

Substance Abuse in Work First and Child Welfare in North Carolina

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Program Administrator

Work First/Child Protective Services Policy

Family Support and Child Welfare Services Section

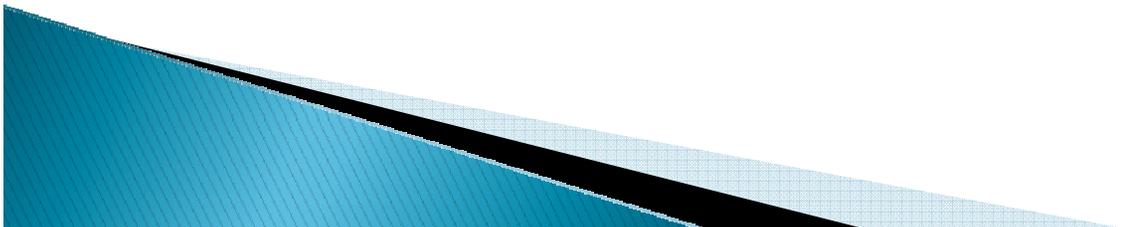
May 30, 2008



The DSS Policy

I. Background

- Substance Abuse (SA) and Mental Health (MH) issues are significant barriers to employment for a number of Work First (WF) participants
- WF goals focus on assisting families in becoming employed and maintaining employment
- All WF adult applicants/recipients (A/R) are screened for possible SA problem
- Voluntary screening for MH

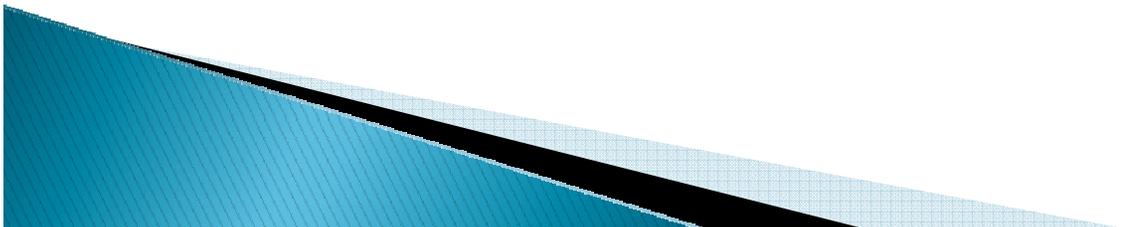


The Law...

- ▶ In 1997, the NC General Assembly passed N.C. G.S. 108A-29.1

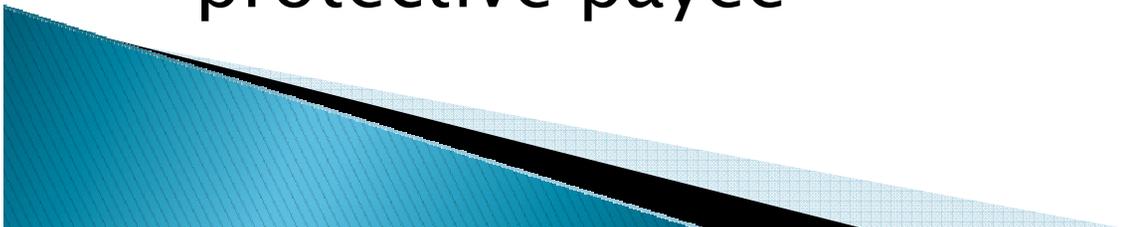
The law requires:

- Any applicant or current recipient who is determined to be addicted to alcohol or drugs, and in need of substance abuse treatment must participate in treatment in order to receive Work First benefits; and
- The applicant or recipient must submit to random toxicology screenings as part of their treatment.



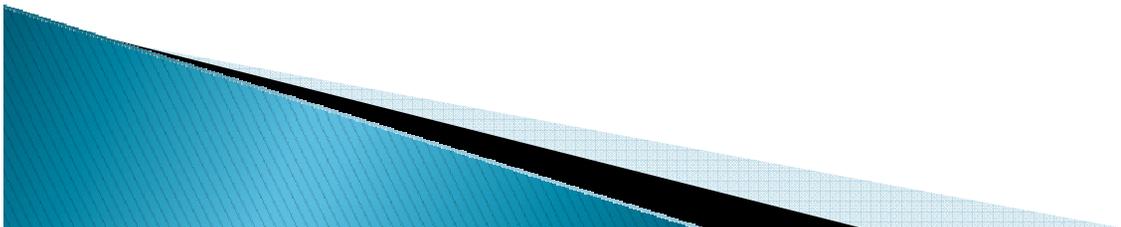
The Law...

