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COLLABORATION ACROSS SYSTEMS: ISSUES OF RECOVERY AND EX-OFFENDERS

Final Report of Peer TA Event

September 14-15, 2005

Developed by the Welfare Peer Technical Assistance Network

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This report describes the Administration for Children and Families (ACF) Office of Family Assistance (OFA) Welfare Peer Technical Assistance Network event entitled *Collaboration Across Systems: Issues of Recovery and Ex-offenders* that took place in Baltimore, MD on September 14-15, 2005. The Agenda from the event is provided in Appendix A. Appendix B lists the event participants, and an Evaluation Summary is provided in Appendix C.

The report is available for download at: http://peerta.acf.hhs.gov/taevents/chron.htm.

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I. EVENT OVERVIEW

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The Welfare Peer Technical Assistance (TA) Network is a Federally-funded initiative sponsored by the Administration for Children and Families (ACF) Office of Family Assistance (OFA) within the U.S. Department of Health and Human Services. The purpose of Welfare Peer TA is to provide peer-to-peer technical assistance to public agencies and private organizations operating the Temporary Assistance to Needy Families (TANF) program. Welfare Peer TA facilitates the sharing of information between and among States and localities to establish linkages between organizations serving the needs of welfare recipients.

In response to a request for technical assistance from the Maryland Department of Human Resources (DHR), Family Investment Administration, Welfare Peer TA sponsored a statewide Roundtable event in Baltimore, MD on September 14-15, 2005. Welfare Peer TA Roundtables are designed to bring together a group of professionals working in similar or complimentary disciplines in a workshop setting to foster peer-to-peer learning through interactive sessions. This Roundtable brought together Federal, State, and local staff to discuss collaborative strategies for assisting TANF clients with barriers such as substance abuse and incarceration. The event was designed to help local agencies in Maryland share strategies for collaboration with local health agencies and corrections organizations to develop partnerships to increase work participation rates and promote self-sufficiency.

Federal staff in attendance included representatives from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Family Assistance (OFA). The Maryland Department of Human Resources also sent senior staff, and local DSS Directors and partners were represented from around the state. Representatives from the Maryland Department of Health and Mental Hygiene, Department of Labor, Licensing, and Regulation, Department of Pubic Safety and Correctional Services, and the Governor's Office for Children were also in attendance. Participants heard presentations from organizations with innovative programs including the Lower Shore Workforce Alliance, Second Genesis, Inc., DeKalb Technical College, and University Behavioral Associates. The Roundtable event focused on discussions about increasing work participation rates by engaging clients with multiple barriers such as incarceration, substance abuse, and/or mental health issues.

Outcomes observed by Roundtable participants included:

- An improved ability of TANF workers to understand the impact of substance abuse
- Creative strategies for operationalizing substance abuse treatment as a countable work activity under TANF

- An understanding of how to engage children with incarcerated parents for effective outcomes
- A renewed sense of the importance of customer-oriented service design and delivery
- A comprehensive appreciation of the treatment/self-sufficiency continuum and the importance of system collaboration in serving customers involved with multiple service streams.

II. ROUNDTABLE BACKGROUND

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Since the inception of welfare reform in 1996, welfare offices nationwide have focused specific efforts on working with families that are difficult to move to self-sufficiency and employment, such as those presenting the multiple barriers of substance abuse, mental health issues, and/or disabilities.[1] Identification, assessment, and screening for these barriers at the time of intake as well as service integration among systems have helped TANF offices foster effective service delivery for their hard-to-serve caseloads. However, many factors hinder both identification and screening processes as well as service integration and collaboration. For example, clients with substance abuse issues may actively hide, or be unwilling to admit, their drug use for fear of the stigma associated with substance abuse or involvement with the child welfare system. Further, systems change and service integration efforts are commonly stalled by differing mandates between agencies, conflicting philosophies, fixed habits, and attitudinal biases.

Substance abuse is recognized as one of the most prevalent barriers to employment among hard-to-serve TANF recipients. Research has indicated that substance abuse problems are more prevalent among welfare recipients as compared to the general population. For example, national estimates of TANF recipients with substance abuse issues range from 5 to 27 percent (and State and local estimates from 9 to 60 percent), compared to only 4 to 12 percent of the general nonwelfare population.[2] In addition, substance abuse issues often exacerbate other sets of barriers to self-sufficiency for TANF customers such as low educational attainment, difficulty securing childcare and transportation, poor work skills, and health issues.[3]

Both TANF and substance abuse treatment program administrators recognize that treatment in the absence of supplementary work activities does not fully meet the needs and work requirements of TANF clients facing substance abuse challenges.[4] In light of this recognition, many States are presently attempting to more effectively address the intricate processes of treatment, recovery, work, and self-sufficiency through innovative collaborations between agencies and a variety of integrated work/treatment models.[5] For many social service agencies, it can be difficult to partner with substance abuse treatment providers and corrections to fully engage these clients into employment, even though these agencies share the common goal of helping their clients reach self-sufficiency.

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1 Hercik, J. & Jenkins, S. (2001). "Issue Brief: Co-Occurring Disorders." Fairfax, VA: Caliber Associates.
2 National Household Survey on Drug Abuse. (2000). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
3 Capitani, J., Hercik, J., & Kakuska, C. (2001). Pathways to Self-Sufficiency: Findings of the National Needs Assessment. Washington, DC: U.S. Department of Health and Human Services, Office of Family Assistance.
4 Kakuska, C. & Hercik, J. (2003). Addressing Treatment: Where We've Been. Fairfax, VA: Caliber Associates.
5 Ibid.

Recognizing these realities, the Maryland Department of Human Resources made a technical assistance (TA) request to the Welfare Peer TA Network. Specifically, Maryland requested TA to help stakeholders strategize together to increase work participation rates among TANF clients with barriers such as substance abuse and incarceration. Maryland DHR requested TA to better align themselves with treatment partners in order to understand how work experience fits into the treatment continuum so that people leave treatment not just sober, but also ready and willing to work. The goal of the request was to assist partners in varying localities to address the challenges with applying universal engagement for their TANF clients. Stakeholders were given the opportunity to learn strategies for developing meaningful partnerships with substance abuse treatment providers and the Department of Public Safety and Correctional Services.

In response to the TA request from Maryland, the Welfare Peer TA Network planned, designed, and implemented a Roundtable event that was held on September 14-15, 2005 in Baltimore, MD. Approximately 90 individuals representing a wide variety of Federal, State, and local agencies and organizations attended the Roundtable. The event was designed to impart knowledge about the hard-to-serve TANF population, foster peer-to-peer learning, highlight best practices on interagency collaboration, provide helpful tools for joint case management, and facilitate the development of local and regional action plans for immediate implementation. The remainder of this report describes the Roundtable event that was designed to meet the needs articulated in Maryland's request for technical assistance.

III. ROUNDTABLE SESSIONS

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The Welfare Peer TA Roundtable event entitled "Collaboration Across Systems: Issues of Recovery and Ex-offenders" took place in Baltimore, Maryland. Participants invested two days in workshop sessions, interactive discussions, and presentations. The following sections of this report summarize the content of the event sessions.

DAY ONE

1. WELCOME AND INTRODUCTIONS

During this brief introductory session, key stakeholders welcomed the Roundtable participants and offered their initial thoughts on the purpose, goals, and anticipated outcomes of the event. Lisa Washington-Thomas, Federal Project Officer for the Welfare Peer TA Network, opened the conference by welcoming all participants. Ms. Washington-Thomas reiterated that the Welfare Peer TA Network is a joint venture of state and local partnerships. She introduced the Honorable Christopher McCabe, the Secretary of the Maryland Department of Human Resources.

Honorable Christopher McCabe recognized the importance of the relationship with the Administration for Children and Families. He acknowledged that this is a collaborative process for information to be implemented in local offices. Mr. McCabe appreciated the efforts currently underway to promote self-sufficiency for clients and is very grateful for the outstanding work that his staff is carrying out. He is aware of local office staffing challenges, but recognized that the staff has made a tremendous effort to reduce TANF caseloads and increase work participation rates.

In Maryland, TANF caseloads have reached an all time low since 1963. The state is down to only 59,000 TANF cases. Maryland needs to continue to engage people immediately, encourage them to work, and have dignity in their work. Substance abuse issues can be a barrier to stable employment and can force clients to remain on cash assistance. These barriers need to be addressed to change the dynamic with dealing with substance abusers and ex-offenders.

Kevin McGuire, Executive Director of the Family Investment Administration of the Maryland Department of Human Resources, welcomed participants to the Roundtable. Mr. McGuire commended the Family Investment staff for their tremendous work in the past two years, despite declining funds and staffing problems, to reach a TANF caseload of below 60,000. Maryland is host to the longest longitudinal study of TANF leavers. The results proved that people are going to work and are not returning to public assistance. Problems in the low-income community can be alleviated by moving people up the economic ladder. Mr. McGuire cited a

study from the Annie E. Casey Foundation on the challenges for the low-income population. The four challenges summarized were:

- *Substance Abuse*. In Baltimore, Mr. McGuire estimated that there are 60,000 substance abusers, with a population of 600,000, which equates to ten percent of the population
- *Mental health problems*
- *Domestic violence*. Domestic violence is a barrier that is often overlooked. Mr. McGuire estimated that there could be as many as 20 percent of TANF clients dealing with domestic violence issues
- *Re-integration of ex-offenders into the community*. Ex-offenders need help immediately following incarceration to be productive members of society.

Maryland needs more collaboration between agencies. DHR would like to break down barriers and communicate better to network within the agency and with other organizations to better support people in employment.

Honorable Dr. James D. Fielder, Secretary of Maryland Department of Labor, Licensing, and Regulation, offered congratulations to DHR for their success in implementing welfare reform by moving people forward to utilize resources in the community. The Department of Labor, Licensing, and Regulation with the Department of Human Resources have been working hard to take people in need and give them hope by breaking down barriers. Both departments have ensured that people are moving forward with the necessary resources. The government carries the responsibility to make sure that everyone works together to help people.

David Lett, Regional Administrator, ACF offered thanks and appreciation to Maryland for the opportunity to be a partner. He recognized the importance of these initiatives and the difference they can make. Maryland has been making extraordinary leaps. Collaboration and coordination continues to be the best way to taken on issues such as substance abuse, domestic violence, and incarceration. Leadership and creativity has driven a large part of the success in Maryland.

The Honorable Dr. Mary Livers, Deputy Secretary of Operations, Department of Public Safety and Correctional Services, appreciated the opportunity to be included in this important dialogue. She has learned over the years that the majority of people in prison will return to the communities. Re-entry is dependent upon every member of the community - it is not just a public safety issue. Collaboration is needed to address the best practices to help ex-offenders transition back into society to ensure public safety. Education, substance abuse counseling, job training, and cognitive behavioral therapy approaches can change how prisoners behave and

create successful reentry. Currently, the state is trying to put these practices in place. However, coordination is needed to change the culture in these institutions. By partnering with DHR, it is a great opportunity to link prisoners with the programs that they need.

