LOUISIANA TANF / SUBSTANCE ABUSE INTERAGENCY COLLABORATION MEETING:

LESSONS FROM NORTH CAROLINA

Baton Rouge, Louisiana
March 26-27, 2002

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WELFARE PEER TECHNICAL ASSISTANCE MEETING SUMMARY

Event: **Louisiana TANF/Substance Abuse Interagency Collaboration Meeting**

Date: **March 26-27, 2002**

Location: **Sheraton Baton Rouge Convention Center Hotel**

1. OVERVIEW

The Welfare Peer Technical Assistance (TA) Network, funded by the Administration for Children and Families (ACF), Office of Family Assistance (OFA), Department of Health and Human Services (DHHS), assisted the Louisiana Department of Social Services (DSS)/Office of Family Support (OFS) and the Department of Health and Hospital/Office for Addictive Disorders (OAD) in the planning and hosting of this meeting. The intended purpose of this technical assistance meeting was to compare and contrast Louisiana's joint interagency substance abuse initiative to that of the State of North Carolina. As part of this comparison, staff members from North Carolina's Division of Social Services and its Division of Mental Health/Developmental Disabilities/Substance Abuse Services were onsite to participate in the meeting. Their role in this technical assistance meeting was to provide information about their initiative and informal observations and recommendations to Louisiana about their interagency substance abuse initiative.

Ms. Kay Watson, Acting Director of Treatment Services, OAD, and Ms. Nan Poston, Assistant Program Director, Financial Assistance Programs, OFS, led the planning efforts that resulted in this meeting. The overall goal of the meeting was to examine what "works" and what "doesn't work" from the perspective of the North Carolina staff. The meeting included a visit to a pilot site for the State's substance abuse initiative, which afforded the North Carolina staff an opportunity to gain an in-depth observation and understanding of Louisiana's program. The Welfare Peer Technical Assistance Network was specifically asked to provide: 1) Meeting facilitation support; and 2) A resource team from the State of North Carolina experienced in interagency collaboration issues related to substance abuse services. Over twenty-five staff members from both Louisiana agencies participated in the two-day meeting.

2. BACKGROUND

The Department of Health and Hospitals/Office for Addictive Disorders is the single State authority for the treatment and prevention of alcohol and other drug disorders in the State of Louisiana. The State does not contract out for outpatient substance abuse services. The Department of Social Services is responsible for implementation of the

TANF program (known as Family Independence Temporary Assistance Program, or FITAP) in Louisiana.

Studies have shown that substance abuse is a primary barrier in moving TANF recipients from welfare to gainful employment. In general, national statistics indicate that over 20 percent of the welfare population is dealing with substance abuse problems. State and local estimates range from 9-60 percent, while this statistic for the general population is about 4-12 percent (Johnson and Meckstroth, 1998; CSAT Welfare Reform Project Fact Sheet, 2000).

Since OFS began drug screening in 1998, approximately 2 percent of Louisiana's TANF cash assistance caseload has been referred to OAD for further testing to determine use and dependence on illegal drugs. Upon receiving referrals, OAD provides education, treatment, and rehabilitation services as needed to these TANF recipients. The State determined that its current system of screening and referral from DSS to OAD was not an effective way of reaching TANF recipients. Because of the dramatic difference between the above-cited national and state-specific statistics, OFS and OAD became (and still are) concerned that there may be recipients who are not getting needed referrals to OAD.

As part of both agencies' proactive approach to identifying clients with substance abuse problems, they entered into two Memorandums of Understanding. One addresses outpatient services, while the other addresses residential programs for women. For FY 2002, the State allocated $4 million in TANF funds for substance abuse treatment services. The funding will provide services to clients receiving cash assistance under the State's Family Independence Temporary Assistance Program (FITAP) as well as its Kinship Care Subsidy Program (KCSP). Funds will also pay for substance abuse testing and non-medical treatment for all cash assistance recipients referred to OAD statewide.

A pilot program was funded as part of this joint endeavor and ten pilot sites were designated. Each OFS Region in the State has a pilot site. Regions are made up of a collection of Parishes (Counties). There are two distinctive aspects of this new initiative that mark a change from the State's previous approach to substance abuse screening and assessment of cash assistance clients. The first is that a different and more thorough substance abuse screening tool will be administered by an OAD substance abuse professional to identify TANF recipients who have substance abuse problems. The second distinctive aspect is that OAD staff will use the tool while stationed in the local OFS parish office. This unique collaboration between staff from both agencies jointly working in one location suggests an entirely new direction in the State's substance abuse program.

The State currently uses the DAST (Drug Abuse Screening Test)-20, for screening. This is a twenty-item questionnaire designed to assess the use of drugs, not including alcohol, in the preceding twelve months prior to the administration of the questionnaire. As a major part of the pilot program, a different screening instrument is being used and its results will be compared to those of the DAST-20 in the non-pilot sites. The Addiction

Severity Index-Multimedia Version, or ASI-MV, will be used in the pilot sites. This tool screens for any substance abuse problem, including alcohol abuse.

The ASI-MV is administered by an OAD substance abuse professional, known as a program assistant, in the local OFS Parish office to identify cash assistance recipients who have substance abuse problems. The program assistant is a board certified substance abuse counselor. The OAD administration of the ASI-MV will replace the OFS administration of the DAST-20 for substance abuse screening in the pilot parish offices. OAD staff will assume all duties related to substance abuse screening of cash assistance clients at application and redetermination and associated referrals for further testing and treatment in the pilot Parish offices. Office of Family Support staff may still make referrals for substance abuse testing and treatment based on reasonable cause.

With the support of TANF funds, ten substance abuse program assistants and twenty caseworker assistants are being hired by OAD to support the pilot program. The caseworker assistants will be the primary front line staff who will introduce the client to the ASI-MV, review its screening criteria checklist, orient the client to the laptop computer used to administer the screening tool, and refer the client to the program assistant. The program assistant will administer the ASI-MV follow-up criteria checklist, build relationships and collaboration, and make effective referrals for treatment. Both professionals provide feedback as needed to the client.

