



communiqué

A Memo to the Field from CSAT's Treatment Improvement Exchange

Substance Abuse Treatment and Welfare Reform

For many current welfare recipients, substance abuse may pose the largest single obstacle in their ability to secure and keep jobs.

We began this special TIE *Communiqué* on welfare reform by asking how Federal and State welfare reform efforts are affecting the substance abuse community. But as we talked to human services and substance abuse treatment and prevention professionals around the country, we quickly realized that the question needs to be turned around. Instead, we need to ask: What is the impact of substance abuse treatment on welfare reform?

Quite simply, the success of welfare reform for up to 40 percent of former Aid to Families with Dependent Children (AFDC) heads of household and an unknown number of children depends on substance abuse treatment and prevention. For these welfare recipients and their families, substance abuse is a major barrier to getting and keeping a job. Treatment and wraparound services must be seen as an integral part of the welfare-to-work equation. To gain and sustain economic and social independence, welfare clients need our continued support. CSAT's mission is to help States make the transition from welfare to work possible for these families.

In "The End of Welfare as We Know It," an overview of welfare reform, we examine the ramifications of Federal legislation on a full range of programs, from income assistance to Medicare and Medicaid. Many welfare clients are women and children, whose needs for substance abuse treatment and vocational training and assistance are as urgent as their needs for medical care, day care, and child and spousal abuse protective services.

Our guest editorials analyze the welfare-to-work and substance abuse treatment connection from two points of view: policy and practice. In "Beyond Welfare Reform," Nancy K. Young and Sidney L. Gardner argue that we must seize the opportunity to demonstrate how much the substance abuse field can contribute to helping other social service systems achieve their goals, thus expanding the base for treatment services. Failure to do so, they contend, would constitute a failure of accountability to U.S. taxpayers. Young and Gardner point out, in "Implications for Child Protective Services," that our Nation's most vulnerable young people will suffer most if agencies and departments that share the same clients do not abandon turf issues and attitudes that work against cooperation. The clocks are ticking, the authors warn, and unless we wake up before the alarms go off, children will suffer.

Nolia Brandt shows how treatment reforms must accompany welfare reform in her article, "Welfare Reform, Substance Abuse Treatment, and America's Workplaces." She delineates the continuum of practical services that welfare clients need as they move from welfare to work, broadening the discussion to include the role of private sector employers and employee assistance programs (EAPs). She suggests resources for reform and outlines how public agencies can collaborate with employers to serve clients.

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“Vocational Services for Substance Abuse Treatment Clients” describes a NIDA-funded study of methadone programs that introduced an employment component. Since many methadone clients are also welfare recipients, the Training and Employment Program (TEP) focused on the knotty issues facing people in treatment and on public assistance. TEP custom-designed a vocational assessment/employment readiness instrument for these clients, plus a comprehensive manual for substance abuse and human service professionals on how to integrate employment services into treatment settings.

Substance abuse treatment not only works for welfare clients, it also saves taxpayers money, as our article “The

Ohio Cost-Effectiveness Study” shows. This 4-year research effort corroborates what practitioners observe daily in the field: People who engage in substance abuse treatment are better able to get a job. Ohio’s statistics prove it. The study also showed sizable cost offsets for all treatment types and levels of client severity.

We can get there from here. Whether from a policy or practice perspective, our contributors have drawn a map for achieving cooperation among Federal and State departments and agencies and the private sector.

From the policy perspective, the Clinton Administration and Congress have provided additional funding to support services for people transitioning from welfare to work. In “Welfare-to-Work Grants Available Through the Department of Labor,” we describe the Employment and Training Administration’s program to nurture the kind of collaboration our contributors discuss in this issue.

Practitioners’ reports from the field are encouraging: Success is already happening. Our articles on welfare-to-work initiatives in California, Kansas, and South Dakota demonstrate the commitment and creativity of treatment and social services professionals throughout the country. Working together, they are imagining and facilitating independent futures for clients who have been dependent all their lives—on substances and on welfare assistance.

From California, Toni Moore reports on changes in Sacramento County’s

Department of Health and Human Services (DHHS). Saturated by substance abuse-related problems, the county’s child welfare, mental health, public health, adult protective services, and primary health case-loads demanded an integrated approach. DHHS responded with Alcohol and Other Drug Treatment Initiatives, to incorporate substance abuse treatment services as an integral part of the health and human services system. DHHS workers have been trained to screen for substance abuse problems, with the goal of providing treatment on demand for clients.

Sharing information about substance abuse across departments and offering a comprehensive system of services have worked well in other States, too, as our articles on Kansas and South Dakota attest. Kansas Works, a pilot program that makes work readiness a focus for welfare clients seeking employment services, automatically screens for substance abuse and refers to State Regional Alcohol and Drug Assessment Centers. In South Dakota, the juvenile justice system is the point of entry for the Family Aftercare Program, an interdepartmental collaboration which provides families with multiple problems, including substance abuse, with intensive family services.

Although many of the programs that the States have initiated are new, the concepts underlying them are tried and true. Comprehensive services that include substance abuse treatment and prevention for clients involved in public social welfare agencies make good sense—and good dollars and cents. ■

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TIE Communiqué

A Memo to the Field from the Center for Substance Abuse Treatment (CSAT)

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Message From the Acting Director

— Camille T. Barry, Ph.D., R.N.

Many of the recent challenges to the field of substance abuse treatment have originated with State-level reform efforts aimed at controlling or reducing the costs of publicly funded health care. State substance abuse agencies and treatment providers across the Nation have responded to the incremental progression of health care reform with innovations and the determination to ensure treatment services for all those in need. The implementation of Federal-level welfare reform has created the newest challenge to the field. CSAT actively supports the Federal welfare reform initiatives and is poised to help States plan the transition, implement the initiatives, and continue efforts to provide a full continuum of substance abuse treatment services, as well as a complete complement of wraparound services for individuals and their families.

For many current welfare recipients, substance abuse may pose the largest single obstacle in their ability to secure and keep jobs. These individuals will be unlikely to succeed in their welfare-to-work transition without effective treatment services. The expansion of treatment service capacity could be one of the positive impacts of welfare reform. But to assume that such capacity expansion will, in fact, occur would be naïve.

Like many of today's other health care issues, the impact of welfare reform on substance abuse treatment services is a "work in progress," and it is difficult to predict the full impact at this time. Sharing information and collaboration are two important elements of the reform process, not only among the various agencies within States, but across States.

The purpose of this special issue of the TIE *Communiqué* is to help States identify the issues concerning welfare reform and to disseminate that information to the field.

CSAT actively supports the Federal welfare reform initiatives and is poised to help States plan for the transition, implement initiatives, and continue their efforts to provide a full continuum of substance abuse treatment services.

CSAT's role will be:

- To collaborate with the other Federal entities that are involved in implementing welfare reform
- To "speak" for the issues that revolve around substance abuse treatment under welfare reform
- To work with other elements within the Substance Abuse and Mental Health Services Administration (e.g., the Center for Substance Abuse Prevention).

CSAT will share information with the States and communities and will facilitate information sharing among them. For example, the development of infrastructures for data systems is a critical State need. Because there are differences among the States and Territories in their capabilities to collect, analyze, and use data, CSAT will help them develop the tools to build effective infrastructure and management information systems. Such systems will lend credence to State- and Federal-level data and will give States and Territories the power to generate and use their own data in more meaningful ways.

Another of CSAT's specific initiatives is to help States and communities in their efforts to identify, develop, and monitor outcome measures. Outcome-related service delivery and accountability have assumed importance in

the substance abuse field. As an extension of this movement, outcome measures will be used at agency and program levels to assess the impact of welfare reform. The assessments will help determine the best aspects of welfare reform and will allow States and communities to track the changes over the next 5 to 10 years. With community-level outcomes in hand, policymakers can understand and follow what is happening under welfare reform. As the issues become apparent, outcome measures will help States and communities determine their priorities. ■

The U.S. Department of Health and Human Services (HHS) found that 15.5 percent of women on AFDC would need treatment services: 4.9 percent were "significantly" impaired, and another 10.6 percent were "somewhat impaired" by substance abuse. AFDC women have higher rates of "significant impairment" (5.2 percent) than non-AFDC women (2.6 percent).

