

**MEMORANDUM OF AGREEMENT  
BETWEEN**

**THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR  
FAMILIES, DIVISION OF FAMILY SERVICES**

**AND**

**THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH**

**AND**

**THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES,  
THE DIVISION OF SOCIAL SERVICES**

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Thomas P. Eichler, Secretary  
Department of Services for Children,  
Youth and Their Families

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Gregg C. Sylvester, MD, Secretary  
Department of Health and Social  
Services

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Date

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**MEMORANDUM OF AGREEMENT  
BETWEEN  
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH  
AND THEIR FAMILIES, DIVISION OF FAMILY SERVICE  
AND THE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES,  
DIVISION OF ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH  
AND THE DIVISION OF SOCIAL SERVICES**

**1. INTRODUCTION**

**1. Purpose**

This Memorandum of Agreement (MOA) between the Department of Services for Children, Youth and Their Families, Division of Family Services (DFS) and the Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health and the Division of Social Services has been jointly developed for the purpose of improving services to children and families.

Nationally and in Delaware, 50 to 80% of the families served in child protective services are negatively affected by alcohol or other drugs. Parental substance abuse and addiction, in and of itself, is not child abuse or neglect. However, parenting responsibilities are often severely affected by abuse and addiction. Depending on the effects of the type of drug used, parents may be unavailable to attend to their children's basic needs. Children may be left alone physically while the parent obtains and uses substances. Money, which is needed for food, shelter and other necessities, may be spent on substances. Children in substance abusing families are more likely to experience frequent moves and homelessness. They are often exposed to criminal activity including domestic violence. Because parents who abuse substances may have poor impulse control, children are more likely to be abused or neglected. All use of alcohol and illicit drugs during pregnancy should be viewed as high-risk behavior. Such behaviors often bring substance-abusing parents to the attention of the Division of Family Services.

The Division of Family Services (DFS) depends on substance abuse treatment agencies to accurately assess whether drug and alcohol use is problematic, determine the appropriate level of treatment, and assist the adult in entering treatment. Treatment Providers under contract with the Division of Social Services (DSS) and the Division of Alcohol, Drug Abuse and Mental Health (DADAMH) receive referrals from DFS. These referrals will be given priority by DSS and DADAMH providers. Collaboration and coordination of services will protect children and facilitate recover of addicted persons.

The purpose of this Memorandum of Agreement is to ensure timely, appropriate evaluations and treatment for those clients active with DFS who are seeking services through Medicaid Managed Care or DADAMH funded treatment services. This MOA establishes a uniform method of referral for substance abuse evaluation and treatment, facilitates timely evaluations and recommendations for treatment, assists clients in entering the appropriate level of treatment, and encourages pertinent communication and collaboration between DFS, DSS,

DADAMH and their substance abuse treatment providers. It is intended to cover services provided by Medicaid treatment providers, Medicaid Managed Care providers, and providers of the Division of Alcoholism, Drug Abuse and Mental Health.

**2. The Department of Services for Children, Youth and Their Families, Division of Family Services**

The mission of the Division of Family Services is to promote child well-being by protecting the family and strengthening families and communities.

**3. The Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health**

The mission of the Division of Alcoholism, Drug Abuse and Mental Health is to improve the quality of life for adults having mental illness, alcoholism, drug addiction, or gambling addiction by promoting their health and well-being, fostering their self-sufficiency, and protecting those who are at risk.

**4. The Department of Health and Social Services, Division of Social Services**

The mission of the Division of Social Services is to provide an integrated system of opportunities that enable low-income individuals and families to develop self-sufficiency and achieve and maintain independence.

**II. Roles and Responsibilities**

DFS, DSS and DADAMH have complementary roles and responsibilities in working with families in the community.

Title 16, Chapter 9 of the Delaware Code provides specific authority and responsibility for the protection of children to DFS. DFS has the responsibility to:

- Protect children from abuse, neglect, or dependency
- Receive and investigate all reports of known or reasonably suspected child abuse, neglect, or dependency
- Determine if abuse, neglect, or dependency has occurred or is likely to occur
- Determine what services can best meet the needs of the child/family

All employees of DSS and DADAMH as well as their contracted providers are mandated reporters. Title 16, Chapter 9, §903 states that “Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or reasonably suspects child abuse or neglect shall make a report in accordance with §904 of this title”.

§906 mandates that “Anyone participating in good faith in the making of a report pursuant to this chapter shall have immunity from any liability, civil or criminal, that might otherwise exist and such immunity shall extend to participation in any judicial proceeding resulting from such report.”

### **III. Collaboration and Coordination**

Effective collaboration is necessary to provide quality services to families served by DFS, DADAMH and DSS. The following process has been developed to facilitate coordination of services:

#### **A. The Division of Family Services will:**

1. Determine if parental substance abuse is a likely risk factor. If indicated, DFS will obtain agreement from the client to participate in a substance abuse evaluation.
2. If the client has Medicaid, DFS will call the managed care organization (MCO) to request authorization for the client to receive a substance abuse evaluation. Once authorized, DFS will call the treatment provider directly to obtain an appointment.

If the client does not have Medicaid or private insurance, DFS will call the treatment provider directly to obtain an appointment.

