

**MACOMB COUNTY DHS AND
SUBSTANCE ABUSE SERVICES PROTOCOL
Revised 10/2008**

Introduction:

The purpose of this protocol is to improve the existing service delivery system for Macomb County families with a substance abuse problem through improved coordination and collaboration by local DHS and substance abuse treatment services.

Substance abuse is a major factor in a majority of DHS Children's Services cases. Child welfare staff will need to know how to identify possible substance abuse problems and how to refer parents for timely substance abuse assessment and treatment services. Substance abuse program staff will need to know the scope of the family's situation and involvement with DHS, and know the procedures for communicating and collaborating with the child welfare staff within existing confidentiality provisions.

Although a Coordination of Services Agreement has existed between the Macomb County DHS, Community Mental Health and Substance Abuse Services, it is apparent that the existing agreement does not provide sufficient detail, nor has it been sufficiently explained or communicated to substance abuse and child welfare staff, to meet its full potential. This protocol expands the Substance Abuse Services Addendum of this agreement and will serve as the basis for subsequent training activities and as a staff reference guide.

I. LOCAL AGENCY CONTACTS

A. Macomb County Department of Human Services (DHS)

1. Macomb County DHS

DHS is the state agency that provides public assistance, and a variety of human services programs. Macomb County DHS directs the operations of public assistance and service programs through four local offices located in Macomb County (Warren, Clinton Township, Sterling Heights and Mt. Clemens).

Contract Manager
19700 Hall Rd, Suite A
Clinton Township, MI 48038
Phone: (586) 412-6113
Fax: (586) 412-6142

B. Macomb County Office of Substance Abuse (MCOSA)

1. MCOSA

MCOSA is a division of Macomb County Community Mental Health and is responsible for planning, funding and coordinating substance abuse prevention and treatment services in Macomb County. MCOSA contracts with CARE to provide screening and referral services and also contracts with various community agencies to provide prevention and treatment services for individuals with substance abuse problem.

Helen Klingert, Assistant Director
22550 Hall Road
Clinton Twp, MI 48036
Phone: (586) 469-5278
Fax: (586) 469-5568

2. Community Assessment, Referral and Education (CARE)

CARE is the contractor selected in collaboration with DHS and MCOSA through a competitively bid contract to provide substance abuse support services to Macomb County DHS clients in need of substance abuse services. CARE also provides screening and access to treatment for individuals and families experiencing alcohol or drug problems. The goal of this service is to improve access to the substance abuse system, provide an objective screen to determine the appropriate type of treatment and to arrange for client placement in appropriate services.

Paul Dailey, Clinical Director
31900 Utica Rd
Fraser, MI 48026
Phone: (586) 541-2273 Ext. 115
Fax (586) 541-2274

3. Treatment Providers

MCOSA contracts with a variety of agencies both within and outside of Macomb County to provide a continuum of substance abuse treatment services. Service levels include detoxification, residential, intensive outpatient and outpatient treatment. A complete and current listing of the contracted treatment programs can be found on the MCOSA website, www.mcosa.net, by selecting "Substance Abuse Agencies/Service Directory, Publicly Funded Treatment Agencies".

II. IDENTIFICATION OF A SUBSTANCE ABUSE PROBLEM

A substance abuse "Identification Guide" has been developed for assisting DHS staff in identifying individuals with a possible substance abuse problem. Different methods of screening may be used by DHS staff depending on the point of contact with the client (request for service, CPS referral, etc.). As screening protocols are developed, DHS staff will require training & orientation.

III. DHS REFERRALS TO CARE FOR THE SUBSTANCE ABUSE SUPPORT SERVICES PROGRAM (SASS)

Once DHS identifies a client with a possible substance abuse problem, and DHS wants an assessment, support services, follow-up and substance abuse services coordinated by the Substance Abuse Support Services Provider, CARE, the following procedures should be followed:

NOTE: Openings to the program are limited

1. The DHS worker will obtain the consent of the client they are referring by having them sign a Consent for the Release of Confidential Information form. This form will allow coordination of service provision. If DHS plans to redisclose information

from CARE to a court or other agency, the name of all agencies & the court must be included on the release form.

