
https://www.opressrc.org/content/health-behaviors-mental-health-and-health-care-utilization-among-single-mothers-after

This study used data from the Behavioral Risk Factor Surveillance System from 1993–2012 to examine the health outcomes of low-income women following the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, also called welfare reform. Using difference-in-difference-in-differences analyses, the study estimated the associations between health outcomes and welfare reform for the women most affected by the reform—single mothers—and compared them to married mothers, single non-mothers, and married non-mothers in the same age range. The authors focused on health outcomes associated with stress given the previously-posted theory that welfare reform might impact health through stress pathways. The outcomes of interest included substance use and mental health issues, as well as overall access to health care. The results indicated that single mothers had significantly worse health outcomes after welfare reform compared to women less affected by the reform. Among single mothers, the study found a four percentage point increase in the probability of binge drinking and a 2.4 percentage point decrease in the probability of being able to afford healthcare before and after welfare reform.


https://www.opressrc.org/content/six-month-follow-changes-tanf-eligible-clients-involved-kentuckys-targeted-assessment

This study examined the self-reported results from 322 TANF-eligible adults after they received six months of the Targeted Assessment Program (TAP) in Kentucky. The TAP program started with a holistic assessment of participants’ potential employment barriers—focusing on substance abuse, mental health, and intimate partner violence—and then participants were coached to build a strengths-based plan to achieve their goals and connected to necessary services in the community. The TAP program was intentionally provided for
TANF-eligible people to identify and pretreat complex employment barriers before they arose. Since the data was from a 6-month follow-up, the authors measured mental health symptoms (rather than focusing on depression remission) and substance use (rather than trying to treat substance abuse). The study found significant decreases in the percentage of participants feeling anxious, badly about themselves, and/or having thoughts of self-harm. Additionally, the percentage of participants taking antidepressants increased. For substance use, the study found significant decreases in the percentage of participants who used various substances in the past three months, including alcohol, marijuana, depressants, and overall illicit substances. Finally, the study found significant improvements in self-sufficiency among TAP participants. Specifically, the percentage of participants reporting working at least part time increased from 19.7% at baseline to 29.2% at follow-up and the percentage of participants reporting work difficulties (e.g., understanding tasks, attendance, finding a job) decreased from 83.5% at baseline to 35.4% at follow-up.


https://www.opressrc.org/content/tanf-recipients-barriers-employment

This Urban Institute report summarized research on the common barriers to employment for TANF recipients and the evidence behind various state programs designed to support recipients with employment barriers. Among the most common employment barriers were mental and physical health issues, present in 20–40% of TANF recipients, depending on the state. National data indicated TANF recipients with a mental or physical condition had a 20 percentage point lower likelihood of being employed. State programs fell along a spectrum—from providing additional work activities (e.g., job training) to providing support (e.g., linking recipients with mental health and/or substance abuse treatment) for recipients with employment barriers. The study found an intensive case management program for TANF recipients with substance abuse or dependence produced increased treatment participation, decreased substance use, and increased employment. However, increased treatment did not guarantee improvements in health or employment. For example, a telephone-based care management program improved depression treatment but did not decrease depression nor improve employment. The report recommended TANF programs provide a mix of employment and support services for recipients.

https://www.opressrc.org/content/alternative-employment-strategies-hard-employ-tanf-recipients-final-results-test

This OPRE report outlined the results of two programs from the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project. Both recruited TANF recipients with employment barriers, including substance use and mental health issues. The first program, Transitional Work Corporation (TWC), was a transitional jobs model that put TANF recipients in temporary, subsidized jobs; provided work-related supports; and then helped recipients search for full-time positions. The second program, Success Through Employment Preparation (STEP), was a support model aimed at addressing employment barriers among TANF recipients, including mental health issues, before assisting them with finding employment. Nearly 2,000 participants in Philadelphia were randomized to TWC, STEP, or a control group and followed for four years. The results indicated that TWC participants had higher employment rates and lower amounts of welfare assistance in approximately the first year, but the impacts faded. Participants in the STEP program were not different than the control group in employment, earnings, or amount of welfare received, though the authors noted that the STEP program had implementation challenges and participants dropped out early. These results were consistent with prior literature on both interventions. The authors recommended future transitional employment programs such as TWC extend the length of the transitional job, focus on vocational training, and/or subsidize private sector jobs to try to sustain the initially positive results. They further concluded that programs centered on case management could not be assumed to translate to employment outcomes.


https://www.opressrc.org/content/drug-testing-welfare-recipients-recent-proposals-and-continuing-controversies

