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Administrative Directive

Section 1

Transmittal:	01 ADM 10
To:	Local District Commissioners
Issuing Division/Office:	Division of Transitional Supports and Policy
Date:	August 20, 2001
Subject:	Revised Alcohol and Drug Abuse Screening and Referral Form Revised Referral Protocols Targeting TANF Applicants/Recipients
Suggested Distribution:	Temporary Assistance Staff Medical Assistance Staff Staff Development Coordinators Employment Coordinators Domestic Violence Liaisons TOP Coordinators
Contact Person(s):	Bureau of Transitional Programs Liaison at (518) 473-1179 Medicaid - Local District Support Unit at (518) 474-9130 (Upstate); and (212) 268-6855 (Downstate)
Attachments:	1) LDSS-4571 - "Alcohol and Drug Abuse Screening and Referral Form" 2) Outline of "New York State Alcohol and Drug Abuse Identification Training"
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
99 INF-19 99 INF-14 97 ADM-23 97 INF-16		351.2(i)	SSL 132.4	SARA	42 CFR Part 2

Section 2

I. Purpose

The purpose of this ADM is to:

1. Increase staff awareness of the prevalence of alcoholism and substance abuse in the TANF population.
2. Recommend that temporary assistance applicants/recipients with potentially relevant case histories be referred for a drug/alcohol assessment.
3. Announce the availability of outreach materials developed to encourage temporary assistance applicants/recipients with drug and/or alcohol problems to seek treatment.
4. Introduce revisions to the LDSS-4571: *“Alcohol and Drug Abuse Screening and Referral Form”* and revisions to the companion protocols.

II. Background

In accordance with 97 ADM-23, districts have been screening temporary assistance and certain Medicaid-only clients for alcoholism and substance abuse that may prevent them from working and becoming self-sufficient. Despite these efforts, identification has been very low. Researchers who analyze data regarding the prevalence of alcoholism and/or substance abuse as a barrier to work and self-sufficiency in the TANF population vary in their estimates of the magnitude of the problem, but their estimates are much higher (6 percent to 37 percent) than what welfare agencies have found (1 percent to 3 percent) when they have relied on a screening questionnaire as their primary identification tool. The alcoholism and/or substance abuse identification rates associated with screening instruments are also much lower than the estimates of welfare administrators across the country. In response to a survey conducted by the Department of Health and Human Services (HHS), about half of the welfare administrators responding believed that at least 20 percent of TANF recipients in their state had alcohol and/or substance abuse problems that needed to be addressed in order for them to work.

Identifying alcoholism and substance abuse as a barrier to employment has been one of the most difficult issues faced by TANF agencies. Alcohol/substance abuse is characterized by avoidance and denial on the part of the person suffering from the problem. This is, in part, a result of the disapproval that society places on addiction and its complications, and the attendant feelings of shame and failure experienced by the abuser. In addition, alcoholism/substance abuse is frequently associated with mental and physical health problems that are added barriers to accurate screening and assessment, as well as employment. It is also important to note that many women in receipt of TANF are reluctant to disclose alcohol and/or substance abuse problems because of fears of child welfare implications and/or the loss of benefits.

In September 2000, OTDA administrators, responding to growing concerns about low identification rates of alcoholism and substance abuse in the TANF population, convened a workgroup of State and local representatives. The workgroup was charged with reviewing existing procedures for identification, and making recommendations to improve the identification of clients in need of treatment.

III. Program Implications

While we do not know the prevalence of substance abuse among welfare recipients, we do know that the current drug and/or alcohol screening process for welfare applicants identifies only about one (1) percent as having a drug and/or alcohol barrier to self-sufficiency. National estimates of the prevalence of alcohol and substance abuse in this population range from 6 percent to 37 percent.

It is anticipated that the combination of the revised “*Alcohol and Drug Abuse Screening and Referral Form*”, worker training, and outreach materials on this topic will increase the number of clients that are identified through the screening process as potentially having an alcohol or substance abuse barrier to self-sufficiency. For social services districts, this means that there may be a significant increase in the number of clients that are mandated to an alcohol and substance abuse assessment with a Credentialed Alcohol and Substance Abuse Counselor (CASAC).

