I. WORKSHOP SUMMARY

Title of Event: Effective Interagency Service Integration

Date: March 21-22, 2000

Location: Atlanta, Georgia

1. INTRODUCTION

The Welfare Peer Technical Assistance Network, funded by the Administration for Children and Families, Office of Family Assistance, held a one and one-half day interactive workshop highlighting various interagency service integration welfare reform initiatives. The workshop promoted the sharing of ideas and innovative practices designed to assist agencies to collaborate effectively to move welfare recipients with multiple barriers to employment and self-sufficiency. Representatives from State TANF, Welfare to Work, Alcohol and Drug, and Child Welfare Departments were invited to participate from the following eight ACF Region IV States—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee. (See Appendix I for the participant list.)

This report presents information and lessons learned from the Service Integration Workshop in the following issue areas:

- Background—caseload changes and overlap between service delivery systems
- Funding flexibility and opportunities
- Addressing the needs of TANF clients with substance abuse problems
- Screening and assessment protocols
- Child welfare issues
- Collaboration and service integration.

See Appendices II and III for the workshop agenda and speakers list.

2. BACKGROUND

In the three years since the implementation of Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), States have successfully moved a large portion of their TANF caseload off the rolls, resulting in a 45 percent decline in caseload nationally.

CHANGE IN TANF CASELOADS TOTAL TANF RECIPIENTS AND FAMILIES (IN THOUSANDS)					
	Jan 1996	**Jan 1997**	**Jan 1998**	**June 1999**	**% Change (1996–1999)**
Recipients	12,877	11,423	9,132	6,889	-45%
Families	4,628	4,114	3,305	2,536	-44%

Experts in the field propose that the large caseload decrease is due to both the economic prosperity of the country and the fact that those exiting the rolls were the ones most likely to become employed. As a result, States are being left with large proportions of their caseload comprised of harder-to-serve clients, often facing multiple barriers, such as domestic violence and alcohol and other drug problems.[1] These individuals are in need of increased supportive and transitional services to be able to leave TANF successfully.

There is a considerable overlap between families being served in the welfare, alcohol and drug, domestic violence and child welfare systems. While each of these service delivery systems has its own philosophy, goals, service structure and terminology, it is imperative to recognize that they are often serving many of the same families, and that no one agency effectively meets the multiple needs of families.

CROSSOVER AMONG WELFARE, CHILD WELFARE, SUBSTANCE ABUSE, AND DOMESTIC VIOLENCE

- Estimates of welfare recipients with alcohol and other drug (AOD) problems range from a low of 4 percent to a high of 60 percent, depending on research methodology and sample size. National studies conducted by the US Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, and the National Center on Addiction and Substance Abuse at Columbia University estimate that between 16 and 20 percent of welfare recipients have alcohol and drug problems.[2] The vast majority of States and counties, however, do not have even rough estimates of how many of their clients have AOD problems.

- The National Clearinghouse on Child Abuse and Neglect reports that there is a 30 to 60 percent overlap between violence against women and violence against children in the same families.[3] Substance abuse is often a major factor in family issues such as domestic violence.

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[1] General Accounting Office. 1999. *Welfare Reform: States' Implementation Progress and Information on Former Recipients.* GAO/T-HEHS-99-116. Washington DC: General Accounting Office.

[2] Legal Action Center. 1997. *Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients.* Washington, DC: Legal Action Center.

[3] National Clearinghouse on Child Abuse and Neglect. 1999. *In Harm's Way: Domestic Violence and Child Maltreatment.* http://www.calib.com/nccanh

- Although domestic violence crosses economic and social boundaries, there have been several studies that show a correlation between welfare and domestic violence. According to a 1996 Bureau of Justice Statistics report, women living in households with annual incomes below $10,000 are four times more likely to be attacked, usually by intimates.[4] Recent research suggests that 20 to 30 percent of all welfare recipients are *current* victims of domestic violence.[5] A number of case studies have also documented the extremely high prevalence—between 50 and 60 percent—of previous or current acts of domestic violence among welfare recipients.[6]

- Recent analysis suggests a strong correlation between welfare reform and its impacts on child well-being and child development.[7] In examining these connections, it is important to understand that TANF may have both positive effects, such as more earnings and higher school attendance, and negative effects, such as benefit reductions. Particular attention should be paid to children whose parents are sanctioned or reach their time limits, children who lose eligibility for Supplemental Security Income, and children whose parents lose benefits due to immigration status. Changes related to paternity establishment, child support, child care, family caps, and food stamp eligibility also can affect children.

- Substance abuse is recognized as one of the major contributing factors to child neglect and abuse and as one of the key barriers to family reunification.[8] DHHS found that parental substance abuse is a contributing factor for between one-third and two-thirds of children involved with the child welfare system. Lower figures tend to involve child abuse reports and higher figures most often refer to foster care.

3. FUNDING OPPORTUNITIES

3.1 TANF Program

The TANF program provides a great deal of flexibility for using Federal and State funds to develop innovative services and create new collaborative partnerships. States currently have substantial amounts of Federal TANF funds to invest in low-income families due to the dramatic reduction in the welfare caseload. Through the third quarter of 1999, more than **$7 billion** in Federal TANF funds were either unobligated or unliquidated. In addition to the existing TANF

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[4] US Department of Labor, Women's Bureau. 1996. "Domestic Violence: A Workplace Issue", *Facts on Working Women*. Washington, DC: US Department of Labor.

