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

Impact of Integrating Behavioral Health with TANF to Build a Culture of Health

Research In Progress Webinar
Wednesday, December 20, 2017
12:00-1:00 pm ET/ 9:00 am-10:00 pm PT

Funded by the Robert Wood Johnson Foundation
Welcome:  Anna G. Hoover, PhD
Co-Director, RWJF Systems for Action National Coordinating Center, Assistant Professor, University of Kentucky College of Public Health

Presenter:  Mariana Chilton, PhD, MPH,
Professor, Dept. of Health Management and Policy
Drexel Dornsife School of Public Health
mmc33@drexel.edu

Commentary Speakers:
Sandra Bloom, MD
Associate Professor, Dept. of Health Management and Policy
Drexel Dornsife School of Public Health
slb79@drexel.edu

James Ziliak, PhD
Gatton Endowed Chair in Microeconomics
Director, Center for Poverty Research
Executive Director, Kentucky Federal Statistical Research Data Center
University of Kentucky Gatton College of Business and Economics
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Questions and Discussion:  Moderated by Dr. Hoover
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Sandra Bloom, MD

Associate Professor

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## Archives

http://systemsforaction.org/research-progress-webinars

## Upcoming

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Collaborating Research Center</th>
<th>Principal Investigators</th>
</tr>
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<tbody>
<tr>
<td>Wednesday, January 10</td>
<td>12-1pm ET/ 9-10am PT</td>
<td><strong>Improving Population and Clinical Health with Integrated Services and Decision Support</strong></td>
<td>Indiana University-Purdue University Indianapolis</td>
<td>Joshua Vest, PhD, MPH, and Paul K. Halverson, DrPH, FACHE</td>
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<tr>
<td>Wednesday, January 24</td>
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<td><strong>To Be Announced</strong></td>
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<td>Wednesday, February 7</td>
<td>12-1pm ET/ 9-10am PT</td>
<td><strong>Strengthening the Carrying Capacity of Local Health and Social Service Networks</strong></td>
<td>Trailhead Institute</td>
<td>Danielle Varda, PhD, and Katie Edwards, MPA</td>
</tr>
<tr>
<td>Wednesday, February 21</td>
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<td>National Committee for Quality Assurance</td>
<td>Sarah Scholle, DrPH, and Keri Christensen, MS</td>
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</table>
Thank you for participating in today’s webinar!

For more information about the webinars, contact:

SystemsforAction@uky.edu
111 Washington Avenue #201, Lexington, KY 40536
859.218.2317
www.systemsforaction.org
Dr. Mariana Chilton, is a Professor at the Dornsife School of Public Health at Drexel University. She is the Director of the Center for Hunger-Free Communities and is Co-Principal investigator of Children's HealthWatch, a national research network that investigates the impact of public assistance programs on the health and well-being of young children and their caregivers. Dr. Chilton founded Witnesses to Hunger, a participatory action study to increase women's participation in the national dialogue on hunger and poverty. She is Principal Investigator of the Building Wealth and Health Network, which is a trauma-informed peer support and asset building program designed to incentivize entrepreneurship and self-sufficiency among families with young children participating in the Temporary Assistance for Needy Families program. Dr. Chilton has testified before the U.S. Senate and U.S. House of Representatives on the importance of child nutrition programs and other anti-poverty policies, and has served as an advisor to Sesame Street and to the Institute of Medicine.

Dr. Sandra L. Bloom is a Board-Certified psychiatrist, and an Associate Professor at the School of Public Health at Drexel. In addition, she is President of CommunityWorks, an organizational consulting firm committed to the development of nonviolent environments. Dr. Bloom currently serves as Distinguished Fellow of the Andrus Children’s Center in Yonkers, NY. From 1980-2001, Dr. Bloom served as Founder and Executive Director of the Sanctuary programs, inpatient psychiatric programs for the treatment of trauma-related emotional disorders. In partnership with Andrus Children’s Center, Dr. Bloom has established a training institute, the Sanctuary Leadership Development Institute, to train a wide variety of programs in the Sanctuary Model®. The Sanctuary Model® is being applied in residential and multi-service treatment programs for children, inpatient mental health programs, schools, domestic violence shelters, group homes, homeless shelters, juvenile justice programs, schools and communities across the United States and internationally.

