figure 1: Primary Barriers among Assessed Participants Terminating TAP Services in FY 2019 (n=2,072)
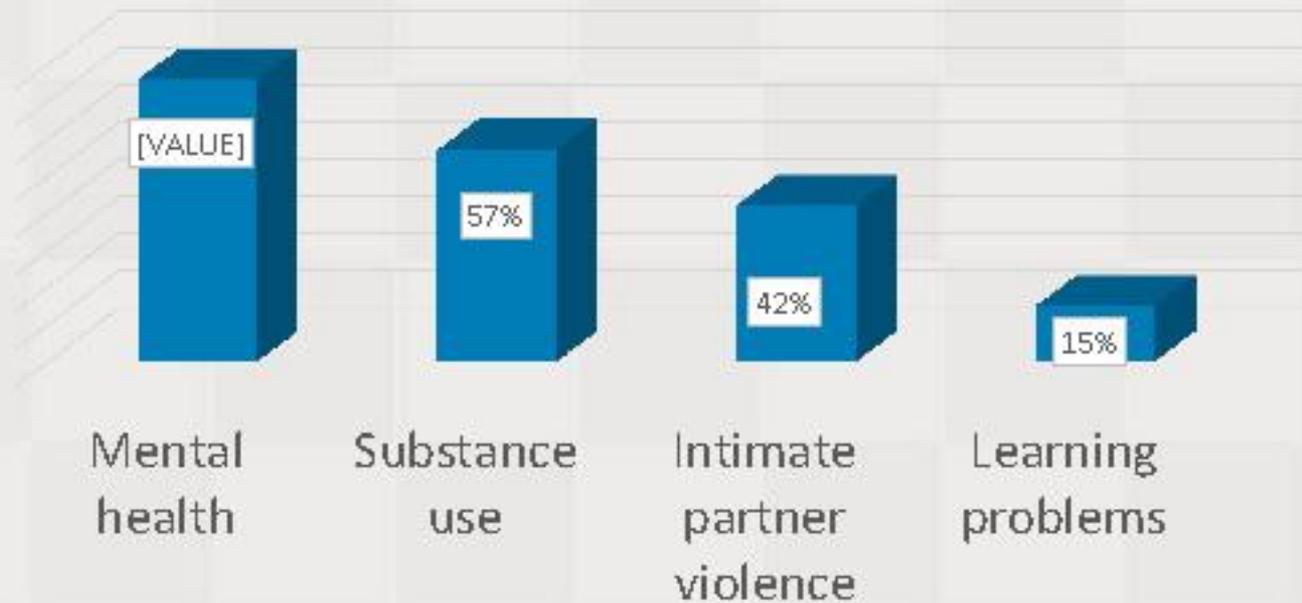
Participant Needs