This issue brief outlined how states approached drug testing and substance abuse among TANF recipients. The 1996 welfare reform law (PRWORA) had two key provisions for substance use and abuse. First, the law permitted states to require drug testing for welfare recipients and penalize those who tested positive. In 2010 and the first part of 2011, legislators from 31 states drafted bills to require drug testing of TANF recipients. Second, welfare reform included a lifetime ban from TANF and the Supplemental Nutrition Assistance Program for those convicted of a drug-related felony. While 31 states moved to increase drug testing, 39 states either opted out of the lifetime ban from TANF or modified it because it potentially impeded the ability of persons released from prison to gain self-sufficiency. State drug testing programs and proposals varied
widely on two key indices: (a) whether the testing was mandated for everyone ("suspicionless") or only for those suspected of substance abuse ("for cause") and (b) whether those who tested positive were punished (e.g., denied benefits) or linked to substance abuse treatment. The authors cited limitations of drug testing, including the most common tests captured only five substances, in short windows of time, and excluded alcohol (the most commonly abused substance); prescription medicines created false positives; tests identified people using but not necessarily abusing substances; legislative cost estimates found no evidence of cost savings; and it was challenged in court for violating constitutional rights. Prior research indicated that substance use—in contrast to substance abuse—was not associated with unemployment, time on welfare, welfare exits, or repeat welfare use. Though some studies found links between drug testing and decreased drug use, the authors contended this was likely because the drug testing program discouraged drug users from participating in TANF.


https://www.opressrc.org/content/depression-washigntons-female-tanf-population-prevalence-dshs-screening-and-treatment

This report summarized a legislature-mandated analysis of the prevalence of depression among the TANF population in Washington and the effectiveness of the state’s mental health screening method. Once approved for cash assistance and then every six months thereafter, TANF recipients were required to complete a Comprehensive Evaluation of potential barriers to employment. If recipients indicated that they had any emotional or mental health issues that would make it hard for them to participate in [TANF] activities or work, case workers recommended an assessment and referral to treatment provided by the State Division of Behavioral Health and Recovery by a social worker. The study used a well-validated survey instrument for diagnosing major depressive disorders with a random sample of 707 women receiving TANF. It found the prevalence of depression in the past month or year was higher among TANF recipients compared to a national sample of women with children. Further, 63% of the TANF recipients with depression in the past year were classified as having severe depression (compared to 23% of depressed adults in the U.S.), meaning it had lasted for at least the past year; and the women identified the depression as limiting their major life activities such as the ability to work. The study also found in the nine months after the screening, TANF recipients with depression—compared to those without—were less likely to be employed and received TANF longer. However, depression was not associated with TANF sanctions (financial penalties from not working or doing work-related activities), partially because 72% of TANF clients with depression had received professional treatment in the past year compared to 51% of mothers with depression in the general population. The report concluded by recommending using validated screening tools if TANF programs were interested in identifying and treating depression among their recipients.


This report used Washington State administrative data from 2005–2009 to assess the potential benefits of expanding behavioral health treatment for TANF recipients. The data indicated that 55% of TANF recipients had a mental illness and 31% needed alcohol and/or drug abuse treatment; recipients with substance abuse issues were five to eight times more likely to be arrested compared to those without substance abuse issues. Nearly a quarter of TANF recipients had evidence of both mental health and substance abuse conditions, and they were twice as likely to experience homelessness and three times as likely to be a part of Child Protective Services compared to recipients without either condition. Since substance abuse and mental health issues among TANF recipients were associated with negative outcomes in both the short-term (e.g., arrests) and long-term (e.g., higher chance of disability-related Medicaid coverage), the authors concluded that significant cost savings could result from expanding behavioral health treatment for TANF recipients.


https://www.opressrc.org/content/welfare-reform-substance-use-and-mental-health

This study examined the prevalence of substance abuse and mental health issues in a sample of 2,728 single mothers who were over age 18 and living with at least one minor child. The women were interviewed as part of the 1994 and 1995 National Household Survey of Drug Abuse (NHSDA), an annual national cross-sectional survey and the only national survey that includes data on substance use, psychiatric disorders, and welfare receipt. The NHSDA data indicated that 21% of welfare recipients had used at least one illegal drug in the past year and 19% met diagnostic criteria for depression, anxiety, panic attacks, or agoraphobia (anxiety of public places perceived as unsafe). Some but not all of these conditions may warrant exemption from the five-year time limit for TANF, but the study authors asserted that TANF recipients would benefit from integrated screening and treatment services. The high prevalence of substance abuse among TANF recipients led several states to consider widespread drug testing of recipients. However, the authors contended that these tests would flag women who had no other issues (e.g., employment problems) and would fail to address the dominant concern of how to address substance use barriers to employment.