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CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women

A CASA White Paper

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Foreword and Accompanying Statement by Joseph A. Califano, Jr. Chairman and President

For the past three years CASA has been designing and testing CASAWORKS for Families--a major innovation to help substance-abusing welfare parents recover, get good jobs, become responsible parents and assure the stability and safety of their families. We have enrolled 683 women in 11 cities in nine states and have so far tracked the progress of 236 women for up to 12 months.

While it is too early to know the long term effects of this program, early results are dramatic: after 12 months the proportion of enrolled women abstinent from alcohol increased by 60 percent, those abstinent from marijuana increased by more than 20 percent and those abstinent from cocaine increased by 34 percent. The New York City Women's Housing and Economic Development Corporation (WHEDCO) in the Bronx is one of the CASA demonstration sites. New York's experience showed better than average reductions in the use of alcohol and drugs and spending on alcohol and drugs, and longer stays in treatment.

CASAWORKS for Families is the first national demonstration program to provide simultaneously drug and alcohol treatment; literacy, job, parenting and social skills training; family violence prevention and health care. Designed for welfare parents, this program holds enormous potential for reducing welfare costs and preventing substance abuse and addiction for the children of these parents.

Each year states spend close to \$11 billion for their share of welfare and the lion's share of welfare cases are caused or exacerbated by substance abuse and addiction. For each unemployed substance-abusing woman on welfare who becomes self-supporting and actively engaged in recovery, the annual economic benefit to society is about \$48,000 per year in avoided welfare, health care and criminal justice costs and potential contributions to the economy in employment. Becoming sober and responsible adults and effective parents also is of paramount importance to the children of these women since it reduces the chances that their children will turn to substance abuse and require welfare services in the future.

Joseph A. Califano, Jr.



CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women

As welfare rolls have declined nationally, those remaining on and returning to welfare are likely to be those with the most difficult problems-- substance abuse and addiction, family violence, illiteracy, lacking job and parenting skills, poor health, inadequate housing and legal problems. Anticipating that families with these burdens would have the hardest time finding and retaining jobs, The National Center on Addiction and Substance Abuse at Columbia University (CASA) designed CASAWORKS for Families, the first national demonstration program to simultaneously provide drug and alcohol treatment, literacy and job training, parenting and social skills, family violence prevention and health care.

Funded by The Robert Wood Johnson Foundation, The City of New York, the U.S. Department of Health and Human Services and The Annie E. Casey Foundation, the mission of CASAWORKS for Families is to help poor women on welfare with substance abuse problems achieve recovery, employment, family stability and safety and quality parenting. While it is too early to know the long term effects of this program, early results indicate that after 12 months the proportion of enrolled women abstinent from alcohol increased by 60 percent, those abstinent from marijuana increased by more than 20 percent and those abstinent from cocaine increased by 34 percent. They have more than doubled their rates of employment.¹ The New York City program participants experienced even greater increases in abstinence: the proportion of enrolled women abstinent from alcohol increased by almost 80 percent, those abstinent from marijuana increased by 25 percent, and those abstinent from cocaine increased by almost 50 percent.

The Problem

CASAWORKS for Families is based on growing evidence that addiction, poverty, violence and mental illness are overlapping and intersecting problems.² Substance abuse and addiction cause or exacerbate significant numbers of welfare cases nationally.³ Even with welfare rolls reduced to 2.2 million families today (down from a high of 4.4 million in 1996), at least 460,000 families on welfare are affected by this problem--approximately 1.2 million parents and children.⁴ These numbers do not include the larger pool of parents with substance abuse problems and their children who cycle on and off the rolls.

Substance Abuse and Poverty

Nationally, most welfare recipients have less than a high school education and have difficulty finding lasting employment.⁵ Up to 40 percent of welfare recipients have learning disabilities.⁶ While substance abuse and addiction cut across all cultural and economic lines, the poor are more likely to suffer from substance abuse and addiction and to be involved in the criminal justice and child protective services systems.⁷ They also lack resources to obtain effective treatment.

Substance Abuse and Violence

Family violence,^{*} poverty and substance abuse often go hand-in-hand.⁸ Between 20 and 30 percent of women receiving welfare assistance are currently involved in a physically or psychologically abusive relationship, significantly higher than rates reported by the general population.⁹ A majority of mothers on welfare--between 50 percent and 70 percent--also report having been in an abusive intimate relationship at some point in their lives.¹⁰

* Family violence involves three different kinds of abuse by intimate partners--physical, sexual and emotional. The extent of victimization can range from being hit a single time to a pattern of severe violence perpetrated over a long period of time, resulting in physical and emotional injury and undermining psychological functioning.

