
WORK FIRST
ASSESSMENT FOR WORK FIRST FAMILY ASSISTANCE
Change #02-2010 Substance Abuse/Mental Health Initiative March 1, 2010

104B - SUBSTANCE ABUSE/MENTAL HEALTH INITIATIVE
Change #2-2010
March 1, 2010

I. BACKGROUND

Substance abuse and mental health issues are significant barriers to employment for a number of adult Work First participants. To assist these families in becoming employed and maintaining employment, all Work First adult applicants/recipients will be screened for possible substance abuse unless the adult applicant/recipient meets an exception as described in Section II. below. Individuals may be voluntarily screened for mental health (See Section VIII. below). Non-custodial parents and families with incomes at or below 200% of poverty may also **volunteer** to be screened for mental health, or substance abuse.

If the screening indicates the adult is at risk for substance abuse, the individual will be referred to a Qualified Professional in Substance Abuse (QPSA) or other qualified staff. The QPSA will conduct a comprehensive substance abuse assessment. If treatment is appropriate, the QPSA will facilitate the arrangements for the treatment. Applicants/recipients who do not comply with their treatment plan are not eligible for Work First cash assistance.

Each county department of social services (DSS) and Local Management Entity (LME) must enter into an agreement specifying the details of their coordinated effort in this initiative.

II. REQUIRED SUBSTANCE ABUSE SCREENING OF ALL ADULT WORK FIRST APPLICANTS/ RECIPIENTS

A. Conducting the Screening for Substance Abuse

1. Determine who in the agency will conduct the screening. The county DSS has the responsibility to conduct the substance abuse screening. However, a county DSS and the Local Management_Entity may, via an agreement, decide that a QPSA or other qualified person or agency, assigned by the Local Management_Entity, conduct these screenings.
2. The substance abuse screening is an integral part of the application process for applicants. If the applicant fails or refuses to be screened, deny the application for cash assistance and evaluate for Medicaid. Screening must be done at the following times:
 - **Before** the application is processed; **and/or**
 - At any other time considered appropriate.

On-going recipients who refuse or fail to be screened lose eligibility for cash assistance and must be evaluated for a transfer to Medicaid.

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NOTE: The screening requirement does not apply to the payee in a child-only case. If an applicant/recipient is currently receiving substance abuse treatment, the screening requirement is not necessary. However, it is necessary to verify that the applicant/recipient is currently in substance abuse treatment. To verify participation in a substance abuse treatment program, ensure that the consent form is completed as instructed in #3 below. Obtain written documentation from the treatment provider that the individual is participating in a treatment program. File this information in the case record. If the information can not be verified prior to the disposition of the application or completion of the review (if appropriate), then the AUDIT and DAST-10 must be completed. If the applicant/ recipient refuse to sign the consent form, then the Audit and DAST-10 must be completed.
Applicant/recipient statement is not acceptable as verification.

3. Ensure that the consent form, [DSS-8219](#), is completed and signed. This will allow the QPSA to provide the results of the applicants/recipients assessment and progress with the treatment plan, if appropriate. Provide a copy of the signed consent form and the screening results (if appropriate) to the QPSA.
4. File the screening tools in the DSS case record, and document the date of the assessment appointment.

B. Screening Tools for Substance Abuse

A combination of two screening tools, AUDIT and DAST-10, have been adopted. They are designed to be used together to screen for alcohol and drug abuse. Complete these screening tools, DSS-8218 for each adult Work First applicant/recipient. The scoring instructions are on the back of the form. (See [Figure 104B-1](#) for wording that may be used when introducing the questions in the AUDIT and DAST-10.)

If an applicant/recipient meets or exceeds the scoring criteria for a positive screen (a score of 8 or more) on the AUDIT and/or the moderate level for the DAST-10, refer the adult to the QPSA following procedures developed in the county. Write on the Mutual Responsibility Agreement ([MRA](#)) Plan of Action that the applicant/recipient must keep the scheduled appointment with the QPSA.

If the DAST-10 score is at the level where the recommendation is “reassess at a later date,” screen the individual within 90 days unless a referral has already been made to a QPSA based on behavioural indicators.