[5] Sweeney, Schott, Laxer, Fremstad, Goldberg and Guyer. January 2000. *Windows of Opportunity: Strategies to Support Families Receiving Welfare and Other Low-Income Families in the Next Stage of Welfare Reform.* Washington, DC: Center on Budget and Policy Priorities.

[6] Allard, Albeda, Colten and Cosenza. 1997. *In Harm's Way?: Domestic Violence, AFDC Receipt, and Welfare Reform in Massachusetts.* Boston, MA: University of Massachusetts.

[7] Kaplan, April. 1998. *Linking the Systems: The Relationship Between the Welfare and Child Welfare Systems.* Washington, DC: Welfare Information Network.

[8] Department of Health and Human Services. 1999. *Blending Perspectives and Building Common Ground: A report to Congress on Substance Abuse and Child Protection.* Washington, DC: Department of Health and Human Services.

surpluses, the final TANF regulations reaffirmed and expanded the flexibility of States to determine themselves how best to use TANF funds to assist both families on welfare and low-income families. TANF funds can be used to provide a broad range of benefits and services without necessarily triggering time limit or work participation consequences. The regulations and the existing TANF surpluses provide strong support for States to revisit their welfare reform approaches and to collaborate with other agencies and the community before recipients' time clocks expire.

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

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

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

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

Moreover, Federal TANF funds can be used to benefit needy families as well as the entire population. Purposes 1 and 2 listed above enable the provision of both "assistance" and "nonassistance" services solely to "needy" families. Keep in mind, however, that States are given the flexibility to define "needy" and can create different eligibility categories for a variety of TANF benefits and services. For example, a State could have different definitions of "need" for cash assistance as compared to other services, such as transportation or child care. Moreover,

purposes 3 and 4 are not designated solely for "needy" families. Therefore, States can develop community oriented programs with a prevention oriented approach.

When designing possible TANF and MOE expenditures, States should ask the following questions:

- Which purpose of the act does the activity meet?
- Does a needs test apply under the purpose?
- Is the proposed program or activity considered "assistance" or "non-assistance?"
- Will cash benefits provided to families trigger TANF time limits, work, and other program prohibitions and requirements?
- Should the agency fund the activity with federal TANF funds or State MOE funds?

3.2 Additional funding recommendations provided include:

- Do not wait for orders from the State or Federal government. Be proactive and come out with what you think the goals mean.
- Transfer allowable TANF funding to the Social Services Block Grant (SSBG) and the Child Care Development Block Grant (CCDBG).[9] These block grants place less restrictions on use of funds.
- There is an urgency to spend TANF dollars innovatively now. If grant dollars are not expended within the given grant year, these dollars can only be spent on "assistance" in the following grant years.
- The majority of services have been aimed at the first two purposes of welfare reform. States and localities should expand services to meet purposes three and four.
- States and localities should focus on prevention-oriented strategies. Services should expand to prevent low-income families from ever entering welfare or from falling back into the system.

For a detailed description on funding welfare services, see *Helping Families Achieve Self-Sufficiency: A Guide on Funding Services for Children and Families* found on the ACF Web site at http://www.acf.dhhs.gov/programs/ofa/funds2.htm.

[9] States can transfer up to 30% of their TANF block grant to the CCDBG and SSBG. Only 10% can be transferred to SSBG through FY 2000. Effective FY 2001, only 4.25% can be transferred to SSBG.

EXAMPLES OF INNOVATIVE USES OF TANF FUNDS

- **FLORIDA**—The State of Florida has set aside $35 million for substance abuse treatment services. Eligibility is being expanded to assist and serve a broader population of Florida, including the needy poor (incomes less than 200% of poverty level), who are at risk of entering or falling back onto welfare. For example, substance abuse services, noncustodial parent employment services, pregnancy prevention programs, marriage counseling, Healthy Family services, childcare for the working poor, transportation assistance and mental health services give individuals a boost that may enable them to avoid (re)entering WAGES and head to self-sufficiency.

- **TENNESSEE**—In September 1999, the Department of Human Services contracted with the Department of Health for $7.5 million in TANF funds over the next three years to implement the Tennessee Families First A&D Project. Masters level professional counselors administer holistic assessments to referred TANF clients to identify mental health, domestic violence, substance abuse, learning disabilities, and/or health and behavioral problems. Those assessed to have any of these problems may enter Family Services Counseling (FSC) and be provided with the following services: assessment, short-term counseling, referral to treatment, access to services, advocacy, and intensive case management. FSC is a work component of the Families First program. Therefore, time spent with FSC and other related agencies providing care are counted as part of the clients work requirements and are subject to sanctioning.

- **SOUTH CAROLINA—**On October 1, 1999, the Department of Human Services and the Department of Alcohol and Other Drugs began formal collaborations to serve welfare clients with substance abuse problems better. Clients identified with AOD issues can enter full residential treatment programs and can be provided with intensive case management services. TANF dollars are used to pay for expanded bed costs.