Figure 1
**10 Core Services of
CASAWORKS for Families**

1. Screening and assessment for employment, treatment and mental health.
2. Individual plan for recovery and employment.
3. Case manager to monitor progress in recovery and employment.
4. Job seeking, job retention and job promotion activities including orientation to work, on-the-job experiences, job clubs, a work portfolio and job development.
5. Life skills development including time, stress and money management, communication, appearance and grooming.
6. Literacy and vocational services.
7. Counseling sessions focusing on both recovery and employability.
8. Support for childcare, housing, transportation, clothing, mentoring, job retention and cash assistance.
9. Women's health services including nutrition, family planning, HIV, dental and eye care, fitness and spirituality.
10. Family skills development including parenting, child welfare, family preservation, respite care, child psychology and child advocacy.

Intimate partner violence is a barrier for a mother receiving assistance to get and keep a job.¹¹ Domestic violence victims are often directly discouraged or prevented by their abusers from attending work or a job-training program.¹² Substance abuse causes or exacerbates seven out of 10 cases of child abuse and neglect.¹³ Between 22 percent and 35 percent of women seeking care for injuries in emergency rooms are there as a result of domestic violence.

Substance Abuse and Mental Health

The traumatizing histories of violence and substance abuse among poor women and women

with substance abuse problems undermine their mental health.¹⁴ The relationship between substance abuse and psychiatric problems is a two-way street: those with substance abuse problems have higher rates of mental illness than the general population; those with mental illness are more likely to have substance abuse problems than the general population.¹⁵ Welfare clients with mental health difficulties are more likely to stay on the rolls for longer periods.¹⁶ Those with mental health issues also have lower rates of employment than those without mental health disorders.¹⁷ Women with dual diagnosis disorders are more likely to lose custody of their children¹⁸ and to relapse into substance abuse more quickly than others.¹⁹

Weak Links in the Public Sector

The public systems charged to serve substance-abusing women on welfare face multiple challenges in meeting their needs. Frontline agencies too often lack the knowledge and skills to identify substance abuse problems. Even when identified, welfare agencies usually do not have the capacity to assess the problem accurately or refer the client to appropriate treatment. Clients who are referred to treatment may not have the motivation to enter treatment, especially if such treatment is not appropriately tailored to the client's needs (e.g., gender, culture) and readily available. Finally, appropriate treatment is not integrated with the other services that mothers receiving welfare assistance need.²⁰

CASAWORKS for Families Model

CASAWORKS for Families includes a comprehensive package of 10 concurrent services for substance affected women receiving public assistance. (Figure 1) This combination is designed to provide the support necessary to reduce substance use, find and retain employment, inhibit and prevent family violence and foster quality parenting. CASA recognized that by providing services in one concentrated course participation in training could enhance the effectiveness of treatment just as participation in a treatment program enhances

the benefits of training. This theme is embodied in the two CASAWORKS mottos: "treatment is training and training is treatment" and "treatment is work and work is treatment." Federal restrictions on the time any individual can receive welfare benefits place a premium on providing services simultaneously.

The CASAWORKS for Families model requires the collaboration of local welfare departments, employers and organizations providing substance abuse treatment, mental health and social services, literacy and job training, work experience and placement services. In each program neighborhood, one of these agencies selected by CASA provides intensive case management and assures that all required services are available to clients.

CASAWORKS for Families referrals come from welfare offices, other state agencies and community organizations. Referrals are made to the lead agency that determines if the client is eligible to participate in the demonstration program. (Figure 2) Eligibility determination, an assessment of the extent of the client's substance abuse disorder and needs, and program enrollment are completed within seven days of referral. The client and intensive case manager develop goals and a plan for economic self-sufficiency. The client begins working for at least 20 hours per week towards obtaining these goals by participating in substance abuse

Figure 2
Eligibility Criteria

- Mothers, 18 years or older
- Currently receiving Temporary Assistance for Needy Families (TANF) or TANF eligible and expected to begin receiving TANF benefits within 90 days
- With physical custody of at least one child
- Not receiving SSI
- Having an admitted, current substance use problem (within the past six months), and
- Not already enrolled in a substance abuse treatment program

treatment, literacy and job training, parenting programs and other services, depending on the needs of the individual client. After three months, the caseworker reviews, assesses and adjusts the plan with the client. Periodic evaluation occurs throughout enrollment in the program. The program lasts approximately one year.

