



U.S. Department of Health and Human Services
Administration for Children and Families
Substance Abuse and Mental Health Services Administration

Welfare Reform:

Employment Strategies for Overcoming Substance Abuse/Mental Health Barriers

National Conference Final Report



The following report describes the *Welfare Reform: Employment Strategies for Overcoming Substance Abuse/Mental Health Barriers Conference* that was held in Reno, Nevada on July 26th and 27th, 2000. Appendix A is the agenda; Appendix B lists the questions asked at the meeting; Appendix C is a list of conference speakers; and Appendix D is a list of conference participants.

TABLE OF CONTENTS

| | <u>Page</u> |
|---|--------------|
| I. CONFERENCE OVERVIEW..... | I-1 |
| II. PLENARY SESSIONS | II-1 |
| 1. CULTURAL DIVERSITY AND GENDER-SPECIFIC TREATMENT..... | II-1 |
| 1.1 Introduction..... | II-1 |
| 1.2 Key Issues | II-1 |
| 1.3 Key Findings/Lessons Learned | II-1 |
| 1.4 Ongoing Challenges/Next Steps..... | II-3 |
| 2. COMMUNITY-BASED SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS..... | II-4 |
| 2.1 Introduction..... | II-4 |
| 2.2 Key Issues | II-4 |
| 2.3 Key Findings/Lessons Learned | II-5 |
| 2.4 Ongoing Challenges/Next Steps..... | II-8 |
| 3. FAITH-BASED SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT STRATEGIES..... | II-8 |
| 3.1 Introduction..... | II-8 |
| 3.2 Key Issues | II-9 |
| 3.3 Key Findings/Lessons Learned | II-9 |
| III. PANEL SESSIONS | III-1 |
| 1. ORIENTATION TO SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES FOR TANF AND WTW PROFESSIONALS | III-1 |
| 1.1 Introduction..... | III-1 |
| 1.2 Key Issues | III-1 |
| 1.3 Key Findings/Lessons Learned | III-2 |
| 1.4 Ongoing Challenges/Opportunities..... | III-3 |
| 2. ORIENTATION TO TANF AND WTW FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROFESSIONALS..... | III-4 |
| 2.1 Introduction..... | III-4 |
| 2.2 Key Issues | III-4 |
| 2.3 Key Findings/Lessons Learned | III-4 |
| 2.4 Ongoing Challenges/Next Steps..... | III-8 |

| | | |
|-----|--|--------|
| 3. | FUNDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH MEDICAID AND TANF..... | III-8 |
| 3.1 | Introduction..... | III-9 |
| 3.2 | Key Issues | III-9 |
| 3.3 | Key Findings/Lessons Learned | III-9 |
| 3.4 | Ongoing Challenges/Next Steps..... | III-12 |
| 4. | MAKING JOB FINDERS JOB KEEPERS: PUTTING THE PIECES TOGETHER FOR CLIENTS WITH LOW SELF-ESTEEM AND DEPRESSION..... | III-13 |
| 4.1 | Introduction..... | III-13 |
| 4.2 | Key Issues | III-13 |
| 4.3 | Key Findings/Lessons Learned | III-13 |
| 4.4 | Ongoing Challenges/Opportunities..... | III-15 |
| 5. | DEVELOPING AND COORDINATING SERVICES TO CLIENTS WITH MULTIPLE BARRIERS TO SELF-SUFFICIENCY..... | III-15 |
| 5.1 | Introduction..... | III-15 |
| 5.2 | Key Issues | III-16 |
| 5.3 | Key Findings/Lessons Learned | III-16 |
| 5.4 | Ongoing Challenges/Opportunities..... | III-18 |
| 6. | SUBSTANCE ABUSE AND MENTAL HEALTH IDENTIFICATION: DOES THIS MEAN YOU'LL TAKE MY CHILDREN?..... | III-18 |
| 6.1 | Introduction..... | III-18 |
| 6.2 | Key Issues | III-19 |
| 6.3 | Key Findings/Lessons Learned | III-19 |
| 6.4 | Ongoing Challenges/Opportunities..... | III-21 |
| 7. | UNDERLYING ISSUES: DOMESTIC VIOLENCE AND SEXUAL ABUSE..... | III-21 |
| 7.1 | Introduction..... | III-22 |
| 7.2 | Key Issues | III-22 |
| 7.3 | Key Findings/Lessons Learned | III-22 |
| 7.4 | Ongoing Challenges/Next Steps..... | III-23 |
| 8. | IDENTIFICATION OF ALCOHOL AND OTHER DRUGS (AOD) AND MENTAL HEALTH PROBLEMS: PART 1..... | III-24 |
| 8.1 | Introduction..... | III-24 |
| 8.2 | Key Issues | III-25 |
| 8.3 | Key Findings..... | III-25 |
| 8.4 | Ongoing Challenges/Next Steps..... | III-27 |

| | | |
|------|---|--------|
| 9. | IDENTIFICATION OF ALCOHOL AND OTHER DRUGS (AOD) AND MENTAL HEALTH PROBLEMS: PART 2..... | III-28 |
| 9.1 | Introduction..... | III-28 |
| 9.2 | Key Issues | III-28 |
| 9.3 | Key Findings | III-28 |
| 9.4 | Ongoing Challenges/Opportunities..... | III-30 |
| 10. | STRATEGIES FOR TRIBES TO OVERCOME SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS | III-30 |
| 10.1 | Introduction..... | III-30 |
| 10.2 | Key Issues | III-30 |
| 10.3 | Key Findings/Lessons Learned | III-31 |
| 10.4 | Ongoing Challenges/Lessons Learned..... | III-31 |
| 11. | MODEL SUBSTANCE ABUSE PROGRAMS | III-33 |
| 11.1 | Introduction..... | III-33 |
| 11.2 | Key Issues | III-33 |
| 11.3 | Key Findings/Lessons Learned | III-33 |
| 11.4 | Ongoing Challenges/Opportunities..... | III-35 |
| 12. | MODEL MENTAL HEALTH PROGRAMS..... | III-36 |
| 12.1 | Introduction..... | III-36 |
| 12.2 | Key Issues | III-36 |
| 12.3 | Key Findings/Lessons Learned | III-36 |
| 12.4 | Ongoing Challenges/Next Steps..... | III-39 |
| 13. | PRENATAL EFFECTS OF ALCOHOL: INTERVENTION AND PREVENTION FOR MOTHERS AND BABIES | III-40 |
| 13.1 | Introduction..... | III-40 |
| 13.2 | Key Issues | III-41 |
| 13.3 | Key Findings/Lessons Learned | III-41 |
| 13.4 | Ongoing Challenges/Next Steps..... | III-43 |
| 14. | EMPLOYEE ASSISTANCE MODEL: SERVICES WHILE WORKING.... | III-43 |
| 14.1 | Introduction..... | III-43 |
| 14.2 | Key Issues | III-44 |
| 14.3 | Key Findings/Lessons Learned | III-44 |
| 14.4 | Ongoing Challenges/Opportunities..... | III-47 |

| | | |
|------------|---|-------------|
| 15. | CREATING A LOCAL OFFICE INFRASTRUCTURE THAT SUPPORTS SERVICE INTEGRATION..... | III-48 |
| 15.1 | Introduction..... | III-48 |
| 15.2 | Key Issues | III-48 |
| 15.3 | Key Findings/Lessons Learned..... | III-48 |
| 15.4 | Ongoing Challenges/Next Steps..... | III-51 |
| IV. | EVALUATION SUMMARY..... | IV-1 |
| 1. | EVALUATING THE OVERALL CONFERENCE..... | IV-2 |
| 2. | EVALUATING THE PLENARY SESSIONS..... | IV-5 |
| 3. | EVALUATING THE PANEL SESSIONS | IV-11 |

APPENDIX A: AGENDA

APPENDIX B: QUESTIONS AND ANSWERS

APPENDIX C: SPEAKER LIST

APPENDIX D: ATTENDEE LIST

I. CONFERENCE OVERVIEW

I. CONFERENCE OVERVIEW

As the percentage of recipients transitioning off welfare begins to level off and excitement over the initial success of Welfare Reform subsidies, focus turns to those who remain on welfare and to those who are reaching their State-imposed time limits. These hard-to-employ recipients are more likely to be long-term clients facing significant personal and family barriers such as limited job skills, low educational attainment, health and mental health issues, domestic violence, criminal and legal issues, and substance abuse problems. While considerable attention has been placed on work-readiness issues and reducing structural barriers, such as transportation and child care, States are now beginning to recognize the importance of addressing substance abuse problems in their welfare caseloads.

Substance abuse and dependence can present significant obstacles to obtaining and maintaining employment. Substance abuse problems can affect employment directly through absenteeism, illness, injury, reduced capacity, and lost productivity or indirectly through lowered self-esteem and self-concept.

Welcoming Session

Speakers:

Dr. Sharon Fuji, Pacific-West Regional Hub Director for the Administration for Children and Families

Alvin C. Collins, Director of the Office of Family Assistance, ACF, DHHS

Ulonda Shamwell, Associate Admin. for Women, SAMHSA

Mike Wilden, State of Nevada

Bernie McCain

The conference opened with introductory comments from Dr. Sharon Fuji, who welcomed the conference speakers and participants to the *Welfare Reform: Employment Strategies for Overcoming Substance Abuse/Mental Health Barriers* conference. Dr. Fuji highlighted six goals of the conference, which were to:

- Highlight promising practices
- Highlight promising models and strategies
- Identify strategies to help welfare recipients find and keep employment
- Address cultural diversity as part of substance abuse treatment

- Identify model community based substance abuse and mental health strategies
- Identify faith-based substance abuse and mental health strategies that are working.

It has been four years since the signing of the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA), and, as welfare recipients approach the time limits, the hardest to serve continue to receive Temporary Assistance for Needy Families (TANF) money. The purpose of this conference is to help hard to serve families and individuals by addressing their substance abuse and mental health issues so they can achieve economic self-sufficiency.

The *Building Bridges* report published in 1999 substantiates that “substance abuse and welfare dependency...are interconnected.” Dr. Fuji recognized several key factors that affect the ability of States and tribes to address substance abuse, including:

- Collaboration across agencies (e.g., mental health, substance abuse, Welfare-to-Work (WtW))
- Leadership and support from the State and Federal government
- Capacity for States and localities to meet the needs of welfare recipients
- Availability of resources
- Control of programs and participation at the local level.

Dr. Fuji indicated that the conference was an opportunity to “grow, share and learn from others, especially States” and their lessons. Overall, programs need to “look at families holistically” by addressing issues affecting families so that they can obtain and maintain jobs.

Mr. Alvin C. Collins specified that it is important for the Federal and States governments to have a constant dialogue with States and localities regarding ongoing challenges. It is through this dialogue that the topics for the conference were selected. Since substance abuse and mental health were reported as the main difficulties for those remaining on welfare, the workshops focus on overcoming these issues, and on identifying model programs and strategies for reaching these hard-to-serve families are presented in the workshops.

Mr. Alvin Collins highlighted four themes for the TANF program:

- **Success at Work.** States put a great deal of effort into helping welfare recipients obtain work. In order for families and individuals to maintain their jobs and become economically self-sufficient, other issues such as mental health, substance abuse, transportation, and training also need to be addressed.
- **Reach All Families.** TANF provides flexibility in the ways funds can be spent. Welfare recipients who were difficult to reach previously, including those experiencing domestic violence, can more easily be provided with the services they need, such as counseling and relocation assistance, with TANF funds.
- **Reform of Welfare Centers.** Since PRWORA, States administer their welfare programs in innovative ways. Many States and localities are bringing programs together by making services co-located.
- **Maintain Investment.** States need to maintain their fiscal investment to moving families and individuals from welfare to work. There are still un-used block grants and Maintenance of Effort Funds available.

Mr. Collins encouraged States to take advantage of flexibility in the use of TANF funds.

Ms. Ulonda Shamwell of SAMHSA highlighted how substance abuse and mental health treatment is especially needed for minorities. Those remaining on welfare often have co-occurring disabilities and States need to work to reach these individuals. SAMHSA works closely with ACF to build partnerships with TANF, WtW, mental health organizations, and alcohol and other drug agencies at the Federal, State, tribal and local levels. Services these partners can provide jointly include outreach, screening, pre- and post-treatment services, gender-specific services, and ethnic-specific services.

Mr. Michael Wilden from the State of Nevada indicated that States need to assess the difficulties of the recipients who remain on welfare. The people who remain on welfare are mainly extended family members (e.g., grandparents) who are taking care of children, and those with multiple barriers to employment. Through assessments conducted in Nevada, the State found that 54 percent have poor or no work experience and 31 percent are illiterate. Approximately 33 percent of heads of household have significant health problems, and one-third have chronic health difficulties. About 18 percent have a diagnosed mental illness. The five barriers to employment that Nevada is working to address include the lack of skills for working (e.g., time management), lack of transportation, domestic violence, substance abuse, and mental health issues. The ongoing challenges for Nevada include the keeping children in their homes, helping individuals obtain and maintain jobs, reducing out-of-wedlock births, and family

formation. Mr. Wilden indicated that many barriers to employment and ongoing challenges can be addressed by partnering with faith-based organizations and tribes.

The keynote speaker, Mr. Bernie McCain from the Executive Office of the President, stated that “most social problems...are linked to substance abuse.” Substance abuse impedes education and is correlated with homelessness, criminal activity, mental illness, domestic violence, child abuse and neglect, unemployment, and high-risk sexual activity. Substance abuse has been conservatively estimated to cost this nation more than \$377 billion. Further, Mr. McCain said that substance abuse and drug use problems are “powerful brain diseases,” and people who use drugs experience physical changes that prevent them from being able to “simply stop using” drugs. Methadone and other similar programs have been successful in reducing heroin use by up to two-thirds, but since some States have made treatments illegal, States need to address these addictions in innovative ways. Finally, there are ways to achieve success in treating clients with substance abuse issues. Studies indicate that substance abuse and mental health disorders should be treated together for treatment to be successful, and ongoing case management is a critical component for continued success.

II. PLENARY SESSIONS

II. PLENARY SESSIONS

1. CULTURAL DIVERSITY AND GENDER-SPECIFIC TREATMENT

Speakers:

John E. Franklin, Northwestern University Medical School

Jose Rivera, Rivera Sierra and Company

Dr. Sushma Taylor, Center Point Inc.

William Wolf

1.1 Introduction

Human service and workforce development leaders need to recognize the importance of cultural, ethnic and gender differences when they are developing self-sufficiency and job training programs, especially in terms of programs that address the issues of substance abuse and mental health.

1.2 Key Issues

- Substance abuse addiction and mental health conditions impact individuals differently across the lines of race, ethnicity, and sex.
- Substance abuse and mental health issues are often linked to historical traumas and cultural oppression.
- Cultural approaches and gender-specific treatment need to be integral parts of the treatment process.

1.3 Key Findings/Lessons Learned

Human service and workforce development agencies, as well as substance abuse treatment and mental health organizations, need to understand and respect the important role that culture plays in the lives of people of different races and ethnicity. Many minorities suffer from historical trauma issues and cultural oppression. When a person is robbed of their culture, they are at-risk of mental health problems and substance abuse addiction. Historical trauma issues and cultural oppression must be dealt with during treatment for it to be effective and sustained. In the past, many Native Americans were referred to substance abuse treatment agencies off of the reservations, which did not understand or address the cultural issues. Culture is a way of curing and healing that needs to be an integral part of the treatment process. Examples of treatment strategies incorporating culture into treatment include the Medicine Will and 12 Steps

program in Colorado Springs and use of the sweat lodge ceremony (purification process) as part of treatment. Cultural approaches also tend to involve the entire community in the healing process.

Dr. John Franklin of Northwestern University Medical School discussed the key issues surrounding substance abuse addiction among the African American population:

- The largest factor to becoming a drug addict or alcoholic is exposure to drugs.
- Social environment has large impact on mental health and substance abuse. It is not really about income. There is more discrimination against the poor, worse access to health care, and increased police surveillance. The social environment leads to feelings of despair and depression, resulting in increased mental health and substance abuse problems.
- The higher police surveillance of African Americans brings more police, media, and societal attention to the problems of African Americans.
- Health consequences from substance abuse are worse for African Americans. Binge drinking is more common in African American populations, which also makes them more likely to get in trouble with the law.
- Psychological conditions, such as depression, are underdiagnosed in black population. Depression and feelings of no hope leads to a cascade of problems. Schizophrenia is diagnosed too often in the African American population.

Dr. Sushma Taylor discussed how mental health problems and alcohol and other drug addictions impact women differently than men. Women's addiction and mental health issues are impacted by physiological, psychological, and gender-specific sociological experiences.

- **Physiological**—different rates of absorption and metabolics, reproduction/sexual/menstruation issues, complicated pregnancies, and cross addiction to prescription drugs
- **Psychological**—childhood trauma, sexual abuse, dependent personality characteristics, sexual dysfunction, learned helplessness, eating disorders, loss of role/status of women
- **Cultural and Sociological**—female socialization, family relationships, gender-specific role expectations, sexual experiences, trauma (rape, incest and domestic violence).

All of these issues impact women's treatment. If these issues are not considered and addressed, the woman will likely relapse. Women often experience feelings of separation, which includes low self-perception, disempowerment, social isolation, psychological distress, and pseudo-attachments. Dr. Sushma Taylor offered a "Wellness Treatment Model" which seeks to make women feel connection, value, personal power, sense of belonging, stability, and forging of authentic relationships. These programs are run by women and for women. Phases of the Wellness Treatment Models include:

- **Phase I: Safety and Sanctuary**—stress management, communication, cooperation
- **Phase II: Exploration, Affective Recall, Grief/Loss/Mourning**—healing, letting go, atonement and forgiveness
- **Phase III: Coping Skills and Integration**—resolution and connection, building new skills for re-entry into community.

1.4 Ongoing Challenges/Next Steps

To overcome substance abuse and mental health issues effectively, treatment efforts should be based on an understanding of the relationship of historical trauma and cultural oppression on substance abuse addiction and also incorporate cultural and gender specific treatment into the healing process. The presenters provided the following suggestions:

- Start from square one. Basic needs must be met first in order to be successful in substance abuse and mental health services. Continuity of care, drug free housing, and vocational training are also important.
- Provide comprehensive treatment services. Address all issues that have contributed to this addiction. Work with the family and community. Provide access to residential women and children facilities.
- Use culturally specific treatment with cultural awareness and sensitivity to the issues being faced.
- Use minority persons in recovery as role models. Show these role models in leadership positions.
- Educate society on cultural and gender specific issues surrounding addiction and treatment. For example, provide cultural and gender specific information as part of resident teaching at medical school in order to open students' eyes.

- Consider the “harm reduction” model. Sometimes an addicted person cannot start at complete abstinence; reducing substance abuse intake by 25 or 50 percent over period of time is a huge accomplishment.

2. COMMUNITY-BASED SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

Speakers:

Donald Sykes, Director, Office of Community Services, ACF/DHHS

Herman Largo, Behavioral Health Services, Navajo Nation

Leo Hayden, Jr., National Center for Violence Interruption

Jeanetta Robinson, Founder and Executive Director, Career Youth Development, Inc.

Clifton Mitchell, Chief, Treatment Systems Improvement Branch, SAMHSA/CSAT

2.1 Introduction

Clients with substance abuse problems and mental health issues represent an untapped resource for employers looking for employees in this tight labor market. Welfare reform represents an opportunity to support programs focused on facilitating a fundamental shift in attitudes and awareness about the abilities of people with substance abuse and mental health challenges. This session provides a framework for States and communities to work together on behalf of this population.

Strategies to address substance abuse and mental health services of welfare and low-income families should be developed and implemented in the communities where they live. This plenary session provided an overview of promising grassroots involvement in substance abuse and mental health services, indicated how these programs intersect and connect with State and Federal stakeholders, and highlighted ways to enhance employment opportunities and quality of life for families with mental health and substance abuse problems. Additionally, the session provided examples of different types of service interventions delivered by community-based organizations (CBOs).

2.2 Key Issues

- TANF is a significant social policy change. This legislation changed the corporate culture of many offices so that, instead of working independently of one another, agencies and organizations have to work together. For example, within ACF, child care should be recognized as an essential piece of employment and vice versa.

- At the State level, many departments were, and are, being restructured to facilitate coordination. For example, health and human service should be co-located with departments that provide job training.
- Federal and State agencies need to “connect with” community-based organizations in order to implement customized services.

2.3 Key Findings/Lessons Learned

Mr. Herman Largo, Navajo Nation, described the Navajo culture. The Navajo Nation, occupying approximately 127,000 square miles, is located in rural, remote areas of Arizona, New Mexico and Utah. There are several barriers that isolate individuals in the populace from the Navajo Nation. For example, there is not a discernable infrastructure—much of the housing lacks electricity, running water, and communication mechanisms such as telephones. In addition, the unemployment rate is very high (approximately 68%). Grandmothers and grandfathers suffer from multigenerational trauma. All generations experience institutional racism as they are often not allowed to speak their own language in many settings. For example, schools prevent the youth from speaking the native language, and are often not taught about the Navajo way of life and traditions.

Substance abuse problems are prominent in the Navajo Nation. The Behavioral Health Services branch, tasked with addressing substance abuse issues in the Navajo Nation, evaluated the effectiveness of western treatments and found they are not suitable for addressing substance abuse in the Navajo Nation. In response to this finding, and with the help of Clifton Mitchell from SAMHSA/CSAT, substance abuse treatments and delivery methods were redesigned in order to reach individuals and families in rural and remote areas:

- A management information system (MIS) was developed to streamline the paper system. This MIS reduced paperwork and tracks service delivery throughout the reservation.
- Mobile units are deployed to deliver services to those who lack transportation.
- The Navajo Nation coordinates and collaborates with TANF, WtW, and others to develop and deliver customized services. For example, as part of treatment, jobs are created in collaboration with WtW. Employment training is provided through TANF, the Navajo Nation, and WtW programs.
- Navajo religion and spirituality are part of substance abuse treatment. Those with addictions are exposed to the Native American church, religious and traditional ceremonies, drug-free pow-wows and medicine men and women.

- The Native American community is part of treatment. In this way, the substance abuser who is receiving treatment has someone to speak with during difficult times.

Leo Hayden, Jr. of the National Center for Violence Interruption (NCVI) is the founder of NCVI's Violence Interruption Process (VIP). VIP is a method of encouraging substance abusers to uncover the root cause of violence in their lives. NCVI provides substance abuse and other treatments in the community where clients are located. Even prior to welfare reform, NCVI believed that services for the community need to be located in the community where people live so they are accessible. Mr. Hayden explained that clients NCVI services are fearful that if they become economically independent and are taken off of welfare, that they will become "invisible...a nobody." Substance abusers are scared of independence because they are afraid no one will pay attention to them anymore and, since many clients do not have the job skills they need to obtain a higher paying job, they will remain in jobs that do not pay well.

NCVI works to prevent the fear of independence, by working with children in across the country at the grassroots level. Their programs provide treatment to youth in alternative schools that have been forced to leave traditional schools due to drugs and/or violence. The program works with drug dealers to teach them job skills for legitimate work. Also, NCVI provides domestic violence services, male/female socialization services, and addresses AIDS and HIV issues. Finally, for all clients, NCVI works to restore substance abusers' value of self and integrity, dignity, and respect for self.

Jeanetta Robinson, Founder and Executive Director of Career Youth Development (CYD) stressed the CYD philosophy, "LOVE-IN-ACTION" and that community-based organizations can rapidly respond to substance abuse and mental health problems in neighborhoods and communities. Services delivered to clients must address the individuals and families holistically by addressing the emotional and physical needs of people.

CYD is a multi-service (e.g., assessments, substance abuse treatment, counseling), social service agency with more than 20 programs designed to meet the needs of the community. It is the first community-based organization that acts as an alternative to the juvenile justice system in Milwaukee, Wisconsin. Recognized by the U.S. Congress as a national model, CYD delivers culturally specific, holistic services (e.g., job training, substance abuse treatment) for youth, adults and families by providing services through a variety of mechanisms, including:

- **The CYD ATODA/Mental Health Outpatient Clinic**—provides assessments (e.g., physicals, psychological); day treatment; aftercare services; mental health and maintenance therapy/counseling sessions; drug screening (e.g., urine screen analysis); medication management; and early intervention drug awareness for youth and adults
- **Mother Simpson House**—a licensed adolescent residential treatment facility
- **CYD Mental Health Clinic**—a licensed mental health center providing drug prevention and educational services throughout Milwaukee, WI and at the Ethan Allen Juvenile Corrections facility in Wales, WI.

CYD provides numerous services to the community, including individual and family counseling, parenting classes, child abuse prevention, crime victims assistance, court advocacy, food/meal programs, clothing distribution, gang diversion, and summer youth employment programs. In addition, CYD has computer educational programs, offers arts and crafts programs for children, provides grief counseling, and sponsors support groups (e.g., Victim of Crime Support Group, Survival of Homicide Support Group). Further, CYD partners with the local police department, economic development agencies, public social service institutions, churches, colleges and private community agencies, in order to identify potential clients and deliver treatment.

Clifton Mitchell from SAMHSA/CSAT stressed Federal and State governments must visit community-based programs and learn from them. These programs provide services that are culturally distinct—they are specifically designed to serve the community where they are located. He strongly stated that those providing services must “love the addict [and] hate the addiction” while focusing on providing holistic services that individuals and families need to address their substance abuse and mental health issues.