Reference

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, National Institute on Drug Abuse, and Substance Abuse and Mental Health Services Administration. *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*; 1994.

The End of Welfare As We Know It

When President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), he culminated a long series of events that began in 1992 as a campaign promise to “end welfare as we know it.” This legislation, popularly known as the Welfare Reform Act, ends individual entitlement to benefits for those living at or below the poverty level.

Under the new law, three Federal programs—Aid to Families With Dependent Children (AFDC), Emergency Assistance, and Job Opportunities and Basic Skills (JOBS)—have been replaced with a block grant to States called Temporary Assistance to Needy Families (TANF). The Welfare Reform Act imposes a 60-month limit on receipt of benefits and has strict work requirements. The Act also includes provisions intended to reduce illegitimate births and births to teen parents, limit benefits to immigrants, and improve child protection and child support enforcement. Another piece of legislation affecting various welfare and public assistance programs is the Contract With America Advancement Act of 1996 (P.L. 104-121), which over-

As States overhaul their own welfare programs and respond to Federal welfare reforms, they will have to clarify their values concerning welfare recipients with substance abuse problems.

rides a 1994 law intended to limit the payment of public benefits to substance abusers and to promote treatment. The Contract With America Act prohibits Federal disability benefits under the Supplemental Security Income (SSI) and the Social Security Disability Insurance (SSDI) programs and eliminates Medicaid and Medicare eligibility for the 200,000 Americans whose drug addiction or alcoholism is

Highlights of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

- Replaces the AFDC program with TANF, establishing a new State block grant program with increased discretion for the States
- Ends entitlement to public assistance for qualified income-eligible families
- Limits receipt of benefits to no more than 5 years
- Imposes strict work requirements and numerous potential sanctions
- Decouples automatic Medicaid from public assistance eligibility
- Restricts the availability of benefits, including Medicaid for legal immigrants
- Allows States to ban public assistance (TANF and Food Stamps) to individuals with drug-related felony convictions that occurred after August 22, 1996
- Allows States to drug test welfare recipients and sanction those who test positive

the primary cause of their disability. The 1994 law imposed strict requirements on these beneficiaries, including sanctions for noncompliance with treatment, benefits managed by a responsible third party (i.e., payee), and the loss of SSI benefits after 36 months.

There was no limit for SSDI beneficiaries if appropriate treatment was not available. Under the Contract With America Act, many of these individuals could regain eligibility because of other coexisting disabilities (e.g., mental illness, AIDS). However, if it is determined that these individuals have a drug addiction or alcoholism condition and are unable to manage their own benefits, then they

will be required to have a representative payee and will be referred to the State drug addiction and alcoholism agency for treatment. There are no sanctions for noncompliance with treatment, nor is the Social Security Administration (SSA) required to monitor payees. The SSA is developing a policy to define a “drug addiction and/or alcoholism condition, along with the process by which individuals are referred for treatment.”

Impact on Treatment-Related Services

The Welfare Reform Act and the Contract With America Act have sent shock waves through Federal programs that are an integral part of comprehensive substance abuse treatment services, including Food Stamps, child nutrition programs, child care, and social services. The impact of these program changes and of changes in Medicaid eligibility requirements may not be fully realized for several years. For example, residential treatment services have historically relied on

Food Stamps and other welfare benefits to feed clients who are eligible for such benefits. It is not uncommon for clients in treatment programs to have been convicted of drug-related felonies. However, one of the provisions of the Welfare Reform Act bans public assistance (TANF and Food Stamps) to individuals who are convicted of drug-related felonies. How this will affect operations of residential treatment services remains to be seen. As States overhaul their own welfare programs and respond to Federal welfare reforms, they will have to clarify their values concerning welfare recipients with substance abuse problems. States will have to make some difficult

decisions on how to treat these individuals.

Current estimates of the number of welfare recipients who use or abuse alcohol and/or other drugs range from about 5 to 40 percent. Many with substance abuse problems who have relied on welfare in the past may no longer be eligible and may have no other means of support immediately available to them and their families. Welfare recipients who are currently in substance abuse treatment or who may require it in the future may not be eligible for the Medicaid dollars that would pay for treatment and ancillary medical services. Yet for many welfare

recipients, substance abuse treatment is a necessary step toward job readiness. For others, treatment may be necessary to maintain employment or improve job performance.

Positive Results of Treatment

Making it difficult for those on welfare to access substance abuse treatment services is clearly counterproductive. Recent studies indicate that there is a substantial rise in employment among welfare recipients who successfully complete substance abuse treatment. Florida reported a 76 percent increase in employment after treatment (Lanehart et al., 1996), and California reported a 60 percent increase (Gerstein et al., 1996). A Kansas State University study (Poresky, 1994) revealed the positive effects of substance abuse treatment on former welfare recipients' job performance: average monthly income at 6 months after treatment increased 33 times over the average employment income before entering treatment; and from pretreatment to the follow-up period after treatment, there was a 50 percent increase in the number of days worked in the previous month (Poresky, 1994).

The results of an extensive cost-effectiveness study (1996) that was recently completed for the Ohio Department of Alcohol and Drug Addiction Services further emphasize that treatment plays an integral role not only in achieving work readiness but also in enhancing job performance: One year after entering treatment, the absenteeism of treated workers fell by 61 percent, incomplete work dropped by 37 percent, and the number of mistakes in work was reduced by 36 percent. The ability to "end welfare as we know it" will depend significantly on the availability, use, and success of appropriate treatment services for substance abuse problems among welfare recipients.

Highlights of the Contract With America Advancement Act of 1996

For the 200,000 Americans who are disabled due to drug addiction or alcoholism:

- Prohibits SSI disability benefits
- Prohibits SSDI disability benefits
- Eliminates Medicaid eligibility
- Eliminates Medicare eligibility
- Requires substance abuse treatment referral only if drug addiction and/or alcoholism is secondary to another disability and the recipient is unable to manage own benefits

Welfare Roll Decline^{ab}

	Jan. 1993	Jan. 1994	Jan. 1995	Jan. 1996	Jan. 1997	June 1998	Δ ^c
Families	4.963	5.053	4.963	4.628	4.114	3.031	-39%
Recipients	14.115	14.276	13.931	12.877	11.423	8.380	-41%
Totals: 1,932,000 fewer families and 5,735,000 fewer recipients							

^aAll numbers in millions.

^bTotal number of AFDC/TANF recipients, Jan. 1993 through June 1998.

^cPercentage change from Jan. 1993 to June 1998.

Source: U.S. Department of Health and Human Services, Administration for Children and Families.

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Beyond Welfare Reform

—Nancy K. Young, Ph.D., and Sidney L. Gardner, M.P.A.

Welfare reform—another wave in a succession of national policies sweeping across State substance abuse agencies, or an opportunity for the substance abuse treatment field to establish much-needed allies? Those of us concerned about services for persons affected by substance abuse face both an opportunity and a risk in the implementation of welfare reform.

For years we have lamented a lack of partners at the table when decisions are made on substance abuse treatment budgets. Welfare reform presents an unmistakable opportunity to demonstrate how much substance abuse treatment can help other systems achieve their goals. If this opportunity is seized, State substance abuse agencies can gain support in Congress, State legislatures, and local governing boards for expanding treatment resources.

The risk is that substance abuse agencies will see welfare agencies as simply “out for our money” or as a new line item in their budget. With this mistaken outlook, substance abuse agencies might resist new offers to collaborate, operating as though there were no overlap between their clients and welfare recipient populations.

In the past several months, we have frequently heard from State substance abuse agencies that the large number of treatment service referrals from the criminal justice, primary health, welfare, and child welfare systems creates a barrier to clients who voluntarily seek help from the public treatment system. Let's be clear: Taxpayers who support

the publicly funded substance abuse treatment system deserve accountability for results from that system. That means that substance abuse clients who are driving up State costs will and should receive priority status as a means of reducing Federal, State, and local government costs in an outcomes-based system. That is not a threat to State substance abuse agencies—it is an opportunity to expand the base for treatment services and recruit the partners we need to help us at budget time. Alone, each State substance abuse agency's funding sources are inadequate to do the job. But combined with resources from other agencies who share the same clients, a much larger impact can be achieved.

