



North Carolina Department of Health and Human Services
Division of Social Services
Children's Services Section

Mail Service Center 2408 ♦ Raleigh, NC 27699-2408
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

E. C. Modlin, ACSW, Director
(919) 733-3055

June 6, 2001

Dear County Director of Social Services

**Attention: Children's Services Supervisors
Children's Services Social Workers**

**Subject: Statement of Interest to Participate in Pilot Program to Use WF
QSAPs in Child Welfare Services**

Recently, this letter was addressed to the Directors of the Area Mental Health Programs and to the County Directors of Social Services. However, because of a mailing error only the Area Programs received the letter. We are re-issuing the letter to acquaint you with the opportunity to participate in a pilot program involving the collaboration between CPS and substance abuse services. We have also changed the reply date to **June 22, 2001**.

The Division of Social Services and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services are collaborating to expand the use of Work First Qualified Substance Abuse Professionals (WF QSAPs) in Child Protective Services. The challenge of parental substance abuse, including alcohol abuse, for child welfare agencies has become even more critical in light of federal policies that have reduced the time available to parents to take the necessary steps to regain custody of children in foster care. This initiative will help both our agencies to better assure the safety, permanency and well-being of children who badly need our combined services, resources and care. In addition, it will encourage interagency collaboration and hopefully provide a foundation for future federal funding for substance abuse services for families involved with the child welfare system.

WF QSAPs have been used for some time in Work First to help recipients with suspected substance abuse problems overcome this barrier to employment. Because of the prevalence of substance abuse in families referred for Child Protective Services, both Divisions have been interested in expanding the use of WF QSAPs with these families. At this juncture, only those families substantiated for abuse, neglect and/or dependency **where parental substance abuse, including alcohol abuse, is a factor in the substantiation** will be referred to a WF QSAP. This means that during the investigative assessment, parental substance abuse was identified as one of the reasons the child was substantiated for abuse, neglect and/or dependency. The WF QSAP will assess the client and establish a substance abuse or dependency diagnosis or no diagnosis and, where appropriate, refer the client for treatment.

Dear Director Letter

The volume of referrals from Child Protective Services to the WF QSAPs is unknown. Therefore, the two Divisions have decided to pilot the use of WF QSAPs in CPS in ten counties. The eventual goal of the pilot is to make the use of WF QSAPs possible statewide. Because the use of WF QSAPs in CPS is consistent with the role the WF QSAP performs in Work First, there will be no added expense to the county Departments of Social Services for their use. Collaborative training will be provided to all pilot sites prior to implementation during July, 2001.

Collaboration between the county Department of Social Services and the Area Mental Health Program is vital in making this initiative successful. Issues such as confidentiality, referral process, transportation and child care expenses while parents are being assessed for and participating in treatment are areas on which both county DSS's and Area Programs must have consensus before instituting the new procedures.

Ten counties will be chosen to pilot the provision of WF QSAP services in CPS. Counties will be chosen on the basis of their interest along with considerations of population, geographical location and working relationship between the agencies as demonstrated in the WF QSAP initiative. We anticipate that the pilot period will last approximately four months to fully implement the steps necessary to complete the process. Four months will also allow time to determine the volume of referrals and the impact on CPS service delivery.

Policy and procedures have been developed relating to use of WF QSAPs in CPS and are attached to this letter. The Division of Social Services' Children's Services Committee, made up of county and Division DSS staff, has approved the attached policy. Representatives from the Attorney General's office have also reviewed the policy to ensure that legal requirements are met.

Counties interested in participating in the pilot must submit a letter of interest signed by the county DSS Director and Area Program Director. The letter of interest must be accompanied by a brief report on how well the WF/SA Initiative has worked for both the families and the agencies.

If you are interested in participating in this pilot, please send the letter of interest and brief report by **Thursday, June 22, 2001** to the Policy and Planning Team, NC Division of Social Services, 325 N. Salisbury Street, Mail Center Number 2408, Raleigh, NC 27699-2408 or fax the response to (919) 715-6714.

Sincerely,



Charles C. Harris, Chief
Children's Services Section

CCH:ehh
CS-18-2001

cc: E. C. Modlin Jane H. Smith
Pheon Beal Children's Services Team Leaders
Nancy Coston Children's Programs Representatives
Flo Stein, Chief, DMH/DD/SAS Local Support Managers

Work First Qualified Substance Abuse Professionals (WF QSAPs) in Child Protective Services

Nationally, 50% to 80% of the families served in child protective services are negatively affected by alcohol or other drugs. While parental substance abuse and addiction, in and of itself, does not constitute child abuse or neglect, parenting responsibilities are often severely affected by substance abuse and addiction. North Carolina's Work First Program views substance abuse as a barrier to employment. In order to assist its applicants in overcoming such a barrier, it has instituted the use of Qualified Substance Abuse Professionals (WF QSAPs) in assessing, referring to treatment and providing care coordination for its applicants and recipients. Currently, one or more WF QSAPs are employed in each of the 39 Area Mental Health Authorities, but they are generally physically located in a local department of social services.

The Division of Social Services and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services are expanding the use of WF QSAPs to families who have been substantiated for child abuse, neglect and/or dependency where substance abuse has been a factor in the substantiation. This document establishes the protocol for the use of WF QSAP personnel in Case Planning and Case Management Services.