As previously mentioned, Mr. Mitchell worked with the Navajo Nation to develop an MIS. The MIS, among other improvements, helped streamline the tracking systems for the time spent providing services. Mr. Mitchell encouraged States to apply for the “Target Capacity Expansion” grants where the State must partner with a community-based organization by stating how it will address alcohol and other drugs and mental health issues. Mr. Mitchell highlighted several CSAT-sponsored programs:

- **Women in Need**—a New York program providing job readiness, literacy help and GED classes
- **Metahouse**—in Wisconsin, provides job seeking and readiness training, as well as transportation services

- **Arapahoe House**—located in Colorado, this program provides job readiness training, and helps clients develop resumes and conduct job searches
- **The Village**—in Florida, provides substance abuse counseling and treatment.

Finally, Mr. Mitchell specified that substance abuse and mental health programs must be innovative in their delivery of job training. Because jobs often do not exist in rural areas, individuals must be trained to create their own opportunities by being entrepreneurial and develop their own jobs.

2.4 Ongoing Challenges/Opportunities

Community-based organizations are a resource for providing services to TANF clients with substance abuse and mental health issues. Since they are often located in the communities they serve, services by CBOs are more accessible to welfare recipients. Several grants, such as the Target Capacity Expansion grant under CSAT, present the opportunity for States to collaborate with community-based organizations to deliver services. Partnerships with CBOs help to provide holistic services, such as counseling and transportation, that States alone may not be able to offer to their clients.

3. FAITH-BASED SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT STRATEGIES

Speakers:

Rev. Dr. Cheryl Anthony, Founder and Pastor, JUDAH International Christian Center
Edwin Aponte, Ph.D., Assistant Professor of Hispanic Christianity and Culture, Southern Methodist University

Byron Johnson, Senior Fellow and Director, Center for Crime and Justice Policy, Vanderbilt Institute for Public Policy Studies

3.1 Introduction

The latest research suggests that spirituality and religion may play an important role in physical and mental health, especially in terms of overcoming addiction and dealing with stress. Many studies on the role of religion in health have found that the more people pray, the less prone they are to mental and physical illness. Studies have shown, for example, that among churchgoers, the death rate from coronary artery disease is 50 percent lower and the suicide rate is 53 percent lower than among people who do not attend religious services.

Prayer may also reduce the adverse health effects of stress, and some studies suggest it might even help improve recovery from major surgery. One of the most significant findings of the National Center on Addiction and Substance Abuse at Columbia University's 1998 teen survey is that teens who engage in an active religious life are less likely to use drugs, drink or smoke than teens who do not.

3.2 Key Issues

- Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, also called Charitable Choice, gives States the option to provide welfare-related services through contracts with charitable, religious, or private organizations.
- Faith-based providers under Charitable Choice cannot discriminate toward a person seeking services on the basis of religion, religious belief, or a refusal to participate in a religious practice.
- States must consider religious organizations equal to other service organizations when deciding to contract with private institutions.
- Many faith-based organizations have established, long-standing programs that provide services, such as job readiness, job search assistance, and substance abuse treatment/counseling, to help move people toward self-sufficiency.

3.3 Key Findings/Lessons Learned

Rev. Dr. Cheryl Anthony discussed the Holistic Approach to Community Wellness program, which is a church-based program providing substance abuse, mental health and life skills training services. The mission of the program, based in Brooklyn, N.Y., is to “enable people to take control of their own lives” by “providing a [faith-based] solution...that combines dignity, support, responsibility, and empowerment.” Rev. Anthony explained that poverty persists because people have been given hand-outs instead of opportunities to be healthy. People providing treatment need to “look at others with their heart and not their mind.” To accomplish this mission, the Holistic Approach to Community Wellness program provides the following types of services among others:

- Life skills survival training
- Mentorship/job coaching
- Job preparation/career training

- Small business development assistance
- Personal finance and budgeting preparation
- Child care and support services
- Education
- Health and nutrition planning
- Evaluations and referrals, as well as follow-up.

Finally, the program's objective is to provide the above services so that they are culturally sensitive and faith-based.

Edwin Aponte, Ph.D., Assistant Professor of Hispanic Christianity and Culture, Southern Methodist University, discussed three Hispanic coalitions their similarities and goals in the communities they serve. They are similar in several ways: each is comprised of clergy from various faiths; each was formed because there was a need in the community and people joined together to meet the need. Additionally, the Coalitions are "multidimensional" in that they provide holistic services. Services address the emotional, psychological, and physical needs of clients; provide job training and education; and make available substance abuse services.

- In Philadelphia, PA, the **Nueva Esperanza, Inc.** coalition was formed in 1982 by Hispanic clergy. The coalition provides job training, builds houses and has established a charter school system.
- **The Coalition of Latin-American Churches** in Chicago, IL, operates clinics, and provides substance abuse programs, youth services and education tutoring among other services.
- The **East Dallas Cooperative Parish**, in Dallas, TX, is a group of congregations that, after seeing members of their parishes leaving the community, banded together to provide health and other services in the community.

Byron Johnson, Senior Fellow and Director from the Center for Crime and Justice Policy, Vanderbilt Institute for Public Policy Studies, presented information from several recent studies.

- In February 2000, a literature review was published that evaluated whether or not religion has a positive impact on at-risk youth. Of 400 studies conducted between 1995 and 1997, 40 articles referred to religion. The common finding was that there is

an inverse relationship between religious involvement and drug use. The more a person is part of religious activity, the less likely they are to use drugs.

- In a *Justice Quarterly* article published in June 2000, the religious behaviors of 2,358 young black males were examined. Those who were involved in a form of religion participated in fewer delinquent activities, were more likely to have a job, were less involved in crimes and were significantly less likely to use drugs.
- An article published in June 2000, called “A Different Kind of High” looked at various communities such as ghettos and suburbs. In these communities, researchers noted that religious involvement seems to reduce the likelihood of drug use. They also found that religion has the most profound effect in decaying and disorganized communities.

Based on these studies and others, Mr. Johnson suggested that religious activities “seem to protect, buffer or shield at-risk kids.”

In response to a question from the audience, the presenters discussed the differences between faith and spirituality. One presenter responded that it is an empirical question and differences are difficult to define. Rev. Anthony responded that spirituality has to do with a person’s relationship with a higher being, while faith moves people to action as they are inspired by a higher power.

III. PANEL SESSIONS

III. PANEL SESSIONS

1. ORIENTATION TO SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES FOR TANF AND WTW PROFESSIONALS

Speakers:

Sharon Amatetti, Center for Substance Abuse Treatment, SAMHSA

Ed McGowan, The Village

Elaine Richman, Office of Family Assistance, ACF/DHHS

1.1 Introduction

TANF and WtW professionals, and substance abuse and mental health professionals work with welfare recipients, but often from different vantage points. In order that TANF and WtW professionals understand the view from the substance abuse/mental health worker's perspective, this workshop presented the organization of the alcohol and other drugs and mental health systems, including how the systems are funded; the composition of services (i.e., outpatient, residential, etc.); and what to look for when making contracting decisions. Also, the nature of addiction and mental health problems, and the ways client denial and stigmas associated with addiction and mental health problems are barriers to treatment and recovery were discussed.

1.2 Key Issues

- Substance abuse identification and treatment methods are important to TANF and WtW providers since time and money are saved with early intervention. Treatments for those with substance abuse issues involve the TANF agencies.
- People suffering from substance abuse and those in recovery have characteristics that are recognizable by those trained to identify them.
- Several types of treatments can be used with individuals who have substance abuse problems.
- Welfare reform has had a significant impact on the identification and treatment of individuals with substance abuse.
- Identification of the degree to which the client suffers from substance abuse, and the level of barriers experienced by the client, should be assessed since they are correlated.

- A client's risk factors for substance abuse need to be identified.
- Clients with substance abuse problems need to be educated on their condition.

1.3 Key Findings/Lessons Learned

- There are three main stages on the alcohol and drug use continuum: the use of alcohol and other drugs, substance abuse, and, finally, addiction/chemical dependence.
- States can make completion of assessments mandatory in order to compel welfare recipients to be evaluated for substance abuse/mental health needs and job training.
- There are five main characteristics of substance addiction, including how chronic the addiction is, the progressive nature of the addiction, client relapse, client denial of the addiction, and co-occurring disorders.
- In women, there is a specific etiology for substance dependence: their partner uses alcohol and/or other drugs, often there is "self-medication for trauma" (e.g., the woman consumes drugs due to trauma, such as domestic violence and incest, in their lives) and there is a history of intergenerational use.
- Addressing substance abuse and mental health issues is important for TANF and WtW agencies because ignoring a client's substance abuse problem wastes time and money; substance abuse is often a primary symptom of other problems that a client is experiencing; and the disease is chronic and progressive. Over time, the client's addiction becomes worse, and substance dependence is less treatable.
- People in recovery share several characteristics: they are better educated about their addiction through treatment; they become highly motivated to succeed and compensate for past mistakes; they grow to be aware of the "second chance" they were given and appreciate the opportunity to rectify their mistakes; and support systems are available to help clients in their recovery.

A combination of a few or more elements is used to treat clients with substance abuse problems, including the use of detoxification, pharmacology, therapy/counseling, self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous), education, life skills training, parenting classes, and vocational training/preparation. Workforce preparation, in combination with substance abuse treatment, should be provided simultaneously. There are three main treatment types that use these elements in various amalgamations:

- In-hospital treatments that include detoxification from substances and the use of drugs to help the person recover from their addiction

- Outpatient services that include intensive day treatments
- Residential treatments that can be either short-term or long-term.

Prior to welfare reform, the AFDC program was nationally administered and focused on income maintenance. This system fostered a dependency on welfare dollars by clients, and employment services (e.g., job training, job seeking assistance) were not often offered. Since welfare reform, there is a shift in focus to self-sufficiency and TANF programs:

- Are controlled by State and local governments
- Have limits on the amount of time a recipient can be on welfare
- Now have a “work first” focus
- Contain comprehensive, wrap-around services (e.g., assistance with job training and job seeking).

The Village, a drug rehabilitation center, was the first residential treatment program licensed by the State of Florida, Department of Children and Families. The Village has 32 programs to serve individuals and families with addiction problems appropriately, for example:

- The Families in Transition Program serves men and/or women and their children by providing prevention, intervention, treatment education and employment-oriented services
- The Primary Addiction Treatment for Adult Men and Women program provides outpatient treatment, intensive treatment, day/night treatment, supportive housing and residential treatment
- The Child Care/Day Care Component program provides day and evening child care for children of residents of The Village or recent graduates.

1.4 Ongoing Challenges/Opportunities

- TANF and Welfare-to-Work professionals and substance abuse and mental health professionals to need study Federal and State legislation and learn to be flexible within the guidelines provided.

- Workforce preparation begins the first day of substance abuse/mental health treatment. To emphasize total self sufficiency, TANF, WtW, substance abuse, and mental health professionals should collaborate and deliver all related services to welfare recipients.
- One-stop centers are a way to provide holistic services such as job training and substance abuse treatment to individuals and families.

2. ORIENTATION TO TANF AND WTW FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROFESSIONALS

Speakers:

Elaine Richman, Administration for Children and Families, Office of Family Assistance

Dennis Lieberman, Welfare to Work, Department of Labor

Jose Rivera, Rivera Sierra and Company

2.1 Introduction

The flexibility provided under the TANF and WtW programs provides substance abuse and mental health organizations with a large opportunity to collaborate with TANF and WtW agencies in providing necessary resources and services to low-income families facing substance abuse and mental health barriers to employment.

2.2 Key Issues

- There are large amounts of unspent TANF and WtW dollars.
- Substance abuse and mental health services can be funded under both the TANF and WtW programs.
- Substance abuse and mental health organizations have an opportunity to partner with TANF and WtW agencies to provide substance abuse and mental health services.

2.3 Key Findings/Lessons Learned

Temporary Assistance to Needy Families (TANF) Program

The TANF program provides a great deal of flexibility for using Federal and State maintenance of effort (MOE) funds to develop innovative services and create new collaborative partnerships. (For a more detailed description on TANF funding, see Chapter III.2, Funding Substance Abuse and Mental Health Services through Medicaid and TANF.) States currently

have substantial amounts of Federal TANF funds to invest in low-income families due to the dramatic reduction in the welfare caseload. Through the fourth quarter of 1999, more than **\$8 billion** in Federal TANF funds were either unobligated or unliquidated. In addition to the existing TANF surpluses, the final TANF regulations reaffirmed and expanded the flexibility of States to determine themselves how best to use TANF funds to assist both families on welfare and low-income families. TANF funds can be used to provide a broad range of benefits and services without necessarily triggering time limit or work participation consequences. The regulations and the existing TANF surpluses provide strong support for States to revisit their welfare reform approaches and to collaborate with other agencies and the community before recipients' time clocks expire.

The TANF program provides tremendous flexibility for funding a variety of activities and supportive services to accomplish the purposes of the program. As a rule, State and local agencies (and their contractors) must use Federal TANF and State MOE funds for one of the four purposes of the TANF program, specified in section 401(a) of the Social Security Act.

- To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives
- To end the dependence of needy parents on government benefits by promoting job preparation, work and marriage
- To prevent and reduce the incidence of out-of-wedlock pregnancies and establish numerical goals for preventing and reducing the incidence of these pregnancies
- To encourage the formation and maintenance of two-parent families.

Federal TANF funds can be used to benefit needy families as well as the entire population. Purposes 1 and 2 listed above enable the provision of both “assistance” and “non-assistance” services solely to “needy” families. Purposes 3 and 4 are not designated solely for “needy” families, enabling States to develop prevention-oriented programs for the whole community. “Assistance” is defined as benefits directed at ongoing, basic needs such as TANF cash payments, and transportation and child care for unemployed families. Assistance does not include non-recurrent, short-term benefits, work subsidies, support services for employed families, substance abuse treatment, counseling, case management, peer support, job retention and advancement services, and other employment-related services that do not provide basic income support.

Consistent with these purposes, TANF and MOE funds could be used to support any of the following services:

- Mental health and substance abuse services (not medical services)
- Domestic violence services
- Developmental and learning disabilities services
- Child welfare services
- Support for work activities
- Child care
- Transportation
- Education and training
- Enhancing family income or assets
- Family formation and pregnancy prevention programs
- Community development programs.

For additional information on the TANF program including , go to the following Web sites:

- Administration of Children and Family’s Welfare Reform page—
<http://www.acf.dhhs.gov/news/welfare/index.htm>
- Administration for Children and Families, Office of Family Assistance—
<http://www.acf.dhhs.gov/programs/ofa/>
- Administration for Children and Families Welfare Peer Technical Assistance Network—<http://www.calib.com/peerta>.

Department of Labor—Welfare-to-Work (WtW) Program

The DOL Welfare-to-Work (WtW) Grants program is designed to provide traditional assistance to the hardest-to-employ welfare recipients by providing them with job readiness, job placement, transitional employment, and other job retention and support services they need to achieve long-term unsubsidized employment and self-sufficiency.

WtW funds can be used for drug and alcohol abuse treatment services to the extent that treatment services are not medical, not otherwise available to the participant, and provided only after placement in a job readiness activity, an employment activity or subsidized/unsubsidized employment in keeping with the WtW “work first” approach. Substance abuse services not considered “medical” include services performed by those not in the medical profession—such as counselors, technicians, social workers and psychologists. Services not provided in a hospital or clinic—including 24-hour care programs—may be considered non-medical. States and localities are encouraged to look at the range of services available in their area and differentiate between medical and non-medical services. If WtW clients require medical treatment for drug addiction, States may use their own funds or other funds such as Medicaid and Medicare to provide medical treatment as long as they do not commingle these outside funds with Federal WtW funds.

Signed into law on November 29,1999, the Welfare to Work Amendments of 1999 made several significant changes to the WtW program, most notably loosening the program eligibility requirements and adding vocational education and job training (up to six months) as a separate allowable activity under WtW. Under the old requirement, at least 70 percent of the WtW grant had to be expended to provide services to long-term TANF recipients who met two of the three specified barriers to employment. These barriers included (1) no high school degree or GED and has low skills in reading or math, (2) requires substance abuse treatment for employment, and/or (3) poor work history (worked no more than 3 consecutive months in past 12 calendar months). The WtW Amendments of 1999 removed the requirement that long-term TANF recipients must meet additional barriers to employment in order to be eligible for WtW. Now, TANF recipients are eligible under the 70 percent criteria as “hard-to-employ” if they meet **one** of the following criteria:

- Received TANF (or AFDC) for at least 30 months (not required to be consecutive)
- Will become ineligible for assistance within 12 months due to Federal or State-imposed time limits
- Exhausted their receipt of TANF due to time limits.

In addition, noncustodial parents are now eligible if they meet **all** of the following criteria:

- Unemployed, underemployed, or have difficulty paying child support obligations
- Their minor children are eligible for TANF benefits, receive TANF benefits, received TANF benefits during the preceding year, or are receiving/eligible for assistance

under the Food Stamps program, the Supplemental Security Income program, Medicaid, or the Children's Health Insurance Program

- Enter into a personal responsibility contract under which they commit to cooperate in establishing paternity and paying child support, participating in services to increase their employment and earnings, and supporting their children.

Given these added levels of flexibility, an increased number of individuals should be able to be served under the WtW program. For additional information on the WtW program, go to the Department of Labor's WtW Web site at <http://wtw.doleta.gov>.

2.4 Ongoing Challenges/Next Steps

In order for substance abuse and mental health professionals to work effectively with TANF agencies, the presenters suggested the following:

- Gain a clear understanding of what services can and cannot be provided through the TANF and WtW programs. Understand how TANF and WtW agencies pay for services.
- Effectively market your services to the TANF and WtW agencies. Change mindset from treatment to workforce preparation. The goal is to move beyond treatment services toward economic sustainability and societal empowerment.
- Analyze your agency to understand the individuals services provided to customers. Identify the services currently provided and needed to meet non-vocational client needs, pre-vocational client needs, training-ready client needs, work-ready client needs, and employed client needs.
- Be more innovative and entrepreneurial in business ideas. Services could include cottage industries (such as food services and laundry services), supportive housing programs, transportation businesses, child care/day care programs, training to perform direct care in nursing home and residential programs, and substance abuse counseling apprenticeships for former graduates.
- Seek relevant collaborative partnerships and funding sources.

3. FUNDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH MEDICAID AND TANF

Speakers:

Ann Burek, Office of Family Assistance, ACF/DHHS

Nancy Goetschius, Health Care Financing Administration

3.1 Introduction

As TANF caseloads are declining, TANF administrators are discovering more clients with substance abuse and mental health issues. Clients moving from welfare to employment and those recently employed may need support overcoming addiction, depression, and low self-esteem. This workshop discusses the possibilities and limitations for funding substance abuse and mental health services through TANF and Medicaid.

3.2 Key Issues

- Substantial amounts of State MOE and Federal TANF funds are available to States for investment.
- How States structure and use their Federal TANF and State MOE funding is critical to providing substance abuse and mental health services effectively.
- Substance abuse services can be covered under a variety of mandatory and optional Medicaid services.

3.3 Key Findings

TANF Program

The Final TANF regulations reaffirmed and expanded the flexibility of States to determine how best to use TANF and MOE funds. (See *Orientation to TANF and WtW for Substance Abuse and Mental Health Professionals* for general overview.) States have substantial amounts of Federal TANF and State MOE funds to invest in needy families. The regulations and TANF surpluses provide opportunities for States to design and implement innovative programs that effectively respond to the needs of low-income families with multiple barriers, including substance abuse and mental health issues.

States fund their welfare programs with a combination of Federal and State maintenance of effort (MOE) funds. Funding options include:

- **Commingled**—Federal and State MOE funds are expended jointly on TANF programs and services. These expenditures are the least flexible because they are subject to Federal funding restrictions, TANF requirements, and MOE limitations.

- **Segregated**—State MOE funds are spent separately from Federal funds in the TANF program. These expenditures are subject to many TANF requirements, child support assignment and reporting. However, time limits and Federal funding restrictions (such as teen parent restrictions) do not apply.
- **Separate State Programs**—very flexible and not subject to general TANF requirements. However, still must be consistent with goals of TANF and other MOE requirements.

When designing services for clients with substance abuse and mental health issues, it is critical to remember that:

- States may not spend Federal TANF funds on “medical services.” However, a State’s definition of “medical services” under TANF may be different than the definition under its Medicaid program. The States themselves generally define what constitutes “medical services”.
- State-only MOE funds (i.e., MOE funds not commingled with Federal TANF funds) may be spent on medical services.

A State’s decision to support various benefits and services with Federal TANF funds or State MOE funds is affected greatly by whether the service is considered “assistance.” “Assistance” includes cash payments, vouchers and other forms of benefits designed to meet a family’s ongoing basic needs. The definition of “assistance” clearly shows that States can use TANF funds to provide a very broad range of “non-assistance” benefits and services without triggering time limit, work participation, detailed data reporting or child support consequences. Assistance does not include non-recurrent, short-term benefits, work subsidies, support services for employed families, counseling, case management, peer support, job retention and advancement services, and other employment-related services that do not provide basic income support.

Recommendations to consider when designing substance abuse and mental health services include:

- Use Federal TANF and/or MOE funds to provide appropriate counseling (non-medical) services
- Use Federal TANF and/or MOE to provide non-medical AOD services, including room and board costs at residential treatment programs
- Use State only MOE funds to pay for medical services

- Partner with and potentially fund other agencies and organizations that provide other needed services, such as family support, job training, domestic violence, child care, transportation, and housing needs
- Use Federal TANF and/or State MOE funds to fund “supported work” programs
- Arrange with State vocational rehabilitation services to provide assessment, evaluation and adaptive services that would not otherwise be available.

Medicaid Program

Another program that can be used to combat substance abuse addiction is Medicaid. Medicaid, a Federal-State health insurance program, is designed to provide health care coverage for low-income children and families, the elderly, and people who are blind or disabled. All States must provide certain mandatory services under Medicaid with optional services offered at their discretion. Substance abuse treatment is not one of the services specifically mentioned under either mandatory or optional services. However, broadly defined mandatory and optional services can be used to provide substance abuse coverage. For example, each State is required to provide the following services that may or may not include substance abuse treatment:

- Inpatient hospital services provided by Medicaid certified hospital
- Outpatient hospital services meeting Medicaid requirements
- Physician services
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children under the age of 21.

Optional Medicaid services with relevance to substance abuse treatment include:

- Clinic services directed by physician in a non-hospital outpatient setting
- Rehabilitative outpatient based services that are recommended by physician
- Other licensed practitioner services, including psychologists and clinical social workers
- Inpatient psychiatric hospital services for children under the age of 21.

Therefore, while substance abuse treatment coverage is not specifically described in the regulatory language, each of the mandatory and optional Medicaid services listed above can be

used to deliver substance abuse treatment. One provision, however, clearly restricts Medicaid substance abuse coverage. *Medicaid programs are prohibited from paying for services provided in institutions for mental diseases (IMDs) for patients between the ages of 22 and 65.* Medicaid considers facilities that exclusively provide psychiatric or substance abuse treatments as IMDs. However, facilities with fewer than 16 treatment beds are exempt from this provision.

In 1999, States' use of Medicaid to cover substance abuse and mental health services included:

Substance Abuse Services:

- Medicaid covers all or most substance abuse services in 24 States
- Medicaid covers intensive substance abuse services beyond specified limits in four States
- Medicaid covers community based substance abuse services for children with serious chemical dependency problems in four States.

Mental Health Services:

- Medicaid covers all or most mental health services in 24 States
- Medicaid covers intensive mental health services beyond specified limits in five States
- Medicaid covers mental health services primarily or exclusively for children with serious emotional disturbances in nine States.

3.4 Ongoing Challenges/Next Steps

Recommendations to integrate and facilitate the TANF and Medicaid processes include:

- Facilitate enrollment in Medicaid by making both joint TANF-Medicaid and Medicaid-only applications available in TANF offices.
- Provide Medicaid outreach to families at TANF sites. When individual applies for welfare, TANF staff should also provide Medicaid and SCHIP information.
- Conduct TANF staff trainings to stress importance of Medicaid. Explain differences between TANF rules and Medicaid eligibility rules and procedures. Also conduct trainings for hospitals, clinics, health providers, child care centers, Head Start

Programs, WIC offices, community-based organizations, and other programs that come into contact with low-income families and children.

- Review closed TANF cases to ensure that Medicaid has not been mistakenly terminated.
- Co-locate Medicaid workers in TANF offices and TANF workers in Medicaid offices.
- Place TANF and Medicaid workers in community sites such as hospitals, community and migrant health centers, community action agencies, schools, community agencies, Head Start programs, and one stop career centers.
- Conduct public marketing and outreach to inform families about services offered under TANF and Medicaid. Marketing and outreach examples include information on billboards/posters/brochures, toll free numbers, and public service announcements.

4. MAKING JOB FINDERS JOB KEEPERS: PUTTING THE PIECES TOGETHER FOR CLIENTS WITH LOW SELF-ESTEEM AND DEPRESSION

Speaker:
Debbie White, White Associates

4.1 Introduction

Given the healthy economy and the strong focus on work since the passage of welfare reform, substantial numbers of welfare recipients have found employment. The next step is to ensure that recipients not only find a job, but also keep and advance forward in a job.

4.2 Key Issues

- Culture change for both TANF staff and welfare recipients is critical to accomplishing the goals of welfare reform.
- Provide services that support and reward the client as a “worker”. Support policies and services that make work pay.