2. DISASTER RELIEF UPDATE

Lisa Washington-Thomas gave a federal update on the Hurricane Katrina relief effort. Please see Appendix A for a summary of her remarks.

3. OPENING EXERCISE

José Rivera, Project Director for the Welfare Peer TA Network and President of Rivera, Sierra, & Company, asked participants to discuss the questions that they would like to be addressed by this program. Tables were asked to choose a spokesperson to report to the larger group.

Table 1: Exploration of the relationship of ex-offenders with the TANF caseload and moving ex-offenders into employment.

Table 2: Change the current way of thinking. Rather than designing a plan based on funds available, we need to design first and then figure out how to fund the program.

Table 3: Knowledge on how to assist ex-offenders in obtaining viable jobs so that they can support themselves and their families because employers are often reluctant to hire them. We also would like to know how to provide more treatment for substance abusers.

Table 4: Increasing treatment options on the continuum of care. Since ex-offenders do not see DHR as a resource, we would like to expand partnerships to provide more resources.

Table 5: Expertise on how clients can be placed into work despite mental health issues and substance abuse problems and how to develop a support system for ex-offenders.

Table 6: Improve collaboration within DHR and other partners.

Table 7: Learn how to intensively train case managers.

Table 8: Learning to put systems together for providing the necessary supports for prisoner reentry.

Table 9: We would like employer community buy-in to those in recovery and ex-offenders. A registry for employers to enroll as “friendly” to these communities, perhaps

with incentives for employers, could help. Further clarification on FIA's role for working locally with ex-offenders.

Table 10: Collect data to find out the extent of the problem.

Table 11: Increase work to be done in local jails because most people in prisons begin in the local jails. DHR needs to work with the front end. We need to build family friendly jails with rooms for family-friendly visitations.

Table 12: Coordination should be made with DHR and child welfare agencies.

4. SETTING THE CONTEXT

Many TANF participants and their families are deeply affected by issues related to substance abuse and incarceration and the overarching problem of dealing with inter-related jurisdictional agencies. In this introductory session, senior TANF officials shared their vision as to why collaboration and joint planning are both important and appropriate.

Honorable Christopher McCabe began this session by giving an overview of substance abuse in Maryland. There is a need to "marry" child welfare and TANF programs in a way that has not been done before to address substance abuse issues. It is up to the local level to implement strategy on the front lines. Secretary McCabe called for increased collaboration among local partners and for local stakeholders to double their efforts.

Kevin McGuire presented his goals in setting the context for the Roundtable. From January 1995 to July 2005, the Maryland TCA caseload has decreased from 227,887 to 59,534, placing 92,915 people into employment. The caseload decline is a great accomplishment; however, from January to December 2004, five percent of TCA clients (2,124) screened positive for substance abuse.

Because substance abuse is often accompanied by other issues, links within the agency and with other agencies must be strengthened. Since TANF and child welfare have a caseload overlap of between nine and 21 percent, it provides a unique opportunity to link together. Additionally, welfare and foster care cases overlap to about 50 percent. In Baltimore, almost one-third of the TCA cases had an active CPS or SF case. Hence, children can be directly affected by a parent's use of cash assistance. Failure to maintain employment can increase the stress on a family, which can possibly lead to child abuse and neglect. Child maltreatment can, then, lead to increases in behavioral problems among children, such as delinquency, pregnancy, drug use, low academic achievement, and mental health problems, which can cycle dependency

of assistance in families. Although many people have been able to break the cycle of dependency, there is still more work to be done.

Mr. McGuire cited barriers between the systems that may be a challenge to collaboration. These include:

- Different timing
- Inadequate data and information systems
- Screening and assessment issues
- Different view of who the client is
- Different categorical funding sources
- Different training and worker backgrounds
- Different goals and underlying values.

The TANF, child welfare, recovery, and child development programs run on different time tables. TANF requires immediate work participation with a 60 months lifetime limit. Child welfare requires a permanent plan at 12 months. If a child is in out-of-home care for 15 out of 22 months, parental rights are terminated. In contrast, recovery is a lifetime process. Similarly, child development is a continued process that moves at the fastest rate from prenatal to age five.

The Maryland legislature has begun to make strides for TANF clients who remain on the caseload. House Bill #1160 outlined that addiction specialists should be on-site to conduct screening, assessment, and referrals for TCA and food stamps at the time of application. House Bill #7 included a provision that on-site addiction specialists should screen, assess, and consult on cases investigated for abuse or neglect. Senate Bill #512 required addiction specialist to provide identification of drug-addicted babies in hospitals. Importantly, these bills are not made to screen people out but to make sure people receive the services that they need.

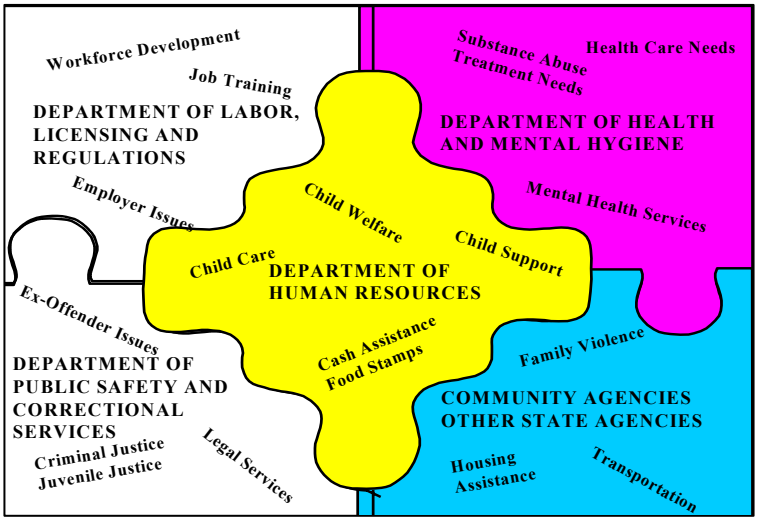
Maryland DHR has already started partnering with key substance abuse agencies. The Department of Health and Mental Hygiene has three organizations to which DHR has made referrals:

- Alcohol and Drug Abuse Administration for substance abuse treatment
- Medical Care Programs Administration for health care needs and residential treatment services

- Mental Hygiene Administration for mental health services.

The Department of Labor, Licensing, and Regulation has also begun collaboration with DHR in workforce development, job readiness, training issues, and employer issues.

The Department of Public Safety and Correctional Services is a major partner to DHR as one-third of incarcerated mothers have been on welfare during their lives. The majority of adults in prison are parents of children under the age of 18. A study of TANF clients in Alameda County, CA found that 20 percent had been convicted of a crime, and 9.8 percent had been convicted of two or more crimes. Because many employers are reluctant to hire ex-offenders, many experience employability issues. Other issues include limited prior work history, limited education and training, unrealistic expectations concerning work, conflicts in conditions of parole and probation, TANF work requirements, and child welfare requirements. By improving collaboration among agencies, ex-offenders will have an easier time gaining employment to reduce dependence. Further partnerships can be made with DHR and community organizations, local agencies, and other state agencies including Labor, Education, Housing, and Transportation.



David Lett, Regional Administrator for the Administration for Children and Families, observed that different agencies view clients in a variety of ways. The time has come to create new programs for better communication, collaboration, and coordination for merging the "silos" of power that have developed over the years. The idea of silos is from agriculture, where silos are used to store food items. The government has been characterized as the unit responsible to maintain the silos of power influence, responsibility, and ultimately customers. Collaboration between agencies is the way to begin to merge these silos.

By many measures, welfare reform has been a success. Maryland agencies have reduced the TANF caseload to 60,000. However, the overall percentage of those with substance abuse issues has not decreased in the caseload. Maryland has moved people into the workforce, but at the same time, there is a population with multiple barriers to employment that continue to require specialized services. The Department of Health and Human Services has conducted a series of studies on TANF leavers, which reinforces the relationship between TANF and Workforce Development. The research found that most TANF leavers were employed; the Workforce client of today was the TANF client of yesterday. The two agencies are addressing the same customers on the same issues. Workforce development gives people opportunity to become self-sufficient. When TANF agencies address barriers, they promote self-sufficiency. While One-Stop centers help clients, they are helping to move people to self-sufficiency as well.

Substance abuse is a staggering problem with major expenses for the state and the nation. The National Clearinghouse for Drug Information calculates that the United States loses $100 billion to substance abuse every year. The National Household Survey on Alcohol Abuse found that of the 17 million drug users in the country, 12.5 million (75 percent) were either full or part-time employed; the majority of substance abuse is not on the streets. Treatment is proven to work. For every one dollar spent in substance abuse treatment, the country saves seven dollars. The cost of treatment is significantly less than the cost of incarceration. Incarceration costs $40,000 a year; and in contrast, substance abuse treatment costs only $12,300. The Urban Institute article included in the resource binder gives important information for consideration. 78 percent of the prison population reported using drugs or alcohol before prison, primarily heroin and crack cocaine. Upon release, close to 51 percent were financially dependent upon their families. A full range of issues for all clients needs to be addressed to provide supportive programs for reduced recidivism. Mr. Lett concluded by encouraging the stakeholders to go to work and get the job done.

5. SPECIAL PRESENTATION: THROUGH ANOTHER LENS: WHAT HAPPENS WHEN MENTAL HEALTH AND CORRECTIONS COLLABORATE

Warden Steven Williams, Dorchester County Department of Corrections, shared his evolution as a Warden as he changed his view regarding the role that penal institutions can play in helping offenders become self-sufficient members of the workforce. Ms. Marian Bland, Division of Special Needs Populations of the Maryland Department of Health and Mental Hygiene, spoke about the role that the TAMAR project has had in helping women with a combination of innovative programs and housing strategies.

Mr. Williams began by outlining previous notions before the two agencies began collaboration.

The Administration believed that:

- This population is part of their community and deserves treatment and community services
- Public safety issues are paramount in the service delivery system
- Holistic and coordinated treatment is the most effective and efficient
- All public service providers should contribute their share of services and resources to serve this population.

Many people believed that a Warden's perspective was:

- Arrest them, put them in jail
- Did not care about mental health, and
- Did not care about medical/physical issues.

Mr. Williams became Warden of the Dorchester County Detention Center in 1992. He was hired to cut costs and save tax dollars. Although he was successful, mental health issues were continually overlooked by the prison system and had become a major problem in Dorchester County. Since 1995, no prisoner had been sent to the state hospital. After asking for help, the Mental Hygiene Administration was ready and willing to help provide mental health services by forming the Maryland Community Criminal Justice Treatment Program (MCCJTP). In 1992, the program started in four facilities as a pilot program. In 2001, MCCJTP was extended to 23 facilities around the state. The purpose of the program is to provide comprehensive services to individuals with special needs involved with the criminal justice system. In order to receive money for MCCJTP, localities must collaborate to form a local, multi-agency advisory board, foster local partnerships. Ms. Marian Bland heads up the program.

