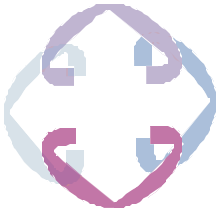

WELFARE PEER TECHNICAL ASSISTANCE NETWORK
OFFICE OF FAMILY ASSISTANCE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

EFFECTIVELY SERVING TANF CLIENTS WITH SUBSTANCE ABUSE PROBLEMS: MAKING A DIFFERENCE ON THE FRONTLINE

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This report describes the Department of Health and Human Services (DHHS) Administration for Children and Families (ACF), Welfare Peer Technical Assistance Network workshop, *Effectively Serving TANF Clients with Substance Abuse Problems: Making a Difference on the Frontline.* The workshop was held in Newark, New Jersey February 19-20,2002

I. CONFERENCE OVERVIEW

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The Welfare Peer Technical Assistance (TA) Network is a federally funded initiative through the Administration for Children and Families (ACF), Office of Family Assistance. The objective of the Welfare Peer TA Network is to facilitate the sharing of information between and among States and to establish linkages between organizations serving the needs of welfare recipients. The U.S. Administration for Children and Families (ACF), with support from the Welfare Peer Technical Assistance Network, sponsored *Effectively Serving TANF Clients with Substance Abuse Problems: Making a Difference on the Frontline* February 19 and 20 in Newark, New Jersey. Participants included representatives from State Temporary Assistance for Needy Families (TANF) and State substance abuse staff from the following States: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, and New Jersey. The purpose of this 2-day seminar was twofold: to provide participants with an opportunity to understand how TANF agencies and treatment providers can work together to better serve clients and to showcase New Jersey's Substance Abuse Research Demonstration program's referral process for families struggling with substance abuse in order to meet work requirements and remain self-sufficient.

The Substance Abuse Research Demonstration (SARD) is an intensive case management and enhanced services program. New Jersey has been recognized for its specialized screening approach. Specialized screening has three main key features: high-risk populations (including welfare recipients who are most likely to have a substance abuse problem) receiving more intensive screening, screening conducted by specially trained staff, and interview methods used to establish relationships and help with self-disclosure. In a study published by the Mount Sinai School of Medicine, New Jersey Department of Human Services, the National Council on Alcohol and Drug Dependence-N.J., and Rutgers University, it was found that specialized screening can increase the identification of substance abuse problems among welfare recipients. The study showed that almost half of all sanctioned clients who were interviewed met the criteria for a substance abuse disorder. [1]

[1] Morgenstern, J. R. A., McCrady, B., McVeigh, K., Blanchard, K., & Irwin, T. "Intensive Case Management Improves Welfare Clients' Rates of Entry and Retention in Substance Abuse Treatment." http://aspe.os.dhhs.gov/hsp/njsard00/retention-rn.htm. January 2001.

II. BACKGROUND

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Five years after the passage of the welfare reform law, States have achieved unprecedented declines in their welfare caseloads. However, one of the most prominent roadblocks that Temporary Assistance for Needy Families (TANF) clients face to a successful transition to employment is substance abuse. National and State-level estimates of drug and alcohol use among welfare recipients varies across a wide range of estimates because of differences in definition of substance abuse and the subpopulation under consideration. Estimates of welfare recipients who abuse alcohol or drugs range from 8 to 23 percent, compared to 4 to 12 percent for the general population.[2] Substance abuse can affect employment by causing absenteeism, illness, injury, and loss of productivity.

While attention has been given to reducing structural barriers to work such as transportation and child care, States are now beginning to realize the importance of serving TANF clients with substance abuse problems. When frontline workers lack training in substance abuse, it can hinder a client's ability to achieve self-sufficiency. Clients with untreated or inappropriately treated disorders are likely to continue to fail at meeting employment and training objectives and cycle through the welfare rolls.

Under the Personal Responsibility and Work Opportunity Act (PRWORA), States have been given flexibility to create innovative strategies for building system capacity to identify and address substance abuse problems for TANF clients. For example, TANF and State Maintenance of Effort (MOE) dollars can be used:

- To collaborate with and/or fund substance abuse/mental health providers to screen and identify these barriers to employment; provide referrals and other related services; and develop appropriate staff training
- To provide appropriate counseling services (e.g., mental health services, anger management counseling, nonmedical substance abuse counseling services) to family members with barriers to employment and self-sufficiency
- To provide nonmedical substance abuse services, including room and board at residential programs
- To pay for medical services (e.g., treatment of substance abuse not paid for by Medicaid) or to provide medical coverage for families that lack medical benefits (e.g.,

[2] U.S. Department of Health and Human Services (1994a). "Patterns of Substance Abuse and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)." Washington, DC: U.S. Department of Health and Human Services.
U.S. Department of Health and Human Services (1994b). "Patterns of Substance Abuse among Women and Parents." Washington, DC: U.S. Department of Health and Human Services.

families ineligible for transitional Medicaid or adults whose children are served by Medicaid or SCHIP).

