Diversity of Case Management Approaches in the SNAP E&T Pilots

Brief

In 2015, the U.S. Department of Agriculture awarded pilot grants to 10 States—California, Delaware, Georgia, Illinois, Kansas, Kentucky, Mississippi, Vermont, Virginia, and Washington—to test innovative strategies for providing Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T). As part of the pilots, all grantees provided some level of case management services to individuals using a variety of approaches. Understanding these approaches and the lessons learned from providing case management in SNAP E&T can help State agencies as they respond to new case management requirements under the latest Farm Bill (Agriculture Improvement Act of 2018).

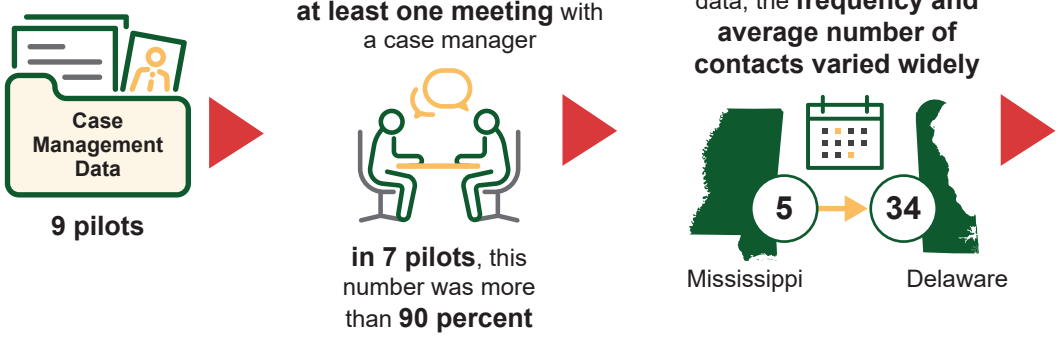
Overview of case management

Case management can encompass a wide range of activities, such as conducting assessments (typically of aptitude, interests, barriers, and background); providing support services to reduce individual barriers; developing career or employment plans that identify education and employment goals and steps to achieve them; having periodic "check-in" discussions; and providing counseling and coaching services. While the approaches can vary, the primary goal of case management is often to ensure that individuals meet program requirements. These services are typically provided through periodic meetings.

For the pilots, the Food and Nutrition Service asked grantees to explore "intensive" case management approaches that seek to provide more than just monitoring by focusing on assessment, barrier reduction, and goal-setting. Most grantees developed comprehensive case management services that strengthened existing approaches and created new, innovative approaches for supporting individuals enrolled in the pilot. In a few pilots, ongoing, intensive case management was the primary service offered to individuals (California, Kansas, and Vermont).

As part of their case management services, all of the grantees included assessments. All assessed individuals' interests and aptitude (for example, by using the Tests of Adult Basic Education, CareerScope, or WorkKeys), and most collected information on personal work history and barriers. Several pilots also conducted more comprehensive background assessments. For example, Delaware administered a one- to two-hour assessment of an individual's core life functioning covering his or her housing situation, household demographics, employment

Frequency of contact



For the pilots, the Food and Nutrition Service asked grantees to explore "intensive" case management approaches that seek to provide more than just monitoring by focusing on assessment, barrier reduction, and goal-setting.

history, criminal background, educational background, transportation situation, mental and physical health, substance use, child care needs, and additional barriers to training or work. California, Kansas, Vermont, and Virginia also conducted assessments of mental health disorders, depression and anxiety, substance use, and criminal backgrounds. The overall assessment process could take from about an hour up to several hours across multiple meetings, depending on the number and type of assessments. In most pilots, case managers from the primary service provider conducted the assessments, but in some, individuals met with staff from adult basic education agencies, community colleges, community providers, or vocational rehabilitation centers for additional assessments.

After completing the assessments, case managers determined whether the individual required any immediate support services or referrals. Then staff usually scheduled meetings for regular check-ins. Some grantees required case managers to hold at least weekly check-ins with individuals (Delaware, Georgia, Virginia, and Washington), while others required monthly check-ins (California and Kentucky). Mississippi assigned individuals to two different groups and required weekly check-ins for individuals in their enhanced service group and monthly check-ins for those in the basic service group. Some grantees, such as Kansas and Illinois, did not provide guidance for frequency of meetings, leaving it to the case managers to determine when to meet with each person. Case managers in all pilots met with individuals more frequently, when appropriate.

Many of the grantees required case managers to meet with individuals in person at least once a month, but other meetings in-between could take place via telephone or electronically. In most pilots, case managers used multiple contact methods, but contact by telephone was the most frequent. In pilots where in person contact was common, individuals often met with case managers in coordination with other activities such as attending meetings or training at locations where case managers were also stationed.

