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STATE COMPTROLLER

A.E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12236

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

May 26, 2000

Mr. Brian Wing
Commissioner
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243

Re: Alcohol and Substance Abuse
Screening, Assessment and Treatment
of Family Assistance Recipients
Report 99-S-37

Dear Mr. Wing:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have audited the alcohol and substance abuse screening and assessment requirements for family assistance recipients at the Office of Temporary and Disability Assistance. Our audit covered the period January 1, 1998 through January 30, 2000.

A. Background

The Federal government fundamentally altered the nature of welfare when it enacted the Personal Responsibility and Work Opportunity Reconciliation Act (Federal Act) of 1996. The Federal Act ended the open-ended Aid to Families with Dependent Children entitlement program, and replaced it with the Temporary Assistance for Needy Families (TANF) Block Grant. TANF limits assistance to needy families to a lifetime maximum of 60 months.

In August 1997, New York State passed its own Welfare Reform Act (NYS Act). The NYS Act closely mirrors the Federal Act and includes a Safety Net Assistance program. The Safety Net program was implemented to meet the State's constitutional requirement to provide for the needy. Safety Net serves able-bodied adults and childless couples. The Safety Net program will also serve families that have exhausted their five-year TANF benefits, persons who cannot

work because of alcohol and substance abuse problems and certain non-citizens.

The implementation of welfare reform has also placed additional expectations on recipients. These changes include, work requirements, child support enforcement, restrictions on minor teens' ability to receive benefits as head of household and screening for alcohol and substance abuse. The Office of Temporary and Disability Assistance (OTDA) is responsible for disseminating policy, maintaining computerized recipient information on the Welfare Management System and monitoring and overseeing the 58 local social services districts (districts) that provide services to recipients.

Certain welfare reform changes specifically address recipients with barriers to employment resulting from alcohol and substance abuse. Applicants are now required to undergo alcohol and substance abuse screening when applying for benefits. After the initial screening, districts may periodically screen recipients, but not more often than every six months, unless there is evidence to indicate abuse. Existing recipients as of November 1, 1997 were required to undergo screening at their next recertification of benefits. Depending on the screening results, recipients or applicants may be required to undergo an assessment and may possibly receive treatment. OTDA has issued an Administrative Directive (97-ADM-23, issued October 1997) to the districts that details these requirements. Districts are responsible for ensuring that all recipients comply with these requirements to be eligible for family assistance benefits.

These requirements have resulted in new partnerships between OTDA, the Office of Alcohol and Substance Abuse Services (OASAS), the Department of Health (DOH) and the Department of Labor (DOL), as well as interactions with criminal justice agencies. OASAS developed a nine-question screening form to identify potential alcohol and substance abusers and is responsible for certifying the individuals who do these assessments as Credentialed Alcohol and Substance Abuse Counselors (CASAC). DOH helped in the development of Medicaid Managed Care program reimbursement policies for alcohol and substance abuse treatment services. Criminal justice agencies monitor some family assistance recipients and should be made aware of the results of the alcohol and substance abuse screening and the assessment and treatment process for these individuals.

The assessment process consists of the CASAC's evaluation of the recipient, and determines the extent to which an impairment may preclude a recipient from working and identifies the care needed to address the impairment. It is intended to answer three questions:

- Does this person have a drug or alcohol problem today?
- Does this person have the ability to participate in a work-related program today?
- If the person is unable to work, what level of services does he or she require?

If necessary, the CASAC refers the recipient to an OASAS-licensed treatment provider so the recipient can obtain the appropriate level of care. The treatment provider also assesses the recipient to ensure agreement with the CASAC's recommendation. The CASAC controls the recipient's placement, level of services and length of placement. If significant differences exist between the CASAC's assessment and the provider's assessment, the CASAC and provider must

come to an agreement on a treatment plan. OTDA requires treatment providers to submit attendance and quarterly progress reports to the CASAC for each recipient in their care. Recipients who refuse to be screened or assessed, or who do not attend treatment programs are subject to losing their eligibility for benefits.

