

Research Notes

Intensive Case Management Improves Substance Abuse and Employment Outcomes of Female Welfare Recipients: Preliminary Findings

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September 2002

EXECUTIVE SUMMARY

Welfare caseloads have declined dramatically since 1996, assisted in part by a strong economy. However, many families have not made the transition to stable employment. As welfare reform reauthorization approaches, there has been an increasing discussion about welfare recipients who experience a variety of personal barriers to employment, or what have been characterized as hard-to-employ (HtE) populations (Brown, 2001). Studies have shown that a large proportion of recipients have physical and behavioral health barriers and that a greater number of barriers is associated with lower rates of employment (Chandler & Meisel, 2000; Danziger et al., 2000). States have begun to experiment with more intensive service programs to assist HtE recipients than the typical "work first" approach that emphasizes rapid labor force attachment (Brown, 2001).

Many of the families remaining on welfare caseloads face significant barriers to employability. Among the most significant of these is substance abuse. States are struggling to develop innovative strategies to effectively address substance abuse in the context of welfare reform. Some states have attempted to integrate substance abuse treatment into their welfare employment programs, yet rates of entry and retention in substance abuse treatment continue to be low. Studies have consistently demonstrated that those receiving substance abuse treatment have better employment outcomes (Nakashian & Moore, 2000), but it is necessary for clients to remain in treatment in order to achieve these effects (Wickizer et al, in press).

This report is based on a study conducted in New Jersey comparing two contrasting intervention approaches for substance abusing women on welfare: Care Coordination and Intensive Case Management. Earlier reports indicated that providing Intensive Case Management services compared to a more limited triage and referral system increased rates of entry and retention in substance abuse treatment during the first 3 months post admission. Clients referred to substance abuse treatment programs using the Intensive Case Management approach were significantly more likely to enter substance abuse treatment and were especially more likely to continue attending outpatient treatment sessions (Morgenstern, J., Riordan, A., McCrady, B.S., Blanchard, K.A. & Irwin, T.W., 2001). The purpose of this report is to present treatment entry and retention rates 9 months post admission as well as preliminary substance abuse and employment outcomes.

An initial cohort of 155 female TANF recipients screened positive for substance abuse and were determined to need treatment. These women were randomly assigned to Care Coordination (CC) or Intensive Case Management (ICM). A group of 69 non-substance abusing female welfare recipients were recruited to serve as a comparison group. Data were collected from participants in all groups for 9 months after the recruitment.

Although both CC and ICM appear to be useful strategies to integrate substance abuse treatment into welfare programming, preliminary findings indicate the benefits of providing intensive case management services over a more limited triage and referral system. Intensive case management significantly increased rates of engagement in substance abuse treatment, as well as rates of abstinence from drugs and alcohol. For example, nine months after intake into the study almost 50% of clients in ICM were completely abstinent versus about 40% for the CC clients. However, ICM did not increase rates of engagement in work and training activities, at least during the first 9 months of the program. Rates of employment and training for substance abusers in both groups were significantly lower than those of non substance abusers. Findings indicate that intensive case management interventions are more effective in increasing rates of abstinence from substances than triage and referral, although it seems to have no immediate effect on engagement in work and training. Further study is clearly needed to examine more long-term substance abuse and employment outcomes.

BACKGROUND AND RATIONALE

Studies suggest a high prevalence of substance abuse among women receiving public assistance, with some studies reporting rates as high as 27-39% (CSAT, 1996; Kline et al., 1998; Sisco & Pearson, 1994). Substance abuse among parenting women has long been identified as a major public health problem (e.g. Reed, 1985). However, as states implement welfare reform, attempts to address this problem take on greater urgency. States have adopted strict new work requirements and time limits on receipt of welfare benefits, yet substance abusers face substantial barriers to employability. Most will require effective substance abuse treatment and additional services to address associated problems such as low basic skills, housing, mental health disorders, and domestic violence before they can begin to work (Pavetti et al., 1997).

The relationship between substance abuse and employment is strong. Research has consistently shown that substance abuse impairs work performance and those receiving substance abuse treatment have better employment outcomes (Nakashian & Moore, 2000). For example, Wickizer et al. (in press) studied 5,664 substance abusing welfare recipients in Washington State. Recipients who remained in treatment were 25% to 100% more likely to become employed than those who did not receive treatment or dropped out of treatment early. Thus, research findings support the important role of substance abuse treatment in helping clients obtain employment and self-sufficiency.

Currently, states are struggling to develop innovative strategies to effectively address substance abuse in the context of welfare reform. A few states have implemented systems to integrate substance abuse treatment into welfare-to-work programs. Typically these systems involve an expansion of funding for substance abuse treatment, screening for substance abuse within welfare contexts, triage and referral of recipients with problems to substance abuse

treatment, and coordination of treatment with employment programming. While these approaches represent great strides in reducing the fragmentation that has existed between welfare and substance abuse treatment services, the literature is consistent in suggesting that the current structure of substance abuse treatment is poorly matched to the needs of disadvantaged, parenting women (e.g. Brindis, C.D., Berkowitz, G., Clayson, Z. & Lamb, B., 1997; Gustavson & Rycraft, 1993). A primary concern has focused on issues of treatment engagement and retention. Parenting women experience tangible (e.g., lack of child care) and psychological (e.g. denial of problems) barriers to entering into and staying in treatment. In addition, parenting women present with an array of problems not addressed by substance abuse treatment programs. Recommendations for improving outcomes have focused on lowering treatment barriers and providing more comprehensive and coordinated care. Studies have suggested that augmenting existing substance abuse treatment with intensive case management services might improve treatment engagement and outcome (Laken & Ager, 1996). In addition, contingency management such as providing incentives to reinforce treatment tasks has improved outcomes over usual care (Iguchi et al., 1997).

Overall, the literature suggests that implementing a triage and referral system to coordinate care across welfare and treatment might not be sufficient to effectively address substance abuse among women on welfare and that a more comprehensive and intensive set of services may be needed. However, no studies have examined which approach would be most effective or determined their relative costs. In order to address this issue, officials at the New Jersey (NJ) Department of Human Services partnered with scientists from The National Center on Addiction and Substance Abuse (CASA) and Rutgers University to design and implement a welfare demonstration project. The primary aim of this project is to evaluate the effectiveness and cost of two contrasting approaches to address substance abuse problems among women on welfare. One approach, Care Coordination (CC), represents the standard of care typically available to address substance abuse in welfare settings. The alternative approach, Intensive Case Management (ICM), augments standard care by adding intensive case management services and contingency interventions.

Earlier reports indicated that providing intensive case management services compared to a more limited triage and referral system increased rates of entry and retention in substance abuse treatment during the first 3 months post admission. ICM was significantly more effective than CC in facilitating treatment entry, with 88% of clients in ICM attending at least one day of substance abuse treatment versus 67% of clients in CC ($p < .001$). All participants were assigned to outpatient treatment either directly or following inpatient care, yet 83% of clients in ICM attended outpatient care during the 3 months post admission, versus 51% of CC clients ($p < .001$). In addition, ICM was significantly more effective in retaining participants in treatment. Clients in ICM attended 43% of the days they were assigned versus 24% for CC clients ($p < .001$). And on average, ICM clients attended about five times more outpatient sessions in the first three months (30 sessions for ICM; 7 for CC). The purpose of this report is to present treatment entry and retention rates 9 months post admission as well as preliminary substance abuse and employment outcomes.

METHODS

The following section provides a brief description of study methods described in more detail in earlier reports (Morgenstern, J., Riordan, A., McCrady, B.S. et al., 2001; Morgenstern,