4.3 Key Findings/Lessons Learned

A Work First attitude is a key part of helping people move ahead. TANF staff should have high expectations of their clients, focusing on what is immediately achievable and what

actions can be initiated today to support progress of individuals. Before concentrating on client barriers to employment, TANF staff should first focus on workforce issues and helping clients get a job.

To effectively deliver services to assist recipients in both finding and keeping a job, TANF staff can:

- Provide services in places and by organizations that do not stigmatize those who come for services.
- Recognize how difficult it is making a plan and sticking to it. Have staff do plans in their own life to understand demands on clients and why they may fail.
- Define whom the services are meant to benefit and how these services will be accessed. Measure the specific outcome expectations and progress for the services and how progress will be measured. Work to refine and improve services based upon what is learned.
- Offer increased access to services and attempt to move closer to a 24-hour/7-day week model of access.
- Support the individual's new identity as "worker" not as current or former welfare client.
- Develop services in which design and delivery are driven by employer and work needs not by agency "knowledge" of what is needed.
- Go for win-win situation for both clients and employers; if it is not a win-win situation for both, there is no deal. Remember that if a problem does not impact an individual's job, it does not exist to the employer.
- Provide services that make work pay such as earned income disregards, the Earned Income Tax Credit (EITC), improved child support collection, and improved transitional benefit receipt.
- Reward clients for working. Once clients are working, TANF case managers should treat them as workers, not as clients. Do not expect clients to take off of work and come to the welfare office. Do not make clients who are working wait for post-employment services.
- Improve interagency service design and delivery. However, it is important to use the minimum level of collaboration necessary to get to the desired outcome. There is no value in collaboration unless it leads to better outcomes.

- Incorporate non-case management service models such as faith-based models and use of former clients and addicts as mentors. Individuals are both resources to others and recipients of assistance from others.
- Use informal/internal approaches to depression, low self-esteem and other issues, including writing, meditation and decreasing isolation.

4.4 Ongoing Challenges/Opportunities

In addition to providing a Work First environment at the TANF office and supporting clients as “workers”, TANF agencies must reach out to local employers. Employers as well as the public at large need to be educated about welfare reform in general and about the specific policies and services that can affect their business decisions, such as:

- **Tax credits/incentives.** Provide the Work Opportunity Tax Credit (WOTC), the Welfare to Work Tax Credit, and/or State employer tax credits to employers who hire targeted groups of current or former TANF job seekers.
- **Work supplementation.** Use welfare benefits converted to (partial) payments to employers who hire them. Recipients receive a paycheck rather than TANF benefit and are able to gain work experience. Companies may receive subsidies for hiring welfare recipients.
- **Post-employment services.** Provision of job retention, mentoring, and supportive services to current or former welfare clients.

5. DEVELOPING AND COORDINATING SERVICES TO CLIENTS WITH MULTIPLE BARRIERS TO SELF-SUFFICIENCY

Speakers:

Rota Rosaschi, Chief of Benefits and Support, Nevada State Welfare Division

Jeanette Hills, Chief of Eligibility and Payments, Nevada State Welfare Division

5.1 Introduction

Under PROWRA, States are given the flexibility to be innovative in the way they provide services to welfare recipients. Nevada’s State Welfare Division developed an integrated service delivery system for clients with multiple barriers. Nevada has built partnerships with agencies that have a stake in welfare reform and coordinates their services with local providers.

Additionally, the State has developed strategies that promote the timely delivery of services, and supports that clients need to obtain and maintain a job. The following reflect comments made by

the presenters around key issues, findings/lessons learned and ongoing challenges/opportunities to successfully engage the faith-based community in social programs.

5.2 Key Issues

Welfare reform has allowed States to be innovative in the way they provide services to clients. For example, State welfare offices can partner with State and local governments, non-profits, faith organizations, and community-based organizations to reach the hardest to serve families. Nevada found that to make welfare reform successful, it is important to:

- Establish an intake process for welfare workers and assessment forms that are comprehensive
- Identify partners within the community, local offices and State offices that the welfare agency can partner with to deliver services to clients with multiple barriers
- Involve the client in the assessment and in planning their personal responsibility plan (PRP); keep plans simple so the client does not become overwhelmed by the PRP
- Keep families intact as much as possible; if it is necessary to remove child(ren) from the home, keep the time the child(ren) and parents are separated to a minimum
- Partnerships, and the coordination of services, should be fluid in order to simplify the process for the client.

5.3 Key Findings/Lessons Learned

In 1997, prior to welfare reform, Nevada created a multidisciplinary task force to craft a program addressing the needs of multi-barrier clients. The task force members, consisting of the welfare division, advocacy groups, State agencies and others, identified several key issues with regard to assessing/treating welfare recipients.

- The personal responsibility plan for the head of household should look at the individual holistically. To do this, States need to have **clearly identified intake process and assessment forms** to identify all employment barriers of clients. Barriers that a client may be dealing with include domestic violence or chronic illness and the need for child care and transportation. The assessment evaluates the clients skill level for employability.

- Nevada obtained **buy-in from other organizations and agencies** by gaining their input in creating the assessment forms. By seeking their participation in creating the intake process and assessment forms, they have methods for assessing and treating clients with varying multiple barriers.
- Nevada **continues to seek input from organizations and agencies** as to which treatments are working, and which are not as effective.
- Nevada created **personal responsibility plans (PRP) for a variety of welfare recipients** to address their specific needs, including adult head of household members, minor children members, minor parents members, non-needy and SSI/ineligible non-citizen parent caretaker members, and noncustodial parents. The PRP identifies work and other activities that a client must complete.
- Multidisciplinary teams should meet to discuss welfare recipients and **share ideas about ways to address clients' barriers**. These teams do not discuss specific clients, but share ways they are helping clients with various barriers in obtaining self-sufficiency.
- Assessment forms **screen for domestic violence**. Social workers are considered the experts in assessing domestic violence and, in concert with the TANF workers, help identify clients with domestic violence. Nevada provides a “Domestic Violence Awareness” form that defines domestic violence, behaviors of batterers and who may be a victim. Since using this assessment, Nevada’s Welfare Division reports the highest number of domestic violence cases.
- **Implement earnings disregards** for clients. For clients working full-time (40 hours per week), Nevada’s TANF program provides a 100 percent earnings disregard for the first three months of work and 50 percent for the next nine months. For clients working at least 20 hours per week, Nevada’s TANF program continues to provide a partial payment of TANF funds until a percent of earnings is greater than the payment level. Also, in Nevada, the value of a vehicle is never counted to calculate earnings disregards.
- Nevada’s **State-imposed time limit is 24 months**. After 24 months, the individual must remain off of the welfare roles for 12 months before they can receive additional welfare money. There is hardship criteria that allow exceptions for those who are ill or incapacitated.
- **Children ages 7-12 must be immunized and continue attending school** in order to continue being eligible for TANF funds.

- Nevada's Welfare Division **works with other organizations and agencies** to find services that clients need according to the intake form. For example, the Welfare Division will work with SAMHSA to provide substance abuse and mental health treatment.

5.4 Ongoing Challenges/Opportunities

Nevada recommends that welfare offices partner with other Federal, State and local agencies, such as Welfare-to-Work, substance abuse and mental health. In addition, the presenters recommend:

- Collaborating with community- and faith-based organizations is another way to access additional resources at the local level.
- States should also work with Federal, State and local agencies to develop comprehensive assessments and intake forms that holistically evaluate the individual and family and address social (e.g., domestic violence, transportation, child care) and work skill needs. By obtaining buy-in on assessments from agencies and organizations, the entire system of providers work together to provide treatment to individuals and families.
- Personal responsibility plans that outline the treatments and work responsibilities of clients should be comprehensive, but not complicated, so that welfare recipients are not discouraged by the PRPs.

6. SUBSTANCE ABUSE AND MENTAL HEALTH IDENTIFICATION: DOES THIS MEAN YOU'LL TAKE MY CHILDREN?

Speakers:

Nancy Young, PhD, Director, Children and Family Issues, Inc.

Saul Singer, Program Supervisor, Department of Human Resources, Division of Child and Family Services, State of Nevada

Robin Nye, Social Welfare Specialist, Department of Human Resources, Division of Child and Family Services,, State of Nevada

6.1 Introduction

Many individuals remaining on welfare have substance abuse and/or mental health difficulties. Further, many are young women with children who often fear they will lose custody of their children if they are identified as substance abusers. States are employing a variety of strategies to maintain family units while providing substance abuse and mental health treatments.

The presenters shared confidentiality requirements, family preservation strategies, and the consequences a client faces when substance abuse and/or mental issues are identified.

6.2 Key Issues

The presenters overviewed several concerns for assisting those with substance abuse and mental health barriers:

- Substance abuse and those remaining on welfare are closely linked—many of those remaining on the welfare rolls have substance abuse problems. In order to effectively identify individuals suffering from substance abuse, welfare workers, child welfare workers and others need to have the skills for detecting those with alcohol and drug abuse issues.
- Confidentiality of clients' issues need to be maintain while welfare workers work simultaneously with child welfare, child protective services and other professionals.
- Time clocks for TANF and child welfare are quickly running out. Those working with welfare recipients need to rapidly implement systems that appropriately respond to these time clocks.
- Since August 1996, the number of welfare recipients has dropped by nearly 50 percent. However, while caseloads have dropped since welfare reform, less than half of the children who are in poverty are receiving welfare funds. How are children's needs being addressed as a result of the reduction in caseloads?

6.3 Key Findings/Lessons Learned

Nancy Young indicated that when individuals are identified as having a substance abuse problem, children are not automatically taken from the home, but they are at high risk of being removed. The sooner the substance abuse problem is diagnosed, the sooner treatment can be provided, and the individual can focus on working toward economic self-sufficiency. However, while drug testing through urinalysis and hair sampling are popular techniques for identifying those with substance abuse problems, they only indicate that an individual has recently used either alcohol or narcotics. A positive screen on a drug test does not assess whether or not there is a *history* of substance abuse. Therefore, appropriate drug screening and drug abuse assessments should focus on the implications of substance abuse on an individual's ability to obtain a job, and on other family dynamics.

The presenters indicated that several methods are useful in identifying and treating substance abuse while maintaining the family unit:

- Standardized assessment protocols help promote early self-disclosure.
- Child welfare workers and TANF workers, along with substance abuse and mental health professionals on the Federal, State and local levels, need to link together to develop a plan for treating individuals with substance abuse problems.
- Families require holistic assessments and services. Involving workers with multiple disciplines aids in the development of a comprehensive family plan.
- The partnering of multidisciplinary teams (e.g., child welfare, social workers, welfare workers, WTW) is effective in addressing those with multiple barriers. The focus should be on cross-training child welfare workers, welfare workers and those in other disciplines so they understand other perspectives and approaches. Since they have to address the same individuals and their multiple barriers, approaches can be combined in order to design effective treatments for the substance abuser.
- Confidentiality of client's issues is maintained even when working in teams when the welfare workers, social workers, child welfare workers and other professionals are working directly with the client.

The U.S. Children's Bureau, under the Department of Health and Human Services, funded the development of a collaborative training manual called "*The Intersection of Substance Abuse, Mental Illness, Domestic Violence, Welfare, and Child Abuse: An Interprofessional Resource Manual.*" The impetus for this manual was that previous studies indicated the various professionals did not trust each other. Therefore, the focus of the manual is to help professionals develop relationships with other agencies so that cross-pollination occurs across groups. The manual identifies competencies for TANF, child abuse, substance abuse, mental illness, and domestic violence professionals.

Saul Singer and Robin Nye discussed Nevada's program for aiding welfare families with substance abuse. Nevada's Intensive Family Services Program provides a holistic approach that seeks to empower families within the cultural and ecological context within which they live. The program provides clinical treatment, skill building workshops, advocacy and daily living services (e.g., transportation and funding for basic needs) by working with referral agencies and the clients to set incremental goals. Referrals are from various agencies such as Child Protective Services and welfare agencies. This program provides an appropriate and successful way to address TANF client's substance abuse problems, especially for individuals who have experienced other intervention methods (e.g., treatment, counseling) that were not successful.

The focus of the program is to provide support to families by instilling hope in welfare recipients, especially those with multiple barriers whose children may be temporarily removed

from the home, which help motivate clients to continue with treatment. The Intensive Family Services Program focuses on the “second-order change” of substance abusers. Where a “first-order change” is temporary because the client is not committed to developing positive behaviors, a permanent change is invoked in a “second-order change” by collaborating with the client and involving them in setting goals and in defining the conditions of a positive behavioral change. According to the Program, goals should be written according to the following guidelines:

- Using positive language
- In the client’s control (e.g., the client generates the goals with help from TANF workers)
- Using the client’s language
- Expressed in concrete, specific and behavioral terms
- Contain interactive features (e.g., identifying the people the client will be interacting with)
- Small, realistic and achievable in the short-term
- Written in the process form (e.g., indicating what the client will doing specifically).

6.4 Ongoing Challenges/Opportunities

- Continued cross-pollination of professionals who have the skills to provide a wide range of services to welfare recipients is a challenge.
- Drug screening should focus on the individual’s ability to obtain a job when they have a substance abuse problem, and should address family dynamics.
- Intake procedures should be supportive of clients by emphasizing participation in services that address barriers, as opposed to punishing clients for drug use by removing children from the home.
- Services should be seamless to the individual so the welfare recipient can center their attention on successful treatment and job training.

7. UNDERLYING ISSUES: DOMESTIC VIOLENCE AND SEXUAL ABUSE

Speaker:

Lorraine Chase, Domestic Violence Program, Anne Arundel County YWCA

7.1 Introduction

Domestic violence includes physical attacks, use of intimidation and threats, economic deprivation, psychological abuse, and sexual abuse. While domestic violence impacts women across all economic boundaries, research has shown a correlation between domestic violence and receipt of welfare assistance. Policymakers must be aware of the implications that TANF programs and policies may have on the lives of recipients who are or have previously been a victim of domestic violence.

7.2 Key Issues

- Domestic violence is about power and control.
- TANF policies—such as time limits, work requirements and child support requirements—may have large impacts on the lives of victims of domestic violence.
- Collaboration between domestic violence organizations and TANF agencies is critical.

7.3 Key Findings/Lessons Learned

- Domestic violence is about power and control. Domestic violence is not just physical attacks; it is also the use of intimidation, threats, economic deprivation, psychological, and sexual abuse. The FBI estimates that a woman is battered every 15 seconds in the United States. Although domestic violence crosses all economic and social boundaries, many studies demonstrate a substantially higher incidence of domestic violence against women receiving welfare assistance.
- In the vast majority of domestic assaults, the male is the perpetrator. To end domestic violence, we must scrutinize why it is usually men who are violent in partnerships and examine the historic and legal permission that men have been given to be violent in general and towards their wives and children more specifically.
- The beginning of relationships that turn violent are often described as quick, intense and perfect. The couple often meets, moves in, and marries in a very short period of time (i.e., few weeks). However, everything changes very quickly and continues to worsen over time. Victims are isolated from family and friends and are placed in the abuser's reality. Victims are afraid to lose their children and feel that everything is their fault. Victims are convinced to feel that the violence is their fault and their failure. Domestic violence is often associated with low self-esteem, depression and anxiety.

- Victims fear that if they leave or tell the authorities their children will either be hurt or taken from them.
- Domestic violence often follows a generational pattern. People learn from what they see and experience. A study by the Anne Arundel YWCA found that 50 percent of male abusers self-reported being sexually assaulted as a child.
- Domestic violence often coincides with other barriers, including substance abuse, mental health, and child abuse and neglect. There is a high correlation between domestic violence and substance abuse, but no causal relationship. Stopping the assailant's drinking will not end the violence. Assailants use drinking as one of many excuses for violence as a way of putting responsibility for their violence elsewhere. Research also shows that there is a 30 and 60 percent overlap between violence against women and violence against children in the same families. All children suffer from witnessing domestic violence.
- The number of female perpetrators has been increasing over time. Background assessments show that these women are often long-term victims, who have experienced child abuse and/or domestic violence. Those previously victimized sometimes strike out because they do not ever want anyone to hurt them again. Therefore, it is important to divide treatment groups for female perpetrators into those who are regular perpetrators (treat same as male abusers) and those who were victimized themselves (treat in a trauma group).

7.4 Ongoing Challenges/Next Steps

In order to address the impact of domestic violence and sexual abuse as barriers to employment, the presenter suggested that TANF agencies do the following:

- Train TANF staff on domestic violence. Train staff on how to screen, inform recipients about services available, ensure client confidentiality, determine appropriate set of support services available, and understand how and where to make referrals.
- Provide co-location of domestic violence professionals to assist in staff trainings, screening and assessments for domestic violence.
- Create an environment that fosters safety and trust. Organizational cultures that make it safe for recipients to talk about domestic violence are more likely to be effective in promoting self-disclosure.
- Think more creatively and collaboratively. TANF cases can be initiated at the domestic violence program rather than just referring the victim over to TANF.

- Collaborate with other public agencies and local service providers and nonprofits. Obtain Memoranda of Understanding/Agreement (MOU/MOA) with agencies. Increase service integration among and between the following agencies/organizations: TANF, Welfare to Work agency, Domestic Violence, Substance abuse, Mental Health, Child Welfare, Child Support Enforcement, Child Protective Services, health care providers, courts and legal providers, schools, child care providers, law enforcement, shelters, and community based organizations.
- Be flexible around issues of children. Remember that victims talk to each other and if CPS shows up at door immediately after victim reaches out for help from TANF office, other victims will not come forward. Work with CPS and other agencies so they do not automatically do an investigation because this will likely end up revictimizing the woman. Emphasize use of home intervention plans prior to CPS intervention. Use local providers to do home visits to talk with victims and children.
- Do not use the phrase “Safety Plan.” This infers that victims can not be trusted to handle things themselves. Instead talk about an idea of what to do if violence occurs again.
- Conduct marketing and outreach strategies to educate and inform welfare recipients and the general public about the fundamental issues surrounding domestic violence and the services available to assist victims and their families.
- Offer employment-related services, such as literacy training, job readiness training, and job placement services, in combination with case management and domestic violence support services. Educate employers about signs of domestic violence and how they can be of assistance. Implement Employee Assistance Programs (EAPs) which are responsive to the needs of victims of domestic violence.

8. IDENTIFICATION OF ALCOHOL AND OTHER DRUGS (AOD) AND MENTAL HEALTH PROBLEMS: PART 1

Speakers:

Mary Nakashian, Consultant

Terry Thompson, Human Resources Policy, Urban Institute

8.1 Introduction

While many families have been leaving welfare for work, it has been argued that those remaining on the caseload will be the hardest-to-serve and employ, facing multiple barriers such as substance abuse and mental health issues, domestic violence, and learning disabilities.

However, at present, we do not know the prevalence of such multiple barriers among welfare recipients, nor do we know the extent to which these are barriers to employment. Estimates of

substance abuse among welfare recipients range from 6 to 37 percent. This session examines the issues surrounding effective substance abuse and mental health screening and assessment procedures.

8.2 Key Issues

- Welfare and treatment systems have different concepts of screening and assessment instruments.
- Formal instruments can be useful in welfare settings, but they have limitations. Screening instruments must be considered in the context and environment in which they are being administered.
- The welfare setting offers several opportunities for workers to identify substance abuse and other barriers to employment and self-sufficiency.

8.3 Key Findings

Substance abuse and mental health identification and treatment is a relatively new area for most TANF agencies. It is important for TANF agencies to recognize that screening and assessment tools were not designed for use in welfare offices nor for the identification of substance abuse or mental health problems. Rather, substance abuse agencies use screening instruments to determine the extent of the problem once it has already been acknowledged by the individual. Therefore, screening instruments must be considered in the context and environment in which they are being administered.

To better identify and serve clients with substance abuse and mental health barriers, TANF agencies should:

- Understand the capacities and limitations of screening and assessment instruments. Implement policies which reflect an understanding of those capacities and limitations.
- Create an environment that fosters safety and trust. Organizational cultures that make it safe for recipients to talk about substance abuse and mental health issues are more likely to be effective in promoting self-disclosure.
- Be open and flexible. Each interaction with a recipient is chance to open a discussion about substance abuse and mental health services. Talk with clients and families during all stages, not just when applying. If feasible, use recipient wait times and office waiting rooms to provide general information that recipients can use to think about their work opportunities and barriers.

- Develop mechanisms that earmark crisis points, such as threats of sanction or approaching time limits, and use these crisis points as particularly important opportunities to talk about substance abuse with recipients.
- Provide ongoing cross-training of substance abuse and TANF staff so that they understand their own and each others' roles, and know how to communicate about concerns, make referrals, and share information.
- Recognize that issues of substance abuse often coincide with other barriers, such as mental health, domestic violence, and child abuse and neglect.
- Provide co-location of substance abuse staff at the TANF agency and TANF staff at the substance abuse agency. Emphasize interagency coordination. Coordination streamlines services to the client and reduces duplication of services across agencies.
- View substance abuse and mental health services as work-related, supportive services similar to child care and transportation. Services and assistance should be offered rather than punishment.
- Educate yourself about the local resources available in your area. Partner with local organizations and nonprofits.

At present, drug testing of welfare recipients—via analysis of blood, urine or hair—has not been widespread in the States. Only Michigan attempted to implement universal drug testing as a condition of eligibility (though it has been temporarily blocked by the courts). A few other States are conducting pilot programs including drug testing (Florida and New Jersey) or are using these tests in specific and limited circumstances (Oregon). Drug testing is highly controversial for the following reasons:

- Drug tests do not demonstrate patterns of use nor whether a person is abusing or dependent on a substance.
- Common drug tests do not provide accurate information about alcohol use.
- Drug tests are invasive procedures, and raise questions about peoples' rights to privacy.
- People may be afraid to apply for benefits if they believe they will be drug tested.

Notwithstanding the controversies and limitations in using drug tests, welfare agencies may consider using drug testing under the following situations:

- Testing may be used for research purposes to better understand the nature and prevalence of substance abuse among welfare recipients. Confidentiality and anonymity must be protected so that no deleterious consequences follow.
- Employment programs may use drug testing in some situations. For example, testing might be introduced towards the end of a job preparation program and accompanied by discussion about why employers test for drugs.
- Drug testing could be used on a targeted basis, in situations where there are strong indicators that substance abuse might be a problem (due to scores on screening instruments, failing employer drug tests, or being sanctioned). However, strategies such as assessment and extensive outreach should be used first.
- The results of testing used by treatment providers can help treatment and welfare workers make decisions about recipient progress and needs. These decisions need to be made within the boundaries of confidentiality.

8.4 Lessons Learned/Next Steps

TANF agencies need to expand their horizons and be more innovative in identifying and addressing substance abuse and mental health issues. The presenters offered the following suggestions to TANF agencies struggling to improve the identification and referral process for those recipients with substance abuse and mental health barriers to employment:

- Create an environment that fosters trust and safety. These types of settings promote communication and self-disclosure.
- Recognize that everything boils down to creating effective relationships—worker and client, agency to agency, agency to community organization.
- Partner across agency boundaries to foster cooperation and reduce duplication of services. Co-locate substance abuse, mental health and domestic violence specialists in TANF agencies and vice versa. Use a One-Stop approach setting.
- Think outside of the box when designing services and conducting outreach. Collaborate with local treatment and mental health organizations to obtain new ideas.
- Use the home setting as well as the office setting.

9. IDENTIFICATION OF ALCOHOL AND OTHER DRUGS (AOD) AND MENTAL HEALTH PROBLEMS: PART 2

Speakers:

Mary Nakashian, Consultant

Maxine Heiliger, Alameda County Behavioral Health Services

Dale Peterson, NY State Office of Temporary and Disability Assistance

9.1 Introduction

Welfare reform legislation fundamentally altered the welfare program structure and operation, the roles of the welfare agency staff, and the requirements on recipients. In order to successfully implement the new TANF policy and programmatic changes, all key players—policy makers, TANF administrators, front line staff, welfare recipients, service providers—must understand the new program changes and how it affects their responsibilities.

9.2 Key Issues

- Organizational culture change is critical for the TANF programs' success.
- Community outreach and marketing strategies can improve welfare programs' effectiveness.

9.3 Key Findings

An organization's effectiveness depends on the ability of its leaders to obtain the cooperation of its employees on the acceptance of a common purpose and on a system of communication to tie it all together. TANF staff need to go beyond following the rules and instead both understand and believe in the process. To work through the operational challenges, TANF agencies and personnel should:

- Revisit your agency mission statement and redevelop if necessary
- Adapt staffing and supervision patterns
- Invest in training and professional development
- Align program policies to agency mission

- Develop partnerships and memoranda of agreement/understanding between other public agencies and community organizations, specifying roles and responsibilities
- Cross-train welfare and substance abuse staff.

As part of the organizational culture change, TANF agencies should consider developing new outreach and marketing strategies. Outreach and marketing efforts are based on the assumption that welfare administrators can improve their track records by looking outside of their agencies for ways to help recipients seek assistance for their substance abuse. Outreach and marketing offer TANF administrators new perspectives and ideas, without requiring an extensive amount of TANF staff time. There are a variety of ways that TANF administrators can include outreach and marketing into their strategic plans, including direct operation by welfare staff, contracts with local nonprofit and community-based organizations, memoranda of understanding with other public agencies, or contracts with private firms.