Treatment can include overnight residential treatment, day treatment for several sessions per week or several meetings per week. If the CASAC determines that a recipient can work but still needs treatment, the recipient is placed in outpatient treatment and goes to work or participates in the Workfare program administered by DOL. Recipients in treatment can also move from an intensive program to an outpatient program and Workfare activities during their rehabilitation.

B. Audit Scope, Objectives and Methodology

We audited OTDA's implementation of the alcohol and substance abuse screening, assessment and treatment requirements for family assistance recipients for the period January 1, 1998 through January 30, 2000. The objectives of our performance audit were: (1) to determine whether OTDA adequately monitors the screening, assessment and treatment of family assistance recipients for alcohol and substance abuse; and (2) to determine whether recipients are receiving appropriate services. To accomplish these objectives, we interviewed OTDA officials, reviewed laws, rules and regulations related to welfare reform requirements and reviewed available data relating to services provided to recipients.

We conducted our audit in accordance with generally accepted government auditing standards. Such standards require that we plan and perform our audit to adequately assess those OTDA operations included in our audit scope. Further, these standards require that we understand OTDA's internal control structure and compliance with those laws, rules and regulations that are relevant to our audit scope. An audit includes examining, on test basis, evidence supporting transactions recorded in the accounting and operating records and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments and decisions made by management. We believe our audit provides a reasonable basis for our findings, conclusions and recommendations.

We use a risk-based audit approach when selecting activities to be audited. This approach focuses our audit efforts on those operations that have been identified through a preliminary survey as having the greatest possibility for needing improvement. Consequently, by design, finite audit resources are used to identify where and how improvements can be made. Thus, little audit effort is devoted to reviewing operations that may be relatively efficient and effective. As a result, our audit reports are prepared on "an exception basis." This report, therefore, highlights those areas needing improvement and does not address activities that may be functioning properly.

C. Results of Audit

The alcohol and substance abuse screening, assessment and treatment requirements became effective on November 1, 1997. To date, OTDA's focus has been on implementing these requirements. For example, OTDA managers have concentrated on developing partnerships with other State agencies, developing the role of the CASAC, establishing links with treatment providers, and training and helping the districts in carrying out this process. However, OTDA does not have a system to capture the data needed to monitor the implementation of the screening, assessment and treatment requirements, and its cost. In addition, OTDA has not developed performance and outcome measures to assess the efficiency and effectiveness of this process. As a result, OTDA does not have sufficient data to determine whether districts are meeting the implementation requirements or whether recipients are receiving necessary services.

At the end of our audit, OTDA began to develop a process that will require districts to report certain assessment, screening and treatment information for the TANF and Safety Net populations. OTDA is implementing this requirement effective April 2000. OTDA officials also stated that they and OASAS are developing a process for evaluating the overall effectiveness of the assessment, screening and treatment efforts.

1. Summary Program Data

Summary program data is necessary so that managers have the information they need to monitor and oversee the program. However, OTDA has not required districts to maintain and report program data. As a result, OTDA managers do not have sufficient statewide data to monitor the program adequately. Managers do not have data relating to the number of recipients that districts have assessed, the number referred to treatment, the number currently receiving treatment, or the number that have repeated treatment.

For example, OTDA currently has no statewide data relating to screening results. Without such data, managers cannot define the statewide or district population (TANF or Safety Net) that has screened positive for alcohol or substance abuse and the severity of their problems. Therefore, OTDA may not be able to effectively plan for current and future program needs.

OTDA managers also do not have the data they need to sufficiently oversee the assessment process. Monitoring the time from screening to assessment would allow managers to determine whether districts are assessing recipients with problems within a reasonable time. Also, data comparing CASAC assessment results with treatment provider assessments may give managers insight on the effectiveness of the assessment process.

In responding to our preliminary findings, OTDA officials stated that while they have not required districts to report data, they are in continuous communication with district staff regarding issues associated with screening, assessment and treatment of recipients. They agree that more formal district reporting is necessary and state that they are developing such processes.

Officials also indicated that they are establishing an ongoing process for OTDA reviews of district screening, assessment and treatment activities.

