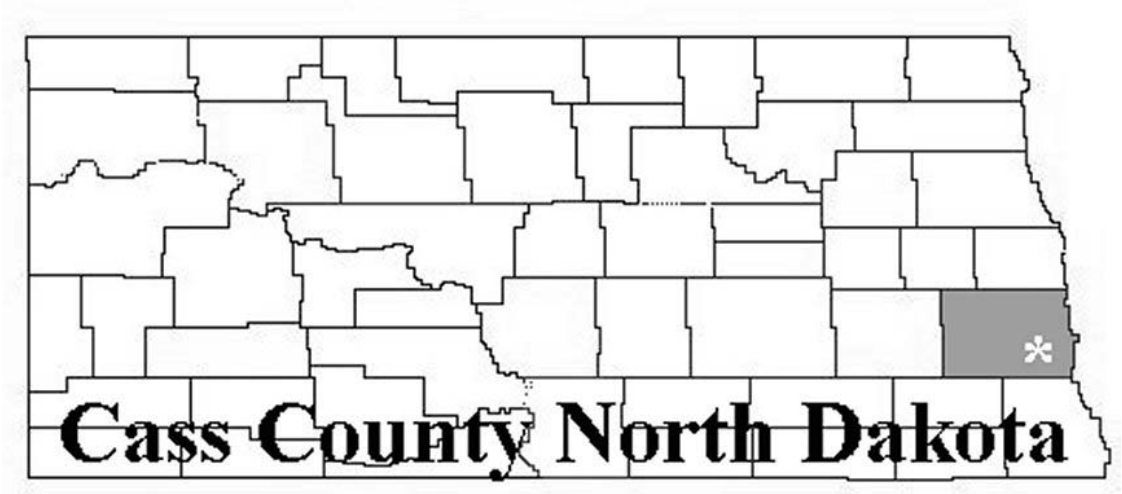

Doing Good and Getting Better:

Serving Substance Abusing TANF Families in Cass County

November, 2003

This analysis was conducted by Mary Nakashian for the Welfare Peer Technical Assistance Network, funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance under contract number
The contractors for the Network are AFYA, Inc. and Caliber Associates.

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EXECUTIVE SUMMARY

Welfare reform has changed the way our society considers problems of poverty and dependence. These changes provide important new opportunities for families to redirect their lives and for public agencies to guide and support families on their journeys. In March 2003, approximately 2 million families were receiving welfare benefits, down from 4.4 million families who were receiving benefits in 1996 when welfare reform was enacted. Many people feel that those remaining on welfare have multiple barriers to employment, including substance abuse.

The North Dakota Department of Human Services is an umbrella agency, but the state's welfare program is administered by the counties. Cass County is the most populous county in North Dakota, with 125,117 residents as of July 2002. Fargo is the county seat and the state's largest city. As of June 2003, there were 3,277 active TANF cases in North Dakota and 275 cases in Cass County.

Since August 2000, Cass County has been operating a welfare and employment pilot program that combines comprehensive case management provided by TANF staff, on-site employment services provided by a Job Service Counselor, and on-site referral and counseling services by provided a mental health professional.

Researchers estimate that 30,880 people in North Dakota have a substance use disorder. While the state's biggest substance use problem is alcoholism, officials have seen an increase in methamphetamine production across the state. In 1998, there were two methamphetamine labs busted and in 2002 there were 275 labs busted.

Officials in Cass County requested technical assistance in helping them address substance abuse among TANF families and in devising strategies to help substance abusing families find and maintain work. The analysis included telephone conference calls, documents review, a site visit including focus groups with staff, and a review of promising practices elsewhere in the country.

Findings

Cass County has many reasons to be proud of its social service system. Notable strengths include:

- Staff feel competent and in control of their work
- Strong supervisors give guidance and support

- Staff have authority and decision-making capacity
- Exceptional collaboration and service integration
- Co-location that makes it feasible for workers to talk about substance abuse
- The capacity of the on-site mental health professional to accept referrals for a range of problems
- Staff believe that asking about substance abuse is within their job duties
- Confidentiality issues are framed as confusion about what is appropriate to share rather than as vehicles for withholding information or protecting turf
- Generalist case managers, so recipients work with only one TANF staff
- Strong connections between TANF and Job Service staff

These strengths set a framework with which to explore other strategies that have been overlooked or not pursued fully. Areas that warrant attention include:

- There is almost exclusive reliance on individual workers to identify and explore substance abuse based on interviews, to the exclusion of strategies that allow recipients more flexibility to come forward on their own
- There is little or no marketing of the wide range of benefits available to families who receive TANF and who have substance abuse problems. Promotional material focuses on client responsibilities over services and benefits.
- There is no systematic approach to training and professional development: TANF case managers have little formal training, and no staff has received training in topics such as myths and facts about addiction and recovery or interviewing skills.
- Staff realizes that substance abusers have more problems complying with work requirements than do clients in general, but job activities do not account for these differences.

Recommendations

Tools and Strategies for Staff

- Provide case managers and Job Service Counselors with observational and case record checklists to help them look for indicators of substance abuse.
- Provide TANF case managers and Job Service Counselors with guidance in asking questions about substance abuse, including giving them scripts as templates or examples.
- Provide TANF case managers, Children and Family Services caseworkers, and Job Service counselors with initial and ongoing training and professional development experiences. Engage the North Dakota Department of Human Services or a university in designing these experiences.
- Convene a one-day Cass County Human Services Conference.

Options and Alternatives for Clients

- Design and test work activities that are tailored to people addicted to methamphetamine.
- Consider using videos and/or presentations in client waiting areas or in Job Service Orientations.
- Create short, attractive brochures and fact sheets that describe services available to TANF families.
- Pilot test group orientations regarding substance abuse (and other problems) and offer or require these orientations to all families.

Clarifications and Changes in Policy

- Urge the state to exercise the federal option to partially or fully opt out of the prohibition on providing TANF benefits to people convicted of drug related felonies.
- Develop county policies that attempt to reconcile or reduce conflicting time pressures that create confusion, inequity, or tensions across departments.

A Postscript on Process

- First, do no harm. If these strategies work, more people will come forth to disclose substance abuse problems, and they will need treatment. As initiatives are introduced, the county should gauge the increased demand for services and assure that appropriate services are in place.
- Engage staff in designing initiatives. The county could those recommendations that are of higher priority and solicit staff participation on Working Groups charged with designing an implementation strategy for that initiative.

CHAPTER ONE

INTRODUCTION

This chapter summarizes key elements of Cass County's welfare reform program including current strategies to identify substance abuse. The chapter also describes the layout of the report.

Overview

Welfare reform has changed the way our society considers problems of poverty and dependence. These changes provide important new opportunities for families to redirect their lives and for public agencies to guide and support those families on their journeys. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) eliminated the federal Aid to Families with Dependent Children program in favor of a package of time-limited cash assistance and work-related services established by each state under new Temporary Assistance for Needy Families (TANF) guidelines.

Welfare caseloads began dropping shortly before welfare reform, and they have continued to drop since that time, although recently some states have experienced caseload increases believed to be associated with downturns in the economy. As of March 2003, approximately 2 million families were receiving welfare benefits, down from about 4.4 million families who were receiving benefits in 1996, when PRWORA was enacted. Many people feel that those remaining on welfare have multiple barriers to employment, and welfare administrators are now struggling to address these barriers, including substance abuse.

Substance abuse is a chronic disease, frequently associated with mental health problems, family breakdown, domestic violence and welfare dependence. Substance abuse is further marked by denial and stigma, making it difficult for people to talk about their substance abuse or to seek help for it. Welfare recipients may be especially reluctant to disclose substance abuse problems because they fear they will lose their children or their welfare benefits.

However, substance abuse can be addressed and substance abuse treatment does work. About 70% of people who have substance abuse problems are employed. Treatment does improve work outcomes, making substance abuse treatment an important and effective work-related activity for welfare recipients who need it.

Cass County, North Dakota

Cass County is the most populous county in North Dakota, with 125,117 residents as of July 2002. Fargo is the county seat and the state's largest city with 90,599 residents according to the 2000 census. The county covers 1,249 square miles. The Cass County Social Services Board appoints the Director of Social Services. The Board is accountable to the Cass County Commission and the North Dakota Department of Human Services.

The North Dakota Department of Human Services (NDDHS) is an umbrella agency with about 2,000 employees, but the state's welfare program is administered by the counties. The NDDHS provides direction and technical assistance, sets standards, conducts training, and manages the automated eligibility system. Within state standards, county social service agencies design their own TANF programs, determine eligibility, administer benefits, secure supportive services, and help families find and maintain work.

The NDDHS funds eight Regional Human Service Centers across the state. These Centers provide a comprehensive array of outpatient clinical and community services including vocational rehabilitation, mental health services, developmental disabilities services, social services, addiction counseling, and emergency and outreach services. The Regional Human Service Centers also provide supervision and direction to county agencies delivering social services.

As of June 2003 there were 3,277 active TANF cases in North Dakota and 275 TANF cases in Cass County. In recent years, Cass County has experienced an influx of refugees from other countries, and TANF families speak a variety of languages, including Albanian, Arabic, Bosnian, Dinka, Farsi, Kurdish, Somali, Swahili, Turkish, and Vietnamese.

When people walk into the county office to request assistance, a receptionist gives them a package of information and sets an appointment for a complete interview within about seven days. The same case manager who conducts the initial interview works with the recipient through the life of the case. During the initial interview, workers and applicants review applicant strengths and needs and determine eligibility for benefits. TANF case managers may discuss substance abuse problems with families during the interview, but there is no formal requirement that questions about substance abuse be asked at this time.