State substance abuse agencies can try to ignore each of the waves of national policy that come along—welfare reform, managed care, outcomes-based accountability, and child protective services reform—or they can view each narrowly as a marginal new funding system. But they could instead take a longer view and ask how the treatment-needing population affected by each of these reforms can be helped by treatment and support. Each of these other systems can be overwhelmed by the problems that we know best in the substance abuse treatment field. By sharing our strengths, rather than setting up new barriers to our services, we can establish the partnership between State substance abuse agencies and each of the State agencies charged with implementing other reforms. We and they all need such cooperation to succeed. ■

*Dr. Young specializes in social policy issues affecting children of substance abusers. Mr. Gardner has held positions in Federal, State, and local government agencies focused on children's policy. Together, they founded Children and Family Futures, an Irvine, California-based nonprofit agency dedicated to improving outcomes for children and families by providing technical assistance to government agencies, community-based organizations, and schools. They are the authors of **Implementing Welfare Reform: Solutions to the Substance Abuse Problem** (1997), published jointly by Drug Strategies and Children and Family Futures.*

Internet Resources

Center for Substance Abuse Treatment (CSAT)

www.treatment.org

Through the Treatment Improvement Exchange (TIE) Web site, CSAT keeps addiction treatment practitioners and policy makers abreast of the latest science-based developments in treatment for people with alcohol and substance abuse problems. Special topic pages are dedicated to dual disorders, health care reform, welfare reform, women and children, and the Children's Health Insurance Program (CHIP).

American Public Human Services Association (APHSA)

Formerly American Public Welfare Association (APWA)

www.aphsa.org or www.apwa.org

APHSA educates members of Congress, the media, and the broader public on what is happening in the States regarding welfare, child welfare, health care reform, and other issues involving families and the elderly. In addition to extensive information on national welfare reform, this Web site includes access to State-by-State information on welfare and health care reform activity.

National Governors' Association (NGA)

www.nga.org

The NGA tracks selected elements of State TANF plans, develops and posts issue briefs on emerging trends and issues in welfare reform, follows the implementation of welfare reform, posts summaries of State follow-up studies, and posts information on welfare-to-work grants and grantees.

Welfare Information Network (WIN)

www.welfareinfo.org

WIN is a clearinghouse for information, policy analysis, and technical assistance on welfare reform and related subjects, including a comprehensive list of publications from government agencies and private voluntary organizations. Many publications can be downloaded directly from this Web site.

Implications for Child Protective Services

—Nancy K. Young, Ph.D., and Sidney L. Gardner, M.P.A.

Many policy experts in the child welfare field have warned about the implications of welfare reform for child protective services. Child abuse and neglect are not caused by poverty, just as child abuse and neglect are not caused by substance abuse. The child welfare caseload is, however, often a subset of the welfare caseload, with estimates of 50 to 90 percent of child protective service (CPS) clients receiving income support through public assistance. The correlation among child protection cases and substance abuse problems is also alarming, with similarly high estimates of population overlap. These three intersecting arenas call for dramatic policy and practice changes to protect children as States move forward with welfare reform.

Both experience and research have documented the substantial need for substance abuse treatment services among parents in the CPS system.

Both experience and research have documented the substantial need for substance abuse treatment services among parents in the CPS system. However, current policy and daily practice typically lack any sustained connections between the two systems other than pilot projects or smaller scale demonstrations. Despite service plans and court orders that include a referral to substance abuse treatment, many clients in the CPS system who need treatment do not receive it.

The systems have many barriers to working together, including differences

in attitudes toward clients, training and education, and different funding streams. The response to the needs of clients in the CPS system for substance abuse treatment services is inadequate to ensure that the intended outcomes of either the welfare or the CPS system will be achieved. These barriers become explicit when we view the four "clocks" of the systems.

1. **The New Timetable for Temporary Assistance for Needy Families (TANF) Recipients**—income assistance for 24 consecutive months and a 60-month lifetime cap.
2. **A Shorter Time to Ensure a Child Has a Safe and Permanent Home**—Children removed from the home and placed in protective custody must have a permanency plan at 12 months, according to the 1997 Adoption and Safe Families Act (PL 105-89). Parental rights may be terminated if the child has remained in foster care for 15 of the most recent 22 months, or if the child was abandoned, or if the parent has killed a sibling or committed a felony assault against the child or sibling.
3. **The Indefinite Time for Recovery From Addiction**—The substance abuse treatment system operates on its own timetable, viewing recovery as a lifelong process requiring a long-term commitment to sobriety to achieve family stability. However, substance abuse treatment funding under health care reform (e.g., managed care) has moved to shorter lengths of covered treatment benefits.
4. **The Developmental Clock for Children**—Underlying each of these policy-generated timetables is the most important of the clocks: the developmental clock for the children

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Flexibility Under TANF

Under welfare reform, States will have greater flexibility in establishing benefit eligibility and funding levels under their TANF block grant programs, which may have a deleterious impact on income-eligible individuals and their family members who require substance abuse treatment services, particularly if treatment capacities are reduced. However, although the amount of the TANF block grant is capped and is based on the State's historical funding levels, flexibility in the law allows the transfer of TANF funds into the Child Care Block Grant and the Social Services Block Grant (SSBG). Of the 29 Federally allowable services under the SSBG, many are important wrap-around services. Some of these services include case management, counseling, child care, housing services, and transportation. Broader intergovernmental funding strategies may, in fact, allow States to benefit from welfare reform by providing comprehensive treatment services. To fully realize such benefits, however, will require collaboration and team building among the various State agencies involved in the provision of these services. ■

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in the family. This is the clock that cannot be externally driven. Experts in the field of neuroscience increasingly warn us of the critical importance of a child's early years. Yet, it is this clock that is most frequently neglected at the intersection of these service systems.

Need for Linkages

The adequacy of the connections among the systems can be measured by reviewing five features of their linkages: daily practice, information systems, budgeting, staff development, and alternative service delivery systems. A major problem is the fragmentation of the funding systems for child welfare, welfare, and substance abuse treatment services. Although each of these systems carefully tracks the number of individuals that receive treatment and other services, they have generally not been held accountable for their results. But just as the substance abuse treatment field is moving toward results-based account-

children's lives are also affected by the lack of clear policy to assist and/or compel the parents to address their substance abuse problems. If treatment services are fully available for the parent, removal and reunification should be contingent on the parent staying in compliance with a treatment program or an aftercare program. Thinking more clearly about and acting on creating a family support system could help far more children and families than continuing to deny the realities of substance abuse in these families and their potential for recovery.

Creating a Family Support System

The following are necessary to create a family support system for substance abuse treatment clients under welfare reform:

- Tools to assess the substance abuse-related problems of families
- Training for workers in welfare and CPS on how to use these tools

abuse, family functioning, and the developmental stage of the child

- Appropriate substance abuse treatment and programs for parents who are willing to make an effort to stay in treatment and follow-up services; a high priority must be given to ensuring that adequate numbers of treatment slots are available
- Better measures of early signs of treatment success
- Treatment services that are appropriate for women with children, and instrumentation to track the progression of the mothers' substance abuse recovery
- Inventories of funding sources that provide a full continuum of care and wraparound services for abusing parents
- Assessment of the effectiveness of substance abuse treatment programs using outcome measures that include family functioning so that resources can be shifted to the most effective programs. ■

A major problem is the fragmentation of the funding systems for child welfare, welfare, and substance abuse treatment services.

ability, so too are the child welfare and welfare systems. Unfortunately, these system-specific efforts have formulated no policies to sustain linkages that can be measured in terms of their effect on all three systems. It seems clear, however, that the separate goals of these systems cannot be achieved unless they are working together to achieve and measure their common goals for the families they share.

