Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Integrating Behavioral Health with TANF to Build a Culture of Health

Research In Progress Webinar
Wednesday, March 27, 2019
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

Funded by the Robert Wood Johnson Foundation
Agenda

Welcome:  
CB Mamaril, PhD  
*Research Faculty*  
RWJF *Systems for Action* National Coordinating Center  
University of Kentucky College of Public Health

Presenters:  
Mariana Chilton, PhD, MPH  
*Professor*, Dept. of Health Management and Policy  
Drexel Dornsife School of Public Health

Sandra Bloom, MD  
*Associate Professor*, Dept. of Health Management and Policy  
Drexel Dornsife School of Public Health

Commentary:  
Leslie Lieberman, MSW  
*Senior Director, Special Initiatives and Consulting*  
Health Federation of Philadelphia

Q & A:  
Moderated by Dr. CB Mamaril.
Mariana Chilton, PhD, MPH,
Professor
Dept. of Health Management and Policy
Drexel Dornsife School of Public Health
Sandra Bloom, MD
Associate Professor
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Leslie Lieberman, MSW
Senior Director of Special Initiatives and Consulting
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Overview

• Review
  – Systems for Action Goals
  – TANF & challenges to economic success
  – Trauma & trauma-informed practice

• Building Wealth and Health Network
  – Description of the program
  – Final Outcomes
  – Reports

• Next steps
1. Assess effects of trauma-informed peer support built into education and training on health and economic security for participants in The Network.

2. Identify cost savings to TANF and Medicaid & make a case for linking these systems.

3. Engage multiple stakeholders to promote a Culture of Health within anti-poverty programming through a strategic public dissemination effort.
TANF & Challenges to Economic Success

TANF reaches less than 30% of those eligible\(^1\)

Work participation requirement has low success\(^2\)

- **Return to TANF / Churning**

Barriers to Work among TANF participants

- 33% report work-limiting **health condition**\(^3\)
- 43% report **disability**\(^4\)
- 74% report **Intimate Partner Violence**\(^5\)
- **High** involvement with criminal justice system\(^6\)

1. Pavetti, 2015: *TANF continues to weaken as a safety net*
2. Ctr Study of Social Policy, 2016: *20 Years of TANF*
4. Loprest & Maag 2009: *Disabilities among TANF recipients*
5. Cheng 2013: *IPV & Welfare Participation*
6. Bloom et al, 2011: *TANF recipients w. barriers to employment*
Background: What is Trauma?

**Toxic Stress (kids)**
- Overwhelming relentless stress for young children without adequate support to overcome it
- Homelessness / poverty
- Adverse Childhood Experiences

**Traumatic Stress (adults)**
- Internal and external factors insufficient to cope with external threat
- Central nervous system overwhelmed
- Helplessness
Background:
Trauma -> What’s visible | What’s underneath

Behavioral Challenges
Physical Illness
Emotional Dysregulation
Financial instability & poor educational outcomes

Trauma & Loss
Chronic Hyperarousal &
Chronic Inflammation

Adverse Childhood Experiences

Family & Social Dysfunction
Historical trauma & social structures
based on violence, racism,
colonialism, sexism
What we see are behavioral effects of trauma:

- Burst of anger
- Prolonged stress
- Headaches
- Anxiety, depression
- Agitation
- Lack of sleep
- Low self-esteem and self-worth

What may actually be happening:

Members (customers) are overwhelmed, in crisis, and are being triggered by a past trauma. The build up of stress from the past is pouring out through a small miscommunication or barrier.
What is Trauma-Informed practice?

Realizes
- Widespread impact on trauma; paths to recovery

Recognizes
- Signs & Symptoms of trauma in clients, families, staff, and systems

Responds
- Fully integrate knowledge about trauma into policies, procedures and practice

Resist
- Actively resists “re-traumatization”
From Alie (Co-Director & Facilitator): Example in practice

If any agitation or anger is directed at us we look beyond that emotion to get to the root of what is causing so much duress.

• “We had a member come to class angry because we still didn’t have her gift card ready. The SELF coach took her aside and apologized and also added, “You seem really upset. Is something else going on?” The member then shared that her son was in the hospital for almost committing suicide and she needed the gift card for groceries because she hadn’t been able to go to work the past two weeks.”

In this example were avoiding and resisting “re-traumatization” which can happen with the best intentions.
From Alie (Co-Director & Facilitator)
Examples in Practice

- **Psychoeducation**
  - We teach about how trauma effects the brain, body, and emotions.

