KENTUCKY’S TARGETED ASSESSMENT PROGRAM

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Special Thanks...

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  - Carl Leukefeld, DSW
Presentation Overview

- Background: UK Targeted Assessment Program
- Methods
- Results
- Discussion & Implications
- Recommendations for Application
Background
Targeted Assessment Program (TAP)

- Initiated by the Kentucky Department for Community Based Services (DCBS)
- Collaboration over more than a decade

Purpose of TAP: Identify & address barriers to self-sufficiency, family stability, & safety:
- Mental Health
- Substance Abuse
- Intimate Partner Violence
- Learning Problems
Development & Expansion

- Began with 1 pilot county (2 staff) which grew to 8 counties and 16 staff within the first year
  - Based on TANF case load
- Expanded 7 times in 10 years:
  - 33 counties
  - 58 field staff
  - 6 supervisory/program coordination staff
  - 2 professional data/research staff
  - 2 administrative support staff
Development of TAP – 2000

Counties: 8
Assessors: 16
Development of TAP – 2001

Counties: 15
Assessors: 22
Development of TAP – 2002

Counties: 17
Assessors: 25
Development of TAP – 2004

Counties: 19
Assessors: 28
Development of TAP – 2006

 Counties: 22
 Assessors: 32
Development of TAP – 2007

Counties: 23
Assessors: 36
Development of TAP – 2008

Counties: 32
Assessors: 57
Development of TAP – 2009

Counties: 33
Assessors: 58
Targeted Assessment Program (TAP)

- 58 Targeted Assessment Specialists co-located in DCBS offices in 33 Kentucky counties (9 state agency service regions)
- Referrals from child welfare and public assistance agencies, as well as from community partners and some self-referrals
Program Components

- Comprehensive assessment adapted from empirically-validated instruments
- Motivational interviewing
- Strengths-based pre-treatment case management
- On-going follow-up and regular case review
- Collaboration with public agencies and multiple community partners
Process

- Referral to TAP
- Baseline assessment
- Assessment summary & case plan recommendations; referrals for services
- TAP services, incl. pre-treatment case management and service coordination
- On-going follow-up
- Case closure review
Study Purpose

Purpose of the Study:

- To demonstrate the effectiveness of TAP in assisting TANF-eligible individuals by measuring six-month follow-up outcomes of TAP participants
Methods
Methods

- Regionally-proportionate stratified random sample of program participations (n=427), 75% response rate for final sample of (n=322)
- McNemar’s test for correlated proportions
Results
# Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>n=322</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years (mean; min,max)</td>
<td>30.3 (18,61)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>302 (94%)</td>
</tr>
<tr>
<td>Male</td>
<td>20 (6%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>273 (85%)</td>
</tr>
<tr>
<td>Black</td>
<td>44 (14%)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Single, never married</td>
<td>121 (38%)</td>
</tr>
<tr>
<td>Married, living with spouse</td>
<td>61 (19%)</td>
</tr>
<tr>
<td>Separated, not living with spouse</td>
<td>70 (22%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>63 (20%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>7 (2%)</td>
</tr>
<tr>
<td>Cohabitating</td>
<td>56 (17%)</td>
</tr>
<tr>
<td>No. of Children (mean; min,max)</td>
<td>2.3 (0,9)</td>
</tr>
<tr>
<td>Yrs. of School (mean; min,max)</td>
<td>11.1 (5,17)</td>
</tr>
</tbody>
</table>
## Results

- Number of participants receiving referrals to address barriers and the percent of those referred who utilized recommended treatments

<table>
<thead>
<tr>
<th>Barrier</th>
<th># of Participants Referred</th>
<th># (%) of Participants Utilizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>187</td>
<td>144 (77%)</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>118</td>
<td>94 (80%)</td>
</tr>
<tr>
<td>Int. Part. Violence</td>
<td>82</td>
<td>52 (63%)</td>
</tr>
<tr>
<td>Learning Problems</td>
<td>72</td>
<td>38 (53%)</td>
</tr>
</tbody>
</table>
Results

- After six-months, the percent of participants with assessed barriers significantly decreased.
Results

- Participants also reported significant decreases in unmet basic needs.

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport.*</td>
<td>73.3%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Kids' Needs*</td>
<td>44.7%</td>
<td>36.3%</td>
</tr>
<tr>
<td>Childcare*</td>
<td>32.3%</td>
<td>22.7%</td>
</tr>
</tbody>
</table>

*p<.05
Further, participants reported significant changes in employment-related outcomes.
Finally, participants reported significant decreases in welfare receipt and child welfare involvement.

** p<.01, ***p<.001
Discussion & Implications
Summary of Implications

The TAP approach is effective at:

- Reducing barriers to self-sufficiency, family stability, and safety
- Helping ensure utilization of referred services
- Addressing unmet basic needs
- Improving employment outcomes
- Decreasing dependence on public assistance
- Reducing involvement with child welfare
Reviewing Key Features of TAP

- Multi-agency participation and collaboration
- Co-location of TAP assessment specialists
- Extensive participant outreach
- Strengths-based engagement process
- Comprehensive, multi-barrier assessment
- Customized service plan created with the participant
- Motivational Interviewing & Pretreatment to increase treatment effectiveness
- On-going follow-up with participants, referral source, and community services
Recommendations for Application
Recommendations for Application

- Multi-agency participation and collaboration
  - Community involvement in hiring process
  - Quarterly Advisory Council meetings
  - Connection to community services

- Co-location of TAP assessment specialists
  - Improved dialogue between state agency and assessment specialist benefits participants
  - Facilitates referral process, consultations, and follow-up
Recommendations for Application

 Extensive participant outreach
  • Employ repeated initial contact attempts, including letters, phone calls, and home visits

 Strengths-based engagement process
  • Focus on strengths to decrease resistance to service increases involvement/engagement
    ○ Strengths-focus can increase motivation and self-efficacy
  • Participants need to know they have an advocate
Recommendations for Application

- Comprehensive, multi-barrier assessment
  - Utilize or adapt empirically-validated instruments
  - Focus on targeted barriers (MH, SA, IPV, LP), as well as basic needs and physical health problems
  - Where feasible, use web-based instrumentation to improve data security and accessibility

- Customized service plan created with the participant
  - Focus on achievable outcomes and available services
Recommendations for Application

- Motivational Interviewing & Pretreatment to increase treatment effectiveness
  - Increase motivation and facilitate progress through stages of change
  - Improve treatment readiness and self-efficacy

- On-going follow-up with participants, referral source, and community services
  - Ensure involvement with or delivery of services
  - Coordinate efforts to help participants
  - Provide on-going coaching and support
Helpful Readings

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