

THE ROLE OF ALCOHOL AND OTHER DRUG INTERVENTION AND TREATMENT SERVICES FOR TANF RECIPIENTS IN ALAMEDA COUNTY

By Robert Schwab

INTRODUCTION

The objective of this paper is to examine the extent to which Alcohol and Other Drug (AOD) services are extended to and participation required of persons receiving public assistance in Alameda County, how those services are integrated into the larger service delivery system and the training necessary to develop within staff the skills necessary to maximize the effectiveness of those services. The current environment for such an examination is very fertile given the legislative and regulatory changes which have recently transformed public assistance in the United States. In 1996 Congress passed and the President signed the Personal Responsibility and Work Opportunity Reconciliation Act replacing Aid to Families With Dependent Children with Temporary Assistance for Needy Families (TANF). The fundamental changes embedded in the Act are the focus on work or employment preparation activities as a condition of eligibility, the imposition of time limits which eliminated the almost unrestricted entitlement of AFDC, and the far greater discretion for the states in designing their own programs and establishing most of their own rules.

These changes in the welfare paradigm are very much present in the Thompson-Maddy-Ducheny-Ashburn Welfare-to-Work Act of 1997 (AB 1542) which Created CalWORKS, California's implementing legislation of the Federal Personal Responsibility Act. The legislature correctly recognized the need for AOD services and appropriated

an additional \$20 million for that purpose. CalWORKS requires counties to provide of substance abuse treatment services which must be documented in their individual CalWORKS plans and are allowed to require appropriate recipients to participate in those services as a condition of eligibility.

SUBSTANCE ABUSE AND SOCIAL DEPENDENCY

While the goal of financial self-sufficiency is laudable and almost universally embraced by the social services community, many also recognize the multiple and often complex barriers some welfare recipients face in making that transition to self-sufficiency; insufficient employment opportunities, poor job skills, a personal or social milieu which does not value work, inadequate child care, unreliable transportation, disability and substance abuse. It has long been assumed that for many, chemical dependency plays a significant role in welfare dependency. Indeed, substance abuse increasingly appears to be the root cause of a variety of dysfunctions which bring individuals and families into contact with public social service and judicial systems. Anecdotal information has always made this association, but recent empirical evidence has confirmed the connection between drugs and many of our country's social problems. The National Household Survey on Drug Abuse: Main Findings 1994, published by the U.S. Department of Health and Human Services - Public Health Service (1996) states, "Overall, receipt of welfare assistance, lack of health insurance and family income below

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\$9,000 were associated with the highest prevalence of drug use.” Further, the National Clearinghouse for Alcohol and Drug Information has found that one half of domestic violence perpetrators are substance abusers. The National Incidence Study of the Clearinghouse on Child Abuse and Neglect states that drug abuse is a factor in more than half of all abuse and neglect cases and more locally, the Investigations Unit of the San Mateo County Child Protective Services Department estimates that drug use is a factor in 80% of child abuse or neglect cases investigated. Similar statistics indicate a high incidence of substance abusers in jails and prisons, public mental health programs, homeless shelters and emergency rooms. The cost to the nation is enormous and the consequence for the substance abuser is often poverty and dependence on public assistance.

The dynamics of substance abuse and chemical dependency are complex and are now viewed mostly in a medical model. Addiction is a powerful biochemical and physiological force, highly influenced by genetics and unlike most other diseases, has the unfortunate effect of impairing the judgement of the abuser. For the addict, the use of certain drugs changes the brain, essentially replacing naturally occurring neurotransmitters which signal pleasure. As the disease progresses, the addict increasingly cannot feel natural pleasure without the drug. Addicts may knowingly undertake self-destructive behavior to satisfy the more instinctive drive for a sense of well being that now only the drug will provide. Addiction creates a convoluted sense of priorities with drug seeking and drug using dominating the abusers behaviors and motivations.

Of course not every welfare recipient is chemically addicted, but any program intended to address self-sufficiency for the public assistance recipient must

be prepared to understand, recognize, intervene and treat substance abuse to be able to achieve any meaningful and long lasting results. This requirement has never been more necessitated than the present. The Personal Responsibility Act and California’s implementing legislation, CalWorks, impose strict limits on the amount of time a family may receive aid. New applicants must be working on in a work preparation program within eighteen months from their date of application and current aid recipients must be working or in a work preparation program within two years from April 10, 1998 in order to remain eligible for cash assistance. Additionally, aid is limited to a total of five years in a lifetime. For the unemployed, a strong labor market is currently providing a range of job opportunities and local programs are providing the vocational and job search skills training, transportation assistance and child care to make those jobs accessible. For the actively using substance abuser, however, an effective intervention is often necessary before these favorable conditions are helpful.

