

Chapter 16

Wraparound Services for Homeless TANF Families Recovering from Substance Abuse

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Pueblo Del Mar (PDM) is a transitional housing program that offers wraparound services to homeless families recovering from substance abuse. It is located on a former army base near Monterey, California (Fort Ord), and funded, in part, through the U.S. Department of Housing and Urban Development (HUD) Supportive Housing Grant. Sun Street Centers, a community-based organization, operates the program component of Pueblo Del Mar and supervises the programs related to child protection, job training and employment, counseling, substance abuse treatment, child care, recreation, independent living skills, school, retention services, and parent education. The Monterey County Housing Authority is the property manager, property owner, and grant recipient of HUD funding for Pueblo Del Mar.

HISTORY

In 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act. Title V of this act stipulates that the first priority for the use of surplus federal properties should be to serve the homeless. The McKinney Act did not anticipate the large number of military base closures in the 1990s, nor the large number of groups interested in occupying former bases. Therefore, the Department of Defense (DOD), U.S. Departments of Housing and Urban Development, Veteran Affairs (DVA), Health and Human Services (DHHS), General Service Administration (GSA), homeless assistance providers, and other community groups joined to suggest modifications

to the McKinney Act. The suggestions led to the Base Closure Community Redevelopment and Homeless Assistance Act of 1994, which regulates the use of surplus federal land, but did not affect Fort Ord which continued to operate under the 1987 McKinney Act.

In 1988, the Monterey County Board of Supervisors formed a task force and launched a study on homelessness, which found that there were over 3,000 homeless in the county. The task force considered the findings of the study and public suggestions in developing the county's first five-year homeless services plan. In 1991, the Coalition of Homeless Services Providers was established to create viable solutions for homelessness. The coalition was made up of representatives from thirteen agencies, including the Monterey County Department of Social Services (DSS), Monterey County Department of Health, Children's Services International (CSI), and the Monterey County Housing Authority. The coalition met every week for two years in order to discuss ideas and develop plans for serving the homeless in Monterey County, and finally they acquired 150 housing units at the former Fort Ord for use by an array of programs.

According to the policies of the McKinney Act, the Monterey County Housing Authority was able to receive the Fort Ord property from health and human services in 1995. The director of the Monterey County Department of Behavioral Health (Robert Agnew) approached the director of the housing authority (Jim Nakashima) with the idea of using some of the land to serve parents in recovery. They contacted the director of the Monterey County Department of Social Services (Marie Glavin) and planned together the development of Pueblo Del Mar. In 1998, the housing authority gave fifty-six housing units to PDM and signed a HUD Supportive Housing Grant to rehabilitate transitional housing units for homeless families. The grant was for \$1,185,910 and was signed in January 1998 (22 percent for rehabilitation of the buildings, 18 percent for operating and administration costs, and 60 percent for supportive services). In addition, the housing authority received a State of California HOME Loan for \$1,000,000 as a match for the housing rehabilitation funds.

As soon as they had secured the HUD grant and begun thinking about the development of wraparound services for substance-abusing homeless families, the agency directors began to involve other community organizations in the planning process. They included Sun Street Centers and Children's Services International in the development of programs at PDM. Through monthly planning meetings, they formed a team of representatives from social services (child welfare and CalWORKs staff), the housing authority, behavioral health, Sun Street Centers, and Children's Services International. The PDM planning team invited representatives from the Independent Living Program, Salinas Adult School, Golden Gate University (Welfare

to Work Retention Program), Office for Employment Training, Monterey Peninsula Unified School District, and the Business and Education Alliance of the Monterey Peninsula (BEAM) to provide services at PDM. Members of the service delivery team made a special effort to acquire teamwork training through the Bay Area Academy.

LITERATURE REVIEW HIGHLIGHTS

Most of the literature regarding families and substance abuse suggests that no one intervention works for everyone because substance abuse is usually precipitated by a number of factors (Azzi-Lessing and Olsen, 1996). The number of low-income, substance-abusing mothers has increased dramatically (Carten, 1996). The increase in maternal substance abuse correlates with an increase in the number of infants born addicted to drugs (Segal, 1991). Parental substance abuse is a potential risk factor in child abuse (Azzi-Lessing and Olsen, 1996), and maternal substance abuse multiplies the possibility that children will be removed from the home (Gustavsson, 1991). Substance-abusing mothers need coordinated treatment that will address all of the factors which led to and support substance abuse in their lives (Gustavsson and Rycraft, 1993).