Additionally, Dorchester County has developed the Dorchester County Criminal Justice Treatment Network, which is a collaborative effort between a number of State, County, and City officials that serves as a clearinghouse for law enforcement, treatment, social services, corrections, and courts. Once a month, the Network meets to develop and administer programs to enhance public safety for all citizens. The Network builds open communication between agencies by working together to implement new regulations with the least restrictions and most positive impact for inmates and the community.

Dorchester County also wanted to address the housing needs of ex-offenders once they leave prison. Starting in 1995, the Mental Hygiene Administration awarded a five-year grant of

$5.5 million to 14 counties for rent assistance for mental health clients coming out of prison. Currently, this program is serving 581 people. The program has served 220 women with children since 1995. 116 (53 percent) of these women had a mental disorder and a co-occurring substance use disorder, and 47 (21.5 percent) of the women were receiving TANF benefits. The housing program has reunited families by aiding ex-offender mothers in securing housing and helped to reduce recidivism to homelessness, psychiatric care, prison, and cash assistance by providing case management and other supports for families.

Still, the County wanted to provide even further resources for families. The PATH-Projects for Assistance in Transition from Homelessness-Program was started to provide outreach, screening and diagnostic services, case management, community mental health, alcohol and drug treatment services, supportive and supervisory services in residential settings, housing assistance, and consumer and staff training.

The Phoenix Project is another initiative that was developed in 1997 to serve women with co-existing disorders. A mobile crisis unit allows case managers to divert people from detention centers. A multi-agency partnership helps to give people the services they need. Impact and conclusions from the program include:

- About two-thirds of the women in the program grew up in families in which one or both parents had active alcohol or substance abuse problems.
- About 24 percent grew up in families where one or both parents had a serious mental illness.
- About half experience childhood sexual abuse prior to the age of 14.
- 43 percent experienced physical abuse by a family member prior to age 14.
- 59 percent reported using alcohol and 44 percent had used marijuana by age 14.
- By age 17, 57 percent had become pregnant.
- By age 18, 74 percent had experience indications of a serious mental illness, and 34 percent had made at least one suicide attempt.
- By age 18, 27 percent had been arrested at least one time.

As a result of this project, the County felt that there was still more to do to address past trauma. The TAMAR-Trauma, Addiction, Mental Health, and Recovery-Program was started in 1998 with funding from the SAMHSA Women and Violence Demonstration program and from the state. TAMAR provides assessment and referral, treatment groups in the Detention Center and in the community, a connection to community case management and services, peer support, and

childcare while attending treatment programs. The TAMAR Program is modeled on the fact that trauma treatment can be part of the continuum of care, which can reduce recidivism to jail, homelessness, and psychiatric facilities. Studies have shown that there is a correlation between trauma and destructive behaviors. For example, 65 percent of incarcerated persons reported abuse before the age of 18. Women with histories of sexual abuse are at higher risk of unprotected sex, increased number of sexual partners, prostitution, and drug addiction. Among inmates in a reported exposure category, 73.7 percent were IV drug users. Additionally, promiscuity, prostitution, and drug use correlate to prior sexual abuse and increase risk of HIV infection. Approximately ten percent of people living with HIV were in correctional facilities. Among the newly incarcerated, 12.5 percent of females were HIV positive as compared to 3.7 percent of males.

Trauma causes a variety of destructive behaviors and feelings including self-blame, passivity, addictive behavior, self-harm, anxiety disorders, low self-esteem, poor coping mechanisms, depression, and risk-taking behavior. The staff at the facility embraced trauma training so they could better recognize issues in inmates. The prison adopted other innovative programs to address issues with trauma and the children of inmates.

Understanding that incarcerated mothers need more opportunities to bond with their children, Dorchester County Detention Center partnered with the Dorchester County Health Department to start the "Strengthening Families Program." This program is targeted for mothers in the TAMAR program with children age 6-11. It helps mothers improve family relationships, parenting skills, and life skills for children. The child and mother are brought together one night a week to promote healthy relationships and life skills. The mothers can wear street clothes, and the nights are made to help children feel more comfortable. The evening includes time for mothers to spend with their children. Additionally, the prison organizes a holiday party every year to bring families together. The Department of Social Services has been a key partner to bring children together for this event.

The "Blankets, Books at Bedtime" Program is targeted to incarcerated mothers with children under age 12. The program gives mothers the opportunity to reconnect with their children through bedtime stories on tape. Children are able to listen to a story, which is recorded on tape by their mother. Additionally, caregivers are encouraged to spend this time with the children to help them cope with adjusting to life without their parent.

In Baltimore City, the TAMAR program has a partnership with the Mayor's Office on Criminal Justice to serve pregnant and post-partum incarcerated women with their infants to provide holistic care. When women reach their last trimester, they are moved to an off-site facility to receive mental health, substance abuse, trauma treatment, parenting supports, case

management and pre-and-post natal care. This program is part of the Circle of Security Intervention Program, which helps foster mother and child attachment. The mother's interaction with the baby is carefully reviewed, and the mother learns the proper way to interact with her child to create healthy attachments. The program includes a six-month follow-up class and case management services for the mothers. TAMAR has also partnered with the AIDS administration to provide services to women with HIV, history of trauma, mental health issues, substance abuse issues, and involvement in the Criminal Justice System, which will begin in October.

In closing, Mr. Williams and Ms. Bland reviewed best practices for their programs. These include:

- Be open minded and willing to change
- Become friends with your enemies
- Become colleagues by respecting and trusting each other
- Think about the other's position before you reject it
- Examine other sources of funding
- Make this population a priority
- Wardens/law enforcement/mental health can very effectively address County Councils and State legislatures as partners
- Invite input from all agencies that will be involved
- Be flexible and patient
- Evaluate the program using data
- Establish parameters, but do not micro-manage
- Advocate at all levels for inclusions of individuals in the criminal justice system
- Include clients to evaluate the program.

6. FROM ADDICTION TO RECOVERY TO LIFE IN THE COMMUNITY

This session focused on understanding the science and the differences among substance use, substance abuse, and substance use disorder. The goal of this session was to help participants understand not just what addiction is, what treatment does, but also how to harness the energy associated with recovery in order to move TANF participants in recovery to self-sufficiency.

Dr. Sidney Shankman, President and Founder of Second Genesis, Inc., presented on the dynamics of drug abuse. He began by reviewing the history of drug abuse. Many people in our past used cocaine including Arthur Conan Doyle, father of British Surgery, and Sigmund Freud, before any side effects were known. The Narcotics Act of 1914 banned cocaine, but the 1960s saw a resurgence of cocaine use. People continue to use cocaine despite its known side effects.

Drug abuse is defined as spending a great deal of time in drug-related activity, including the time spent in obtaining the drug. Drug abuse develops into drug dependence when the person continues to use the chemical despite the known side effects and personally experiencing severe side effects from the chemical. Despite knowledge of severe side effects, the drug dependent population is different. The temporary solution of drug use is applied to address a variety of other problems. In order to best help this group of people, we must try to better understand the problem behind the drug addiction. In Dr. Shankman's experience, people turn to drug abuse as a temporary solution to a long-term problem. The people he has treated are the most highly manipulative and skilled people in the system, which makes it difficult to make sense of why people continue this destructive behavior.

Alcoholism is a treatable disease. Studies on mice have proven the genetic component to addictive behavior. If mice are giving two bowls, one with water and one with vodka, normal mice will drink the water. However, if a mouse is injected with a certain genetic chemical into the brain, once the mouse takes one sip of vodka, it will drink the vodka to death and not touch the water. Therefore, with the genetic component, which is preexisting in some humans, one drink of alcohol develops the chemical in the brain, which can cause a problem with addiction.

Dr. Shankman began Second Genesis because he wanted to provide a setting for chemical and emotional detoxification to address why people continue to put these chemicals in their bodies. The problem must be addressed to replace the void that was once filled by drugs. Second Genesis is a therapeutic community, based from combining knowledge, love, honesty, and work to help people recover from drug abuse. By emphasizing these values, the individual can reenter the community as an independent and productive person. It is specifically designed to help people with personality disorders, which include the Anti-social Personality and the Passive-Aggressive Personality. Operating on the premise that drug usage is a symptom of another conflict, it is not a prerequisite for entrance into the community. The patient must undergo an intensive intake process to indicate if residential treatment is the right solution for him/her.

The first step to treatment is sobriety, followed by helping patients make healthy decisions. The rate of recidivism back to substance abuse is less than 20 percent for former participants of Second Genesis. Second Genesis is focused on three steps:

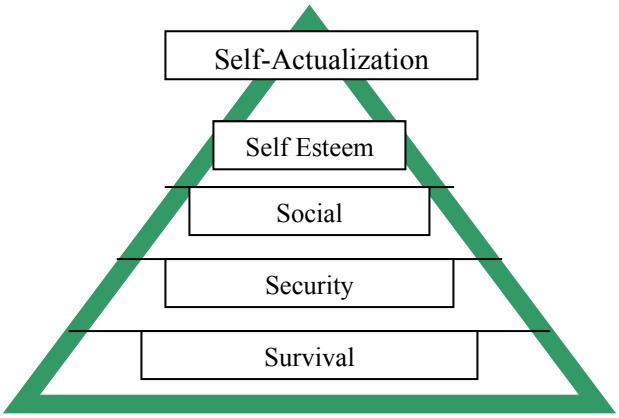
- Develop meaningful relationships in the community
- Go to some programs in the community/prepare to return to community
- Learn to be independent, learn how to keep a job, attend AA/NA. Getting a job is not just about the income, it is about the dignity of being independent.

Throughout therapy, there must be continuity of care. Tragedy is waking up at the end of an unfulfilled life to the realization that what was planned for life is not happening. Dr. Shankman shared an example of how substance abuse is often caused by other factors. He received a phone call from a judge, who was going to convict a woman who took her child to a crack house to get drugs. Throughout her childhood, she lived with a passive mother and an alcoholic, abusive father. When he died, her mother married another alcoholic, abusive man. Her stepfather continually raped her to the point where she was forced to run away from home. Trying to support herself, the young woman became pregnant from prostitution. Her drug abuse began as a coping mechanism to mask the pain of prostitution. The woman needed intensive therapy to deal with her drug problem and past trauma. She became a patient at Second Genesis and was treated for her trauma, where she learned to be able to return to the community as a self-sufficient individual.

The Second Genesis program has received a variety of awards; Dr. Shankman was named Washingtonian of the Year and given the opportunity to present the program to Pope John Paul I for replication of the program all over the world. The program has been successful in turning many lives around. Dr. Shankman concluded by stating, “it is not what our programs give us that is what is important, it is what we are able to become because of it.”

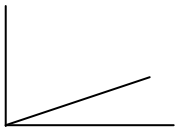
Taunya Lowe, Director, Department of Health and Human Services, DeKalb Technical College in Georgia, emphasized that there is power in recovery. Ms. Lowe began by reiterating that addiction is a brain disorder. Addiction is cunning, baffling, and powerful, which can change the core of a human being into the mind, body, and spirit. In order to address the issues of a recovering individual, the most important factor is to realize that “we are all the same.” The

person on the other side of the table is no different from ourselves. The stigma surrounding drug abusers needs to stop. We have the same needs, according to Maslow's Hierarchy of Needs:

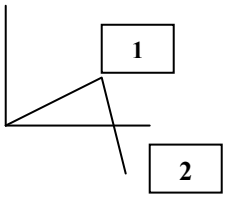


We all live according to the same lifeline, which can be interrupted by a variety of factors when life goes through a change.