Outreach and marketing is accomplished by providing information about substance abuse and mental health to people in places they frequent—their homes, schools, churches, child care centers, and community settings. This allows individuals an opportunity to reflect on the messages and ask for more information without forcing them to respond immediately to questions about their barriers. Effective outreach and marketing also provides accurate information to welfare staff and the general public about issues such as genetic predisposition to addiction, differing patterns of substance abuse and recovery between men and women, the philosophies underlying different kinds of treatment programs, and the nature of relapse. By providing more accurate information about substance abuse and mental health, outreach and marketing efforts can help all people better understand these problems and increase the chances that more people will seek treatment.

Alameda County CalWORKs program worked with a team of alcohol, drug and mental health specialists to conduct outreach in the communities where recipients live. Alameda County Behavioral Health Care Services contracted with a number of service providers to design a high density multimedia marketing campaign to increase CalWORKs recipients' awareness of and access to alcohol, drug and mental health services. The outreach campaign used both professional graphic artists and art designed by community residents in developing messages to provide information and encouragement to welfare recipients. Information was posted on billboards, posters, bus signs, BART signs, and television and radio commercials. In addition, the outreach campaign included five direct mailings of colorful, easy-to-read materials using community created images and themes—such as “Change is Hard”—to 26,000 Alameda County CalWORKs recipients. Informational videos describing CalWORKs services were also mailed to all sanctioned recipients at their homes.

9.4 Ongoing Challenges/Opportunities

In order to develop effective outreach and marketing strategies, the speakers recommend that TANF agencies do the following:

- Convene meetings with staff from welfare, substance abuse treatment, mental health services and client advocacy agencies to write a written goal and process for the outreach and marketing campaign
- Make contact with clients in their community, on their own turf
- Conduct focus groups to elicit ideas and themes for campaigns
- Use multilingual tools to learn expectations from different groups
- Use this opportunity to evaluate your outreach and marketing efforts. Design data collection forms, management reports and work processes that allow for outcome evaluations.

10. STRATEGIES FOR TRIBES TO OVERCOME SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS

Speakers:

Candice Stewart, Our Youth, Our Future, Inc.

William Wolf

Jose Rivera, Rivera, Sierra and Associates

10.1 Introduction

Social, economic, political and historical factors have led to conditions that have put a great deal of stress on Native American families and lead to a variety of social ills. Native American welfare clients suffering from addiction, low self-esteem, domestic violence and other problems require holistic and culturally-specific treatment programs to meet their needs.

10.2 Key Issues

- Native American welfare clients suffering from addiction, low self-esteem, domestic violence and other barriers require culturally-specific treatment programs.
- Native Americans should themselves be involved as program treatment staff and role models.

- Tribes need to work with States to ensure access to State and/or Federal resources for mental health and substance abuse services for Native Americans.

10.3 Key Findings/Lessons Learned

Overall rates of alcohol and other drug use are high among members of Native American groups. Native Americans begin using alcohol, illicit substances, and cigarettes at a younger age, at higher rates, and in combination with one another than any other group. However, the use of specific drugs varies. Research has shown Native Americans' past-year use of alcohol was a close third to whites, whereas past-year use of cigarettes, marijuana, and cocaine were significantly higher than any other group. Native Americans also have the highest level need of illicit drug abuse treatment compared to any other group.

Traditionally, substance abuse treatment has been predominantly targeted toward white, middle-class males. Substance abuse treatment services must assess the causes of the addiction holistically and provide long-term comprehensive services selected specifically for the individual. In order to serve the needs of Native Americans, substance abuse and mental health treatment strategies should address the following issues:

- **Treatment availability.** There is a limited number of and funding for culturally-competent, Native American treatment providers.
- **Treatment access and cultural competence.** Many treatment centers do not understand or incorporate culturally competent treatment strategies/modalities. Treatment access requires more than availability in the community. Native Americans may not seek health services, such as substance abuse treatment, if the program staff does not include any members of their ethnic group.

A holistic approach that includes traditional values, beliefs, ceremonies and processes as well as an enhanced awareness and understanding of the group's current circumstances and historical oppression, is essential to the effectiveness of a culturally competent Native American substance abuse or mental health treatment program.

10.4 Ongoing Challenges/Lessons Learned

In order to provide effective services to meet the needs of Native Americans with substance abuse and/or mental health problems, the presenters recommend the following:

- Include Native American staff, especially of the same tribe, in substance abuse/mental health treatment programs. Native American staff should contribute significantly to the intake process and development of an appropriate and effective treatment plan.
- Employ the models of healing and changing preferred by the specific tribe and individual. Implement culturally sensitive approaches that incorporate and reinforce their cultures/lifestyles. Examples of traditional practices include the Talking Circle, Sweat Lodge, Four Circles, and Vision Quest.
- Hire treatment program staff who understand the different value systems of the Native American and Western world. Most Native Americans, especially the young, have to cope in both worlds on a daily basis. Culturally competent staff members can blend the values and roles of both cultures. It is also important to identify those individuals for whom emphasis on traditional ceremonies might not be appropriate.
- Include the tribal community in the treatment process. Community members such as family members, tribal healers, elders, and holy persons can serve as counselors, support staff, mentors and role models. This mechanism serves to empower the community as well as the individual.
- Develop treatment programs and modalities to address the needs of Native American youth. Given that Native Americans begin using substances at an earlier age, intervention at earlier ages is necessary. Teach children how to manage their anger and stress.
- Develop prevention programs that are culturally related and emphasize the strengths of the Native American community. Involve Native Americans in the planning process. Prevention programs could include strengthening community projects such as recreational opportunities, cultural heritage programs and employment programs.
- Collaborate with other community resources. Culturally competent treatment programs can serve to educate the nearby health and human service agencies/organizations. Treatment program staff could form linkages with social workers, psychologists, judges, probation officers, police personnel, juvenile authorities, and housing personnel.
- Maintain open lines of communication with and ask for technical assistance from State, regional, and Federal staff of Administration of Children and Families and Administration of Children, Youth and Families.
- Educate yourselves about the funding, services and requirements offered under welfare reform. Tribes have the option of operating their own TANF program and determining eligibility and the benefit levels and services to provide to needy families. For example, Tribes can use Federal TANF funds to provide medical and

non-medical substance abuse treatment services for eligible TANF recipients. In addition, substance abuse treatment can be determined a work activity.

- Learn about other resource mechanisms. Meet with other public agencies to determine what funding or resources are available. For example, the Bureau of Indian Affairs is responsible for the Public Law 102-477 initiative. The 477 initiative can allow a tribal government to consolidate certain federally-funded employment, training and related services into a single, fully integrated program. Integration provides greater flexibility in the delivery of services. In addition, the tribe no longer has to keep separate records for each program, simplifying the administration of the funds involved.

11. MODEL SUBSTANCE ABUSE PROGRAMS

Speakers:

Janice Johnson, The National Center on Addiction and Substance Abuse (CASA) at Columbia University

Christa Sprinkle, Steps to Success

11.1 Introduction

Substance abuse is a significant barrier to work for many welfare recipients. National estimates of the welfare population that abuse alcohol or other drugs ranges from 11 percent to 27 percent. This session provides an overview of two projects—CASA Works and Mt. Hood Community College’s Steps to Success—which are both designed to help clients to overcome substance abuse challenges by integrating substance abuse treatment with education and job training.

11.2 Key Issues

- Substance abuse can be a significant barrier to employment.
- Changing the organizational culture and providing comprehensive staff training are the first steps to effectively addressing substance abuse issues.
- Effective treatment strategies should integrate treatment services with education and job training services.

11.3 Key Findings/Lessons Learned

Identifying substance abuse problems in the welfare population is a highly difficult process. Many TANF workers are overburdened in general and untrained and uncertain about

how to screen and identify substance abuse. Moreover, TANF workers may not believe that treatment will work or are not aware of the types of treatment resources available. On the other side, clients with substance abuse often perceive that if they are truthful about their problems they will be sanctioned and run the risk of having their children reported to Child Protective Services (CPS). Some clients would rather be sanctioned than deal with their substance abuse related problems and others are unaware and deny having a problem all together.

Mt. Hood Community College's Steps to Success Program is designed to help welfare clients to overcome substance abuse challenges by integrating substance abuse treatment with education and job training. Oregon's Department of Human Resources, Adult and Family Services division, contracts with Mt. Hood Community College to provide assessments, referrals and treatment services to those clients identified by TANF staff. Treatment services offered include, adult basic education, alcohol and drug treatment, mental health counseling, teen parent services, specialized job development, volunteer work experience, subsidized work experience, and non-native English speakers job placement.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University launched CASAWORKS for Families, a \$16 million, 3-year demonstration to help drug and alcohol addicted mothers on welfare to achieve self-sufficiency. CASAWORKS combines substance abuse treatment, literacy and job training, parenting and social skills, violence prevention, health care, and family services in a single concentrated course of treatment and training.

In order to provide effective substance abuse treatment services, the presenters provided the following lessons learned:

- Placement of clinical substance abuse treatment staff at each welfare branch office is key to the success of client involvement in treatment.
- Addition of an adjunct questionnaire to the SASSI screening instrument is needed.
- Screening results may not tell the whole story. A negative is not necessarily a negative.
- Do urinalysis drug screens only as necessary.
- Monitoring clients in treatment is very difficult.
- Continually train all TANF staff on substance abuse issues, including screening and referral mechanisms. Repetition of training is very helpful.

- Train on issues of client confidentiality. Informed consent should be obtained in addition to Releases of Information. Clinical records should be kept separate from welfare case files. Understand who gets the information, why and how it will be used.
- Work space (i.e., individual offices rather than cubicles) should support clinical staff being in compliance with the Federal law on confidentiality regarding substance abuse.
- The case management model of clinical work is essential. Using formal staffings including staff from other relevant agencies/organizations to jointly make treatment plans. Seek to blend funding streams to increase formal collaborations.
- Support the key relationships that affect the screening, assessment, and treatment processes.
- Parent to Child—child safety and getting a job, truthful about and accountable for substance abuse problems.
- Client to Worker—context of disclosure, competency of worker regarding substance abuse issues.
- Worker to Worker Across Systems—accountability for knowing the system, co-location fosters trust, training, crisis assistance and immediate referrals.
- Policy Leader to Policy Leader—ensuring that system environment supports access to quality to substance abuse care, being accountable for the system, being willing to try new methods such as the use of paraprofessional outreach and marketing.

11.4 Ongoing Challenges/Opportunities

Ongoing challenges for TANF agencies working clients with substance abuse issues include:

- Finding a balance between the TANF policies (i.e., time limits, work participation requirements, and child support requirements) and a supportive environment providing comprehensive substance abuse treatment services
- Using Federal TANF and State MOE funds innovatively; partnering with treatment agencies, local nonprofits and faith based organizations
- Providing a holistic approach to families with substance abuse issues; providing aftercare services for the entire family, especially drug-free housing

- Bringing vocational services into the substance abuse treatment setting
- Coordinating welfare and substance abuse services through co-location of staff, blended funding, joint proposal writing, joint staff training, and/or integrating information systems to facilitate data sharing.

12. MODEL MENTAL HEALTH PROGRAMS

Speakers:

Sandra Naylor Goodwin, California Institute of Mental Health

Dan Thornhill, Utah Department of Workforce Services

Karla Aguierre, Utah Department of Workforce Services

12.1 Introduction

Mental health conditions, in general, are a considerable barrier to employment. Individuals with mental health conditions are more likely to have poor and sporadic work histories, to be unemployed, and to be receiving public assistance. Furthermore, the stigma associated with mental illness reduces the likelihood that those with mental health conditions will seek treatment. This workshop highlights lessons learned and approaches to identify, refer and deliver services to welfare clients with mental health issues.

12.2 Key Issues

- There is a high co-occurrence between mental health conditions with substance abuse and domestic violence issues.
- An integrated and comprehensive approach to identification and treatment of mental health, substance abuse, and domestic violence barriers to employment is critical.

12.3 Key Findings/Lessons Learned

CalWORKs Project

The CalWORKs Project is a collaborative effort by The California Institute for Mental Health (CIMH), Children and Family Futures (CFF), and the Family Violence Prevention Fund (FVPF). The purpose of the project is to study the implementation of CalWORKs in California counties, as it relates to the identification, referral and delivery of mental health (MH), alcohol and other drugs (AOD), and domestic violence (DV) services to CalWORKs participants when

these issues are barriers to employment for the TANF population. More specifically, the CalWORKs Project seeks to:

- Understand how MH/AOD/DV issues impact employability of the TANF population
- Understand how assessment and treatment/recovery services and services for domestic violence victims can be organized and delivered to overcome these barriers
- Disseminate what is learned to counties
- Provide empirically-based policy analysis and recommendations regarding models for employment of TANF parents with MH/AOD/DV issues.

Sandra Naylor Goodwin also discussed findings from another CalWORKs research project, which is gathering in-depth information on six counties (Alameda, Kern, Los Angeles, Monterey, Shasta and Stanislaus). Study findings include:

- Implementation of the AOD/MH/DV component of CalWORKs has been slow, but the numbers served have been increasing.
- Efforts to identify participants with AOD/MH/DV issues must be comprehensive, aggressive, and occur at every stage of the CalWORKs and include outreach efforts outside CalWORKs.
- Training makes a large difference in the number of referrals being made—even a little training is better than none; a lot of training is better than some.
- Use of specialized eligibility and employment staff result in higher identification and referrals rates. The top 20 percent of eligibility workers made 52 percent of referrals and the top 20 percent of employment staff made 55 percent of referrals.
- Employment counselors rate “ease of referral” high, but do not receive timely feedback about referrals.
- Counties are recognizing the need for outreach to participants with AOD, MH, and DV barriers.
- Services are effective if completed, but more assertive efforts are needed to keep many clients engaged in services.
- Services need to be comprehensive and employment focused.
- Insufficient attention and resources are being devoted to DV.

- CalWORKs has brought increased interagency coordination between the following agencies: CalWORKs, Domestic Violence, Mental Health, Substance Abuse, Child Welfare, and Workforce Development.
- Current information system infrastructure is inadequate.

Another CalWORKs research study is following 880 TANF individuals from Kern and Stanislaus counties over a 2-year period to determine the extent to which MH/AOD/DV issues exist in the population, the extent to which these issues are barriers to employment, and the extent to which identification and treatment of these issues results in better work, child and family functioning. Current research findings include:

- Approximately one-third of Kern recipients and two-fifths of Stanislaus recipients were diagnosed with at least one mental health disorder (major depression, generalized anxiety, panic attack, social phobia, specific phobia, and agoraphobia). Depression was the most significant mental health disorder for recipients in both counties. Mental health diagnoses on depression, panic attacks, and generalized anxiety disorders were higher for welfare applicants and phobias of all types were more likely to be found among welfare recipients.
- Approximately 10 percent of recipients in both counties (9.5% in Kern; 12.6% in Stanislaus) self-reported any substance abuse or dependence. This measure, however, is likely to under report serious alcohol and drug users.
- Current and past exposure to domestic violence is very high among recipients in both Kern and Stanislaus. More than 55 percent reported current or past verbal humiliation and being threatened that abuser would kill victim or themselves, hurt or kidnap the child, and/or turn the victim into CPS. More than 60 percent of recipients interviewed in both counties reported current or past physical abuse. Approximately 30 percent of recipients interviewed in both counties had experienced stalking. Nearly 20 percent in both counties reported they were forced into unwanted sexual acts.

For further research information or technical assistance, go to the California Institute of Mental Health's Web site at www.cimh.org

Utah Department of Workforce Services

The Utah Department of Workforce Services (DWS) was created in 1997 to consolidate all job placement, job training and welfare services into one integrated service delivery system. The mission of DWS is to provide quality, accessible, and comprehensive employment-related and supportive services responsive to the needs of employers, job seekers and the community.

The Utah Department of Workforce Services uses a two-tier system to identify possible barriers to employment, such as mental health, substance abuse, or domestic violence. Customers enter the Employment Center and can access core self-directed services (i.e., job connection, labor market information, workshops, skills testing, and career counseling) as well as staff-assisted services including a comprehensive assessment. All employment counselors have completed a core curriculum training of 250 hours by specialists to learn about integrated services, how to conduct employment plans, how to conduct assessment trainings on early identification and detection of mental health, substance abuse and domestic violence. Employment counselors conduct initial assessments covering customer's employment goals, employment history, education and training history and needs, family situation, emotional and psychological well-being, health issues, legal issues, and basic resources. Mental health and substance abuse questions, including the CAGE screening instrument questions, are asked with other general health questions. All assessment information is entered by the employment counselor into the UWORKS Comprehensive Assessment Screens MIS system. The MIS system is accessible by the eligibility worker, the employment counselor, and the social worker so that duplication of services is reduced and services are improved.

If a customer discloses a mental health or substance abuse problem during the initial comprehensive assessment, or if the problem is obvious to the employment counselor, the customer is referred for in-house social work assessment and services. Using the Social Work Clinical Diagnostic Assessment, the social worker determines the appropriate pathway of services to assist the customer. The three primary options include:

- Treatment Required—brief intervention of three to five sessions followed by a community referral and monitoring
- No Treatment Required—non-therapeutic recommendations made; social work services are ended
- Consultation—social worker, employment counselor, and customer treatment agency work with customer to devise a plan.

12.4 Ongoing Challenges/Next Steps

In order to provide the most effective identification, assessment, referral, and treatment services to clients with mental health conditions, the presenters suggest the following:

- TANF programs should be more assertive in trying to overcome obstacles to remaining in services.

- Create an environment that fosters safety and trust. Organizational cultures that make it safe for recipients to talk about mental health, substance abuse, and domestic violence issues are more likely to be effective in promoting self-disclosure.
- TANF agencies should take a more comprehensive approach. Clients with mental health issues may also have substance abuse, domestic violence, and child welfare issues. Provide staff co-location, integrated service teams, or One-Stop Centers.
- TANF agencies need to partner with specialists in the field—mental health agencies, substance abuse treatment agencies, and domestic violence organizations.
- TANF agencies should review the network of providers to ensure cultural and linguistic relevance.
- TANF programs should offer specialized employment services for those with ongoing mental health issues, who do not receive treatment.
- TANF agencies should evaluate the success of service programs including rates at which clients stay in services.

13. PRENATAL EFFECTS OF ALCOHOL: INTERVENTION AND PREVENTION FOR MOTHERS AND BABIES

Speakers:

Therese Grant, Parent Child Assistance Program, University of Washington School of Medicine

Marceil L. Ten Eyck, Mother

Sidney Guimont, Daughter

13.1 Introduction

Fetal Alcohol Syndrome (FAS) is a birth defect caused by heavy prenatal alcohol exposure. FAS is diagnosed when an individual has three characteristics: growth deficiency, specific patterns of facial anomalies, and some manifestation of central nervous system dysfunction. Common traits associated with central nervous dysfunction include hyperactivity and attention deficit, intellectual deficit and learning disabilities, problems with memory, language and judgement, developmental delays, fine gross and motor skills, and mental retardation. In fact, FAS is the leading cause of mental retardation. While FAS is not curable disease, it is entirely preventable one.

13.2 Key Issues

- Fetal Alcohol Syndrome (FAS) causes both primary and secondary disabilities.
- TANF services and requirements can have large impacts on recipients and/or their children with FAS and substance abusing women on welfare.

13.3 Key Findings/Lessons Learned

Fetal Alcohol Syndrome (FAS) has both primary impacts (i.e., growth deficiency, facial anomalies, and central nervous dysfunction) as well as secondary impacts. A research study, which interviewed 415 individuals with FAS and Fetal Alcohol Effects (FAE) as well as parents of children with FAS and FAE, found a high incidence of secondary disabilities among individuals affected with FAS and FAE. The most prominent secondary disabilities findings include:

- 90 percent—Diagnosed with mental health issues
- 60 percent—In trouble with the law
- 40-50 percent—Inappropriate sexual behavior
- 60 percent—Disrupted school experience
- 40-60 percent—Confinement
- 30-45 percent—Substance Abuse problems.

Protective factors found to lessen the likelihood of experiencing secondary disabilities include:

- Stable and nurturing home environment
- Being diagnosed with FAS before 6 years of age
- Never experiencing violence (physical, sexual abuse, domestic violence) against self
- Staying in each household at least three years on average
- Good quality home during 8-12 years of age
- Applied for and received Developmental Disabilities and SSI services.

The Parent Child Assistance Program in Seattle, WA, is an intensive personal advocacy program for the highest risk, substance abusing mothers. The goal of the program is to both intervene with high-risk mothers to prevent more alcohol affected babies and to intervene with high-risk babies and their mothers to prevent secondary disabilities. The Parent Child Assistance Program builds on the relationship theory that individuals need positive long-term relationships for healthy lives. The program pairs paraprofessional advocates—all of whom have had similar experiences overcoming adversity in areas such as welfare, substance abuse, and/or domestic violence—to work with the family until the child reaches 3 years of age. Mothers are not asked to leave the program if they relapse or experience setbacks. The program is client-centered enabling clients to identify their own goals and not mandating any form of treatment. The only program requirement is that participants must agree to work with their advocate for three years. Advocates assist and support clients in a variety of ways, such as helping them to identify personal goals, obtain substance abuse treatment, stay in recovery, choose family planning methods, connect with community services, and resolve system service barriers.

One of the most effective ways to work with clients to identify needs and goals is by using the Difference Game. The Difference Game is a concrete, hands-on card-sort assessment method designed to enable clients and social workers to work together to identify client needs. The game consists of 29 laminated cards with a variety of possible client needs written on each one. The client is asked to sort cards depending whether or not the information on card would make a difference in her life. After the first sorting process, the client then ranks the top five needs that would make a difference. From these cards, the client's personal goals are determined and a plan is initiated.

Outcomes after 36 months in the Parent Child Assistance Program include:

- 85 percent participated in some type of substance abuse treatment programs
- 67 percent had at least one period of abstinence from substance abuse of 6 months or more
- 73 percent use family planning methods on a regular basis
- 69 percent of children were living with their own families
- 94 percent of children were receiving well-child care and were fully immunized.

13.4 Ongoing Challenges/Next Steps

To deal effectively with issues of FAS and substance abuse, TANF agencies should improve on the following:

- Understand and identify substance abuse issues and FAS earlier in the process.
- Recognize that the work first attitude of welfare reform will have strong implications on clients with FAS. On the one hand, work and employment is structured and, therefore, may be very positive and motivating for FAS clients. On the other hand, the workplace can be highly stressful, leading to deleterious consequences for those affected by FAS. Loss of structure and high levels of stress can lead to secondary disabilities, such as depression.
- Offer clients hands-on job training and sheltered work situations. Recognize that individuals with FAS learn much better by seeing and doing. Hands-on and structured activities are highly beneficial.
- Partner with and fund innovative programs addressing substance abuse and FAS issues.
- Conduct marketing and outreach to inform families about substance abuse and FAS issues and the services offered under TANF.

14. EMPLOYEE ASSISTANCE MODEL: SERVICES WHILE WORKING

Speakers:

Elena Carr, Department of Labor

*Smith Worth, Behavioral Health Care Resources Program, University of North Carolina,
School of Social Work*

14.1 Introduction

Employee Assistance Programs (EAPs) are programs designed to help workplaces and their employees identify and resolve productivity problems associated with employees impaired by personal concerns. EAPs are helpful to workplaces by providing confidential problem identification, short-term counseling, and referral to substance abuse, mental health and other treatments. EAPs are workplace-based and address the needs of both the organizations and employees.

North Carolina's Work First (TANF) program includes substance abuse screening, assessment, referral, and client tracking services as part of the State's program. The State

developed an Enhanced Employee Assistance Program (Enhanced EAP) to address job retention issues of those identified through the Work First initiative. The Enhanced EAP provides EAP services to employers at no cost for two years in exchange for hiring Work First participants. This session painted a national overview of EAPs and discussed North Carolina's Employee Assistance Model.

14.2 Key Issues

- EAPs are designed to assist in the identification and resolution of productivity problems associated with employees who are impaired by personal concerns in the workplace. There are many benefits of EAPs for both employers and employees.
- EAPs are prevention programs that help establish alcohol- and drug-free families, schools and communities.
- Most small business do not have EAPs even though they are the most frequent employers of TANF clients.
- People transitioning to work who have substance abuse problems and other barriers can especially benefit from EAPs since it is a prevention program that informs employers and employees about the Drug-Free Workplace Act of 1988.

14.3 Key Findings/Lessons Learned

Elena Carr of the U.S. Department of Labor (DOL) indicated that employers and employees often express confusion on what employee assistance programs do and do not provide. EAPs:

- Assist employers in how to identify and address substance abuse issues confidentially
- Educate both employers and employees on substance abuse issues
- Provide supervisory training on recognizing drug abuse in employees and teach employers about drug testing
- Supply referrals to appropriate treatment, case monitoring and follow up during and after treatment.

Specifically,

“EAPs are worksite-based programs designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.”

However, EAPs do not provide general human resource services, train employers on benefits plans, provide substance abuse treatment, or present a way to circumvent personnel policies.

Therefore, through partnerships, EAPs can be used to help train TANF and WtW professionals in:

- Using screening tools to assess whether a welfare recipient has a substance abuse problem
- Co-locating treatment professionals in their one-stop shops
- Integrating workforce preparation activities into existing treatment modalities
- Training and assisting supervisors/management on how to support the transition of a welfare recipient to the workplace
- Delivering specialized post-employment services
- Handing-off welfare recipients to workplace-based providers of substance abuse treatment services.

The Working Partners for an Alcohol- and Drug-Free Workplace Program (Working Partners), sponsored by the Department of Labor, is an EAP whose overall mission is to help companies maintain safe, healthy, and productive workplaces. The Working Partners program is designed to:

- Raise awareness about the impact of substance abuse on businesses of all sizes
- Provide information to businesses on how to establish an alcohol- and drug-free workplace program (DFWP)
- Offer facts and figures about alcohol and drug abuse.

