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**Department of Health and Human Services  
Administration for Children and Families  
Substance Abuse and Mental Health Services Administration**

**National Conference on  
Temporary Assistance for Needy Families (TANF)  
and Substance Abuse**

## **ACHIEVING COMMON GOALS**

### **Conference Final Report**

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## **APPENDIX A: CONFERENCE AGENDA**

## **APPENDIX B: CONFERENCE SPEAKERS AND PARTICIPANTS**

## **APPENDIX C: CONFERENCE EVALUATIONS**

*The following report describes the Achieving Common Goals National conference that took place in Arlington, Virginia March 20-21, 2003 at the Crystal City Marriott Hotel. The conference agenda is included as Appendix A; Appendix B lists the conference speakers and participants, and Appendix C summarizes the conference evaluations.*

## **I. CONFERENCE OVERVIEW**

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The U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Service Administration (SAMHSA) co-sponsored a two-day conference entitled "***Achieving Common Goals***" bringing together substance abuse treatment agency directors and Temporary Assistance for Needy Families (TANF) administrators from forty States, the District of Columbia, and the Virgin Islands. The conference, which was held in Arlington, Virginia on March 20–21 2003, provided a forum for these policymakers and administrators to share information about their experiences and concerns, and their promising strategies used in strengthening the collaboration and partnership of TANF and substance abuse treatment directors.

The conference's overall goal was to help TANF administrators and substance abuse agency directors to build stronger networks and design effective work/treatment integrated programs for families struggling with substance abuse. In particular, the conference highlighted programs assisting families in regaining a life in the community through prevention and treatment and ultimately moving on toward self-sufficiency. Each State TANF and substance abuse administrator were tasked to work collaboratively to develop an action plan with concrete steps, which he/she can take when they get back home after the conference. This initial interactive exercise began a process of each State team: (1) brainstorming how to create and strengthen their collaboration in light of the era of welfare reform, and; (2) developing strategies and solutions to provide families with necessary treatment while supporting full work engagement and self-sufficiency. The project includes a follow-up evaluation with each State participant to determine if these initial steps resulted in any new policy/programmatic changes in their State. The unique structure of the conference, guided by the collaboration at the Federal level, emphasized a new vision of building State partnerships that transforms policy into effective new practices that achieve common goals.

## **II. BACKGROUND: TANF & SUBSTANCE ABUSE TREATMENT**



## II. BACKGROUND: TANF & SUBSTANCE ABUSE

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) fostered a new vision for public assistance—welfare as short term, time-limited assistance designed to help families move to work and onto self-sufficiency. It created a new block grant for States called Temporary Assistance for Needy Families (TANF) and dramatically changed the nature and provision of welfare benefits in America.

TANF places a strong emphasis on work by imposing work participation rates on States and work participation requirements on recipients. TANF compelled welfare agencies to strengthen their workforce development activities, either by bolstering their in-house capabilities or forging relationships with the nationwide workforce development system, in order to help families transition from welfare to work. The work requirements and time limits under the TANF system provide little room for work exemption and create an incentive for welfare agencies to explore the needs of those recipients overcoming serious and more difficult challenges such as substance abuse addiction – so that they, too, may move into work and be assisted on a path toward self-sufficiency. The flexibility of TANF has encouraged welfare agencies to bring together the relevant stakeholders (including employers, substance abuse agencies, and workforce specialists) and craft the array of services and supports that will help its recipients successfully overcome their challenges, obtain and retain work and move toward self-sufficiency.

Research has indicated that substance abuse and mental health problems are more prevalent among welfare recipients than non-recipients. National estimates of the welfare population with substance abuse issues range from 5 to 27 percent (and State and local estimates range from 9 to 60%), compared to 4 to 12 percent of the general population (National Household Survey, SAMHSA, 2000, & Johnson et al, 1998). The evidence is clear that substance abuse is significantly more common among those on public assistance than those not receiving assistance and, long-term welfare recipients are more likely to have substance abuse problems than short-term recipients (Physician Leadership on National Drug Policy, 2001).

A significant number of TANF recipients face multiple external barriers on the path to self-sufficiency, such as low educational attainment, difficulty securing child care and transportation, poor work skills, and health issues (Capitani, et. al.). Substance abuse often exacerbates these barriers and makes the transition to self-sufficiency more difficult. A challenge for State and local TANF agencies in designing effective screening, assessment, referral, and treatment protocols is that often the concepts of treatment and self-sufficiency are viewed as separate and distinct. However, several States are presently attempting to collaboratively address the challenges of recovery, work, and self-sufficiency through a variety of integrated work/treatment models.

Just as other clients facing serious challenges, those with substance abuse problems should be sufficiently challenged to devote their full efforts to resolving their problems and supporting their families. Workers need to combine this knowledge with high expectations that their clients will succeed, and these expectations need to be conveyed to recipients early in the process. A singular focus on abstinence to the exclusion of work and other responsibilities is not the most effective way to foster recovery (Wetzler, S., 2000). TANF clients faced with addiction should get the treatment help they need, but concurrently in their efforts to work and pursue self-sufficiency. There are a variety of TANF programs that have addressed alcohol and drug problems without compromising the emphasis on employment. For example, in States such as Oregon and New York, the prevailing philosophy regarding the relationship between employment for welfare recipients and alcohol and drug use is that the need for alcohol and drug treatment does not render one unemployable or incapable of participating in work-related activities. Clients in treatment are expected to simultaneously work toward economic self-sufficiency. Furthermore, while alcohol and drug treatment can be a component of a client's self-sufficiency plan and at times may be the primary activity, it rarely is the only activity. The bottom line is that whenever possible, treatment is combined with work or work-related activities (Kirby, Pavetti, Kauff, Tapogna, 1999).

These research studies highlight the substance abuse issues that TANF programs and substance abuse treatment programs are dealing with, and clearly indicate that TANF agencies and substance abuse treatment providers need to effectively address the challenge of substance abuse in light of welfare reform. In order to reduce welfare dependence, successful treatment must incorporate more than substance abuse issues. Today, both TANF and substance abuse treatment program administrators recognize that treatment in the absence of work does not fully meet the needs of TANF clients with substance abuse issues (Kakuska & Hercik, 2003). In response to the need to expand the collaboration between these two systems, ACF in partnership with SAMHSA co-sponsored the innovative *Achieving Common Goals* conference. The purpose of the *Achieving Common Goals* conference was two-fold:

1. To look at strategies to address TANF recipient's treatment needs in concert with supporting full work engagement and self-sufficiency. The conference provided a forum for peers to share information about their experiences and concerns, and their promising strategies used in strengthening the collaboration and partnerships between TANF and substance abuse treatment agencies.
2. To help both TANF and substance abuse treatment administrators build stronger networks, and even more effective TANF and substance abuse programs by using the flexibility of TANF to address the substance abuse treatment and other needs of recipients along the road to self-sufficiency. Senior Federal policy-makers presented discussions of innovative approaches for establishing this partnership, and on how to use this alliance to ultimately move dependent families toward self-sufficiency.

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### **III. CONFERENCE SESSIONS**

### III. CONFERENCE SESSIONS

The conference sessions offered participants an opportunity to hear from recognized national leaders. Participants were invited to ask questions of the panelists. The following subsections of this report summarize these conference sessions.

