



*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*

Dept. of Health Management and Policy  
Drexel Dornsife School of Public Health





**Leslie Lieberman, MSW**

Senior Director of Special Initiatives and Consulting  
Health Federation of Philadelphia

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



**Final Report**  
March 27, 2019



**Mariana Chilton, PhD, MPH**

**Sandra Bloom, MD**



DREXEL UNIVERSITY

**Dornsife**

School of Public Health

**S4A**  
Systems for Action





# 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**



# Research and Program Teams

## Investigators



**PI:** Mariana Chilton, PhD, MPH



**Co- PI:** Sandra Bloom, MD



**Co-I's:** Jerome Dugan, PhD  
Layla Booshehri, PhD

## Program Co-Directors



**Kevin Thomas**



**Alie Huxta, MSW**

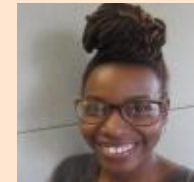
## Program Team



**Manager**  
**Michael Moody**



**Financial Empowerment  
Trainer**  
**Dominique Jenkins**



**Life Skills  
Development Trainer**  
**Jenay Smith, MSS**

## Data & Research Team: Doctoral Students

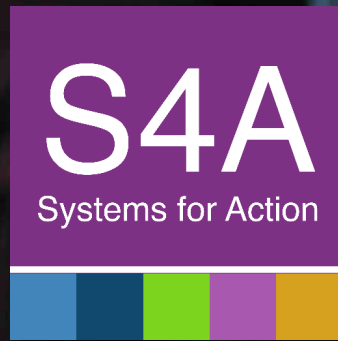


**Data Analyst**  
**Pam Phojanakong,**  
**MPH**



**Research Associate**  
**Emily Brown,**  
**MSW**

# RWJF Systems for Action (S4A)



## TANF and Medicaid Integration

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<sup>1</sup>

Work participation requirement has low success<sup>2</sup>

- **Return to TANF** / Churning

Barriers to Work among TANF participants

- **33%** report work-limiting **health condition**<sup>3</sup>

- **43%** report **disability**<sup>4</sup>

- **74%** report **Intimate Partner Violence**<sup>5</sup>

- **High** involvement with criminal justice system<sup>6</sup>

1. Pavetti, 2015: *TANF continues to weaken as a safety net*
2. Ctr Study of Social Policy, 2016: *20 Years of TANF*
3. Kneipp et al 2011: *Public Health Nursing Case Management*

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)

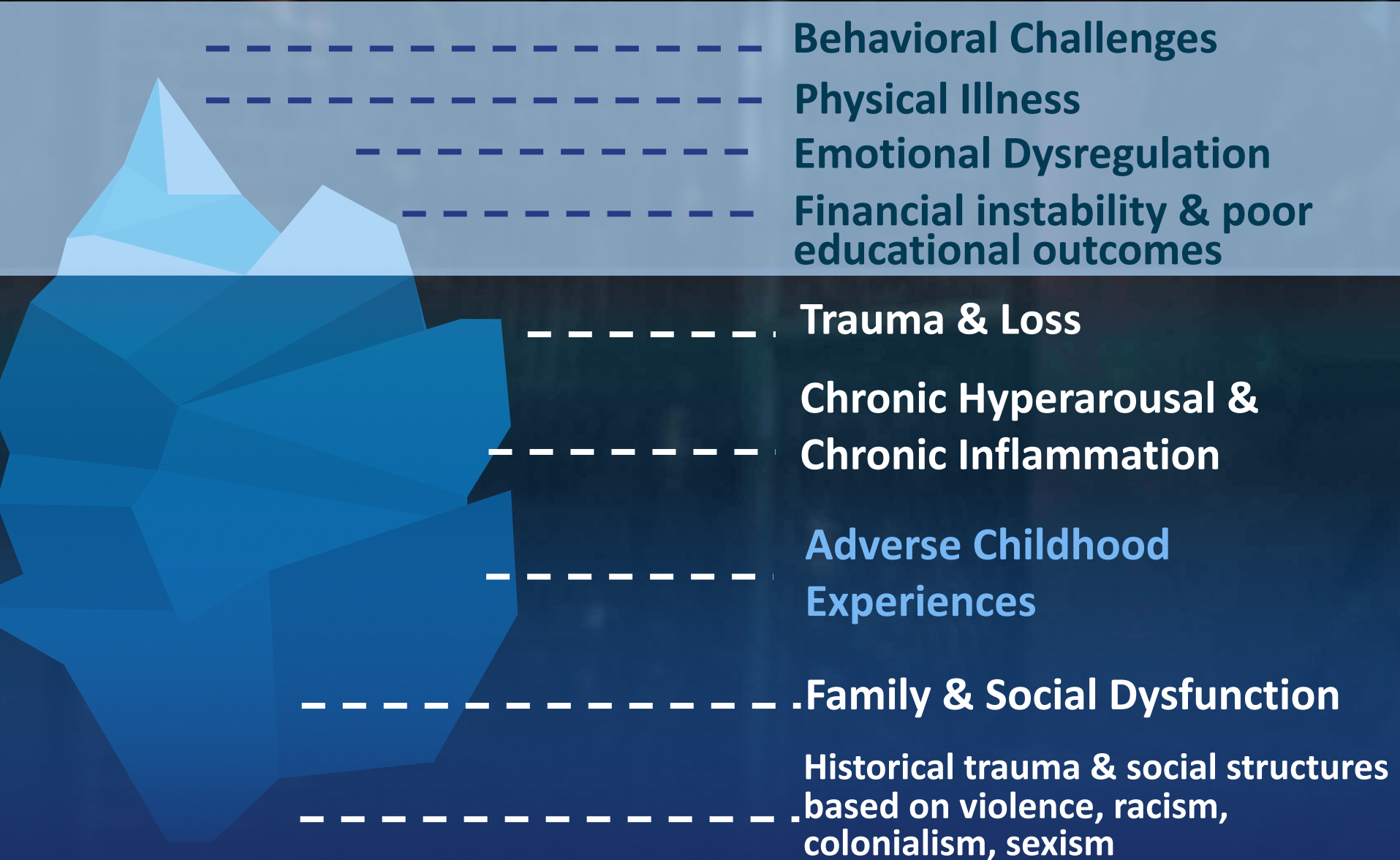
- Overwhelming relentless stress for young children without adequate support to overcome it
- Homelessness / poverty
- Adverse Childhood Experiences

