

Report on the Assets, Goals & Challenges of Families Receiving Reach Up in Vermont

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REPORT AUTHORED BY ELEVATE: A POLICY LAB TO ELEVATE MENTAL HEALTH AND DISRUPT POVERTY



Yale SCHOOL OF MEDICINE

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Executive Summary

Introduction

Publicly launched in May 2019, Elevate works with government partners in the U.S. to advance family mental health as a pathway to economic and social mobility, thereby helping to interrupt the cycle of intergenerational poverty. Elevate has partnered with the Vermont Department of Children and Families (DCF) to scale the MOMS Partnership® — a program that brings mental health within the reach of over-burdened, under-resourced pregnant women, mothers, and other adult female caregivers in a family — to and with Vermont.

In partnering with Elevate to scale the MOMS Partnership to and with Vermont, DCF Economic Services Division (ESD) identified an opportunity for Elevate to contribute to the base of knowledge about families who receive Reach Up for an extended period of time in Vermont. In this report, Elevate explores the assets, goals, and challenges of long-term families in comparison to other families in Vermont and nationwide, and how those assets, goals and challenges affect long-term families' participation in Reach Up.

Factors that Distinguish “Long-term” Families from Families Receiving Reach Up for a Shorter Period of Time

Methodology:

Administrative data were drawn from ESD and the Department of Vermont Health Access for 170 families who received Reach Up for greater than or equal to nine years and for 510 families who have received Reach Up for less than 9 years. Qualitative data was drawn from 136 phone surveys that were administered to families who received Reach Up in the Fall of 2019.

Findings:

The challenges that families face impact other aspects of their lives, as suggested by statistically significant associations found between experiences of various types of challenges and time receiving Reach Up. Significance of an association was determined at a level of $p < 0.05$.

From analysis of administrative data:

- Controlling for instances of medical deferments in 2018, heads of households were more likely to have **higher Medicaid spending in 2018** if their household had **accumulated more months on Reach Up by April 2019**, ($p = 0.007$)
- Heads of household were **more likely to have a recorded medical deferment in the prior 12 months** (April 2019, October 2018, or April 2018) if they had accumulated **more months on Reach Up by April 2019** ($p < 0.001$)
- Households were **more likely to have experienced health and safety barriers to employment** at time-points at which they were enrolled in Reach Up if they were **long-term** families ($p < 0.001$)

- Heads of households were **more likely to belong to the long-term study group** ($p=0.002$) in April 2019 as their **emergency department utilization in 2017 increased**

From analysis of survey data:

- Respondents were **more likely to report higher levels of stress** ($p=0.001$) if they experienced **one or more barriers to receiving mental health treatment**
 - Respondents in the comparison study group and respondents in the long-term study group did not differ significantly in reporting higher levels of stress if they experienced one or more barriers to receiving mental health treatment
- Respondents were **more likely to screen as “at risk for depression”** ($p=0.002$) if they **reported ever experiencing a traumatic event**
 - Respondents in the comparison study group and respondents in the long-term study group did not differ significantly in screening as “at risk for depression” if they reported ever experiencing a traumatic event
- Respondents were **more likely to screen as “at risk for depression”** ($p=0.001$) if they **reported experiencing food insecurity**
 - Respondents in the comparison study group and respondents in the long-term study group did not differ significantly in screening as “at risk for depression” if they reported experiencing food insecurity

How “Long-term” Families in Vermont Compare to Families Receiving TANF in Other States

- Like families who received TANF assistance in **Maine**, families in **Vermont** who receive Reach Up report challenges including report of physical health concerns, experience of life circumstances that prevent employment, caring for children with special needs, and experience of family health problems.
- Like families who received TANF assistance in **Michigan**, families in **Vermont** who receive Reach Up reported persistent family challenges.
- As with families who received TANF assistance in **Minnesota**, families in **Vermont** who receive Reach Up report challenges related to experience of anxiety, experience of traumatic event(s), and experience of elevated stress.
- Finally, similarly to families who received TANF assistance in **Utah**, many respondents of the Vermont survey screened as “at risk for depression” (47.8%), based on CES-D score.

Factors Contributing to, and Consequences of, Long-term TANF Receipt

As has been found on the **national** level, families in **Vermont** who receive Reach Up report experience of financial concerns, experience of depressive symptoms, single parenting, and staying

home to care for a child. In addition, as on the **national** level, families in **Vermont** reported participation in medical assistance and SNAP benefits.

Lessons and Considerations

- Many families have strong assets in cohesion, resilience and resourcefulness but face challenges related to finding employment, achieving financial stability, and mental health and wellbeing.
- Compared to families who receive Reach Up for less than nine years, families who receive Reach Up for a longer period of time reported higher rates of food insecurity and experience with health and safety, social, and transportation-related barriers to employment.
- Compared to heads of households of families who receive Reach Up for less than nine years, heads of households of families who receive Reach Up for greater than or equal to nine years had higher average perceived stress scores, were more likely to screen as “at risk for depression”, and were more likely to report ever wanting help with their emotional or mental health but not being able to receive it.
- Many of the challenges experienced by families who receive Reach Up in Vermont call for a holistic and comprehensive response, especially considering that many families can experience several different types of challenges simultaneously (e.g., lack of transportation and difficulty finding employment).
- Many survey respondents either reported or were screened as positive for experiencing mental health concerns such as depression, anxiety, and post-traumatic stress, and continued support for these individuals on their journeys towards better mental health is worth investigation
- The information generously shared by families who receive Reach Up gives insight into the unique makeup, experience, and value of each individual family, to be considered when interacting with and offering services to families.

