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Informational Letter

Section 1

Transmittal:	02-INF-22
To:	Local District Commissioners
Issuing Division/Office:	Division of Transitional Supports and Policy
Date:	August 1, 2002
Subject:	Drug and Alcohol Frequently Asked Questions (FAQs), U.S. Department of Veteran Affairs (VA) Drug and Alcohol Treatment Programs; and OTDA Audit and Quality Control (A&QC) Drug and Alcohol Abuse Screening/Assessment Process Review/Findings
Suggested Distribution:	Temporary Assistance Staff; Medical Assistance Staff; Staff Development Coordinators; Employment Coordinators; Domestic Violence Liaisons; and TOP Coordinators
Contact Person(s):	Bureau of Transitional Programs Liaison at (518) 473-1179 For Veteran Information: Ellen Nesbitt at (518) 473-0681
Attachments:	Attachment A: Drug/Alcohol Frequently Asked Questions (FAQs) Attachment B: US Department of Veteran Affairs (VA) Facilities
Attachment Available On – Line:	☒

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-21 96 INF-28 97 INF-16 97 ADM-23 99 INF-4 99 INF-9 99 INF-19 01 ADM-10 01 INF-18		351.2 (i)			

Section 2

I. Purpose

The purpose of this release is to provide local Social Service Districts (LSSDs) with additional information and clarification on temporary assistance drug and alcohol policy issues through:

1. the findings of recent OTDA Office of Audit and Quality Control (A&QC) reviews of Drug and Alcohol Screening and Assessment Processes in several districts that may be indicative of common error areas in the practice of the drug and alcohol policy/procedures statewide;

2. a compilation of the most frequently asked questions regarding drug and alcohol policy and procedure, as applicable to applicants/recipients of Temporary Assistance (TA), (Attachment A);

3. a reminder to utilize/maximize substance abuse treatment services offered by the U.S. Department of Veterans Affairs to individuals discharged from military services under other than dishonorable conditions, as these programs are generally provided at no cost to the State or local district; and

4. the availability of outreach materials developed to encourage temporary assistance applicants/recipients with drug and/or alcohol problems to seek treatment.

II. Background

Since the implementation of the drug and alcohol provisions of the Welfare Reform Act of 1997, there have been some topic areas of frequent inquiry by the LSSDs, including; drug and alcohol screening, assessment, treatment, sanctions, treatment provider responsibilities, court ordered treatment, dual diagnoses, client notification requirements and veterans issues. The questions and answers, as attached, will be posted on the OTDA/DTSP Intra- and Internet sites for electronic viewing.

Nationally, in social services, there is a growing trend aimed at getting Veterans the specialized assistance they need. In New York State, VA medical centers and community based outpatient clinics offer veterans a comprehensive substance abuse treatment program through an interdisciplinary treatment team composed of a physician, certified addiction counselors, and vocational rehabilitation counselors. The VA's substance abuse treatment program also includes the individual's participation in the Psychosocial Rehabilitation Program. This program provides a wide range of pre-vocational and vocational interventions including: vocational evaluation and testing; vocational assistance such as: case management services, job readiness training, placement assistance, and referral to other vocational rehabilitation resources; and participation in VA compensated work therapy opportunities.

The purpose of the OTDA A&QC audit was to review the process of several district's drug and alcohol screening, assessment, and monitoring functions, in accordance with 97ADM-23, to determine whether they had an effective drug/alcohol program in place. LSSDs written procedures were reviewed, eligibility staff were interviewed, and CASACs who perform the assessments were consulted in order to: assess the process flow and procedures for screening, assessing and monitoring treatment, as well as tracking and feedback mechanisms; identify best practices and process issues; assess the CASAC's role and their relationship to the districts; and

evaluate the level of care, employability determination, process and reporting mechanisms for individuals in mandatory treatment. This two-fold approach, focused on the local district processes and the treatment provider responsibilities, offers a realistic snapshot of the state of drug and alcohol policy/process, operationalized, in the big ten districts.

III. Program Implications

A. Audit and Quality Control Findings

The A&QC review showed that many aspects of drug/alcohol case processing/policy were being conducted properly and in accordance with State law and regulations. Generally, the correct individuals were being screened, assessments were conducted in a timely manner, and CASACs were conducting the assessment, as required. It is expected that process deficiencies revealed by this review are indicative of potential problem areas common to all of the local districts in implementing drug/alcohol policy. Recommendations stated in the findings report are suggested action to *all* districts, not exclusive to the review participants. Districts are encouraged to reflect on problem areas outlined below, assess their internal drug/alcohol processing, and if they share any of the problem areas described herein, appropriate corrective action should be taken.

The following is a summary compilation of problematic areas gleaned from the A&QC district reports. This is not to suggest that each of the districts reviewed had negative findings in each of these areas:

1. Children Turning 18

Children turning 18 years of age were not always screened for drug and alcohol abuse by the next recertification following their 18th birthday. Districts are required to screen individuals turning 18 by the time of their recertification following their 18th birthday or verification of attendance in secondary school should be obtained. Districts are reminded to utilize the monthly WMS generated reports for individuals turning 18 years of age, as a management tool for this population.