#### 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





# ***From Alie: What is Trauma-Informed approach?***

<b>What we see are behavioral effects of trauma:</b>	<b>What may actually be happening:</b>
<p>Common Trauma responses are</p> <ul style="list-style-type: none"><li>• Burst of anger</li><li>• Prolonged stress</li><li>• Headaches</li><li>• Anxiety, depression</li><li>• Agitation</li><li>• Lack of sleep</li><li>• Low self-esteem and self-worth</li></ul>	<p>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.</p>

# 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

For more info:



## Resist

- Actively **resists** “re-traumatization”



The Sanctuary Model<sup>®</sup> *by Dr. Sandra L. Bloom*

# 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 we were avoiding and resisting “re-traumatization” which can happen with the best intentions.

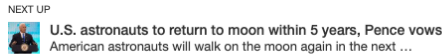
# From Alie (*Co-Director & Facilitator*) Examples in Practice

- **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 2



Jazmine Headley at her lawyer's office in New York, Dec. 13, 2018. Headley, who had her baby pried from her hands in a chaotic arrest at a welfare office after a dispute, has become a cause célèbre for New Yorkers who depend on food stamps and public assistance, but say they are often met with hostility at city offices. (Sara Naomi Lewkowicz/The New York Times)



Politics World Economy Culture Nation Shop



POVERTY GOVERNMENT TANF

## 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 / Mike Catalini)



**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

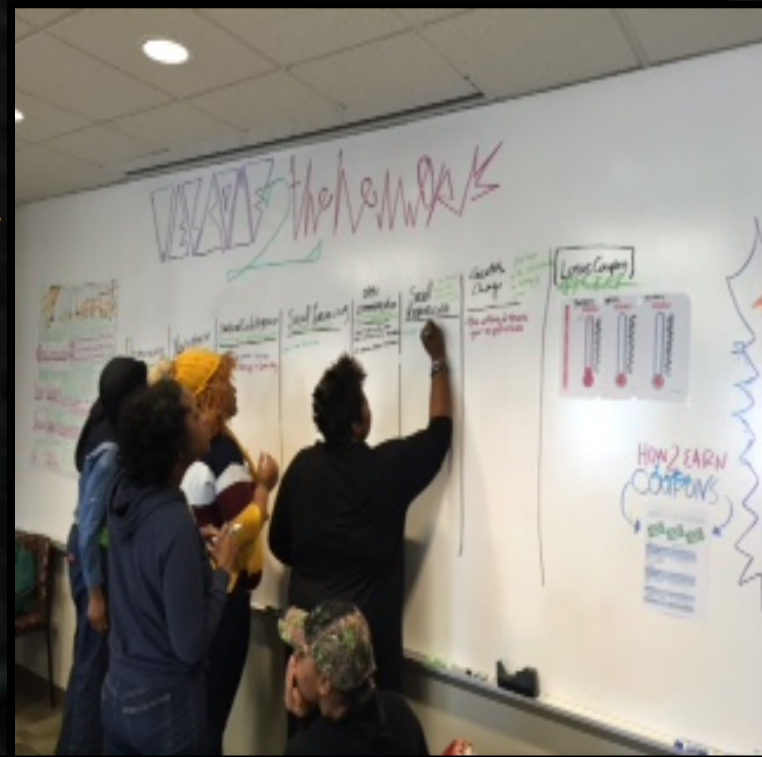
## *Financial SELF Empowerment*

### 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



## SELECTED EXAMPLE 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**



# 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

## 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



# The Network Program recruitment and research follow up

The Network ACASI Survey Completion					
Cohort	Baseline	3-month	6-month	9-month	12-month
Mixed Assistance (4 Cohorts)	116	92 (79%)	84 (72%)	81 (70%)	79 (68%)
TANF (7 Cohorts)	257	162 (63%)	147 (57%)	136 (53%)	134 (52%)
Phase II Totals	<b>373</b>	<b>254</b>	<b>231</b>	<b>217</b>	<b>213</b>
Phase III: Careerlink*	303	91 (30%)	64 (21%)	33 (11%)	21 (7%)
*indicates follow-up is ongoing; total % changes every day as people cycle in for appointments					