2. The DHS worker will check the SASS Referral checkbox, answer all questions on the MC-50 referral form and fax the signed Consent for the Release of Confidential Information form and completed MC-50 to CARE. It is important for this form to be faxed at the time the DHS worker makes the referral. The DHS worker must complete the referral justification section of the MC-50 that provides an explanation as to why DHS is referring the individual to participate in this program, particularly for someone who does not admit to any substance use problem or does not report using alcohol or drugs in the past six months. There must be a minimum of 1 box checked under the known history section. If the referral justification section is not completed, the referral will be rejected.
3. CARE will fax a Substance Abuse Support Services Confirmation of Referral Acceptance/Rejection letter to the referring DHS worker once the case has either been assigned to a Substance Abuse Support Services worker or rejected. If the referral is accepted, the confirmation will provide the DHS worker with the name, address, phone and fax number of the Substance Abuse Support Services worker assigned to the case. If the referral is rejected, the confirmation letter sent to the DHS worker will indicate the reason the referral was denied.
4. CARE does not do drug testing as part of their clinical assessment of treatment needs. However, the DHS worker referring their client to the SASS program can request Facilitation of Random Drug Screening be performed by CARE. This service is only available for clients referred to the SASS program.
5. If the DHS worker would like CARE to provide Facilitation of Random Drug Screening for the client they referred to the SASS program, the worker will need to also check the FACILITATION OF RANDOM DRUG SCREENING checkbox on the MC-50 referral form and provide a completed DHS-0093 form requesting drug screening. The DHS-0093 must be faxed with the signed Consent for the Release of Confidential Information form and completed MC-50.
6. After completing an assessment, CARE will send the referring DHS worker a Confirmation of Assessment form within five (5) business days. This form will include the name of the CARE Substance Abuse Support Services worker, date of the assessment, and outcome of the evaluation, including treatment recommendations made and name and contact information of the program where the client was referred.
7. CARE will obtain a Consent for the Release of Confidential Information to allow information to be exchanged between DHS, CARE, the treatment agency and the Court, when applicable. CARE will include a Court or other Agency on the release if it was included on the original release sent by DHS. CARE will then provide to the substance abuse treatment agency authorized to provide treatment, a copy of the Referral to CARE Form, the Consent for Release, and CARE's assessment summary.
8. CARE will contact the treatment provider to confirm the client was admitted to treatment. If not admitted, CARE will contact the client to discuss any barriers to following through with treatment, as well as other treatment alternatives. If the

client is admitted to treatment, CARE will provide ongoing monitoring and support of the client's treatment services. CARE will provide DHS with monthly progress reports detailing the client's progress in treatment and other supports related services.

9. Please refer to the Macomb County Catalogue of Services for a detailed description of the services that will be provided by CARE.

IV. DHS REFERRAL TO CARE FOR A SUBSTANCE ABUSE ASSESSMENT OF TREATMENT NEEDS

The most common complaints from both substance abuse and DHS staff evolve around the referral process and sharing of information. Staff from both agencies want better communication and better understanding of the client's overall situation to more effectively provide their respective services. Coordination and collaboration begins when the referring agency provides a basic amount of information to the other agency, including the name of an identified worker available for consultation when needed. To ensure this transfer of information occurs, this protocol recommends that DHS send a Macomb County Substance Abuse Referral, (MC-50) for all referrals for a substance abuse assessment. Without a MC-50 form, it will be assumed that the client is a voluntary referral and DHS does not want any follow-up information.

For clients not being referred to the Substance Abuse Support Services program, the worker can make a referral to CARE for a substance abuse assessment of treatment needs only.

1. Once DHS identifies a client with a possible substance abuse problem, and DHS wants follow-up information to coordinate services, the following procedures should be followed: **The DHS worker will obtain the consent of the client they are referring by having them sign a Consent for the Release of Confidential Information form. This form will allow coordination of service provision. If DHS plans to redisclose information from CARE to a court or other agency, the name of all agencies & the court must be included on the release form.**
2. The DHS worker will fax to CARE a MC-50 referral form, the signed Consent for the Release of Confidential Information form and a completed DHS-0093 requesting a substance abuse assessment. It is important for all of these forms to be faxed at the time the DHS worker makes the referral to CARE, so that CARE has the forms when the client calls for an appointment. The information on the forms will help explain why DHS is referring the individual to CARE, particularly for someone who does not admit to any substance use problem or does not report using alcohol or drugs in the past six months.

