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TANF Policy Brief

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Helping TANF Recipients Overcome Addiction: Alternatives to Suspicionless Drug Testing

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In recent years many states have considered legislation to require applicants for cash assistance under TANF to pass a chemical drug test as a condition of eligibility.[1] As discussed in a companion brief, CLASP strongly opposes suspicionless mandatory testing as a costly, stigmatizing, and ineffective means of identifying substance abuse and believes that these bills are often motivated by stereotype and inaccurate assumptions about poor families who receive welfare.[*] However, we recognize that substance abuse and addiction can be barriers to employment and self-sufficiency and should be appropriately addressed within the TANF program when they affect recipients.

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Contrary to the perception created by the plethora of proposed legislation, states already have many options for dealing with substance abuse within TANF and are addressing with issue with approaches that are more targeted and cost-effective than suspicionless testing. These include screening for alcohol and drug abuse, incorporation of treatment into work activities, using TANF funds to pay for non-medical treatment and ancillary supports, and, where warranted, using testing to monitor compliance of specific populations, such as individuals previously convicted of drug-related crimes. Unfortunately there is a lack of systemic current information about the steps states are taking to tackle substance abuse problems. Prior research on the subject is largely made up of two separate surveys, from 1999[2] and 2002[3], as well as case studies that highlight innovative programs from the same period. (See Appendix A for details).

This brief aims to provide updated information on the range of state policies and highlights some of the promising approaches that states are using to address substance abuse by TANF recipients. It is based primarily on a recent CLASP-commissioned survey conducted by students at George Washington's School of Public Policy, as well as interviews they conducted with state TANF program administrators. Due to time constraints and the political controversies around drug testing, not all states were willing to respond to the survey. While the findings are not generalizable to all states, they provide a useful overview of the range of approaches that states can take.

[*] See CLASP's companion brief for information on suspicionless mandatory drug testing: Matt Lewis and Elizabeth Kenefick, "TANF Policy Brief: Random Drug Testing of TANF Recipients is Costly, Ineffective and Hurts Families," CLASP, updated October 2012, http://www.clasp.org/admin/site/publications/files/520.pdf.

Substance Abuse Is a Significant Barrier to Self Sufficiency for Some TANF Recipients

Past research studies and recent data from Florida's brief mandatory drug testing program underscore the fact that drug use and/or abuse is not particularly prevalent among TANF beneficiaries. For example, during the four months in 2011 that Florida required all TANF applicants to be tested; only 2.6 percent (108 of 4,086) failed the drug test.[4] Studies have varied widely putting the portion of the TANF recipient population with a substance abuse disorder at anywhere between four and 37 percent, but the variation is due in part to the definitions, measurement methods, and subpopulations included. Rates are on the lower end when studies looked at indicators of abuse of or dependence on illicit drugs, whereas they increase when they signify drug *use* and/or include alcohol abuse.[5]

Nevertheless, for the small group of TANF recipients that do struggle with substance abuse and addiction, it can be a significant barrier to self-sufficiency, and substance abuse treatment can be vital. States have recognized this fact since before the creation of TANF. In a 1995 study most state and local program directors felt treatment for substance abuse should have been an important aspect of any welfare reform.[6] Additionally, a survey of TANF directors post-reform found that they considered substance abuse the third most significant barrier to work for recipients (behind low skill levels and transportation problems).[7]

Research has confirmed the common sense expectation that welfare recipients with substance abuse problems are less likely to be employed[8] or steadily employed[9] than those without such obstacles.[10] Conversely, numerous studies have shown benefits -- including improved employability, higher earnings, healthier environments for children, and overall cost savings – of providing treatment options,.[11] These options include outpatient, along with short- and long-term residential, and can vary by the services offered as well as the length of treatment. Unfortunately, there are a limited number of treatment slots available and TANF recipients, like other low-income individuals seeking substance abuse treatment, must often wait for prolonged periods.

TANF Can Be a Pathway to Treatment for Recipients

Treatment as a Work Activity

Many states allow individuals for whom substance abuse is a barrier to employment to attend substance abuse treatment to meet some or all of their participation requirements. In some states, individuals identified as having substance use issues are required to participate in treatment as a condition of receiving benefits; in other states, they are offered the option of participating in treatment as an alternative to other work activities.[12] Even when the choice to engage in treatment is voluntary, once they have agreed to participate in treatment, clients are typically subject to sanction if they fail to attend. States have different policies regarding the number of hours of treatment required, and whether the participant must combine treatment with other work activities.

