U.S. Department of Health and Human Services
ADMINISTRATION FOR CHILDREN & FAMILIES

Providing Mental Health Services for TANF and Other Low-Income Participants

June 15, 2016 -- 12:30 to 2:00 P.M. ET

Moderator:

Carol Mizoguchi, Family Assistance Program Specialist, Office of Family Assistance

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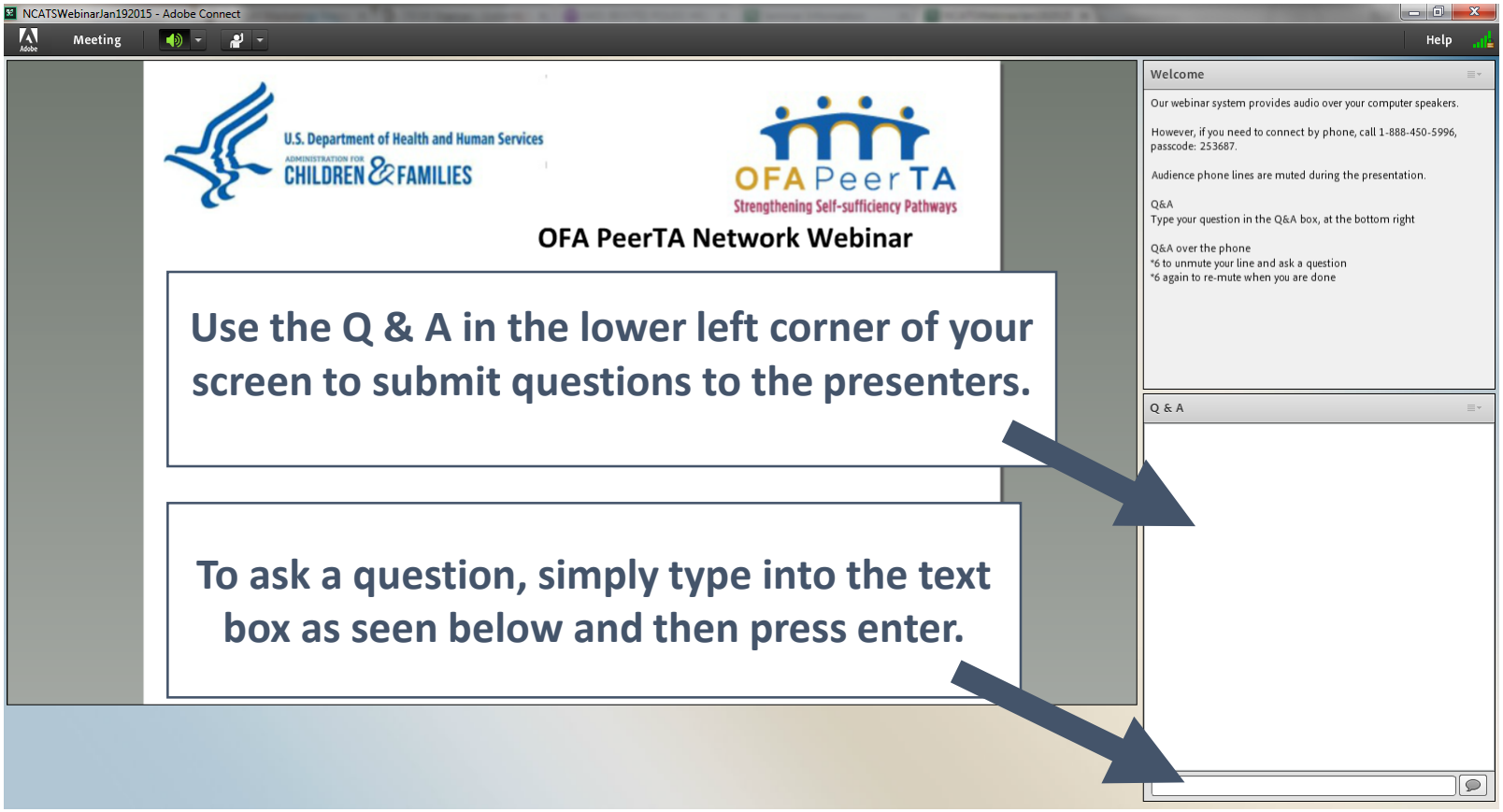

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Introductions, Logistics, Agenda Overview

Carol Mizoguchi, OFA

- **Implications of Providing Mental Health Services for TANF and Low-Income Families,** Dr. Mary Spooner, ICF International

- **Wellness Comprehensive Assessment Rehabilitation Employment (WeCARE),** Timothy Cantrell, New York City Human Resources Administration

- **Reach Up's Substance Abuse and Mental Health Program,** Miranda Gray, Vermont Department for Children and Families

- **Facilitated Q&A,** Carol Mizoguchi, OFA

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Audience Poll #1

Did you (or another member of your team) choose to attend the *Providing Mental Health Services for TANF Participants* workshop at OFA's Gateway to Opportunity national convening?

a) Yes

b) No

c) Was interested in attending, but another workshop took precedence

d) Don't remember

Implications of Providing Mental Health Services for TANF and Low-income Families

Mary Spooner Ph. D.
ICF International

June 15, 2016

Overview

- Definitions of mental health, mental illness, and mental disorders
- Prevalence of mental health and substance abuse issues
- Mental health and well being of TANF recipients
- Challenges in providing mental health services for TANF and low-income families
- Mental health focused policies and initiatives
- Policy recommendations

What is Mental Health?

- **Mental health refers to -**
  - "a state of well-being in which the individual realizes his or her own abilities,
  - can cope with the normal stresses of life,
  - can work productively and fruitfully, and
  - is able to make a contribution to his or her community".