# Examples of Trauma

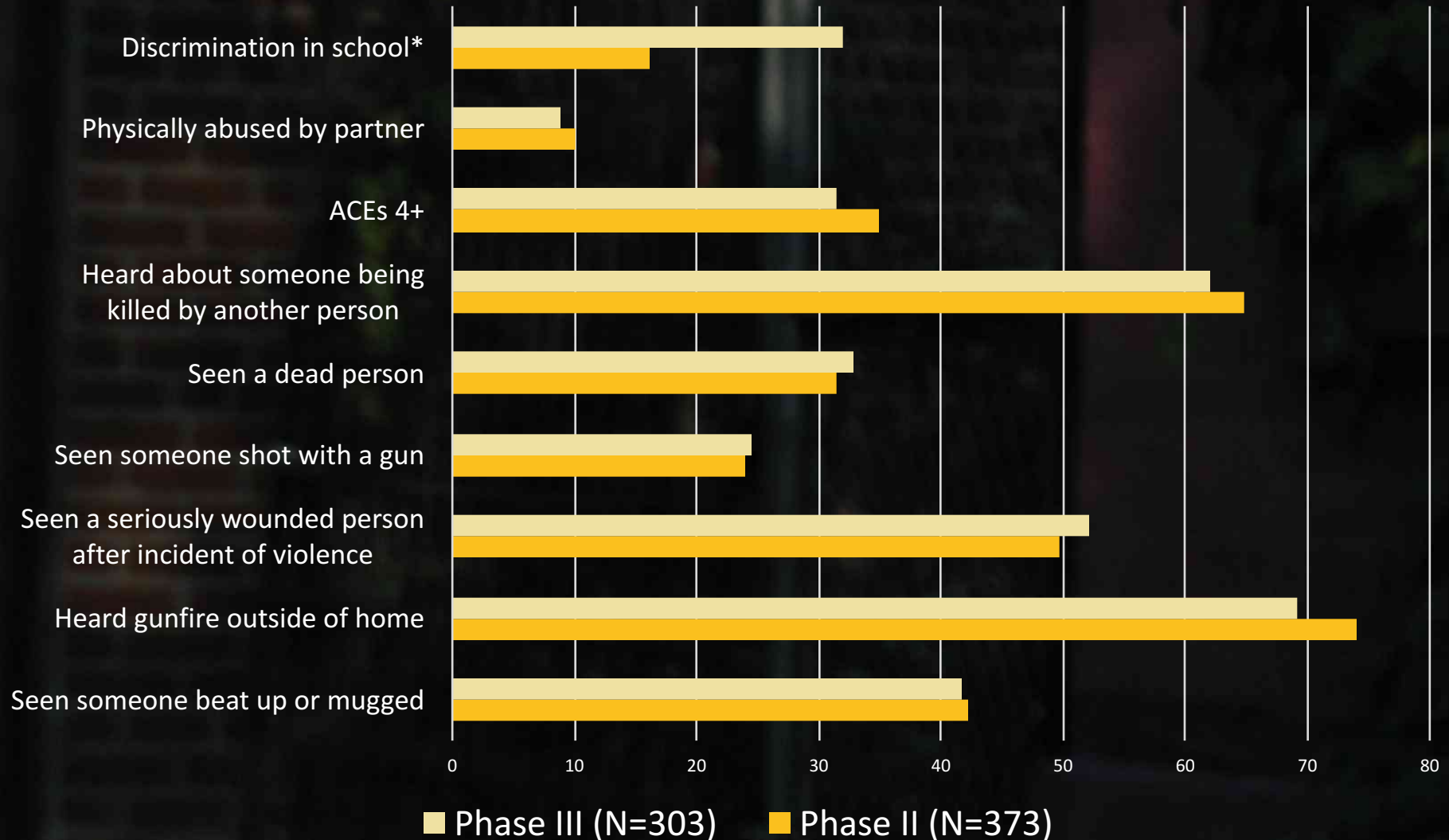
## ACEs, Community Violence, IPV, Discrimination

ACEs	
Category	Subcategory
Abuse	Emotional
	Physical
	Sexual
Neglect	Emotional
	Physical
Household Instability	Parental Separation
	Mother Abused
	Mental Illness
	Substance Abuse
	Incarceration
<b>Emotional Abuse</b> (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
At work
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



# Publications

- Published

- Sun et al, (2016) Building Wealth and Health Network: Methods and Baseline Characteristics *BMC Public Health*
- Welles, et al, (2017) Employment-Related Resilience, ACEs, Community Violence, and Depression. *J Urban Health*.
- Booshehri, et al (2018). Trauma-informed Temporary Assistance for Needy Families (TANF): RCT Methods *Journal of Child and Family Studies*

