

***IDENTIFYING SUBSTANCE ABUSE  
AMONG  
A BETTER CHANCE FAMILIES IN  
DELAWARE***

***(A Review of the State's Model and  
Referral Processes)***

***July, 2001***

***This analysis was conducted by Mary Nakashian for the Welfare Peer Technical Assistance Network, funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance under contract number HHS-105-99-8401. The contractors for the Network are AFYA, Inc. and Caliber Associates.***

***The text that follows is the Executive Summary of the complete analysis of Delaware's strategies for identifying substance abuse among A Better Chance Families. Following the Executive Summary are a set of appendices that include promising practices from other states (these practices are also noted in the text); a list of resource organizations; a list of articles related to the topic of substance abuse among TANF families; and a bio of the author.***

***Copies of the complete report may be obtained from Mary Nakashian, 303-544-1632, or [MaryNakashian@uswest.net](mailto:MaryNakashian@uswest.net) or from Blake Austensen, AFYA, Inc., 301-270-0841, ext. 215, or [baustensen@Afyainc.com](mailto:baustensen@Afyainc.com).***

## ***EXECUTIVE SUMMARY***

Welfare reform has changed the way our society considers problems of poverty and dependence. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) eliminated the federal Aid to Families with Dependent Children program and replaced it with a package of time-limited cash assistance and work-related services established by each state under new Temporary Assistance for Needy Families (TANF) guidelines. These changes put pressure on welfare officials to identify serious and often unobserved problems, such as substance abuse, among welfare recipients, and to find ways to address those barriers to prepare families for work.

Delaware's TANF program is called A Better Chance (ABC), and it started in 1995, even before federal welfare reform passed. As with the country as a whole, caseloads in Delaware have dropped by about 50% over the past five years, and in May, 2001, 5,620 families were receiving ABC benefits.

Delaware's efforts to identify and address substance abuse among ABC families involve providing front line staff with tools for exploring substance abuse during eligibility interviews and contracting for assessment and case management services with two service providers under the "Bridge" program.

Officials in Delaware requested this analysis to determine: 1) the efficacy of the program model; 2) effectiveness of the screening and referral process; 3) best practices that have been employed elsewhere in the country.

The analysis included: telephone conference calls; documents review; a three day site-visit including focus groups with caseworkers and supervisors; and a review of promising practices elsewhere in the country.

### **Findings**

Overall, the Bridge program model is sound. Workers in Delaware Health and Social Services' Division of Social Services (DHSS/DSS) are appropriately focused on determining eligibility, exploring barriers to work including substance abuse, and negotiating contracts of mutual responsibility (CMR) so that families and agencies work together to achieve shared goals. Caseworker roles regarding how to approach substance abuse with ABC families are clear and they are appropriate to the mission of the welfare agency.

Delaware's approach to welfare reform has important positive elements in addition to Bridge. The Local Coordinating Teams (LCTs), consisting of representatives from DSS, the Department of Labor (DOL), the Delaware Economic Development Office (DEDO), the Department of Transportation, and contractor agencies charged with providing employment-related services offer a vehicle for public and private agencies to learn about each other, address problems early and solve problems locally. The Employment Connection and Keep a Job providers are important resources in

identifying substance abuse among ABC families, and in working with those families to accept Bridge program services. And, in general caseworkers appear trained and prepared for their jobs.

However, Bridge services have been underutilized, and there are aspects of Delaware's model that warrant further attention and enhancement:

- 1) The state has not established standards for caseworkers to make automatic referrals to Bridge, relying instead on individual judgment, which varies widely. A new Request for Proposals (RFP) specifies criteria that automatically prompt referrals for intensive case management services. Those criteria could also be applied to Bridge referrals.
- 2) ABC and Bridge staff are not co-located.
- 3) There are no formal Memoranda of Agreement (MOAs) between various divisions of Delaware Health and Social Services (DHSS) or between DSS and DFS (the state's child welfare agency).
- 4) ABC services are not well publicized or marketed to families.
- 5) There are inconsistencies across offices in the willingness of caseworkers to make referrals to Bridge. It is unclear whether these differences arise from different levels of understanding about Bridge, from the different characteristics of offices (rural or urban), or whether they are due to individual differences among staff.

