

# NORTH CAROLINA WORKFIRST/CPS SUBSTANCE ABUSE INITIATIVE

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# The Law



- In 1997, the North Carolina General Assembly passed N.C. G.S. 108A-29.1
- In 1997, the North Carolina General Assembly also passed N.C. G.S. 108A-25.2

# Goal of Initiative



- Early identification of substance abuse problems and referral for treatment
- Population served: Work First applicants, H or I Controlled Substance Felons
- Expansion to Child Protective Services cases which are substantiated or in need of services
- Expansion includes voluntary Mental Health screenings

# Functioning of the Initiative



- Each Local Management Entity receives Substance Abuse Prevention and Treatment Block Grant funds that support 1-4 Full Time positions
- State and local level Memorandum of Agreements delineate the roles and responsibilities of each stakeholder and specify how the initiative is to be carried out

# QPSA Role



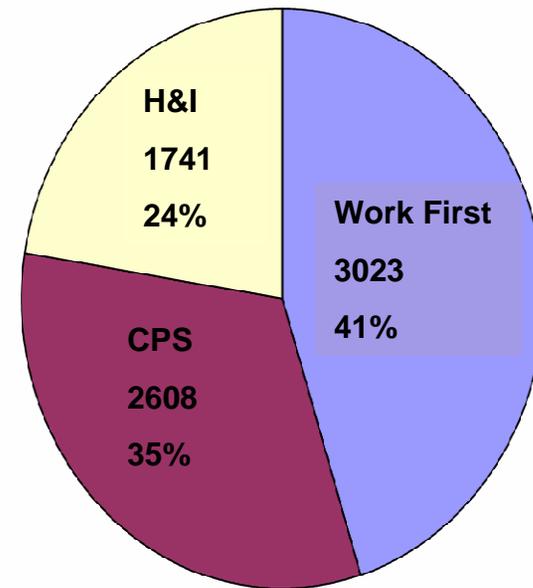
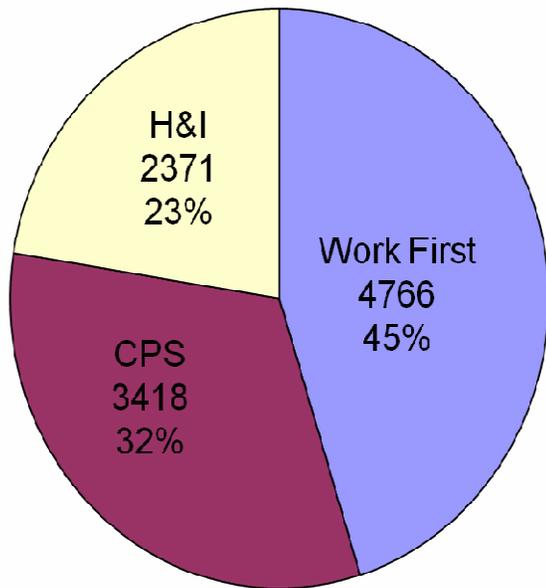
- Comprehensive Clinical Interview/Assessment
- Referral to treatment services and follow up with providers & DSS
- Provides case consultation with DSS staff
- Tracking the provision of consumer services relevant to WF participation
- Reporting to county DSS information that relates to the Mutual Responsibility Agreement with signed consent
- Interagency staffing with county DSS
- Acting as liaison between the LME &/or other treatment providers & the county DSS.

# NC WorkFirst/CPS Substance Abuse Initiative

## Persons Served Statewide by Eligibility Category

July 1, 2006 – June 30, 2007

July 1, 2007 - March 31, 2008



# Technical Assistance Provided



- NC DMH/DD/SAS in collaboration with the NC Division of Social Services
- Telephone, email & on-site TA available
- Statewide meeting with LME's liaisons for update and review of Initiative in January 2008
- 6 regional meetings with LME's & the local DSS's in their catchment areas in April 2008
- LME , provider agency and QPSA meetings in June 2008

# Challenges



- Limited availability of QPSA to county DSS
- High turnover of QPSA position
- Limited treatment services available locally
- Inconsistent communication and feedback loop at local level between DSS, QPSA and LME

# What Works



- Communication on all levels
- Onsite availability of the QPSA
- QPSA attending monthly DSS meetings
- Timely access to services
- Cross training of substance abuse and DSS staff