- The World Health Organization (WHO) stresses that mental health "is not just the absence of mental disorder"

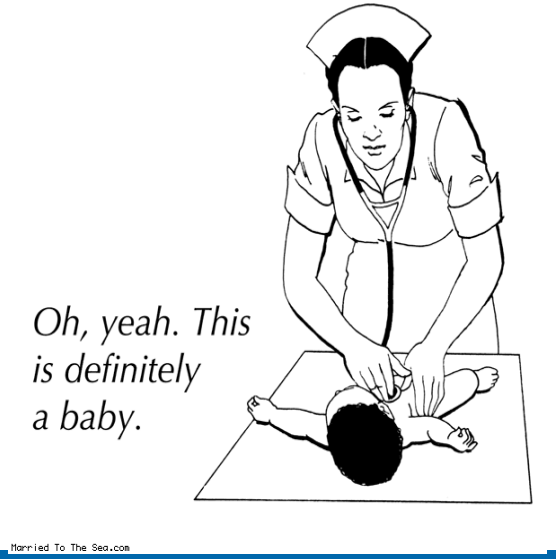
- {World Health Organization, April, 2016}

Mental Illness and Mental Disorders

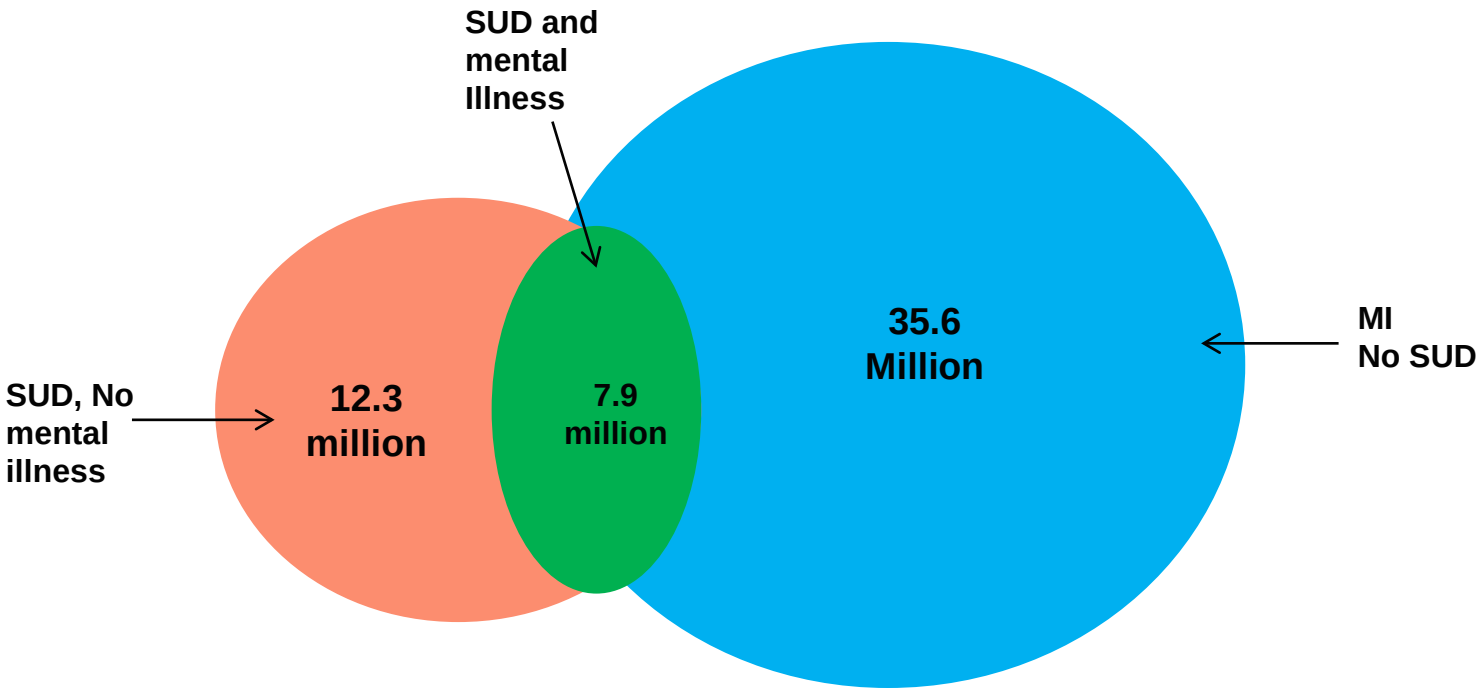
- **Mental Illness**: The term that refers collectively to all diagnosable mental disorders.

- **Mental Disorders**: Health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning

{Surgeon General's Report, 1999}



Past Year Substance Use Disorders (SUD) and Mental Illness among Adults Aged 18 or Older: 2014

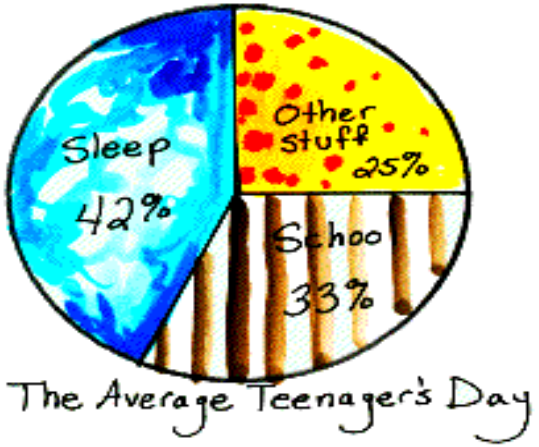


SAMHSA, 2014

- 43.6 million adults had any mental illness
- 9.8 million adults had a serious mental illness
- 20.2 million adults had SUD

Prevalence of Serious Emotional Disorders among Children

- 21.4% of children 13-18 years currently or at some point during their life had a seriously debilitating emotional disorder (Merikangas et al., 2010)
- ~10 percent of children suffer from a serious disorder that causes substantial impairment in functioning at home, at school, or in the community (Surgeon's general's report, 1999)
- 6% of children 0-21 years diagnosed with a mental health disorder lived in families that received TANF (CMHI, 2015)



Prevalence of Mental Illness among TANF Recipients

- 44 percent of all recipients reported at least one physical or mental impairment (US General Accounting Office, 2001)