### **Recommendations**

#### *Provide Tools and Resources for Staff*

- 1) **Develop standards for referrals.** Determine standardized criteria that require referrals from ABC to Bridge, and require that families participate in Bridge assessments when these criteria are met. Create and reinforce a "when in doubt, refer" approach. Review the criteria created for the pending RFP and consider applying that criteria to Bridge referrals as well. See Appendix A for forms used in North Carolina and New York that provide a framework for referrals for substance abuse treatment other than clues based on standard screening instruments.
- 2) **Raise worker awareness and understanding about addiction.** Develop training modules regarding values about substance abuse and addiction, and "myths and facts" about addiction. As part of training, arrange for caseworkers to visit substance abuse treatment programs or accompany Bridge case managers on visits. See Appendix B for a one-day training curriculum developed for TANF workers in New York State.

### Improve Services and Access for Families

- 1) **Co-locate or outstation Bridge staff.** If space exists at DSS field offices, establish a pilot program to co-locate Bridge case managers on-site at the DSS office. If space exists at Employment Connection offices, establish a pilot program to co-locate Bridge case managers with Employment Connection providers. Consider developing a third pilot program in which child welfare and ABC staff are co-located. See Appendices C and D for examples of how Nevada and Tennessee have approached co-location of staff.
- 2) **Market ABC services to families.** Make sure families know about ABC services that are available to them before they are asked to disclose problems such as substance abuse. This includes preparing simple informational sheets and posters, restructuring the format of the application interview, and using television sets already in waiting rooms to show videos about programs and services. See Appendix E for a sample of a short informational sheet used in Delaware.
- 3) **Offer substance abuse orientations for new ABC families.** Incorporate orientations to substance abuse as part of Employment Connection orientation sessions or otherwise conduct substance abuse orientations for new ABC families. See Appendix F for a description of Oregon's client orientation sessions.
- 4) **Engage people in recovery to help others.** Arrange for people in recovery to meet ABC caseworkers, allow them to speak during Employment Connection orientations, or invite them to speak during worker training sessions. If the people in recovery are ABC recipients, allow some of this activity to count towards their work participation requirements.

### Revise Agency Policies

- 1) **Develop formal Memoranda of Agreements (MOAs) with the Division of Substance Abuse and Mental Health (DSAMH) and with DFS.** These Agreements should cover conditions under which co-location can occur, methods of making and receiving referrals, ways to share information while maintaining confidentiality, and strategies for addressing the time clocks imposed by PRWORA and the Adoption and Safe Families Act (ASFA).
- 2) **Enhance personnel systems that ensure that what is valued is rewarded.** Review agency and state job descriptions, skill and experience requirements, pay levels, standards for promotions, and other reward systems to determine if these systems reward what is valued in staff. Advocate for change where appropriate.
- 3) **Allow payment of benefits to people with drug related felony convictions in at least some situations.** Negotiate with key officials to allow welfare benefits to people who have been convicted of drug related felonies in situations that promote ABC goals of moving families to work. In the absence of state

legislation, explore the feasibility of using non-federal funds to pay benefits in these situations. See Appendix G for a state-by-state list of policies regarding payment of TANF benefits to people convicted of drug related felonies.

- 4) **Close communication gaps.** Establish and/or clarify feedback policies among ABC staff, Bridge staff, and Employment Connection staff to improve channels of communication and reduce confusion.

# APPENDICES

The following pages include descriptions of initiatives employed in other states, that may be of interest to officials in Delaware. Where possible, actual forms or tools are also included. Names and telephone numbers of people who can provide more information are provided. All of these "promising practices" are listed in the text of the report as well.

The appendices also include a list of resource organizations, a list of selected articles and papers, and a bio of the consultant who conducted the analysis in Delaware.