1. Introduction

Background

Temporary Assistance for Needy Families (TANF) is a federal program designed to assist low-income families with children. TANF was established through the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and has the broad purpose of fostering economic security and stability in recipient families.¹ To achieve this purpose, the TANF program provides a fixed block grant to U.S. states, territories, and Washington, D.C. to administer TANF programs that meet federal requirements with flexibility.

Reach Up is the program through which Vermont administers TANF aid and offers supports to households with dependent children including case management, services that support work, and monthly cash payments to help pay for necessities like food, clothing, housing, and utilities.² Typically, there is a 5-year lifetime limit for Reach Up benefits, but a number of deferments are available to extend Reach Up eligibility time for situations such as inability to work because of documented medical issues, needing to care for a sick or incapacitated family member, or being affected by domestic violence.³ In addition, participants may continue to receive benefits after the 5-year lifetime limit if they are engaged in services and attending appointments with a case manager. As of August 2019, almost 4,000 families in Vermont receive Reach Up.⁴ Of these families, 81 families have received Reach Up for over 11 years and 89 families have received Reach Up for 9-10 years, statewide. The reasons why these 170 families have continued to receive Reach Up for at least 9 years are understudied.

What's Currently Known About Families Receiving Reach Up

A 2018 report commissioned by the Vermont Department for Children and Families (DCF) explored how prior experiences are linked to how long families remained in the Reach Up program. For that report, the study group consisted of 4,728 single-parent families who enrolled in Reach Up between 2002 and 2007 when the parent was 30 years old or younger.⁵ The characteristics and documented prior experiences of those in the study group were collected through review of monthly DCF Reach Up case records from 2002 to 2017 and the monthly files of family members who participated in Vermont's pre-Reach Up welfare program between 1991 and 2001. The study found that, compared to parents in families who received Reach Up for five years or less, parents in families that received Reach Up assistance for a longer period of time were more likely to have received Vermont welfare benefits as children (59% vs. 37%), dropped out of high school before graduation (52% vs. 34%) and have become parents before their 21st birthday (57% vs. 35%). In addition, these families who received Reach Up for longer than five years were also more likely to have entered the program facing "parental or child health challenges", such as a disability or a medical condition, as defined by the investigators.

Studies of TANF recipients have found that many report exposure to violence and adversity in the family and community settings.⁶⁷ For example, an investigation of TANF recipients in Utah found that, compared to a predominantly middle-class control sample, women participating in TANF had experienced higher rates of childhood abuse and emotional, physical, and sexual abuse as adults.⁸ Research demonstrates that experience of adversity in adulthood can be a risk factor for adult mental health functioning, which can in turn impact an individual's ability to obtain and maintain employment.⁹ Indeed, many individuals who seek TANF assistance face multiple barriers to employment which result, in turn, in long-term reliance on TANF and other federal and state assistance programs.¹⁰¹¹

States have developed different approaches to limits on the maximum duration of TANF enrollment, with lifetime (cumulative) time limits ranging from 12 months (Arizona) to 60 months (e.g., Vermont) to indefinite enrollment (e.g., Massachusetts).¹² All states allow exemptions and extensions to lifetime time limits with varying policies and implementation procedures. While there has been some investigation of the effects on families of having TANF benefits withdrawn after reaching their state's lifetime time limit, there has been little exploration into the factors that lead to families' extended receipt of benefits. Likewise, at the national level, information on the general characteristics of families receiving TANF across the States is limited primarily to baseline demographics, including information on recipients' race and ethnicity, age, gender, educational attainment, and employment status.¹³ More comprehensive exploration of the characteristics and experiences of families who receive Reach Up long-term, as in this research report, could set a precedent for other states' investigations and contribute to a more comprehensive understanding of TANF-receiving families in general.

Purpose

Publicly launched in May 2019, Elevate works with government partners in the U.S. to advance family mental health as a pathway to economic and social mobility, thereby helping to interrupt the cycle of intergenerational poverty. In carrying out this mission, Elevate develops innovative programs and strategies, helps governments customize and adopt them, and studies how much it helps families and taxpayers. Elevate is housed at Yale School of Medicine (YSM), bridging YSM's Department of Psychiatry and the Yale Child Study Center.

Elevate has partnered with DCF to scale the MOMS Partnership®—a program that brings mental health within the reach of over-burdened, under-resourced pregnant women, mothers, and other adult female caregivers in a family—to and with Vermont. In partnering with Elevate to scale the MOMS Partnership to and with Vermont, DCF Economic Services Division (ESD) identified an opportunity for Elevate to contribute to the base of knowledge about long-term families in Vermont.

This report builds on the 2018 Reach Up report commissioned by DCF and on the existing knowledge base about nationwide TANF receipt. Elevate has conducted research in partnership

with DCF that is current, specific to Vermont but situated in a national context, and broad in addressing lesser-explored characteristics of TANF households. This includes a particular focus on how mental health challenges and concerns may be associated with the amount of time a family receives Reach Up.