Figure 2: Unmet Needs at Baseline among Assessed Participants Terminating TAP Services in FY 2019 (n=2,072)
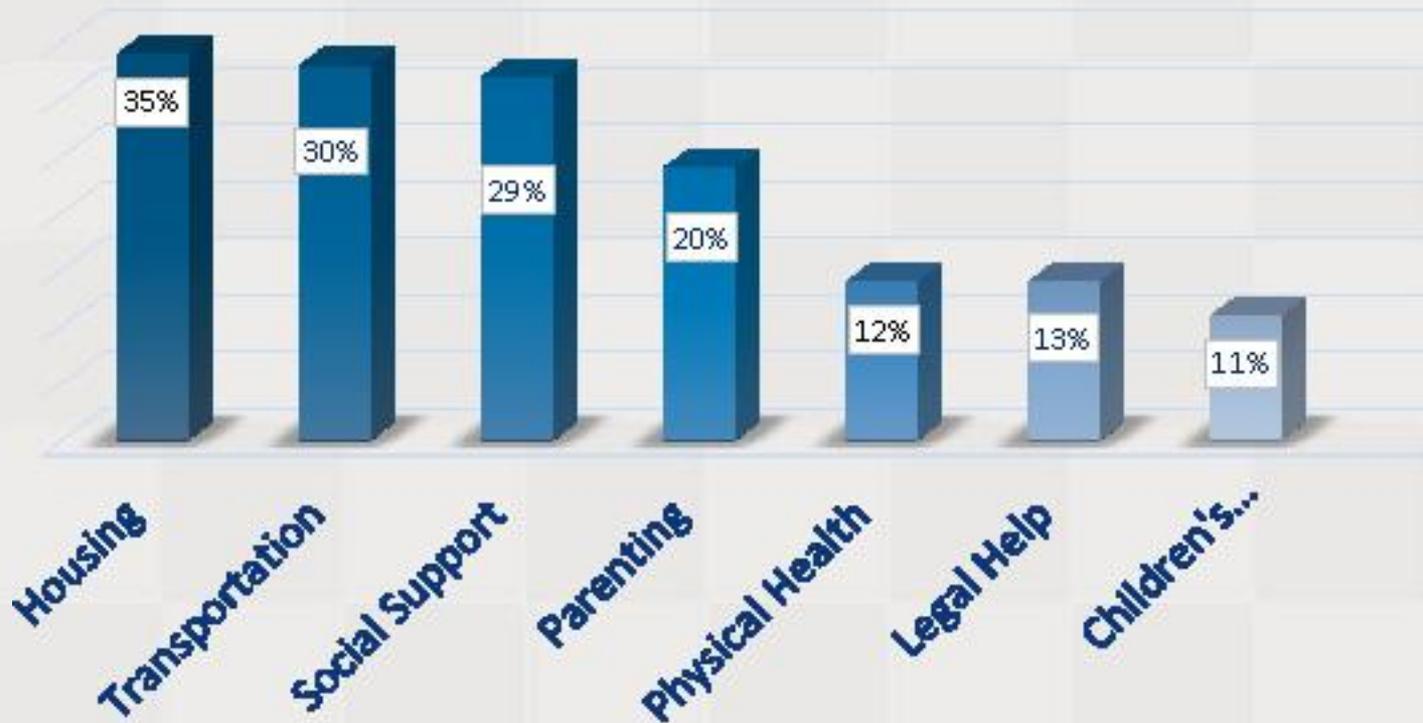
TAP FY 2019 Outcomes

- 83% of terminations with Substance Use as a barrier showed progress

- 82% of terminations identified with Mental Health as a barrier showed progress

- 83% of terminations with Intimate Partner Violence as a barrier showed progress

- 56% of terminations with Learning Problems as a barrier showed progress

Employment and Work Readiness

- Over two-thirds (70%) 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*

- More than three-fourths (77%) of terminating assessed TAP participants who identified work readiness as a barrier showed progress in work readiness and work skills

Table 2: Work Readiness and Work Skills Progress for Assessed Participants in FY 2019

Work Readiness and Work Skills	Any Progress	Moderate to A Lot of Progress
Submitted Applications for Employment	71%	37%
Obtaining Employment	58%	32%
Participation in Job Training	43%	17%
Continued Education	19%	7%

TAP 6 Month Follow-up Study

- Follow Up Study Data – TAP participants who completed a baseline interview and were asked to consent to follow-up from July 1, 2007 to June 30, 2008. A regionally proportionate stratified random sample was drawn of these consenting participants for a final sample of 322 subjects. The study was approved by the University Institutional Review Board. Subjects received $20.

TAP 6 Month Follow-Up Study

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

(Leukefeld et al, 2012)

Significant Decrease of Assessed Barriers

Figure 3: Percent of TAP participants (n=322) self-reporting barriers at baseline and at follow-up FY 2007.