## **APPENDIX A**

### ***NORTH CAROLINA AND NEW YORK BEHAVIORAL OBSERVATION CHECKLISTS***

The following page is the Behavioral Observation Indicator Checklist used in North Carolina. Workers complete the checklist if substance abuse has not been detected based on the substance abuse screening, but the worker feels that substance abuse may be a problem. It is not completed with the client and does not involve asking direct questions. Positive responses to certain items result in an automatic referral for a complete substance abuse assessment.

For more information about North Carolina:

Starleen Scott Robbins, MSW, LCSW  
Branch Head  
Human Services Division of MH, DD, and Substance  
Abuse Services  
325 N. Salisbury Street, Suite 1168  
Raleigh, NC 27603  
919-733-4671 (ph)  
919-733-9455 (fax)  
[starleen.scott-robbins@ncmail.net](mailto:starleen.scott-robbins@ncmail.net)

The page following North Carolina's checklist is a form developed by the State of New York. New York used the North Carolina strategy, but combined the regular screening (a modified CAGE) with the behavioral observation list and other indicators that may appear in cases records. In New York, the observation checklist must be completed where the CAGE does not detect substance abuse.

For more information about New York:

Michael Warner, Assistant Director  
Bureau of Transitional Programs  
NY State Office of Temporary and Disability Assistance  
40 North Pearl Street  
Albany, NY 12243  
518-486-3380  
518-474-7058 (fax)  
[AZ1650@dfa.state.ny.us](mailto:AZ1650@dfa.state.ny.us)

**North Carolina Substance Abuse Behavioral Indicator Checklist**

This form may be completed if a Work First applicant/recipient has a negative AUDIT and DAST-10 screening for substance abuse, but there is a reasonable suspicion that some substance abuse issues may be present. When there is an observation of actions, appearance or conduct typically associated with substance abuse, refer the Work First applicant/recipient to a Qualified Substance Abuse Professional (QSAP) for an assessment.

Name: \_\_\_\_\_

Date Observed: \_\_\_\_\_

Location: \_\_\_\_\_

Time of Observation: \_\_\_\_\_AM/PM

**Observed behavior-check appropriate items:** A check for an item in **BOLD** requires a referral to a QSAP. A check for 2 or more other behavioral indicators requires a referral to a QSAP.

**APPEARANCE/BODY ODOR  
PHYSICAL SYMPTOMS**

- APPEARANCE**  
\_\_\_\_ **Odor of alcohol on breath**  
\_\_\_\_ **Body odor of alcohol**

- EYES**  
\_\_\_\_ Constricted (pinpoint) pupils  
\_\_\_\_ Dilated pupils (enlarged)

- PSYCHOMOTOR IMPAIRMENT**  
\_\_\_\_ Stumbling (staggering)  
\_\_\_\_ Swaying gait

**SPEECH, HISTORY,  
CONDUCT/BEHAVIOR**

- SPEECH**  
\_\_\_\_ Slurred  
\_\_\_\_ Incoherent

- HISTORY OF SUBSTANCE-RELATED  
PROBLEMS**  
\_\_\_\_ **Report from employer, probation/parole  
related to positive drug screen/breathalyzer**  
\_\_\_\_ **Pending DWI court case**  
\_\_\_\_ **Loss of License for DWI**  
\_\_\_\_ **Misdemeanor drug arrest/conviction**

- CONDUCT/BEHAVIOR**  
\_\_\_\_ Loss of inhibitions with no apparent reason  
(i.e., yelling, cursing during interview)  
\_\_\_\_ Failure to report for job interview (2 or more)  
\_\_\_\_ Repeated missed appointments

**If previously observed, how is the Work First applicant/recipient's behavior inconsistent from a previously observed situation? Be specific and describe any other observations about behaviors not listed above:**

**To the best of my knowledge, this report represents the appearance, behavior and/or conduct of the above-named Work First applicant/recipient, observed by me and upon which I base my decision to refer the person to the QSAP for assessment.**

