

# State of Louisiana TANF Evaluation

Year 3 Evaluation of TANF Initiatives Programs

Department of Health and Hospitals, Office for Addictive Disorders  
Substance Abuse Assessment and Treatment

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**State of Louisiana, Division of Administration**  
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## Foreword

Under the Temporary Assistance for Needy Families (TANF) program, states are allowed to use federal TANF block grant funds to support a variety of programs targeting needy families beyond the traditional welfare-eligible population. Availing itself of the flexibility allowed under TANF, the Louisiana State Legislature allocated a sizable amount of the state's unspent federal TANF funds, starting in FFY2002, to a variety of programs known collectively as the TANF Initiatives. The total allocations amounted to \$105 million in FFY2002 and \$160 million in FFY2003. In its third year, the TANF Initiatives consist of over 20 programs administered by 11 state agencies with a total budget of \$127 million.

For the past three years, Berkeley Policy Associates, a social policy research and consulting firm in Oakland, California, has conducted a comprehensive evaluation of the State of Louisiana's TANF-funded programs under contract with the Division of Administration. Included in this evaluation are the state welfare programs administered by the Department of Social Services (the Family Independence Temporary Assistance Program and the Strategies to Empower People Program) as well as selected programs under the TANF Initiatives Program. The third year evaluation of the TANF Initiatives covers the following programs: After Schools for All Program and Teen Pregnancy Prevention Program (the Department of Education), Tuition and Upgrade Programs (the Workforce Commission and the Louisiana Community and Technical College System), Post Release Skills Program (the Department of Public Safety and Correction), Pre Release Program for Incarcerated Fathers (the Louisiana Community and Technical College System), Substance Abuse Treatment and Rehabilitation Program (the Department of Health and Hospitals) and Drug Court Program (the Louisiana Supreme Court). The current report represents one in a series of the Year 3 TANF Initiatives Evaluation Reports.

## Key Findings

- The service model for the STEP Program is very different from that of FIND Work, in ways that might be expected to affect the substance abuse screening and referral of FITAP applicants in both the TANF Initiatives pilot sites and the non-pilot sites. However, based upon data gathered during our site visits to 15 local Parish Offices, we found that the procedures for substance abuse screening and referral were largely unaffected by the implementation of STEP.
- Preliminary analysis indicates that 8.9 percent of the FITAP applicants who were screened for substance abuse at the TANF Initiatives pilot sites using the ASI-MV assessment tool were identified as having a possible substance abuse problem requiring further assessment and treatment. Fewer than 2 percent of the FITAP applicants at the non-pilot sites that used the DAST-20 assessment tool are typically referred to OAD for further assessment and treatment.
- With regard to identifying a need for substance abuse treatment, it appears that the application and case certification procedures for STEP present slightly less of a barrier to FITAP applicants than did the procedures for FIND Work.
- The implementation of the Job Readiness Program has effectively eliminated the problem of no-shows at the OAD pilot sites, because the STEP requirement that FITAP applicants participate in job readiness activities tends to facilitate the applicant's meeting with the OAD Program Assistant.
- At all seven of the TANF Initiatives residential facilities for women and children, family self-sufficiency activities are thoroughly integrated into the substance abuse treatment program. Participation in family self-sufficiency activities is considered to be part of the treatment program, and is mandatory throughout the entire length of the family's stay.
- Clients at the residential treatment programs are strongly encouraged to become employed as well as to advance in their education during their treatment stay. A participant's educational and employment goals and plans are typically included as part of her treatment plan.

- The TANF-funded residential treatment facilities have strong connections with DSS and FITAP. If new client families are not receiving welfare cash assistance when they arrive at the facility, they are referred to OFS as soon as possible for FITAP eligibility determination.
- As of March 2004, 4,005 individuals had received OAD substance abuse treatment services under one of the three TANF Initiatives programs. Over the course of the three-year TANF Initiatives Program, OAD's FITAP Screening and Substance Abuse Treatment Program served 1,742 individuals and its Residential Treatment Program for Women and Children served 314. The TANF EE Program, which began in June 2002 and was discontinued in October 2003, served 1,949 people during that time.
- Employment rates improve slightly for most individuals after completion of OAD treatment services:
  - Those served under the FITAP Screening and Substance Abuse Treatment Program have an employment rate of approximately 25 percent in the quarter of entry to services and 30 percent by the 4th quarter after entry.
  - Employment rates for individuals receiving services under the Residential Treatment Program for Women and Children increase from 21 percent in the quarter of entry to 32 percent by the 4th quarter after entry.
  - However, the employment rates for TANF EE recipients decrease from 33 percent in the quarter of entry to 31 by the 4th quarter after entry.
- Wages improve after the completion of OAD treatment services:
  - For those served under the FITAP Screening and Substance Abuse Treatment Program, quarterly median earnings increase to \$1,493 by the 4th quarter after OAD entrance.
  - Quarterly median earnings for those served under the TANF EE Program rose to \$2,456 by the 4th quarter after OAD entrance.
  - The number of individuals receiving services under the Residential Treatment Program for Women and Children for whom earnings data are available is too small for us to report a meaningful number.

## Introduction

### Overview of Study

In 2001, the first year of the TANF Initiatives program, \$4 million in TANF funding was awarded to the Office for Addictive Disorders (OAD) in the Louisiana Department of Health and Hospitals for two programs, the FITAP Screening and Substance Abuse Treatment Program and the Residential Treatment Program for Women and Children. The next year, OAD again received a TANF Initiatives grant, also in the amount of \$4 million, to sustain these two Initiatives. A portion of the Year 2 funds was also to be used for a third program, the TANF Extended Eligibility (TANF EE) Program, which permitted the use of TANF Initiatives funds to serve needy individuals at OAD's Addictive Disorders Clinics across the state. In 2003, the third and final year of the TANF Initiatives grant, \$4.17 million was awarded to OAD to continue the Screening and Substance Abuse Treatment Program and the Residential Treatment Program for Women and Children; the TANF EE Program was discontinued in October 2003.

As part of the comprehensive evaluation of Louisiana's TANF programs in 2002 and 2003, BPA evaluated the first two years of the OAD TANF Initiatives programs.<sup>1</sup> We present here the findings of our evaluation of the third year of the OAD TANF Initiatives. Our findings are based on the following data sources: in-person and telephone interviews with DSS and OAD state office staff; site visits to 15 OFS Parish Offices;<sup>2</sup> and site visits to three OAD residential treatment facilities for women and children.<sup>3</sup> In addition, we performed analyses on data obtained from a combination of sources, including client program participation data reported by OAD's Addictive Disorders Clinics, FITAP administrative data, and the Louisiana State Unemployment Insurance (UI) database. We also reviewed national data on program completion rates and time-in-program for residential treatment services to TANF-eligible women and their children.

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<sup>1</sup> *Evaluation of Louisiana FITAP and FIND Work*, Volume II, Chapter 8 (2002), and *Evaluation of the TANF Initiatives: Office for Addictive Disorders Substance Abuse Assessment and Treatment* (2003).

<sup>2</sup> The Caddo, Calcasieu, East Baton Rouge-South, Jackson, Jefferson-West, Lafayette, Lafourche, Madison, Natchitoches, Orleans-Gentilly, Orleans-Uptown, Ouachita, Rapides, and Tangipahoa Parish Offices.

<sup>3</sup> Claire House in Bayou Vista; Reality House in Baton Rouge; and Infinity House in New Orleans.