States may or may not receive credit toward the federal work participation rate, which is the primary performance measure under TANF, when recipients participate in substance abuse treatment. States are required to engage 50

percent of families with an adult receiving assistance in a specified list of countable activities for 30 hours per week (20 for single parents of children under 6).[13] Under U.S. Department of Health and Human Services (HHS) definitions, rehabilitative services, including substance abuse-related ones, may be counted toward a state's work participation rate under the category of "job readiness activities." However, job search and job readiness activities are limited by statute to six weeks in any 12-month period (12 weeks if the state has been identified as a "needy state") of which no more than four weeks can be consecutive. Moreover, there is no partial credit if a recipient participates in countable activities but for less than the required 30 or 20 hours per week. States therefore may not get credit towards the work participation rate for engaging recipients in treatment activities.

Agency Collaboration: Oklahoma

Oklahoma TANF administrators credit the close relationship between the Departments of Human Services (OKDHS) and Mental Health and Substance Abuse Services (ODMHSAS) for helping TANF clients in treatment also participate in work activities. Together the two departments utilize TANF funds to provide a network of substance abuse treatment agencies and substance abuse treatment professionals to assist in providing screening, assessment, education, and treatment. Outpatient and residential treatment providers work with OKDHS staff to create plans that are appropriate for the clients and still allow them to participate in work activities when appropriate.[14]

Most states allow recipients to participate in treatment anyway, recognizing that they are unlikely to be able to participate in countable activities on a regular basis, or move to sustained employment, until they have resolved their substance abuse issues. About one-third of states responding to the survey indicated that they have developed programs that combine addiction treatment with job readiness, work experience, job placement or job retention activities.[15] Kentucky has also developed a program, called the Targeted Assessment Program, that provides pre-treatment services to individuals who are on the waiting list for treatment (see box on page 7).

Paying for Treatment with TANF and MOE Funds

TANF and state funds claimed towards the TANF maintenance of effort (MOE) requirement can be used to pay for substance abuse treatment and ancillary services. Many states have used this option to increase TANF recipients' access to treatment, avoid waiting lists, and support treatment programs specifically designed to meet the needs of clients who are parents. While federal TANF funds cannot be used for "medical services," state MOE funds are not subject to the same restrictions. Moreover, there is not a federal definition of what constitutes "medical services" and HHS was clear that it opted not to define this term in order to give states the maximum possible flexibility consistent with the statutory restriction.[16] A 2004 report by the National Conference of State Legislatures found that 40 percent of states were using TANF funds for non-medical services related to substance abuse treatment, including: screening and assessment of welfare recipients for substance use; placing qualified substance use professionals in welfare offices; reimbursing the room and board costs of residential care; providing child care and transportation to facilitate treatment, and providing counseling by social workers.[17] In the more recent survey conducted by the GWU students, just under half of the responding states reported that they have allocated TANF funds to support drug and alcohol treatment.

TANF funds can be used to provide services to members of low-income families with children, even if they are not receiving cash assistance. For example, Arizona has used this flexibility to reduce waiting lists for treatment for low-income families referred by child welfare agencies as well for families receiving TANF benefits.

Screening for Substance Abuse

States have adopted a wide range of approaches for identifying recipients with substance abuse issues. There is significant variation across states in the design of their substance abuse screening programs, based on factors including budgets, population density, and agency structure.

Suspicionless Testing

A provision in the original 1996 welfare reform law that created TANF, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, P.L. 104-193), says that states may test recipients of TANF cash assistance for use of controlled substances and may sanction recipients who test positive. Nonetheless, past legal action suggests that in absence of basis for suspicion, drug testing of recipients is an unconstitutional violation of privacy protections. In *Marchwinski v. Howard*, the American Civil Liberties Union (ACLU) challenged Michigan's across-the-board testing, and the district court ruled in September 2000 that it violated the recipients' Fourth Amendment rights against unreasonable searches. The U.S. Court of Appeals for the Sixth Circuit reversed the decision, but then withdrew the reversal in 2003 after rehearing the case and splitting the vote. However, Michigan withdrew its testing policy in the wake of the district court decision.

Until recently, no other state had implemented suspicionless testing of TANF recipients. However, in 2011 a law passed in Florida that required all TANF applicants to submit to a drug test. This policy was implemented for a few months, but it is currently suspended under a temporary restraining order pending a final court ruling. In 2012, a similar law was enacted in Georgia; it is currently on hold while the state develops guidelines. Similar policies have been proposed but not enacted in many other states.