Because drug-free workplace programs set behavioral expectations of employers and employees in the workplace, offices that adopt these policies are good places for welfare recipients with a history of substance abuse to work. DFWRPs assure employers they have mechanisms in place to address substance abuse and create a supportive work environment by fostering abstinence, providing social supports, and facilitating access to help for employers and employees.

There are several features of the Working Partners program:

- **Small Business Initiative**—designed to help employers understand the impact of drug and alcohol abuse in the workplace, highlights successful approaches in combating workplace substance abuse
- **Substance Abuse Information Database (SAID)**—an on-line interactive database that is a one-stop source for workplace substance abuse information for businesses, workers and organized labor
- **Drug-Free Workplace Advisor**—an interactive Web site that helps employers create substance abuse prevention programs and informs employers and employees about the Drug-Free Workplace Act of 1988
- **Workplace Substance Abuse Prevention Web Site**—a Web site (www.dol.gov/dol/workingpartners.htm) that serves as a resource to help companies be alcohol- and drug-free.

Smith Worth of the Behavioral Health Care Resources Program at the University of North Carolina, School of Social Work, presented North Carolina's Enhanced EAP (EEAP). North Carolina's TANF program, called Work First, replaced the old fragmented welfare system with a coordinated program that focuses on employment and economic self-sufficiency. The Work First program mandates that those who need substance abuse participate in treatment. The EEAP expands traditional EAP services to provide support and services to Work First participants in need of some level of substance abuse intervention. Based on a telephone survey, the University of North Carolina estimates that 35 percent of their welfare population has received some type of substance abuse treatment through this program. The Work First and EEAP programs collaborate to deliver substance abuse and job training services to welfare recipients.

When welfare clients apply for benefits, they are screened by the Department of Social Services (DSS) for substance abuse problems. If they are identified as possibly having a substance abuse problem, a Qualified Substance Abuse Professional (QSAP) assesses the individual's problem. Screening and assessment tools used by DSS and QSAPS include the AUDIT (Alcohol Use Disorders Identification Test), DAST-10 (Drug Abuse Screening Test),

Behavior Observation Checklist (developed by the Department of Transportation), and the SUDDS-IV (Substance Use Disorders Diagnostic Schedule). If the client is found to have a substance abuse problem, the QSAP provides a treatment plan, refers the welfare recipient for treatment, and supplies case management services.

The EEAP can be used to provide gender-specific substance abuse treatment services for those identified as substance abusers. The EEAP provides work-site mentoring of employees, and services for employers. The mentors orient new employees to the workplace by providing advice on appropriate attire, an explanation of the corporate culture, and advice on balancing home and work schedules on a monthly basis. The EEAP was designed to increase the labor force involvement and decrease relapse of recovering addicts by promoting long-term attachment to the labor force. The program is proactive in identifying participants and works collaboratively with Work First service providers, such as DSS case managers, therapists, and substance abuse counselors.

While similar to a traditional EAP, an EEAP provides some additional services such as long-term follow up (for up to two years) of the welfare recipient, employer-based mentoring, and the establishment of a management information system (MIS) to ensure program needs and objectives are met effectively. EEAP directors and their workers meet monthly to discuss aspects of the program that are working and those that are not working. Additionally, the MIS is helping to measure the relapse rate of substance abusers, turnover, absenteeism, positive toxicology screens, job site difficulties (e.g., accidents, disciplinary actions), decreased health care claims, job success/promotions, decreased welfare dependency, and decreased legal difficulties of EEAP and Work First participants.

14.4 Ongoing Challenges/Opportunities

The challenge for employers is the integration of substance abuse treatment with work. However, EAPs help employers to have a plan for addressing substance abuse issues in the workplace, and make services to employees available in large and small businesses. Further, EAPs need to market themselves within organizations so that employers and employees are aware of the services available.

15. CREATING A LOCAL OFFICE INFRASTRUCTURE THAT SUPPORTS SERVICE INTEGRATION

Speakers:

Jeanette Hercik, Caliber Associates

Lynn Winterfield, New Hampshire Employment Program

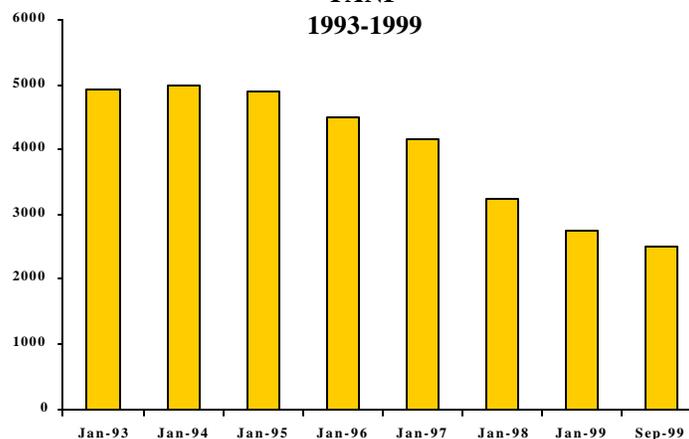
15.1 Introduction

The passage of PRWORA incited numerous changes in how the issue of welfare was to be addressed. Some would suggest that passage of PRWORA ended welfare as we know it. Passage of welfare reform changed the relationship between Federal, State and community agencies through devolution. PRWORA significantly reengineered welfare agencies across America, as new departments were created, new job titles developed and new performance expectations put in place to move people quickly from welfare to work. This culture change under way for the last four years in welfare agencies is quickly being copied in other State and local agencies as the caseload dynamics have changed drastically and attention has been turned to addressing the needs of the hard-to-employ and long-term recipients.

15.2 Key Issues

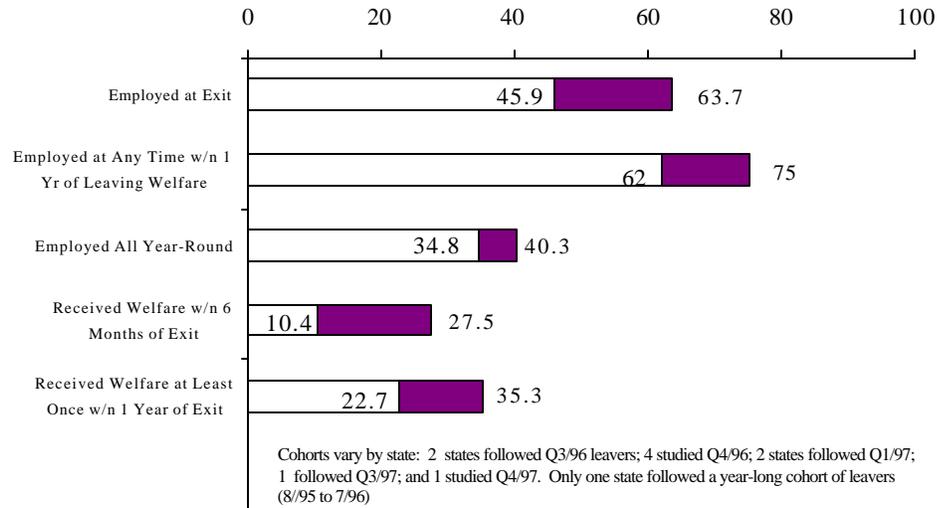
- Caseload dynamics have shifted greatly over the last four years, as caseloads have plummeted some 44 percent nationally, with an estimated 30 percent of the remaining caseload comprised on hard-to-employ and long-term TANF recipients.

Annual Percent Decline in the Number of Families Receiving TANF 1993-1999

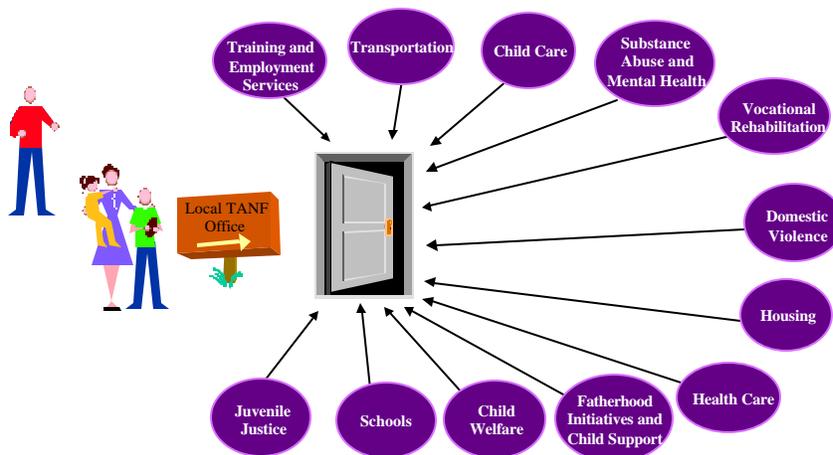


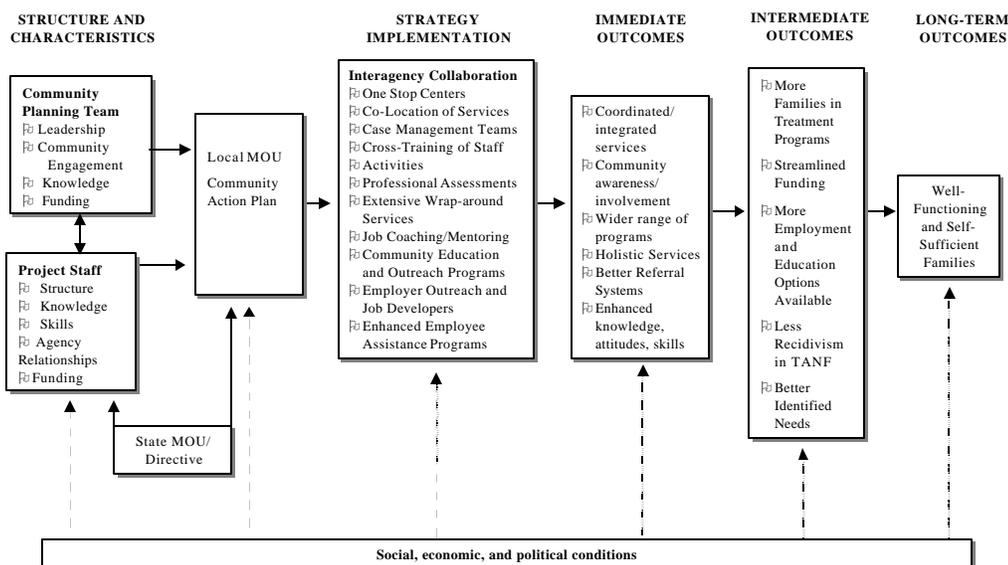
Source: U.S. Department of Health and Human Services
Administration for Children and Families (June 2000)

- Based on a number of “leaver studies,” employment rates for those leaving welfare ranged between 40 percent and 60 percent. Given this finding, and the changes in caseload, it is clear there is a significant number of families that constantly fall on and off welfare. This finding suggests that the self-sufficiency of a number of families leaving welfare for employment is in jeopardy. Thus many Federal and State policy makers have launched a variety of initiatives to provide services to these families and address the issue of recidivism.



- Interagency collaboration is the key to developing the necessary integrated service delivery system. The New Hampshire Employment Program uses a Profile Team, an Oversight Team and a State Training Team to streamline a case management approach to serving TANF families in New Hampshire. New Hampshire is now enhancing its outreach to several non-traditional partners to deal effectively with a full range of issues for TANF families: domestic violence, learning disabilities, transportation and skill development.





15.3 Key Findings/Lessons Learned

- Instituting service integration or county interagency collaboration policies on the State level eases the ability of front line workers to work across agencies to provide services to TANF clients with substance abuse problems.
- There are three keys to building a collaborative infrastructure that effectively addresses substance abuse issues of TANF: (1) agencies must have a shared vision about goals; (2) there must be consensus about roles and responsibilities; and (3) there must be a concerted effort to engage staff in the culture change.
- In order to develop a shared vision about goals, it is critical that the agencies stay client family focused. By focusing on the entire family, agencies can recognize the overlap in serving the client family, provide more outcome-oriented integrated and holistic services. Open and constant communication between agencies is also crucial. Staff must be flexible and creative in thinking of “out-of-box,” innovative ways to serve these families.
- A key in developing a consensus on roles and responsibilities is to put a memorandum of understanding in writing, spelling out the expectations of each party involved, as well as who is accountable for what. Each agency can work from their strengths without having to recreate a system to serve these families with multiple barriers to employment.

- Training and re-training of staff is a necessary first step in engaging staff in the culture change. It is important to cross-train staff—provide training to different agencies at the same time. Also, as these different staff agencies begin to work together, it might well be necessary to develop consistent pay structure and work processes across agencies. In addition, in order to screen and refer these families to appropriate places effectively, it might well be necessary to create new screening and assessment tools, management information systems that talk to each other and case management teams or staff teams so that the entire family is being served.

15.4 Ongoing Challenges/Next Steps

Although creating collaborative systems is a necessary step in addressing the substance abuse issues of TANF families, it is not sufficient to meet TANF family needs because these families neither seek assistance nor enter treatment willingly. The ongoing challenge is to develop a client outreach program that engages non-traditional partners—members of the faith community, hospital and community crisis centers and schools—that work to share information and get families to the services they need to enter and complete treatment on the pathway to self-sufficiency.

IV. EVALUATION SUMMARY

IV. EVALUATION SUMMARY

Attendees were asked to complete short evaluations at the conclusion of each plenary and panel session in order to inform the conference committee on how well the sessions met their needs. These responses will aid in developing and shaping of future conferences and workshops. The table below shows the number of evaluations received for each conference session. Specific information on evaluation findings for the overall conference, plenary sessions, and panel sessions follow.

| SUMMARY OF EVALUATIONS | |
|--|------------------------------------|
| WORKSHOP TITLE | NUMBER OF SURVEYS COLLECTED |
| OVERALL CONFERENCE | 41 |
| PLENARY SESSIONS | 160 |
| Cultural Diversity and Gender-Specific Treatment | 73 |
| Community-Based Substance Abuse and Mental Health Strategies | 46 |
| Faith-Based Substance Abuse and Mental Health Treatment Strategies | 41 |
| PANEL SESSIONS | 416 |
| Orientation to Substance Abuse and Mental Health Services for TANF and WtW Professionals | 24 |
| Orientation to TANF and WtW for Substance Abuse and Mental Health Professionals | 16 |
| Funding Substance Abuse and Mental Health Services through Medicaid and TANF | 38 |
| Making Job Finders Job Keepers: Putting the Pieces Together for Clients with Low Self-Esteem | 43 |
| Developing and Coordinating Services to Clients with Multiple Barriers to Self-Sufficiency | 55 |
| Substance Abuse and Mental Health Identification: Does This Mean You'll Take My Children? | 31 |
| Underlying Issues: Domestic Violence and Sexual Abuse | 35 |
| Identification of Alcohol and Other Drugs (AOD) and Mental Health Problems: Part I | 37 |
| Identification of Alcohol and Other Drugs (AOD) and Mental Health Problems: Part II | 25 |
| Strategies for Tribes to Overcome Substance Abuse and Mental Health Programs | 21 |
| Model Substance Abuse Programs | 21 |
| Model Mental Health Programs | 15 |
| Prenatal Effects of Alcohol: Intervention and Prevention for Mothers and Babies | 11 |
| Employee Assistance Model: Services While Working | 17 |
| Creating a Local Office Infrastructure that Supports Service Integration | 27 |
| TOTAL NUMBER OF SURVEYS COLLECTED | 617 |

1. EVALUATING THE OVERALL CONFERENCE

The conference attendees were asked to rate the overall conference services. They were given a 5-point scale, with 1 representing the lowest ratings and 5 representing the highest. As the table below indicates, the conference was successful in meeting the needs of the participants. Information regarding the usefulness of the session, how the information will assist in better serving clients with multiple barriers, and areas where additional discussion was necessary are also included.

| OVERALL CONFERENCE | |
|---|---------------------------------|
| | MEAN (NUMBER OF SURVEYS) |
| The preparation, arrangements and scheduling of the conference were handled in a timely, courteous and competent manner. | 4.1(41) |
| The conference will be useful in helping me to effectively serve welfare clients with substance abuse and mental health issues. | 4.0 (39) |

Attendees were asked to describe what they found most helpful about attending this conference. Benefits stated include:

- Opened up new ways to thinking about how substance abuse and mental health services can be provided
- Innovative and practical tools, strategies and models presented by trainers and co-participants
- Sharing of information and lessons learned among participants and presenters
- Learning about the issues other States are facing and how they are dealing with these issues
- Networking with other States
- Excellent speakers
- Valuable resources materials
- Variety of issues covered at workshops and plenary sessions
- Diversity of participants and presenters

- Learning about cultural diversity issues
- Getting ideas from different States as well as different disciplines as to how they are dealing with TANF clients with multiple barriers
- Motivation to be more innovative in serving clients
- Learning about how TANF funding could be used to pay/co-pay for essential treatment services and related aftercare services.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Offer more complete and substantive assessments
- Gained a higher consciousness about “labeling” a client
- Challenge the status quo and work towards change
- Use strength-based assessments
- Start dialogue at community level with organizations, agencies, service providers to help with client transition
- Build an integrated model, especially regarding domestic violence issues
- Share information learned and materials provided with other colleagues
- Greater awareness on identification of barriers and referral mechanisms to treatment
- Better services for clients
- Use the training structure for future in-state continuing education
- Continue to network with conference participants and presenters
- Present the information to local policy makers and staff; the models and strategies will be incorporated into current service models being used
- Better able to access resources
- Implement successful models/strategies learned into case management philosophy
- Develop provider awareness and expand scope of service and benefits

- Planning purposes for designing more responsive system
- Making sure all the barriers are all addressed
- Will go back to our reservation and meet with bordertown officials and tribal officials to work out an agreement to coordinate services for the recovering Native Americans.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Needed to include child welfare component
- Contact information by State
- More State roundtables
- More discussion on the Medicaid/Medicare program and how these programs can benefit the client who resides on Indian reservations
- More time devoted to best practices with the model mental health programs
- More actual case-by-case situations of the barriers they are facing
- Confidentiality issues
- Co-occurrence between substance abuse, mental health, and domestic violence
- Additional model substance abuse programs
- More information on “how to”
- Best practice techniques for helping to motivate client to want to accept and enter treatment
- Information regarding initial intake screening tools; how they’re done; and what to do with the information once declared
- Information on how treatment concurs with “work first” expectations and time constraints; suggestions on how to deal with addictions with limited resources
- More detail on outcomes and results
- Additional information on cultural competence regarding Latinos and African Americans

- More inclusion of discussion on health issues such as HIV, Hepatitis C, hypertension, diabetes along with co-morbidity factors of substance abuse and mental health
- Mental health seemed to have fallen by the wayside in this conference. Wanted more clinical and technical information, and best practices/success stories in reaching and treating TANF clients with mental health problems
- Mental health intervention/assessment/referral sources; multidisciplinary interactions/coordinating systems
- Rural issues
- Domestic violence mentioned repeatedly throughout the conference but given very little specific attention
- More specific information on tribal programs and new “best practices” using faith-based programs
- More time dedicated to each of the workshops.

2. EVALUATING THE PLENARY SESSIONS

In the three plenary sessions, conference attendees were asked to rate each of the speakers. Attendees were given a 5-point scale, with 1 representing the lowest ratings and 5 representing the highest, to rate the presenters and the workshop. The tables below list each plenary session and provide the mean rating score of each of the presenters, as well as workshop usefulness. Additional information regarding what was most helpful about the session, how the information will be used, and areas where additional discussion was desired are also included.

| CULTURAL DIVERSITY AND GENDER-SPECIFIC TREATMENT | | | | |
|---|---|--------------------------|--------------------------|---------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | | |
| | Jose Rivera | Dr. Sushma Taylor | Dr. John Franklin | William Wolf |
| Presenters were knowledgeable in the subject area presented | 4.5 (73) | 4.5 (72) | 4.2 (70) | 4.8 (6) |
| Presenters engaged the audience, leading to an interactive discussion | 3.8 (65) | 3.6 (66) | 3.5 (63) | 4.3 (6) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.2 (69) | 4.0 (69) | 3.8 (67) | 4.8 (5) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.8 (63) | | | |

Attendees were asked to describe what they found most helpful about this presentation. Benefits stated include:

- The cultural sensitivity of clients
- Importance of integrating cultural awareness into treatment modalities
- Different ways of looking at all issues
- Recognition that substance abuse addiction and treatment is linked to gender and culture
- Respect and honor other cultures
- Down-to-earth, personally accessible and really communicated a sense of what we mean by culture
- Information on gender-specific treatment
- The presentation on Indian issues on substance abuse treatment
- How to apply culture in developing programs—all of the information presented on gender specific treatment was excellent
- Cultural integration and community support are important to successful treatment for Native American and indigenous peoples.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Understand treatment process and reason for relapse
- Will share with agency and front line staff
- Helps me to understand other cultures
- Contracting for services
- Will assist in supervising and training staff
- Will collaborate with ADAPP and MH organizations
- To study cultural sensitivity in program evaluations
- As a basis for more research and study
- Assist in more effectively working with indigenous peoples
- Develop more ways to be culturally appropriate in developing and implementing programs, services, and training
- Will apply the concepts in developing policies and programs
- Incorporate more culture into our local programs
- Personal motivation and more conscious of others' beliefs and heritage when in decision making process.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More clientele interaction
- More on women's issues, needs and treatment strategies
- Provide written information on issues described
- Children and culture
- More specifics on services for Native Americans and how to connect culture to recovery

- Have two panels—one on gender and one on culture
- More time for specific models.

| COMMUNITY-BASED SUBSTANCE ABUSE AND MENTAL HEALTH STRATEGIES | | | | |
|---|---|-------------------------|--------------------------|---------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | | |
| | Leo Hayden Jr. | Clifton Mitchell | Jeanetta Robinson | Herman Largo |
| Presenters were knowledgeable in the subject area presented | 4.2 (41) | 4.3 (42) | 4.2 (43) | 5.0 (5) |
| Presenters engaged the audience, leading to an interactive discussion | 3.8 (65) | 3.6 (66) | 3.5 (63) | 4.3 (6) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.2 (69) | 3.8 (42) | 3.7 (43) | 4.2 (5) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.1 (41) | | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Information on community-based programs
- Energy and value for the work we do
- The knowledge, enthusiasm, and dedication of all the speakers; their love for their jobs came across loud and clear
- Lists of barriers to address in addition to what we already do
- Similarity of problems in urban/rural areas
- Diverse perspectives and variety of ways of helping clients
- Reminder that love and compassion is the foundation for help
- Visual account of what is happening in the programs; essence of spirituality in the making and existence of these programs

- Partnering opportunities available in the community
- Incorporating spirituality in Native American treatment programs is a must in order for them to be successful.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Will try to implement lessons learned on cultural competency and effectiveness of use of community- and faith-based organizations
- Increase cultural competency
- Share information with partners/administration/co-workers
- Knowledge that community involvement is necessary to move forward
- Assist staff to understand the barriers TANF workers face with the participants who are trying to or complete the program
- Take the passion and diverse ways of thinking to better the program service
- Use the inspiration to return to work to be a better leader with renewed spirituality
- Do site visits to similar programs in our State and expand upon what we currently have
- Love; not judge
- Find more ways to partner with, and refer clients to, community-based and faith-based organizations.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More specifics on funding
- How partnerships are fostered
- Treatment strategies at community-based organizations

- More rural examples
- In general, plenary sessions do not provide an opportunity to have interactive sessions.

| FAITH-BASED SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT STRATEGIES | | | |
|---|---|------------------------------------|--------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Edwin Aponte | Rev. Dr. Cheryl Anthony | Byron Johnson |
| Presenters were knowledgeable in the subject area presented | 3.9 (39) | 4.2 (39) | 4.2 (37) |
| Presenters engaged the audience, leading to an interactive discussion | 3.2 (35) | 3.6 (36) | 3.4 (35) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.3 (36) | 3.6 (37) | 3.6 (35) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.5 (39) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Research information regarding how faith-based churches are impacting clients' progress and overall quality of life
- Evidence that Faith communities have an important and positive impact on helping families reduce reliance on welfare
- Hope—the introduction of faith—in recovery treatment and life success
- Need to return to basics on human faith and spirituality
- Message of serving people where they are and where accessibility to them happens most effectively is good programming
- Reinforces the importance of addressing the needs of our clients in a holistic manner
- Movement of faith-based programming and what role they play in future development of innovative programming.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Establish better communication with the faith community and drive to better coordination and collaboration of service delivery
- Look into utilizing the faiths in the area to assist the program
- Share all information we got from the presentation with other organizations in our area
- Contact and work with local churches
- Broaden thinking when developing and reaching out to community-based organizations
- Push for opportunities to partner with faith-based organizations; build collaborative networks and linkages
- Show more support for faith-based substance abuse and mental health treatment services.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More information on faith-based programs
- Discussion about the separation of church and State
- Discussion on native spirituality
- Difference between faith-based strategies versus spiritual-based strategies.