NOTE: An assessment will not be conducted and the DHS worker will not receive feedback or correspondence without the MC-50 referral form and all required documentation accompanying the referral. Required documentation:

- **Signed Consent for the Release of Confidential Information which includes DHS and CARE.**
 - **Completed DHS-0093 requesting a substance abuse assessment**
3. The DHS worker can provide the client with instructions to contact CARE by telephone to schedule an appointment on their own. Instruct the client to indicate that they have been referred by DHS, and make certain they have the DHS worker's name.
 4. If the client is present, the DHS worker can initiate the call to CARE for an appointment while the client is also present. This ensures that CARE will know it is a DHS referral and they can also obtain the name of the DHS worker. CARE will also want to talk to the client to set the appointment time and obtain basic initial information.
 5. CARE is required to offer an assessment appointment within 5 days. Pregnant woman are offered appointments within 24 hours. Clients sometimes request other times outside these parameters.
 6. After completing an assessment, CARE will send the referring DHS worker a Confirmation of Assessment form within five (5) business days. This form will include the name of the CARE clinician, date of the assessment, and outcome of the evaluation, including treatment recommendations made and name and contact information of the program client was referred.
 7. When DHS sends a referral to CARE, and the DHS client does not contact CARE for an appointment or when they do not keep their scheduled appointment at CARE, CARE will return the MC-50 to DHS with a written comment such as "did not call, did not show". CARE will review outstanding DHS referrals at least every 30 days and return those forms that are dated more than 30 days in batch to the designated person at each District Office for distribution to individual workers.

V. GENERAL ACCESS TO PUBLICLY FUNDED SUBSTANCE USE TREATMENT SERVICES

MCOSA is responsible for contracting with licensed and accredited substance abuse treatment agencies to provide treatment services to low income and uninsured individuals and those with Macomb County Medicaid, Adult Benefit Waiver and MiChild coverage.

Individuals seeking to access MCOSA funded services are screened to determine if they meet admission requirements, which minimally includes the following criteria:

- Reside in Macomb County
- Meet income requirements for funding assistance or have Macomb County Medicaid, Adult Benefit Waiver or MiChild coverage
- Indicate a need for assistance with a recent substance abuse problem

Clients looking to access outpatient treatment services can:

- Directly access outpatient substance abuse treatment by contacting a MCOSA contracted outpatient treatment provider, or
- Contact CARE for assistance in indentifying a contract treatment provider

Clients looking to access Intensive Treatment Services (detoxification, residential, Intensive Outpatient or Methadone assisted treatment) need to contact CARE for a substance abuse screening to determine treatment needs and obtain authorization for funded services.

V. COORDINATION w/Substance Abuse Treatment Agency

If a MCOSA contracted treatment program determines a client they are serving is involved with DHS and requires follow up information be sent to a DHS worker, the treatment program should obtain a proper consent for release and contact the DHS worker. With the client's signed consent, the program will conduct the following:

1. The treatment agency will use the Confirmation of Admission to notify the referral source after the first appointment. All information under the admission confirmation section is to be completed, including the treating clinician or contact person's name and hours available to be contacted. This is the only report that the treatment program will provide to DHS unless additional information is specifically requested.
2. The referral source will need to contact the treatment program if they want additional reports beyond the admission verification. If requested, the treatment agency will provide monthly progress reports (outpatient treatment only) and status at discharge. The treatment agency is to use the Progress and Discharge Report (or an acceptable adaptation) for DHS clients to provide requested monthly progress or discharge status.
3. The referral source will notify the identified treatment agency of any significant change in status of the DHS client while still in substance abuse treatment, including a change in worker, closing of a case, etc, utilizing the DHS/Substance Abuse Protocol Communication Tool, MC-51 Substance Abuse Information form.

VI. CONFIDENTIALITY of Alcohol and Drug Abuse Records

1. Specific information regarding confidentiality of both substance abuse and DHS records is included in the Coordination of Services Agreement between Macomb County DHS, Macomb County CMH and MCOSA. Also, a Technical Assistance Publication from the Center for Substance Abuse Treatment titled Welfare Reform and Substance Abuse Treatment Confidentiality has been made available to each DHS District Office.
2. To ensure regulations are followed, only those Consent for Release of Confidential Information forms included in this protocol are to be utilized for substance abuse referrals. This form is to be completed in full, and if information being requested is not currently listed on the release form, then it must be added to the release in the space provided.

