

TANF Training

Alcohol & Drug and Mental Health



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Alcohol and Drug (A&D)

(Family Services Manual, Employment and Self-Sufficiency Services D.2)

Intent:

The intent of A&D services is to help clients identify and overcome substance addictions that prevent or limit their employability and self-sufficiency.

Expectations:

- Offer all clients an A&D screening.
- Offer an evaluation for substance abuse if the individual has self-identified the illegal use of a controlled substance, or if a screening results in a referral.
- Expect clients to participate in treatment services if an A&D evaluation results in a diagnosis that requires treatment and their substance abuse may inhibit their ability to become employed, and is at no cost to the client.
- Whenever appropriate, engage the client in other case plan activities concurrent with A&D services.

Definitions:

- A. "Controlled substances," means a drug or its immediate precursor classified in schedules I through V under the federal Controlled Substances Act, 21 U.S.C. 811 to 812, as modified under ORS [475.035](#). The use of the term "precursor" in this subsection does not control and is not controlled by the use of the term "precursor" in ORS [475.840](#) to [475.980](#). Alcohol is not a controlled substance.
- B. "Self-identifying the current illegal use of a controlled substance," means an individual states that he or she has used a controlled substance within the previous 30 days, and the department reasonably believes that the individual may use controlled substances within the following 30 days. This does not include the use of controlled substances pursuant to a valid prescription, or other uses that are authorized by the Uniform Controlled Substances Act, ORS [475.005](#) to [475.285](#) and [475.840](#) to [475.980](#), the federal Controlled Substance Act, or other Federal law.

MD/A&D Requirements: [461-135-0085](#)

Type of Service:

Drug and alcohol services include screening, evaluation, outpatient and residential treatment, and support groups (such as AA, NA, Alanon) for clients and family members. Services are available through local partners who offer A&D services through OHP, through subsidized slots for non-OHP clients and noncovered services, and, in some cases, as part of the district JOBS plan.

Note: *The GAIN-SS is the screening tool to be used to screen for A&D and mental health issues. Before an A&D or mental health specialist or DHS worker or other JOBS contractor may administer the GAIN-SS, the*

person must be:

- *Identified by local area management as a person whose job role will include administering the screening tool; **and***
- *Trained on administration of the GAIN-SS.*

Selection Criteria: Clients and family members appropriate for drug and alcohol services include those with indicators of substance abuse issues from observed behavior and/or screening results, evaluation results and those who request services. Also appropriate are clients who have had substance abuse issues in the past and now need support to remain in recovery.

Some clients may have indicators and/or positive screenings for substance abuse but state that they have no A&D issue or have their substance use "under control" and refuse screening, evaluation, or treatment. In these cases, a screening or evaluation should be offered if the client has not already had a screening or evaluation; however, *a client cannot be required to take a screening or evaluation.*

Based on the client's progress in employment preparation and job search activities, the client *may be required to participate in treatment* if:

- The client has had an evaluation that resulted in a diagnosis that requires treatment; **AND**
- Appropriate treatment is needed for the client to successfully function in the workplace; **AND**
- Appropriate treatment is included as an activity on the client's PDP.

Counting Hours of Participation: It is expected that attendance in A&D activities be reported by the service provider weekly per local district procedure. Attendance must be documented in writing and maintained in the client's DHS or contractor case file, or in a central file, and include:

- A daily itemization of service hours provided (for example: two hours of counseling on Monday, June 1).
- Verification that the client's activities were supervised on a daily basis.
- Client's name.
- Actual hours of treatment, counseling, or other A&D service.
- Name of the A&D service provider.
- Name and phone number of person verifying attendance hours.

JOBS Tracking and Data Entry: Attendance from the provider is entered timely at least once a month in JAS per Districts procedure, on the A&D activity. Determinations of the client's readiness to work, progress in A&D activities and case plan modifications must be narrated in TRACS. Good cause determinations for noncooperation must be done immediately for noncooperation, and recorded in TRACS and JAS.

Special Note About Urinalysis (UAs):

- UAs are a useful tool to help identify drug use. A UA is not a tool to "catch" clients. Rather, it is a tool to assist the client and staff working with the client to clarify the presence of an A&D issue and help the client be accountable.