CASAWORKS for Families Sites

CASAWORKS for Families is operating in 10 cities in nine states. Lead agencies reflect differences in population density and diversity and differences in states' regulations for implementing the federal welfare reform program:

California

Escondido, California. North County INTERFAITH Council is a community-based organization committed to helping people overcome the chronic conditions of poverty. Services provided include an emergency food program, transitional housing, mental health services and alcohol and drug services.

Pomona, California. PROTOTYPES Women's Center is a large residential and outpatient substance abuse treatment center for women. PROTOTYPES serves more than 10,000 women and their children annually at 15 program sites throughout Southern California.

Maryland

Baltimore, Maryland. The Johns Hopkins Hospital Comprehensive Women's Center is a hospital- and community-based women's substance abuse treatment center serving the East Baltimore neighborhood.

Missouri

Springfield, Missouri. The Lakes Country Rehabilitation Center is a community-based human services agency serving more than 1,200 people, providing vocational evaluation, skills

training programs, employment development and substance abuse treatment and counseling.

North Carolina

Chapel Hill, North Carolina. Horizons Program is a hospital-based regional perinatal and maternal substance abuse program which provides prenatal and postpartum care, substance abuse treatment, psychiatric evaluation, parenting and support services to approximately 250 women annually.

New York

New York City (The Bronx), New York. The Women's Housing and Economic Development Corporation (WHEDCO) is a multi-service community center that develops and operates housing and economic development opportunities for low-income women and their children.

Ohio

Cincinnati, Ohio. The Clermont Recovery Center is a private, not-for-profit agency providing drug and alcohol abuse intervention and comprehensive treatment to approximately 3,000 people annually.

Oklahoma

Norman, Oklahoma. The Norman Alcohol Information Center (NAIC) serves approximately 2,000 people annually, providing counseling, screenings, referrals, substance abuse education, area prevention services, school-based intervention and prevention services.

Pennsylvania

Philadelphia, Pennsylvania. Congreso de Latinos Unidos, Inc. is a community-based organization whose mission is to provide leadership in the development and operation of social, educational, economic and health promotion services and resources which meet the needs of Philadelphia's Latino and Puerto

Rican population and residents of the North Philadelphia neighborhood in which Congreso is located.

Tennessee

Nashville, Tennessee. Renewal House is Nashville's first long-term residential recovery community for mothers and children affected by addiction. The focus is to preserve families by helping residents lead sober lives and become self-sufficient.

CASAWORKS for Families Participants

Of the 683 participants in the CASAWORKS for Families program, 71 have been enrolled in New York. At enrollment, the average age for all participants was 35. Forty-eight percent are African-American; 40 percent, white; twelve percent from other racial groups. The racial distribution in New York was 70 percent African-American, one percent white and 28 percent from other ethnic and racial groups.

The average educational level of participants is eleventh grade. All of the women were either receiving or expected to begin receiving welfare benefits within 90 days.

At enrollment, the participating women reported that alcohol and drugs had been a major problem in their lives for at least four years--on average seven years for alcohol and four years for other drugs. Seventy-five percent of these women had never been in alcohol or drug treatment.

Eighty-two percent of participating women reported being unemployed for most of the last three years. Twenty-seven percent have been incarcerated. Most women had experienced family violence: 80 percent emotional abuse, 70 percent physical abuse, 50 percent sexual abuse. Seventy percent reported a lifetime history of symptoms of depression. Twenty-nine percent had received welfare for more than five years; another 30 percent for two to five years; and the remaining 41 percent for less than one year.

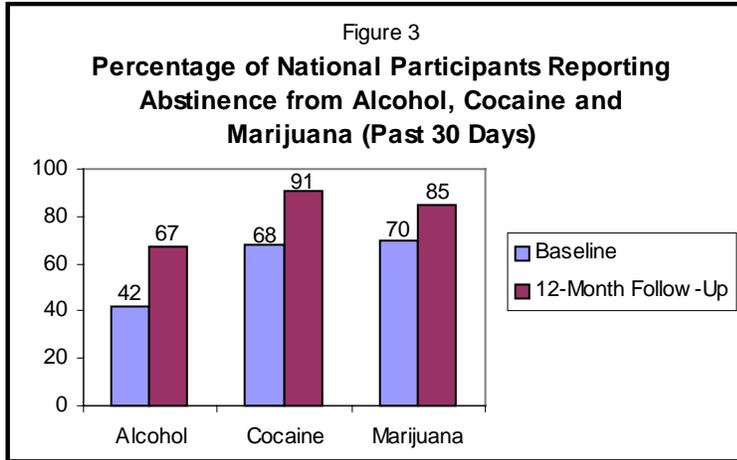
Participants had an average of three children under age 17, with an average of two children residing with them. Other children were in foster care or other living arrangements. Thirty-five percent of the women were attempting to regain custody of at least one child. Sixty-nine percent had at least one child under the age of five.

