

6.7 Substance Use Disorder

The Substance Use Disorder (SU) Abuse section includes:

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6.7.1 What is substance ~~abuse~~ use disorder?

Substance ~~abuse~~ use disorder is the ~~use or~~ misuse or overuse of a legal or illegal chemical or substance, including alcohol, in a way that is different from the way it is generally used medically or socially.

~~Abuse~~ Substance use either creates disruption or problems for the user or complicates an existing problem in the individual's life. It does not matter whether the person is abusing the substance by choice, or abusing as part of an addictive pattern. Eventually, substance ~~abuse~~ use will may impact the person physically, behaviorally, socially, occupationally, or in other ways and ~~often leads~~ could lead to chemical dependency.

6.7.2 What is Chemical Dependency?

Chemical dependency occurs when the person's ~~use~~ abuse of alcohol, chemicals, or other substances progresses to physical and/or psychological dependence. Chemical dependency means the person is addicted to the substance. Addiction is the loss of control and compulsive use of a mood or mind altering chemical along with the inability to stop the use in spite of the fact that such use is causing problems in their life.

6.7.3 Who does the substance ~~abuse~~ use disorder assessment?

Substance ~~Abuse Assessments~~[use disorder assessments](#) must be completed by a Licensed Chemical Dependency Professional (CDP) to determine:

- Substance ~~use disorder~~[abuse](#).
- Chemical addiction.
- Level of treatment (if any) that is required to address the individual's needs.

6.7.4 Who is financially eligible for substance ~~abuse~~[use disorder](#) treatment?

Persons who are eligible for WorkFirst ~~and Supplemental Security Income (SSI)~~ likely qualify for Washington Apple Health.

WorkFirst participants do not need to be referred by an ADATSA assessment agency to receive treatment. They can receive assessment and treatment services from any [Division of Alcohol and Substance Abuse \(DASA\)](#) treatment agency contracted to provide services to WorkFirst participants.

WorkFirst participants without Washington Apple Health due to citizenship verification requirements who need ~~chemical dependency~~[substance use disorder](#) treatment may be able to access ADATSA (W02) services. Please refer to [section 6.3.5](#) How do we treat participants with medical issues who do not have Washington Apple Health?

Require participants to apply for Washington Apple Health in ~~his or her~~[their](#) IRP if they don't currently have coverage ~~or have let their coverage lapse~~ so they can access ~~any needed a~~[chemical dependency substance use disorder](#) assessment or treatment. Failure to apply for Washington Apple Health without good cause ~~will~~[may](#) result in sanction (See [WAH Application IRP](#) for suggested IRP language).

Note:

- Participants who do n'ot meet the above criteria and whose income is below a specified means test are also eligible to receive outpatient treatment services under a sliding fee schedule for payment.
- Children who do not meet the above criteria and whose family income is below a specified means test may also be eligible to receive residential treatment.

6.7.5 Who are priority populations?

Priority populations are pregnant individuals, injecting drug users, WorkFirst families (parents with dependent children), and youth.

Consider a referral for a substance ~~abuse~~[use disorder](#) assessment when there is:

Some conditions are so severe that a participant should be concentrating solely on getting medical treatment.

A history of unfinished substance [use/abuse disorder](#) treatment.

Behavior consistent with being under the influence of excessive drug/alcohol use, such as:

- Slurred speech,
- An odor of alcohol,
- Balance problems, or
- Skin lesions indicative of drug use.

Individuals self-reporting that drug or alcohol use caused:

- Job loss or a refusal of employment.
- Legal problems (possession, theft, assault, domestic violence, resisting arrest, or child abuse or neglect).
- Arrest for driving under the influence (DUI).
- Fights or arguments.
- Emergency room visits or hospitalizations.
- Needing help, seeking help in the past or getting help in the past.
- Being told by friends or family members that she or he drinks alcohol or uses drugs too much.
- Blackouts (not remembering things that one has said or done while drinking or using other drugs.)

6.7.6 What are the requirements for Modality of Care?

Admission to modality of care is determined based on the American Society for Addiction Medicine patient placement criteria.

6.7.7 What are the different Treatment Modalities?

1. Detoxification Services

- Assists individuals in withdrawing from alcohol and other chemicals.
- Acute detoxification provides medical care and physician supervision.
- Sub-acute detoxification provides non-medical detoxification or patient self-administration of withdrawal medications ordered by a physician and provided in a home like environment.

2. Intensive Inpatient/Residential Treatment

Provides up to 30 days of a concentrated short-term program of:

- Individual and group counseling by a CDP.
- Education.
- Activities for detoxified alcoholics/addicts and their families.

3. Recovery House/Residential Treatment

Provides up to 60 days of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities. Treatment includes individual and group counseling by a CDP.

