

**GUIDELINES FOR IMPLEMENTATION OF
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 SUBSTANCE ABUSE AND
MENTAL HEALTH**

AND

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

BACKGROUND

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 Substance Abuse and Mental Health (DSAMH), and the Division of Social Services (DSS), have made a commitment to coordinate community based substance abuse services which provide treatment to parents who are currently involved with the child protective system. In Delaware, alcohol or other drugs negatively affect 50-80% of the families served by child protective services. This commitment is delineated in a Memorandum of Agreement (MOA), between the two Departments.

The collaborative agreement includes substance abuse screening, assessment, treatment, case coordination, and coordinated administration. Emphasis will be placed on a specific and timely referral process into the Delaware substance abuse treatment provider system. Ongoing communication between the substance abuse agency and the Division of Family Services caseworker will ensure an appropriate system response to parental AOD issues and child safety and development.

INTRODUCTION

The Department of Health and Social Services, Division of Substance Abuse and Mental Health, Division of Social Services and the Department of Services for Children, Youth and Their Families, Division of Family Services, have established these guidelines to provide clarity to the Memorandum of Agreement (MOA) and ensure consistent implementation of the MOA. The guidelines were developed collaboratively with input from stakeholders in both the child welfare and substance abuse systems.

AGENCY CONTACTS AND RESPONSIBILITIES

Each substance abuse provider agency will designate a primary liaison to serve as the primary contact point for communications between the Division of Family Services and the provider agency.

The Division of Family Services, the Division of Social Services and the Division of Substance Abuse and Mental Health will designate a contact person that will be the primary individual responsible for communication between the state systems regarding planning and policy development, conflict resolution, and problem solving to substance abuse providers related to the collaborative initiative.

MOA ELEMENTS

I. Substance Abuse Screening

A substance abuse screening is completed by the DFS caseworker at the first visit with the family, to determine if adult clients should be referred for a substance abuse assessment.

DFS Worker Responsibilities

The DFS worker completes the Substance Abuse Screen (Attachment C).

- A. If the screen does not identify a need for further assessment, the DFS worker will note this in the client record
- B. If the screen identifies a need for further assessment:
 - 1. The DFS worker will complete the Consent for Release of Information (Attachment D). This will document that the client consents to the exchange of information between DFS and the substance abuse provider.
 - 2. The DFS worker must explain to the client the nature of the information to be disclosed, including information about the involvement with DFS, attendance at the assessment interview, and the status of the treatment that will follow.
 - 3. The DFS worker must advise the client that failure to sign the consent form will be interpreted as noncompliance with services and could affect DFS decisions made regarding the client's case.

The client should be instructed that the disclosure of information is critical to ensuring that DFS and the court receive accurate information regarding his/her progress.

II. Referral and Substance Abuse Assessment

Best practice indicates that a client is more likely to enter and engage in treatment when it is clear that the DFS worker and the substance abuse provider are working together to ensure that assessment and treatment occur in a timely manner.

DFS Worker Responsibilities

- A. Explain to the client how the referral and assessment process will take place and the implications for the client's case. It is important the client understand that he/she is responsible to follow through with the appointment and the consequences of not complying with the assessment recommendations and services.
- B. If the client is enrolled in an MCO, call the MCO to obtain an authorization for the substance abuse evaluation. The DFS worker should be prepared to give the MCO a clear rationale for the request. The appointment cannot be scheduled until after authorization has been obtained.
- C. The DFS worker will complete the AOD referral form and make telephone contact with the substance abuse provider to schedule the assessment appointment and provide additional information about the client's case. This can include information about medical problems, prenatal exposure, criminal charges related to substance abuse, environmental factors, care of children and their opinion about level of treatment.
- D. Make any necessary arrangements to support the client's ability to keep the appointment such as transportation or childcare.
- E. FAX or deliver a copy of the required release form so it is received prior to the assessment appointment.
- F. Provide to the client in writing: the name, address, phone number and contact person of the treatment provider. Also include the date and time of the appointment.
- G. Transport the client to the initial visit if the motivation of the client is in question.
- H. The substance abuse provider will notify the DFS worker of the disposition of the referral, however the DFS worker should follow-up with the client within one week of the appointment to ascertain the status of treatment services and answer any questions the client may have.
- I. DFS will notify the substance abuse agency prior to closing the case.

