

MEMORANDUM OF AGREEMENT
_____ COUNTY
DEPARTMENT OF SOCIAL SERVICES

revised annually

AND

_____ MH/DD/SA Area Program/LME

This Memorandum of Agreement is entered into and by the _____ County Department of Social Services, hereinafter called the Department, and the _____ MH/DD/SA Program, hereinafter called the Area Program/LME.

MISSION:

The Work First/Child Protective Services/Substance Abuse (WF/CPS/SA) Initiative provides early identification of a substance abuse disorder(s) or a mental illness that will affect the WF/CPS consumer's ability to secure and maintain employment through screening (AUDIT, DAST-10 and Behavior Observation Checklist), assessment (SUDDS IV), and referral and case management services to the eligible populations to be served. The WF/CPS/SA Initiative also facilitates substance abuse services and mental health services to parents and caretakers of children, where there has been substantiated child abuse, neglect and/or dependency, in order to better assure the safety, permanence and well being of children. The services for WF/CPS/SA-involved families provided under this Agreement are assessment, referral and case management. Responsibilities also include collaboration to ensure that barriers to receiving treatment are addressed and that the requirements of G.S. 108A-25.2 and G.S. 108A-29.1 (Appendix A) are adhered to, case consultation, follow-up, training with local Department staff and other activities approved by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS).

ELIGIBLE POPULATIONS TO BE SERVED:

The eligible populations to be served are as follows:

- a. Work First applicants and recipients
- b. Class H or I Controlled Substance Felons applying for Work First assistance and/or food stamps
- c. Non-custodial parents and/or families with income at or below 200% of federal poverty guidelines (The eligibility status of this population is based on inclusion of this population in the county Work First Plan)
- d. Parent(s)/caretakers who have a substantiated or in need of services finding that involves substance abuse.

Child Protective Services encompasses the provision of specialized services for maltreated children or those who are at risk of harm. Services are aimed at strengthening family life by supporting and improving parental/caretaker responsibility that, in turn, assures for each child a safe, nurturing home. Services focus on prevention and rehabilitation and are directed toward identifying and changing the cause of the maltreating behavior. This is accomplished through parent/caretaker cooperation and consent or, in the event that conditions pose serious issues for the child's safety, through the agency petitioning for court intervention.

This Memorandum of Agreement with the Department of Social Services establishes procedures surrounding the services of a Work First/Child Protective Services Qualified Professional in Substance Abuse (WF/CPS QP in Substance Abuse). Its purposes is to facilitate appropriate substance abuse services and mental health services to parents and caretakers of children in order to better assure the safety, permanence and well being of children, when there has been substantiated child abuse, neglect and/or dependency or when the need for CPS services has been identified and substance abuse or mental illness has been a factor in the maltreatment.

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 (See Section II. below), and they 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 your county has chosen to serve these populations.

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

The responsibilities of the above two agencies in meeting the objectives are as follows:

THE DEPARTMENT AGREES TO:

- Explain to the consumer the nature of the QP in Substance Abuse assessment and the services provided by the QP in Substance Abuse. Secure the signature on the approved Release of Confidential Information Form when the consumer consents to the referral. Explain the type of information to be disclosed and ensure that the consumer initials each category of information he/she is willing to have the QP in Substance Abuse disclose.
- Screen all initial Work First applicants for possible substance abuse or dependence and mental illness using the designated screening tools.