3. DHS is prohibited from redisclosing information obtained from any alcohol/drug treatment program that was disclosed to DHS with the consent of the client. The following notice accompanies all disclosures of information concerning a client in substance abuse treatment.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Therefore, if DHS will need to disclose information received from a substance abuse program to a court or other agency, then the Court or other Agency should be added to the release form.

4. Federal confidentiality rules for substance abuse programs do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate authorities. However, following a report of **suspected child abuse or neglect**, patient records and information cannot be released by the substance abuse program without appropriate authorization under the Federal regulations. While a written patient consent would suffice for a civil proceeding, it would be necessary to obtain an authorizing court order for use of the patient information to criminally investigate or prosecute a patient.

VII. MEDICAID ELIGIBILITY

1. MCOSA manages the prepaid substance abuse services plan for Macomb County Medicaid enrollees. MCOSA and contract providers are required to verify Medicaid eligibility and to utilize Medicaid funds only for those Macomb residents who are active Medicaid beneficiaries.
2. To the extent that MCOSA providers cannot verify Medicaid eligibility through the monthly DEG file download to CareNet, or the Michigan Eligibility Verification Line, the Macomb County DHS can be contacted for information and possible verification of Medicaid coverage for new enrollees, enrollees who are recent transfers to Macomb County, or information on individual deductible requirements. If this information is not available through the assigned DHS worker, then the substance abuse provider can contact MCOSA who will provide assistance.

VIII. FEES FOR SUBSTANCE ABUSE SERVICES

1. Individuals with full Medicaid, Adult Medical Plan/Adult Benefit Waiver or MIChild coverage have no co-pay for covered substance abuse services.
2. All non-Medicaid/ABW/MIChild substance abuse services are on a sliding fee basis, as required by the Michigan Department of Community Health (MDCH). Therefore, individuals referred to a MCOSA contracted treatment provider will be assigned a co-pay based on income and family size. These

services are available based on a client's ability to pay. The client should be told to discuss the fee with the treatment provider when they call for an appointment.

3. Substance abuse treatment services through MCOSA contract providers are primarily funded with federal and state dollars through a contract with MDCH. DHS funds are not used for substance abuse services otherwise funded through other sources. DHS does pay for drug screens required to comply with DHS monitoring responsibilities.

IX. DRUG SCREENING AND TESTING

1. CARE does not do drug testing as part of their clinical assessment of treatment needs. However, the DHS worker referring their client to the SASS program can request Facilitation of Random Drug Screening be performed by CARE. This service is only available for clients referred to the SASS program. Drug testing is sometimes done prior to a referral to CARE by an employer, DHS, probation department, etc.
2. When a client has been accepted to participate in the Substance Abuse Support Services Program with CARE, the worker assigned to the case will coordinate referrals for drug screening for the client. However, the DHS worker must provide the Substance Abuse Support Services worker at CARE with the information needed to make these referrals. The DHS worker must provide the Substance Abuse Support Services worker with a completed DHS-93 to ensure that they have all of the information needed to refer the client for drug testing if necessary.
3. Substance abuse treatment programs routinely complete drug screens in conjunction with a client's treatment plan. Substance abuse programs utilize drug screens to support the client's abstinence, and not to punish or perform a court function. The frequency and type of drugs that are screened for should depend on the program's initial and ongoing assessment of the individual client. An individual diagnosed as alcohol dependent, with no history or reason to suspect drug use, may not be tested at all for drugs. But other objective means of verifying abstinence should be pursued, such as monitoring attendance at AA meetings.
4. Methadone outpatient treatment programs have specific federal and state requirements to perform routine urine screens.
5. Substance abuse treatment programs use lower cost methods of urine screens that in the context of routine testing can provide a profile to be used in treatment planning and counseling. Commonly used tests to screen urine for drugs are Thin Layer Chromatography (TLC), Enzyme-multiplied Immunoassay (EMIT), and Radioimmunoassay. However, these screens cannot be considered testing and cannot be used in a court of law and certified as accurate. Much more expensive tests, frequently used to confirm positive test results, include gas chromatography coupled with mass spectrometry. These confirmatory tests are not used by substance abuse treatment programs because of their cost.
6. Substance abuse treatment programs will generally not release the results of

specific drug screens completed as part of treatment; rather, they will report more generally on the client's ability to maintain abstinence.