4. Long-term Inpatient/Residential Treatment

Provides up to 180 days of care and treatment to chronically impaired alcoholics/addicts who have personal-care capabilities. Treatment includes:

- Education.
- Individual and group counseling by a CDP.
- Development of social and coping skills.
- Assistance with re-entry living skills.

5. Outpatient Treatment

Programs of care include individual and group treatment services of varying duration and intensity according to a prescribe Treatment Plan and education directed at relapse prevention, HIV/AIDS, hepatitis B & C, and sexually transmitted diseases.

6.7.8 Are there other specialized programs and services administered by the Division of Alcohol and Substance Abuse?

The Division of Alcohol and Substance Abuse (DASA) also administer Pregnant and Parenting Women's (PPW) programs, such as Safe Babies Safe Moms (SBSM), ~~and~~ [Parent Child Assistance Program \(PCAP\)](#), and treatment for Opiate dependence.

PPW programs address specialized needs associated with substance ~~abuseuse disorder~~/chemical dependency for pregnant and parenting women, including:

- Therapeutic child care for women in residential treatment
- Counseling to address other issues including:
 - Sexual Assault
 - Incest
 - Eating Disorders
 - Family Planning
 - Fetal Alcohol Syndrome

- Domestic Violence
- Mental Health Issues
- Life Skills training
- Vocational/Employment Services
- Transitional Housing

Safe Babies/Safe Moms Program:

- Professional Model available only in Whatcom, Snohomish, Benton, and Franklin Counties.
- Targeted Intensive Case Management for up to 3 years.
- Specialized counseling or referral to address issues as described under the Pregnant and parenting Women's Programs.

Parent Child Assistance Program:

- Paraprofessional model of case management and up to the target child's third birthday.
- Available only in King, Pierce, Yakima, Spokane, Grant, Cowlitz, and Skagit counties.
- Specialized counseling or referral to address issues as described under the Pregnant and Parenting Women's Programs.

Opiate Dependency

- Opiate substitution treatment (Methadone).
- Outpatient treatment including individual and group counseling.
- [Opioid treatment Program Directory, Washington State](#)

6.7.9 Confidentiality

Federal law prohibits the disclosure of personal information relating to alcohol and/or drug use, with criminal and civil penalties applied for unauthorized disclosure. This means:

- Treatment agencies cannot give you any information without a signed copy of the [DSHS 17-063](#) Authorization to Release Information. This must be provided with the requested DSHS 14-310 Client Status Report, and/or the HCA [04-418](#), DBHR Target Treatment Activities form.
- You cannot share any substance [abuse-disorder](#) information with other agencies without getting this same form signed by the participant (releasing information from you to the other agency).

Be particularly thorough in the completion of the form if you are requesting an exchange of information regarding a participant either:

- With an assessment/treatment agency, or
- To share information with another program/agency

The form must be very specific as to the purpose of the release and to whom the information is to be shared. If the forms are not completed thoroughly and correctly, the treatment agency cannot give any information and you may not share information.

Information stored in eJAS Special Records Chemical Dependency notes is highly restricted and protected. Enter all substance [use disorder abuse](#) assessment and treatment information on the Chemical Dependency Special Records screen in eJAS notes. Do not document information about [the substance abuse-use disorder](#) assessment or treatment in less protected areas of eJAS.

When adding the requirement to follow through with a substance [use disorder abuse](#) assessment and any treatment requirements on the individual's IRP, ~~the WFPS or WFSSS~~ [WorkFirst staff](#) ~~include needs to add~~ the requirements to the Special Records IRP available in eJAS.

6.7.10 eJAS Codes

For tracking purposes, it is very important to always enter the following appropriate eJAS code when a participant is referred for a substance [use disorder abuse](#) assessment and when an individual enters treatment.

Use the following appropriate eJAS code when an individual is referred for a substance [use disorder abuse](#) assessment or when an individual enters treatment: SR - Referred for substance abuse ASSESSMENT.

- SR - Referred for substance [use disorder abuse](#) ASSESSMENT
- XE - Enters substance [use disorder abuse](#) TREATMENT

6.7.11 Substance [Abuse-Use Disorder](#) - Step-by-step guide

[The WorkFirst Program Specialist \(WFPS\) or WorkFirst Social Service Specialist \(WFSSS\) WorkFirst staff](#) suspects there is a substance [abuse-use disorder](#) problem and:

1. Refers the individual to a Division of Behavioral Health and Recovery (DBHR) contracted treatment agency using the following forms:
 - [HCA 04-418](#), DBHR Target Treatment Activities form.
 - [DSHS 17-063](#), Authorization to Exchange Confidential Information Form (having the participant sign and date the form).
 - [DSHS 14-299](#), Adult Assessment Referral Form (flag the referral as a WorkFirst/TANF referral).
2. Uses local procedures to schedule the appointment.