The Average Life Line

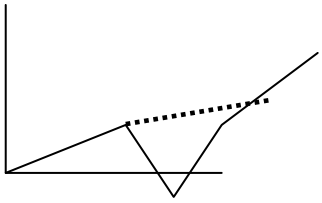


Life Line with an Addiction



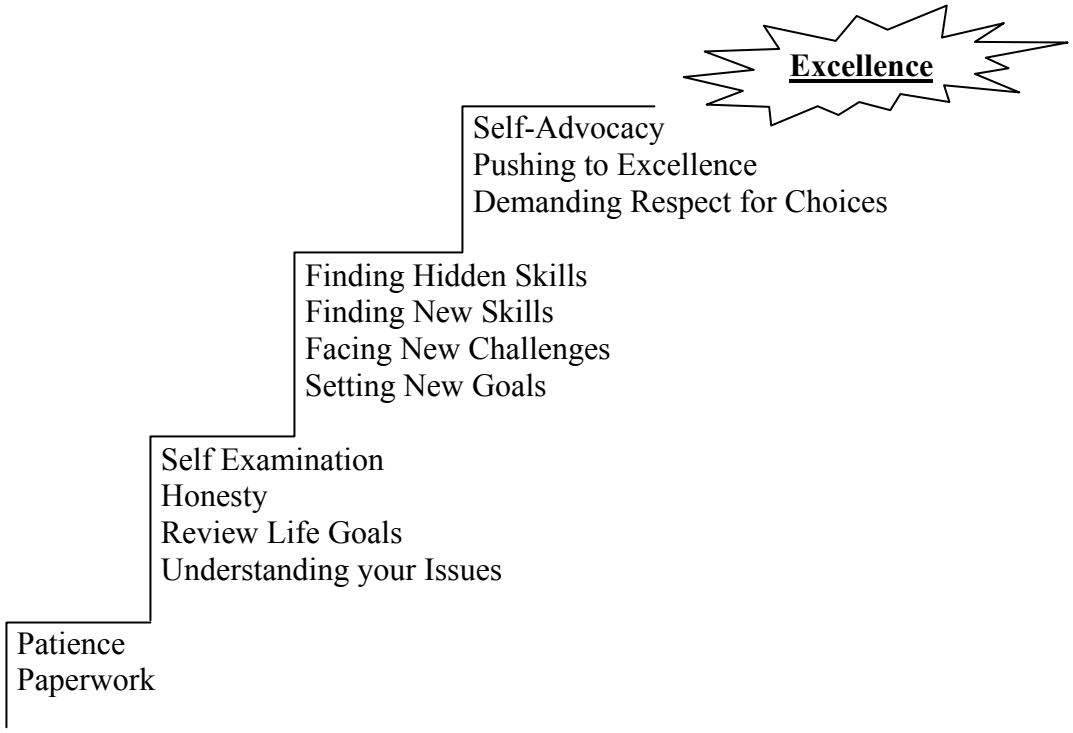
A disruption in the lifeline caused by an addiciton, often forces a person to hit rock bottom. Once this occurs, the intervention can begin. People in treatment must decide to return to where they left off or to aim for a better life than what they had before. There is power in recovery for people to aim higher and admit that "I deserve better!"

The Power of Recovery



Recovery is ongoing process throughout the person's lives. First and foremost, the person must be treated with dignity, which helps to reinforce other important life skills such as accountability and punctuality. People in recovery have lower relapse rates than absentee rates in many industries and can serve as examples to promote workforce sobriety. Ms. Lowe described the Staircase of Excellence, a strategy that requires hard work and patience, but one that can show a person how to become their own advocate.

The Staircase to Excellence:



Once reaching excellence, there is a constant need to become an excellent employee through participation, support, integration, self-esteem, and excellence.

7. COUNTY BEST PRACTICES IN COLLABORATION

In this session, participants from Maryland counties described their work in developing an innovative approach to inter-agency and cross-system collaboration. Mr. McGuire introduced two groups that are examples of how partnerships can support programs and common goals.

First, Tracey Paliath and Mark Millspaugh, Family Investment Administration, Baltimore City Department of Social Services, discussed some of the best practices happening in the city of Baltimore to increase work participation rates. It is the local departments of social services responsibility to engage non-exempt TCA customers in work activities to achieve a 50 percent work participation rate. Continually, departments must address barriers in:

- Human capital deficits such as low educational achievement, and limited work experience
- Personal and family-related liabilities such as mental health, pregnancy, substance abuse, learning disabilities, criminal background, special-needs children, and domestic violence
- Logistical and situational challenges, childcare, transportation, housing, neighborhood conditions.

Currently, there is wide variation and little knowledge on the prevalence of substance abuse in the country. Substance abusers make up three to 15 percent of the TANF caseload. In Maryland, five percent of TANF recipients reported suffering from chemical dependence. Ten percent reported abusing alcohol, and 12 percent report the use of illegal substances. Mental health issues range between 14 and 35 percent of TANF recipients. Mental health issues are extremely prevalent in the children of TANF recipients.

Baltimore County DSS began collaboration with Baltimore Substance Abuse Systems (BSAS) to better engage clients with substance abuse issues. By better integrating substance abuse treatment with work, customers can gain work experience while gaining treatment for successful recovery. Prior to the partnership, there was a perception that their systems were at odds. However, this initiative has broken down the perception that there were different goals in mind.

Baltimore now has Addiction Specialists located in their Family Investment Centers who screen 1,500 referrals each month. One hundred are already in treatment, 100 needing more intensive assessment, and 150 are referred for Family Support Services. Once a customer begins to struggle with work, if substance abuse is present, BSAS is the primary vendor for serving substance abuse issues with employment for DSS. The basis of the program is to engage

participants for 90 days of treatment. Care coordinators assist in engaging customers and aiding them in the full treatment process. The care coordinators are contracted out by BSAS and contracts are based on 90 days of completed treatment, monthly achievement reports on work participation rates, and job placements. After they complete treatment, customers are linked to community services and employment services. By treating work as part of treatment, Baltimore city has seen an 87 percent success rate.

Additionally, DSS has collaborated with Baltimore Mental Health Systems (BMHS). They have placed Mental Health Specialists in their centers to help people gain employment. During the application for cash assistance, clients must meet with employment counselors, and are given the opportunity to meet with the Mental Health Specialists. The Mental Health Specialists can provide brief therapy sessions for clients with acute situations needing immediate attention. Last year, 1700 referrals were made, and nearly 850 assessments were completed. Eighty-five percent of the assessed clients were shown as needing mental health services, and 120 customers were identified as having long-term disabilities.

Baltimore has taken part in other collaborative efforts with engaging pregnant clients, providing transportation assistance, providing consultative services for childcare and providers serving special needs children, and providing an on-site health clinic at an office.

The next presenters were Terri Jackson, Assistant Director for Family Investment for Somerset County, Ellen Payne, Assistant Director for Family Investment for Worchester County, and Joe Rando, Assistant Director for Family Investment for Wicomico County, who presented their collaboration efforts on the Lower Eastern Shore of Maryland.

The three counties on the Lower Shore formed a partnership to help deal with rising expectations and high performance rates with funding setbacks. In November 2003, a regional effort of Somerset, Wicomico, and Worcester Counties' DSS started the Tri-County Workforce Development Initiative (TCWDI) Project to provide services to TANF-employed customers. The mission was to provide skills for independence and self-sufficiency for clients by collaborating efforts. The Project operates under the objective of optimum customer service, instilling confidence in customers, securing initial jobs, and coaching to enhance desire to achieve success on the job.

Additionally, the Tri-County partnership has taken steps toward combining TANF and child welfare by using the Key Education and Vocational Assessment System (KEVAS), which is an assessment tool for identifying what people can do best for employment, located at the One Stop center. They have life skills classes to teach self-esteem, decision-making, communication, stress management, money management, and time management. TANF applicants that come into

the local county offices must go through life skills training. By combining resources, the Lower Eastern Shore has also been able to afford a job developer to help increase work participation rates. The One-Stop center also sponsors a drop-in day care. Additionally, a Transportation Assistance Program (TAP), which is a fixed route system, runs to help people consistently commute to jobs. Tri-Counties have also collaborated with mental health organizations to run the Tri-County Assessment and Referral Program (TARP), for client screening and referrals for treatment.

Ms. Jackson outlined success stories from the Tri-County Workforce Development Initiative:

- Doris, from Somerset County, had a work limit of 20 hours a week, had been receiving TANF for 19 months. While at DSS, she continued to job search with the Job Developer. She was hired as a consumer aid at Bayshore Service and has since been able to purchase a car.

- Linda, from Worcester County, was receiving TANF. She successfully completed the life skills class, and expressed interest in becoming a mechanic. After successfully completing training at the One-Stop Center, she received her Customer Service Certification. Since employment, Linda now has an apartment of her own.

- Delisa, from Wicomico County, was on TANF for over 24 months and had not worked since 2001, with experience only in the fast food industry. She wanted a job in the clerical field but had limited experience. She was referred to the Job Developer and completed work experience at DSS as a receptionist. She has now been working with Bayshore services as an office assistant for over a year.

Tri-Counties has an evaluation currently underway to determine the impact of the initiative on the community to provide blueprint for the future goals.

The Lower Shore region is now exceeding state averages in performance measures. The work participation rate is 17 percent. They have 83 percent engagement, and a 132 percent increase in job placement. Performance continues to improve each year.

The collaboration effort has initiated a Mobile One-Stop Job Market, which takes services to the people. It travels up to five days for people around the region and has 12 computers used for a variety of applications. Tri-Counties would like to have increased funding to better serve their clients. In the future, they aspire to expand the fixed route transportation system, have more training for staff, provide legal services for clients, and implement an IDA Program.

Kevin McGuire concluded this session by stating that "this is the wave of the future and it works." TANF reauthorization is not just about reducing caseloads. It is important integrating work and substance abuse. He expressed his gratitude to the local departments for their hard work and participation.

DAY TWO

Kevin McGuire opened the day by encouraging stakeholders to use TANF as an opportunity to undertake different programs. He introduced Arlene Lee, the new Director of the Governor's Office for Children. A long time advocate for children, Ms. Lee was asked to attend in order to provide insight for ways to better the lives of children with incarcerated parents.