- **NORTH CAROLINA—**Under the Work First Substance Abuse Initiative, Qualified Substance Abuse Professionals (QSAPs) are outstationed in county Department of Social Services to provide assessments, referral, consultation and client tracking to identify and provide services to individuals with substance abuse and mental health issues. (Additional program information provided in Section V.) The Work First Substance Abuse Initiative has also begun the process of expanding services to include noncustodial parents and all families at or below 200 percent of the poverty level. In six pilot sites, North Carolina's Substance Abuse Services Section has also implemented the Enhanced Employment Assistance Program (Enhanced EAP) to address job retention issues of those identified through the Work First Substance Abuse Initiative. Under this project, small and medium sized businesses are provided with Enhanced EAP services to assist Work First recipients maintain employment. EAP services included supervisory training to employers, training to clients and mentoring services for two years. To receive these free services, employers must hire a certain percentage of Work First clients as new hires.

3.3 B. Welfare to Work (WtW) Program

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

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

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

- Unemployed, underemployed, or have difficulty paying child support obligations
- Their minor children are eligible for TANF benefits, receive TANF benefits, received TANF benefits during the preceding year, or are receiving/eligible for assistance under the Food Stamps program, the Supplemental Security Income program, Medicaid, or the Children's Health Insurance Program
- Enter into a personal responsibility contract under which they commit to cooperate in establishing paternity and paying child support, participating in services to increase their employment and earnings, and supporting their children.

Given these added levels of flexibility, an increased number of individuals should be able to be served under the WtW program.

4. Addressing the Needs of TANF Clients with AOD Problems

While the number of individuals on welfare has been declining over time, the percentage of long-term recipients on the caseload has been increasing—between 19 and 24 percent.[10] As discussed, one of the key barriers to self-sufficiency facing welfare clients is alcohol and other

[10] Temporary Assistance For Needy Families (TANF) Program: First Annual Report to Congress, August 1998. Available on World Wide Web at http://www.acf.dhhs.gov/news/welfare/congress/index.htm.

drug (AOD) problems. In the general population, one in four unemployed individuals has an AOD problem.[11] Estimates of those on welfare with an AOD problem range from a low of 4 percent to a high of 60 percent, depending on research methodology and sample size. A 1998 examination of Almeda County's CALWorks program identified the following barriers to self-sufficiency among welfare recipients in their program:

- Alcohol = 12%
- Illicit drugs = 12%
- Mental health = 22%
- Physical health limitations = 42%
- Family violence = 17%
- Learning disabled = 7%

The vast majority of States and counties, however, do not have even rough estimates on how many of their welfare clients have AOD problems.

In an effort to discover what States currently are doing to address the needs of TANF clients with AOD problems, Caliber Associates, under the CSAT Welfare Reform Project, gathered information on eight States—Colorado, Delaware, Kansas, New Jersey, North Carolina, Ohio, Oregon, and Utah. Caliber interviewed and gathered information from TANF, WtW, AOD and Medicaid representatives from the eight States and interviewed TANF and local AOD providers in 24 counties. The case study focus was not to suggest model programs but to start learning about the different approaches States and counties are using to address AOD issues. This report is due out in May 2000.

Overarching findings and key lessons learned include:

- Creating interagency collaboration on the State level eases the ability of frontline workers to provide services to TANF clients with AOD problems
- Changing the culture of the delivery system requires extensive and ongoing training
- Integrating WtW entities into a collaborative infrastructure with TANF and AOD partners has not occurred to the desired level
- Maximizing funding flexibility is critical
- Developing appropriate protocols and tools for client identification necessitates a strong reliance on AOD partners
- Establishing systems is necessary but not sufficient
- Creating measures and benchmarks to determine program success and track results is critical.

[11] Substance Abuse Mental Health Services Administration. 1999. "Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 NHSDA Survey." Rockville, Maryland: SAMHSA, Office of Applied Studies.

Moving forward to address the needs of clients with AOD barriers to employment will be largely dependent on how effectively States and localities can accomplish the following:

- Accurately identify clients with AOD issues as well as other barriers to employment
- Design welfare policies which either include AOD treatment as a work activity or stops the clock during time in treatment
- Establish new systems and partners to aid in the identification and treatment of clients
- Increase WtW referrals from TANF
- Engage clients in AOD treatment activities
- Expand available treatment services for the TANF population. SAMHSA's Office of Policy Coordination and Planning reports that 2.5 to 3.7 million individuals currently need treatment services but can not get it in the public system.
- Educate employers and the public at large about positives to hiring individuals with AOD problems. Job retention rates are higher for those who have gone through AOD treatment services.
- Clearly understand how TANF and WtW funds can and cannot be spent on AOD services.

To assist in learning more about steps to address the barrier of substance abuse in welfare reform, the Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) will be jointly hosting a national conference in Reno, Nevada July 26–27, 2000. Additional conference information will be available on the Welfare Peer TA Website at http://www.calib.com/peerta in May 2000.

The following Web sites provide additional resources on substance abuse issues:

- Substance Abuse and Mental Health Services Administration—http://www.samhsa.gov
- The National Clearinghouse for Alcohol and Drug Information—http://www.health.org
- The Substance Abuse Treatment Facility Locator—http://www.samhsa.gov/oas/nationaldir.htm

5. Screening and Assessment Protocols

The vast majority of States and counties do not have even rough estimates of how many of their clients have substance abuse, domestic violence, child welfare issues and/or learning disabilities. To serve individuals facing these multiple barriers effectively, there is a critical need to educate and train agency staff on the issues surrounding these barriers, to develop appropriate screening and assessment protocols, and to directly involve professionals in the identification and treatment process.

