Addressing Behavioral Health in TANF to Improve Health Equity among Low-Income Caregivers

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Overview



Background

- TANF & challenges to economic success
- Trauma & trauma-informed practice
- Building Wealth and Health Network
 - Description of the program
 - Preliminary outcomes
- Implementation
 - Pilot in an employment and training center
 - Integration of TANF and Medicaid

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 condition³
- 43% report disability⁴
- 74% report Intimate Partner Violence⁵
- 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





ACEs strongly informed iated with:



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"



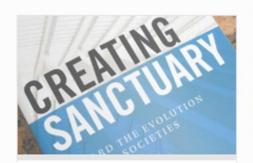


The Sanctuary Model by Dr. Sandra L. Bloom

Theory-based, traumainformed, 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



Additional Books

Review the entire library of published books with Dr. Sandra L. Bloom



Description of the Program

- 1. Curriculum
- 2. Matched Savings
- 3. Goal Setting and Coaching

The
Building Wealth and Health

Network

My Power. My Money.

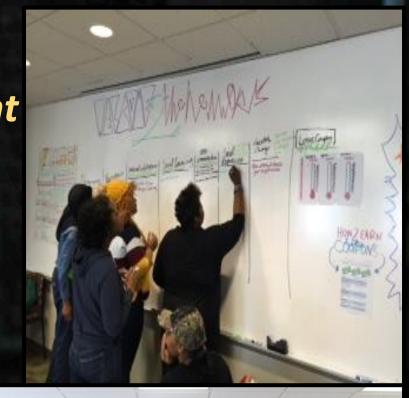
Curriculum Financial SELF Empowerment

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 cred
- Y Yield benefits





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





Goal Setting and Coaching

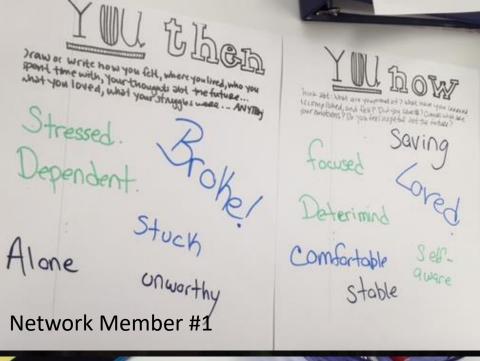
Lotus Coupons

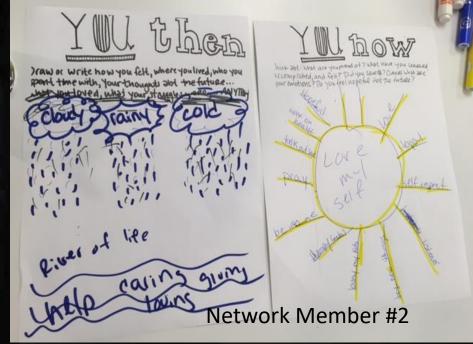
- Milestone achievements
- Next steps on financial goals

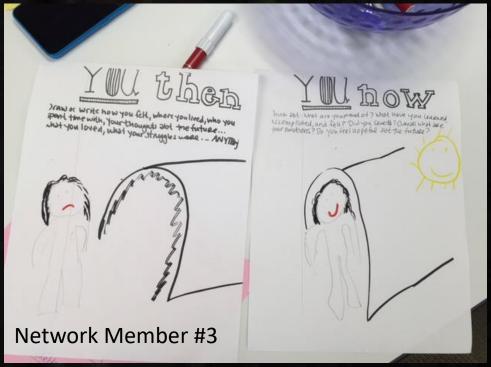


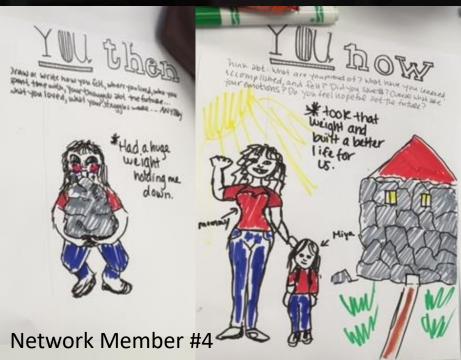
Individualized coaching

- One-on-one financial coaching
- Social work support









Outcomes Measured (Self-Report)

