

Kentucky Targeted Assessment Program

Summary

The Kentucky Targeted Assessment Program (TAP) provides comprehensive assessment and intensive case management services to parents facing certain barriers to stability who are involved in the state's child welfare system or Temporary Assistance for Needy Families (TANF) program. TAP staff use motivational interviewing and strengths-based case management to prepare participants for mental health and substance use disorder treatment as appropriate, refer them to other services and treatment programs, and support their follow-through with referrals and services. TAP staff also help participants address barriers to program engagement such as lack of child care, transportation, food, clothing, housing, utilities, and medical care.

Funding source



The state funds TAP with TANF dollars. In 2019, the University of Kentucky (UK) received a Kentucky Opioid Response Effort grant for \$2 million from the Substance Abuse and Mental Health Services Administration to expand TAP in high-risk counties impacted by the opioid epidemic.

Intervention description



TAP offers flexible services and supports based on participants' needs and evolving circumstances to help participants move toward self-sufficiency. A team of researchers at the UK Center on Drug and Alcohol Research developed and operates TAP in close partnership with the TANF and child welfare programs. The Department for Community Based Services (DCBS), which administers the state's TANF and child welfare programs, contracts with UK to operate TAP. About 83 percent of TAP participants are referred to the program from the child welfare system, 15 percent from TANF, and the remaining 2 percent from community service providers and self-referrals.

Services provided



Case management;
Health services
(*Substance use disorder treatment and mental health services; Physical health services*);
Supportive services

Populations served

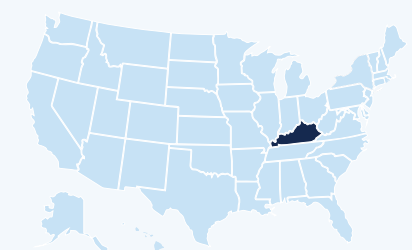


TAP provides services to parents who are involved in Kentucky's TANF program or child welfare system and who are experiencing at least one of four barriers to self-sufficiency and stability: (1) mental health issues, (2) substance use disorders, (3) intimate partner violence, and (4) learning disabilities or deficits. Participants must also have income below 200 percent of the federal poverty level and children younger than 18.

Setting



TAP operates in 35 of Kentucky's 120 counties.



Year first implemented

2000 (ongoing at the time of data collection)

What are case studies?

Case studies provide practitioners with information about innovative interventions that states, counties, community-based organizations, or other entities are undertaking to improve employment outcomes for TANF participants and other individuals with low incomes, especially public assistance recipients. **Case studies cover interventions not included elsewhere in the Clearinghouse because they have not yet been rigorously evaluated.**

Frontline staff called TAP specialists, who are co-located in DCBS offices, provide services. The intervention begins with an intake meeting and baseline assessment, which is followed by case management and referrals to services. The TAP specialists act as advocates and help participants move toward self-sufficiency. They develop close relationships with participants and often act as liaisons between participants, child welfare and TANF caseworkers, and other service providers.

Components of the intervention include the following:

- **Intake.** The intervention begins with an intake meeting, where a prospective participant learns about the intervention and provides written consent to participate. The meeting could occur at the DCBS office, a community agency, or the participant's home.
- **Baseline assessment.** Within 30 days, TAP staff perform a baseline assessment that identifies the participant's barriers to self-sufficiency and stability, basic needs, treatment history, and strengths and goals. In addition, TAP specialists receive information about the participant from their referring child welfare or TANF caseworker, such as why the participant is in the child welfare system and what their goals are. The TAP specialist rates the participant's need for medical care and treatment, services for intimate partner violence, help with learning disabilities, and further education.
- **Narrative report.** From this assessment, the TAP specialist develops a summary report on the participant's barriers and strengths, recommending services to address any challenges identified with regards to mental health, substance use disorder, intimate partner violence, or learning challenges and outlining a plan to address those challenges. The TAP specialist reviews the report with the participant and confirms the participant agrees with the recommendations. The specialist shares information from the assessment with DCBS caseworkers.
- **Pretreatment services.** TAP staff might provide pretreatment services to prepare and motivate participants to follow through with referrals. For example, a TAP specialist will use motivational interviewing to help a nervous or ambivalent

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participant internalize the benefits of substance use disorder treatment; or if a participant needs child care, the specialist will help them find it.

- **Referrals to services.** Based on the recommended services identified in the narrative report, TAP specialists refer participants who are ready to pursue employment to TANF employment specialists or other community-based organizations, including local employment offices and community action agencies that provide resume assistance and job coaching. They will also refer participants to community partners providing substance use disorder and mental health treatment, education, transportation assistance, or child care, as appropriate. TAP specialists offer some participants direct transportation services to community partners. They closely monitor participants' engagement by following up with participants and service providers and helping when problems arise.

