



CASAWORKSSM For Families Helps Women Get Off Drugs and Into Jobs

Multi-site demonstration of a substance abuse treatment program for hard to employ women on welfare

SUMMARY

From 1997 to 2007, the [National Center on Addiction and Substance Abuse \(CASA\)](#) at [Columbia University](#), New York, planned and carried out a demonstration project to help women on welfare who have substance abuse problems reduce drug and alcohol use and secure and retain jobs.

The demonstration project, called CASAWORKSSM for Families (CASAWORKS), was created in response to major changes in the nation's welfare law that limited the time that welfare recipients could receive benefits and imposed rigorous work requirements on them.

The project took place in three stages:

- A planning phase, in which project staff planned the model and secured state support.
- CASAWORKS Phase 1, in which 11 sites piloted the project. Researchers at the Treatment Research Institute conducted an evaluation of CASAWORKS Phase 1.
- CASAWORKS Phase 2, in which two sites in New York City began a randomized, controlled trial of the intervention. When the evaluators were unable to recruit sufficient women for the trial, RWJF ended funding for CASAWORKS Phase 2.

Key Findings

The following are findings from Phase 1:

- Significant decreases in substance use occurred between admission to CASAWORKS and six months; after 12 months in CASAWORKS, close to half of participants (46 percent) reported being completely abstinent from all substances during the previous six months. In addition:
 - Some 68 percent reported abstinence from all alcohol use.
 - Some 78 percent reported no heavy alcohol use.

- More than 90 percent reported no use of a nonprescribed drug.
- Participants' employment status significantly improved after admission to CASAWORKS. The percentage of participants employed at least half time rose from 6 percent at admission to 20.4 percent at six months and 29.9 percent at 12 months.
- While the percentage of participants receiving Temporary Assistance for Needy Families (TANF) (i.e., welfare) increased slightly from 72.7 percent to 74.6 percent between admission and six months, it decreased significantly to 58.4 percent by 12 months.
- CASAWORKS participants demonstrated "an unusual rate of retention for clients with substance-abuse problems," according to the evaluators.

Funding

The Robert Wood Johnson Foundation (RWJF) funded the project from February 1997 to March 2007 with five grants to the National Center on Addiction and Substance Abuse (CASA) at Columbia University that totaled \$22,136,030.

RWJF also funded the [Treatment Research Institute](#) in Philadelphia, to carry out an evaluation of CASAWORKS Phase 2 from March 2003 to June 2009 with a \$3,650,801 grant. When the evaluators were unable to recruit a sufficient number of women for Phase 2, RWJF terminated the evaluation and redirected remaining funds to other projects at the institute.

THE PROBLEM

In August 1996, President Bill Clinton signed into law the Personal Responsibility and Work Opportunity Reconciliation Act, representing the most significant changes to the country's welfare system since it was established in 1935. These changes placed time limits on how long people could receive welfare benefits, imposed rigorous work requirements on recipients and denied benefits to adults who had been convicted of a drug-related felony.

The act replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF), a federal framework that allowed states to create their own benefits systems. (See Morgenstern et al. "Casaworks for Families: A New Treatment Model for Substance-Abusing Parenting Women on Welfare." *Evaluation Review*, 27(6): 583–596, 2003.) In the past, welfare had been an entitlement. Recipients—typically women—who met certain requirements could receive welfare indefinitely. The new law limited federal benefits to a lifetime total of five years (although states could continue support at their expense).

The new law also imposed work requirements. Recipients must work when welfare agency staff determines that they are ready to work or after two years on assistance with few exceptions. By fiscal year 2002, states were required to have 50 percent of all recipients engaged in a work activity for a minimum of 30 hours per week. In some cases, work activity could include job training and going to school.

Challenges Posed for Welfare Agencies

State welfare agencies, which oversaw the implementation of the welfare law, faced a new and overwhelming set of problems, according to Mary Nakashian, M.A., first director of CASAWORKS at the [National Center on Addiction and Substance Abuse at Columbia University](#) (CASA) and former executive deputy commissioner at New York City's Human Resources Administration where she oversaw the administration of AFDC.

Previously, welfare officials simply verified recipient eligibility and issued checks. Under the new law, they actively helped welfare recipients find jobs and eventually get off welfare. Officials also had to meet an array of new reporting requirements. Finally, the new law changed welfare from an entitlement to a block grant. States received overall funding for welfare recipients and had latitude in how they used those funds.

With the block grants came new responsibility, but also new possibilities of creatively using funds to help women get jobs and get off welfare.

Targeting Women on Welfare with Substance Abuse Problems

It was particularly challenging for welfare agencies to identify and work with women receiving welfare who had substance abuse problems. Welfare agencies in the past did not typically delve into a woman's substance abuse issues as long as she met the eligibility criteria, according to Nakashian.

"The states never really had to do that before," she said. "To meet the [requirements of the law] they would have to dig deeper into the welfare rolls and deal with people with multiple problems. Substance abuse was one of the more challenging problems and states could no longer ignore it."

Studies of women on welfare estimate that between 16 and 37 percent experience problems related to substance abuse, according to researchers at CASA. Many also struggle with physical and mental health problems, family violence, illiteracy, lack of job and parenting skills, unstable housing, inadequate childcare, poor access to transportation, legal problems, insufficient food and/or issues of sexual and physical abuse.

The multiplicity of issues makes it difficult for these women to become clean and sober and self-sufficient. Few treatment programs address the range of problems these women present and women placed in standard addiction treatment exhibit poor retention rates.