A few studies on substance abuse focus on the multiple needs of drug-affected families and their treatment. Gustavsson and Rycraft (1993) found that drug-dependent mothers were more likely to experience environmental stress, including domestic violence and inadequate housing. In addition, drug-dependent mothers were more likely to experience financial instability, criminal activity, and health and mental health problems. They concluded that drug-dependent mothers need services which address their varied needs, incorporating drug treatment with financial help, mental health services, domestic violence counseling, housing, and reunification.

Carten (1996) assessed the outcomes of graduates of the Family Rehabilitation Program in New York City, which serves substance-abusing mothers and their families in response to the rising number of drug-related foster care placements. The program offers drug treatment services, counseling, parenting classes, home management skills training, health care, and help in accessing outside services and entitlements. The author found that most of the women were unemployed, despite the fact that the majority had been employed in the past and had received their high school diplomas or an equivalent. Many of the women came from families where domestic violence was prevalent, and 25 percent of the women had been abused. Eighty-five percent of the women had family members who abused drugs or alcohol. The women attributed much of their success in the program to encouraging, non-

judgmental staff, the opportunity to develop their own service contracts with staff members, and the inclusion of family members in the treatment. In addition, the women appreciated the team approach to treatment because they felt comfortable asking any member of the team for help.

The research that has been done on recovery for substance-abusing families supports comprehensive, wraparound services (Borkman et al., 1998; Kaskutas, 1998). Families who are affected by substance abuse have a multitude of needs that must be addressed in order for the recovery process to succeed (Room, 1998; Tracy, 1994). Therefore, a special treatment model is needed. The social model of recovery is based on the idea that when the environment is changed to support a sober lifestyle, the patient is more likely to change as well (Barrows, 1998). It is very different from the medical model which advocates hospital stays and clinical treatment. In the social model, clients take responsibility for their own recovery, while medical-model clients follow a treatment plan laid out by professionals. The social model is the primary focus of PDM, as it seeks to provide a safe and supportive environment for recovery while offering residents a variety of services to meet their diverse needs.

SOCIAL MODEL APPROACH TO SUBSTANCE ABUSE RECOVERY

The main goal of Pueblo Del Mar is to give people who wish to achieve and maintain sobriety the time, security, resources, and support necessary to develop life skills that promote sobriety and self-sufficiency. In order to support people through their own recovery to become self-sufficient in the community, the following supportive housing goals need to be met:

- help participants obtain permanent housing,
- increase their level of income,
- increase living and employment skills,
- promote increased self-determination and empowerment, and
- foster a sober lifestyle and functional family dynamics utilizing effective parenting skills.

As a staff member of the housing authority noted, "Addiction is a family problem. Pueblo Del Mar addresses the family unit in order to deal with the learned behavior of children that may lead to drug abuse."

The programs of Pueblo Del Mar are based on a social model of recovery in which residents are active participants in their own recovery in an environment that is carefully monitored and free of substance abuse. Emphasis

is placed on developing an interactive and supportive community environment. PDM is fundamentally a recovery community, and twelve-step meetings and workshops are offered on the property. Many of the principles and teachings of Alcoholics Anonymous are evident at PDM, where all residents have a sponsor and are engaged in a twelve-step program or its equivalent. A staff member of Sun Street Centers noted, "We take people with a desire to recover and place them in an environment where that desire is supported and valued." All staff of the collaborating agencies work with the residents to provide an environment that encourages recovery.

The social model supports experiential learning. Participants are more likely to learn by doing than by just learning something in class. According to one employee, "The only way to learn to live clean and sober is to live clean and sober. . . . The social model gives people the latitude and opportunity to make mistakes because people learn from their mistakes." Staff members do not tell residents what they must do. The community learns how to keep itself in check as community residents check on one another and offer support and advice. Four housing units make up a "cluster," and the residents in each cluster meet once a week to discuss their progress and improvements.