Baseline, 3 month intervals to 12 months

Basic Characteristics

- Demographics
- Benefits
- Household characteristics

Financial Wellbeing

- Unofficial work/self employment
- Employment Hope
- General Self-Efficacy
- Financial behaviors and knowledge

Economic Security

- Food Insecurity
- Housing Insecurity
- Energy Insecurity

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

Exposure to Violence and Adversity

- Adverse childhood experiences
- Community violence
- Interaction with criminal justice

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%)*		

15 (56%)

254

11 (41%)*

223

192

146

27

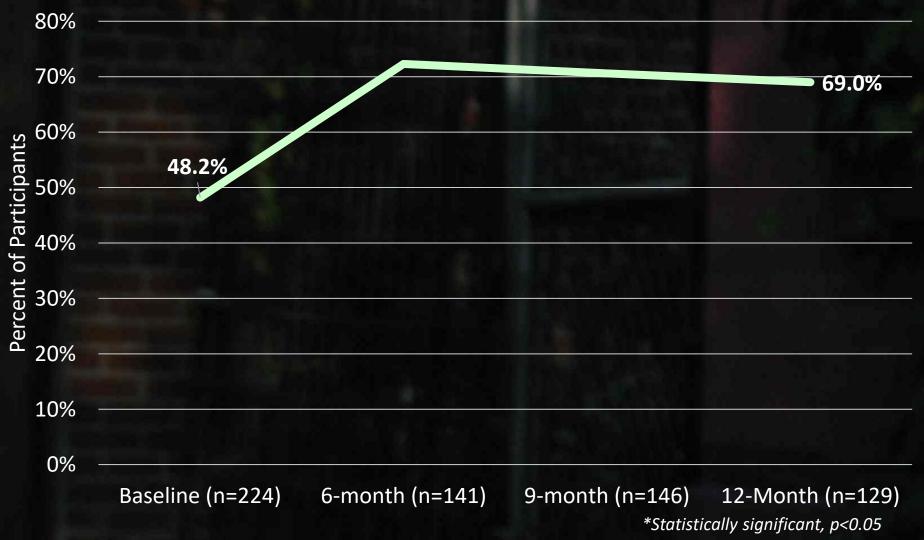
373

TOTAL

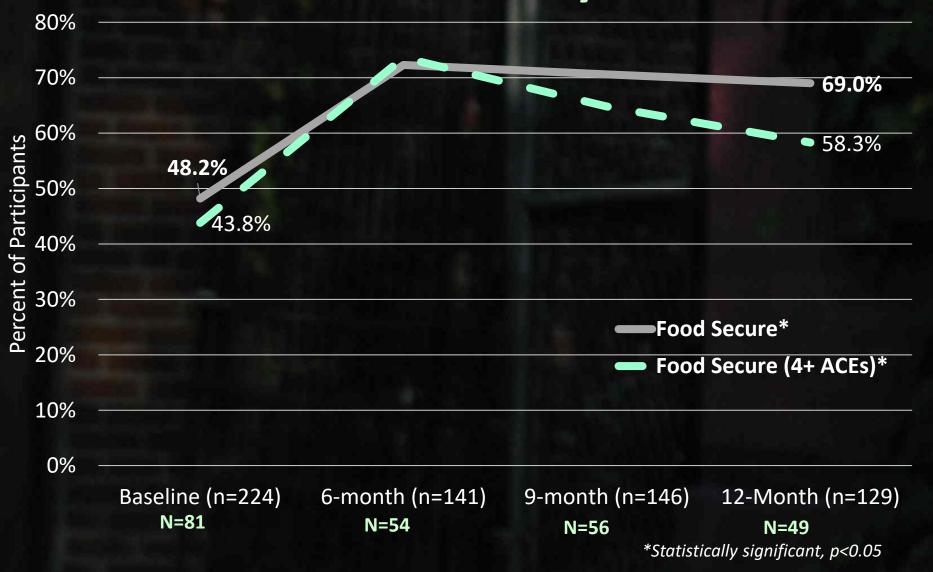
Cohort 11 (TANF)