2. Performance and Outcome Measures

Performance measures are specific measures for tasks associated with accomplishing program objectives. Performance measures are tools managers can use to assess the efficiency of a program's processes for delivering services to those who need them. Outcome measures help managers determine whether the program is achieving its overall objectives. Thus, outcome measures differ from performance measures because they focus on the accomplishment of program goals. We found that OTDA has not established performance and outcome measures for evaluating the efficiency and effectiveness of screening, assessing and treating alcohol and substance abuse recipients.

Developing performance measures for the screening, assessment, and treatment processes, and evaluating according to those measures, would allow managers to identify possible breakdowns in the process, under or over utilized services, and the cost of various components or tasks within the process. For example, managers could use performance measures to evaluate provider costs, to identify recipient populations by district and to determine the rate of repeat treatment for recipients. Capturing and analyzing data gives managers information they need to refine the current process and to decide future direction.

Specifically, OTDA could use performance measures to assess the reliability of the alcohol and substance abuse screening process. OTDA managers believe that the screening process works well for identifying Safety Net recipients who need services, but that it is not as effective for identifying TANF recipients with alcohol or substance abuse problems. They feel that TANF recipients are less willing to accept treatment than are Safety Net recipients because TANF recipients perceive treatment as potentially disruptive to their families. However, OTDA managers do not have data to support their assumptions about the reliability of the screening process.

OTDA officials indicated that they would like to do an assessment of the reliability of the screening process but feel that such an assessment would be inherently difficult, costly and prohibited by law. They base their assumption on their belief that such an analysis of the screening process would require a large, statistically valid sample of the target population and the establishment of a control group. However, we believe that if OTDA officials collect the appropriate data from the districts, they would be able to efficiently assess the reliability of the screening process which would provide some meaningful and useful information for decision-making purposes.

One of the most important outcome measures for this process could include the number of recipients who have reduced their afflictions to a manageable level so that they then can begin to work. Outcome measures could also include the length of time recipients are employed in work activities after treatment. These outcomes are critical for recipients, the State, and the

districts. TANF recipients are only eligible for five years of benefits. Recipients need to reduce or eliminate alcohol or substance abuse problems that are a barrier to work so that they can begin to develop work skills and move toward self-sufficiency. If recipients are not able to achieve these outcomes during their five years of TANF eligibility, they may ultimately become Safety Net recipients. The State and districts share recipient benefit costs for the Safety Net program, without Federal participation.

In responding to our preliminary findings, OTDA officials agreed that measuring performance is important. However, they believe that the actual monitoring of provider effectiveness should be done by either DOH or OASAS. We believe that there should be a formal agreement among the three agencies involved as to which should take the lead in this area.

3. Screening and Assessment Costs

OTDA has not analyzed the costs associated with screening and assessing affected recipients. TANF and Safety Net funding for the assessment and monitoring of recipients in treatment totaled $9.5 million for the two years ended January 2000. These funds generally represent the cost of CASAC services. Of the 57 districts (including New York City) that responded to a 1998 OTDA survey (one district did not respond), 23 (40 percent) reported paying CASACs on a per assessment basis, with costs ranging from $18 to $134 per assessment. OTDA has not analyzed the reported assessment costs to determine the causes of these differences. CASACs at the remaining districts responding to the survey were salaried employees.

OTDA officials pointed out that they do not gather and monitor costs associated with recipient alcohol or substance treatment because most recipients' treatment costs are paid for by the Medicaid program which is administered by DOH.

By not gathering and analyzing costs, OTDA managers have limited ability to monitor the cost effectiveness of the screening and assessment process. With better cost information, managers could analyze costs by affliction and by geographic location. OTDA could use such data to compare and contrast district cost effectiveness and to share best practices among districts. This data could give OTDA managers information necessary to make informed decisions about future direction and costs.

In responding to our preliminary findings, OTDA officials agreed that gathering cost data is important and could assist administrators to quantify the impact of the various drug and alcohol programs.

Recommendations

1. *Require that districts periodically report data for the screening, assessment and treatment of TANF and Safety Net recipients for substance and alcohol abuse.*

2. *Analyze the data obtained from the districts and report statewide results*.