The Cass County Pilot

Since August 2000, Cass County has been operating a welfare and employment pilot program that makes it easier for people to secure services that will help them find jobs. The pilot program created the case management system in which each family is served by one worker who is responsible for all aspects of the case so long as the family receives benefits. When the county switched from an eligibility-focused system to a case management system in 2000, existing eligibility workers were required to apply and interview for these new positions.

Job descriptions for case managers indicate that 45% of the job is devoted to "Comprehensive Assessment/Case Management." Each case manager is responsible for from 40 to 45 TANF families.

The pilot program blends case management with on-site services and strategies to facilitate service coordination. When people apply for TANF, they meet an on-site employee of the Job Service at the same time, and they may also meet with an on-site mental health professional employed by the Southeast Regional Human Service Center (SEHSC). The mental health professional works closely with TANF families and TANF and Job Service workers, providing assessments, making referrals for substance abuse treatment and other services, and providing consultation about cases upon request. She also meets with and assesses all sanctioned families, to help them cure their sanction and re-engage in services. TANF case managers work with families and service providers to determine initial and ongoing eligibility, develop Social Contracts, arrange and pay for supportive services, monitor progress, and make changes as needed.

During their initial meeting, Job Service workers complete an Initial Assessment and Employment Development Plan with recipients, and enroll them in an appropriate JOBS activity immediately. When feasible, TANF case managers participate in this interview. The Initial Assessment includes three questions about substance abuse and additional questions regarding mental health, legal, or domestic violence problems.

Within four months after applying for benefits, TANF recipients and case managers develop a Social Contract specifying what each has agreed to do to help recipients find work. Preparing the Social Contract involves completing a "full assessment" of client needs, strengths, and interests. This is the first point at which TANF workers are required to explore substance abuse problems with recipients. The Social Contract serves as the benchmark for measuring a family's progress, identifying the need for additional services, or initiating sanctions if a family fails to comply. Social Contracts are modified as necessary.

TANF case managers and Job Service workers may refer families to the on-site mental health professional whenever they have reason to believe that substance abuse or mental health problems pose barriers to work.

Substance Abuse in North Dakota

According to the 2002 National Survey on Drug Use and Health, in 2002 an estimated 19.5 million Americans, or 8.3 percent of the population aged 12 or older used an illicit drug during the month prior to the survey interview. Marijuana was the most commonly used illicit drug, and of the 14.6 million people who had used marijuana in the past month, 4.8 million had used it on 20 or more days. The same survey found that 120 million Americans aged 12 or older

reported being current drinkers, with about 54 million of those reporting binge drinking (five or more drinks on one occasion) at least once in the prior month and 16 million reporting they were heavy drinkers (five or more drinks per occasion on five or more days) during the prior month.

North Dakota is not spared from substance abuse problems. Using 2000 census data, researchers from the North Charles Research and Planning Group estimated that 30,880 people in North Dakota had a substance use disorder during the prior year. In its 2002 report, these researchers also found that "North Dakota's biggest substance use problem is alcoholism." This report noted that the state's alcohol treatment need ranked 14th in the country, its alcohol mortality rate ranked 18th, its alcohol arrest rate ranked 13th, and it ranked 3rd on a measure of driving after drinking too much.

Researchers from North Charles also found that when marijuana is not counted, compared to other states for the period from 1994 through 1996, North Dakota had the lowest average mortality rate from illegal drugs and the second lowest average illegal drug arrest rate. When marijuana is considered, however, North Dakota had the highest percentages of marijuana arrests and marijuana treatment admissions in the country. Nationally, 41% of all drug-related arrests were associated with marijuana use and sales, whereas the percentage of arrests due to marijuana was 82% in North Dakota.

Officials in North Dakota have been concerned about an alarming increase in methamphetamine production in the state. The North Dakota State's Attorney's office reported that in 1998, there were two methamphetamine labs busted; in 2002 there were 275; and as of March 31, 2003, there were 175. This growth in methamphetamine production and usage has been attributed to ease of manufacturing from a variety of methods, isolated areas making production hard to detect, low cost relative to cocaine, contribution to weight loss making it particularly attractive to women, and properties that lead to quick addiction.

Request for Technical Assistance

Officials in Cass County requested technical assistance in helping them address substance abuse among TANF families, and in devising strategies to help substance abusing families sustain both recovery and work. They are particularly concerned about methamphetamine production in the state, the effect that methamphetamine use is having on welfare recipients, and the difficulties in providing treatment and job services to recipients addicted to methamphetamine.

The county identified the following specific issues that the technical assistance might address:

Clients' unwillingness to disclose substance abuse
The need for better screening tools

Challenges in ensuring that clients follow-through with services
The impact on children when there is substance abuse in the home

Format of This Report

Chapter Two describes the process by which the project developed and the methods used to gather information and arrive at recommendations. **Chapter Three** summarizes the notable strengths of Cass County's welfare program and sets the framework for the recommendations that follow. **Chapters Four through Six** present recommendations in the areas of supports to staff, supports to clients, and changes in policy. **The Postscript on Process** offers a suggestion regarding how the county might approach implementing some of the recommendations.

Appendices include descriptions of selected best practices from elsewhere in the country. Each description includes a short summary of the initiative and where to call for more information.

Acknowledgements

Laurie Albright of Job Service North Dakota, Kathleen Moraghan of the Southeast Regional Human Service Center, and Sidney Schock of Cass County Social Services provided invaluable perspectives about the county's welfare reform program and made available written documents, reports, and other data. They gave freely of their time and insights, and went out of their way to provide access to staff. Front line TANF, Job Service, Children and Family Services, and Southeast Regional Human Service Center staff were open and thoughtful in sharing their opinions about their work.

Robin Dade, Harry Day and Chandra Robinson from the Welfare Peer Technical Assistance Network, AFYA, Inc. provided guidance to the project and facilitated logistical arrangements.

John Dernovish and John Horejsi from the Denver Region and Washington Headquarters of the Administration for Children and Families endorsed and funded this technical assistance, and provided important federal direction and perspectives.

The conclusions in this report are my own and do not necessarily reflect the views of Cass County staff.

CHAPTER TWO

METHODOLOGY

This chapter describes how the technical assistance was planned and conducted.

Telephone Conference Calls

Two telephone conference calls among staff from Cass County, the Administration for Children and Families (ACF) at the US Department of Health and Human Services, and the Welfare Reform Peer Technical Assistance Network (AFYA, Inc.) served to:

- Establish shared goals and outcomes for the assistance;
- Clarify expectations as to scope, duration, and final product;
- Identify and secure relevant background documents;
- Set the agenda for the site visit; and;
- Establish methods of communication throughout the project.

Review of Written Documents

The NDDHS and Cass County websites provided useful background information about the state and county. In addition, the following documents described Cass County's program in detail:

- The North Dakota TANF State Plan
- The TANF Statement of Facts
- The TANF Application Packet
- Information presented during a Methamphetamine Summit
- Organization Charts for NDDHS, Cass County Social Services, Southeast Regional Human Services Center and the Job Services Fargo Office
- Job Descriptions for TANF Case Managers and Job Service Counselors
- Mental Health Referral Package
- TANF Full Assessment Document
- Summaries of Substance Abuse Treatment Services
- Rules and Process for the Cass County TANF Pilot
- Memorandum of Understanding between NDDHS and Cass County
- Evaluation of Cass County TANF Pilot
- Metropolitan Access to JOBS Plan
- Executive Summary of "An Integrated Substance Abuse Treatment Needs Assessment for North Dakota"
- Executive Summary of North Dakota's Child and Family Services Review

Site Visit

Visits were made to the Cass County Social Services Office, the Job Service North Dakota Fargo Office, and the Southeast Regional Human Service Center.

Agenda for Site Visit

<u>October 13</u>	
1:00 - 2:15	Overview of Cass County TANF
2:30 - 4:00	Entrance Conference
<u>October 14</u>	
8:30 - 10:30	Meeting with TANF Case Managers
10:45 - 12:00	Meeting with Children and Family Services Staff
1:15 - 2:30	Meeting with Southeast Regional Service Center Staff
2:45 - 4:00	Meeting with Job Service North Dakota Staff
4:00 - 5:00	Informal Wrap Up and Debriefing
<u>October 15</u>	
9:00 - 10:00	Exit Conference

The site visit ended with an exit conference during which preliminary observations and findings were shared and discussed.

CHAPTER THREE

CASS COUNTY STRENGTHS AND FRAMEWORK FOR INNOVATIONS

This chapter identifies some of the strengths of the Cass County Social Service system that can be reinforced in practice and used as a springboard for new ideas. It also sets the framework for areas of innovation and the recommendations offered in subsequent chapters.

Cass County has many reasons to be proud of its social service system. The Social Services agency has been creative and innovative in constructing a welfare program that seems to empower staff and recipients in several important ways. These strengths create a culture and environment that is conducive to exploring new options, trying new strategies, and changing procedures when they do not work. Following is a brief summary of key elements of the Social Service program that are especially noteworthy and that might be of interest to other welfare agencies.

1. Staff from NDDHS, JOBS, and the SEHSC feels in control of their work, they know how to exercise judgment, and they are able to respond appropriately when unforeseen situations arise.

2. Staff is well supervised and appears comfortable in seeking guidance from their supervisors and their colleagues.

3. Staff are given authority to take action. For example, TANF case managers have on-line access to the appointment schedules for the on-site Job Service Counselors and are authorized to set appointments for clients to meet with these staff.