- 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



	Depression*		Child Development*		Self Efficacy*	
	Estimated Coefficient	P Value	Estimated Coefficient	P Value	Estimated Coefficient	P Value
Class Attendance by Treatment Group			-	-	-	-
Participation indicator 4+ vs. <4			-	-	-	-

- 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**

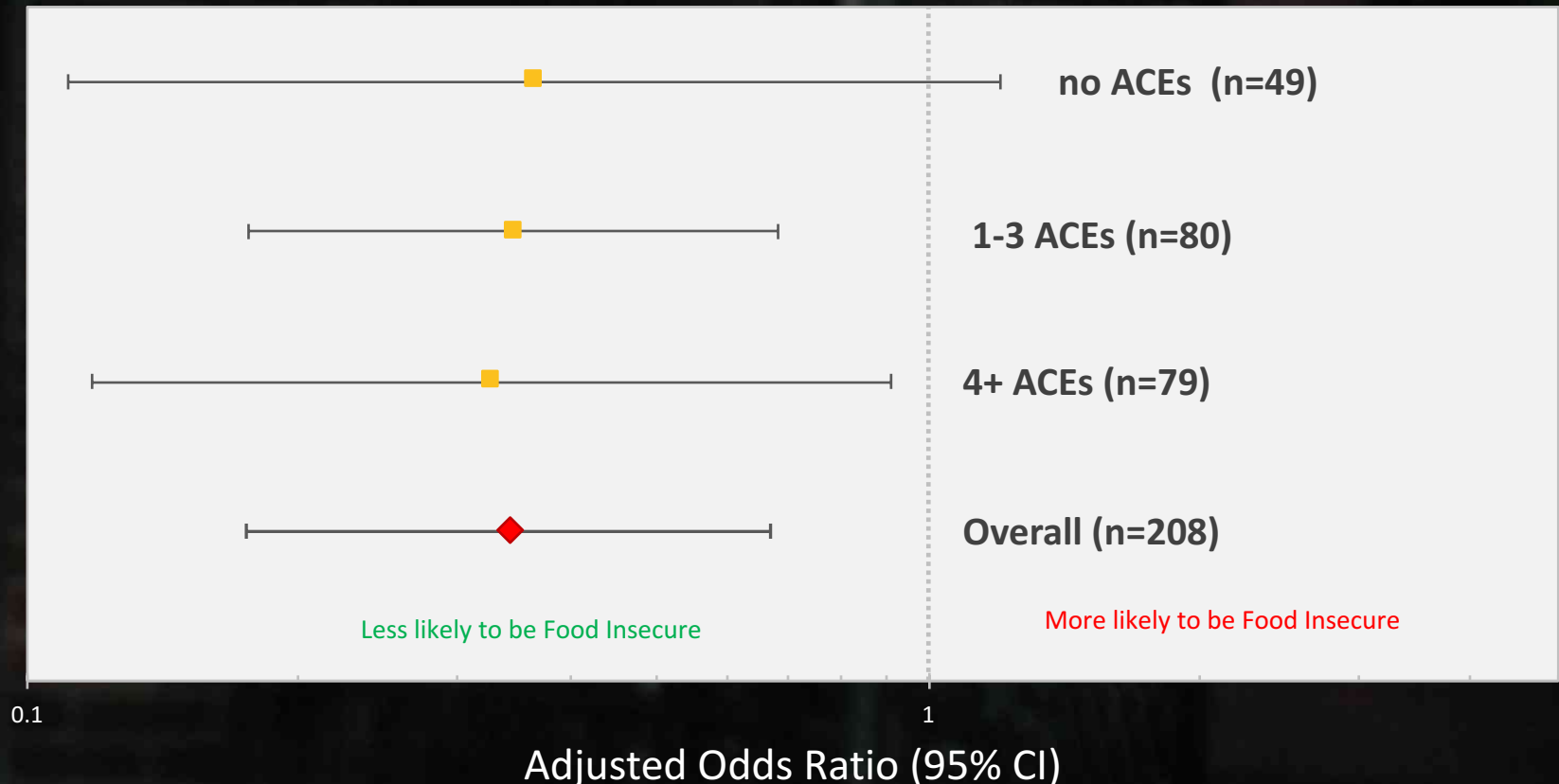
	Economic Security		Alcohol Use (Audit C)		Drug Use (DAST 10)	
	Estimated Coefficient	P Value	Estimated Coefficient	P Value	Estimated Coefficient	P Value
Class Attendance by Treatment Group	-	-			-	-
Participation indicator 4+ vs. <4			-	-	-	-

- 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.
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# Results Under Review