- **The Sanctuary Model**
  - A trauma-informed organizational structure that holds us accountable to taking care of ourselves and each other while working with people who have experienced trauma.

- **Unbiased support**
  - ...regardless of what circumstances members are in and how they got there.

- **A healing therapeutic environment**
  - Create a space that looks loved, valued, and cared for just as the members will be

- **Break the isolation**
  - We help people to feel connected. To help them understand and relate, and they get a moment to ask for support or step up as a leader and support someone sitting next to them
County assistance offices need a Culture of Health

They grabbed her baby and arrested her at a welfare office. Now she's speaking out.

Ashley Southall and Nikita Stewart  Dec 16, 2018  182

Jazmine Headley's Arrest Exposes the Punitive Design of Public Assistance

Welfare offices are the public face of a system designed to control, surveil, and penalize low-income women.

By Mariana Chilton  DECEMBER 14, 2018

Jazmine Headley appears with her attorney, Brian Neary (left) and her mother, Jacqueline Jenkins (right) outside a courthouse in Trenton, NJ, on December 12, 2018. (AP / Mel Evans)
Network
Member
Advisory Board
Ongoing Evaluation

Social Work Referral

Financial Coaching

Group Classes & Peer Support
Financial SELF Empowerment
16 sessions

Matched Savings Accounts
(up to $20 per month provided)
12 months

Major Components of Building Wealth and Health Network
Curriculum
Financial SELF Empowerment

Trauma-Informed Peer Support
- S - Safety
- E - Emotions
- L - Loss
- F - Future

Financial Empowerment
- M - Manage money
- O - Own a business
- N - Negotiate good wages
- E - Earn money & build credit
- Y - Yield benefits
<table>
<thead>
<tr>
<th>SELECTED EXAMPLE CLASS TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What's Your Financial &amp; Personal Reputation?</td>
</tr>
<tr>
<td>Financial Services &amp; Understanding Systems</td>
</tr>
<tr>
<td>Managing Work &amp; Communication</td>
</tr>
<tr>
<td>Create your Future: Entrepreneurship &amp; Creativity</td>
</tr>
</tbody>
</table>
Matched Savings

- **1:1** Match up to $20 per month for 1 year
- Credit Union bankers on site to open accounts, collect deposits
- Group and individual savings goals
- Branch visit and tour
Network Advisory Board

All participants become Network MEMBERS

Member Advisory Council (20+ members)
Provides ongoing feedback on program & dissemination
Outcomes Measured (Self-Report)
Baseline, 3 month intervals to 12 months

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| **Basic Characteristics**                     | - Demographics  
- Benefits  
- Household characteristics                     |
| **Exposure to Violence and Adversity**        | - Adverse childhood experiences  
- Community violence  
- Interaction with criminal justice               |
| **Maternal & Child Health and Development**   | - CES-D (Center for Epidemiologic Studies - Depression)  
- Self-Rated Health  
- PEDS (Parents’ Evaluation of Developmental Status Survey)  
- Caregiver-Rated Health of Child                  |
| **Economic Security**                         | - Food Insecurity  
- Housing Insecurity  
- Energy Insecurity                                 |
| **Financial Wellbeing**                       | - Unofficial work/self employment  
- Employment Hope  
- General Self-Efficacy  
- Financial behaviors and knowledge                 |

The Network Program recruitment and research follow up

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Baseline</th>
<th>3-month</th>
<th>6-month</th>
<th>9-month</th>
<th>12-month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed Assistance</td>
<td>116</td>
<td>92 (79%)</td>
<td>84 (72%)</td>
<td>81 (70%)</td>
<td>79 (68%)</td>
</tr>
<tr>
<td>(4 Cohorts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td>257</td>
<td>162 (63%)</td>
<td>147 (57%)</td>
<td>136 (53%)</td>
<td>134 (52%)</td>
</tr>
<tr>
<td>(7 Cohorts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase II Totals</td>
<td><strong>373</strong></td>
<td><strong>254</strong></td>
<td><strong>231</strong></td>
<td><strong>217</strong></td>
<td><strong>213</strong></td>
</tr>
<tr>
<td>Phase III: Careerlink*</td>
<td>303</td>
<td>91 (30%)</td>
<td>64 (21%)</td>
<td>33 (11%)</td>
<td>21 (7%)</td>
</tr>
</tbody>
</table>

* indicates follow-up is ongoing; total % changes every day as people cycle in for appointments
# Examples of Trauma ACEs, Community Violence, IPV, Discrimination

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Emotional, Physical, Sexual</td>
</tr>
<tr>
<td>Neglect</td>
<td>Emotional, Physical</td>
</tr>
<tr>
<td>Household Instability</td>
<td>Parental Separation</td>
</tr>
<tr>
<td></td>
<td>Mother Abused, Mental Illness, Substance Abuse, Incarceration</td>
</tr>
</tbody>
</table>

### Emotional Abuse
(Did a parent or other adult...) Often or very often swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid you might be physically hurt?