NOTE: $^{**}p \leq .01$; $^{***}p \leq .001$

Significant Decrease in Unmet Basic Needs

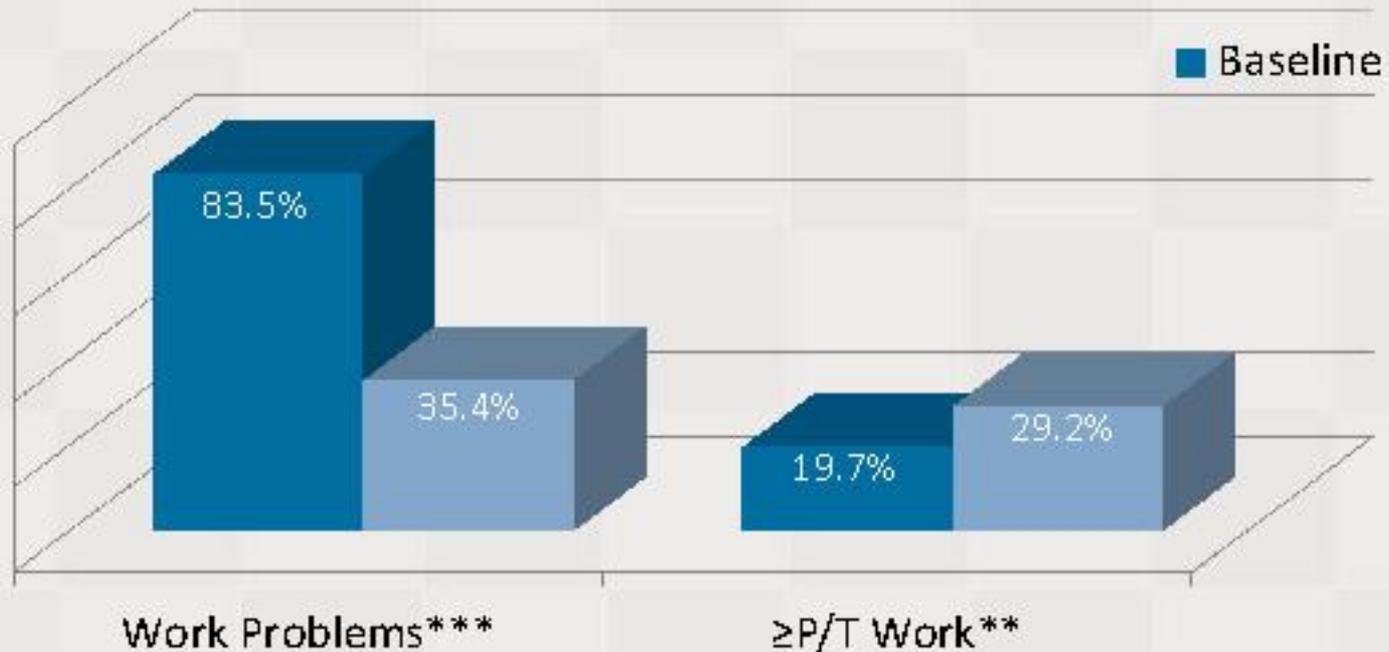**Figure 4: Percent of TAP participants (n=322) self-reporting unmet needs at baseline and at follow-up FY 2007.**
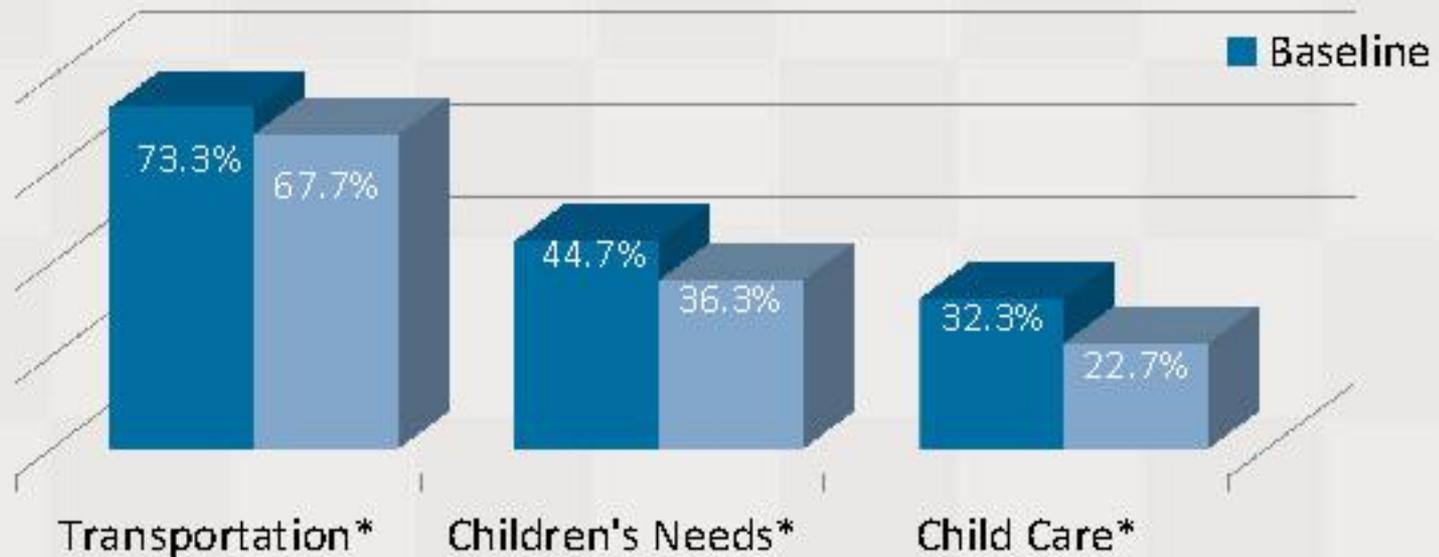
NOTE: *p $\leq$ .05