- Medical treatment can only be paid for by State MOE funds and cannot be commingled with TANF dollars. [3]

The 1996 welfare reform law gave States both a challenge and an opportunity to change their welfare systems to effectively meet the needs of TANF clients with substance abuse problems in order to transition them into employment. However, States still need support in creating, implementing, and evaluating programs that serve TANF clients with substance abuse problems. In addition, the need for service integration is crucial for addressing substance abuse problems among this population.

[3] Capitani, Jill et al. "Welfare Peer TA Network: Pathways to Self-Sufficiency: Findings of the National Needs Assessment." U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance.

III. WORKSHOP SESSIONS

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1. WELCOME AND INTRODUCTIONS

Lou Katz, ACF/Northeast Hub Region II
John Horejsi, ACF/Office of Family Assistance
Annette Riordan, NJ Department of Human Services

Lou Katz welcomed the conference participants on behalf of Regions I, II, and III, who were represented at the conference. Mr. Katz stated that between 20 and 25 percent of TANF caseloads are impacted by substance abuse problems. He hoped conference participants would be able to share what they learned about the impact of substance abuse problems with State and local agencies in their home States.

John Horejsi, the Federal Project Officer for the Welfare Peer Technical Assistance Network, thanked the regional offices and the State of New Jersey for hosting the conference. Mr. Horejsi acknowledged the Center for Substance Abuse Treatment (CSAT)—specifically Sharon Amatetti—for her work with ACF/CSAT in collaborating to assist States in attempting to meet the needs of TANF families with substance abuse problems. Mr. Horejsi talked about the origins of the Welfare Peer TA network. Peer TA came about because States asked for "State initiated TA." States wanted access to technical assistance and information about initiatives and programs occurring outside the region and wanted to learn from each other. The Welfare Peer TA network has hosted more than 50 events dealing with such topics as urban issues, one-stops, faith-based initiatives, hard-to-serve, high performance bonuses, and IDAs. The Welfare Peer TA network Web site highlights policy relevant research, innovative programs, related links and upcoming events and has interactive question and answer sessions. Last month, the site had more than 64,000 hits.

Annette Riordan, Department of Human Services, Office of Policy and Planning, welcomed participants to New Jersey and briefly presented information on the State's Substance Abuse Research Demonstration (SARD) project. Ms. Riordan also talked about lessons learned from the SARD project.

2. WELFARE REFORM: LESSONS LEARNED—INSIGHTS AFTER FIVE YEARS OF PRWORA

Mary Nakashian, CSAT Welfare Reform Project

Mary Nakashian, a consultant for the CSAT Welfare Reform Project, led an exercise that allowed participants to share their personal experiences in working in the welfare and substance abuse fields.

In the next part of the session, Ms. Nakashian gave a presentation on the historical perspective of welfare and social services. In the 1960s, the Federal government played a big role in the administration of social services. Citizens looked to the government to solve problems. The Great Society of the 1960s expanded government's role through legislation on civil rights, race, poverty, program rules, and the food stamp program. The Vietnam War and Watergate caused citizens to distrust government. As a result, in the 1970s there was a shift away from the large role that the Federal government played. In the 1970s, there was a separation of income maintenance and case management services. This separation caused the creation of eligibility workers. The Supplemental Security Income (SSI) program also started in the 1970s. The SSI program was a movement to provide employment benefits for welfare recipients, including the elderly and disabled. In the 1980s, devolution started to occur, and States were given more authority over social service programs. In the 1980s, the Comprehensive Employment and Training Act, the Job Training Partnership Act, FSA/JOBS programs, and Medicaid Managed care programs began. In the 1990s, devolution continued. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaced the Aid to Financially Dependent Children program and led to the end of waivers and the beginning of time limits for the receipt of welfare. The Workforce Investment Act of 1998 changed the way employment and training services were provided. The Adoption and Safe Families Act was also passed in 1997.

Today caseloads have dropped by 50 percent. Because of declines in caseloads, the core group of families on TANF looks different than the past. Welfare recipients in this core group often have more than one barrier to work. As a result, there are more collaborations among agencies wanting to serve clients with co-occurring disorders. Currently, there are also fewer policy and funding restrictions than in the past.

Ms. Nakashian talked to participants about how their jobs in welfare or substance abuse are different today. Today, there is much more pressure for measurable outcomes. These outcomes are process outcomes in terms of how many families were served. Ms. Nakashian

pointed out that although collaborative systems are necessary, they do not automatically lead to change. Today, it is also necessary to think about different clients including working poor people, people who have left welfare, and noncustodial parents. Different social problems such as substance abuse, domestic violence, mental illness, and learning abilities are also issues for welfare and substance abuse workers to consider.