- Refer appropriate Work First applicants to the QP in Substance Abuse for further substance abuse assessment/evaluation or a mental health assessment.
- Refer (accompanied with the Release of Confidential Information Form) all parents/caretakers of children who have been determined to be in need of child protective services to the QP in Substance Abuse within thirty (30) days and prior to the case decision, and incorporate the referral into the Family Service Agreement.
- Arrange for child care and transportation for consumers of children receiving substance abuse services.
- Provide background information (child protective services involvement, Family Strengths and Needs Assessment and Family Assessment, and the status of any services that may be recommended) about the case that will enable the Area Program staff to sufficiently conduct a substance abuse assessment or a mental health assessment and make recommendations.
- Collaborate with the QP in Substance Abuse assigned to the consumer to develop care coordination plans and to support the provision of care coordination and case management/case support services to access services recommended by the Area Program, when indicated.
- Include substance abuse treatment or mental health treatment recommendations in the Family Services Agreement.
- Inform the QP in Substance Abuse of actions or sanctions to be imposed when Work First recipients do not keep scheduled appointments.
- Notify Work First recipients as soon as possible when he/she has failed to comply with his/her care coordination plan.
- Inform and coordinate with QP in Substance Abuse when a Work First recipient is to be placed in a “protective pay” status.
- Designate a staff person to serve as liaison under this Memorandum of Agreement.

THE AREA PROGRAM/LME AGREES TO:

- Arrange for an appointment for eligible consumers to have a substance abuse assessment or a mental health assessment by the QP in Substance Abuse.
- Provide further substance abuse assessment/evaluation or mental health evaluations for Work First consumers as needed.
- Administer the substance abuse assessment or mental health assessment to parents/caretakers of children who have been determined to be in need of child protective services and determine if there is a substance abuse or dependency diagnosis or a mental illness disorder using the identified diagnostic tool (the Substance Use Disorder Diagnostic Schedule (SUDDS-IV Assessment Tool or the DSM-IV).
- Refer consumers for substance abuse treatment or mental illness treatment when the assessment indicates medical necessity criteria for substance abuse services or mental health services are met.
- Authorize the appropriate level of substance abuse treatment or mental health treatment as recommended by the QP in Substance Abuse
- Provide care coordination and case management/case support services for the consumer receiving substance abuse services or mental health services including:
 - Tracking the provision of consumer/client services;
 - Following up with treatment providers;

- Reporting to the Department's staff information that relates to the individual's treatment plan;
- Participating in interagency staffing with the Department's staff;
- Acting as liaison between treatment providers and the Department
- Provide outreach to engage families in treatment;
- Provide substance abuse training and mental health training to the WF/CPS staff by the QP in Substance Abuse.

THE DEPARTMENT AND AREA PROGRAM/LME JOINTLY AGREE TO:

- Develop a plan for current Work First recipients, applicants, and Work First and Food Stamp applicants convicted of Class H or I substance abuse felony offenses to access substance abuse, mental health and developmental disabilities services.
- Utilize the screening tools identified by DMH/DD/SAS and the SUDDS IV and AUDIT/DAST/Behavior Observation Checklist or DSM IV assessment tools. (QP in Substance Abuse may use additional screening tools when necessary to ensure accurate referrals to appropriate level of care.)
- Confer about treatment recommendations when the assessment results in a diagnosis of substance abuse or dependency or a mental illness.
- Provide ongoing collaboration and consultation regarding decision affecting substance abuse treatment outcomes or mental illness outcomes and/or child safety.
- Arrange for appointments for the consumer and coordinate planning for child care and transportation.
- Inform the consumer about the method of payment for substance abuse treatment or mental health treatment in the event the consumer must bear any of the cost.
- Maintain regular contact on how the consumer is progressing in treatment.
- Utilize the standardized consent form to facilitate confidentiality as provided by the State Division of Social Services.
- Arrange ongoing cross training for staff of both agencies.
- Develop a reporting system of non-compliance by consumers.
- QP in Substance Abuse will attend all appropriate collaborative meetings including Success Council.
- Support collection and provide data for outcomes and program evaluation.
- Abide by confidentiality regulations as set forth by State Division of Social Services or NC Division of MH/DD/SAS as well as Federal regulations.

TERMS OF THIS AGREEMENT:

The term of this Agreement shall commence on the ____ day of _____ 200#, and shall run through the ____ day of _____ 200#, and shall continue thereafter until such time as a new written agreement is negotiated between the parties.