Target Population

Approximately two-thirds of the states responding to the survey indicated that they have a statewide policy requiring all applicants or recipients to be screened for substance use or abuse.[19] Many states target more intensive screening, assessment and testing to specific populations who are believed to be at higher risk of substance abuse, either instead of or in addition to, universal screening. In particular, as discussed in Appendix C, many states have incorporated drug treatment and testing requirements into their provisions allowing individuals with a past history of a drug-related felony to receive TANF benefits. Other states have selected individuals with any drug-related convictions, or members of families with child welfare involvement for additional attention.

Screening high-risk populations: New Jersey

A 2001 study of substance abuse approaches in New Jersey found that "specialized screening" conducted by a trained addiction counselor identifies a higher share of recipients with substance abuse issues than a pen and paper test administered by front-line welfare caseworkers. The study recommended that populations at high risk of substance abuse be referred to such counselors.[18]

Several states have found it helpful to incorporate an in-depth assessment for mental health and substance abuse issues as part of their outreach process to individuals who have been sanctioned for failure to comply with work requirements. While such issues are certainly not the only reasons that TANF clients fail to meet work

requirements, studies have shown that non-participating clients are more likely than other recipients to have previously undisclosed barriers to employment. Moreover, such a process allows states to focus their treatment resources on individuals whose substance abuse is actually interfering with their ability to work.

Timing of Screening

When the screening should be conducted greatly depends on the overall goal. Many recent proposals call for testing or screening at the point of application, with the notion that individuals who are using illegal drugs should be denied benefits. In contrast, most existing policies are aimed at identifying clients who need help in overcoming issues related to substance abuse (whether alcohol or drugs) and are conducted at the time of an overall work readiness assessment.

Table A

Decision Matrix: Relationships among the Purpose of Screening, Whom to Screen and When to Screen

Purpose of Screening	Whom to Screen	When to Screen
To provide a rough estimate of the extent of substance abuse among the TANF population	Broad: all TANF recipients	Early in the TANF process and on-going
To identify individuals at risk of substance abuse	Broad: all TANF recipients	Early in the TANF process and on-going
To identify individuals who need substance-abuse treatment	Broad or targeted	On an as-needed basis any point in the TANF process
To identify individuals for work deferral or accommodation	Broad or targeted	Early in the TANF process and on-going

Source: Kirby and Anderson, "Addressing Substance Abuse Problems Among TANF Recipients: A Guide for Program Administrators," Mathematica Policy Research, Inc., July 2000.

There are advantages to screening early and throughout the process. Early screening can help put a client on the path to self-sufficiency sooner; identifying issues before they interfere with work activities and can prevent minor issues from developing into larger ones. Meanwhile, a targeted screening can avoid requiring all clients to "prove" their innocence, which may result in antagonistic relationships between applicants and caseworkers.[20] Screening during a work readiness assessment could help reduce the stigma of screening for substance abuse as it would be built into a larger assessment. Programs should always allow for the possibility of either caseworkers or recipients identifying at a later stage any substance abuse issues that were missed during an initial screening, and allow recipients to be assigned to a treatment track at that point. As noted previously, screening for substance abuse issues can also be incorporated into a sanction-prevention or remediation strategy.

Timing: Implementing HB 155 in Utah[21]

In 2012 Utah passed HB 155, which is leading to changes in the state's current substance abuse screening policy for illicit drugs. The new law stipulates that applicants who otherwise qualify for cash assistance under Utah's Family Employment Program (FEP) must complete a substance abuse screening questionnaire. A questionnaire result that indicates reasonable likelihood of substance use disorder will mandate a urinalysis (UA). Those who have a positive UA will be required to participate in substance abuse treatment to remain eligible for cash assistance. (Individuals identified as having alcohol abuse problems will continue to be offered voluntary treatment options.)

Previously FEP and FEP-TP applicants were administered the four question CAGE (discussed below) as part of an overall assessment that also included an questionnaire about life experiences for identifying drug or alcohol and domestic violence issues. To comply with the new law, starting August 1, 2012, Utah began administering the Substance Abuse Subtle Screening Inventory (SASSI), in addition to the questionnaire, to all new FEP and FEP-TP applicants during their intake process with an employment counselor. The applicant will be taken to a computer to complete the SASSI and ensure the correct person is taking the questionnaire and reduce the need for more appointments and consequently necessary travel. A licensed clinician will also be available to administer a paper version of the questionnaire for those who are unable to take the SASSI in an online format.