- Any applicant or recipient who fails to comply with any treatment requirement is ineligible for cash assistance
- The applicant or recipient remains in the Work First Family Assistance case, receives Medicaid, stays on the 2 year state time clock, the 5 year federal time clock, and has to participate in the employment program
- The children's benefits are paid to a protective payee



The Law...

- An applicant or current recipient is not considered “failing to comply with requirements” if appropriate treatment is not available.
- Area mental health authorities (or Local Management Entities–LMEs) are responsible for administering the provisions of the law.

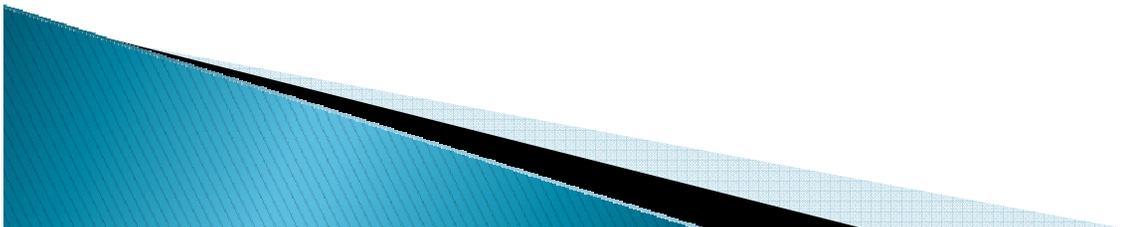


The Law...

- ▶ In 1997, the NC General Assembly also passed N.C. G.S. 108A-25.2

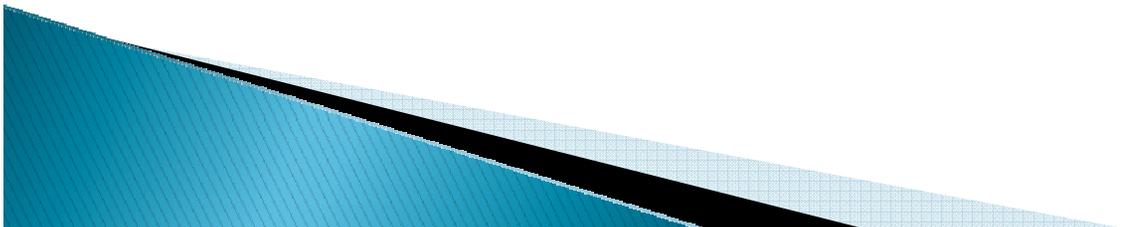
The law requires:

Individuals convicted of Class H or I controlled substance felony offenses are eligible to participate in the Work First and the Food and Nutrition Services Program:



The Policy...

- I. Required SA Screening Of All Adult WF Applicants/Recipients
- II. Referral To A Qualified Professional (QP) in SA
- III. Non-Compliance For Applicants and Recipients of SA Treatment
- IV. Non Compliance for SA Applicants & Recipients who have Previously Received WF Assistance.

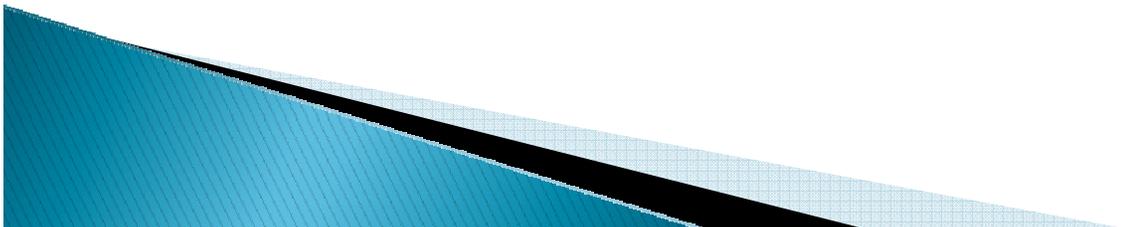


The Policy...