Specifically, in this report, Elevate explores the assets, goals, and challenges of long-term families in comparison to other families in Vermont and nationwide, and how those assets, goals and challenges affect long-term families' participation in Reach Up. This exploration is structured around three guiding questions:

- Which, if any, factors distinguish families that participate in Reach Up for equal to or longer than 9 cumulative years (“long-term families”) from families that participate in Reach Up for a shorter period of time?
- How do families receiving long-term Reach Up assistance in Vermont compare to families who have received TANF for longer than 5 years in TANF programs nationwide?
- What is already known nationally about the factors contributing to, and the consequences from, long-term TANF receipt?

To address the first question, Elevate worked with ESD to secure de-identified administrative data on Reach Up recipients from ESD as well as the Department of Vermont Health Access (DVHA). These data sources provided insight into the formal aspects of families' participation in Reach Up as well as their use of Medicaid-billable mental health treatment or services. In addition, Elevate worked closely with ESD to administer a survey to a subset of families receiving Reach Up to better understand their experiences in their own words.

To address the second and third research questions, Elevate completed a literature review of peer-reviewed articles and reports published by TANF administrative agencies and their partners. The findings of this literature review, included in this report, will help put the findings from long-term families in Vermont into greater context.

Ultimately, this report is intended to shed light on the assets, goals, and challenges of long-term families. The findings presented here build on existing work detailing prior life experiences of long-term families and can assist entities that serve them by providing more insight into what, if anything, distinguishes their life experiences from those of others.

Structure of the Report

The remainder of this report is structured as follows:

Section 2: Factors that Distinguish “Long-term Families from Families Receiving Reach Up for a Shorter Period of Time

Section 3: How “Long-term Families” in Vermont Compare to Families Receiving TANF in Other States

Section 4: Factors Contributing to, and Consequences of, Long-term TANF Receipt

Section 5: Lessons, Considerations, and Conclusions

2. Factors that distinguish “long-term” families from families receiving Reach Up for a shorter period of time

Methods

Administrative Data

Administrative data were drawn from ESD and DVHA for 170 families who received Reach Up for greater than or equal to nine years and for 510 families who have received Reach Up for less than 9 years. ESD administrative data was provided for two time-points (April and October) of each year between April 2005 and April 2019 for all cases. DVHA administrative data was provided for instances of Medicaid service use between 2005 to 2019.

Standard statistical analyses were performed by Elevate to test for group differences on the outcome variables. Statistical analyses were performed in SAS 9.4.

Survey Data

Between October 2019 and December 2019, Elevate worked with ESD to administer a survey to families who were currently receiving or have ever received Reach Up. ESD randomly sampled and collected answers to surveys from 34 long-term families and 102 families who have received Reach Up for less than 9 years (“comparison families”), constituting a 20% sample of each group for a total of 136 families. Individuals who completed the survey were awarded a \$25.00 incentive, issued either on their Electronic Benefit Transfer (EBT) card or by check. Elevate then securely received this data from ESD for analysis.

Note: This methodology is quasi-experimental and thus cannot yield causal conclusions about the differences between long-term families and comparison families. In addition, this research compares current, active beneficiaries of less than 9 consecutive years to long-term beneficiaries, so this report does not offer a comparison between families who have exited Reach Up and those who have not.

Results

Insights from administrative data analysis:

General Characteristics

Of the 680 families for whom administrative data were analyzed:

- The years of families’ first instance of Reach Up enrollment ranged from 1985 to 2019.
- The average cumulative number of months of Reach Up enrollment as of April 2019 was 61.37.
 - For comparison families, the average number of months of Reach Up enrollment was 36.47 months.
 - For long-term families, the average number of months of Reach Up enrollment was 136.1 months.
- The average age of the head of household as of April 2019 was 32.9 years of age.

- For comparison families, the average age of the head of household was 31.6 years of age.
- For long-term families, the average age of the head of household was 37.1 years of age.
- The average number of members in a household as of April 2019 was 2.98 individuals, including adults and children.
 - For comparison families, the average number of members in a household was 2.90 individuals.
 - For long-term families, the average number of members in a household was 3.23 individuals.
- The average number of children in a household as of April 2019 was 1.84 children.
 - For comparison families, the average number of children was 1.74 children.
 - For long-term families, the average number of children was 2.14 children.

Challenges Faced by Families

In Reach Up records, information on barriers related to health and safety, social and emotional wellbeing, and transportation is noted for households. “Barrier” is defined by DCF as any physical, emotional, or mental health condition; any lack of an educational, vocational, or other skill or ability; any lack of transportation, child care, housing, medical assistance, or other services or resources; domestic violence circumstances; caretaker responsibilities; or other conditions or circumstances that prevent an individual from engaging in employment or other work activity. Information on barriers experienced by families is collected through case managers’ assessments and participants’ self reports during meetings with case managers.

In April 2019:

- 25.5% of comparison families and 44.1% of long-term families experienced a health and safety barrier ($p < 0.01$).
- 28.4% of comparison families and 51.2% of long-term families experienced a social and emotional barrier ($p < 0.001$).
- 30.59% of comparison families and 40.59% of long-term families experienced a transportation barrier ($p = 0.02$).