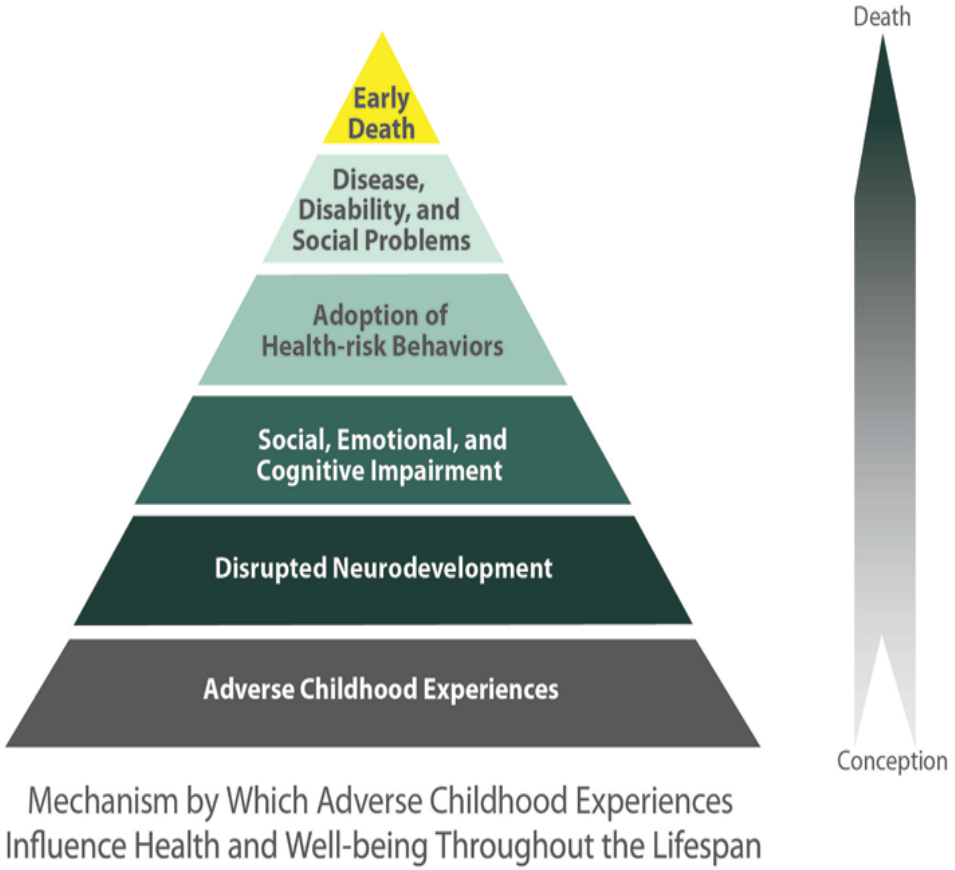
- 36 percent reported either very poor mental health or that health limits work (Urban Institute, 2001)

Prevalence of Substance Use among TANF Recipients

- ~ 20 percent of TANF recipients report that they have used an illicit drug at least once in the past year (Metsch & Pollack., 2007)
- Approximately 5% of TANF recipients report illicit substance abuse or dependence (Metsch & Pollack., 2007)
- Approximately 6.5% of TANF recipients report alcohol abuse or dependence (Metsch & Pollack., 2007)

Impact of Adverse Childhood Experiences

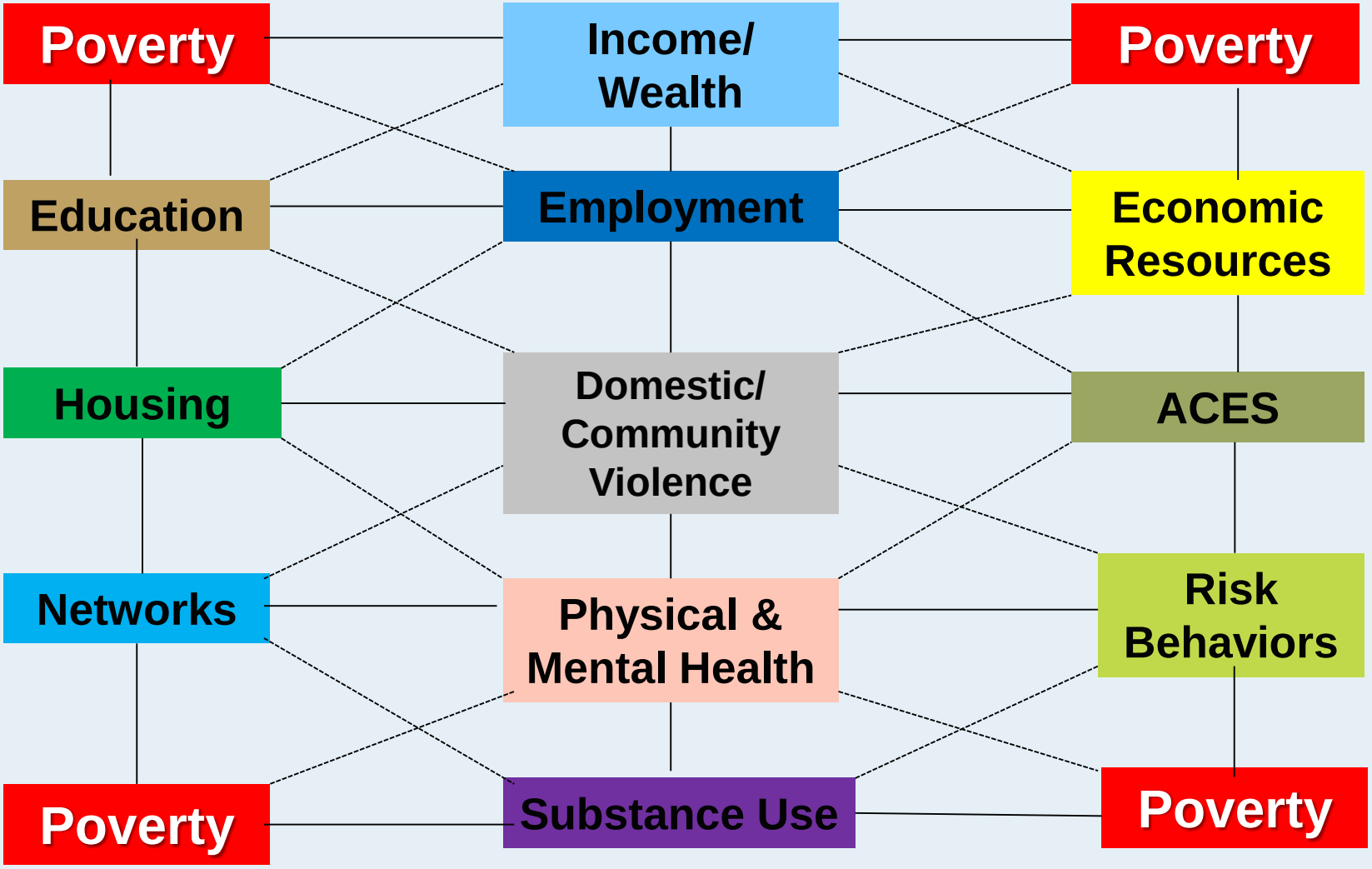
- Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.
- As the number of ACEs increases so does the risk of the events listed.
- 50% of all diagnosed mental health concerns found in adults started by age 14 and 75% by age 24 (Kessler et. al. 2005)



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

https://www.cdc.gov/violenceprevention/acestudy/about.html

Poverty Matrix



Mental Health Focused Initiatives

- Screening, Brief Intervention, and Referral to Treatment (**SBIRT**)
- Systems of Care for Children with Serious Emotional Disorders
- Mental Health First Aid (Adults and Young Adults)
- Safe Schools Healthy Students State Program
- Now is the Time Plan
- Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care (CSC)
- Community Behavioral Health Clinics (Section 223)
- Private Foundation Initiatives

Recommendations

- Reset the frame of reference for mental health
- Understand the culture of poverty
- Use of a strengths-based approach
- Build trust
- Provide integrated care
- Provide clinical assessments and links to mental health treatment
- Provide culturally appropriate services
- Wrap services around the family
- Promote interagency collaboration

Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Questions

References

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- Goldberg, H. (2002). Improving TANF Program Outcomes for Families with Barriers to Employment. Center on Budget and Policy Priorities

- Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity StudyAdolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry. 2010 Oct;49(10):980-989.

