Department of Planning and Budget 2013 Fiscal Impact Statement

1.	Bill Number:	HB 1789		
	House of Origin	Introduced	Substitute	Engrossed
	Second House	In Committee	Substitute	Enrolled

- **2. Patron:** Bell, Robert B.
- 3. Committee: Health, Welfare and Institutions
- **4. Title:** VIEW; substance abuse screening & assessment of public assistance applicants and recipients
- **5. Summary:** The proposed legislation requires local departments of social services to screen each Virginia Initiative for Employment not Welfare (VIEW) program participant to determine whether probable cause exists to believe the participant is engaged in the use of illegal drugs. This bill provides that, when a screening indicates reasonable cause to believe a participant is using illegal drugs, the local department of social services must require a formal substance abuse assessment of the participant, which may include drug testing. Any person who fails or refuses to participate in a screening or assessment without good cause or who tests positive for the use of illegal drugs shall be ineligible to receive Temporary Assistance for Needy Families (TANF) payments for a period of one year.

6. Budget Amendment Necessary: No

7. Fiscal Impact Estimates: Preliminary

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Fiscal Year	Dollars*	Positions	Fund			
2013	-	-	-			
2014	\$49,077	-	Nongeneral Funds			
2015	(\$402,363)	-	Nongeneral Funds			
2016	(\$402,363)	-	Nongeneral Funds			
2017	(\$402,363)	-	Nongeneral Funds			
2018	(\$402,363)	-	Nongeneral Funds			
2019	(\$402,363)	-	Nongeneral Funds			

Expenditure Impact:

*Expenditure impact does not include a required local match of \$45,408 each year. In addition, assumes that all eligible expenses are offset with TANF dollars if anticipated to be available.

8. Fiscal Implications: It is estimated that the proposed legislation would introduce additional costs associated with providing substance abuse screenings, assessments, drug testing, and drug treatment of VIEW participants. The administrative effort required to process and screen participants will increase the local staff workload. For this analysis it is assumed that when applicants apply for TANF, it would be determined whether they are required to participate in VIEW, and they would then be screened for substance abuse. To assess the fiscal impact of this bill, the following was examined: workload associated with processing

new VIEW participants as well as the on-going effort to screen program participants; the cost of drug testing; and the impact on the TANF program.

Assumptions:

- Thirty-nine percent of those receiving TANF will participate in VIEW. Based on data in the Virginia Independence Program Monthly Report for October 2012, there were 33,499 TANF cases, of which 13,105 (39 percent) were enrolled in VIEW.
- The bill's requirement to perform screenings "at the time of application" refers to the screening of potential VIEW participants. The fiscal impact of this bill will increase should the bill require local departments to screen all TANF applicants.
- Local departments would utilize a commonly accepted screening tool, such as the Substance Abuse Subtle Screening Inventory (SASSI) to determine if there is reason to require a drug assessment and test. It is estimated that such a tool would require 5 to 15 minutes to administer and 5 to 10 minutes to score. Therefore, it is assumed that at least 15 minutes would be needed for a worker to administer and review the screening for each participant.
- Ten percent of the VIEW participants screened by local workers will be referred for formal assessment and drug testing. The number of participants that would actually be referred for formal assessment is unknown, so a conservative assumption of ten percent was used.
- The proposed bill requires a formal substance abuse assessment, which may include drug testing, to be performed by a substance abuse treatment practitioner licensed by the Department of Health Professions. Due to the level of expertise needed to collect, evaluate, and determine evidence of illegal drug use the department would have to contract with local Community Service Boards (CSB) or other professional vendors to perform the formal assessments, and the drug tests. The average cost of a formal drug assessment/test is estimated at \$99.32.
- The drug testing expenses would be covered by DSS.
- The potential number of individuals referred for assessment and drug testing who test positive for illegal drugs use cannot be reasonably determined. The National Survey on Drug Use and Health (NSDUH) has reported that the overall rate of illicit drug use among persons age 12 or older in 2011 was 8.7 percent. Based on this, it is assumed that the VIEW population (13,105 individuals) reflects the overall population and would also have an 8.7 percent rate of drug use.

Analysis:

When a person applies for TANF assistance, the individual must go through several steps to determine eligibility beginning with the submission of an application for benefits. If a person is determined eligible for TANF, then he or she is referred for VIEW participation unless ruled exempt from VIEW. The individual is then contacted by a local department of social services VIEW worker to come to the agency for the VIEW initial assessment which evaluates the person's job skills, abilities, education, and barriers to employment. Drug screening would take place at this initial assessment. The cost estimate for this bill using the above assumptions is summarized below. A detailed analysis of each component of the cost follows.

Summary of Costs*

Cost Description	FY 2014	FY 2015
Initial and Periodic Screenings	292,958	292,958
Assessment and Drug Testing	252,968	252,968
TANF Assistance Payments	(451,440)	(902,880)
Total Costs	94,486	(356,954)

*Includes \$45,408 of required local match.