\_\_\_\_\_  
Signature of Observer

Date: \_\_\_\_\_

**To be completed by QSAP:**

**Was SUDDS IV competed?**  
**Was applicant/recipient referred to treatment?**

**Yes**\_\_\_\_ **No**\_\_\_\_  
**Yes**\_\_\_\_ **No**\_\_\_\_

**QSAP Signature**\_\_\_\_\_

**Date:** \_\_\_\_\_

**NEW YORK STATE ALCOHOL AND DRUG ABUSE  
SCREENING AND REFERRAL FORM**

**BEHAVIORAL OBSERVATION AND CASE RECORD REFERRAL  
FORM**

**(DOES NOT COPY ELECTRONICALLY)**

**APPENDIX B**  
**NEW YORK STATE ONE-DAY**  
**SUBSTANCE ABUSE AWARENESS & VALUES**  
**TRAINING CURRICULUM**

The following pages describe the New York State training curriculum regarding substance abuse. This is a one-day training session that covers basic information about substance abuse and addiction, exploring values and beliefs about addiction, and how to use the new screening and observation tool referenced earlier.

# **New York State Alcohol and Drug Abuse Identification Training**

## **Overview of Units, Lessons, and Objectives**

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***PDP***

**Professional Development Program  
Rockefeller College, University at Albany**

**In collaboration with  
NYS Office of Temporary and Disability Assistance  
Office of Transitional Supports and Policy  
NYS Office of Alcoholism and Substance Abuse Services**

# Unit 1

## Overview of Substance Related Disorders

**Importance** Substance related disorders pose a significant obstacle to your client's abilities to achieve financial self-sufficiency by getting and keeping a job.

This overview unit is designed to:

- Raise your level of awareness about the effects of substance related disorders on the individual and the family, especially on women who are single parents in the TANF population.
- Provide you information about the stages of abuse, dependence and recovery in order to help you understand the breadth and depth of the problem
- Show you the benefits of early identification and treatment not only for yourself but also for the community at large.

**Overview** This unit consists of four lessons:

- Introduction to Alcohol and Drug Abuse Identification Training
- Understanding Substance Abuse and Dependence
- Effects of Substance Abuse on the Family
- Recovery, Relapse, and Treatment

**Objectives** By the end of this unit, you will be able to:

- Recognize the breadth and depth of issues related to substance abuse and substance dependence as it relates to clients achieving self-sufficiency.
- Describe the disease model of addiction.
- Recognize behavioral and physiological signs of substance abuse and substance dependence.

- Define recovery and relapse.
- Recognize the continuum of treatment options for people who have substance related disorders.
- Have increased empathy for the problems faced by those in the TANF population who have substance related disorders.

**Lessons & Topics** Lessons and topics included in this unit can be referenced on the following pages in this manual:

Lesson 1:	Introduction to Alcohol and Drug Abuse Identification Training	5
	Quick Quiz	6
	Welfare Reform and Substance Abuse	8
	Substance Abuse Identification for the Welfare Population	12
	Special Issues for Women	15
	Substance Abuse Identification and Treatment Process	18
	Activity: WIFU, What's in it for Us?	20
Lesson 2:	Understanding Substance Abuse and Substance Dependence	23
	Activity: Profile of an Addict	25
	Substance Abuse Continuum	26
	Activity: Determining the Level of Use	30
	Disease Model of Addiction	34
	Effects of Alcohol and Cocaine	37
	Stages of Dependence	41
	Progression of Alcohol Dependence	45
	Progression of Cocaine Dependence	51
	Behavioral and Physical Signs of Dependence	54
	Defense Mechanisms and Substance Related Disorders	56
	Activity: Defense Mechanisms	60
Lesson 3:	Effects of Substance Abuse and Dependence on the Family	63

	Substance Dependence as a Family Disease	64
	Progression of the Family Dysfunction	66
	Family Stories	69
	Common Emotions in Families with Substance Abuse and Dependence	70
	Activity: Rules of the Game	73
	Family Roles	79
	Effect of Substance Abuse and Dependence on Children	86
	Children's Stories	90
Lesson 4:	Recovery, Relapse, Treatment	91
	Recovery	93
	Relapse	98
	Treatment Options	101
	12 Step and Other Self-Help Options	105
	Women's Recovery Issues	109
	Case Study: A Woman's Story	113

## Unit 2

### Screening for Alcohol and Drug Abuse

**Importance** This unit will help you administer the screening tool more effectively.

The eligibility worker:

- Creates an atmosphere where clients feel comfortable enough to respond honestly to the questions.
- Sets the tone for how the client feels about a referral and possible treatment.
- Plays a critical role in helping clients and their families move along the road to recovery.