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- National Institutes of Health, National Institute of Mental Health. (n.d.). Statistics: Any Disorder Among Adults. Retrieved March 5, 2013, from http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtm

- U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999

- World Health Organization. Mental health: strengthening our response. Fact Sheet downloaded from http://www.who.int/mediacentre/factsheets/fs220/en/ June10, 2016

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Audience Poll #2

To the best of your knowledge, how significant are mental health issues among your TANF and/or low-income population (including substance use issues)?

a) Very significant – they pose a clear barrier to getting individuals into work, and create a challenge to meeting our Work Participation Rate

b) Significant but manageable – we have a clear process in place for serving participants with mental health issues

c) Not significant – no more of a challenge than other barriers to work participation

d) Unsure

Wellness
Comprehensive Assessment
Rehabilitation
Employment

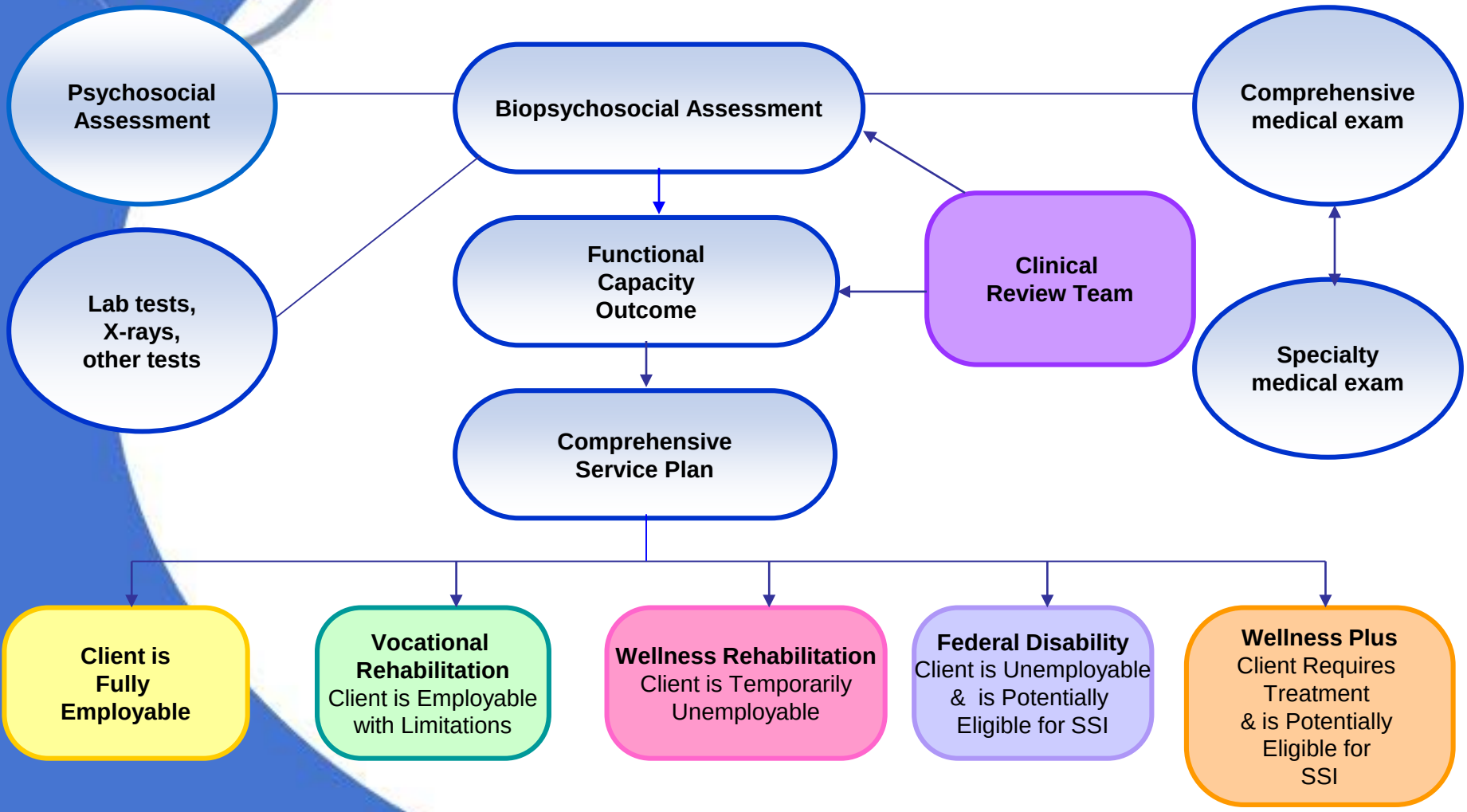
Individuals with Clinical Barriers to Employment

- A significant number of people remaining on cash assistance in New York City have complex clinical barriers to employability including medical, mental health, and/or substance use conditions.
- To address their needs while building on lessons learned from past experience, HRA developed WeCARE in 2006.

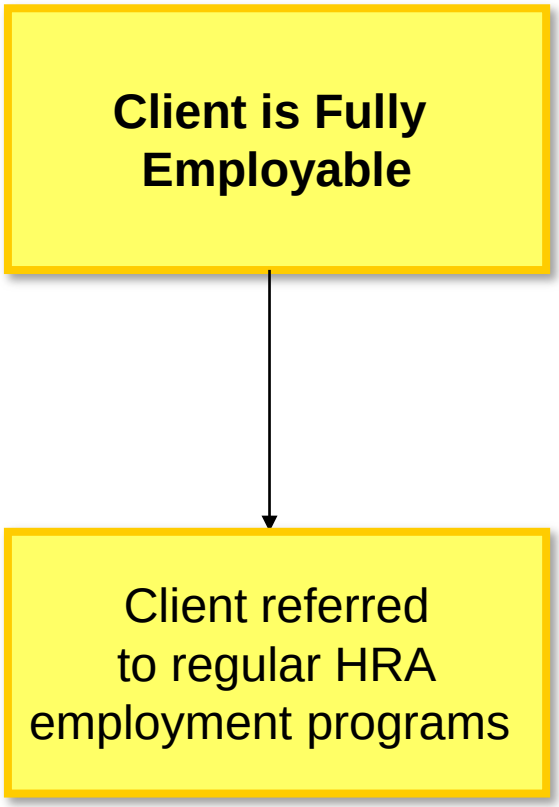
- In 2012, the original WeCARE model was modified to streamline service delivery based on lessons learned from the first 8 years. These included a new Functional Capacity Outcome determination and strategies to more effectively re-engage clients into the program without having to duplicate services.