During meetings, case managers worked with individuals to develop individualized career plans that generally included short-and long-term training, employment, and career goals; barriers that might affect goals; and steps to meet the goals. Case managers used these plans and subsequent meetings to help individuals select activities that aligned with their goals, provide support services to mitigate barriers, and reassess and revise the goals and plans as needed.

Mode of contact

In most of the pilots that provided data, **40% or more** of contacts took place by **telephone**.

In-person contacts were less common, with two exceptions.

More than 50% of all contacts were in person.

Case managers were located at the community college where individuals also were on-site each week to participate in activities.

Mississippi

Virtually all contacts were in person.

Most individuals received transportation assistance in a check that individuals collected monthly in person

Kentucky

When individuals accessed services from multiple organizations, a few pilots used a team-based approach to coordinate case management across providers.

Approaches used for case management

Most pilots used a centralized approach for providing case management, but Illinois and Washington allowed each of their numerous service providers (24 and 26, respectively) to determine their own case management approaches. Many pilots used Department of Labor (DOL) workforce staff or other provider staff to conduct intake and check-ins, and these organizations used procedures similar to those they would use with anyone obtaining services at their organization. However, some grantees revised existing intake and assessment processes to focus more heavily on assessing barriers and implementing strategies to mitigate them, especially when that was not already a focus of the provider. Alternatively, some grantees hired or identified pilot-specific staff who had specialized skills (with a focus on clinical social work or counseling) or trained staff to use coaching or mentoring approaches when providing case management. When individuals accessed services from multiple organizations, a few pilots used a team-based approach to coordinate case management across providers.

Specialized staff. Some pilots utilized specialized staff to provide case management. Vermont's pilot primarily targeted individuals with substance use disorders, mental health disorders, housing instability, or criminal histories, so case managers were required to have a clinical social work background with master's or medical degrees to best serve these individuals. The case managers conducted clinical assessments and provided ongoing counseling associated with mental health or substance use disorders. Delaware also intended to hire case managers who had social work or clinical social work experience but struggled to find staff with those qualifications. The grantee ultimately hired a clinical social worker to supervise and train case managers in clinical techniques and assist them with direct support to individuals who needed specialized assistance.

Coaching, mentoring, or motivational interviewing. Some grantees trained staff to use coaching, mentoring, or motivational interviewing techniques for case management. Kansas case managers used motivational interviewing and strength-based approaches, focusing on individuals' strengths and opportunities for growth rather than their barriers. To better serve the population, the case managers also received training to identify and mentor individuals to overcome adverse childhood experiences. Some providers and case managers in California and Washington applied coaching and mentoring techniques to empower individuals in identifying career goals, determining what steps were reasonable, and helping individuals accomplish them. Individuals in occupational skills training in Kentucky received a success coach, in addition to their case manager, who guided them through the community college process, helped them select a career, and provided services that individuals needed to find employment and obtain their career goals.

Some individuals in Virginia received group-based Moral Reconation Therapy from certified staff. Although this was not part of ongoing case management services, those who participated received cognitive-behavioral therapy and life skills training that helped them better understand and achieve their goals. The 8- to 12-week, group-based program aimed to help individuals identify the ways in which their thought processes, behaviors, and interpersonal relationships might influence their ability to achieve long-term goals.

Team-based case management. A few pilots used a team-based case management approach when a single individual received services from multiple providers or agencies (Kentucky, Vermont, and one county in Washington). Staff from multiple organizations collaborated to provide an individualized plan for each person. Staff met each month to discuss and coordinate services at a high level and often discussed individual cases to ensure no one "fell through the cracks" and prevent redundancy in services across organizations. For example, Kentucky used team-based case management to coordinate services across the workforce agency, the community college, and adult basic education. Each individual had a designated case manager at the workforce agency who provided primary case management and supports, but those individuals who were in education or training activities also had a success coach who worked closely with them while at the college, and adult basic education staff met with individuals daily or weekly while they received basic education. To ensure individuals were obtaining services and progressing toward their goals, the case manager was in frequent contact with the success coach and adult basic education staff, and they met biweekly to discuss each case in detail. Vermont's workforce and vocational rehabilitation providers met monthly to coordinate services and discuss cases, but individuals did not have a single point of contact as in Kentucky. The provider who was most actively working with an individual at a given time served as the main point of contact, but that changed over time for each individual as he or she moved through pilot services and activities.

Lessons learned from case management

As most grantees and providers were implementing a more intensive case management model than they previously used, staff identified several lessons that can guide other States or providers that are planning to expand their case management services within an employment and training program.

Pilot staff frequently noted that individuals had more severe barriers than anticipated and needed more staff time and resources to address them.