Ms. Nakashian discussed issues that welfare and substance abuse staff need to think about for the future. The first issue is time limits. As the 5-year lifetime limit approaches, States will have to decide what to do with clients who are still on welfare. In terms of reauthorization, the President's budget includes the same amount of money for TANF block grants and does not adjust the amount for inflation. Many States are also currently struggling with the tightening of funds. On the National level, there has been a change in priorities because of September 11th.

3. REVIEW OF STATES' CURRENT PROGRAM STRENGTHS AND CHALLENGES FOR ADDRESSING SUBSTANCE ABUSE TREATMENT NEEDS OF TANF CUSTOMERS

Mary Nakashian, CSAT Welfare Reform Project

During this session, Ms. Nakashian facilitated a discussion where participants identified their systems' assets and challenges for serving TANF clients with substance abuse problems. Emphasis was placed on how TANF and substance abuse systems do or don't collaborate in serving families.

Participants named the following strengths of the treatment system:

- Understanding of the problem in terms of addiction and recovery; the process can help welfare workers work with families
- Continuum of care model/matching the dimensions of the problem with the response
- Opportunity for permanent decrease in the caseloads.

Participants identified the following challenges of the treatments system:

- Treatment alone cannot help a client become work ready; additional services are needed
- Keeping families together while parents are in treatment.

Participants identified the following strengths of the TANF system:

- Money and flexibility; States can use TANF funds to pay for treatment
- Because of the 5-year time limits, there is a sense of urgency to find the client work
- Common goals between treatment and TANF in terms of wanting clients to be self-sufficient
- Case management and screening.

Participants identified the following challenges of the TANF program:

- Welfare offices often do not have sufficient resources to serve TANF clients with substance abuse problems
- Different philosophies of TANF and substance abuse staff
- Sometimes there are problems with getting TANF frontline staff to refer TANF clients to treatment agencies
- Cross-training
- Workers are often uncomfortable with conducting screening.

For the next part of the session, Ms. Nakashian gave a presentation on creating and sustaining partnerships and collaboration across systems. Welfare reform caused attention to be given to the following issues:

- A new focus on addiction, mental illness, and learning disabilities
- Treatment, education, and mental health providers have to focus on work
- There is a new sense of urgency because of time limits.

Welfare reform also took away the Federal framework of social services program and forced States to design their own programs

In the old context of welfare, problems were identified, fixed, and then workers moved on. Welfare staff only dealt with problems that they could identify. The primary goal of treatment staff was to get the client sober and not worry about the other problems. As a result, multiple problems were not treated simultaneously. There has been a shift in the way problems are handled. In the new state of welfare, systems have to looked at families in a broader context

and, as a result, more broadly at each other. In the past, they were dealt with in a piecemeal manner, now it is necessary to look at problems in a holistic and interconnected way. In the new context of welfare, it is necessary to know how to help clients with co-occurring disorders. "Knowing what to do" involves collaboration.

Ms. Nakashian offered several principles and strategies for working in the new context of welfare.

Principle #1: Promoting and Facilitating Collaboration

Strategy #1: Professional Development Experiences

- Field visits and shadowing
- Connecting theory to practice
- TANF towns: new workers spend the day as a client would
- Training that models the goals: joint training with model outcomes for substance abuse and welfare workers
- Talking about the "what" and "so what."

Strategy#2: Taking a Family-centered Approach

- Workers looking at a families problems instead of their own priorities and issues
- Moving towards where the family is.

Principle #2: Meaningful Services for Families

Strategy#1: Providing Families with the "Whole" Picture

- Describing the full range of services available.

Strategy#2: Co-location

- Negative aspects of co-location:
  - Management in terms of space and equipment
  - Work standards

  - Freedom and flexibility
  - Supervision
  - Scaring the families if it is not done respectfully
- Positive aspects of co-location:
  - Respect for each other's profession
  - Increased knowledge and skill
  - Client success, and a broader view
- In order to achieve successful co-locations:
  - Interspersing treatment and TANF staff
  - Clarifying roles
  - Execute and model Memoranda of Understandings (MOUs)
  - Forcing discussion and shared problem solving
  - Sharing successes and failures.

Principle #3: Systems that Value Collaboration and Sharing

Strategy #1: Making Sure Services are Available to Families

- Using TANF funds creatively
- Ascertaining service needs and gaps
- Conducting client satisfaction survey.

Strategy #2: Developing Policies and Systems to Foster Collaboration and Sharing

- Taking on the challenge of sharing information
- Helping staff understand that information resides with the family and not the agency
- Determining what you *need* to know and not asking for more
- Creating opportunities for staff to practice real life situations and provide guidance

- Developing clear written policies for staff and families
- Taking advantage of already federally approved forms
- Going to lunch with someone new
- Sponsoring a conference that includes a joint conference agenda
- Issuing a joint mission statement
- Allowing sabbaticals.

