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AUTHOR	Kaplan, Jan
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ABSTRACT

State welfare agencies increasingly face the challenge of serving a caseload with multiple barriers to employment. For example, a significant proportion of clients may have substance abuse problems that hamper their ability to participate in required activities and move toward self-sufficiency. Coordinating and integrating welfare and substance abuse services can facilitate treatment and recovery and help move these individuals into jobs. Coordinating and integrating services enables welfare and substance abuse agencies to maximize resources, reduce duplication, and create new services that can enable them to address the co-occurring problems of substance-abusing welfare clients. This newsletter raises issues for policymakers and program staff to consider when coordinating and integrating welfare and substance abuse services to overcome barriers to treatment, employment, and economic independence. (Contains 21 references.) (GCP)

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Welfare Information Network Issue Notes

by
Jan Kaplan

WELFARE INFORMATION NETWORK

Issue Notes

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Background

State welfare agencies increasingly face the challenge of serving a caseload with multiple barriers to employment. For example, a significant proportion of clients may have substance abuse problems that hamper their ability to participate in required activities and move toward self-sufficiency. Coordinating and integrating welfare and substance abuse services can facilitate treatment and recovery and help move these individuals into jobs.

Coordinating and integrating services enables welfare and substance abuse agencies to maximize resources, reduce duplication, and create new services that can enable them to address the co-occurring problems of substance-abusing welfare clients. Their problems are often more complex and numerous than those of nonsubstance-abusing welfare clients. In addition to poor work skills, little work experience, low education levels, and transportation and child care barriers, individuals with a substance abuse problem often suffer from homelessness, domestic violence, and co-occurring mental health and chronic health problems.

States and localities are under pressure to find innovative approaches to meet the needs of their changing caseloads, fulfill their ongoing obligations to current clients, and comply with federal requirements. Welfare agencies need to find ways to assist clients with multiple employment barriers while emphasizing the work participation requirements of the Temporary Assistance for Needy Families (TANF) program. They are especially challenged to move long-staying clients off the rolls as lifetime limits on the receipt of cash assistance approach. Providers of substance abuse treatment have limited financial resources, but need to increase their treatment capacity. The emerging caseload of TANF clients with serious drug and alcohol problems requires them to modify core treatment interventions to include vocational, employment-related and support services.

Service coordination and integration can expand the capacity of both welfare and substance abuse agencies. This *Issue Note* raises issues for policymakers and program staff to consider when coordinating and integrating welfare and substance abuse services to overcome barriers to treatment, employment, and economic independence. For more information on substance abuse issues in welfare reform, visit the Welfare Information Network's web site on *Substance Abuse* at http://www.welfareinfo.org/hard-subabuse.asp.

Policy Issues

What goals do welfare agencies and substance abuse treatment providers share? Both substance abuse treatment providers and welfare agencies aim to help their clients become self-sufficient. Welfare agencies focus on clients achieving independence through job preparation and employment;

substance abuse agencies focus on clients achieving independence through recovery. Several factors account for the growing recognition of this mutual goal. First, the shift in emphasis from cash assistance to work under TANF, reinforced by time limits and work participation requirements, has resulted in new relationships between welfare agencies and diverse public and private agencies and service providers. Treatment providers and providers of related services are necessary players in those new relationships.

Second, limited federal, state, and local financing for substance abuse treatment programs has resulted in a lack of inpatient and outpatient treatment options for women with children. Treatment providers are being challenged further as TANF agencies turn to them for services for clients who have, or are at risk of developing, a substance abuse problem. Finally, as their caseload dynamics change, substance abuse agencies are beginning to use TANF as a funding source for treatment services and a resource for employment training and work support services to help their treatment clients move toward self-sufficiency.

Do certain screening and assessment approaches work better for TANF clients with substance abuse problems? Welfare agencies can use the screening process to determine the extent of the substance abuse problem in the TANF caseload and to identify at-risk clients, clients who need treatment, or clients who may be eligible for exclusions from work requirements. They will need to determine which clients to screen and at what point during client interactions those screens should occur. For example, they could screen all clients during the initial intake process. Early identification, followed by appropriate case management, can prevent more serious substance abuse problems in the future. Alternatively, a state that wants to target only clients who appear to have a substance abuse problem could conduct screens at any time during TANF receipt. These screens are likely to uncover more serious problems requiring immediate intervention.

