

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"*

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The Legal Action Center is the only nonprofit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of alcohol and drug dependence, HIV/AIDS, or criminal records, and to advocate for sound policies in these areas.

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Executive Summary

As caseloads in the Temporary Assistance for Needy Families (TANF) program decreased, policy makers turned their attention toward developing strategies for helping recipients with the most significant employment barriers achieve self-sufficiency. States have adopted a range of policies and practices to address addiction-related barriers in their welfare caseloads, including testing, screening, and treatment referral and monitoring. But little systematic information has been available about these policies and practices.

This report contains the findings of the “Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients,” conducted during the winter of 2001-2002. The survey was distributed to 51 TANF agencies (the 50 States and the District of Columbia) to collect information about how States are addressing alcohol and drug problems as barriers to self-sufficiency in their welfare caseloads. The response rate was 86 percent, with responses received from TANF agencies in 43 States and the District of Columbia.

TANF agencies reported significant variation in how they are handling alcohol and drug problems among TANF recipients. The survey results also revealed a wide range in the intensity of State activity, with some States having adopted multiple policies and practices to address addiction as a barrier to work, while other States have adopted few or no policies and practices.

States that reported the most overall activity in policy and practice development around TANF and addiction are: Florida, Maryland, Nevada, New Jersey, New Mexico, and Washington State. These States reported adopting policies and practices in nearly every category in the survey.

Other key findings from the survey include:

- More than half (59 percent) of responding States reported that individuals with drug felony convictions are eligible for some or all TANF and food stamp benefits.
- More than half of responding States (59 percent) reported that they are screening TANF recipients for alcohol and drug problems.
- Most commonly, States reported using the CAGE¹/Modified CAGE (58 percent) and Substance Abuse Subtle Screening Inventory (SASSI) (35 percent) to screen TANF recipients for alcohol and drug problems. Most States (80 percent) reported that they are relying on TANF workers to conduct the screening, although they provide little, if any training, in the identification of alcohol and drug problems.
- States were able to report little information from their screening programs. About one-quarter (27 percent) had data about the number of TANF applicants or recipients screened

¹ An abbreviation for four questions: (1) Have you ever felt you should cut down on your drinking? (2) Have people annoyed you by criticizing your drinking? (3) Have you ever felt bad or guilty 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 (eye opener)?

in FY 2001. About one-quarter (27 percent) also reported having data about how many screened positive. Only six States had data on both.

- More than half (61 percent) of States reported that they invested TANF funds in alcohol and drug treatment in Fiscal Year 2002. Spending ranged from \$178,200 to \$20.2 million (on average, a little more than 1 percent of total TANF funding in each State). Most States (96 percent) reported that these TANF funds supported an array of services.
- Three-quarters of responding States (73 percent) reported that they had taken or were considering taking steps beyond screening and TANF investment in treatment to address the needs of TANF recipients with alcohol and drug problems.
- About one-quarter of States (27 percent) were evaluating or had plans to evaluate their initiatives to address alcohol and drug problems among TANF recipients.

These results help provide baseline information about State policies and practices toward TANF recipients affected by addiction. But policymakers and advocates concerned with successful recovery and employment for these individuals need more data to evaluate the effects of these policies and to identify best practices. Specifically needed are:

- Qualitative and quantitative information about the effects of the ban on benefits for individuals with drug felony convictions on low-income parents and children, on the treatment providers who have relied on welfare payments to help support their programs, and on Federal, State and local programs – including the criminal justice system – that become the safety net for these families in the absence of welfare benefits.
- Data for more detailed evaluation of best practices in State screening programs, including the most effective screening tools, personnel, and settings.
- Data to measure how the identification and referral to treatment of TANF recipients with alcohol and drug problems are affecting existing State treatment capacity and waiting lists.
- Data to help evaluate whether TANF recipients are being matched to appropriate treatment (such as services that include child care) and any barriers they are facing to treatment engagement, retention, and success.
- Improved overall tracking and monitoring of State policy change, including data to evaluate promising practices and identify continuing obstacles to success for TANF families affected by addiction

Background

More than five years ago, the “Personal Responsibility and Work Opportunity Reconciliation Act of 1996”² (also known as “welfare reform”) changed the American welfare system dramatically. The law ended the individual entitlement to cash welfare and replaced it with a block grant to States (Temporary Assistance for Needy Families, or TANF), imposed a five-year lifetime limit on Federal benefits, and required welfare recipients to work to receive benefits or face sanctions, including a loss of benefits.

Currently, the law provides more than \$16 billion annually to States for their TANF programs. Under the program, States have significant flexibility over decisions about spending and programming, but they can face penalties if they do not meet statutorily set work participation rates or if too many families are receiving assistance for more than 60 months.

Welfare caseloads have dropped by about half since the law’s adoption. Between August 1996 and September 2001, the number of individuals receiving welfare declined 56 percent and the number of families receiving welfare declined 52 percent.³

As caseloads decreased, policy makers turned their attention toward developing strategies for helping TANF recipients with the most significant employment barriers achieve self-sufficiency. In the last several years, States have adopted a range of policies and practices to address addiction-related barriers in their TANF caseloads, including testing, screening, and treatment referral and monitoring. Because States do not have to report these activities to the Federal government, comprehensive national information about these policies is often not available.

This report contains the findings of the “Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients,” conducted during the winter of 2001-2002. The survey was distributed to 51 TANF agencies (the 50 States and the District of Columbia) to collect information about how States are addressing alcohol and drug problems as barriers to self-sufficiency in their welfare caseloads.

Addiction Among Welfare Families and Its Implication

States have recognized addiction as a barrier to self-sufficiency for welfare recipients for some time. A 1995 study found that most State and local welfare directors believed that up to one-third of the adults in their caseload were limited in their job training, search, and retention by alcohol or drug problems and almost all believed that treatment was important to any welfare reform initiative.⁴

² Public Law 104-193. All other references in the paper are to this law, unless otherwise noted.

³ “Percent Change in AFDC/TANF Families and Recipients, August 1996-September 2001,” website of the Administration for Children and Families. Retrieved on February 28, 2002, from www.acf.dhhs.gov/news.