Looking at the percentage of time that families were recorded as experiencing certain barriers while enrolled in Reach Up:

- Between 2006 and 2019, comparison families experienced a health and safety barrier at 21.7% (mean) of time-points at which they were enrolled in Reach Up and long-term families experienced a health and safety barrier at 34.1% (mean) of time-points at which they were enrolled ($p < 0.001$).
- Between 2006 and 2019, comparison families experienced a social and emotional barrier at 25.3% (mean) of time-points at which they were enrolled in Reach Up and long-term families experienced a social and emotional barrier at 42.3% (mean) of time-points at which they were enrolled ($p < 0.001$).

In terms of financial challenges:

- 30.8% of comparison families and 21.2% of long-term families earned wages in April 2019
- In April 2019, the average Reach Up benefit amount was \$519.20 for comparison families and \$567.0 for long-term families.
- In April 2019, the average 3SquaresVT benefit amount was \$440.30 for comparison families and \$484.40 for long-term families.

In terms of housing:

- 26.1% of comparison families and 55.3% of long-term families lived in either subsidized or public housing in April 2019 ($p < 0.001$).

In terms of Medicaid spending:

- The mean annual total of Medicaid claims costs for the head of household between 2006 and 2019 was \$5386 for the comparison group and \$6410 for the long-term group
- The mean monthly Medicaid spending for the head of household between 2006 and 2019 was \$448.80 for the comparison group and \$534.20 for the long-term group

Families' Experiences with Mental Health Treatment

- For families for whom Medicaid claims data between 2006 and 2019 was available:
 - The majority (97.2%) of the heads of households of both groups did not have any recorded instances of Medicaid-billed inpatient mental health treatment, while 2.79% had one or more such recorded instance between 2006 and 2019

Importantly, information on inpatient mental health treatment that was not billed to Medicaid was not available for these analyses. This means that individuals' receipt of inpatient mental health treatment that was billed to private insurance or paid for out-of-pocket is not represented.

In addition, it is important to note that inpatient care related to substance use disorder was not included in these analyses. Any mental health diagnosis information linked to dual mental health and substance use disorder diagnoses may have been excluded from this analysis.

Relationships Between Families' Experiences

The challenges that families face impact other aspects of their lives, as suggested by statistically significant associations found between experiences of various types of challenges and time receiving Reach Up. Significance of an association was determined if $p < 0.05$.

- Controlling for instances of medical deferments in 2018, heads of households were more likely to have **higher Medicaid spending in 2018** if their household had **accumulated more months on Reach Up by April 2019**, ($p=0.007$)
- Heads of household were **more likely to have a recorded medical deferment in the prior 12 months** (April 2019, October 2018, or April 2018) if they had accumulated **more months on Reach Up by April 2019** ($p<0.001$)
- Households were **more likely to have experienced health and safety barriers to employment** at time-points at which they were enrolled in Reach Up if they were **long-term** families ($p<0.001$)
- Households were **more likely to have experienced social and emotional barriers to employment** at time-points at which they were enrolled in Reach Up if they were **long-term** families ($p<0.001$)
- Heads of households were **more likely to belong to the long-term study group** ($p=0.002$) in April 2019 as their **emergency department utilization in 2017 increased**

While we did not find any statistically significant associations between inpatient mental health treatment utilization and months on Reach Up or group status, it is important to reiterate that information on inpatient mental health treatment that was not billed to Medicaid was not available for these analyses and actual inpatient mental health treatment usage may not reflected in analysis of associations.

Insights from survey data analysis:

From the 136 surveys completed by families:

- The average age of respondents was 33.8 years of age, ranging between 21 and 61 years of age.
- Of those who responded to the survey, 88.3% identified as White (Non-Hispanic), 3.75% identified as White (Hispanic), and 5.11% responded 'other.'
- 74.5% of families reported receiving Reach Up benefits at the time of the survey and 24.8% of families reported not currently receiving Reach Up.
- At the time of survey, the average number of individuals in respondents' household, including both adults and children, was 3.58 individuals.

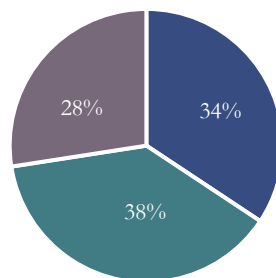
Employment and Service Utilization

- At the time of survey completion, 25.5% of respondents in comparison families and 20.6% of respondents in long-term families reported working for pay
 - Of those working for pay, 63.6% reported working full-time
- All respondents reported ever participating in one or more form of Reach Up programming
 - 100.0% of respondents reported ever receiving cash assistance
 - 98.5% of respondents reported ever participating in case management services
 - 53.3% of respondents reported ever participating in workforce development programs
 - 47.6% of respondents in comparison families and 70.6% of respondents in long-term families reported ever participating in workforce development programs
 - 36.5% of respondents reported ever participating in educational programs
 - 28.2% of respondents in comparison families and 61.8% of respondents in long-term families reported ever participating in education programs

Social Support

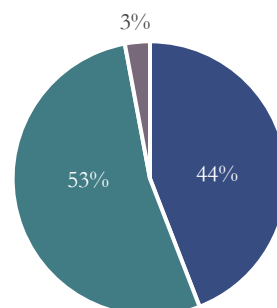
- When asked whether they share with others any challenges, worries, or fears that they experience 78.7% responded affirmatively that they do share these experiences with others.
 - 81.4% of respondents in comparison families and 70.6% of respondents in long-term families responded affirmatively that they do share challenges, worries, or fears that they experience with others.
- When asked about available and perceived social support, respondents in comparison and long-term families reported either poor or moderate social support:

Perceived Social Support
Among Survey Respondents in
Comparison Families (N=102)



■ Poor support ■ Moderate support ■ Strong support

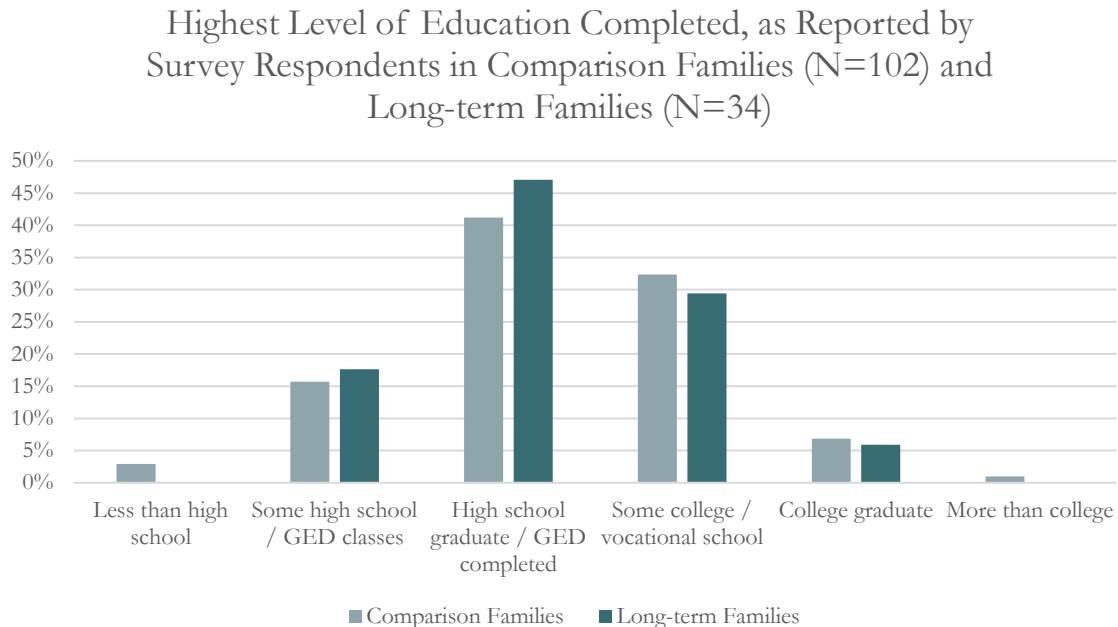
Perceived Social Support
Among Survey Respondents in
Long-term Families (N=34)



■ Poor support ■ Moderate support ■ Strong support

Education

- When asked about highest level of education completed, respondents in comparison and long-term families reported completion of a high school degree or GED or some college or vocational school:



Family Strengths

In their own words, survey respondents described the strengths of their household as including good communication, having a good routine or schedule, and being strong as members of a unit.

“We are family, so we are supportive of each other.”

*“I am a strong mom and I run my household with no bull****.”*

“We all work together and do our part.”

Survey respondents described the best times that their household has experienced as including spending time as a family, doing activities as a family, and celebrating the holidays together.

“Family activities, even just staying home and talking to each other.”

“The best times are our favorite holidays and birthdays.”

Challenges Faced by Families

- 48.1% of families responded that there was a time when their household was not able to pay a mortgage or rent on time
- 51.1% of respondents reported issues with child care had limited their ability to work or go to school in the past year in , with 13.8% of respondents reporting that they could not find childcare for the times needed
 - 88.9% of families have ever participated in DCF's Child Care Financial Assistance Program to pay for childcare
- 78.8% of families reported experiences of food insecurity, including:
 - Running out of food before the end of the month (48.2% of respondents)
 - Borrowing food or money from family or friends (64.2%)
 - Using a food bank (56.9%)

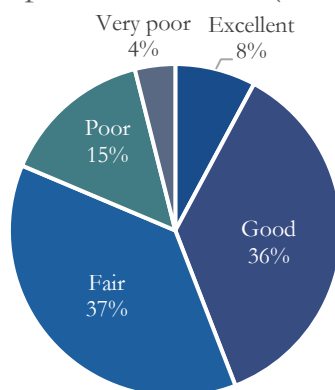
Receipt of Other Social Assistance

- At the time of the survey, 92.7% of respondents reported currently receiving 3SquaresVT (SNAP) benefits and 94.2% of respondents reported enrollment in Dr. Dynasaur (CHIP)
- 55.9% of respondents reported ever receiving general or emergency assistance from the Vermont Department of Children and Families
- 48.2% of respondents reported that, growing up, their family accessed welfare benefits

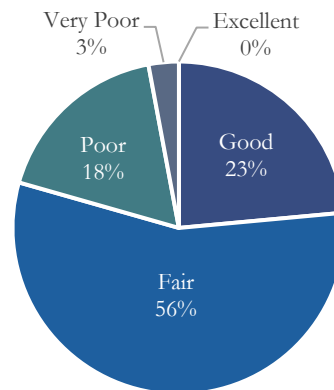
Health Challenges

- 43.1% of respondents in comparison families and 63.6% of respondents in long-term families reported that at least one child in their household needs or uses more medical care than is usual among other children of their age
- 38.2% of respondents reported some difficulty or a lot of difficulty walking or climbing steps

Self Rating of Physical Health
for Survey Respondents in
Comparison Families (N=102)



Self Rating of Physical Health
for Survey Respondents in
Long-term Families (N=34)



In their own words, respondents reported personal barriers to employment, ranging from mental health challenges (e.g., anxiety, depression), to criminal justice system involvement to needing to care for children or others:

“High anxiety.”