Substance Abuse Provider Responsibilities

- A. The substance abuse provider must schedule an appointment for an assessment within 72 hours of the phone referral from the DFS worker.
- B. Send DFS written notification of treatment recommendations within two weeks of the completion of the assessment. Make verbal notification available within 24 hours of the assessment if requested by DFS.
- C. Include a baseline urine screen/breathalyzer test as part of the initial assessment.

- D. If for any reason the DFS client fails to appear, or reschedules the assessment, the substance abuse provider must notify the DFS worker by telephone and/or email within 24 hours from the date of assessment.
- E. In the event that a client should appear for an assessment and identify him/herself as a DFS client, or a referral is received outside of the process described above, the client should be advised and strongly encouraged to contact his/her DFS worker to initiate and referral process. It is imperative that the provider has a release form signed so communication with the DFS worker is possible.

III. Substance Abuse Treatment

The needs of the client involved with DFS require that the DFS worker and the substance abuse treatment provider communicate in a timely and consistent manner. The Release of Information allows the sharing of information regarding treatment progress, placement of children, status of the DFS case, and disposition of assessment. The exchange of information is necessary to effectively and successfully support the client in both systems.

Substance Abuse Provider Responsibilities

- A. When a DFS referred client receives an assessment and fails to enter treatment, the provider will notify the DFS worker within 24 hours by either phone or e-mail.
- B. When a DFS referred client receives an assessment and successfully enters treatment, the provider will:
 - 1. Remind the client that the treatment agency and DFS worker will be sharing information about treatment progress and the DFS case. The provider should again underscore the importance of the information exchange.
 - 2. A written report must be completed every 30 days (Attachment E). Progress reports will be sent on the 15th of the month to the Program Manager. A verbal report should be given as needed, but always when the client is non-compliant with treatment.
 - 3. Notify the DFS worker of any unexcused absence from treatment within 24 hours. If the provider has concerns about the safety of the client's children, the DFS worker or supervisor should be contacted immediately. Specific allegations of abuse or neglect must be reported as required by Title 16, Chapter 9, §903.
 - 4. Schedule joint case staffing with DFS if the situation warrants. Throughout treatment there should be periodic verbal contact with the DFS worker and always when there is a change in the treatment setting or critical court hearings.
 - 5. Provide to the client in writing: the name, address, phone number, and contact person of the treatment provider. Also include the date and time of the appointment.

DFS Worker Responsibilities

- A. When a DFS client receives a substance abuse assessment and fails to enter treatment, the DFS worker will:
1. Contact the client to determine the reason for the client's failure to comply with the treatment recommendation.
 2. Coordinate joint contact with the treatment provider and the client.
 3. If the client's reason for missing the appointment is reasonable, make arrangements to enter treatment. If client refuses to enter treatment, advise the client of the impact on his/her case. Reassess the risk posed to the children if at home.
- B. When a DFS client received a substance abuse assessment and successfully enters treatment, the DFS worker will:
1. Give the substance abuse provider a copy of the client's family service plan. This will allow the substance abuse provider to have an understanding of the DFS obligations that may affect the client's success in treatment.
 2. Review the verbal and/or written progress reports from the substance abuse provider. If child safety is identified in any of the reports, ensure appropriate follow-up.
 3. Participate in any joint case

IV. Case Coordination

Substance abuse clients involved in the child protective system often have multiple problems and areas of impairment that require case management. To avoid duplication efforts and to ensure consistency for these clients, the DFS worker and the substance abuse provider must coordinate case management while the client remains in treatment. The DFS worker maintains the primary casework responsibility.

DFS Worker Responsibilities

1. Communicate with the substance abuse provider to coordinate the DFS case plan with the substance abuse treatment plan.
2. Attend any joint staffing convened by the substance abuse provider.
3. Notify the substance abuse provider of upcoming court hearings, especially if a report or testimony will be required.
4. Maintain regular communication with the client regarding his/her progress and service needs.