## **Overview of Programs**

As part of the State of Louisiana's effort to ensure that needy families receive substance abuse screening, assessment, referral, and treatment that would assist them in achieving and maintaining self-sufficiency, employment, and family stability, two TANF Initiatives programs were created in the Office for Addictive Disorders in FY 2002. The first, the FITAP Screening and Substance Abuse Treatment Program, was intended to increase the availability of outpatient treatment services for FITAP applicants and clients. Using TANF Initiatives funds, OAD has provided these individuals with substance abuse outpatient services that include assessment, psychiatric evaluation, individual counseling, group therapy, family counseling, 12-Step group meetings, and evaluation and referral for detoxification (but not for detoxification itself or for other medical treatment services). The FITAP Screening and Substance Abuse Treatment Program also tests the effectiveness of a new approach to the mandatory screening of FITAP applicants for substance abuse problems, the Addiction Severity Index-Multimedia Version (ASI-MV), an interactive, computer-based assessment instrument on CD-ROM. This approach, which is being pilot-tested at 10 OFS offices,<sup>4</sup> involves collaboration between OAD and DSS, and administration of the ASI-MV by trained OAD substance abuse professionals stationed in the local OFS offices.

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<sup>4</sup> The OFS offices selected as pilot sites for the Screening and Substance Abuse Treatment Program are: Baton Rouge-North; Caddo; Calcasieu; Orleans-Uptown; Ouachita; Rapides; St. Landry; Tangipahoa; Terrebonne; and West Jefferson. These 10 offices were chosen because they had the highest number of TANF caseloads, which OAD felt would maximize client exposure to the ASI-MV.

**Exhibit 1**  
**TANF Initiatives Program Summary**  
FITAP Screening and Substance Abuse Treatment Program

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Contract Agency:	Office for Addictive Disorders (OAD)
Initiative Grant Amount:	\$803,000 (for 10/03 to 9/04) for FITAP Screening \$4,166,666 Total TANF Initiatives funding for OAD
Expenditures to Date:	\$3,457,869 of Total TANF Initiatives funding for OAD (as of July 31, 2004)
Program Background and Services:	<p>The Screening and Substance Abuse Treatment Program was created to ensure that FITAP applicants who are in need of the substance abuse treatment services offered by OAD are identified and provided with such services. Elements of this program include:</p> <ul style="list-style-type: none"><li>▪ provision of OAD substance abuse treatment services to FITAP applicants;</li><li>▪ an improved screening and assessment process for identifying FITAP applicants who are in need of substance abuse treatment services; and</li><li>▪ collaboration between OAD and DSS-OFS, including stationing OAD staff at local OFS offices.</li></ul>
Subcontractors:	None—services provided by OAD staff.
Initiative Locations:	<p>Substance abuse treatment services are provided at OAD facilities statewide.</p> <p>The substance abuse screening and assessment process is being tested at 10 pilot sites at OFS offices in the Parishes of Baton Rouge (North); Caddo; Calcasieu; Orleans (Uptown); Ouachita; Rapides; St. Landry; Tangipahoa; Terrebonne; and West Jefferson.</p>
Target Population:	Mandatory screening and substance abuse treatment program for FITAP/KCSP applicants
Total Number of Families Served	Through March 2004, 1,742 FITAP applicants and clients received substance abuse assessment and treatment services from OAD through the FITAP Screening and Substance Abuse Treatment Program.

The second OAD TANF Initiatives program, the Residential Treatment Program for Women and Children, was intended to provide needed residential treatment services to women with substance abuse problems with dependent children, families that had previously been underserved by existing substance abuse treatment facilities. For the Residential Treatment Program for Women and Children, OAD agreed to fund a specified number of “beds” (that is,

**Exhibit 2**  
**TANF Initiatives Program Summary**  
Residential Treatment Program for Women and Children

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Contract Agency:	Office for Addictive Disorders (OAD)
Initiative Grant Amount:	\$3,363,666 (for 10/03 to 9/04) \$4,166,666 Total TANF Initiatives funding for OAD
Expenditures to Date:	\$3,457,869 of Total TANF Initiatives funding for OAD (as of July 31, 2004)
Program Background and Services:	The Residential Treatment Program for Women and Children provides residential substance abuse treatment services, job training, and self-sufficiency skills to mothers with dependent children. Services are provided in treatment facilities operated by service providers under contract to OAD.
Subcontractors:	Odyssey House; Grace House; Infinity Network; Claire House; Family House; Reality House; Family Success Institute
Initiative Locations:	New Orleans (Odyssey House, Grace House, Infinity Network); Bayou Vista (Claire House); Harvey (Family House); Baton Rouge (Reality House); Shreveport (Family Success Institute)
Target Population:	Substance-abusing women with dependent children, if any family member receives FITAP/KCSP, Food Stamps, Medicaid, LaChip, SSI, or Free or Reduced School Lunch
Total Number of Families Served:	Through March 2004, 314 women and children received substance abuse assessment and treatment services from OAD through the Residential Treatment Program for Women and Children.

individual residential treatment slots) at seven participating treatment facilities to ensure the provision of needed treatment to low-income women and their children. In this program, TANF Initiatives funds are used to provide residential services that include: assessment; individualized treatment planning for the women and their children; intensive case management; group, individual, and family therapy; training in parenting and life skills; job-skills training; assistance with child care; and assistance with family reunification.

Additional detail on OAD's TANF Initiatives programs may be found in the Appendix.

### **Past Findings and Recommendations**

BPA's evaluations of the first two years of the OAD TANF Initiatives programs found that these programs improved access to substance abuse treatment for FITAP-eligible individuals. In particular, the Residential Treatment Program for Women and Children afforded previously underserved families—women with substance abuse problems who have a need for residential treatment services where the family can remain together—the opportunity to obtain appropriate substance abuse treatment services. Most of these families would not have received needed substance abuse treatment services without the TANF Initiatives program, and would have continued to face multiple barriers to moving toward drug- and alcohol-free self-sufficiency, employment, and family stability.

In addition, the FITAP Screening and Substance Abuse Treatment Program improved access to substance abuse treatment for FITAP applicants by creating an improved method of identifying their need for such services. While the DAST-20 screening instrument<sup>5</sup> used by OFS identified only 1 to 2 percent of FITAP applicants for referral to OAD for further assessment and treatment, the ASI-MV assessment instrument<sup>6</sup> used in the TANF Initiative pilot sites flagged 13 percent of the FITAP applicants for additional screening by OAD, resulting in 8 percent of FITAP applicants being referred for further assessment and treatment.<sup>7</sup> In addition, the new approach, which involves administration of the screening by qualified substance abuse clinicians in a supportive setting co-located with OFS, has not only facilitated collaboration between OAD and OFS, but has often resulted in identification of problems other than substance abuse, with the OAD counselor serving as a major referral

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<sup>5</sup> The Drug Abuse Screening Test (DAST-20) is a commonly used paper-and-pencil tool consisting of 20 questions about a person's drug use in the preceding year.

<sup>6</sup> The Addiction Severity Index-Multimedia Version (ASI-MV) is an interactive, computer-based assessment instrument on CD-ROM.

<sup>7</sup> *Addiction Severity Index – Multimedia Version (ASI-MV): Data Analysis and Summary of TANF Eligible Recipients, January 2002 through May 2002*. Report to the Office for Addictive Disorders by Inflexxion, Newton, MA, August 2, 2002.

source for supportive services in many OFS offices. The experience of OAD's TANF Initiative has shown the great value of interagency collaboration.