Ms. Nakashian concluded her presentation by saying that three principles, including promoting and facilitating collaboration, and systems that value collaboration and sharing, comprise an agency's culture. It can be hard, however, to change an agency's culture. Agencies need to integrate with each other and recognize their interdependence.

4. FOCUSING ON OUTCOMES: SERVING TANF CLIENTS WITH SUBSTANCE ABUSE PROBLEMS

Mary Nakashian, CSAT Welfare Reform Project
Dr. Helen Raytek, NCADD-NJ
Annette Riordan, NJ Department of Human Services

4.1 The SARD Program

Annette Riordan started the session off by talking about the beginning stages of the SARD project and lessons learned. The SARD program was originally supposed to be a 2-county research project that serves TANF women in Essex and Atlantic Counties. Essex county has 40 percent of the State's caseload; however, substance abuse among TANF recipients gained recognition and as a result, the SARD program became a statewide initiative. One of the first steps in planning the SARD program was to solicit Requests for Proposals (RFPs) for services. Next, weekly meetings with county welfare offices were set up to discuss the following issues:

- Space for addictions staff
- Confidentiality and privacy
- Screenings, referrals, and assessments
- County staff, contracted case management, and contracted treatment staff involved in the project.

Ms. Riordan talked about the lessons learned from the implementation of the SARD program. The first is that the project directors did not solicit enough input from the county level on how to set up the program. In New Jersey, treatment and welfare are both State funded and county implemented. In addition, in the beginning, the project was managed by the Department of Health's addiction services; however, collaboration occurred without a lead agency. As a result, the project was chaotic because no one was held accountable. Other lessons learned include:

- Amount of staff time involved
- Needed to give more thought to the contracting option
- More than one approach can work.

Ms. Riordan also talked about strategies that worked well for the implementation of the SARD program:

- Planning early
- Involving stakeholders at the State and local levels
- Expanding capacity.

Today the demonstration is a State-developed model based on intensive case management and enhanced services, including:

- Outreach and linkage to needed wraparound services (e.g., housing, transportation, and mental health)
- Active coordination of treatment and work activities
- Case management services for 18 to 24 months.

In New Jersey, substance abuse is defined as a barrier to employment and treatment is considered a work activity. Recipients are required to attend treatment at a 75 percent participation rate. Both welfare and substance abuse workers are co-located at the SARD site. When clients come to the SARD site, they first work with TANF case managers. These trained welfare staff screen recipients with CAGE-AID. Recipients who screen positive are referred to SARD workers for a mandatory in-depth assessment, followed by triage and referral to treatment.

Clients are then randomly assigned to either an experimental case management group or a control care coordination group. The main differences between the two groups include:

Intensive Case Management	Care Coordination
■ Clients are assessed by substance abuse professionals to determine their need for treatment. ■ Clients are referred to treatment and level of care is determined by the assessment. ■ Case managers meet in person with the client and the provider to discuss treatment progress. Clients receive $20 in vouchers each week they attend treatment. If clients are cooperating they can receive other low cost vouchers for food, clothes, and personal products based on need. ■ Case managers initiate contact, do phone outreach, have the client in for ½-hour sessions, identify other services needed, link the client to the services, and follow up with the client. ■ Advocacy to get housing or other services from welfare (training opportunities, education, testing).	■ Clients are assessed by substance abuse professionals to determine their need for treatment. ■ Clients are referred to treatment and level of care is determined by the assessment. ■ The Care Coordinator reviews the clients care (monthly) with the treatment provider. The treatment provider is responsible for case management linking the client with necessary services. ■ There is minimal contact with the client after the assessment and referral to treatment. When there is contact, it is client initiated.

After clients are referred to treatment, welfare staff remain involved with the case through tracking and monitoring to reduce attrition. Welfare workers follow-up with non-compliant clients. If clients do not meet the required participation rates, the welfare office will use the employment and training system's sanction process. Clients will receive a letter informing them they will have a reduction in benefits followed by a loss of benefits for three months if they do not comply.

The National Council on Alcoholism and Drug Dependence (NCADD)-NJ is the State vendor for SARD. In terms of expenses, for 1999 to 2001, it cost approximately $2.5 million to provide intensive case management services to SARD clients. Treatment costs for participants in the SARD program for 1999 to 2001 were $400,000. Medicaid is used to pay for treatment services. State Maintenance of Effort funds are used to expand services.

The SARD program has an evaluation component. Researchers from Rutgers Center on Alcohol Studies and the National Center on Addictions and Substance Abuse at Columbia University conducted independent evaluations. The key question asked as part of this evaluation was: Are intensive case management and enhanced services such as the ones offered by the SARD program more effective than standard care (care coordination) in producing outcomes, successful employment conditions, and reduced child welfare, criminal justice, physical health, mental health, and domestic violence outcomes?

Preliminary outcomes of the evaluation showed that TANF recipients with substance abuse problems receiving intensive case management services:

- Attended twice as many treatment services as clients who received standard care (care coordination)
- Were three times more likely to attend treatment at the Work First New Jersey 75 percent participation rate when compared to clients in standard care (care coordination).