Preliminary Results

Preliminary data available on the 236 women, including 35 women from New York, who have been followed for 12 months show favorable results toward meeting two primary goals: sobriety and employment. Subsequent data will track progress toward the other two goals of CASAWORKS for Families: family stability and safety and quality parenting.

Recovery

After 12 months, participants showed statistically significant increases in past month abstinence from alcohol, cocaine and marijuana. For all sites, the proportion of women abstinent from alcohol, as measured by no use in the past month, increased by 60 percent (42 percent to 67 percent); the proportion abstinent from marijuana increased by more than 20 percent (70 percent to 85 percent); and the proportion abstinent from cocaine increased by 34 percent (68 percent to 91 percent). (Figure 3) New York City demonstrated even greater statistically significant increases in abstinence: the proportion abstinent from alcohol increased by almost 80 percent (43 percent to 77 percent); the proportion abstinent from marijuana increased by 25 percent (71 percent to 89 percent); and the proportion abstinent from cocaine increased by almost 50 percent (66 percent to 97 percent). For all sites except New York, the proportion abstinent from alcohol increased by 57 percent (42 percent to 66 percent); the proportion abstinent from marijuana increased by more than 20 percent (70 percent to 85 percent); and the proportion abstinent from cocaine increased by 32 percent (68 percent to 90 percent).



In addition to reductions in alcohol and other drug use, those still struggling to recover used substances on fewer days. Nationally, participants reduced alcohol use in the past month from nine days at program entry to three days after 12 months in the program; cocaine from nine days to two days; and marijuana from 10 days to four days. In New York City, alcohol use was reduced from 14 days to three days, cocaine use from eight days to one day and marijuana use from 16 days to four days. In all national sites excluding New York, participants reduced alcohol use from eight days to three days; cocaine from nine days to two days; and marijuana from eight days to three days.

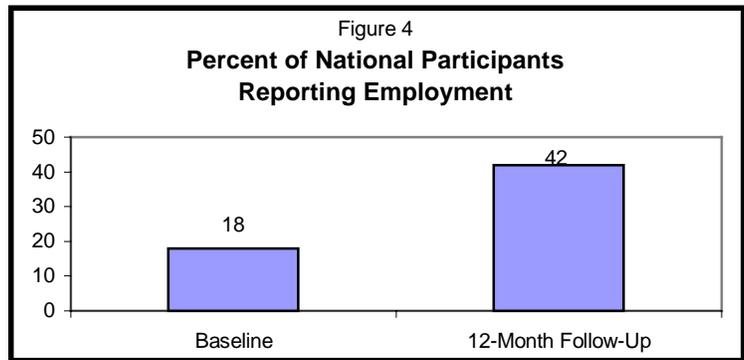
Nationally, after 12 months in the program, participants spent significantly less money on illegal drugs in the past month (\$290.45 at entry compared to \$44.00) and alcohol (\$36.91 compared to \$9.98). In New York City, women also spent significantly less on illegal drugs (\$91.43 compared to \$12.60) and alcohol (\$42.72 compared to \$12.06). In all sites, excluding New York, participants spent significantly less money on illegal drugs as well (\$156.60 at entry compared to \$46.95 at 12 months) and alcohol (\$13.75 compared to \$9.61).

Longer stays in treatment have been correlated with better recovery outcomes.²¹ Ninety-five percent of those enrolled in the program remained active after one month within the program; 81 percent after three months; 59

percent after six months; 50 percent at nine months; and 34 percent at 12 months. The New York site was able to retain about half of their participants both at six months and at 12 months. At 12 months, retention in New York is greater than the national average (47 percent vs. 34 percent). These are longer stays in treatment than other programs have achieved. For example, the Philadelphia Target Cities Program retained 38 percent at one month and 17 percent at six months.²²

Employment

For participants who have been followed for 12 months, employment during this time frame more than doubled; 18 percent of the sample were employed at intake while 42 percent were employed at 12 months. (Figure 4) Among those employed, the average number of days worked in the past 30 days increased from three days to 13 days. Employed participants' average income from work during the past 30 days rose from \$105.00 to \$546.65. New York has not yet shown significant changes in the area of employment, but their progress in the areas of retention and abstinence suggest that improvements in employment may follow.