According to our 2003 analyses of data from the Louisiana Office for Addictive Disorders (OAD), 3,822 FITAP-eligible individuals were referred to OAD for TANF Initiatives-funded substance abuse assessment through March 2003. In that same time period, 1,206 FITAP-eligible individuals actually received substance abuse treatment from OAD under OAD's TANF Initiatives programs. Overall, FITAP clients receiving OAD substance abuse services participated in work activities as often as the general FITAP population. Employment rates seemed to improve slightly after completion of OAD substance abuse treatment. In particular, those served under the TANF Initiatives program for FITAP applicants and clients had an employment rate of about 32 percent before treatment and 38 percent after treatment.

OAD acted on the recommendations in BPA's 2002 and 2003 evaluations as follows:

- OAD continued to consider ways to motivate FITAP applicants to participate in substance abuse screening and treatment services, including such methods as continuing to refine the skills of OAD counselors in motivational interviewing, improving communications with FITAP applicants regarding the substance abuse screening process and encouraging their active participation in the process, and establishing treatment groups that focus on the particular issues and challenges faced by the welfare population. OAD also modified its services to be more convenient and appropriate for members of the welfare population, such as by offering more services during the day.
- OAD, through its contractor, Inflexxion, has continued to evaluate the comparative effectiveness of the ASI-MV and DAST-20 substance abuse screening instruments.
- The performance indicators for the Residential Treatment Program for Women and Children were revised so as to better measure the program's progress and successes.
- OAD continued working to improve interagency collaboration with OFS and other service agencies to ensure that the entire range of post-treatment supportive services (housing, transportation, child care, etc.) are available to clients of the Residential Treatment Program. OAD also worked with OFS to improve collaboration under the new workflow model of the STEP Program.

### **Year 3 Study Objectives**

In the third year of the TANF Initiatives Evaluation of the Office for Addictive Disorders' Substance Abuse Screening and Treatment Program, we proposed to conduct an outcome analysis of OAD's screening and treatment programs for FITAP applicants/clients and for TANF-eligible women in need of residential treatment for substance abuse. An additional objective of this study is to evaluate the practices and program elements associated with the employment success of participants in OAD's Substance Abuse Screening and Treatment Program, assessing in particular: (1) the provision of screening and treatment services to FITAP applicants/clients under the recently implemented OFS STEP Program; and (2) issues related to program completion in residential substance abuse treatment programs.

## **FITAP Screening and Substance Abuse Treatment in the STEP Program**

### **Substance Abuse Assessment and Treatment under FIND Work**

Prior to the development of the Strategies to Empower People Program (STEP) in 2003 to assist individuals receiving TANF cash benefits to obtain and maintain employment, DSS-OFS offered FITAP recipients the Family Independence Work Program (FIND Work). Under FIND Work, substance abuse screening for FITAP applicants, and referral to OAD for any needed treatment, was handled in one of two ways:

- In the 10 TANF Initiatives pilot sites, a trained OAD substance abuse professional, co-located in the local OFS office, employed the computer-based ASI-MV to identify FITAP applicants in need of treatment services for substance abuse. This usually took place on the day of application or soon after, as the last step in the application process. If the FITAP applicant was shown to be in need of treatment services, the OAD counselor made a referral to OAD outpatient or inpatient services as needed. Any necessary outpatient services were paid for with TANF Initiatives funds.
- In the non-pilot sites, the OFS Analyst performing the FITAP intake interview would administer the DAST-20 questionnaire to the applicant as the last step in the intake process prior to certifying the case, at or near the end of the intake interview. Based on the results of this screening, the applicant would be referred to OAD for further

substance abuse assessment, evaluation, and, if needed, treatment. As in the pilot sites, any necessary outpatient services were paid for with TANF Initiatives funds.

Most of the implementation challenges that arose under FIND Work for the FITAP Screening and Substance Abuse Treatment Program concerned ensuring that FITAP applicants complied with the required pre-certification drug screening and that FIND Work clients who had been referred for substance abuse treatment participated as necessary. “No-shows” at the OAD pilot sites were a particular problem, since the meeting with the OAD clinician generally took place at the end of a very long day at the OFS office, or required a return visit on the part of the applicant. By the end of the second year of the TANF Initiatives program, OAD had resolved this problem to a large extent by implementing a variety of measures, including re-confirming appointments and having more communication with FITAP applicants prior to the meeting with the OAD clinician; maximizing OFS support services, such as transportation, to facilitate keeping the OAD appointment; and using “motivational interviewing,” an important technique in the field of substance abuse counseling for helping motivate individuals to seek treatment and participate in recommended activities.

### **Substance Abuse Assessment Procedures under STEP**

The service model for the STEP Program is very different from that of FIND Work, in ways that might be expected to affect the provision of substance abuse screening and referral to FITAP applicants. For one thing, each applicant for FITAP must now complete two weeks of job readiness activities prior to certification of his or her case. In addition, the FITAP intake interview now includes the Family Assessment, a comprehensive tool for identifying possible problems and barriers the applicant might face and for referring the applicant to appropriate supportive services, both inside and outside of DSS.

For the most part, the essential components of the STEP Program (with the exception of Job Readiness) were implemented in the OFS offices as of July 2003. Based upon data gathered during our site visits to 15 local Parish Offices,<sup>8</sup> we found that the procedures for substance abuse screening and referral were largely unaffected by the implementation of these STEP components. At the OAD pilot sites, the process proceeded exactly as it had before: The OAD Program Assistant stationed at the OFS office met with each FITAP applicant following his or her intake interview, performed the ASI-MV assessment, and recommended further OAD

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<sup>8</sup> We visited seven TANF Initiative pilot sites (the Caddo, Calcasieu, Jefferson-West, Orleans-Uptown, Ouachita, Rapides, and Tangipahoa Parish Offices), and eight non-pilot sites (the East Baton Rouge-South, Jackson, Lafayette, Lafourche, Natchitoches, Orleans-Gentilly, St. Tammany, and Madison Parish Offices).

assessment and treatment as needed. At the non-pilot sites, the OFS Intake Analysts did the DAST-20 with each FITAP applicant prior to certifying the case, usually at or near the end of the intake interview, and, if need be, referred him or her to OAD for further substance abuse assessment or treatment.

Integration of the FITAP substance abuse screening and treatment program into the STEP Program continued to proceed smoothly when the job readiness component of STEP was implemented in May 2004. Although the formal DOL Job Readiness Program had been in operation for only a short time at the time of our data collection, it appeared that few, if any, changes needed to be made in the substance abuse screening procedures as a result. This was likely due to the fact that many of the visited OFS offices had, prior to implementation of the DOL Job Readiness Program, already started placing applicants in job readiness and work activities for two weeks before certifying the case, and had, by now, made any necessary adjustments in the conduct of the substance abuse assessment. We did observe during our site visits one change that was related to implementation of the Job Readiness Program, which was that some of the Intake Analysts had begun to complete the DAST-20 with the applicant during Job Readiness instead of during the intake interview. One result of this practice is that the DAST-20 is separated from the Family Assessment portion of the intake interview, and is thus separated from the STEP model's primary mechanism for identifying each applicant's individual needs for supportive services or referral to outside assistance.

Based on our interviews with OFS intake staff and OAD Program Assistants, as well as on reporting by OAD state-level staff, the implementation of the Job Readiness Program appears to have effectively eliminated the problem of no-shows that had previously been identified as a problem at the OAD pilot sites. Because applicants are now required to participate in job readiness activities right away, usually on-site at the OFS office, keeping an appointment with the OAD Program Assistant no longer presents additional child care or transportation problems for the applicant. In addition, unlike FIND Work, STEP applicants remain actively engaged in the process following completion of the intake interview, which has been found in past years to mitigate motivational problems with keeping the OAD appointment.

