



NC Department of Health and Human Services



### The North Carolina Work First/CPS Substance Use Initiative

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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### The Law

- In 1997, the NC General Assembly passed N.C. General Statute 108A-29.1
- In 2013 it was revised to 'Drug screening and testing for Work First Program applicants and recipients'

Excerpt:

(a) The Department shall require a drug test to screen each applicant for or recipient of Work First Program assistance whom the Department reasonably suspects is engaged in the illegal use of controlled substances. The Department shall provide notice of drug testing to each applicant or recipient. The notice shall advise the applicant or recipient that drug screening, and testing if there is reasonable suspicion that an individual is engaged in the illegal use of controlled substances, will be conducted as a condition of receiving Work First Program assistance, and that the results of the drug tests will remain confidential and will not be released to law enforcement. Dependent children under the age of 18 are exempt from the requirements of this section.

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### Work First Policy

#### Reasonable Suspicion

- This means a sufficient basis to believe the applicant or recipient is engaged in the illegal use of a controlled substance and such reasonable suspicion shall be established **only** by one of the following:
  1. Score of three (3) or above on the Drug Abuse Screening Test (DAST-10), or
  2. Criminal conviction relating to an illegal controlled substance within the past three years.

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### Work First Policy

#### Testing for Controlled Substances

- NC DSS has a contract with a certified and licensed laboratory to provide statewide testing services for the county DSS agencies.
- The test (urine toxicology) will screen for the following substances:
  - o Cannabinoids (marijuana, weed)
  - o Cocaine (crack)
  - o Methamphetamines (meth, crystal, crank)/amphetamines (speed, uppers)
  - o Opiates (heroin, opium)
  - o Phencyclidine (angel dust, PCP)
- Testing consists of an initial test and if needed, a confirmatory test.

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### Work First Policy

#### Substance Use Screening/Urine Toxicology

- At application, recertification or when adding a parent
  - DSS informs applicant/recipient of new Substance Use Policy and provide the WF Substance Use Screening Notice (DSS-8218A)
  - If there are behavioural indicators of a potential substance use disorder the worker will use the Substance Use Behavioral Indicator Checklist II (DSS-5325)
  - The screening tool is the AUDIT/DAST-10 (DSS-8218), administered by DSS, *NOT* QPSA

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### Work First Policy

#### AUDIT/DAST-10 Scoring

- AUDIT- a score of eight (8) or more is considered a positive screen for a potential alcohol use disorder.
- Any score by an applicant/recipient under the age of 21 on the AUDIT is considered a positive screen.
- DAST-10 a score of 3 or more is considered a positive screen for potential controlled substance use.

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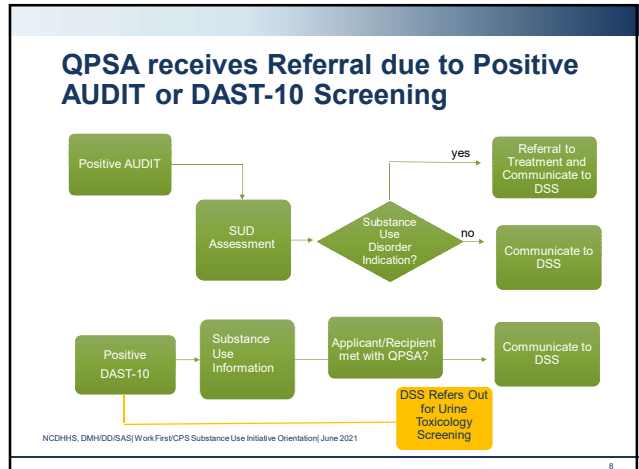
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### QPSA receives Referral due to Positive AUDIT or DAST 10 Screening

Referral Causes from WF	QPSA Referral	DSS Refers for Substance Use Testing/Tox Screen
AUDIT Screening Positive	Yes	
DAST-10 Screening Positive	Yes	Yes
Controlled Substance conviction less than 3 years old	Yes	Yes
Class H or I Controlled Substance Felony less than 3 years ago	Yes	Yes
Class H or I Controlled Substance Felony more than 3 years ago	Yes	