The residents play a major role in the governance of PDM as required by the HUD Supportive Housing Grant. The PDM program manager provides leadership and support for the resident community council. One member of each cluster is elected to the resident council. The council governs PDM based on a locally created community covenant as noted in the appendix to this chapter. The resident council members meet regularly to discuss issues that arise at PDM, including conflicts and changes needed in the covenant, and develop plans for community events and traditions that support recovery. Bernie, an officer of the resident community council, noted that "Working with others, being involved, being in service to the community—these are some of the things that have helped me the most." The intake review committee, which reviews all applicants, gives the residents a voice by including one representative from the resident community council.

PROGRAM OPERATIONS

Social services and drug and alcohol recovery programs refer families to the intake staff of the behavioral health department, who work with the program manager of Sun Street Centers to assess client eligibility. Eligibility for PDM is based on giving priority to families who are homeless and living on the street or in places not meant for human habitation as noted in the appendix to this chapter. While a family must include a child, children, or a

pregnant mother, couples and single fathers are eligible. Residents must meet the following eligibility criteria:

- Currently receive CalWORKs and Medi-Cal, based on a welfare-to-work plan or work full time.
- Must be legal U.S. residents.
- Show proof of graduation from a certified Monterey County drug and alcohol program (parents only).
- Show proof of ninety days abstinence from alcohol and drugs and regular attendance at a recovery group.
- Written verification from a counselor or sponsor that the parent is involved in a rehabilitation plan, including the elements of the twelve steps of Alcoholics Anonymous/Narcotics Anonymous.
- Agree to a background check related to past violent crimes or sexual offenses.
- Meet income eligibility requirements.

If a family meets all of the eligibility criteria, they must appear before the review committee to explore the appropriateness of the program and demonstrate a commitment to sobriety. If the family seems to be appropriate for the program, a review committee member explains the community covenant as well as the community expectations and house rules. The rules of PDM include the prohibition of alcohol and illegal drugs on the premises and limited guest visiting hours with no overnight guests. If the family agrees with the goals and rules of PDM, they sign all of the forms and schedule one final meeting with the housing authority to sign the lease and inspect their new home. Residents pay 30 percent of their adjusted gross income to PDM as rent. In commenting on all the rules, Kim, a PDM resident, noted that "Anything that they ask you to do in order to stay here in the program is minimal. You have to do it all to stay sober anyway."

Pueblo Del Mar is a truly collaborative service program. Sun Street Centers operate PDM, under contract from the Department of Behavioral Health, who in turn is in a contract relationship with the housing authority. Sun Street Centers employ three full-time staff at PDM. The resident program manager oversees the case management program, the resident council, the monthly program coordinating committee meetings, and the monitoring of PDM goals and outcomes. Two case managers organize and train residents for peer outreach to local agencies, assist residents in creating and maintaining family recovery plans, and provide documentation in resident case files regarding activities. In addition to the full-time staff, two half-time PDM residents train as clerks and assist the program manager and case managers with tasks related to the resident council, classes, groups, workshops,

day care, and recreation. An on-site police officer receives a housing unit rent-free in exchange for living on the premises to discourage any illegal activities. The following list describes the full array of PDM support services:

- *Case management* provided by the Monterey County Department of Social Services
- *Family recovery plan* developed by the resident and the program manager; outlines the resident's goals, objectives, and tasks for achieving sobriety and self-sufficiency in three educational phases
- *Educational curriculum* corresponds with the educational phases outlined in the family recovery plan
- *Resident community council* governs PDM
- *Independent living program* prepares PDM teens for future self-sufficiency
- *Parenting classes* provided by the Monterey Peninsula Unified School District
- *Child care* provided by Children's Services International
- *Job training and education* prepares parents to enter the workforce
- *Support groups* based on the social model of recovery help maintain sobriety
- *Counseling* provided for residents as needed

Each adult PDM resident develops a family recovery plan with the help of the resident program manager. The plan describes goals, objectives, and tasks for improving the legal, familial, vocational, social, and recreational areas of each family member's life as well as maintaining sobriety. The tasks and objectives match the state and federal timelines for achieving self-sufficiency. The family recovery plan also outlines all of the classes and groups that require resident participation. Residents and PDM case managers review and update the family recovery plan monthly. Residents pass through three phases of the plan by attending all of the classes and groups on the following topics:

1. *Early sobriety and stabilization*: Residents must attend classes and demonstrate an understanding of topics, including the etiology of addiction, relapse prevention, withdrawal, sober coping skills, attachments to unhealthy interpersonal relationships, communication skills, conflict resolution, anger management, grief processes, and sober parenting.
2. *Middle recovery and achieving lifestyle in balance*: Residents study health in recovery, relapse prevention, family systems, relationships

and codependency, human sexuality, communication, conflict resolution, anger management, time management, goal setting, budgeting, building social support networks, gender discrimination, and sexual harassment.