#### 1. WELCOMING REMARKS

**Speaker:** Charles G. Curie, M.A., A.C.S.W., Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA)

**Moderator:** Grant E. Collins II, Chief Program Officer, Office of Family Assistance (OFA), Administration for Children and Families (ACF)

The Chief Program Officer for the Office of Family Assistance (OFA), Grant E. Collins II, began the conference with introductory remarks and words of welcome for all speakers and participants. Mr. Collins explained that this conference provided an opportunity to address existing issues, and to strengthen the collaboration between Temporary Assistance to Needy Families (TANF) and substance abuse treatment programs. The three main purposes of the Achieving Common Goals conference are:

1. To build networks to expand the capacities of States
2. To facilitate peer-to-peer interaction
3. To provide an opportunity for discussion with Federal officials and get insights on TANF Reauthorization as Congress addresses it.

The conference included representatives from both substance abuse and TANF agencies from forty States, the District of Columbia, and the Virgin Islands.

Following a brief introduction by Substance Abuse and Mental Health Services Administration's (SAMHSA) Director of Policy Coordination, Ulonda Shamwell, Charles G. Curie stressed the impact of such a conference, "This is the first conference of its kind. This initiative demonstrates that we want to meet the challenges. It sends a message that we care about families, barriers, and achieving self-sufficiency as a milestone in our TANF client's lives." Mr. Curie also spoke of how SAMHSA structures its work around the vision of a life in the community for everyone, including a job, a home, and meaningful relationships. If we are truly serious about moving families toward self-sufficiency, TANF clients need an answer to the question "What do you do?" A meaningful job is the key to self-sufficiency, because it provides the client a real reason to stay sober by defining who he or she is, and furnishing a concrete

reason to improve. Additionally, Mr. Curie believes that a meaningful job will decrease the chance of relapse.

From SAMHSA's perspective, building partnerships and working together is the solution to sustaining treatment, facilitating recovery, and sharing common goals. Mr. Curie pointed out that the President's State of the Union Address demonstrated the seriousness of drug addiction, especially as a cause for homelessness. Addiction to drugs reduces the richness of life. In his address, the President spoke of the need to reach a greater number of people, and that there are many pathways to recovery. He announced a new treatment initiative, "Access to Recovery," as a way to address this need.

The new treatment initiative, Mr. Curie stressed, was introduced as one that would enable us to satisfy these new objectives. As a part of the President's 2004 budget proposal, the initiative provides services to people in need of substance abuse treatment through a voucher program. States are provided the flexibility to design the type of voucher that is appropriate for their system, and although the vouchers will allow treatment providers to seek reimbursement for their services, they will have no face value to the client. The vouchers are to be redeemed for care ranging in levels from brief interventions or counseling sessions, to intensive in-patient residential treatment by providers- including faith-based designation by the individual States.

This initiative allows each State to best meet its own needs through a voucher program that emphasizes "personal recovery on all dimensions." Mr. Curie expressed that although the initiative is still in the developmental stages, it will undoubtedly help to serve a greater number of needy clients, and promote the facilitation of recovery. There is still a need to discuss how to most effectively activate and implement the initiative.

## **2. KEYNOTE ADDRESS**

**Speaker:** Wade F. Horn, Ph.D., Assistant Secretary for Children and Families, ACF

**Moderator:** Grant E. Collins II, Chief Program Officer, OFA, ACF

After a brief introduction from moderator Grant E. Collins II, Dr. Horn addressed the President's TANF reauthorization proposal, citing the need to support clients with substance abuse issues "toward true integration in the community." The President's reauthorization proposal recognizes that substance abuse gets in the way of parenting, destroys families, and presents unique and difficult challenges to achieving self-sufficiency.

Dr. Horn discussed the Administration's belief that States should help families on welfare move toward self-sufficiency. "Universal engagement" is a key component of the proposal.

This strategy requires an individualized plan including a strategy to address assets, challenges, and goals for every TANF client. By engaging every recipient in some meaningful activity, this will likely reveal substance abuse problems and force the barrier to be dealt with by the individual and the TANF agency. Presently, the TANF Data Reports submitted to ACF by the States reveal that 57 percent of TANF recipients are not engaged in any meaningful activities. Universal engagement is intended to support the excellent work already done by States by expanding the number of TANF recipients engaged in activities likely to support long-term self-sufficiency.

The Welfare Reform Reauthorization proposal allows for three months of drug treatment to count toward the work requirement in a 24-month period. Dr. Horn affirmed, “Sometimes the work of an individual client is to overcome a challenge, and the work of a client with substance abuse is to overcome the substance abuse issue so that person can move into employment activities.” Even after the three months of full-time drug treatment are exhausted, up to 16 hours of treatment (out of the required 40 hour work-week) will be countable as participation in work activities. Because the Administration recognizes that some clients might need more than the three months of continuous, full-time treatment, the proposal does not require a 100 percent work participation rate. This provides States with the necessary flexibility to deal with longer-term treatment cases.

States challenged several aspects of the President’s TANF reauthorization proposal as creating unrealistic work expectations. In response, Dr. Horn noted that although this proposal requires change, “We think there is value in providing incentive to the States, in partnership with us, in moving toward this concept of ‘universal engagement,’ and moving toward this idea of orientating people toward full-time work, while at the same time providing States with the flexibility to structure this program to meet the needs of persons with special issues.” Dr. Horn was convinced that based upon the performance in the past few years, States would be able to implement these new ideas with even greater success. Additionally, he noted that his role was to ensure that States were doing a good job, and to further encourage the States to continue being successful and innovative.

Following Dr. Horn’s talk, the floor was opened for participants to ask questions. Several of the questions asked for points of clarification on how specifically the treatment program would work, and how the vouchers would be issued. Mr. Curie responded by stating that a Request for Application (RFA) has been developed to be released when the funds are appropriated, which should be the Fall of 2003. State Governors will be the eligible applicants because the Governors have the most influence over the departments and therefore can assure that the vouchers reach the necessary clients. Six-hundred million dollars has been requested by the President to fund the voucher initiative over a three-year period.

### 3. STATES: ON THE FOREFRONT OF RECOVERY & SELF-SUFFICIENCY

**Speakers:** Flo Stein, Chief of Community Policy Implementation and Management, North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS)

Helen Wolstenholme, Women's Treatment Coordinator, North Carolina Department of Health and Human Services, MH/DD/SAS

Peggy Powers, Deputy Associate Director, Illinois Department of Human Services, Office of Alcoholism and Substance Abuse

Carla H. Sheppard, Senior Public Service Administrator, Illinois Department of Human Services

Farilyn Ballard, Chief Operating Office, Oklahoma Department of Human Services

Ben Brown, Deputy Commissioner, Substance Abuse Services, Oklahoma Department of Mental Health and Substance Abuse Services

Stephanie Colston, M.A., Special Assistance to the Administrator, SAMHSA

Andy Bush, Director, OFA, ACF

**Facilitator:** Kent Peterson, Consultant, Caliber Associates

**Moderator:** Marcia Salovitz, TANF Program Specialist, OFA, ACF

During this session, three States—North Carolina, Illinois, and Oklahoma—provided brief overviews of program models in their own States that have worked to address the issues of engagement, work activities in the treatment setting, and providing TANF services to participants with substance abuse issues. Representatives from the three States were given the opportunity to present the structure of their TANF and substance abuse treatment collaborations. These presentations were a prelude to an open dialogue with the audience around these and related issues.

