

Don Jordan, Secretary

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Public Assistance and Random Drug Testing

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Madam Chair, thank you for the opportunity to present information regarding HB 2275, which establishes a program of random drug testing of cash assistance applicants and recipients as a condition of eligibility for assistance.

Federal food assistance laws prohibit drug testing for purposes of eligibility or participation. The TAF and General Assistance programs have no regulations prohibiting drug testing as a condition of eligibility. SRS recognizes substance use disorders as a serious barrier to employment and ongoing self sufficiency. With the onset of welfare reform in the mid 1990's, deliberate measures were initiated to identify applicants and recipients with substance abuse issues and to provide related treatment services essential in the recovery process.

SRS Addiction and Prevention Services (AAPS) screens all TAF cash customers for substance use problems in local SRS offices at the time of orientation for TAF services. Those participants determined to have a high probability of a substance use disorder receive a full assessment of need for intervention services. Persons that are assessed as in need of services are mandated to participate in the Solutions Recovery Care Coordination program. The program provides intensive case management services to assist the TAF recipient in obtaining recovery from substance use disorders. In FY 2009 there were 911 persons that received SRCC services for recovery support; 58 % of participants entered formal treatment.

No state currently conducts random drug testing of public assistance recipients. Michigan is the only state to have implemented a policy of drug testing TAF recipients as an eligibility condition. In 2003, the 6th circuit Court of Appeals struck down the Michigan law as unconstitutional based on violation of the Fourth Amendment rights against unreasonable search and seizure absent a reasonable suspicion that the recipients had committed a crime. Before the Michigan drug testing program was halted, only ten percent of recipients tested positive for drugs. Three percent of these tested positive for hard drugs such as cocaine and amphetamines. This is similar, if not lower, than rates of drug usage in the general population.

Implementing a formalized drug testing program will entail additional monitoring, tracking, sampling, recipient notification, and case coordination on the part of SRS staff and our treatment network. It is difficult to assess the associated costs of workload increases, screening and treatment.



Thank you for the opportunity to present information as the Committee weighs the merits and risks associated with HB2275.