These early results support the need for comprehensive, coordinated services and accountability for TANF clients with substance abuse problems.

Ms. Riordan and Dr. Raytek also talked about some of the lessons learned from the way the SARD program currently operates. The first one is the difference between enrollment and participation. Another challenge is the working relationship with the treatment providers. Often, the providers do not want to send urine samples back to the SARD program. Treatment providers also see SARD worker follow-up on clients as burdensome and too time consuming. Treatment providers sometimes are reluctant to release information on clients to SARD staff. Another challenge is tracking clients and balancing the time spent on paperwork.

4.2 CASAWORKS Program For Families

For the next part of this session, Mary Nakashian presented information on the CASAWORKS program for families, with a specific focus on outcomes. CASAWORKS is a program run by the National Center on Addiction and Substance Abuse at Columbia University. The program combines, under a single course of treatment and training, drug and alcohol treatment, literacy and job training, parenting and social skills, violence prevention, health care and family services to drug and alcohol addicted mothers on welfare to achieve self-sufficiency. The goals of CASAWORKS include sobriety, employment, family safety, and quality parenting. The program started off with the following premises:

- TANF recipients need concurrent services
- Agencies need to collaborate
- CasaWorks Families (CWF) are likely to have multiple, serious, and chronic problems
- CasaWorks Families will need multiple, concurrent services
- Program level and organizational level interventions are necessary.

CASAWORKS selected 11 sites across the country that showed evidence of collaboration and emphasized organizational level as much or more than service delivery. Sites were given $75,000 for a 3-year time period. Lead agencies for the sites had to be community and hospital based and offer outpatient and residential treatment. CASA provides training and technical assistance services to lead agencies. In order to be eligible for the CASAWORKS program, clients have to meet the following requirements:

- Eighteen years or older
- On or within 30 days of TANF
- Has physical custody of a child
- Not receiving SSI
- Has been screened for and has probable current substance abuse problems
- Has not been in treatment in the last 30 days.

In order to evaluate the CASAWORKS for families program, clients were interviewed at the beginning of the program and then 3, 6, and 12 months after admission. Case managers also completed questionnaires during the same time frame. Additional evaluations included:

- A qualitative evaluation undertaken by CASA
- An analysis of organizational capacity to change by Teachers College
- A policy and cost-benefit analysis conducted by CASA.

During the evaluations, researchers used a baseline instrument, the Addiction Severity Index, adapted to Welfare to Work. Additional baseline measures include depression, Post-traumatic Stress Disorder, and parenting. The two comparison groups used for the evaluation were:

- Sample of people coming into the same welfare office as CWF clients
- Sample of TANF women entering standard outpatient treatment in seven urban areas.

The evaluation showed the following:

- Participants started using alcohol at the age of 14 and drugs at the age of 18
- Seventy-five percent of participants were never treated for alcohol abuse; 50 percent were never treated for drug abuse

- Less than 40 percent of the participants had been employed in the past three years; more than 40 percent of the participants had a skill or trade
- Forty eight percent of CASAWORKS women had been investigated by the child welfare system. Of those investigated, 20 percent lost custody of their child.

Ms. Nakashian also reviewed the questions and responses that were asked as part of the evaluation.

Q: Is it possible to create the collaborations for families to enroll?
A: A qualified yes.

- Recruitment was not standard
- Ninety percent of women who were recruited did not enroll
- No known adverse consequences for enrolling.

Q: Did CWF Clients have many severe, chronic problems?
A: Yes, more than expected.

- Sixty nine percent had a history of physical abuse
- Fifty nine percent had a history of sexual abuse
- Seventy six percent had been convicted of at least one criminal offense, 26 percent had been incarcerated, and 20 percent were on parole/probation.

A: At baseline, CWF participants had 7 out of 15 barriers to work, including:

- Transportation
- Low work experience
- Criminal conviction
- Lifetime depression
- General anxiety.

Q: Could CWF engage and retain families?
A: Yes, very well.

- Average length of stay for families was 222 days
- Fifty percent of families were still in treatment after six months.

Q: Could CWF Deliver Enhanced and Integrated Services?
A: Yes, but improvement is needed.

- Clients attended four days per week, met with case managers weekly
- Two-thirds to three-fourths received services other than treatment
- One-third did not receive employment services within the first month.

Q: Could CWF realize the changes desired?
A: A Qualified Yes.

- Forty six percent were completely abstinent after 12 months
- Seventy eight percent had no heavy alcohol use after 12 months
- Forty one percent had worked by 12 months
- Thirteen percent were still receiving TANF
- Less than half were earning more than $8.00 per hour or had benefits
- There were no changes in education, workskills, childcare, and mental health status.