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

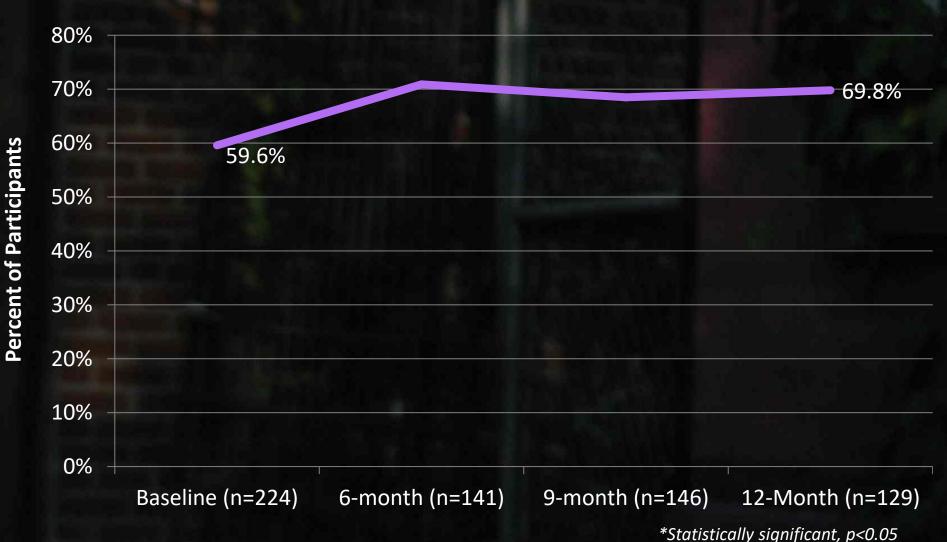
Preliminary Outcomes: Household Food Security



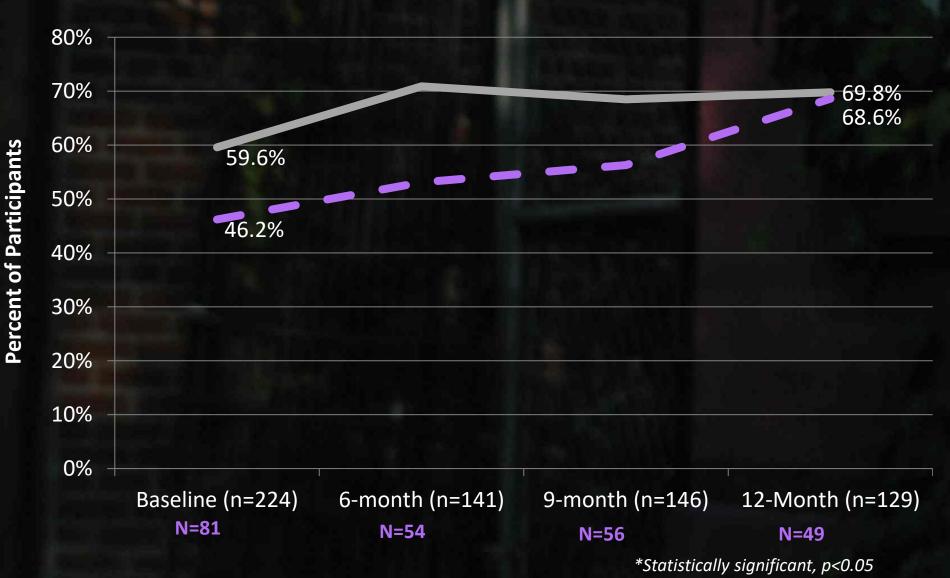
Preliminary Outcomes: Household Food Security with 4+ ACEs



Preliminary Outcomes Caregiver Health



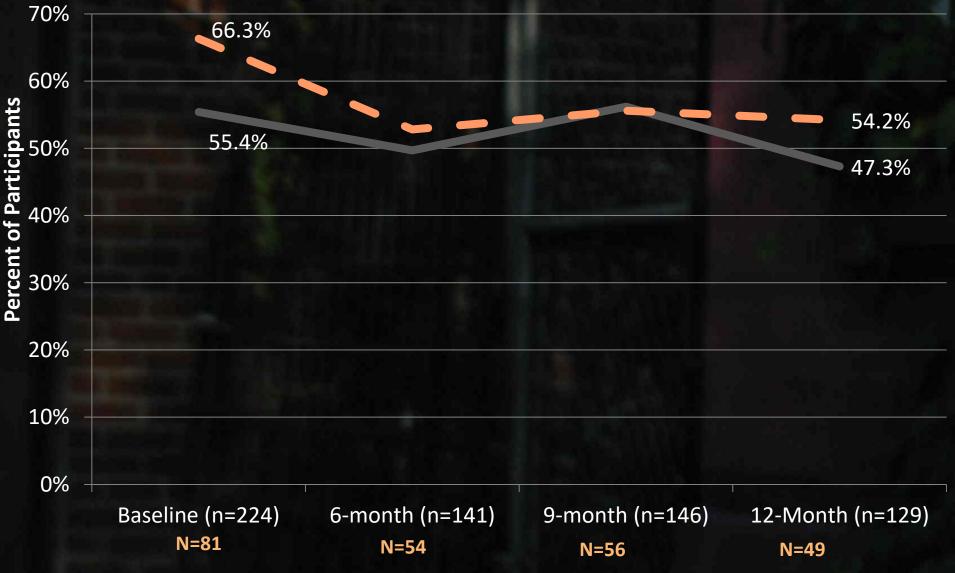
Preliminary Outcomes Caregiver Health with 4+ ACEs