2. Case Documentation

Screening forms (DSS-4571) were not always present in the case record and were not always given to CASACs upon referral for an assessment, as required. The screening form provides valuable information to the CASAC and is a critical tool for gathering information at assessment. The medical release form (DSS-4525) was not always signed and in the case record, for cases referred for treatment. There was no evidence that the clients refused to sign it.

3. Client Notification

Timely/adequate client notice of change requirements were not routinely followed. Districts are required to send adequate notice when there is a change in case type that will not result in any change of benefits (i.e. when there is no change to the benefit amount or the method of payment; non-cash SNA restrictions are in place) or timely and adequate notice when the case type change will result in a change of benefits to the household. (i.e. If a case is moving from Case Type 11 to Case Type 12 due to substance abuse and the restrictions are not already in place, there would be a change

in the method of payment.) Timely/adequate notices are required when an individual is sanctioned for failing to comply with drug/alcohol requirements, resulting in ineligibility or durational sanctions (01 INF-18).

4. WMS Coding/Case Category

Common WMS coding errors were disclosed. Clients who were assessed as being employable and in need of treatment, were often incorrectly coded 63 (Substance Abuser - In Rehabilitation or Waiting for Rehabilitation - Exempt). These individuals should be coded 64 (Substance Abuser in Rehabilitation or Waiting Rehabilitation-Non-Exempt) due to their *employable* status. Also, there were incidences when some correctly coded 63 client's cases were not correctly changed to the case type Non-Cash Safety Net Program - Federal Participation (Case Type 12) or Non-Cash Federal Non-Participation (Case Type 17). Instances were revealed where clients were incorrectly left in code 63 status after losing contact with the D&A Unit. Please refer to 01 INF-18 *Clarification of Temporary Assistance Drug and Alcohol Employment Coding and Case Type Policy/Procedures* for further clarification of related coding.

5. Treatment Providers

Treatment providers should be educated in regard to prescribed treatment provider responsibilities, such as: the need for treatment plans with expected dates of availability for work activities, a submission to LSSD of attendance and quarterly progress reports, prior approval by LSSD of changes to treatment plans and a closer overall monitoring of the unable to work population. District approval is always required prior to changes being made to level of treatment by a provider. The treatment provider community was not routinely submitting treatment plans containing expected dates of availability for work activities. Also, attendance reports, quarterly progress reports, and request for prior approval to changing a client's level of care were not always submitted. LSSD must educate the treatment providers that they are required to provide this information. Department Regulation 351.2 and 97 ADM-23 outline treatment provider responsibilities. WMS Anticipated Future Action (AFA) codes may serve as a management tool for staff in monitoring these reports.

6. Staff Training Assessment

A training need was identified to provide refresher training to all staff who work on drug/alcohol cases (eligibility, undercare, employment, managed care staff, etc.). State regulations pertaining to drug/alcohol case policy/case processing, including client notification requirements and need for in-case documentation, should be re-visited with all appropriate staff.

7. Veterans

Some districts reviewed did not have a procedure to maximize use of available United States Veterans Administration Hospital treatment programs for veterans mandated to drug/alcohol treatment. Districts are encouraged to access VA medical centers, for their clients, as indicated.

B. Veterans Administration (VA) Drug and Alcohol Facilities

Veterans who attend drug/alcohol treatment in a VA facility can also receive a myriad of other supportive services, including case management, compensated work therapy opportunities and pre-employment/employment supports. Districts are reminded that these programs are generally provided at no cost to the local district or State. Reference Attachment B for a listing of VA facilities located throughout New York State. Additionally, please ensure that applicant/recipient veteran status is properly coded on the DSS-3209. Veteran Indicator Code definitions are contained in the "Dear WMS Coordinator" letter dated June 6, 1997.

C. Frequently Asked Questions

Drug and Alcohol policy/procedure questions, posed by local district staff, are outlined in Attachment A. Please review the Q&As to assess local interpretation and compliance. Any necessary changes to local drug and alcohol program procedures should be made to ensure compliance.

D. Drug and Alcohol Outreach Campaign

The recent *Ask Yourself* campaign to increase drug/alcohol identification, particularly amongst TANF women, yielded several new outreach items. It is strongly recommended that the posters, brochures and videos be ordered and utilized/distributed to target TA applicants/recipients, particularly TANF women. As described in 01 ADM-10, OTDA strongly recommends that local districts:

- Prominently display in all Temporary Assistance and TOP waiting areas the *Ask Yourself* posters (PUB 4760a, 4760b, and 4760c (larger series) and/or 4761a, 4761b, and 4761c (smaller series). Where appropriate, the Spanish version should also be displayed. The posters are two sided: one side English and one side Spanish.

- Prominently display and have available in all TA/TOP client waiting areas the *Ask Yourself* brochure (Pub 4762 and 4762 S). Where appropriate, the Spanish version should also be displayed and available. Districts may want to distribute the brochure to applicants before and after the screening is conducted.

- Video (available in English and Spanish) - For use in waiting rooms, orientation sessions, work preparation sessions, etc.

A sample packet of these materials was drop shipped to the LSSDs in September 2001, with an ordering request form. These are valuable resources aimed at increasing identification of TANF clients, especially women, and should be utilized as part of the district approach to increasing identification of individuals and families with substance abuse problems.

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