The ASI-MV is administered using laptop computers in the pilot parish offices. OAD staff members work closely with OFS staff and notify them of the results of the screening. If a substance abuse problem is identified, the OAD staff will refer the client to the local OAD for further evaluation and treatment for substance abuse problems. Clients who fail to cooperate with the OAD testing and treatment program for any substance abuse problem, including alcohol abuse, are subject to sanctions in accordance with the State's TANF guidelines.

The Office for Addictive Disorders approached the Welfare Peer Technical Assistance Network to obtain technical assistance related to the development of the State's new joint interagency substance abuse initiative. Their interest was to improve interagency collaboration and coordination with the end result being more effective screening, assessments, and referrals for treatment services for TANF clients. The anticipated end result is overall improved services for clients. Louisiana anticipates that clients who receive more effective services will be better prepared to enter the workforce and experience a smoother transition from welfare to gainful employment. The State of North Carolina has been operating a very similar type of program for several years. For this reason, it was determined that North Carolina was in the best position to offer technical assistance to Louisiana.

3. LOUSIANIA'S PILOT PROGRAM - AN UPDATE

In order to set the stage for the next two days, the meeting opened with welcome comments from representatives from both Louisiana agencies. As part of their welcome

comments, each representative offered their agency's perspective on Louisiana's program and their expectations for the meeting itself. A brief update of the status of Louisiana's pilot program follows below. The meeting summary itself begins in Section 3B. Highlights of meeting presentations and discussions make up the remainder of this report.

3A. Recent Developments

The Office for Addictive Disorders held a training session in late January 2002 entitled *Using the ASI-MV in Identifying Substance Abuse with TANF Eligible Families*. It was delivered to newly hired pilot site substance abuse professionals. Inflexxion, a health, science, and technology company from Newton, Massachusetts, conducted the training. The training focused on issues related to substance abuse within the TANF population, using the ASI-MV, client flow, staff roles (caseworker assistants and program assistants), and data management.

During the month of February (the pilot program's first month), the following data was reported from nine of the ten pilot sites:

Total Number of FITAP Referrals:	334
"No-Shows"	89
Clients Rescheduled	51
Completed ASI's	194
Incomplete ASI's	9
Clients Recommended for Treatment	51
Clients Refusing Treatment	15

3B. Office for Addictive Disorders Perspective (Michael Duffy, Acting Assistant Secretary, OAD)

Mr. Duffy welcomed participants to the meeting and thanked them for attending. He reflected on the background that led to this meeting and expressed his appreciation to the Welfare Peer Technical Assistance Network as well as to the team from North Carolina for their participation. He then briefly commented on the events that led up to the launching of the pilot program.

In recent years, the State received negative local media attention in light of its low referral rate. After conducting a survey and other research efforts, the State decided to change its screening and referral process. Mr. Duffy then quickly reviewed the State's current pilot program and its related funding with the group. He pointed out that the inclusion of screening for alcohol abuse in the pilot indicates a noteworthy shift from the State's previous approach to screening. By legislation, alcohol abuse is not screened for in the OFS offices using the DAST-20 throughout the State.

Mr. Duffy closed by saying he was looking forward to the meeting and viewed it as a sign of increased collaboration and coordination between both agencies.

3C. Office of Family Support Perspective
(Ms. Nan Poston, Assistant Program Director, Financial Assistance Programs and
Ms. Julie Howard, Division Director, Family Assistance)

Ms. Howard and Ms. Poston both welcomed participants and also thanked everyone for participating in the meeting. Ms. Poston then provided a brief background that led to the meeting from the perspective of the Office of Family Support. She reflected on some of the same issues that Mr. Duffy mentioned, including the existing Memorandums of Understanding, funding levels, and the pilot program. She added that the pilot locations were chosen based on the areas that had the highest number of TANF caseloads. In order to effectively gauge the effectiveness of the ASI-MV in comparison to the DAST-20, she commented, the State felt that using it in areas with higher caseloads (allowing more client exposure) would facilitate this comparison. Similar to Mr. Duffy, Ms. Poston also pointed out that the pilot sites will test for alcohol abuse in addition to drug abuse problems. She further clarified that the State had to go through a rulemaking process in order to allow for alcohol abuse screening.

She closed by citing the State's drop in TANF caseloads due to the impact of the 1996 TANF legislation. The State implemented changes to comply with this legislation in January 1997. In December 1996, its caseload (under the prior AFDC program) was 62,483. In December 2001, the State's FITAP caseload was 24,044. Of these cases, 9,808 were child only certifications.

Ms. Howard also offered welcoming remarks to the meeting participants. She commented that she was looking forward to further collaboration between both agencies and that she felt the meeting offered a great opportunity to further these efforts. She mentioned that she was very interested in hearing about the North Carolina model and felt it would be extremely beneficial to Louisiana in light of the early status of their pilot program. She also thanked both the North Carolina team as well as the Welfare Peer Technical Assistance Network for their support of the meeting.

3D. Introductions and Outcomes Activity
(Blake Austensen, Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.)

Mr. Austensen then facilitated an introductory discussion and asked group members to clarify their own roles and expected outcomes for the meeting. The following is a list of the outcomes meeting participants cited for the two-day meeting.

Expected Workshop Outcomes
• Meet staff members from other LA offices and gain an understanding of their roles • Get a sense of how the pilot program is progressing • Obtain a better understanding of the client flow and each agency's respective role in the pilot program • Find out about current and future funding decisions • Find out what worked and did not work for North Carolina as it implemented its program • Learn about how North Carolina maintained the momentum with their program over the years • Hear about the impact North Carolina's program has had on clients • Discuss with the North Carolina team the challenges they faced and how they overcame them as they implemented their program • Discuss any barriers to implementation that North Carolina faced • Learn about what North Carolina evaluated with its program and how they did it • Discuss outreach efforts for clients • Discuss available treatment outcomes from North Carolina's experiences • Gain ideas on how to make the overall Louisiana program even better • Gather advice from the North Carolina team related to Louisiana's pilot program • Gather suggestions on how to improve services to clients • Learn about any other promising programs that North Carolina may have referred to when designing their program (such as Oregon) • Discuss future next steps

4. THE NORTH CAROLINA MODEL- AN EXCELLENT TA MATCH

This section briefly highlights the presentations delivered by the North Carolina team. After learning about the current status of the Louisiana pilot initiative, meeting participants had an opportunity to learn about North Carolina's current substance abuse program. The North Carolina team provided an overview of the inception history of its program, policy development, current client flow, screening and assessment procedures and tools, and program evaluation, as well as State law and other involved factors that affect that State's program. Whenever possible, discussion points made during the meeting are summarized in this section indicating comparisons to Louisiana's program, questions raised by meeting participants, or other relevant points.