TANF agencies have access to a number of brief, well-tested screening tools. The characteristics of individual clients and the skill and training of staff administering the screen will influence the choice of screening tool. Other considerations are the sensitivity of the instrument in identifying potential abuse, its ease of administration, its cultural sensitivity, the length of the screening process, and administration costs.

Agencies can train their TANF case managers or use on-site professionals to conduct the screens. Those choosing to train their TANF case managers will incur lower costs, but they may find that agency staff lacks the expertise to address clients' sometimes negative reactions to the screening process. Agencies that choose to use on-site professionals to conduct screens still need to ensure all TANF caseworkers are trained to recognize outward signs of substance abuse and to be sensitive to clients' common reluctance to admit to a substance abuse problem.

After the screen identifies a substance abuse problem, an alcohol and drug abuse professional must conduct an in-depth assessment to determine the appropriate level of treatment and other services. Onsite assessments can expedite the development of a comprehensive case management plan that addresses treatment and self-sufficiency issues. In contrast, referrals to off-site professionals for assessments increase the risk of gaps in services and can lead to low treatment participation levels. Agencies using this approach should establish follow-up procedures to ensure clients receive needed services. For more information, see Kirby and Anderson, 2000.

What types of services can help individuals overcome a substance abuse problem and become job-ready? Substance-abusing welfare clients have different treatment and service needs depending on the severity of their alcohol or drug problem, their level of job readiness, and the extent of related

family and domestic issues. In addition, the mix of services they receive will be determined by federal and state TANF work and time-limit requirements that dictate the type and duration of allowable services.

Substance abuse treatment services typically include some or all of the following: assessment and diagnosis, detoxification, medication management, outpatient or inpatient services, counseling and case management, and aftercare. Treatment modalities include various pharmacological, psychological, and social service interventions. For more information, see Kirby and Anderson, 2000.

Although the preferred treatment regimen often consists of a combination of short- or long-term residential services and intensive outpatient therapy, substance-abusing women with young children may not have access to residential services. First, few residential treatment providers accept women with children; those that do may only allow the parent to bring one child below age six. Second, child care is often a barrier to participation for this group, as it is for the general TANF population, so community-based outpatient treatment may be a more suitable service option. Finally, access to treatment depends on people's ability to pay for the services.

Activities aimed at helping hard-to-employ clients become job-ready could be integrated with substance abuse treatment in a service package that includes basic education, vocational assessments, employment preparation classes, job placement services, transportation and child care assistance, and post-employment support. In addition, clients who are ready to work could be placed in community service jobs; in supported work or other subsidized job situations that provide ongoing training within a highly structured environment; or in part- or full-time unsubsidized jobs that are accompanied by job coaching and other work supports.

Finally, ancillary or wrap-around services can help prevent clients from relapsing to substance abuse and provide employment-readiness support. Housing, transportation, and child care are critical to a successful transition from treatment to employment and independence. Other services may be needed, including mentoring, health care, parenting education, literacy training, child welfare services, domestic violence services, life skills training, mental health counseling, and probation and court services.

How can the public and private sectors work together to improve the employment prospects of welfare clients with substance abuse problems? Strong partnerships among TANF agencies, substance abuse agencies, and other private and public entities can increase access to job preparation and placement services, work experience opportunities, and workplace support services. For example, states can use agency partnerships created under the federal Workforce Investment Act (WIA) to help clients meet their TANF work and time-limit requirements and address their substance abuse problems. Services provided through the WIA one-stop employment centers can help clients find jobs, training and educational opportunities, and other support services. Moreover, agencies likely to be involved in WIA partnerships—labor, transportation, child care, child welfare, mental health, and vocational rehabilitation—can be resources for ancillary services for individuals with substance abuse problems.

In addition, agency partnerships with community-based substance abuse and employment-related service providers can increase access to a range of services, including respite care, child care and transportation programs, one-on-one mentoring and case monitoring, ongoing life skills training, and others. Partnerships can also be established with private treatment facilities, universities and community colleges, domestic violence agencies, and community mental health centers to provide

training, employment opportunities, and support services. Many of these organizations may already be partnering in WIA-initiated efforts to improve employability and job retention at the local level.