Districts must closely monitor the number of individuals that are screened positive (or otherwise identified) and required to be assessed. Scheduling of assessments may be significantly affected if this initiative results in a large increase of individuals required to be assessed. Treatment referrals may also increase, resulting in additional treatment costs and additional cases to be monitored through treatment.

IV. Required Action

1. New Alcohol and Drug Abuse Screening and Referral Form and Protocols

State law requires that districts screen all adult household members who are applying for temporary assistance by using a screening instrument developed by the Office of Alcoholism and Substance Abuse Services (OASAS). Social services districts are also required to screen Medicaid-only applicants/recipients 21 – 64 years of age who are single individuals, childless couples, a husband/boyfriend of a pregnant woman with no other children in the household, or a step-parent with no children of his/her own in the household.

SSD’s may continue to routinely screen recipients of temporary assistance using the revised LDSS-4571: “*Alcohol and Substance Abuse Screening Referral Form*” on a schedule determined by the SSD provided the policy is applied consistently and no more frequently than every six months. More detailed information on drug and alcohol procedures is found in 97 ADM-23.

In consultation with OASAS and a workgroup of State and local representatives, a revised screening instrument has been developed for district use. The screening instrument is a perforated form comprised of Section A on the top half and Section B on the bottom half. The revised LDSS-4571 must be used beginning September 1, 2001.

- A. Section A of the form contains questions that look very similar to the initial screening form. However, districts are now required to have staff read the screening questions to the applicant/recipient head of household and record the applicant’s/recipient’s “yes” or “no” response on the form. Reading the questions to the client and asking for a response significantly increases the chance of a dialogue developing between the client and the worker, and provides the worker an opportunity to probe and ask follow-up questions to a specific client response. For example, question #6 on the new form asks the client “*Have you ever been annoyed by people making comments about your drinking or drug use?*”

It is quite possible the client will simply respond “no” to that question. However, it is also possible that the client could respond by saying “*Nothing serious.*” That kind of response validates the need for the questions being asked and follow-up questioning by the worker when the client’s response indicates there may be reason to continue the dialogue. Depending on the client’s response to the questions, the worker may need to refer the client for an assessment by a CASAC. If the client answers ‘yes” to any **one** of questions 4 – 10, the client should be referred for assessment. If the client responds “yes” to any **two** or more of questions 1 – 10, the client should be referred for assessment.

For other household members, or certain Medicaid-only applicants, the district may require them to come into the agency to have Section A of the form completed in a face-to-face interview or the district may opt to provide the form(s) to the client to be completed by the other household members and returned to the district within the eligibility determination period. If the district opts to provide the form(s) to the client(s) for completion, Section B should be detached.

Note: For Medicaid-Only Applicants – A referral for assessment shall be made only if the applicant answers “yes” to two or more of questions 1 – 10.

B. **Section B** of the form is optional for other household members and Medicaid-only applicants. Section B is also optional for temporary assistance applicants if the result of the face-to-face screening in Section A is a referral for assessment. If the result of the screening in Section A is not a referral for assessment, Section B must be completed for the TA head of household applicant. Section B of the form does not require a discussion with the client, as it relies on the worker’s observations. It should be completed as soon after the interview as possible, while the client’s behaviors are still fresh in the worker’s mind. If any box is checked in Section B, Part 1, Behavioral Observations, and/or any two boxes are checked in Section B, Part 2, Observation from the Case Record, the client must be referred for assessment, unless the worker has information to warrant a non-referral. For example, a client may be homeless because there was a fire, and there may be no indication of a drug or alcohol issue. In this situation, the worker should indicate on the form why a referral for assessment is not being made. The worker also has discretion to refer a client for assessment when fewer boxes are checked but there is a strong indication of potential drug or alcohol abuse. For example, if the only box checked is the information from case history (e.g. DWI, finding work assessment) and the client has had numerous recent DWI’s, the worker would send the client for assessment. In this situation, the worker should indicate why the referral is being made.

2. **Use At Other Venues**

National information indicates that there is no single right time to administer a screening instrument. Each interaction between a worker and a client is an opportunity for the client to talk about problems such as substance abuse. In addition to screening at intake, districts may choose to provide a supply of Section B of the form to other venues within the district. For example, a supply of Section B of the form could be provided at a worksite. The worksite supervisor might use the form to facilitate scheduling of an assessment for a client who has shown up at a worksite with alcohol on his/her breath.

