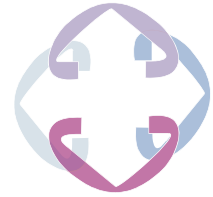




## WELFARE PEER TA NETWORK

*Substance Abuse Among TANF Families*  
Cass County, North Dakota

### Short Summary



Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, many States have successfully moved large portions of their caseloads towards independence and self-sufficiency by transitioning TANF clients from welfare to work.<sup>1</sup> The families that have remained on the welfare caseloads tend to be those that are the hardest to serve and employ, often presenting multiple barriers such as substance abuse, mental health issues, and disabilities.<sup>2</sup> It is increasingly evident that in order to ensure effective service delivery to all TANF clients, welfare offices throughout the country will need to develop strategies for addressing their hard-to-serve caseload. Moreover, because the features of TANF such as time limits, work requirements, and sanctions for noncompliance, still remain for all individuals on TANF caseloads, welfare agencies are eager for better ways to understand the barriers and complexities of their hardest to serve clients.<sup>3</sup>

As a subset of this broader issue, many States and localities have chosen to focus on issues of identification, assessment, and screening for mental health and substance abuse problems of TANF clients at the time of application as a solution to understanding their caseloads and fostering effective service delivery. Early screening and assessment procedures aim to identify mental health and substance abuse issues at the onset of TANF case management services to help provide clients with responsive interventions that meet their needs. However, many disabilities, mental health issues, and substance abuse addictions are subtle and do not reveal themselves during routine intake procedures for TANF application.<sup>4</sup>

Specifically, in Cass County, North Dakota, substance abuse and economic assistance professionals were concerned that their screening instruments were incapable of identifying use of all prevalent drugs in their area, namely methamphetamine use. Methamphetamine is a highly addictive, dangerous, and versatile drug that recently has spread throughout different parts of the United States.<sup>5</sup> Although methamphetamine abuse was originally reported to be most prevalent in Western parts of the United States, recent reports and articles indicate that the drug has spread into new communities, such as both rural and urban parts of the Southwest, Midwest, and East.<sup>6</sup> Small "mom and pop" methamphetamine labs have been found across the country in barns, suitcases, garages, apartments, motel rooms, storage facilities, and vehicles.<sup>7</sup> Rural communities are particularly attractive to this underground type of methamphetamine production and use due to isolation, decreased visibility, and sparsely populated neighborhoods. In North Dakota alone, while only two methamphetamine labs were identified and raided by police in 1998, that number jumped to 275 in 2002. Growing statistics such as this one alerted substance abuse professionals in North Dakota that their screening instruments and responses may be inadequate for certain drugs such as "meth." These

<sup>1</sup> Hercik, J. & Jenkins, S. (2001). "Issue Brief: Co-Occurring Disorders." Caliber Associates.

<sup>2</sup> Ibid.

<sup>3</sup> Kramer, F. D. (2001). "Screening and Assessment for Physical and Mental Health Issues that Impact TANF Recipients' Ability to Work." Welfare Information Network (WIN) Issue Notes.

<sup>4</sup> Ibid.

<sup>5</sup> Found at <http://www.stopdrugs.org/meth1.html>

<sup>6</sup> Ibid.

professionals suspected an increase in methamphetamine use among TANF families and questioned the extent to which drug use was going unnoticed and untreated in their county.

Professionals from Cass County solicited specific technical assistance from the Welfare Peer Technical Assistance Network in response to this developing problem of drug screening. Their technical assistance request broadly covered substance abuse screening in general, but also included specific aspects of methamphetamine use and identification among TANF clients. The TA request from North Dakota touched on multiple aspects of substance abuse, including:

- Clients' unwillingness to divulge substance abuse due to concerns regarding confidentiality and the denial/stigma of the disease

- The need to have better screening tools to identify substance abuse

- Clients' difficulties with follow-through in regards to treatment

- The impact on children when there is methamphetamine and other substance abuse in the home

More broadly, the technical assistance request from North Dakota solicited help in addressing substance abuse among TANF families and devising strategies to assist substance abusing families find and maintain employment.

To meet the TA request, several approaches of assessment were explored through the course of several teleconferences attended by key Federal and North Dakota TANF and substance abuse staff. At the conclusion of the planning process, Ms. Mary Nakashian, an independent consultant with expertise in issues related to substance abuse, child welfare, and welfare reform, was invited to meet the technical assistance requests of Cass County. Ms. Nakashian offers over 25 years of relevant professional experience, and through her work in public, private, and academic settings, has gained extensive knowledge of the intersection of welfare and substance abuse. Her extensive professional experience in the specific topic areas includes fourteen years with the Connecticut Department of Income Maintenance, four years as Executive Deputy Commissioner at New York City's Human Resources Administration, and five years as Vice President and Director of Program Demonstration at The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

To facilitate this peer-to-peer interaction, the Welfare Peer Technical Assistance Network supplied funds for Ms. Nakashian to visit Cass County and conduct an assessment of their current protocols for identifying, referring, serving, and treating welfare recipients with substance abuse problems. She analyzed these protocols both from a comprehensive perspective and also specifically with regard to the presenting problem of methamphetamine use. Prior to arriving on-site, Ms. Nakashian conducted an extensive document review in preparation for her visit. During her three-days in Cass County, Ms. Nakashian facilitated focus groups with TANF, employment, child welfare, and substance abuse treatment staff. Moreover, as a result of Ms. Nakashian's research conducted in other States, she was able to provide Cass County with best practices and lessons learned from what other States are doing to tackle the challenges related to substance abuse among TANF families. Ms. Nakashian's assessment and recommendations provided Cass County with the tools they need to initiate the first steps of systems

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<sup>7</sup> Found at [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)

change and capacity-building. Lastly, while on-site, Ms. Nakashian also conducted an exit conference for State TANF and substance abuse key staff to discuss her findings and recommendations.

The full report on this Welfare Peer Technical Assistance event will be available in early December 2003.