Preliminary Outcomes Depressive Symptoms



Preliminary Outcomes Depressive Symptoms with 4+ ACEs

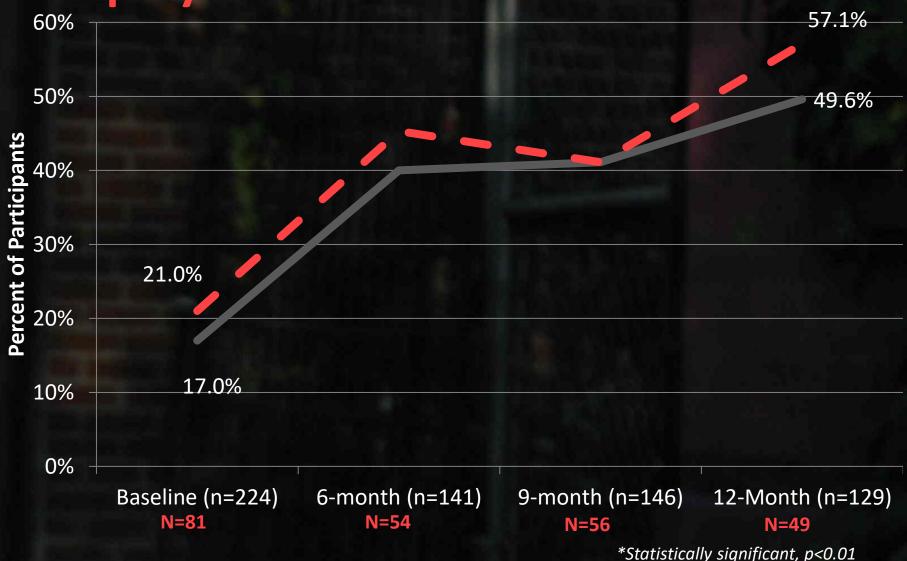


Preliminary Outcomes

Employment



Preliminary Outcomes Employment with 4+ ACEs



Implementation

- Ongoing programming & evaluation
 - Integrate The Network in state-funded employment & training education programs

- Integration of TANF and Medicaid
 - TANF participants may be more successful if we address behavioral health

Systems for Action (S4A)

TANF and Medicaid Integration

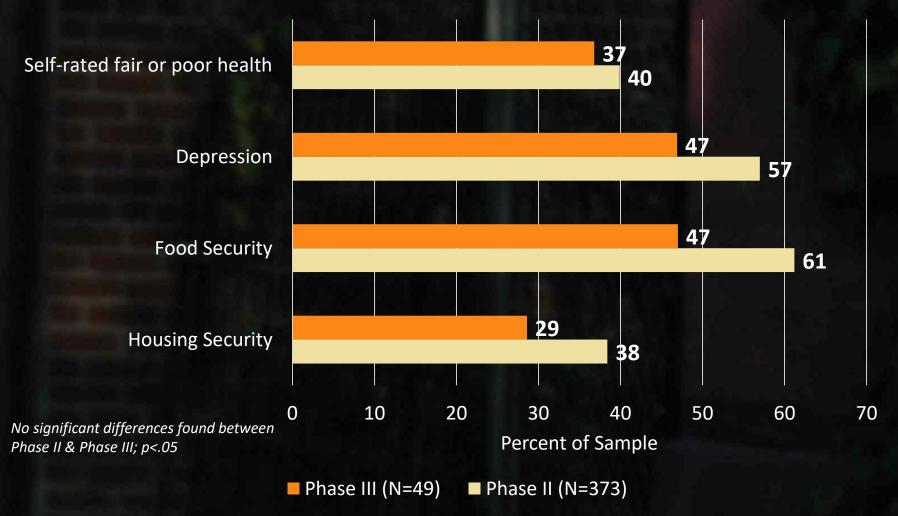


- 1. <u>Assess effects</u> of trauma-informed peer support built into education and training on <u>health and economic security</u> for participants in The Network.
 - Partnership with PA CareerLink
 - Launched October 2017
 - Pilot with 50 TANF participants
 - January 2018 scale up