This Memorandum of Agreement may be amended or terminated upon mutual agreement of both parties, or terminated by either party upon thirty (30) days prior notice in writing to the other party.

Entered into as of this _____ day of _____, 200#

Director
Department of Social Services
CITY, NC

Chief Executive Officer
_____Area Program/LME
CITY, NC

Witnessed by

Witnessed by

Chairman,
_____Area Board

Witnessed by

“This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.”

Finance Officer

“...An obligation incurred in violation of this subsection is invalid and may not be enforced. The finance officer shall establish procedures to assure compliance with this subsection.” NCGS Section 159-28(a).

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY.

Screening for Substance Abuse

Prior to asking the questions on the AUDIT and DAST-10, certain information should be provided to the applicant. The person doing the screening should use the following preamble. The wording may be modified to suit the needs of the interviewer and participant.

“A new section of our interview includes a screening to help determine if you are at risk for alcohol and/or other substance abuse. We have added this section because we understand that it would be difficult to get and keep a job if this is an issue for you. If you do have an alcohol or substance abuse problem, you can still be eligible for Work First and/or Food Stamps as long as you follow through with any recommended treatment referral. If you are eligible for Medicaid, Medicaid will pay for your treatment. If you are not eligible for Medicaid, you will be charged for these treatment services on a sliding scale basis.

If you screen positive for alcohol or substance abuse, you will be referred to a Qualified Substance Abuse Professional (QSAP) from the Area Mental Health Authority for a comprehensive assessment to determine what type of treatment you need. If you are already receiving mental health or substance abuse services from another provider, please let me know. The treatment requirement will become a part of your Mutual Responsibility Agreement. You will also need to sign a release of information from the QSAP (Area program or other provider) to be able to release information to DSS about your treatment progress and compliance.”

Behavioral Indicators

The Substance Abuse Behavioral Indicator Checklist may be used when a Work First applicant/recipient has a negative AUDIT and DAST-10 screening for substance abuse, but there is a reasonable suspicion that some substance abuse issues may be present. The following wording may be used when discussing the use of the checklist.

“Our job is to help all persons receiving Work First Family Assistance to obtain the services needed to help them get and keep a job. We have observed or found some signs of possible problems with substance abuse (e.g. odor of alcohol on breath, loss of license for DWI, etc.) and we are referring you to a Qualified Substance Abuse Professional for additional assessment. There may be a recommendation that you participate in some kind of treatment program. A Substance Abuse Behavioral Indicator Checklist was completed by an employee of DSS. You have the right to see what was written on the Checklist.”

Screening for Mental Health

Screening for mental health is voluntary at this time. Prior to asking the questions on the Emotional Health Inventory (EHI), the client should be informed of the voluntary nature of this screening. The person doing the screening should use the following preamble. The wording may be modified to suit the needs of the interviewer and the participant.

“A new section of our interview is screening to help determine if you have mental health concerns that might make getting a job more difficult for you. If this is so, we would like to help you with these concerns by referring you to a QSAP who can assist you in getting the services that would help. This screening is voluntary, and any recommendations that may arise from the screening or any further assessment are also voluntary.”

AUDIT

1. How often do you have a drink containing alcohol?
(0) Never (1) Monthly (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
(0) 1-2 (1) 3 or 4 (2) 5 or 6 (3) 7-9 (4) 10 or more
3. How often do you have six or more drinks on one occasion?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
4. How often during the last year have you found that you were unable to stop drinking once you started?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
7. How often during the last year have you felt guilt or remorse after drinking?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of drinking?
(0) (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
9. Have you or someone else been injured as the result of your drinking?
(0) no (2) yes, but not in the last year (4) yes, during the last year
10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?
(0) no (2) yes, but not in the last year (4) yes, during the last year

Total Score: _____

DAST-10

These questions refer to the past 12 months.