- A client cannot be required to take a UA. However, a UA may be offered. The client may choose to take the UA or may decline the UA.
- It is appropriate to refer JOBS clients for a UA when there are drug dependence or abuse indicators present. Indicators of drug dependence or abuse include physical indicators of use (red eyes, slurred words), client behavior, poor attendance in JOBS activities with no other explanation, lack of success in JOBS with no other explanation, etc.
- It is also appropriate to refer JOBS clients for a UA if the client is being considered for a work experience placement with an employer who requires a drug test. This means that it is important to know which work experience employers require drug tests. If the client is being considered for a work experience placement with an employer who requires a drug test and the client declines the drug test, the client should not be placed with that employer.
- Suspicionless drug testing, or UA'ing 100 percent of any client population, is not appropriate. This means branches should not refer all TANF applicants or all participants in the JOBS program for a UA.
- UAs may be offered by a case manager or an A&D or mental health specialist providing services to JOBS clients.

Medical Marijuana

(Family Services Manual, Employment and Self-Sufficiency Services D.7)

- Under the Oregon Medical Marijuana Act, a doctor may recommend the use of marijuana to reduce the effects of "debilitating medical conditions." The medical conditions for which medical marijuana can be recommended include cancer, HIV-AIDS, Alzheimer's and glaucoma as well as other medical conditions that cause severe pain, seizures, nausea, and/or spasms.
- The handling of individual situations where a client is using marijuana as recommended by a doctor depends on the medical condition for which the use was recommended. First, find out whether the client has been released for work by a doctor. Second, if the client has been released for work, find out under what conditions the client has been released for work.

If the client has been released for work, the question is to what degree the use of medical marijuana impairs the client's ability to work. A doctor should be consulted on this issue. If the use does not impair the ability of the client to work, the client can be assigned JOBS activities, including work experience, within the limitations of their condition.

- Clients using medical marijuana would likely not be able to pass a urinalysis used by some employers. This should be considered when making job referrals. Employers are not required to accommodate use of medical marijuana by an employee. Self-Sufficiency may best help clients using medical marijuana by making informed job referrals and adjusting expectations for the client accordingly.

Mental Health

Intent:

The intent of mental health services is to help clients identify and overcome mental health issues that prevent or limit their employability and self-sufficiency.

Expectations:

- Offer all clients a mental health screening.
- Offer an evaluation for mental health if the individual states that within the previous 12 months, a qualified and appropriate professional has diagnosed the individual with a mental health diagnosis, or if a screening results in a referral.
- Expect clients to participate in treatment services if a mental health evaluation results in a diagnosis that requires treatment and their mental health issue may inhibit the client's ability to become employed, and treatment is at no cost to the individual.
- Whenever appropriate, engage the client in other case plan activities concurrent with mental health services.

MH/A&D Requirements: [461-135-0085](tel:461-135-0085)

Type of Service: Mental health services include screening, assessment, individual and group counseling, medication management, and support groups. Services are offered by agencies who can bill OHP, and by others offering support groups and counseling who bill the client or the branch. Some services may not be covered by OHP but could be paid for using JOBS support services, depending on branch team approval.

***Note:** The GAIN-SS is the screening tool to be used to screen for A&D and mental health issues. Before an A&D or mental health specialist or DHS worker or other JOBS contractor may administer the GAIN-SS, the person must be:*

- *Identified by local area management as a person whose job role will include administering the screening tool; **and***
- *Trained on administration of the GAIN-SS.*

Selection Criteria: Clients and family members appropriate for mental health services include those with indicators of mental health issues from observed behavior and/or screening results, assessment results and those who request services. Also appropriate are clients who have had mental health issues in the past and need continued support.

A client may be offered a mental health screening or assessment but has the right to decline. However, a client may be required to participate in mental health treatment if:

- The client has had an assessment that resulted in a diagnosis that requires treatment; **AND**
- Treatment is needed for the client to successfully function in the workplace; **AND**

- Treatment is included on the client's PDP.

Under managed care through OHP, the maximum length of treatment may depend on the diagnosis and severity of the client's mental health issue.

Counting Hours of Participation: It is expected that attendance in mental health activities be reported by the service provider per local district procedure. Attendance must be documented in writing and maintained in the client's DHS or contractor case file, or in a central file, and include:

- A daily itemization of service hours provided (for example: two hours of counseling on Monday, June 1).
- Verification that the client's activities were supervised on a daily basis.
- Client's name.
- Actual hours of treatment, counseling, or other mental health service.
- Name of the mental health provider.
- Name and phone number of person verifying attendance hours.