These women were at the highest risk of failing to meet the new work requirements of the welfare law, according to CASA. If they failed to secure jobs, they not only put themselves at risk for homelessness but they risked losing their children to foster care.

CONTEXT

At the same time that it was supporting CASAWORKS, RWJF was providing \$5.9 million for a program called *Supporting Families After Welfare Reform: Access to Medicaid, SCHIP and Food Stamps* to remove administrative obstacles that prevent low-income families from securing health and food stamp benefits. See [Program Results](#) on ID# 037218 for more information.

Another project focused on the effects of welfare reform was a large multisite, multidisciplinary study to examine the impact of welfare reform on low-income families and their children called *Welfare, Children, and Families: A Three-City Study*. For more information, see [Program Results](#).

THE PROJECT

From 1997 to 2007, researchers at the [National Center on Addiction and Substance Abuse \(CASA\)](#) at [Columbia University](#) pilot tested and conducted a two-phase demonstration of a program to help welfare recipients with substance abuse problems reduce their drug and alcohol use and secure and retain jobs.

CASA brings together various disciplines to study substance abuse prevention and treatment. Since 1992, RWJF has provided general operating support to CASA. See [Program Results](#) on ID# 032175 for background on CASA.

The project tested a new model, CASAWORKSSM for Families (CASAWORKS), designed to achieve four goals:

- Facilitate and maintain abstinence from drugs and alcohol.
- Promote work and economic independence.
- Address safety from violence for women and children.
- Improve family functioning.

Through CASAWORKS women receiving welfare benefits, who had been identified as having a substance abuse problem, received a comprehensive program of:

- Substance abuse treatment.
- Assistance in securing jobs.
- Help with other needs, such as child care and transportation.

The model hinged on a close working relationship between substance abuse treatment centers and welfare agencies—something that had not occurred in the past, according to initial project director Mary Nakashian, M.A.

"Welfare applicants identified as having a substance abuse problem," said Nakashian, "were offered the chance to participate in CASAWORKS. The women were assigned to a case manager and received an individual, comprehensive plan where drug treatments and job plans would play into each other rather than fight each other. In the past, welfare departments had employability plans and drug treatment programs had treatment plans but these plans needed to be integrated into one plan."

Local nonprofit agencies, such as treatment facilities or community nonprofit organizations, served as the CASAWORKS sites.

The project took place in three phases:

- A planning phase, in which project staff developed the model and secured state support.
- CASAWORKS Phase 1, in which 11 sites piloted the project.
- CASAWORKS Phase 2, in which two sites in New York City began a randomized, controlled trial of the intervention.

An advisory board of researchers and practitioners in employment, substance abuse and welfare reviewed progress on the project, provided feedback on interim evaluation and program data and reviewed and commented on materials. See [Appendix 1](#) for a list of advisory board members.

The Planning Phase

The planning phase (Grant ID# 030586) took place between 1997 and 1998. Project staff and consultants:

- Reviewed literature on substance abuse treatment for women, employment and training and welfare to work programs.
- Held focus groups with women on welfare in three states who had substance abuse issues to learn more about their needs.

- Drafted a guidebook for practitioners describing the model, with standards and measures to determine whether those standards are achieved. Studied employers' attitudes toward and experiences with welfare recipients and substance abusers.
- Researched state activities regarding substance abuse and welfare reform, particularly states actively—or interested in—working to help women on welfare with substance abuse problems find jobs.

CASA's research identified and made recommendations about four issues critical to the development of an effective program.

- Interventions must focus on the unique needs of poor women with children, who face numerous problems beyond substance abuse such as housing, child care, physical and mental health disorders and lack of job skills.
- Interventions must address the disconnection between employment and treatment in welfare agencies and treatment programs. Welfare agencies must recognize that treatment is a critical step on the road to self-sufficiency. Treatment programs must view training and employment as important factors in maintaining abstinence.
- Interventions must address the needs of children. The welfare of her children can motivate a mother to seek treatment. Lack of appropriate child care or a child with severe problems can present impediments to treatment attendance.
- Organizations—especially welfare agencies, substance-abuse treatment programs and job training organizations—must collaborate in serving substance-abusing welfare recipients. Individual case management can link clients to services in these and other organizations, such as mental health agencies and housing programs.

Pilot Sites Chosen

CASA staff invited the governors of 16 states active or interested in the area of welfare reform and substance abuse issues to participate in the program. All 16 responded with interest.

CASA staff members visited the 16 states, met with senior-level members of the state alcohol and drug, welfare and employment agencies, and requested proposals from local lead agencies. Twenty agencies from 13 states submitted proposals. After visiting all 20 sites, CASA staff selected the following 11 sites to participate:

- California—*North County Interfaith Council* in Escondido, San Diego County, a community-based organization that provides an emergency food program, transition housing, mental health services and alcohol and drug services. Its alcohol and drug services are primarily residential.
- California—*PROTOTYPES* in Culver City, Los Angeles County, a large residential and outpatient substance abuse treatment center for women.