⁴ Legal Action Center. “State, Local Welfare Officials Say Drug, Alcohol Treatment Has Important Role to Play in

Most studies have indicated that 10 to 20 percent of adult welfare recipients have alcohol and drug problems.^{5,6,7,8} For comparison, 6.3 percent of all Americans were current drug users and 5.6 percent reported heavy drinking in 2000.⁹

Some parents in welfare families need alcohol and drug treatment services to make the transition into recovery, off welfare, and into work. Yet the number of Americans needing treatment for alcohol and drug problems significantly surpasses the number of treatment services available. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) and Institute of Medicine (IOM), between 13 and 16 million Americans need treatment for alcoholism and/or drug dependence in any given year, but only 3 million receive care.¹⁰

Studies have shown that alcohol and drug treatment programs provide effective and cost-efficient services, despite funding and capacity limitations. Programs serving women with children, including women on welfare, have demonstrated many positive outcomes, including increased employment and earnings and decreased use of public assistance. For example:

Welfare Reform." Washington, DC: August 1995.

⁵ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. "Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)," Washington, DC: December 1994.

⁶ Carol B. Sisco and Carol L. Pearson, "Prevalence of Alcoholism and Drug Abuse Among Female AFDC Recipients," *Health and Social Work*, Vol. 19 (1994), pp. 75-77.

⁷ Rex S. Green, *et. al.* "Alameda County CalWORKs Needs Assessment: Barriers to Working and Summaries of Baseline Status." Berkeley, California: Public Health Institute, February 2000, p. 8.

⁸ California Institute for Mental Health. *The CalWORKs Project: The Prevalence of Mental Health, Alcohol and Other Drug & Domestic Violence Issues Among CalWORKs Participants in Kern and Stanislaus Counties – Prevalence Report.* Sacramento: September 2000, p. 5.

⁹ Substance Abuse and Mental Health Services Administration. *Summary of Findings from the 2000 National Household Survey on Drug Abuse.* Rockville, Maryland: 2001.

¹⁰ Substance Abuse and Mental Health Services Administration. "Changing the Conversation." Rockville, Maryland: November 2000, p. 7.

A California study found that the benefits of treating welfare recipients in the State exceeded costs by more than two and one-half times, even though post-treatment employment and earnings data were deflated by a recession in the State at the time.¹¹

- A national study found that women treated in Federally funded programs increased their employment and decreased their use of welfare. The number of women who reported being employed in the year after treatment increased 25 percent. Income rose modestly, up 6 percent, while the number receiving public assistance decreased 8 percent.¹²

Key Provisions of TANF Program on Low-Income Families Affected by Addiction

The TANF law and regulations contain several provisions that can have a disproportionate effect on recipients with alcohol and drug problems and the treatment programs serving them. Five key provisions are:

- A lifetime ban on eligibility for TANF assistance and food stamps for individuals who receive a drug felony conviction (for use, possession, or distribution) where the conduct and conviction occurred after August 22, 1996.¹³ States can opt out of the ban or narrow its scope but only through legislation.

Unmodified, the ban acts as an impediment to treatment for women with drug problems. Publicly funded treatment programs, particularly residential programs, have traditionally relied on a family's welfare and food stamps to help fund room and board. Without continued access to these funds, programs may have to reduce their services or caseloads. A study of eight women's residential programs in California found that some providers had lost 25 to 30 percent in monthly revenue as a result of the ban.¹⁴

Unmodified, the ban also acts as a barrier to self-sufficiency for women leaving treatment. Without access to basic financial support for the transition back into the community, these women are at increased risk of relapse and recidivism.

¹¹ Dean R. Gerstein, Robert A. Johnson, and Cindy L. Larison, "Alcohol and Other Drug Treatment for Parents and Welfare Recipients: Outcomes, Costs, and Benefits." Washington: U.S. Department of Health and Human Services, 1997, p. 39.

¹² Center for Substance Abuse Treatment, "Women In Treatment – National Treatment Improvement Evaluation Study." Rockville, Maryland, 1997.

¹³ §115, as amended by §5516 of the Balanced Budget Act of 1997 (P.L. 105-33).

¹⁴ Amanda Noble and Elaine Zahnd, "The Gramm Amendment to Welfare Reform: Problems for Women's Residential Treatment Providers and Their Clients." Davis: University of California, January 2000.

- Sanctions, including loss of Medicaid, for not complying with work requirements.

TANF recipients with alcohol and drug problems may have trouble complying with their work requirements either because they need treatment and cannot get it or because they are in treatment and their treatment requirements conflict with their work requirements. Loss of benefits – particularly Medicaid benefits, which are available in some States to fund treatment – will not help recipients address these barriers and could result in deeper poverty for them and their families.

Data are beginning to bear out the relationship between addiction and sanctions. A study of families leaving welfare in Boston, Chicago, and San Antonio found that families facing sanctions were more likely to report alcohol and drug involvement than other families.¹⁵ Another study, of all sanctioned clients in one New Jersey county, found that 49 percent met clinical criteria for an alcohol or drug problem.¹⁶

- Definition of medical services.

States may not use TANF funds for “medical services,”¹⁷ although the definition of “medical services” is left up to them.¹⁸ The lack of a clear Federal definition has contributed to reluctance in some States to invest TANF funds in core alcohol and drug treatment services (such as individual or group counseling) for fear of being penalized for misuse of funds,¹⁹ despite the fact that TANF regulations recognize non-medical treatment as a legitimate use of funds.²⁰

In addition, the lack of a definition for “medical services” could further exacerbate treatment availability problems in States that are actively screening TANF recipients for alcohol and drug problems. Without the ability to use TANF funds to support as broad a range of treatment services as possible, these States may face the dilemma of identifying more individuals needing treatment but without additional resources to provide it.

¹⁵ Research Forum on Children, Families, and the New Federalism, “Three-City Findings Reveal Unexpected Diversity Among Welfare Leavers and Stayers.” New York: Mailman School of Public Health, Columbia University, 2000, p. 3.