**Overview** This unit consists of two lessons:

- Analyzing Attitudes to Alcohol and Drug Abuse and Dependence
- Using the *Alcohol and Drug Abuse Screening Form*

**Objectives** By the end of this unit, you will:

- Develop awareness of your attitudes towards alcohol and drug abuse and dependence.
- Develop a strategy for managing your attitudes so you can work ore effectively with clients who are alcohol and drug abusers.
- Demonstrate effective communication skills while asking the screening questions, including active listening, empathy, and effective questioning.
- Complete the screening and behavioral observation portions of the screening instrument.
- Make an effective referral for assessment.

**Lessons & Topics** Lessons and topics included in this unit can be referenced on the following pages in this manual:

Lesson 1:	Analyzing Attitudes to Alcohol and Drug Dependence	3
	Perception and Attitudes	4
	Activity: Examining Attitudes Towards Substance Abuse	6
	Common Feelings Towards Substance Abuse	8
	A Worker's Story	10
	Activity: Identifying the Sources of Your Attitudes	12
	A Process for Managing Attitudes	15
	Words of Wisdom on Attitude	17
Lesson 2:	Using the Alcohol and Drug Addiction Screening Form	19
	Eligibility Worker's Role in Screening for	

Substance Abuse	21
Purpose and Organization of the Form	24
Instructions for Completing the Form	27
Activity: Identifying Factors Affecting the Client Worker Interactions	32
Guidelines for Asking Questions	35
Activity: Working with the Questions	41
Guidelines for Making a Referral	44
Role Play: Administering the Screening Instrument	47

## ***APPENDIX C***

### ***NEVADA'S APPROACH TO "CO-LOCATION"***

In Nevada, the state deployed social workers in its 19 district welfare offices to provide services for families with the most barriers to work. Unlike other states that chose to co-locate staff from direct service agencies on-site in TANF offices, Nevada chose to hire social workers who would work intensively with TANF families in much the same manner as Bridge case managers work with ABC families. What is unique about Nevada is that this function was retained within the welfare agency and was not contracted out as in Delaware.

Social workers' responsibilities include participant assessment, case planning, case management, and service coordination. They become members of a local team that also includes the Welfare Eligibility Certification Specialist, Employment and Training Specialist, substance abuse counselors and others. Social workers are trained to administer and score the Substance Abuse Subtle Screening Inventory (SASSI). If substance abuse problems are indicated, social workers make arrangements with treatment providers for more complete substance abuse assessments and for treatment decisions. These treatment plans become part of the recipients Personal Responsibility Plan, and sanctions can occur for refusing to participate in further assessment or in treatment.

In addition to administering the SASSI, social workers conduct assessments for domestic violence, and relationship and child-rearing problems that interfere with work. These assessments involve interviews with family members, a home study, and interviews with school and medical care professionals when needed.

Social workers become case managers for TANF families facing severe barriers to work. They also convene multidisciplinary teams of service providers to coordinate services for the community in general. In some locations, a team composed of a smaller number of providers jointly "staff" individual TANF cases.

Ms. Rota Rosaschi, Chief, Benefits and Support  
Nevada State Welfare Division  
2527 North Carson Street  
Carson City, NV 89706  
775-687-4834  
775-687-1079 (phone)  
[rosaschi@govmail.state.nv.us](mailto:rosaschi@govmail.state.nv.us)

## ***APPENDIX D***

### ***TENNESSEE'S APPROACH FAMILY COUNSELING SERVICES***

The state of Tennessee implemented Family Services Counseling (FSC) statewide on February 1, 2000. FSC is a work component of the state's welfare program, called Families First, and participation in FSC counts as meeting work requirements. Family Service Counselors are trained professional counselors who are employed by the University of Tennessee but who are co-located on site in the state's welfare offices.