#### 3.1 North Carolina

Work First, which began in July 1995, is North Carolina's plan to help families stay off welfare or move off welfare and into jobs. Ms. Stein noted that in order to carry out the original plan, there were over 200 people who served on committees to evaluate what was needed. In 1996, the Substance Abuse Services Section was invited to participate in a State level Task Force



to develop the Work First State Plan in North Carolina. A sub-committee of this Task Force was designated to develop a plan to address substance abuse issues in the Work First population. A 1995 North Carolina Household Survey found that 33 percent of adults who were in need of comprehensive treatment, had received AFDC, SSI, food stamps and/or had no health insurance coverage. The sub-committee had to develop a plan to help to serve this under-identified and under-served population. The substance abuse sub-committee was made up of State and local representatives from both Substance Abuse and Social Services. From the beginning, substance abuse joined TANF. The commitment of the two agencies was necessary for any great collaboration.

An implementation plan was developed to provide screening, assessment, referral, and care coordination. The goal of this plan was to provide early identification of Work First applicants and recipients with substance abuse or dependency diagnoses and refer them to the appropriate level of care in order to assist them with becoming self-sufficient. Ms. Stein expressed that this “front-end screening” ensured that those who were most needy would not be left behind.

Ms. Wolstenholme noted that the move to universal screening has continued to be important for the commitment of both sides. Furthermore, the addition of the Mutual Responsibility Act made it clear that support services needed to be identified. In 1997, a North Carolina law passed requiring any applicant or current recipient of Work First Program benefits, determined to be addicted to alcohol or drugs and in need of professional substance abuse treatment, to participate in treatment in order to receive Work First benefits. The law requires that a Qualified Substance Abuse Professional (QSAP) or a physician make this determination. This substance abuse treatment requirement is a part of the Mutual Responsibility Agreement (MRA) signed by the Work First recipient as a condition of receiving Work First benefits. Any applicant or recipient who fails to meet the requirements of the law is ineligible for cash assistance but remains in the Work First Family Assistance case.

The initial screening instrument that was identified by the Department of Social Services was eventually administered by QSAPs. Ms. Wolstenholme noted that the number of TANF clients identified as having substance abuse issues immediately doubled when the QSAPs administered the screening instrument. Today, QSAPs are outstationed in all of the county DSS offices to provide assessments, referral, consultation, and care coordination. Additionally, TANF applicants are now screened for mental health issues, and a behavioral checklist is used for post screening.

Ms. Wolstenholme expressed, “I cannot emphasize the importance of collaborative training enough.” She attributed the successes of the programs with the strength of the collaboration among the agencies.

### **North Carolina’s Successes**

1. Commitment at the highest levels of both DSS and SAS
2. State legislation mandating universal screening and the provision of treatment services
3. Inclusion of substance abuse treatment as part of the MRA
4. Development of State and local level Memoranda of Agreement to improve services to TANF clients with substance abuse issues
5. Substance abuse treatment programs that provide self-sufficiency skills training are poised for the next step of counting treatment as work
6. Work First/Substance Abuse Collaboration Training curriculum.

### **North Carolina’s Lessons Learned**

1. Collaboration is an evolving process
2. Funding is always an issue
3. The initiative is more successful when the QSAP is stationed at DSS and identifies with DSS Mission and Goals
4. Screening by QSAPs is more successful than screening by DSS caseworkers
5. Partnership requires access to all Work First partners and not just DSS and SAS.

## **3.2 Illinois**

Ms. Peggy Powers addressed the participants with the Illinois Department of Human Services Mission Statement: “To assist Illinois residents in achieving self-sufficiency, independence, and health to the maximum extent possible by providing integrated family-oriented services, promoting prevention, and establishing measurable outcomes, in partnership with communities.” Ms. Powers continued with the history of Illinois collaboration between the substance abuse and TANF offices.

In 1996, State legislation mandated that the Department of Alcoholism and Substance Abuse and the Department of Public Aid collaborate on an initiative to develop a mechanism to screen, assess, and refer AFDC clients to substance abuse treatment as a part of a self-sufficiency activity. State dollars were allocated to secure sufficient treatment slots and the initiative began in five AFDC field offices. Substance abuse treatment clinicians were housed onsite to facilitate the assessment and referral process. Illinois received a waiver through the Federal Department of Health and Human Services 1115 process to support alcohol and substance abuse treatment as a job readiness component. The waiver also allowed JOBS supportive service dollars (child care and transportation) to be used for AFDC adults in treatment.

The pre-TANF planning process between the two State agencies provided the philosophy and foundation for supporting self-sufficiency as a goal within comprehensive substance abuse treatment. Following the historic process of the collaboration, Ms. Sheppard noted that Illinois had certainly “fulfilled their mission.”

### **Key Components**

1. The development of staff cross-training materials, local office screening forms, and turnaround documents as a result of the planning between TANF and substance abuse agencies
2. Established communication through co-location of clinical treatment staff in TANF offices statewide, multidisciplinary staffings focused on progression through treatment to self-sufficiency, and periodic review of referral and follow-up procedures on the local level
3. Identification of appropriate substance abuse treatment providers available through desktop automation of resource information
4. Integrated treatment goals with other activities in the TANF client’s self-sufficiency plan
5. Establishment of contractual language defining TANF eligible persons, and mandating their priority assessment and expedited placement in treatment
6. Established initial training of more than 3,000 TANF field staff to support the identification and referral of clients to assessment and treatment
7. Regular cross-training that includes both TANF staff and treatment providers to reinforce the collaborative
8. The appropriation of State funding by the Illinois General Assembly to be used solely for TANF eligible families’ treatment

9. Providing a range of services including recovery homes for women and children, methadone treatment, and early intervention services for children from substance affected environments.

Ms. Sheppard also noted, “Today, we think we are not *at* perfection.” She also pointed out that referrals to the substance abuse agency are increasing monthly. Ms. Powers joined in to express that the stigma associated with substance abuse needs to be reduced, and that the concept of substance abuse as a disease needs to be recognized. “These notions,” she stated, “are at the foundation of what the staff does under our collaboration.”

### **Illinois’ Successes**

1. The Illinois Department of Human Services Mission Statement embodies the purpose of “Achieving Common Goals”
2. An Illinois Legislative mandate, supported by an 1115 waiver from DHHS, formalized the public assistance and substance abuse treatment collaboration pre-Federal welfare reform
3. Jointly developed forms, policies and procedures reinforce the common goal of self-sufficiency. Automated referrals and an online resource directory have enhanced local office staff’s ability to refer for treatment
4. Cross training of treatment providers and TANF line staff is occurring statewide to reinforce our common goal of self-sufficiency within the context of substance abuse treatment
5. Illinois has examined the substance abuse treatment and work outcomes of persons served by both systems. The TANF *Treatment Outcomes Project* was funded jointly and planned collaboratively between the two disciplines.

### **Illinois Lessons Learned**

1. Importance of impressing and educating the line TANF staff with the disease concept of addiction
2. Cross training is an ongoing need on all fronts, both for TANF staff, as well as treatment providers
3. Resources are scarce in today’s world, but there’s a significant disparity between treatment resources in rural settings as opposed to urban areas.

### **3.3 Oklahoma**

Ms. Farilyn Ballard of the Oklahoma Department of Human Services (OKDHS) said that there was no legislation in Oklahoma that mandated a collaboration between the substance abuse and TANF agencies. In fact, the collaboration arose from the recognition that those who were still on TANF after a number of years were those who had additional challenges—primarily substance abuse issues. Ms. Ballard emphasized that the substance abuse and mental health services offered by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) needed to be considered as a part of each TANF recipient’s individual employability plan.