## Impact of Participation on Food Security

Impact of Treatment on Food Security by ACEs



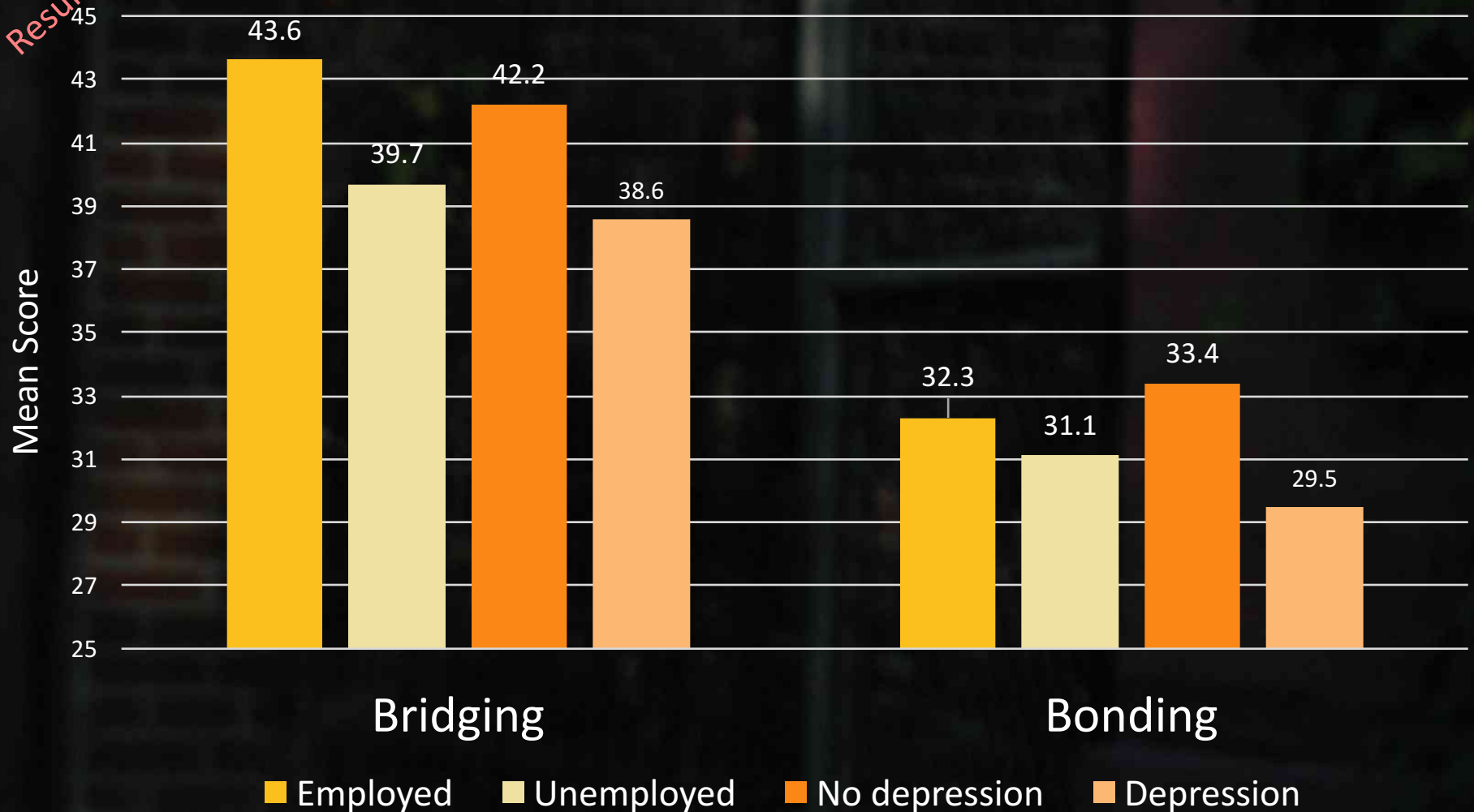
AORs represent the odds of household food insecurity for participants attending 4 or more classes vs. 3 or fewer classes. variables include program attendance, program satisfaction score, ACEs with baseline food security, employment status, an indicator variable for receipt of: TANF, WIC, and SNAP, age 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