3. EVALUATING THE PANEL SESSIONS

The conference attendees were asked to rate each of the panel speakers. Attendees were given a 5-point scale, with 1 representing the lowest ratings and 5 representing the highest, to rate the presenters. The tables below list each panel session and provide the mean rating score of each of the presenters, as well as workshop usefulness. Additional information regarding what was most helpful about the session, how the information will be used, and areas where additional discussion was desired are also included.

| ORIENTATION TO SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES FOR TANF AND WtW PROFESSIONALS | | | |
|---|---|-----------------------|---------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Sharon Amatetti | Ed McGowan | Elaine Richman |
| Presenters were knowledgeable in the subject area presented | 4.0 (23) | 4.6 (23) | 4.0 (20) |
| Presenters engaged the audience, leading to an interactive discussion | 3.6 (23) | 4.5 (22) | 3.5 (20) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.8 (22) | 4.2 (22) | 3.3 (19) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.7 (20) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Collaboration among Substance Abuse Programs and TANF
- Knowing that 66 percent of drug users use self-medicated procedures
- Handouts
- Discussion of substance abuse treatment and seeing how things have changed (i.e. treatment used to be done by former patients who had experiences with substance abuse)
- The “Village” concept, and the fact that it demonstrates programs that are working
- Substance abuse center services in Florida
- Mr. McGowan’s presentation and the demonstrable effectiveness of employment as a condition of completing treatment.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Information will facilitate my approach in outreach coordination between one stop center staff and offices with the Substance Abuse Treatment Community Providers.

- To use as a model program and hopefully implement it
- Share the information with co-workers and other organizations in my area
- For negotiating and working with our treatment facilities
- Development and enhancement of existing treatment programs to serve TANF clients.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- There was not enough time
- Would like to have heard more about Welfare to Work
- Disappointed that there was no presenter who focused on mental health
- Ms. Richman's presentation did not seem to fit in this workshop
- Building cooperation and collaboration
- How to identify a client that has substance abuse and mental health problems
- Collaboration of agencies
- How the separation of money and contracts works
- How to select potential contractors.

| ORIENTATION TO TANF AND WtW FOR SUBSTANCE ABUSE AND MENTAL HEALTH PROFESSIONALS | | | |
|---|---|-------------------------|--------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Elaine Richman | Dennis Lieberman | Jose Rivera |
| Presenters were knowledgeable in the subject area presented | 4.5 (16) | 4.7 (16) | 4.9 (16) |
| Presenters engaged the audience, leading to an interactive discussion | 3.5 (15) | 3.5 (15) | 4.2 (15) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.1 (16) | 4.3 (16) | 4.3 (15) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.8 (13) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Down-to-earth examples and descriptions by Jose Rivera
- Substance abuse opportunities
- Had documentation to supplement presentation
- Information regarding employability
- Presentation of specific scenarios
- Partnering—WtW was new to me
- Knowledge of more resources including Web sites and phone numbers
- Available grants for funding programs
- The handouts.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- To meet with our TANF and WtW officials
- To seek funds
- To increase communication with agencies allocated with means to assist with substance abuse services
- Giant RFP planning
- Funding programs for our patients
- To have a more general understanding of Welfare Reform
- To develop ways to full utilize TANF funds for substance abuse treatment through RFP.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Flowcharts and organizational charts of how various agencies are connected
- Non-custodial parents
- More time for questions
- Greater explanation regarding laws of TANF monies, including length of time money will be available and detail of exceptions
- Didn't understand how this connects to Mental Health
- Examples on how to communicate with WtW and TANF funders and planners.

| FUNDING SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH MEDICAID AND TANF | | |
|---|---|-------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | |
| | Ann Burek | Nancy Goetschius |
| Presenters were knowledgeable in the subject area presented | 4.2 (38) | 4.3 (38) |
| Presenters engaged the audience, leading to an interactive discussion | 3.5 (39) | 3.6 (39) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.5 (38) | 3.3 (38) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.3 (34) | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Have ways to know what the Feds are looking at regarding Medicaid and Block Grant funding and services
- The flexibility in using TANF
- TANF was defined very clearly
- Medicaid information
- The description of both TANF and Medicaid's do's and don'ts
- The relationship between TANF and Medicaid
- That medical as well as mental assistance can be provided
- Knowing that the State defines what TANF will pay for as far as medical services.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Ways to pay for substance abuse services
- To help clients and agency patients better understand programs

- In developing substance abuse treatment programming for the State substance abuse delivery system
- Will take this information to the finance department and administrators
- Commence serious coordination and collaboration among agencies involved
- To build a complete program that will give complete assistance to substance abusers and their children
- To expand benefits to individuals that will support their Welfare to Work goals
- A basis for discussion with TANF agency.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Need more detailed information and ideas on how to use federal funds to provide substance abuse services to low income families
- State definitions of medical services
- More in-depth discussion of types of services that might be paid for under Medicaid
- Specific information on how service providers can access TANF and Medicaid funding
- How we can put TANF and Medicaid together to provide substance abuse or mental health services to TANF clients
- How to utilize TANF and Medicaid to support mental health programs
- More on how individual States or programs are funding substance abuse and mental health services through TANF and Medicaid
- Examples of successful projects integrating the two sources of funding for eligible clients
- More discussion about how “tribes” can benefit and establish a managed care program.

| MAKING JOB FINDERS JOB KEEPERS: PUTTING THE PIECES TOGETHER FOR CLIENTS WITH LOW SELF-ESTEEM AND DEPRESSION | |
|---|---------------------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES |
| | Debbie White |
| Presenters were knowledgeable in the subject area presented | 4.4 (43) |
| Presenters engaged the audience, leading to an interactive discussion | 4.1 (43) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.3 (38) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.3 (34) |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Traditional assumptions versus emerging assumptions
- Suggestion on looking first at own system as the biggest impact on retention
- Challenging traditional way of thinking and looking at new attitudes for case managers
- Listening to others' experiences
- Working with individuals instead of clients
- Reframing with lessons, not failures.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- To explore EAP usage
- Will develop and include in a training session
- To change viewpoint
- Begin speaking a different language
- Analyze WtW grant to find areas where this information can be applied

- Look closely at who and why we exempt from program requirements
- Focus on what existing resources client has already
- Work with vocational providers to be creative in supporting and assisting people with employment goals and retention.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Methods and ideas of how to turn failures into positive learning experiences
- More specifics on depression
- Counseling skills
- More examples of successful models
- Applied learning or work based learning for adults based on some school-to-work models.

| DEVELOPING AND COORDINATING SERVICES FOR CLIENTS WITH MULTIPLE BARRIERS TO EMPLOYMENT | | |
|---|---|-----------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | |
| | Rota Rosaschi | Jeanette Hills |
| Presenters were knowledgeable in the subject area presented | 4.6 (55) | 4.5 (55) |
| Presenters engaged the audience, leading to an interactive discussion | 4.5 (55) | 4.3 (54) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.2 (52) | 4.1 (51) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.0 (45) | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Information about what Nevada is doing
- Information regarding multidisciplinary teams
- The description of infrastructure and how each position is selfless and knows roles
- The awareness and assessment forms
- How to build an assistance program that will provide effective services to clients and seeing actual results
- Examples of how coordinating works and how funding can be used
- Multidisciplinary seems to work with the clients
- Extremely comprehensive packet and information—a very different approach from my State
- Clarification of local policy
- Overview of evolution of system
- The strategies booklet was wonderful.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- To help Alaska develop programs and policies that will allow us to better coordinate services for clients with multiple barriers
- To help us know that to look for in effective programs
- To allow us to provide better services to Alaskans and others in need
- To try to implement philosophy and concepts in my organization
- To turn a program with a holistic base into an organization that would be effective as a whole and attend to all of the clients needs effectively and completely
- To verify what can be used in assessing our protocols

- To inquire about partnering with TANF workers
- To create a booklet for case worker management in TANF program.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More examples of MDTs
- More on barrier resolution
- Working with Medicaid
- How to deal with health plans for payment of provider services
- Education, training, and skills of staff, as well as average case load
- More on the other agencies involved in MDT and what they contribute, as well as how it is coordinated
- Substance abuse for single people.

| SUBSTANCE ABUSE AND MENTAL HEALTH IDENTIFICATION: DOES THIS MEAN YOU'LL TAKE MY CHILDREN? | | | |
|---|---|------------------|--------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Nancy Young | Robin Nye | Saul Singer |
| Presenters were knowledgeable in the subject area presented | 4.5 (31) | 4.1 (9) | 4.2 (10) |
| Presenters engaged the audience, leading to an interactive discussion | 3.9 (30) | 3.1 (8) | 3.4 (9) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.8 (30) | 3.5 (8) | 3.7 (9) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.5 (27) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Nevada’s Intensive Family Services program description—truly a best practice model
- The need to have the cooperation of all systems involved with this population
- The application of a holistic approach for dealing with families
- Information about other programs and how other States do things
- Handouts
- Resource referrals and contacts available here at the conference
- Family preservation
- Framework for analysis
- Inter-professional resource manual.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- To identify how to use current tools more broadly to serve other populations (especially CPS)
- To reinforce the need for a collaborative effort
- Ways to fill the gaps in our State
- To assist in putting together a presentation for our local task force
- For county reviews
- To help with the current project to design a series of training events including multi-agency coordination sessions
- To make recommendations to executive staff.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- The continuation of TANF funds when children are temporarily out of the home
- The Lighthouse Project
- Intensive family-based services
- More consistency with the title of the workshop and the information provided—the workshop provided no real specifics on identification methods
- The option for contextual change which increases identification of AOD needs
- More ideas on what States can do
- More information on whether they will lose their children
- More particulars about State choices regarding child welfare and substance abuse
- Confidentiality and privacy as relates to working with clients and sharing information across TANF, substance abuse, and mental health agencies
- Screening tools.

| UNDERLYING ISSUES: DOMESTIC VIOLENCE AND SEXUAL ABUSE | |
|---|---------------------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES |
| | Lorraine Chase |
| Presenters were knowledgeable in the subject area presented | 4.6 (35) |
| Presenters engaged the audience, leading to an interactive discussion | 4.5 (35) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.3 (34) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.3 (32) |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- General overview/profile of abusers
- Provided indicators of domestic violence, statistics, commitment/involvement in community

- Understanding more the dynamics of domestic violence
- Handouts
- Experiences of the presenters
- Implementation recommendation to use specialized assessment
- Intake person to screen potential domestic violence victims
- Excellent presenters
- Discussion of underlying issues in domestic violence cases
- Learned how to detect potential domestic violence clients
- Presenter was very knowledgeable about domestic violence issues and how they interact with other issues
- Handout on the treatment of abuse, definitions of domestic violence patterns, relationships cycle
- Extremely realistic, open and true; learned that the victim's goal is to please the abuser and get the abuse to stop while the abuser's goal is to have power and control
- I like the concept to not jump to automatic investigation of fraud, or no automatic CPS referral and that the environment is considered
- That both genders are the same in their reaction as victims of sexual abuse and domestic violence
- Excellent role playing—very good ideas about working in a flexible way with CPS and law enforcement
- The combination of knowledge and passion
- Handouts, Duluth model and questionnaire
- Presenter knew topic very well
- Very dynamic and motivating speaker—the handouts were useful
- Emphasis on collaboration

- Handouts and tools to approach domestic violence and how to assist clients
- The real-life experiences of domestic violence that were presented

- The open and engaging way the presenter provided emphasis on collaboration
- Excellent presenter who is very committed

- Diversity of treatment tracks that may be needed to intervene successfully

- The presentation and presenter were excellent.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Provide some type of presentation within the community
- Share with co-workers

- Will follow-up more on cases involving domestic violence and the effects on those served

- Will use specialized assessments statewide at the local level

- Will share the information with co-workers and local departments

- Contact local center to get help or offer resources that might help them

- Presentation to other social work staff, administration, training to other staff members

- Share the necessity for training domestic violence interviewees

- Share the statistics

- Learned that agencies need to work together

- Have a better understanding of clients' needs and how to implement treatment

- My case load is comprised of domestic violence and substance abusing individuals and will use what I learned to treat these people

- Will discuss with staff and clients

- Work with women and children with dual diagnosis of substance abuse and mental illness

- Good overview of domestic violence and will use what I learned to work with social services and CPS
- Pass on information learned to other staff and help them provide better services for those being victimized by domestic violence
- Share information with victims of domestic violence
- Excellent for using daily in my job
- Will use information in training new staff and other departments involved with our clients
- Assess situations in my community
- Will use for outpatient program.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Specific intervention/domestic violence identification
- Domestic violence and alcohol/substance abuse
- Domestic violence against males
- Discussion of local DSS success stories in serving domestic violence victims who are TANF clients and on innovative social services programs
- More information on the specifics of serving TANF recipients who are domestic violence victims
- Relationships and their involvement
- Where do these people come from? What makes people abusers?
- Male sexual abuse victims
- How to identify domestic violence
- Correlation with poverty, family history, race
- Assessment instruments used for domestic violence identification
- Effective treatment strategies

- Domestic violence training
- Continuous care for domestic violence
- Relevant treatment
- Sexual abuse and how to address this issue.

| IDENTIFICATION OF ALCOHOL AND OTHER DRUGS (AOD) AND MENTAL HEALTH PROBLEMS: PART I | | |
|---|---|-----------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | |
| | Mary Nakashian | Terry Thompson |
| Presenters were knowledgeable in the subject area presented | 4.6 (37) | 4.6 (36) |
| Presenters engaged the audience, leading to an interactive discussion | 4.4 (37) | 4.3 (36) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.2 (36) | 4.2 (35) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.2 (32) | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Reviewing the framework and overviewing the process of screening for multiple barriers, including ethical issues
- Identification of tools and resources that aid in pinpointing AOD and MH problems
- Benefits versus limits of instruments
- Very practical and hands-on
- Dialog about issues
- TAP resource manual
- Understanding that screening tools have not yet been validated for the TANF population
- Discussion of who should conduct screening and where

- Need for cultural change in the office
- Bringing substance abuse and mental health together to provide information
- Discussion on what other States are doing and the instruments they are using
- Learning about screening for domestic violence and learning disabilities
- Sharing pros and cons of testing, screening, and assessment instruments
- Administering drug test as a mock work experience.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- To train staff to screen, refer and follow the process
- Better prepared to justify requesting additional assessment services
- Share with administration as we continue to fine tune screening process
- Increased knowledge and understanding of the issues
- Use in the creation and development of substance abuse/mental health model
- Share information with the TANF agency and other relevant organizations in the area
- Use in drafting policy, procedures, forms
- Will contact other States to get their tools
- Meet with TANF and WtW officials back home
- Revisit and redesign orientation intake process.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Specific access to screening tools, especially those available at low or no cost
- More overheads outlining the TAP
- More information on mental health

- More time to share how other States are administering substance abuse and mental health services
- Techniques on how to identify clients with multiple barriers
- More on model programs
- Information on coordination of tools across agencies (i.e., TANF, Mental Health, WtW, Substance Abuse, domestic violence)
- Drug testing
- Mental health treatment services
- More on confidentiality issues.

| IDENTIFICATION OF ALCOHOL AND OTHER DRUGS (AOD) AND MENTAL HEALTH PROBLEMS: PART II | | | |
|---|---|---------------------------|--------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Maxine Heiliger | Mary Nakashian | Dale Peterson |
| Presenters were knowledgeable in the subject area presented | 4.4 (25) | 4.5 (24) | 4.0 (4) |
| Presenters engaged the audience, leading to an interactive discussion | 4.1 (25) | 4.2 (24) | 3.3 (4) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.1 (25) | 4.3 (24) | 3.0 (4) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.8 (22) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Hearing what does and does not work in other States
- Use of marketing and outreach services
- Agency culture change
- Video demonstration

- Information on the CalWORKs outreach project
- Ideas on outreach strategies for engaging clients in AOD and MH services
- Alameda County media campaign presentation
- Interaction between the presenters and the conference participants
- What needs to be measured to determine how it is working
- New approaches to get clients to request services
- Great hand outs and resource materials.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Share information learned with co-workers, administration, partners
- Assess cost of media campaign
- Learn more about agency culture
- Will advocate for several initiatives presented
- Take it back to agency for implementation
- Help to develop appropriate direction, policies, and procedures to address AOD and MH issues
- Useful in identifying AOD and MH issues
- Starting point in the development of outreach materials.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More information on rural issues
- How to make culture change happen.

| STRATEGIES FOR TRIBES TO OVERCOME SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS | | | |
|---|---|-------------------------|------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Candice Stewart | William Wolf | Jose Rivera |
| Presenters were knowledgeable in the subject area presented | 4.3 (22) | 4.6 (8) | 4.8 (8) |
| Presenters engaged the audience, leading to an interactive discussion | 4.1 (22) | 4.3 (8) | 4.5 (8) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.2 (20) | 4.5 (6) | 4.8 (6) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.1 (20) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Availability of funds through partnerships
- New ideas for partnering and marketing
- New resources
- All the different approaches that lead to some form of effectiveness
- Session on including culture—combining Western and Indian cultures to treat youth
- Hand outs
- Statistics
- Information on funding available for innovative programs
- Practical examples of partnerships, programs, and resource usage in new and creative ways.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Use the model’s concepts to implement a philosophy of case management
- Re-evaluate youth treatment
- Meet with other service providers (State and tribal)
- To review research of statistics provided
- Will present that information to our own tribe that is starting a circle project for delinquent youth with drug and alcohol problems.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include a better description of what tribes are actually doing and what employment, substance abuse treatment barriers and rates look like.

| MODEL SUBSTANCE ABUSE PROGRAMS | | |
|---|---|-------------------------|
| STATEMENTS RATED | PRESENTERS’ MEAN RATING SCORES (NUMBER OF SURVEYS) | |
| | Janice Johnson | Christa Sprinkle |
| Presenters were knowledgeable in the subject area presented | 4.8 (21) | 4.5 (21) |
| Presenters engaged the audience, leading to an interactive discussion | 4.4 (20) | 4.1 (20) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.2 (19) | 3.7 (19) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.8 (18) | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- The “What really works” and “What we do” component of Janice’s presentation
- The assessment tool models and instruments provided
- References for additional information
- The strategies used in addressing substance abuse issues—class, screening tools, and the evaluative assessment tools

- Awareness of funding source demands
- Challenge to be overcome in partnering with agencies that have different constraints
- Hand outs
- Replicable models
- Front-end approach
- Multifaceted approach to services.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- In conducting research on effective features and principles of substance abuse treatment programs
- Plan to share the information provided with co-workers
- Possible Web links
- In planning and developing co-location service sites and in getting substance abuse providers more on target in collaborating with agencies
- In helping with the development of programs, including TANF-funded services
- Planning information for State plan development with TANF staff
- Increase collaboration with local TANF
- To design our State's initiatives around substance abuse.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Examples of model programs throughout the United States
- Specific logistics on co-location of TANF
- Staff and AOD specialists.

| MODEL MENTAL HEALTH PROGRAMS | | | |
|---|---|---------------------------|----------------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Dan Thornhill | Karla Aguierre | Sandra Naylor Goodwin |
| Presenters were knowledgeable in the subject area presented | 4.4 (15) | 4.6 (15) | 4.6 (15) |
| Presenters engaged the audience, leading to an interactive discussion | 4.1 (15) | 4.2 (15) | 3.8 (15) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.1 (11) | 4.1 (11) | 3.7 (11) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.1 (10) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Information on the CalWORKs project
- Information on the Utah project
- Hearing about integration and collaboration between eligibility staff, employment specialists and social workers.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Take back information to co-workers and supervisors to see what we can implement in our office
- Look at research design and findings and compare to our State's evaluations plans
- Links to best practice sites
- In-state development
- Use information in policy making decisions regarding domestic violence
- To continue working on collaborations with all stakeholders.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More discussion about research design
- More discussion on funding issues
- Copies of assessment tools
- More time for discussion
- Practical implications for domestic violence victims
- Balancing need for TANF benefits and facing the restrictions (i.e., work requirements, time limits, child support requirements) under welfare
- More information on the actual treatment program and process.

| PRENATAL EFFECTS OF ALCOHOL: INTERVENTION AND PREVENTION FOR MOTHERS AND BABIES | | | |
|---|---|-------------------------|-----------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | | |
| | Therese Grant | Marceil Ten Eyck | Sidney Guimont |
| Presenters were knowledgeable in the subject area presented | 4.9 (11) | 4.9 (11) | 5.0 (11) |
| Presenters engaged the audience, leading to an interactive discussion | 4.2 (11) | 4.2 (11) | 4.0 (11) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 4.6 (11) | 4.5 (11) | 4.5 (11) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 4.6 (11) | | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Personal experiences shared
- Recognition that I could be more aware of some of the problems my clients are facing and be able to look beyond their behavior

- Information on FAS
- Information on the Parent Child Assistance Program
- Interactive discussion
- Pictures of clients with stories
- Great speakers
- The Iceberg Newsletter containing contact information
- Increased awareness about the issues; especially with individual with FAS to tell her story and answer questions.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Awareness and identification of FAS/FAE
- Understanding strengths and struggles for those with FAS
- Continue to spread the word about FAS
- Share information with staff and social workers in TANF program
- Will use State contact information from newsletter to find out more information on testing and assessment tools
- Use information to do an in-service training with our WtW contractors
- Information will supplement other prevention education materials.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More research findings from Parent Child Assistance Program
- More on how FAS diagnosis fits in with welfare reform
- How other States are dealing with FAS diagnosis, services and programs.

| EMPLOYEE ASSISTANCE MODEL: SERVICES WHILE WORKING | | |
|---|---|--------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | |
| | Elena Carr | Smith Worth |
| Presenters were knowledgeable in the subject area presented | 4.2 (17) | 1.1 (15) |
| Presenters engaged the audience, leading to an interactive discussion | 3.2 (17) | 2.7 (16) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.5 (17) | 3.4 (16) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.4 (16) | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Better understanding of EAPs
- How EAPs can be used for TANF recipients
- Good hand outs
- More knowledge about the role EAPs can play in working with clients
- Information on the basic formation of the program.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Information will be shared with colleagues
- Check out possible providers that might be accessible to use in our local area
- Research and collaborate more with other programs.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- Provide assessment and screening tools
- Development of actual EAP programs—“how to” information
- More interactive discussion necessary
- More discussion on how the program is working, the flow from worker to assessment and mentoring.

| CREATING A LOCAL OFFICE INFRASTRUCTURE THAT SUPPORTS SERVICE INTEGRATION | | |
|---|---|-------------------------|
| STATEMENTS RATED | PRESENTERS' MEAN RATING SCORES (NUMBER OF SURVEYS) | |
| | Jeanette Hercik | Lynn Winterfield |
| Presenters were knowledgeable in the subject area presented | 4.5 (27) | 4.5 (27) |
| Presenters engaged the audience, leading to an interactive discussion | 4.2 (27) | 4.2 (27) |
| Content of presentation will be useful in helping to effectively serve welfare recipients with substance abuse and mental health issues | 3.9 (26) | 3.9 (26) |
| The information from this workshop will help me effectively serve clients with substance abuse and mental health barriers to employment | 3.8 (25) | |

Attendees were asked to describe what they found most useful about attending this conference. Benefits stated include:

- Specific examples of process in action
- Recognition that need more training as employment specialists
- Useful information for advocacy for gap services
- Diversity of models and possibilities
- Collaboration and co-location service models
- Information about how the New Hampshire program works
- Top 10 lessons learned from case study findings
- Sharing of information and experiences

- Good interactive discussion between presenters and conference participants
- Offered new perspectives; how to think and get outside of the box.

Attendees were also asked to describe how the information provided at this conference will be used to better serve clients with multiple barriers. Information will be used as follows:

- Share information with colleagues
- Partner with other organizations and agencies across the State
- Help in forming linkages between State TANF department, domestic violence division, substance abuse division
- To collaborate within our own agency first and then to collaborate with other agencies and organizations
- Help to improve cross agency relationships
- Work with the Welfare Peer Technical Assistance Network
- Will assist in planning a substance abuse TANF project for the State substance abuse delivery system.

Attendees were also asked to describe what issues they would have liked to have greater discussion about during the conference. Issues mentioned include:

- More information on co-location of services
- How to build linkages and communication system
- State specific information regarding how this process effectively engages people and outcomes.

