

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 use 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 assessment and treatment information on the Chemical Dependency Special Records screen in eJAS notes. Do not document information about the substance use disorder assessment or treatment in less protected areas of eJAS.

When adding the requirement to follow through with a substance use disorder assessment and any treatment requirements on the individual's IRP, WorkFirst staff include the requirements to the Special Records IRP available in eJAS.

6.7.11 Substance Use Disorder - Step-by-step guide

WorkFirst staff suspects there is a substance 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 use 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 a WorkFirst partner observes signs and/or symptoms that indicate substance use disorder may be impairing a participant's ability to look for work, the contractor refers the participant to the Case Manager and documents in eJAS under the Chemical Dependency confidential note type.

The treatment agency completes the substance use disorder assessment, and

1. Sends the Community Service Office (CSO) the [14-299](#) Adult Assessment Referral Form, or verification from the provider indicating:
 - Whether the participant needs substance use disorder treatment and if so, where the participant will go for treatment.
- ~~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 Case Manager to the provider, to verify treatment activities or changes in treatment activities.~~

Note: 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).
- **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.

The Case Manager:

1. Opens XE in eJAS once the participant enters treatment.
2. Enters substance use disorder 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.

If the 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 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 their Case Manager.

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

Outline