To summarize, many children's lives are diminished by the inability of their parents to care for them adequately, and many of these parents suffer from substance abuse problems. These

effectively

- Better understanding by CPS and welfare workers of substance abuse and its effects on families
- Improved information systems that can track specific clients
- Systems that can identify substance-abusing clients with children and determine the outcomes of substance abuse treatment, including the effects of treatment on the child welfare system
- Upgraded client screening and risk assessment to address substance

The 1997 General Accounting Office (GAO) Report estimated that 78 percent of young children entering foster care are from families in which substance abuse is a significant factor for removing the child from the home.

General Accounting Office, Health, Education and Human Services Division (GAO/HEHS). *Parental Substance Abuse. Implications for Children, the Child Welfare System, and Foster Care Outcomes.* Washington, DC: GAO/HEHS; 1997.

Welfare Reform, Substance Abuse Treatment, and America's Workplaces

—*Nolia Brandt, M.S.W., M.A., A.C.S.W., C.E.A.P.*

First and foremost, welfare reform is about economics. National and State welfare reform is taking place within a broader economic environment. Welfare reform is being driven by the same business trends as the economy as a whole—rapid technological change, downsizing, globalization, America's shift from manufacturing to information and service industries, and the movement toward a contingency workforce with few or no benefits and little job security. Welfare recipients entering the workplace will confront the same concerns and challenges as other American workers and their families: getting and keeping a job in a competitive climate.

What employers will continue to want most are workers who will show up on time, are able to follow verbal instructions, are able to get along with others, and are drug free. But behavior and health factors contribute to three problems facing workers or their family members: substance abuse, mental illness, and domestic violence. These affect job performance and may threaten the employability of a former welfare recipient. From the employer's point of view, these personal problems cause more than turnover and poor-quality work. According to the Office of National Drug Control Policy, untreated addictions cost American business from \$50 to \$100 billion each year in increased medical claims and disability costs from illness and injuries, theft, absenteeism, and decreased productivity; two-thirds of all drug abusers in America are in the workplace (President's Commission on Model State Drug Laws, 1993). Substance abuse prevention, intervention, and treatment systems must therefore become highly valued in the context of welfare reform and workplace productivity.

Service-sector jobs, in which many working poor will become employed,

typically come without medical or leave benefits, without security either in continuity of employment or in the number of hours an employer makes available for working, and without employee assistance programs (EAPs). At the same time, substance abuse prevention and treatment services will be needed more than ever before. Unfortunately, welfare reform legislation passed in the absence of health care reform. This means that the ability of the working poor to get medical and other necessary services, such as those for substance abuse and mental health problems, will become more limited when they are needed most.

partners, men who may also be in treatment. Second, employment will increasingly become a focus in the treatment and aftercare environment, as it has in Ohio, Kansas, South Dakota, and Florida (see articles in this issue).

And third, substance abuse prevention and treatment will increasingly become necessary to help former welfare clients remain employed. Case management in the treatment setting will be needed to coordinate closely with the welfare and employment systems, and to deal effectively with relapse issues. Prevention will be directed toward

What employers will continue to want most are workers who will show up on time, are able to follow verbal instructions, are able to get along with others, and are drug free.

The pressures on publicly funded treatment programs can be expected to grow as lifetime caps on welfare benefits are reached.

Treatment Reforms Accompany Welfare Reform

What do the changes in welfare mean to our populations and programs? First, work requirements in many States are even more stringent than those in the Welfare Reform Act. This means that extended residential treatment or strict on-campus requirements in publicly funded substance abuse treatment systems may need to be replaced with other treatment designs and options. Outpatient treatment services will need to be more flexible, available during nontraditional hours and in alternative settings. Women welfare recipients in treatment will have work requirements, as will their

adults at risk and their children. Programs can also be targeted to dependent children and family members of current and former welfare recipients. States with waiting lists for substance abuse treatment services will find the number of those in need of services is swelling.

The Importance of Employee Assistance Programs

Once welfare recipients who have completed treatment and found work enter the private sector, EAP services must be readily available to them, to employers, and to community service placements. Organizations that may have or use EAPs include large corporations, small businesses, unions, governmental organizations, and professional and occupational organizations. The EAP professional's scope is

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broad, and includes dealing with employees, supervisors, management, and the unions. Rather than mount an EAP within each firm, employers often form consortiums to purchase EAP services from those trained to deliver a complex menu of services.

The ultimate goal of EAPs is to reduce the social and economic costs that employee problems bring to the workplace. Originally designed to tackle alcohol and other substance abuse problems within a company or organization, EAPs have grown in breadth and flexibility. Now, many EAPs also help employees get help for financial, marital, interpersonal, legal, occupational, and other issues that affect job performance.

Other Resources for Reform

The expanded EAP approach to assisting employees with a range of personal dilemmas mirrors the trend in many States toward cross-departmental cooperation to provide clients with wraparound services. Many products and systems components will help public services, employers, and welfare recipients transition from welfare to work or from public to private systems. These resources should be used at multiple points in the welfare-to-work system: at initial contact, at jobs registration, at eligibility appointments, when an applicant finds employment (with or without full or partial “welfare benefits” for a period of time while working or doing community service), in the welfare system, in the workplace, and when individuals are terminated from welfare benefits, particularly for inability to get or maintain a job.

What resources are available to put these important system components into place? Medicaid should be the first line of payment for treatment services for welfare recipients and for those whose Medicaid benefits are

extended for a period of time after employment. Although benefits for residential substance abuse treatment are excluded from Medicaid reimbursement, some residential treatment providers are billing for medical, counseling, and other allowable services. Second, there is money for support services in Temporary Assistance for Needy Families (TANF) and through most States’ legislation. Third, although most States have waiting lists for publicly assisted substance abuse treatment, there are Federal Substance Abuse Prevention and Treatment (SAPT) block grant funds, for which women’s and dependent children’s services are particularly emphasized. In addition, primary prevention funds from the SAPT block grant could be used for prevention programs targeting welfare recipients, workers at risk, and their families.

There are also resources within family

preservation and safety programs, juvenile and criminal justice systems, mental health programs for dually diagnosed, and labor and employment security systems.

Public Agencies Collaborate With Employers to Serve Clients

Welfare reform can work if the public substance abuse treatment, human services, and employment sectors collaborate with employers. A credible needs assessment is essential. To make sure that the number of people who may be coming into substance abuse treatment systems can be served, the following data would be helpful:

- For welfare recipients who are already in treatment, information on

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Welfare-to-Work Products and Tools

For Clients

- Information on how and where individuals can seek help for substance abuse problems and how to identify when someone has a problem
- Substance abuse prevention materials on the need to identify problems before lifetime caps are reached and workplace drug tests occur
- Self-administered substance abuse screening instruments for applicants who have not penetrated the welfare system

For Social Service Professionals

- Training for employment and eligibility workers on how to encourage client self-screening and referral
- Training to help welfare professionals identify signs and symptoms of substance abuse and make referrals for screening, assessment, and treatment
- Screening instruments that can be used by a trained person who is not a substance abuse treatment specialist

For Employers

- EAP-type services employers can offer to former welfare recipients
- Toll-free telephone numbers for EAP services to be accessed by the benefits system, community services sites, and employers

Vocational Services for Substance Abuse Treatment Clients

Job training and finding work are urgent concerns for all welfare recipients under new Federal and State reform deadlines. But for welfare clients in substance abuse treatment, many needs must be met and barriers overcome before people can work. Even if a client is job ready, he or she may not be employable. This is the problem the Training and Employment Program (TEP) sought to solve.

Integrating Vocational Services

A NIDA-funded pilot study, TEP examined how to integrate vocational services into drug treatment settings. The Research Triangle Institute (RTI) worked with methadone programs to develop two tools to evaluate the needs and abilities of clients: the Vocational Readiness Screener (VRS) and the Global Appraisal of Individual Needs (GAIN). In addition, RTI wrote a manual detailing, step by step, proven strategies for providing vocational services. Though developed for methadone clients and programs, these materials can be used as a guide to provide vocational services to any group of hard-to-employ clients. The manual includes a 2-day, 4-session training for primary drug counselors and vocational specialists to help them collaborate effectively. TEP's main goal was to get people employed. But along the way, researchers, counselors, and clients recognized another, equally important outcome: TEP improved clients' quality of life.