At the end of the presentation, Ms. Nakashian reviewed the overall observations from the evaluation:

- Screening was not adequately structured
- Most who were referred were interested and willing to enroll in the CWF program
- Substance abusing women on TANF have more severe problems than the general TANF population
- CWF was recognizable in virtually all sites, especially in contrast to standard services, but the variations produced noticeable substantial differences in practice patterns.

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5. SITE VISIT TO SUBSTANCE ABUSE RESEARCH DEMONSTRATION PROJECT (SARD)

On the second day of the conference, participants visited the SARD site. Participants had the opportunity to tour the site, see frontline staff in operation, meet welfare directors and other staff, and hear about the successes as well as challenges Essex county has experienced with the SARD program.

Some of the challenges welfare and SARD workers identified include:

- The inability to provide permanent housing for clients
- Difficulties with integrating treatment into work activities
- Different eligibility requirements for programs.

Successes Essex County has experienced with the SARD program include:

- Information sharing between TANF and substance abuse staff
- Co-location of staff from welfare, substance abuse, food stamps, domestic violence, and housing
- Specialized welfare workers can identify and help clients with multiple barriers to work, including homelessness, emergency assistance, mental health and domestic violence
- Linkages and coordination so services are not categorical.

6. WORKING LUNCH: REFLECTIONS ON NEW JERSEY SARD: THOUGHTS FROM PROGRAM AND WELFARE PROVIDERS

Elsa Cannella, Essex County Welfare
Carol Simmons-Logan, Essex County Welfare
Joyce James, Essex County Welfare
Leroy Coleman, Essex County Welfare
Marlene Josephs, Essex County Welfare
Sharonda Lane, Essex County Welfare
Joyce LaCara, Essex County Senior Employment Specialist
Gail Phillips, Catholic Community Services
Moderators: John Horejsi, ACF/Office of Family Assistance

Annette Riordan, NJ Department of Human Services
Helen Raytek, NCADD-NJ

During this session, participants heard from Dr. Raytek and Ms. Riordan on the tools and processes, as well as the successes and challenges of the SARD program. The clinical director, the welfare program director, and the employment director of the SARD program also talked about the coordination of substance abuse, welfare, and work activities. Participants were also given an opportunity to share their reactions to the SARD site visit.

One of the main challenges discussed in this session is sanctions. Most SARD clients are sanctioned by the employment and training office. Sanctions are used for clients who do not attend treatment. Clients who successfully complete treatment are then referred to real work activities. However, these clients usually do not do well in work activities; therefore, sanctions are usually issued again.

The other part of this session centered around the strengths of the SARD program. One major strength is the collaboration between welfare, SARD, treatment and employment and training services. Another strength is early identification. Because of the 5-year time limits, it is important that clients with multiple barriers to work are identified early on. The SARD program has been successful in achieving this.

7. WHERE DO WE GO FROM HERE? DEVELOPMENT OF AN ACTION PLAN FOR WORKING WITH TANF CLIENTS WHO HAVE SUBSTANCE ABUSE PROBLEMS

Mary Nakashian, CSAT Welfare Reform Project
Moderator: John Horejsi, ACF/Office of Family Assistance

During this session, participants discussed what they learned from the conference and what they hope to take back when they return to their home States. Participants identified the following lessons learned and benefits of the conference:

- High level of interaction and dialogue
- Opportunities to ask questions and learn more information
- Networking
- Training and educational opportunities for staff

- Ways for TANF and substance abuse staff to collaborate and share ideas
- Helped substance abuse staff learn more about TANF perspective and vice versa
- Ideas on ways to run a substance abuse program like the SARD program
- Professional development experience for SARD staff
- Using outcome data to convince staff of positive and negatives
- Site visit and learning about the challenges and strengths of the SARD program
- For States that are working on pilot programs, it was good to hear about SARD's pilot program
- The idea of specialized staff, which was seen at the SARD site visit.

IV. SEMINAR EVALUATIONS

IV. SEMINAR EVALUATIONS

This section summarizes evaluation forms and written comments about the seminar.

1. SEMINAR EVALUATIONS

At the conclusion of the seminar, attendees were asked to complete an evaluation form.

1.1 Evaluation Form Question: "Please rate the following on a scale of 1 to 4"

Exhibit IV-1 summarizes the respondents' rating of the participant binders/resource materials, session organization/flow of day, question and answer opportunities, and overall seminar. The following scale was used:

1 = poor 2 = satisfactory 3 = good 4 = excellent

EXHIBIT IV-1*

Question	1		2		3		4	
	n	%	n	%	n	%	n	%
A. Participant Binders/ Resource Materials	0	0%	0	0%	4	25%	12	75%
B. Session Organization/Flow of Day	0	0%	0	0%	6	37.5%	10	62.5%
C. Question and Answer Opportunities	0	0%	1	6.25%	3	18.75%	12	75%
D. Overall Seminar	0	0%	0	0%	1	6.25%	15	93.75%

* Total number of respondents was 16.