Many States are struggling with the best means to accurately identify substance abuse as a barrier to employment. The presenter, Mary Nakashian, is currently working on a Technical Assistance Publication (TAP), *Screening Tools and Protocols for TANF Offices,* for SAMHSA to instruct TANF departments about how to identify substance abuse as a barrier to employment. One of the TAP's key findings is that to identify substance abuse effectively, it is critical to take a more holistic approach. As this report discusses, these problems are not just singular experiences. TANF departments need to be able to identify and address issues of domestic violence, child welfare, and learning disabilities as well as substance abuse.

At the simplest level, identification boils down to a discussion and relationship between two people. Given the personal nature of these barriers, communication, honesty and trust are needed to identify barriers and begin the transition to employment and self-sufficiency. Ms. Nakashian offered the following bold ideas and realistic expectations.

BOLD IDEAS

- Do not over-rely on instruments. They have not been developed for TANF participants, nor have they been tested in the welfare office setting.
- Use in a setting where recipient trusts the worker and clearly understands the implications (positive and negative). Clients need to understand that the goal is to provide them with treatment to help them become self-sufficient and employed—not to punish them with sanctions or to take away their children.
- Pay attention to staff needs. Allow staff to air their tensions and frustrations. Explore creative rewards for both clients and staff.
- Consider use of other opportunities—home visits, health visitations, and pre-job search—to screen and assess individuals for barriers to employment.
- Educate the public about domestic violence and substance abuse in more creative ways. Use marketing campaigns and public relations firms rather than just targeting welfare clients at the TANF office. This may make it easier for clients and the public at large to engage in conversations and disclose information about their substance abuse and domestic violence issues.

REALISTIC EXPECTATIONS

- Screening instruments have their place. They provide written documentation and serve as guidelines and consistent measures.
- Understand that no one has done a great job with screening. Use different methods and partners.
- Make sure policies reflect the rhetoric.
- Involve staff when addressing problems/issues. Seemingly small changes may turn into something much larger.

Each of the States attending the workshop was asked to describe the lessons they have learned through the development and use of screening and assessment tools and protocols. Below is a snapshot of each of the States' experiences.

- **Alabama**—Last year, Alabama's screening demonstration project proved unsuccessful. Under the pilot, TANF caseworkers used the CAGE instrument, a 4-question tool, to identify welfare recipients with AOD problems. The CAGE was determined to be an ineffective screening tool. On March 1, 2000, Alabama began using a new screening instrument in seven county demonstration sites. A psychologist designed this new instrument specifically for the welfare population. The tool is described as a psychosocial assessment with 85 questions. The questions address AOD issues as well as other work habits, stress levels and issues of truthfulness.

- **Florida**—(A) The TANF Alcohol, Drug and Mental Health (ADM) Program assists WAGES clients—as well as persons at risk of receiving cash assistance and noncustodial parents with a court order to pay child support—to alleviate substance abuse and/or mental health problems and work towards one or more of the TANF Goals. To identify persons in need of ADM services more accurately, representatives from the substance abuse and mental health fields were asked to offer recommendations to improve the screening instrument. Feedback was blended together to develop the survey currently in use. Most important, the name of the Screening Instrument was changed to the TANF ADM Survey. Caseworkers have found that individuals are much more willing to take a survey than a screening instrument. Between October and December 1999, 5067 people were screened using the TANF ADM Survey. Sixty one percent of people screened showed need for substance, mental health, or domestic violence services. Caseworkers have found that it is harder to identify substance abuse issues than mental health problem due to the larger stigma attached to substance abuse.

  (B) In addition, Florida began the implementation of a drug testing pilot in January of 1999 in Regions 3 and 8. Under this pilot, WAGES applicants are screened with the SASSI rather than the TANF ADM Program Survey. Those who score high on the SASSI are required to take a urinalysis. If the drug test is positive, applicants are required to go to treatment. Those who have a negative urine screen are encouraged to attend treatment but not required. Currently, 6,780 people have been screened with the SASSI and one-quarter have been predicted to have a substance abuse or dependency disorder. Of those scoring high on the SASSI, approximately 21 percent tested positive on the urine screen.

- **Georgia**—(A) After six to eight months of implementation, the Department of Human Resources (DHR) decided that the CAGE was not an effective tool for identifying clients with AOD problems. Next, a work group was formed and a 3-page screening instrument was developed. However, this tool was also determined to be unsuccessful. As a result, DHR representatives started communicating more with local community treatment providers to come up with a solution. The providers

stated that it may be more important *who* is doing the screening rather than what tool they are using. In fact, TANF workers were uncomfortable asking clients such personal questions about substance abuse and domestic violence. The vast majority of TANF caseworkers do not have appropriate background or training to screen clients effectively. The primary lessons learned were to include front-line staff earlier in the decision-making process and to increase collaborations with local treatment providers.