Substance Abuse Provider Responsibilities

1. Communicate with the DFS worker to coordinate the client's substance abuse treatment plan with other services managed by the DFS worker.
2. Notify the DFS worker of any additional service needs identified during treatment and regarding changes in the client's treatment.
3. Attend any joint staffing convened by the DFS worker.
4. Prepare any written reports for use in court hearings.

v. **Collaborative Administration/Quality Assurance**

Both DSCYF/DFS and DHSS/DSAMH/DSS have agreed to support this interagency initiative and MOA through ongoing collaborative administrative oversight.

1. Convene quarterly meetings to review progress of the collaboration, identify problems, and design strategies to address problems. DSAMH will be the lead agency to convene such meetings.
2. Ensure appropriate dissemination of information to DFS workers and substance abuse providers regarding the collaborative initiative.
3. Sponsor joint in-service training, other training or technical assistance sessions.
4. Design outcome measures for successful collaboration. One hundred percent of clients will receive referrals within...
5. Maintain State agency liaison/contacts to address any system barriers to immediate referral and treatment.

Substance Abuse Provider Responsibilities

1. Participate in quarterly meetings to review progress of the collaboration, identify problems, and design strategies to address the problems.
2. Attend any joint training or in-service activities, sponsored by DFS and DSAMH.
3. Endure appropriate requirements of its contract with DSAMH and/or Diamond State Health Plan.
4. Contact appropriate state liaison regarding barriers or problems with immediate referral and treatment or problems that are not resolved at the agency level.

PROVIDER DIRECTORY

| | AGENCY NAME/ADDRESS/PHONE/FAX | EXECUTIVE DIRECTOR | DFS CONTACT |
|---|--|-------------------------------|------------------------|
| 1 | Brandywine Counseling, Inc. 2713 Lancaster Avenue Wilmington, DE 19805 Phone: (302) 656-2348 FAX: (302) 656-0745 | Sara T. Allshouse | Pat Johnson |
| 2 | Central Delaware Committee on Drug and Alcohol Abuse, Inc. T/A Kent County Counseling Services 1241 College Park Drive Dover, DE 19901 Phone: (302) 735-7790 FAX: (302) 735-3654 | David Parcher | Barbara Nemeth |
| 3 | NET (Delaware), Inc. Adult Behavioral Health Services P.O. Box 546 Delaware City, DE 19706 Phone: (302) 836-1615 FAX: (302) 836-0412 1-800-359-1367 | James Larks | Russel Buskirk |
| 4 | PACE, Inc. 5171 West Woodmill Dr., Suite 9 Wilmington, DE 19808 Phone: (302) 999-9812 FAX: (302) 999-9820 | Bruce Johnson | Thomas Hall |
| 5 | People's Place II, Inc. 219 South Walnut Street Milford, DE 19963 Phone: (302) 422-8033 FAX: (302) 422-8050 | Mike Kerstetter | Bev Lawson |
| 6 | Phoenix Mental Health 567 South Governor's Avenue P.O. Box 1692 Dover, DE 19904 Phone: (302) 736-6135, Ext. 106 FAX: (302) 736-0172 | John Freedman | Thomas Hall |
| 7 | SODAT 625 Orange Street Wilmington, DE 19801 Phone: (302) 656-4044 FAX: (302) 656-3439 | Kenneth Collins | Dee Lusby |
| 8 | Open Door 254 E. Main Street Newark, DE 19711 Phone: (302) 731-1504 | Howard Isenberg | Howard Isenberg |
| 9 | Connections 444 South New Street Dover, DE 19901 Phone: (302) 672-9360 FAX: (302) 672-9114 | Cathy McKay | Elizabeth Rodriguez |