4. There is an exceptional level of true collaboration and service integration stemming from the co-location of SEHSC and Job Service staff at the TANF office. Staff from the three agencies often function as a cohesive and unified team without losing sight of the unique skills, contribution, and expertise of each person.

5. The system of co-location sets the context for case managers and Job Service counselors to probe for substance abuse among TANF families because it backs them up with qualified staff and resources to address problems when they appear.

6. The fact that the on-site mental health professional accepts referrals for a range of potential problems means that case managers and job counselors are not expected to figure out whether a client has a mental

health, substance abuse, or domestic violence problem in order to make an appropriate referral. Case managers and Job Service counselors need only suspect that a family is having significant problems and make just one referral to a qualified clinician.

7. TANF and Job Service staff are not afraid to ask clients about possible drug use or to explore potential substance use when they suspect it. They feel these discussions are necessary in developing a trusting and honest relationship with clients.

8. Issues of confidentiality are framed as problems in understanding what is appropriate to share rather than as rationales to withhold information or protect turf.

9. TANF case managers are generalists rather than specialists, and they are responsible for all aspects of the client's TANF case. This means that families and workers get to know each other, workers have a more complete understanding of what is happening with clients, and there is less likelihood that important information will get lost.

10. The connections between Job Service and TANF staff are strong, reducing the chance that clients will fall through gaps because the two workers are not communicating effectively.

This impressive set of strengths sets a framework for the county to explore other strategies that have been overlooked or not pursued fully. County officials are appropriately concerned that it takes too long for substance abuse to emerge as a barrier to work; that treatment, Job Service and TANF staff are not equipped to address the implications of methamphetamine abuse; and that staff lack knowledge about addiction and recovery.

Specific recommendations are presented in the following chapters, but there are some general observations that emerge from this analysis:

1. There is almost exclusive reliance on individual workers to identify and explore substance abuse based on interviews and screening questions. While this is an essential strategy, it is labor intensive and at best, will yield only modest success because a number of clients will always fear that disclosing problems such as substance abuse will result reports to child protective services or in loss of welfare benefits. It is also prone to a "one size fits all" approach, and one that doesn't allow clients opportunities to think about their problems in private or in group settings with peers.

2. There is little or no marketing of the wide range of benefits available to families who receive TANF and who have substance abuse problems. Most of the promotional material is constructed to meet legitimate legal

mandates that require Social Services to explain program rules. While it is essential that these requirements be explained, they are done so at the expense of providing clients with information about the valuable services they can receive. This one-sided message leaves an impression that receiving welfare is only about complying with rules, and not about receiving services to improve one's life.

3. TANF case managers have little formal training other than that they receive through regular supervision. Job Service counselors attend formal training soon after they start their jobs. Neither TANF nor Job Service staff has received training in topics such as understanding addiction and recovery; the influence of personal values; interviewing techniques; or the history and evolution of welfare and employment programs. Welfare and Job Service staff have not visited substance abuse treatment or other service programs.

4. Staff realizes that substance abusers, and particularly methamphetamine users, have more problems complying with JOBS requirements than do clients in general. However, program rules and practices do not make these distinctions, and clients with serious substance abuse problems are unable to comply.

Substance abuse among TANF recipients is only one of the several challenges that administrators have to face and it may not always be the first one on their list. This report addresses substance abuse in particular, but it places substance abuse among TANF recipients in the context of the many pressures facing administrators and families. The recommendations speak specifically to the problem of substance abuse, but where possible, they are presented in a manner that will help administrators address other problems as well.

CHAPTER FOUR

TOOLS AND STRATEGIES FOR STAFF

This chapter offers recommendations and action steps regarding strategies the county and/or state can employ to provide front-line TANF and Job Service staff with additional tools to identify substance abuse among TANF recipients. Three ideas are offered: checklists; scripts; and a Professional Development agenda.

Recommendation #1:

Provide case managers and Job Service counselors with observational and case record checklists to help them look for indicators of substance abuse.

Feasible to implement
Low cost
Feasible to evaluate

Discussion

Case managers and Job Service counselors do a good job of asking questions about substance abuse, but they have few formal tools to aid them in these discussions. Moreover, TANF case managers may not ask about substance abuse problems until they complete the Full Assessment, which frequently takes place four months after the family has been receiving benefits.

In some jurisdictions (North Carolina, New York, and Delaware) TANF and substance abuse treatment staff have collaborated in designing short checklists of common indicators of substance abuse that TANF or other workers can use after clients leave the interview.

One checklist includes a set of behaviors or physical characteristics generally associated with substance abuse. Workers scan the checklist and check-off attributes they noted. If more than a specified number of attributes are checked, the form is sent to a substance abuse specialist who conducts a more complete screening or assessment.

The other checklist includes “red flags” that are often available from client case records (involvement with child protective services, spells of homelessness, legal problems, etc.). Workers scan the checklist and mark off any that apply. If more than a specified number of red flags are checked, the form is sent to a

substance abuse specialist who conducts a more complete screening or assessment.

A copy of the North Carolina and New York behavioral checklists and the New York case record checklist are included in Appendix 1.

Many jurisdictions require TANF staff to conduct brief substance abuse screening at the initial intake interview. Cass County does not have a formal requirement for screening, and workers use professional judgment in deciding whether to raise substance abuse concerns during the initial interview. Because Job Service counselors do conduct substance abuse screenings during their first interview with families, screening by TANF staff at that time may not feasible or warranted and is not a recommendation of this report.

If the county is interested in formal screening at intake, however, Appendix 2 offers a short summary of common substance abuse screening tools that are used elsewhere across the country.

Recommendation #2:

Provide TANF case managers and Job Service counselors with guidance in asking questions about substance abuse, including giving them scripts as templates or examples.

Feasible to implement
Low cost
Difficult to evaluate

Discussion

Formal substance abuse screening tools are "blunt instruments." They pose direct questions and generally call for Yes/No responses. It is not surprising that TANF offices have found low rates of disclosure when they rely on workers to ask questions in this way. Ultimately, the decision regarding whether to disclose substance abuse rests with the recipient and not with the worker. But, workers can frame the discussion in ways that make it easier for recipients to talk about sensitive personal problems.

Following are two interview scenarios that workers might use to set the stage for asking about substance abuse. Neither of these scenarios adds significant time to the interview:

Scenario One. Tell the client why the questions are asked and what will happen as a result of the response:

> *"I am required to ask some personal questions, and you can respond in any way you want. But, it might help if I explain why I have to ask these questions and what will happen as a result of your answers.*
>
> *We have to ask all families about any problems that might prevent them from working. Some problems are obvious, such as lack of childcare or work experience. Others are less obvious and more personal, such as problems with alcohol or other kinds of drugs. The reason we ask these questions is to make sure all families get the help they need and that we do not push people into job activities if they are not ready.*
>
> *If you think you may have problems with alcohol or other kinds of drugs that would make it hard for you to work, here is what will happen. I will ask you to speak to a substance abuse counselor. The counselor will have a more complete and private interview with you, and will help you make plans for treatment or other services. Saying that you have problems with alcohol or drugs does not mean that you will lose your welfare benefits or get into trouble. It does mean that a trained counselor, who does not work for the welfare department, will speak with you. That discussion will be private and confidential."*

Scenario Two. Explain the services available to help people before asking them to decide what to disclose.

> *"Let me highlight some of the services that Cass County has available for welfare recipients. We can help families get job training, childcare, transportation, and other services that make it easier to work. We also have services that provide counseling if you are having personal problems or are worried about how your children are doing, and we have trained counselors who will work with you to see if you need services such as substance abuse treatment. All the services we offer are confidential, and talking to the counselor about personal problems does not mean you will lose your benefits or get into trouble. It does mean that you will have another discussion with a counselor who does not work for the welfare department, and that discussion will be confidential.*
>
> *Part of our process today is an interview to see if you are eligible for assistance (or whatever the purpose of the interview) and to talk with you about whether you would like any of the services we provide. The interview will include questions about general eligibility, your overall job interests and personal aspects of your life that may make it hard for you to go to work."*

Recommendation #3:

Provide TANF case managers, Children and Family Services caseworkers, and Job Service counselors with initial and ongoing training and professional development experiences. Engage the North Dakota Department of Human Services and a university in designing and delivering these development experiences.

From easy to difficult to implement
Low to high cost
Difficult to evaluate

Discussion

There is no formal program of training for TANF case managers. When new case managers are hired, they meet extensively with their supervisor who provides individual training and guidance regarding welfare rules and policies, performance standards, and interviewing skills and techniques. Ongoing training is largely focused on revisions in policies and procedures, and generally takes place during staff meetings.

Most Job Service counselors attend a formal training program for Family Development Specialists designed by the University of Iowa. This program involves a combination of classroom and on-the-job experiences over a period of about four months.

New Children and Family Services caseworkers attend initial training delivered by the University of North Dakota, and all caseworkers are required to complete 30 hours of continuing education every two years. In addition, an outside specialist in emotional and mental health disorders meets monthly with staff, providing clinical guidance and supervision.

Other trainings are informal and ad hoc. For example, the on-site professional mental health professional may be asked to present an overview about substance abuse or mental health disorders, or a counselor from the local domestic violence services agency may be invited to make a presentation to staff.

While the county has ensured that workers are prepared in the basics of their work, there are gaps in the training that workers receive, and there are few opportunities for ongoing learning and development. For example, TANF case managers and Job Service counselors have not received training in topics such as myths and facts about addiction and recovery; the influence of their own beliefs and values in how they serve clients; interviewing skills; or the reasons

why the welfare system evolved as it has. Similarly, they have not visited substance abuse treatment or other programs that serve their clients.