In addition, many private employers are already participating in federal, state, and local welfare-to-work efforts by offering employment training and job opportunities to TANF clients. A growing number of employers also are providing subsidized employment, apprenticeships, job coaching, and other job training activities as a result of WIA and federal Welfare-to-Work grants. These types of initiatives could be pursued with other private-sector employers.

Finally, many employers have established employee assistance programs (EAPs) to address personal and occupational issues that could affect job performance. EAPs can also provide assistance with potential relapse or other problems that recovering former welfare clients may face at their work site. States and localities should encourage more employers to establish EAPs. For more information, see National Clearinghouse for Alcohol and Drug Information, 2002; or visit the Welfare Information Network web site on *Workforce Development* at http://www.welfareinfo.org/workforc.htm.

How can treatment and employment-related services be coordinated? States and localities can use several approaches to coordinate and integrate treatment, employment, and support services. Clear articulation and acceptance of policy and programmatic goals can increase the effectiveness of coordination efforts by preventing turf conflicts and duplication of effort.

Cross-training of substance abuse and welfare staff can facilitate an understanding of roles and responsibilities, overcome resistance to change in service delivery approaches, foster cooperation and agreement on intervention strategies, and address gaps in staff expertise. Training can give welfare agency staff skills to identify substance abuse problems and insights into the issues women with substance abuse problems face. TANF staff could receive training on key behavioral and physical indicators of substance abuse, assessment and screening strategies, treatment options, methods of referral to treatment, and case planning for individuals with substance abuse problems.

Training can give substance abuse treatment providers information on TANF. For example, they could be told about TANF program participation requirements, sanctions and time-limit policies, the scope of case managers' roles, the role and availability of ancillary services, and policies and procedures for developing and monitoring case management plans or personal responsibility agreements.

Collocation of treatment staff in welfare offices, one-stop career centers, or workforce development offices can be an effective way to integrate treatment into a work-oriented system. This staffing arrangement enables clients to obtain substance abuse assessment and referral services, as well as TANF and employment assistance, in a single site and enhances the capacity of the welfare and workforce development staff to address client needs comprehensively. However, collocation may not be ideal for some agencies, particularly those that do not want to incur extra costs, have small caseloads, or have invested in extensive training of case managers in screening and referrals.

Collocation arrangements vary. Substance abuse professionals can be located in the TANF or workforce office full or part time as agency employees or as contract staff. When employed by the agency, they strengthen the service integration and prevent conflicts of interest in treatment approaches and referrals. Contracting with a local treatment provider may strengthen relationships with treatment providers, facilitate ongoing case monitoring, and be more cost-effective. In addition, this arrangement enables the contract employee to maintain professional connections with the alcohol and drug abuse field. However, contractual staff may limit referrals to their own treatment facilities,

potentially reducing options for the client or influencing the treatment plan. Some agencies have established contracts with organizations that are not connected to a particular treatment provider to avoid this possible conflict of interest. For more information, see Kirby et al., 1999.

Cross-agency tracking and information systems are critical to efforts to coordinate treatment and welfare-related services. States and localities are making great strides in building integrated data and management information systems that enable them to serve clients across several programs. Yet many systems do not include all the agencies necessary to address the diverse needs of welfare clients with substance abuse problems. States and localities could expand their cross-agency information networks to enable agencies to integrate their intake systems and to improve their ability to track client participation and progress in treatment and work-related activities. In addition, expanded networks can increase the resources available through automated information and referral directories. Furthermore, networked information systems can ease access to information that may be needed for federal and state reporting, agency budgeting, and program evaluation purposes.

States can use in-house information technology specialists or rely on outside consultants to enhance their information systems capability. Federal funds to support information technology efforts are available, for example, through the federal TANF, Food Stamp, Medicaid, child care, child welfare, and child support enforcement programs. In addition, states can use their general funds to support information technology initiatives. For more information, see Public Interest Breakthroughs, 2000.

Coordinating substance abuse treatment and welfare-related funds can greatly increase the capacity of both systems to meet their respective and mutual goals of client recovery and self-sufficiency. Careful planning and resource allocation will enable many clients to receive the treatment and services they need.