MANAGED CARE

| | AGENCY NAME/ADDRESS/PHONE/FAX | DFS CONTACT |
|---|---|--------------------|
| 1 | American Psychiatric Systems (Behavioral managed care company for Delaware Care) 6705 Rockledge Road, Suite 200 Bethesda, MD 20817 Phone: 1-800-305-3720, Ext. 329 FAX: (301) 493-0775 | Shari Glickman |
| 2 | Christiana Care Health Plan 11 Read's Way New Castle, DE 19720 Phone: (302) 327-7742 FAX: (302) 327-7760 | Marlene Brown |
| 3 | Delaware Care (Coventry) Christine Kaplan, Manager Delaware Care Little Falls Center II 2751 Centerville Road, Suite 400 Wilmington, DE 19808 | Tina Kaplan |

Simple Screening Instrument for AOD Abuse Interview Form

NOTE: **Boldfaced questions** constitute a short version of the screening instrument that can be administered in situations that are not conducive to administering the entire test. Such situations may occur because of time limitations or other conditions.

During the past 6 months...

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants.) (Yes/No)
2. Have you felt that you use too much alcohol or other drugs? (Yes/No)
3. Have you tried to cut down or quit drinking or using drugs? (Yes/No)
4. Have you gone to anyone for help because of your drinking or drug use? (Yes/No)
5. Have you had any of the following:
 - Blackouts or other periods of memory loss
 - Injury to your head after drinking or drugs
 - Convulsions, or delirium tremens (“DT’s”)
 - Hepatitis or other liver problems
 - Feeling sick, shaky, or depressed when you stopped drinking or using drugs
 - Feeling “coke bugs” or a crawling feeling under the skin after you stopped using drugs
 - Using needles to shoot drugs
6. Has drinking or other drug use caused problems between you and your family or friends? (Yes/No)
7. Has your drinking or other drug use caused problems at school or work? (Yes/No)
8. Have you been arrested or had other legal problems? (Such as bouncing checks, driving while intoxicated, theft, or drug possession) (Yes/No)
9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs? (Yes/No)
10. Do you need to drink or use drugs more and more to get the effect you want? (Yes/No)
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs? (Yes/No)
12. When drinking or using drugs, are you more likely to do some things you wouldn’t normally do such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? (Yes/No)
13. Do you feel bad or guilty about your drinking or drug use? (Yes/No)
14. Have you ever had a drinking or other drug problem? (Yes/No)
15. Have any of your family members had a drinking or drug problem? (Yes/No)
16. Do you feel that you have a drinking or drug problem now? (Yes/No)

Observation Checklist:

The following signs and symptoms may indicate an AOD abuse problem in the individual being screened:

- Needle track marks
- Skin abscesses, cigarette burns, or nicotine stains
- Tremors (shaking and twitching of hands and eyelids)
- Unclear speech: slurred, incoherent, or too rapid
- Dilated (enlarged) or constricted (pinpoint) pupils
- Scratching
- Swollen hands or feet
- Smell of alcohol or marijuana on breath
- Drug paraphernalia such as pipes, paper, needles, or roach clips
- “Nodding out” (dozing or falling asleep)
- Agitation
- Inability to focus
- Burns on the inside of the lips (from freebasing cocaine)

Scoring for the AOD Abuse Screening Instrument

Date: _____

Items 1 and 15 are not scored. The following items are scored as 1 (yes) or 0 (no).

| | | |
|---------------------|----------|----------|
| _____ 2 | _____ 7 | _____ 12 |
| _____ 3 | _____ 8 | _____ 13 |
| _____ 4 | _____ 9 | _____ 14 |
| _____ 5 (any items) | _____ 10 | _____ 16 |
| _____ 6 | _____ 11 | |

Total Score: _____ Score Range: 0 – 14

Preliminary interpretation of responses:

| Score | Degree of Risk of AOD Abuse |
|-----------------|--|
| 0 – 1 | None to Low |
| 2 – 3 | Minimal |
| 4 or more | Moderate to high: possible need for further assessment |

Please note that scoring can be done only if questionnaire is completed in its entirety. It is expected that people with an AOD problem will probably score 4 or more on the screening instrument. A score of less than 4, however, does not necessarily indicate the absence of an AOD problem. A low score may reflect a high degree of denial or lack of truthfulness in the subject's responses.