"There is so much more involved here

If you can get the addict in a work situation that meets his skill level, he will do better in treatment. Work is therapeutic.

than just getting a job," according to TEP Project Manager Georgia Karuntzos. "In these clients' lives, welfare reform's imperative to get a job is only one of many issues," she said. "There is often a big gap between being ready for a job and being employable. A client may want a job and have the literacy and skills to perform it, but lack the motivation and sobriety to get and keep work. Or, she may be unemployable for lack of basics such as clothing, equipment, transportation, and childcare. Or, the potential loss of publicly funded health care services for the client and family may be a major motivation not to become employed. And always, there are the treatment issues," Karuntzos said.

Success is Incremental

TEP created tools for service providers to sort through these issues and help clients plan for the future. "You have to find out where the client is in treatment and in other phases of her life, and work with her from that point forward. Success cannot be narrowly defined as just getting a job," Karuntzos said. Rather, success is incremental, a progression of solutions to difficult circumstances. For many methadone clients, getting off the

street, treating health problems, and reuniting with family are the intermediate successes that may move them towards employment.

Tools to Measure Vocational Resources

To help primary drug and employment counselors provide job-related services to clients in treatment, Karuntzos and her colleagues created the VRS, a tool that categorizes clients along a continuum of vocational readiness. They also created the GAIN, a clinical instrument comprised of existing scales that, taken together, measure the full spectrum of client functioning. The TEP study specifically addressed the vocational needs of clients in methadone programs in Pittsburgh, Pennsylvania, Santa Clara County, California, and Buffalo, New York. But nonmethadone substance abuse treatment clients and welfare recipients often share similar barriers to employment, including stability in treatment, criminal records, illicit drug use, problematic work histories, or poor work attitudes. Because the VRS includes all the dimensions that determine employability, it can be readily adapted for use by substance treatment providers of all kinds. VRS renders an employability profile that includes work history, motivation, socialization, personal problems (mental and physical health and stress), and financial resources as factors in measuring readiness to work.

Until VRS, assessment tools that measured vocational skills, interests, and abilities were lengthy, costly, and primarily useful for people who were al-

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Five Dimensions of Employability

- Vocational status, measured as nonvocational, prevocational, training-ready, job-ready, and employed
- Motivation and interest in vocational activity
- Sources of social support for training and employment
- Ancillary needs, such as transportation and child care
- Barriers to vocational activity

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ready prepared to seek job placement or educational services. But few substance abuse treatment clients on welfare are ready for immediate job placement or training. These clients often lack the emotional and social support needed to find and keep a job. They may have limited motivation or commitment to vocational rehabilitation. Frequently, they lack the money for child care, transportation, supplies, equipment, or clothing that may be required for a particular job. In addition to paying tuition for continuing education and training, TEP paid for day care, suitable office attire or steel-toed shoes, car repair or a tool kit—whatever the client needed to become and remain employed.

Methadone Clients

Marlene Burks, Deputy Director of The Second Step, worked with RTI over the 2-year TEP study period to help clients at her agency's publicly funded methadone treatment facilities in Pittsburgh make the difficult transition from "seeing themselves as methadone clients to being a whole person."

About 10 percent of clients got jobs through TEP, and about 25 percent got training, Burks reported. The TEP was "not as successful as we had hoped in terms of really getting people employed," Burks conceded, because of this hard-core population's barriers to employment and a mismatch between client skills and jobs available in the local marketplace. Nevertheless, the study was valuable for the approaches and tools it developed and for reinforcing the importance of work to the drug treatment goals of methadone clients. "Clients who are working are more responsible," Burks said. There seems to be a reciprocal, positive relationship between holding down a job and success in treatment. "If you can get the addict in a work situation that meets his skill level, he will do better in treatment. Work is therapeutic," Burks said. "If a client could show he had kept a job by producing pay stubs, and if he continued to have clean urines, we gave him take-out status so that he could self administer his medications" and continue working. But, getting methadone clients employed or job-ready within the time frame and con-

straints demanded by welfare reform remains a major challenge.

Of Second Step's 400 clients, most have no marketable skills. Though 85 percent have a high school diploma or GED, literacy and math comprehension are low for this population, which is characterized by complacency and long periods of inactivity due to indigence or incarceration. Since many clients started using drugs in adolescence, their secondary school education was totally interrupted or a negative experience, and their cognitive development may have been stalled. Most Second Step clients are over 35 years old. About two-thirds are male and a third are female; 60 percent are white and 40 percent are African American.

"TEP was a good beginning," Burks said. But she believes that training and employment programs must do more than point out the factors that inhibit substance abuse treatment clients at an individual level. More careful study of the economic trends in each region is needed to reveal the labor needs of the community and produce a better match between client skills, vocational training offered, and the kinds of jobs available. "You don't want to be training people for jobs they can't get or that don't exist," Burks said. "Another key issue," she stressed, "is the strength of existing education and training programs in your geographical area. How accessible are services, and what do you have to do to get your client in?"

Educating the Community

Helen Norman, the employment specialist in Santa Clara County, California, who integrated a vocational component into three methadone treatment centers, emphasized another issue confronting anyone in treatment who must find a job.

"Initially, the challenge was in educating the community and service providers about the methadone client. We

Seven-Step Framework for Vocational Counselors

- Review the client's treatment chart and meet with the primary substance abuse counselor to discuss the client's vocational history and other influences on vocational activity (e.g., continued illicit drug use; behavioral, psychological, or physical impairment)
- Conduct client interviews and administer GAIN and other vocational assessments to determine the client's vocational interests, capabilities, support mechanisms, ancillary needs, and barriers to vocational activity
- Develop a preliminary plan to meet the client's immediate vocational needs
- Confer with the treatment staff to make sure that the plan complements the client's substance abuse treatment goals
- Identify services, agencies, and resources available in the community to meet the client's needs
- Select the best options and link the client with appropriate services or agencies
- Review client progress continuously through case conferences with the primary substance abuse treatment staff

had to convince people to take that risk with one client, to make that one referral a success. This created a new view of methadone clients and it opened doors. We struck a deal with DeAnza-Foothill Community College, which serves this district with excellent vocational training programs. We persuaded them to take five methadone clients and give them a chance. We said, 'Let's see if we can make this work.' In the end, DeAnza-Foothill wrote a proposal with us to get funds to expand the program."

Though the TEP study is over, the interventions it initiated are still in place. "This is a long-term success, and not just for individual clients," according to Norman. Within the County of Santa Clara, the agency for drug treatment recognized the program's value and created a permanent position for a vocational counselor. Rehabilitation counselors and others refer clients who are job ready and employable. The county continues to provide a comprehensive support system to a person once he or she is employed, Norman reported, with periodic follow-up at 6 and 12 months.

"And because relapse is always an issue," Norman said, "a vocational counselor is always available, ready to help a client keep a job. Job retention is the main problem. Even if clients overcome their fear of the world of work, other things may threaten their jobs. They may need to go to court over child custody, they may have a child care emergency, and transportation can be precarious. These are all big issues. In Santa Clara, we have identified the programs and services within our county for these clients. We give them access to public health and hospital services."

This systematic approach is essential, Norman believes, to serve a significant pool of clients who may always need public support. "Those

who participate in substance abuse treatment programs, those who feel the impact of welfare reform, those affected by managed care and Medicaid reform—they are all the same people. We are spending a lot of money on the same group of people, but not effectively. It's time that all of the players—including the clients—come to the table to talk about linking all these programs and services in city, county, and regionwide systems of service," she said. ■

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CSAT, the Treatment Improvement Exchange, and the editors of the TIE Communiqué thank Ms. Georgia T. Karuntzos, a research associate in the Mental and Behavioral Health Research Program at Research Triangle Institute, North Carolina, where she participated in the development of TEP; Ms. Marlene Burks, Deputy Director of The Second Step; and Ms. Helen Norman, Employment Counselor, Santa Clara County, California.

