

**Testimony of the
Department of Health and Human Services**

Before the Joint Standing Committee on Health and Human Services

In Favor of LD 1615

An Act To Facilitate Substance Abuse Treatment for Certain Applicants for and Recipients of Temporary Assistance for Needy Families Benefits

Presented by Representative SANDERSON of Chelsea

Hearing Date: May 19, 2017

Senator Brakey, Representative Hymanson and Members of the Joint Standing Committee on Health and Human Services, I am Bethany Hamm, Director of the Office for Family Independence (OFI), Department of Health and Human Services (DHHS). I am here today to testify in support of LD 1615, An Act To Facilitate Substance Abuse Treatment for Certain Applicants for and Recipients of Temporary Assistance for Needy Families Benefits.

This Governor's bill is similar to two other bills that have come up this session: LDs 1052 and 1075. It would have the Department require all applicants for TANF benefits to complete a written screening tool to determine the applicant's likelihood of current illegal drug use or controlled substance abuse. If the results of that screening indicate such use or abuse, the applicant's receipt of TANF would be conditioned upon enrolling in a treatment program, unless the applicant had good cause for not attending or appealed the results of the initial screening. To appeal, the applicant would be required to submit to a drug test. The bill would also grant the Department discretion to subject current TANF recipients to the process described above if the Department had a reasonable suspicion of such use or abuse.

Substance abuse is 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. Identifying TANF applicants with substance abuse issues can help put them on a path to self-sufficiency sooner by identifying issues and allowing clients to be assigned to a treatment track before those issues interfere with work activities.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

If a statement tends to be TRUE for you, fill in the square in the column headed T: that is,
 If a statement tends to be FALSE for you, fill in the square in the column headed F: that is,
 Please try to answer all questions.

T
☐ F
☐

Fill in this way
 Not like this

SASSI - 3 ADULT FORM

- | T | F | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Most people would lie to get what they want. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Most people make some mistakes in their life. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I usually "go along" and do what others are doing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I have never been in trouble with the police. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I was always well behaved in school.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. My troubles are not all my fault.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I have not lived the way I should. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I can be friendly with people who do many wrong things. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I do not like to sit and daydream.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. No one has ever criticized or punished me. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Sometimes I have a hard time sitting still. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. People would be better off if they took my advice. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. At times I feel worn out for no special reason.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. I think I would enjoy moving to an area I've never been before. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. It is better not to talk about personal problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. I have had days, weeks or months when I couldn't get much done because I just wasn't up to it. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. I am very respectful of authority. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. I like to obey the law.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. I have been tempted to leave home.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. I often feel that strangers look at me with disapproval. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Other people would fall apart if they had to deal with what I handle. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. I have avoided people I did not wish to speak to. |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Some crooks are so clever that I hope they get away with what they have done. |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. My school teachers had some problems with me.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. I have never done anything dangerous just for fun. |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. I need to have something to do so I don't get bored. |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. I have sometimes drunk too much.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Much of my life is uninteresting.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Sometimes I wish I could control myself better.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. I believe that people sometimes get confused. |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Sometimes I am no good for anything at all.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. I break more laws than many people.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. If some friends and I were in trouble together, I would rather take the whole blame than tell on them. |

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Crying does not help anything. |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. I think there is something wrong with my memory.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. I have sometimes been tempted to hit people.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. My most important successes are not a direct result of my effort. |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. I always feel sure of myself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. I have never broken a major law.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. There have been times when I have done things I couldn't remember later. |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. I think carefully about all my actions.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. I have used alcohol or "pot" too much or too often. |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Nearly everyone enjoys being picked on and made fun of. |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. I know who is to blame for most of my troubles. |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. I frequently make lists of things to do. |
| <input type="checkbox"/> | <input type="checkbox"/> | 46. I guess I know some pretty undesirable types.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Most people will laugh at a joke at times. |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. I have rarely been punished.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. I smoke cigarettes regularly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. At times I have been so full of energy that I felt I didn't need sleep for days at a time. |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. I have sometimes sat about when I should have been working.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. I am often resentful. |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. I take all my responsibilities seriously.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. I have neglected obligations to family or work because of drinking or using drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover. |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. While I was a teenager, I began drinking or using other drugs regularly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. My father was/is a heavy drinker or drug user. |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. When I drink or use drugs I tend to get into trouble. |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. My drinking or other drug use causes problems between me and my family. |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. I do most of my drinking or drug using away from home. |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. At least once a week I use some non-prescription antacid and/or diarrhea medicine. |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. I have never felt sad over anything. |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. I am rarely at a loss for words.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. I am usually happy.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. I am a restless person. |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. I like doing things on the spur of the moment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. I am a binge drinker/drug user. |

Name _____ Date _____ Sex _____ Age _____

IT IS ILLEGAL TO REPRODUCE THIS FORM

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☐ your entire life

☐ the past six months

☐ the six months before _____

☐ the six months since _____

[illegible]

1. Had drinks with lunch?
2. Taken a drink or drinks to help you express your feelings or ideas?
3. Taken a drink or drinks to relieve a tired feeling or give you energy to keep going?
4. Had more to drink than you intended to?
5. Experienced physical problems after drinking (e.g. nausea, seeing/hearing problems, dizziness, etc.)?
6. Gotten into trouble on the job, in school, or at home because of drinking?
7. Become depressed after having sobered up?
8. Argued with your family or friends because of your drinking?
9. Had the effects of drinking recur after not drinking for a while (e.g. flashbacks, hallucinations, etc.)?
10. Had problems in relationships because of your drinking (e.g. loss of friends, separation, divorce, etc.)?
11. Become nervous or had the shakes after having sobered up?
12. Tried to commit suicide while drunk?

[illegible]

1. Taken drugs to improve your thinking and feeling?
2. Taken drugs to help you feel better about a problem?
3. Taken drugs to become more aware of your senses (e.g. sight, hearing, touch, etc.)?
4. Taken drugs to improve your enjoyment of sex?
5. Taken drugs to help forget that you feel helpless and unworthy?
6. Taken drugs to forget school, work, or family pressures?
7. Gotten into trouble with the law because of drugs?
8. Gotten really stoned or wiped out on drugs (more than just high)?
9. Tried to talk a doctor into giving you some prescription drug (e.g. tranquilizers, pain killers, diet pills, etc.)?
10. Spent your spare time in drug-related activities (e.g. talking about drugs, buying, selling, taking, etc.)?
11. Used drugs and alcohol at the same time?
12. Continued to take a drug or drugs in order to avoid the pain of withdrawal?
13. Felt your drug use has kept you from getting what you want out of life?
14. Been accepted into a treatment program because of drug use?

Weekly Family Take Home Income:

☐ Prefer not to answer ☐ \$301-400 ☐ \$701-800 Number of People in your Family: _____
☐ \$0 ☐ \$401-500 ☐ \$801-900
☐ Less than \$200 ☐ \$501-600 ☐ Over \$900
☐ \$200-300 ☐ \$601-700 ☐ Not Sure

A	<input type="checkbox"/>	D	<input type="checkbox"/>
B	<input type="checkbox"/>	E	<input type="checkbox"/>
C	<input type="checkbox"/>	F	<input type="checkbox"/>

the
S·A·S·S·I