Ms. Ballard also presented a brief history of Oklahoma’s collaborative. During a 1997 session of the legislature, a sub-committee of the Oklahoma House of Representatives targeted new legislation toward TANF clients with substance abuse problems. In response, the OKDHS requested a period of time to develop a statewide approach to addressing substance abuse for TANF families. In 1998, the State determined that upward of 30 percent of clients receiving TANF were also in need of substance abuse treatment. During this period of time, the State had to develop a plan to help to serve this under-identified and under-served population. Oklahoma composed a report focusing on the needs of substance-abusing TANF clients, and submitted it to the legislature in March of 1998.

Presently, there is over \$3 million in their contract between OKDHS and ODMHSAS, with the intent to purchase specific services for the client, such as: screening, assessment, and treatment services. “The DHS gave a priority to substance abuse in our agency,” stated Ms. Ballard. It is critical to view the two agencies as partners, and although this is not always easy, “it really gets down to relationships.” State and local level communication and coordination were key for Oklahoma’s collaborative.

The collaborative’s components were also discussed in brief. An implementation plan was designed to blend training and treatment in order to hold participants accountable. The goal of this plan was to address the challenges of putting to work adults with complex service needs including substance abuse which impedes their getting and keeping jobs. The key objective is the promotion of self-sufficiency among TANF clients.

Strategies were developed at the local and State levels to address substance abuse among TANF clients and to provide services and supports for families in need. The local strategies focused on increasing collaboration among the agencies in order to maximize the community’s strengths and resources to meet the needs of the workforce, and to fashion creative solutions that meet local needs.

## **State Level Strategies**

1. Providing technical assistance to local partners in the development of a common protocol for screening, assessment, and employability planning
2. Providing a policy framework making participation in treatment consistent with level of care a condition of eligibility
3. Providing the avenues for use of drug testing at assessment and as part of the treatment
4. Developing agreements with partnering agencies that support collaboration
5. Providing training that supports the collaboration by “training the trainers” and joint statewide training across the partnering programs
6. Assisting the communities in the development of an integrated service delivery system that include both TANF and child welfare
7. Developing outcome measures to establish a baseline of acceptable performance tied specifically to employment and the safety of children.

As a result of these comprehensive strategies, the DHS purchased a curriculum devised in California, and contracted with the Oklahoma Department of Mental Health & Substance Abuse Services to develop trainers and provide training on the “Sacramento County Alcohol and Other Drug Treatment Initiative.” The DHS case managers and social workers in all counties of Oklahoma were trained, and training is now required for all new workers.

Mr. Brown discussed components of the collaborative, stating, “For our system, this money is a perfect opportunity to build a system of cooperation with substance abuse treatment services. It is an opportunity to work off the same page.”

## **Key Components**

1. Assigning Certified Alcohol and Drug Counselors (CADC) to work with TANF and Child Welfare participants and their families
2. Providing a network of substance abuse treatment providers who will screen and assess TANF and Child Welfare participants within a specified time period in every county
3. Implementing the Substance Abuse Subtle Screening Inventory (SASSI) and the Addiction Severity Index (ASI) for screening and assessment
4. Providing training for the implementation of the screening and assessment tools

5. Implementing established guidelines based on the size of the county's caseload, frequency of certifications, families entering the Child Welfare system, and other county considerations for regular screenings and assessments
6. Providing a Customer Satisfaction Survey to be utilized by each contracted treatment Vendor
7. Conducting on-site reviews of each substance abuse treatment program annually for the purpose of monitoring achievement of treatment goals, purposes, and objectives, and fiscal compliance to assure adherence to the approved treatment program
8. Providing quarterly quality control mechanisms to ensure minimum standards of substance abuse treatment are met in all levels of care serving TANF families by reviewing the quality of administration and evaluation of screening and assessments.

### **Key Points Addressed**

1. A need for substance abuse treatment services for OKDHS
2. A partnership between OKDHS and ODMHSAS
3. Priority and visibility of substance abuse issues within OKDHS
4. Highlights of contrast between OKDHS and ODMHSAS.

### **Challenges Addressed by OKDHS**

1. Maximizing existing resources and finding new ones
2. Building capacity/infrastructure issues in rural areas
3. Changing mindsets within the agency and among the partners
4. Developing new definitions of work that overcome the increasing unemployment.

### **Opportunities Created by the Initiative**

1. To provide accountability
2. To build a relationship with DHS and other county offices
3. To instill "best practices" into service delivery
4. To really focus on 'Gender Sensitive' treatment for women

5. To help our providers understand and utilize gender sensitive treatment for women (changing the mindset).
6. To build and strengthen our State treatment system
7. To develop a holistic approach evidenced by unique services offered to family members with an emphasis on children's treatment
8. To make services accessible in all counties (building capacity)
9. To properly assess for substance use, abuse, and dependence and determine appropriate levels of care
10. To provide training in all areas and levels to providers, DHS staff, and partners.

Following the showcases from the three States, Ms. Stephanie Colston summarized the main themes that she felt stood out in the presentations. These common themes included:

1. Opportunity
2. Flexibility
3. Goal orientation
4. Monitoring
5. Relating to a common message
6. Building partnerships with the community
7. Learning the different cultures
8. Extending the communication.

Mr. Bush summarized what he felt were the seven most prominent themes from the TANF perspective:

1. Issues of detection
2. Thinking about the flow (the client's perspective)
3. Thinking through "what is the program?"
4. Knowing the caseload capacity
5. Issues of network availability



6. Communication—especially in the information systems between the agencies
7. Performance management: thinking about service providers and work providers—who is making the progress and why? Who is not?

Facilitator Kent Peterson followed up on these themes through a group activity, with sets of questions for each agency to answer independently and in collaboration with their State partner. After the activity, Mr. Peterson addressed the question: *Where are the most important pressure points to really integrating substance abuse and TANF?* Some answers by the participants included:

1. Balancing of treatment with good work activities
2. Feeling stiff opposition from within the communities—TANF and Substance Abuse
3. Providing cross-training to address multi-dimensional challenges.

Mr. Peterson, in a recapture of statements, suggested that each of the partners had to really think differently about solving these issues. He stressed the need that each one come to the table to collaborate with an open mind to change the way they go about their business. Only then, he stated would an honest partnership prevail.

#### **4. CONFERENCE LUNCHEON—TANF PART II: PROSPECTS FOR THE FUTURE**

**Speaker:** Don Winstead, Deputy Assistant Secretary for Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation

**Moderator:** Grant E. Collins II, Chief Program Officer, OFA, ACF

Mr. Winstead opened his remarks with a historical overview of welfare. Prior to 1996, the estimates of prevalence of substance use by welfare recipients varied widely—most estimates ranged between 10 and 20 percent. The percentages varied depending on the substance, how detailed the questionnaire was, and the definition of “use” or “abuse.” Welfare offices generally did not screen or assess recipients for substance use. However, if the recipient identified his or herself as needing substance abuse treatment, AFDC offices would refer them to treatment. Further, the work requirements under AFDC were not as stringent as those under TANF, and most AFDC recipients were not required to participate in work activities under JOBS. Similarly, many recipients were categorically exempt from work requirements and States did not have enough funding to serve all those who were non-exempt.

Under TANF, the work requirements are quite different. States may choose to exempt participants with substance abuse or other issues, but these exempted clients are still counted for the calculation of the participation rates. Mr. Winstead conveyed that work requirements can be an effective tool for identifying substance abuse.