8. FAMILY ENGAGEMENT: A KEY TO SUCCESS

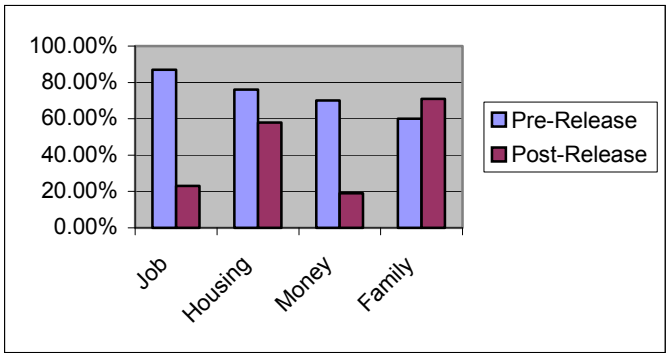
Arlene Lee, Executive Director of the Governor's Office for Children, applied her extensive background in addressing the problems for children of offenders and ex-offenders in order to address the issue of family engagement and its importance in developing both individual and family self-sufficiency.

Maryland has not paid enough attention to children with incarcerated parents. There is no mandate for the state to take responsibility for this neglected population. Children of prisoners are neglected as follows:

- A criminal justice system lacking a tradition of considering inmates' familial relationships
- An overwhelmed child protection system
- Negative public attitudes toward incarcerated individuals and their families
- Poor communication among prisons, child welfare agencies, and other social services
- Lack of common databases
- Shame
- Stigma.

These children exist in all caseloads. The state should care about these children because, in large part, we are already serving them in child welfare, corrections, parole, and probation, schools, police, and in the juvenile justice system. Juvenile justice plays an important role because the population in juvenile centers is largely children of incarcerated adults and teen parents. It is win-win situation to work with and engage these families. It can improve the lives of children,

reduce recidivism, and strengthen families. Ms. Lee provided data from the Urban Institute on the priorities pre-and-post release for incarcerated parents.



If these families are not helped, crime will continue to cycle within families. Ms. Lee quoted Dr. Faye Taxman, "Involving the community, a support group, and/or family is part of the process to build the offender's sense of responsibility and sense of belonging to the community. The informal social controls will transcend the justice system to provide the natural protectors when the justice system is no longer involved."

Engaging incarcerated parents with family therapy can provide outcomes for both prisoners and the corrections facility. Research supports that re-arrest rates decrease and family well-being is enhanced with reduced rates of substance abuse. For the most part, offenders are motivated to succeed through informal pressure and encouragement from family members and program staff. Additionally, parents are more likely to cooperate with Child Support Enforcement after they leave prison. Because around 71 percent of inmates planned on residing with family members after release, programs prove that they are more likely to use their families for aid with immediate needs after reentry. Early research has also proven that inmates who participate in special family programs have a fewer, if any, infractions while in prison. Family visits have the ability to motivate inmates to have successful prison, parole, and probationary periods. For females, family ties while in prison continue to be a key indicator of success for relapse prevention. However, 54 percent of mothers and 57 percent of fathers never see their children while incarcerated.

Children benefit from the promotion of healthy attachment relationships with their mothers as infants. A study done in 1964 revealed that babies raised by their mothers in prison had better outcomes than babies raised by another person. Family relationships are a deterrent for acts of delinquency.

Incarceration affects 1 in 142 adults, which impacts more than 2 million children a year. Additionally, one in 32 adults in the country are under some form of correctional supervision,

including jail, prison, parole, and probation, which translates into affecting 7 million children. Most of these children are between the ages for 5-9, an important age for emotional and cognitive development. Therefore, development can be disrupted in these children.

Around 90 percent of children with incarcerated fathers live with their mothers. Additionally, 50 percent of children with an incarcerated mother live with their grandmothers. Therefore, these children are not affected by social services, and in large part, are flying under the radar. Children face multiple risks prior to parental incarceration that can magnify the trauma. These include poverty, parental substance abuse, parental history of abuse and family instability, exposure to criminal activities, and child maltreatment. Child maltreatment often comes after the parent has been incarcerated because children often are forced to "bounce" from family to family, and placed into the CPS system. Between two and ten percent of the children with incarcerated parents are in a foster home. Every age group of children can be affected by parental incarceration. For example, older children are likely to act out because of these risk factors, and younger children may have developmental problems because they have not developed the coping skills to deal with trauma. For young children, the loss of a parent is experienced as a severe disruption in their lives. The trauma diverts the child's energies from developmental tasks to coping. Children must cope with the uncertainty in their lives; and often, must deal with the stigma attached to having an incarcerated parent.

The effects on children include a wide range of factors. Children can develop mental health problems such as separation or attachment disorders, depression, eating and sleeping disorders, anxiety and hyper-arousal, attention disorders, developmental regression, and Post-Traumatic Stress Disorder. Behavioral problems in their day-to-day lives also arise in such ways as physical aggression, acting out inappropriately, or anti-social behavior. Self-image problems may arise due to awareness of the social stigma surrounding these children. Children may experience cognitive problems, as untreated trauma can alter brain activity. Additionally, academics can suffer because of low performance, classroom behavior difficulties, and truancy. Children of incarcerated parents are also on a negative trajectory to become juvenile delinquents; they are three to six times more likely to exhibit violent or serious delinquent behavior.

Children of incarcerated parents experience a variety of emotions including fear, worry, confusion, sadness, guilt, isolation, embarrassment, stigma, and anger. Children are confused and can develop trust issues because they are often told lies to why their parent is no longer around. By engaging these children, families can be strengthened to provide a variety of protective factors that mitigate risks. Protective factors include:

- Strong family connections
- Average or better intellectual skills
- A network of friends
- Connections to positive role models
- Faith or spirituality
- Self-confidence
- A sense of humor
- Good health
- Someone who believed in them.

By working with these children, protective factors can be carried out, which can dramatically change the way children feel about themselves. Strategies that can be implemented include creating family-friendly policies and practices, encouraging parent/child relationships, and supporting the family and caregivers. Specifically, visiting schedules can be made more flexible to allow children the time to see their parents. Special visits, in child-friendly rooms, should be made for incarcerated parents and their children. Prisons should maintain parent support services including family counseling. By collaborating with the Department of Corrections, these services can be made available to support families.

In order to promote successful re-entry into society, the parent should be intensively case managed to aid in supporting the children. Parenting skills should be included as part of the case plan, as well as coordination with support services such as a childcare assistance, housing, and substance abuse treatment. Referral services should be put into place for emotional and material needs for the family.

Agencies are beginning to engage children of incarcerated parents to provide protective factors. Law enforcement-based programs include The Children's Shelter, which is a partnership between Law Enforcement and Child Welfare that provides shelter-based services for children. Also, the Child Development Community Policing Program in New Haven is a collaborative effort, which partners the police, mental health agencies, and community agencies to provide training on child development. Baltimore has begun to implement family treatment court, which offers therapeutic jurisprudence for substance abuse offenders. Around the country, a variety of programs have been implemented to engage incarcerated parents with their children. Ms. Lee outlined a variety of best practices from around the country.

A model prison-based program includes programs at the Bedford Hills Correctional Facility, which is the largest facility for women in New York. The programs, initiated to engage mothers with their children, are housed in seven divisions, which include a children's center, parenting center, nursery, infant day care center, prenatal center, child advocacy office, and the taping room. Babies born in prison can stay up to one year with their mothers at the prison nursery. Through parenting classes, women are taught how to preserve family relationships in a

nurturing atmosphere.[6] Programs for incarcerated parents are also implemented by community-based, child welfare-based, faith-based, and school-based programs. Summit House is a community-based program in North Carolina, which serves non-violent women offenders and their children.

The goals of Summit House include identifying and managing self-defeating behaviors; practicing self-supporting behaviors through developing long-term goals; life planning; education and training; financial management/budgeting and employment; developing a healthy sense of self, family, and competency in relationships with others, and; improving parenting skills. The program operates in a home-like setting, which models a neighborhood. Women receive therapeutic intervention, classes, and workshops on major life issues such as positive parenting skills, good health practices and status for mother and child, addiction education and treatment, family relationships enhancement, self-management skills, job seeking and employment skills.[7]

The Incarcerated Mothers Program, Edwin Gould Services, provides education, recreational, and supportive group activities for children and through child welfare to prevent entry into foster care. It was created to help bridge the gap between children and mothers, while mothers are in prison.[8]

Faith-based programs include the Amachi program. Amachi is a faith-based initiative that mentors children with incarcerated parents to reduce a cycle of crime in families. Children meet with Amachi mentors on a weekly basis that offer one-to-one mentoring to help improve the life opportunities of the children. It was developed through a partnership of Big Brothers/Big Sisters, the Center for Research on Religion and Urban Civil Society, the Robert A. Fox Leadership Program, and public/private ventures.[9]

Community Works, part of the ROOTS Program, is a school-based program that offers in school and after school music therapy, drama, and visual arts workshops. Students are given the opportunity to attend a special class to use artistic means to address feelings toward the separation from their parents. The Program has been successful to help students learn to cope through creativity.[10] (Ms. Lee reviewed a variety of programs, which are summarized in Appendix B).

6 http://www.sowingseeds.tv/ep12_roulet.jsp
7 http://www.nicic.org/pubs/2001/016734.pdf
8 http://www.egscf.org/endviolence.html.
9 http://www.amachimentoring.org/history.html
10 http://www.cwla.org/articles/cv0507creative.htm

Ms. Lee concluded her presentation by stating that intervention programs for children with incarcerated parents are currently working, and there is no reason why Maryland should not engage these incarcerated parents. Ms. Lee provided a booklet for participants called "Children of Incarcerated Parents: A Bill of Rights" from the San Francisco Partnership for Incarcerated Parents.

9. MAKING THE BEST USE OF WORKFORCE DEVELOPMENT

Kevin McGuire introduced Mr. Robert "BJ" Corbin, who discussed the partnership on the Lower Shore, which created a true One-Stop center. Mr. Corbin, Executive Director, Lower Shore Workforce Alliance, addressed how One-Stop centers can and should collaborate with TANF, treatment and ex offender partners in order to achieve mutual goals of workforce participation.

Mr. Corbin gave a presentation titled "Social Services and Workforce Development: Integrating TANF into the WIA One-Stops." The Workforce Investment Act (WIA) mandated partners to provide services to individuals in the workforce. These partners include Workforce Investment Act Title 1 Programs, Wagner-Peyser Programs, Adult Education and Literacy, Rehabilitation Act, Senior Community Service Employment Activities, Trade Act, Veterans, community services block grant, housing and urban development, and unemployment compensation. These partners are all located at the One-Stop Center. The "One-Stop Job Market" was created as a collaboration of the Lower Shore. It includes a receptionist, computer docks with job searching available, conference rooms for life skill training, a drop-in daycare, and a mobile One-Stop. The mobile One-Stop includes 12 computer workstations, satellite Internet access, a printer, a Smart board, a TV with DVD and VHS access, and a private office. The bus may be deployed to Mississippi to help Hurricane Katrina victims. The mobile One-Stop is used to offer services to help Child Support Enforcement, migrant camps, prisons and pre-release centers, housing authorities, faith-based organizations, and community action agencies.