Circle Your Response

- | | | |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Do you abuse more than one drug at a time? | Yes | No |
| 3. Are you always able to stop using drugs when you want to? | Yes | No |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | Yes | No |
| 5. Do you ever feel bad or guilty about your drug use? | Yes | No |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 7. Have you neglected your family because of your use of drugs? | Yes | No |
| 8. Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? | Yes | No |

Score: _____

AUDIT (Alcohol Use Disorder Identification Test)

Please Note: Alcohol is inclusive of: beer, wine, liquor or any other alcoholic beverage.

Scores are in parentheses. A score of 8 or more is considered a positive screen.

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-11.

DAST-10 (Drug Use Questionnaire)

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months.

In the statements, "drug abuse." refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

DAST-10 INTERPRETATION

<u>DAST-10 Score</u>	<u>Degree of Problems Related to Drug Abuse</u>	<u>Suggested Action</u>
0	No problems reported	none at this time
1-2	Low level	monitor, re-assess at a later date
3-5	Moderate level	further investigation
6-8	Substantial level	intensive assessment
9-10	Severe level	intensive assessment

SCORING THE DAST-10

For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no" receives 1 point.

1982 by the Addiction Research Foundation. Author: Harvey A. Skinner Ph.D.

*******If an applicant/recipient meets the criteria for a positive screen (a score of 8 or more) on the AUDIT and/or the moderate level for the DAST-10, refer to the Qualified Substance Abuse Professional.**

**SUBSTANCE ABUSE
BEHAVIORAL INDICATOR CHECKLIST II**

This form may be completed if a Work First client has a negative screening for substance abuse, but there is reasonable suspicion that substance abuse issues may be present. When there is an observation of actions, appearance or conduct that may be associated with substance abuse issues refer the Work First client to a Qualified Substance Abuse Professional (WF/QSAP) for further assessment and/or referral.

Name of Client: _____
 Name of Observer: _____
 Location: _____

Date Observed: _____
 Time of Observation: _____ a.m./p.m.

Check all appropriate items. Behavioral indicators require only one check for referral to a WF/QSAP.

APPEARANCE/PHYSICAL SYMPTOMS:

- _____ odor of alcoholic beverage on breath
- _____ extremely poor hygiene
- _____ constricted pupils (pinpoint)
- _____ dilated pupils (enlarged)
- _____ glazed or glassy eyes
- _____ stumbling/staggering
- _____ body odor of alcoholic beverage
- _____ lethargic/slow movement
- _____ swaying gait

HISTORY OF SUBSTANCE ABUSE RELATED PROBLEMS:

- _____ pending DWI court case or drug court case
- _____ loss of license for DWI
- _____ drug or alcohol arrest or conviction
- _____ history of/or current substance abuse treatment involvement
- _____ reports from employer, probation/parole of positive drug screen/breathalyzer
- _____ positive AUDIT or DAST and non-compliance with referral to QSAP
- _____ prior SUDDS IV diagnosis and non-compliance with treatment recommendations

SPEECH:

- _____ slurred speech
- _____ rapid/accelerated speech
- _____ incoherent speech

CONDUCT/BEHAVIOR:

- _____ loss of inhibitions with no apparent reason (i.e., yelling, screaming, cursing, assaultive)
- _____ failure to report for job interview (2 or more)
- _____ repeated missed scheduled appointments

If known, how is the Work First client's behavior different from that previously observed? Be specific and describe any other observations about behaviors or actions not listed above:

To the best of my knowledge, this report represents the appearance, behavior and/or conduct of the above named Work First client, observed by me and upon which I base my decision to refer the person to the WF/QSAP for further assessment and/or referral.

 Signature of Observer

Date: _____

To be completed by WF/QSAP:

- Was SUDDS IV completed?
- Was Work First client referred to SA treatment?