- While originally operated by two distinct vendors, currently both regions are operated by one vendor, Fedcap, and its subcontractors.

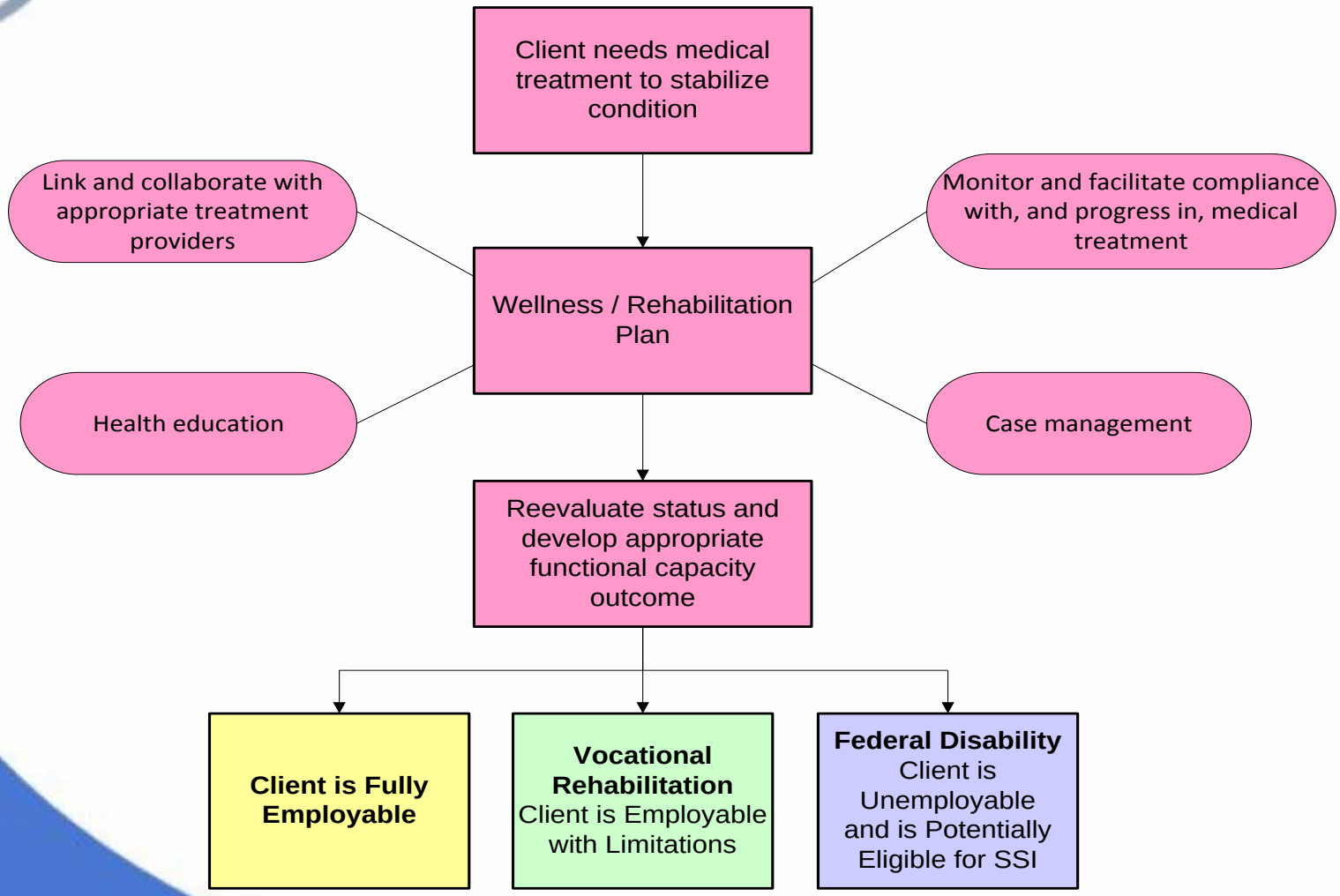
The WeCARE Assessment Model



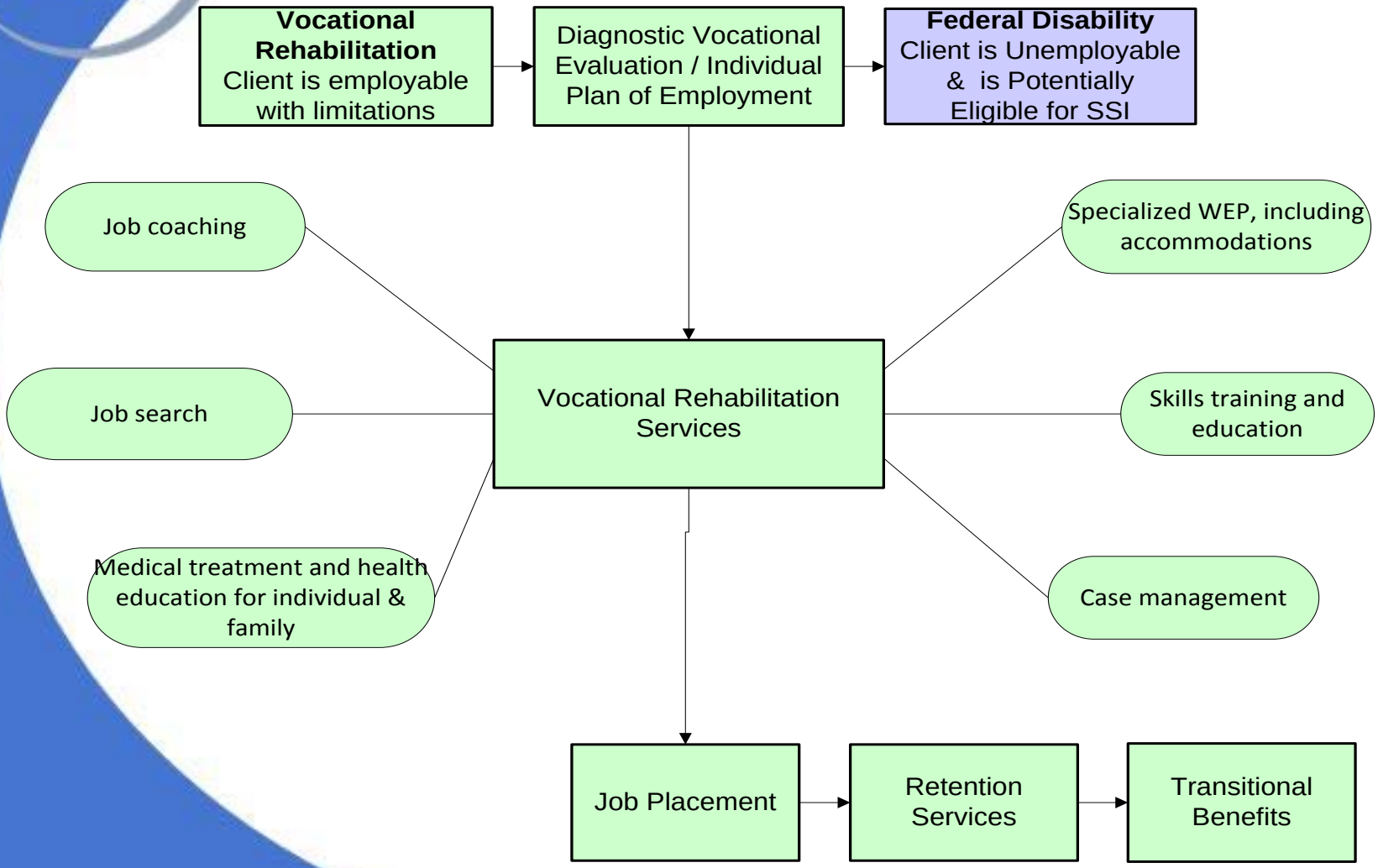
Fully Employable



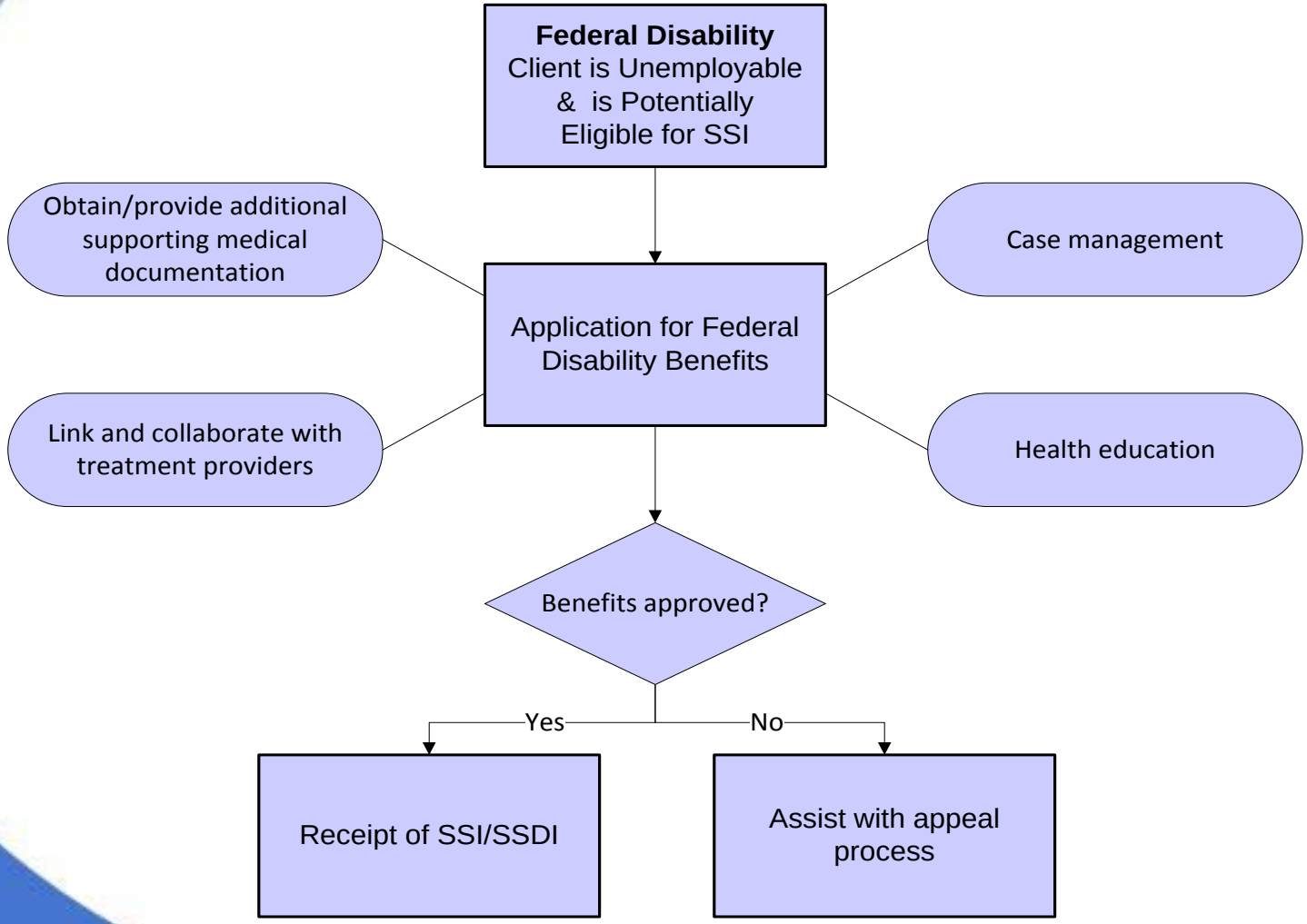
Wellness Rehabilitation Track



Vocational Rehabilitation Track



Federal Disability Track



Mental Health Diagnoses*

- 38% of WeCARE enrollees had at least one mental health diagnosis
- 16% of WeCARE enrollees had two or more mental health diagnoses
- 10% of WeCARE enrollees required a secondary psychiatric evaluation

* Data from 4/1/2015 to 3/31/16.