**APPENDIX A:
AGENDA**

CONFERENCE SCHEDULE

ACF/SAMHSA NATIONAL WELFARE REFORM CONFERENCE
JULY 26-27, 2000
JOHN ASCUAGA'S NUGGET
SPARKS, NEVADA

Tuesday, July 25, 2000 Pre-conference

- | | |
|------------------------|---|
| 2:00 p.m. - 6:00 p.m. | Registration <i>(Rose A Foyer)</i> |
| 6:00 p.m. - 9:00 p.m. | Welcome Activity and Dinner <i>(Ponderosa Ranch)</i> |
| 9:00 p.m. - 10:00 p.m. | Registration <i>(Rose A Foyer)</i> |

Wednesday, July 26, 2000 Conference Day One

- | | |
|-------------------------|---|
| 7:00 a.m. - 4:00 p.m. | Registration <i>(Rose A Foyer)</i> |
| 8:00 a.m. - 9:00 a.m. | Continental Breakfast <i>(Rose A Foyer)</i> |
| 9:00 a.m. - 10:30 a.m. | Welcoming Plenary <i>(Rose A)</i> |
| 10:30 a.m. - 10:45 a.m. | Break |
| 10:45 a.m. - 12:15 p.m. | Workshop Sessions |
| | Developing and Coordinating Services to Clients with Multiple Barriers to Self-Sufficiency <i>(Pavilion D)</i> |
| | Orientation to TANF and WtW for Substance Abuse and Mental Health Professionals <i>(Rose A)</i> |
| | Funding Substance Abuse and Mental Health Services through Medicaid and TANF <i>(Pavilion B)</i> |
| | Underlying Issues: Domestic Violence and Sexual Abuse <i>(Pavilion A)</i> |
| | Substance Abuse and Mental Health Identification: Does This Mean You'll Take My Children? <i>(Pavilion C)</i> |
| | Making Job Finders Job Keepers: Putting the Pieces Together for Clients with Low Self-Esteem and Depression <i>(Pavilion E)</i> |
| 12:15 p.m. - 1:45 p.m. | Conference Luncheon <i>(Rose B)</i> |

| | |
|-----------------------|---|
| 2:00 p.m. - 3:15 p.m. | Plenary Session: Cultural Diversity and Gender Specific Treatments <i>(Rose A)</i> |
| 3:15 p.m. - 3:30 p.m. | Break |
| 3:30 p.m. - 5:15 p.m. | Workshop Sessions |
| | Orientation to Substance Abuse and Mental Health Services for TANF and WtW Professionals <i>(Rose A)</i> |
| | Underlying Issues: Domestic Violence and Sexual Abuse <i>(Pavilion A)</i> |
| | Developing and Coordinating Services to Clients with Multiple Barriers to Self-Sufficiency <i>(Pavilion D)</i> |
| | Funding Substance Abuse and Mental Health Services through Medicaid and TANF <i>(Pavilion B)</i> |
| | Substance Abuse and Mental Health Identification: Does this Mean You'll Take My Children? <i>(Pavilion C)</i> |
| | Making Job Finders Job Keepers: Putting the Pieces Together for Clients with Low Self-Esteem and Depression <i>(Pavilion E)</i> |

Thursday, July 27, 2000 Conference Day Two

| | |
|-------------------------|---|
| 7:00 a.m. - 2:00 p.m. | Registration <i>(Rose A Foyer)</i> |
| 8:00 a.m. - 9:00 a.m. | Continental Breakfast <i>(Rose A Foyer)</i> |
| 9:00 a.m. - 10:15 a.m. | Plenary Session: Community-Based Substance Abuse and Mental Health Programs <i>(Rose A)</i> |
| 10:15 a.m. - 10:30 a.m. | Break |
| 10:30 a.m. - 12:00 p.m. | Workshop Sessions |
| | Strategies for Tribes to Overcome Substance Abuse and Mental Health Problems <i>(Pavilion A)</i> |
| | Identification of Alcohol and Other Drugs (AOD) and Mental Health Problems: Part I <i>(Pavilion D)</i> |
| | Model Mental Health Programs <i>(Bonanza A)</i> |
| | Creating a Local Office Infrastructure that Supports Service Integration <i>(Pavilion B)</i> |
| | Model Substance Abuse Programs <i>(Bonanza B)</i> |
| | Employee Assistance Model: Services While Working <i>(Pavilion C)</i> |
| 12:00 p.m. - 1:30 p.m. | Lunch Break |

1:30 p.m. - 2:45 p.m.

Plenary Session: Faith-Based Strategies (*Rose A*)

2:45 p.m. - 3:00 p.m.

Break

3:00 p.m. - 4:30 p.m.

Workshop Sessions

Identification of AOD and Mental Health Problems: Part II (*Pavilion D*)

Prenatal Effects of Alcohol: Intervention and Prevention for Mothers and Babies
(*Pavilion A*)

Creating a Local Office Infrastructure that Supports Service Integration (*Pavilion B*)

Employee Assistance Model: Services While Working (*Pavilion C*)

Model Substance Abuse Programs (*Bonanza B*)

Model Mental Health Programs (*Bonanza A*)

**APPENDIX B:
QUESTIONS AND ANSWERS**

APPENDIX B

QUESTIONS AND ANSWERS

Orientation to Substance Abuse and Mental Health Services for TANF and WtW Professionals

Q: How do agencies who need assessments on clients compel the them to complete assessments?

A: States can make the completion of assessments a requirement for continued benefits.

Q: Who pays for substance abuse and mental health services?

A: Services are paid for mostly with TANF funds. Certain purely medical costs are paid through Medicaid.

Developing and Coordinating Services to Clients with Multiple Barriers to Self-sufficiency

Q: What are the qualifications of the staff who are working as social workers?

A: In Nevada, people are required to have a 4-year degree and a State license.

Q: How long can someone receive a hardship exemption/extension?

A: The case is reviewed monthly to ensure that progress is being made. However, there is a federally-imposed time limit of six months.

Q: What is in a client's personal responsibility plan (PRP)?

A: The PRP outlines what the client is responsible for, such as work and obtaining mental health services or substance abuse services.

Underlying Issues: Domestic Violence and Sexual Abuse

Q: How difficult is it for a client to accept the fact that she is a victim of domestic violence?

A: The client is often surprised because the abuser is frequently charming in public.

Q: What are some of the most helpful services for those experiencing domestic violence?

A: They need transportation, child care services, and skills training.

Q: What are the characteristics of domestic violence specialists/assessors?

A: Domestic violence specialists have a background in domestic violence and/or sexual abuse. They are usually master's level therapists with background in

domestic violence, mental health, and alcohol and other drug use. YWCA also has them go through staff training

Q: When working with an individual who has a safety plan, do you tell the employer there that there is a protection order? What is the reaction of employers?

A: When the client is offered the job, the employer should be told about the domestic violence. Pictures of the abuser should be provided to the employer, and the employer should be told to not allow the abuser on the work premises if shows up. Employers are often hesitant, but they need to be educated on the actions they can take in these situations. Employers can also get a protective order so that abuser can not trespass on company property.

Q: Discuss the issue of mutual abuse.

A: Mutual abuse is when both members of couple are beating one another. Often this situation occurs when a woman has been victimized (earlier in life) and the victim is fighting against being re-victimized.

Q: What services are there for men?

A: The man and woman in the relationship should be placed in individual treatment programs until they both understand their own issues. Following individual treatment, the couple should have joint treatment, and also treatment with their children if needed.

Q: How can you tell if the male is really the victim?

A: There are male victims. Male victims act the same way as female victims — they feel everything is their fault. A victim is a victim. Chances are that the men who point the finger at the woman as the wrongdoer/abuser are not the victims and instead are trying to manipulate the situation.

Identification of Alcohol and Other Drugs (AOD) and Mental Health Problems: Part I

Q: How much information is available on assessment tools?

A: Not a lot. The basics on the CAGE, SASSI, DAST are in the recently-released CSAT Technical Assistance Publication (TAP) entitled “Identifying Substance Abuse Among TANF Eligible Families.” The identification of substance abuse, mental health, learning disabilities, and domestic violence are all relatively new areas for TANF staff.

Q: Can there be a correlation between the ADA regulations and the TANF work structure?

A: Policy needs to come into line with rhetoric and needs to reflect the need for accommodations — whether physical or mental in nature.

Q: Are agencies mandating drug testing?

A: Michigan is the only State that has implemented mandatory universal drug testing — but this initiative was struck down by the Courts.

Identification of Alcohol and Other Drugs (AOD) and Mental Health Problems: Part II

Q: Where did start up funds for the Alameda funding promotion come from?

A: Half of the funds were provided by the State, and half were provided by TANF.

Q: How were Alameda's marketing ads funded?

A: The ads were paid using TANF funds. Medical mental health already had the 800 number set up.

Q: If people don't participate in treatment in New York's program, are they sanctioned?

A: Yes, they are sanctioned.

Model Mental Health Programs

Q: When the social worker in Utah's Department of Workforce Services conducts the diagnostic assessment and finds that treatment is required for the client, what happens in the three to five treatment sessions?

A: When treatment is required, the social worker provides a brief intervention of three to five sessions prior to the community referral. These sessions are usually to provide crisis intervention services. During these sessions, the social worker and client identify specific prominent issues holding the person from progressing and work on these issues offering communication and support.

Q: What happens in Utah when a client discloses they are a victim of domestic violence?

A: The employment counselor handles assessments and referrals. They connects the client with a domestic violence organization for treatment services. Since disclosure information has been done up front, they must also notify CPS when children are involved.

Q: Does notifying child protective services (CPS) lower the number of people coming for help?

A: In Utah, there are still a high number of referrals. The formal interview looks at domestic violence as a barrier to employment and they are working more with domestic violence specialists and law enforcement to improve the system.

A: In the CalWORKs program, one county is handling the issues around domestic violence, CPS and confidentiality much better than the others. The reason for this is because they have included DV as a partner in the assessment team. All agencies need to remove disincentives to collaboration.

Q: Why does UT require clinical licenses?

A: UT has a rigid definition of mental health services, therefore, licensing is required for high level employment counselors perform home visits.

Prenatal Effects of Alcohol: Intervention and Prevention for Mothers and Babies

Q: There is a high incidence of fetal alcohol syndrome/fetal alcohol effects (FAS/FAE) being diagnosed in Alaska's caseload. Is there training to recognize FAS/FAE? How is this assessed?

A: There is a diagnostic network in AK by Dr. Sterling Claring. A video training has been set up for remote areas to receive instruction. You should contact the Fetal Alcohol Diagnostic Center or the University of Alaska for training.

Q: How can an eligibility technician know whether the client is being noncompliant for reasons such as FAS?

A: The general advice to Eligibility Technicians is to be factual with people in the assessment process and do not pass moral judgement. Denial is a common defense mechanism. It is very likely that TANF agencies have sanctioned lots of people with FAS.

Q: What are the critical months for a fetus during pregnancy?

A: The effects of alcohol abuse during pregnancy depend on what stage of development the fetus was in during the abuse. The first three months are most dangerous—it is a critical time period for brain and spine development. Binge drinking patterns throughout the pregnancy are also very dangerous.

Q: Can you diagnose FAS/FAE at birth?

A: Only the most extreme cases are diagnosed at birth. Now doctors are ordering brain scans to diagnose FAS/FAE if substance abuse is suspected. This means that doctors are being educated more. However, often doctors still do not diagnose FAS/FAE in middle/high class. People do not talk about drinking and its effects on the fetus because they do not believe that their patients have substance abuse problems. Doctors are reluctant to make a FAS/FAE diagnosis because they do not want to take the chance of offending their patient and losing a client as a consequence.

Q: Does the fathers alcohol addiction / heavy drinking cause or contribute to FAS/FAE?

A: No. It is the mother's alcohol intake which causes FAS/FAE. However, a father's alcoholism would likely have direct impacts on secondary disabilities (i.e., mental health issues, criminal activity, low educational attainment, substance abuse, inappropriate sexual behavior).

Employee Assistance Model: Services While Working

Q: What do you see as welfare recipient's main barriers to employment in North Carolina?

A: There are a lot of barriers to employment, but transportation and child care seem to be the biggest barriers.

Q: How long can people be on welfare in North Carolina?

A: People can be on welfare for up to two consecutive years, and they have to wait three years before they can reapply.

Q: Who markets the EAP to employees?

A: EAP markets themselves to employees and employers.

Q: How many substance abuse professionals does North Carolina have?

A: There are 70 substance abuse professionals who help welfare recipients with their addiction.

**APPENDIX C:
SPEAKER LIST**



Welfare Reform:

Employment Strategies for Overcoming Substance Abuse/Mental Health Barriers

SPARKS, NEVADA

JULY 26 - 27, 2000

SPEAKER LIST

Karla Aguirre

Employee Development Manager
Utah Department of Workforce Services
140 East 300 South
Salt Lake City, UT 84111
Phone: (801) 526-9765
Fax: (801) 526-9789
Email: kaguirre@state.ut.us

Sharon Amatetti

Public Health Advisor
DHHS/SAMHSA
5600 Fishers Lane
Rockwall II Building - 618
Rockville, MD 20857
Phone: (301) 443-7288
Fax: (301) 480-6077
Email: samatett@samhsa.dhhs.gov

Pastor Cheryl Anthony

Rev., Dr., & Pastor
Judah International
141 Rogers Avenue
Brooklyn, NY 11216
Phone: (718) 771-0351
Fax: (718) 771-0351
Email: revcheryla@aol.com

Lorraine Chase

Director
YMCA of Annapolis & Anne Arundel Co.
1517 Ritchie Highway
Arnold, MD 21012
Phone: (410) 757-8300
Fax: (410) 757-0908
Email: lorchase@aol.com

Edwin Aponte

Assistant Professor
Southern Methodist University
P.O. Box 750133
Dallas, TX 75276-0133
Phone: (214) 768-4808
Fax: (214) 768-1042
Email: eaponte@mail.smu.edu

Ann Burek

Senior Program Specialist
Department of Health & Human Services
370 L'Enfant Promenade, S.W.
Aerospace Building
Washington, DC 20447
Phone: (202) 401-4528
Fax: (202) 205-5887
Email: aburek@acf.dhhs.gov

Elena Carr

Substance Abuse Program Coord.
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room S-2312
Washington, DC 20210
Phone: (202) 219-6197
Fax: (202) 219-9216
Email: carr-elena@dol.gov

Nancy Goetschius

Project Officer/Analyst
Health Care Financing Administration
7500 Security Blvd.
Mailstop S1-01-16
Baltimore, MD 21244
Phone: (410) 786-0707
Fax: (410) 786-8534
Email: ngoetschius@hcfa.gov

Alvin Collins

Secretary

Department of Human Resources
370 L'Enfant Promenade
5th Floor East
Washington, DC 20447
Phone: (202) 401-9275
Fax: (202) 205-5887
Email: acollins@acf.dhhs.gov

Dr. John E. Franklin

Assoc. Prof. & Dir./Add. Psy.

Northwestern University Medical School
222 East Superior
Suite 250
Chicago, IL 60611
Phone: (312) 695-4038
Fax: (312) 926-4840
Email: jef@northwestern.edu

Dr. Sharon Fujii

Pacific HUB Director

DHHS/Admin. for Children & Families
50 United Nations Plaza
Room 450
San Francisco, CA 94102
Phone: (415) 437-8400
Fax: (415) 437-8400
Email: sfujii@acf.dhhs.gov

Bernice Haynes

Chicago Commons Employment and Training
1633 North Hamlin Avenue
Chicago, IL 60647
Phone: (773) 772-0900
Fax: (773) 772-0136

Maxine Heiliger

CatWORKS Coordinator

Alameda Co. Behavioral Hlth. Care Svcs.
2000 Embarcadero
Suite 400
Oakland, CA 94606
Phone: (510) 567-8102
Fax: (510) 567-8130
Email: heiliger@bhcs.mail.co.alamed

Dr. Therese Grant

Director

Univ. of Washington School of Medicine
180 Nickerson Street
Suite 309
Seattle, WA 98109
Phone: (206) 543-7155
Fax: (206) 685-2903
Email: granttm@u.washington.edu

Sidney Guimont

Kennel Master

11416 Slater Avenue, N.E.
Suite 100
Kirkland, WA 98033
Phone: (425) 355-1008
Email: marceil@earthlink.net

Leo Hayden, Jr.

President

Nat'l Center for Violence Interruption
10 West 35th Street
Chicago, IL 60616
Phone: (312) 225-2136
Fax: (312) 225-2834
Email: lhayden@tasc-il.org

Janis Johnson

Research Assoc./Site Coord.

CASA
5257 San Vincente Boulevard
Los Angeles, CA 90019
Phone: (323) 935-2653
Fax: (323) 935-2653

Byron R. Johnson

Director

University of Pennsylvania
3810 Walnut Street
Philadelphia, PA 19104
Phone: (215) 898-5113
Fax: (215) 898-1202
Email: byron@sas.upenn.edu

Jeanette Hercik

Managing Associate
Caliber Associates
10530 Rosehaven Street
Suite 400
Fairfax, VA 22030
Phone: (703) 385-3200
Fax: (703) 385-3206
Email: hercikj@calib.com

Jeanette Hills

Chief of Eligibility and Payt.
Nevada State Welfare Division
2527 North Carson
Carson City, NV 89706
Phone: (775) 687-4386
Fax: (775) 687-1079
Email: jhills@govmail.state.nv.us

Kate Malliarakis

Chief, Specific Drugs Branch
Executive Office of the President
750 17th Street, N.W.
Washington, DC 20503
Phone: (202) 395-5299
Fax: (202) 395-6744
Email: kathleen_d._malliarakis@oa.eop.gov

Ed McGowan

Chief Administrative Officer
The Village
3180 Biscayne Boulevard
Miami, FL 33137
Phone: (305) 571-2635
Fax: (305) 571-1435
Email: edmcdev@aol.com

Clifton Mitchell

Chief
SAMHSA/Center for Substance Abuse
5600 Fishers Lane
Parklawn Building/Rockwall II
Rockville, MD 20857
Phone: (301) 443-8804
Fax: (301) 443-3543
Email: cmitchell@samhsa.dhhs.gov

Dennis Liebeman

Director
U.S. Dept. of Labor/Welfare-to-Work
200 Constitution Avenue, N.W.
Room N-4671
Washington, DC 20210
Phone: (202) 219-0181
Fax: (202) 219-0376
Email: dliebeman@doleta.gov

Sandra Naylor Goodwin

Executive Director
California Institute for Mental Health
2030 J Street
Sacramento, CA 95814
Phone: (916) 556-3480
Fax: (916) 446-4519

Elaine Richman

Family Assistance Prog. Spec.
DHHS/Admin. For Children & Families
370 L'Enfant Promenade, S.W.
Aerospace Building – 5th Floor
Washington, DC 20447
Phone: (202) 401-5088
Fax: (202) 401-5887
Email: erichman@acf.dhhs.gov

Jose Rivera

President and CEO
Rivera Sierra and Company
32 Court
Suite 1200
Brooklyn, NY 11201
Phone: (718) 858-0066
Email: jrivera@rivera-associates.com

Jeanetta Robinson

Founder & Director
Career Youth Development, Inc.
2601 North Martin Luther King Jr. Drive
Milwaukee, WI 53212
Phone: (414) 264-6888
Fax: (414) 264-1909

Mary Nakashian

Consultant

340 Arapahoe Avenue
Boulder, CO 80302
Phone: (303) 544-1632
Fax: (303) 544-1640
Email: marynakashian@us.west.net

Rota Rosaschi

Chief

Nevada State Welfare Division
2527 North Carson
Carson City, NV 89706
Phone: (775) 687-4834
Fax: (775) 687-1079
Email: rosasch@govmail.state.nv.us

Ulonda Shamwell

Associate Admin. for Women

Department of Health and Human Services
5600 Fishers Lane
Room 13-99
Rockville, MD 20857
Phone: (301) 443-2868
Fax: (301) 443-8964
Email: ushamwell@samhsa.gov

Christa Sprinkle

Mental Health & Supervisor

Steps to Success
14030 NE Sacramento Street
Portland, OR 97230
Phone: (503) 256-0432
Fax: (503) 256-5503

Dr. Candice Stewart-Sabin

Chief Clinical Officer

Our Youth Our Future, Inc.
P.O. Box 3529
Shiprock, NM 87420
Phone: (505) 368-4712
Fax: (505) 368-5457
Email: iina@fone.net

Donald Sykes

Director

DHHS/ACF/Office of Community Services
370 L'Enfant Promenade, S.W.
Washington, DC 20447
Phone: (202) 410-5333
Email: dsykes@acf.dhhs.gov

Dr. Sushma Taylor

Executive Director

Center Point, Inc.
809 B Street
San Rafael, CA 94901
Phone: (415) 454-7777
Fax: (415) 454-7785

Marceil L. Ten Eyck

Counselor/Psychotherapist

11416 Slater Avenue, N.E.
Suite 100
Kirkland, WA 98033
Phone: (425) 827-1773
Fax: (425) 827-3643
Email: marceil@earthlink.net

Terri Thompson

Research Associate

The Urban Institute
2100 M Street, N.W.
Washington, DC 20037
Phone: (202) 261-5835
Fax: (202) 463-8522
Email: tthompson@ui.urban.org

Smith Worth

Clinical Administrator

UNC
301 Pittsboro Street
CB 3550
Chapel Hill, NC 27599
Phone: (919) 962-6431
Fax: (919) 962-6562
Email: aworth@email.unc.edu

Dan Thornhill

Manager

Utah Department of Workforce Services
140 East 300 South
Salt Lake City, UT 84111
Phone: (801) 526-9767
Fax: (801) 526-9789
Email: dthornhi@state.ut.us

Dr. Nancy Young

Director

Children and Family Futures, Inc.
4940 Irvine Boulevard
Suite 202
Irvine, CA 92620
Phone: (714) 505-3525
Fax: (714) 505-3626
Email: nkyoung@cffutures.com

H. Dean Trulear

Vice President

Public/Private Venture
One Commerce Square - Suite 900
2005 Market Street
Philadelphia, PA 19103
Phone: (215) 557-4420
Fax: (215) 557-4469
Email: dtrulear@ppv.org

Debbie White

President

White Consulting
4676 Commercial Street South
PMB 129
Salem, OR 97302
Phone: (503) 363-9898
Fax: (503) 363-7786
Email: dwhiteor@aol.com

Mike Wilden

Administrator

Nevada State Welfare Division
2527 North Carson
Carson City, NV 89706
Phone: (775) 687-4128
Fax: (775) 687-5080

**APPENDIX D:
ATTENDEE LIST**



Welfare Reform:

Employment Strategies for Overcoming Substance Abuse/Mental Health Barriers

SPARKS, NEVADA

JULY 26 - 27, 2000

ATTENDEE LIST

Laura Alvarez

Director

Dept. of the Family (ADSEF)

G.P.O. Box 8000

Santurce, PR 00910-0080

Phone: (787) 725-8081

Fax: (787) 722-0275

Lena Bean

Program Manager

Resource Consultants Inc.

1811 Stevens Street

Suite B

Houston, TX 77026

Phone: (713) 223-1009

Fax: (713) 223-1170

Reba Architzel

Director

NY State OASAS

1450 Western Avenue

Albany, NY 12203

Phone: (518) 485-2207

Fax: (518) 485-7574

Email: RebaArchitzel@oasas.state.ny.us

Fanee Begay

Agency Director

Navajo Nation

P.O. Drawer 709

Window Rock, AZ 86515

Phone: (520) 871-6235

Fax: (520) 871-2266

Pat Augustus Gilbert

Project Manager

Philadelphia Behavioral Health System

123 S. Broad Street

22nd Floor, Suite 2294

Philadelphia, PA 19109

Phone: (215) 599-5200

Fax: (215) 599-5174

Email: pgilbert@phlhealth.org

Lois Bell

Chief, TANF Technical Assist.