Yes _____ No _____
 Yes _____ No _____

WF/QSAP Signature _____

Date: _____

E H I - 13

Emotional Health Inventory – 13 Item Version Administration Guide

Introduction

These questions are designed to assess risk for some common mental health conditions. The items cover depression, mania, anxiety, obsessive-compulsive disorder, and posttraumatic stress disorder. This is by no means a comprehensive screen of all possible conditions. The objective is to identify some of the more prevalent conditions. Individuals providing positive responses indicating current emotional problems should be assessed by an appropriate professional.

Although the following questions cover content related to making diagnoses, this instrument is not a diagnostic tool. The purpose of these items is to assist in identifying those individuals who may have an emotional condition that could interfere with their ability to secure and maintain employment.

Administration

Under NO circumstance should the client be allowed to fill out the form.

This questionnaire is intended to be verbally presented. Read the directions and the first 12 numbered questions as written to the respondent. Only if the respondent answers “yes” to any of the first 12 questions should question 13 be asked.

One of the reasons for a verbal screening is to avoid reading or learning difficulties. Individuals with reading problems are often very ingenious in masking their disability. We want to be sure that the respondent understands the item and is not simply checking off answers.

The instructions and all of the numbered questions should be read to the respondent exactly as they are written. Do not reword any of the items when you read them. Only if the client indicates that she, or he, does not understand the item or a particular word should you attempt to assist the client by providing any synonym for a word or definition of a term.

Referral

If the respondent answers “yes” to one or more of the first 12 questions and to the last one; thus indicating a potential current problem, she, or he, should be referred for further evaluation. You should indicate the specific item(s) endorsed by the respondent in making the referral. If no problem is current, no referral should be made.

North Carolina Department of Health and Human Services
 Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
 Community Policy Management Section

for each LME

Work First/CPS/SA Initiative
Quarterly Project Report of _____ LME

- | | | | |
|------------------------|--------------------------|--|-----------------------------|
| Report Quarter: | <input type="checkbox"/> | 1st Quarter, SFY 06-07 (July 1 – Sep. 30, 2006) | DUE
Oct. 20, 2006 |
| | <input type="checkbox"/> | 2nd Quarter, SFY 06-07 (Oct. 1 – Dec. 31, 2006) | Jan. 20, 2007 |
| | <input type="checkbox"/> | 3rd Quarter, SFY 06-07 (Jan. 1 – Mar. 31, 2007) | Apr. 20, 2007 |
| | <input type="checkbox"/> | 4th Quarter, SFY 06-07 (Apr. 1, - June 30, 2007) | July. 20, 2007 |

Submitted By:

LME Employee Coordinating WF/CPS/SA Initiative (Name, Title, Email & Signature) Date Signed

 LME Project Fiscal Officer (Name, Title, Email, Signature) Date Signed

I. LME and Contract Staffing of WF/CPS/SA Initiative on Last Day of This Report Quarter (Add rows as needed)

Name	Organization/Provider Agency, Title and Credential/License	FTE Devoted to Project
TOTAL		

II. Unduplicated Count of Persons Served (Add columns and include name of corresponding county as appropriate)

	County Name	County Name	County Name	County Name
Unduplicated Count of WF Referrals from DSS this Quarter				
Unduplicated Count of CPS Referrals from DSS this Quarter				
Unduplicated Count of Class H or I Controlled Substance Felons				
Unduplicated Count Of Persons Served this Quarter TOTAL				

III. Staff and Caseload Data

Staff Name & Employed By	Caseload Number
TOTAL	

IV. Highlights of Activities and Accomplishments During This Quarter

V. Highlights of Barriers and Difficulties During This Quarter

IX. Submit Quarterly Reports on 20th of each month following the end of the report quarter to:

Original with Signatures:

Smith Worth, WF/CPS/SA Project Director, Community Policy Management Section, Division of MH/DD/SAS, 3007 Mail Service Center, Raleigh, NC 27699-3007

Copies by E-Mail: Smith Worth, smith.worth@ncmail.net

For further information, please contact: Smith Worth at or Telephone (919) 733-0696

LME to Copy DSS