3. *Late recovery and maintenance:* Residents learn to maintain a recovery program, cope with stuck points in recovery, expand their social networks, continue growth and development, develop a life plan, cope with life transitions, find and maintain housing, and find closure to their time at PDM.

Sun Street Centers and the collaborating agencies work with many other organizations to ensure that PDM residents receive all of the services they need to maintain sobriety and regain control of their lives. At the beginning of the planning process, representatives from Children's Services International were invited to planning meetings for PDM in order to evaluate and accommodate the need for child care. CSI is a private, nonprofit organization that provides child care to 1,500 children daily through eight CSI centers and 600 licensed child care providers in Monterey County. An on-site nurse works at each CSI center to refer families to care, immunize children, and respond to the immediate needs of the children. CSI centers offer day care from birth through elementary school, preschool education, transportation for each child to and from the center, a nutrition program including three meals a day for each child, and monthly parent meetings that cover topics suggested by the parents. In addition, CSI will pay for licensed family child care providers, if the parents prefer, through the state alternative payment plan. Currently, CSI is serving all children of appropriate ages from PDM (fifty-three) at a CSI center.

The Independent Living Program (ILP) offers PDM teens, ages thirteen and over, life skills training through games that explore incomes, housing, rent, cars, bank accounts, and credit. In addition, ILP helps teens identify their school and career goals through an educational and career assessment process. BEAM also helps teens, ages fifteen and over, to identify their career goals through job-shadowing activities. While ILP and BEAM both prepare teens for the future, BEAM also trains teens for job interviews related to finding after-school jobs.

The Monterey Peninsula Unified School District conducts parenting classes at PDM. The classes focus on discipline, communication, and limit setting. The school district would like to offer PDM children Healthy Start services, but a three-year minimum commitment is required for a child to be included in the Healthy Start caseload, so most PDM children do not qualify. However, the school district offers counseling, parent activities, and teacher home visits to young PDM students.

The Department of Social Services provides PDM residents with case-management services. The behavioral health department refers clients to PDM and works with them through the Employment Assistance Program. Children's Services International offers child care. The Office for Employment Training, Golden Gate University (Welfare to Work Retention Program), and Salinas Adult School ensure that PDM residents receive the education and training necessary to enter the workforce.

PDM tracks residents who transition out of the program. They offer referrals when necessary and monitor the progress of families. Residents who become self-sufficient and leave Pueblo Del Mar are still encouraged to participate in PDM support group meetings. As Bernie, a PDM resident, noted, "The groups helped me a lot in my recovery." To assist with transitions to self-sufficiency, the housing authority is seeking more housing units at Fort Ord for low-income housing, whereby PDM residents could move to another house in the vicinity and keep their connections in the PDM community.

SUCSESSES IN PROGRAM IMPLEMENTATION

In 1999, Pueblo Del Mar served forty-nine families, comprised of fifty-five adults and ninety-five children. In total, eleven families were discharged from the program, including twelve adults and sixteen children. There were six relapses (12 percent) among the forty-nine families. "That is an incredibly small number of relapses, given the population," noted a staff member at Sun Street Centers. "Most of our residents have been through multiple drug treatment programs." In addition, two families have graduated from the program and are living successfully on their own. Based on their PDM work experience, two women are in school to become drug and alcohol counselors. The remaining residents are working hard to maintain sobriety and remain active in the PDM community during their eighteen-month stay at PDM. The first families arrived at PDM in the fall of 1998, and most residents completed the eighteen months required to graduate from the program.