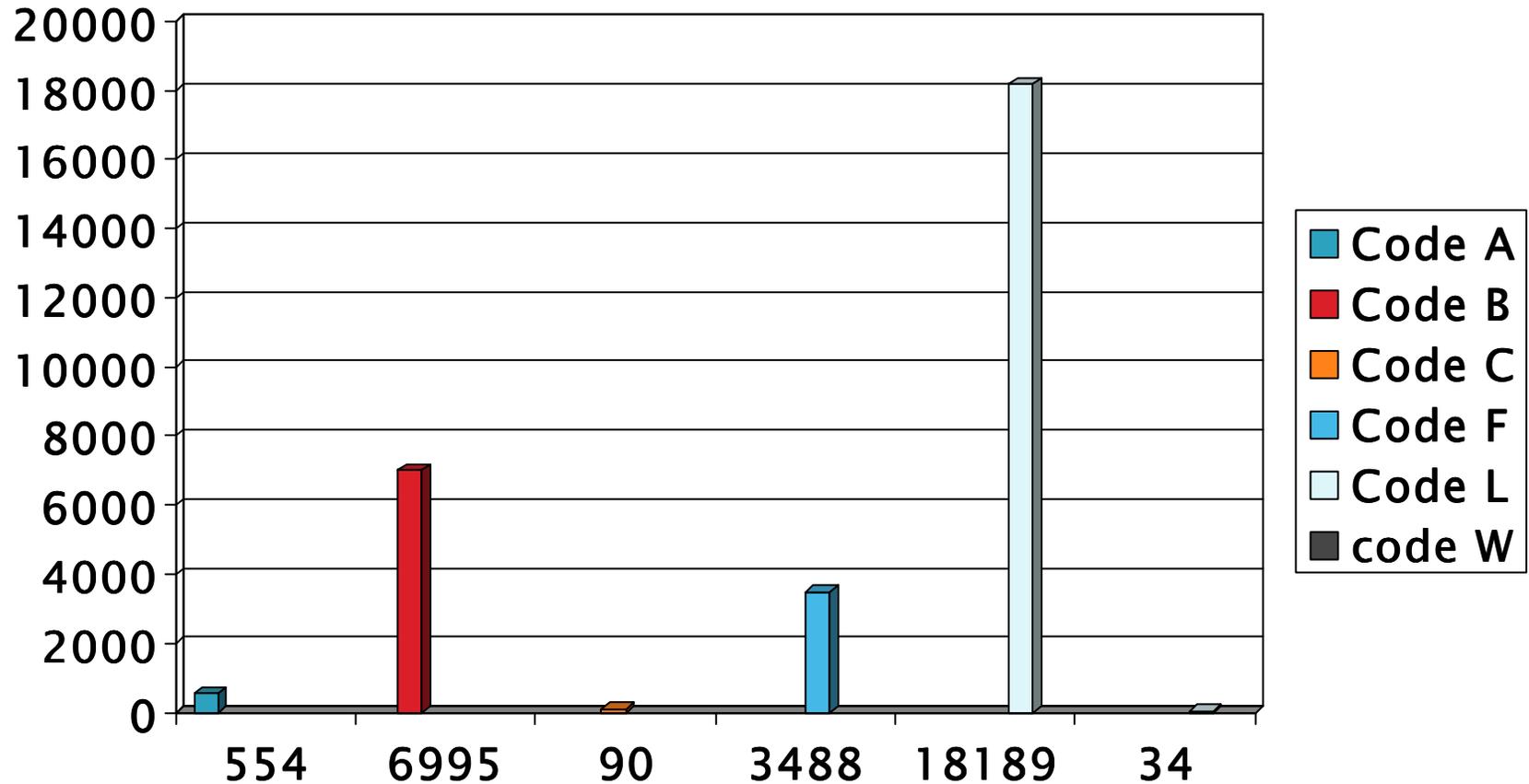
VI. Time Clock/Participant Hours (24 and 60 months)