NOTE: Counties are prohibited from drug and alcohol testing such as hair test, blood test, saliva test, and breathalyzer or urine tests as a screening tool for Substance Abuse for Work First applicants or participants. However, if an individual is participating in Work Experience, the sites’

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employer may request the individual to complete a drug and alcohol toxicology screen.

C. Behavioral Indicators

Regardless of whether the applicant/recipient screens positive on the AUDIT and DAST-10, if behavioural indicators are present, refer the adult to a QPSA. ("Substance Abuse Behavioural Indicator Checklist", [DSS-5325](#) to document behavioural indicators based on which a referral to the QPSA is made.) Have the applicant/recipient sign the Consent for Release of Confidentiality Information Form at that time.

When behavioural indicators are used to make a referral to a QPSA, explain to the applicant/recipient the reason the referral is being made. Workers may use the wording suggested on Figure 1.

III. REFERRAL TO A QPSA FOR SUBSTANCE ABUSE

If an applicant/recipient is identified as in need of a referral to a QPSA, the person conducting the screening or documenting the behavioural indicators should make the referral and complete the Mutual Responsibility Agreement Plan of Action. Refer to the flow chart Figure 104B-2 to assist in understanding the referral process from Work First to the QPSA. In the event that the QPSA determines a need for further assessment, the QPSA must coordinate with the county DSS to have the Mutual Responsibility Agreement Plan of Action completed and signed. **The Mutual Responsibility Agreement Plan of Action does not have to be done by an employment services worker.**

- A. When the applicant/recipient does not keep the scheduled appointment with the QPSA, do not release the Work First cash assistance payment.
- B. If the applicant/recipient keeps the scheduled appointment with the QPSA, the individual will be assessed and, if appropriate, a treatment recommendation provided. The QPSA will notify the referring worker or case manager of the assessment results, treatment recommendations, and if the applicant/recipient is keeping treatment appointments. County Work First staff and the QPSA must coordinate to ensure the applicant/recipient receives supportive services needed to actively participate in an appropriate treatment plan. Assessment and treatment for substance abuse are approved Work First Employment Services activities and qualify for supportive services.

The QPSA will notify Work First staff if the applicant/recipient fails to comply with the treatment plan. **An applicant/recipient who fails to comply with the individual treatment plan is not eligible for Work First.** However, this does not mean he is removed from the Work First case. See IV below.

IV. NON-COMPLIANCE FOR APPLICANTS AND RECIPIENTS OF SUBSTANCE ABUSE TREATMENT

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An individual who does not comply with their treatment plan is ineligible for cash assistance but remains in the Work First Family Assistance case. This means that the individual continues to receive Medicaid, the time clock continues, and is still required to participate in the employment program. The Work First payment must be made to a protective payee.

If an appropriate drug or alcohol treatment program is not available, the individual is not considered to have failed to comply with a treatment plan. The QPSA will determine if appropriate treatment is available.

Take the following steps when an adult fails or refuses to comply with treatment recommendations and/or plan:

1. Give the family timely notice.
2. Reduce the family's need standard by one for each individual who fails to comply with the treatment recommendations and /or plan. Key a budget for the ongoing month based on the reduced need standard, and change the payment accordingly. When imposing a Substance Abuse penalty pay type will remain "2".
3. Designate a **protective payee**. See [Section 205](#) of the Work First Manual.
4. Make the payment to the **protective payee** until the worker is notified by the QPSA that the adult complied with the treatment recommendations and/or plan.
5. Once the adult complies with the individual treatment plan, add their needs back into the need standard of the family effective the month following the month the individual complied with his treatment plan.

V. NON-COMPLIANCE FOR SUBSTANCE ABUSE FOR APPLICANTS AND RECIPIENTS WHO HAVE PREVIOUSLY RECEIVED WORK FIRST ASSISTANCE

If a former Work First applicant/recipient who has in the past failed to comply with either a referral to a QPSA or QPSA treatment recommendation applies for Work First, refer the applicant back to the QPSA using the Substance Abuse Behavioural Checklist II screening tool. The QPSA will either assess the applicant if no prior assessment has been completed; or, if an assessment has been completed and a substance abuse diagnosis determined within the last 30 days, the QPSA will refer the applicant back to a treatment provider for treatment. If the assessment and diagnosis is not current, i.e., within the last 30 days, the QPSA will reassess. If the applicant is non-compliant with treatment recommendations, the Work First caseworker will initiate the steps to reduce the family's need standard and put in place a protective payee.