(B) Georgia's WtW Department has purchased and trained caseworkers on the Substance Abuse Subtle Screening Inventory (SASSI). Substance abuse identification has increased since the SASSI training. However, there is still a large mixture of opinions on the SASSI as an appropriate screening tool.

- **Kentucky**—In the past, Kentucky TANF workers were given intensive training on the identification of both substance abuse and domestic violence. Caseworkers used a 5-question tool to identify substance abuse as a barrier to employment. However, even with the added training and the screening instrument, many caseworkers were not comfortable asking these questions and many clients were very reluctant to volunteer such intimate information. As a result, Kentucky added a pilot demonstration in twelve county TANF offices. Each of these offices has a specialized assessment counselor on-site who provides holistic assessments. The holistic assessment tool was developed by the University of Kentucky and addresses such issues as substance abuse, learning disabilities, domestic violence, mental health and family life.

- **Mississippi**—Mississippi's Department of Human Services is in the early stages of developing an effective screening instrument and protocol. They are working with Jackson State University to develop effective holistic screening and assessment tools.

- **North Carolina**—Prior to the implementation of the Work First Substance Abuse Initiative, applicants were screened for substance abuse issues by Department of Socials Services (DSS) staff. Under the Initiative, Quality Substance Abuse Professionals (QSAPs) are outstationed in each of the 100 county DSS offices to provide assessments as well as screenings (when possible). The AUDIT and DAST 10 are used for screening all applicants and recipients and the Substance Abuse Disorders Diagnostic Schedule (SUDDS-IV) is used for diagnostic assessment. In addition, a mental health screening tool has been developed and is used in combination with the AUDIT and DAST-10. In addition, DSS workers use the Substance Abuse Behavioral Indicator Checklist to identify clients at risk who may not be identified by other screening tools. Currently more than 75,000 clients have been screened for substance abuse under the Initiative. There have been significantly higher identification rates for QSAPs. Whereas DSS workers identify approximately 8 to 11 percent of the welfare population with AOD issues, QSAPs identify approximately 28 to 33 percent. In addition to providing screenings (when possible) and assessments, QSAPs also provide the following services: diagnostic interviews, case consultation with and training of DSS staff, care coordination (client advocacy,

referral for treatment, ensuring transportation and child care), data collection, and serving as the liaison between treatment providers and DSS. The Work First Substance Abuse Initiative recently began the process of expanding services to include noncustodial parents and all families at or below 200 percent of the poverty level. DSS' Children's Services and Substance Abuse Services also are proposing an expansion of QSAP services to all substantiated cases of child abuse, neglect and/or dependency.

- **South Carolina**—South Carolina emphasizes the need to collaborate from both the bottom and the top of the organization. Partnerships across agencies as well as open lines of discussions with front-line workers enables systems change. Currently, South Carolina's DSS incorporates cross training of staff (welfare, substance abuse and domestic violence specialists) to assist in the identification of clients with multiple barriers to employment. Staff from each of the departments also are given a list of indicators to help identify domestic violence and substance abuse problems, and a substance abuse specialist is located on-site at the TANF office one day per week. The front line staff is trained to use the SASSI. While the training has helped, the SASSI is felt by some to be very cumbersome and difficult to interpret the findings accurately.

- **Tennessee**—In September 1999, the Department of Human Services (DHS) entered into a interdepartmental agreement with the Department of Health, Bureau of Alcohol and Drug Abuse Services to implement the Families First A&D Project. As a first step, the Bureau started training TANF caseworkers on the SASSI. This training ceased, however, once the TANF/AOD consultant was hired. On February 1, 2000, masters level professional social workers or counselors—known as Family Service Counselors—were hired to identify, assess and intervene with TANF recipients who have multiple barriers (substance abuse, domestic violence, mental health problems, learning disabilities and children's health/behavioral problems). Family Service Counselors are co-located in local county TANF offices and use a holistic, psychosocial assessment for identifying and assessing multiple barriers and examining the motivational level of the client. If TANF clients are assessed to have any of these barriers to employment, the client may enter Family Services Counseling (FSC) and be provided with the following services: assessment, short-term counseling, referral to treatment, access to services, advocacy, and intensive case management. In the month of February, 350 referrals were made to FSC.

6. Child Welfare Issues

There is a considerable overlap between families receiving services in the welfare, alcohol and drug, domestic violence and child welfare systems. When examining the effects of welfare reform, it is imperative to look at the impacts on child health and well-being. Furthermore, it is important to recognize that no one agency alone can successfully ensure the well-being of our children. There needs to be both interagency collaboration and community investment and involvement.

New Hampshire's Children, Youth and Families (CYF) Department has recognized the need to work with other agencies to improve child welfare outcomes. Bernard Bluhm of CYF pointed out that substance abuse is identified in 60-80 percent of child abuse and neglect referrals and that substance abuse is usually a major factor in family issues such as domestic violence. Moreover, individuals who batter their partners are more likely to abuse their children. Those children not physically harmed are emotionally traumatized when they witness a parent being battered. Recognizing this overlap between domestic violence and substance abuse issues occurring in child welfare cases, New Hampshire has embarked on two new collaborative approaches to child welfare.