¹⁶ Jon Morgenstern, *et. al.*, “Research Notes – Specialized Screening Approaches Can Substantially Increase the Identification of Substance Abuse Problems Among Welfare Recipients.” New York: Mt. Sinai School of Medicine, January 2001, p. 2.

¹⁷ §408(a)(6).

¹⁸ Preamble language to TANF Final Rule, 64 *Federal Register* 17840 (April 12, 1999).

¹⁹ Personal communication from welfare officials in several States and localities.

²⁰ Preamble language to TANF final rule, *op. cit.* Also emphasized in a September 22, 2000, “Dear Colleague” letter co-signed by the Departments of Health and Human Services and Labor.

- The distinction between “assistance” and “non-assistance.”

The TANF program’s flexibility allows States to provide both assistance (primarily in the form of cash benefits) and non-assistance (primarily in the form of services funded by TANF) to low-income families. States can take advantage of this flexibility to invest TANF funds in support services specifically geared to help low-income parents and caretaker relatives with alcohol and drug problems. The key parameter is that State Maintenance of Effort (MOE) funds must be spent on individuals who are TANF-eligible; Federal funds can pay for services for a wider range of individuals, including those who are not eligible for assistance.

- Drug testing.

The law²¹ authorizes, but does not require, States to conduct drug testing of TANF recipients and sanction those who test positive. Most States have not done so.

One State’s TANF drug testing program is currently in litigation. The program, implemented in Michigan in October 1999, was halted by a temporary restraining order from a District Court after about six weeks on the grounds that it was unconstitutional under the 4th Amendment.²² The case, *Marchwinski et. al. v. Howard*, is currently under appeal in the 6th Circuit. A decision is expected soon.

“Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients” – Methodology

The “Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients” (Appendix A) was mailed out to directors of welfare/TANF agencies in the 50 States and the District of Columbia in September 2001. Follow-up was conducted by phone, fax, and e-mail through February 2002.

A total of 43 States and the District of Columbia responded, for a response rate of 86 percent. The seven non-responding States are Alaska, Arizona, Georgia, Iowa, Louisiana, Tennessee, and West Virginia. These States represent 16 percent of potential respondents, whose combined TANF caseloads comprise 11 percent of the national TANF caseload.

²¹ §902.

²² 113 F. Supp. 2d 1134 (E.D. Mich. 2000).

The survey asked 20 questions in six areas:

- State policies toward eligibility of individuals with drug felony convictions (2 questions);
- State policies toward alcohol and drug screening, assessment, and treatment referral for TANF applicants and recipients (6 questions);
- State policies toward TANF financial support for alcohol and drug treatment (3 questions);
- Specific TANF initiatives adopted to address addiction (5 questions);
- State policies toward collaboration among multiple agencies potentially serving TANF recipients with alcohol and drug problems (2 questions); and
- State collection of evaluation and other data on addiction-related TANF policies and practices (2 questions).

The survey questions were designed for quick response, and most (70 percent) required only a yes-no answer. The survey questions were designed to generate a snapshot of State policies and practices, explore possible correlates of State decisions to adopt these policies and practices, and identify potential areas for future policy study, including promising practices.

Limitations of the Data

The general limitations of survey research apply to the findings generated by this project.

The data collected are time-limited. State welfare policy, particularly policy focused on addressing the needs of “harder-to-employ” recipients, is dynamic. State decisions reported through this survey may be valid for only a short time.

Respondents were staff of State TANF agencies and may or may not have had the most up-to-date or accurate information about adopted policies. We did not compare respondents’ answers to State law or regulation for confirmation. In addition, several reviewers noted discrepancies in what States had reported versus what they knew about policies and practices adopted.

The data cannot yield causal inferences about the influences and barriers to state policy and practice decisions about addressing the needs of TANF recipients with alcohol and drug problems. While the survey asked State officials questions about motivations and barriers hypothesized to be related to state decisions in this area, the results can only suggest relationships that merit further study.

Finally, for some States (including Colorado, Ohio, and California), information about State-level activities provides an incomplete picture of TANF policy. In these States, counties bear the

responsibility for much of the decision making about the implementation of TANF. We did not include county policies – even if reported by the State TANF agency – in our description of State policies and practices.

“Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients” – Findings

Eligibility of Individuals with Drug Felony Convictions for TANF Assistance and Food Stamps

Less than half (41 percent) of responding States reported that they are denying TANF assistance and food stamps to all individuals with drug felony convictions. More than half (59 percent) of responding States reported that they had enacted legislation to make individuals with drug felony convictions eligible for some or all TANF and food stamp benefits. Of those States, about one-quarter (23 percent) reported placing no restrictions on eligibility for these individuals.

The other three-quarters of the States attach conditions to eligibility for individuals with drug felony convictions. Responding States reported adopting at least 10 distinct modifications of the drug felony ban, with some States adopting more than one. The most common State modifications include:

- Individuals who have completed treatment or who are currently engaged in treatment remain eligible (Hawaii, Kentucky, Maryland, Nevada, North Carolina, and Washington State).
- Ending eligibility for individuals convicted of distribution, trafficking, or manufacture but not for use or possession (Arkansas, Florida, Illinois, New Jersey, North Carolina, and Rhode Island).
- Individuals remain eligible for food stamps regardless of their drug felony history (Illinois, Massachusetts, New Mexico, and Washington State).
- Individuals who comply with drug testing and test negative remain eligible (Maryland, Minnesota, New Jersey, Wisconsin).

Table A lists State decisions on this issue.