7. DHS has separate funding and access to drug testing for those instances when DHS needs specific drug testing results. Please refer to DHS MDL 06-13.

X. CO-OCCURRING DISORDERS (Mental Health and Substance Abuse)

1. Macomb County Community Mental Health Services operates the public mental health and substance abuse service system for Macomb County residents. Individuals seeking public mental health services are to be directed to **the CMH Access Center** (586-948-0222). Individuals seeking public substance abuse services are to be directed to **CARE** (586-541-2273).
2. **Clients with a co-occurring mental health and substance abuse disorder should access services based on the severity of the psychiatric disorder.** Individuals with a serious and persistent mental illness, or serious emotional disturbance (children), should be directed to the CMH Access Center. These individuals require continuing mental health services beyond substance abuse treatment. CMH provides services to the individuals with co-occurring mental health and substance use disorders and will coordinate services with CARE as needed.
3. Clients with a substance use disorder and concurrent psychiatric disorder or symptoms of a non-serious nature, should be directed to CARE. Generally, psychiatric symptoms remit after a period of abstinence, and ongoing mental health services are not anticipated once substance abuse treatment is completed. CARE will coordinate services with the CMH Access Center as needed.
4. The CMH Access Center and CARE work cooperatively to assist clients with co-occurring disorders in receiving appropriate treatment services, regardless of which number the client contacts.

XI. ATTACHMENTS AND FORMS

1. MC-50 Macomb County Substance Abuse Services Referral
2. Substance Abuse Support Services Confirmation of Referral Acceptance/Rejection
3. Consent for Release of Confidential Information Form (DHS, CARE, Treatment Agency & Court or other agency)
4. DHS-0093 Examination Authorization/Invoice for Services
5. Substance Abuse Support Services Provider Monthly Report
6. Confirmation of Assessment Form (CARE to DHS)
7. Confirmation of Admission Form (Treatment Agency to DHS/CARE)
8. Progress and Discharge Report Form (Treatment Agency to DHS/CARE)
9. MCOSA Substance Abuse Services Directory
10. Substance Abuse Identification Guide

MACOMB COUNTY SASS SERVICES AND ASSESSMENT REFERRAL

CARE

31900 Utica Road Fraser, MI 48026
 Phone: (586) 541-2273 Fax: (586) 541-2274

DATE:

REFERRAL INFORMATION: (Please check which services you are requesting and be sure to attach the required documentation or your referral will be rejected.)

SASS REFERRAL Assessment, Case Mgmt & Follow-up Services
(Must have an open CPS or FC case only.)

If the above SASS Referral box is checked, the following must accompany this referral:
 • **Release of information**

ASSESSMENT OF TREATMENT NEEDS ONLY
(You can not request this service if you are requesting SASS.)

If the above assessment box is checked, the following must accompany this referral:

FACILITATION OF RANDOM DRUG SCREENING
(Can only be provided if requesting SASS.)

If the above Drug Screening box is checked, the following must accompany this referral:
 • **DHS-0093 Form requesting Drug Screening**

• **Release of information**
 • **DHS-0093 Form requesting a Substance Abuse Assessment**

Reason(s) for involvement with child welfare/DHS:

CLIENT INFORMATION: (Please provide all requested information.)

Name: _____ Address: _____ City, State, Zip: _____
 Phone #: _____ DHS Case #: _____ Date of Birth: _____
 Recipient ID #: _____ MA Coverage: Yes No

REFERRAL JUSTIFICATION: (Check all that apply)

KNOWN OR SUSPECTED SUBSTANCE USE *(check all that apply)*

Alcohol Crack/Cocaine Amphetamines (speed, meth)
 Marijuana Hallucinogens (LSD, acid, PCP) Barbiturates (sleeping pills, downers)
 Heroin Tranquilizers (Valium, Xanax, Librium) Other (describe): _____

OBSERVED OR KNOWN HISTORY OF:

Large number of alcohol containers Family history of alcohol/drug use
 Odor of alcohol, marijuana Significant changes in weight or appearance
 Slurred speech, Staggering, or stumbling History of treatment for substance abuse or self-help attendance
 Needle marks Alcohol and drug use - past use or current use
 Confusion/poor concentration Substance use by self or others in current environment
 Glassy, bloodshot eyes, dilated pupils or sunglasses to cover them up Others are concerned with /complaining about the person's use of alcohol or drugs
 Drug paraphernalia: bong, roach clips, rolling papers, pipes, needles, razor blades, glass mirrors, baggies with residue
 Other: _____