3. DFS will provide information about known or suspected use of substances. DFS will provide information about medical problems, prenatally exposed infants, criminal charges related to substance abuse, environmental factors, care of children and their opinion about level of treatment. DFS will provide the caseworker's name, phone number and the supervisor's name and phone number as a point of contact.
4. The DFS caseworker will fax a release of information form specific to information requested about substance abuse. The release will conform to all federal drug and alcohol confidentiality regulations.
5. When the motivation of the client is in question, DFS will provide transportation to the first appointment.

#### **B. Division of Social Services and/or Medicaid Managed Care Organizations, Division of Alcoholism, Drug Abuse and Mental Health will ensure that:**

1. All referrals from DFS will be considered priority referrals. The initial appointment will be scheduled to occur within 72 hours of referral.
2. The involuntary status of DFS is considered when determine the appropriate level of treatment. DFS clients referred to substance abuse treatment are usually involuntary clients who have not willingly entered substance abuse treatment. They may be unable to take full advantage of outpatient treatment prior to entering inpatient treatment.

#### **C. Substance Abuse Treatment Agencies Under Contract to DADAMH, DSS or Medicaid Managed Care Organizations acting as agents of DFS will:**

1. Speak to the DFS worker prior to the completion of the evaluation to gather information necessary to decide on a level of treatment.
2. Perform at least one urine screen during evaluation. Urine screens will be used as clinically appropriate during treatment.

3. Notify DFS within 48 hours if the client does not participate in the scheduled evaluation.
4. Send DFS written notification of treatment recommendations within two (2) weeks of the completion of the evaluation. Verbal notification will be available within 24 hours and will be provided if requested by DFS.
5. Give DFS periodic written or verbal progress reports. The report will be focused on participation in treatment, efforts in recovery and results of urine screens.
6. Ensure that communication between agencies is completed within the parameters of 42 C.F.R.

D. Confidentiality

The Division of Family Services

The Division of Family Services is generally prohibited from sharing information about abuse and neglect investigations and case status without a release of information. If DFS has a signed, valid release of information form, DFS will cooperate by sharing appropriate information and coordinating services for mutual clients.

The Division of Social Services and the Division of Alcoholism, Drug Abuse and Mental Health

The Division of Social Services and the Division of Alcoholism, Drug Abuse and Mental Health are prohibited from sharing information about clients without a release of information. If DADAMH, DSS, and/or Medicaid Managed Care Organizations (acting as agents for DSS) has a signed, valid release of information, they will cooperate by sharing appropriate information and coordinating services for mutual clients.

**VI. Administration of the Memorandum**

- A. Each agency had identified a liaison to address interagency issues not resolvable by the on-site supervisors:

Division of Social Services	Cindy Miller	577-4880 x 129
Division of Family Services	Candace Charkow	633-2601
Division of Alcoholism, Drug Abuse and Mental Health	Renata Henry	577-4460

- B. All agencies commit to the development of joint in-service training efforts.
- C. This Memorandum will be reviewed by all parties on or before 12/31/99.
- D. Attached is a list of telephone numbers and contact persons for the Medicaid Managed Care Organizations.

### **HELPFUL TERMS**

1. **Substance Abuse:** The use of alcohol, prescription or illicit drugs in such a fashion that it impacts on or impairs an individual in a physical, psychological, behavioral or social manner.
2. **Child Abuse and Neglect:** The physical injury by other than accidental means, injury resulting in a mental or emotional condition which is a result of abuse or neglect, negligent treatment, sexual abuse, maltreatment, mistreatment, nontreatment, exploitation or abandonment, of a child under the age of 18. (16 Del.C. Ch.9)
3. **Maltreatment:** Behavior of a parent or caretaker toward a child which results in harm or risk to the safety of the child; it is synonymous with child abuse and neglect.
4. **Minimally Adequate Care:** The point below which a family setting is inadequate for the care of a particular child, and therefore, the child is at risk of maltreatment.

**Medicaid Managed Care Organizations**

AmeriHealth

Greensprings

1-800-809-9954

ask for Care Manager for Delaware Medicaid

Delawarecare/Principal Health Care

American Psych Systems

1-800-752-7242

Mary Herbers – x 3229

Salonie Turner – x 3540

First State Health Plan

Dawn Reed – (302) 576-7741 or

Marlene Brown – (302) 576-7742

**CLIENT CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Program/Individual Disclosing

to disclose the Division of Family Services the following information:

<input type="checkbox"/> Results of substance abuse evaluation including treatment recommendations.	<input type="checkbox"/> Drug urinalysis results
<input type="checkbox"/> Participation in treatment	<input type="checkbox"/> Diagnosis and aftercare plan
<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Treatment Progress	
<hr/>	
<input type="checkbox"/> Other (specify):	

This information will be used to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my records are protected under Public Law 92-255 and 91-66 re: Confidentiality of Drug and Alcohol records as implemented in the Federal Rules and Regulations 42 CFR Part 2, 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. This consent expires automatically as described below.

<input type="checkbox"/> Within 90 days of the date of this release	<input type="checkbox"/> 90 days after completion of treatment
<input type="checkbox"/> Upon release of the information	

\_\_\_\_\_  
Client's Signature/Date

\_\_\_\_\_  
Parent/Guardian if Applicable/Date

\_\_\_\_\_  
Witness/Date