TABLE A
State Decisions on TANF Assistance & Food Stamp Eligibility
For Individuals With Drug Felony Convictions²³

Ban on TANF & Food Stamps to Individuals with Drug Felonies...	State
... Applies to all (41%)	Alabama, California, Colorado, Delaware, Indiana, Kansas, Maine, Mississippi, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Carolina, South Dakota, Texas, Virginia, Wyoming
... Applies only to individuals convicted of distribution, manufacture, or trafficking (14%)	Arkansas, Florida, Illinois, New Jersey, North Carolina, Rhode Island
... Does not apply to individuals who have completed their sentence or are complying with the terms of their judgment, parole, or probation (7%)	Connecticut, Idaho, Michigan
... Does not apply to individuals in treatment or who have completed treatment (16%)	Hawaii, Kentucky, Maryland, Nevada, North Carolina, Washington
... Does not apply to food stamps (9%)	Illinois, Massachusetts, New Mexico, Washington
... Does not apply to individuals who comply with drug testing and test negative (9%)	Maryland, Minnesota, New Jersey, Wisconsin
... Ends after certain time after completion of sentence/release (7%)	Massachusetts (12 months after release), New Mexico (5 years after release), North Carolina (6 months after release)
... Applies to no one (18%)	Washington (DC), New Hampshire, New York, ²⁴ Ohio, Oklahoma, Oregon, Utah, Vermont

²³ N=44. Adds to more than 100% because some States adopted more than one of the listed changes.

²⁴ New York and Oklahoma reported that the ban applies to fleeing felons, but this prohibition is contained in a different part of the TANF statute and separate from the drug felony ban.

Alcohol and Drug Screening, Assessment, and Treatment for TANF Applicants and Recipients

A total of 26 States (59 percent of respondents) reported currently screening TANF recipients for alcohol and drug problems. A total of seven States (16 percent) reported that screening decisions were up to counties, and 11 States (25 percent) reported that they were not doing any alcohol and drug screening at all.

Screening Tools Adopted

Respondent States reported using 10 different screening tools to determine whether TANF recipients had alcohol and drug problems. Nearly one-third of States (31 percent) that are screening reported using more than one screening tool.

The most prevalent screening tools being used by States are: CAGE/Modified CAGE²⁵ – 15 States (58 percent)

- Substance Abuse Subtle Screening Inventory (SASSI) – 9 States (35 percent)
- A specialized tool developed in the State – 9 States (35 percent)
- Addiction Severity Index (ASI) – 4 States (15 percent)

Table B lists the screening tools States have adopted.

²⁵ An abbreviation for four questions: (1) Have you ever felt you should cut down on your drinking? (2) Have people annoyed you by criticizing your drinking? (3) Have you ever felt bad or guilty 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 (eye opener)?

TABLE B
Alcohol and Drug Screening Tools Adopted by State TANF Agencies²⁶

Screening Tool	State
Addiction Severity Index (ASI) (15%)	New Jersey, Oklahoma, Oregon, Utah
Alcohol Use Disorders Identification Test (AUDIT) (4%)	North Carolina
American Society of Addiction Medicine (ASAM) Criteria (8%)	Maryland, Oregon
CAGE/Modified CAGE (54%)	Arkansas, Delaware, Washington (DC), Kentucky, Maine, Maryland, Missouri, New Jersey, New York, North Dakota, Oregon, Rhode Island, Utah, Washington
Center for Substance Abuse Treatment's (CSAT) Treatment Improvement Protocol (TIP) (4%)	New Hampshire
Drug Abuse Screening Test (DAST-10) (4%)	North Carolina
Drug Use Screening Inventory (4%)	Oregon
T-ACE (4%)	South Carolina
Internally developed tool (35%)	Florida, Illinois, Kentucky, Maryland, Missouri, New Jersey, South Carolina, South Dakota, Vermont
Michigan Alcohol Screening Test (MAST) (8%)	Maryland, Oregon
Substance Abuse Subtle Screening Inventory (SASSI) (35%)	Idaho, Kansas, Maryland, Nevada, New Jersey, New Mexico, Oklahoma, Oregon, Utah

²⁶ N=26. Adds to more than 100% because some States are using more than one screening tool.

Personnel Responsible for Conducting Screening

Respondent States reported using six types of professionals to screen TANF recipients for alcohol and drug problems. Many States (40 percent) reported using more than one.

Most commonly, States (80 percent) reported that TANF workers are responsible for screening TANF recipients and applicants for alcohol and drug problems. A little more than one-third of responding States (36 percent) reported using either on- or off-site alcohol and drug clinicians.

Most of the States that reported using TANF workers for screening also reported that they provided little training in the identification of individuals with alcohol and drug problems. Almost three-quarters (74 percent) of the States reported providing less than eight hours of training, and two States (10 percent), Idaho and North Dakota, reported providing no training at all. About another quarter of States (26 percent) reported providing 9-35 hours of training.

TABLE C
Personnel States Use to Screen
TANF Recipients for Alcohol and Drug Problems²⁷

Type of Screener	State
TANF Worker (81%)	Arkansas, Delaware, Washington (DC), Idaho, Illinois, Kansas, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Washington
On-Site Alcohol and Drug Clinician (31%)	Florida, Kansas, Kentucky, Maryland, New Jersey, New York, North Carolina, Oregon
Off-Site Alcohol and Drug Clinician (15%)	Florida, North Carolina, Oklahoma, Oregon
Contract Agency (8%)	Maine, New Mexico
Trained Support Staff (4%)	Kansas
Work Activity Caseworker (4%)	Washington (DC)

²⁷ N=26. Adds to more than 100% because some States are using more than one type of screener.

Data from Alcohol and Drug Screening of TANF Applicants and Recipients

About one-quarter of responding States (27 percent) doing screening reported that they had data on the number of TANF applicants or recipients screened in FY 2001. For States that had data, the number screened ranged from 88 in Missouri (one county only) to 100 percent of TANF recipients in Arkansas and all applicants in New York.

About one-quarter (27 percent) of States conducting screening also reported that they had data about the results of the screening. State reports about the number of TANF applicants and/or recipients who screened positive for an alcohol or drug problem covered a wide range, mostly from 1-2 percent in New York to 20 percent in Washington State.

Nevada and New Jersey reported significantly higher percentages (47 and 74 percent, respectively), despite screening fewer individuals. These higher percentages may be a result of more targeted screening, focused on recipients or applicants considered to be at higher risk,²⁸ such as those facing sanctions.

Less than one-quarter of States (23 percent) doing screening had data about both the number of recipients/applicants screened and the number who screened positive. Table D lists those findings.