1.2 Evaluation Form Question: "Please rate the overall service of the facilitators and speakers on the following issues using a scale of 1 to 4 (1=poor, 2=satisfactory, 3=good, 4=excellent)"

Exhibit IV-2 summarizes the respondents' rating of the facilitators and speakers knowledge about the content of the seminar, background and experience related to the content of the seminar, and overall rating of the facilitators of the speakers. The following scale was used:

1 = poor 2 = satisfactory 3 = good 4 = excellent

EXHIBIT IV-II*								
	1		2		3		4	
Question	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
A. Knowledge About the Content of the Seminar	0	0%	0	0%	0	0%	15	100%
B. Background and Experience Related to the Content of the Seminar	0	0%	0	0%	0	0%	15	100%
C. Overall Rating of the Facilitators and Speakers	0	0%	0	0%	0	0%	15	100%

* Total number of respondents was 15.

2. WRITTEN COMMENTS

Participants were also given the opportunity to provide open-ended comments. A summary of their responses is as follows:

2.1 Participant Binders/Resource Materials

- Screening and assessments used by SARD would be helpful
- Little opportunity to review materials
- Ability to utilize information for staff development and education
- Helpful to have information to refer to
- Very beneficial to take back to our States
- Great background materials and handouts.

2.2 Session Organization/Flow of Day

- Liked starting the first day in the afternoon and leaving the next day in the early afternoon
- The dialogue with other State participants was crucial to the success of these sessions
- Shorter sessions seem to make the day flow better
- Good to present information first day but Day 2 helped to solidify what I heard on Day 1

- Enjoyed the tour of Essex Welfare Office. Entire session had a smooth, cohesive flow
- Amazing coordination of many activities, impressive.

2.3 Question and Answer Opportunities

- As always in a good seminar, you are wanting more time
- Ample opportunities for question and answers and information sharing
- Excellent opportunities with TA leaders
- Wonderful chance to ask questions of frontline staff
- Having question and answers built into presentation is helpful in this setting
- It seemed as if everyone had an opportunity
- Very helpful to get the reaction from all different staff members, good balance
- Would liked to have had the chance to talk with the case managers
- Excellent opportunities for give and take.

2.4 Overall Seminar

- SARD and the Essex County staffs did a great job. They went out of their way to be gracious hosts
- Great opportunity for an exchange of information
- Excellent opportunity to learn about and share relevant initiatives that are focused on the TANF population
- Learned a lot. Good nuts and bolts material
- Very informative and well run
- Overall organization and variety of learning experiences was excellent. Opportunity to have site visit was very helpful. It would have been nice to have more written materials on SARD (protocols, assessment, tools, organization chart, and referral pieces).

2.5 Benefits Anticipated as a Result of the Seminar

- Networking and a better understanding of limits of the system
- Concrete TA for our State
- Ideas to facilitate collaboration between substance abuse issue case managers and TANF workers
- Picked up a few ideas for test practices that can be applied in my State. Unfortunately, we are lacking the funding for such a program initiative
- Realized the following about my State's program: staff training needs to increase, need to review screening tools and processes of our own pilot, strengthen identification (screening) and referral process, consider stronger recommendation of assessments
- We are in the process of reviewing areas where collaboration can be effective without any new resources due to budget constraints
- Helpful to learn how other States integrate providers with information to enhance and improve our services
- This seminar allowed me to better understand what is occurring on a much larger scale other than just in my State
- Advocacy for communication, knowledge about the culture of welfare and necessity for change
- Opens up some new avenues for discussion between agencies presenting new ways to grapple with these concerns
- The interaction and the ability to learn how a State deals with TANF recipients and substance abuse
- It is too early to tell. Lots of wonderful ideas, have to think them through and bring them to the right people
- My State is struggling to solidify collaborations. Some new ideas were presented that we could use.

2.6 What Was Most Useful About This Seminar?

- Networking
- Seeing the SARD program and learning how they have dealt with barriers in implementation of their program
- Ideas and information of what worked, challenges, and initial results
- Dialogue between welfare and substance abuse professionals across the State
- Having examples of ways this collaboration (SARD) is working
- Challenges to some of our States biases
- Ability to ask questions and receive information
- Hearing about other States experiences as well as seeing a program model
- Learning about SARD and speaking with staff
- Site visit and input from various staff members regarding areas of responsibility
- Good to hear treatment side and TANF side
- Small group makes question and answer discussions easier
- Helen and Annette's willingness to acknowledge program problems openly
- Hearing not just about New Jersey, but also how the other States are grappling with this issue
- Total focus on one collaboration, hearing from all the players from different systems.

2.7 How Could the Seminar Have Better Met Your Needs?

- More time for questions
- Have copies of SARD documents available
- Ability to get executive summary of pilots when available
- Would have liked for child welfare folks to be there
- A bit longer to allow individual States to talk about how they could implement models

- Learning about a few other models besides SARD
- Could have put TANF only people in a room to brainstorm what might work in their States.