Despite anecdotal reports that the caseload has become harder to serve, the most commonly measured characteristics of the caseload—race, age, education, family size, etc.—remain mostly unchanged. Mr. Winstead stated that at this point, the evidence is not there to support the claim that the caseload is mostly hard-to-serve because there are still a lot of people “coming through the front door.” The caseloads may be going down, but there are still many new cases, and a constant refreshing of families. Therefore the caseload is still a heterogeneous mixture of short-term and long-term recipients. Surveys conducted by the University of Michigan, ASPE, and Mathematica were cited that identified only 3 percent of their welfare caseload as being dependent on drugs. This figure was calculated after multiple questions were asked, indicating the severity of substance dependence.

TANF funds may be spent on any activity that promotes one of the purposes of the program, which includes barrier reduction activities like substance abuse treatment. However, only State Maintenance of Effort (MOE) funds may be spent on medical services. TANF and MOE funds can be used to co-locate substance abuse counselors in welfare offices, to reduce waiting lists for treatment, and to provide services that are otherwise unavailable in the community (such as combined substance abuse and mental health services).

The States of Florida and New Jersey operate some promising practices in substance abuse treatment. Florida has expanded eligibility for TANF services for families with income up to 200 percent of the poverty level. Additionally, Florida has simplified eligibility for TANF services and permits required participation in substance abuse treatment to substitute for the work requirement.

Florida’s “EZ eligibility process” consists of a one-page eligibility form with four questions that screen for eligibility. The back of the page has income charts that assist applicants in determining financial eligibility. According to Mr. Winstead, this form has been “pretty well received” and “most of the clients can do it, and can understand it.”

Five counties in Florida used the Substance Abuse Subtle Screening Inventory (SASSI), administered by substance abuse professionals, to screen for substance abuse. Using the SASSI, all new applicants are screened and required to successfully complete treatment, if referred. Mr. Winstead discussed the high cost of using substance abuse professionals in TANF offices. He stated, “This is probably not the most cost effective way to determine who needs treatment.

However, there is a need to concentrate on substance abuse.” Through requiring participation in work activities, previously “hidden,” substance abuse issues can be identified and individuals can receive needed treatment.

In New Jersey, two program models were rigorously compared to measure impact: the Care Coordination model (CC), and the Intensive Case Management model (ICM). The CC model provides clinical assessment, referrals to appropriate substance abuse treatment, and a utilization review. The ICM model provides more active outreach and engagement measures, assessment and linkage to wraparound services, active coordination of treatment and employment services, and monetary awards for treatment attendance. Upon analytical comparisons of the models, it was established that ICM was more effective in engaging clients in treatment, but that neither model produced the hoped for employment outcomes.

By using these vivid examples of State models being implemented and tested, Mr. Winstead drew conclusions as to the “lessons we think we’re learning.” First, we need to design better work activities that include employment counseling and training while clients are in substance abuse treatment. Also, States need better coordination so that clients make a smooth transition from substance abuse treatment to other work activities. Finally, more ongoing research in the field to determine additional needs and resources is needed.

TANF reauthorization has begun to build on these lessons. For example, the President’s proposal continues current levels of funding, yet increases the State flexibility. In Fiscal Year 2001, less than half of TANF adults participated in any countable work activity. This lack of work is addressed in the President’s proposal. The proposal requires that all TANF recipients have a plan developed that addresses their barriers to self-sufficiency. Substance abuse counseling and rehabilitation treatment, which are not counted under current law, could meet the participation requirements for up to three-months in a 24-month period.

Looking to the future, Mr. Winstead expressed hope that TANF reauthorization would lead to full engagement in meaningful activities. He hoped that reauthorization would lead to stronger participation requirements and the ability to provide short-term treatment, where appropriate. It is necessary that reauthorization lead to the ability to combine work activity with ongoing treatment, rehabilitation, training, and education, depending on the needs of the individuals. And finally, the ultimate goal and objective of reauthorization is improved outcomes and better results for low-income families.

## **5. ACHIEVING COMMON GOALS**

**Facilitators:** Grant E. Collins II, Chief Program Officer, OFA, ACF

José A. Rivera, J.D., President, Rivera, Sierra, and Company

**Moderators:** Sharon Amatetti, Public Health Analyst, SAMHSA/CSAT

Kent Peterson, Consultant, Caliber Associates

During this session, the TANF and substance abuse treatment representatives were separated into two different breakout rooms—one for TANF administrators and the other for substance abuse professionals. Each working group had a facilitator and a moderator. Mr. Grant Collins spearheaded the discussion on TANF reauthorization and work requirements in one breakout room, while Mr. José Rivera lead the dialogue regarding integrated work/treatment models in the other. The task before each group was three-fold: (1) to identify specific challenges to collaboration with their State partner; (2) to outline potential resolutions to these challenges from their perspective, and; (3) to define, if appropriate, the role that Federal government can play in the moving State collaboration forward. This activity gave representatives of each discipline the opportunity to meet with other administrators and professionals in their specific field, and provided a venue for relaxed dialogue during which similar agencies could develop strategies to overcome the outlined challenges. For approximately an hour, each audience met with the facilitator/moderator.

### **5.1 Part I: Working with TANF Representatives**

The following highlights the discussion among TANF representatives regarding both TANF work requirements and developing effective integrated work/treatment models. These sessions were designed to promote interaction among the TANF representatives across States. Three guiding “readiness” questions were posed to keep in mind:

1. In regard to the local and implementation barriers, what are the policy practices that remain a challenge in your State to combining treatment and work and how do time limits factor in this?
2. What are potential solutions to addressing these implementation barriers?
3. What can the Federal Government do to help you move forward to meeting these challenges?

### **Challenges Expressed by the TANF Professionals**

1. How to keep score of the three months
2. The costs of treatment
3. Fair Labor Standards Act concerns and low-grant States
4. Operational questions and details of hour limits per week/month
5. Lack of “intensive” treatment
6. Integrating programs to treatment to meet real work experiences
7. Using and understanding the flexibility of “3 months” and in defining work
8. Transportation issues
9. Multiple need clients and convenient access (rural v. urban areas)
10. Intensity of case management and reporting requires additional budget crunching
11. Stretching TANF dollars further: receiving same amount of money but needing additional resources
12. Redirecting SAMHSA for vocational services
13. “Our side” versus “their side” needing the common goals to be established to work as a partnership
14. Participation rates and disregards
15. Real-time connection to labor market (present lack of jobs).

### **TANF Professionals’ Suggestions on How the Federal Government Can Help**

1. By leading data reporting reform efforts
2. Providing more money to increase performance bonuses
3. Recognizing that many families who are not receiving cash assistance are being helped, but are not included in the overall numbers reported of State expenditures related to “roles” and others served
4. Providing States with examples of “universal engagement”
5. Providing help with transportation.

## 5.2 Part II: Working with Substance Abuse Treatment Representatives

**Facilitators:** Grant E. Collins II, Chief Program Officer, OFA, ACF

Jose A. Rivera, J.D., Consultant, Rivera, Sierra, and Company

**Moderators:** Sharon Amatetti, Public Health Analyst, SAMHSA/CSAT

Kent Peterson, Consultant, Caliber Associates

The sessions with the representatives from the substance abuse agencies were similarly structured with three guiding questions.

1. What opportunities do you see with regard to the Administration’s focus on “Universal Engagement?”
2. Do you see these activities as blended or linear?
3. What policy or practice challenges do you see? What can be done if we are to be successful?

### **Opportunities Brought Forth by Substance Abuse Treatment Professionals**

1. Concurrent programming for those with additional needs
2. Realistic and intriguing connections
3. “Braiding” with Child Protective Services
4. Seeing the three months as an additional revenue
5. Opportunity to enhance co-location.