The following staff from North Carolina presented on their program and also actively participated in the meeting by offering suggestions and words of advice over the course of both days.

The North Carolina Team

1. Deborah Landry- Assistant Chief, Program Operations, Economic Independence Section, Division of Social Services, North Carolina Department of Health and Human Services

   Ms. Landry is responsible for the implementation of the State's TANF plan, along with the implementation of various portions of the plan including the NC *Work First Substance Abuse Initiative*. Her unit develops the eligibility requirements for applicants/recipients for Work First (the State's cash assistance and employment program under TANF).

2. Helen Wolstenholme- Women's Coordinator, Substance Abuse Section, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services

   Ms. Wolstenholme manages the NC *Work First Substance Abuse Initiative*. This program provides screening, assessment, and care coordination to Work First applicants and recipients and also to family members in substantiated child abuse and neglect cases. She also oversees the NC CASAWORKS for Families Residential Programs, a residential program for women receiving Work First cash assistance and their children who have substance abuse and dependency diagnosis.

3. Starleen Scott Robbins- Branch Head, Women's and Children's Services, North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services

   In 1998, Ms. Scott Robbins was responsible for the development of the NC *Work First Substance Abuse Initiative* for her division. She worked in collaboration with her counterpart in the NC DSS office to develop the initiative. In 2000, she was asked to head the newly formed Women's and Children's Services Branch. She currently manages the State and Federal funds that support a continuum of gender-specific treatment services statewide. She has participated in several national substance abuse projects on topics such as women's needs; screening, assessment, and outreach for welfare recipients; and CASAWORKS family issues.

4A. Overview

Information on North Carolina's substance abuse programs and interagency collaboration efforts was specifically requested of the Welfare Peer Technical Assistance Network by the State of Louisiana. North Carolina requires all of its Work First applicants and recipients to be screened for substance abuse. This process involves an initial screening and follow-up screenings over a period of time. This screening is typically conducted by TANF caseworkers, but also may be conducted by a staff member referred to as a

"Qualified Substance Abuse Professional" (QSAP). This person is located onsite at the local county TANF office when possible. Based on this concept, Louisiana has a similar staff member in its program. That State's OAD program assistant is a board certified substance abuse counselor."

To ensure the co-location of alcohol and drug abuse professionals in the TANF office, North Carolina allocated TANF funds to hire at least one QSAP in each of the State's 39 Division of Mental Health, Developmental Disabilities and Substance Abuse Services Area Authorities. North Carolina's Division of Social Services (DSS) and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) entered into a Memorandum of Agreement (MOA) describing the responsibilities of each division regarding the provision of services to Work First applicants and recipients identified as having a substance abuse/dependence problem. To further ensure the success of service delivery for this population, the State also required each local DSS office in all counties to establish a similar MOA with the MH/DD/SAS Area Authority.

Having an established program with several years' experience that is very similar to the program Louisiana is initiating, North Carolina was in an excellent position to assist Louisiana. In many instances, it was determined that they have already faced many of the same challenges that Louisiana is currently facing regarding how it screens and refers clients to treatment. North Carolina shared its lessons learned and offered advice to the staff from both agencies in Louisiana. In addition, North Carolina's program is now facing challenges that only result after a program has been in existence for some time. Staff from North Carolina also shared information with Louisiana about their continuing care coordination efforts that include follow-up child care, transportation, and other supportive services that experience taught them needed to be addressed.

4B. Focus on North Carolina

The following includes highlights of the combined presentation delivered and discussions the North Carolina team led during the meeting. Whenever possible, the name of the North Carolina team member whose comments are being described will be cited.

Ms. Landry began the presentation by providing an explanation of the environment in which North Carolina's TANF program operates. Implemented in 1997, one of the most significant provisions of North Carolina's Work First program is the devolution of the program to the local level. While the program is State supervised through the Department of Health and Human Services, Division of Social Services (DSS), all services and benefits are delivered through County DSS offices across the State. As a result of this devolution, each of the 100 Counties in the State is designated as either standard or electing. Standard Counties operate under the policies of the State's Work First program, while electing Counties are given additional flexibility in program design.

In addition to monitoring the Work First program, DHHS serves as the umbrella agency to DSS as well as the Division of Mental Health, Developmental Disabilities and

Substance Abuse Services. Ms. Landry pointed out that this is a very different configuration from that of Louisiana where both agencies are not under the same department. She mentioned that this has aided the State's initiative and has facilitated their Memorandums of Agreement. She went on to recognize Louisiana for their progress in achieving two such interagency memorandums despite the fact that both agencies operate independently. Next, she provided an overview of North Carolina's substance abuse initiative from the DSS perspective.

In 1997, the North Carolina General Assembly passed legislation (G.S. 108A-29.1) requiring the following:

- Any applicant or current recipient who is determined to be addicted to drugs or alcohol, and in need of treatment, to participate in Substance Abuse treatment as a condition of receiving Work First benefits: and
- The applicant or recipient to submit random toxicology as part of their treatment.

Depending upon staff availability, every Work First applicant is screened by either a TANF intake assessment worker or a Qualified Substance Abuse Counselor (QSAP). The screening tools used are the Drug Abuse Screening Test (DAST-10) and the Alcohol Use Disorders Identification Test (AUDIT). Both include a ten-question interview of clients. Any applicant or recipient who fails to comply with any resulting treatment requirement is ineligible for cash assistance. The applicant or recipient remains in the Work First Family Assistance caseload, receives Medicaid, stays on the two-year State time clock, the Federal five-year time clock, and has to participate in the employment program. The children's benefits are paid to a protective payee. The 1997 General Assembly appropriated $5.3 million in TANF funds to implement the States' *Work First Substance Abuse Initiative* (SFY01/02 is $3.5 million). Statewide implementation began in May 1998.