In addition to no-shows, there had been concern expressed in the past about the possibility that some applicants for FITAP benefits might be rejected because they refused to do the mandatory substance abuse assessment for fear of legal or child custody consequences. As data are not available on the number of applications that were rejected due to refusal to complete the substance abuse assessment, it is not possible to determine the extent to which this may have in fact occurred under FIND Work. However, according to the OFS Intake

Analysts we interviewed at 15 Parish Offices, all of the applicants they have had for FITAP/STEP who have completed the other requirements involved in the application process have gone on to do the substance abuse assessment. It appears that the application and case certification procedures for STEP present less of a barrier than those of FIND Work with regard to FITAP applicants identifying a need for substance abuse treatment.

As noted earlier, one of the goals of the FITAP Screening and Substance Abuse Treatment Program was to test the effectiveness of the ASI-MV versus the DAST-20 in identifying FITAP applicants in need of substance abuse treatment services. Up-to-date comparative figures are not yet available; however, according to Inflexxion, OAD's contractor for the ASI-MV, of the 11,310 applicants for FITAP who were screened for substance abuse using the ASI-MV between late January 2002 and August 2003, slightly more than 1,000 (8.9 percent) were identified as having a possible substance abuse problem and being in need of further assessment and treatment.<sup>9</sup> The rate at which FITAP applicants are referred to OAD for further evaluation and treatment using the DAST-20 has historically been below 2 percent, and there is nothing in the data currently available to us to indicate that this number will have gone up with the implementation of STEP.

An important issue for this TANF Initiative has been how to integrate the FITAP Screening and Substance Abuse Treatment Program into both FIND Work and STEP and how to implement the collaboration between OAD and OFS, which has required developing new procedures for joint service delivery, movement of clients across the two agencies, common measurement methods, etc. From the beginning of the TANF Initiatives program, OAD emphasized the training of both its own staff and OFS staff, not only in the use of the new ASI-MV assessment tool, but also in how staff at the two agencies could work together, what their respective roles and responsibilities were, and how they could communicate effectively with each other. OAD set aside some of the Year 1 TANF Initiatives funds to train both OAD and DSS staff in how to work together to provide services to FITAP applicants, and cross-training on the substance abuse screening and assessment process was provided statewide to all OAD and OFS staff. In our interviews with OAD and OFS staff, there has been agreement that these trainings, and the interagency collaboration overall, has been valuable. However, training received less emphasis in subsequent years, and many of the benefits of these early efforts have faded, primarily due to staff turnover that has resulted in there being many staff who did not receive this training.

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<sup>9</sup> *ASI-MV Data Analysis of TANF Recipient Screening, January 2002 through August 2003*, Report to the Office for Addictive Disorders by Inflexxion, Newton, MA, December 4, 2003.

***Recommendation #1:*** *We recommend that OAD continue to support OFS in conducting substance abuse screening and assessment for FITAP applicants by collaborating in staff training and participating in other partnering arrangements as possible.*

## Residential Treatment Program for Women and Children

The specialized services and program elements in OAD residential treatment services for women and children were developed based on evidence that substance-abusing women with dependent children can greatly benefit from specially designed services.<sup>10</sup> According to the U.S. Department of Health and Human Services, women often have more severe substance abuse problems than men.<sup>11</sup> For example, they are more likely than men to be in treatment for addiction to crack cocaine and other “hard” drugs, such as heroin (as opposed to alcohol or marijuana). A large majority of women in residential treatment facilities have co-occurring disorders of substance abuse and mental illness, a higher proportion than occurs with men. More than half of the clients of OAD’s Claire House residential facility, for example, are on psychotropic drugs for the treatment of mental illness, most commonly, depression, bipolar disorder, and anxiety disorders.<sup>12</sup> More female addicts than male have experienced both physical and sexual abuse, and many have post-traumatic stress disorder from an abusive childhood or domestic violence.<sup>13</sup> Women, especially mothers, also tend to face more shame and guilt related to substance abuse than do men.

In addition, women with addiction problems also tend to face greater barriers to treatment and to post-treatment employment success and self-sufficiency than do men.<sup>14</sup> They tend to be younger, less educated—almost 70 percent have less than a high school education—and less likely to be currently employed or have a significant work history. They also are less likely than men to be able to rely on support from their families. Substance-abusing women with

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<sup>10</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services, 2004.

<sup>11</sup> *The DASIS Report: How Men and Women Enter Substance Abuse Treatment*, Drug and Alcohol Services Information System Report, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, 2001. <http://oas.samhsa.gov/2k1/enterTX/enterTX.htm>.

<sup>12</sup> Personal communication from Claire House Executive Director, May 2004.

<sup>13</sup> *Childhood Sex Abuse Increases Risk for Drug Dependence in Adult Women*, National Institute on Drug Abuse (NIDA) Research Report Series, National Institutes of Health, U.S. Department of Health and Human Services, 2002. [http://www.drugabuse.gov/NIDA\\_Notes/NNV0117N1/Childhood.html](http://www.drugabuse.gov/NIDA_Notes/NNV0117N1/Childhood.html)

<sup>14</sup> *Sociodemographic Characteristics and Mental Health Status of Women Drug Users*, American Osteopathic Association citing HHS. <http://www.aoa-net.org/Consumers/WomensHealth/substabase.htm>.

dependent children have particular difficulty, since many women in need of substance abuse treatment do not have child care resources. Although there are now more programs opening up for women and children, there is still a severe lack of residential treatment options that can accommodate families.

### **Substance Abuse Treatment and Achievement of Self-Sufficiency**

OAD's Residential Treatment Program for Women and Children provides non-medical residential substance abuse treatment services to low-income women with dependent children. Central to the program's design are a highly-structured living arrangement that serves a therapeutic purpose, and the provision of specialized services that support the pursuit not only of sobriety but also of employment, education, and family stability. It has been shown repeatedly that providing needy parents with appropriate substance abuse treatment helps them address a major barrier to achieving self-sufficiency.<sup>15</sup> By taking a holistic approach that treats the whole person, not just her addiction, and by providing both substance abuse services and support for the achievement of employment and educational goals in a setting that encourages stable families, OAD's Residential Treatment Program helps meet the TANF goal of ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage by so they may become self-sufficient.

At all seven of the TANF Initiatives residential facilities for women and children, family self-sufficiency activities are thoroughly integrated into both the housing arrangements and the substance abuse treatment services. Participation in family self-sufficiency activities is considered to be part of the treatment program, and is mandatory throughout the entire length of the family's stay. Typically, the women and their children reside in a "therapeutic community,"<sup>16</sup> in housing arrangements such as the dormitory-style communal living settings of Claire House in Bayou Vista and Reality House in Baton Rouge, or the independent apartments in the Infinity House apartment complex in New Orleans. The mothers are required to see that their children get to school or day care, and are responsible for providing for their own families, as well as for maintaining the cleanliness and safety of their room or apartment. During the day, while their children are in school or in child care, the women participate in activities that include group therapy, job readiness or job search classes, exercise, nutrition classes, parenting skills classes, and Alcoholics Anonymous and Narcotics

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<sup>15</sup> Substance Abuse Resources, The Welfare Information Network (WIN), Finance Project Information for Decision Making website: <http://www.financeprojectinfo.org/WIN/hard-subabuse.asp>.