Despite the timing of the screening, the state policy guidance is explicit that, while taking the SASSI is required to open a case, clients will not be denied benefits if they are identified as having a substance abuse disorder, because the emphasis is on identifying problems and providing treatment if needed. Similarly, an initial positive UA does not immediately prompt sanctions, but rather the individual is required to follow an employment plan that includes at least 60 days of treatment and until the substance abuse treatment provider releases him or her from ongoing treatment. The licensed clinical therapists available in the offices are there to complete a further assessment to determine treatment options after a client tests positive at the initial UA. Subsequent random UA tests must be negative for the parent and family to continue to be served by the Family Employment Program. At the end of substance abuse treatment, the last random UA will be provided, and, if negative, the Drug Testing process will be considered complete.

Screening Tools

State may use multiple screening and assessment tools to detect both alcohol and drug abuse. These tools vary in their complexity, the length of time they take to complete, and whether they may be self-administered, administered by a TANF caseworker, or require a clinician to administer.

Most states use relatively simple screening tools that do not produce clinical diagnosis, but can be used to identify individuals for further assessment. In 2012, of the 23 states that reported the tools they use to screen for substance use/abuse, the most popular was the CAGE or modified CAGE (which includes drugs as well as alcohol)[22] with eight states.[23] The second most popular, used by five states, was the Substance Abuse Subtle Screening Inventory (SASSI)[24]. The CAGE is a very simple four question screener that directly asks the individuals about their alcohol or drug use patterns. SASSI is a longer instrument, with 78 true/false or multiple choice questions, but is still designed to be completed in 10-15 minutes. Researchers hypothesize that the SASSI is more effective than the CAGE in identifying individuals who are not self-reporting as having substance abuse problems. The table in Appendix B provides a longer list of tests that states have reported using.

Screening Personnel and Location

An important decision for states to make is whom to employ to administer the screenings and further assessments. This choice often drives the choice of tools to use as well as the location of the screenings. In many agencies, screenings are conducted by existing front line workers. In 2012, more than half the states responding to the CLASP survey reported utilizing front line workers --including TANF caseworkers, social workers, and eligibility workers --for administering at least one portion of the screening process.[25] This is the lowest cost option, and has the benefit of avoiding delays and complications caused by adding another person and step to the assessment process. Some have suggested that it also avoids the conflict of interest that may occur with clinicians referring clients to treatment programs.[26] However there are many disadvantages to this approach, as eligibility and employment services staff may have limited experience with substance abuse issues. As one program administrator recently articulated, "eligibility workers are not necessarily comfortable asking the screening questions."

Co-located Services, Community Partnerships, and Specialized Screeners: Kentucky's Targeted Assessment Program (TAP)

"Recognizing the complexity of the problems that these families face, the foundation of TAP services is holistic assessment. The goal of assessment is to capture a spectrum of barriers to self-sufficiency and determine how they interact."[27]

In 1999, Kentucky implemented the Targeted Assessment Program (TAP), a pilot project designed to "target" barriers to self-sufficiency and safety, such as substance abuse[28], among the state's low-income populations including the Kentucky Transitional Assistance Program (K-TAP) participants.[29] To achieve this goal, the Kentucky Cabinet for Health and Family Services' (CHFS) Department for Community Based Services (DCBS) collaborated with the University of Kentucky's Institute on Women and Substance Abuse, a division of the university's Center on Drug and Alcohol Research to co-locate full-time Targeted Assessment Specialists at many of the states' DCBS Division of Family Support and Division of Protection and Permanency offices. Since its creation over a decade ago, the program has grown multiple times and currently operates in 33 counties throughout the state.[30]

In the participating counties, when a case manager identifies a K-TAP recipient as having multiple barriers, or "hard to serve," she is referred to a TAP specialist for assessment. The TAP specialists are trained to identify and address substance abuse disorders, but they also assess for barriers such as mental health disorders, intimate partner violence, and learning disabilities/deficits, as well as, difficulties with housing, transportation, and child-care. They provide a summary reports to the case manager/case worker, but also continue to work hand-in-hand with them to assist with client engagement and follow through.