TABLE D
Results of State Screening of TANF Recipients
For Alcohol & Drug Problems

State	Number/Percent Screened	Percent Screening Positive
Maryland	60% of applicants	11%
Nevada	132	47%
New Jersey	1,214 (4.7% of applicants)	74%
New York	4,575 (8% of applicants)	1-2%
Oklahoma	15,000 (90% of applicants)	5%
Washington	95% of applicants	20%

²⁸ Morgenstern, *op. cit.*

Referrals for Those Who Screen Positive

All but one of the States (96 percent) that reported screening TANF recipients for alcohol and drug problems also reported that those who screen positive are referred for a comprehensive assessment. The only exception is Washington (DC), which reported that recipients who screen positive are referred directly to treatment.

Half of the States reported that they refer clients who screen positive to treatment and require them to participate in treatment as a condition of receiving benefits. Two states – New Jersey and Oregon – reported that they also deny benefits, in some cases, to those who screen positive. The survey did not collect information about how States administered sanctions in these cases.

TABLE E
Referrals for TANF Recipients
Who Screen Positive For Alcohol or Drug Problems²⁹

TANF Recipients Who Screen Positive for an Alcohol or Drug Problem Are . . .	State
Referred to comprehensive assessment (96%)	Arkansas, Delaware, Florida, Idaho, Illinois, Kansas, Kentucky, Maine, Maryland, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Washington
Referred directly to treatment (4%)	Washington (DC)
Referred to treatment and required to participate as a condition of receiving benefits (50%)	Florida, Kansas, Maine, Maryland, New Jersey, New York, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Vermont, Washington
Denied benefits (in some cases) (8%)	New Jersey, Oregon

²⁹ N=26.

States Policies Toward TANF Funding for Alcohol and Drug Treatment Services

More than half (61 percent) of responding States reported that they invested TANF funds in alcohol and drug treatment services in Fiscal Year 2002. Most (81 percent), but not all, were able to report how much.

State-reported spending ranged from \$178,200 in Idaho to \$20.2 million in New Jersey. Average State spending was \$5 million. Still, most States spent a very small percentage – more than half spent less than 1 percent – of their total TANF funds on alcohol and drug treatment.

Table F lists TANF expenditures on alcohol and drug treatment in the 22 States that reported the amount they spent and compares these expenditures to total TANF funds (both Federal and State) spent in the State in FY 2000, the most recent year for which data are available.

TABLE F
State Investment of TANF Funds
In Alcohol and Drug Treatment

State	TANF Funds Allocated To Treatment (\$) (FY 2002)	TANF Funds (FY 2000)³⁰	TANF Funds Allocated to Treatment (%)³¹
District of Columbia	1 million	134.3 million	0.74
Florida	16.7 million	764.9 million	2.18
Hawaii	1 million	161 million	0.62
Idaho	178,200	43.7 million	0.41
Illinois	2.4 million	879.9 million	0.27
Kansas	600,000	151.1 million	0.40
Kentucky	2.2 million	204.9 million	1.07
Michigan	3 million	1.1 billion	0.25
Montana	636,000	44.2 million	1.44

³⁰ Most recent available. TANF spending includes Federal funds and State MOE funds. Retrieved from <http://www.acf.dhhs.gov/programs/ofs/data/q400/TableF.htm> May 23, 2002.

³¹ Calculation assumes that total TANF spending in each State remained constant during this period.

State	TANF Funds Allocated To Treatment (\$) (FY 2002)	Total State TANF Spending (FY 2000)	TANF Funds Allocated to Treatment (%)
Nevada	758,500	55.9 million	1.36
New Jersey	20.2 million	321.6 million	6.28
New Mexico	500,000	149 million	0.34
New York	18 million	3.4 billion	0.51
North Carolina	3.5 million	435 million	0.80
Ohio	5 million	986 million	0.51
Oklahoma	3 million	133.7 million	2.24
Pennsylvania	1 million	891.3 million	0.49
South Carolina	5 million	124.3 million	4.02
Texas	10.4 million	743.1 million	1.40
Virginia	2.5 million	221.8 million	1.13
Washington	9.25 million	530.6 million	1.74
Wisconsin	500,000	419.1 million	0.12

Most States (93 percent) reported that they had invested Federal TANF funds in treatment. Fewer (44 percent) reported investing State Maintenance of Effort (MOE) funds in treatment services. Less than half of States (41 percent) reported using both Federal and State MOE funds to support treatment services. Two States (Ohio and Washington) also reported spending separate State welfare funds on treatment services.

TABLE G
Type of Welfare Funds States Use to Support Treatment³²

Type of Welfare Funds Invested in Treatment	States
Federal TANF Funds (93%)	Washington (DC), Florida, Hawaii, Idaho, Illinois, Kansas, Kentucky, Maryland, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, Washington, Wisconsin
State MOE Funds (44%)	Washington (DC), Illinois, Montana, New Hampshire, New Jersey, Oklahoma, Rhode Island, South Carolina, Vermont, Virginia, Washington, Wisconsin
Separate State Welfare Funds (7%)	Ohio, Washington

Almost all of the responding States that reported using TANF funds for treatment also reported having invested them in a wide array of treatment services (96 percent). Only one State – Maryland – reported concentrating funds in a single treatment modality (non-hospital residential services). States also reported using TANF funds for wrap-around services, such as transitional housing, prevention/education, and employment support.

³² N=26. Adds to more than 100% because some States are investing more than one kind of welfare funding to support treatment services.