### Community Violence
Have you ever...
- Seen someone beat up or mugged
- Heard gunfire outside of home
- Seen a seriously wounded person after incident of violence
- Seen someone shot with a gun
- Seen a dead person
- Heard about someone being killed by another person
- Seen someone beat up or mugged
- Heard gunfire outside of home
- Seen a seriously wounded person after incident of violence
- Seen someone shot with a gun

### IPV (in last 3 months)
How often does your partner...
- Physically hurt you?
- Insult or talk down to you?
- Threaten you with harm?
- Scream or curse at you?

### Experiences of Discrimination (EOD)
At school
- Getting hired or getting a job
- Getting housing
- Getting medical care
- Getting services in a store or restaurant
- Getting credit, bank loans, or a mortgage
- On the street or in a public setting
- From the police or in the courts
- Applying for public assistance programs
Network Members’ Baseline Violence Exposure

- Discrimination in school*
- Physically abused by partner
- ACEs 4+
- Heard about someone being killed by another person
- Seen a dead person
- Seen someone shot with a gun
- Seen a seriously wounded person after incident of violence
- Heard gunfire outside of home
- Seen someone beat up or mugged

Phase III (N=303)  |  Phase II (N=373)
Publications

• Published
  – Sun et al, (2016) Building Wealth and Health Network: Methods and Baseline Characteristics *BMC Public Health*

• Forthcoming
  – Trauma-informed peer support *improves mental health & Coping strategies*
  – Trauma-informed peer support *improves food security*
  – Trauma-informed peer support *works through social capital to improve employment and reduce TANF participation*
Analysis Methods

Phase II

369 Participants
Enrolled from Mixed Public Assistance or TANF, with children < 6 years old

- < 4 class attendance
  - Low Exposure
    - N = 156

- ≥ 4 class attendance
  - High Exposure
    - N = 213

16 week Intervention
Followed every 3 months, total 12 months
Results Under Review

Effect of Class Attendance & Full participation on Mental Health

The Effects of Class Attendance on Psychosocial Health Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Depression*</th>
<th>Child Development*</th>
<th>Self Efficacy*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Coefficient</td>
<td>P Value</td>
<td>Estimated Coefficient</td>
<td>P Value</td>
</tr>
<tr>
<td>Class Attendance by Treatment Group</td>
<td>✔️</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Participation indicator 4+ vs. &lt;4</td>
<td>✔️</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

- All maximum likelihood estimation models included sex, race/ethnicity, sexual orientation, marital status, sexual orientation, adverse child experiences (ACEs, educational attainment, cohort effects, and time effects as control variables.
- The “participation indicator” is a discrete variable equal to 1 if a respondent is a member of the high-exposure (high-participation) group (4+ sessions) and 0 if the respondent is a member of the low-exposure (low-participation group) (<4 sessions). The “class attendance” variable is a continuous variable that identifies the number of sessions that the respondent attended during the 16-week Network Phase II intervention.
- CES-D, Center for Epidemiological Studies-Depression Scale; PEDS, Parents’ Evaluation of Developmental
Results Under Review

Effect of Class Attendance & Full participation on Economic Security & Coping Strategies

Table 2. The Effects of Class Attendance on the Use of Drugs and Alcohol

<table>
<thead>
<tr>
<th>Economic Security</th>
<th>Alcohol Use (Audit C)</th>
<th>Drug Use (DAST 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Coefficient</td>
<td>P Value</td>
</tr>
<tr>
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<td>-</td>
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- CES-D, Center for Epidemiological Studies-Depression Scale; PEDS, Parents’ Evaluation of Developmental
Results Under Review

Impact of Participation on Food Security

Impact of Treatment on Food Security by ACEs

Adjusted Odds Ratio (95% CI)