<sup>16</sup> *Therapeutic Community*, National Institute on Drug Abuse (NIDA) Research Report Series, National Institutes of Health, U.S. Department of Health and Human Services, 2001.  
<http://www.nida.nih.gov/ResearchReports/Therapeutic/Therapeutic3.html#typical>

Anonymous meetings. After school, evenings, and weekends, there are activities for the children, and for the mothers and children together.

Other key elements of the TANF Initiatives substance abuse treatment services for women and children are:

- ***Involvement with FITAP and STEP.*** The TANF-funded residential treatment facilities have strong connections with DSS-OFS and FITAP. If new client families are not receiving welfare cash benefits when they arrive at the facility, they are referred to OFS as soon as possible for FITAP eligibility determination. All three residential program sites we visited reported that one of the first things they do with new families is accompany the mother to the local OFS office to apply for FITAP. Additionally, she will be transported anywhere she needs to go in order to obtain documents necessary for her FITAP application. If a family is already on assistance, the facility may help transfer the woman's case to a nearby OFS office.
- ***Focus on the entire family.*** The programs treat the whole family, not just the mother. The women and their children participate together in therapy and family education, and individualized treatment planning is done for everyone in the family.<sup>17</sup> The Children's Programs at the residential facilities for women and children include assessments of child development and school progress, psychosocial assessments, and group therapy. At several of the facilities, there is a child care center on site. Claire House has six computer stations with academic learning software for toddlers through 6th grade.

Some women come to the substance abuse program through the Office of Children's Services, and may have to complete substance abuse treatment and learn parenting skills as a condition of regaining custody of their children. It is a primary goal of these programs to reunify the family. Some facilities invite non-residential family members for special visiting days, or will do weekend visits or summer visits for the children not living with the mother.

- ***Assistance with resolving probation/parole/legal issues.*** Many women in these programs are involved in some way with the criminal justice system; nationally,

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<sup>17</sup> The individual treatment plans for the children include "goal areas" that include academic enhancement, mental health, family strength, and medical improvement. The treatment plans for both women and children are revised every 30 days until discharge.

about one-fourth of the women receiving substance abuse treatment services entered treatment as the result of a judicial process.<sup>18</sup> The OAD programs will assist the client with keeping in contact with her parole officer or probation officer, and will accompany her to Drug Court hearings and other court proceedings. Several offer special programs and support groups for women with criminal histories.

- ***Collaboration with other organizations.*** In a number of cases, the residential program sites have partnered with other organizations to provide specialized services, such as domestic violence services, to the women and children participating in the program. Since so many of their clients have co-occurring substance abuse and mental illness, all of the residential facilities have established partnerships with programs providing mental health services. They may refer clients to city or county mental health facilities, or to the mental health services component of a parent or partner organization. As with their other treatment services, they try to make mental health services available that serve the whole family.

Clients of the residential treatment programs are strongly encouraged to become employed during their treatment stay. Because most of the clients of these residential facilities have very low educational levels, it is frequently necessary to help them first get a GED or go back to school, and then to provide them with job training. A participant's educational and employment goals and plans are typically included on her treatment plan. Several programs have collaborative arrangements with local community and technical colleges and adult education programs. For example, a number of the women in the residential program have attended and completed the child development training at Nicholls State University.

Numerous educational sessions are provided by both facility staff and collaborating outside agencies on addiction, codependency, HIV and STDs, drug prevention and awareness, relapse prevention, 12-step programs, parenting, financial planning, life skills (such as cooking, meal planning, and housekeeping), goal-setting, and workforce preparation. Educational assistance is also provided to the children in these families. In Baton Rouge, for example, Reality House has partnered with the Louisiana Institute to provide tutorial services for the children in elementary school. LSU also provides math and reading services for the children.

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<sup>18</sup> *The DASIS Report: How Men and Women Enter Substance Abuse Treatment*, Drug and Alcohol Services Information System Report, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, 2001. <http://oas.samhsa.gov/2k1/enterTX/enterTX.htm>.

***Recommendation #2:** We recommend that OAD continue the focus on self-sufficiency in its residential treatment programs for women and children, and support its contractors in providing the appropriate services and resources to the families who are their clients.*

## Findings from Program Data Analysis

Generally, a substance abuse treatment program tracks and measures treatment-related outcomes such as program retention, program completion, or continued sobriety. For the OAD TANF Initiatives programs, there are the additional desired outcomes of employment, education, family stability, and self-sufficiency. These outcomes are tracked by OAD, as required by the TANF Initiatives MOUs, in a 3-month follow-up with the individuals who have received substance abuse evaluation and treatment services under the TANF Initiatives programs. Up-to-date data were not available at the time of this writing.

For the present report, we analyzed data obtained from a combination of sources, including the OAD client database and the Louisiana state database for Unemployment Insurance (UI) data. The databases available for this evaluation are complete through March 2004. This section presents our analyses of the provision of OAD services under the TANF Initiatives, as well as the labor market outcomes for FITAP/STEP clients who completed OAD services. It should be noted that employment and increased earnings are important, but not primary, goals of a substance abuse treatment program, and that the following analysis thus addresses outcomes that are indirect measures of the effectiveness of OAD's TANF Initiatives.

### **Number of Individuals Receiving Substance Abuse Treatment Services under the OAD TANF Initiatives Program**

As of March 2004, 4,005 individuals received OAD substance abuse treatment services under one of the three TANF Initiatives programs—the FITAP Screening and Substance Abuse Treatment Program, the Residential Treatment Program for Women and Children, and the Extended Eligibility (TANF EE) Substance Abuse Treatment Program.<sup>19</sup> The FITAP Screening and Substance Abuse Treatment Program provided treatment services for 1,742

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<sup>19</sup> As noted earlier, the TANF EE Program permitting the use of TANF Initiatives funds to provide substance abuse screening and treatment services to eligible OAD clients was discontinued in October 2003.

FITAP applicants and clients (43.5 percent of the total) and the Residential Treatment Program provided services to 314 women and their dependent children (7.8 percent). The TANF EE Program provided services to 1,949 (48.6 percent of the total) eligible clients of OAD's Addictive Disorders Clinic across the state.

### **OAD Services Received by Clients through the TANF Initiatives Programs**

OAD provides a range of outpatient services designed to assist and treat those with substance abuse problems. The types of services provided include consultation, group therapy, psychological or psychosocial evaluation, lab work, medical or health support, tutoring, and transportation. Exhibit 3 shows the frequency of receipt of each type of outpatient services for individuals receiving OAD services through the TANF Initiatives programs. As shown in the Exhibit, the most common service received was psychosocial evaluation, followed by personal consultation, urine collection, and medical evaluation. Those who received services under the FITAP program received psychosocial evaluation more often, and those receiving services under the TANF EE program more often had consultation, group therapy, physical evaluation, and lab work (including TB, HIV, and STD assessments) done.

### **Employment Rates Before and After Completing OAD Treatment**

In this section, we examine employment outcomes for OAD recipients. We track earnings in the four quarters leading up to OAD enrollment and follow recipients through four quarters following enrollment. We chose to report employment outcomes using the OAD enrollment date as the "treatment date" instead of an admission or termination date for a number of reasons: (1) The vast majority of FITAP applicants who participated in the FITAP Substance Abuse Screening and Treatment Program were not in need of further assessment or treatment and thus have no admission date; (2) A large sample of other OAD enrollees in addition to the FITAP applicants are not admitted for treatment, so using an admission date as the treatment date would omit individuals who were never officially admitted, but who received services and may have benefited from the consultative evaluation and assessment process and (3) A large percentage of admitted OAD recipients (44.4 percent) have not yet terminated their service, or have not received an official termination date, so using a termination date to track post-program outcomes would again restrict our sample to those with official termination dates and possibly bias our results.