“I have a criminal record.”

“Son has special needs.”

In their own words, survey respondents described the challenges that their family has faced as including money or finances, trouble with transportation, and experiencing unstable living situations:

“We do not have very much money and I do not have a license.”

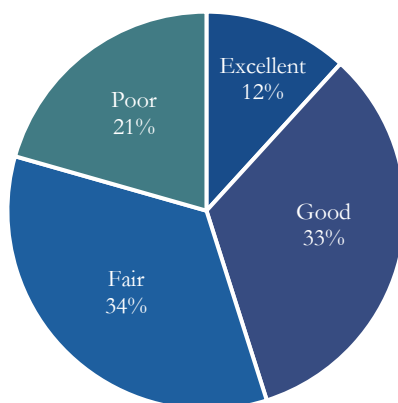
“Currently living in a shelter, trying to get on feet.”

At the time of the survey, 71.3% of respondents reported still experiencing these challenges.

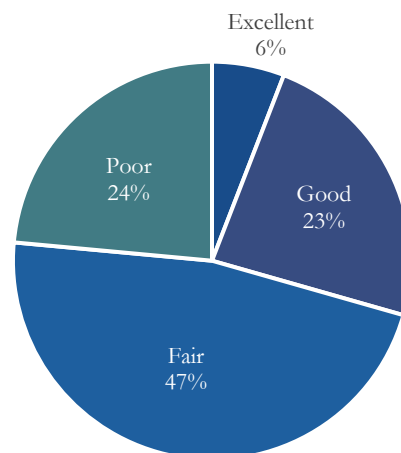
Families’ Experiences with Mental Health

- 47.8% of respondents screened as at “at risk for depression”
 - According to the Center for Epidemiologic Studies Depression Scale (CES-D), a CES-D score greater than or equal to 16 is considered “at risk for depression.”
 - 45.1% of respondents in comparison families and 58.8% of respondents in long-term families screened as “at risk for depression”
- When asked how they would rate their emotional health, many respondents reported their emotional health as “Fair” or “Poor”:

Self Rating of Emotional Health
for Survey Respondents in
Comparison Families (N=102)



Self Rating of Emotional Health for Survey Respondents
in Long-term Families (N=34)



- 88.9% of survey respondents reported ever having received treatment for stress, sadness, depression, anxiety, or any other emotional or mental health condition
 - 85.3% of respondents in comparison families and 100.0% of respondents in long-term families reported ever having received this treatment
- 30.9% of respondents reported ever having wanted help with their emotional health but not being able to receive it
 - Of all respondents, barriers included not being able to get an appointment soon enough (52.4%) and not having transportation (61.9%)
 - 30.4% of respondents in comparison families and 32.4% of respondents in long-term families reported ever wanting help with their emotional health but not being able to receive it
- 43.4% of survey respondents reported that others in their household have accessed help for stress or other kinds of mental health care
 - 42.7% of respondents in comparison families and 67.7% of respondents in long-term families reported that at least one child in their household experienced an emotional, developmental, or behavioral problem for which they need treatment or counseling
- 46.7% of respondents screened positive for experience of anxiety
 - On the anxiety subscale of the Patient Health Questionnaire-4 (PHQ-4) instrument, a score of 3 or greater indicates a positive screen for anxiety
 - 44.7% of respondents in comparison families and 52.9% of respondents in long-term families screened positive for experience of anxiety
- Respondents in the comparison group had a lower average perceived stress score (6.62) compared to respondents in the long-term group (7.41)
 - On the Perceived Stress Scale 4 (PSS-4), higher scores are correlated to more stress
- 88.3% of respondents reported experiencing at least one Adverse Childhood Experience (ACE), including:
 - Living with an individual who was depressed, mentally ill, or suicidal (53.3% of respondents)
 - Having parents that were separated or divorced (61.3% of respondents)
 - Having been sworn at, insulted, or put down by a parent or adult in their home once (64.2%)
- When asked about their experiences with serious or traumatic events, 20.7% of respondents reported ever experiencing such an event, and, of those respondents, 19.6% reported ever re-experiencing that traumatic event in a distressing way
- 37.2% of respondents responded affirmatively to at least one item on the included Mini International Neuropsychiatric Interview (MINI) 7.0.2. Psychotic Disorders and Mood Disorder with Psychotic Features instrument.
 - The MINI is a short structured diagnostic interview for psychiatric disorders.

Families' Perception of Receiving Reach Up

When asked to describe their thoughts on what they like about receiving Reach Up, survey respondents noted that they liked how it helps with paying the bills and housing or rent and working a case manager.

"It helps me and my kids get by and pay our bills."

"I love my case worker. I don't know what I would do without it. She works with me, she doesn't boss me around."

"Extra money for diapers and wipes."

When asked to describe their thoughts on what they do not like about receiving Reach Up, survey respondents noted how they did not like the stigma associated with receiving benefits and the process and rules associated with Reach Up participation.