AORs represent the odds of household food insecurity for participants attending 4 or more classes vs. 3 or fewer classes. Variables include program attendance, program satisfaction score, ACEs with baseline food security, employment status, an indicator variable for receipt of: TANF, WIC, and SNAP, age of caregiver, race, partner in home, highest level of education, depression status.
Social Capital Scale
Bridging & Bonding

- Adapted Williams (2006)
- 20 Questions 5-point likert scale - “Strongly disagree – Strongly Agree”
  - Bridging
    - *Inclusive* - widespread (mile-wide, inch deep); individuals connecting from different backgrounds and different social networks; broaden horizons; open opportunities for new resources
  - Bonding
    - *Exclusive* - close family and friends providing support (emotional/financial etc); (mile-deep, inch-wide); stronger connections, but little diversity in backgrounds

Social Capital @ Baseline: Employment & Depression (N=313)

Mean Score

<table>
<thead>
<tr>
<th>Bridging</th>
<th>Bonding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>Employed</td>
</tr>
<tr>
<td>Unemployed</td>
<td>Unemployed</td>
</tr>
<tr>
<td>No depression</td>
<td>No depression</td>
</tr>
<tr>
<td>Depression</td>
<td>Depression</td>
</tr>
</tbody>
</table>

- Bridging Employment: 43.6, Unemployment: 39.7, No depression: 38.6, Depression: 32.3
- Bonding Employment: 32.3, Unemployment: 31.1, No depression: 33.4, Depression: 29.5
Social Capital – **Bonding** Subscale Mean Scores by Attendance

- **Baseline**: 
  - <4 Classes: n=144, Mean Score 30.3
  - 4+ Classes: n=169, Mean Score 35.1

- **12-months**: 
  - <4 Classes: n=71, Mean Score 32.8
  - 4+ Classes: n=114, Mean Score 32.1

* *p < 0.01
**p = 0.02
Social Capital – Bridging Subscale
Mean Scores by Attendance

<table>
<thead>
<tr>
<th>Mean Scores</th>
<th>Baseline</th>
<th>12-months</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4 Classes</td>
<td>39.2</td>
<td>41.1</td>
</tr>
<tr>
<td>4+ Classes</td>
<td>42.9</td>
<td>41.1</td>
</tr>
</tbody>
</table>

n=144
n=71
n=169
n=114

* p < 0.05
Social capital is protective against the effects of ACEs, namely depression. The Network increases both bonding and bridging domains of social capital, which leads to improvements in depression, employment, and TANF participation.
Two Policy Briefs

ALIGNING SYSTEMS TO BUILD A CULTURE OF HEALTH
Why a Trauma-Informed Approach Can Help TANF Be More Successful

POLICY BRIEF | NOVEMBER 2017

OVERVIEW

By focusing strictly on job search and work participation, the Temporary Assistance for Needy Families (TANF) program creates barriers that limit participants’ ability to find and keep a job. TANF will not be successful without proper attention to adversity and poor health experienced by TANF participants. TANF outcomes could improve if programming included comprehensive approaches to promote social support and build resilience, which have been shown to limit the negative effects of exposure to violence and adversity.

TEMPORARY ASSISTANCE FOR NEedy FAMILIES

The Temporary Assistance for Needy Families (TANF) program was established in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act. The goal was to wean the Aid to Families with Dependent Children (AFDC) program that began in 1935 to provide cash welfare to low-income families with children. This new legislation transformed the program that was meant to be a safety net for families into one that has strict, sometimes impossible, requirements and penalties participants for not complying.

Unlike AFDC, TANF places strict requirements on individuals participating in the program to demonstrate that they are actively seeking employment. This requirement is often demanded without sufficient support in place for participants. This focus on employment often eclipses other forms of assistance, leaving people who need additional support to find and keep a job without the resources to help them achieve that goal.

While the number of families receiving TANF has been on the decline, the number of people living in poverty has increased since 1996 welfare reform. In 2013, 45.3 million people lived in poverty in the United States, including over one in five children under the age of six, not only because eligible families received TANF in 2015, only 21 out of 106 families in poverty received cash assistance. States benefit when TANF participants number decrease, leaving no strong incentives to keep people on the program to help them with time and resources to find work.

To receive benefits, families with young children under age six that are deemed to be “work mandatory” are required to participate in work-related activities for at least 20 hours per week. However, due to financial hardship, poor health, and exposure to violence and adversity, the success families achieve through TANF is limited.