Mental Health Diagnoses*

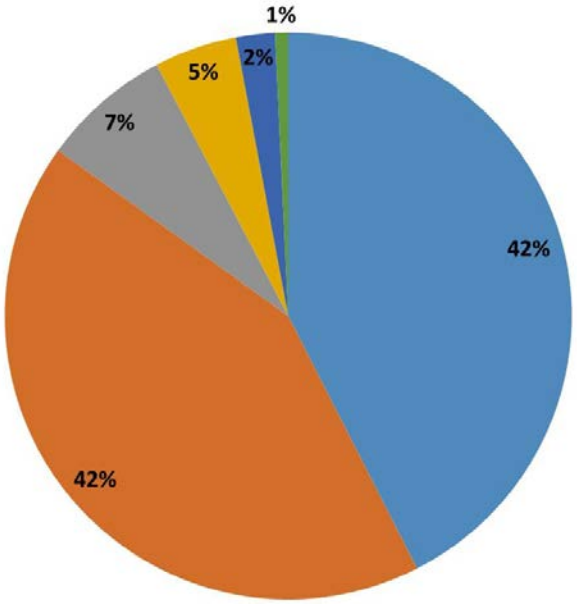
Most Prevalent Diagnoses**	Percentage
Episodic mood disorders	15%
Neurotic disorders	14%
Adjustment reactions	8%
Nondependent abuse of drugs	6%
Drug dependence	4%
Personality disorders	4%
Attention deficit/Hyperactivity	2%
Developmental delays	2%
Alcohol dependence	1%

* Data from 4/1/2015 to 3/31/16.

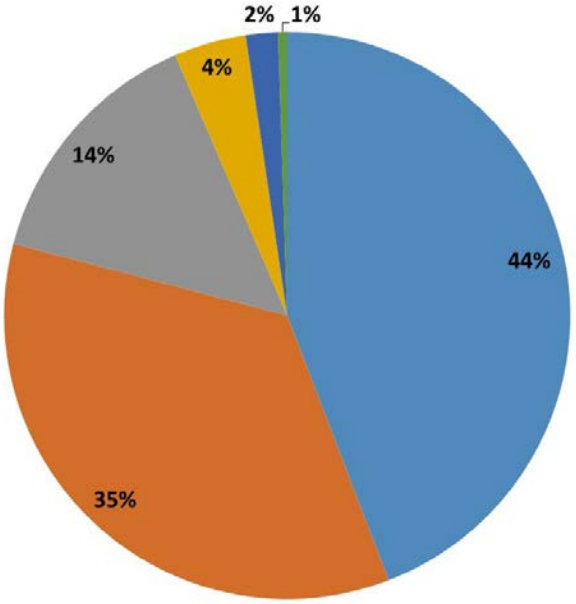
** Percentage of overall WeCARE population and includes comorbidity.

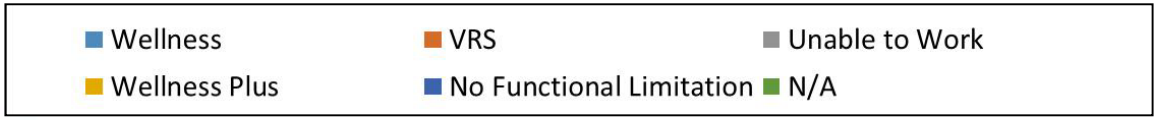
FCO Distribution*

Clients Without Mental Health Diagnoses



Clients With Mental Health Diagnoses





* Data from 4/1/2015 to 3/31/16.

Outcomes*

- Of clients with mental health diagnoses assigned an FCO of Unable to Work, 10% were ultimately awarded SSI benefits.
- Of clients with mental health diagnoses and assigned an FCO of Vocational Rehabilitation, 11% were placed into employment.

* Data from 4/1/2015 to 3/31/16.

Program Strategies

- Coordination of treatment / services with outside providers including substance use
- Reducing required participation hours based on condition
- Utilization of excused hours for appointments and treatment
- Specialized job search
- Ongoing case management in addition to working with a job developer

Reach Up's Substance Abuse and Mental Health Program

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

June 15, 2016

Reach Up Recipients: Substance Abuse 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 abuse 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

Our Purpose

- To provide integrated substance abuse and mental health services for people on Reach Up.
  - This was done by increasing 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.

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.

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 the help from our Legislature we began the program in our remaining 8 districts.

Our Partners

- We work with 11 agencies across the state to provide services to our Reach Up participants.

- With few exceptions all of the agencies can provide both substance abuse and mental health services.

The Initial Model

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

Initial Model Continued

- Each case manager and clinician were expected to be working with 35 participants
- The case managers were also doing all of the Reach Up case management.
- Services provided have to be billable under the Medicaid Fee schedule
- Participants that were not willing to engage could not remain with these case managers and clinicians indefinitely because there have to 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 abuse, 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 Abuse 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 abuse/mental health case manager and/or clinician
- Best practice is to hold a 3 way meeting to introduce the participant to the SA/MH case manager
- This is accomplished through having the SA/MH staff sit in our offices routinely

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

Challenges Continued

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

Present Day Models

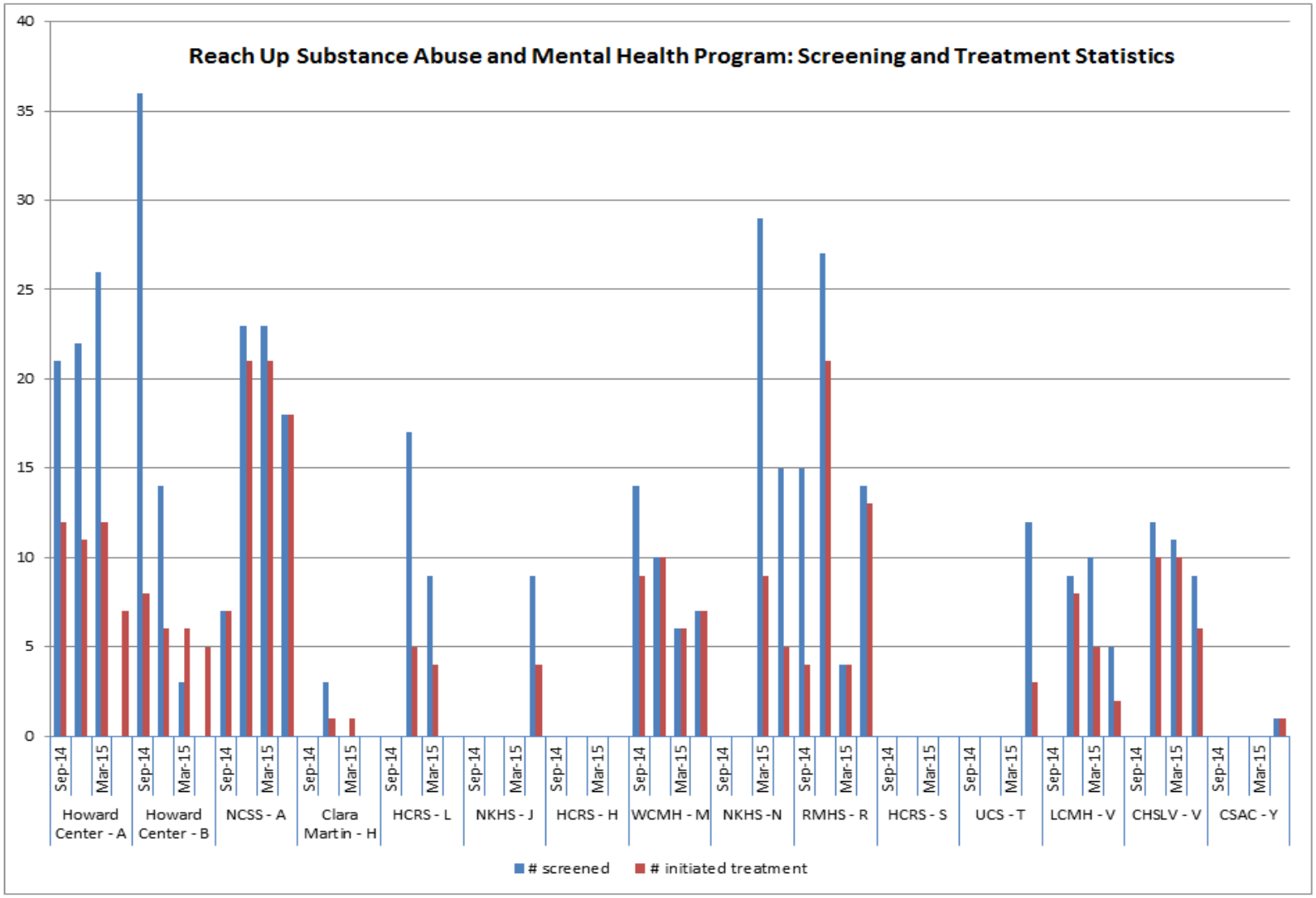
- 6 agencies are still working with a case manager and clinician model
- 5 agencies have moved to having a clinical case manager model
  - This has allowed for participants to have to "tell their story" to one less person.
  - Get assessed sooner so that being able to bill Medicaid happens quicker.
- The case managers no longer administer the Reach Up program