TABLE H
Alcohol and Drug Treatment Services
States Fund Through TANF³³

Service	States Funding It Through TANF
Screening/Assessment/ Diagnosis (89%)	Washington (DC), Florida, Hawaii, Idaho, Illinois, Kansas, Kentucky, Michigan, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Rhode Island, Texas, Utah, Vermont, Virginia, Washington, Wisconsin
Detoxification (48%)	Washington (DC), Hawaii, Idaho, Illinois, Kentucky, Michigan, Montana, Nevada, New Jersey, North Carolina, Ohio, Virginia, Washington
Outpatient Treatment (67%)	Washington (DC), Florida, Hawaii, Idaho, Illinois, Kentucky, Michigan, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Texas, Utah, Virginia, Washington, Wisconsin
Non-Hospital Residential Treatment (74%)	Washington (DC), Florida, Hawaii, Idaho, Illinois, Kentucky, Maryland, Michigan, Montana, Nevada, New Jersey, Ohio, Oklahoma, Rhode Island, South Carolina, Utah, Vermont, Virginia, Washington, Wisconsin
Case Management (85%)	Washington (DC), Florida, Hawaii, Idaho, Illinois, Kansas, Kentucky, Michigan, Montana, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, Washington, Wisconsin
Education/Prevention (15%)	Kansas, Oklahoma, Rhode Island, Texas
Housing (7%)	Nevada, New Jersey
Employment Services (7%)	Rhode Island, Virginia
Consultation with Staff and Employers (4%)	Kentucky
Monitoring (4%)	New York

³³ N=27. Adds to more than 100% because some States are using TANF to support more than one service.

Service	States Funding It Through TANF
Care Coordination (4%)	North Carolina
Transitional Services (4%)	South Carolina
“Other” (unspecified) (4%)	Idaho

Definition of “Medical Services”

One-quarter of responding States reported having adopted a formal definition of “medical services” as they relate to TANF. One State (South Carolina) reported that it was currently considering adopting a definition. Another State (Minnesota) noted that it maintains a list of services that cannot be funded through TANF.

Most commonly, State-reported definitions assert that TANF funds cannot pay for services that would be reimbursed by Medicaid – such as in Washington (DC), Idaho, Kansas, Michigan, New Jersey, and Oklahoma. Of States with a definition, three reported that their definitions contained addiction-specific language. Table I reports that language.

TABLE I
Addiction Language in State Definitions of “Medical Services”

State	Addiction Language
Colorado	Colorado’s Medicaid program will pay for substance abuse treatment services only in cases where a primary medical diagnosis requires treatment and where a secondary diagnosis of addiction may be exacerbating the medical condition. All other substance abuse services are not defined as medical services and can be funded by TANF.
Florida	Once a client has been identified as needing substance abuse services, those services are provided either through TANF or other funding sources.
New Jersey	TANF funding is not used for medical services covered by the Medicaid agency. For substance abuse, Medicaid only covers hospital treatment and not in most outpatient and halfway house facilities.

Specific State Initiatives to Address Alcohol and Drug Problems Among TANF Recipients

Most responding States (73 percent) reported that they had taken or were considering taking additional steps beyond screening and TANF investment in treatment to address the needs of TANF recipients with alcohol and drug problems directly. One-quarter of States reported that they had not taken any specific steps to address the needs of these recipients.

The survey specifically asked about:

- Programs, beyond treatment, designed specifically to serve TANF recipients with alcohol and drug problems;
- Treatment programs designed specifically for TANF recipients with alcohol and drug problems that allow them to keep their children with them;
- Specialized case management services or programs to monitor TANF recipients with alcohol and drug problems;
- Programs that incorporate addiction treatment into job readiness, job retention, or job placement programs; and
- Programs that incorporate job readiness, job retention, or job placement into addiction treatment.

Many States, but less than half (41 percent), reported programmatic activity in most of these areas, about one-third (32 percent) reported programmatic activity in a few of these areas, and about another quarter (27 percent) no activity. The States reporting the most activity were: Florida, Indiana, Maryland, New Jersey, Texas, Washington, Montana, and Rhode Island. (Three States – California, Colorado, and Ohio – reported these decisions are made at the county level.)

Specific initiatives States reported include:

- Maryland's TANF Substance Abuse Treatment and Services (SATS) Program uses on-site addiction personnel to provide case management services and monitor TANF recipients' compliance with treatment. In addition, under Maryland's TANF program, recipients who are complying with treatment are considered to be meeting their work requirements.
- Nevada's TANF program provides alcohol and drug treatment to non-custodial parents.
- New York produced a video, "It's Time to Ask, Six Women Sharing Stories of Addiction and Recovery," distributed to all social services offices for use in orientation and employment sessions with TANF clients.

- In a pilot program (February 2000-June 2001), Pennsylvania provided intensive case management services to TANF clients with substance abuse-related barriers to employment.
- South Dakota's TANF program helps fund residential services for low-income pregnant women and women with dependent children who have completed inpatient treatment and require a residential level of care. Specialized services include: parenting activities, preparation for independent living, life skill development, vocational counseling, educational services, and job placement.
- Washington State developed an automated case management system to allow social workers or case managers to track clients by date of referral, type of service, and completion date.
- In Wisconsin, non-medical alcohol and drug treatment is considered an allowable work activity and can be a component of a participant's employability plan.

Collaboration Among Agencies Serving TANF Recipients with Alcohol and Drug Problems

Many of the responding TANF agencies reported working with other State agencies to address the needs of clients they have in common. Half of the responding TANF agencies reported having a formal Memorandum of Understanding (MOU) with at least one other State agency, including the State alcohol and drug, mental health, public health, child welfare, senior services, and labor/workforce agency.

Formal relationships between State TANF and alcohol and drug agencies were common. More than one-third (39.5 percent) of State TANF agencies reported having a formal MOU with the State alcohol and drug (or alcohol/drug/mental health) agency. They are: Arkansas, California, Delaware, Washington (DC), Idaho, Indiana, Kansas, Maryland, Montana, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, South Carolina, Virginia, and Washington.

State Collection of Evaluation and Data On Addiction-Related TANF Initiatives

More than one-quarter (27 percent) of responding States reported that they are using formal evaluation techniques to assess their initiatives to address alcohol and drug problems among TANF recipients. Another seven States (16 percent) reported that they are currently considering such evaluation. But the majority of States (57 percent) reported that they are not currently planning such formal evaluation.

Few responding States (18 percent) reported that had developed a system for tracking data on TANF recipients across departments and agencies, such as substance abuse and child welfare. About one-quarter of responding States reported they were currently considering developing such a system. But most States (59 percent) reported that they had not yet developed such a system.