The focus of FSC services is on identifying and removing barriers in order to improve work or education and training performance of Families First families. As part of the regular Families First application, TANF workers offer **all** Families First participants the services of FSC. Families are encouraged to take advantage of the counseling services, but they are not required to demonstrate substance abuse or other special problems in order to use the services.

FSC services include confidential assessments, solution-focused brief counseling, referral for other services, intensive case management, and advocacy. FSC differs from traditional "therapy" or counseling in that it is aimed at providing therapeutic intervention to help families find and keep work. Goals for families are incremental and concrete, observable by the family, realistic and achievable, and require thought and effort by the family.

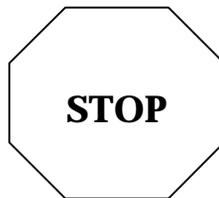
For information about Tennessee's program:

Holly Cook  
State Director of the Family Services Counseling Program  
University of Tennessee  
400 Deaderick Street  
Citizen Plaza Building, 12th floor  
Nashville, TN 37248  
615-313-5465  
[hcook2@mail.state.tn.us](mailto:hcook2@mail.state.tn.us)

## **APPENDIX E**

### ***BRIDGE PROGRAM INFORMATION CARD USED IN GEORGETOWN FIELD OFFICE***

This card is a small, bright red piece of paper that provides information to families about help that is available for substance abuse problems. Cards are kept on caseworkers' desks.



**Stop -- WE CAN HELP  
Are you a DABC client and addicted  
to drugs and alcohol?  
DO YOU WANT TO STOP?**

- \* We work with you for up to a year to help you reach goals and become self sufficient**
- \* Help with services you may need to meet current family, financial, housing and legal matters**
- \* Services to help you keep your children**
- \* We may be able to help you get exemptions from certain DABC obligations**

**You owe it to yourself!  
Help us help YOU!  
Call 678-8131 or  
Speak to your DSS worker. . .  
Tell them you want help!**

## **APPENDIX F**

### ***OREGON'S ORIENTATION FOR TANF FAMILIES***

In Oregon, all TANF families attend an "Addictions Awareness Class." The classes run for two hours and are held in local welfare offices. About 15 people are invited to each class. Classes are run by trained and experienced substance abuse counselors who are co-located inside the welfare office. Oregon's experience is that these sessions require clinicians who have many years of experience in addictions counseling, in addition to their license which requires 3000 hours of supervised addictions counseling.

There is no written curriculum for the classes, because they rely heavily on discussion and each one unfolds on its own. However, the following activities take place:

First, the counselor presents Addictions 101, including co-dependency. The review describes the physical/biological aspects of addiction and explains addiction as a disease.

Second, a video is shown. These vary from day to day and counselor to counselor, but three have been widely used: "**Reflections on the Heart of the Child**" which presents addiction as a family and particularly as a child issue. However, there have been some problems because it is not very culturally diverse and works in some settings, but not in others. Another, "**Marijuana, The Mirror that Magnifies**" is also used. These videos are available from The Hazelden Foundation at (800-328-9000). Staff also use excerpts from the **Bill Moyers series** on addiction, and the state is planning to use another film about Hepatitis C. Only one of these films is shown at each orientation, and the facilitator selects which one she/he prefers.

These films are powerful and can surface underlying trauma among participants. It is critical that a mature, experienced, clinician lead the discussion, making sure that boundaries are respected, coping with intense feelings, and connecting participants quickly to services if necessary.

Third, the SASSI is administered and discussed.

In places where the sessions have a high priority among welfare staff, counselors find that up to 80% of people need intense follow up services based on SASSI scores. This number had been about 30%, but as local offices feel more need to identify recipients with multiple barriers, they have helped more families participate in the orientation.