States commonly use a combination of federal and state general funds to finance their substance abuse treatment programs. The Substance Abuse Prevention and Treatment Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is the primary federal funding source for treatment. The grant can be used for prevention, treatment, and rehabilitation. SAMSHA also administers smaller discretionary grant programs that address specific populations or gaps in services.

The Medicaid program is the next largest source of funds for public substance abuse treatment programs. All states are required to cover inpatient and outpatient hospital services, such as detoxification, under their Medicaid program. States may provide other medical and nonmedical treatment services, such as screening, methadone maintenance, and day treatment, but they may not cover residential treatment in a nonmedical facility for adults between the ages of 22 and 64.

TANF, WIA, and the Social Services Block Grant are other federal welfare-related funds that can be used for treatment and employment-support services. Federal TANF funds can be used only for nonmedical treatment services, such as case management and individual and group counseling. State maintenance-of-effort (MOE) funds can be used for both medical and nonmedical services, so long as these funds are kept separate from federal TANF funds. Individuals served through MOE funds are not subject to TANF program participation requirements. The Social Services Block Grant can also be used for nonmedical treatment as well as medical services provided during initial detoxification. States could transfer a portion of their TANF block grant funds to the Social Services Block Grant to fund a greater array of services and avoid the imposition of TANF work participation requirements.

Finally, WIA funds can support workforce development activities for individuals with substance abuse problems and other barriers to employment. The law allows states to test and sanction clients for substance abuse. However, states could instead establish partnerships between substance abuse treatment providers and workforce development systems to address both treatment and workforce development service needs.

Although combining federal and state funds can expand the services available to individuals with substance abuse problems, different program participation and reporting requirements can be administratively burdensome. States need to be diligent in their accounting procedures to ensure program and reporting requirements are met and funding streams are kept separate, if necessary.

What approaches to case management work for these clients? State implementation of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) radically changed the culture of the welfare office from one focused on determining eligibility for cash benefits to one focused on promoting self-sufficiency through work. The concepts of case management and care coordination are not new to TANF agencies. However, the effectiveness of standard case management techniques may be limited for clients with substance abuse problems. In particular, care coordination that involves the development of an integrated treatment and employment plan, referrals to treatment, and some followup to monitor participation in the treatment regimen may not address all the barriers that can impede participation in treatment and employment services.

Instead, agencies could use intensive case management (ICM) techniques to provide more individualized services and aggressive interventions on the client's behalf. ICM uses one point of contact for the client and the system of providers. Under this model, a case management team, consisting of staff from TANF, substance abuse, and other agencies, develops a unified service plan for each substance-abusing client. The plan outlines a treatment regimen, recommends a treatment provider, establishes an appropriate level of work-related activity, and identifies and addresses barriers to treatment and work. Case managers are advocates for their clients, requesting child care, transportation, and housing resources as well as ancillary services. They also address psychological barriers, such as denial or other forms of resistance, through mentors, home visits, motivational counseling, and small cash incentives. Finally, they oversee client participation in employment-related or vocational services and maintain regular contact with the client.

Can a state meet TANF work participation requirements while integrating substance abuse treatment and work activities? PRWORA limits states' ability to include many components of an integrated substance abuse treatment and employment-readiness plan in the calculation of their federal work participation rate. For example, the law only allows short-term participation in job-readiness, vocational education, and work experience activities and does not allow states to count certain "barrier reduction" interventions, including substance abuse treatment, as a work activity. However, states can provide services to this population without being subject to federal penalties.

First, most states have met their federal work participation requirements and received a federal caseload reduction credit that reduced their work participation rate in proportion to the reduction in their overall TANF caseload. Because PRWORA gives states that have met their federal work participation requirements flexibility to define their own allowable work activities, many broadened their participation policies to allow for substance abuse treatment, vocational services, and ancillary services.

Second, the law allows states to use MOE funds to provide treatment and job-readiness or vocational services to substance-abusing clients. States that do not combine MOE and federal TANF funds are able to provide services without being subject to federal program requirements. For more information, see U.S. General Accounting Office, 2002; or visit the Welfare Information Network web site on *TANF Work Requirements* at http://www.welfareinfo.org/workreq-policies.asp.