VII. Confidentiality

VIII. Voluntary Mental Health Screening

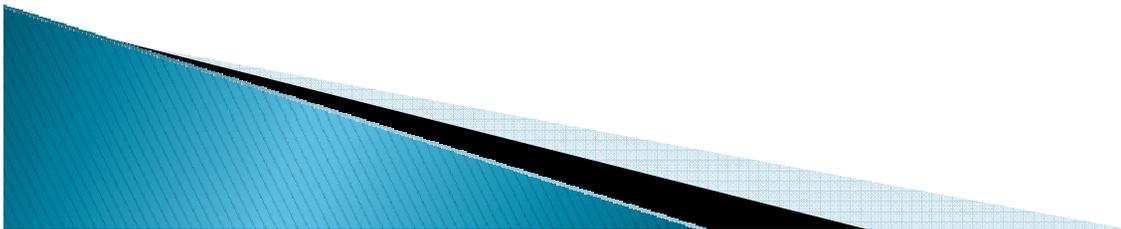
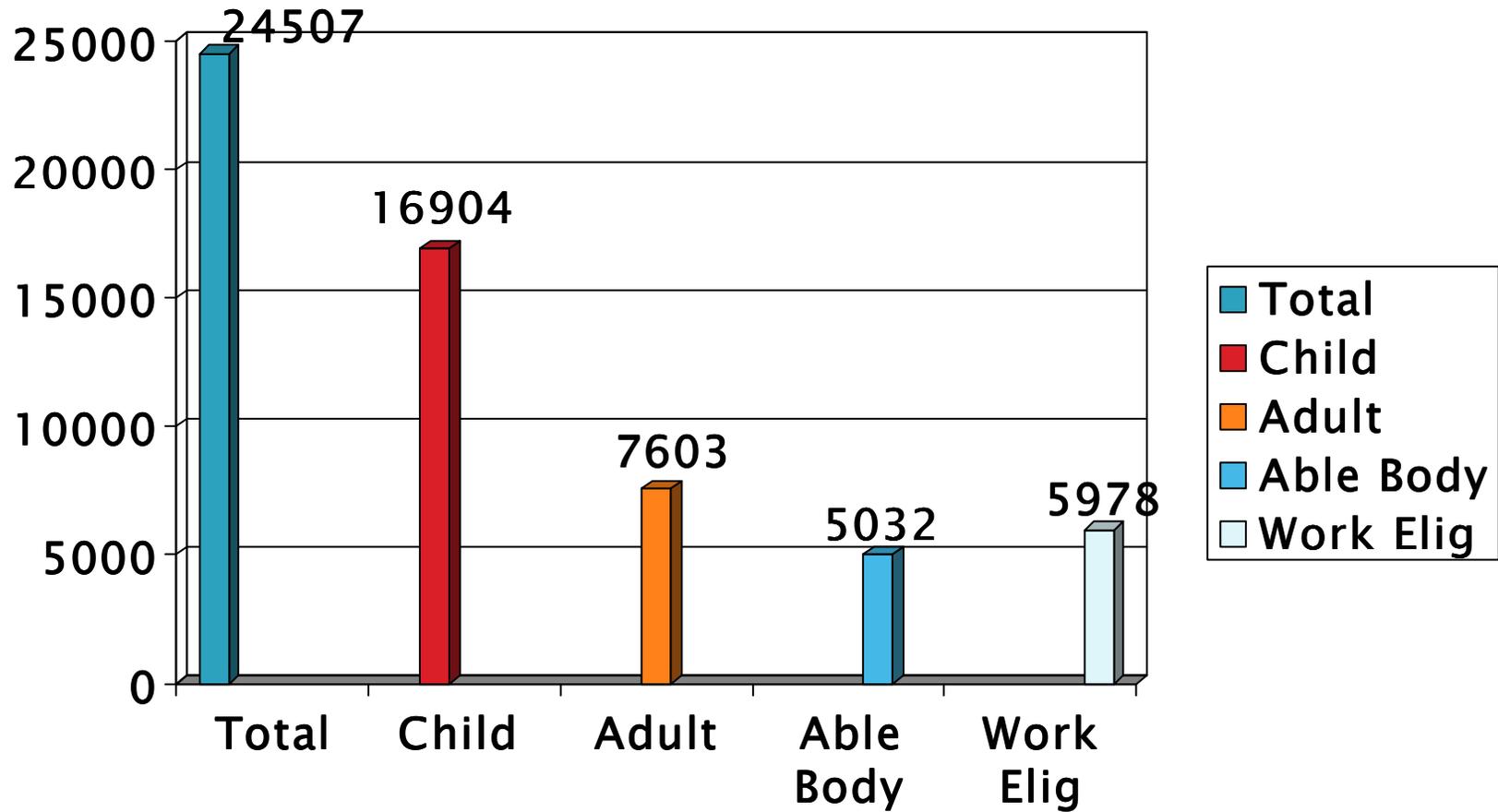


