

# 6.7 Substance Abuse

Revised: ~~November 16, 2018~~ September 20, 2021

(Time-limited core)

Legal References:

- [RCW 74.08A.250](#)

The *Substance Abuse* section includes:

- [6.7.1](#) What is substance abuse?
- [6.7.2](#) What is Chemical Dependency?
- [6.7.3](#) Who does the substance abuse assessment?
- [6.7.4](#) Who is financially eligible?
- [6.7.5](#) Who are Priority Populations?
- [6.7.6](#) What are the requirements for Modality of Care?
- [6.7.7](#) What are the different Treatment Modalities?
- [6.7.8](#) What are there specialized programs and services administered by the Division of Alcohol and Substance Abuse
- [6.7.9](#) Confidentiality
- [6.7.10](#) eJAS Codes
- [6.7.11](#) Substance Abuse - Step-by-Step.

## 6.7.5 Who are priority populations?

Priority populations are pregnant individuals, injecting drug users, WorkFirst families (parents with dependent children), and youth.

<b>Consider a referral for a substance abuse assessment when there is.</b>
Some conditions are so severe that a participant should be concentrating solely on getting medical treatment.
A history of unfinished substance abuse treatment.
Behavior consistent with being under the influence of excessive drug/alcohol use, such as: <ul style="list-style-type: none"><li>• Slurred speech,</li><li>• An odor of alcohol,</li><li>• Balance problems, or</li><li>• Skin lesions indicative of drug use.</li></ul>
Individuals self-reporting that drug or alcohol use caused:

- Job loss or a refusal of employment
- Legal problems (possession, theft, assault, domestic violence, resisting arrest, or child abuse or neglect)-
- Arrest for driving under the influence (DUI)
- Fights or arguments
- Emergency room visits or hospitalizations
- Needing help, seeking help in the past or getting help in the past
- Being told by friends or family members that she or he drinks alcohol or uses drugs too much
- Blackouts (not remembering things that one has said or done while drinking or using other drugs)-

### 6.7.8 Are there other specialized programs and services administered by the Division of Alcohol and Substance Abuse?

The Division of Alcohol and Substance Abuse (DASA) also administer Pregnant and Parenting Women's (PPW) programs, such as Safe Babies Safe Moms (SBSM) and Parent Child Assistance Program (PCAP), and treatment for Opiate dependence.

PPW programs address specialized needs associated with substance abuse/chemical dependency for pregnant and parenting women, including:

- Therapeutic child care for women in residential treatment
- Counseling to address other issues including:
  - Sexual Assault
  - Incest
  - Eating Disorders
  - Family Planning
  - Fetal Alcohol Syndrome
  - Domestic Violence
  - Mental Health Issues
  - Life Skills training
  - Vocational/Employment Services
  - Transitional Housing

#### **Safe Babies/Safe Moms Program:**

- Professional Model available only in Whatcom, Snohomish, Benton, and Franklin Counties.

- Targeted Intensive Case Management for up to 3 years.
- Specialized counseling or referral to address issues as described under the Pregnant and parenting Women's Programs.

#### **Parent Child Assistance Program:**

- Paraprofessional model of case management and up to the target child's third birthday.
- Available only in King, Pierce, Yakima-, Spokane-, Grant, Cowlitz, and Skagit counties.
- Specialized counseling or referral to address issues as described under the Pregnant and Parenting Women's Programs.

#### **Opiate Dependency**

- Opiate substitution treatment (Methadone).
- Outpatient treatment including individual and group counseling.

### **6.7.11 Substance Abuse - Step-by-step guide**

1. The WorkFirst Program Specialist (WFPS) or WorkFirst Social Service Specialist (WFSSS) suspects there is a substance abuse problem and:
  - Refers the individual to a Division of Behavioral Health and Recovery (DBHR) contracted treatment agency using the following forms:
    - [HCA 04-418](#), DBHR Target Treatment Activities form.
    - [DSHS 17-063](#), Authorization to Exchange Confidential Information Form (having the participant sign and date the form).
    - [DSHS 14-299](#), Adult Assessment Referral Form (flag the referral as a WorkFirst/TANF referral).
  - Uses local procedures to schedule the appointment.
  - Enters SR (substance abuse referral code) in eJAS.
  - Documents in eJAS Chemical Dependency note type and creates an IRP using the Special Records IRP available in eJAS.
  - Gives the participant or sends the provider a copy of the eJAS WorkFirst Participation Verification form
1. If an Employment Security Department (ESD) counselor or community college employee observes signs and/or symptoms that indicate substance abuse may be impairing a participant's ability to look for work, the ~~JSS-contractor~~ will refer the participant to the WFPS or WFSSS and document in eJAS.
2. The treatment agency completes the assessment, and
  - Sends the Community Service Office (CSO) the [14-299](#) Adult Assessment Referral Form, indicating:

- Whether the participant needs treatment and if so, where the participant will go for treatment.
3. Both inpatient and outpatient treatment providers will use the ~~the~~ [DSHS 14-310](#) Client Status Change Report Form and [HCA 04-418](#) DBHR Target Treatment Activities form. Both forms will be sent by the WFPS or WFSSS to the provider, to verify treatment activities or changes in treatment activities.
- The eJAS WorkFirst Participation Verification form (see [3.7.2](#)), will be sent to the provider, will be used to verify the participant's actual hours of participation in treatment activities including AA meetings etc.
    - Providers will use the 04-418 DBHR Target Treatment Activities form for participant's treatment reporting for the following actions:
      - The treatment plan established for the participant.
      - Failure to participate.
      - Referral to another provider.
      - Changes in the treatment provided.
      - Discharge from treatment.
      - Child care needs (when in-house child care is not provided by the facility).
1. Both Parent Child Assistance Program (PCAP) and Safe Babies Safe Moms (SBSM) providers will also use the eJAS WorkFirst Participation Verification form to report and verify the individual's actual hours of participation in PCAP and SBSM activities.
  2. The WFPS or WFSSS:
    - Opens XE in eJAS once the participant enters treatment.
    - Enters substance abuse information in the Special Records under the category Chemical Dependency in eJAS notes.
    - Maintains the case record in the originating CSO when placement is made outside of the catchment area if the participant plans on returning to that area.
    - Provides support services, as needed.
    - Adds other activities to the IRP when the participants is ready, in consultation with the treatment provider.
  3. If the WFPS or WFSSS finds out that a participant is already in treatment, ~~she or he~~they:
    - ~~Does~~ nothing, if treatment does not interfere with other required WorkFirst activities.
    - Sends a [DSHS 17-063](#) Authorization to Release Information form, a letter of referral and a copy of the participant's IRP to the treatment provider to coordinate treatment with WorkFirst requirements.
    - Establishes communication with treatment staff to discuss the participant's full course of treatment. Convene a case staffing to discuss the participant's situation. Treatment plans established by CDPs may include ancillary activities outside of the treatment agency (i.e. AA meetings, anger management counseling, etc.)

## Relapse During Recovery:

It is not uncommon for individuals to relapse during treatment, especially during the early stages of recovery. Relapses, within themselves, should not be considered as non-compliance. Therefore, individuals should not be sanctioned or have treatment services denied just because there was a relapse.

## Non-compliance:

Without good cause, failure to have a substance abuse assessment or attend treatment when the need has been identified may be considered non-compliance. Work closely with the CDP to ensure the treatment plan is being following. Case staffings involving the individual and the CDP are strongly recommended. Individuals are much more likely to be successful in their recovery if they have support of others including the WFPS and WFSSS.

## Resources

### Related WorkFirst Handbook Sections

- [6.1 Resolving Issues - Overview](#)
- [3.2.1 Comprehensive Evaluation](#)
- ~~[3.2.2 Initial Comprehensive Evaluation](#)~~
- ~~[3.2.3 Comprehensive Evaluation Updates](#)~~ [Pathway Development Tool](#)
- [3.3 IRP](#)
- [WAH Application IRP](#)

### Forms

- [DSHS 17-063, Authorization to Exchange Confidential Information](#), (provided in all translated languages).
- [DSHS 14-299, Adult Assessment Referral form](#)
- [DSHS 14-310, Client Status Change Report form](#)
- [HCA 04-418, DBHR Target Treatment Activities form](#)

### ACES Upload Field:

 [WorkFirst-Handbook.docx](#)