Finally, states may exclude up to 20 percent of their clients from both work requirements and time limits because of hardships, including substance abuse. States could provide lengthy exemptions for individuals with a long-term, debilitating drug or alcohol problem or shorter exemptions for clients seeking to achieve self-sufficiency through treatment. For more information, visit the Welfare Information Network web site on *Time Limits* at http://www.welfareinfo.org/limits.asp.

What confidentiality issues should be addressed when integrating TANF-related and substance abuse services? Federal confidentiality law and regulations protect individuals who enter federally supported substance abuse treatment from inappropriate disclosure of information about their condition that could impact the success of their treatment and their future ability to obtain a job and become self-sufficient. The law specifies that information may be disclosed only when there is written consent by the client, a court order, an allegation of child abuse and neglect, or a medical emergency. Disclosure also is permitted when there is no identifying information, when the individual has committed a crime against a program or staff member, or when the information is part of internal agency communications or an approved research project.

The law's protections apply to information related to a formal diagnosis of a substance abuse problem, a referral to treatment, the provision of treatment services, and a client's participation in a treatment program. Information related to a substance abuse screen may be shared without written consent.

Federally required written consent forms maintain client confidentiality, but they also enable the sharing of client information among relevant employment and treatment staff. States need to ensure that their written consent forms meet federal requirements. They also need to specify which welfare program staff can receive disclosed information and identify the types of information that may be shared. Welfare and treatment agencies could develop written agreements to address how and what information is shared. For more information, see Center for Substance Abuse Treatment, 1999.

Research Findings

Research on the extent of substance abuse among welfare clients is hampered by differences in the definitions of use, abuse, and dependency and by data collection methods that rely on self-reporting of drug or alcohol use. Despite frequent underreporting of use, particularly among pregnant women, individuals enrolled in treatment programs, and individuals in public assistance programs, analyses of national survey data indicate that the prevalence of drug and alcohol abuse is higher among welfare clients than in the general population. However, use among both groups declined during the past decade. According to these analyses, approximately 20 percent of the 1998 TANF caseload used illicit drugs, compared with 12.5 percent of those not receiving cash assistance; 4.5 percent of welfare clients were dependent on illicit drugs, compared with 2.1 percent of those not receiving cash assistance. Alcohol dependency among welfare clients also was slightly higher, but the difference was not statistically significant (Pollack et al., 2001).

A recent study examining the prevalence of employment barriers among substance-abusing welfare clients found that they face significantly more barriers to work than the general population of TANF

clients. On average, these women experience six of 14 barriers examined, including generalized anxiety disorder and a lack of transportation, education, work experience, and job skills. Only 28 percent of those with four to six barriers and 19 percent with seven or more barriers had found jobs after 12 months of TANF receipt, compared with 47 percent with less than three barriers (see Gutman, in press). Researchers also have compared the barriers facing welfare clients affected by substance abuse and barriers facing nonaffected welfare clients. Legal, family, and mental health problems were worse among the first group. The study concluded that welfare clients who are dependent on alcohol or other drugs experience high levels of psychosocial impairment and family dysfunction and are unlikely to successfully make the transition from welfare to work (Morgenstern, et al., in press).

An evaluation of screening methods found that universal substance abuse screening by frontline caseworkers during initial TANF intake produced a low identification rate of between 1 percent and 4 percent. Researchers believe client distrust of the welfare system and inadequate caseworker training were causes for the low rate. By comparison, identification rates doubled when specialized screenings were used. Those screens focused on individuals at risk of substance abuse problems, such as sanctioned clients, and were conducted by trained staff who established a rapport with clients and used interview techniques that facilitated self-disclosure (Morgenstern, et al., 2001).

A study of employment and welfare outcomes for TANF clients who received substance abuse treatment in Florida found that almost a third of treatment participants moved from welfare to work. In contrast, only 15 percent of substance-abusing clients who did not receive treatment found jobs. Positive outcomes increased for each additional month in treatment and with more intensive treatment; individuals who received residential treatment for 24 months had the most positive outcomes and were least likely to relapse. The women who successfully completed treatment earned higher wages (Metsch, 2002).