RELATED BEHAVIORS:

Irritable/argumentative/hostile/angry Erratic/unpredictable behavior
 Personal and household neglect Disoriented to time and place
 Hyperactivity, nervousness Change in habits, grooming
 Sleeping during the day High accident/injury rate
 Talking favorably about alcohol/drugs Lack of interest in maintaining personal appearance
 Withdrawn from friends, family, activities/poor Inappropriate affect (e.g. smiling when talking about something sad)
 Absenteeism or late to work, school, visitations especially on Mondays/Fridays
 Other: _____

DRUG SCREEN RESULTS (include dates if known):

CLIENT IS: Injecting Drugs YES NO Pregnant YES NO

ADDITIONAL INFORMATION THAT SUPPORTS THE REASON FOR THE REFERRAL *(mental health history, child welfare involvement, child removed at risk of removal, family history):*

REFERRED BY: DHS Name and Title:
 Job Function:
 Address:
 Phone #:
 Fax #:



Real solutions for real life

Main Office
31900 Utica Road
Fraser, MI 48026
586.541.0033
careofmacomb.com

Family Programs
586.541.0033
586.541.0034 (Fax)

Access to Treatment
586.541.2273
586.541.2274 (Fax)

WorkLife Solutions
866.888.1555
586.541.1555
586.541.0034 (Fax)
caresworklifesolutions.com

**SUBSTANCE ABUSE SUPPORT SERVICES
CONFIRMATION OF REFERRAL ACCEPTANCE/REJECTION**

TO: _____ **DATE:** _____
DHS Worker

_____, MI _____

RE: _____ **Recipient ID#:** _____
(Client Name)

REFERRAL ACCEPTANCE VERIFICATION:

The above named client referral has been accepted to participate in the Substance Abuse Support Services Program. The worker that has been assigned to this case is as follows:

Name: _____
Address: _____
_____, MI _____
Phone: _____
Fax: _____

REFERRAL REJECTION:

The above named client referral for the Substance Abuse Support Services Program has been rejected for the following reason:

- No Openings Available*
- Client Consent for Release of Confidential Information was not provided with referral – Resubmit referral with signed consent form
- Reasons to suspect substance use problem not indicated on the referral form – Resubmit referral with rationale for suspecting substance use problem
- Other: _____

*If your referral was rejected due to a lack of openings to the SASS program and you would like your client to receive a substance abuse assessment of treatment needs only, please make a referral to CARE for that service. *

Community Assessment Referral & Education

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CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG INFORMATION BETWEEN MACOMB DHS, CARE, TREATMENT AGENCY AND COURT

I, _____, authorize
(Name of Consumer)

Community Assessment, Referral and Education (CARE),

and

Macomb County Department of Human Services (DHS),

and

_____,
(Treatment Agency)

_____,
(Court or other agency)

to communicate with and disclose to one another the following information:

My name and other personal identifying information; my status as a consumer at any of the agencies listed above; my Referral form completed by DHS; alcohol and drug testing results; initial and subsequent evaluations of my service needs; alcohol/drug and mental health recommendations and rational for referral(s); summary of treatment progress and compliance; appointments scheduled and attendance; discharge plan and discharge status; other: _____.

The purpose of the disclosures authorized in this consent is, per my request, to: provide the Department of Human Services with the information they need to:

- 1. determine my eligibility or continued eligibility for DHS benefits (if applicable);**
- 2. determine my readiness/ability to participate in a work program (if applicable); and**
- 3. to determine whether I have complied with DHS requests and/or my Parent – Family Agreement (if applicable).**

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C. F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45CFR Pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: **twenty four months from date signed.**

Dated: _____

Signature of Client

Signature of Parent, guardian or authorized representative when required

12. FEE SCHEDULE MAXIMUM						13. PROVIDER/VENDOR COMPLETE AMOUNT BILLED	
Service	Exceeds Fee	Yes	Service	Exceeds Fee	Yes	Service 1	Service 2
1	Schedule Maximum	<input type="checkbox"/>	2	Schedule Maximum	<input type="checkbox"/>		
	Of	No		Of	No		
		<input type="checkbox"/>			<input type="checkbox"/>		

14. Patient/Recipient Information

Patient/Recipient 1

a. Patient/Recipient Name				b. Recipient ID Number		c. Invoice Number		d. Patient Account Number	
e. Program Pay Code:		f. Reason Code:		g. Service Code:		h. Transaction Number:			
1.	2.	1.	2.	1.	2.				