I. Memorandum of Agreement

Coordination of services and collaboration between the county DSS and the Area Mental Health Authority is critically important if parents/caretakers are to be successful in treatment and children are to remain safe. Before a county DSS begins referrals to WF QSAPs, a Memorandum of Agreement between DSS and the Area Program must be developed to specify the roles and responsibilities of each agency. (Among the responsibilities of the county DSS is provision of child care and transportation services so that parents/caretakers can access treatment. During evening hours, some Area Programs can provide child care on the premises where treatment is being delivered and/or provide transportation services (i.e., with its own van). All of these issues should be outlined in the Memorandum of Agreement.)

II. Eligible Families

If an investigative assessment results in a substantiation of abuse, neglect and/or dependency and substance abuse was identified as one of the reasons the child was maltreated, the family must be referred by the DSS social worker to the WF QSAP for substance abuse assessment. Consequences to families for refusal to participate in the QSAP assessment will vary depending on each family's situation. Adults in the household must be informed that one of the consequences of a refusal to participate in the assessment could be the agency's decision to file a petition alleging abuse, neglect and/or dependency.

III. Confidentiality

The parent's or caretaker's signature on the Release of Confidential Information form should be obtained as soon as possible. This allows the DSS social worker and the Area Program staff to exchange information. If the Release of Confidential Information form is not signed by the parent or caretaker, the WF QSAP and the Area Program staff are prevented from disclosing information to DSS about the parent or caretaker. DSS staffs are expressly prohibited from re-disclosing information to anyone unless the parent/caretaker signs another release form permitting such disclosure.

The attached Release of Confidential Information form complies with federal confidentiality laws relating to drug and alcohol records. The Release of Confidential Information form also lists the information that the WF QSAP may share with the DSS social worker.

The DSS worker must explain to the client the nature of the information to be disclosed, including information about the involvement with DSS Children's Services, attendance at the assessment interview and the status of any treatment that may be recommended. It is important that the parent or caretaker initial each category of information he/she is willing to have the WF QSAP disclose so that the WF QSAP may share that specific information. Once the form is signed and initialed, the DSS social worker should refer the parent/caretaker to the WF QSAP for further assessment.

IV. Time Frame for Referrals

Referrals for WF QSAP assessments should take place within 30 days of the substantiation of child abuse, neglect and/or dependency while the Family Services Case Plan, Part A is being developed. Once the QSAP assessment and treatment recommendations are completed, The CP&CM social worker should include substance abuse treatment recommendations in the Family Services Case Plan, Part A.

V. WF QSAP Care Coordination

Work First workers utilize two initial screening tools before making a referral to the WF QSAP. Because child welfare workers conduct thorough assessments of the presence of substance abuse in the family during their investigative assessments, child welfare workers do not have to administer these tools.

The assessment currently utilized by the WF QSAPs is the Substance Use Disorder Diagnostic Schedule IV (SUDDS IV). Administering this instrument results in a substance abuse or dependency diagnosis or no diagnosis. The substance abuse treatment referral is based on medical necessity criteria for substance abuse services. The WF QSAP is responsible for care coordination. WF QSAP care coordination includes:

- Referral for treatment;
- Ensuring transportation and child care, provided by county DSS, are available for a client to receive services;
- Tracking the provision of client services that are relevant to CP&CM;
- Following up with treatment providers;
- Reporting to county CP&CM social workers information that relates to the client's treatment plan;
- Interagency staffing with county CP&CM social workers;
- Acting as liaison between the Area Program and/or other treatment providers and the county DSS.

VI. Diagnosis of Substance Abuse or Dependency

When the WF QSAP assessment results in a diagnosis of substance abuse or dependency, the WF QSAP and social worker should confer about the treatment recommendations. The treatment recommendations should be included in the Family Services Case Plan, Part A.

Method of payment for substance abuse treatment would include Medicaid, the client's insurance or the client would be responsible for the cost of treatment.

The CP&CM social worker, WF QSAP and Area Program specialist need to confer on a regular basis so that the social worker can be kept up-to-date on how the parent/caretaker is progressing in treatment.

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize a mutual exchange of information between _____

(Name of the Area MH/DD/SAS Program) and _____

_____ (Name of County Department of Social Services) of the following categories of client information pertaining to me:

(client needs to initial each category that applies)

- _____ my name and other personal identifying information
- _____ initial evaluation
- _____ date of admission
- _____ assessment results
- _____ summary of treatment plan
- _____ progress and compliance with treatment
- _____ attendance
- _____ date of discharge and discharge status
- _____ discharge plan

The purpose of these disclosures is to enable the identified agencies to evaluate my possible substance abuse or dependence so that I can obtain appropriate treatment and to evaluate how this diagnosis might impact the safety of my child(ren).

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that, except for action already taken, I may rescind this consent at any time.

If I do not rescind this consent, it expires automatically as follows:

Upon the closing of the protective services case by DSS or one year from the date this consent is signed (whichever comes first).

Date Signed _____ Client's Signature _____

Client has received a copy of this consent for his/her records. _____

NC Department of Mental Health, Developmental Disabilities, and Substance Abuse Services Section/NC Division of Social Services, and Children's Services Section, May, 2001.