TANF and Children and Family Services workers have had relatively little exposure to each other's programs. While it is likely that these workers share many families in common, they do not have a good understanding of the other's rules or services. Tight but often conflicting time pressures imposed by both welfare reform and the Adoption and Safe Families Act (ASFA) add urgency to the task of ensuring that staff from these two departments coordinate their services.

Substance abusers are likely to have legal problems stemming from their drug use, including court oversight resulting from child maltreatment. This means families may be involved with attorneys, judges, and parole or probation officers. However, many in the legal system are not knowledgeable about TANF or ASFA requirements and services and may have little understanding of addiction and recovery. There is little coordination between Social Services and the courts, and at times courts render decisions that frustrate social services or treatment staff. Offering training to court or legal staff and inviting them to conduct training for social services staff is one way to reduce conflict and build collaboration across these systems.

The following table of Training and Professional Development Strategies lays out a range of options the county might choose, starting with those that are most directly related to substance abuse or are the most feasible, and ending with ideas that are more far-reaching. Information regarding resources that could provide training curricula or consultation is listed. Wherever possible, training should model its desired outcomes. Therefore workers from different units or functions should be trained together, allowing them to build collaborative relationships and problem-solve as a team.

This is not intended to be a comprehensive list of all training workers should receive. It does not cover, for example, basic training in welfare rules and policies or new worker orientation to Cass County Social Services. These areas of basic training, when combined with the topics covered in the table, could create a deep and broad learning opportunity for workers.

Each welfare recipient in the county receives an Employment Development Plan and a Social Contract. Modeling that approach and building on the ideas presented here as well as the training already provided to workers, the county could create a Professional Development Program (PDP) for staff.

TRAINING AND PROFESSIONAL DEVELOPMENT STRATEGIES

Topic & Audience	Approach	Resources
Addiction, Recovery, and Work TANF, Job Service, Children & Family Services, and court staff.	Include a special session about methamphetamine; employ techniques that engage workers in understanding how it feels to be dependent; ensure that training covers the topics of stigma and denial.	Kathleen Moraghan, SEHSC Karen Mooney, Women's Treatment Coordinator, Colorado Department of Human Services (Karen.Mooney@co.state.us) See Appendix 3 for a curriculum developed by the TANF and substance abuse agencies in New York State.
Values, Principles, Beliefs All staff from public and private agencies, including courts.	Structured opportunities for workers to probe their values about poverty, dependence, addiction. Guide workers in learning how not to let their personal values cloud their work with clients.	Nancy K. Young, Director Children and Family Futures, Inc. and the National Center on Substance Abuse & Child Welfare (nkyoung@cffutures.org) Frances Sullivan, Consultant Sullivan74@aol.com
Cross and Joint Training: TANF, Job Service, Children and Family Services, SEHSC, and Courts. Staff from all of these systems.	Engage staff in mapping areas of commonality and differences, and in devising ways to build on commonality and overcome differences.	Cass County Staff
Confidentiality and HIPPA: Developing Internal	Present information and engage staff in learning what information can be	TAP 24: Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and

Procedures for Sharing Information All staff.	shared, and how. Include real life examples and case studies.	Privacy (www.samhsa.gov or 800-729-6686)
Topic & Audience	**Approach**	**Resources**
History and Evolution of Welfare All TANF staff	Include discussion of changes in values and the politics of welfare. Draw from participants' experiences.	Cass County Staff Mary Nakashian (marynakashian@msn.com)
Meet and Greet Your Colleagues All Social Services, court & Job Service staff.	Arrange visits to service providers (including courts) that include discussions with staff and clients.	Cass County Staff SEHSC Staff Staff from other agencies.
Advanced Interviewing Techniques All TANF and Job Services Staff.	Combine theory and practice. Include Stages of Change and Motivational Interviewing. Ensure that training reflects the reality of workers jobs.	Kathleen Moraghan, SEHSC Holly Cook Chief Program Development Officer Cumberland Heights Foundation (615) 353-4379 holly_cook@cumberlandheights.org
TANF Town: Experience a Day in the Life of a Client Social Services staff that have client interaction.	Usually used with new workers. Workers receive relevant forms, appointment times, transportation payments and have to spend a day as a TANF client	Has been used by social services in Franklin County, Ohio as part of new worker training.
The Federal View All Social Services and SEHSC staff	When regional or central federal staff comes to ND, ask them to conduct a seminar.	ACF, SAMHSA, Children's Bureau and other federal staff

Recommendation #4:

Convene a one-day Cass County Social Services Conference.

Moderate to implement
Moderate cost
Difficult to evaluate

Discussion

One way to provide professional development opportunities for staff and to further relationships between the County Social Services and the community is to sponsor a conference that features plenary speakers and workshops. Public and private agency staff and perhaps recipients themselves could participate in the conference. Sessions could address some of the issues raised elsewhere in the report, and other issues that are of interest to the community.

The conference could also include elements of a "Human Services Fair" in which agencies established booths in which their services could be demonstrated (such as blood pressure screenings) or materials about their programs could be distributed.

CHAPTER FIVE

OPTIONS AND ALTERNATIVES FOR CLIENTS

This chapter offers recommendations for identifying and serving clients with substance abuse problems without relying on worker questions: specialized work activities, use of videos, informational brochures, and orientations.

Recommendation #5:

Design and pilot-test work activities that are tailored to people addicted to methamphetamine.

Difficult to implement
Moderate cost
Easy to evaluate

Discussion

Officials at SEHSC, Job Service North Dakota and Social Services all feel poorly prepared to address both the treatment and the employment needs of methamphetamine addicts. They find that methamphetamine use moves rapidly to full-blown addiction and hinders functioning so significantly that their current systems are unable to respond appropriately.

Methamphetamine addiction affects people's ability to function so severely that they are unable to comply with standard rules regarding participation in work activities or other requirements of TANF. Even though the county offers clients multiple choices for job preparation activities, none of these choices or activities was designed to cope with the special challenges faced by people who are substance abusers, and particularly those who are methamphetamine addicts.

While administrators and staff in Cass County are interested in and open to constructing a program of work preparation that will support addicts in their recovery and that will also meet state and federal requirements, there is a basic lack of knowledge across the country regarding what those activities might be. There is, however, a growing interest in exploring ways to address this problem.

Two experts have expressed willingness to work with Cass County in exploring ways to create specific work activities for TANF recipients who are recovering from methamphetamine addiction. The county could consider working with either or both of these experts:

Richard Rawson, PhD

Richard Rawson is Associate Director of the University of California at Los Angeles (UCLA) Integrated Substance Abuse Programs, and one of the country's foremost experts on methamphetamine addiction. He has a long history of conducting research and developing treatment systems for substance abuse disorders. One program of ISAP is the Matrix Institute, a 16-week program designed specifically for the treatment of stimulant (and particularly methamphetamine) abuse and dependence.

Richard A. Rawson, PhD
UCLA Psychr and Biobehavioral Science—ISAP
11075 Santa Monica Boulevard, Suite 200
Los Angeles, CA 90095
310-312-0500, ext 511
matrixex@ucla.edu, rickrawson@earthlink.net

Jon Morgenstern, PhD

Jon Morgenstern is Vice President and Director of Health and Treatment Research and Analysis at The National Center on Addiction and Substance Abuse (CASA) at Columbia University; and a clinical professor of psychology at Mt. Sinai School of Medicine. He is the Principal Investigator of CASAWORKS^{sm} for Families, a program that integrates substance abuse treatment and job training for TANF recipients in New York City. CASAWORKS^{sm} includes standards and training curricula for ensuring that work activities support recovery and that treatment interventions support work. Dr. Morgenstern has extensive experience directing substance abuse treatment programs within the context of welfare reform and ASFA.

Jon Morgenstern, PhD
Vice President & Director of Health & Treatment Research & Analysis
The National Center on Addiction and Substance Abuse (CASA)
at Columbia University
633 Third Avenue, 19th Floor
New York, NY 10017
212-841-5287
jon.morgenstern@mssm.edu

Recommendation #6:

Consider using videos and/or presentations in client waiting areas or in Job Service Orientations.

Moderately easy to implement
Low to moderate cost
Moderately easy to evaluate

Discussion

There are techniques that allow clients to hear information about substance abuse and come forth on their own terms to request more information or seek help. These techniques do not require workers to ask direct questions about substance abuse, and they do not require clients to answer pointed questions about personal problems.

Some jurisdictions have created short videos that are shown in welfare waiting areas or in community based agencies. These videos may be about addiction and recovery or they may cover broader health topics such as prenatal care or nutrition. The videos generally provide toll free telephone numbers for people to call for more information or they are accompanied by a health professional who is available to talk with clients who have questions.

New York State created a powerful seventeen-minute video featuring six TANF clients in recovery from addiction. The women use their own voices to describe how they entered treatment, their experiences in treatment, and how they came to recovery. At periodic intervals during the video, a toll free help number appears on the screen. (For information about the New York State video, please contact Frances Shannon Akstull, 518-402-3219).

In Alameda County, California (which includes the City of Oakland), the county mental health agency collaborated with the TANF agency in designing a comprehensive Marketing and Outreach initiative regarding benefits available to welfare recipients with substance abuse, mental health, or domestic violence problems. The initiative featured brochures, bus and subway posters, and a video. The video used local actors to depict how the county's welfare program (called CalWORKS) operates, including how families can receive substance abuse treatment services. The video was mailed to the homes of families under sanction. (For information about Alameda's Outreach and Marketing Initiative, please contact Maxine Heiliger, 510-567-8102).