JOBS Tracking and Data Entry: Attendance from the provider is entered timely in TRACS per district procedure on the mental health activity (or OC activity if not covered by OHP). Determinations of the client's readiness to work, progress in mental health activities and case plan modifications must be narrated in TRACS. Good cause determinations must be done immediately for noncooperation, and recorded in TRACS.

461-135-0085 Effective 03/01/08

Requirement to Attend an Evaluation or Seek Treatment for Substance Abuse and Mental Health; Disqualifications and Penalties

In the Pre-TANF, REF, SFPSS, and TANF programs:

1. When directed by the Department, a member of a *need group* (see OAR [461-110-0630](#)) must participate in:
 - a. An evaluation for substance abuse if the individual has self-identified the illegal use of a controlled substance and the evaluation is at no cost to the individual.
 - b. An evaluation for mental health if the individual states that within the previous twelve months, a qualified and appropriate professional has diagnosed the individual with a mental health diagnosis, and the evaluation is at no cost to the individual.
 - c. Treatment for substance abuse if:
 - A. An evaluation has resulted in a diagnosis that requires treatment; and
 - B. Treatment is available at no cost to the individual.
 - d. Treatment for mental health if:
 - A. An evaluation has resulted in a mental health diagnosis that requires treatment; and
 - B. Treatment is available at no cost to the individual.
2. Individuals are responsible for providing information needed by the Department to determine their need for services related to substance abuse or mental health problems and whether the individual had *good cause* (see OAR [461-135-0087](#)) for failing to meet the requirements of this rule. If a medical condition of the individual must be determined in regard to the requirements of this rule, the Department will assist the client in obtaining a medical opinion from an appropriate medical professional.
3. In the Pre-TANF, REF, and TANF programs:
 - a. An individual who refuses to participate in a required evaluation or treatment provided for in this rule is subject to disqualification in accordance with this section and OAR [461-130-0330](#) only after the individual has had an opportunity to participate in the re-engagement process (see OAR [461-190-0231](#)) that includes a determination by the Department of whether the individual had *good cause*. The penalties are progressive and, once imposed, continue as long as the individual refuses to participate, without regard to the individual's change to or from the *exempt* classification in the JOBS program (see OAR [461-130-0310](#)). There are four levels of disqualifications or penalties as follows:
 - A. At the first through third levels, the noncompliant individual is removed from the *need group*.
 - B. At the fourth level, the *need group* receives no cash benefit in the TANF program.
 - b. A month is counted as a month of penalty if it is a month in which--

- A. The individual is penalized for one or more days; or
 - B. A penalty would have become effective, if the individual had not complied with the requirements of this rule before the effective date in the notice of disqualification.
4. In the SFPSS program, an individual who refuses to participate in a required evaluation or treatment provided for in this rule is subject to the provisions of OAR [461-190-0231](#)(9) only after the individual has had an opportunity to participate in the re-engagement process as outlined in OAR [461-190-0231](#)(1) through (8).
5. For the purpose of this rule:
- a. "Controlled substances" means a drug or its immediate precursor classified in Schedules I through V under the federal Controlled Substances Act, 21 U.S.C. 811 to 812, as modified under ORS 475.035. The use of the term "precursor" in this subsection does not control and is not controlled by the use of the term "precursor" in ORS 475.840 to 475.980. Alcohol is not a controlled substance.
 - b. "Self-identifying the current illegal use of a controlled substance" means an individual states that he or she has used a controlled substance within the previous thirty days, and the Department reasonably believes that the individual may use controlled substances within the following thirty days. This does not include the use of controlled substances pursuant to a valid prescription, or other uses that are authorized by the Uniform Controlled Substances Act, ORS [475.005](#) to [475.285](#) and [475.840](#) to [475.980](#), the federal Controlled Substances Act, or other Federal law.

Privacy of A&D and Mental Health Information

(Family Services Manual, Generic Program Information B)