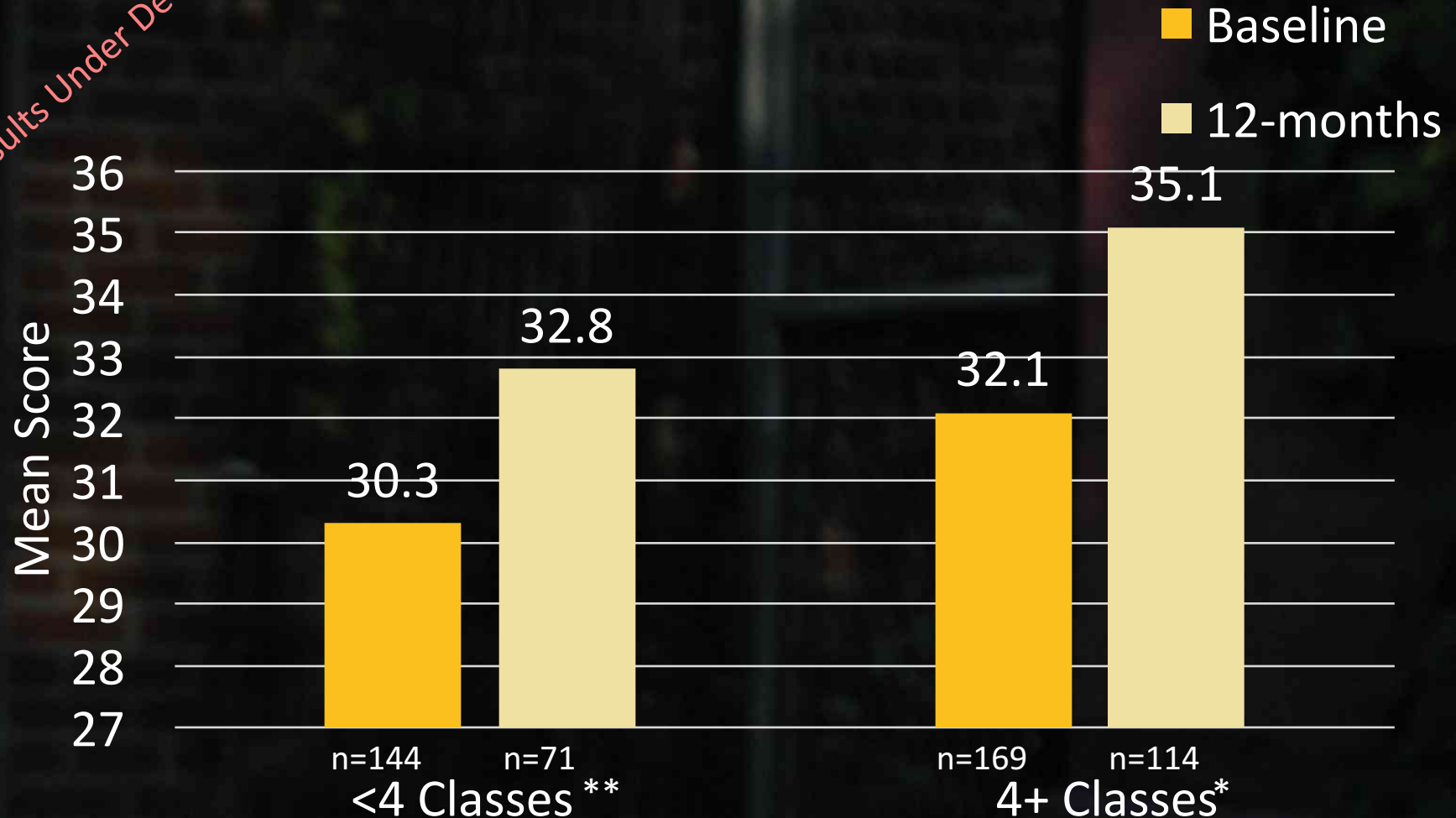
# Social Capital @ Baseline: Employment & Depression (N=313)