Ms. Scott Robbins went on to describe how the *Initiative* was implemented. Each of the forty Area Programs was given funds to support one or two full-time QSAPs. Each Area Program was also given funds for non-Medicaid reimbursable services such as urine toxicologies. Whenever possible, the QSAPs were out-stationed in the County DSS offices. State and local Memorandums of Agreement were developed to delineate each agency's roles and responsibilities. A release of information was developed to allow communication between DSS and the Area Program concerning applicants and recipients involved in treatment. Initial collaborative training took place for DSS workers and the QSAPs statewide. This training continues today.

The collaborative training, Ms. Scott Robbins noted, was a key element to the *Initiative's* implementation being a success. They helped to overcome interagency "myths" and break down any existing barriers or misunderstandings. The training provided each agency an opportunity to learn more about each other's culture, goals, and priorities. An additional goal of the training was to allow staff to gain a greater understanding of each other's jobs. Substance abuse workers who complete the training gain an increased understanding of issues such as time limits and sanctions, while TANF workers learn

more about screening and assessment tools as well as how substance abuse barriers affect job readiness. The training also allowed for increased staff communication, interaction, and understanding of daily program operations. The training was developed by the University of North Carolina, Chapel Hill, School of Social Work, Behavioral Healthcare Resource Program, Jordan Institute for Families in cooperation with both North Carolina agencies. Ms. Scott Robbins shared a sample of the training outline with the group.

At this point, a discussion took place regarding the role of the QSAPs and the impact they have had on referrals. The QSAPs perform the initial screening, diagnostic interview, ensure random toxicology screens are administered during treatment, provide case consulting with DSS staff, and provide orientation to the *Initiative* for Work First clients. Ms. Wolstenholme pointed out that, unlike the Louisiana substance abuse counselors, they do not provide treatment services. The QSAPs also provide training for DSS staff, conduct data collection, and provide continuing care coordination. In comparison, she noted the impact the QSAPs have had on referral rates. About 15-20 percent of clients screened by QSAPs are referred to treatment, while about 5-10 percent of clients screened by DSS workers are referred to treatment. Ms. Wolstenholme thought that this variation in referral rates was probably due to differences in background and training between the two types of professionals.

Providing continuing care coordination for clients has become a role that is constantly growing and evolving for the QSAPs. Some of these continuing care services are listed below.

QSAP Continuing Care Services

- Client advocacy relating to the *Initiative*
- Referrals for treatment
- Ensuring transportation and child care services, provided by County DSS, are available to enable a client to receive substance abuse services
- Tracking the provision of client services relevant to Work First participation
- Follow up with treatment providers
- Acting as liaison between Area Program and/or other treatment providers and the County DSS

Ms. Scott Robbins continued the North Carolina presentation and provided details about the screening and assessment tools the State uses. She explained how the State selected their tools and some of the cost considerations involved. Basically, the State was looking for the most cost-effective tools that could be used by both DSS staff as well as the QSAPs. While both staff members use the AUDIT and DAST-10 for screening all Work First applicants and recipients, the QSAP uses the Substance Use Disorders Diagnostic Schedule (SUDDS-IV) for diagnostic assessment. Ms. Scott Robbins went on to point out that the State's DSS workers also use its Substance Abuse Behavioral Indicator Checklist (II) to identify clients at risk who may not be identified by other screening tools. This checklist provides a list of questions related to the client's behavior. All of the State's tools are designed to determine whether a client's substance abuse impacts their work

behaviors and/or potential ability to work. Ms. Wolstenholme then provided the following data to the meeting participants.

North Carolina Work First Substance Abuse Initiative Data
Summary of Overall Program Success May 1, 1998 – December 31, 2001 • Total of 23,688 clients referred for assessment • 67% or 16,000 of those referred received an assessment • 55% or 8,951 of those assessed were referred to substance abuse treatment • 68% or 6,074 of those referred for treatment were admitted to substance abuse treatment • 1,043 were referred to QSAP and have current treatment involvement
Substance Abuse Behavioral Indicator Checklist May 1, 1998 – December 31, 2001 • 3,723 referred for further assessment using the Checklist • 60% or 2,264 referred for assessment received assistance • 61% or 1,382 of those assessed were referred to substance abuse treatment • 73% or 1,012 of those referred were admitted to treatment

Ms. Wolstenholme continued the North Carolina presentation and discussed the new developments that have evolved since the State's *Work First Substance Abuse Initiative* first began in 1998. When adding new components to the initiative, the key factor to keep in mind is to ensure that they are not outside the scope of the original intent of the program at its inception.

For example, she noted that QSAPs were sometimes asked to perform tasks that DSS TANF caseworkers perform and vice versa. Although these staff members work closely together, they still have their own roles and duties. In another example to demonstrate this point, all three members from North Carolina suggested that substance abuse professionals not be rotated or transferred from one location to another. Ms. Scott Robbins commented that some of North Carolina's QSAPs serve five Counties. The distribution of QSAPs in North Carolina is based upon caseload levels and resources available to support staff. Not all counties, especially in rural areas, have a QSAP onsite. This is due to economies of scale and the fact that they have smaller caseload levels. Alternating different QSAPs in these areas or having one QSAP available on an irregular or limited basis was sometimes problematic because it impeded teamwork, collaboration, and caused other disruptions to the DSS staff as they performed their regular duties.

New developments highlighted by Ms. Wolstenholme are listed below.