Recommendation #7:

Create short, attractive brochures and fact sheets that describe services available to TANF families.

Easy to moderate to implement
Low to high cost
Difficult to evaluate

Discussion

When people walk into the county Social Services office to inquire about assistance, they are given a package of forms to complete and information describing the county's TANF program. This folder includes essential facts about recipients' rights and obligations, but it does not describe the array of services available to families. In general, the information is not presented in a welcoming tone and it is likely that clients would be daunted by what appears to be only a list of things they have to do in order to receive benefits.

Many of these forms are developed at the state level and may not be changed by the county. In the long term, the county could work with the state to change state forms. Even absent changes from the state, however, there are steps the county can take to provide clients a more complete and friendly picture. For example, the county could create an attractive cover to the folder, in effect "welcoming" the client to the agency. Additional one-page fact sheets could be created that lists all the services that families may receive to help them improve their lives and that encourages families to ask about these services during their interviews with case managers. One fact sheet might address "Myths and Facts About Addiction: How and Where to Get Help," and one could address "Myths and Facts about Welfare." Some of the forms or flyers might be turned into posters for use in waiting rooms or interviewing areas.

In addition, the Statement of Strengths form could be modified with an encouraging opening statement to the effect that "We know that all families have strengths, that everyone wants what is best for themselves and their children. The following list will help us be sure that our services recognize and support the strengths you already have."

As noted earlier in this report, Cass County enjoys a level of true collaboration and cooperation that are lacking in many other parts of the country. The county could model and showcase this collaboration by having its flyers, brochures, or fact sheets co-signed by several departments within Social Services and by Job Service North Dakota and SEHSC.

Recommendation #8:

Pilot test group orientations regarding substance abuse (and other problems) and offer or require these orientations to all families.

Moderately difficult to implement
Moderate to high cost
Easy to evaluate

Discussion

Some jurisdictions conduct group orientations for all new TANF recipients. In some cases, these orientations are the first required activity in the client's employment or self-sufficiency plan. Many orientations tend to be simple presentations regarding agency procedures and services. While clients may ask questions, too often the setting or time allocated for the orientations are not conducive to meaningful discussions.

It is possible to create orientation sessions that create opportunities for clients to think about their lives differently, to explore their ambitions and goals, and to consider whether they need help with problems such as substance abuse. For example, orientation sessions could start by asking participants to brainstorm the question: "How would I like my life to be different one year from now?" Thinking along these lines helps recipients understand that TANF rules require them to make changes in their lives, it helps them express goals and dreams in their own terms, and it provides staff with insights regarding the interests, strengths, and priorities of clients.

Oregon has developed a unique approach to orientations for new TANF families, one that agency administrators feel has been instrumental in helping families disclose personal problems and secure help quickly. In Portland, all new TANF recipients are required to attend an "Addictions Awareness Class" that runs for two hours and is held in the local TANF office. Classes are facilitated by trained counselors and include a combination of presentations, videos, discussion, and completion of the SASSI screening instrument. Staff in Oregon report that where the Addictions Awareness Classes have a high priority among welfare staff, counselors find that up to 80% of people need intense follow-up services based on SASSI scores. A sample agenda for the Addictions Awareness Class is included as Appendix 4.

Group orientations can be time consuming and may pose logistical challenges. However, based on the experience in Oregon, they may be worth pilot testing for a period of time. Since virtually all new Cass County TANF recipients are enrolled in the 15 day Job Service program immediately, it might

be feasible to test either general client group orientations or Addictions Awareness Classes in the Job Service.

If it is not feasible to conduct group orientations, a presentation about the nature of addiction and the services available to help clients could be incorporated into the Job Service program. Currently, Job Service staff attempt to include these presentations, but they are not standardized and may not take place each month. If the county develops videos for clients, these videos could also be used during the 15 day Job Service program.

CHAPTER SIX

CLARIFICATIONS AND CHANGES IN POLICY

This chapter offers two recommendations for clarifications or changes in policies that would reduce barriers to identifying or serving families with substance abuse problems. One policy change requires action at the state level.

Recommendation #9:

Urge the state to exercise the federal option to partially or fully opt out of the prohibition on providing TANF benefits to people convicted of drug related felonies

Difficult to implement
Low cost
Easy to evaluate

Discussion

PRWORA specifies that people who have been convicted of drug-related felonies are ineligible for TANF and Food Stamp benefits unless states pass legislation that overrides this prohibition in whole or in part. North Dakota has taken a "far end" position on this issue, denying all TANF benefits to people convicted of drug-related felonies even if they are attending or have successfully completed treatment. It is not known how many people have been affected by this policy, but the policy itself sends a message that addicts will be punished forever, and even those who have cleared their criminal records and sustained recovery will not be allowed to participate fully in society.

In June 2002, The Legal Action Center published results of a survey of state policies and practices regarding prohibiting TANF or Food Stamp benefits to people convicted of drug-related felonies. Of 44 states that responded:

- 18 states had policies that prohibit benefits in all cases
- 8 states had policies that allow benefits in all cases
- 18 states had policies that allow benefits in some situations

Appendix 5 includes a table summarizing each state's policy regarding benefits in this area.

Advocating for legislative change on this topic can be politically difficult if legislators believe that providing welfare benefits is tantamount to supporting peoples' addictions. However, more than half of the states have been able to overcome these concerns and allow benefits in at least cases where families have demonstrated efforts to change their lives.

When families are denied welfare benefits because they have a drug-related felony conviction, they are also denied access to the counseling, job preparation, childcare and other services that TANF offers to help people become self-sufficient. Without basic income support and these essential services, it seems almost impossible for people in recovery to achieve self-sufficiency.

Officials from Cass County and NDDHS can develop a reasoned and balanced policy regarding benefits to people convicted of drug-related felonies, and prepare educational materials and testimony for the state legislature. Administrators from other states that have enacted these policies could be consulted for advice on what worked for them in securing their legislation.

Recommendation #10:

Develop county policies that attempt to reconcile or reduce conflicting time pressures that create confusion, inequity, or tensions across departments.

Moderately difficult to implement
Low cost
Easy to evaluate

Each department and agency operates within time constraints, and these time constraints are generally inconsistent. Nancy Young and Sidney Gardner from Children and Family Futures, Inc. characterize these constraints as five clocks: the TANF clock; the ASFA clock; the substance abuse recovery clock; the child development clock; and the clock by which systems change in response to the other four clocks. Law and policy set TANF and ASFA clocks, while the substance abuse recovery and child development clocks are unique to each person. The systems move in the best way they can, but often lag behind the demands of the other four clocks.

When TANF families have open cases with Children and Family Services and are also attending substance abuse treatment at SEHSC, these conflicting time pressures become quickly apparent. Clients are presented with demands they can't meet and workers have no method to assess which of the several demands should prevail. While there is no single or clear answer to these

tensions, it is possible for staff from TANF, SEHSC, Children and Family Services, and Job Service North Dakota to identify the kinds of situations that are most prone to conflicts of this type and to arrive at criteria, standards, and operating principles to guide them in reaching consensus.

A POSTCRIPT ON PROCESS

This report offers a range of ideas and recommendations that cover a lot of ground and would demand a lot of attention from already busy administrators and staff. This postscript offers two ways for administrators to think about approaching the suggestions proposed in this report.

First, do no harm. Substance abuse treatment and other counseling resources are in short supply. Creative and innovative strategies may result in more people coming forth to disclose substance abuse problems. These people will need treatment. It would be prudent for the county to move slowly and incrementally, gauging the increased demand for services as each new idea is implemented. Ultimately, the county may have to advocate to the state for more treatment resources and data from the results of new strategies could be used to support that request.

Engage staff in designing initiatives. Workers and administrators have developed informal or ad hoc strategies for addressing many of the topics noted in this report. It is possible, and even exciting, to capitalize on these informal mechanisms and draw from staff expertise in developing plans for implementation. It also reduces the burden placed on any one person, and increases staff support for the strategies that emerge.

Staff might select the recommendations that are of the highest priority and create short-term Working Groups for each high priority topic. Working group topics could include: Creating a Training Curriculum about Addiction and Recovery; Designing Job Activities Targeted to Substance Abusers; Planning a Cass County Conference; Creating Client Orientations; Designing Communication, Confidentiality, and HIPPA protocols; Reconciling Conflicting Time Constraints; or Developing a Professional Development Plan template.

Working Groups could be given clear parameters, reasonably short timetables, and specified deliverables. Working Groups, or Chairs of Working Groups, could report periodically to a larger Steering Committee that would coordinate the various projects. If managers provide direction and guidance to the Working Groups, the Groups would be professional development experiences themselves.

APPENDICES

APPENDIX 1
BEHAVIORAL AND CASE RECORD CHECKLISTS

For information regarding the New York State observational checklist or case record indicator forms:

Frances Shannon Akstull
New York State Office of Temporary and Disability Assistance
Bureau of Transitional Programs
40 North Pearl Street
Albany, NY 12243
518-402-3219

For information regarding the North Carolina Behavioral Indicator Checklist:

Helen Wolstenholme
Women's Treatment Coordinator
Division of MH, DD, SA
Substance Abuse Services Section
Department of Health and Human Services
325 N. Salisbury Street, Suite 1168
Raleigh, NC 27603
919-733-4671

North Carolina
Behavioral Observation Checklist II

This form may be completed if there is reasonable suspicion that substance abuse issues may be present. When there is an observation of actions, appearance or conduct that may be associated with substance abuse issues refer the Work First client to a Qualified Substance Abuse Professional (WF/QSAP) for further assessment and/or referral.