The SNAP E&T population often has significant barriers that providers must anticipate in order to devote appropriate levels of resources and time to intensive case management practices. Pilot staff frequently noted that individuals had more severe barriers than anticipated and needed more staff time and resources to address them. Although some pilots specifically focused on enrolling individuals who had significant barriers, across most pilots, staff generally found that the SNAP E&T population needed more case management than staff at the workforce agencies or other providers were accustomed to providing. For example, staff in Georgia, where DOL staff provided case management, found their case management approach was not well matched to serving individuals who were not ready to start job search or an education or training activity. Providing intensive case management was time consuming, and staff did not always feel they had the time to provide the level of case management needed, particularly in pilots where case managers took on a variety of additional roles such as recruitment, intake and assessments, and course instruction. Also, grantees found that staff who were well suited for providing case management might not be a good fit for other roles, such as recruitment or course instruction. In some pilots with high staff turnover, staff noted that those who had a social work background primarily wanted to provide case management and were not as interested in other roles, which created staff dissatisfaction. As providers expand their case management services, it is important to consider the likelihood that SNAP participants will need more intensive services and ensure that the program has enough resources and the right mix of staff in place to fully implement the new services.

Implementing intensive case management in the pilots required finding staff who had expertise in identifying and addressing the types of barriers individuals in SNAP E&T programs experience.

Implementing new case management services may differ from a provider's existing approach and requires identifying staff with needed expertise and providing clear guidance up-front about policies and expectations with ongoing training. Implementing more intensive case management in the pilots required finding staff who had expertise in identifying and addressing the types of barriers individuals in SNAP E&T programs experience. Intensive case management also required a shift in staff's traditional approach in working with individuals in SNAP E&T, from a focus on ensuring individuals meet program requirements to a customer service focus. To reinforce the policies and approach, staff needed ongoing training over time. For example, in Kentucky, workforce staff provided case management, and the grantee had to provide continuous guidance and training on how the pilot services and processes differed from the workforce program policies. When staff did not understand the differences, they often provided services based on workforce policies and procedures instead of those for the pilot because workforce policies were most familiar to them. Therefore, reinforcing how to apply the policies was vital to consistent implementation.

Using team-based case management approaches can better serve individuals who access services at multiple organizations in the community. To implement a team-based approach, all organizations and staff need to buy into the process. This can be difficult because this approach is quite different from how organizations typically conduct their work. Some staff might be resistant, so including staff at all levels in the planning and implementation is important.

Organizations also need to develop a clear process and goals for team-based case management meetings. This can take time for staff to implement fully. In Kentucky, counties were not implementing the approach consistently, so the grantee developed guidance and training on the frequency, attendees, goals, and agendas of meetings. Because of the level of coordination needed, pilot staff suggested that one organization or person in the group should take the lead in organizing the meetings and working with the individual to resolve challenges identified during the meetings. An individual in Vermont could work with staff from up to five organizations at one time, and pilot staff agreed the service delivery model could have benefited from having a primary, dedicated case manager for each individual. They also suggested having one point of contact could have improved engagement throughout the pilot. Overall, team-based case management is a useful tool when multiple organizations in a community serve the same individuals, but each organization needs to commit the staff and resources for establishing the process and coordinating and participating in the meetings over time.

Conclusion

Those participating in the SNAP E&T pilot often faced barriers that had to be resolved through intensive case management before they were ready for education, training, or employment. Therefore, many of these individuals were primarily receiving case management services while in the pilot, which was key to assessing barriers, working with individuals to overcome them, and allowing individuals to meet their goals. Grantees tested several approaches for providing case management. No one approach will necessarily meet the unique needs of this population, but providing qualified staff who have the skills to conduct comprehensive assessments of individuals' needs and offer individualized services and supports is vital.

For more information: Detailed interim findings in the full report, "Evaluation of SNAP Employment and Training Pilots: Summary Report" are available at https://www.fns.usda.gov/research-analysis. Reports summarizing early findings from the 10 individual pilot reports also are available.

About the study

In the Agricultural Act of 2014, Congress authorized and funded 10 SNAP E&T pilots to test a range of innovative strategies to help SNAP participants find employment that increases their incomes and reduces their need for public assistance benefits. To encourage a diversity of approaches, each grantee identified target populations, selected partners and service providers, and determined which services and activities best met their populations' needs. The legislation that authorized the pilots also included funding for a randomized controlled trial evaluation to assess the impacts of the pilots, which was awarded to Mathematica.

The case management approaches and lessons discussed in this brief are based on analysis of qualitative data collected through telephone calls and in-person interviews with pilot staff from State agencies, partners, and providers, and focus groups conducted with individuals participating in the pilot. These data are supplemented with quantitative information on rates of service use.

Prepared by Gretchen Rowe

September 2021

Mathematica
Progress Together

Produced by Mathematica for the United States Department of Agriculture (USDA), Food and Nutrition Service.