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### Work First Policy

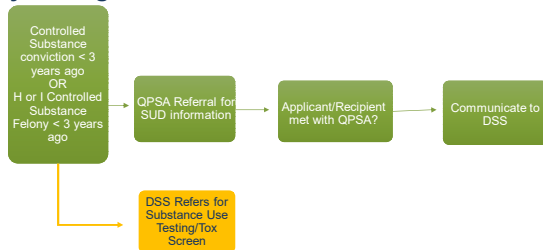
#### Criminal History Check

- Each applicant/recipient has a criminal history check done by DSS with the *Online Verification System* or OVS.
- The history of a controlled substance conviction occurring less than 3 years ago will result in a referral for a urine toxicology screening.

### QPSA receives Referral due to Controlled Substance conviction less

Referral Causes from WF	QPSA Referral	DSS Refers for Substance Use Testing/Tox Screen
AUDIT Screening Positive	Yes	
DAST-10 Screening Positive	Yes	Yes
Controlled Substance conviction less than 3 years old	Yes	Yes
Class H or I Controlled Substance Felony less than 3 years ago	Yes	Yes
Class H or I Controlled Substance Felony more than 3 years ago	Yes	

### QPSA receives Referral due to Controlled Substance conviction or Class H or I Controlled Substance Felony less than 3 years ago



### Work First Policy

#### Referrals

- DSS explains testing procedures to the applicant/recipient
- DSS completes the referral form WF Substance Use Testing Notice (DSS-8218B)
- DSS documents mandatory QPSA and/or testing notice referrals on Notice of Information Needed to Determine Your Eligibility for Work First (DSS-8146A) along with any other required verifications
- DSS staff will notify the appropriate laboratory/collection site of the request for testing for the designated applicant/recipient
- DSS will not make an eligibility for WF determination until verifications are returned and results of mandatory QPSA and/or testing results are received

### May Reapply 30 Days from Original Positive Test Result Through the Following:

1. Complete or Participate in SUD treatment where provider is in the LME-MCO network and have additional urine toxicology that is negative, at applicants expense.
  - o If treatment is needed, the new law requires the cost of treatment to be the responsibility of the applicant except:
    - A) If the individual is Medicaid eligible and treatment service can be paid for by Medicaid
    - B) If the treatment service is supported by Federal Substance Abuse Prevention and Treatment Block Grant Funds.
- OR
2. A QPSA or ASAM certified physician determines through assessment, a substance use disorder treatment program is not appropriate. Also have urine toxicology that is negative, at applicants expense.

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### The Law: General Statute 108A-25.2

Individuals convicted of Class H or I controlled substance felony offenses are eligible to participate in the Work First and Food and Nutrition Services:

- Six months after release from custody if no additional controlled substance felony offense is committed during that period & successful completion of or continuous active participation in a required substance abuse treatment program determined appropriate by the area mental health authority;

OR

- If not committed to custody, six months after the date of conviction, if no additional controlled substance felony offense is committed during that period, and successful completion of or continuous active participation in a required substance use disorder treatment program determined appropriate by the area mental health authority.

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### Work First and Food and Nutrition Services Policy

Refer to QPSA:

- WF applicants/recipients identified as having a Class H or I Controlled Substance Felony more than 3 years ago and after 1996.
- FNS applicants/recipients identified as having Class H or I Controlled Substance Felony any time on or after August 23, 1996.
- One or both of above criteria are met and applicant/recipient states they are currently in treatment.