The One-Stop Job Market has partnered with TANF to create a TANF/FIP Work Program. It includes a job search for four consecutive weeks, a vocational educational training program, countable up to a year, and a GED program for participants under 20 years old. Each work experience cannot exceed 90 days, and the participants must complete 24 hours in nine core activities, employment, job search, community services, work experience, etc., and 16 hours of non-core activities such as education and training. By partnering with TANF agencies, they came to realize that the WIA and TANF programs had similar goals with the same target audience.

Mr. Corbin outlined challenges in collaboration on the federal, state, and local levels. On the federal level, WIA has high performance expectations and TANF programs have specific guidelines that focus more on tracking than providing services. A lack of coordination exists at the federal level for TANF and WIA with different funding levels and performance measures. The state level has not clarified the roles of DSS with the DLLR (WIA) Program. Locally, successful collaboration of TANF and One-Stops usually comes down to the relationships between the two directors. In the future, Mr. Corbin hopes that Congress will enact legislation that provides better program compatibility between TANF and WIA and reduce the "process burden." Mr. Corbin is interested to hear any DSS concerns and willing to help in any way possible to help other regions around the state to develop their own collaborative program.

10. TREATMENT AS A WORK EXPERIENCE

A panel of Dr. Scott Wetzler, Catherine Martens, and Taunya Lowe explored how TANF programs can collaborate with substance abuse treatment services in order to better integrate vocational training and family support into the treatment continuum "countable" for TANF participation purposes.

Dr. Scott Wetzler outlined a program in New York City to show how substance abuse treatment and work experience can go hand-in-hand. Dr. Wetzler works with University Behavioral Associates, which is a non-profit, provider-run behavioral health management services organization. The organization contracts with HMOs to bring managed care concepts to hard-to-engage populations including substance abuse, Welfare-to-Work, high utilizers, criminal justice, and domestic violence. By utilizing a Comprehensive Service Model, UBA partnered with the New York City Human Resource Administration to help engage substance abuse clients on welfare using work as a first approach. New York City was dissatisfied with chronic substance abuse treatment and work activity. Therefore, the CSM Program was developed to provide evaluation and case management to 1000 substance abusers on public assistance to promote drug abstinence and self-sufficiency. The payment is 60 percent cost reimbursed with the remaining 40 percent based on performance milestones. The CSM Model uses a scientific approach to psychiatry to help people overcome addictions. The guiding principles include:

- Treatment works
- Coercive mandated treatment works
- Loss of public assistance as a motivation
- Access to benefits with help of case manager as a reward
- Increase treatment compliance using sanctions, rewards, and supportive linkages

- Relationships with providers as important as relationships with clients.

Case management is not solely client-focused but also provider-focused. Work is focused on as a protective factor for returning to substance abuse. Clients receive vocational rehabilitation during treatment. From the first day of treatment, job placement is a focus. Client motivation is a high factor for compliance and success. CSM operates under the harm reduction model, which is that clients do not have to be completely clean to return to work.

CSM operates with a multi-disciplinary staff for clients to receive comprehensive evaluations, which provide determination on the level of care needed for successful recovery and employability. People who are referred to intensive treatment are exempt from work requirements. The program operates with 32 case managers with a caseload of 31 clients. The duties of the case managers include:

- Linkage and referral by collaborating with providers
- Managing care delivery
- Client tracking regarding compliance and progress
- Escort and outreach for non-compliant clients, at home, at treatment and work programs
- Advocacy to reduce barriers to care
- Access wrap-around services
- Motivational enhancement
- Collateral support by talking with family members
- Ally in recovery process.

CSM also provides vocational assistance, which assigns clients to worksites based on interest and ability.

The client population is 67 percent men, with an average age of 39. Because the program is performance based, 95 percent of clients are not TANF clients. However, many of the clients have low educational levels, and approximately 15 percent are homeless or in unstable housing. It was found that 81 percent have co-morbid medical conditions; 45 percent have co-morbid psychiatric conditions; and 25 percent have severe mental illness. By engaging clients at the initial appointment, which normally lasts three and a half hours, the compliance rates are more than double the normal rate, and 89 percent remain compliant with ongoing care. The median

duration in the program is 4.6 months. 1700 referrals are made each year from substance abuse, 800 for medical care, and 500 for psychiatric care.

Work outcomes include:

- 40 percent of clients referred for work activity
- 81 percent comply with initial appointment at a work site
- 82 percent remain compliant with work activity
- 15 percent of clients obtain documented competitive employment
- 15 percent of clients are eligible for disability.

Dr. Wetzler offered "lessons learned" for Roundtable participants. He recommended keeping expectations high to challenge the culture of dependency. Half of their clients obtained employment on their own, rather than through the program. Clients should be moved to non-intensive treatment as soon as possible. By enhancing motivation and aligning incentives of clients, treatment providers, vocational providers, and the case manager, clients can best be served. Once a week, data is crosschecked with DSS data to make sure all clients are accounted for and the data is the same. Dr. Wetzler concluded by reiterating that everyone can benefit from innovative programs.

Catherine Martens, Executive Director of Second Genesis, gave a presentation on "The Role of Work in a Therapeutic Community." Second Genesis is the oldest and largest provider for substance abuse treatment in the Mid-Atlantic. All clients are mandated to the center for around nine months to one year. In large part, these clients have chronic mental illness, who self-medicate themselves with drugs. Second Genesis is completely client-run, which keeps costs low and gives the clients ownership in the program. Work in the Therapeutic Community plays three roles to strengthen and maintain the community, to identify personal challenges to be addressed in treatment, and to prepare clients for life after treatment.

Second Genesis gives clients work experience in entry-level positions including drivers, receptionists, administrative assistants, janitors and laundry workers, landscapers, dishwashers, chefs, and childcare workers. Department heads supervise all entry-level jobs. Expeditors monitor and direct all client activity and reinforce community rules. Coordinators are the highest ranking management position for clients to manage the community and give input to the staff. The hierarchy in the community mirrors the real world. Clients must work their way up by promotions, which require discipline, accountability, quality work, and social skills. Clients work 20 to 30 hours a week and participate the rest of their time in treatment activities. Treatment also

allows clients the opportunity to volunteer their time to share their experience in local high schools.

Clients have three roles that must be fulfilled in treatment to make a successful transition to the workforce. Role 1 is strengthening and maintaining the community. Clients maintain a specific role to sustain the community and hold each other accountable for their responsibilities. Role 2 is identifying personal challenges. The day-to-day work responsibilities help to address these challenges: personal habits, work habits, work relations, self-management, and work values. Clients are purposefully placed in jobs outside of their comfort zone to identify barriers to work and give therapists focus areas in treatment sessions. Clients have an opportunity to work through these barriers to better prepare them for an external working environment. Role 3 is preparing clients for life after treatment. Through the work experience, clients develop educational and vocational skills and a positive work ethic. They are able to gain confidence and leave treatment as employable members of society. Ms. Martens included the Second Genesis Annual Report 2004 for participants.

Taunya Lowe presented on "Treatment as a Work Experience." DSS needs to talk directly with substance abuse providers to aim at joint case management and collaboration. In Georgia, the TANF agencies and substance abuse providers were not aligning. The state was telling the substance abuse providers that they were keeping clients too long; and substance abuse providers said clients were not ready to move back into the real world. This caused TANF agencies to stop sending customers to substance abuse providers because it was hurting their work participation rates. The mindset had to be changed to encourage joint case management. First, they established that they had common goals and a common client. Clients were treated for their substance abuse issues as a percentage of the time is spent in core activities such as counseling, but another percentage is now spent in employment-related activities. Ms. Lowe reiterated that recovery and self-sufficiency are a lifelong journey.

Georgia was forced to make a paradigm shift in thinking about the process. All partners must embrace the concept that treatment is a work activity. Work can help to maintain abstinence. Ms. Lowe gave a method for collaboration called the PACE Method:

P- Plan for the work activity and make it a part of the self-sufficiency plan and treatment plan.
A- Account for the work through supervision that insures that the activity has programmatic integrity.
C- Case manage the work activity in order to measure the progress that the client is making towards self-sufficiency. Look for progress/excellence.
E- Explain the progress. Documentation and hold people accountable.

It is often overlooked that people do come into treatment with some skills. These skills can be applied to a real world work setting. Employers want punctuality and accountability, two values that are taught in treatment. Ms. Lowe suggested that workers go see substance abuse treatment facilities to know where they are referring their clients.

Ms. Lowe referred participants to the binder for more resources, including a template that the substance abuse program can utilize when they are planning for joint case management. Also, there is another grid in the binder that shows the client in the middle and all the aspects that are needed to joint case manage. Ms. Lowe concluded by wishing everyone success.

11. FACULTY ROUNDTABLE: CLOSING THE LOOP AND MERGING THE SILOS

Lisa Washington-Thomas introduced a Roundtable discussion for stakeholders to spend time discussing issues with their colleagues to answer three questions:

- What can we do to replicate the paradigm of working together with substance abuse providers?
- What are you going to do when you get back to your counties? What actions are you going to take?
- What can you do to move from a referral system to more of a collaborative system with substance abuse providers?

The group responses:

Group 1: Collaboration is the key for successful implementation of these programs. We would like to place addiction specialists in our centers who can refer clients to the best substance abuse treatment providers to reduce recidivism.

Group 2: Open lines of communication to get local and state agencies together to explain what both have to offer and to combine client services. Funding needs to be identified. Players need to be brought together, like the Eastern Shore example. We are all here to best serve customers.

Group 3: Higher level state administrators need to undertake preliminary discussions between the health departments and DHR. Compromise and collaboration is key to get around roadblocks?

Group 4: The Cabinet level of the state needs to begin for cross-department collaboration. The will to collaborate can drive an initiative. There is a way to do it; we just need the will to do it.

Group 5: The Executive Director level needs to communicate to help the local level carry out the plans. There is some reluctance from local health departments to do more than what is required, but collaboration can help bridge the gaps.

Group 6: Collaboration between agencies can help to pass down information to the customer to help reduce recidivism and promote self-sufficiency.

12. CLOSING REMARKS

Kevin McGuire thanked all participants, the Welfare Peer TA Network, and Lisa Washington-Thomas for their hard work in making this Roundtable a success. Mr. McGuire envisions a follow-up meeting in the spring to address issues that arose during this conference. Federal Project Officer Lisa Washington-Thomas concluded the Roundtable by offering participants thanks for their collaboration.

The Welfare Peer TA Network was excited to have hosted this successful event and looks forward to future collaboration opportunities with TANF professionals in Maryland. For more information related to substance abuse, incarcerated parents and multiple barriers, please see http://peerta.acf.hhs.gov/.

APPENDIX A:
DISASTER RELIEF UPDATE

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DISASTER RELIEF UPDATE

Pictures cannot begin to tell the story of the disaster. Victims of the Hurricane can register for benefits through FEMA, such as cash assistance, transportation assistance, loans, replacement of personal property, disaster unemployment assistance, and legal services. In order to receive these FEMA benefits, a household must reside in the federal declared disaster areas in Alabama, Mississippi, Louisiana, and Florida. FEMA will give people up to $2000 cash assistance for housing. FEMA will also provide "other needs assistance" for medical, dental, transportation, and low-interest loans for personal property.