Work First Substance Abuse Initiative: New Developments

1. SUCCESS for Families at Risk- 1999
    - In May 1999, the Department of Health and Human Services initiative *SUCCESS for Families at Risk* was launched. Various partner agencies who work with the Work First population were pulled together to develop an integrated systems response to working with the "hard-to-serve" Work First population
      (The "hard-to-serve" are Work First Participants who have used more than 30 months on their Federal time clock and have multiple barriers to employment. There are an estimated 6-8,000 clients who meet these criteria in North Carolina.)
    - The Partners were the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the Division of Social Services, the Division of Vocational Rehabilitation, the Division of Services for the Blind, and the Department of Commerce
    - Each County DSS had a SUCCESS plan creating a Local Coordinating Council comprised of all local partners. The SUCCESS Plan is now a part of each County DSS local TANF Plan.
    - Statewide training for County DSS staff and all Work First Partners was completed
    - A new release of information and a statement on prohibition of redisclosure have been created for use in multi-agency staffings

2. Expansion of Eligible Populations- 2001
    - Non-custodial parents with a family income at or below 200% of the Federal poverty level
    - All families at or below 200% of the Federal poverty level
    - Each county Department of Social Services has the option of serving these two populations and must indicate in their local TANF plan whether they will do so.

3. Mental Health Services- 2001
    - Voluntary mental health screenings are now a part of the *Initiative*
    - The mental health screening tool being used is the *Emotional Health Inventory* (EHI)
    - QSAPs will provide screening, care coordination, facilitate assessment, and report data on all Work First mental health clients

4. Serving Child Welfare Cases- 2001
    - DSS' Children's Services and Substance Abuse Services are piloting an expansion of QSAP services to all substantiated cases of child abuse, neglect, and/or dependency that involve substance abuse
    - The QSAP provides assessment and care coordination for families with substance abuse or dependency diagnoses

5. North Carolina CASAWORKS for Families Residential Programs- 2001
    - In SFY01/01 the NC General Assembly appropriated $5 million in TANF funds to establish 8 statewide programs for women and their children
    - A 12 month apartment-based substance abuse residential program followed by 6 months of outpatient care
    - The participating mother must be receiving Work First cash assistance and have a child/children below age 11 in her home and included in the Work First case
    - The mother must have a diagnosis of substance abuse or dependency

The North Carolina team closed with an open question and answer session. (It should be noted that this dialogue occurred throughout the entire meeting and site visit.) Highlights of some of the questions are listed below.

General Q & A Session – North Carolina Presentation

Q. *How do you handle clients who don't show up for screenings?*
A. All Work First clients must go through screening to be eligible for cash assistance. If an applicant fails or refuses to be screened, the Work First application is denied and the family is assessed for Medicaid eligibility.

Q. *How do you handle outcomes?*
A. The Treatment Outcomes & Program Performance System (NC-TOPPS) keeps them client centered and not based on the system. We perform an initial assessment and an update assessment for clients. The information is then tracked through NC-TOPPS. The North Carolina State University, Center for Urban Affairs, assists with the compilation of the data. We try to keep track of a variety of numbers so that we can address the multiple needs clients sometimes have. The close cooperation among the QSAPs and DSS workers also facilitates improved outcomes.

Q. *Does North Carolina have a form or process it uses to formally track clients?*
A. Yes. The process is spelled out in our Memorandum of Agreement. This helps to formalize and standardize the client flow process. It also helps prevent individual staff personalities from interfering with routine procedures. We have found that this process prevents the client from being caught in the middle between both agencies.

Q. *When did North Carolina hit its Federal time limit?*
A. December 2001.

Q. *Describe the support the North Carolina Initiative has had from key decision makers in the State.*

A. Both agency heads were involved and committed to the *Initiative* since its inception. The Governor's office was also a part of the early plans for the *Initiative*. Since 1998, both agencies have also communicated with State legislators to educate as well as update them on the *Initiative.* It has been critical that both agencies approach legislators together and demonstrate their unified support of the program as this can impact future funding.

Q. *How do you address rural outreach?*
A. The QSAPs go out to clients' homes as needed. Our focus is on clients, so we try to do whatever it takes to reach them. As part of our continuing care coordination, staff members assist clients in obtaining needed transportation and child care services. These services are paid for by TANF funds.

5. SITE VISIT: TOUR OF BATON ROUGE PILOT SITE

5A. Participants

The site visit afforded attendees an opportunity to gain an in-depth look into how one of Louisiana's pilot sites is operating. Although only one pilot site was visited, most of the discussions focused on issues impacting all of the sites. Front line staff members from both agencies were on hand to discuss the program. The group visited a pilot program site in Baton Rouge. In addition to the three members of the North Carolina Team and the one staff member from the Welfare Peer Technical Assistance Network, the following people participated in the site visit:

Louisiana Department of Social Services/Office of Family Support Attendees:

Nan Poston, Financial Assistance Programs Assistant Program Director
Shannon Anderson, Tangipahoa Parish Manager
Sharon Tucker, East Baton Rouge-North District Parish Manager
Allyson Lami, Social Services Analyst II

Louisiana Department of Health and Hospitals/Office for Addictive Disorders Attendees:

Kay Watson, Acting Director of Treatment Services
Sonia Hill, Project Coordinator
Quinetta Rowley, Program Assistant
Elizabeth Solieau, Case Worker Assistant
Jim Anding, District Supervisor

5B. Site Visit Summary

The site visit began with an intense discussion around staff members' roles and duties. A discussion of client intake, assessment, and overall flow ensued throughout the majority

of the visit. Staff members from both agencies had an opportunity to describe their role in how clients are referred from OFS to OAD by the OFS case manager, oriented and processed by the OAD case worker assistant, and then screened and assessed by the OAD program assistant. The group discussed screening and assessment instruments as well as follow up procedures. Other issues discussed included assessments for other barriers to self-sufficiency (such as mental health), time frames for how long it takes for test results to be made available, and sanctions policies. The group closed the discussion by focusing on administrative issues. Issues such as paperwork flow for the various forms involved in processing clients, client confidentiality, retesting procedures, and the establishment of individual treatment plans were discussed prior to the tour of the facilities.

During the tour, participants were able to observe client areas and also meet other staff members involved in the pilot program. The tour allowed for the observation of the client areas where the ASI-MV is administered to clients. Each screening and assessment is conducted in a private room. In addition, to help clients with literacy issues, each client is able to complete the survey on a laptop computer using a headset. The group discussed related costs, budget issues, and other operational issues.