- California—*SHIELDS for Families*, Los Angeles, a community-based organization that develops, delivers and evaluates culturally sensitive, comprehensive service programs for families affected by substance abuse and child abuse.
- Maryland—*Johns Hopkins Hospital Comprehensive Women's Center*, Baltimore, a hospital and community-based women's substance abuse treatment center.
- Missouri—*The Lakes Country Rehabilitation Center*, Springfield, which provides vocational guidance, employment services and substance abuse counseling.
- New York—*The Women's Housing and Economic Development Corp.*, Bronx, which provides housing, job training, childcare, youth programs and supportive services to low-income women and their families.
- North Carolina—*Horizons of the University of North Carolina Chapel Hill Hospital*, Chapel Hill, 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.
- Ohio—*Clermont Recovery Center* in Clermont County, Cincinnati, a private, not-for-profit agency providing drug and alcohol intervention and treatment.
- Oklahoma—*Norman Alcohol Information Center*, Norman, which provides counseling, screening, referrals, substance abuse education and prevention services.
- Pennsylvania—*Congreso de Latinos Unidos*, Philadelphia, a community-based organization that provides social, educational, economic and health promotion services.
- Tennessee—*Renewal House*, Nashville, Tenn., Nashville's first long-term residential recovery community for mothers and children affected by addiction.

Five of the sites were located in cities, two were in suburbs and the others served small towns or rural areas.

Ten sites were substance-abuse treatment programs that specialized in services for women, with two primarily residential and the others primarily outpatient. The primary mission of one site was housing and economic development for women (*The Women's Housing and Economic Development Corp.*, Bronx, New York).

Phase 1 of the Demonstration

How the Phase 1 Demonstration Project Worked

Phase 1 of the demonstration (Grant ID# 033275) took place between 1998 and 2001. The project targeted women receiving Temporary Assistance to Needy Families (TANF) who:

- Had not been working in the previous month.
- Had shown evidence of a substance-abuse problem in the previous six months.
- Were willing to participate in the CASAWORKS intervention.

Initially, each site was expected to recruit 100 women for a total of 1,100. This goal was not met. A total of 673 women participated in CASAWORKS Phase 1 (out of 962 who presented for referral or about a 70 percent admission rate). The goal was that each woman would participate for about a year. Referrals came from welfare offices, other state agencies and community organizations. The project site director determined if the client was eligible to participate.

Sites and participating agencies were required to offer the following services:

- Substance abuse treatment.
- Employment training (work readiness, vocational training and basic education).
- Domestic violence services.
- Parenting training.

The sites also offered the following services if needed:

- Physical health services.
- Mental health services.
- Assistance with basic needs such as child care, transportation, shelter and clothing.

Typically women were required to be involved in treatment or work-related activity 20 to 30 hours a week.

Each site was funded by CASA to hire a project coordinator and two case managers. The project coordinator, who was based at the site, worked

Setting the Stage for Collaboration

Persuading agencies and organizations that serve women receiving welfare to work together took time and effort, according to Fay Gibson. Gibson ran the project in North Carolina for a year. The North Carolina project was based at Horizons, an organization that provided outpatient substance abuse treatment for low-income women. Gibson later managed the demonstration program for CASA.

During the first project year, Gibson spent much of her time reaching out to potential partners, including representatives from the social services department, welfare department, county mental health agency, department of vocational rehabilitation and other organizations and agencies. She met monthly with these organizations.

Gibson worked with the organizations to secure their agreement on the goals and objectives of CASAWORKS. The organizations also had to work out issues of confidentiality and how much information they could share among themselves about a client's progress in substance abuse treatment, parenting classes and other areas.

Among the difficulties was a difference in approach between the substance abuse treatment centers and the welfare agencies, Gibson said. Staff in treatment centers at times did not want women to be pushed into work until the women were further along in reaching treatment goals. Welfare officials were more anxious to set deadlines for women to be out in the workforce.

It took about a year for the agencies and organizations to begin working together and referring women to one another's programs, Gibson said.

"It was really a case management model to work with the welfare department and the treatment facility at the same time, which was a real challenge," Gibson said. "It required a partnership of providers so people could help women become self-sufficient and clean and sober."

with other agencies (including welfare agencies) that served participating women to coordinate the services they received.

The sites assigned a case manager to each participant. Case managers:

- Assessed clients' needs and resources.
- Worked with the women to create an economic self-sufficiency plan.
- Offered support, advocacy, monitoring and outreach.
- Helped women get services that they needed.

Often, the case manager found she had to address other needs that women faced, according to Fay Gibson, project director of the North Carolina site. "In North Carolina, there is no mass transportation system," she said. "How do you get women to treatment centers and get them home and figure out child care for 30 hours a week? That's what the case manager spent a good amount of her time on."

CASA Provides Assistance to the Sites

During the Phase 1 demonstration, CASA staff:

- Held six national meetings and four trainings for the sites during the project. The trainings were on: CASAWORKS 101, a two-day training for partnering agency personnel, case management, family systems and employment integration.
- Created and distributed seven issues of a quarterly newsletter, starting in May 1999, to the 11 sites and their partnering agencies.
- Created a Web site, launched in September 1999 (but no longer active), that provided information to the sites on a variety of topics; facilitated communication through a listserv; and provided information to a general audience about the project, the sites, research results and other topics.
- Created and distributed a two-volume field guide that described essential project components.

Phase 1 Evaluation

In 1998, CASA project staff sub-contracted with the [Treatment Research Institute](#), a Philadelphia-based substance abuse research organization, to conduct a formative evaluation (i.e., one designed to help improve a project) of Phase 1 of CASAWORKS. The evaluation focused primarily on four research questions:

- What are the key characteristics and needs presented by women entering the CASAWORKS projects at the 11 sites?

- Are the key programmatic features of the CASAWORKS model fully implemented across diverse settings and for women with different characteristics and needs?
- Do the intervention strategy and services designed for these women show evidence of effectiveness?
- What are the factors important in producing favorable outcomes and, therefore, what are "best practices?"

The evaluation covered 10 sites; one site was unable to recruit the required target sample.