Primary Vocational Activities by Degree of Vocational Readiness

Employed Client Needs

- Job placement services (for upgrading employment position or status)
- Work-related equipment
- Work-related clothing

Job-Ready Client Needs

- Resumé preparation
- Interview preparation
- Application assistance
- Job seeker's workshops
- Job development
- Special equipment
- Support group participation

Training-Ready Client Needs

- Educational services
- Vocational skills training
- Training/education related resources
- Training/education materials
- Support group participation

Prevocational Client Needs

- GED services
- Comprehensive vocational evaluations
- Motivational/personal development
- Personal counseling (fear of success/failure)

Nonvocational Client Needs

- Vocational assessments (to determine potential abilities to pursue training or employment)
- Support group participation
- Medical/psychological assessments (to determine immediate and/or comorbid problems and needs)

The Ohio Cost-Effectiveness Study

The conclusions of Ohio's 4-year study on the cost-effectiveness of substance abuse treatment confirm what addiction services professionals have known from experience all along. Drug treatment works, improves people's lives, and saves money. And for people on welfare with substance abuse problems—an estimated 20 to 30 percent of welfare heads of household—the study holds out even more promise. People who engage in substance abuse treatment show a substantial increase in their ability to get and keep a job, a crucial consideration in the era of welfare reform.

Conducted by CATOR/New Standards for the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the study analyzed abstinence/relapse patterns, job problems, criminal justice involvement, health care utilization, and social and family relationships. The information came from the clients themselves.

People who were admitted for substance abuse treatment filled out comprehensive questionnaires covering their alcohol and drug use, their health, their legal issues, and their employment histories. Researchers contacted these clients 6 months after intake, and again 1 year after intake. The results, according to ODADAS Director Luceille Fleming, "are astounding." Among those who completed treatment, Fleming said, "absenteeism was reduced by 61 percent, incomplete work by 37 percent, and mistakes in work by 36 percent. Real numbers, real people, real benefits to the employer, to the employee, and to Ohio taxpayers."

The economic impact of substance abuse treatment completion was overwhelmingly positive for improved job performance and diminished involvement with the criminal justice system. The Ohio Cost-Effectiveness Study also

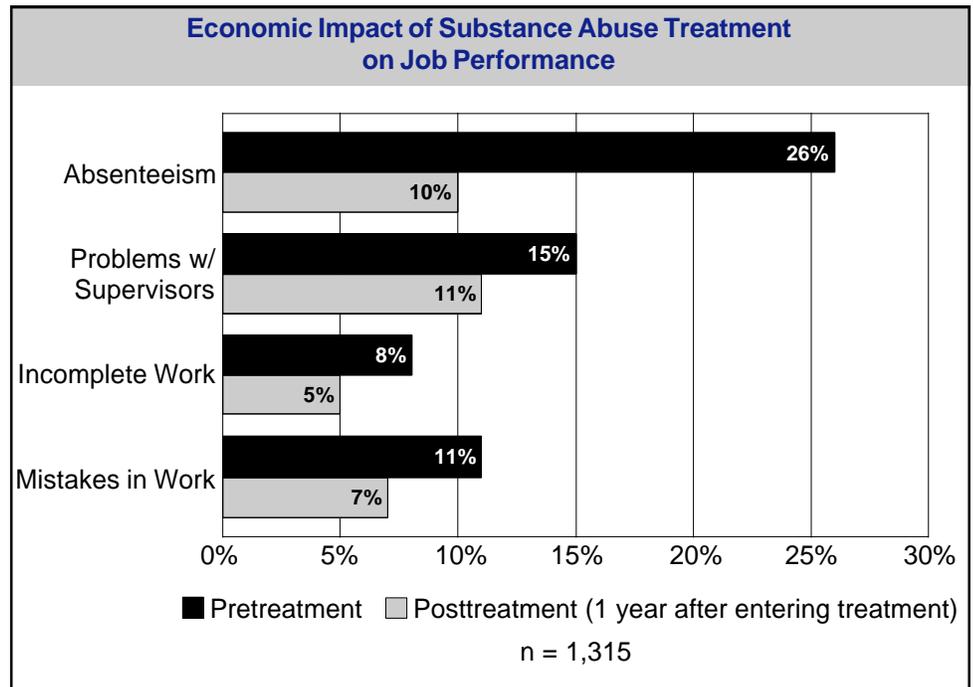
showed sizable cost offsets for all treatment types and levels of client severity. Detoxification plus treatment services resulted in a higher level of abstinence for all clients than detoxification alone. And clients who received intensive levels of service and continuing care achieved a higher level of abstinence than those who did not.

Fleming attributes these outcomes to "early detection and close collaborative intervention by County Human Services Departments and the County Alcohol, Drug Addiction and Mental Health Services Boards. Their shared goal is to reduce addiction as an impediment to employment through appropriate referral and monitored treatment," she said.

"Ohio is proud of its study because it was done by an outside entity and ODADAS had no control over which programs were chosen for the survey. It is large enough to make us confident of the results," Fleming said. The study results demonstrate that "the success of welfare reform will depend

significantly upon the availability and utilization of appropriate treatment for addiction-related problems," she added. "It is critical that this opportunity not be wasted." ■

CSAT, the Treatment Improvement Exchange, and the editors of the TIE Communiqué thank Luceille Fleming, Director, Ohio Department of Alcohol and Drug Addiction Services, and her staff members for their assistance in the preparation of this article. Further information on the Ohio Cost-Effectiveness Study can be obtained from the Ohio Department of Alcohol and Drug Addiction Services, Two Nationwide Plaza, 280 North High St., 12th Floor, Columbus, OH 43215-2537; telephone: 614-466-3445; TDD/TTY: 614-644-9140; fax: 614-752-8645. Current information and news releases are also available at their Web site: <http://www.state.oh.us/ada/odada.htm>



Source: Ohio Department of Alcohol and Drug Addiction Services, 1996.

Sacramento County's Alcohol and Other Drug Treatment Initiative

—Toni Moore, L.C.S.W., M.P.A.

California's Sacramento County Department of Health and Human Services (DHHS) has embarked on a major shift in the provision of substance abuse treatment services. In 1993, substance abuse-related problems were saturating the department's child welfare, mental health, public health, adult protective services, and primary health care caseloads. Yet the capacity of the substance abuse treatment system could meet less than a quarter of the demand for services. Former Sac-

ramento County DHHS Director Robert Caulk set out to tackle these problems with the Alcohol and Other Drug Treatment Initiative (AODTI). The AODTI vision—to incorporate substance abuse treatment services as an integral part of the entire health and human services system—is changing the way public services in Sacramento County respond to clients with substance abuse-related problems. AODTI's approach embodies:

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ramento County DHHS Director Robert Caulk set out to tackle these problems with the Alcohol and Other Drug Treatment Initiative (AODTI). The AODTI vision—to incorporate substance abuse treatment services as an integral part of the entire health and human services system—is changing the way public services in Sacramento County respond to clients with substance abuse-related problems. AODTI's approach embodies:

- An acute awareness of the impact of substance abuse on multiple service systems, including child welfare, public health, law enforcement, and criminal justice
- The need for a proactive response to the underfunding of substance abuse services, which cannot meet the community's burgeoning demand for help.

AODTI's goal is to provide treatment

on demand to the chemically dependent and their families. Every worker in DHHS is trained to identify substance abuse-related problems and is given the tools to begin addressing those problems with their clients. Workers who carry a client caseload are certified to use the Substance Abuse Subtle Screening Inventory (SASSI) and to assess a client's level of functioning in multiple domains. Case workers apply these new skills to refer clients to appropriate levels of

substance abuse care at new community-based and departmental group treatment services. Social workers, probation officers, nurses, and welfare assistance workers provide education and facilitate pretreatment groups.

Positive Results of Training

To date, over 1,500 workers from DHHS, other county agencies, and community-based organizations have participated in the training. Comments from staff have been overwhelmingly positive. Evaluation of DHHS training shows that the workers have gained significant knowledge of and confidence in dealing with substance-abusing clients. DHHS' treatment capacity has expanded to over 400 weekly group treatment slots, with child welfare, social workers, substance abuse counselors, and public health nurses often cofacilitating groups. Groups vary in their structure and content and

include information and education for clients and their family members. The pretreatment groups focus on engaging clients who are at early stages of recovery (precontemplation, contemplation, and preparation phases) and may not yet be ready to take action to fully engage with treatment processes.