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 | |
| <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 Signature/Date

Parent/Guardian if Applicable/Date

Witness/Date

Risk Inventory of Substance Abuse-Affected Families¹

The **Risk Inventory for Substance Abuse-Affected Families** is an optional, use-generated event that may be completed in DFS Treatment cases following the completion of a Diagnostic Profile that indicates that there is parental substance abuse (alcohol or drugs) that is of concern in adversely affecting parenting skills.

To initiate a Risk Inventory for Substance Abuse-Affected Families event, while on the **Case Event List**, click on **Events** in the menu bar, followed by clicking on **Assessment** and then **Substance Abuse**.²

Caretaker 1 and 2

Type in the name of the parent/caretaker being rated. Fields are provided for two persons to be rated; however, only Caretaker 1 is required to be completed. If names are included in both Caretaker 1 and Caretaker 2 fields, then two ratings must be completed.

Ratings

Each element must be rated for each caretaker indicated. If the appropriate response for an element is unknown, enter the number 8. If the element is not applicable, enter the number 9. For each element, you can type in the appropriate rating, or with your cursor in the element rating box, click with your right mouse button to obtain the list of ratings for this element and their corresponding text explanations. The list of ratings and text is too long to incorporate here, but is included in Appendix E of the DFS User's Manual.

Overall Rating

You can click on the **Compute** button to calculate the Overall Rating or FACTS will automatically calculate the rating when the event is saved or finalized. The **Overall Rating** is computed by totaling all individual rating scores which are not Unknown (8 ratings) or Not Applicable (9 ratings), and dividing the number of ratings included in the sum.

¹ Section on Risk Inventory for Substance Abuse Families added 02-20-97

² Remove assessment form menu title 02-05-98

View Previous Ratings

If a Risk Inventory for Substance Abuse-Affected Families has been previously completed in this case, you can click on the **View Previous Ratings** button to view those ratings to determine if there has been any change over time.

Comments

This text box is provided for you to enter any comments or narrative you may wish to include in regard to the assessment. Comments are not required.

Click on the **Finalize**. As this is a case even, FACTS will automatically include all members of the current case participant group as person to whom this event applies. If the Overall Rating for either of the caretakers is 2.5 or higher, a message box will be presented which states, "This level of parental substance abuse needs to be considered in your ongoing safety assessment and any case plans developed with the family."

Appendix E – Risk Inventory for Substance Abuse-Affected Families

Commitment to Recover

1. Parent is fully committed to the recovery process

Regular attendance at treatment program. Parent is connected to a network that supports abstinence and is pursuing lifetime recovery.

2. Initial commitment has been made to the recovery progress

Treatment has been accessed and attendance is fairly regular. Parent is in the early stages of recovery and is working to achieve stable abstinence.

3. Parent is struggling with commitment to recovery

A decision has been made to begin treatment, or, if treatment has begun, attendance is inconsistent. The parent is struggling with conflicts about abstinence.

4. Parent is ambivalent about recovery

Parent is ambivalent about entering treatment, or if treatment has begun, attendance is sporadic. Parent minimized problems of substance abuse.

5. Denial of problem

Parent denies that he/she has any problems related to abuse of drugs or alcohol. Parent is actively using substances and is not in treatment.

8. Unknown – insufficient information

9. Not applicable

Patterns of Use

1. Significant periods of abstinence

Parent has been able to abstain from the use of substances for frequent and prolonged periods of time.

2. Periods of abstinence with periodic relapse

While parent is frequently able to abstain from the use of substances, he/she experiences occasional relapses.

3. Abstinence is accompanied by frequent relapse

Parent is struggling with relapse, but does not have serious consequences for every day activities. Parent continues in treatment and is able to maintain daily routines.

4. Continued use with some reduction

Parent has reduced their use of substances, but continues to engage in behavior that may pose risks for their health and well-being. Some awareness of consequences.

5. Active use without regard to consequences

Parent is actively using substances without regard to consequences. Use poses significant risks for health and safety.