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 because there is a significant amount of case load overlap

The Data

- Currently we are tracking:
  - # Screened
  - Of the # screened, the # screened Positive for SA/MH
  - # Assessed and how quickly (within 3days is the goal)
  - Of the # assessed, how many needed treatment and # referred to treatment
  - # initiating treatment and how quickly (within 14 days of assessment is the goal)
  - # Receiving 2 or more services



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.

Contact Information

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Audience Poll #3

Does your program currently have a formal effort in place for addressing mental health issues among program participants?

a) No – there is no significant difference in how we provide services to individuals with mental health needs

b) Yes – we have a formal effort in place for providing mental health services to our TANF or other low-income participants

Facilitated Q&A

Carol Mizoguchi, OFA

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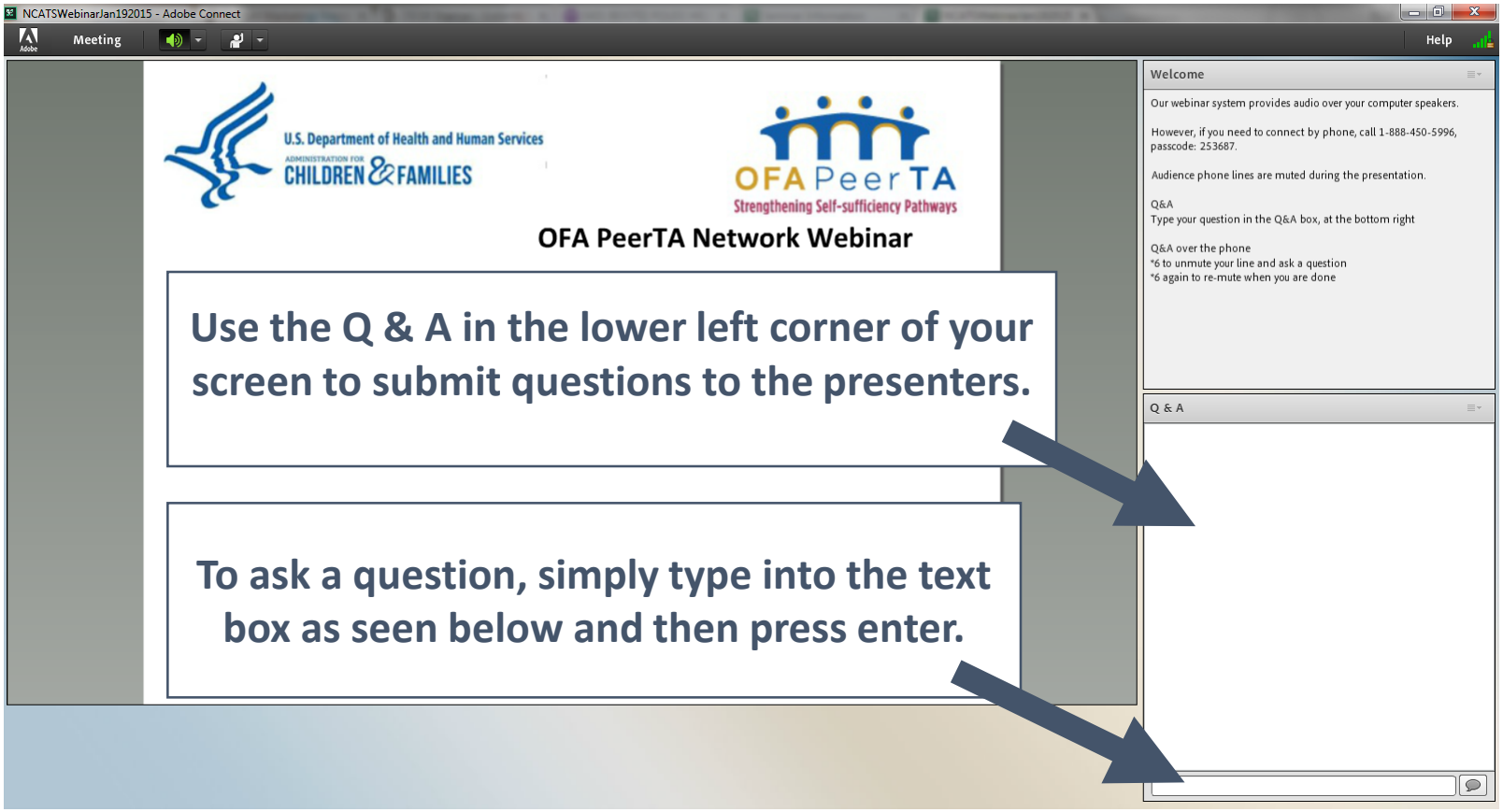

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