Work First Caseload



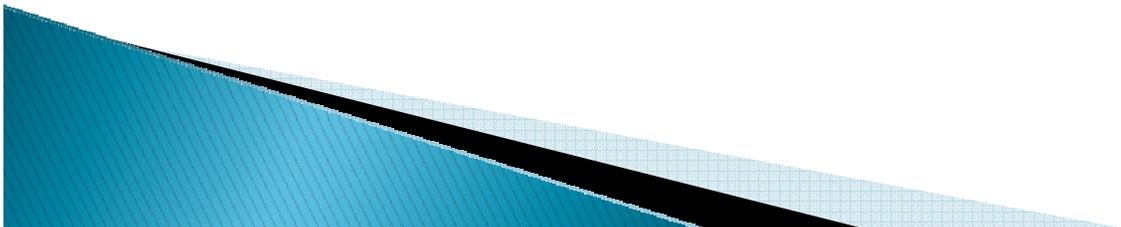
SFY 06-07 NC DSS

Work First Caseload: May 2008



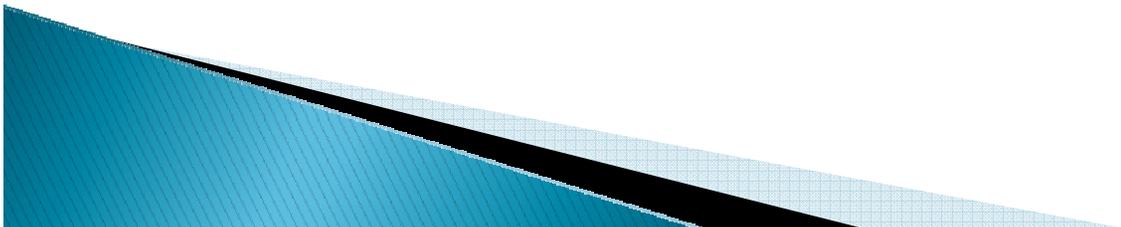
Background: Child Welfare and Substance Abuse Link

- ▶ Parental substance abuse is also a key factor underlying the abuse or neglect experienced by many of the children who enter foster care or are at risk of entering foster care.
- ▶ Many studies indicate that between one-third and two-thirds of substantiated child maltreatment reports involve substance abuse. (U.S. Department of Health and Human Services, 1999)