When treatment is not available, as it is in high demand in many states, the TAP specialists also assist with pre-treatment such as counseling, education, and support, until treatment is available. Pre-treatment addresses internal barriers as well as external barriers to treatment. Kentucky has found that identifying where clients are in the stages of change and using motivational interviewing to assist with moving them forward to the stage where they are ready to engage with needed services is extremely important to client progress.[31]

In the past, the states utilizing these front-line workers reported providing little training in identification,[32] as well as techniques to motivate entering treatment.[33] A review of training provided to 3,000 Illinois Department of Human Services staff members in 1999 exemplifies the importance of such a practice as the trainers noted that the session forced some staff to face their biases and values drawn from personal experiences.[34] And interviews with

North Carolina staff after training revealed they still felt the trained professionals were more likely to notice things they were not.[35]

For this reason, it is highly desirable to have staff with specialized substance abuse training available to conduct in-depth assessments and serve as a resource to front-line staff, even if caseworkers are doing the initial screening. It is also desirable to have the substance abuse screening take place within the same social service office or building that serves the TANF clients for the obvious reason that transportation is already a barrier for many TANF participants.[36] Co-location can also facilitate better communication between the assessment provider and the case manager if the two roles are fulfilled by different people. As described in a 1999 review of North Carolina's Qualified Substance Abuse Professionals (QSAPs) program --where trained professionals were co-located in the TANF offices -- the co-location "allows for ease of access to staff, clarifies roles, delineates areas of expertise, makes it easier to build trust, and affords many opportunities for consultation, crisis assistance and case coordination".[37] Nevertheless, it may not be feasible to co-locate substance abuse staff in every human services office, especially in rural areas that serve fewer clients.

Conclusion

Supporters of suspicionless drug testing often set up a false choice between forcing all applicants or recipients of cash assistance to submit to chemical drug tests, and ignoring potential substance abuse by recipients of public assistance. As this brief has shown, there is another alternative — incorporating screening and assessment for substance abuse issues into the work readiness assessments that states are already implementing. This approach is less expensive than drug testing, and does not raise constitutional concerns. Substance abuse is recognized as one of many possible barriers to employment and self-sufficiency, and individuals struggling with addiction can be provided the treatment and related services they need.

States vary widely in their screening policies and practices, including in the target populations, timing of screening, instruments used, and who conducts the screening. Although it is beyond the scope of this paper, there is also variation in the types of treatment programs to which recipients may be referred, the length of the waiting list for treatment, and in the types of ancillary services provided to recipients before, during, and after treatment. Little research has been done to determine which approaches are most effective in helping recipients overcome substance abuse issues and achieve self-sufficiency. However, the research that has been done suggests that eligibility staff and employment caseworkers rarely have the time or training needed to conduct comprehensive assessments and identify underlying issues, including domestic violence histories or mental illness, that often contribute to substance abuse. The combination of an initial simple screening tool to be used by caseworkers, with co-located substance abuse specialists available both to perform clinical assessments of individuals and to provide general advice and assistance to front-line staff appears to be a promising model.

Appendix A: Key Resources

To learn more, see these relevant state surveys and case studies on state substance abuse policies for TANF recipients:

Deborah Roth and Gary Cyphers, "Building Bridges: States Respond to Substance Abuse and Welfare Reform," American Public Human Services Association (APHSA) and the National Center on Addiction and Substance Abuse at Columbia University (CASA), August 1999.

Gretchen Kirby and Jacquelyn Anderson, "Addressing Substance Abuse Problems Among TANF Recipients: A Guide for Program Administrators," Mathematica Policy Research, Inc., July 19, 2000.

Jeanette Hercik and Aracelis Holguin-Peña, "A Look At State Welfare Reform Efforts to Address Substance Abuse," U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Substance Abuse Treatment (CSAT), July 2000.

Gwen Rubinstein, "The State of State Policy on TANF & Addiction: Findings from the 'Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients,'" Legal Action Center, June 2002.

Terri S. Thompson and Kelly S. Mikelson, "Screening and Assessment in TANF/Welfare-to-Work: Ten Important Questions TANF Agencies and Their Partners Should Consider," Urban Institute, March 2001.