### **Challenges Posed by Substance Abuse Treatment Professionals**

1. The legislation assumes that there is room to expand; it does not consider the huge waitlists that substance abuse providers already have
2. The lack of programs and staff
3. Time concerns regarding treatment ends, tracking, data, and record-keeping
4. Understanding new connections, job programs, etc. will require additional staff time
5. Care must be taken so that confidentiality requirements are not violated when information is shared between the two agencies

6. Problem defining “work”
7. Payer of last resort.

### **Suggestions by the Participants for Moving Forward**

1. A change of mindset on the Local and Regional levels of TANF
2. Consistent implementation
3. any guidelines for straightforward interpretation.

### **Suggestions by the Substance Abuse Professionals on How the Federal Government Can Help**

1. Handle the assistance between the agencies regarding the definition and clarity of fiscal balances
2. Provide follow-up training
3. Assist with the tracking process (the forms and monitoring)
4. Provide guidelines on computerized statewide systems

## **6. ACTION PLAN ASSIGNMENTS & DAY ONE ROUNDUP**

**Panel:** Grant E. Collins II, Chief Program Officer, OFA, ACF

Ulonda Shamwell, Director of Policy Coordination, Office of Policy Planning and Budget, SAMHSA

**Facilitator:** Kent Peterson, Consultant, Caliber Associates

**Moderator:** Lois Bell, Director, Division of State and Territory TANF Management, OFA, ACF

Following the Breakout Sessions, Mr. Peterson presented the participants with a “homework assignment” for the evening. Because the purpose of this national conference was to enhance the relationship between State TANF and substance abuse treatment agencies, the instructions were to develop an action plan. This required TANF and substance abuse agencies of the same State to set clear policy objectives, and work together to develop common goals. By building on the day’s sessions, the participants were asked to strategize with their State

counterpart(s) to begin the development of an action plan that would identify plausible strategies, including timelines and performance indicators.

Mr. Collins summarized the first day by recapturing many of the common themes expressed. He explained that this was precisely what the conference was attempting to do: to work together to reach common objectives. Thanking the three individual States that showcased their programs for the participants to learn from, he noted that there is always room to improve our systems. He also expressed the need for leadership from those at the conference to truly work collaboratively to achieve these common goals and committed the Federal government to help in any way possible to move this agenda forward. The facilitators provided many suggestions to the participants concerning operational issues. One participant stated, “We are still in the process of implementation and development, and not quite to the operational details. These ideas you are providing are good to keep in mind.” In closing, Mr. Collins provided a final wrap-up of the session and thanked everyone for their hard work and participation.

Ms. Bell took a moment to explain the function and usefulness of the Welfare Peer Technical Assistance Network Web site (<http://peerta.acf.hhs.gov>), and the services and resources that it provides. In closing, Ms. Shamwell noted that the agenda was designed to motivate participants, and to provide additional knowledge. She affirmed, “It is time to look at this as a new paradigm. It really opens lots of opportunities...”

## **7. FACILITATOR’S REPORT**

**Questions and Answers:** Grant E. Collins II, Chief Program Officer, OFA, ACF

Jose A. Rivera, J.D., Consultant, Rivera, Sierra, and Company

**Moderator:** Marcia Salovitz, TANF Program Specialist, OFA, ACF

Mr. Collins welcomed the participants to the final day of the Achieving Common Goals conference. Together, he and Mr. Rivera recaptured what they believed to be the heart of the breakout sessions the previous day. For the TANF administrators, the emphasis and concern surrounded questions about the legislation and technical details of the reauthorization proposal. TANF administrators were asking, “How do we accommodate these changes, yet continue to perform our requirements?” Meanwhile, the substance abuse treatment professionals had issues regarding reaching universal engagement with the TANF population in need of substance abuse treatment. The substance abuse treatment professionals expressed their desire to embrace the concept, however were asking the question “How?” Mr. Collins noted that the obvious interest in the operational questions really proved that the participants were really thinking about what



works, and what could work. Together, Mr. Collins and Mr. Rivera addressed the previous day's questions and concerns.

### **Shared Issues among TANF and Substance Abuse Treatment Professionals**

1. Defining what treatment activities can and should be considered as “work activities”
2. Developing concurrent work activities for outpatient treatment consumers
3. Configuring treatment to take maximum advantage of the three-month allowance
4. Case managing/monitoring of treatment's use of the three-month allowance
5. Providing incentives for treatment to incorporate “work activities” into treatment
6. Addressing the multiple issue customer whose needs exceed the three-month allowance
7. Exploring who should pay for post-treatment relapse prevention support for TANF participants
8. Negotiating the disputes that arise between clinical case managers and social services case managers, and treatment plans versus self-sufficiency plans.

In closing, Mr. Collins noted that many operational issues are left to be resolved. He stated, “You are the leaders who will be given the responsibility of dealing with these things. Many of these issues must be solved at the local level. We have provided the framework.” Additionally, Mr. Rivera confirmed that there are multiple levels and layers of treatment that differ by State: “This is really an attempt to recognize work—to recognize preexisting activity.” They challenged the audience to continue to work together to overcome these barriers to collaboration.

Participants also shared comments with the moderators. One participant from Louisiana stated, “As a result of this conference, one of the major goals that we've set with our TANF partners is to go back and begin looking at a plan that is acceptable to both agencies in terms of how we can modify our treatment regime. I think this been a major accomplishment of the conference for us, and I want to thank you for that.”

### **8. COMMITMENT TO CHANGE: REVIEW OF ACTION PLANS**

**Panel:** Andrew S. Bush, Director, OFA, ACF

Stephanie Colston, M.A., Special Assistance to the Administrator (SAMHSA)

Sharon Amatetti, Public Health Analyst, SAMHSA/CSAT

**Facilitator:** Kent Peterson, Consultant, Caliber Associates

**Moderator:** Mack Storrs, Senior Policy Analyst, OFA, ACF

Mr. Peterson addressed the conference participants by explaining that he had glanced through the State's action plan assignments. He expressed that it was interesting to observe the uniqueness and the distinctions in the plans. Dividing the room into sections, Mr. Peterson posted randomly selected goals from anonymous Action Plans. Mr. Peterson asked the participants to respond to these goals by answering the following questions:

1. If the goal statement is really important?
2. Is the goal statement too broad?
3. Is it inclusive of all stakeholders?
4. Is it countable—can we measure if we are successful?

### **8.1 Sample Goal One: To Increase the Number of TANF/SA Clients Moving Toward Self-sufficiency**

Participants felt that this goal largely depended on the commitment level that your State wants to make. It was agreed that in order to meet this goal, numerous steps needed to be taken. Randomly distributed strategies were presented to further facilitate discussion on this goal. States identified that in order to improve access to services it would be beneficial for counselors to be co-located with the local Office of Child Support Enforcement. This would operate to engage workers, and increase cross-appreciation. Similarly, it would help to identify needy clients and additional resources. Another strategy offered by States included refining the definition of services for which TANF can pay for. States expressed that this piece is important, especially where substance abuse is not defined, nor paid for by TANF. It was demonstrated that this strategy is powerful leverage to a compelling statewide strategy, and program delivery.

### **8.2 Sample Goal Two: Complete Drug/Alcohol Screening on All TANF Participants at the Time of Initial Review**

Many States felt that this was an action step rather than a goal. Still, one strategy developed to meet this goal included requiring clients to sign the appropriate releases of information to mental health care providers, if and when a referral is made. Several States indicated that this was already a part of their process. Some States emphasized the importance of communication in the follow-through of this strategy. What is important in one group has to be communicated across in a way that demonstrates the benefits to the other group. A second

strategy proposed to meet this goal is to have a TANF coordinator make an appropriate referral to the Mental Health provider and include the requirement of the compliance with the treatment plan in the overall employability plan. States expressed that the challenge with this strategy was often seen at local level barriers with providers, and in the differing understanding of the importance of treatment.