For the Phase 1 evaluation, evaluators:

- Interviewed clients three times: at the start of the intervention and at six months and 12 months. The study began with 529 participants: 406 completed the six month assessment and 420 completed the 12-month. A total of 366 (69.2 percent) completed all three assessments.
- Administered a modified version of the Addiction Severity Index, which is designed to provide basic diagnostic information on a client prior, during and after treatment for substance use-related problems and assess change in client status and treatment outcome.

Evaluators modified the index to capture the additional problems of low-income women in the areas of parenting and child needs, domestic violence and basic needs such as housing, child care, transportation, food and clothing.

Challenges in Phase 1 of the Demonstration

CASA staff, project directors and evaluators identified the following challenges in the first phase of the demonstration:

Difficulty Recruiting Welfare Participants With Substance Abuse Problems

Sites found that women enrolled in Temporary Assistance for Needy Families (TANF) were reluctant to disclose their substance use and agree to participate in a treatment-based program. Thus, recruiting and enrolling a sufficient number of participants in the CASAWORKS demonstration was a challenge.

Early in the process, CASA staff discovered that welfare offices were insufficient as the sole source of participants, as originally planned. Sites began recruiting from social service organizations, treatment programs, employment counselors contracted with TANF, the courts, mental health programs and other agencies. This outreach increased the admission rate. As it turned out, just 28 percent of referrals to the sites came directly from local welfare offices.

Conflicts Arising From Agency Differences

Projects struggled to achieve successful collaboration among the agencies and organizations that served participants (as shown in the text box on North Carolina). In many cases, projects reported conflicts with partnering agencies regarding program philosophy, scheduling activities and communications.

Integrating treatment and employment training proved difficult for some programs to implement-especially substance abuse programs with a more traditional treatment philosophy. Those programs advocated a model where women must achieve stable abstinence before they look for a job. They typically provided only minimal employment training in the early phases of CASAWORKS.

High Levels of Other Problems Among Participants

Site staff recognized that the women had high levels of mental health and family problems, but staff had difficulty developing and implementing interventions to address some of these problems, particularly where there were no evidence-based treatment practices.

For example, many women in the project were involved with child protective services. Yet there were no established protocols to address the needs of families with those problems. Project staff members noted a need for CASA to provide more guidance in prioritizing, sequencing and coordinating treatment and training/employment schedules for women with multiple problems.

Additional Funding for Phase 1 of the Demonstration

Additional funding to CASA included:

- A \$40,000 grant from the Annie E. Casey Foundation, Baltimore, to support consulting services to build stronger family relationships among participants.
- A subcontract from the Welfare to Work Partnership of \$700,000 from a U.S. Department of Labor grant to provide educational materials to address the ways businesses understand, train, retain and supervise entry-level workers.
- New York City provided \$2 million to fund the CASAWORKS site in the Bronx.
- The U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, provided \$900,000 to fund the Oklahoma site.

Several individual sites also received funding directly from local public and private funders. See [Appendix 2](#) for a list of these funders.

Preparing for CASAWORKS Phase 2

The evaluation of CASAWORKS Phase 1 found evidence that the model held promise for helping women who were on welfare and abusing alcohol or drugs stay abstinent, find jobs and get off welfare. (See [Findings: Evaluation of Phase 1 Demonstration](#).) But because it was a formative evaluation with no control group, RWJF, CASA staff and evaluators felt it was important to conduct a more rigorous evaluation.

At the completion of Phase 1 of the demonstration project, RWJF gave CASA two additional grants to prepare for a randomized controlled evaluation of the project with eight sites (ID# 034776 and 044772). Diana Woolis acted as project director for grant ID# 034776. Those grants ran between 2001 and 2003.

To prepare for a randomized controlled evaluation CASA staff:

- Developed standard protocols for case management and conducted a pilot test of those protocols.
- Identified new curricula to improve its parenting and life and work skills interventions:
 - An evidence-based parenting intervention called Focus on Families.
 - A curriculum to foster life and work skills called Survival Skills Education and Development.
- Developed case management software to record the work of case managers.
- Completed a case management manual, operations guide and training procedures.

As it developed, CASAWORKS Phase 2 became a more formalized model.

"In CASAWORKS Phase 1 there was a lot of exploration about what kind of treatment model would work best and the sites were given a lot of latitude, which makes sense," said Jon Morgenstern, Ph.D., who directed CASAWORKS Phase 2 and is vice president and director of CASA's Health and Treatment Research and Analysis Division.

"Phase 2 was a more rigorous randomized controlled experiment. We wanted to control the intervention more so we could have a standardized program. We beefed up the elements and made them more prescriptive so the sites would have more direction in what they were doing. We also tried to put more focus on employment services because we thought they were somewhat underdeveloped in CASAWORKS Phase 1."

In addition, "one of the critiques from welfare officials about Phase 1 was that many of the women who participated were recruited from treatment centers, not welfare offices," Morgenstern said. "To make this intervention relevant to welfare offices, it was important to have the welfare offices refer women to this project," he said.

Phase 2 of the Demonstration

In Phase 2 of the demonstration, RWJF funded a randomized, controlled evaluation of CASAWORKS, through grants to CASA (ID# 045793) and Treatment Research Institute (ID# 045771). According to former RWJF Senior Program Officer Connie Pechura, Ph.D., RWJF hoped that this kind of evaluation—the most rigorous evaluation available—would provide findings about the utility of CASAWORKS.