The American Red Cross has shelter registration with information on victims and family members. The Red Cross will distribute debit cards from $360 for a single person to $1500 for a family of five for registered victims. Additionally, the Red Cross has partnered with FEMA to cover hotel and motel stays for victims in the affected areas for 14 days to indefinitely. There are 870 Red Cross agencies located across the U.S.

Disaster Unemployment Assistance is available for those who became unemployed due to the Hurricane. Evacuees must contact their respective states to receive this benefit. Also, evacuees can use Disaster Legal Services at no cost to deal with legal issues from the Hurricane such as obtaining leases, titles, mortgage replacement, and help with insurance claims. The following agencies have set up websites with information on social services and health issues:

- www.hhs.gov/katrina/index.html#hhs
- www.bt.cdc.gov/disasters/hurricanes
- www.acf.hhs.gov/Katrina/index.htm
- www.firstgov.gov/citizen/topics/public safety/hurricane_katrina_recovery.shtml

Maryland provided great assistance for survivors of Katrina, according to Mr. McGuire. 400-500 families from the effected area have been helped in Maryland. Mr. McGuire introduced Mr. Robert Suit, Maryland DHR, to give an update on the Katrina evacuees in the Maryland area. Mr. Suit, Department of Human Resources, told participants that the Maryland Emergency Management Agency had been activated to bring state and local agencies together to provide the necessary disaster relief to the evacuees. A certified database has been made for states to be reimbursed for efforts.

APPENDIX B:
PROGRAMS FOR CHILDREN WITH INCARCERATED PARENTS

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PROGRAMS FOR CHILDREN WITH INCARCERATED PARENTS

Prison-Based Programs:

- The Family Preservation Program in Indiana offers therapeutic parenting education, a children's center, summer camp, holiday parties, parent/teen day, and a responsible mother and baby program.
- Family Foundations is an alternative community sentencing program for pregnant women or parents of a child under six. It provides a 12-month residential treatment program.
- The Bedford Hills Correctional Facility includes a prison nursery, a children's center, parenting classes, children's advocacy, and a tutoring program.
- The Family Works program through the Osborne Association offers parent education program for incarcerated fathers.
- The Denver Women's Correctional Facility works with women on the first day of incarceration to promote healthy reentry strategies.
- Project Greenlight, in New York City, gives family reunification sessions, community counseling sessions, mandatory job workshops, job counselors, reentry case managers, and family counselors.
- The Oregon Accountability Model provides a family orientation to support their family member through reentry.
- The Washington Corrections Center for Women includes a Child Advocacy Counsel, Family Counsel, Prison Nursery with an early Headstart program, parent/teacher conferences, Girls Scouts behind Bars Program, Baby Read Program, and a mother-child gift exchange.
- The South Dakota Women's Prison has implemented a program for children to visit their mothers once each month for a weekend.

Faith-Based Programs:

- Catholic Community Services matched children with incarcerated parents to services in the community and allows parents to send messages to their children via video on special occasions.
- The Prison Fellowship offers an Angel Tree camping, mentoring, and Christmas program.

- Amachi is a mentoring program developed through a partnership of churches, Big Brothers/Big Sisters, the Center for Research on Religion and Urban Civil Society, the Robert A. Fox Leadership Program, and public/private ventures.

- Hope House Tele-visits and Father/Child Summer Camp. Every other week, children can talk to their fathers over the Internet. Every summer the prison sponsors a summer camp for children.

Community-Based Programs:

- La Bodega de la Familia brings together the family to implement an action plan as a counseling strategy.

- Project Rebound partners with community corrections, children and family services, and a private nonprofit to coordinate a family team for substance abuse treatment, employment skills, parenting skills, and reunification planning and support.

- The Denver Work and Family Center is a collaborative effort, which give case management, job development, support services, and legal services to inmates. This program resulted in 71 percent of inmates finding work after reentry. Child support non-payers dropped to 25 percent compared to 60 percent. Recidivism was reduced by 12 percent.

- The Hopper Home offers transitional housing and intensive supervision to build skills.

- The Summit House provides therapeutic intervention and life skills training for parenting, substance abuse, education, employment, and financial management.

School-based Programs:

- Community Works, part of the ROOTS Program, offers in school and after school music therapy, drama, and visual arts workshops.

Child Welfare-Based Programs:

- St. Rose RFP Program offers foster-parent training, support groups, orientations with involved family members, and pre-release planning and aftercare. It also includes a support group from children and family therapy.

- Treatment for Residents with Incarcerated Parents Program includes group therapy, regular child visitation with parents.

- Incarcerated Mothers Program, Edwin Gould Services, provides education, recreational, and supportive group activities for children.

- The New York City Administration for Children and Families created a strong partnership with the Department of Corrections and facilitated visits with incarcerated mothers and fathers.

APPENDIX C:
AGENDA

WELFARE PEER TA NETWORK ROUNDTABLE
Collaboration Across Systems: Issues of Recovery and Ex Offenders

Radisson Hotel at Cross Keys
Baltimore, Maryland
September 14-15, 2005

AGENDA

September 14, 2005

9:00 – 10:00 AM **Registration**

10:00 – 10:30 AM **Welcome and Introductions**
David Lett, Regional Administrator, Administration for Children and Families, Department of Health and Human Services, Region III
Hon. Christopher J. McCabe, Secretary, Department of Human Resources
Hon. James D. Fielder, Jr., Ph.D., Secretary, Department of Labor, Licensing and Regulation
Hon. Mary L. Livers, Ph.D., Deputy Secretary, Operations, Department of Public Safety and Correctional Services
Kevin McGuire, Executive Director, Department of Human Resources
Lisa Washington-Thomas, Federal Project Officer, Welfare Peer TA Network

10:30 – 10:45 AM **Disaster Relief Update**
Lisa Washington-Thomas, Federal Project Officer, Welfare Peer TA Network

10:45 – 11:00 AM **Warm-Up Exercise**

Each County team will be asked to caucus for a few minutes and articulate the big question that they would like addressed by the Roundtable and their region's desired outcome from the program.

11:00 – 12:00 PM **Setting the Context**
David Lett, Regional Administrator, Administration for Children and Families, Department of Health and Human Services, Region III
Hon. Christopher J. McCabe, Secretary, Department of Human Resources
Hon. James D. Fielder, Jr., Ph.D., Secretary, Department of Labor, Licensing and Regulation
Mary L. Livers, Ph.D., Deputy Secretary for Operations, Department of Public Safety and Correctional Services
Kevin McGuire, Executive Director, Department of Human Resources

Many TANF participants and their families are deeply affected by issues related to substance abuse and incarceration and the overarching problem of dealing with inter-related jurisdictional agencies. In this introductory session, senior officials from some of the TANF partners will share their vision as to why collaboration and joint planning is both important and appropriate. The kickoff speaker will be the Regional Administrator who will provide a federal vision for looking at the issue of collaboration across systems.

12:00 – 1:30 PM **Special Presentation: Through Another Lens**

Steven Williams, Warden, Dorchester County Department of Correction
Marian Bland, Clinical Director, Division of Special Needs Populations, Maryland Department of Health & Mental Hygiene

Warden Williams will share his epiphany and evolution as a Warden as he changed his view regarding the role that penal institutions can play collaboratively in helping offenders become self-sufficient members of the workforce. Ms. Bland will speak about the role that the TAMAR project has had in helping women with substance abuse and violence histories to re-integrate into society through a combination of innovative programs and housing strategies.

1:30 – 1:35 PM **Stretch Break**

1:35 – 2:15 PM **From Addiction to Recovery to Life in the Community**
2:15 – 2:30 (Break)
2:30 – 3:30 PM

Sidney Shankman, M.D., President, Second Genesis, Inc.
Taunya Lowe, Director, Department of Health and Human Services, DeKalb Technical College, Atlanta, GA

The session will focus on understanding the science of and the differences among substance use, substance abuse and substance use disorder. The goal of this session will be to help participants understand not just what addiction is, what treatment does but also how to harness the energy associated with recovery in order to move TANF participants in recovery to self sufficiency.

3:30 – 4:45 PM **County Best Practices in Collaboration**

Terri Jackson, Assistant Director for Family Investment for Somerset County
Ellen Payne , Assistant Director for Family Investment for Worcester County
Joe Rando, Assistant Director for Work Opportunities for Wicomico County
Tracey Paliath, Esq., Assistant Director, Family Investment, Baltimore City Department of Social Services
Mark Millspaugh, Deputy Assistant Director, Family Investment, Baltimore City Department of Social Services

In this session, participants from two Maryland Counties will describe their work in developing an innovative approach to inter-agency and cross-system collaboration.

4:45 – 5:00 PM **Session Wrap-Up**

Lisa Washington-Thomas, Federal Project Officer, Welfare Peer TA Network

September 15, 2005

8:00 – 9:00 AM **County Networking Session**

9:00 – 10:00 AM **Family Engagement: A Key to Success**
Arlene Lee, Executive Director, Governor's Office for Children

Ms. Lee will apply her extensive background in addressing the problems of children of offenders and ex-offenders coupled with her present experience in the Governor's Office for Children in order to address the issue of family engagement and its importance in developing both individual and family self-sufficiency.

10:00 – 10:45 AM **Making the Best Use of Workforce Development**
Robert G. "B.J." Corbin, Executive Director, Lower Shore Workforce Alliance

Mr. Corbin will address how one-stop centers can and should collaborate with TANF, treatment and ex-offender partners in order to achieve mutual goals of workforce participation.

10:45 – 11:00 AM **Break**

11:00 – 12:00 Noon **Treatment as a Work Experience (Part I)**
Scott Wetzler, Ph.D., Vice Chairman and Chief, Division of Psychology, Albert Einstein College of Medicine, New York City
Taunya Lowe, Director, Department of Health and Human Services, DeKalb Technical College, Atlanta, GA
Catherine Martens, Executive Director, Second Genesis, Inc.

Panelists will explore how TANF programs can collaborate with substance abuse treatment services in order to better integrate vocational training and family support into the treatment continuum. Special emphasis will be placed on ways to make activities in the treatment continuum "countable" for TANF participation purposes.

12:00 – 1:30 PM **Lunch**

1:30 – 2:30 PM **Treatment as a Work Experience (Part II)**
(Break at 2:30 PM)
2:30 – 2:45 PM **Break**

2:45 – 4:00 PM **Faculty Roundtable: Closing the Loop and Merging the Silos**
Lisa Washington-Thomas, Federal Project Officer, Welfare Peer TA Network
Kevin McGuire, Executive Director, Maryland Department of Human Resources

The day's faculty will come together in order to answer any questions that have arisen during the course of the day.