6. HIGHLIGHTS OF LESSONS LEARNED

6A. General-from North Carolina's previous overall program experience

The following represents brief highlights of lessons learned shared by the North Carolina team. These were attained from their own experiences as they implemented their *Work First Substance Abuse Initiative.* The North Carolina team reflected that they are constantly learning more as the *Initiative* evolves and grows.

- Creating interagency collaboration on the State level eases the ability of frontline workers to provide services to TANF clients with substance abuse problems
- Changing the culture of the delivery system requires extensive and ongoing training
- Establishing open and continuous lines of communication at all levels was critical to the success of North Carolina's interagency collaboration
- Key level decision maker (administrators, legislators, governor's office) support and participation assures the success of new collaborative interagency initiatives
- Qualified substance abuse professionals (in North Carolina) are more successful in identifying those at risk for substance abuse than screening by TANF case workers
- Qualified substance abuse professionals (in North Carolina) are most effective when they are out-stationed in DSS offices and work alongside the TANF staff
- Consideration is needed to allow for substance abuse agency identification with TANF offices, as well as integration into TANF

services and outreach, while still maintaining substance abuse agency identity
- North Carolina's interagency initiative has required ongoing monitoring, cross training, and support for staff at all levels in both agencies
- Consider using outside resources as much as possible (the University of North Carolina, Chapel Hill, assisted with the development of the interagency collaboration training and the North Carolina State University assists with data management)
- New interagency initiatives are always evolving and need to be constantly evaluated to access program benchmarks and outcomes

6B. Reactions/Observations on the Louisiana program from the North Carolina Team

This section highlights comments made by the North Carolina team. Although they provided feedback throughout the entire meeting and site visit, this section summarizes comments made during the formal feedback session as per the meeting agenda. This feedback was developed in response to what they learned about the Louisiana program during their brief interactions with various staff from both agencies over the course of the previous one-and-half days.

Positives Noted (on the LA Program)

The team began by mentioning some of the aspects of Louisiana's program that they felt were commendable. They noted that Louisiana's decision to co-locate staff prior to the pilots being launched was an excellent decision. North Carolina, they admitted, is still working on its co-location issues. The informal communication that exists between both agencies was another positive area that the team observed. They noted that a tremendous amount of collaboration and communication was needed between both agencies to achieve the success so far attained with the program. The joint involvement and participation in this technical assistance meeting was another example they referenced as a result of successful collaboration between both agencies. They also commended Louisiana for providing treatment services without the use of Medicaid funds, which shows the level of creativity that has gone into their funding decisions. In North Carolina, over $3.4 million was spent on care coordination, outreach, etc. However, the team pointed out that Medicaid funded their treatment services. Finally, the North Carolina team congratulated Louisiana on their integration of technology into their services. The use of laptop computers for conducting the ASI-MV screening adds a great deal of flexibility and emphasizes the client-centered approach of Louisiana's program.

Recommendations Noted (on the LA Program)

Many of the suggestions the North Carolina team provided took place through the dialogue over the course of the meeting and site visit. These recommendations were made in the spirit of the team acting as a helpful advocate to Louisiana. The team's intent was to provide insights and mention potential courses of action that will aid in maintaining the

momentum the Louisiana program now has. They were based on a brief review of the Louisiana program and should not be considered as a formal evaluation or result of any research. They reflect the comments of the team and are based mostly on the prior experience North Carolina has had with its own substance abuse interagency collaborative initiative. The team was very candid and upfront in pointing out areas where they learned from their mistakes and sharing insights that they felt applied to Louisiana's program. Highlights of the points the North Carolina team made during this portion of the meeting are listed below.

- Continue to emphasize communication, collaboration, and communication between both agencies. Regular feedback is essential.
- Confidentiality of clients is extremely important. Privacy issues that surfaced during the site visit can be handled by formalizing the consent form process as well as other procedures. Be aware that there are different levels of confidentiality. The Legal Action Center (in New York City) is a possible resource on confidentiality issues.
- Collaborative training is essential to both agencies to train them on the policies and procedures of the initiative and in understanding each other's cultures and priorities. Ongoing training for staff from both agencies is suggested at the State, Regional, and local levels.
- Regular meetings between both agencies would be helpful in maintaining open dialogue. Consider setting up a formal meeting schedule for both agencies to meet at the State level. The pilot sites would also benefit from regular meetings between staff from the ten site locations.
- As part of Louisiana's outcomes strategy, consider implementing care coordination support services that follow the client. Use both TANF and substance abuse staff in various roles to create a seamless service delivery for the client.
- Evaluate the success of the pilot sites and replicate it in the rest of the State. This is especially helpful if the State does not have funds to duplicate all the operational methods or other lessons learned from the pilot sites. One possibility is to implement the ASI-MV throughout the State if it proves to be more effective than the DAST-20. Co-location of staff is another aspect of the pilots that could possibly be duplicated in the rest of the State. Finally, the use of laptop computers in the pilot sites might be another idea that could be implemented throughout the State.

7. NEXT STEPS

Mr. Austensen, from the Welfare Peer Technical Assistance Network, facilitated a discussion to wrap up the meeting that focused on next steps for both agencies. In preparation for the discussion, he asked participants at the end of the first day to reflect on what they learned about North Carolina, as well as each other, and how this new learning may benefit Louisiana in their current situation. He suggested that they consider the similarities and differences between both States' programs, success as well as existing challenges of the program, resources needed to address the challenges, and some possible

next steps to address their challenges. Participants were asked to reflect, in general, on how both agencies can help to maintain the current momentum on the State's substance abuse program. In order to collect as much feedback from meeting participants as possible, they were asked to write their answers on index cards. The cards were collected the following day. This information that was gathered greatly contributed to the *next steps* discussion that took place at the end of day two.