Treatment Research Institute conducted the evaluation. (See [Phase 2 Evaluation](#).) CASA was responsible for:

- Developing, implementing and monitoring the fidelity of CASAWORKS in the study sites.
- Conducting a qualitative analysis of CASAWORKS' Phase 2 implementation. Manpower Research Demonstration Corp., under a subcontract, began to partner with CASA on this study.
- Developing policy and program resources (such as protocols, manuals and training materials) to disseminate information about the CASAWORKS model and assist its replication.

RWJF did not fund the costs of carrying out the demonstration and CASA staff sought an additional funder for it. CASA secured a three-year \$7.5 million award from the New York City's Human Resources Administration to implement programs in a site for women on welfare who were substance abusers.

Initially CASA signed an agreement to carry out the Phase 2 demonstration at the New York site from Phase 1, the Women's Housing and Economic Development Corp. However, staff at the site was uncomfortable with the randomized controlled study design and decided not to participate.

In April 2003, CASA signed an agreement to carry out the demonstration with [Palladia](#), a large, multiservice community organization in New York. The project took place at two sites, one in East Harlem and one in the Bronx.

Clients were assigned to either the CASAWORKS program or a control group for the evaluation.

To assist the sites in carrying out the project, CASA staff:

- Trained site staff on the *Focus on Families* parenting curriculum.
- Conducted weekly case managements with site staff.
- Introduced site-specific weekly clinical team meetings.
- Designed and delivered 20 days of training to site staff.

Phase 2 Evaluation

Treatment Research Institute staff planned the evaluation to take place at two sites in New York City and include an experimental group and a control group of 260 women each. The study would include:

- An evaluation of 6-, 12- and 18-monthly outcomes for substance abuse and employment status of the women in both groups.
- An evaluation of the effects on welfare use, family safety and parenting skills.
- An estimation of the marginal cost of CASAWORKS (i.e., cost of treatment services used in CASAWORKS versus the cost of treatment services in usual care).

The Termination of the Phase 2 Evaluation

Evaluators at the Treatment Research Institute were unable to obtain the participation level required for the randomized, controlled evaluation. Key factors responsible included:

- The New York City Human Resources Administration had strict monitoring rules on women who enrolled in the CASAWORKS project, which discouraged them from signing up, according to Tom McLellan, Ph.D., the evaluator at Treatment Research Institute, and former RWJF program officer Pechura.

Each woman had to enroll through the welfare office and notify the office that they were participating in this project. By signing up for a substance abuse treatment program, the women were admitting to the welfare office that they had a substance abuse problem, which they feared would put them in danger of losing their welfare benefits and even custody of their children if they did not follow all of the rules, McLellan said.

- The CASAWORKS model in Phase 2 had many more requirements of participants than did Phase 1, which may have discouraged women from participating as well, according to McLellan. The first phase of CASAWORKS outlined general areas that sites had to offer women (such as mental health services and job training) but left it up to the sites to determine how best to meet those requirements.

CASAWORKS Phase 2 had much stricter requirements on these areas (e.g., specifying how many mental health sessions each woman should have). While these requirements were helpful in conducting a randomized, controlled evaluation, they may have been too much for the women participating in the project who had other demands on their time, according to McLellan.

By the end of the second year of Phase 2, evaluators had enrolled just 111 women in the study. The original design required 520 enrollees. As a result, RWJF staff decided in March 2005 to end the evaluation and re-allocate the remaining funds to other projects at Treatment Research Institute.

At the same time, RWJF reduced the amount of funding to CASA for CASAWORKS and CASA did not complete its part of Phase 2. Phase 2 of the demonstration ended in December 2005.

FINDINGS: EVALUATION OF PHASE 1 DEMONSTRATION

The Phase 1 evaluation findings are based on a total of 529 participants, from 10 sites, who were enrolled in CASAWORKSSM for Families when the evaluation began and in the program long enough to complete a 12-month follow-up interview. The eleventh site was unable to recruit even half the target sample, and was not included in the evaluation.

Evaluators reported Phase 1 findings on participant characteristics, outcomes and services received in an article titled "One-Year Outcomes from the CASAWORKS for Families Intervention for Substance-Abusing Women on Welfare," in *Evaluation Review* in December 2003. See the [Bibliography](#) for details.

Participant Characteristics

- **Upon admission, the 529 women participating in CASAWORKS averaged about five years of heavy alcohol use (i.e., three or more drinks per day, three or more days per week).** Among the 57 percent (303) who did engage in heavy drinking, the average length of time they had done so was 9.3 years.
- **Upon admission, the 529 women participating in CASAWORKS reported regularly (three or more times per week) using marijuana for an average of six years and cocaine for an average of four years.** Among the 430 actual heavy users of either marijuana or cocaine, the average duration was nine years for marijuana and seven years for cocaine.

For additional findings on the characteristics of CASAWORKS participants upon admission, see [Appendix 3](#).