U.S. Dept. of Health & Human Services

370 L'Enfant Promenade, Southwest

5th Floor East

Washington, DC 20447

Phone: (202) 401-9317

Fax: (202) 205-5887

Email: lbell@acf.dhhs.gov

Lisa Bell-Barney

Clinician

Dept. of Health & Welfare

150 Shoup Avenue

Suite 19

Idaho Falls, ID 83402

Phone: (208) 528-5723

Fax: (208) 528-5747

Willie Bolden

Bureau Director

Dept. of Human Services

750 N. State Street

Jackson, MS 39202

Phone: (601) 359-4800

Fax: (601) 359-4781

Stanley Benally
Department Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

John Bianconi
Director
West Virginia DHHR
350 Capitol Street
Room 350
Charleston, WV 25301-3702
Phone: (304) 558-0627
Fax: (304) 558-1008
Email: jbianconi@wvdhhr.org

Jean Blackmon
Program Supervisor
AL Dept. of Human Resources
Gordon Persons Building
50 Ripley Street
Montgomery, AL 36130
Phone: (334) 242-1978
Fax: (334) 242-0513
Email: jblackmon@dhr.state.al.us

Millie Burns
Program Development Specialist
Catholic Charities of the East Bay
433 Jefferson Street
Oakland, CA 94607
Phone: (510) 768-3188
Fax: (510) 451-6998
Email: millie@cceb.org

MaryBeth Burroughs
Social Work Supervisor
Nevada State Welfare Division
1350 E. Ninth Street
Reno, NV 89512-2999
Phone: (775) 688-1497
Fax: (775) 688-2387

Lisa Boyd-Krause
Manager
YW Works
1915 N. Martin Luther King Drive
Milwaukee, WI 53212
Phone: (414) 267-3169
Fax: (414) 374-8523
Email: lboyd@net.ywcaogm.org

Sibylle Brown-O'Malley
Equal Opportunity Specialist
US DHHS
50 United Nations Plaza
Room 336
San Francisco, CA 94102
Phone: (415) 437-8316
Fax: (415) 437-8329
Email: sbrown-o@os.dhhs.gov

Stella Bukanc
Analyst
Vermont DPATHA
103 South Main Street
Waterbury, VT 05676
Phone: (802) 241-2806
Fax: (802) 241-3934
Email: stellab@wpgate1.ahs.state.vt.us

Donna Campbell
Executive Director
CT Consortium for Women & Their Children
205 Whitney Avenue
New Haven, CT 06511
Phone: (203) 498-4184
Fax: (203) 498-4189
Email: www.womensconsortium.org

Kelley Capuchino
Administrator
NH DHHS
105 Pleasant Street
Concord, NH 03301
Phone: (603) 271-8376
Fax: (603) 271-5040
Email: kcapuchi@dhhs.state.nh.us

Steve Bye

Case Management Coordinator
Cook Inlet Tribal Council
670 W. Fireweed Lane
Anchorage, AK 99503
Phone: (907) 265-5933
Fax: (907) 265-7942
Email: sbye@citci.com

Stephanie Cacciavillano

SPOC Coordinator
Delaware Co. Ofc. of Emplmt. & Trng.
701 Crosby Street
Suite B
Chester, PA 19013
Phone: (610) 447-1607
Fax: (610) 447-1428
Email: scacciavillano@dca.net

Holly Cook

State Program Director
Tennessee DHS
8215 Twin Springs Court
Brentwood, TN 37027
Phone: (615) 313-5465
Fax: (615) 313-6639
Email: hcook2@mail.state.tn.us

Kathleen Cowan

Program Manager
Hawaii Co. Economic Opportunity Council
47 Rainbow Drive
Hilo, HI 96720
Phone: (808) 961-2681
Fax: (808) 935-9213
Email: larry@interpac.net

Ron Curtis

Agency Director
Navajo Nation
P.O. Drawer 809
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Kevin Cataldo

Human Services Pgm. Specialist
Florida Dept. of Children & Families
2328 10th Avenue
Lake Worth, FL 33461
Phone: (561) 540-5660
Fax: (561) 540-5677
Email: kevin_cataldo@dcf.state.fl.us

Maria Celli-Miller

Trainer
Alaska HSS, DPA
3601 C Street
Suite 422
Anchorage, AK 99503
Phone: (907) 269-7860
Fax: (907) 269-7869
Email: Maria_Celli_Miller@health.state.ak.us

Mike DeLuna

Welfare-to-Work Coordinator
ITEP
P.O. Box 9709
c/o Ellen Stein
The Woodlands, TX 77387
Phone: (281) 363-1640
Fax: (281) 363-1259
Email: delunam@itep.org

Susan Diaz

Division Director
Mesa Co. Dept. of Human Services
P.O. Box 2000
Grand Junction, CO 81502
Phone: (970) 248-2736
Fax: (970) 255-3692
Email: diasu@mcidss.co.gov

Greg Dotzenko

Workforce Dev. Specialist
Tanana Chiefs Conference
122 First Avenue
Suite 600
Fairbanks, AK 99701
Phone: (907) 452-8251
Fax: (907) 459-3883
Email: grdotzenko@tanachiefs.org

Ruthie Dallas

Liaison, SA & MH Issues
Minnesota Dept. of Human Services
444 Lafayette Road
St. Paul, NM
Phone: (651) 297-3050
Fax: (651) 297-5840
Email: ruthie.dallas@state.mn.us

Billie Lee Dunford-Jackson

Assistant Director
Nat'l. Council of Juv. & Fam. Ct. Judges
P.O. Box 8970
Reno, NV 89507
Phone: (775) 784-4463
Fax: (775) 784-6160

Jason Dunn

Internal Policy Analyst
Department for Community-Based Services
275 East Main Street, 3WB
Frankfort, KY 40621
Phone: (502) 564-7536
Fax: (502) 564-0328
Email: Jason.Dunn@mail.state.ky.us

Pauline Eaglefeathers

Tribal Work Experience Worker
Northern Cheyenne Social Services
P.O. Box 128
Lame Deer, MT 59043
Phone: (406) 477-8321
Fax: (406) 477-8333

Winston Edmonds

WtW Employer Services Coord.
ITEP
P.O. Box 9709
c/o Ellen Stein
The Woodlands, TX 77387
Phone: (281) 363-1640
Fax: (281) 363-1259
Email: edmondsw@itep.org

Linda Dressler

Curriculum Dev. Specialist
Virginia Commonwealth University
104 N. Linden Street
Richmond, VA 23284
Phone: (804) 828-0460
Fax: (804) 828-1207
Email: ljdressl@saturn.vcu.edu

Leslie Escoto

Social Service Planner
Riverside Co. Dept. of Social Services
22690 Cactus Avenue
Suite 100
Moreno Valley, CA 92553
Phone: (909) 413-5625
Fax: (909) 413-5640
Email: smccrary@co.riverside.ca.us

George Etsitty

Planner II (Health)
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Antonio Fernandez

Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Marilee Fletcher

Regional Program Coordinator
AK Dept. of Health & Social Services
P.O. Box 110607
Juneau, AK 99811-0607
Phone: (907) 465-2071
Fax: (907) 465-2185
Email: Marilee_Fletcher@health.state.ak.us

Shannon Foster
Social Worker II
Nevada State Welfare Division
755 Roop Street
Suite 201
Carson City, NV 89701
Phone: (775) 687-4760
Fax: (775) 687-8257

Mike Ganchan
Outreach Coordinator
Northern Area Substance Abuse Council
P.O. Box 52230
Sparks, NV 89435-2230
Phone: (775) 786-6563
Fax: (775) 786-6728
Email: Nasac@Gbis.com

Robert Gomez
Employment & Training Director
Catholic Charities of East Bay
433 Jefferson Street
Oakland, CA 94606
Phone: (510) 768-3104
Fax: (510) 481-0133
Email: robert@cceb.org

Anatalys Gonzalez
Director
C.C.A. Vetelba, Inc.
PMB Depto 484 HC-01 Box 29030
Caguas, PR 00725-8900
Phone: (787) 767-4500
Fax: (787) 767-4722
Email: vetelba@coqui.net

Paula Hawkins
Program Specialist III
Nevada State Welfare Division
2527 N. Carson Street
Carson City, NV 89706
Phone: (775) 687-4906
Fax: (775) 687-1079
Email: phawkins@govmail.state.nv.us

Charmaine Grant
SPOC Case Manager
Community Action Agency of Del. Co., Inc
511-513 Welsh Street
Chester, PA 19013
Phone: (610) 874-8451
Fax: (610) 874-8476

Janet Grier
Division Director
PA Dept. of Public Welfare
900 N. 6th Street
Harrisburg, PA 17102
Phone: (717) 787-1302
Fax: (717) 787-4106

Diana Gunnels
Director, Employment Services
ITEP
P.O. Box 9709
c/o Elle Stein
The Woodlands, TX 77387
Phone: (281) 363-1640
Fax: (281) 363-1259
Email: gunnelsd@itep.org

Paige Hairston
TANF Program Consultant
VA Dept. of Social Services
Piedmont Regional Office
210 Church Avenue, SW
Roanoke, VA 24011
Phone: (540) 857-6175
Fax: (540) 857-7364
Email: pah996@piedmont.dss.state.va.us

Amanda Hilton
Family Development Specialist
Career Center
P.O. Box 749
140 North Avenue
Skowhegan, ME 04976
Phone: (207) 474-4915
Fax: (207) 474-4914
Email: amanda.hilton@state.me.us

Marta Henry
Case Manager
Private Industry Council of Butte Co.
2185 Baldwin Avenue
Oroville, CA 95966
Phone: (530) 532-7675
Fax: (530) 534-6897

Anne Herron
Director
NY OASAS
1450 Western Avenue
Albany, NY 12203
Phone: (518) 402-2846
Fax: (518) 402-2847
Email: anneherron@oasas.state.ny.us

John Hicks
Program Specialist
Texas Workforce Commission
101 E. 15th Street
Room 440T
Austin, TX 78778-001
Phone: (512) 463-5388
Fax: (512) 463-7879
Email: John.hicks@twc.state.tx.us

Sherry Jackson
Program Administrator Senior
Dept. of Human Services
750 N. State Street
Jackson, MS 39202
Phone: (601) 359-4800
Fax: (602) 359-4781

Adetha James
Intervention Specialist
Resource Consultants Inc.
1811 Stevens Street
Suite B
Houston, TX 77026
Phone: (713) 223-1009
Fax: (713) 223-1170

Kenneth Hoffman
Senior Attorney
NY OASAS
1450 Western Avenue
Albany, NY 12203
Phone: (518) 485-2317
Fax: (518) 485-2335
Email: kenhoffman@oasas.state.ny.us

Karen Hofmann
Welfare to Work Coordinator
Delaware County Office of E&T
20 S. 69th Street
Upper Darby, PA 19082
Phone: (610) 447-1301
Fax: (610) 447-1428

Yvonne Howard
Program Specialist
DHHS/ACF
370 L'Enfant Promenade SW
Aerospace Building, 5th Floor East
Washington, DC 20447
Phone: (202) 401-4619
Fax: (202) 205-5887
Email: yhoward@acf.dhhs.gov

June Kelly
Employment & Trng. Specialist
Nevada State Welfare Division
1350 E. 9th Street
Reno, NV 89512
Phone: (775) 688-2200
Fax: (775) 688-2387

Denise Keplin
WtW Coordinator/Supervisor
Job Service North Dakota
P.O. Box 490
Rolla, ND 58367-0490
Phone: (701) 477-5631
Fax: (701) 477-6701
Email: dkeplin@state.nd.us

Thelma Johnson

Program Analysis Officer
Dept. of Health & Human Services
370 L'Enfant Promenade S.W.
Aerospace Building
Washington, DC 20447
Phone: (202) 401-5523
Fax: (202) 401-4687
Email: tjohnson@acf.dhhs.gov

John Kirsch

SA Program Specialist
ID Dept. of Health and Welfare
P.O. Box 83720
5th Floor
Boise, ID 83720
Phone: (208) 334-6680
Fax: (208) 334-6699
Email: kirschj@idhw.state.id.us

Nilsa Jusino de Morales

Administradora
Administration for Children and Family
P.O. Box 15091
San Juan, PR 00902
Phone: (787) 721-1331
Fax: (787) 721-2245

Lorene Lake

Treatment Counselor
Chrysalis House, Inc.
1570 Crownsville Road
Crownsville, MD 21032
Phone: (410) 974-6829
Fax: (410) 974-6350

Craig Lambdin

Executive Director
MFI Recovery Center
7223 Magnolia
Riverside, CA 92504
Phone: (909) 683-6596
Fax: (909) 683-4239
Email: MFICraig@earthlink.net

Roy Laughter

Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Peggy Landry

Case Manager
Private Industry Council of Butte Co.
2185 Baldwin Avenue
Oroville, CA 95966
Phone: (530) 532-7676
Fax: (530) 534-6897

Nora Lee

Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Rosemary Laney

Case Manager
Private Industry Council of Butte Co.
2185 Baldwin Avenue
Oroville, CA 95966
Phone: (530) 532-7674
Fax: (530) 534-6897

Sheila Litzky

State Coord. for Women's Svcs.
Dept. of Health & Mental Hygiene
201 W. Preston Street
4th Floor
Baltimore, MD 21201
Phone: (410) 767-6563
Fax: (410) 333-7206

Herman Largo

Assistant Department Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Levetta Love

TANF Manager
El Paso Co. Dept. of Human Services
105 N. Spruce Street
Colorado Springs, CO 80905
Phone: (719) 444-8153
Fax: (719) 444-5320
Email: Levetta_Love@co.el-paso.co.us

Wanda MacDonald

Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Lei Mahoe

Director of Program Operations
Boys & Girls Club of Hawaii
1523 Kalakaua Avenue
Suite 202
Honolulu, HI 96826
Phone: (808) 949-4203
Fax: (808) 955-4496
Email: lei@bgch.com

Susan Mancillas

Acting Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Lani Liu

Program Specialist
DHHS/ACF
50 United Nations Plaza
Room 450
San Francisco, CA 94102
Phone: (415) 437-7632
Fax: (415) 437-8437
Email: lliu@acf.dhhs.gov

Steve Mason

Director
OBHS, DHHR
350 Capitol Street
Room 350
Charleston, WV 25301-3702
Phone: (304) 558-2276
Fax: (304) 558-1008
Email: smason@wvdhhr.org

Cindy McGowan

Administrative Officer III
OK Dept. of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
Phone: (405) 521-2950
Fax: (405) 521-4158
Email: Cindy.McGowan@okdhs.org

Monica Mertoli

SPOC Case Manager
Community Action Agency of Delaware Co.
511-513 Welsh Street
Chester, PA 19013
Phone: (610) 874-8451
Fax: (610) 874-8476

Candice Miller

Case Manager
University of Alaska, Anchorage
3401 Minnesota
Anchorage, AK 99503
Phone: (907) 258-3586
Fax: (907) 258-3123
Email: ancym@uaa.alaska.edu

Lisa Molina

Outpatient Services Manager
MFI Recovery Center
7223 Magnolia Avenue
Riverside, CA 92504
Phone: (909) 683-6596
Fax: (909) 341-0209

Peggy Moss

Welfare to Work Coordinator
Job Service North Dakota
P.O. Box 9829
Fargo, ND 58506-9829
Phone: (701) 239-7305
Fax: (701) 239-7350
Email: pmoss@state.nd.us

Paul Musclow

Director
NASMHPD
66 Canal Center Plaza
Suite 302
Alexandria, VA 22314
Phone: (703) 739-9333
Fax: (703) 548-9517
Email: paul.musclow@nasmhpd.org

Michael Neely

Administrator
Integrated Care System
333 S. Central Avenue
Los Angeles, CA 90013
Phone: (213) 621-2800
Fax: (213) 621-4119

Wanda Pabon

Executive Director
C.C.A. Vetelba, Inc.
PMB Dept. 484 HC-01 Box 29030
Caguas, PR 00725-8900
Phone: (787) 816-0878
Fax: (787) 816-0838
Email: vetelba@coqui.net

Roberta O'Brien

Program Performance Consultant
VT DPATHA
103 South Main Street
Waterbury, VT 05671-1201
Phone: (802) 241-2933
Fax: (802) 241-2830
Email: birdieo@wpgate1.ahs.state.vt.us

Kathy Osborne

Executive Assistant
CT Consortium for Women & Their Children
205 Whitney Avenue
New Haven, CT 06511
Phone: (203) 498-4184
Fax: (203) 498-4189
Email: www.womensconsortium.org

Susan Otter

Program Analyst
Dept. of Health & Human Services
233 N. Michigan Avenue
Suite 1390
Chicago, IL 60601
Phone: (312) 886-9452
Fax: (312) 353-1421
Email: sotter@os.dhhs.gov

Cheryl Ouellette

Supervisor
NH DHHS
129 Pleasant Street
Brown Building
Concord, NH 03301
Phone: (603) 271-4257
Fax: (603) 271-4637
Email: couellette@dhhs.state.nh.us

Philbert Peterson

Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Ever Padilla-Ruiz*Acting Director*

Administration for Children and Families
P.O. Box 15091
San Juan, PR 00902
Phone: (787) 724-5030
Fax: (787) 721-2245
Email: epadilla@adfan.prstar.net

Alice Park*Program/Financial Specialist*

Alameda Co. Social Services Agency
22455 Maple Court
2nd Floor
Hayward, CA 94541
Phone: (510) 728-7850
Fax: (510) 728-7815
Email: Apark@co.alameda.ca.us

Gail Parsons*Case Manager*

Private Industry Council of Butte Co.
2185 Baldwin Avenue
Oroville, CA 95966
Phone: (530) 532-7671
Fax: (530) 534-6897

Ira Pollack*Regional Manager*

Dept. of Health & Human Services
50 UN Plaza
Room 322
San Francisco, CA 94102
Phone: (415) 437-8328
Fax: (415) 437-7570
Email: IPollack@os.dhhs.gov

Michael Pugh*Workforce Dev. Specialist*

HoustonWorks USA
600 Jefferson
Suite 900
Houston, TX 77002
Phone: (713) 654-1919
Fax: (713) 655-0715
Email: mpugh@houworks.com

Dale Peterson*Director*

NYS Temp. & Disability Assistance Office
40 N. Pearl Street
Albany, NY 12243
Phone: (518) 486-3415
Fax: (518) 473-6207
Email: AY5740@dfa.state.ny.us

Vu Pham*REAC Director*

Catholic Charities of the East Bay
100 Hacienda Avenue
San Lorenzo, CA 94850
Phone: (510) 481-0131
Fax: (510) 481-0133
Email: reac@acninc.net

Christy Pitol*Clinician III*

Pikes Peak Mental Health/DHS
220 Ruskin Drive
Colorado Springs, CO 80910
Phone: (719) 572-6129
Fax: (719) 572-6129
Email: Lauraa@ppmhc.org

Dianne Roberson*TANF Program Consultant*

VA Dept. of Social Services
Piedmont Regional Office
210 Church Avenue, SW
Roanoke, VA 24011
Phone: (540) 857-7957
Fax: (540) 857-7364
Email: dmr996@piedmont.dss.state.va.us

Kristi Roberson-Scott*Program Evaluation Specialist*

University of Tennessee
College of Social Work, Henson Hall
1618 Cumberland Avenue, Room 319
Knoxville, TN 37996-3334
Phone: (865) 974-4550
Fax: (865) 974-3877
Email: Scottkr@sworps.csw.utk.edu

Terri Ramsey*SW II*

Division of Public Assistance

675 7th Avenue

Station D

Fairbanks, AK 99701

Phone: (907) 451-2803

Fax: (907) 451-2923

Email: Terri_Ramsey@ajcn.state.ak.us

Eloisa Rivera*Lead Social Worker*

Nevada State Welfare

538 Boulder Highway

Henderson, NV 89105

Phone: (702) 486-1233

Fax: (702) 486-4827

Shirley Ross*Social Worker II*

Nevada State Welfare

1350 E. 9th Street

Reno, NV 89502

Phone: (775) 688-2200

Fax: (775) 688-2387

Email: madewone@aol.com

Dave Ruhl*Employment & Trng. Specialist*

Nevada State Welfare Division

1350 E. 9th Avenue

Reno, NV 89512

Phone: (775) 688-2200

Fax: (775) 688-2387

Carmen Sacarello*Executive Director*

Dept. of the Family

G.P.O. Box 8000

Santurce, PR 00910-0080

Phone: (787) 725-8081

Fax: (787) 722-0275

Arlene Rogers*General Assistant Technician*

Northern Cheyenne Social Services

P.O. Box 128

Lame Deer, MT 59043

Phone: (406) 477-8321

Fax: (406) 477-8333

Mary Ross*Deputy Administrator for Pgm.*

MS Dept. of Human Services

750 North State Street

Jackson, MS 39212

Phone: (601) 359-4331

Fax: (601) 359-4477

Email: mross@mdhs.state.ms.us

Khanh Sam*Job Developer Coordinator*

Catholic Charities of the East Bay

100 Hacienda Avenue

San Lorenzo, CA 94850

Phone: (510) 481-0131

Fax: (410) 481-0133

Email: reac@acninc.net

Nilda Samuels*Equal Opportunity Specialist*

DHHS

50 United Nations Plaza

Room 322

San Francisco, CA 94102

Phone: (415) 437-8317

Fax: (415) 437-8329

Email: nsamuels@os.dhhs.gov

Virginia Sawyer*Social Worker*

Nevada State Welfare

3700 E. Charleston

Las Vegas, NV 89104

Phone: (702) 486-4705

Fax: (702) 486-4827

Michael Salabiye

Agency Director
Navajo Nation
P.O. Drawer 709
Window Rock, AZ 86515
Phone: (520) 871-6235
Fax: (520) 871-2266

Pamela Shanklin

Administrative Prgms. Officer
Oklahoma Dept. of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
Phone: (405) 521-4395
Fax: (405) 521-4158
Email: pamela.shanklin@okdhs.org

Rosemary Shannon

Administrator I
NH Div. of Alcohol & Drug Abuse
105 Pleasant Street
State Office Park South
Concord, NH 03301
Phone: (603) 271-6108
Fax: (603) 271-6116
Email: rshannon@dhhs.state.nh.us

Barbara Spoor

Technical Assistance Manager
Health Systems Research, Inc.
1200 18th Street, N.W.
Suite 700
Washington, DC 20036
Phone: (202) 828-5100
Fax: (202) 728-9469
Email: bspoor@hsrnet.com

Barbara Stark

Social Work Supervisor
Nevada State Welfare
1040 W. Owens
Las Vegas, NV 89106
Phone: (702) 486-1868
Fax: (702) 486-1802

Tracey Sessions

Program Manager
Region 7 Mental Health
150 Shoup Avenue
Suite 19
Idaho Falls, ID 83402
Phone: (208) 528-5706
Fax: (208) 528-5747

Linda Stevens

Self-Reliance Specialist
Shosone-Bannock Tribes
P.O. Box 306
Fort Hall, ID 83202
Phone: (208) 478-4091

Rachel Stiff

Deputy Director
Dept. of Human Services
750 N. State Street
Jackson, MS 39202
Phone: (601) 359-4800
Fax: (601) 359-4781

Sheila Taluskie

Job Readiness Coordinator
Chrysalis House
120 Chrysalis Court
Lexington, KY 40503
Phone: (859) 255-0500

Barbara Taylor

Social Welfare Manager
Nevada State Welfare Division
755 N. Roop Street
#201
Carson City, NV
Phone: (775) 687-3931
Fax: (775) 687-8257

Dennis Tharp*Program Evaluator*

US DHHS
601 E. 12th Street
Room 284-B
Kansas City, MO 64106
Phone: (816) 426-5959
Fax: (816) 426-2146
Email: dtharp@os.dhhs.gov

Carol Thornhill*Employment Counselor*

Dept. of Workforce Services
158 South 200 West
Salt Lake City, UT 84101
Phone: (801) 524-9052
Fax: (801) 524-9167
Email: wsceppo.cthornh@state.ut.us

Dawn Tran*Site Coordinator*

Catholic Charities of the East Bay
100 Hacienda Avenue
San Lorenzo, CA 94850
Phone: (510) 481-0131
Fax: (510) 481-0133
Email: dawnthuytran@altavista.com

Jane Urbanovsky*Field Service Manager I*

State of Alaska
3601 C Street
Suite 410
Anchorage, AK 99503
Phone: (907) 269-8980
Fax: (907) 563-0767
Email: Jane_Urbanovsky@health.state.ak.us

Neieida Tiudo Vega*Sub Administradora*

Administration for Children and Families
Avenue Ponce de Leon, Puerto de Tierra
P.O. Box 15091
San Juan, PR 00902
Phone: (787) 721-0388
Fax: (787) 721-2245

Leslie Ventura*HHR Specialist Sr.*

WV Dept. of Health & Human Resources
350 Capitol Street
Room B-18
Charleston, WV 25301
Phone: (304) 558-0939
Fax: (304) 558-2059
Email: leslieventura@wvdhhr.org

Valerie Villaraza*Equal Opportunity Specialist*

Dept. of Health & Human Services
50 United Nations Plaza
Room 322
San Francisco, CA 94102
Phone: (415) 437-8330
Fax: (415) 437-8329
Email: vvillara@os.dhhs.gov

Mike Warner*Assistant Director*

NYS Temp. & Disability Assistance Office
40 N. Pearl Street
Albany, NY 12084
Phone: (518) 486-3380
Fax: (518) 473-6207
Email: AZ1650@dfa.state.ny.us

Lisa Washington Thomas
Senior Program Specialist
U.S. Dept. of Health & Human Services
370 L'Enfant Promenade, S.W.
5th Floor West
Washington, DC 20047
Phone: (202) 401-5141
Fax: (202) 205-5887
Email: lwashington@acf.dhhs.gov

Robyn Webster
Coord. of Special Populations
Alcohol & Drug Abuse Administration
201 W. Preston Street
Baltimore, MD 21015
Phone: (410) 767-6565
Fax: (410) 333-7206
Email: dverbillis@dhhm.state.md.us

Shirley White
Addictions Specialist
El Dorado Co. DSS
3057 Briw Road
Placerville, CA 95667
Phone: (530) 642-7197
Fax: (530) 626-9060

Donna Wicks
TANF Program Consultant
VA Dept. of Social Services
Central, Regional Office
1604 Santa Rosa Road
Richmond, VA 23229
Phone: (804) 662-9768
Fax: (804) 662-7023
Email: dpw992@central.dss.state.va.us

Lynn Winterfield
Program Specialist
NH DHHS
129 Pleasant Street
Brown Building
Concord, NH 03301
Phone: (603) 271-4257
Fax: (603) 271-4637
Email: lwinterfield@dhhs.state.nh.us

Nancy Wiggett
Director
CT Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109
Phone: (860) 263-6798
Fax: (860) 263-6039
Email: nancy.wiggett@po.state.ct.us

Esther Wilhoite
Internal Policy Analyst
KY Cabinet for Families & Children
275 East Main Street
Frankfort, KY 40215
Phone: (502) 564-7050
Fax: (502) 564-4021
Email: esther.wilhoite@mail.state.ky.us

Timothy Williams
Program Manager 2
NY OASAS
1450 Western Avenue
Albany, NY 12203
Phone: (518) 457-5702
Fax: (518) 485-5228
Email: timwilliams@oasas.state.ny.us

Darla Wilson
Social Work Supervisor
Nevada State Welfare
700 Belrose
Las Vegas, NV 89107
Phone: (702) 486-8477
Fax: (702) 486-1633

Catherine Woods
President/Founder
Church of the Holy Trinity
3520 Lumar Drive
Ft. Washington, MD 20744
Phone: (301) 248-2877
Fax: (301) 248-6580
Email: winone@erols.com

Tom Wirtz

Program Administrator
ND Dept. of Human Services
600 East Boulevard Avenue
Bismarck, ND 58505-0257
Phone: (701) 328-4005
Fax: (701) 328-2359
Email: sowirt@state.nd.us

Jessie Wright

Needs Assessment Coordinator
Dept. of Mental Health
239 N. Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Phone: (601) 359-1288
Fax: (601) 576-4040

Marion Wojick

Program Administration Manager
CT Dept. of Social Services
25 Sigourney Street
Hartford, CT 06106
Phone: (860) 424-5329
Fax: (860) 424-5351
Email: marion.wojick@po.state.ct.us

Jennifer Woods

TA Specialist
PCADV/NRC
6400 Flank Drive
Harrisburg, PA 17112
Phone: (800) 537-2238
Fax: (717) 545-9406
Email: jw@pcadv.org