### **8.3 Sample Goal Three: Establish a TANF/Office of Substance Abuse Services State-level Collaboration To Develop Strategies To Identify, Assess, and Treat TANF Families Affected by Substance Abuse**

The conference participants articulated that in order for this sample goal to operate, other work groups need to focus in on the details regarding which strategies should be employed and implemented. If the overall goal here is to serve individuals in need, then one ought to be specific about what defines need. This largely depends on where the State is on this topic. Two strategies were presented. First, to obtain executive-level mandates for the collaborative; second, to gather common stakeholders and develop vision, mission, common goals, and strategic initiatives.

### **8.4 Sample Goal Four: Develop an Integrated Services Memorandum of Understanding (MOU)**

Once again, States felt that this goal was in itself more of a strategy. MOUs have to be very specific in order to be useful. An MOU is more powerful when the common goal and overlays are stated clearly, and the rules of reporting are established. Two strategies were identified: first, to develop a draft MOU for services integration and coordination; and second, to present the MOU for adoption by agencies.

### **8.5 Sample Goal Five: Determine Specific Treatment Activities that can be Defined as Work**

In reaction to this sample goal, a discussion surfaced regarding the Federal participation rate. Participants claimed that they felt the program should be designed to meet the needs of individuals and to produce individual outcomes, not to meet the Federal participation rates. Two strategies were presented by participating States, however were not fully addressed due to time constraints. The first strategy was to sample the percentage of substance abuse site visit reports, and compare these to TANF-defined work activities. The second strategy was to develop guidelines with substance abuse providers to define work activities.

Following the group interaction, Ms. Amatetti responded, “I like how all of the goals are a commitment.” Similarly, Mr. Bush noted, “There is always a tension with goal setting. We

always need to start with process goals—which are the engines in the overall change. Do not lose your ambition on the broader objective: to help every client we can to achieve self-sufficiency.”

### **Next Steps as Defined by States**

1. Addressing budget cuts
2. Working more closely with the Substance Abuse/Mental Health partners
3. Reviewing operating programs and deciding what is most effective
4. Bringing together the leaders of the different agencies
5. Restarting RFP for the Criminal Justice side
6. Bringing providers together to see how TANF can pay for substance abuse services
7. Accessing technical assistance
8. Highlighting the best practices of TANF-work activities for replication
9. Asking for additional Federal support
10. Ensuring understanding at the local level
11. Emphasizing importance at the local level
12. Reviewing current programs and meet to discuss goals
13. Heading toward universal engagement by creating concrete linkages to treatment and jobs
14. Renewing memoranda of understanding/agreement
15. Increasing frequency of directors meetings.

Mr. Storrs briefly compared the welfare system of today to the welfare system before TANF, noting that the focus is now on the family outcomes, whereas before the focus was on the process. The next phase needs to be centered on outcomes for children, education outcomes need to be tracked, and engagement of both parents is needed. “Now, it is literally about what the community is doing. It is no longer about what TANF is doing.”

## 9. CONFERENCE CLOSING AND FINAL THOUGHTS

**Panel:** Andrew S. Bush, Director, OFA, ACF

Stephanie Colston, M.A., Special Assistant to the Administrator, SAMHSA

**Moderator:** Grant E. Collins II, Chief Program Officer, OFA, ACF

This conference provided both State TANF and substance abuse treatment administrators with the opportunity to share their experiences and concerns, and to build and strengthen their partnerships with one another. Through a variety of sessions that ranged from Federal presentations, State showcases, cluster breakout sessions, and action plan assignments, the conference provided a forum to learn, to build, and to collaborate. The agenda and design of the conference were driven by the co-sponsoring agencies: Department of Health and Human Services' Administration for Children and Families and Substance Abuse and Mental Health Service Administration.

To bring the conference to a close Mr. Collins noted that the States are doing fantastic jobs and clearly recognizing the opportunity before them. After thanking the States for participating, Mr. Bush posed a final question, "What can [the Federal Government] do?" He expressed that ACF and SAMHSA wanted to help throughout the process by providing resources, potential site visits, and possibly another similar forum. He concluded by stating that there was no dividing difference between the goals of TANF and the goals of substance abuse treatment, although complications of the slots and resources were understandable concerns. Asking that the participants think about not short-circuiting their process, Mr. Bush encouraged the States: "Use the process as a way to drive the engine for moving the agencies along." Lastly, Mr. Bush recommended that the participating States obtain specific information about families and keep their rates and percentages up to date. Eventually, a State might bring this to the legislature to demonstrate success.

Finally, Ms. Colston thanked the participants once more and expressed her hope for more opportunities to collaborate in the future. She recognized that SAMHSA and ACF worked well together, and noted, "We are working with you to do something profound and significant."

**APPENDIX A**  
**CONFERENCE AGENDA**

# AGENDA

Thursday, March 20, 2003

**7:30 a.m. - 8:30 a.m. Registration and Continental Breakfast**

**8:30 a.m. - 9:00 a.m. Welcoming Remarks**

Charles G. Curie, M.A., A.C.S.W., *Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA)*

**9:00 a.m. - 9:45 a.m. Keynote Speaker**

Wade F. Horn, Ph.D., *Assistant Secretary for Children and Families, Administration for Children and Families (ACF)*

**Moderator:** Grant E. Collins II, *Chief of Staff, Office of Family Assistance (OFA), ACF*

**9:45 a.m. - 10:00 a.m. Break**

**10:00 a.m. - 12:00 p.m. States: On The Forefront of Recovery and Self-Sufficiency**

Pheon Beal, *Director, North Carolina Department of Health and Human Services, Division of Social Services*

Flo Stein, *Chief of Community Policy Implementation and Management, North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services*

Farilyn Ballard, *Chief Operating Officer, Oklahoma Department of Human Services*

Ben Brown, *Deputy Commissioner, Substance Abuse Services, Oklahoma Department of Mental Health and Substance Abuse Services*

Peggie Powers, *Deputy Associate Director, Illinois Department of Human Services, Office of Alcoholism and Substance Abuse*

Carla H. Sheppard, *Senior Public Service Administrator, Illinois Department of Human Services*

Andrew S. Bush, *Director, OFA, ACF*

Stephenie Colston, M.A., *Special Assistant to the Administrator, SAMHSA*

**Facilitator:** Kent Peterson, *Consultant, Caliber Associates*

**Moderator:** Marcia Salovitz, *TANF Program Specialist, OFA, ACF*

Three States will provide brief overviews of program models in their own States that have attempted to address the issues of engagement, work activities in the treatment setting, and providing TANF services to participants with substance abuse issues. These presentations will be a prelude to an open dialogue with the audience around these and related issues. Two principals will react and comment to the States presentations and audience dialogue

**12:15 p.m. - 1:45 p.m. Working Lunch – TANF Part II: Prospects for the Future**

Don Winstead, *Deputy Assistant Secretary for Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation*