"The stigma, being on welfare is not ideal."

"I think being in the system and the amount of hoops I had to jump through."

When asked for any other thoughts that they have about Reach Up, survey respondents noted their gratitude for the program and appreciation for their case managers.

"I'm grateful for it helped me get through some tough times."

Relationships Between Families' Experiences

The challenges that families face impact other aspects of their lives, as suggested by statistically significant associations found between experiences of various types of challenges and time receiving Reach Up. Significance of an association was determined if $p < 0.05$.

- Respondents were **more likely to report higher levels of stress** ($p=0.001$) if they experienced **one or more barriers to receiving mental health treatment**
 - Respondents in comparison families and respondents in long-term families did not differ significantly in reporting higher levels of stress if they experienced one or more barriers to receiving mental health treatment
- Respondents were **more likely to screen as "at risk for depression"** ($p=0.002$) if they **reported ever experiencing a traumatic event**
 - Respondents in comparison families and respondents in long-term families did not differ significantly in screening as "at risk for depression" if they reported ever experiencing a traumatic event
- Respondents were **more likely to screen as "at risk for depression"** ($p=0.001$) if they **reported experiencing food insecurity**

- Respondents in comparison families and respondents in long-term families did not differ significantly in screening as “at risk for depression” if they reported experiencing food insecurity

Families’ Goals

When asked about the goals that they have for themselves and their family, survey respondents noted securing and maintaining employment, experiencing financial stability, and improving or maintaining their health.

“Get back to work.”

“I would like to be financially stable, bills paid on time.”

“Get health stabilized.”

3. How “long-term” families in Vermont compare to families receiving TANF in other states

Exploration of TANF Receipt in Other States

Peer-reviewed articles related to long-term TANF receipt or participation were sought out and compiled. Through the literature review, it was found that research on families receiving long-term TANF assistance has been published on populations in four states—Maine, Michigan, Minnesota, and Utah.

Characteristics of Long-Term Families

A qualitative study of long-term TANF recipients in **Maine** examined barriers to employment faced by recipients collecting information through regional focus groups and telephone interviews.¹⁴ Of those who participated in the focus groups, most had been receiving TANF for over five years. Significant themes that emerged in focus groups and interviews **were challenges coping with domestic violence and its aftermath, caring for children with disabilities, and suffering from significant health issues**. In addition, 77% of women in the sample had experienced domestic violence, 64% had children with disabilities, and 57% had significant health problems.

A subsequent study in **Maine** found that families sought help from TANF for three major reasons: **experiencing difficulty finding or maintaining stable and secure employment; experience of family health problems; and experience of family-related crises stemming from domestic violence, separation, or divorce**.¹⁵ Disability played a significant role in families' lives, with 67% of households reporting a family member with a disability and 48.3% of parents reporting health conditions that limited ability to work.

A study of **Michigan** families explored characteristics associated with increasing duration of time receiving TANF benefits, divided into low (<20 months), medium (20-39 months), and high (40-60 months) levels of time receiving benefits.¹⁶ It was found that for families receiving benefits for the greatest length of time, the presence of **persistent personal and family challenges (such as child and maternal health problems and domestic violence)** greatly increased the likelihood of a longer stay on TANF.

In **Minnesota**, Kauff and Pavetti investigated the state's approach to identifying and addressing the needs of long-term families nearing or who had exceeded a newly-implemented 60-month time limit. Psychological assessments of recipients nearing the time limit revealed **that many experienced untreated or inadequately treated mental health disorders, including severe depression, anxiety, and post-traumatic stress disorder**.¹⁷ The study noted that some long-term recipients saw doctors regularly and/or took medication for mental health symptoms, but recipients reported that these doctor visits often consumed substantial amounts of time and medications often caused undesirable side effects, such as fatigue, nausea, or increased anxiety, which could affect their ability to maintain employment.

In **Utah**, Taylor and Barusch investigated the personal and family barriers of long-term welfare recipients.¹⁸ They interviewed 284 long-term recipients who had spent an average of 88 cumulative months on welfare, ranging from 36 to 336 months. The study found that **56.7% of respondents scored above the CES-D cut-off score and 42.3% scored positively for clinical depression on the Diagnostic and Statistical Manual of Mental Disorders III (DSM-III) measure.** In addition, they found that 15.1% of long-term welfare recipients met the DSM-IV criteria for a diagnosis of PTSD.

How Vermont Fits with the Research Landscape

The findings of this report add to the body of findings from studies in Maine, Michigan, Minnesota, and Utah.

Like families who received TANF assistance in **Maine**, families in **Vermont** who receive Reach Up report challenges including:

- Report of physical health concerns (33.1% of survey respondents)
- Experience of life circumstances that prevent employment (64.7% of survey respondents)
- Caring for children with special needs, as indicated by survey respondents' reported experiences of caring for a child who is limited or prevented in any way in their ability to do the things most children of the same age can do (29.2% of survey respondents) and survey free-response answers (e.g., *"I can't work because of a child's special needs"*)
- Experience of family health problems, as indicated by survey free-response answers (e.g., *"Hope to move, and [get] grandfather's health issues taken care of"*)

Similarly to families who received TANF assistance in **Michigan**, families in **Vermont** who receive Reach Up report challenges including:

- Persistent family challenges, as indicated by survey respondents' self-reports that most or all of their family challenges first came up within the past 5 years (41.9% of survey respondents) and survey free-response answers (e.g., *"Money problems"*, *"Coexisting all together"*, *"Transportation"*)

Similarly to families who received TANF assistance in **Minnesota**, families in **Vermont** who receive Reach Up report challenges related to:

- Experience of anxiety (46.7% of survey respondents)
- Experience of traumatic event(s) (20.7% of survey respondents)
- Experience of elevated stress, as indicated by survey respondents' scores on PSS-4 instrument and survey free-response answers (e.g., *"Emotional stress of paying bills when you do not have enough to get by"*)

Finally, similarly to families who received TANF assistance in **Utah**, many respondents of the **Vermont** survey screened as “at risk for depression” (47.8%), based on CES-D score.

