



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

Agenda

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
jziliak@uky.edu*

Questions and Discussion: Moderated by Dr. Hoover



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Archives

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

Upcoming

Wednesday, January 10, 12-1pm ET/ 9-10am PT

IMPROVING POPULATION AND CLINICAL HEALTH WITH INTEGRATED SERVICES AND DECISION SUPPORT

Collaborating Research Center: Indiana University-Purdue University Indianapolis

Principal Investigators: Joshua Vest, PhD, MPH, and Paul K. Halverson, DrPH, FACHE

Wednesday, January 24, 12-1pm ET/ 9-10am PT

TO BE ANNOUNCED

Wednesday, February 7, 12-1pm ET/ 9-10am PT

STRENGTHENING THE CARRYING CAPACITY OF LOCAL HEALTH AND SOCIAL SERVICE NETWORKS

Trailhead Institute

Principal Investigators: Danielle Varda, PhD, and Katie Edwards, MPA

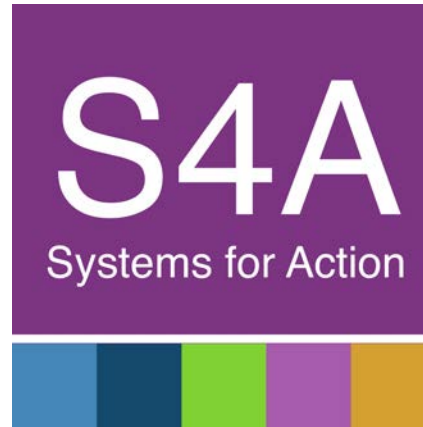
Wednesday, February 21, 12-1pm ET/ 9-10am PT

LINKING MEDICAL HOMES TO SOCIAL SERVICE SYSTEMS FOR MEDICAID POPULATIONS

National Committee for Quality Assurance

Principal Investigators: Sarah Scholle, DrPH, and Keri Christensen, MS

Thank you for participating in today's webinar!



For more information about the webinars, contact:

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Speaker Bios



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.

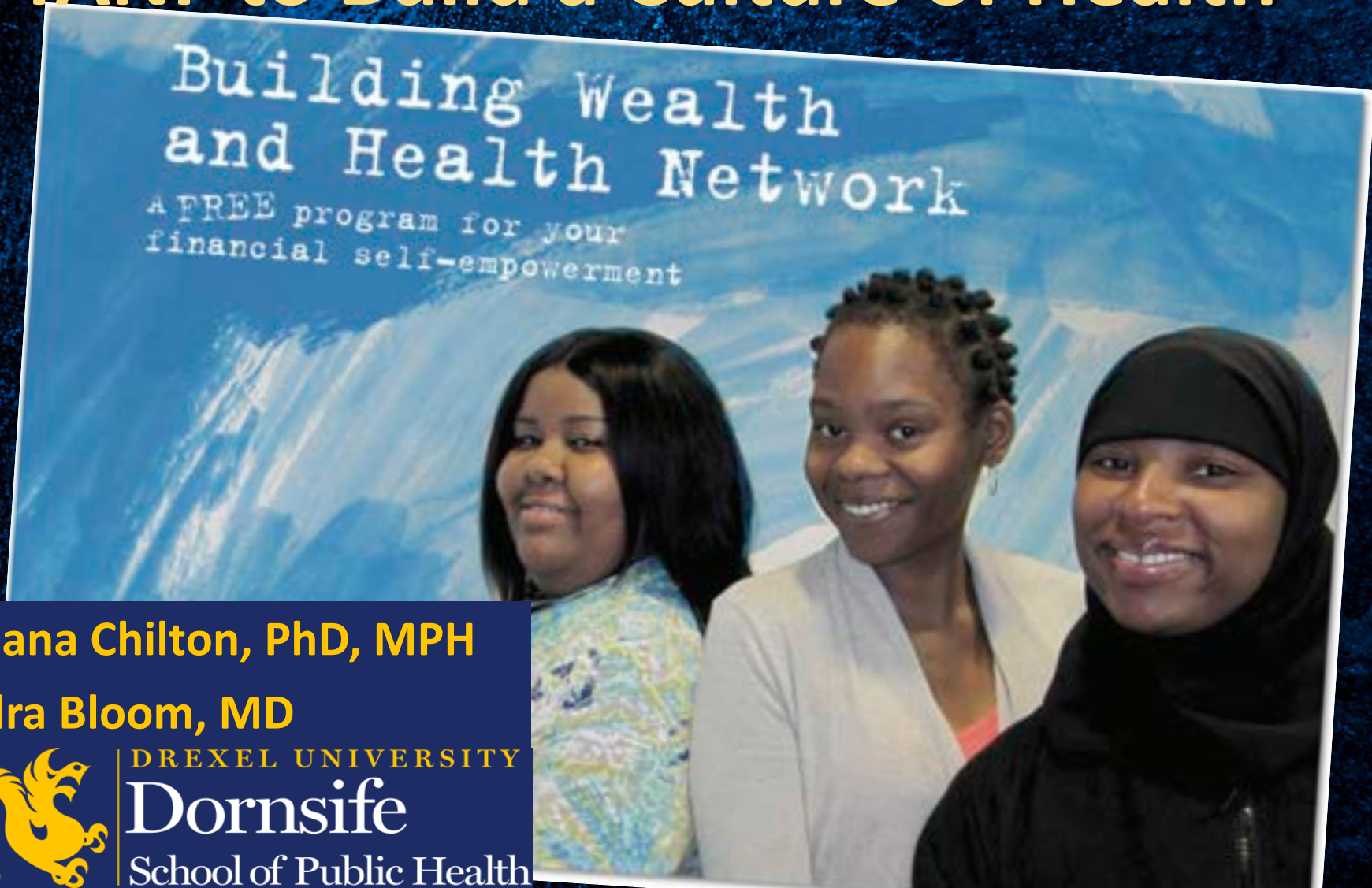


Dr. Sandra L. Bloom is a Board-Certified psychiatrist, and an Associate Professor at the School of Public Health at Drexel. In addition, she is President of CommunityWorks, an organizational consulting firm committed to the development of nonviolent environments. Dr. Bloom currently serves as Distinguished 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



Mariana Chilton, PhD, MPH

Sandra Bloom, MD



DREXEL UNIVERSITY

Dornsife

School of Public Health

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

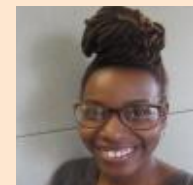
Program Team



Coordinator: Michael Moody



Coaches: Alie Huxta, MSW
and Kevin Thomas



Resource Specialist: Jenay Smith, MSS

Data Team: Doctoral Students



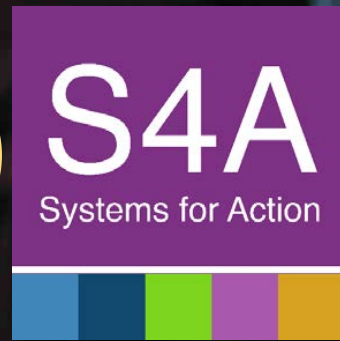
Data Analyst:
Pam Phojanakong,
MPH



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 eligible¹

Work participation requirement has low success²

- **Return to TANF** / Churning

Barriers to Work among TANF participants

- **33%** report work-limiting **health condition**³

- **43%** report **disability**⁴

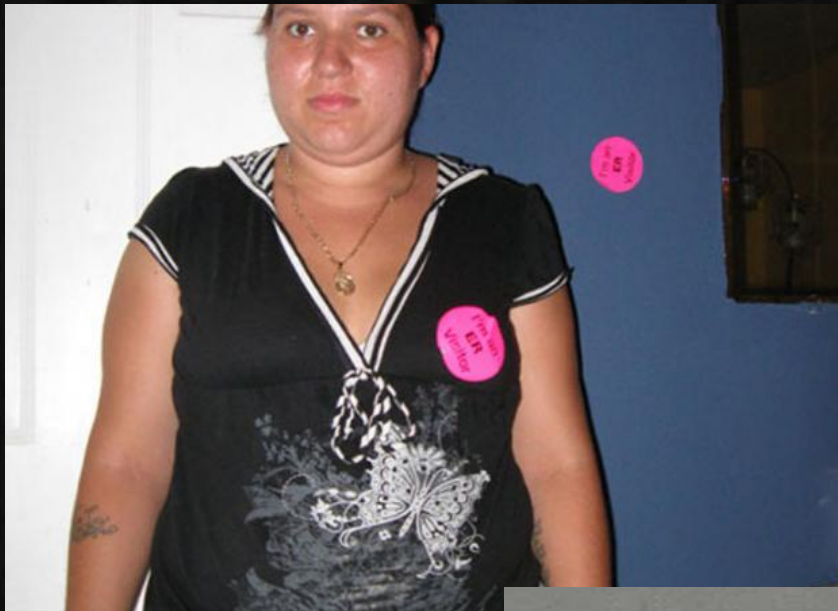
- **74%** report **Intimate Partner Violence**⁵

- **High** involvement with criminal justice system⁶

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*

"My sad, little tokens."