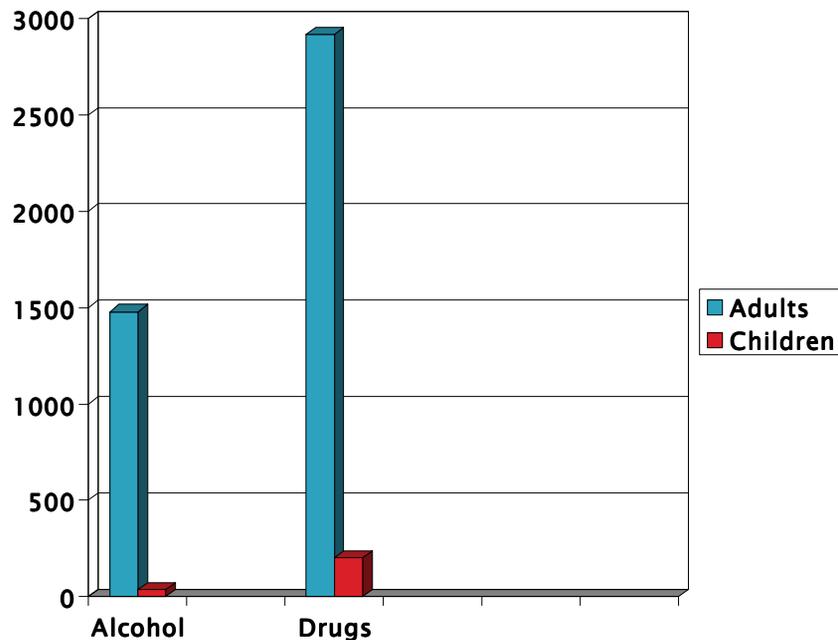


DSS CPS Policy

- ▶ The Multiple Response System (MRS) was initially piloted in 10 counties in 2002. Forty-Two Additional counties were added in 2003 and MRS was implemented statewide January 1, 2006.
- ▶ Substantiation or finding of services needed based on SA contributing to the abuse/neglect/dependency
- ▶ WF has legislative priority
- ▶ If QPSA not available, CPS will refer to outside provider for assessment



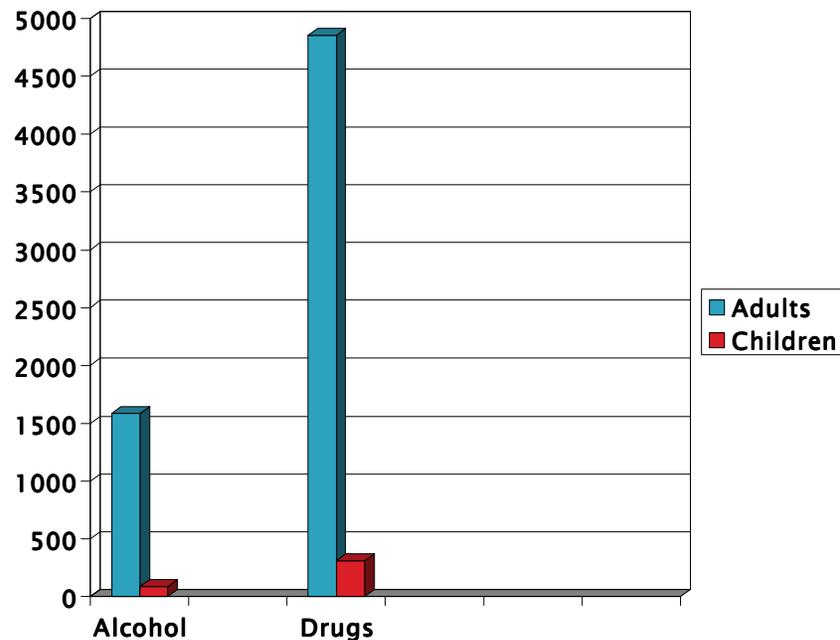
Child Protective Services



- ▶ For SFY 06–07, 27.6 % of adults had alcohol or substance abuse issues in cases that had a substantiation or finding of services needed
- ▶ For SFY 06–07, 1.5% of the children that were determined to be abused/neglected or dependent had alcohol or substance abuse issues identified.

SFY 06-07 NC DSS

Child Protective Services



- ▶ For SFY 06–07, 37 % of adults whose children were placed in foster care had alcohol and/or other substance abuse issues.
- ▶ For SFY 06–07, 2.3% of the children that entered foster care had alcohol and/or other substance abuse issues.

Drug Endangered Children

- ▶ In 2004, the NC General Assembly appropriated funds for a dedicated position within the Division and for statewide training for child welfare staff and community partners pertaining to methamphetamine.
- ▶ All 100 counties are developing multi-disciplinary, community Drug Endangered Children teams. Training has been provided to the community DEC teams.
- ▶ 70 counties have developed their community teams and have completed protocols the community's response to Methamphetamine laboratories.
- ▶ North Carolina has been asked to speak nationally regarding our state's decision to work towards reunification instead of automatically going straight to termination of parental rights as other states have done.
- ▶ Challenges of meeting time frames for permanency.



North Carolina's Child and Family Services Review

- The federal government conducted a Child and Family Services Review in March, 2007.
- The Primary Systemic Factor areas of concern were accessibility to services and our service array. Substance abuse issues were noted in the case record reviews as an area needed increased accessibility to services, as well as expansion of the services array.
- NC is currently in a Program Improvement Plan addressing all of the findings from the CFSR.
- Continuous improvement requires collaboration between DSS and other child serving agencies, families, youth and community partners.