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### QPSA receives Referral due to a Class H or I Controlled Substance Felony more than 3 years ago from WF or from FNS at any time

Referral Causes from WF	QPSA Referral	DSS Refers for Substance Use Testing/Tox Screen
AUDIT Screening Positive	Yes	
DAST-10 Screening Positive	Yes	Yes
Controlled Substance conviction less than 3 years old	Yes	Yes
Class H or I Controlled Substance Felony less than 3 years ago	Yes	Yes
Class H or I Controlled Substance Felony more than 3 years ago	Yes	

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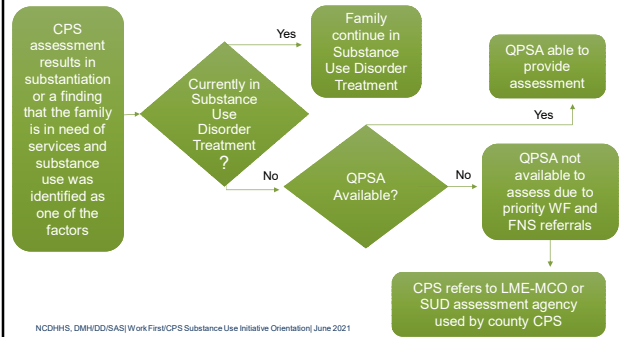
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### DSS Child Protective Services

- “Substantiation” or “finding of services” needed based on substance use being part of substantiation or finding in need of services.
- Work First and H or I Controlled Substance Felons have legislative priority for QPSA.
- CPS may have limited access.
- If QPSA is not available, CPS will refer to outside provider for assessment.

### Referral from CPS to QPSA



Collaboration and Coordination

### State Level Collaboration & Coordination

#### State Memorandum of Agreement (slide 1 of 2)

MOA between NC DSS and NC DMH/DD/SAS establishes populations to be served:

- Program applicants and recipients that may be eligible for Temporary Assistance for Needy Families (TANF) who are work eligible.
- Individuals with a Class H or I controlled substance felony applying for Work First and/or Food and Nutrition Services
- Individuals with a substantiated Child Protective Services case or found in need of services where the case includes substance use as a factor.

## State Level Collaboration & Coordination

### State MOA (slide 2 of 2)

- **NC Division of Social Services Responsibilities**
  - Collaborate with Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) to develop and deliver training.
  - Requires the local DSS's to enter into MOA with LME-MCO with elements from slides later in this presentation
- **NC Division of MH/DD/SAS Responsibilities**
  - Provide funding to LME-MCO programs to assist in hiring Qualified Professional Substance Abuse (QPSA)
  - Requires the LME-MCO to enter into MOA with local DSS's with elements from slides later in this presentation

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## State Level Collaboration & Coordination

### Local Memorandum of Agreement (Slide 1 of 3)

#### County DSS Responsibilities

1. Refer WF and FNS applicants/recipients with NC Class H or I felony convictions to the designated QPSA for services.
2. Refer WF applicants/recipients with confirmatory positive drug test to the QPSA for SUD education, treatment referral, services and resources.
3. Refer applicants/recipients who meet or exceed the minimum acceptable score on the AUDIT or DAST-10.
4. Refer WF applicants/recipients who request mental health services to the appropriate LME-MCO personnel and contracted QPSA Provider.

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## Local Level Collaboration & Coordination

### Local MOA (Slide 2 of 3)

#### County DSS Responsibilities

5. Secure a valid Consent for Release of Confidential information (DSS-8219) to share the applicants/recipients specific information with appropriate LME-MCO personnel and contracted QPSA provider.
6. Consider including QPSA's in any Child and Family Teams or in multidisciplinary meetings involving mutual applicants/recipients.
7. Make referrals from CPS to QPSA to assess individuals with a substantiated CPS case or found in need of services where the case includes substance abuse if QPSA resources are available

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## Local Level Collaboration & Coordination

### Local MOA (Slide 3 of 3)


#### LME-MCO Responsibilities: Contracted Provider QPSA

1. Complete substance use disorder assessments to include SUDDS 5
2. Educate applicants/recipients about substance use disorders, treatments and resources
3. Refer to substance use disorders treatment
4. Provide in-service training on substance use disorders
5. Provide consultation to DSS staff
6. Participate in DSS case staffing and meetings
7. Provide feedback of the applicants/recipients compliance and cooperation

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## QPSA Role and Responsibilities