Witnesses
to Hunger



Background:

What is Trauma?

Toxic Stress (kids)

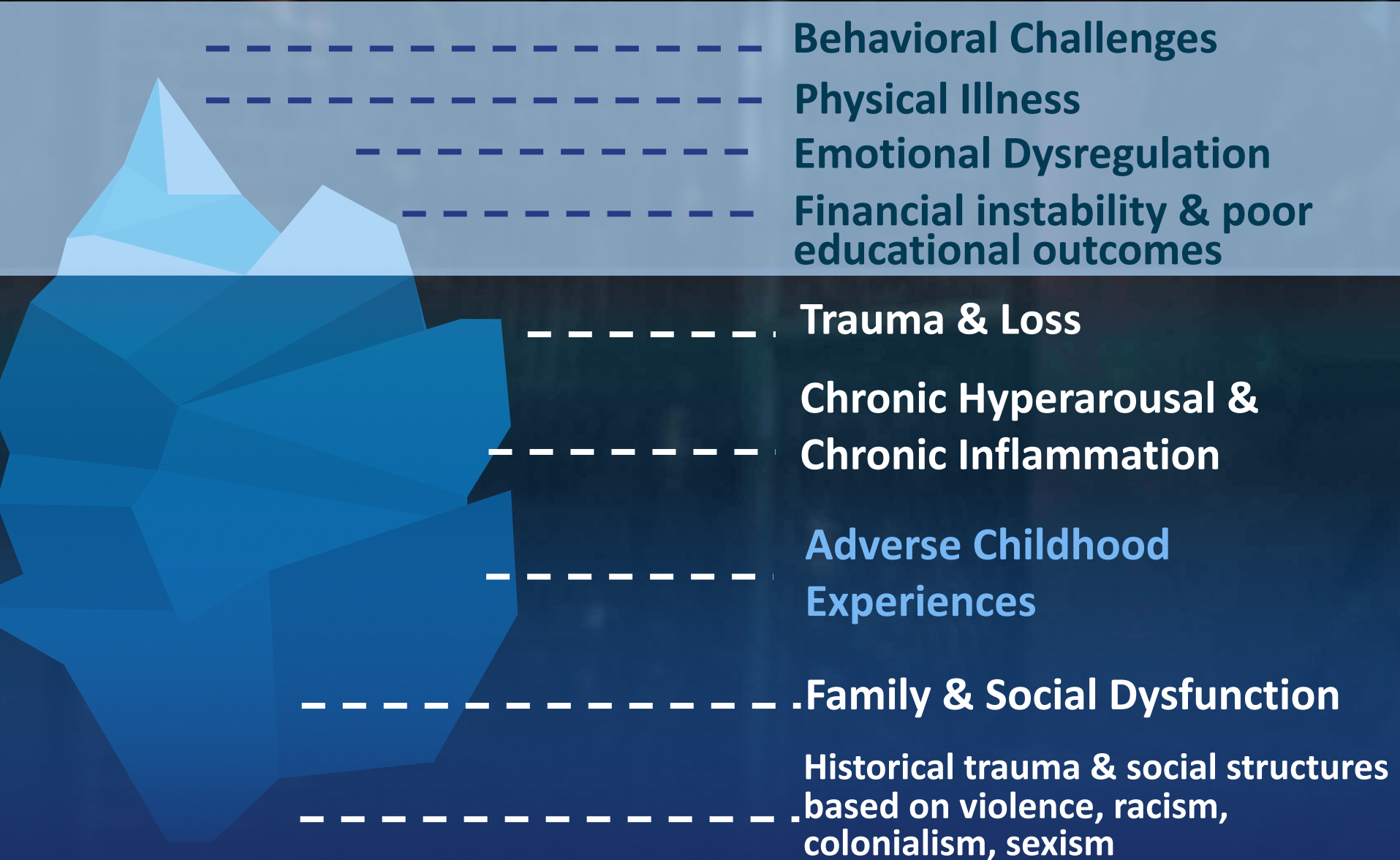
- Overwhelming relentless stress for young children without adequate support to overcome it
- Homelessness / poverty
- Adverse Childhood Experiences

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



ADVERSE CHILDHOOD EXPERIENCES (ACEs)

10 questions

Category	Subcategory	Example Question
Abuse	Emotional	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?
	Physical	
	Sexual	
Neglect	Emotional	
	Physical	
Household Instability	Parental Separation	
	Mother Abused	
	Mental Illness	
	Substance Abuse	
	Incarceration	



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”

For more info:

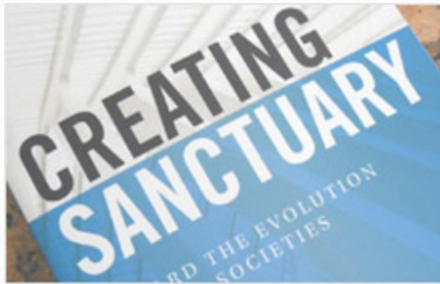


The Sanctuary Model[®] *by Dr. Sandra L. Bloom*

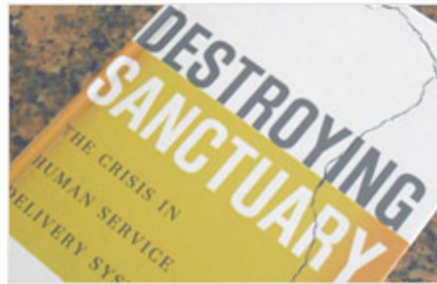
Theory-based, trauma-informed, evidence-supported, whole culture approach for creating / changing an organizational culture.



Books by Dr. Sandra L. Bloom



Creating Sanctuary
Creating Sanctuary: Toward
the Evolution of Sane
Societies



Destroying Sanctuary
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



**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

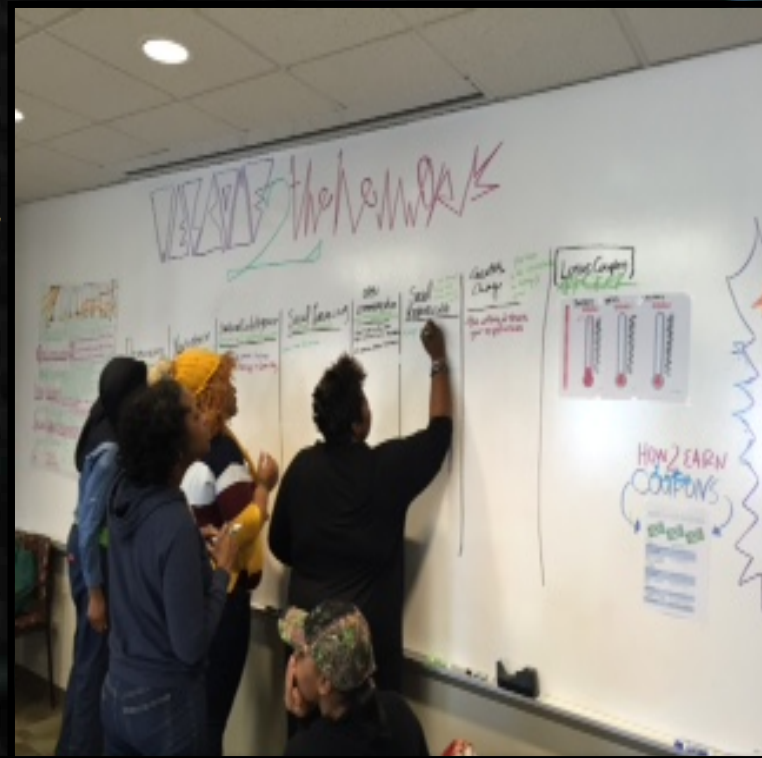
Financial SELF Empowerment

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 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