Staff members of the housing authority have seen positive changes in family cohesiveness and self-esteem as a result of PDM. For example, Kim, a resident, was able to reunify with her children and improve her relationship with her sister. Kim noted that

This is exactly what a mother in recovery needs. Pueblo Del Mar offers me a place to stay and the freedom to be responsible for the choices I make. There is always someone to talk to here, a neighbor. And I always have the support of the staff and my sponsor. You have to

open your mind to live in a community like this, change the way you think. I've become friends with a lot of women who are very different from me. I recommend Pueblo Del Mar for anyone who wants their family and their life back.

PDM residents take many small steps forward each day. Many of them are living in a safe environment for the first time, and they are taking time to make the right choices for their families. As one of the counselors of Sun Street Centers noted, "We have people at Pueblo Del Mar who are clean and sober every day and that is a major success." As Bernie, a PDM resident, states, "This place is a miracle. It has helped me be a stronger person in recovery. It really does work, but you have to make a commitment."

CHALLENGES IN PROGRAM IMPLEMENTATION

Some of the challenges and difficulties that the Pueblo Del Mar staff face are watching residents decide to leave prematurely or relapse. One resident, who had recently received custody of her child, left PDM in the middle of the night with no explanation. She never returned and the Department of Social Services has been unable to locate her. PDM staff does not feel that she was ready for self-sufficiency, so they are concerned about her welfare. Another difficulty for PDM staff is trying to help residents make their own plans for progress. Parent-child reunification is one of the primary goals for each resident, so as soon as it occurs the entire family recovery plan changes. PDM staff must be flexible as they help each family make the necessary adjustments to their plan.

Another major challenge for PDM staff is helping residents follow the rule that forbids overnight guests. Women have a difficult time obeying this rule because their boyfriends frequently do not have a safe place to stay, so the women want to invite them to PDM. The rule is designed to protect the other PDM residents. The first overnight guest who was caught was a known sex offender. PDM staff and residents feel strongly that the rule is necessary, yet it is the primary reason that residents are asked to leave PDM. In 1999, four families were asked to leave after hosting guests overnight.

The planning team for PDM encountered some logistical difficulties, including working with the outside community to establish PDM as a respectable community project. Some Monterey residents, who had relied on Fort Ord for their livelihood, feared that low-income residents would spend less money in town than had military personnel. In addition, some town residents associated low-income housing with contributing to unsafe neighborhoods which would be close to their homes. The housing authority con-

vinced the city council and staff that PDM would make extra efforts to integrate its residents into the community. The housing authority also spent considerable funding to assure members of the community that the houses at PDM were aesthetically pleasing and were not simply warehouses for homeless people. The community slowly began to accept the idea. The timeline for completing the physical rehabilitation of the houses presented another logistical challenge, as the opening date was delayed over a year due to construction delays and the need for extensive housing rehabilitation.

LESSONS LEARNED

1. It was critical to invite all relevant participants to the planning meetings from the beginning. Ensuring that representatives from all of the involved organizations participate in the meetings, especially local government officials who need to support such a new idea, decreases opposition and increases support. The PDM planning team said that communication was an integral part of its success, especially attending the teamwork training sponsored by the Bay Area Academy. As one of the supervisors of reunification at Monterey County Family and Children's Services noted, "Teamwork, communication and consistent training are essential for success in a collaborative effort like this. There are lots of bureaucratic service issues which can be simplified by working together."
2. Representatives from different public and private agencies need opportunities to build teamwork. Attending teamwork training together provided the key element in the successful start-up of PDM.
3. It is important to have a comprehensive knowledge of the population to be served, especially their needs and the different ways to address them. In working with families, it is important to take into account the needs of each member of the family because they are all affected by the substance abuse.
4. It is important to give clients choices related to program entry, participation, and exit. PDM needs to be seen as one option that leads to family reunification, not the only option.
5. Successful programming requires a wide array of supportive services including coordinated intake, a clearly defined service model, family recovery plan, educational curriculum, resident council, independent living program, parenting classes, job training, case management, and support groups.

APPENDIX: PROGRAM PARTICIPATION FORMS***Residency Covenant—Pueblo Del Mar***

I, _____, am committed to maintaining my recovery. To do this, I desire to live in an alcohol- and drug-free environment with others who are willing to share experiences, strengths, and hopes with one another to overcome our addictions. Therefore, I make this covenant with the members of the Pueblo Del Mar community.