Regarding employment prior to entry into an OAD program, the employment rate declines slightly up to the quarter of entry. The employment rate for TANF EE recipients drops from

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**Exhibit 3**  
**OAD Treatment Services Received by Recipients (TANF Initiatives Program)**  
**Between February 2001 and April 2004**

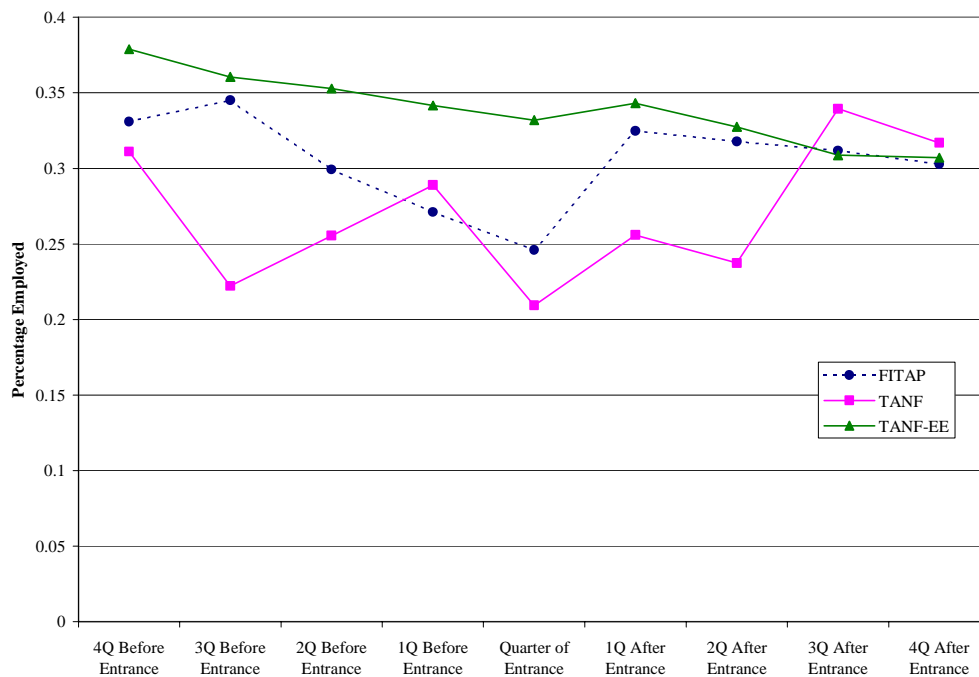
Service:	Percentage in each TANF Initiatives Program Receiving Treatment			Total
	FITAP	TANF	TANF-EE	
Consultation	10.82	39.29	60.90	38.69
Individual Service	23.05	39.29	19.29	21.90
Group Service	3.25	25.89	25.78	16.29
Collateral Counseling	0.65	5.36	3.37	2.33
Psychosocial Evaluation	77.92	28.57	58.30	65.05
Psychiatric Evaluation	0.54	2.68	0.69	0.73
Psychological Evaluation	0.43	0	0.09	0.23
Physical Evaluation	1.73	12.5	29.58	16.97
Other Evaluation	9.85	7.14	3.72	6.48
Medical History	8.87	25.00	43.25	27.83
Individual Therapy/Counseling	5.84	13.39	7.61	7.16
Group Therapy/Counseling	6.49	35.71	17.82	13.96
Family Therapy/Counseling	0.11	1.79	0.69	0.50
Recreation/Art Therapy	0	2.68	0.43	0.36
TB Service	2.00	0	1.00	18.61
Child Care	0.22	0	0.09	0.14
Lab Work	1.19	0.89	2.51	1.87
Medication Management	0.32	1.79	0.43	0.46
HIV Service	2.27	9.82	26.21	15.28
Educational Group	4.76	17.86	10.29	8.35
Urine Collection	16.67	46.43	43.51	32.34
Antabuse Monitoring	0	0	0.17	0.09
STD Service (Other than HIV)	2.16	9.82	27.60	15.97
Alternative Activity/Tutoring	2.81	2.68	1.56	2.14
Transportation	0.54	1.79	0.26	0.46
Other	2.49	10.71	0.95	2.10
<b>Number of Individuals</b>	<b>924</b>	<b>112</b>	<b>1156</b>	<b>2192</b>

Note: Data on type of treatment services received are not available for all individuals who received services. The sum of the column percentages are greater than 100%, because some individuals received more than one service.

37.9 percent in the 4th quarter prior to entry to 33.2 percent in the quarter of entry. Employment also drops for those served under the FITAP and Residential Treatment programs.

Employment rates seem to improve slightly after completion of the program for individuals receiving services under the FITAP and Residential Treatment programs. For example, those served under the FITAP program have an employment rate of around 25 percent in the quarter of entry and 30 percent by the 4th quarter after entry. Similarly, employment rates for individuals receiving services under the Residential Treatment program increase from 20.9 percent in the quarter of entry to 31.7 percent by the 4th quarter after entry. However, the

**Exhibit 4**  
**Employment Rates in Quarters Before and After OAD Enrollment**



Source: State of Louisiana Unemployment Insurance Data and Office for Addictive Disorders program data.

employment rates for TANF EE recipients decrease from 33.2 percent in the quarter of entry to 30.7 percent by the 4th quarter after entry.

### **Earning Levels Before and After Completing OAD Treatment**

Exhibit 5 presents participants' median quarterly earnings before and after entrance in the OAD program. The source of information for wages is the same as that for employment rates, so the quarters presented again are the four quarters before entry, the quarter of entry, and the quarter after entry. We report median quarterly earnings only for those individuals who were employed in the quarter.<sup>20</sup>

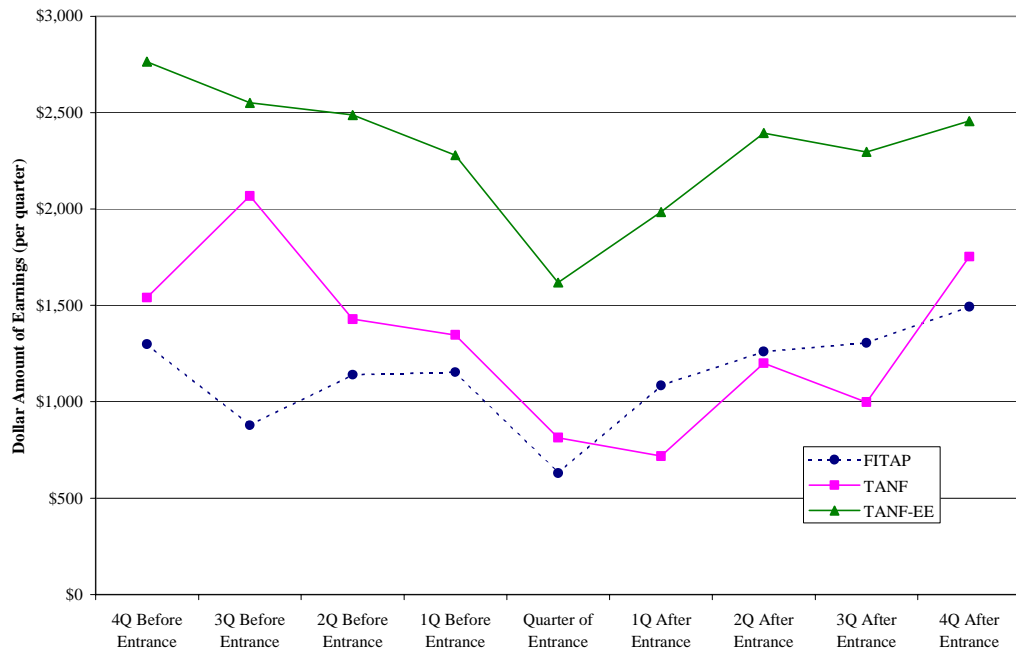
As would be expected, median earnings levels appear to decline prior to participation in OAD. Those receiving services under the FITAP Screening and Substance Abuse Treatment Program have a clear decline in median earnings prior to entering services, dropping from a median of \$1,299 per quarter in the four quarters before entry to approximately \$629 per quarter during the quarter of entry. Those receiving services under TANF EE have significantly higher median income before treatment (\$2,764 per quarter in the 4th quarter before OAD entrance) than those served under the FITAP program, but median quarterly earnings still exhibit a drop before OAD entrance. In the quarter of entrance, median quarterly earnings for TANF EE recipients dropped to \$1,618.