OF 45.3 MILLION IN POVERTY, JUST 1 IN 4 RECEIVE TANF

Eligible but do not receive TANF, 73%

Receive TANF, 27%

TANF and Medicaid: Shortcomings and Opportunities

Historically, TANF has focused on serving families toward work without adequate behavioral and mental health supports. Medicaid, on the other hand, has been successful in improving access to health care and health outcomes, but has not traditionally addressed upstream causes of poor health and well-being. Aligning the two programs may offer opportunities to promote both health and economic well-being.

TANF: FOCUS ON WORK WITHOUT ADDRESSING TRAUMA

Temporary Assistance for Needy Families (TANF) is a federal cash assistance program designed to help low-income families achieve self-sufficiency. Serving approximately 1.5 million households, TANF reaches less than one in four families in poverty.3 Despite high prevalence of trauma exposure among TANF participants, most state TANF programs do not integrate approaches that address trauma. Families unable to meet mandated work requirements are more likely to be sanctioned — having their benefits reduced or cut off — than offered support. This policy aims to increase compliance with work requirements, but it only increases families’ barriers to achieving financial stability. This is highly problematic as sanctioned families are more likely to have significant health impediments to employment, including domestic violence, food insecurity, utility shut offs, homelessness, child hospitalizations, and child development risk.2 After losing the modest TANF benefit, families have more difficulty looking for employment, especially without transportation and childcare supports. The severe penalty of sanctions often hinders families’ ability to reach self-sufficiency and increases exposure to traumatic events.

This policy brief is the second in a series of BWF-funded project “The Impact of Integrating Behavioral Health with Temporary Assistance for Needy Families to Build a Culture of Health across Two-Generations.”

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On the Horizon - Research

• **Peer Review publications**
  – Revise and re-submit
    • Behavioral health and coping strategies
    • Reductions in Food insecurity
  – Under Review
    • Financial Health as social determinant
  – Ready to submit
    • Social Capital

• **Data analysis**
  – The Administrative Data is in!
    • Cost savings analysis: TANF, SNAP, Medicaid
On the Horizon - Program

• Leadership Development
  – Professional development and facilitation training for Network Members
    • They will become leaders & coaches in The Network
      – Advocacy, peer support, speaking engagements, member liaisons

• Ready to scale up
  – Manualization almost complete
  – State take up of the program
  – Large scale demonstration
Challenges to integrating Culture of Health into TANF

- **Department of Human Services | State Agencies**
  - Leaders say they are interested in reducing punitive approaches, and in trauma-informed approaches but are slow to act and integrate changes
  - Little to no incentive to merge behavioral health with education and training
  - TANF is under constant threat by state legislators
  - Staff turnover in state data management and quality improvement

- **Contracting with state-funded agencies**
  - University systems not agile enough to invoice
  - State limitations on costs
  - Little investment in staff training and competitive salaries
  - Contradictory focus on outcomes (e.g. employment vs. participation)
Stay in touch on social media

@TheBWHNetwork

@Systems4Action

Also check out...

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Questions?

www.systemsforaction.org
# Upcoming Webinars

## Archives

[http://systemsforaction.org/research-progress-webinars](http://systemsforaction.org/research-progress-webinars)

## Upcoming

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<th>Date</th>
<th>Time</th>
<th>Event Title</th>
<th>Speakers</th>
<th>Organization</th>
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<tbody>
<tr>
<td>April 10, 2019, 12 p.m., ET</td>
<td>Systems for Action Individual Research Project</td>
<td>Optimizing Governmental Health and Social Spending Interactions</td>
<td>Beth Resnick, DrPH, MPH, and David Bishai, MD, MPH, PhD, Johns Hopkins Bloomberg School of Public Health</td>
<td>Systems for Action Individual Research Project</td>
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<td>April 24, 2019, 12 p.m., ET</td>
<td>Systems for Action Individual Research Project</td>
<td>Strengthening the Carrying Capacity of Local Health and Social Service Agencies to Absorb Increased Hospital/Clinical Referrals</td>
<td>Danielle Varda, PhD, University of Colorado Denver, and Katie Edwards, MPA, The Nonprofit Centers Network</td>
<td>Systems for Action Individual Research Project</td>
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<td>May 8, 2019, 12 p.m., ET</td>
<td>Systems for Action Individual Research Project</td>
<td>Linking Medical Homes to Social Service Systems for Medicaid Populations</td>
<td>Sarah Hudson Scholle, DrPH, MPH, and Keri Christensen, MS, National Committee on Quality Assurance</td>
<td>Systems for Action Individual Research Project</td>
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Acknowledgements

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