3. Enters SR (substance [abuse-disorder](#) referral code) in eJAS.
4. Documents in eJAS Chemical Dependency note type and creates an IRP using the Special Records IRP available in eJAS.
5. Gives the participant or sends the provider a copy of the eJAS WorkFirst Participation Verification form.

Note: If an [Employment Security Department \(ESD\) counselor](#), [Career Coach](#) or [community college employee-WorkFirst partner](#) observes signs and/or symptoms that indicate substance [use disorder abuse](#) may be impairing a participant's ability to look for work, the contractor refers the participant to the [WFPS or WFSSS Case Manager](#) and documents in eJAS [under the Chemical Dependency confidential note type, Chemical Dependency](#).

The treatment agency completes the [substance use disorder](#) assessment, and

- Sends the Community Service Office (CSO) the [14-299](#) Adult Assessment Referral Form, indicating:
 - Whether the participant needs [substance use disorder](#) treatment and if so, where the participant will go for treatment.

3.2. Both inpatient and outpatient treatment providers will use the [DSHS 14-310](#) Client Status Change Report Form and [HCA 04-418](#) DBHR Target Treatment Activities form. Both forms will be sent by the [WorkFirst WFPS or WFSSS Case Manager](#) to the provider, to verify treatment activities or changes in treatment activities.

- The eJAS WorkFirst Participation Verification form (see [3.7.2](#)), will be sent to the provider, will be used to verify the participant's actual hours of participation in treatment activities including AA/[NA](#) meetings etc.
 - Providers will use the 04-418 DBHR Target Treatment Activities form for participant's treatment reporting -for the following actions:
 - The [substance use disorder](#) treatment plan established for the participant.
 - Failure to participate.
 - Referral to another provider.
 - Changes in the treatment provided.
 - Discharge from treatment.
 - Child care needs (when in-house child care is not provided by the facility).

1. Both Parent Child Assistance Program (PCAP) and Safe Babies Safe -Moms (SBSM) providers will also use the eJAS WorkFirst Participation Verification form to report and verify the individual's actual hours of participation in PCAP and SBSM activities.

2. The ~~WFPS or~~ [WFSSS Case Manager](#):

1. Opens XE in eJAS once the participant enters treatment.
 2. Enters substance [use disorder](#)~~abuse~~ information in the Special Records under the category Chemical Dependency in eJAS notes.
 3. Maintains the case record in the originating CSO when placement is made outside of the catchment area if the participant plans on returning to that area.
 4. Provides support services, as needed.
 5. Adds other activities to the IRP when the participants is ready, in consultation with the treatment provider.
3. If the ~~WFPS or~~ [WFSSS Case Manager](#) finds out that a participant **is already in [substance use disorder](#) treatment**, they:
1. Do nothing, if treatment does not interfere with other required WorkFirst activities.
 2. Send a [DSHS 17-063](#) Authorization to Release Information form, a letter of referral and a copy of the participant's IRP to the treatment provider to coordinate treatment with WorkFirst requirements.
 3. Establish communication with treatment staff to discuss the participant's full course of treatment. Convene a case staffing to discuss the participant's situation. Treatment plans established by CDPs may include ancillary activities outside of the treatment agency (i.e. AA meetings, anger management counseling, etc.)

Relapse During Recovery:

It is not uncommon for individuals to relapse during treatment, especially during the early stages of recovery. Relapses, within themselves, should not be considered as non-compliance. Therefore, individuals should not be sanctioned or have treatment services denied just because there was a relapse.

Non-compliance:

Without good cause, failure to have a substance [use disorder](#) ~~abuse~~ assessment or attend treatment when the need has been identified may be considered non-compliance. Work closely with the CDP to ensure the treatment plan is being following. Case staffings involving the individual and the CDP are strongly recommended. Individuals are much more likely to be successful in their recovery if they have support of others including the [ir Case Manager](#) ~~WFPS and~~ [WFSSS](#).

Resources

Related WorkFirst Handbook Sections

- [6.1 Resolving Issues - Overview](#)
- [3.2.1 Comprehensive Evaluation](#)
- [3.2.3 Pathway Development Tool](#)
- [3.3 IRP](#)
- [WAH Application IRP](#)

Forms

- [DSHS 17-063, Authorization to Exchange Confidential Information](#), (provided in all translated languages).
- [DSHS 14-299, Adult Assessment Referral form](#)
- [DSHS 14-310, Client Status Change Report form](#)
- [HCA 04-418, DBHR Target Treatment Activities form](#)