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QPSA Initial Activity based on Type and Source of Referral		
QPSA will provide information on Substance Use Disorders (SUD), treatment and resources if the referral is:	QPSA will provide assessment if referral is:	QPSA will confirm participation in SUD Treatment
1. Due to a positive DAST-10 Screening from WF	1. Due to H or I Controlled Substance Felony more than 3 years ago from WF	1. Due to currently being in SUD Treatment from WF or FNS
2. Due to a Class H or I Controlled Substance Felony less than 3 years ago from WF	2. Due to positive AUDIT screening from WF 3. Due to H or I Controlled Substance Felony from FNS	4. Due to criteria met for referral from CPS if resources are available
3. Due to controlled substance conviction less than 3 years ago from WF	5. Due to positive EHI for MH assessment from WF (or may refer out if QPSA is SUD specific)	

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### Substance Use Information

**How Do I Know if I have a Problem?**  
Alcohol and drug use affect many people. Some people see that drinking alcohol or using drugs is hurting them. But there are a lot of other people who don't even know they have a problem. They ignore the warning signs, even when their friends and family tell them that they have a problem.

**Know if there's a problem:**

- Are drugs or alcohol affecting your work or health?
- Do you feel like you need alcohol or drugs to get through the day?
- Are your friends or family members telling you there's a problem?
- Have you tried to cut back, but couldn't?
- Has your alcohol or drug use gotten you into trouble with the law?

Want to learn more? Talk to a specialist to get an assessment. To schedule an assessment call your **LME-MCO** at the number located at the end of this document.

**What is Addiction?**  
When someone can't stop taking alcohol or other drugs even if he or she wants to, it's called addiction. The urge is too strong to control, even if you know alcohol or drugs is causing harm.

When people start drinking alcohol or taking drugs, they don't plan to get addicted. They like how it makes them feel. They believe they can control how much and how often they drink or take the drug. However, alcohol and drugs change the brain. People start taking drugs or alcohol just to feel normal. That is addiction, and it can quickly take over a person's life.

**Addiction is a Brain Disease.**

- Alcohol and drugs change how the brain works.
- These brain changes can last for a long time.
- They can cause problems like mood swings, memory loss, even trouble thinking and making decisions.

Addiction is a disease, just as diabetes and cancer are diseases. Addiction is not simply a weakness. People from all backgrounds, rich or poor, can have an addiction. Addiction can happen at any age.

(Adapted from: [How the brain responds to substances](#) provided to us by NIDA)

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**Treatment: What Is It?**

**Who Provides Treatment?**  
Many different kinds of professionals provide treatment for substance use disorders. In most treatment programs, providers are specially trained individuals who are certified or licensed as substance abuse treatment counselors.

Most treatment programs assign individuals to a treatment team of professionals. Depending on the type of treatment, teams can be made up of social workers, peer support specialists, counselors, doctors, nurses, psychologists, psychiatrists, or other professionals.

**What Will Happen First?**  
Everyone entering treatment receives a clinical assessment. A complete assessment of an individual is needed to help treatment professionals offer the type of treatment that best suits him or her. The counselor will begin by gathering information about the person, asking many questions about things such as:

- How, amount, and length of time of substance or alcohol use
- Effects of drug or alcohol use on the person's life
- Medical history and current medications (including pain medications)
- Family and social issues and needs
- Previous treatment experiences or attempts to quit

**What Types of Treatment Programs Are Available?**

Several types of treatment programs are available:

- Outpatient and intensive and comprehensive outpatient programs
- Outlet treatment programs (includes medication assisted treatment with methadone, buprenorphine and others)
- Residential programs
- Inpatient treatment, including detoxification services
- Perinatal, maternal and child/ADAPTS for families are treatment programs that are for pregnant women and women with children. For more information about these programs, call the Perinatal Substance Use Specialist at 1-800-FOR-BABY

(Adapted from: [Substance Abuse Treatment: What Is Available? How to Find It](#) | SAMHSA | 2014)

**How Do I Get Help?**  
The Local Management Entity-Managed Care Organization is (LME-MCO) is where you go to find information on receiving mental health, developmental disability or substance use disorder treatment in your county. If you have had a positive toxicology screening, ask for a provider that is accepting Medicaid or is a SAPTBO provider. LME-MCO's will also help you with complaints about your services. They are available to answer calls 24 hours a day.