Results Under Development



# Social Capital – Bonding Subscale Mean Scores by Attendance

Results Under Development



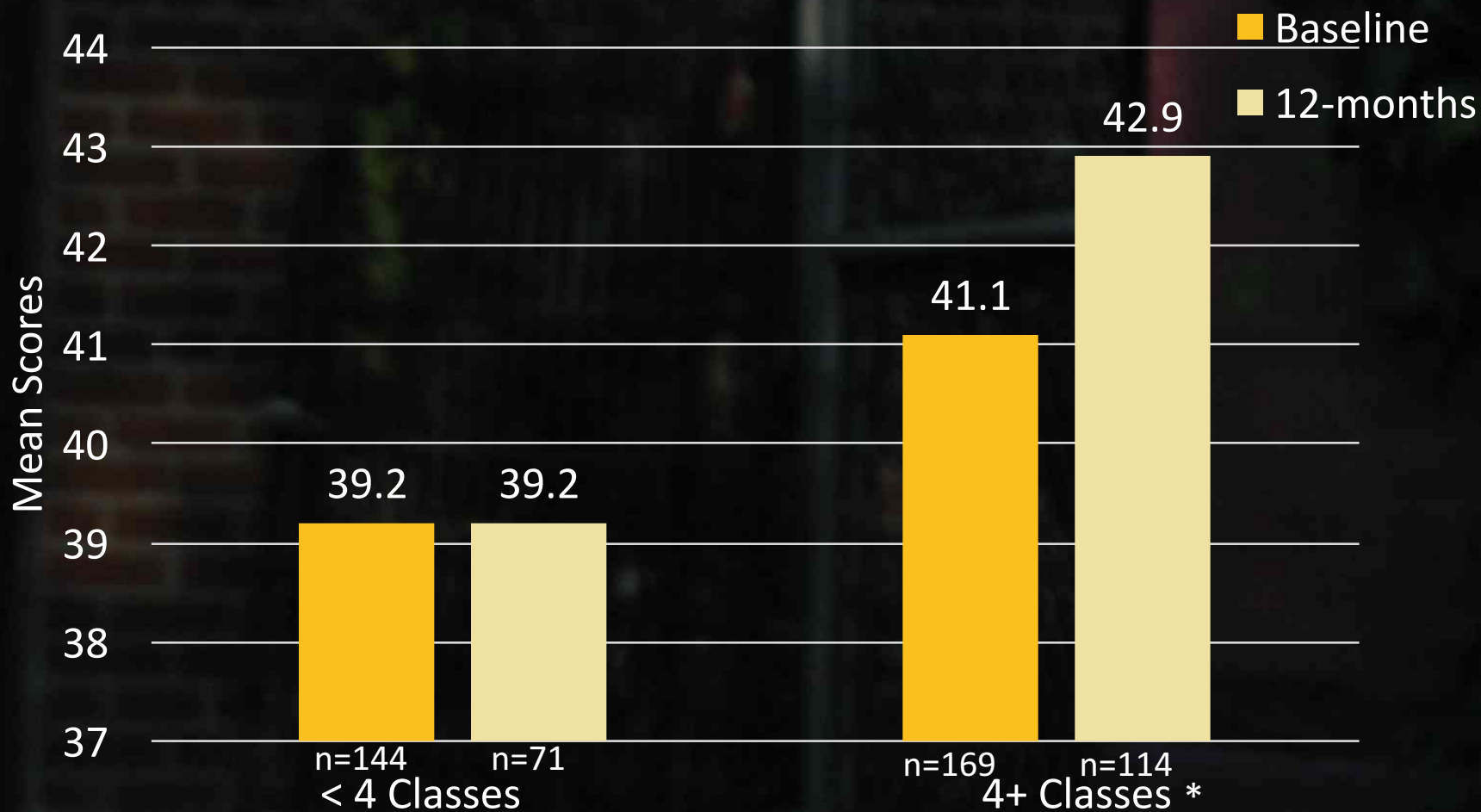
\* $p < 0.01$

\*\* $p = .02$

# Social Capital – Bridging Subscale

## Mean Scores by Attendance

Results Under Development



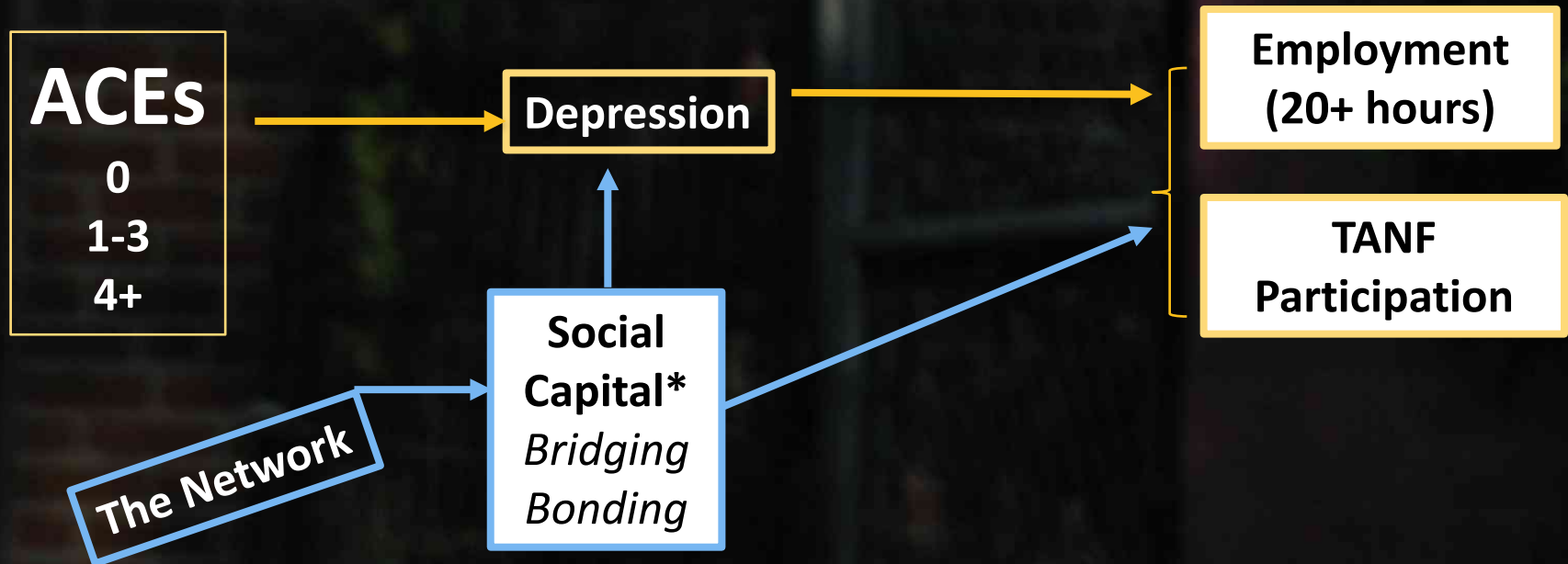
\*p < 0.05

Results Under Development

# Social Capital Mechanism

Yellow represents proposed pathway

BLUE represents The Network intervention pathway



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 programing 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.