Discussion/Recommendations

State TANF agency responses to the “Survey of State Policies and Practices to Address Alcohol and Drug Problems Among TANF Recipients” reveal significant variation in how they are handling alcohol and drug problems in their welfare caseloads. The survey’s findings also reveal variation in the intensity of State activity, with some States having adopted multiple policies and practices to address addiction as a barrier to work while others have adopted few or no policies.

Eligibility of individuals with drug felony convictions. A majority of States reported that they have enacted legislation to opt out of or narrow the law’s ban on eligibility for TANF assistance and food stamps for individuals with drug felony convictions. Still, two relatively large population and TANF caseload States – California and Pennsylvania – are enforcing the ban.

A 2002 report estimated that the ban has affected 92,000 women in 23 States studied.³⁴ Little data is available, however, about the specific effects of the ban on these women and their children. Policy makers and advocates need more quantitative and qualitative information about the ban and its effects on low-income women and children, on the treatment providers who have relied on welfare payments to help support their programs, and on Federal, State and local programs – including the criminal justice system – that become the safety net for these families in the absence of welfare benefits.

Screening. Most States reported that they are screening TANF recipients and/or applicants for alcohol and drug problems, most commonly by having TANF workers administer a version of the CAGE screening instrument. This type of screening is a good first step in identifying individuals receiving welfare who need treatment and other services to be able to make the transition to self-sufficiency.

State-reported prevalence findings covered a wide range – higher than expected in some places and lower than expected in other places. While it is difficult to draw conclusions based on data from the six States that knew both the number of recipients/applicants screened and the number who had screened positive, it is possible to hypothesize that some fine-tuning is necessary in the screening process.

³⁴ Patricia Allard. “Life Sentences: Denying Welfare Benefits to Women Convicted of Drug Offenses.” Washington, DC: The Sentencing Project, 2002, p. 1.

Some of the screening tools being used in TANF agencies, including the CAGE, were designed for health-care or treatment settings not social services settings. They may also not be the most effective tools available for screening women, particularly women of color.^{35,36} In addition, welfare recipients may be reluctant to share such personal information with their TANF worker, especially given the stigma of addiction and fearing repercussions, including loss of benefits.

Most TANF workers receive little training in addiction and are expected to conduct this screening while managing many other responsibilities. States could relieve them of this burden and potentially improve the reliability of results by contracting with alcohol and drug clinicians – either on- or off-site – to conduct the screening. TANF funds could support this screening, as could Medicaid in some States.

More data are needed for more detailed analysis of the effectiveness of screening programs and identification of best practices, including the most effective combination of screening tools, personnel, and settings.

Treatment availability and TANF funding for services. According to the survey results, most recipients who screen positive for alcohol and drug problems are referred to assessment and treatment, which are appropriate steps. Accordingly, many States also reported that they have invested TANF dollars in treatment services.

The survey did not ask or answer questions about whether these additional referrals are affecting treatment capacity and waiting lists. In most States, more people need treatment than can receive it. An increase in the number of individuals identified as needing publicly funded treatment services will likely add further strain to the system.

In addition, the survey did not ask States for information to judge how clients' needs for gender-specific services are considered in their treatment plans and placements. This information is important to understanding whether the treatment is appropriate, a key factor in treatment engagement, retention, and success.

Finally, the survey did not ask questions about whether States have adopted explicit policies or practices to help TANF recipients with alcohol and drug problems coordinate their work requirements and treatment needs. A 2001 study reported that about one-third of States counted

³⁵ J.R. Steinbauer, S.B. Cantor, C.E. Holzer, and R.J. Volk, "Ethnic Sex Bias in Primary Care Screening Tests for Alcohol Use Disorders," *Annals of Internal Medicine*, Volume 129 (1998), pp. 353-362.

³⁶ Katherine A. Bradley, Jodie Boyd-Wickizer, Suzanne H. Powell, and Marcia L. Burman, "Alcohol Screening Questionnaires in Women," *Journal of the American Medical Association*, Volume 280 (1998), pp. 166-171.

treatment participation as a work activity for TANF recipients.^{37,38} Future research should focus on State practices on this issue because they bear on the success of (1) clients in meeting their work requirements and achieving recovery and self-sufficiency and (2) States in moving welfare recipients into work at rates expected by the Federal TANF statute.³⁹

Specific TANF Initiatives. Most responding States reported that they had taken or were considering taking additional steps beyond screening and investment in treatment to address the needs of TANF recipients with alcohol and drug problems. States should consider how to provide key support services needed by parenting women who are simultaneously trying to maintain their recovery and enter or re-enter the workforce, including transitional housing (particularly safe and sober housing), relapse prevention and aftercare services, and post-employment support services.

Both policy makers and advocates need more detailed information about the design, implementation, and success of these initiatives, as well as how to replicate the most effective approaches.

Collection & Evaluation of Data. The majority of responding States (57 percent) reported that they were not formally evaluating their initiatives to address alcohol and drug problems among TANF recipients. This is troubling.

Evaluation is necessary to foster an understanding of the success, outcomes, and effectiveness and cost-effectiveness of these policies and practices. Lack of information could be a long-term barrier to wise policy making and resource allocation.

In addition to data about addiction-specific initiatives within the TANF program, policy makers and advocates need more information about the overall effects of the TANF program on low-income families affected by addiction. More research is needed on outcomes for this subpopulation of TANF recipients, including data about sanctions and their effects, employment success, and the health and well-being of children in these families.

³⁷ "Hard to Serve Provisions (current as of June 30, 2001)." Retrieved from the website of the Welfare Information Network, www.welfareinfo.org/HardtoServe.htm on May 2, 2002.

³⁸ Treatment does not currently count as a work activity under Federal law for purposes of calculating a State's work participation rate. President Bush recommended in his TANF reauthorization proposal that States be able to count three months of addiction treatment for this purpose.

³⁹ Under President Bush's TANF reauthorization proposal, work participation rates are envisioned as increasing to 70 percent in FY 2007.