Appendix B: Instruments Used

Screening Tool	Reported in 2002	Reported in 2012
Addiction Severity Index (ASI)	New Jersey, Oklahoma, Oregon, Utah	
Alcohol Use Disorders Identification Test (AUDIT)	North Carolina	North Carolina
American Society of Addiction Medicine (ASAM) Criteria	Maryland, Oregon	
CAGE/Modified CAGE *	Arkansas, Delaware, DC, Kentucky, Maine, Maryland, Missouri, New Jersey, New York, North Dakota, Oregon, Rhode Island, Utah, Washington	Delaware, Iowa, Minnesota, New Jersey, North Dakota, South Carolina, Utah**, Virginia, Washington
Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP)	New Hampshire	
County-developed tools		Colorado
Drug Abuse Screening Test (DAST-10)	North Carolina	Louisiana, North Carolina
Drug Use Screening Inventory	Oregon	
Drug Use or Felony Statement		Arizona, Pennsylvania
T-ACE ***	South Carolina	
Emotional Health Inventory		Delaware****
Family Development Profile		Delaware****
Global Appraisal of Individual Needs Short Screener (GAIN SS)		Oregon
Internally developed tool	Florida, Illinois, Kentucky, Maryland, Missouri, New Jersey, South Carolina, South Dakota, Vermont	
Michigan Alcohol Screening Test (MAST)	Maryland, Oregon	
Short Michigan Alcoholism Screening Test (SMAST)		Virginia
Statewide Maryland Automated Records & Tracking System (SMART)		Maryland

Screening Tool	Reported in 2002	Reported in 2012
Substance Abuse Subtle Screening Inventory (SASSI)	Idaho, Kansas, Maryland, Nevada, New Jersey, New Mexico, Oklahoma, Oregon, Utah	Colorado, Idaho, Oklahoma, Utah*, Virginia
Supplement to the Learning Needs Screening		Arkansas
UNCOPE*****		Vermont
Unspecified/Other		Connecticut, Maine, Missouri
Did Not Answer Question		Alaska, Hawaii, Indiana, Kentucky, Mississippi, Rhode Island, Tennessee, West Virginia, Wyoming (9)
Did Not Answer Survey	Alaska, Arizona, Georgia, Iowa, Louisiana, Tennessee, West Virginia (7)	Alabama, California, DC, Florida, Georgia, Illinois, Kansas, Massachusetts, Michigan, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, Ohio, South Dakota, Texas, Wisconsin (19)

Notes:

* CAGE is an abbreviation for the four questions asked: (1) Have you ever felt you should **C**ut down on your drinking? (2) Have people **A**nnoyed you by criticizing your drinking? (3) Have you ever felt bad or **G**uilty about your drinking? (4) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?

** Utah responded to the 2012 survey in terms of current policy; however a recently passed bill is leading the state to move from using the CAGE to the SASSI for substance abuse screening starting August 1, 2012.

*** T-ACE is an abbreviation for the four questions asked: (1) **T**olerance - How many drinks does it take to make you feel high? (2) Have people **A**nnoyed you by criticizing your drinking? (3) Have you ever felt you ought to **C**ut down on your drinking? (4) **E**ye opener - Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

**** Delaware also informed us that the state is moving from using the Family Development Profile to the Emotional Health Inventory.

***** UNCOPE is an abbreviation for six questions asked: (1) In the past year, have you ever drank or **U**sed drugs more than you meant to? (2) Have you ever **N**eglected some of your usual responsibilities because of using alcohol or drugs? (3) Have you felt you wanted or needed to **C**ut down on your drinking or drug use in the last year? (4) Has anyone **O**bjected to your drinking or drug use (5) Have you ever found yourself **P**reoccupied with wanting to use alcohol or drugs? (6) Have you ever used alcohol or drugs to relieve **E**motional discomfort, such as sadness, anger, or boredom?"

Some states reported using more than one screening tool, as they can be used in combination to identify different substance problems (i.e. alcohol v. drug) or in succession to identify the severity of abuse, or may use different tools in different counties.

Sources:

2000 – Gwen Rubenstein, "The State of State Policy on TANF and Addiction: Findings from the Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients," Legal Action Center, June 2002.

2012 – Amy Diggs, Emily Krueger, Jessica Otto, and Nisha Ramachandran, "State of State Policies and Practices on TANF and Addiction," May 2012, capstone for George Washington University's Trachtenberg School of Public Policy and Public Administration.

Appendix C: Drug Felony Ban

The 1996 welfare reform law included a lifetime ban on TANF assistance and Supplemental Nutrition Assistance Program (SNAP, formally food stamps) benefits for individuals convicted of a drug-related felony after August 22, 1996.[38] However, states have the authority to modify or opt out entirely from this ban, and as of December 2011, almost 40 states had done that with regard to TANF (see table below).[39] While some states took action immediately, the numbers have increased over time as states found that "the unavailability of benefits was found to hinder the successful social economic re-entry of persons released from prison."[40] The most common modifications include lifting the ban for individuals who have completed their sentences, who are in or completed treatment, or who comply with drug testing. In some cases, individuals who have completed their sentences or treatment may also be subject to drug testing regimes to ensure continued compliance.