Initial and Periodic Screenings

There were 2,642 new applicants approved for TANF in October 2012. It is estimated that 1,030 of these (2,642 applicants x 39 percent) would participate in VIEW and thus be screened each month. At 15 minutes per screening, it will take 258 hours per month to initially screen new applicants, or 3,091 hours per year. In addition, periodic screenings are required for all VIEW participants, no more than once every six months. Since participation in VIEW cannot exceed two years, it is assumed that each participant would be screened annually. Based on the total number of VIEW participants in October 2012, 13,105 individuals would be periodically re-screened each year. At 15 minutes per screening, it will take 3,276 hours per year to perform the periodic re-screenings of participants.

Based on the above assumptions, the proposal would require local departments of social services to complete approximately 25,470 screenings (12,365 new applicant screenings plus 13,105 annual screenings) each year. Using the average productive hours per worker of 1,500 hours, the equivalent of 4.245 additional staff would be needed. Based on an average annual cost of \$61,018 for a local case worker and \$7,995 for associated nonpersonal services, the total cost for additional local staff is estimated at \$292,958 each year. This includes a local match of \$45,408.

Assessment and Drug Testing

It is assumed that there will also be a cost to the state for those individuals who require a formal substance abuse assessment and drug test. The assumed assessment cost estimate of \$49.32 is based on the current Medicaid reimbursement rate for an adult substance use screenings and brief intervention service (SBI) that lasts longer than 30 minutes. While SBI is not necessarily the same as the formal assessment called for in the legislation, it seems similar enough to be used as the best indicator of potential assessment costs at this time. However, this assumes that providers accept this Medicaid rate. Information gleaned from the assessment would influence what specific drug tests are run. Clinical urine toxicology tests could range from \$25 up to \$100, depending on what specific drugs and how many drugs for which a urine sample is tested. An average cost of \$50 is assumed. It should be noted that the cost estimates are impacted by the fact that TANF benefits are considered to be entitlements. It is assumed that the data gathered in the formal assessment and drug test would have to be treated as legal evidence and procedures followed that would meet standards for chain of evidentiary custody. If ten percent or 2,547 of the total screened population underwent the formal assessment and drug testing at a cost of \$99.32 per person,

the total cost would be \$252,968 annually. While the bill does not specifies that the Department of Social Services will cover the costs of drug tests, it is assumed that such costs would be covered by state dollars similar to other costs in the proposal. However, should the participant be expected to pay for the formal assessment and drug test, the cost of this bill would decrease.

The cost estimates in this section are still being examined by the Department of Behavioral Health and Developmental Services. Should better data become available the fiscal estimate will be revised.

TANF Assistance Payments

The potential number of VIEW participants who might test positive for illegal drug use cannot be reasonably determined. If 8.7 percent of the VIEW population is assumed to use drugs, similar to the national average, then it is estimated that 1,140 VIEW participants (13,105 VIEW participants as of October 2012 x .087) referred for a formal assessment and drug test would ultimately test positive for illegal drug use. Given the average increase in the TANF assistance payment for one additional person of \$66 per month or \$792 annually, it is estimated that expenditures for TANF benefits would decrease by \$902,880 (1,140 x 792) annually for those who test positive for illegal drug. For purposes of this analysis, a gradual (50 percent) decrease in benefits is assumed in the first year.

TANF dollars can be used to support the costs of screenings, assessments, and drug tests; therefore it is assumed that the savings generated by this proposal will be netted against the legislation's costs. In addition, the TANF block grant is expected to have a one-time balance in FY 2014. The anticipated balance is sufficient to cover the remaining eligible first year costs of this legislation.

Summary Table		
General Assumptions		
VIEW Participation Rate		
Minutes Required to Screen VIEW Participant (SASSI Estimate)		
Percent of Screenings Referred for Assessment and Drug Testing		
Average Cost of Formal Assessment and Drug Test		
Rate of Drug Use in VIEW Population	8.7%	
Initial and Periodic Screenings		
Monthly Number of approved TANF Applications (October 2012)		
Number Initial Screenings Per Month (Applicants x Rate)		
Monthly Staff Hours Required to Perform Initial Screenings		
Annual Staff Hours Required to Perform Initial Screenings		
Annual Number of Periodic Re-Screenings		
Annual Staff Hours Required to Perform Periodic Re-Screenings		
Annual Number of Screenings (Initial and Periodic) Required		
Total Staff Hours for Screenings (Initial + Periodic)	6,367	
Estimated Cost of Local Staffing for Initial and Periodic Screenings (Each Year)		
Assessment and Drug Testing		

Summary Table

Assessment and Drug Test Cost	\$99.32	
Number of Assessments and Drug Tests (10% of Screened Population)	2,547	
Estimated Cost of Assessment and Drug Testing (Each Year)	\$252,968	
TANF Assistance Payments		
Average Annual TANF Assistance Payment for One Person	\$792	
Number of Individuals Who Test Positive	1140	
Estimated First Year Impact on TANF Assistance Payments	(\$451,440)	
Estimated On-going Impact on TANF Assistance Payments	(\$902,880)	

9. Specific Agency or Political Subdivisions Affected:

Department of Social Services Department of Medical Assistance Services Department of Behavioral Health and Developmental Services

10. Technical Amendment Necessary: Yes. The reference to "time of application" on line 18 should be changed to "time of the initial VIEW assessment" if the bill's intent is to screen potential VIEW participants.

11. Other Comments: None

Date: 1/21/13 Document: G:\2013 Fiscal Year\2013 GA Session\EFIS\HB1789.docx