Overall policy and practice development. Overall, States that reported the most activity in policy and practice development at the intersection of TANF and addiction are: Florida, Maryland, Nevada, New Jersey, New Mexico, and Washington. Other States – including Montana, Rhode Island, Kansas, Nevada, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, and South Dakota – also reported engaging in a significant amount of activity in this area. Future policy research should focus on the initiatives taken by these States, the environmental factors that facilitated them, and their results.

In States with lower levels of activity, treatment providers and consumer advocates should work together to determine what information policy makers would need to intensify their work in this area and how to collect and present it most effectively.

Conclusion

The TANF program's flexibility has created opportunities for significant change in State welfare programs. Many States have taken advantage of these opportunities and adopted policies and practices to address barriers to employment among TANF recipients, including alcohol and drug problems.

The results of this survey indicate that most States have engaged in at least some policymaking to help address the needs of TANF recipients with alcohol and drug problems. About half of the responding States reported that they have undertaken initiatives to screen TANF recipients for alcohol and drug problems, refer those who need it to treatment, and invest TANF funds in treatment.

Much remains to be learned, however, about the effects of these policies – on the individuals and their families and on the success of overall State welfare reform initiatives. Future policy research should collect qualitative and quantitative information to answer questions about the effects and effectiveness of policies and practices adopted by States to address alcohol and drug problems among TANF recipients and to identify model policies and practices.

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LEGAL ACTION CENTER
Survey of State Policies and Practices
To Address Alcohol and Drug Problems Among TANF Recipients

Name, Title and State: _____

Phone _____ E-mail: _____

1 Does your State provide TANF assistance and food stamps to individuals with drug felony convictions?

Yes _____ No _____

2 If yes, under what circumstances? _____

3 Is your State screening TANF recipients directly or by contract, to determine if they have drug or alcohol problems?

Yes _____ No _____ County-level decision _____

4 If yes, which of the following screening tools are you using? (Check all that apply.)

_____ **Substance Abuse Subtle Screening Inventory (SASSI)**

_____ **CAGE or modified CAGE**

_____ **Short Michigan Alcoholism Screening Test (SMAST)**

_____ **Other (Please specify)** _____

5 Who is responsible for administering these screening tools? (Check all that apply.)

_____ **TANF Case Workers/TANF Social Workers/Eligibility Workers**

_____ **On-site Alcohol and Drug Treatment Specialists/Clinicians**

_____ **Off-site Alcohol and Drug Treatment Specialists/Clinicians**

_____ **Others (please specify)** _____

6 If TANF Staff do alcohol and drug screening, do they receive training in the identification of alcohol- and drug-related problems?

Yes _____ No _____

If yes, how long is this training?

_____ **8 hours or less** _____ **9-35 hours** _____ **More than 35 hours**

7 How many TANF recipients were screened for drug or alcohol problems from July 1, 2000 - June 30, 2001? _____

8 What usually happened if they screened positive for having an alcohol and drug problem? (Check all that apply.)

- _____ **They were referred for comprehensive assessment**
- _____ **They were referred for treatment**
- _____ **They were required to participate in treatment as part of their Personal Responsibility Plan**
- _____ **They were denied benefits**
- _____ **Nothing**
- _____ **Other (Please specify) _____**

If your State has data on what happened to the TANF recipients who screened positive, please attach.

If you have the following statistics, please include them:

- _____ **% of TANF applicants/recipients who were screened**
- _____ **% who screened positive**
- _____ **% of those who screened positive who were referred to treatment**
- _____ **% of referrals who actually went to treatment**
- _____ **% of those who successfully completed and left the TANF program**

9 Has your State allocated TANF funds to support drug and alcohol treatment?

Yes _____ No _____ **Currently Considering** _____

If yes, how much funding is allocated in FY 2002? _____

Which types of services are covered? (Check all that apply.)

- Screening/Assessment/Diagnosis**
- Detoxification**
- Outpatient/Ambulatory/Intensive Outpatient Services**
- Non-Hospital Residential Services**
- Case Management**
- Other (please specify)**

10. What types of welfare funds has your State used to support drug and alcohol treatment:

- Federal TANF funds**
- State MOE funds**
- Separate State welfare funds**

11. Has your State adopted a formal definition of "medical services" that TANF cannot fund?

Yes _____ **No** _____ **Currently Considering** _____

If yes, please attach the definition to your survey or write in definition below:

12. Has your State implemented any programs beyond the treatment services just discussed designed specifically to serve TANF recipients with drug and alcohol problems?

Yes _____ **No** _____ **Currently Considering** _____

13. Has your State implemented any treatment programs specifically designed for TANF recipients with drug or alcohol problems that allow them to keep their children with them?

Yes _____ **No** _____ **Currently Considering** _____

If yes, has funding increased to support this program design?

Yes _____ **No** _____

14. Has your State implemented any specialized case management services or programs to monitor TANF recipients with drug or alcohol problems?

Yes _____ **No** _____ **Currently Considering** _____

15. Has your State developed programs that incorporate addiction treatment into job readiness, job retention or job placement programs?

Yes _____ **No** _____ **Currently Considering** _____

16. Has your State developed programs that incorporate job readiness, job retention or job placement into addiction treatment programs?

Yes _____ **No** _____ **Currently Considering** _____

17. Has your State implemented any agreements (such as an MOU) between your agency and other State agencies, such as substance abuse treatment or child welfare?

Yes _____ **No** _____ **Currently Considering** _____

If yes, with which agencies?

18. Has your State developed a structure for departmental communication related to policy issues across the substance abuse, TANF and child welfare agencies?

Yes _____ **No** _____ **Currently Considering** _____

If yes, please specify (i.e. how often, who participates, what occurs, etc.):

19. Is your State using formal evaluation techniques in assessing its initiatives to address alcohol and drug problems among TANF recipients?

Yes _____ **No** _____ **Currently Considering** _____

If yes, please describe: _____

20. Has your State developed a system for tracking data on TANF clients across different departments such as the substance abuse treatment and child welfare departments?

Yes _____ **No** _____ **Currently Considering** _____

If yes, which departments use this system? _____

Thank you for responding. Please fax your completed questionnaire to Gwen Rubinstein at the Legal Action Center at (202) 544-5712.