Specifically, they were asked to record their answers to these questions:

1. Anticipated challenges
2. Resources needed to address the challenges
3. Potential next steps

As an introduction to the next steps discussion, Mr. Austensen introduced a plausible futures planning model to the group. He asked them to consider the existing status of Louisiana's substance abuse program today versus where the group would like it to be in the future. As a brief summary of the meeting, he reviewed what the group had discussed over the course of the two days in regards to the plausible, or attainable, future for the State's interagency program. These summary points, as well as those contributed by group members during the discussion (and via their written comments), are listed below. They represent an initial list of informal goals shared by both agencies.

PLAUSIBLE FUTURE
FOR LOUSIANA'S PROGRAM
("Informal Goals")

- Improve interagency collaboration (with special consideration to North Carolina's suggestion that communication with State legislators related to future funding should be jointly conducted)
- Create feedback and information sharing systems among staff from both agencies
- Identify substance abuse as early as possible through effective screening and assessment tools
- Conduct effective and comprehensive assessments as well as services
- Increase the number of clients assessed accurately the first time
- Increase the number of clients referred for services
- Develop incentives to motivate clients to attend treatment services
- Improve client services overall so that the needs of clients' are addressed, and they are able to attain their self-sufficiency goals sooner

A brief discussion on anticipated challenges that meeting participants expected with the State's program followed next. Highlights from comments submitted by meeting participants are summarized below.

ANTICIPATED CHALLENGES TO LOUSIANA'S PROGRAM

- Staff training overall as well as cross training
- Funds for staff training
- Retention of trained staff members
- Program resources and facilities not meeting expected demands and outcomes
- Collecting appropriate data
- Statewide implementation of an OAD clinician in OFS offices
- Need more data collection techniques and ideas (i.e., learn more about North Carolina and other State's computer systems, explore use of internet, gather cost estimates)
- Keeping clients motivated for continued treatment
- Continue to increase identification of substance abusers in the TANF population
- Teamwork (i.e., working toward client assistance and possible rehabilitation versus reduction of caseloads, stress on staff caused by priorities of two different agencies)
- Maintaining funds for program
- Allowing for flexibility in spending (i.e., training, evaluation, etc.)
- Qualified Services Organization Agreement (QSOA)

Next, participants offered insights on the resources they thought might be helpful to them in meeting these challenges. Highlights from comments submitted by meeting participants are summarized below.

RESOURCES NEEDED FOR LOUSIANA'S PROGRAM

- Stable funding
- Trained and proficient staff
- Statewide uniformity in policies and procedures
- North Carolina's interagency collaboration training curriculum (developed jointly with the University of North Carolina, Chapel Hill)
- Copies of North Carolina's forms and other supporting materials
- Transportation and child care assistance- especially during evening groups
- Referrals for trauma issues
- More information on other State's interagency substance abuse programs

To close the next steps segment of the meeting, Mr. Austensen asked the group to reflect back on both the prior *plausible future* (informal goals) discussion as well as what was

discussed afterward about *anticipated challenges* and *resources needed* for Louisiana's program. General short and long term action steps were suggested by various members of the group from both agencies as potential ways to reach their previously stated (and known) shared goals. Highlights of this discussion are listed below.

NEXT STEPS
FOR LOUSIANA'S PROGRAM

- Schedule a follow-up meeting between both State agencies to discuss next steps resulting from this meeting (with focus being on gaining support and involvement from key staff members who were not able to attend the meeting)
- State agencies meet with Regional coordinators at pilot sites to discuss this meeting and potential next steps
- Identify the positives of the program as well as areas needing revision that will improve the program
- Draft an action plan to address needed revisions to the program
- Establish schedule for regular meetings at the State and Regional levels between both agencies (to include OFS Bureau of General Counsel and Division of Administration as applicable)
- Consider holding separate, more regular, interagency meetings at the Regional level between all ten pilot sites (for improved communication and coordination)
- Regional pilot site coordinators and State agencies meet to identify staff training needs, review/clarify roles of staff members from both agencies, and discuss ways to ensure consistent procedures related to data services are being followed in all ten pilot sites
- Revisit possible methods for interagency cross training at Regional level (Discussion on this training was tabled earlier in the year.)
- Consider implementing a Memorandum of Agreement at the Regional level in order to avoid any inter-office and/or staff member misunderstandings between both agencies
- Decide the best way to allocate the program's remaining TANF funds
    - Consider training, evaluation, and wrap around services such as transportation, child care, prevention initiatives, youth screening, etc.
    - Identify costs and estimate expenses for funding/resource requests (provide budgets to OFS for TANF monies to be used)
- Collectively (both agencies) determine strategies to attain the support of the State Legislature and Governor
- Request additional TANF funding for substance abuse services in next year's budget
- Decide on a screening tool for the areas in the State outside the 10 pilot sites (i.e., replace DAST-20 with ASI-MV?, how should the State approach screening for alcohol and address related State legislation?, and consider adding other possible screening tools such as North Carolina's *Behavioral Indicator Checklist* or its *Emotional Health Inventory*)

- Continue to review and learn about other State's interagency substance abuse initiatives
- Complete the pilot program
- Evaluate the results of the pilot program and its impact on the areas outside to pilot sites throughout the State

8. FINAL REMARKS

There was not enough time at the end of the meeting to prioritize and make decisions regarding the *next steps* suggested during the meeting. However, many participants voiced an interest in continuing the dialogue that took place during the meeting. The need for a joint debriefing between both agencies became apparent and will most likely be the immediate next step.

Through comments submitted on the meeting's evaluation forms, participants provided extremely favorable remarks about the meeting in general as well as the technical assistance providers from North Carolina. The group appreciated the amount of information provided by the North Carolina team as well as that shared among each other. Several participants commented that it raised their awareness as to the creative ways that TANF funds may be used. Others mentioned that they enjoyed hearing about North Carolina's successful and innovative model program. Many commented that the team's recommendations will save Louisiana an enormous amount of time and energy in light of their newly acquired knowledge about what "works" for these types of interagency initiatives. The only reservations about the meeting that participants voiced were that they wanted to discuss in greater detail the mechanics of how North Carolina implemented and now operates its program.