Dr. James Ziliak is Founding Director of the Center for Poverty Research and Founding Executive Director of the Kentucky Federal Statistical Research Data Center at the University of Kentucky, where he holds the Carol Martin Gatton Endowed Chair in Microeconomics in the Department of Economics. He is also a Research Fellow at the Institute for Fiscal Studies. He is also Co-Investigator of the Systems for Action National Coordinating Center. His research interests are in the areas of labor and public economics, with a special emphasis on U.S. tax and transfer programs, poverty measurement and policy, food insecurity, and inequality.
Integrating Behavioral Health with TANF to Build a Culture of Health

Building Wealth and Health Network
A FREE program for your financial self-empowerment

Mariana Chilton, PhD, MPH
Sandra Bloom, MD
Overview

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

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

• Next steps
Research and Program Teams

**Investigators**
- **PI:** Mariana Chilton, PhD, MPH
- **Co-PI:** Sandra Bloom, MD
- **Co-I’s:** Jerome Dugan, PhD, Layla Booshehri, PhD

**Project Director**
- Falguni Patel, MPH

**Research Team**
- **Coordinator:** Courtney Sartain, MPH
- **Research Assistant:** Courtney Scott

**Program Team**
- **Coordinator:** Michael Moody
- **Coaches:** Alie Huxta, MSW, and Kevin Thomas
- **Resource Specialist:** Jenay Smith, MSS

**Data Team:**
- **Data Analyst:** Pam Phojanakong, MPH
- **Research Associate:** Emily Brown, MSW
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\(^6\)

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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*
“My sad, little tokens.”
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
<table>
<thead>
<tr>
<th>Trauma -&gt; What’s visible</th>
<th>What’s underneath</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Challenges</td>
<td>Trauma &amp; Loss</td>
</tr>
<tr>
<td>Physical Illness</td>
<td>Chronic Hyperarousal &amp;</td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
<td>Chronic Inflammation</td>
</tr>
<tr>
<td>Financial instability &amp; poor educational outcomes</td>
<td>Adverse Childhood Experiences</td>
</tr>
<tr>
<td></td>
<td>Family &amp; Social Dysfunction</td>
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<tr>
<td></td>
<td>Historical trauma &amp; social structures based on violence, racism, colonialism, sexism</td>
</tr>
</tbody>
</table>
### ADVERSE CHILDHOOD EXPERIENCES (ACEs)

10 questions

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Example Question</th>
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</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Emotional</td>
<td>Emotional Abuse (Did a parent or other adult in the household...) 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?</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Emotional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td>Household Instability</td>
<td>Parental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother Abused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
<td></td>
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<tr>
<td></td>
<td>Incarceration</td>
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</tbody>
</table>
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”
Theory-based, trauma-informed, evidence-supported, whole culture approach for creating / changing an organizational culture.

Books by Dr. Sandra L. Bloom

- Creating Sanctuary: Toward the Evolution of Sane Societies
- Destroying Sanctuary: The Crisis in Human Service Delivery Systems
- Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care
- Additional Books: Review the entire library of published books with Dr. Sandra L. Bloom
Major Components of Building Wealth and Health Network

- **Network Member Advisory Board Ongoing Evaluation**
- **Social Work Referral**
- **Financial Coaching**
  - Matched Savings Accounts (up to $20 per month provided) 12 months
  - Group Classes & Peer Support Financial SELF Empowerment 16 sessions

**The Building Wealth and Health Network**

- **Financial Coaching**
  - 12 months
- **Social Work Referral**
- **Ongoing Evaluation**

*Building Wealth and Health Network*

*AFP program for your financial self-empowerment*
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
**SELECTED CLASS TOPICS**

**What's Your Financial & Personal Reputation?**

*Protect your financial reputation.* This class teaches members how to read a credit report, while also discussing the control they have over their image and personal reputation.