For more information:

Christa Sprinkle, Coordinator  
Mental Health, Alcohol and Drug Treatment Services  
Steps to Success, Mt. Hood Community College  
P.O. Box 33650  
Portland, OR 97292  
503-256-0432, ext 519  
[sprinklc@mhcc.cc.or.us](mailto:sprinklc@mhcc.cc.or.us)

## APPENDIX G

### ***STATE IMPLEMENTATION OF BAN ON TANF FOR INDIVIDUALS CONVICTED OF DRUG FELONIES (as of May 2000)***

#### States That Have Denied Benefits Entirely

Alabama  
Alaska  
Arizona  
California  
Delaware  
Georgia  
Idaho  
Indiana

Kansas  
Kentucky  
Maine  
Massachusetts  
Mississippi  
Missouri  
Montana  
Nebraska

New Mexico  
North Dakota  
Pennsylvania  
South Dakota  
Tennessee  
Virginia  
West Virginia  
Wyoming

#### States That Have Modified the Ban

Arkansas  
Colorado  
Florida  
Hawaii  
Illinois  
Iowa

Louisiana  
Maryland  
Minnesota  
Nevada  
New Jersey  
North Carolina

Rhode Island  
South Carolina  
Texas  
Utah  
Washington  
Wisconsin

#### States That Have Opted Out Entirely

Connecticut  
Michigan  
New Hampshire

New York  
Ohio  
Oklahoma

Oregon  
Vermont  
Washington DC

## APPENDIX H

### *RESOURCE ORGANIZATIONS*

**American Public Human Services Association (APHSA)**

Suite 500  
810 First Street, NE  
Washington, DC 20002-4267  
202-682-0100  
202-289-6555 (fax)  
[www.aphsa.org](http://www.aphsa.org)

**Center on Budget and Policy Priorities**

820 First Street, NE  
Suite 510  
Washington, DC 20002  
202-408-1080  
202-408-1056 (fax)  
[www.cbpp.org](http://www.cbpp.org)

**Center for Law and Social Policy**

1616 P Street, NW  
Suite 150  
Washington, DC 20036  
202-328-5140  
202-328-5195 (fax)  
[www.clasp.org](http://www.clasp.org)

**Joint Center for Poverty Research**

University of Michigan  
Poverty Research Training Center  
School of Social Work  
Ann Arbor, MI, 48109  
[www.ssw.umich.edu](http://www.ssw.umich.edu)

**Legal Action Center**

236 Massachusetts Avenue, NE  
Suite 505  
Washington, DC 20002  
202-544-5478  
202-544-5712 (fax)  
1-800-223-4044 (NY office)  
[www.lac.org](http://www.lac.org)

**National Association of State Alcohol and Drug Abuse Directors**

808 17<sup>th</sup> Street, NW  
Suite 410  
Washington, DC 20006  
202-293-0090  
[www.nasadad.org](http://www.nasadad.org)

**National Governors' Association Center for Best Practices**

Hall of the States  
444 North Capitol Street  
Washington, DC, 20001-1512  
202-624-5300  
[www.nga.org](http://www.nga.org)

**The National Center for Children in Poverty**

Columbia University School of Public Health  
154 Haven Avenue  
New York, NY 10032  
212-304-7100  
212-544-4201 (fax)  
[www.nccp.org](http://www.nccp.org)

**The National Center on Addiction and Substance Abuse at Columbia University**

633 Third Avenue  
19th floor  
New York, NY 10017-6706  
212-841-5200  
212-986-2539  
[www.casacolumbia.org](http://www.casacolumbia.org)

**National Clearinghouse for Alcohol and Drug Information**

1-800-729-6686

**The National Partnership for Women and Families**

1875 Connecticut Avenue NW  
Suite 710  
Washington, DC 20009  
202-986-2600  
202-986-2539 (fax)  
[www.nationalpartnership.org](http://www.nationalpartnership.org)

**The Nelson A. Rockefeller Institute of Government**

411 State Street  
Albany, New York, 12203-1003  
518-443-5522  
518-443-5788 (fax)  
[www.rockinst.org](http://www.rockinst.org)