Impact on Policy

In addition to the promising results experienced by the women enrolled in this program, CASAWORKS for Families also has affected the policies and practices of community organizations and government agencies:

- The North Carolina State legislature appropriated \$5 million to implement a CASAWORKS-like model in several residential perinatal programs across the state (Chapel Hill, NC).
- The CASAWORKS for Families model influenced the shape of Phase II of Tennessee's welfare reform program. The state adopted in their restructured welfare program entitled Family Service Counseling (Nashville, TN) the CASAWORKS philosophy that "therapy is work and work is therapy."
- As a result of their affiliation with CASAWORKS, Missouri's state Vocational Rehabilitation Department no longer requires a participant to be substance free for 90 days before starting the Vocational Rehabilitation process with a substance abusing client: the process now begins immediately along with treatment (Springfield, MO).

The Costs and Benefits of the CASAWORKS for Families Model

For each unemployed substance-abusing woman on welfare who is actively engaged in recovery and becomes economically self-sufficient, the potential annual economic benefit to society is \$48,000 per individual per year: \$16,000 in avoided income maintenance, child welfare, health care and criminal justice costs and \$32,000 in benefits to the economy (\$21,400--the average income for an employed high school graduate--multiplied by the standard economic multiplier of 1.5 for estimating the local

economic effects of a wage).^{*} Costs range from \$3,000 to \$18,000 per year: \$3,000 for outpatient care; \$9,000 for inpatient care; an estimated \$7,200 for subsidized childcare; and \$3,600 in Medicaid benefits.²³

^{*} This potential savings estimate is based on the amount of services and resources currently consumed by families with untreated substance abuse issues as reported by CASAWORKS participants at intake. An expanded discussion of this analysis will appear in a report on CASAWORKS for Families policy implications to be released later this year. Other studies have shown a positive return on investment for investments in substance abuse treatment.

NOTES

- ¹ These data are the first results of a comprehensive quantitative analysis of women participating in the CASAWORKS for Families research. All data are self reported. CASAWORKS for Families' independent evaluator (The Treatment Research Institute at the University of Pennsylvania Center for Studies on Addiction) is tracking 683 women (as of February 2001) who have completed a baseline interview and received TANF within 90 days. Dropouts are included. A total of 236 have completed 12-month follow up interviews as of December 2000. Data in this report include participants who were followed for 12 months.
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- ³ CASA SADAC analysis of 1997 NHSDA data
- ⁴ U.S. Department of Health and Human Services. (2000a)
- ⁵ U.S. Department of Health and Human Services. (2000b); Schneider, J. A. (2000)
- ⁶ Cohen, M., & Welfare Information Network. (1998)
- ⁷ The National Center on Addiction and Substance Abuse (1999). Mumola (2000).
- ⁸ Fazzone, P. A., Holton, J. K., & Reed, B. G. (1997); Hien, D., & Hien, N. M. (1998); The Commonwealth Fund Commission on Women's Health. (1995). On child abuse and neglect and substance abuse see: U.S. Department of Health and Human Services. (1999); The National Center on Addiction and Substance Abuse at Columbia University (CASA). (1999)
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- ¹¹ Browne, A., Salomon, A., & Bassuk, S. S. (1999)
- ¹² Sachs, H. (1999); Johnson, A., & Meckstroth, A. (1998), p. 1
- ¹³ The National Center on Addiction and Substance Abuse at Columbia University (CASA). (1999)
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- ²⁰ National Center on Addiction and Substance Abuse at Columbia University (CASA), & American Public Human Services Association (APHSA). (1999)
- ²¹ Coughy, K., Feighan, K., Cheney, R., & Klein, G. (1998); Siegel, H. A., Rapp, R. C., Li, L., Saha, P., & Kirk, K. D. (1997); Simpson, D. D., Joe, G. W., & Brown, B. S. (1998)
- ²² Treatment Research Institute (Unpublished)
- ²³ Physician's Leadership on National Drug Policy (2001)

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