Name of Client: _____
Name of Observer: _____ Date Observed: _____
Location: _____ Time of Observation: _____ a.m./p.m.

Check all appropriate items. Behavioral indicators require only one check for referral to a WF/QSAP.

APPEARANCE/PHYSICAL SYMPTOMS:
_____ odor of alcoholic beverage on breath
_____ extremely poor hygiene
_____ constricted pupils (pinpoint)
_____ dilated pupils (enlarged)
_____ glazed or glassy eyes
_____ stumbling/staggering
_____ body odor of alcoholic beverage
_____ lethargic/slow movement
_____ swaying gait

HISTORY OF SUBSTANCE ABUSE RELATED PROBLEMS:
_____ pending DWI court case or drug court case
_____ loss of license for DWI
_____ drug or alcohol arrest or conviction
_____history of/or current substance abuse treatment involvement
_____ reports from employer, probation/parole of positive drug screen/breathalyzer
_____ positive AUDIT or DAST and non-compliance with referral to QSAP
_____ prior SUDDS IV diagnosis and non-compliance with treatment recommendations

SPEECH:
_____ slurred speech
_____ rapid/accelerated speech
_____ incoherent speech

CONDUCT/BEHAVIOR:
_____failure to report for job interview (2 or more)
_____repeated missed scheduled appointments
_____loss of inhibitions with no apparent reason (i.e., yelling, screaming, cursing, assaultive)

If known, how is the Work First client's behavior different from that previously observed? Be specific and describe any other observations about behaviors or actions not listed above:

To the best of my knowledge, this report represents the appearance, behavior and/or conduct of the above named Work First client, observed by me and upon which I base my decision to refer the person to the WF/QSAP for further assessment and/or referral.

_____ Date: _____
Signature of Observer
To be completed by WF/QSAP:
Was SUDDS IV completed? Yes _____ No _____
Was Work First client referred to SA treatment? Yes _____ No _____
WF/QSAP Signature _____ Date: _____

NEW YORK STATE BEHAVIORAL OBSERVATION CHECKLIST

If one or more items is checked, refer for assessment:

_____ Appears intoxicated
_____ Alcohol on breath or body odor
_____ Drowsy appearance or nodding out, fatigue
_____ Impairment in attention or memory
_____ Lack of coordination, unsteady gait (staggering, off balance)
_____ Needle marks
_____ Unclear speech (slurred, incoherent, rapid)
_____ Runny nose, but not a cold
_____ Jittery, nervous, tremors (shaking and twitching hands and eyelids)
_____ Agitated, belligerent, argumentative
_____ Hyperactive, continuous talking or movement
_____ Visible abscesses
_____ Constricted or dilated pupils, glassy eyes

(Note: this is excerpted from the actual checklist, which appears as one of three sections on the NY state substance abuse screening form)

NEW YORK STATE CASE RECORD INDICATORS OF SUBSTANCE ABUSE POTENTIAL

Case Record Indicators (if 2 or more boxes are checked, refer for assessment)

_____Homeless
_____Active child welfare case
_____On temporary assistance 48 months or more
_____Active employment sanction
_____On temporary assistance more than once in the past two (2) years

Information in case history (DWI, failing work assignment):

Other:

Other:

(note this is excerpted from a three-part NY State substance abuse screening instrument that include the CAGE-AID, the Observational Checklist, and this Case Record Indicator List)

APPENDIX 2
SELECTED SUBSTANCE ABUSE SCREENING INSTRUMENTS

Selected Substance Abuse Screening Instruments			
Instrument	*Purpose*	*Features*	*Reference*
Adult Substance Use Survey (ASUS) Used with the Self-Appraisal Survey (SAS)	A differential screening instrument designed to screen for an individual's perceived alcohol and drug use and abuse, mental health concerns, motivation for treatment, antisocial attitudes and behaviors, and level of defensiveness.	64 questions that can be self-administered or asked by another person. Available in Spanish. Takes 8-10 minutes to administer. Training is required and available. A Users Guide is available Free for use but permission is required	Kenneth Wanberg, PhD Center for Addiction Research and Evaluation, Inc. 5460 Ward Road, Suite 140, Arvada, CO 80002 303-421-1261
Alcohol Use Disorders Identification Test (AUDIT)	A simple screening instrument designed to identify people whose alcohol use has become a danger to their health. Includes 3 subscales that assess amount and frequency of drinking, alcohol dependence and problems caused by alcohol.	10 questions that can be self-administered or asked by another person. Takes about one minute to complete. Targeted for adults. Free except for training materials.	Babor, T., de la Fuente, Saunders, J., & Grant, M. (1992). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary HealthCare.* The World Health Organization: Geneva, Switzerland. Babor. T.F. Alcohol Research Center University of Connecticut Farmington, CT 06030-1410

Instrument	*Purpose*	*Features*	*Reference*
CAGE (an acronym for four questions)	A simple screening in which questions pertain to lifetime drinking behaviors.	4 questions that can be self-administered or asked by another. Targeted for over 16. Questions can be incorporated into other questionnaires. Free.	Mayfield, D., McLeod, G. & Hall, P. (1974). The CAGE Questionnaire: Validation of a New Alcoholism Instrument. *American Journal of Psychiatry, 131*, 1121-1123.
CAGE-AID	A simple screening but expanded version of the CAGE that includes questions about the use of illicit drugs as well as alcohol.	9 questions that can be self-administered or asked by another person. Targeted for adults or teens over age 16. Questions can be incorporated into other questionnaires. Free	Brown, R.L. & Rounds, L.A. (1998). Conjoint Screening Questionnaires for Alcohol and Other Drug Abuse. Criterion Validity in Primary Care Practice. *Wisconsin Medical Journal, 94*, 135-140.
Drug-CAGE	Similar to CAGE but questions relate to illicit drug use in the past 12 months. The CIMH study found that only the first two of the 4 questions were necessary.	4 questions that can be self-administered or asked by another.	See CAGE
Drug Abuse Screening Test (DAST)	A simple screen designed to screen for the use of illegal drugs in the prior 12 months.	10 questions whose cumulative score indicates whether there is a drug problem, whether the person should be monitored, or whether the person should be further assessed.	The Addiction Research Foundation Center for Addiction and Mental Health 33 Russell Street Toronto, M5S2S1 Ontario, Canada 416-535-8501
Instrument	*Purpose*	*Features*	*Reference*

Michigan Alcoholism Screening Test (MAST)	Designed to screen for lifetime alcoholism related problems.	25 questions that can be self-administered or asked by another. Shorter version exists. Takes 5 minutes. Targeted for adults. Minor cost for original, can be copied.	Selzer, M. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *Am. Jr. of Psychiatry, 127*, 1653-1658. Melvin L. Selzer, MD 6967 Paseo Laredo La Jolla, CA 92037 619-459-1035
Self-Appraisal Survey (SAS) Is a companion to the Adult Substance Use Survey (ASUS)	Designed to screen for alcohol and chemical dependency and to determine both extent of use and effects of use on aspects of life.	24 questions that can be self-administered by clients & 12 items for caseworkers using observation & other information. Client items take about 15 minutes. Free in Colorado but permission is required	Kenneth Wanberg, PhD Center for Addiction Research & Evaluation, Inc. 5460 Ward Road Suite 140 Arvada, CO 80002 303-421-1261
Substance Abuse Subtle Screening Inventory (SASSI)	Designed to screen for chemical dependency and to resist efforts to fake or conceal problems. Has 8 subscales that can assess defensiveness and other dependency characteristics.	88 questions. Takes 10-15 minutes. Requires training to be administered but can be self-administered. Requires training to interpret and score. Must be purchased.	Miller, G. (1985). *The SASSI Manual.* Bloomington, IN Spencer Evening World. The SASSI Institute 201 Camelot Lane Springville, IN 47462 800-726-0526
Triage Assessment for Addictive Disorders (TAAD)	Designed for drug & alcohol use in face to face interviews where time commitment is minimal.	30 questions & 13 minutes to administer & score. Requires expertise to score. Must be purchased	Norman G. Hoffmann, PhD Evince Clinical Assessments PO Box 17305 Smithfield, RI 02917 800-755-6299
Instrument	*Purpose*	*Features*	*Reference*
TWEAK (an acronym for 5 questions regarding alcohol usage)	A simple screen developed and validated among women. Of alcohol tools tested	5 questions that can be self-administered or asked by another. Takes 5 minutes to administer and score.	Marcia Russell, PhD Research Institute on Addictions 1021 Main Street Buffalo, NY 14203 716-887-2507

	by CIMH, this is the one they recommend.	No training is required. Free.	
UNCOPE (an acronym for 6 questions)	A simple screen designed to detect alcohol or drug problems.	6 questions found in existing instruments and research reports. Can be self-administered or asked by another person. No training is required. Free.	Norman G. Hoffmann, PhD Evince Clinical Assessments PO Box 17305 Smithfield, RI 02917 800-755-6299

APPENDIX 3
NEW YORK STATE ONE-DAY TRAINING OUTLINE

This is a one-day training session covering basic information about substance abuse and addiction, exploring beliefs about addiction, and how to use a new screening tool.

New York State Rockefeller College, University at Albany
Professional Development Program
In collaboration with
NYS Office of Temporary and Disability Assistance Office of Transitional Supports & Policy
NYS Office of Alcoholism and Substance Abuse Services

Frances Shannon Akstull
NY State Office of Temporary & Disability Assistance, Bureau of Transitional Programs
518-402-3219

Unit 1
Overview of Substance Related Disorders

Importance Substance related disorders pose a significant obstacle to your client's abilities to achieve financial self-sufficiency by getting and keeping a job.