AOD TREATMENT SERVICE REQUIREMENTS AND SYSTEMS INTEGRATION

Given the emphasis on personal responsibility, employment and time limited aid, many programs are requiring recipients to participate in job preparation or job placement programs. Likewise, AOD services are often required when substance abuse is a presenting issue. The Alameda County CalWorks program contains both of these elements. An employment plan is developed by employment counselors for those not exempt from work participation requirements and the participant is monitored for compliance with that plan as a condition of on-going eligibility.

The Alameda County CalWorks program is operated by their Department of Social Services which has separate TANF eligibility and employment assistance components. In the eligibility component, an eligibility technician conducts initial intake, determines eligibility for assistance, screens for exemptions from work program participation and refers appropriate recipients on to an employment counselor. Because these participants present a wide range of individual characteristics which affect their needs and employability, an assessment is typically used by the employment counselor to best direct the participant into the proper service component. It is at the point of assessment or later in the service component itself when substance abuse is often revealed or suspected. If this occurs, a referral is made to the County's Behavioral Health Care Services Agency - Access Program for an AOD specific assessment. Should the recipient deny the existence of a problem a referral may be made to a social worker for an initial intervention and subsequent referral to Access. For those referrals where substance abuse is confirmed, an additional referral will be made to an outside treatment provider for a clinical assessment and the development of a treatment plan by a certified clinician.

The treatment plan may include residential or outpatient services, individual and/or group counseling or other services, and for the period of treatment becomes a part of the participant's CalWorks plan. The plan is conveyed back to the case manager in the Department of Social Services and is monitored as an element of eligibility. The treatment program contacts the DSS case manager if the participant leaves the program or is otherwise out of compliance with the plan. The program also submits reports at regular intervals to inform the case manager of the participant's progress. Failure to comply with the treatment plan may result in a sanction or

loss of benefits, however recipients may always retain those benefits if they meet the work participation requirements.

STAFF DEVELOPMENT IMPLICATIONS

The system described above contains multiple points of referral and varying levels of assessment. In addition, the system relies on a network of outside treatment providers for clinical assessments, treatment plan development and the provision of treatment services. The system requires both AOD expertise on the part of DSS staff and sufficient capacity in the treatment services delivery system.

As noted above, substance abuse or chemical dependency can severely compromise one's ability to become and remain employed. Those who also receive services in the public welfare system, may therefore require some form of intervention or treatment to regain control of the addiction and return to economic self-sufficiency. Given the complexities of the CalWorks requirements and the urgency associated with time limits, it is also important that case workers have the greatest possible general knowledge of AOD issues so that they may effectively communicate with other service and treatment providers as they collaborate on behalf of a common client.

To this end, Alameda County has undertaken an examination and piloting of the Sacramento County Department of Health and Human Services "Alcohol and Other Drug Treatment Initiative." With the knowledge that substance abuse was increasingly a role with child protective services, family preservation, mental health, AIDS, welfare, and even deaths investigated by the county coroner, the Health and Human Services Department's Research and Project Development Unit issued a

concept paper entitled A SYSTEM-WIDE DRUG AND ALCOHOL SERVICE DELIVERY STRATEGY. The Strategy proposed a solution “that AOD treatment become an integral part of the entire health and human service delivery system.”

The Sacramento County Alcohol and Other Drug Treatment Initiative has three stated components:

- training to develop the ability of social workers, public health nurses, eligibility workers and neighborhood-based service staff to provide treatment services to substance abusing clients
- the expansion of department and community resources, including the development of an automated service requisition and client tracking system
- program evaluation

Because Alameda County is in the initial pilot stages of the Initiative, I will focus on the first component only. The prospectus for the Sacramento Initiative lists the following goal and objectives:

The goal of the Alcohol and Other Drug Treatment Initiative is to increase the Department of Health and Human Services’ response to substance abuse as it affects individuals and families in the community and saturates every aspect of the social service delivery system.