2.8 Other Comments

- Wonderful event, well worth the time out of the office
- Well organized, speakers were very knowledgeable
- Great job by everyone, thanks so much. I really appreciated the site visit to the SARD program.

APPENDIX A:
CONFERENCE AGENDA

Welfare Peer TA Roundtable
Effectively Serving TANF Clients with Substance Abuse Problems: Making a Difference on the Frontline
Newark, New Jersey
February 19-20, 2002

Tuesday, February 19, 2002

12:30-1:00 p.m. **Registration**

1:00-1:30 p.m. **Welcome and Introductions**

Lou Katz, ACF/Northeast Hub Region II
John Horejsi, ACF/Office of Family Assistance
Annette Riordan, NJ Department of Human Services

1:30-2:15 p.m. **Welfare Reform: Lessons Learned—Insights after Five Years of PRWORA**

Mary Nakashian, CSAT Welfare Reform Project

This session will allow participants to meet each other, and will frame the current context of welfare reform within the larger history of welfare and, importantly, within participants own personal experiences working in this field.

2:15-3:00 p.m. **Review of States' Current Program Strengths and Challenges for Addressing Substance Abuse Treatment Needs of TANF Customers**

Mary Nakashian, CSAT Welfare Reform Project

During this interactive session, participants will identify the assets their systems bring to the table in serving substance abusing families, and the challenges their systems face in serving these families. Emphasis will be placed on how their systems do or don't collaborate in serving families.

3:00-3:15 p.m. **Break**

3:15-5:00 p.m. **Focusing on Outcomes: Serving TANF Clients with Substance Abuse Problems**

Mary Nakashian, CSAT Welfare Reform Project
Dr. Helen Raytek, NCADD-NJ
Annette Riordan, NJ Department of Human Services

During this session, participants will identify strategies that work, become aware of initiatives taking place elsewhere in the country, and learn about a number of national projects that include outcome measures.

From 3:15-4:00 Mary Nakashian

This will be a presentation of themes regarding how to identify and serve families with substance abuse problems—general concepts and practical examples from around the country.

From 4:00-4:30 Helen Raytek & Annette Riordan

This presentation will introduce the SARD program and set the stage for the site visit the next day. It will introduce SARD in general and discuss how the structure of SARD and the relationship between client and frontline caseworkers can be used to better serve clients with substance abuse treatment needs. Preliminary process outcomes, such as treatment program participation will be presented.

From 4:30-5:00 Mary Nakashian

This presentation will introduce the CASAWORKS for Families program and will focus specifically on outcomes—what they tried to measure, how, and what they learned.

Wednesday, February 20, 2002

9:00 a.m.-11:30 a.m. **Site Visit to the Substance Abuse Research Demonstration (SARD)**

The SARD program addresses the barriers substance abuse poses to self-sufficiency for clients who are Work First New Jersey (WFNJ) eligible and enrolled in the Temporary Assistance for Needy Families Program. During the site visit, frontline workers will talk about the processes and protocols of the SARD program. Participants will also meet with AOD clinicians to discuss the outcomes of the SARD demonstration project.

Noon-1:30 p.m. **Working Lunch**

Reflections on New Jersey SARD: Thoughts from Program and Welfare Providers

Elsa Cannella, Essex County Welfare
Carol Simmons-Logan, Essex County Welfare
Joyce James, Essex County Welfare
Leroy Coleman, Essex County Welfare
Marlene Josephs, Essex County Welfare
Sharonda Lane, Essex County Welfare
Joyce LaCara, Essex County Senior Employment Specialist
Gail Phillips, Catholic Community Services
Moderators: John Horejsi, ACF/Office of Family Assistance
Annette Riordan, NJ Department of Human Services
Helen Raytek, NCADD-NJ

Participants will share their reactions to the SARD visit, thinking particularly about what aspects of it might work in their states. Dr. Raytek will share her thoughts about the tools and processes, and what SARD has taught her about elements of best practices. The clinical director, the welfare program director, and the employment program director of the SARD program will talk about the coordination of substance abuse, welfare, and work activities.

1:30 p.m.-2:30 p.m. **Where do we go from here? Development of an Action Plan for Working with TANF Clients Who Have Substance Abuse Problems.**

Mary Nakashian, CSAT Welfare Reform Project
Moderator: John Horejsi, ACF/Office of Family Assistance

This session will be a working session in which participants will discuss practical next steps that they plan to take when they return to their offices. Representatives will meet by State to discuss some concrete next steps for working together to serve TANF clients with substance abuse problems.

2:30 p.m.-3:00 p.m. **Closing Remarks and Evaluation**

Jeanette Hercik, Caliber Associates

APPENDIX B:
CONFERENCE SPEAKER AND PARTICIPANT LIST

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