

**Madera County Behavioral Health Services
Alcohol and Drug Program Standards
Drug Medi-Cal (DMC) Protocol**

The Madera County Behavioral Health Services Program Standards and DMC protocol describes the policies and procedures for all Madera County operated substance use disorder (SUD) programs. All Madera County Behavioral Health Services policies and procedures have been developed to comply with the Standards for Drug Treatment Programs (Drug Standards); DMC Certification Standards for Substance Abuse Clinics; and Title 22, California Code of Regulations (CCR), Section 51341.1; as well as other applicable laws and regulations.

I. General Management

A. Governing Body

The Board of Supervisors is the legislative and executive governing body of Madera County government. One Supervisor is elected from each of the five supervisorial districts of the County. Within the limits prescribed by State law, the Board enacts ordinances and rules, determines County policy, supervises the activities of County departments, adopts an annual budget, and fixes salaries. The Board meets regularly the first four Tuesdays of each month and occasionally on Mondays in the Board Chambers of the County Government Center in Madera. The public is invited to attend and participate.

B. Chief Executive Officer

The County Administrative Officer (CAO) is appointed by and serves at the pleasure of the Board of Supervisors. The CAO serves the legislative function of the Board by providing research, information, recommendations and serves all of the executive functions of the Board by administering and supervising all County departments in matters that are the responsibility of the Board. Additional duties include: acting as an agent and representative of the Board, enforcing Board policy, and recommending the annual budget and long-term capital improvements plan, exercising continuous budgetary control, and recommending more effective and efficient operating procedures and administrative reorganizations.

C. Administration and Personnel Policies

Among the responsibilities of the Department of Human Resources are recruitment and examination activities, employer-employee relations, salary administration, employee classification, processing of employee status changes, and a variety of payroll duties. The Director of Human Resources also serves as Secretary to the Civil Service Commission.

Oversight for the Madera County Civil Service System is provided by the five member Civil Service Commission which is appointed by the Board of Supervisors for four (4) year terms. Personnel policies are approved by the Board of Supervisors and are revised as needed. These policies apply to all Madera County employees and are made available to all employees. The policies in place comply with Federal, State and local personnel standards.

The established policies contain information regarding the following:

- a. Equal Opportunity
- b. Appointments
- c. Recruitment, Hiring, Evaluations, Promotion/Demotions
- d. Discipline/Termination and Appeals
- e. Layoffs/Seniority
- f. Position Classification
- g. Probationary periods
- h. Salary Schedule, Merit Increase
- i. Reinstatements/Transfers
- j. Appeal process
- k. Code of Conduct

Personnel files for all employees of Madera County Behavioral Health Services are kept at the main site located at 209 East 7th Street Madera CA 93638. There are procedures in place that limit access to and protect the confidentiality of personnel files. Personnel files will contain the following information:

- a. Initial application and resume
- b. Salary schedule, salary adjustment and status changes
- c. Employee evaluations and job description
- d. Health records and information on incidents/injuries
- e. Live scan information
- f. Driver's license

- g. Pertinent certifications and any commendations
- h. Code of Conduct

D. Fiscal Management

The Administrative Office is also responsible for providing direction and supervision of the following functions: Purchasing, Risk Management, Employee Benefits, Central Garage and Central Services.

Purchasing: This Department is responsible for reviewing and evaluating purchasing requests; issuing competitive bids; requests for proposals and quotations; the purchasing of services, supplies and equipment for the County. Other duties include the issuance of Purchasing Agent Agreements which contract for personal services under \$10,000 in total value; oversight of telephone orders and changes for County departments; oversees the transferring of items among departments for maximum utilization; disposes of obsolete and surplus items. The Department also performs the duties of posting and distributing County mail as well as other general services requiring multiple departmental coordination.

Risk Management: This Division is responsible for the determination and acquisition of appropriate insurance coverage; determining the appropriate insurance requirements for contracts with the County; administers the County's self-insured workers' compensation and liability programs; investigates claims for damage and makes recommendations on the acceptance of these claims; and coordinates the County Safety Program required by CalOSHA and good work practices.

Employee Benefits: This Division researches and recommends benefit programs for consideration by the Board of Supervisors. The Division provides the administration and enrollment requirement for the selected programs; which includes health, dental, vision, deferred compensation, flexible benefits, life insurance and long term disability. The Division also facilitates the development of voluntary benefit programs.

Central Garage: The Central Garage Department provides a preventive maintenance program and repair facility to safely utilize vehicles the County operates. Central Garage controls, maintains, and services all County vehicles, except for Road and Fire Department vehicles.

E. Volunteer Services

Volunteer and Student Internship opportunities are available throughout Madera County mental health and SUD programs. Volunteers and student interns are supervised by managers who oversee volunteer activities.