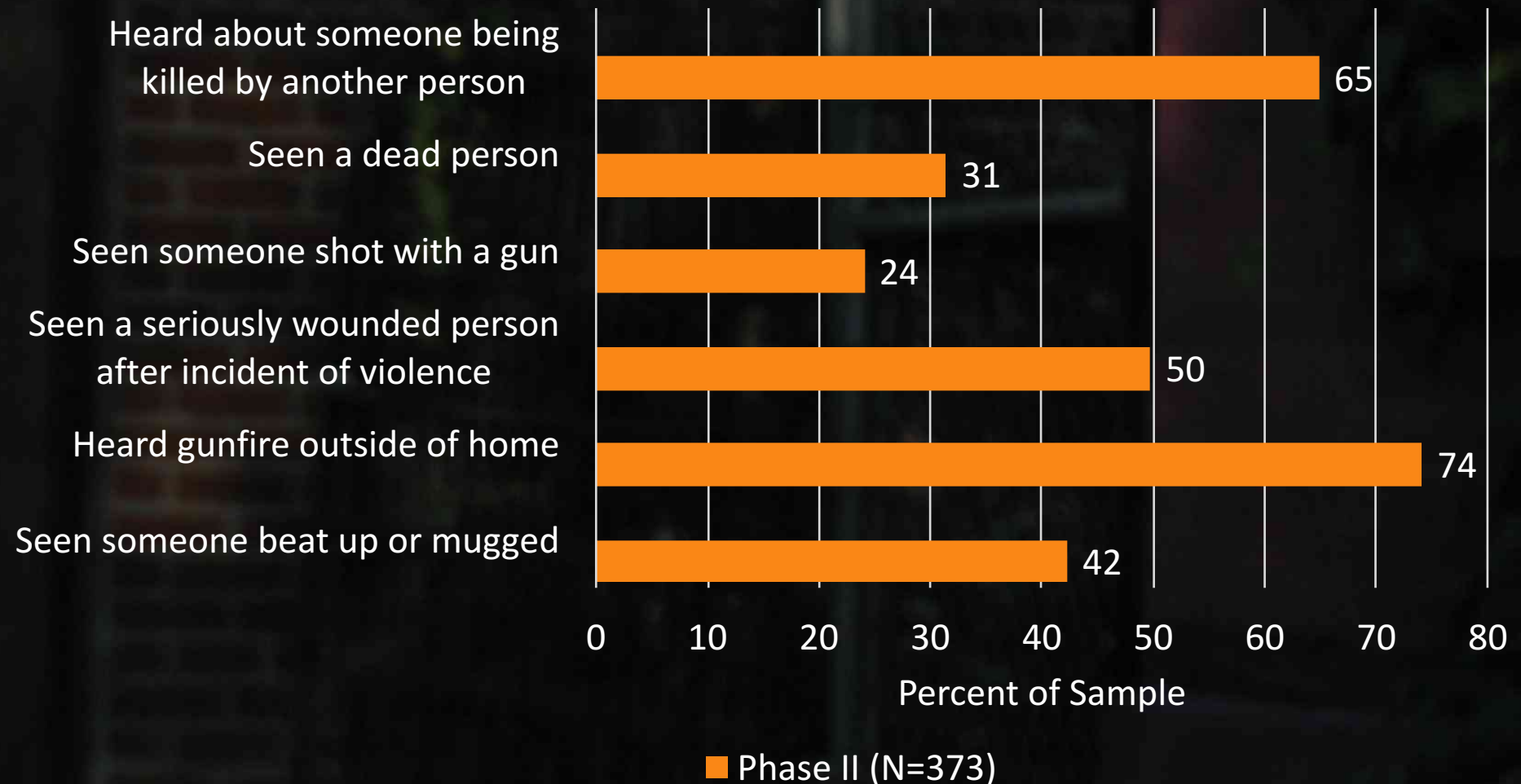
Network ACASI Survey Completion					
Cohort	Baseline	3-month	6-month	9-month	12-month
Cohort 1 (Mixed Assist)	31	27 (87%)	24 (77%)	23 (74%)	24 (77%)
Cohort 2 (TANF)	67	47 (70%)	33 (49%)	40 (59%)	33 (49%)
Cohort 3 (Mixed Assist)	28	23 (82%)	18 (64%)	18 (64%)	18 (64%)
Cohort 4 (TANF)	37	26 (70%)	21 (57%)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

N=224

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

Baseline Violence Exposure

Baseline Violence Exposure (%)



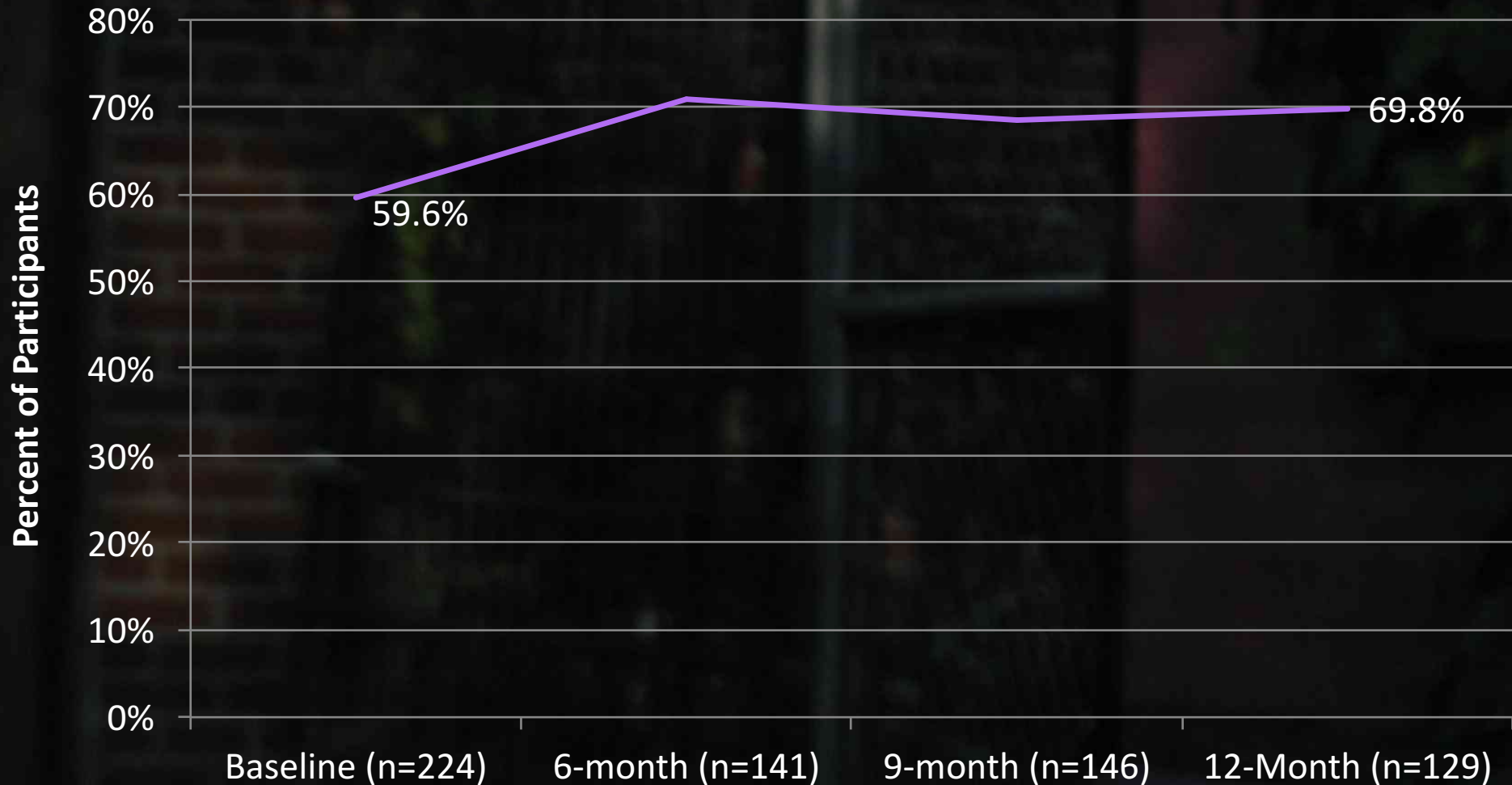
Baseline

Adverse Childhood Experiences (ACEs)