Wages improve after the completion of OAD services. For those served under the FITAP program, quarterly median earnings increases to \$1,493 by the 4th quarter after OAD entrance, while quarterly median earnings for those served under the TANF EE rose to \$2,456. For the Residential Treatment Program for Women and Children, only 29 individuals had earnings in any of the four quarters following OAD entrance, a number too small to produce any meaningful results.

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<sup>20</sup> We define an individual as employed if he/she earned \$100 or more in the quarter.

**Exhibit 5**  
**Median Earnings Quarters Before and After OAD Enrollment**



Source: State of Louisiana Unemployment Insurance Data and Office for Addictive Disorders program data.

### Program Expenditures

OAD was awarded \$4.17 million in FY 2004 to provide its two TANF Initiatives substance abuse programs. As shown in Exhibit 6, \$803,000 of the \$4.17 million was allocated to the FITAP Screening and Substance Abuse Treatment Program. These funds were used for the salaries of the OAD staff based at the OFS pilot offices, and for equipment and supplies (including individual ASI-MV CD-ROMs). For the Residential Treatment Program for Women and Children, the amount was \$3,363,666 to reimburse the seven residential facilities

**Exhibit 6**  
**Expenditures for OAD TANF Initiatives Programs**  
**Program Year FY 2004**

	Budgeted Amount	Total Expenditures (as of 7/31/04)
FITAP Screening and Substance Abuse Treatment Program	\$803,000	
Residential Treatment Program for Women and Children	\$3,363,666	
<b>TOTAL</b>	<b>\$4,166,666</b>	<b>\$3,457,869</b>

Source: OAD program records.

participating in the program through a fee-for-service arrangement. Exhibit 6 shows how the costs were allocated and expended for the OAD TANF Initiatives substance abuse programs.

## Conclusions

Our look at the provision of substance abuse assessment and treatment services to FITAP applicants and clients under the recently implemented OFS STEP Program indicates that the integration of the TANF Initiatives Program for FITAP Screening and Substance Abuse Treatment into STEP has been smooth. We found that the procedures for substance abuse screening and referral that had been developed under FIND Work were largely unaffected by the introduction of the new policies and procedures for STEP. In fact, there appear to have been several positive effects from STEP implementation, as it appears that the application and case certification procedures for STEP present less of a barrier than those of FIND Work when it comes to FITAP applicants identifying a need for substance abuse treatment. In addition, OAD staff reported in our site visit interviews that the previously identified problem of no-shows at the OAD pilot sites has now been effectively eliminated, because the STEP requirement that FITAP applicants participate in job readiness activities tends to facilitate the applicant's meeting with the OAD Program Assistant for the substance abuse assessment.

The Residential Treatment Program for Women is providing substance-abusing women and their dependent children not only with specialized services that support the women in their pursuit of sobriety, employment, education, and family stability, but also with a highly-structured living arrangement that serves a therapeutic purpose. In this way the program, offered at seven OAD contractor-run residential facilities, are providing needy parents with substance abuse treatment helps them address a major barrier to achieving self-sufficiency. At each facility for women and children, mandatory family self-sufficiency activities are thoroughly integrated into both the housing arrangements and the substance abuse treatment services.

Our outcomes analysis this year focused on a longer-term impact on participants' employment. We found employment rates improve slightly for most individuals after completion of OAD treatment services. Specifically, for those served under the FITAP Screening and Substance Abuse Treatment Program, the employment rate increased from approximately 25 percent in the quarter of entry to services to 30 percent by the 4th quarter after entry. Employment rates for individuals receiving services under the Residential Treatment Program for Women and Children increase from 21 percent in the quarter of entry to 32 percent by the 4th quarter after entry.

TANF Initiatives funding for both the FITAP Screening and Substance Abuse Treatment Program and the Residential Treatment Program for Women and Children will end on September 30, 2004. Because of the demonstrated need for substance abuse treatment programs among FITAP participants and among low-income mothers, DSS has decided to continue to provide the same level of funding for these programs from the TANF State Maintenance of Effort allocation.

## Appendix

### TANF Initiatives Substance Abuse Programs: Background, History, and Design

Substance abuse has been shown repeatedly to be a major barrier in achieving employment, self-sufficiency, and family stability, and it is of national concern that a large proportion of welfare recipients confront substance abuse problems or addiction.<sup>21</sup> Effectively screening for and treating substance abuse is one of the major challenges facing the state agencies throughout the country that provide Temporary Assistance to Needy Families (TANF).<sup>22</sup> The State of Louisiana has long recognized the importance of early identification of substance abuse problems among participants in the state's TANF program—the Family Independence Temporary Assistance Program (FITAP)—and providing substance abuse treatment services to FITAP recipients in need of such services. In 1998, the Louisiana State Legislature mandated drug screening for all FITAP applicants in part to ensure that those who might need substance abuse treatment services were identified and given assistance in obtaining these services. A Memorandum of Understanding (MOU) making drug screening a formal part of the FITAP application process was established between the Louisiana Department of Social Services (DSS), whose Office of Family Support (OFS) administers the FITAP program, and the Office for Addictive Disorders (OAD), the state agency responsible for the treatment and prevention of substance abuse disorders in the State of Louisiana.<sup>23</sup> Under this agreement, OFS Analysts screen FITAP applicants for drug abuse using the DAST-20 questionnaire,<sup>24</sup> and refer individuals in need of further assessment and treatment to OAD.

In 2001, the Louisiana State Legislature allocated a large portion of the state's unspent TANF funds to programs known collectively as the TANF Initiatives, taking advantage of the flexibility in federal law that permits the states to use TANF block grant funds to support programs for needy families in addition to their welfare cash assistance and employment

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<sup>21</sup> Nationally, it is estimated that between 15 and 25 percent of the TANF population is in need of services related to drug or alcohol abuse (Department of Health and Human Services, *Ancillary Services to Support Welfare to Work*, 2001).

<sup>22</sup> Substance Abuse Resources, The Welfare Information Network (WIN), Finance Project Information for Decision Making website: <http://www.financeprojectinfo.org/WIN/hard-subabuse.asp>.