DHHS is developing a computerized requisition system. All substance abuse treatment slots contracted with a network of community-based treatment providers and DHHS group services will be maintained in a relational database. The system will allow county "gatekeepers" to monitor availability and, eventually, directly requisition a treatment slot for a client. The county's management of the contracted treatment capacity will ensure more immediate access to substance abuse and specialized services for DHHS' clients.

Development of the training curriculum and evaluation was made possible through a grant from the Annie E. Casey Foundation, funding from the State of California Department of Alcohol and Drug Programs, and the Sacramento County Department of Health and Human Services. Further information about AODTI can be obtained from Guy Howard Klopp at 916-874-9907. ■

Ms. Moore has 20 years of experience in child welfare and social services. She is the Administrator of the Sacramento County, California, Department of Health and Human Services Alcohol and Drug Bureau. Prior to her current alcohol and drug abuse program activity, she had an extensive background in child welfare services.

The Kansas Works Program

Clients involved in Kansas Works, a welfare reform project of the State's Department of Social and Rehabilitation Services (SRS), are automatically screened for alcohol and drug problems. For no matter how much job readiness training welfare recipients get, they will be unlikely to obtain or keep a job if alcohol and drug abuse issues are not addressed. They won't pass the employer's drug screening test. Or they won't show up for work on time. Or they won't perform well once hired.

"The Kansas Works Program gives people the best opportunity to find and retain employment," according to Dalyn Schmitt, Project Director for two of Kansas' five Regional Alcohol and Drug Assessment Centers (RADACs). Schmitt trains intake staff at SRS, which provides employment services to cash assistance and Food Stamp recipients, to recognize when clients may have drug or alcohol abuse problems. An alcohol and drug component has been built into the employability assessment required for participation in the State's work programs.

Upon meeting the client, Kansas Works intake staff note whether a client seems drunk or high. Case managers may use the CAGE questionnaire, a brief screening instrument that identifies covert substance abuse problems. A positive CAGE score alerts the caseworker to refer the client to a RADAC for further assessment. Or case managers may ask clients directly whether drug or alcohol use has ever affected their work. Clients often acknowledge that substance abuse has been a problem in the past. But regardless of whether a client openly self-reports substance abuse difficulties, the client's medical record, employment history, and interview responses may contain information that signals a problem. When a client has been fired from previous jobs for addiction problems, has addiction-related legal problems (e.g., an

arrest for drunk driving, domestic abuse, or fighting in a bar), or has had a previous positive drug screening, the red flag goes up. SRS intake staff know that these patterns indicate that the client needs help.

. . . since the program began . . . few clients have refused to go for treatment.

The RADACs use the SASSI instrument to assess the problem and the Kansas Client Placement Criteria to determine the appropriate level of care and to assign the client to a treatment provider. In addition, at the Hays and Chanute area offices, the SRS is piloting the use of SASSI when clients enter the employment services program. According to Katie Evans, Public Service Executive and an expert on welfare reform, case managers at these two locales administer the SASSI to all work program participants up front, at intake. The results are then sent to the RADACs for evaluation, so that substance abuse treatment professionals can recommend appropriate treatment. The RADACs also monitor client progress for discharge and the need for continuing care.

The assessment instruments make it easier for case managers to raise the issue of substance abuse with clients, Evans noted. "The case managers were very insecure about this at first," Evans said. "They were worried about being too intrusive and confronting clients with drug abuse." But since the program began, Evans reported, few clients have refused to go for treatment, a result that surprised her. "In the Chanute office, of 194 people referred by SRS, 50 (25 percent) went

into treatment. I thought for sure people would appeal," she said. Instead, if clients don't want to enter treatment, or if they are already working and treatment interferes with unreported employment, they request that their cases be closed.

Evans is proud of Kansas' treatment-oriented approach. "We didn't want to just test people for drug use and close their cases punitively if they had a positive urinalysis," she said. Rather, substance abuse treatment providers use the Addiction Screening Instrument (ASI) to assess treatment needs, to develop a treatment plan, and to collect data so results can be evaluated. Once the client is in recovery, job-related activities resume.

The substance abuse screening component of the Kansas Works program, in operation since November 1, 1996, was established by a mandate of the Kansas Legislature as a pilot program. Legislators recognized that a significant minority of welfare clients had substance-abuse barriers to self-sufficiency, and that these barriers to employment had to be confronted head on. ■

CSAT, the Treatment Improvement Exchange, and the editors of the TIE Communiqué thank Andrew O'Donovan, Commissioner, Division of Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, and his staff members for their assistance in the preparation of this article. Further information on the Kansas Works Program can be obtained from the Division of Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, Credit Union 1, 2nd Floor, 610 Southwest 10th St., Topeka, KS 66612; telephone: 785-296-3925; fax: 785-296-0494.

South Dakota's Family Aftercare Program

As a precursor to statewide implementation of welfare reform, the Governor of South Dakota initiated a pilot project targeted to families of youth involved with the Department of Corrections. A major realization of this initiative was that addressing substance abuse issues for youths and families was a critical component in the development of a comprehensive system of services. Other service elements for helping families make a successful transition included education/training (to develop sufficient job and life skills), medical health-related problems, mental health status, and employment services.

Collaboration Promotes Success

State staff realized that the success of the pilot program hinged on collaboration not only within the Department of Human Services, but among all agencies that deal with families and children. One of the realities for States is that families with one or more members suffering from substance abuse problems often face a multitude of concurrent problems. Such families may already be receiving assistance from several separate State agencies or programs, so a comprehensive, systemwide approach is most likely to produce successful outcomes.

Since December 1996, four departments of South Dakota State government—corrections, labor, human services, and social services—have been cooperating on the Family Aftercare Program (FAP) to provide intensive family services to parents and siblings of boys sent to boot camp. FAP's goal is to help these families create an environment to which the boy can be returned and in which he can succeed. Three-quarters of the boys have substance abuse problems and receive treatment in boot camp; half of the boys say their parents have substance abuse problems.

If the Department of Corrections determines that a boy's family needs services in order for him to return home after boot camp, the caseworker contacts the Department of Social Services (DSS) and asks for intensive services. During home visits, DSS workers conduct a comprehensive family-functioning assessment, which includes a screen for parental substance abuse. Yet despite the youths' reports of substance abuse in the home, the social workers came up blank. "Theoretically, we had it covered, but we weren't picking up substance abuse," said Sharon Sonnenschein, DSS Assistant Division Director for Program Management. "We learned that when we had families complete self-screening forms, we got no referrals." That was when FAP clearly demonstrated what interdepartmental cooperation can yield for clients. Because the program is under the aegis of the Department of Corrections, DSS case workers could consult Corrections' records to compare information on the family and make the appropriate referrals, Sonnenschein said.

Until FAP began coordinating casework for these juvenile justice families, "services to kids were disconnected, all bits of a puzzle," according to Gilbert Sudbeck, Director, Division of Alcohol and Drug Abuse. "FAP brings all the pieces together," he says, which for families with a chemical dependency system is of critical importance. "These families are entrenched in denial, they know how to work the system. But FAP helps stop the games, it short-circuits them," he said. "No one can wiggle out of it because we have a network that provides the missing information."

So far, none of the families has dropped out of the program. If the boy is to return home, the family must cooperate. The parents sign a service agreement in which each side agrees

to do certain things. "The family has to work with us," Sonnenschein stressed.

For FAP families in which substance abuse is a problem, this means accepting referral for alcohol and drug treatment, which is paid for by the Division of Alcohol and Drug Abuse. "This is a real benefit," said Kevin McLain, Assistant Secretary for the Department of Corrections. "Not only do you help the juvenile offender, you also help the parents and the siblings." This is especially important when there are three or four younger children in the family, he noted, because of the opportunity for prevention.

Not all families choose to take advantage of the intensive services available to them. Sudbeck reported one case where a boy had done well in boot camp and wanted to reenter the family upon graduation. He was motivated. But his mother, a drug addict, refused to let him return home. After his boot camp experience, he had become an intrusion on her lifestyle. He is now living in an out-of-home placement, and his two younger siblings live with their grandmother.