Preliminary Outcomes

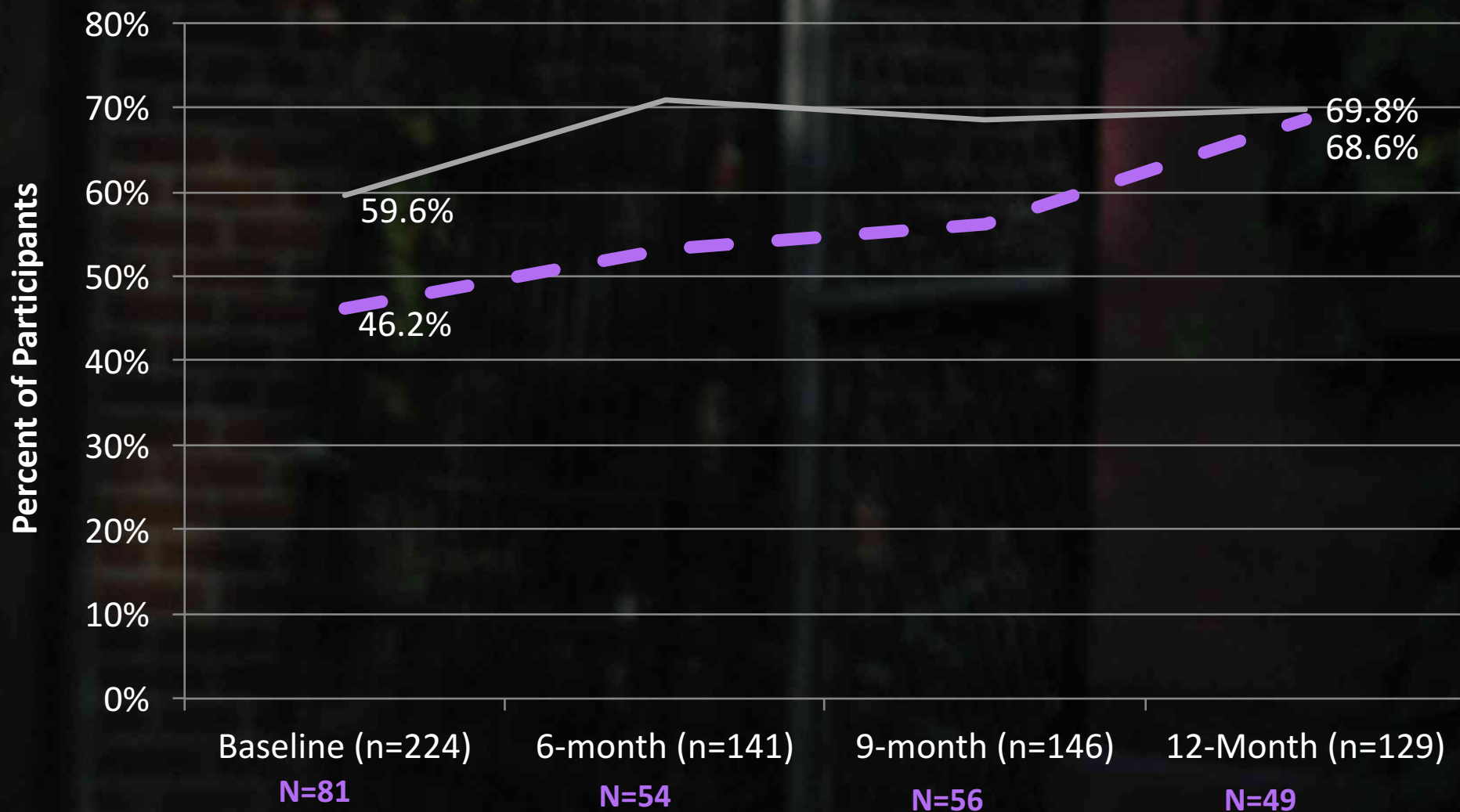
Caregiver Health (good/excellent)



**Statistically significant, $p < 0.05$*

Preliminary Outcomes

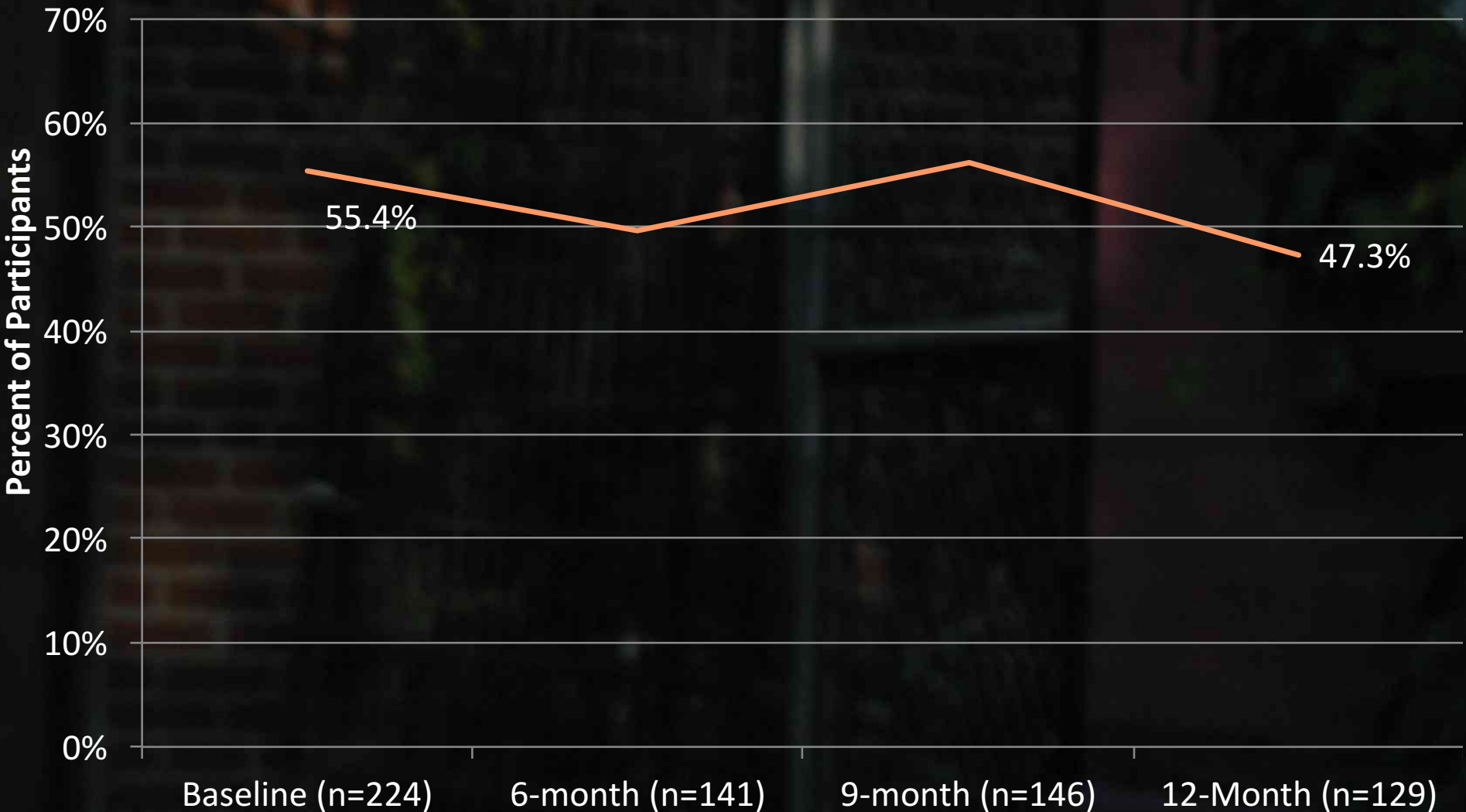
Caregiver Health (good/excellent) w. 4+ ACEs