As a note: while a PTSD screening instrument was included on the Vermont survey, it could not be used to determine which participants met the criteria for a diagnosis of PTSD as in other states’ studies because of survey administration capacity.

4. Factors Contributing to, and Consequences of, Long-term TANF Receipt

Long-term TANF Receipt on the National Level

On the national level, while there is information on the general characteristics of families receiving TANF across the states on recipients' race and ethnicity, age, gender, educational attainment, and employment status, there is little information on their characteristics beyond these baseline demographics.¹ In a study combining state-level policy data with data on a national sample of low income families, it was found that lower family income-to-needs ratios were associated with higher odds of TANF receipt and that Black or African American families, single parent families, and families in which the mother was not employed all had higher odds of TANF receipt.¹⁹ In addition, families who experienced more residential moves, financial troubles lasting longer than one year, and a parent who reported higher levels of depressive symptoms had higher odds of TANF receipt.

Nationally, the average number of individuals in a TANF "assistance unit" is 3.0 individuals, with an average of 2.7 individuals per assistance unit in Vermont.²⁰ Of those who receive TANF nationally, 87.2% receive medical assistance, such as Medicaid, and 82.7% receive Supplemental Nutrition Assistance Program (SNAP) benefits. In addition, nationally, 28.0% of all TANF recipients are employed.

In a review of studies based on national surveys, Bloom et al. found that many TANF recipients experience barriers to employment including: a work-limiting health condition, poor mental or emotional health, not having a high school diploma, and caring for a child under one year of age or who has special needs.¹⁰

How Families in Vermont Compare to Families on the National Level

As has been found on the **national** level, families in **Vermont** who receive Reach Up report experience of:

- Financial concerns
 - As indicated on survey free-response answers (e.g., *"Many financial challenges"*)
 - As indicated by survey respondents' answers of "A Fair Amount" or "A Lot" when self-reporting amount of stress or worry felt about personal finances (67.65% of survey respondents)
- Experience of depressive symptoms, as indicated by respondents' CES-D scores (47.8% of survey respondents scored as "at risk for depression")
- Single parenting, as indicated on survey free-response answers (e.g., *"Money problems"*, *"Coexisting all together"*, *"Transportation"*)
- Staying home to care for a child, as indicated on survey free-response answers (e.g., *"Not enough childcare"*)

In addition, as on the **national** level, families in **Vermont** reported participation in:

- Medical assistance (94.2% of survey respondents)
- SNAP benefits (92.7% of survey respondents)

In addition, in terms of family composition, survey respondents in Vermont reported an average of 3.58 individuals in their household, including adults and children. This differs from national data on the number of individuals per “assistance unit” in Vermont (2.7) in 2018.

5. Lessons and Considerations

Lessons

- Many families have strong assets in cohesion, resilience, and resourcefulness but face challenges related to finding employment, achieving financial stability, and mental health, and wellbeing.
- Compared to families who receive Reach Up for less than nine years, families who receive Reach Up for a longer period of time reported higher rates of experience with health and safety, social, and transportation-related barriers to employment.
- Compared to heads of households of families who receive Reach Up for less than nine years, heads of households of families who receive Reach Up for greater than or equal to nine years had higher average perceived stress scores, were more likely to screen as “at risk for depression”, and were more likely to report ever wanting help with their emotional or mental health but not being able to receive it.
- Families reported responding to the challenges that they experience by taking advantage of services such as Reach Up and its services, such as case management, workforce development programs, and educational programs.
- Persistent challenges that families reported experiencing included long-lasting financial concerns, single parenting, caring for a child with special needs, and physical and mental health concerns.
- The experiences of families who receive Reach Up in Vermont are similar to the experiences of families who receive TANF in other states, including experiences with life circumstances that prevent employment, persistent family challenges, and mental health concerns, such as anxiety, elevated stress, and depression.
- In addition, some of the experiences of families who receive Reach Up in Vermont are similar to experiences known on the national level of families who receive TANF, including financial concerns, single parenting, and staying home to care for a child.

Considerations

- Many of the challenges that families who receive Reach Up in Vermont experience call for a holistic and comprehensive response, especially considering that many families can experience several different types of challenges simultaneously (e.g., lack of transportation and difficulty finding employment).
- Many survey respondents either reported or were screened as positive for experiencing mental health symptoms such as depression, anxiety, post-traumatic stress, and continued support for these individuals on their journeys towards better mental health is worth investigation.

- The information generously shared by families who receive Reach Up gives insight into the unique makeup, experience, and value of each individual family, to be considered whenever interacting with and offering services to these families.

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