- Federal A&D law (42 CFR part 2) and state mental health (MH) law (ORS 179.505) prohibit unauthorized use, disclosure and redisclosure of A&D and MH treatment information.
- A&D and MH information from a treatment provider may be disclosed only to the entity (such as DHS), program (such as Self-Sufficiency or Child Welfare) or the person (name or title) and only for the purpose listed on the DHS 2099 (authorization form). This means that the client may restrict disclosure of their A&D or MH information to a specific cluster within DHS, such as Self-Sufficiency, or to a specific worker.
- A client has the right to informed consent when filling out the DHS 2099. Informed consent means the case manager or staff member has told the client he or she may disclose A&D or MH information to “DHS” as a whole or may limit disclosure to a specific program such as Self-Sufficiency or to a particular worker.
- If a client requests that their A&D or MH information be disclosed to only their case worker, that request must be granted.
- Redisclosure of A&D and MH information is prohibited without the specific authorization of the client.
- A&D and MH information may not be disclosed in response to a subpoena unless the client has signed a DHS 2099 authorizing disclosure for that purpose.
- A&D and mental health information from a treatment provider may not be disclosed as part of a mandatory report of suspected child abuse or neglect unless the client has given written authorization or there is a court order for such disclosure. (However, there is still a duty to make the mandatory report, which may be done without including information from the treatment provider.)¹
- If A&D or MH information is used or disclosed more broadly than the client has authorized, the person using the information or making the disclosure may be in violation of federal or state law.

Exception: In response to a court order, A&D and MH information may be disclosed even if the client has not signed a DHS 2099 authorizing disclosure.

¹ Note: The information related to mandatory reporting and A&D and mental health information from a treatment provider is currently incorrect in the Family Services Manual (FSM). The FSM will be updated to reflect the correct information, which is included here.

A&D/MH Narrative

Why do we need the A&D/MH narrative?

Federal A&D law (42 CFR part 2) and state MH law (ORS 179.505) prohibit unauthorized use, disclosure and redisclosure of A&D and MH treatment information.

Does the A&D/MH narrative affect access to normal TRACS?

All DHS staff members, contractors and partners who have access to normal TRACS will continue to have that access. However, some A&D and MH information that was previously narrated in TRACS will now be narrated in the A&D/MH narrative instead.

Are there different types of access to the A&D/MH narrative?

There are three types of access to the A&D/MH narrative: read, write and change narrative status. Workers may have one or more of these three types of access.

Who has access to the A&D/MH narrative?

Not all DHS staff members, contractors and partners who have access to normal TRACS will have access to the A&D/MH narrative. Whether a worker has read, write and/or change narrative status access is based on that worker's job role. For example, case managers will have access to read and write A&D/MH narratives for their district.

Workers who are not given read, write and/or change narrative status access to the A&D/MH narrative but who believe they need one or more of the three types of access in order to carry out their job duties may request access by filling out the DHS 0020 and submitting it to their manager. (The DHS 0020 is available on the DHS forms server.)

What are the levels of security built into the A&D/MH narrative?

There are two levels of security within the A&D/MH narrative: secure and restricted. The secure narrative is to be used when a client fills out the DHS 2099 stating that their A&D or mental health information may be disclosed to "DHS" or to "Self-Sufficiency." The restricted narrative is to be used when the client fills out the DHS 2099 stating that their A&D or mental health information may be disclosed to a specific worker(s).

The worker who is assisting the client in filling out the DHS 2099 must tell the client they have the right to restrict disclosure of their information. This is called "informed consent."

What is narrated in the A&D/MH narrative and what is narrated in the normal TRACS narrative?

- Narrate in the A&D/MH narrative: A&D or mental health treatment information (which includes A&D and mental health diagnosis, prognosis and progress in treatment; urinalysis results; and results of the GAIN-SS A&D and mental health screening).

- Narrate in the normal TRACS narrative: Referral for A&D or mental health screening, assessment, treatment or urinalysis and attendance in A&D or mental health activities, including screening, assessment and treatment.

Mental Health and A&D Resources

- ▶ Federal Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/>

- ▶ National Alliance for the Mentally Ill
<http://www.nami.org> (National NAMI)
http://www.nami.org/MSTemplate.cfm?Site=NAMI_Oregon (NAMI Oregon)

- ▶ DHS Addictions and Mental Health Division
<http://www.oregon.gov/DHS/mentalhealth/index.shtml> (mental health)
<http://www.oregon.gov/DHS/addiction/index.shtml> (A&D)

- ▶ DHS training opportunities
<http://www.dhs.state.or.us/training/>

- ▶ A&D/MH and the JOBS Program:
 - Family Services Manual
(http://www.dhs.state.or.us/policy/selfsufficiency/em_firstpage.htm)
(See Chapter 3, Employment and Self-Sufficiency Services, D.2 (Drug/Alcohol Treatment), D.4 (Mental Health), D.7 (Medical Issues Services) and G (JOBS Intervention & Stabilization Track))

 - OAR 461-135-0085 (<http://dhsmanuals.hr.state.or.us/A/461-135-0085.htm>) (Requirement to Seek Treatment for Substance Abuse and Mental Health; Disqualifications and Penalties)

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