- **Developing Partnerships with the Local Domestic Violence Programs**—CYF has formed a collaboration with the New Hampshire Coalition Against Domestic & Sexual Violence to bring essential resources to Child Protective Services (CPS) workers seeking effective interventions. Through this partnership, CYF now has Domestic Violence Program Specialists on-site in a number of their county offices. Specialists provide consultation, training, referrals, direct contact with families, and work with CPS with the permission of their clients.

- **Implementing the Child Welfare Substance Abuse Demonstration Project**—Using Title IV-E waiver funds, NH CYF is examining the effectiveness of having Licensed Alcohol and Drug Abuse Family Counselor (LADAC) on-site at the CPS office. CPS agencies have neither specific tools nor the expertise to identify substance abuse. Under the demonstration project, LADACs will assist in screening and assessment, client counseling, meeting with the family, assisting in case decisions, and serving as a liaison between CPS and the treatment facility. When the individual enters treatment, the LADAC ensures that parenting is included in the treatment goals and that aftercare services also have a focus on parenting. The goal of the enhanced services using the LADAC is to improve assessments of safety for children, improve plans for children in placement, reduce and shorten the number of times in foster care, improve permanency plans, strengthen ties between the CPS office and local treatment agencies, and increase education about the AOD needs in CPS. The first referrals for the project occurred on November 15, 1999. The University of New Hampshire will be the evaluator of this demonstration project.

The North Carolina Families For Kids (NC FFK) initiative is taking a community approach to reforming the child welfare system and improving child welfare outcomes. Funded by the W.K. Kellogg Foundation, the NC FFK is a partnership effort between the NC State Division of Social Services, the Jordan Institute at UNC-Chapel Hill, and the NC Child Advocacy Institute aimed at reforming the child welfare system through building community collaborations and self-governance. Building self-governance refers to bringing members of the community into the larger decision-making process. In 1995, NC FFK began to work with eight of North Carolina's

one hundred counties. These eight communities committed to focusing on the five family-friendly goals outlined by FFK to ensure that children and families remain healthy and strong.

- Community based support for families for each child—prevention oriented
- One coordinated assessment process for families
- One caseworker or casework team for each foster child
- One single, stable foster care placement for each foster child
- A permanent home within one year.

To accomplish these goals, the FFK Initiative relies on a basic philosophy—involving members of the community in order to obtain their input and form diverse partnerships with other helping organizations. This philosophy seeks to improve the child welfare system family by family and community by community.

In 1999, NC FFK entered into its second phase with the decision to focus its efforts towards the first goal—prevention-oriented community based support. Community based collaboratives have been developed in nine counties with Jordan Institute employees serving as facilitators/liaisons between the community collaboratives and the public sector. The targeted system reform areas include:

- Accessible family support to reduce abuse and neglect
- Court reform to improve permanency outcomes for children
- Substance abuse intervention
- Family assessment approaches to child protective services
- Disproportionate representation of families and children of color
- Collaboration with Juvenile Justice
- Permanence for long-term foster care children.

These efforts have produced positive impacts in these nine communities. As a result of NC FFK efforts, child welfare outcomes have improved: rate of entry, length of stay, and re-entry into foster care system have been reduced, while adoption rates have increased.

Recently, NC FFK began working with three counties to link the child welfare and TANF systems together more effectively to reduce family poverty and family violence. The goal is to work with DSS and the community to develop an effective family-centered policy. This inclusive dialogue will examine the need for common outcomes, discuss what works and what does not, and build teams between the TANF, Child Welfare agencies and the community. To further emphasize the importance of reforming these systems, counties are being provided with information linking TANF, Child Welfare, Child Support and Medicaid data. At present, 20 percent of child welfare referrals are made from TANF while child-only cases account for approximately 50 percent of all TANF cases in North Carolina and up to seventy percent in some

counties. A handful of counties in North Carolina already access TANF dollars for child welfare efforts. For further information on the welfare reform in North Carolina, go to the following Web sites:

- http://ssw.unc.edu/workfirst
- http://www.ncwre.org

As discussed in the funding section, TANF can be a financing source for child welfare and youth services not only for TANF eligible families but also for the broader population. Financing child welfare services under TANF provides new opportunities for States to use TANF to fund a wide range of child welfare activities and family preservation services. For example, Mecklenberg County, North Carolina is investing $1 million of TANF funds in an aftercare system for kids. This investment aims to increase youths' school performance and to decrease drop out rates to improve child welfare outcomes.

Examples of allowable child welfare expenditures include:

- Collaboration with child abuse and neglect, domestic violence and substance abuse professionals for screening, training, consultation and provision of services
- Cash assistance or supportive services (e.g., referral services, child care, transportation, and respite care) to needy caretaker relatives who can provide a safe place for a needy child to live and avoid placement in foster care.
- Costs for family preservation activities such as counseling, home visits, and parenting training. These activities aim to enable a child to be cared for in his or her own home.
- Parenting education classes
- After school programs or community resource centers
- Employment and training to families where there has been an incidence of abuse or neglect (both custodial and noncustodial parents may be eligible).

Although States have considerable flexibility to expend TANF funds consistent with the purposes of TANF, the statutory language of PRWORA indicates Congress intended for States to continue to operate their child support enforcement, foster care, and adoption assistance programs under titles IV-D and IV-E of the Social Security Act. Thus, use of TANF or MOE funds to supplant State spending in these programs is not allowable. For additional information on providing previously authorized services, see *Helping Families Achieve Self-Sufficiency: A Guide on Funding Services for Children and Families* found on the ACF Web site at http://www.acf.dhhs.gov/programs/ofa/funds2.htm.