**Financial Services & Understanding Systems**

*Being banked can help cover many of your current expenses.* Our coaches teach members how to avoid paying money for things that banks do for free and discuss other risky financial institutions.

**Managing Work & Communication**

*How to stay employed.* Our coaches discuss the three main reasons why employees are fired from their jobs, and ways to avoid them. Members also learn ways to speak your mind and take action in your life and community.

**Create your Future: Entrepreneurship & Creativity**

*Start your own business.* We want to help members gain the SELF confidence needed to become an entrepreneur by teaching the basics of starting a business.
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**
## Outcomes Measured (Self-Report)

Baseline, 3 month intervals to 12 months

### 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

See Sun et al (2016) *BMC Public Health*
# Ongoing Recruitment & Survey Participation

<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>Cohort 1 (Mixed Assist)</td>
<td>31</td>
<td>27 (87%)</td>
<td>24 (77%)</td>
<td>23 (74%)</td>
<td>24 (77%)</td>
</tr>
<tr>
<td>Cohort 2 (TANF)</td>
<td>67</td>
<td>47 (70%)</td>
<td>33 (49%)</td>
<td>40 (59%)</td>
<td>33 (49%)</td>
</tr>
<tr>
<td>Cohort 3 (Mixed Assist)</td>
<td>28</td>
<td>23 (82%)</td>
<td>18 (64%)</td>
<td>18 (64%)</td>
<td>18 (64%)</td>
</tr>
<tr>
<td>Cohort 4 (TANF)</td>
<td>37</td>
<td>26 (70%)</td>
<td>21 (57%)</td>
<td>17 (46%)</td>
<td>20 (54%)</td>
</tr>
<tr>
<td>Cohort 5 (TANF)</td>
<td>37</td>
<td>22 (56%)</td>
<td>28 (76%)</td>
<td>22 (60%)</td>
<td>21 (57%)</td>
</tr>
<tr>
<td>Cohort 6 (Mixed Assist)</td>
<td>25</td>
<td>20 (80%)</td>
<td>17 (68%)</td>
<td>17 (68%)</td>
<td>14 (56%)</td>
</tr>
<tr>
<td>Cohort 7 (TANF)</td>
<td>33</td>
<td>19 (58%)</td>
<td>23 (70%)</td>
<td>19 (58%)</td>
<td>12 (37%)*</td>
</tr>
<tr>
<td>Cohort 8 (TANF)</td>
<td>26</td>
<td>15 (58%)</td>
<td>14 (54%)</td>
<td>13 (50%)</td>
<td>4 (16%)*</td>
</tr>
<tr>
<td>Cohort 9 (Mixed Assist)</td>
<td>32</td>
<td>22 (69%)</td>
<td>24 (75%)</td>
<td>23 (72%)</td>
<td></td>
</tr>
<tr>
<td>Cohort 10 (TANF)</td>
<td>30</td>
<td>17 (57%)</td>
<td>12 (40%)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 11 (TANF)</td>
<td>27</td>
<td>15 (56%)</td>
<td>11 (41%)*</td>
<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>373</td>
<td>254</td>
<td>223</td>
<td>192</td>
<td>146</td>
</tr>
</tbody>
</table>

*indicates follow-up is ongoing; total % changes every day as people cycle in for appointments

N=224
Baseline Violence Exposure

Baseline Violence Exposure (%)

- Heard about someone being killed by another person: 65%
- Seen a dead person: 31%
- Seen someone shot with a gun: 24%
- Seen a seriously wounded person after incident of violence: 50%
- Heard gunfire outside of home: 74%
- Seen someone beat up or mugged: 42%

Percent of Sample: Phase II (N=373)
Baseline Adverse Childhood Experiences (ACEs)