Outcomes Findings

- **Significant improvements in substance use occurred between admission and six months; after 12 months in CASAWORKS, close to half of participants (46 percent) reported being completely abstinent from all substances during the previous six months.** In addition:
 - Some 68 percent reported abstinence from all alcohol use.
 - Some 78 percent reported no heavy alcohol use.
 - More than 90 percent reported no use of a nonprescribed drug.
- **Participants' employment status significantly improved after admission in CASAWORKS.** For example:

- The percentage of participants employed at least half time rose from 6 percent at admission to 20.4 percent at six months and 29.9 percent at 12 months.
- Dollars paid for work increased from \$42 at admission to \$127 at six months and \$240 at 12 months. (This is all the information given in the article.)
- **While the percentage of participants receiving Temporary Assistance for Needy Families (TANF) increased slightly from 72.7 percent to 74.6 percent between admission and six months, it decreased significantly to 58.4 percent by 12 months.**
- **By 12 months, 98 percent of the women reported no illegal activity at the time of the interview but 13 percent had been arrested and 3 percent were incarcerated at some time during the year.** Incarceration may have been related to acts committed before entry into the program.
- **Both medical and psychiatric health significantly improved over the course of the study.**
 - Days of medical problems decreased from 7.2 days during the prior month at admission to 5.8 days in the month before the 12-month interview. The improvement mainly occurred between six and 12 months.
 - Days of psychiatric problems during the prior month decreased from 10.9 at admission to 8.2 at 12 months. Psychiatric improvement was greater in the first six months.
- **Social and family problem severity (as measured by a composite score of problems) decreased significantly during the study; almost all of the change occurred between admission and six months.** Days of social conflict did not change significantly.
- **Women's legal problems (as measured by a composite score of problems), which were often tied to family and relationship problems, decreased significantly from admission to six months but not thereafter.**
- **Average number of days in school or training per participant in the month before each interview increased significantly from less than one day at admission to almost two days at six months.** There was no further increase at 12 months.
- **The percentage of women for whom lack of transportation was a barrier to work decreased significantly over the 12 months of the program.**
 - From 42.1 percent at admission to 32.9 percent at 6 months.
 - From 32.9 percent at 6 months to 24.3 percent at 12 months.
- **CASAWORKS participants demonstrated "an unusual rate of retention for clients with substance-abuse problems," according to the evaluators.**

- At one month 81 percent of enrollees were still in the program.
- At three months 61 percent remained in the program.
- At six months 51 percent remained in the program.
- At nine months 38 percent remained in the program.

Participation in treatment was also high and stable, with average attendance per participant of four to five days per week (25 hours per week).

Services Received

Evaluators reported Phase 1 findings on services received in an article titled "Treatment Services Received in the CASAWORKS for Families Program," in *Evaluation Review* in December 2003. See the [Bibliography](#) for details.

- **Most CASAWORKS participants received a range of services early in the program.** The percentage of women receiving different services decreased over the 12 month study period.
- **The percentage of clients receiving different services varied considerably across the sites, as did the number of sessions received.** For example, depending upon the site:
 - Between 48 and 100 percent of clients received alcohol and drug services.
 - Between 31 and 81 percent of clients received employment services.
 - Between 28 and 77 percent of clients received psychological services.
- **At each follow-up point, participants still in the program had received at least one case management service per month, with the average number being five at one month, three months and six months (or about one per week), decreasing to less than four at month 12.** The topic most frequently covered during the sessions was substance abuse (76 percent at month 1), followed by government entitlements (49 percent). Employment related topics were not addressed very often, despite the transition from welfare to work being a major CASAWORK goal.
- **The more days a client had spent in CASAWORKS at month 12 the less likely she was to have had any alcohol use in the prior 30 days.** However, there was no correlation between time in CASAWORKS and drug use or employment outcomes.

See [Appendix 4](#) for additional findings on the services received.

Limitations

- Evaluators noted the following limitations to study findings in their article in *Evaluation Review*:

"[T]he most significant limitation was a lack of a control or comparison group. The major purposes of this formative evaluation were to examine evidence of 'proof of concept' and 'implementation feasibility' for the [CASAWORKS] model. To these ends, multiple sites were picked explicitly for their variability and with the hope that different methods of interpreting the [CASAWORKS] model would develop."

"[This approach] did not permit a standard comparison or control condition. Thus, despite the largely favorable results, there is no evidence that [CASAWORKS] was the casual factor in bringing about the observed improvements." The authors also noted that the many legal, social and financial pressures on these clients to reduce substance use, leave TANF and begin working were likely to have influenced these improvements.

- "Another obvious limitation of the findings is that all the data were based on self-reports, with no independent validation against laboratory tests or collateral reports.... The data were collected ... using instruments and procedures that have been validated in many similar studies. [There were] built-in consistency checks. ... [But] there are clear pressures to underreport drug use, welfare income, illegal activity and other negative behaviors in all client samples and perhaps especially this one."

CONCLUSIONS

- Evaluators offered the following conclusions regarding findings from the Phase 1 evaluation in articles published in *Evaluation Review* in December 2003:

"Although we cannot be certain that the generally favorable results seen in this formative evaluation were actually caused by the intervention [i.e., participation in CASAWORKS], the findings are quite consistent with the underlying model under which the intervention was conceived, delivered and evaluated. In addition, there is evidence that the intervention was appropriate for and attractive to the target population." ("One-Year Outcomes from the CASAWORKS for Families Intervention for Substance-Abusing Women on Welfare")

"The results of this study suggest that the CWF [CASAWORKS] program was successful in two of its primary objectives: to retain women in treatment and to deliver a wide range of relevant services. The retention rates can be described only as remarkable for outpatient programs.... It is possible that the emphasis on case management was a factor in the excellent retention and service delivery rates. Clients had frequent contacts with case managers-once per week or more throughout the intervention-and the sessions covered a wide range of activities and topics." ("Treatment Services Received in the CASAWORKS for Families Program")

Significance to the Field

In a report to RWJF, CASA staff cited multiple state and local examples of the impact of CASAWORKS on the treatment of women on welfare with substance abuse problems.