7. Collaboration and Service Integration

To serve the needs of the welfare population facing multiple barriers, there is a critical need for a holistic approach. To accomplish this holistic approach, we need to push our collaborative efforts down beyond the States to the community level. We need to share ideas, staffing, information and data. In the ideal system, there would be no wrong stop. Every door would bring the client to the same variety of services.

Dr. Michael Rich of Emory University discussed his research findings about whether the inclusion of community partners in the decision-making process makes a difference. To determine whether collaboration makes a difference and leads to more effective policy decisions, the Georgia Policy Council for Children and Families interviewed representatives across agencies from each county in Georgia. The Georgia Policy Council found the following results:

- One-third of counties had a high degree of collaboration—usually non-metro areas with some urban population
- One-half of counties had medium degree of collaboration
- One-fifth of counties had low collaboration—mostly rural communities.

There was a direct linear relationship between a county's economic vitality and its level of collaboration. As such, counties with higher income and employment levels showed higher levels of collaboration. Moreover, once economic conditions were controlled for (i.e., unemployment rates and number of months on TANF), counties with medium to high levels of collaboration continued to show greater TANF caseload reductions.

Key findings and lessons learned of this research include:

- Buy-in and commitment of leadership at both the State and local level is critical to make collaborative efforts successful
- There is concern about commitment to collaboration among political leadership
- There is a need to expand current interagency collaborations to include local government, community-based organizations, nonprofits, faith-based community, and the for-profit sector
- There is a communication gap between rhetoric and the "nuts and bolts" actions necessary to change agency behavior. Agencies need to back up the rhetoric of collaboration. Once people buy in to the need of collaboration and service integration, then what?
- Many local agencies lack the awareness of available resources and lack of information technology capability/resources
- There is an increasing need for technical assistance and highlighting of models and best practices.

While these findings show that collaboration can positively impact policy decisions, there is a critical need to move beyond the goal of collaboration. Welfare reform and collaboration are just means to an end. Successful welfare reform efforts should focus on improved results for children, youth, families and communities. To accomplish this, communities must play a larger role in the welfare reform process. Welfare reform requires increased community capacity to address problems. Communities must be able to identify the real results they want to achieve, design strategies for achieving those results, measure progress and continually work to improve strategies. A community that successfully implements welfare reform will accept a new level of responsibility for poor children and their families. Such communities will increase both their focus and capacity to address these issues. The community and public agencies should be asking the following questions: "what has happened to children, youth and families?" "where will children, youth, and families be in five years?" and "how can collaboration improve the outcomes of children and families?" At the same time, communities need to develop the appropriate benchmarks and performance measures to determine how successful efforts to improve the lives of children and families have been.

Communities need a "roadmap" to identify their goals and move forward in obtaining them. Solutions must involve collaborations between the public and private sectors, working together toward a common agenda. No one organization or sector within the community can address these issues alone. Communities need to involve all stakeholders—businesses, nonprofit human service organizations, public agencies and recipients themselves—in the planning process. Moreover, welfare reform efforts should be linked to other community initiatives including child welfare, education, family violence, health, mental health, and business development. These links could include blended funded streams to increase shared responsibility and accountability to achieving community goals.

To change the State infrastructure successfully, communities need to learn more about what has worked and what has not worked in other communities and States. To often, decision-making is done without looking at the data and how similar issues have been addressed in other communities. To examine information on community programs and practices that are effective in helping children, families, and communities, go to the Georgia Academy's Promising Practices Network at http://www.promisingpractices.net/.

8. Conclusion

The Welfare Peer Technical Assistance workshop, *Effective Interagency Service Integration: Making Welfare Reform Work*, proved to be a success. Participants focused on the critical need to provide holistic services to address effectively the multiple barriers facing many families. It is important to recognize that no one agency alone can successfully ensure the well-being of our children and families. To serve families and children best, there needs to be both

interagency collaboration and community investment and involvement. Collaborative efforts must include voices from the State, local and community level and from both the public and private sectors. For further details on participant evaluation and feedback on the workshop, see Appendix IV.

APPENDIX I:

PARTICIPANT LIST

Participant List

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Effective Interagency Service Integration:
Making Welfare Reform Work

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Welfare Peer Technical Assistance Network
Atlanta, Georgia
March 21-22, 2000

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APPENDIX II:

AGENDA

Agenda

Department of Health and Human Services
Region IV Administration for Children and Families
Effective Interagency Service Integration: Making Welfare Reform Work

Administration for Children and Families
Welfare Peer Technical Assistance Network
Atlanta, Georgia
March 21-22, 2000

Tuesday, March 21, 2000

10:00 a.m.–10:10 a.m.	**Welcome** *Ken Pritchett, Director* *Division of State Programs Region IV ACF* *Ann Rosewater, Regional Director, DHHS*
10:10 a.m.–10:30 a.m.	**Workshop Overview** *John Horejsi, OFA/ACF* *Ramona Warren, Region IV ACF* Introductions and Workshop Overview.
10:30 a.m.–11:00 a.m.	**Importance of Addressing the Needs of TANF Clients with AOD Problems** *Speaker: Sharon Amatetti, CSAT*

Tuesday, March 21, 2000—Continued

11:00 a.m.–12:30 p.m. **Funding Opportunities**

Moderator: *Jeanette Hercik, Caliber Associates*
Speakers: *Boyd Hanke, Region IV DOL*
Gene Roth, Region IV ACF
Robert O'Leary, Florida WAGES

Discussion on innovative funding opportunities through TANF and WtW to support clients move from welfare to work. Relevant funding and eligibility changes in WtW legislation described.