**Statistically significant, $p < 0.05$*

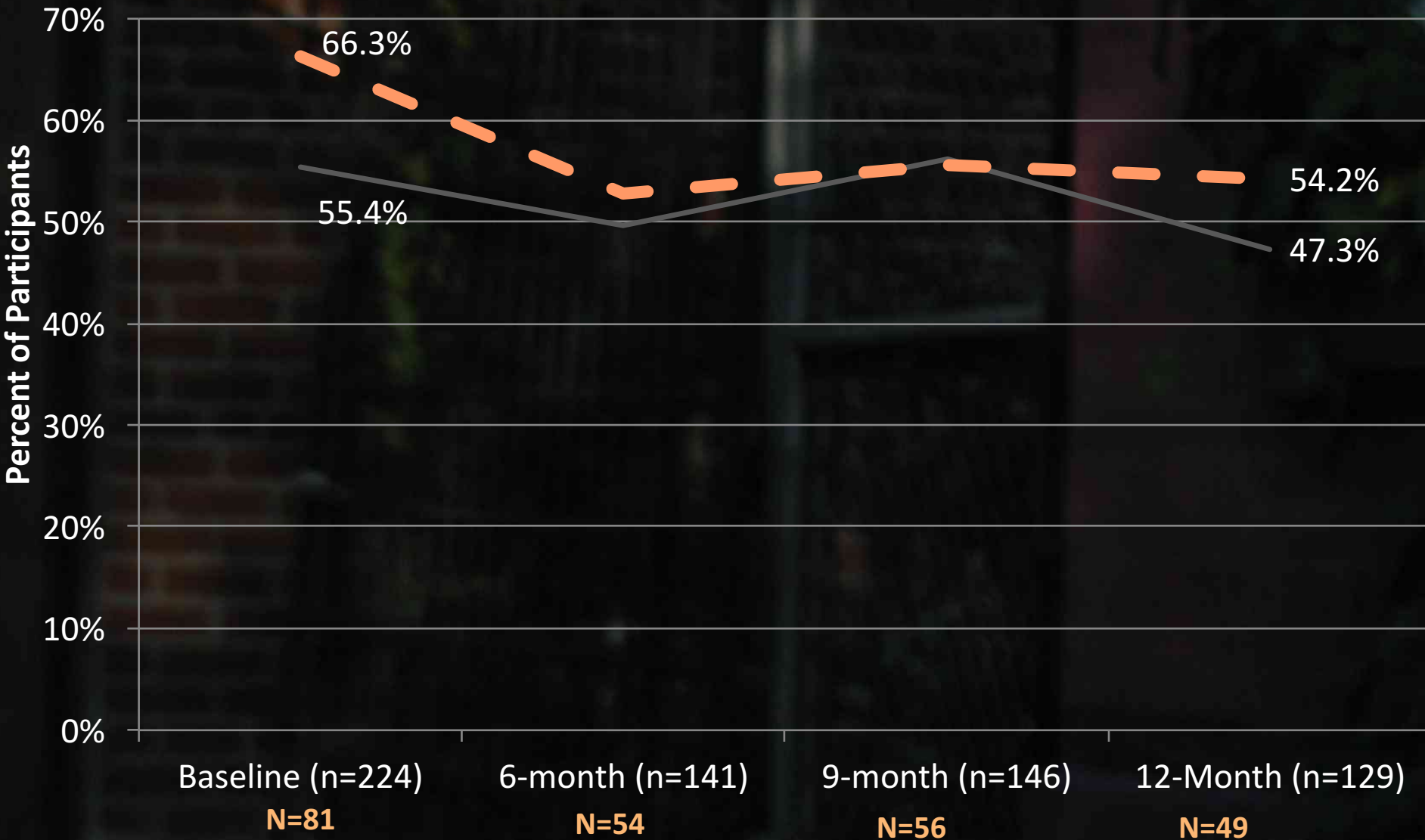
Preliminary Outcomes

Depressive Symptoms (CES-D)



Preliminary Outcomes

Depressive Symptoms (CES-D) w. 4+ ACEs



**Statistically significant, $p < 0.05$*

Preliminary Results

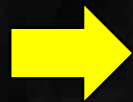
Effect of Class Attendance on Mental Health

Table 1. The Effects of Class Attendance on Psychosocial Health Outcomes

	Depression*		Child Development*		Self Efficacy*	
	Estimated Coefficient	P Value	Estimated Coefficient	P Value	Estimated Coefficient	P Value
Class Attendance by Treatment Group	-0.174 (0.080)	P=0.030	-0.009 (0.013)	P=0.491	-0.024 (0.079)	P=0.765



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:

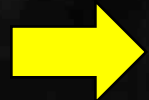
Effect of Class Attendance on Coping Strategies

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

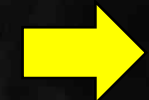
	Drug Use*		Weekly Drinking (2+)*		Binge Drinking (4+ Drinks)*	
	Estimated Coefficient	P Value	Estimated Coefficient	P Value	Estimated Coefficient	P Value
Class Attendance by Treatment Group	-10.854% (7.466)	P=0.146	-15.269% (9.214)	P=0.098	-25.448% (12.682)	P=0.045



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



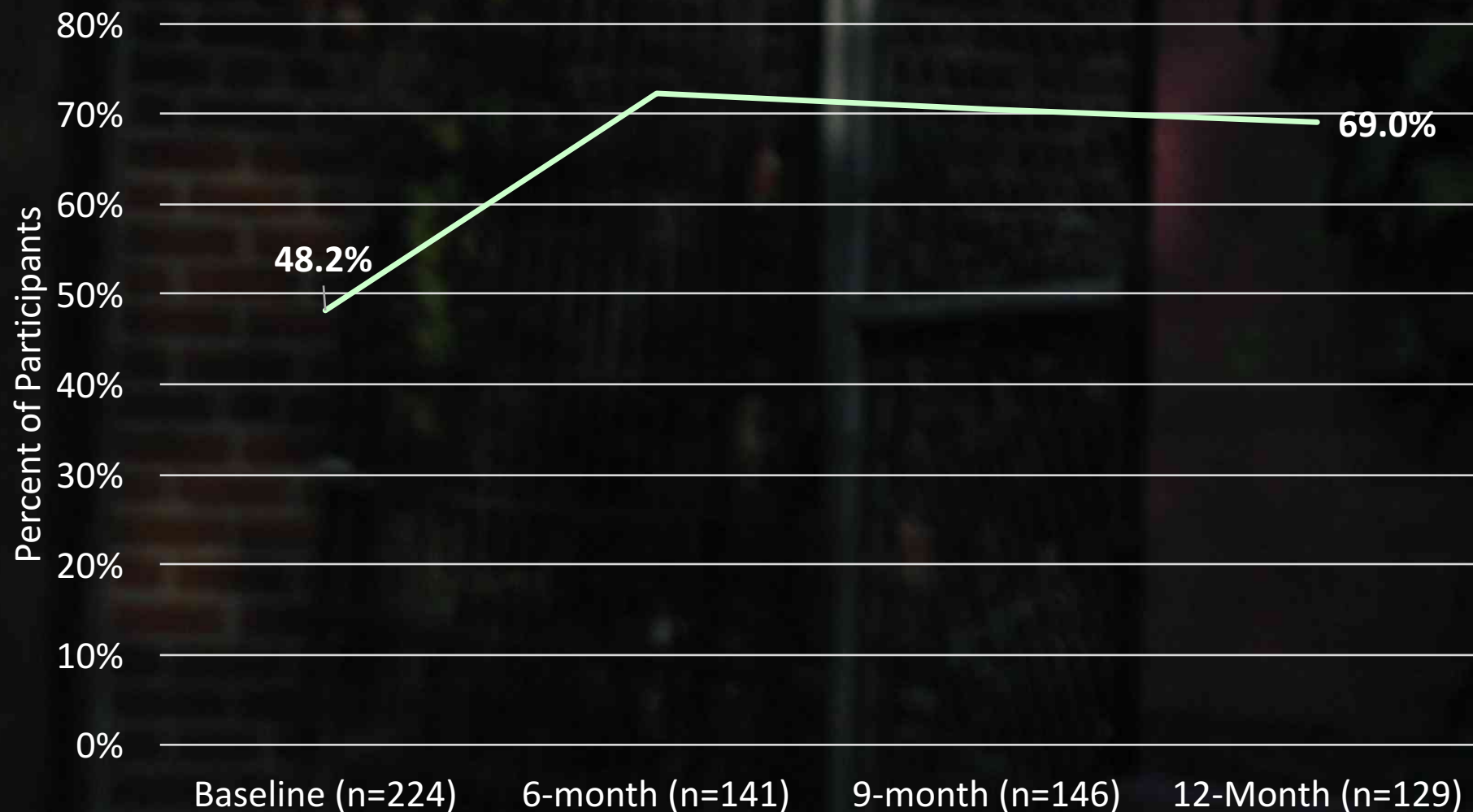
Attending one additional class is associated with a -15.269% decline in the propensity to drink two or more times a week.