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careofmacomb.com

Family Programs
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WorkLife Solutions
866.888.1555
586.541.1555
586.541.0034 (Fax)
caresworklivesolutions.com

**MACOMB COUNTY
SUBSTANCE ABUSE SUPPORT SERVICES**

CLIENT REPORT: INITIAL MONTHLY TERMINATION

TO: DHS WORKER: _____

FROM: _____

DATE: _____

RE: _____ RECIPIENT ID#: _____

REPORT PERIOD: _____ to _____

SECTION I: Treatment

Summary of Compliance:

Click Here & Type

Client's compliance with treatment recommendations:

- Compliance
- Partial Compliance
- Non Compliance

AA/NA/CA:

- Participating
- Not Participating

Summary of Progress:

Click Here & Type

Changes to Treatment/Service Plan

Click Here & Type

Treatment Progress: None Minimal Fluctuates Satisfactory Good

Community Assessment Referral & Education

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Judge Denis LeDuc • Judge Stephen Sierawski • Judge Kimberly Wiegand

SECTION II: Client Contacts

DATES	
Face to Face Visits	
Team Meetings	
Phone Calls	<u>Client:</u> <u>Worker:</u> <u>Tx:</u>

SECTION III: Case Management Services Provided

(Check case management services referrals made for client)

<input type="checkbox"/>	AA/NA/CA	<input type="checkbox"/>	Random Urine Screens	<input type="checkbox"/>	Food Bank
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Education	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Employment/Training	<input type="checkbox"/>	Medical/Prenatal	<input type="checkbox"/>	SSI Assistance
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Parenting Skills Classes	<input type="checkbox"/>	Domestic Shelter/DV	<input type="checkbox"/>	Personal Items/Clothing
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

SECTION IV: Drug Screen Results

(Provide a summary of drug screen progress. However, provide copies of all results except escreen results)

Summary of Progress:

Click Here & Type

SECTION V: Additional Comments

Click Here & Type

Worker Name Title Phone Date

Supervisor Name Title Phone Date



Real solutions for real life

Main Office
31900 Utica Road
Fraser, MI 48026
586.541.0033
careofmacomb.com

Family Programs
586.541.0033
586.541.0034 (Fax)

Access to Treatment
586.541.2273
586.541.2274 (Fax)

WorkLife Solutions
866.888.1555
586.541.1555
586.541.0034 (Fax)
caresworklivesolutions.com

Date:

DHS Worker Name
Address
Address

Re: *CLIENT NAME*

The above name individual kept his/her appointment with CARE on *insert date*.

The client was assessed by *Clinician Name*.

Based on this assessment:

A referral has been made for: level of care entered here

Agency Name
Address
Address

Appointment Date: _____

The following support resources were provided to the client:

Insert information here: example AA Hotline (800) 316-2748

Comments:

Sincerely,
Clinician Signature

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Community Assessment Referral & Education

BOARD OF DIRECTORS - Robert Wirsing, Jr., President - Retired, Bank Auditor • Cindy Anderson, Vice President - Community Representative • Judy Southerland, Secretary - Attendance Officer, MISD • Carolyn J. Johnson, Treasurer - Business Manager, Oakland University • Fredric Barbret - Ombudsperson, SmartBus • Thomas Denewith - Retired, L'Anse Creuse Schools • Curtis Harder - Regional Manager of Retail Banking, Flagstar Bank • Richard Lange - Retired, MISD • Patrick McLogan - Retired Division Director, Macomb County Health Dept. • David Saad - Retired Parole Agent, MI Dept. of Corrections • Jonathon Schneider - Senior Product Quality Engineer, TRW • Lucy S. Smith - Retired, MISD
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(Agency Letterhead)

CONFIRMATION OF ADMISSION
(For DHS Clients)

Date: _____

TO: _____
(DHS Worker)

RE: _____
(Client Name)

ADMISSION VERIFICATION:

The above named individual has been admitted to _____
(treatment agency)
on _____, and is scheduled for the following program:
(date)

Outpatient: Individual Group Other:

Intensive Outpatient: _____ # Days weekly _____ # Weeks

Residential: _____ # Days

Other:

If DHS requires monthly progress reports or a discharge report, please contact:

Therapist: _____

Phone: _____

Fax: _____

Hours Available: _____

Therapist Signature: _____ Date: _____

PROGRESS AND DISCHARGE REPORT
(For DHS Clients)

Date: _____

TO: _____

(DHS Worker)

RE: _____

(Client Name)

Admit Date to Program: _____

Report Period/Month: _____

Program: Outpatient Intensive Outpatient
 Residential Intensive Outpatient W/Room & Board
 Other:

Status: Remains active in treatment Discharged Date:

Attendance: _____ Number of days/sessions scheduled _____ Number attended

Support Group Activity: Attends Regularly Attends Irregularly Does Not Participate

Abstinence: Remains Abstinent Struggling with Abstinence Continues to Use

Prognosis: Excellent Good Fair Poor

Discharge Status (if applicable):

In accordance with Treatment Plan Non-Attendance
 Non-Compliance with Program Rules Referred to Higher Level of Care
 Behavioral Problem Other: see comments below

Comments/Recommendations:

Therapist: _____

Phone: _____

Hours Available: _____

Fax: _____

Therapist Signature: _____

Date: _____

SUBSTANCE ABUSE IDENTIFICATION GUIDE

This Guide is meant for Macomb County Department of Human Services personnel to assist in the identification of customers for referral for a substance abuse assessment. It is an identification and screening tool, not an assessment instrument. When reviewing these lists, it should be remembered that an individual might display individual signs and symptoms for a variety of reasons, including substance abuse. It is important, therefore, to view individual items on these lists as part of an identification process. Staff should think of that identification process as having four parts: *Observe, Ask, Investigate and Refer.*

OBSERVE

ENVIRONMENTAL CLUES

Large number of alcohol containers

Personal and household neglect

Clothing, jewelry and posters with pro-drug messages/symbols, such as pot leaves or butterflies

Drug paraphernalia: bong, roach clips, rolling papers, pipes, needles, razor blades, glass mirrors, baggies with residue, 35 mm film cartridges with residue, glow sticks, candy necklaces, lava lamps, pacifiers without young children in the house

PHYSICAL INDICATORS

Staggering, stumbling

Odor of alcohol, marijuana

Glassy, bloodshot eyes, dilated pupils or sunglasses to cover them up

Slurred speech

Significant changes in weight or appearance

Needle marks

Confusion/poor concentration

BEHAVIORAL SIGNS

Hyperactivity, nervousness

Talking favorably about alcohol/drugs

Erratic/unpredictable behavior

Withdrawn from friends, family, activities

Lack of interest in maintaining personal appearance

Disoriented to time and place

Inappropriate affect (e.g. smiling when talking about something sad)

Change in habits, grooming

Absenteeism from work, school, visitations

Late or not showing up for work or appointments - especially on Mondays/Fridays

High accident/injury rate

Sleeping during the day

Poor relationship with others

Irritable/argumentative/hostile/angry

ASK ABOUT

Alcohol and drug use - past use and history, current use, frequency, and amounts
History of treatment for substance abuse or self-help attendance
Family history of alcohol/drug use
Substance use by self or others in current environment
Has the person ever tried to cut down on the use of alcohol/drugs
Are others concerned with /complaining about the person's use of alcohol or drugs
Is the person feeling guilty about use
Has the person ever used alcohol or drugs to take the edge off, relieve shakes, etc
Has the person suffered head injury from falls or had other accidents
What was the precipitating event for DHS involvement
Is the person on probation/parole -- what for
How are current financial resources being used
How does the person use free time
How does the person say he or she handles stress

INVESTIGATE

Drug tests
Feedback from family members
Feedback from school officials
Legal records, particularly alcohol/drug related
 property offenses (e.g. burglary, shoplifting)
 non-support
 suspended/revoked drivers license
 bad checks ("uttering & publishing")
 prostitution
Past protective services involvement

REFER

Summarize factual information gathered through this process
Use the appropriate DHS Substance Abuse protocol forms and procedures to refer to CARE for an assessment, if indicated.