Recommend Referral for Alcohol and Drug Assessment Those Temporary Assistance Applicants/Recipients with Certain Case Histories

To better identify temporary assistance applicants/recipients who have drug and/or alcohol barriers to employment and self-sufficiency, districts are encouraged to refer for an assessment temporary assistance applicants/recipients who have not been identified through the screening process, but whose case histories indicate two or more of the following:

- ❑ the applicant/recipient is homeless,
- ❑ the applicant/recipient has an open child welfare case,
- ❑ the applicant/recipient has been in receipt of assistance 48 or more months,
- ❑ the applicant/recipient has had two or more periods of receiving temporary assistance in the prior 24 months,
- ❑ the applicant/recipient is currently sanctioned for failure to comply with a work requirement.

Districts can use locally produced system-generated reports to help identify cases with these histories. Scheduling of assessments should be made based on the district's capacity to conduct timely assessments.

Strongly Recommend the Posting and Distribution of Outreach Materials Directed Toward Women in Receipt of Temporary Assistance

- ❑ Prominently display in all temporary assistance and TOP waiting areas the *Ask Yourself* posters [Pub 4760a, 4760b and 4760c and/or 4761a, 4761b and 4761c]. Where appropriate, the Spanish version should also be displayed. The posters are two sided; one side English and one side Spanish.
- ❑ Prominently display and have available in all TA/TOP client waiting areas the *Ask Yourself* brochure (Pub 4762 and 4762S). Where appropriate, the Spanish version should also be displayed and available. Districts may want to distribute the brochure to applicants before or after the screening is conducted.
- ❑ Video (available in English and Spanish) – For use in waiting rooms, orientation sessions, work preparation sessions, etc.

V. Systems Implications

None, unless the district chooses to generate local system reports to identify cases to be referred for drug and/or alcohol assessment.

VI. Additional Information

A. Record Retention Requirements

All drug and alcohol LDSS forms must be retained six years after the case is closed, or until any relative active litigation is resolved, whichever is later.

B. Training

In addition to the new form and protocols that are discussed in Section IV, a one day “*New York State Alcohol and/or Drug Abuse Identification*” training curriculum for district staff has been developed. An outline of the training is provided as Attachment 2.

The first delivery of this training was provided to districts outside of New York City during May and June of 2001. Additional trainings may be provided upon request. The training should be requested by the local staff development coordinator in accordance with existing training request procedures.

C. Outreach Materials

TANF specific alcohol/substance abuse educational/informational materials have been developed. These include:

- Posters – which will be full color, two sided, English on one side, Spanish on the other. There will be two sets of three posters each, for a total of six posters (front and back). The first set is three similar, but different, large posters. The publication numbers are 4760a, 4760b and 4760c. The publication numbers for the second set of three smaller posters are 4761a, 4761b and 4761c.
- Brochure – There will be one full color brochure, an English and Spanish version. The publication numbers are 4762 and 4762S.
- Video – A 20 minute video. There will be an English and Spanish version of the video. The numbers for the video are 4763 and 4763S.

A sample packet of these materials will be drop shipped in late September to districts with an ordering request form. When determining the numbers to be ordered, districts should consider whether they want to distribute some of these materials to local agencies that serve TANF families, and include those numbers in their order request.

D. Distribution of the LDSS-4571: “*Alcohol and Substance Abuse Screening and Referral Form*”

A six-month supply of the LDSS-4571: “*Alcohol and Substance Abuse Screening and Referral Form*” will be drop shipped to districts in mid-August. A six month supply of the Spanish version of the form will also be drop shipped to districts in late August, based on usage history.

Requests for future supplies of both the English and Spanish versions of this form should be submitted on Form OTDA-876 (Rev. 2/00): "Request for Forms or Publications", and should be sent to:

NYS Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, NY 12201

Questions concerning ordering forms should be directed to Document Services by calling 1-800-343-8859, ext. 2-0164.

VII. Effective Date

This ADM is effective September 1, 2001.

Issued By

Name: Shari Noonan

Title: Deputy Commissioner

Division/Office: Division of Transitional Supports and Policy