8. Unknown – insufficient information

9. Not applicable

Parent's Self-Efficacy

1. Parent has a high level of self-efficacy

Parent is able to identify needs and act to meet those needs. He/she consistently advocates for self. Is able to access resources independently.

2. Moderate level of self-efficacy

Parent is able to identify needs, but occasionally requires assistance in accessing resources to meet those needs. He/she can identify areas of competence and strength. Parent is able to advocate for self and children most of the time.

3. Parent struggles with sense of powerlessness

While parent is able to identify some needs, he/she frequently requires assistance in accessing resources to meet own needs and those of his/her children. He/she can advocate to get children's needs met, but has difficulty advocating for self.

4. Parent frequently feels powerless

Feelings of powerless makes it difficult for parent to identify needs or to identify strategies for meeting needs. Rarely advocates for self or children. Has difficulty identifying areas of strength or competence.

5. Parent immobilized by feelings of powerlessness

Parent displays overwhelming feelings or powerlessness. Is not able to identify needs to advocate for self or children. Has little sense of internal control or self-competence.

8. Unknown – insufficient information

9. Not applicable

Parent's Self-Care

1. Parent consistently attends to own needs

The parent is fully meeting needs for preventive care, medical care, and physical and emotional well-being.

2. Parent is meeting basic needs

The parent is meeting basic physical and emotional needs, but is often reactive. Does not take steps to prevent problems from occurring.

3. Parent's basic needs are inconsistently met

Parent does not consistently attend to physical and emotional needs (e.g. misses medical appointments, does not eat regularly, etc.). Only acts in a reactive capacity when problems occur.

4. Parent is not caring for self

Parent is not attending to basic physical and emotional needs (e.g. is not scheduling medical care, frequently misses meals, etc.). Consequences pose risks for the parent, but they are not serious or life-threatening.

5. Parent's behavior is dangerous to self

Parent's failure to attend to basic needs poses a danger to self. He/she frequently engages in risky behaviors with serious consequences (e.g. unsafe sexual practices, failure to schedule or follow through with medical care for serious conditions, etc.).

8. Unknown – insufficient information

9. Not applicable

MONTHLY PROGRESS REPORT

(Agency Name)

Client:
Address:
Telephone:

Last Report Date:
MCI#:
DOB:

Case Overview

Substance Abuse Treatment Program

Urinalysis Summary and Explanation

Case Management Plan Progress

Counselor Comments

Recommendations

Submitted By:

Date:

Title:

DIRECTIONS FOR COMPLETION

GENERAL:

The Monthly Report form is to be used by the substance abuse treatment agency when communicating with the Division of Family Services about the status and progress of their mutual client. The model form should be transferred to letterhead of the agency making the report but follow the standard format. Computerized templates are recommended.

Reports should be typed and proofread before submission to DFS. Every report should be reviewed and approved by the appropriated treatment agency staff according to internal agency policy regarding outgoing correspondence.

SECTION BY SECTION DIRECTIONS:

Heading

This section contains basic client and case identifying information. It should be completely and accurately filled out with the most recent data available.

Case Overview

State the level of substance abuse treatment program that the client has been participating in. Provide a summary of the client's progress or lack of progress in treatment. Include a brief discussion of treatment plan issues and/or goals, specific information about attendance, movement between higher/lower levels of care, aftercare plan or plan for treatment after release from current level of care. Enough detail should be given so the DFS caseworker can get a clear picture of how the client has been doing. If there is concern about client's ability to safely parent this must be included in this section.

Urinalysis Summary and Explanation

Comments on positive and negative results. If there is a computerized print out of results include that with the report.

Case Management Plan Progress

Briefly discuss areas other than substance abuse treatment that the client has been working on as part of the overall case management or ancillary services received. (e.g. health, mental health issues, education, job training, employment, etc.). Discuss met and unmet needs and goals.

Counselor Comments

Present the counselor's professional interpretations and opinions about the client's participation, progress, sincerity, and motivation regarding treatment and recovery.

Recommendations

Make professional recommendations and suggestions to the DFS caseworker based on the facts presented in the above report.

Signature and Date

The report must be signed and dated by the counselor and approved by the appropriate agency personnel.