This overview unit is designed to:

- Raise your level of awareness about the effects of substance related disorders on the individual and the family, especially on women who are single parents in the TANF population.
- Provide you information about the stages of abuse, dependence and recovery in order to help you understand the breadth and depth of the problem
- Show you the benefits of early identification and treatment not only for yourself but also for the community at large.

Overview This unit consists of four lessons:

- Introduction to Alcohol and Drug Abuse Identification Training
- Understanding Substance Abuse and Dependence
- Effects of Substance Abuse on the Family
- Recovery, Relapse, and Treatment

Objectives By the end of this unit, you will be able to:

- Recognize the breadth and depth of issues related to substance abuse and substance dependence as it relates to clients achieving self-sufficiency.
- Describe the disease model of addiction.
- Recognize behavioral and physiological signs of substance abuse and substance dependence.
- Define recovery and relapse.
- Recognize the continuum of treatment options for people who have substance related disorders.
- Have increased empathy for the problems faced by those in the TANF population who have substance related disorders.

Lessons & Topics Lessons and topics included in this unit can be referenced on the following pages in this manual:

Lesson 1: Introduction to Alcohol &Drug Abuse Identification Training

Quick Quiz
Welfare Reform and Substance Abuse
Substance Abuse Identification for the Welfare Population
Special Issues for Women
Substance Abuse Identification and Treatment Process
Activity: WIFU, What's in it for us?

Lesson 2: Understanding Substance Abuse & Dependence

Activity: Profile of an Addict
Substance Abuse Continuum
Activity: Determining the Level of Use
Disease Model of Addiction
Effects of Alcohol and Cocaine
Stages of Dependence
Progression of Alcohol Dependence
Progression of Cocaine Dependence
Behavioral and Physical Signs of Dependence
Defense Mechanisms and Substance
Related Disorders
Activity: Defense Mechanisms

Lesson 3: Effects of Substance Abuse & Dependence on the Family

Substance Dependence as a Family Disease
Progression of the Family Dysfunction
Family Stories
Common Emotions in Families with
Substance Abuse and Dependence
Activity: Rules of the Game
Family Roles
Effect of Substance Abuse and Dependence on Children
Children's Stories

Lesson 4: Recovery, Relapse, Treatment

Recovery
Relapse
Treatment Options
12 Step and Other Self-Help Options
Women's Recovery Issues
Case Study: A Woman's Story

Unit 2
Screening for Alcohol and Drug Abuse

Importance This unit will help you administer the screening tool more effectively. The eligibility worker:

- Creates an atmosphere where clients feel comfortable enough to respond honestly to the questions.
- Sets the tone for how the client feels about a referral and possible treatment.
- Plays a critical role in helping clients and their families move along the road to recovery.

Overview This unit consists of two lessons:

- Analyzing Attitudes to Alcohol and Drug Abuse and Dependence
- Using the *Alcohol and Drug Abuse Screening Form*

Objectives By the end of this unit, you will:

- Develop awareness of your attitudes towards alcohol and drug abuse and dependence.
- Develop a strategy for managing your attitudes so you can work ore effectively with clients who are alcohol and drug abusers.
- Demonstrate effective communication skills while asking the screening questions, including active listening, empathy, and effective questioning.
- Complete the screening and behavioral observation portions of the screening instrument.
- Make an effective referral for assessment.

Lessons & Topics Lessons and topics included in this unit can be referenced on the following pages in this manual:

Lesson 1: Analyzing Attitudes to Alcohol and Drug Dependence

Perception and Attitudes
Activity: Examining Attitudes Towards Substance Abuse
Common Feelings Towards Substance Abuse
Activity: A Worker's Story
Activity: Identifying the Sources of Your Attitudes
A Process for Managing Attitudes
Words of Wisdom on Attitude

Lesson 2: Using the Alcohol and Drug Addiction Screening Form

Eligibility Worker's Role in Screening for Substance Abuse
Purpose and Organization of the Form
Instructions for Completing the Form
Activity: Identifying Factors Affecting the Client Worker Interactions
Guidelines for Asking Questions
Activity: Working with the Questions
Guidelines for Making a Referral
Role Play: Administering the Screening Instrument

APPENDIX 4
OREGON'S ADDICTIONS AWARENESS CLASSES

In Oregon, all TANF families attend an "Addictions Awareness Class." The classes run for two hours and are held in local welfare offices. About 15 people are invited to each class. Classes are run by trained and experienced substance abuse counselors who are co-located inside the welfare office. Oregon's experience is that these sessions require clinicians who have many years of experience in addictions counseling, in addition to their license which requires 3000 hours of supervised addictions counseling.

There is no written curriculum for the classes, because they rely heavily on discussion and each one unfolds on its own. However, the following activities take place:

First, the counselor presents Addictions 101, including co-dependency. The presentation describes the physical/biological aspects of addiction and explains addiction as a disease.

Second, a video is shown. These vary from day to day and counselor to counselor, but three have been widely used: **"Reflections on the Heart of the Child"** which presents addiction as a family and particularly as a child issue. However, there have been some problems because it is not very culturally diverse and works in some settings, but not in others. Another, **"Marijuana, The Mirror that Magnifies"** is also used. These videos are available from The Hazelden Foundation at (800-328-9000). Staff also use excerpts from the **Bill Moyers series** on addiction, and the state is planning to use another film about Hepatitis C. Only one of these films is shown at each orientation, and the facilitator selects which one she/he prefers.

These films are powerful and can surface underlying trauma among participants. It is critical that a mature, experienced, clinician lead the discussion, making sure that boundaries are respected, coping with intense feelings, and connecting participants quickly to services if necessary.

Third, the SASSI is administered and discussed.

In places where the sessions have a high priority among welfare staff, counselors find that up to 80% of people need intense follow up services based on SASSI scores. This number had been about 30%, but as local offices feel more need to identify recipients with multiple barriers, they have helped more families participate in the orientation.

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Mental Health, Alcohol and Drug Treatment Services
Steps to Success, Mt. Hood Community College
P.O. Box 33650
Portland, OR 97292
503-256-0432, ext 519
sprinklc@mhcc.cc.or.us

APPENDIX 5

State Decisions on TANF Assistance and Food Stamp Eligibility for Individuals with Drug Felony Conviction

Policy re TANF & Food Stamps to People with Drug Felonies	State
Ban on benefits applies to everyone (41 %)	Alabama, California, Colorado, Delaware, Indiana, Kansas, Maine, Mississippi, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Carolina, South Dakota, Texas, Virginia, Wyoming
Ban applies only to individuals convicted of distribution, manufacture, or trafficking (14 %)	Arkansas, Florida, Illinois, New Jersey, North Carolina, Rhode Island
Ban does apply to people who have completed their sentence or are complying with the terms of their judgment, parole, probation (7 %)	Connecticut, Idaho, Michigan
Ban does not apply to people in or who have completed treatment (16 %)	Hawaii, Kentucky, Maryland, Nevada, North Carolina, Washington
Ban does not apply to Food Stamps (9 %)	Illinois, Massachusetts, New Mexico, Washington
Ban does not apply to people who comply with drug testing and who test negative (9 %)	Maryland, Minnesota, New Jersey, Wisconsin
Ban ends after a fixed time following completion of sentence/release (7 %)	Massachusetts (one year post release), New Mexico (five years post release), North Carolina (6 months post release)
Ban does not apply to anyone (18 %)	Washington DC, New Hampshire, New York (except for fleeing felons), Ohio, Oklahoma (except for fleeing felons), Oregon, Utah, Vermont

(copied from "The State of State Policy on TANF and Addiction: Findings from 'The Survey of State Policies and Practices to Address Alcohol and Drug Problems among TANF Recipients'", June 2002, The Legal Action Center)

APPENDIX 6
RESOURCE ORGANIZATIONS

American Public Human Services Association (APHSA)
Suite 500 www.aphsa.org
810 First Street, NE
Washington, DC 20002-4267
202-682-0100
202-289-6555

California Institute for Mental Health www.cimh.org
CalWORKS Project
2030 J Street
Sacramento, CA 95814-3120
916-556-3480

Center on Budget and Policy Priorities www.cbpp.org
820 First Street, NE
Suite 510
Washington, DC 20002
202-408-1080
202-408-1056 (fax)

Center for Law and Social Policy www.clasp.org
1616 P Street, NW
Suite 150
Washington, DC 20036
202-328-5140
202-328-5195 (fax)

Children and Family Futures, Inc. www.cffutures.com
4940 Irvine Boulevard, Suite 202
Irvine, CA 92620
714-505-3525

Joint Center for Poverty Research www.ssw.umich.edu
University of Michigan
Poverty Research Training Center
School of Social Work
Ann Arbor, MI, 48109

Legal Action Center www.lac.org
236 Massachusetts Avenue, NE
Suite 505
Washington, DC 20002
202-544-5478
202-544-5712 (fax)
1-800-223-4044 (NY office)

National Association of State Alcohol and Drug Abuse Directors
808 17th Street, NW www.nasadad.org
Suite 410

Washington, DC 20006
202-293-0090

National Center on Substance Abuse & Child Welfare
4940 Irvine Boulevard, Suite 202
Irvine, CA 92620 www.ncsacw.samhsa.gov
714-505-3525