3. *Use the data to identify those districts that are not adequately implementing the screening, assessment and treatment requirements, and take the necessary corrective measures*.

4. *Develop performance and outcome measures for the screening, assessment and treatment processes*.

5. *Establish a Memorandum of Understanding among the relevant agencies to identify whose responsibility it is to develop and report performance measures*.

6. *Analyze and compare reported data to performance measures and outcomes on the ability of recipients to maintain their participation in work activities. Make program changes where necessary*.

7. *Analyze data relating to the cost of alcohol and substance abuse screening and assessment for TANF and Safety Net recipients. Use this data to monitor cost by district*.

A draft copy of this report was provided to OTDA officials for their review and comment. Their comments have been considered in preparing this report and are included as Appendix A. OTDA officials generally agreed with our recommendations and indicated that they either have been or are in the process of being implemented.

Within 90 days after the final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Temporary and Disability Assistance shall report to the Governor, the State Comptroller and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

Major contributors to this report were Richard Sturm, Jack Dougherty, Robert Mainello, Michael Filippone, Brian Krawiecki and Brandon Ogden.

We thank the management and staff of OTDA for the courtesies and cooperation extended to our auditors during this audit.

Very truly yours,

William P. Challice
Audit Director

cc: Charles Conaway, DOB

George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001
(518) 474-4152
(518) 474-7870 - Fax

Brian J. Wing
Commissioner

May 1, 2000

Dear Mr. Challice:

Re: Report 99-S-37

We believe that social services districts and the State are in compliance with requirements related to the alcohol and substance abuse screening and assessment procedures for family assistance applicants and recipients. You have recommended certain activities to improve OTDA's monitoring of social services districts. We have taken the following actions to address those recommendations.

1. **Recommendation**: ***Require that districts periodically report data for screening, assessment and treatment of TANF and Safety Net recipients for substance and alcohol abuse.***

Response: On March 9, 2000 OTDA informed all local social services districts that, commencing with the April-June quarter, they are to report on a quarterly basis, activities related to the screening, assessment and treatment of TANF and Safety Net applicants and recipients. Districts will report on a State-designed quarterly reporting instrument (enclosed) that captures data on the number of individuals screened, the number referred for assessment, the number mandated to treatment, and the timelines between screening and assessment, and assessment and treatment. The reporting instrument will also capture information about the treatment provider facilities' compliance with the requirement to submit recipient-specific attendance and progress reports to the local district. Quarterly reports are to be submitted to OTDA by the 15th of the month following the last month of the report quarter.

2. **Recommendation**: ***Analyze the data obtained from the districts and report statewide results.***

Response: The districts will be closely monitored to assure the timely submission of the required quarterly reports. Upon receipt, OTDA staff will review the reports for completeness and trend indicators. OTDA staff are in the process of developing a procedure that will allow us to aggregate the data to provide cumulative numbers on a county-specific and statewide basis. OTDA will create a reporting format/document to share statewide results.

3. **Recommendation**: ***Use the data to identify those districts that are not adequately implementing the screening, assessment and treatment requirements, and take necessary corrective measures.***

Response: The data from the quarterly reporting instrument will be one source from which OTDA staff will monitor the local districts and, where necessary, implement corrective actions. In addition to the quarterly reporting form, this June OTDA's Bureau of Audit and Quality Control will begin local district reviews of the screening, assessment and treatment process/procedure. The reviews

will include an examination of case records, as well as interviews with district and contract staff involved in the screening, assessment and treatment process. The findings from these reviews will contribute significantly to OTDA's ability to monitor, evaluate and, where necessary, recommend corrective actions to local districts.

4. **Recommendation:** ***Develop performance and outcome measures for the screening, assessment and treatment process.***

Response: Some outcome measures will be drawn from the quarterly reporting instrument. For example, OTDA will have county specific and statewide data on the percentage of screenings that result in a referral for an assessment, as well as the percentage of referrals that result in a mandate to treatment. This information will be available for the TANF and Safety Net caseloads. The quarterly reporting form will also capture information regarding the treatment facilities' ability to prepare recipients for work. OTDA staff will continue to work on the development of additional outcome measures to assess the reliability of the screening and assessment process.