State TANF Options - Drug Felon Ban	
As of December 2011, the Ban on TANF for Individuals with Drug Felonies…	**State**
(24%)... Applies to all in 13 states	Alabama, Alaska, Delaware, Georgia, Illinois, Mississippi, Missouri, Nebraska, South Carolina, South Dakota, Texas, West Virginia
(6%)... Applies only to individuals convicted of distribution, manufacture, or trafficking (does not apply to possession) in 3 states	Arkansas, Florida, North Dakota
(20%)... Does not apply to individuals who have completed their sentence or are complying with the terms of their judgment, parole, or probation, e.g., *in court compliance*, in 9 states	Arizona, Colorado, Connecticut, Idaho, Indiana*, Massachusetts, Montana, Washington, Washington, D.C.
(18%)... Does not apply to individuals in treatment or who have completed treatment, in 9 states	California, Hawaii, Iowa, Kentucky, Maryland, Nevada, Oregon, Tennessee , Utah
(6%)... Does not apply to individuals who comply with drug testing and test negative, in 3 states	Minnesota, Virginia, Wisconsin
(4%)... Ends after certain time after completion of sentence/release, in 2 states	Louisiana (1 year), North Carolina (6 months)
(27%)... Applies to no one in 14 states	Kansas, Maine, Michigan, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Vermont, Wyoming
Note: *Available only in Tippecanoe and Allen counties if participating in Drug Court. **Source:** Legal Action Center.	

End Notes

[1] States that passed drug-related bills aimed at TANF program include: Utah (HB 155), Georgia (HB 861), Tennessee (SB 2580/HB 2725), and Oklahoma (HB 2388). Georgia's HB 861 was the one with mandatory testing, similar to the bill that passed in Florida in 2011. Arizona also included language in its budget appropriations bill that passed which extended its screening requirement for another fiscal year.
[2] Deborah Roth and Gary Cyphers, "Building Bridges: States Respond to Substance Abuse and Welfare Reform," American Public Human Services Association and the National Center on Substance Abuse and Addiction at Columbia University, August 1999.
[3] Gwen Rubenstein, "The State of State Policy on TANF and Addiction: Findings from the Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients," Legal Action Center, June 2002.
[4] Lizette Alvarez, "No Savings Are Found From Welfare Drug Tests," *New York Times*, April 17, 2012, http://www.nytimes.com/2012/04/18/us/no-savings-found-in-florida-welfare-drug-tests.html.
[5] Laura Radel, Kristen Joyce, and Carli Wulff, "Drug Testing Welfare Recipients: Recent Proposals and Continuing Controversies," in *ASPE Issue Brief*, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, October 2011, http://aspe.hhs.gov/hsp/11/DrugTesting/ib.pdf.
[6] "State, Local Welfare Officials Say Drug, Alcohol Treatment Has Important Role to Play in Welfare Reform," Legal Action Center, August 1995.
[7] Deborah Roth and Gary Cyphers, "Building Bridges: States Respond to Substance Abuse and Welfare Reform," American Public Human Services Association and the National Center on Substance Abuse and Addiction at Columbia University, August 1999.
[8] "Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children (AFDC)," U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation, December 1994.
[9] LaDonna Pavetti and Krista Olson, "Personal Family Challenge to the Successful Transition from Welfare to Work," Urban Institute, prepared for the Office of Assistant Secretary for Planning and Evaluation and the Administration for Children and Families, U.S. Department of Health and Human Services, May 1996.
[10] The emphasis is on substance abuse rather than just drug use. As cited in the CLASP companion brief, "TANF Policy Brief: Random Drug Testing of TANF Recipients is Costly, Ineffective, and Hurts Families," a 2003 study of a pilot program in Florida found that individuals who tested positively for drug use had earnings and were employed at nearly the same level as individuals who had tested negatively. See: Robert E. Crew, Jr. and Belinda Creel Davis, "Assessing the Effects of Substance Abuse Among Applicants for TANF Benefits: The Outcome of a Demonstration Project in Florida," *Journal of Health & Social Policy*, 2003.
[11] As cited in: Gretchen Kirby and Jacquelyn Anderson, "Addressing Substance Abuse Problems Among TANF Recipients: A Guide for Program Administrators," Mathematica Policy Research, Inc., July 2000.
[12] Amy Diggs, Emily Krueger, Jessica Otto, and Nisha Ramachandran, "State of State Policies and Practices on TANF and Addiction," capstone for George Washington University's Trachtenberg School of Public Policy and Public Administration, May 2012. Seven states reported that applicants who screen positive are required to participate in treatment or lose benefits; 10 reported that such applicants are referred for voluntary treatment, but some states checked both options.
[13] See: Administration for Children and Families – *Major Provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (P.L. 104-193). http://www.acf.hhs.gov/programs/ofa/law-reg/finalrule/aspesum.htm.
[14] Personal communication with Pamela Shanklin, TANF Programs Field Representative.
[15] Diggs et al.
[16] See: preamble to final rule, published at 64 Federal Register page 17841 on April 12, 1999.
[17] Alison C. Colker, "Treatment of Alcohol and Other Substance Use Disorders: What Legislators Need to Know," National Conference of State Legislatures, January 2004.
[18] Jon Morgenstern, et al, "Specialized Screening Approaches Can Substantially Increase the Identification of Substance Abuse Problems Among Welfare Recipients," Mount Sinai School of Medicine, New Jersey Department of Human Services and the National Council on Alcohol and Drug Dependence, January 2001, http://aspe.hhs.gov/hsp/njsard00/screening-rn.htm.
[19] Diggs et al. The survey question asked about "applicants," but responses to subsequent questions indicated that at least some of the states responding included policies that apply to recipients. States were not asked whether non-recipients caregivers in child-only cases are included in screening policies.
[20] Gretchen Kirby and Jacquelyn Anderson, "Addressing Substance Abuse Problems Among TANF Recipients: A Guide for Program Administrators," Mathematica Policy Research, Inc., July 2000.
[21] Personal communication with Nune Phillips, TANF Program Specialist.
[22] CAGE is an abbreviation for the four questions asked: (1) Have you ever felt you should **C**ut down on your drinking? (2) Have people **A**nnoyed you by criticizing your drinking? (3) Have you ever felt bad or **G**uilty about your drinking? (4) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?
[23] Nine states actually reported in the 2012 survey using the CAGE or modified CAGE, but one of those states, Utah, is switching to the SASSI as of August 1, 2012 as a part of changes being implemented under HB 155.
[24] Personal communication with Nune Phillips, TANF Program Specialist.