Baseline ACES (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of Sample</th>
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<tr>
<td>No ACES</td>
<td>27</td>
</tr>
<tr>
<td>1-3 ACES</td>
<td>33</td>
</tr>
<tr>
<td>4+ ACES</td>
<td>35</td>
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</table>

*Phase II (N=373)*
Preliminary Outcomes
Caregiver Health (good/excellent)

Percent of Participants

Baseline (n=224) | 6-month (n=141) | 9-month (n=146) | 12-Month (n=129)

59.6% | 69.8% | 69.8% |

*Statistically significant, p<0.05
Preliminary Outcomes
Caregiver Health (good/excellent) w. 4+ ACEs

<table>
<thead>
<tr>
<th></th>
<th>N=224</th>
<th>N=141</th>
<th>N=146</th>
<th>N=129</th>
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</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>59.6%</td>
<td>59.6%</td>
<td>61.7%</td>
<td>69.8%</td>
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<tr>
<td>6-month</td>
<td>46.2%</td>
<td>46.2%</td>
<td>46.2%</td>
<td>46.2%</td>
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<tr>
<td>9-month</td>
<td>46.2%</td>
<td>46.2%</td>
<td>46.2%</td>
<td>46.2%</td>
</tr>
<tr>
<td>12-Month</td>
<td>46.2%</td>
<td>46.2%</td>
<td>46.2%</td>
<td>46.2%</td>
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*Statistically significant, p<0.05
Preliminary Outcomes
Depressive Symptoms (CES-D)

<table>
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<tr>
<th>Time Period</th>
<th>Percent of Participants</th>
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<tr>
<td>Baseline (n=224)</td>
<td>55.4%</td>
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<tr>
<td>6-month (n=141)</td>
<td>47.3%</td>
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<tr>
<td>9-month (n=146)</td>
<td>47.3%</td>
</tr>
<tr>
<td>12-Month (n=129)</td>
<td>47.3%</td>
</tr>
</tbody>
</table>
Preliminary Outcomes
Depressive Symptoms (CES-D) w. 4+ ACEs

Baseline (n=224) 6-month (n=141) 9-month (n=146) 12-Month (n=129)
N=81 N=54 N=56 N=49

Percent of Participants

66.3% 55.4% 54.2% 47.3%

*Statistically significant, p<0.05
Preliminary Results
Effect of Class Attendance on Mental Health

Table 1. 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>-0.174 (0.080)</td>
<td>-0.009 (0.013)</td>
<td>-0.024 (0.079)</td>
</tr>
<tr>
<td>P Value</td>
<td>P=0.030</td>
<td>P=0.491</td>
<td>P=0.765</td>
</tr>
</tbody>
</table>

Class Attendance by Treatment Group

Attending one additional class is associated with a **statistically significant** decline in depressive symptoms (-0.174; p=0.030)

Class attendance was **not** associated with any changes in child development and general self efficacy

*Controlled for ACES within the fixed effects regressions.*
Preliminary Results:
Effect of Class Attendance on Coping Strategies

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

<table>
<thead>
<tr>
<th></th>
<th>Drug Use*</th>
<th>Weekly Drinking (2+)*</th>
<th>Binge Drinking (4+ Drinks)*</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>-10.854% (7.466) P=0.146</td>
<td>-15.269% (9.214) P=0.098</td>
<td>-25.448% (12.682) P=0.045</td>
</tr>
</tbody>
</table>

Class attendance was **not** associated with any changes in drug use other than those required for medical reasons.

Attending one additional class is associated with a **-15.269%** decline in the propensity to drink two or more times a week.

Attending one additional class is associated with a **-25.448%** decline in the propensity to binge drink (4+ drinks).