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.

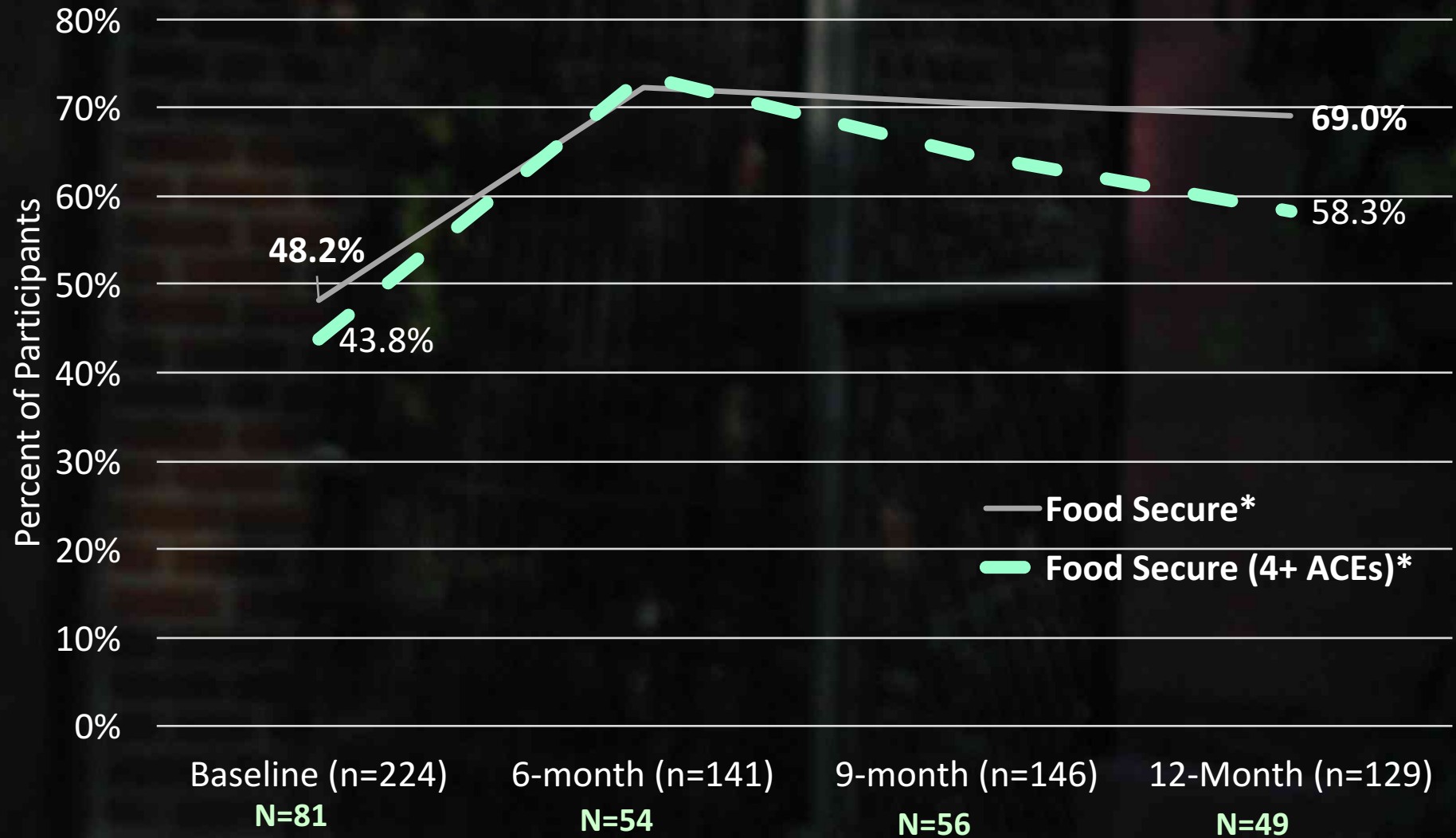
Preliminary Outcomes: Household Food Security



**Statistically significant, $p < 0.05$*

Preliminary Outcomes:

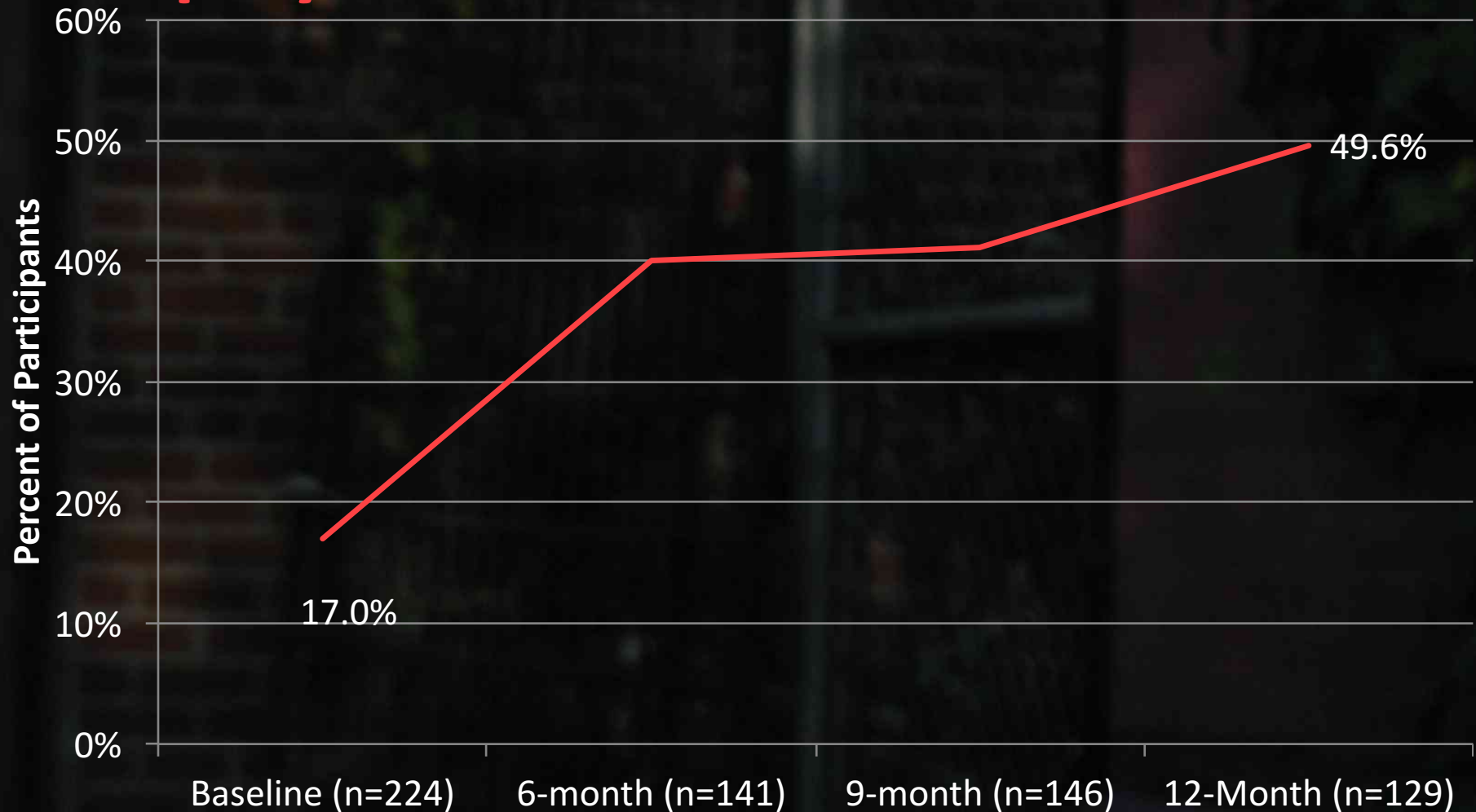
Household Food Security with 4+ ACEs



*Statistically significant, $p < 0.05$

Preliminary Outcomes

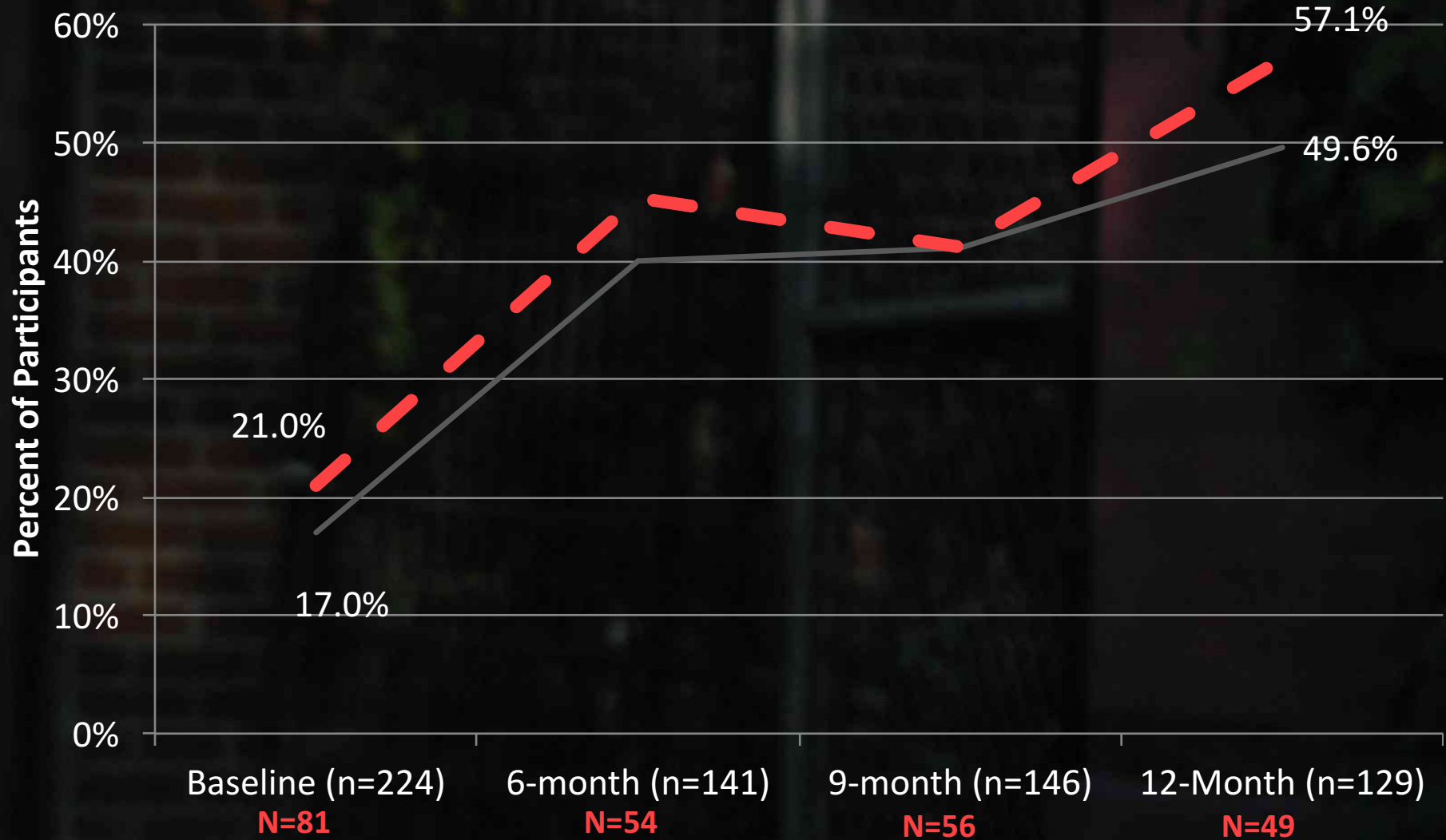
Employment



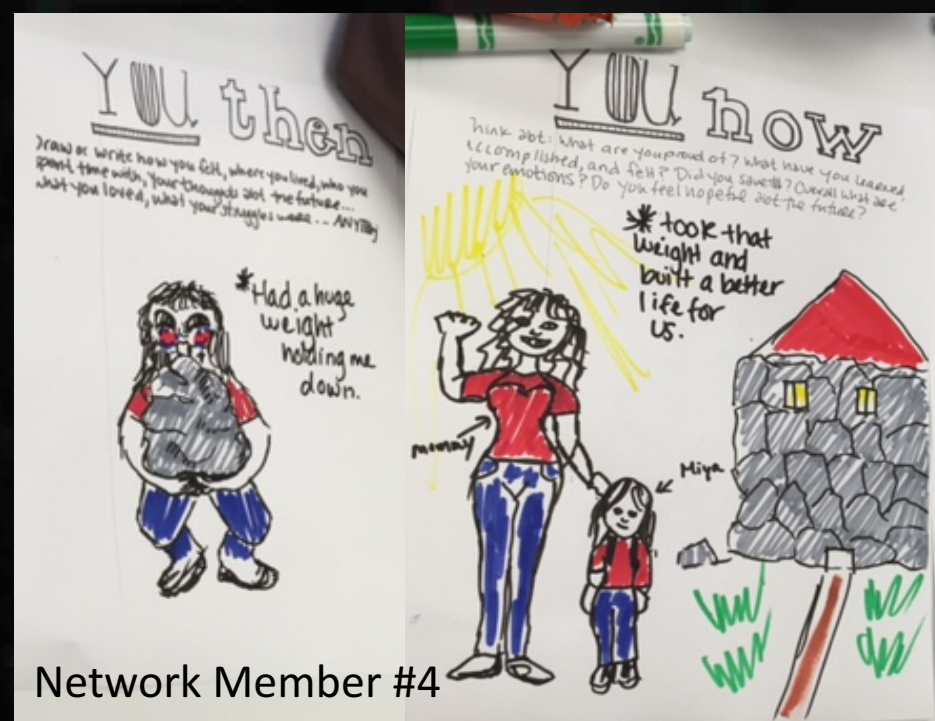
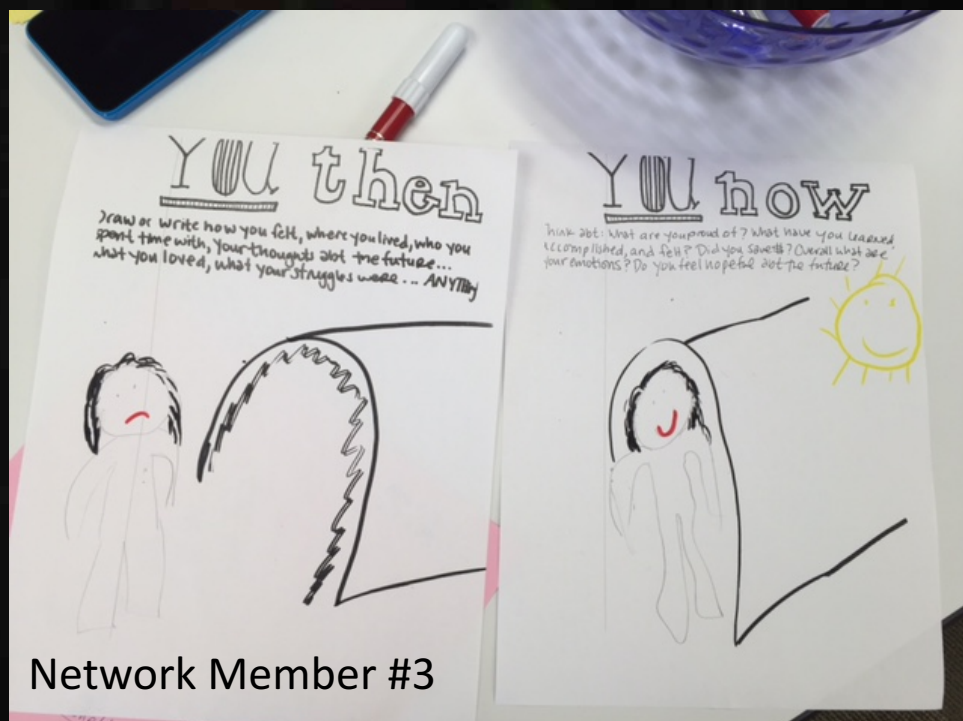
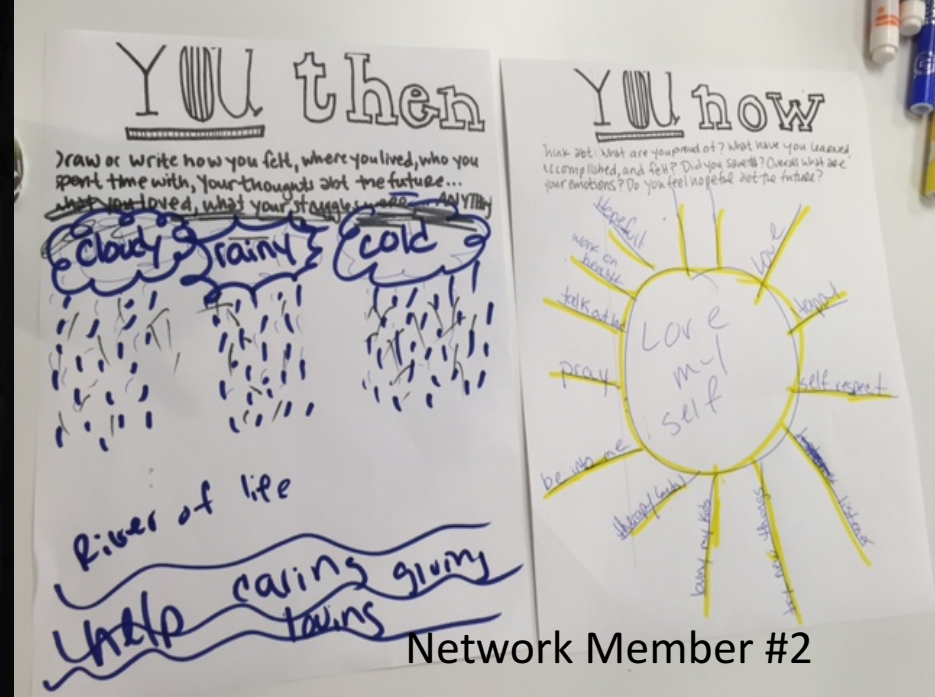
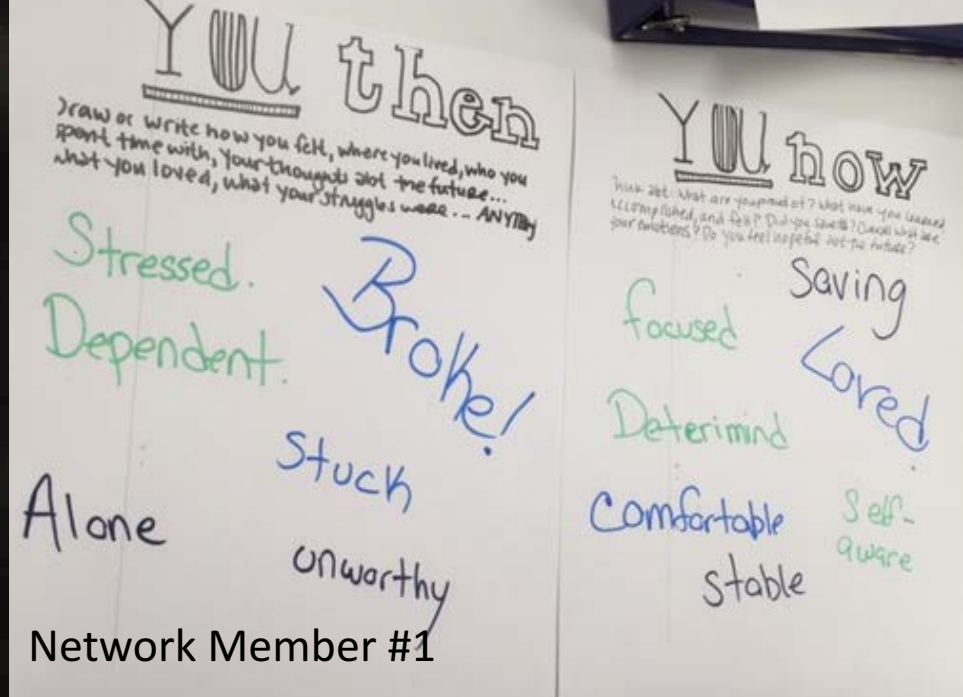
**Statistically significant, $p < 0.01$*

Preliminary Outcomes

Employment with 4+ ACEs



*Statistically significant, $p < 0.01$



News Flash:

What's Happening now – *and next*

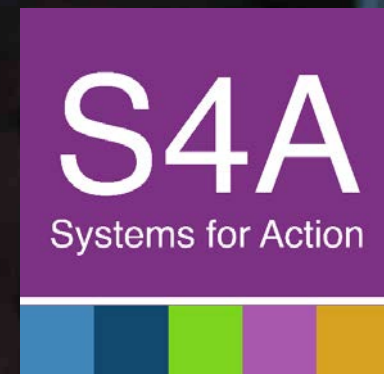
- Partnership with PA CareerLink
 - Launched at the CareerLink in October 2017
 - Pilot with 50 TANF clients at Career
 - January 2018 scale up

~ Sneak Peak of CareerLink Outcomes ~	
Building Wealth & Health Network	Regular TANF Programming
27% gained employment	16% gained employment
11% terminated from EARN program	26% terminated from EARN program

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)



DREXEL UNIVERSITY
Center for
Hunger-Free
Communities



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 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.

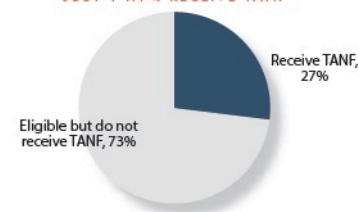
Unlike AFDC, TANF places strict requirements on individuals participating in the program to demonstrate that they are actively seeking employment. This requirement is often demanded without sufficient support in place for participants. This focus on employment often eclipses other forms of assistance,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

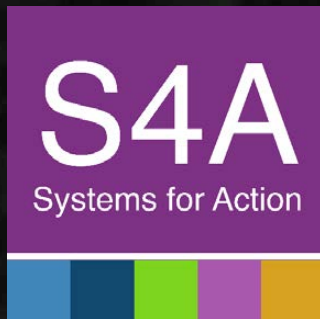
This policy brief is the first in a series for RWJF-funded project "The Impact of Integrating Behavioral Health with Temporary Assistance for Needy Families to Build a Culture of Health across Two-Generations."

Stay in touch on social media

@TheBWHNetwork



@Systems4Action





solutions based on science
and the human experience

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