Program staff identified four key ingredients believed to be related to the intervention's success:

1. **Comprehensive baseline assessment.** The baseline assessment is a central feature of TAP. The goal of the assessment is to identify issues participants face and use this information to develop a comprehensive case plan. TAP staff said participants will often discuss issues with them that they are afraid to discuss with their DCBS worker and treatment providers.
2. **Co-location and collaboration with referral sources and partners.** TAP specialists develop strong relationships with DCBS and community partners. Co-locating TAP specialists in DCBS offices enables effective communication between TAP and DCBS workers about their shared clients and helps participants access services across the programs.

3. Advocating for participants. TAP specialists advocate for their participants. Their close relationship with DCBS can ensure the agency is informed of each participant's situation and service needs.

4. Staff hiring and training. TAP specialists have the latitude to determine how to work with their clients, so UK has an intensive hiring process to ensure that TAP specialists are experienced staff and are passionate about working with people with low incomes. Because specialists will be working closely with local partner agencies, TAP asks staff from DCBS and other partner agencies to help select new staff. Before taking any cases, staff attend a six-week orientation and shadow other specialists.

Staff discussed two challenges they faced in implementing the intervention. First, the lack of public transportation options, particularly in areas outside of the cities, can be a key barrier to participants accessing services and complying with DCBS requirements, such as attending appointments and participating in activities required by child welfare or TANF. As a result, TAP specialists often visit participants' homes to deliver TAP services and transport participants to appointments. Second, high staff turnover among DCBS staff creates confusion for participants and can affect communication between TAP and DCBS caseworkers.

Research on intervention to date



This intervention has not been rigorously evaluated for effectiveness. UK research staff collect

data on program participation and track participants' progress overcoming major barriers. In addition, in two separate studies, UK has tracked participants' outcomes, comparing their status at enrollment to their outcomes six months later (Leukefeld et al. 2012;

Staton-Tindall et al. 2008). The studies found that relative to the baseline assessment, participants experienced decreases in challenges such as mental health symptoms, substance use, and intimate partner violence. However, this pre-post analysis does not show that participation in TAP caused the reduction in barriers. Even without the intervention, participants could have improved over the same time period.

This intervention was selected as one of nine innovative interventions supporting the employment of people with low incomes in the [State TANF Case Studies](#) project, funded by the Office of Planning, Research, and Evaluation. These nine interventions are described in a series of in-depth, descriptive case studies. The TAP case study documented information on the TAP intervention, including populations served; funding; measurements of participant progress; and promising practices, challenges, and lessons learned. This information was obtained through a site visit including observations of program activities and interviews with participants, staff, and leaders; document reviews; and a follow-up telephone call about how the intervention responded to the COVID-19 public health emergency (Farrell et al. 2021).

Case study information sources

The primary source of information for this case study was the State TANF Case Studies report, which collected information via a site visit in December 2019, a telephone call in August 2020, and publications produced by UK. The Pathways Clearinghouse shared a draft of this case study with UK and incorporated revisions for accuracy and completeness. For more information about the methods for selecting and developing the case studies, please see the Protocol for Pathways Clearinghouse Case Studies on the [Pathways Clearinghouse project page](#).

More information



More information on this intervention is available from the following sources:

Farrell, M., M. Putnam, and L. Rodler (2021). *Case study of an approach for preparing individuals with low income for work: Kentucky Targeted Assessment Program*, OPRE Report #2021-66, Washington, DC: U.S. Department of Health and Human Services. Available at <https://www.acf.hhs.gov/sites/default/files/documents/opre/OPRE-Kentucky-TANF-TAP-Aug-2021.pdf>.

Leukefeld, C., E.L. Carlton, M. Staton-Tindall, and M. Delaney (2012). Six-month follow-up changes for TANF-eligible clients involved in Kentucky's Targeted Assessment Program, *Journal of Social Service Research* 38(3): 366-381.

Staton-Tindall, M., C.G. Leukefeld, B. Ramlow, and M. Delaney (2008). *Targeted Assessment Program (TAP) 2008 follow-up report*, Lexington, KY: University of Kentucky Center on Drug and Alcohol Research.

University of Kentucky Center on Drug and Alcohol Research (July 2019). *University of Kentucky Targeted Assessment Program fiscal year 2019 annual report*, Lexington, KY: Commonwealth of Kentucky Cabinet for Health and Family Services, Department for Community Based Services.

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