VI. TIME CLOCK/PARTICIPANT HOURS

If an applicant/recipient is referred to an inpatient or long-term residential treatment

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program and the QPSA documents that the Work First applicant/recipient will be an inpatient for longer than 30 days, **or** the QPSA documents that the applicant/recipient is referred to another treatment program that interferes with his ability to participate in countable work or work-related activities, the 2-year time clock can be stopped. This is a temporary situation. **Each case must be evaluated individually to determine whether the applicant/participant can complete the work requirements while participating in treatment. Close coordination between the QPSA and the county DSS is critical when decisions such as this are being made.**

Substance Abuse treatment hours will count toward the State's 30 hour requirement. Substance abuse treatment can be included in job search/job readiness activities. Refer to [Section 118](#) for a full explanation.

VII. COUNTY OF RESIDENCE FOR INPATIENT TREATMENT FACILITIES

If a Work First participant and their children are enrolled in a residential substance treatment facility such as CASAWORKS and has the intent to remain in the CASAWORKS county upon entering the Program or shortly thereafter, this is consistent with the statutor definition of legal residence. Therefore, the county of residence becomes the county in which the participant is enrolled in CASAWORKS and benefits and services should be provided by the CASAWORKS county.

VIII. CONFIDENTIALITY

Use the Consent for Release of Confidential Information Form, DSS-8219 to authorize the exchange of information between the county DSS and the Local Management Entity providing substance abuse services for the applicant/recipient.

Have the applicant/recipient sign the [DSS-8219](#) prior to referral for an assessment by QPSA.

This consent form is in compliance with the Federal Confidentiality for Alcohol and Drug Records Laws (U.S.C., Title 42, §§290 dd-2 {1991}) and the federal regulations that implement it (42 C.F.R. 42 Part 2).

IX. VOLUNTARY MENTAL HEALTH SCREENING

All Work First adult applicants/recipients may **volunteer** to be screened for mental health issues. Non-custodial parents and families with incomes at or below 200% of poverty may also **volunteer** to be screened for mental health, or substance abuse.

If the screening indicates the adult is at risk for mental health issues, the individual will be referred for a mental health assessment.

If a Work First adult applicant/recipient includes mental health treatment in their Mutual Responsibility Agreement Plan of Action, non-compliance with treatment plans for mental health is subject to a protective payee being assigned. **Close coordination between the QPSA and the county DSS is critical in this situation.**

X. MENTAL HEALTH SCREENING

A. Conducting the Screening for Mental Health

Screening for mental health issues may be completed at the same time as the AUDIT and DAST 10. **The mental health screening is voluntary.** Work First applicants/recipients, non-custodial parents, families at or below 200% of the federal poverty guidelines, and H or I controlled Substance Felons are not subject to consequences for refusing the mental health screening.

1. Ensure that the consent form, [DSS-8219](#), is completed and signed so that the Local Management Entity can notify caseworkers of the results of the assessment and the individual's progress with the treatment plan, if appropriate. Provide a copy of the signed consent form and the screening results to the Local Management Entity.
2. In some cases, mental health assessments will be performed by the QPSA assigned to the agency. In other cases, the QPSA will facilitate referral for assessment to the appropriate staff in Local Management Entity. If the county DSS does not have a QPSA, the Local Management Entity will designate the staff person(s) to whom caseworkers will make referrals.
3. File the screening tools in the DSS case record. It is not necessary for the applicant/recipient to sign the screening tools; however, it is important that the individual's name is written on the screening tool for identification and the date of the assessment appointment is documented.

B. Screening Tool

For mental health screening, use the Emotional Health Inventory (EHI) ([See Figure 104B-3](#)). (See Figure 1 for wording that may be needed when introducing the EHI.)

Refer for further evaluation if:

- The client answers 'yes' to one or more of the first 12 questions, **and**
- Answers 'yes' to the last question.