Among the most significant were:

- The North Carolina state legislature appropriated \$5 million for a project to implement a CASAWORKS-like model in nine residential perinatal programs across the state. Horizons CASAWORKS was awarded funds from this project to provide residential treatment to its target population.
- Johns Hopkins Hospital Comprehensive Women's Center's experience with CASAWORKS helped shape several East Baltimore community initiatives, including a project that focused on intensive case management services for substance-abusing women with children ages birth to six.
- CASAWORKS also prompted Johns Hopkins Hospital Comprehensive Women's Center to develop a partnership with the AFL-CIO to address the issue of patients' outstanding gas and electric bills, which were the biggest impediments to securing drug-free, permanent housing.
- Greater Philadelphia Works regional center, which previously dropped participants not employed within 30 days (excluding them from 16-week transportation and voucher and career training benefits), amended their policy to accommodate those enrolled in CASAWORKS for up to six months.
- As a result of its affiliation with CASAWORKS, Missouri's state vocational rehabilitation department no longer requires 90 days of "clean time" before starting the vocational rehabilitation process with a substance abusing client; the process begins immediately.

LESSONS LEARNED

1. **When designing a program like CASAWORKS, think about the audience that will be affected and the issues that keep that audience awake at night.** In this case, the audience was welfare officials (the welfare departments had money at the time) and the issue that kept them awake was fear of protests when peoples' benefits ran out. By defining CASAWORKS as a welfare intervention, project directors gained the attention and involvement of their target audience, welfare officials. (Project Directors Jon Morgenstern and Mary Nakashian)
2. **Right from the start, seek support from the highest level of government that will be affected by a project.** CASA staff met with state governors and agency directors to seek their interest and support of the CASAWORKS program. By doing so, the project gained attention from the target group—welfare offices and other state agencies—because it had the imprimatur of state officials at the highest levels. (Project Director Nakashian)

3. **Hire senior people to administer a highly complex program.** When implementing a program that seeks to change the way institutions collaborate it is important to have senior people who have experience in the field to oversee the work. At times, these people will need to provide assistance to the local sites or make sure that the sites are doing the work they are supposed to be doing. Someone with experience in these areas will have more confidence and credibility in carrying out these tasks. (Project Director Nakashian)
4. **Involve the key agencies that touch the lives of the intervention's clients.** CASA staff involved many of these agencies but learned in the course of CASAWORKS Phase 1 that it had left out a key group—judges in family courts. Family court judges decide whether women who have issues with substance abuse can maintain custody of their children or whether the children must go into foster care and, therefore, can have a significant impact on the lives of these women and their families. (Co-Project Director Fay Gibson)
5. **Begin planning for sustainability of an intervention from its beginning.** Projects that seek to change the way government agencies work together often need policy change for the work to be sustained. It is important to begin thinking about how those policies can be changed at the start of project so that the work, if effective, can continue when the funding ends. (Co-Project Director Gibson)
6. **Ask the people who are participating in a project what they need and what is important to include in the intervention.** When they developed CASAWORKS, CASA staff conducted focus groups with women on welfare who were struggling with alcohol or drug addiction and asked what they needed to help them move from welfare to holding a job. The information proved invaluable in helping the project directors develop and adjust the CASAWORKS model. (Project Director Diana Woolis)
7. **Spend a day as a project client in order to gain insight into how clients can best be supported.** For example, if a project seeks to help women who are alcoholics and drug addicts get off welfare and hold a job, spend a day pretending to be one of those women. Go through all of the work to sign up for benefits and find out the barriers and frustrations that the women face. The experience will afford project designers and directors a better understanding of the frustration and barriers that potential clients face and will identify process and logistical problems early.

Had the CASAWORKS Phase 2 project directors taken this approach, they might have realized that women seeking to participate in CASAWORKS would have to declare to the welfare office that they had a substance abuse problem and risk losing the custody of their children—something few women were willing to do. Project staff might have also learned that the interventions designed for Phase 2 were too intensive for women who had multiple demands on their time. (Evaluator, Project Director Morgenstern)

8. **Educate substance abuse treatment centers on the importance of employment on recovery.** Some treatment centers in Phase 1 felt that women had to achieve abstinence before they could get a job. But project directors and evaluators found that getting a job could motivate women to stop using alcohol or drugs. "About half the people [who participated] were not convinced that they wanted to go to treatment, but they wanted to work," said Jon Morgenstern, one of the CASAWORKS project directors. "People will be motivated to get off drugs if there is something they want—and if they want a job they need to be off drugs." (Project Director Morgenstern and Co-Project Director Gibson)
9. **Strive for consistency among demonstration sites if the model is to be disseminated in the future.** Sites were given wide latitude in developing services to implement the CASAWORKS model in this demonstration, so creators of the model expected variability. Greater consistency is needed to test a model in a randomized, controlled study and ensure that the model can be disseminated. (Project Director Morgenstern and Co-Project Director Gibson)

AFTERWARD

CASAWORKS for Families is no longer in operation. However, CASA staff applied many elements of CASAWORKS to the development of a program called **CASASARDSM**, which provides intensive case management for substance-abuse dependent women receiving Temporary Assistance for Needy Families (TANF).

CASASARD is designed to get women engaged in treatment and employment services, help them become sober and successfully move to stable employment. CASASARD uses an intensive case management approach to provide services for these women and compares it to the standard care approach that focus on employment first, screening and referral.

The ongoing project takes place in 19 counties in New Jersey and is funded by the National Institute on Drug Abuse.

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APPENDIX 1

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APPENDIX 2

Additional Funders of Individual Sites

- The Clermont County (Ohio) Mental Health Recovery and Board awarded \$45,000 to the Clermont County Recovery Center in Cincinnati to hire an individual to provide substance abuse orientation to potential recipients.