Evaluations of programs that integrate treatment, employment-related, and support services indicate a high degree of positive employment and earnings outcomes. For example, after 12 months of participation in the integrated services program CASAWORKS, 75 percent of clients were completely abstinent; 40 percent were working, compared with 16 percent at the time of initial enrollment; and 13 percent were continuing to receive cash assistance (McLellan, in press). For more information about CASAWORKS, see the Innovative Practices section of this *Issue Note.* Researchers analyzing the effectiveness of integrated programs' elements found that the augmentation of standard substance abuse treatment with support services through the ICM model had a higher success rate in engaging clients in treatment and promoting self-sufficiency. The study compared ICM with approaches that coordinate care through triage and referral systems (Morgenstern, 2001).

Innovative Practices

States and localities are using various approaches to coordinate and integrate their substance abuse treatment, TANF and employment-related services. For more examples, see Golonka, 2001, and Kirby, 2000; or visit the Welfare Information web site on *Substance Abuse* at http://www.welfareinfo.org/hard-subabuse.asp.

CASAWORKS is an integrated, comprehensive model to help drug- and alcohol-addicted mothers on welfare achieve self-sufficiency. The model provides a single six- to 12-month course of treatment and training that incorporates drug and alcohol treatment, job-readiness and employment-related services, parenting and social skills, violence prevention, health care, and family services.

Intensive case management is used to coordinate services and increase progress toward abstinence and employment. Collaborating partners at each site include treatment and training facilities. They may also include employers, universities, housing authorities, government agencies, child care centers, chambers of commerce, and community mental health centers. The program is funded with foundation, federal, and local funds. Contact Kamla Wolsky, kwolsky@casacolumbia.org; visit http://www.casaworks.org/index.htm; or see http://www.welfareinfo.org/casaworks.htm.

New Jersey's Substance Abuse Research Demonstration (SARD) program aims to move substance-abusing welfare clients toward self-sufficiency through intensive case management and enhanced services. The state's TANF program regards treatment as a work activity in which TANF clients must participate. Clients who do not meet participation requirements are sanctioned. Trained TANF case managers screen all clients and refer those who screen positive to collocated SARD workers for assessment and referrals. The program provides outreach and linkages to wrap-around services, active coordination of treatment and work activities, and case management services for 18 to 24 months. Contact Annette Riordan, 609/292-9686 or annette.riordan@dhs.state.nj.us.

New York's Office of Alcoholism and Substance Abuse Services (OASAS) requires treatment programs to provide their clients with employment preparation services. State, TANF block grant, and federal substance abuse block grant funds are used to increase vocational services; expand wrap-around services; foster collaborations between local social services districts and local mental hygiene departments; and support credentialed addiction counselors and qualified health professionals in local social services offices to screen public assistance applicants for addiction problems. Contact OASAS at info@oasas.state.ny.us; or visit http://www.oasas.state.ny.us/.

North Carolina uses TANF block grant funds to collocate "Qualified Substance Abuse Professionals" in county Work First agencies. These professionals conduct a full assessment of any adult who has been screened by a Work First caseworker and deemed at risk of substance abuse. The Work First case managers and the Qualified Substance Abuse Professional jointly develop a treatment plan and track the individual's progress through treatment. Treatment plans include support services, self-sufficiency skills training, and vocational support. The state also has implemented a work-site Enhanced Employee Assistance Program (EEAP) demonstration initiative. EEAP expands traditional EAP services to provide support to Work First participants through gender-sensitive substance abuse assessment, two-year aftercare for relapse prevention, and work-site monitoring programs. Contact Joan Radford at 919/733-4555 or visit http://www.dhhs.state.nc.us/dss/ei/ei_wf_subst.htm.

Resource Contacts

American Public Human Services Association, Gary Cyphers, 202/682-0100.

Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, call 301/443-5700; or visit http://www.samhsa.gov/centers/csat2002/csat_frame.html.

Joint Center for Poverty Research, Sheldon Danziger, 734/998-8505.

Legal Action Center, Ellen Weber, 202/544-5478.

Mathematica Policy Research, Inc., LaDonna Pavetti, 202/484-9220.

National Center on Addiction and Substance Abuse at Columbia University, call 212/841-5200; or visit http://www.casacolumbia.org.

National Governors Association, Susan Golonka, 202/624-5967.

Substance Abuse Policy Research Program, Treatment Research Institute, call Marjorie Gutman, at 215/399-0980; or visit http://www.saprp.org/programinformation/npo.htm.

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1401 New York Avenue, NW-Suite 800
Washington, DC 20005

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