**Research Forum for Children, Families, and the New Federalism**

154 Haven Avenue  
New York, NY 10032  
212-304-7111  
[www.researchforum.org](http://www.researchforum.org)

**U.S. Department of Health and Human Services**

Administration for Children and Families  
370 L'Enfant Promenade SW  
Washington, DC 20447  
[www.acf.dhhs.gov](http://www.acf.dhhs.gov)

**U.S. Department of Health and Human Services**

Assistant Secretary for Planning and Evaluation  
[www.aspe.hhs.gov/hsp/hspwelfare.htm](http://www.aspe.hhs.gov/hsp/hspwelfare.htm)

**U.S. Department of Health and Human Services**

Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
301-443-0365  
[www.samhsa.gov/csap/index.htm](http://www.samhsa.gov/csap/index.htm)

**U.S. Department of Health and Human Services**

Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
301-443-5050  
[www.samhsa.gov/csat/csat.htm](http://www.samhsa.gov/csat/csat.htm)

**U.S. Department of Health and Human Services**

National Institutes of Health  
National Institute on Drug Abuse (NIDA)  
6001 Executive Blvd.  
Bethesda, MD 20892-9561  
301-443-1724  
[www.nida.nih.gov](http://www.nida.nih.gov)

**U.S. Department of Health and Human Services**

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

6001 Executive Blvd.

Bethesda, MD 20892-9561

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**U.S. Department of Labor**

Working Partners for an Alcohol and Drug Free Workplace

200 Constitution Avenue, NW

Room S-2312

Washington, DC 20210

202-219-6001

[www.webwp@dol.gov](http://www.webwp@dol.gov)

**U.S. General Accounting Office (GAO)**

441 G Street NW

Washington, DC, 20548

[www.gao.gov/index.html](http://www.gao.gov/index.html)

**Welfare Information Network**

1000 Vermont Avenue, NW

Suite 600

Washington, DC 20005

202-628-5790

[www.welfareinfo.org](http://www.welfareinfo.org)

**Welfare Peer Technical Assistance Network**

10530 Rosehaven Street, Suite 400

Fairfax, VA 22030

703-385-3200

[www.calib.com](http://www.calib.com)

**Welfare to Work Partnership**

1250 Connecticut Avenue, NW

Suite 610

Washington, DC 20036-2603

202-955-300

202-955-1087 (fax)

1-888-USA-Job-1

[www.welfaretowork.org](http://www.welfaretowork.org)

# APPENDIX I

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## **APPENDIX J**

### ***BIO FOR MARY NAKASHIAN CONSULTANT TO DELAWARE***

Mary Nakashian is an independent consultant specializing in public policy, program development, management and technical assistance, with particular expertise in policies regarding substance abuse and welfare reform. Current clients include the Center for Substance Abuse Treatment at the US Department of Health and Human Services, The Robert Wood Johnson Foundation, The National Center on Addiction and Substance Abuse at Columbia University, the State of New York, and Caliber Associates.

Mary spent 18 years working in state and county welfare agencies. She spent 14 fourteen years at the Connecticut Department of Income Maintenance, where she held a series of jobs ranging from intake eligibility worker through Deputy Commissioner for Programs and Policy. She also spent four years as Executive Deputy Commissioner at New York City's Human Resource Administration where directed the work of 13,000 employees responsible for AFDC, Medicaid, Food Stamps, Welfare to Work, Child Support Enforcement, Day Care and Head Start.

After leaving government, Mary worked for five years as Vice President and Director of Program Demonstration at The National Center on Addiction and Substance Abuse at Columbia University (CASA), where she designed, secured funds for, and directed national multi-site research and demonstration projects aimed at preventing or reducing substance abuse among vulnerable populations. Projects included Children at Risk, a program for at-risk preadolescents, Opportunity to Succeed, a program for ex-offenders, and CASAWORKS for Families, a program for welfare mothers.

For five years Mary taught at the Robert F. Wagner Graduate School of Public Service at New York University, as an adjunct professor.

Mary Nakashian  
303-544-1632  
Marynakashian@uswest.net