- The Family League of Baltimore City provided a \$40,000 contract to the Comprehensive Center at Johns Hopkins Hospital to hire two additional CASAWORKS case managers.
- In Nashville, Tenn., Renewal House received \$19,500 to pay for start-up expenses for a van to transport CASAWORKS clients.

APPENDIX 3

Complete Description of Characteristics of Phase 1 CASAWORKS Participants

Evaluators reported the characteristics of Phase 1 CASAWORKS participants at admission in an article titled "One-Year Outcomes from the CASAWORKS for Families Intervention for Substance-Abusing Women on Welfare," in *Evaluation Review* in December 2003. See the [Bibliography](#) for details.

- **Demographically, the participants had the following characteristics:**
 - Average age was approximately 32 years.
 - About 38 percent were White, 48 percent were Black and 12 percent were Hispanic.
 - Average of 11 years of schooling although 38 percent had a high school diploma or GED and approximately 12 percent had education beyond high school.
 - Just 10 percent of the sample was married; the remainder was either divorced or separated (32 percent) or never married (56 percent).
- **Upon admission, the 529 women participating in CASAWORKS averaged about five years of heavy alcohol use (i.e., three or more drinks per day, three or more days per week).** Among the 57 percent (303) who engaged in heavy drinking, the average length of time they had done so was 9.3 years. Most of these women (73.5 percent) had never been treated for alcohol dependence. The women who did receive treatment averaged about 1.5 previous treatments.
- **Upon admission, the 529 women participating in CASAWORKS reported regularly (three or more times per week) using marijuana for an average of six years and cocaine for an average of four years.** Among the 430 heavy users of either marijuana or cocaine, the average duration was nine years for marijuana and seven years for cocaine. Almost half of the women (47 percent) had never been treated for drug dependence and those women who had received treatment had averaged only about one previous treatment episode.
- **Almost two-thirds of participants (61 percent) had received the majority of their total income from the federal Temporary Assistance for Needy Families (TANF)**

program or welfare over the previous three years. Participants had been receiving TANF/welfare for an average of six years during the course of their lives.

- **Participants had problematic living situations.**
 - About 28 percent had been living with family or friends prior to admission to the CASAWORKS program. Another 12 percent had been in some type of controlled environment such as a hospital, treatment program or jail in the month before their admission. Some 9 percent had been homeless.
 - About one-third (32 percent) reported significant problems in meeting food, clothing and shelter needs for themselves and their children in the previous month.
- **On average, participants reported having given birth to an average of 2.6 children.** Almost all (95 percent) had legal custody of at least one child (average age of five years). About 20 percent had lost custody of at least one child.
- **Three-quarters of the women had been mostly unemployed for the majority of the past three years.** Some 46 percent reported having an employable skill or trade. Only 17 percent had worked in the month prior to admission to the CASAWORKS program.
- **CASAWORKS participants had experienced a great deal of violence in their lives.**
 - Some 44 percent of the women had been both physically and sexually abused.
 - Some 70 percent had been physically abused.
 - Some 51 percent had been sexually abused.
- **CASAWORKS participants had been involved in the criminal justice system.**
 - Some 74 percent of the women had been convicted of at least one criminal offense in their lives, with an average of three convictions.
 - Some 27 percent had been incarcerated.
 - About 20 percent were on probation or parole.
 - Some 14 percent were awaiting charges, trial or sentencing for a criminal conviction at the time of their admission into CASAWORKS.
 - About half (52 percent) had been investigated by child protective services; 22 percent were being investigated at the time of CASAWORKS admission.
- **CASAWORKS participants reported significant psychiatric problems.**
 - Some 45 percent of the women had had prior psychiatric treatment.

- Some 69 percent of the women reported lifetime periods of significant depression and 61 percent reported lifetime anxiety.
- Some 42 percent had significant trouble controlling violent tendencies, 41 percent had given serious, repeated thought to suicide and 31 percent had attempted suicide.

APPENDIX 4

Complete Description of Services Received by Phase 1 Participants

Evaluators reported Phase 1 findings on services received in an article titled "Treatment Services Received in the CASAWORKS for Families Program," in *Evaluation Review* in December 2003. See the [Bibliography](#) for details.

- **Most CASAWORKS participants received a range of services early in the program.** The percentage of women receiving different services decreased over the 12 month study period. For example:
 - The percentage of clients receiving medical services (such as physical exams or appointments with medical specialists) decreased from 68 percent during the first month to 47 percent at month 12.
 - During the first month 67 percent of clients received some employment services (such as work readiness sessions or counseling on employment problems). This decreased to 31 percent in month 12.
 - The percentage of clients receiving services for basic needs (housing, transportation, child care, food and clothing) declined from 79 percent during the first month to 46 percent in month 12.
 - During the first month 87 percent of clients received alcohol and drug services. At six months 67 percent were still receiving services. This declined to 52 percent in month 12. The most common type of session addressed relapse prevention, received by 58 percent in the first month.
 - Some 31 percent of clients reported receiving legal services during the first month. By month 12, only 19 percent were receiving legal services.
 - During the first month 74 percent of clients received some type of family services (such as counseling on parenting problems). This decreased to 37 percent by month 12.
 - The percentage of clients receiving services for emotional and psychiatric problems decreased from 63 percent during the first month to 32 percent in month 12. Services included psychiatric medication and psycho-therapy.

- Number of days of attendance remained relatively constant over the full period at about 13 to 16 per month, or three to four per week.

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