4:00 – 4:30 PM **Closing Remarks**
Kevin McGuire, Executive Director, Maryland Department of Human Resources
Lisa Washington-Thomas, Federal Project Officer, Welfare Peer TA Network

APPENDIX D:
MD PARTICIPANTS LIST

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Collaboration Across Systems: Issues of Recovery and Ex-Offenders
Baltimore, Maryland
September 14-15, 2005
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APPENDIX E:
EVALUATION SUMMARY

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Welfare Peer TA Network
Systems of Collaboration: Issues of Recovery and Ex-offenders
Evaluation Summary

At the conclusion of the Roundtable, participants were asked to evaluate how well the Welfare Peer TA event met their expectations and needs. The double-sided evaluation form asked participants first to rate the extent to which they agreed with a series of five general statements about the Roundtable on a 5-point scale, where 1 = Strongly Disagree and 5 = Strongly Agree. Each of the five statements and associated average scores are presented in the below chart.

Statement	Average Score
This roundtable was a valuable exercise for my agency.	**3.67**
The binder and materials presented at the Roundtable were useful and helpful.	**4.08**
The topics chosen for discussion and presentation were important to our agency.	**4.00**
The facilitators engaged the audience and enhanced interactive discussions.	**3.61**
Arrangements for this meeting including meeting space, logistics and on-site support were handled in a professional and supportive manner.	**4.06**

Additionally, participants were asked three open-ended questions about their reflections on the Roundtable and their future technical assistance needs. These questions and representative responses received are presented below:

What did you find useful about attending this roundtable (i.e. any immediate or long-term benefits to you/your staff that you anticipate as a result of attending this roundtable)?

- "A reaffirmation of the need for creativity. Confirmation that for many customers, work is an integral part of substance abuse treatment and recovery."
- "There were several ideas/ways to meet customer's needs and agency needs that will be discussed with program staff that hopefully will assist us in meeting our goals."
- "Increased awareness/reinforcement of prior knowledge."
- "List of participants can be used as a resource at my agency."

- "Dr. Shankman's presentation was excellent. Learned much from his short time on stage."
- "Collaboration across systems is a great way in integrating agencies. There must be more inclusion of mental health services and child welfare services.
- For next year, front line supervisors should be included."
- "The strategy of combining the agencies represented. Also, the information presented was placed in a binder to take home as a model and reference material."
- "Discussion from Warden Williams about the various programs of Dorchester County was very exciting. I heard a small part of Dr. Shankman's presentation. What I did hear was so good, I hope we can have more opportunities to have his presentation."
- "Dr. Shankman's presentation was wonderful, very informative; great handout. Steve Williams & Marian Bland's presentations were informative and provided us with a wealth of information and ideas."
- "Developing relationships and partnerships. The need to involve Department of Safety/Corrections local detention centers.
- "Understanding that there is agreement at the leadership level of DHR about the flexibility of TANF funds for use with reentry and child welfare programs.
- "Speakers were very good."
- "Presentation by Sidney Shankman and B.J. Corbin gave me some useful ideas."
- "Excellent speakers."
- "Collaborating with other counties and learning other strategies to help our TCA customers become more self sufficient."
- "New ideas regarding integrating substance abuse treatment with TANF work requirements."
- "The information provided and the knowledge presented."
- "Getting administrators, partners, and staff together to begin a dialog about how to eliminate the silos and collaborate in ways that will create more positive outcomes for the population we serve. It was also good to hear that some locals are already collaborating with their colleagues and partners."
- "Information relayed about hurricane evacuees using TC as work experience for TANF."
- "Information provided and networking."
- "Good examples of collaboration for FIA/WIB and strategies for the recovering client. Overall good experience. Taunya Lowe – great! Second Genesis, great! Jose, good job."
- "Dr. Scott Wetzler's presentation and program description - measurable outcomes and benefits."
- "Topics regarding substance abuse."
- "All of the topics were interesting and the presenters were informative. I just don't see how many of the projects could be implemented."
- "To continue to foster and develop partners in the community to serve our customers. To re-think my attitude toward customers and treat each one as an individual with their own worth."
- "Informative speakers from substance abuse and ex-offender sectors gave."

- "I feel that all the information presented was equally good. Gives us many things to think about and ideas to address and issues that we are having [to deal with] in our own community. Reinforced the idea that we must work closely with the substance abuse coordinator to get to the real issues customers have in being unable to obtain and maintain employment."

What issues would you have liked to have discussed that were not raised or would you have liked to have discussed in further detail?

- "Great ideas, but would have liked to have had all partners at the table to do some real planning."
- "No participation from correction (not jail) – DOC folks."
- "More mental health involvement (DHMH) more how to cross over with child welfare.
- "Helping to make ex-offenders make a successful transition back to their communities."
- "What is the role of the probation officer in this process? Are they on board in some localities?"
- "Domestic violence."
- "Service integration."
- "Get further information WPR issues, how to meet expectations of 50% with regard to sanctioning."
- "The difference between WIA rules/mandates and DSS/FIA mandates. What is going to be done regarding the differences? We can not work collaboratively when the goals are so different as was made obvious in the discussion/response."
- "Better connection with the WIA agency - we are not connected."
- "More information on the array of programs/services available to ex-offenders and how DSS can better collaborate."
- "Availability of training."
- "Where is/was representation from DHMH – a major player?"
- "Substance abuse treatment and work experience – how to do in Maryland."
- "Why wasn't Secy. McCann invited? Where were the representatives from DHMH? ADAA? Mental Health? Their absence made the title of the conference a misnomer. How can one plan to collaborate if half of the groups are not present?"
- "More up front assessment for behavioral health issues. Invite representatives from the core services agencies."
- "Direct conversation about service integration with FIA programs and how to do it."
- "What is FIA's role with regard to ex-offenders? What are the expectations?"
- "Actual discussion in service integration with social services staff and FIP."
- "Alternative funding sources."
- "How to raise staffing levels so departments can try to implement these ideas."
- "How do we engage all units (services/TANF/FIA) in effort to serve substance abusers and the incarcerated. Also, how do we engage other local partners (parole and probation, courts, etc.)?

- "I would like to have seen more topics on how to incorporate the ideas into our programs. More of 'this is what to do and how to do it'. Getting social services staff involved in FIA programs."
- "More domestic violence information."
- "We did hit on addiction issues but wanted to hear more ways that FIA could work with child support to serve non-custodial parents with the ultimate goal of getting children the necessary support. Is there funding available?"

What ideas, approaches or strategies are you taking away from this roundtable that might be useful to your agency?

- "Ways to work countable activities into substance abuse treatment."
- "Information regarding engagement with treatment."
- "No specific strategies stand out, however, I found much of Dr. Shankman's presentation valuable and also the presentation of treatment as work experience."
- "Cross functional approach."
- "All!"
- "Best practice approaches from their local agencies. Baltimore City approach was useful in terms of possible techniques to provide services to 'different' to serve customers."
- "Utilizing substance abuse treatment as countable work activities."
- "Involvement of child support, corrections, and the treatment/recovery process. Involvement of mental health in the recovery/treatment process."
- "Stronger collaboration with corrections and WIA entity."
- "Working together with other agencies."
- "Work towards getting MOU's from TANF and providers."
- "Cooperation with WIA is a great potential."
- "Could have a lot of ideas but no staff or dollars to consider anything."
- "Utilizing substance treatment as work experience/community service hours."
- "The connection with the substance abuse agency and how to count work activities."
- "Collaborating with substance abuse treatment community to increase focus on work and TANF requirements."
- "One shop option."
- "Record ideas from the audience – no one did that on day one when the roundtable began and asked each table what they expected to get out of the roundtable. Also did not record each group's answers to the final questions. How important was this exercise if no one took notes?"
- "Joint case management. Treatment as a work experience."
- "I'd like to talk to the shore folks about FIA/WIB collaboration." They seem to 'get it right'."
- "Case management approach to substance abuse and disability. Re-examining reentry services and child only cases."
- "Collaborations are necessary; agency needs to acquire grants to assist with funding new initiatives."
- "Getting clients to the initial work activity via shuttle service."

- "Our philosophy is that substance abusers must be in work programs and receiving treatment. We need to create more work slots. We need to provide more assistance to caretaker relatives. We need to do serious joint case management."
- "I have many ideas on how we need to re-work my thinking on treatment as a work experience and working with the medical community to make sure customers receive the best possible treatment."
- "The concept of a therapeutic community presented by Second Genesis presenters."
- "Obtained knowledge of how important it is to work with families where one or more parents may be in jail or prison. DSS can partner with other departments to support the cause with the ultimate goal of providing support to children so they will succeed."

Please share any overall opinions or comments you have regarding the roundtable or any speakers or participants who were particularly noteworthy.

- **"**The inclusion of other partners (services, specifically child welfare, WIB and substance abuse treatment providers), would have allowed initiation of necessary conversations."
- "The Second Genesis presentation and the Tail Program at Dorchester County were excellent."
- "Would have liked more interactive activities."
- "I would have liked to have been advised why conference was shortened."
- "The conference was effective and offered best practice approaches that can spring-board to better serve our clients, organization, planning and communications.
- "There is nothing I can add to this roundtable. This was excellent!"
- "Roundtable's original idea of group work was a good one. The speakers overall were good, however, we did not have an opportunity to digest the information and make it relevant to me. Topics were a little 'off-center' for family investment professionals."
- "Dr. Shankman was excellent, Steve Williams and Marian Bland provided beat practices in collaboration. Making the best of workforce development was not really applicable to this conference."
- "Taunya Lowe – there is power in recovery."
- "Arlene Lee brings a new and exciting energy to issues related to children of offenders.
- "Excellent, excellent. Jose and staff were excellent. Well done."
- "Shankman's right – addiction is a system. The whole must be fixed."
- "There was not the right people in the audience. This was geared to local health department, parole and probation, ssa/child welfare, child support, schools, etc. FIA is struggling with application compliance, work participation and expedited FS. Although we would love to be able to develop programs for substance abusers, inmates, and mental health, we do not have the staff nor dollars to engage in this."
- "The overall training was very informative and generated new ideas to implement in my county."
- "Hard to sit in one room all day. Might have been better to have speakers in different rooms. We could rotate to different workshops, smaller groups, and more opportunity to talk and participate. Long day – non stop lectures."

- "Day 2, especially morning, was very informative. Dr. Shankman was excellent."
- "In the future roundtables, services should be included/involved."
- "Dr. Shankman and B.J. Corbin's material was very informative, plus they were excellent speakers."
- "Best speakers – Sidney Shankman, B. J. Corbin, Arlene Lee, and Taunya Lowe. Their information was helpful, interesting and presented in an upbeat and hopeful manner."
- "B. J. Corbin was very animated. Enjoyed Dr. Sidney Shankman."
- "Suggestion, provide lunch on both days to keep people from leaving early."
- "Got notice of this conference too late to have the best people clear their calendars to attend. The concept was great – based on Kevin McGuire's comments, maybe that couldn't be helped, but nevertheless, it did impact attendance."
- "Case urgent services and links – very interesting."
- "Very interesting topics. Unclear of intended audience – were local health departments invited?"
- "I thought it went well. It could have been better."
- "What are the changes and implementation strategies that need to take place?"
- " Sidney Shankman and the President of Second Genesis were awesome. Dr. Shankman really gave us a perspective that . . . all members of society have positive skills and it is our job to work on their weaknesses to assist them in being valuable members in our community."