[25] Diggs, Krueger, Otto, and Ramachandran, "State of State Policies on TANF and Addiction," 2012, page 17.
[26] Kirby and Anderson, "Addressing Substance Abuse Problems Among TANF Recipients," 2000, page 12.
[27] "University of Kentucky Targeted Assessment Program," Kentucky Equal Justice Center, 2010, http://www.kyequaljustice.org/file/view/TAP+Program+Description+-+SFY+2010.pdf.
[28] The four barriers to self-sufficiency targeted by TAP are substance abuse, mental health, intimate partner violence and learning disabilities.
[29] The eligibility criteria for participating in TAP are: (1) K-TAP or TANF eligible, (2) an employment retention recipient, or (3) a DCBS client working with Protection and Permanency, with a reunification plan in place if the child no longer home.
[30] "University of Kentucky Targeted Assessment Program," Kentucky Equal Justice Center, November 2009, http://www.kyequaljustice.org/file/view/TAP+Program+Description+-+SFY+2010.pdf, accessed June 2012.
[31] Personal communication with Barbara Ramlow, Program Director, University of Kentucky Targeted Assessment Program (TAP).
[32] Rubenstein, "The State of State Policy on TANF & Addiction," 2002, page 13.
[33] Roth and Cyphers, "Building Bridges," 1999, page 10.
[34] Roth and Cyphers, "Building Bridges," 1999, page 51.
[35] Ibid, page 42.
[36] Deborah Roth and Gary Cyphers, "Building Bridges: States Respond to Substance Abuse and Welfare Reform," American Public Human Services Association and the National Center on Substance Abuse and Addiction at Columbia University, August 1999.
[37] Roth and Cyphers, "Building Bridges," 1999, page 42.
[38] 21 U.S.C. 862a, or §115 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
[39] Legal Action Center, "State TANF Options - Drug Felon Ban," downloaded from http://www.lac.org/doc_library/lac/publications/HIRE_Network_State_TANF_Options_Drug_Felony_Ban.pdf.
[40] Laura Radel, Kristen Joyce, and Carli Wulff, "Drug Testing Welfare Recipients: Recent Proposals and Continuing Controversies," in *ASPE Issue Brief*, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, October 2011, http://aspe.hhs.gov/hsp/11/DrugTesting/ib.pdf.