5. **Recommendation:** ***Establish a Memorandum of Understanding among the relevant agencies to identify whose responsibility it is to develop and report performance measures.***

Response: OTDA will schedule a meeting with staff from the Department of Health (DOH) and the Office of Alcohol and Substance Abuse Services (OASAS) to discuss the issue of performance measures and your recommendation to establish a memorandum of understanding.

6. **Recommendation:** ***Analyze and compare reported data to performance measures and outcomes on the ability of recipients to maintain participation in work activities. Make program changes where necessary.***

Response: The OTDA, DOH, OASAS, meeting noted above will address this recommendation. Our ability to make program changes will be limited by the statutory language governing the screening, assessment, and treatment process.

7. **Recommendation:** ***Gather and analyze data relating to the cost of alcohol and substance screening and assessment for TANF and Safety Net recipients. Use this data to monitor cost by district.***

Response: Local districts are not provided specific funding for the screening process. It is an extremely small part of what district workers do. Screening costs are reimbursed as part of the district's eligibility determination process and are not readily identifiable. On the other hand, assessment activities constitute much more effort and include the cost of the formal assessment by a certified alcohol and substance counselor, as well as the following activities - referring the client to treatment, scheduling of appointments, following-up to make sure the client kept the appointment, verifying that a client actually enrolled in a treatment program, and monitoring the clients attendance and progress in treatment.

We disagree with the statement that OTDA has not collected the costs associated with assessment. Local districts submit monthly claims related to the assessment component. As of April 3, 2000, $1,730,549 had been claimed for TANF funded assessments. State share claims for Safety Net assessments totaled $3,061,810 as of the same date. Disparities in local costs have been noted and as allocations have been developed, OTDA has attempted to provide for each district's needs

See

Note: We deleted the reference in the report to OTDA not collecting costs associated with assessment.

so that the assessment function can be fully supported. We cannot verify the $9.5 million amount quoted in the report. As of January 2000, the local district TANF assessment allocations totaled $6,009,269 and the Safety Net assessment allocations totaled $9,735,396 (this represents the 50% state share). Late in January, OTDA sought and received DOB approval to increase the three year TANF allocations to $8,706,917.

OTDA is attempting to provide local districts with as much flexibility as possible in operating these programs and local discretion in spending is part of that flexibility. As the cost of doing business, e.g., salaries, fringes, contracting for services, etc., varies greatly from county to county, a simple comparison of assessment expenditures is not likely to prove useful. OTDA does gather and monitor expenditures by district. Districts are provided with allocations and payment of claims does not occur if a district exceeds its allocation. However, OTDA staff will attempt to gather sufficient cost data to allow staff to identify costs that appear to be significantly high. This data will be shared with districts as appropriate.

Sincerely,

Brian J. Wing

William P. Challice
Audit Director
NYS Office of the State Comptroller
A.E. Smith State Office Building
Albany, NY 12236

Enclosures

Quarterly Reporting
Drug and Alcohol
Screening/Assessment/Treatment Statistics

Reporting District: _____ **Report Quarter:** □04/01-06/30
□07/01-09/30
□10/01-12/31
□01/01-03/31

Name of Individual Completing Report: _____

Telephone Number: _____

A. Screening Statistics

1. Number of individuals screened this quarter using the DSS-4571		Month 1	Month 2	Month 3	Quarter TOTAL
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

B. Assessment Statistics

1. Number of individuals referred for assessment from the DSS-4571		Month 1	Month 2	Month 3	Quarter TOTAL
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

2. Number of individuals referred for assessment from other sources		Month 1	Month 2	Month 3	Quarter TOTAL
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

3. Total number of individuals referred for assessment this quarter		Month 1	Month 2	Month 3	Quarter TOTAL
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

C. Treatment Statistics

1. Number of individuals mandated to treatment this quarter		Month 1	Month 2	Month 3	Quarter Total
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

2. Number mandated to residential treatment this quarter		Month 1	Month 2	Month 3	Quarter Total
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

3. Number mandated to out patient treatment this quarter		Month 1	Month 2	Month 3	Quarter Total
Applicants	*WMS Code*				
TANF	(11)	_____	_____	_____	_____
Safety Net	(16)	_____	_____	_____	_____
Total		_____	_____	_____	_____

D. Additional Information

1. In this report quarter, what was the average length of time between the identification of an applicant's/recipient's potential alcohol and/or drug problem and the date of a formal assessment?