The LME-MCO for your county is: \*\*\* INSERT Name of LME-MCO AND 1800-\*\*\*

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QPSA Initial Activity based on Type and Source of Referral		
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3. Due to controlled substance conviction less than 3 years ago from WF	4. Due to criteria met for referral from CPS if resources are available 5. Due to positive EHI for MH assessment from WF (or may refer out if QPSA is SUD specific)	

### QPSA Assessment

- Substance Use Disorder Assessment will include the SUDDS 5 or a DMH/DD/SAS approved standardized assessment tool.
- The referral for mental health assessment can be provided by the QPSA if they are credentialed to do so, or the QPSA will connect the applicant/recipient to the LME-MCO to arrange for an assessment.

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### Confirming WF and FNS Applicant/Recipient participation in treatment

- Signed Release of Information:
  - To speak with treatment provider
  - To communicate with DSS about treatment participation ongoing
  - Provide assessment if urine toxicology screen comes back positive, consider ASAM recommended level of treatment

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### QPSA Role

1 of 3

1. Complete substance use disorder assessments.
  - Arrange for appointments for assessment of identified applicants/recipients.
  - Provide Comprehensive Clinical Assessment (CCA) and/or SUDDS 5\* for Work First (WF) applicants and recipients who have tested positive on a substance use test for controlled substances as applicable.
  - Provide a CCA and/or SUDDS 5 for WF applicants and recipients who have screened positive for the AUDIT.
  - Provide CCA and/or SUDDS 5 for Food and Nutrition Services (FNS) applicants/recipients as needed.\*
  - Provide CCA of Mental Health for WF applicants/recipients as applicable.
  - Provide CCA and/or SUDDS 5 for Child Protective Services (CPS) referrals as applicable.
  - \*CCA including SUDDS 5 or SUDDS 5 only, is based on QPSA's licensure

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### QPSA Role

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2. Educate applicants/recipients about substance use disorder, treatments and resources.
  - Provide information about SUD, treatment and referral to treatment for individuals referred as a result of DAST-10 and/or criminal conviction involving controlled substances in the past 3 years
3. Refer to substance use disorder treatment.
  - Refer for appropriate treatment services and support as indicated by assessment disposition.
4. Provide in-service training on substance use disorders.
5. Provide consultation to DSS staff.
6. Participate in DSS case staffing and meetings.
  - Participate in interagency staffing with DSS.

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### QPSA Role

3 of 3

- Provide feedback of the applicants/recipients compliance and cooperation.
  - Track the provision of consumer services relevant to WF/FNS/CPS participation.
  - Provide treatment compliance reports to DSS staff.
  - Follow up with treatment providers regarding participation in treatment with signed consent.
  - Liaison between treatment providers and DSS.
  - Report to county DSS information that relates to the Mutual Responsibility Agreement (MRA-B) / Outcome Plan, with signed consent
8. Data collection: WF/CPS SU Initiative Quarterly Project Report, submitted by the LME-MCO.

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### Work First/CPS SU Initiative Accountability

- Annual State Level Monitoring
- Quarterly Reports

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### Funding & Billing

- Non-UCR SAPTBG funds are allocated to the LME-MCO
- Medicaid and State Comprehensive Clinical Assessment Codes
- DMH/DD/SAS state funded benefit plans

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### Work First/CPS SU Initiative

Collaborative Trainings and Technical Assistance

- Regional/Statewide Meetings
- Cross training for LME-MCOs, QPSA's and DSS
- Technical assistance (e.g. phone, onsite, etc)

Questions? contact: [Mgodwin@email.unc.edu](mailto:Mgodwin@email.unc.edu) or  
[Starleen.scott-robbins@dhhs.nc.gov](mailto:Starleen.scott-robbins@dhhs.nc.gov)

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