Significant Improvement in Employment Related Outcomes

Figure 5: Percent of TAP participants (n=322) self-reporting employment related outcomes at baseline and at follow-up FY 2007.
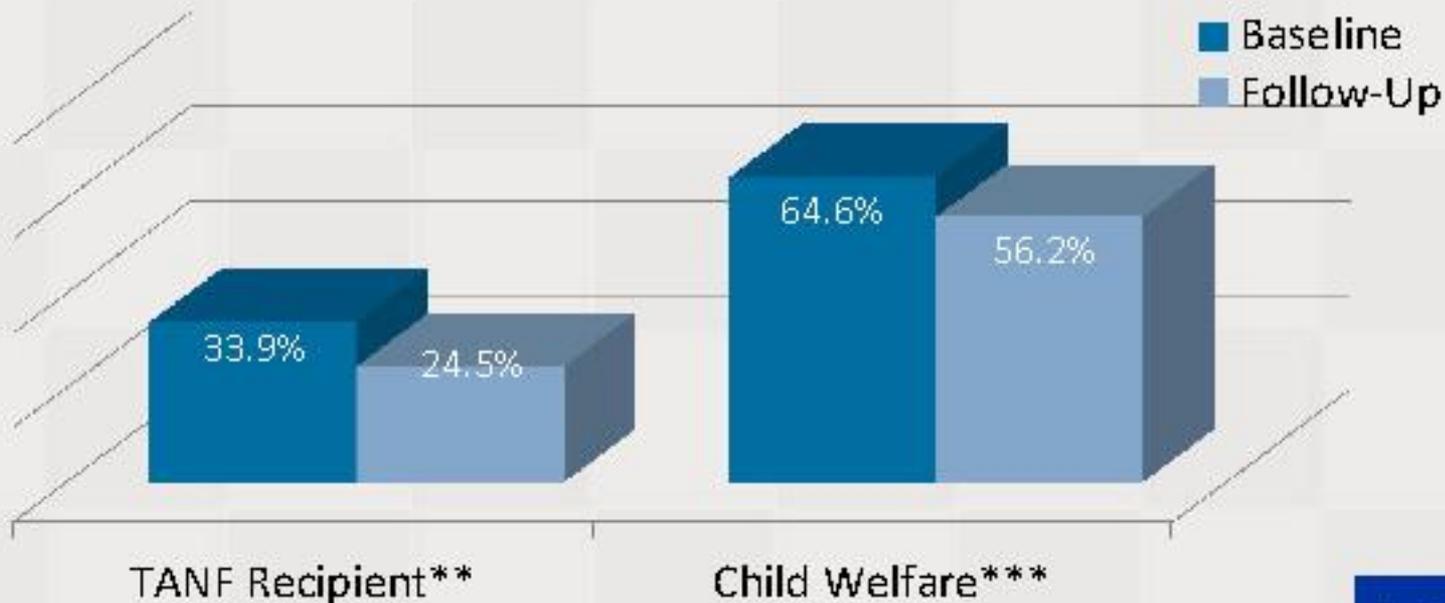

NOTE: $^{**}p \leq .01$; $^{***}p \leq .001$

Significant Decrease in Welfare Receipt and Child Welfare Involvement

Figure 6: Percent of TAP participants (n=322) self-reporting welfare receipt and child welfare involvement at baseline and at follow-up FY 2007.