*Controlled for ACES within the fixed effects regressions.*
Preliminary Outcomes: Household Food Security

Baseline (n=224)  6-month (n=141)  9-month (n=146)  12-Month (n=129)

0% 10% 20% 30% 40% 50% 60% 70% 80%

Percent of Participants

*Statistically significant, p<0.05
Preliminary Outcomes:
Household Food Security with 4+ ACEs

Baseline (n=224) 6-month (n=141) 9-month (n=146) 12-Month (n=129)
N=81 N=54 N=56 N=49

Percent of Participants
Food Secure*
Food Secure (4+ ACEs)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Percent of Participants</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>48.2%</td>
<td>81</td>
</tr>
<tr>
<td>6-month</td>
<td>58.3%</td>
<td>54</td>
</tr>
<tr>
<td>9-month</td>
<td>69.0%</td>
<td>56</td>
</tr>
<tr>
<td>12-Month</td>
<td>58.3%</td>
<td>49</td>
</tr>
</tbody>
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*Statistically significant, p<0.05
Preliminary Outcomes

Employment

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (n=224)</td>
<td>17.0%</td>
</tr>
<tr>
<td>6-month (n=141)</td>
<td>49.6%</td>
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<tr>
<td>9-month (n=146)</td>
<td>49.6%</td>
</tr>
<tr>
<td>12-Month (n=129)</td>
<td>49.6%</td>
</tr>
</tbody>
</table>

*Statistically significant, p<0.01
Preliminary Outcomes

Employment with 4+ ACEs

<table>
<thead>
<tr>
<th>Period</th>
<th>N=81</th>
<th>N=54</th>
<th>N=56</th>
<th>N=49</th>
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</thead>
<tbody>
<tr>
<td>Baseline (n=224)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-month (n=141)</td>
<td>17.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-month (n=146)</td>
<td></td>
<td></td>
<td>21.0%</td>
<td></td>
</tr>
<tr>
<td>12-Month (n=129)</td>
<td>17.0%</td>
<td>49.6%</td>
<td>57.1%</td>
<td></td>
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</table>

*Statistically significant, p<0.01
Network Member #1:
Stressed, Dependent, Alone, unworthy.

Network Member #2:
Focused, Loved, Determined, Comfortable, Stable, Self-aware.

Network Member #3:

Network Member #4:
Had a huge weight holding me down.
News Flash: What’s Happening now – *and next*

- Partnership with PA CareerLink
  - Launched at the CareerLink in October 2017
  - Pilot with 50 TANF clients at Career
  - January 2018 scale up

<table>
<thead>
<tr>
<th>~ Sneak Peak of CareerLink Outcomes ~</th>
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<tbody>
<tr>
<td>Building Wealth &amp; Health Network</td>
</tr>
<tr>
<td>27% gained employment</td>
</tr>
<tr>
<td>11% terminated from EARN program</td>
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Next Steps:

Systems for Action (S4A)

TANF and Medicaid Integration

2. Identify **cost savings** to TANF and Medicaid & make a case for linking these systems.
   - Administrative data from Commonwealth of PA
   - Philadelphia City Dept. of Behavioral Health

3. **Engage multiple stakeholders to promote a Culture of Health** within anti-poverty programming through a strategic **public dissemination effort**.
   - Steering Group
   - Policy Brief series
Policy Brief #1: Aligning Systems to Build a Culture of Health (Trauma & TANF)

**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 overhaul 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 penalizes 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 reforms. In 2013, 45.3 million people lived in poverty in the United States, including over one in five children under the age of six, yet only 27% of eligible families received TANF. In 2015, only 23 out of 100 families in poverty received cash assistance. States benefit when TANF participant numbers 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**

- **Receive TANF, 27%**
- **Eligible but do not receive TANF, 73%**

**Temporary Assistance for Needy Families (TANF):** Federal program designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program. Key provisions to the program include:

- **Work requirements:** States must meet a minimum of 50% work participation rate or are subject to a monetary penalty. States receive a caseload reduction credit (reduction in minimum participation rate) for reductions compared to the caseload in FY 1995.
- **Time limits:** States cannot use federal funds to provide assistance to families who have received cash for more than 60 months total.
- **State penalties:** States receive penalties for failing to submit required reports of grant expenditures and TANF caseload, failing to meet minimum work participation rates, and failing to comply with the time limits.

This policy brief is the first in a series for RWJF-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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solutions based on science and the human experience

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