<sup>23</sup> The Office for Addictive Disorders (OAD) provides inpatient, outpatient, community-based, residential, and detoxification treatment services—as well as a variety of awareness and prevention programs—through state-run and privately-operated facilities throughout the state. OAD's facilities include 13 inpatient treatment centers, 51 Addictive Disorders Clinics and other outpatient care facilities, 12 detoxification units, and 16 halfway houses across the state.

<sup>24</sup> The Drug Abuse Screening Test (DAST-20) is a commonly used paper-and-pencil screening tool consisting of 20 questions about a person's drug use in the preceding year.

programs. Two of these TANF Initiatives programs were established with OAD for FY 2002, the FITAP Screening and Substance Abuse Treatment Program and the Residential Treatment Program for Women and Children. The purpose of OAD's TANF Initiatives was to ensure that needy families received substance abuse screening, assessment, referral, and treatment that would assist them in achieving and maintaining self-sufficiency, employment, and family stability, thus addressing Goal #2 of the TANF program, to end dependence on welfare and other government benefits for the needy by promoting job preparation, work, and marriage.

Under the FITAP Screening and Substance Abuse Treatment Program, OAD could use TANF funds to provide outpatient and short-term inpatient substance abuse treatment services to FITAP clients who needed such services. The MOU between DSS and OAD for this program also allowed OAD to use TANF funds to conduct a pilot test of a new approach to performing the drug screening required for all FITAP applicants. A second TANF Initiatives MOU was established between DSS and OAD to meet the needs of needy families where the mother of a dependent child or children requires intensive residential treatment for substance abuse.

In 2001, the first year of the TANF Initiatives program, \$4 million in TANF funding was awarded to OAD for these two programs. The FITAP Screening and Substance Abuse Treatment Program began in October 2001 with the hiring of staff to be based at the pilot OFS sites to conduct the FITAP drug screening. The Residential Treatment Program for Women and Children began in November 2001 with the modification of seven of OAD's existing contracts with residential substance abuse treatment facilities.

In 2002, OAD received a second TANF Initiatives grant, also in the amount of \$4 million, to sustain both of these programs through September 2003. In addition, OAD had requested and received authorization to utilize TANF Initiatives funds, beginning in June 2002, to implement the TANF Extended Eligibility (EE) Program, which expanded the services provided under the FITAP Screening and Substance Abuse Treatment Program to other low-income individuals in need of substance abuse services. The Year 2 TANF Initiatives grant allowed OAD to continue to use a portion of its TANF Initiatives funding to serve FITAP-eligible clients at the OAD-operated Addictive Disorders Clinics.

In 2003, the third and final year of the TANF Initiatives grant, \$4.15 million was awarded to OAD to continue the original FITAP screening and treatment program and the residential treatment program only. The program permitting the use of TANF Initiatives funds to provide substance abuse screening and treatment services to eligible OAD clients – the TANF EE Program – was discontinued in October 2003.

## **FITAP Screening and Substance Abuse Treatment Program**

The FITAP Screening and Substance Abuse Treatment Program ensures that substance abuse treatment services are provided to FITAP clients who need them. TANF Initiatives funds are used to providing individuals identified during the FITAP application process as needing help with a substance abuse problem with the following OAD services:

- Additional assessment, including urine drug tests;
- Non-intensive outpatient treatment, such as group therapy or client education;
- Intensive outpatient treatment, including aftercare and ongoing assessment; and
- Short-term inpatient treatment.

OAD outpatient services include comprehensive assessment, psychiatric evaluation, group therapy, individual and family counseling, on-site 12-Step group meetings, and evaluation and referral for detoxification.<sup>25</sup> Outpatient treatment provided by OAD can be non-intensive (usually, weekly sessions) or intensive (a minimum of 9 hours per week).

The FITAP Screening and Substance Abuse Treatment Program also provided OAD with the opportunity to test a new approach to conducting the mandatory drug screening required for all FITAP applicants. This new approach involved collaboration between OAD and DSS and administration of an interactive assessment tool on CD-ROM, the Addiction Severity Index-Multimedia Version (ASI-MV), by trained OAD substance abuse professionals stationed in ten OFS pilot sites.<sup>26</sup> The ASI-MV screens for *any* substance abuse, including alcohol abuse, in addition to assessing an individual's social, psychiatric, family, employment, legal, and medical situation. In designing this TANF Initiatives program, OAD recognized that a major training effort would be necessary in order to maximize the effectiveness of the ASI-MV screening procedures and to ensure that staff at the two agencies worked in true collaboration. OAD thus set aside first-year TANF Initiatives funds for training OAD and OFS staff in using the ASI-MV assessment tool and working together to provide services to FITAP applicants.

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<sup>25</sup> However, the TANF Initiatives funds were specifically *not* to be used for OAD's medical substance abuse treatment services, or for detoxification.

<sup>26</sup> The OFS offices selected as pilot sites for the Screening and Substance Abuse Treatment Program are: Baton Rouge-North; Caddo; Calcasieu; Orleans-Uptown; Ouachita; Rapides; St. Landry; Tangipahoa; Terrebonne; and West Jefferson. These 10 offices were chosen because they had the highest number of TANF caseloads, which OAD felt would maximize client exposure to the ASI-MV.

## **Residential Treatment Program for Women and Children**

The Residential Treatment Program for Women and Children was designed to provide non-medical residential treatment services to low-income women with dependent children. The program is open to needy families in which any member receives FITAP or KCSP, Food Stamps, Medicaid, LaChip, SSI, or Free or Reduced School Lunch. OAD was to use TANF Initiatives funds to provide a specified number of “beds” (that is, individual residential treatment slots) at seven of its residential facilities to ensure the provision of needed treatment to low-income women and their children.<sup>27</sup> Statewide, 161 beds were funded with TANF Initiatives funds. It should be noted that the facilities participating in the residential treatment program also receive non-OAD funds, such as private payment, insurance, or Medicaid.

The TANF funding for the Residential Treatment Program for Women and Children ensures that these women and their children are able to obtain the services they need, including:

- Individualized treatment planning for both the mother and her children;
- Intensive case management;
- Group, individual, and family therapy;
- Parenting training;
- Job skills training;
- Assistance with family reunification
- Assessments of child development and school progress;
- 12-step programs;
- Education—provided by both facility staff and outside agencies—on addiction, codependency, HIV and STDs, drug prevention and awareness, relapse prevention, financial planning, life skills, goal-setting, and workforce preparation; and
- Follow-up and continuing care (such as counseling or additional assistance during independent living).

Incorporated into the design of the Residential Treatment Program are the lessons from a federal demonstration of specialized services for women and their children that was conducted at Claire House, a residential facility in Bayou Vista that is one of the providers for the TANF Initiatives program. Key lessons were that the following are essential:

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<sup>27</sup> Under its standard service provider and facility contracts, OAD pays a per-diem rate for each person at the facility whose treatment is funded by the agency. The seven residential treatment facilities that were funded to provide services through the Residential Treatment Program for Women and Children are Odyssey House, Grace House, and Infinity Network in New Orleans; Claire House in Bayou Vista; Family House in Harvey; Reality House in Baton Rouge; and Family Success Institute in Shreveport.

- Therapeutic community
- Very structured, numerous required activities (such as cooking, meal planning, and housekeeping)
- Treatment is constant throughout the entire course of treatment
- Treatment plans for both women and children are revised every 30 days until discharge
- Intensive case management accounts for 20 to 30 percent of the services that are provided; they are designed to prepare clients for transition into society, and include job training, job preparation, training in budgeting and money management, and educational training, such as GED preparation.