**Moderator:** Grant E. Collins II, *Chief of Staff, OFA, ACF*

- 2:00 p.m. - 3:00 p.m. TWO CONCURRENT SESSIONS**
- Achieving Common Goals (Breakout A)**  
*Facilitator:* Grant E. Collins II, *Chief of Staff, OFA, ACF*  
*Moderator:* Kent Peterson, *Consultant, Caliber Associates*
- Achieving Common Goals (Breakout B)**  
*Facilitator:* José A. Rivera, J.D., *Project Director, CSAT Women, Youth & Families Task Force*  
*Moderator:* Sharon Amatetti, *Public Health Analyst, SAMHSA/CSAT*
- 3:00 p.m. - 4:00 p.m. TWO CONCURRENT SESSIONS**
- Achieving Common Goals (Breakout A)**  
*Facilitator:* Grant E. Collins II, *Chief of Staff, OFA, ACF*  
*Moderator:* Kent Peterson, *Consultant, Caliber Associates*
- Achieving Common Goals (Breakout B)**  
*Facilitator:* José A. Rivera, J.D., *Project Director, CSAT Women, Youth & Families Task Force*  
*Moderator:* Sharon Amatetti, *Public Health Analyst, SAMHSA/CSAT*
- 4:00 p.m. - 4:15 p.m. Break**
- 4:15 p.m. - 5:00 p.m. Commitment to Change: Action Plan Assignment**  
*Facilitator:* Kent Peterson, *Consultant, Caliber Associates*
- Session Roundup**  
 Grant E. Collins II, *Chief of Staff, OFA, ACF*  
 Ulonda Shamwell, *Director of Policy Coordination, Office of Policy Planning and Budget, SAMHSA*  
*Moderator:* Lois Bell, *Director, Division of State & Territory TANF Management, OFA, ACF*

## FRIDAY, MARCH 21, 2003

- 8:00 a.m. - 9:00 a.m. Continental Breakfast**
- 9:00 a.m. - 9:45 a.m. Facilitator's Report**  
**Questions and Answers**  
 Grant E. Collins II, *Chief of Staff, OFA, ACF*  
 José A. Rivera, J.D., *Project Director, CSAT Women, Youth & Families Task Force*  
*Moderator:* Marcia Salovitz, *TANF Program Specialist, OFA, ACF*
- 9:45 a.m. - 10:00 a.m. Break**
- 10:00 a.m. - 11:30 a.m. Commitment to Change: Review of Action Plans**  
 Andrew S. Bush, *Director, OFA, ACF*  
 Stephenie Colston, M.A., *Special Assistant to the Administrator, SAMHSA*  
*Facilitator:* Kent Peterson, *Consultant, Caliber Associates*  
*Moderator:* Mack Storrs, *Senior Policy Analyst, OFA, ACF*  
 During this session, the Facilitator will randomly select action plans developed by conference participants for discussion.
- 11:30 a.m. - 12:00 p.m. Session Roundup and Charge**  
 Andrew S. Bush, *Director, OFA, ACF*  
 Stephenie Colston, M.A., *Special Assistant to the Administrator, SAMHSA*  
**Moderator:** *Grant E. Collins II, Chief Of Staff, OFA, ACF*



**APPENDIX B**  
**CONFERENCE SPEAKERS AND PARTICIPANTS**

## SPEAKERS LIST

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**APPENDIX C**  
**CONFERENCE EVALUATIONS**



## Conference Evaluation Summary

Participants were asked to rate the quality of services of the conference on a 4-point scale, with 1 representing the lowest rating and 4 representing the highest. Listed below are the average ratings of evaluations submitted by 29 participants that represent substance abuse agencies and 25 participants that represent TANF agencies. There were a total of 59 evaluations submitted, of which five did not indicate the type of agency represented.

	AVERAGE RATINGS *		
	AGENCY TYPE		
	TANF	S.A.	OVERALL#
<b>OVERALL CONFERENCE</b>			
♦ To what extent did this conference enhance your knowledge base on the issue of TANF-substance abuse collaboration?	3.3	3.3	3.4
♦ Travel and Logistical information	3.5	3.7	3.7
♦ Session Organization/Flow of the day	3.2	3.5	3.5
<b>INDIVIDUAL SESSIONS</b>			
A. Welcoming Remarks	3.2	3.4	3.3
B. Achieving Common Goals: Substance Abuse Treatment and Work as Concurrent Activities	3.4	3.3	3.3
C. States: On the Forefront of Recovery & Self-Sufficiency	3.2	3.3	3.3
D. TANF Part II: Prospects for the Future	3.0	3.0	3.0
E. Achieving Common Goals (Breakout A)	3.0	2.9	2.9
F. Achieving Common Goals (Breakout B)	2.8	3.0	2.9
G. Session Roundup	3.0	2.9	2.9
H. Facilitator's Report	2.9	3.1	3.0
I. Commitment to Change: Review of Action Plans	2.9	3.2	3.0
J. Session Roundup and Charge	3.4	3.1	3.2

\* All averages have been rounded up to the nearest tenth.

# The overall average ratings include evaluations submitted by participants who did not indicate which type of agency they represent.

In addition to the ratings, there were five questions asked, which all required written responses. Only 41 of the 59 evaluations contained answers to these questions, the most common responses are highlighted below. Please note, in many instances, participants have provided multiple answers for one question.

### What did you find most helpful about the conference?

**33 out of 41 participants or 80.4% responded:** The opportunity to learn what other States are doing.

**27 out of 41 participants or 65.8% responded:** Understanding reauthorization/work requirements.

### What issues would you like to have had more discussion about at the conference?\*

**36 out of 41 participants or 87.8% responded:** Networking with peers.

**23 out of 41 participants or 56% responded:** Concerns about reauthorization.

#### Responses from most to least common among 2 or more participants that represent Substance Abuse agencies:

- ◆ Vouchers
- ◆ Substance Abuse treatment
- ◆ TANF Reauthorization
- ◆ Funding
- ◆ Women's treatment

#### Responses from most to least common among 2 or more participants that represent TANF agencies:

- ◆ Networking with TANF peers
- ◆ Concerns about reauthorization
- ◆ Substance Abuse treatment issues

\* Responses amongst Substance Abuse and TANF representatives have been separated for this question. There were distinct differences in interests between the two groups.

### What could have been changed to make the conference more successful?

<b>15 out of 41 participants or 36.5% responded:</b>	Less speakers and more networking/workshops
<b>12 out of 41 participants or 29.2% responded:</b>	More on TANF reauthorization
<b>7 out of 41 participants or 17% responded:</b>	Report or case example of a Substance Abuse and TANF linkage
<b>5 out of 41 participants or 12.1% responded:</b>	More key players
<b>3 out of 41 participants or 7.3% responded:</b>	Nothing

### On what issues might you need technical assistance? What type of TA would be most useful to you?

<b>16 out of 41 participants or 39% responded:</b>	Understanding reauthorization
<b>11 out of 41 participants or 26.8% responded:</b>	Developing and implementing a partnership between Substance Abuse and TANF.
<b>9 out of 41 participants or 21.9% responded:</b>	Development of a database/ tracking system to follow clients for outcome evaluation

### Is there any other information you would like DHHS to make available to you?

<b>12 out of 41 participants or 29.2% responded:</b>	Tracking and Reporting
<b>9 out of 41 participants or 21.9% responded:</b>	Information on the last session of the workshop
<b>9 out of 41 participants or 21.9% responded:</b>	More on reauthorization
<b>6 out of 41 participants or 14.6% responded:</b>	More on Voucher system

### Additional Comments:

- ◆ Should have been for 2 or more full days
- ◆ Extremely well organized
- ◆ A map of conference facility would have been helpful
- ◆ Meeting room for first day was too small
- ◆ The agenda and content were excellent
- ◆ Thursday was exhausting - too much information with too little time.
- ◆ Rooms and meeting should have been at the same location.