Many families want to live a better life, Sudbeck said, but they just don't know how. FAP convinces parents that they have a responsibility to themselves and their children, and helps them live up to those responsibilities. Sudbeck recalled one family's success story. The father hadn't had a job in years. The household was completely chaotic. Both parents went through treatment while their son was in boot camp. The father got a job. The mother learned home management skills and began creating a home. When the boy got out of boot camp, he returned to the family and went back to school. "They're doing great," Sudbeck said.

This happy ending underscores the importance of FAP's mission to affect

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the family system. "Families are surprised by the changes that have occurred when the boy gets back from boot camp," McLain observed. "If the family has also changed—there's no garbage outside the home, no trash inside, the mom is working—that makes the boy feel that what he's done is worthwhile."

McLain, Sudbeck, and Sonnenschein all emphasize that the FAP program is very new and everyone involved with it is still learning. But they are so pleased with the interdepartmental collaboration they have achieved that they plan to start a similar program for girls.

"You've got to start small and you've got to start someplace," McLain said. "We started with one piece of it (the boot camp) and saw that we could expand to serve other populations." McLain believes that "when you cross agency boundaries, you must have the buy-in, the support, and the involvement of the highest level cabinet members. Here, the agency heads attend monthly meetings, and this is critical. When they read the case histories of these troubled families, they just can't believe how some of the children live. It helps them understand how difficult this work really is."

From such understanding comes commitment and leadership. "The cabinet members can say 'we can change, we don't have to do things the way we've always done them,' and can authorize such change," McClain said. At other levels of the bureaucracy, McClain advised local people working with families to make sure they keep on working together. "Don't get bogged down in policies and procedures that may establish barriers to success," he warned.

Sudbeck believes that for cross-agency collaboration to succeed, courage is required. "Don't be afraid to lose something, whether it's autonomy, or power, or control, or money. I was afraid of this at first. It didn't happen.

Far from losing anything, we gained more abilities. And don't think you have all the answers for the people you serve. The Corrections Department brought many assets to our substance abuse treatment efforts and has been very supportive. We've learned a lot from them." ■

CSAT, the Treatment Improvement Exchange, and the editors of the TIE Communiqué thank Gilbert Sudbeck, Director, Division of Alcohol and Drug Abuse, South Dakota Department of Human Services, and his staff members for their assistance in the preparation of this article. Further information on South Dakota's Family Aftercare Program can be obtained from the Division of Alcohol and Drug Abuse, Department of Human Services, Hillsvie Plaza, East Highway 34, c/o 500 East Capitol, Pierre, SD 57501-5070; telephone: 605-773-3123; fax: 605-773-5483.

Welfare Reform continued . . .

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when their benefits run out so that individual plans related to treatment and employment can be made

- For welfare recipients who may be identified as needing services before and/or after being placed on the job, projections on case management and/or EAP loads
- For welfare recipients who will be entering the workplace, estimates of how many and when, so that resources and capacity projections for prevention, EAP, and treatment products and programs can be made.

In addition, information must be disseminated on different EAP models, issues related to the welfare-to-work population,

and "best practices" on case management for these individuals. At the administrative level, current and future SAPT block grant women's set-aside funds spent on the welfare population must be tracked and outcomes measured. A system of checks and balances may help welfare reform succeed, including:

- Lifetime caps on benefits as a powerful incentive for individuals to move from welfare to work
- The TANF cap on "hardship" cases (a State's total percentage of welfare recipients who may go beyond lifetime limits on benefits)
- The use of benefit sanctions to affect treatment outcomes positively
- The labor and employment program's outcome measures
- The welfare benefits program's outcome measures.

Outcomes help measure whether the public systems are working effectively and working together. ■

Reference

President's Commission on Model State Drug Laws. *Economic Remedies*. Washington, DC: White House; 1993:v.

Ms. Brandt is with the Substance Abuse Program, Florida Department of Children and Families. She has been a clinician, planner, evaluator, trainer, analyst, program developer, employee assistance professional, and administrator in human service organizations for over 20 years. Among her current responsibilities, Ms. Brandt coordinates funding and State policy implementation for the Substance Abuse Prevention and Treatment Block Grant, and serves as liaison to Federal agencies on other current issues, such as Social Security and welfare reform.

Welfare-to-Work Grants Available Through the Department of Labor

The Department of Labor (DOL) will award \$3 billion over the next 2 years in Welfare-to-Work (WtW) grants specifically to help long-term welfare recipients make the transition from public assistance to unsubsidized employment. The grant funds, authorized under the Balanced Budget Act of 1997, must be spent on the hardest-to-employ individuals who face significant barriers to employment, such as substance abuse, poor work history, lack of a high school diploma or GED, and low reading or math abilities.

The WtW grant program is of particular interest to the substance abuse treatment community because it encourages interagency collaboration to assist shared clients and provides funds for the wraparound services so crucial to successful substance abuse treatment—and to job retention. According to the Employment and Training Administration, 90 percent of long-term welfare recipients experience one or more of five barriers to getting and keeping a job:

- 14 percent report substance abuse problems
- 22 percent report symptoms of depression
- 10 percent have physical health problems
- 21 percent have children with chronic medical problems
- 33 percent score in the bottom 10 percent of the Armed Forces Qualifying Test.

DOL will distribute the WtW grants in two ways. About 75 percent of the funds will be awarded as formula grants to the States, which will be passed through to local communities based on poverty populations and the

number of welfare recipients in each State. The States are required to match every \$2 of the Federal investment with \$1 of State money. Most of the formula funding will be allocated to local communities through Private Industry Councils (PICs) or Workforce Development Boards, business-led organizations that guide and oversee federally funded job training programs.

About 25 percent of the \$3 billion will fund competitive grants awarded directly by DOL to local governments, PICs, or private entities such as community development corporations, community-based organizations, community action agencies, and other qualified organizations. The competitive grants will be applied to programs to help the least job-ready welfare recipients, and may be used for intake, assessment, and case management; job readiness; employment activities; job placement; post employment services; and job retention and support services. The funds can be used to support wraparound services, including developing responsive transportation and child care service systems, creating jobs with maximum flexibility to meet work, family, and treatment needs, and addressing disabilities. Nonmedical substance abuse treatment services can be brokered or funded through grant money. In making the grant awards, DOL will emphasize coordinated approaches to the constellation of challenges that confront the hardest to employ. Substance abuse treatment professionals are urged to contact their local PICs to initiate such collaborative efforts.

For more information about DOL's Welfare-to-Work grant program, including solicitations for grant applications and interim regulations, visit the WtW home page at <http://www.doleta.gov>. ■

Questions and Answers

Q: Why would employers hire welfare recipients when there is already unemployment and many companies are downsizing?

A: Employers in service-sector jobs complain about high turnover, lack of reliability, and lack of education and skills in the available workforce. Welfare-to-work programs are being designed to address these issues. Pilot projects have shown that employees who go through special programs and receive appropriate support services may be more effective, reliable workers than those hired from the general population.

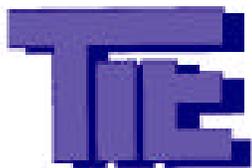
Q: What happens to people who flunk workplace drug tests or don't get jobs for other reasons, such as inappropriate behavior?

A: A feedback loop that ensures confidentiality needs to be developed between employers and the welfare-to-work support system—particularly substance abuse, mental health, and domestic violence programs—and waiting lists need to be reevaluated.

Q: Can substance abuse and mental health block grant money for dually diagnosed clients be used to fund EAP services? Can EAP services be provided on an outpatient basis, or under case management within treatment?

A: The potential for conflict of interest is inherent when treatment services try to fill an EAP role. An EAP focuses on job performance and works closely with the employee and the employer to resolve issues and barriers. This means that this funding option must be explored with caution.

—Nolia Brandt, M.S.W., M.A., A.C.S.W., C.E.A.P.



Center for Substance Abuse Treatment

communiqué
A Memo to the Field from CSAT's Treatment Improvement Exchange

*special
issue*

Substance Abuse Treatment and Welfare Reform

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