The National Center on Addiction and Substance Abuse at Columbia University
633 Third Avenue www.casacolumbia.org
19th floor
New York, NY 10017-6706
212-841-5200
212-986-2539

National Clearinghouse for Alcohol and Drug Information
1-800-729-6686

National Governors' Association Center for Best Practices
Hall of the States www.nga.org
444 North Capitol Street
Washington, DC, 20001-1512
202-624-5300

The National Partnership for Women and Families
1875 Connecticut Avenue NW www.nationalpartnership.org
Suite 710
Washington, DC 20009
202-986-2600
202-986-2539 (fax)

The Nelson A. Rockefeller Institute of Government www.rockinst.org
411 State Street
Albany, New York, 12203-1003
518-443-5522

Research Forum for Children, Families, and the New Federalism
154 Haven Avenue www.researchforum.org
New York, NY 10032
212-304-7111

U.S. Department of Health and Human Services www.acf.dhhs.gov
Administration for Children and Families
370 L'Enfant Promenade SW
Washington, DC 20447

U.S. Department of Health and Human Services www.aspe.hhs.gov/hsp/hspwelfare.htm
Assistant Secretary for Planning and Evaluation

U.S. Department of Health and Human Services www.samhsa.gov/csap/index.htm
Center for Substance Abuse Prevention
Substance Abuse & Mental Health Services Adm.
301-443-0365

U.S. Department of Health and Human Services www.samhsa.gov/csat/csat.htm
Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration
301-443-5050

U.S. Department of Health and Human Services www.nida.nih.gov
National Institutes of Health
National Institute on Drug Abuse (NIDA)
6001 Executive Blvd.
Bethesda, MD 20892-9561
301-443-1724

U.S. Department of Health and Human Services www.niaaa.nih.gov
National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism (NIAAA)
6001 Executive Blvd.
Bethesda, MD 20892-9561

U.S. Department of Labor www.webwp@dol.gov
Working Partners for an Alcohol and Drug Free Workplace
200 Constitution Avenue, NW
Room S-2312
Washington, DC 20210
202-219-6001

U.S. General Accounting Office (GAO) www.gao.gov/index.html
441 G Street NW
Washington, DC, 20548

Welfare Information Network www.welfareinfo.org
1000 Vermont Avenue, NW
Suite 600
Washington, DC 20005
202-628-5790

Welfare Peer Technical Assistance Network www.calib.com
10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
703-385-3200

Welfare to Work Partnership www.welfaretowork.org
1250 Connecticut Avenue, NW, Suite 610
Washington, DC 20036-2603
202-955-300 or 1-888-Job-1

SUPPLEMENT
STATE RESPONSE AND STATUS REPORT AS OF NOVEMBER 21, 2003

The following represents Cass County's response to the Analysis conducted by Mary Nakashian, Welfare Peer Technical Assistance consultant, during her on-site visit to Fargo, North Dakota in October 2003.

Recommendation #1 – Provide case managers and Job Service counselors with observational case record checklists to help them look for indicators of substance abuse.

The "…almost exclusive reliance on individual workers to identify and explore substance abuse based on interviews and screening questions" is correctly identified as an area needing particular focus. Full implementation of this recommendation is a priority. We appreciate inclusion of the sample inventories from New York and North Carolina (the latter was favored). We have organized a group whose charge is to not only merge the two, but research and review others so that a comprehensive observational checklist can be developed for Agency wide use. NDDHS, in recognizing that abuse of various substances is prevalent throughout the state, intends to review the final product for hopeful use in other counties.

Comment: While familiarity with and respect for SASSI was expressed, costs associated with implementation makes its use prohibitive unless external funding and/or grant opportunities can be identified and secured.

Recommendation #2 – Provide TANF case managers and Job Service counselors with guidance in asking questions about substance abuse, including giving them scripts as templates or examples.

We strongly agree with this recommendation, and are appreciative of the examples that are included in the report. Their use helps not only validate the importance of exploring these issues but provides practical guidance on how to engage the client in discussion of this most sensitive subject. We are bringing together a work group to determine what, if any changes need be made to the scripts, and will follow that with training to help familiarize TANF and JOBS staff in posing the questions in a professional and personable manner. NDDHS also finds this recommendation particularly valuable. They have pledged their intent to work with the County to develop a standardized script; one that, adopted state-wide, would help clients reveal in areas in which they are, too often, reluctant to discuss their experiences (ie. domestic violence).

Recommendation #3 – Provide TANF case managers, Children and Family Services caseworkers, and Job Service counselors with initial and ongoing training and professional development experiences. Engage the North Dakota Department of Human Services and a university in designing and delivering these development experiences.

While in full agreement with this recommendation, the reality of ever-diminishing resources currently makes formal training, as a local initiative, cost prohibitive. Instead, a work group will be organized that will identify the areas of need and design a process which accesses existing, community resources to help provide training. Southeast Human Service Center, Rape & Abuse Crisis Center, AAA Pregnancy Clinic, NDSU Extension Service, Alcoholics Anonymous and Al-Anon are all agencies and services providers who will hopefully engage as full partners, with FirstLink and the Project Share Network researched to help identify additional, potential partners. Ultimately, NDDHS has the responsibility to provide training to TANF staff. To that end it is involved with the State University System in designing a curriculum in PA eligibility. Lessons learned locally will be shared, and could, then, be included as a part of regular course instruction.

Recommendation #4 – Convene a one-day Cass County Social Services Conference.

While we are in full agreement with this recommendation, the cost in time and dollars as well as the task of securing staff and devoting resources to what would be a significant planning effort are onerous challenges. We believe, however, that working to bring together the various service providers in the community for such an event is worthy of every effort. A small work-group made up of TANF, JOBS, and Regional Human Service Center staff has agreed to begin the task of recruitment of sponsors and enlistment of service partners. We trust that the momentum built will generate the interest and investment needed to help reach the goal of hosting a region-wide conference in the fall of 2004.

Recommendation #5 – Design and pilot-test work activities that are tailored to people addicted to methamphetamine.

We agree with the recommendation, for it confirms a problem we view as most vexing; namely, defining meaningful activities, non-traditional in nature, but valuable to the ever-growing numbers so afflicted across the state. Cass County and NDDHS are committed to finding solution. We are hopeful that our considerable concern with identifying and defining separate expectations based on individual diagnoses will find relief in the form of guidance from the professionals that are referenced with this report. Of equal promise is the possibility of engaging the Administration of Children and Families as lead in a cooperative effort to address a problem, the incidents of which are increasing at an alarming rate throughout the nation. We are committed to this task.

Recommendation #6 – Consider using videos and/or presentations in client waiting areas or in Job Service Orientations.

We agree with the recommendation and will work toward prompt implementation. If funds for the purchase of the necessary electronic equipment can not be obtained, in house, we will pursue sponsorship from businesses in the community. We will approach the Mass Communications department at North Dakota State University with a request for assistance with the technical aspects of developing informational videos on a broad range of topics. The JOBS program will continue to host community agencies for regularly scheduled presentation in their Career Building Workshop; and work is progressing on designing printed material that identifies services available in the community, by type and provider.

Comment: Sidney will investigate the possibility of gaining approval to modify, and then duplicate the New York video on loan and forwarded to him by Mary Nakashian.

Recommendation #7 - Create short, attractive brochures and fact sheets that describe services available to TANF families.

We agree with what we believe to be a two-part recommendation.

1) The County has completed (and offers as an attachment) a welcoming brochure that describes the relationship and need for collaboration between client and Agency if the goals of TANF are to be realized, and identifies the services available to TANF families.

2) Recent discussion with the State PA Office concluded with their agreement that the flavor and purpose of the informational brochures are, indeed, focused on ensuring that basic facts and client responsibilities were voiced. They have promised to work toward making substantive revision in both form and content, with particular emphasis in the area of presenting the services offered by TANF as valuable to every family.

Recommendation #8 – Pilot test group orientations regarding substance abuse (and other problems) and offer or require these orientations to all families.

We agree with the recommendation. However, as cost, space, and personnel are issues, we conclude this recommendation cannot be elevated to a first priority. Instead,

1) We will continue to include presentations at the JOBS Career Building Workshop from Counselors and via first-person testimony that address the issues of substance abuse;

2) We will request information from Oregon regarding the methods they use to administer their group orientations; their expectations, consequences, and outcomes;

3) We will explore the feasibility of bringing together a wide range of Health and Service agencies for periodic presentations to new TANF families.

Questions: Are there grants available to pay for the costs associated with implementing this recommendation?

Recommendation #9 – Urge the State to exercise the federal option to partially or fully opt out of the prohibition on providing TANF benefits to people convicted of drug related felonies.

Before each legislative session, NDDHS initiates a process wherein proposed legislation is considered. Pros and cons are weighed and a decision is made on what will be presented. The proposal to modify the current prohibition on providing TANF benefits to people convicted of drug-related felonies will be put forward for consideration. If approved, draft legislation will be prepared and presented to the legislature of hopeful approval.

Recommendation #10 – Develop county policies that attempt to reconcile or reduce conflicting time pressures that create confusion, inequity, or tensions across departments.

The inability of local Agencies to reconcile the conflicting time constraints and demands to which their various services are held is a serious problem that only state and federal government have the wherewithal to solve. However, that reality does not diminish the value of this recommendation. Instead, it points as a reminder of the need to better communicate with ourselves; to recognize the spheres over which we do have influence; and to educate each other about issues which effect the families we all serve. This we will do.

Mary Nakashian: we thank you for the opportunity to meet; to participate; to benefit so from the recommendations in your Assessment of our county. We hope to meet again.