NOTE: **p $\leq$ .01; ***p $\leq$ .001

FINAL THOUGHTS

Final Thoughts

- The TAP model successfully addresses barriers to employment for individuals with substance use disorders

- Key practices: holistic assessment, strength-based case management, motivational interviewing, addressing basic needs, ongoing engagement through pretreatment and service coordination

- Participant-level collaboration: co-location, communication throughout the life of the service with DCBS and other providers

- Community-level collaboration: active and ongoing advisory councils, community-based hiring, collaboration and identification of barriers to services at the local, regional and state-level

References

Bush, A., Bunn, T., Quesinberry, D., & Ward, P. (2018). Kentucky's drug overdose burden, 2016-2017. *Kentucky Injury Prevention and Research Center, University of Kentucky, Lexington, KY.*

Ellerbe, T., Carlton, E., Ramlow, B., Leukefeld, C., Delaney, M., Staton-Tindall, M. (2011). Helping low-income mothers overcome multiple barriers to self-sufficiency: Strategies and implications for human services professionals. *Families in Society, 92(3*), 289-294.

Delaney, M. and Leukefeld, C. (2016, December 19). TAP baseline opioid use data: 2012-2016. *Report for the Kentucky Cabinet for Health and Family Services Opioid Task Force.*

Germain, J. (2018). *Opioid use disorder, treatment, and barriers to employment among TANF recipients, OFA Report #1-2018.* Washington, DC: Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://mefassociates.com/wordpress/wp-content/uploads/2018/06/TANF_Opioid_Literature_-Review.pdf

Leukefeld, C., Carlton, E., Staton-Tindall, M, Delaney, M. (2012). Six-month follow-up changes for TANF-eligible clients involved in Kentucky's Targeted Assessment Program., *Journal of Social Service Research,* 38(3), 366-381.

Morgenstern J, Blanchard KA, McCrady BS, McVeigh KH, Morgan TJ, & Pandina RJ. (2006). Effectiveness of intensive case management for substance-dependent women receiving Temporary Assistance for Needy Families. *American Journal of Public Health,* 96(11):2016–2023. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/17018819

Morgenstern, J, Neighbors, CJ, Kuerbis, A, Riordan, A, Blanchard, KA, McVeigh, KH, Morgan, TJ, & McCrady, BS. (2009). Improving 24-month abstinence and employment outcomes for substance-dependent women receiving Temporary Assistance for Needy Families with intensive case management. *American Journal of Public Health 99*(2), 328-333. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19059855

Ramlow, B, Dickson, M, & Leukefeld, C. (2019, March). Title IV-B Children and Family Services Plan 2018 annual progress and services report, Targeted Assessment Program update. *Report for the Kentucky Cabinet for Health and Family Services, Department for Community Based Services.*

Ramlow, B., Dickson, M., Leukefeld, C. (2019, July). Targeted Assessment Program fiscal year 2019 annual report. *Kentucky Cabinet for Health and Family Services, Department for Community Based Services.*

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Poll Question #3

Which case management model does your organization follow? Select all that apply.

❑ Intensive Case Management

❑ Motivational Interviewing

❑ Strengths-Based Case Management

❑ Don't know

Q&A

ADMINISTRATION FOR
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Poll Question #4

What topics would you like to see in future webinars?

Additional Information

- ❏ OFA PeerTA website (http://peerta.acf.hhs.gov)

- ❏ A recording of this webinar will be available shortly on the PeerTA Network website at: https://peerta.acf.hhs.gov/. We would also like to hear from you about future webinar topics. Please send us your ideas by e-mail to peerta@icf.com.

- ❏ Future webinar topics (peerta@icf.com)

Webinar Feedback

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