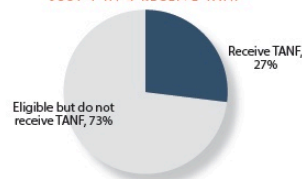
Unlike AFDC, TANF places strict requirements on individuals participating in the program to demonstrate that they are actively seeking employment. This requirement is often demanded without sufficient support in place for participants. This focus on employment often eclipses other forms of assistance, 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 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, 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



**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."*



## POLICY BRIEF | JULY 2018

## ALIGNING SYSTEMS TO BUILD A CULTURE OF HEALTH *Integrating TANF and Medicaid to Achieve Wealth and Health*

### OVERVIEW

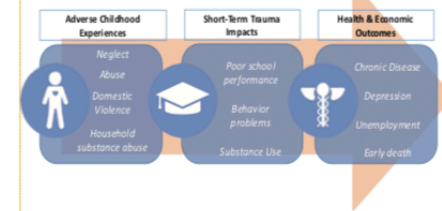
Economic security is strongly associated with physical and mental health and well-being. Programs such as Medicaid which focus on health and Temporary Assistance for Needy Families (TANF) which aims to improve employment and financial well-being should be better coordinated to provide more effective services. Programs which integrate physical and mental health services reduce costs.<sup>1</sup> Findings from the Building Wealth and Health Network demonstrate the effectiveness of integrating behavioral health components into financial programming on improving physical, mental, emotional and financial outcomes.

### TRAUMA IMPACTS FAMILIES AND CONTRIBUTES TO THE TRANSFER OF POVERTY ACROSS GENERATIONS

Toxic stress during childhood, defined as prolonged activation of stress response systems resulting from adversity such as homelessness, hunger, and neglect, has lifelong effects on a person's health and well-being.<sup>2</sup>

When toxic stress and a related set of exposures called Adverse Childhood Experiences (ACEs) - including abuse, neglect, and household instability - are unaddressed, children are more likely to have physical, mental, and behavioral health problems that negatively affect their ability to learn in school, gain employment, and be financially secure later in life.<sup>3,4</sup> ACEs are also associated with higher health care use, indicating that health care costs later in life may be reduced through interventions that prevent and address exposure to trauma.<sup>6</sup>

How Adverse Childhood Experiences Influence Health and Well-Being Across the Lifespan



### TANF and Medicaid: Shortcomings and Opportunities

Historically, TANF has focused on steering 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.<sup>7</sup> Despite high prevalence of trauma exposure among TANF participants,<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup>

*This policy brief is the second 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."*

# 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

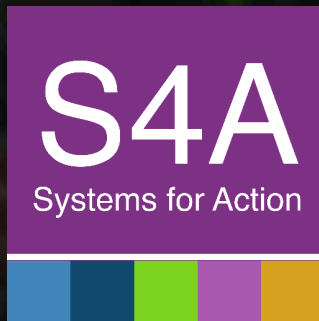
- **Department of Human Services | State Agencies**
  - Leaders say they are interested in reducing punitive approaches, and in trauma-informed approaches but are slow to act and integrate changes
  - Little to no incentive to merge behavioral health with education and training
  - TANF is under constant 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)



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**@TheBWHNetwork**



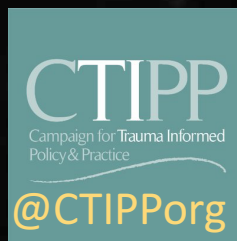
**@Systems4Action**



Also, check out...



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solutions based on science  
and the human experience

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# Hunger-Free Communities

**Mariana Chilton, PhD, MPH**

[mmc33@drexel.edu](mailto:mmc33@drexel.edu)

**Sandra Bloom, MD**

[slb79@drexel.edu](mailto:slb79@drexel.edu)

**Jerome Dugan, PhD**

[jad19@uw.edu](mailto:jad19@uw.edu)

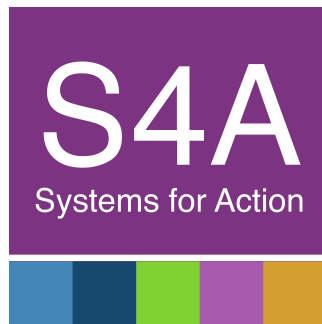
**Layla G. Booshehri, PhD**

[lgb19@uw.edu](mailto:lgb19@uw.edu)

[@thebwhnetwork](https://twitter.com/thebwhnetwork)



# Questions?



[www.systemsforaction.org](http://www.systemsforaction.org)

# Upcoming Webinars

## Archives

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

## Upcoming

**April 10, 2019, 12 p.m., ET**

*Systems for Action Individual Research Project*

[Optimizing Governmental Health and Social Spending Interactions](#)

*Beth Resnick, DrPH, MPH, and David Bishai, MD, MPH, PhD, Johns Hopkins Bloomberg School of Public Health*

**April 24, 2019, 12 p.m., ET**

*Systems for Action Individual Research Project*

[Strengthening the Carrying Capacity of Local Health and Social Service Agencies to Absorb Increased Hospital/Clinical Referrals](#)

*Danielle Varda, PhD, University of Colorado Denver, and Katie Edwards, MPA, The Nonprofit Centers Network*

**May 8, 2019, 12 p.m., ET**

*Systems for Action Individual Research Project*

[Linking Medical Homes to Social Service Systems for Medicaid Populations](#)

*Sarah Hudson Scholle, DrPH, MPH, and Keri Christensen, MS, National Committee on Quality Assurance*

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Business and Economics