After Screening:	*After "other evidence to indicate":*
□ 1 – 5 days	□ 1 – 5 days
□ 5 - 10 days	□ 5 - 10 days
□ 10 - 15 days	□ 10 - 15 days
□ 15 or more days	□ 15 or more days

2. For applicants/recipients who are determined unable to work as a result of substance abuse and (Code 63) mandated for treatment, what is the average length of time between the determination of need for treatment and the applicant's/ recipient's treatment start date?

Residential Treatment	*Outpatient Treatment*
□ 1 – 5 days	□1 – 5 days
□ 5 - 10 days	□5 - 10 days
□ 10 - 15 days	□10 - 15 days
□ 15 or more days	□15 or more days

3. Are you receiving quarterly progress reports for each client you have mandated to treatment?

□ For All
□ For Most
□ For Some (please explain)

_____
_____
_____
_____

□ For Few (please explain)

_____
_____
_____
_____

Please provide any information you may have regarding the success/failure of your treatment providers in restoring clients to an employable status. (Attach additional page(s) if necessary.)

_____
_____
_____

GUIDELINES GUIDELINES

Drug and Alcohol
Quarterly Reporting
Screening, Assessment and Treatment Statistics

- D&A quarterly reporting will begin with the April, May, June, 2000 quarter. For the April, May, June quarter, check the 04/01 – 06/30 box. For the July, August, September quarter, check the 07/01 – 09/30 box, etc., etc., etc..

- Each quarter's report is to be submitted by the 15th of the month following the last month of the report quarter. The April, May, June report would be due in Albany by July 15th. Reports should be submitted to:

Mr. Mike Warner
Assistant Director
Drug and Alcohol Unit
Office of Transitional Supports and Policy
8th Floor
40 North Pearl Street
Albany, NY 12243
Fax: (518) 402-3029

A. *Screening Statistics*

A.1. For each month in the quarter, enter by category of assistance (TANF or SN) the number of all adult applicants/recipients screened using the DSS-4571. Total the entries for each month and for the quarter.

B. *Assessment Statistics*

B.1. For each month in the quarter, enter by category of assistance (TANF or SN) the number of individuals referred for assessment via the DSS-4571. Total the entries for each month and for the quarter.

B.2. For each month in the quarter enter by category of assistance (TANF or SN) the number of individuals referred for assessment from other sources, e.g., verbal referrals from an IM examiner, a WEP supervisor, a child welfare worker). Total the entries for each month and the quarter.

B.3. For each month in the quarter, enter by category of assistance (TANF or SN) the combined (add B.1. and B.2.) number of individuals referred for assessment. Total the entries for each month and the quarter.

C. *Treatment Statistics*

C.1. For each month in the quarter, enter by category of assistance (TANF or SN) the number of individuals mandated to treatment. Total the entries for each month and the quarter. The totals in this section should equal the combined totals in C.2. and C.3. below.

C.2. For each month in the quarter, enter by category of assistance (TANF or SN) the number of individuals mandated to residential treatment. Total the entries for each month and the quarter.

C.3. For each month in the quarter, enter by category of assistance the number of individuals mandated to residential treatment. Total the numbers for each month and the quarter.

D. *Additional Information*

D.1. In this section we are attempting to determine if there is a significant waiting period between the time of identification/referral for assessment and the actual assessment. You should check the box that most accurately reflects the average waiting period in your district.

D.2. In this section we are attempting to determine if there is a significant waiting period between the time a determination for need of treatment is made and the actual start date of treatment. You should check the box that most accurately reflects the average waiting period in your district.

D.3. In this section we are attempting to determine how well treatment providers/facilities are complying with the requirement to provide quarterly progress reports on a clients movement toward employability. Please check the box that most accurately represents the compliance of all providers/ facilities you send clients to.