Specific objectives include:

- *to convert our health and social service delivery system to one that concurrently provides primary AOD treatment services*
- *to increase staff’s level of knowledge, understand-*

ing and sensitivity about issues of addiction, recovery and relapse

- *to increase staff’s capacity and skill level to provide AOD treatment services to clients*
- *to ensure prompt access to treatment services for clients through department resources and services in the community*
- *to increase the level of client participation in specialized community-based services*
- *to reduce waiting lists for community-based services and establish the capacity for treatment on demand*

A primary deliverables of the Sacramento Alcohol and Other Drug Treatment Initiative are training services including a curriculum customized for the user, training materials, the delivery of training, pilot classes and training support for in-house trainers and consultation. The training component of the Initiative consists of three levels of training with each level or module delivered over a period of four full days.

ALCOHOL AND OTHER DRUG TREATMENT INITIATIVE TRAINING OUTLINE

Level One	Level Two	Level Three
I Introduction to the AOD Initiative	Review	Basics of Group Therapy
II Theory and Policy	Communication Skills	Common Misconceptions
III Chemical Dependency	Cultural Considerations	Group Process Therapy
IV Alcohol and Drug Identification	Assessment Skills	Group Design

V	Perinatal Substance Abuse	Substance Abuse Subtle Screening Inventory (SASSI)	The First Session
VI	Chemical Dependency & Family	Dual Diagnosis	Group Phases
VII	Introduction to Assess- ment	Treatment Skills	Co-Therapy
VIII	Introduction to Treatment	Group Skills	
IX	Recovery and Relapse	Staff Issues	
X	Community Resources		
XI	Glossary and Reading List		

Alameda County is currently piloting the Sacramento AOD Treatment Initiative with selected staff and community partners who have trained in all three levels of the curriculum. The County intends to employ the model primarily to train the trainer and plans to identify a key person or persons for that role. As noted above, the TANF recipient in Alameda County may encounter several different staff as they move through the CalWORKS program and the ability of those staff to recognize and appropriately intervene with the substance abusing recipient will be essential to effectively serving those whose addiction interferes with their employability. Helping the chemically dependent recipient to recognize their addiction and the behaviors associated with it which also contribute to their economic dependency is only the first step and must usually be followed with some form of treatment and recovery support. The Sacramento Initiative is intended to provide staff with the skills necessary for both AOD recognition and intervention as well as the creation of in-house treatment capacity and could assist Alameda and possibly other counties meet their mandate for substance

abuse treatment services for the TANF recipient and more importantly to help that both chemically and economically dependent person maintain their recovery and achieve self-sufficiency.

CONCLUSION AND ISSUES

Chemical dependency has been demonstrated to play a direct and significant role in many forms of social dysfunction including welfare dependency. With the work requirements and time limits imposed by the CalWORKS program as well as the specific option of requiring AOD treatment for appropriate TANF recipients which Alameda County has chosen to invoke, staff delivering those services must have the necessary knowledge and skills associated with AOD recognition, intervention and treatment. The Sacramento Alcohol and Other Drug Treatment Initiative is intended to meet that need and is being employed in Alameda County with some modification.

While the Initiative prospectus and training materials clearly imply the creation of treatment capacity, Alameda relies on outside providers for intensive outpatient and residential treatment services and is wary of upsetting that relationship. Those programs appear to operate at near capacity and some have short waiting lists. Interestingly, as knowledge of the Sacramento Initiative spread in the Alameda treatment community, those providers indicated an availability of treatment services and cautioned the county about duplication. In addition, Alameda is more likely to limit its treatment role to “pre-treatment,” educational and recovery groups which the Initiative is equipped to train in. Also, Alameda County’s MOU with the union representing eligibility technicians currently forbids them to make AOD inquiries, interventions and referrals and thus the multiple steps now employed before a client reach-

es treatment services. The Sacramento Initiative's benefit is maximized if any staff encountering a substance abuser is trained to recognize and respond more immediately even if that role is limited to delivering accurate and consistent information about AOD issues, treatment and recovery. Finally, the legal and liability issues surrounding AOD intervention and treatment are complex and require further examination and will likely require detailed protocols for staff involved in all stages of AOD service delivery. Nevertheless, AOD treatment has been shown to be the most effective method of drug interdiction with the California Department of Alcohol and Drug Programs concluding that for every dollar invested in treatment, seven are saved.