This meeting brought together a diverse group of professionals from both agencies. There were many people in attendance that had never met before and said they appreciated the networking experience gained during this meeting. Participants commented that the North Carolina team provided invaluable advice and insight into both their own program as well as Louisiana's. With the information they learned, the group was able to focus on their own interagency substance abuse initiative in a new light. They quickly gained a sense of the program's successes as well as its challenge areas. Another invaluable benefit to Louisiana was the advice the North Carolina team offered based on its own experiences. They were able to help identify future challenges that most likely would have only been discovered after their own trial and error experience. At the conclusion of the meeting, participants from both agencies set combined goals and next steps to move the initiative further along. One participant summed up the theme for the workshop by reflecting that, "Our program is so new; this was really an eye opening experience for me!"

For more information on this meeting, or the Welfare Peer TA Network, contact John Horejsi at (202) 401-5031/jhorejsi@acf.hhs.gov (Federal Project Officer), or Blake Austensen at (301) 270-0841, ext 215/baustensen@afyainc.com (contractor). More

welfare related information is also available on the Welfare Peer Technical Assistance Network Web site at www.calib.com/peerta.

APPENDIX A

MEETING AGENDA

AGENDA

Louisiana TANF/Substance Abuse Interagency Collaboration Meeting

Department of Social Services/Office of Family Support
Department of Health and Hospitals/Office for Addictive Disorders

Sheraton Baton Rouge Convention Center Hotel
102 France Street
Baton Rouge, Louisiana

March 26-27, 2002

Day 1:	**Tuesday, March 26, 2002** (Iberville A Room)
8:30 am – 9:00 am	**Welcome, Introductions, Goals for Day One Discussion** Michael Duffy, *Acting Assistant Secretary, DHH/OAD* Julie Howard, *Division Director, Family Assistance, DSS/OFS* Blake Austensen, *Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.*
9:00 am – 9:30 am	**Review of Louisiana's Substance Abuse Program** Michael Duffy, *Acting Assistant Secretary, DHH/OAD* Nan Poston, *Assistant Director*, *Financial Assistance Programs, DSS/OFS*
9:30 am – 11:00 am	**Overview of North Carolina's Substance Abuse Program** Helen Wolstenholme, *Women's Coordinator, Substance Abuse Section, DMH/DD/SAS* Deborah Landry, *Assistant Chief, Program Operations, Economic Independence Section, DSS* Starleen Scott Robbins, *Branch Head, Women and Children's Services, Substance Abuse Section, DMH/DD/SAS*
11:00 am – 11:15 am	**Break**
11:15 am – 12:30 pm	**Interactive Discussion Session** Blake Austensen, *Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.*
12:30 pm – 1:30 pm	**Lunch**
1:30 pm – 2:00 pm	**Travel to Pilot Site in Baton Rouge**
2:00 pm – 3:45 pm	**Pilot Site Visit Tour and Discussions with Staff** Sharon Tucker, *Parish Office Manager, DSS/OFS* Allison Lami, *Social Services Analyst II, DSS/OFS* Quinetta Rowley, *Program Assistant, DHH/OAD* Elizabeth Solieau, *Case Worker Assistant, DHH/OAD*

3:45 pm – 4:00 pm	**Wrap Up and Preview of Day Two** Blake Austensen, *Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.*

Day 2: Wednesday, March 27, 2002

(Iberville B Room)

9:00 am– 9:15 am	**Review of Day One Activities/Set Goals for Day Two** Blake Austensen, *Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.*
9:15 am – 10:30 am	**Reactions/Observations From North Carolina Team** Helen Wolstenholme, *Women's Coordinator, Substance Abuse Section, DMH/DD/SAS* Deborah Landry, *Assistant Chief, Program Operations, Economic Independence Section, DSS* Starleen Scott Robbins, *Branch Head, Women and Children's Services, Substance Abuse Section, DMH/DD/SAS*
10:30 am – 10:45 am	**Break**
10:45 am – 11:45 am	**Lessons Learned/Next Steps** Blake Austensen, *Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.*
11:45 am – 12:00 pm	**Wrap Up, Next Steps, Evaluation, Adjournment** Blake Austensen, *Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.*

APPENDIX B

PARTICIPANT LIST

PARTICIPANT LIST

Louisiana Department of Social Services/Office of Family Support Attendees:

Julie Howard, Family Assistance Division Director
James Sanders, Financial Assistance Programs Director
John Jett, Field Operations Director
Lane Ardoin, OFS Section Chief, DSS Bureau of General Counsel
Nan Poston, Financial Assistance Programs Assistant Program Director
Terry Williams, Program Services Assistant Director
Carol Kimball, Program Specialist 1
Shannon Anderson, Tangipahoa Parish Manager
Belinda Kennedy, Assistant TANF Director, Office of Oversight and Evaluation, Division of Administration
Kim Glapion-Bertrand, Attorney, DSS Bureau of General Counsel
Allyson Lami, Social Services Analyst II (Site visit only)
Sharon Tucker, East Baton Rouge- North District Parish Manager (Site visit only)

Louisiana Department of Health and Hospitals/Office for Addictive Disorders Attendees:

Michael Duffy, Acting Assistant Secretary
Beth McLain, Acting Deputy Assistant Secretary
Galen Schum, Acting Regional Administrative Manager
Sandi Record, DHH Program Manager
Michelle Beck, Statewide Training Coordinator
Kay Watson, Acting Director of Treatment Services
Sonia Hill, Project Coordinator
Juanita Alexander, IT Technology Support Supervisor
David McCants, Director of Fiscal Services
Quinetta Rowley, Program Assistant
Elizabeth Solieau, Case Worker Assistant
Bob Sawyer, DHH Legal Counsel
Jim Anding, District Supervisor

North Carolina Division of Social Services Attendee:

Deborah Landry, Assistant Chief, Programs Operations, Economic Independence Section

North Carolina Division of Mental Health, Developmental Disabilities, Substance Abuse Services Attendees:

Helen Wolstenholme, Women's Coordinator, Substance Abuse Section
Starleen Scott Robbins, Branch Head, Women and Children's Services, Substance Abuse Section

Welfare Peer Technical Assistance Network Attendee:

Blake Austensen, Deputy Project Director, Welfare Peer Technical Assistance Network, AFYA, Inc.