I understand that this covenant is for the duration of my stay at Pueblo Del Mar.

1. I commit to comply with all terms of my Housing Authority Lease Agreement, Pueblo Del Mar Transitional Housing Program Rules as determined by the Community Council, and the Pueblo Del Mar Residency Covenant.
2. I commit to abstaining, at all times, from alcohol and/or illegal drug use and/or any misuse of any prescribed or over-the-counter medicine. I will voluntarily submit to a drug test if there is any question concerning my sobriety. I understand that if I, my children, or my visitors bring alcohol and/or illegal drugs onto the premises, I will be immediately discharged from the program.
3. I commit to strengthening my sobriety through participation in a twelve-step recovery program, regular twelve-step meeting attendance, and working the steps with my sponsor.
4. I commit to actively pursue the goals of my Family Recovery Plan that includes my Welfare to Work Plan.
5. I commit to regularly participate in all scheduled Pueblo Del Mar community events.
6. I commit to abide by decisions made by the majority of my cluster and/or the Community Council.
7. I commit to encourage and support the recovery efforts of all community members.
8. I commit to respect the rights of all Pueblo Del Mar residents, including the children.
9. I commit to provide a safe and living environment for my children by instructing them on program rules and accepting responsibility for their compliance.
10. I will refrain from any type of physical, emotional, verbal, or sexual abuse of any Pueblo Del Mar child, including my own.

11. I commit to refrain from use of threatening language, violent behavior, gang-related behavior; use of racial, sexual, or ethnic slurs and/or other verbal abuse; and participating in or contributing to gossip and rumors.
12. I commit to inform the Resident Program Manager and the Behavioral Health EAP of any relapse and to abide by the means that they determine appropriate to help me address my relapse issues. I understand that failure to disclose a relapse will result in my immediate discharge from the program.

By signing this Covenant, I understand that I am entering into a community and lifestyle based on the twelve-step concepts of recovery, unity, and service. Should I fail to abide by the terms of this Covenant as determined by the Community Council, I commit to voluntarily leaving the Pueblo Del Mar program and terminating my lease.

Resident

Date

Pueblo Del Mar Staff

Date

Community Council Representative

Date

We, the Pueblo Del Mar Community Council, respect your commitment to sobriety. In order to help you attain your goals, we commit to the following:

1. We will provide an alcohol- and drug-free environment for you and your children.
2. We will provide orientation to and understanding of Community Council procedures.
3. We will govern in a fair and just manner that fosters equality and betterment of the community and all of its members.
4. We will respect the rights of you and your children at all times.
5. Along with you, we will continually pursue our recovery efforts in order to share experiences, strengths, and hopes with each other.
6. We will provide a safe, welcoming, and nonabusive environment at all times.

Homeless Status Preferences

The Supporting Housing Grant regulations give first priority to those living on the streets, in their cars, parks, sidewalks, or other places not meant for

human habitation (HUD excludes as homeless those heads of households existing in jails or prisons). Therefore, the following preferences, in addition to the eligibility criteria established for the program, are applicable to Pueblo Del Mar.

The highest preference is giving to applicants with the most rating points, and the applicant family is evaluated along with the date and time stamped on the housing application. The earliest date of an eligible family is considered along with the priority for homeless status.

Categories of Homeless	Priority	Rating Points
1. Staying in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.		
2. Family or head of household is within one week from release of a hospital or other institution for drug/alcohol recovery and lacks resources and support networks needed to obtain access to housing.		
3. Family is living with someone in an overcrowded situation or unsafe situation (e.g., domestic violence or child abuse) and must move for the safety of the children, has no housing identified, lacks the resources and support networks to obtain access to housing, and is being forced out of the dwelling unit by circumstances beyond their control.		
4. Family is referred by an emergency shelter or referral agency.		
5. Family is living in substandard housing that has been condemned as unfit for human habitation.		
6. Family is exiting a transitional housing program, has no housing identified, and lacks the support networks needed to obtain access to housing.		
7. Family is within one week of being evicted from their dwelling unit and lack the resources and support networks needed to obtain access to housing.		

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