12:30 p.m.–1:30 p.m. **Working Lunch**

1:30 p.m.–2:00 p.m. **A Look at State Systems: Addressing the Substance Abuse Barrier in Welfare Reform**

Speaker: *Jeanette Hercik, Caliber Associates*

A presentation on the findings from an 8-State case study conducted for CSAT, highlighting different State and County strategies used in serving TANF recipients with substance abuse problems. A discussion around the ongoing challenges of making the necessary culture and policy changes, addressing confidentiality issues, and establishing performance measures and tracking results.

2:00 p.m.–4:00 p.m. **Screening and Assessment Protocols**

Speakers: *Mary Nakashian*
Helen Wolsten-Holme, North Carolina DHHS
Jodi Riley,
Florida Department of Children and Families

Interactive discussion around comprehensive screening/assessment instruments and protocols to effectively identify barriers to employment (i.e., AOD, domestic violence, learning disabilities) and assist persons move from welfare to work.

4:00 p.m.–4:30 p.m. **Wrap up and Overview of Tomorrow**

Wednesday, March 22, 2000

9:00 a.m.–10:30 a.m. **Child Welfare Issues**

Moderator: *Jill Capitani, Caliber Associates*

Speakers: *Gary Nelson, School of Social Work, University of North Carolina*

Bernard Bluhm, New Hampshire DHHS

Discussion on the need for holistic services for the entire family and how agencies can work together to effectively address child welfare issues in families facing multiple barriers to work and self-sufficiency.

10:30 a.m.–12:00 p.m. **Service Integration and Collaboration**

Speakers: *Joe Raymond, Georgia Academy*

Michael Rich, Emory University

Kaye Chavis, Tennessee Department of Health

Interactive discussion on strategies for providing effective, holistic services to move individuals from welfare to work and self-sufficiency. A discussion highlighting the collaborative process and building effective interagency collaborations.

12:00 p.m.–12:30 p.m. **Workshop Wrap Up**

John Horejsi, OFA/ACF

Ramona Warren, Region IV ACF

APPENDIX III:

PRESENTERS LIST

Presenters List

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Effective Interagency Service Integration:
Making Welfare Reform Work

Administration for Children and Families
Welfare Peer Technical Assistance Network
Atlanta, Georgia
March 21-22, 2000

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APPENDIX IV:

WORKSHOP EVALUATION

Workshop Evaluation

Effective Interagency Service Integration: Making Welfare Reform Work

The following averages depict the level of satisfaction expressed by the workshop participants on each of the services provided. Each score was based on a 5-point scale with 1 being the lowest rating (strongly disagree) and 5 being the highest rating (strongly agree). A total of 22 responses were received for each of the questions.

	Mean Score
Peer TA staff adequately prepared your Region/State for the TA event by providing clear written and verbal communication regarding the purpose and expected outcomes.	**4.2**
Peer TA staff handled the preparation, arrangements, and scheduling of the TA event in a timely, courteous, and competent manner.	**4.0**
The workshop presenters were knowledgeable in the subject area presented.	**4.5**
The workshop presenters engaged the audience, leading to interactive discussions.	**4.1**
The information presented will be useful in assisting agencies to effectively collaborate and move welfare clients with multiple barriers to employment and self-sufficiency.	**4.3**

What did you find most useful about attending the workshop?

- Networking and sharing of information
- Interacting with counterparts across agencies and States—All are experts in their varied fields
- Opportunity for discussion around successful practices and lessons learned
- Information about other program implementation experiences—Learning about other States' programs, issues and barriers

- Knowledge about need for collaboration and specific ideas to take back to agency/State
- Recognition that all of us are facing similar challenges/barriers as it relates to screening and assessments
- Use of TANF funds for providing services to clients with multiple barriers
- Screening and Assessment panel session
- A Look at State Systems: Addressing the Substance Abuse Barrier in Welfare Reform panel session
- Great handouts and resources for future reference

What issues would you like to have had greater discussion about during the workshop? How could the workshop have been more helpful?

- More specifics on how to actually implement programs
- More specifics on how TANF and WtW dollars have been used to provide child welfare services and programs—including parenting classes and visitation centers
- Confidentiality issues
- Information on substance abuse programs with therapeutic child care, work activities/programs, and aftercare services
- Inclusion of child support, food stamp and medicaid staff would have been beneficial
- To actually review a variety of assessment tools aimed at identifying substance abuse, domestic violence, child welfare issues, and learning disabilities
- Information on how States are collecting outcome data and what, specifically, are they measuring
- Have all participants submit a summary of what they are doing in their State/agency to increase collaboration and service integration between agencies and with the community
- Less time on general funding issues
- More specifics about the 1999 WtW Amendments.