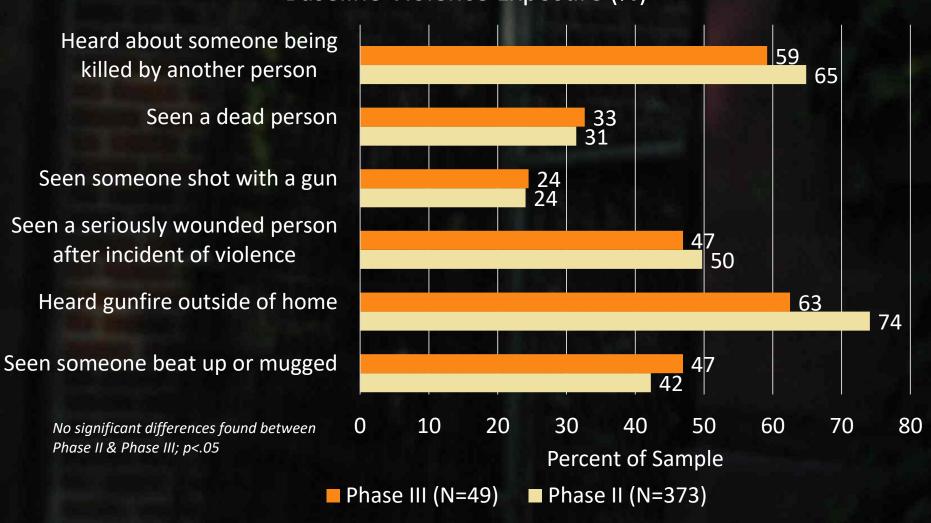
Implementation Phase: Baseline Comparisons

Baseline Hardship & Health (%)



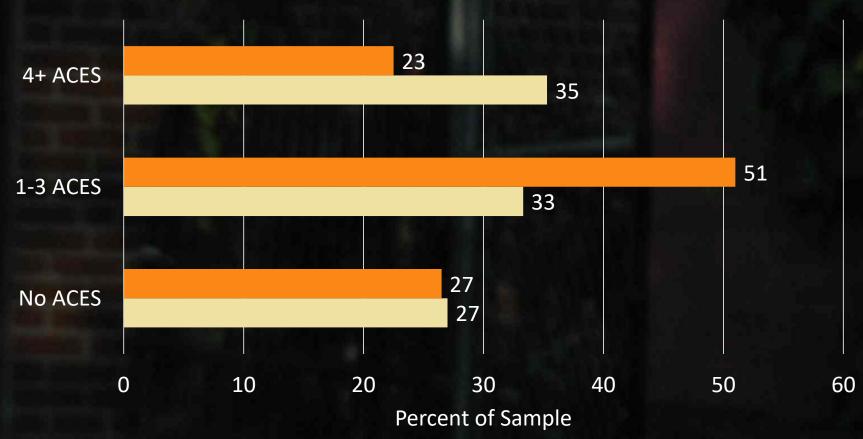
Implementation Phase: Baseline Comparisons

Baseline Violence Exposure (%)



Implementation Phase: Baseline Comparisons

Baseline ACES (%)



No significant differences found between Phase II & Phase III; p<.05

■ Phase III (N=49)
■ Phase II (N=373)

Systems for Action (S4A)

TANF and Medicaid Integration

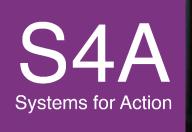


2. Identify cost savings to TANF and Medicaid & make a case for linking these systems.

- Administrative data from Commonwealth of PA
- Philadelphia City Dept. of Behavioral Health

Systems for Action (S4A)

TANF and Medicaid Integration



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
- Research publications



Research and Program Teams

Investigators



PI: Mariana Chilton, PhD, MPH

Project Director



Falguni Patel, MPH



Co- PI: Sandra Bloom, MD





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