Volunteers complete an application and then are screened and selected to work alongside full-time employees. Volunteers are expected to abide by all county policies as well as read and sign the Madera County Drug-Free Workplace Policy, Code of Ethics Policy, Confidentiality Statement, and Agreement to uphold HIPAA Regulations, and submit to fingerprinting, a health physical, and tuberculosis testing. Volunteers and student interns shall have a health screening within six months prior to employment or within 15 days after employment (start of volunteer work).

Volunteers are provided with an orientation and participate in regular trainings alongside current employees. Volunteers will have clear specific assigned duties and will be evaluated by their assigned supervisor. Volunteers and Student Interns would be considered for work in services such as:

- a. Outpatient treatment
- b. Aftercare
- c. Perinatal programs
- d. Co-Occurring services
- e. Prevention/Early Intervention Programs
- f. Behavioral Health Advisory Board

II. Program Management

A. Admission or Readmission Criteria and Procedures

All DMC (certified) or licensed SUD programs in Madera County will provide Outpatient Drug Free (ODF), Intensive Outpatient Treatment (IOT) and Perinatal treatment services directed at stabilizing and rehabilitating persons (consumers) with substance use diagnoses. Acceptable diagnoses are all of the diagnoses listed in the substance abuse section of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV). The primary beneficiaries of treatment services will be individuals who are actively involved in alcohol and drug abuse and who are experiencing the negative consequences associated with such abuse.

Significant others of beneficiaries may be involved in the treatment process through collateral services.

During the intake process, an assessment will be conducted to determine eligibility for admission to services.

1. Criteria for Admission:

- a) The primary criterion for admission to the program shall be involvement with alcohol and/or drugs, or problems related to alcohol and/or drug use, including family members or significant others of individuals who are abusing chemicals.
- b) Drugs of abuse may include substances such as alcohol, methamphetamine, marijuana, prescription medication, cocaine, crack, heroin, PCP, and any unlawful use of sedatives, stimulants, and inhalants.
- c) Statement of Nondiscrimination: Admission shall not be denied on the basis of race, color, religion, sex, sexual orientation, age, national origin, inability to pay, or disability. The above shall not preclude services for special programs or funding for specific populations such as Drug Court or Perinatal.
- d) All participants shall be deemed by the counselor and the physician to be physically and mentally capable of assuming full responsibility for their own decisions and actions in relation to recovery from alcohol and/or drug misuse.

- e) Client referrals are accepted from individuals, family, friends, community agencies and professionals, including physicians, therapists, courts, schools, probation officers, or Child Protective Services (CPS) workers. Referrals for individuals under the age of twelve (12) years of age will be required to have a parent and/or guardian accompany them to the interview and sign necessary documents which allow Madera County to treat minors.
- f) Participation in the program shall be voluntary. Beneficiaries must be willing to participate in all aspects of the program and abide by all rules and regulations.
- g) Readmission: An individual who desires to be readmitted to a program will go through the same intake procedures as a new admission. An exception to this would be if there were unusual circumstances surrounding the person's prior treatment episode discharge, i.e. an involuntary discharge due to dangerous or threatening behavior while in treatment or discharged due to a need for a higher level of care (residential/hospitalization).
- h) All individuals who are deemed not eligible for services will receive referrals to agencies or programs that may better meet their needs. Individuals in need of detoxification or residential services will be referred to nearby counties offering those services.

2. Intake

- a) An initial interview will be scheduled to determine if an individual meets intake criteria. Persons not meeting intake eligibility will be referred to the most appropriate agency or program.
- b) When eligibility for services has been determined, the counselor shall complete an intake packet and provide the individual with an orientation to treatment. The intake and orientation includes, but is not limited to, completing forms related to information on a personal, financial, educational, vocational, and medical level. The intake also requires the compilation of a detailed substance use history of the individual applying for services. A screening tool such as the ASI, SASSI, or MAST may be used to help in diagnosing the individual and determining treatment needs. Appropriate releases of information or requests for information will be completed at intake and necessary signatures will be obtained. The individual will be informed of client rights (fair hearings), confidentiality and privacy practices, program rules and regulations, available treatment modalities, and the expected length of treatment. The individual will sign a consent for treatment form.
- c) After completion of the admission and intake process all client records will be scanned into the electronic system and hard copies will be destroyed within thirty (30) days to ensure that all documents were properly scanned electronically into the system.

Records that are pending destruction will be kept in the locked medical records office which meets HIPAA standards.

d) At a minimum, the following information will be gathered at intake prior to admission:

- Social, economic and family background
- Education
- Vocational achievements
- Criminal history, legal status;
- Medical history
- Drug history; and psychological info
- Previous treatment episodes

e) Intake times vary by clinic and counselor availability.

Dependent on the site, appointments may be on a walk-in basis or by scheduled appointment time. If scheduled appointments are required, these will be handled by the receptionist at those sites.

3. Medical Services

a) A health questionnaire will be completed by each applicant and the completed health questionnaire will be reviewed by the SUD program physician within thirty (30) calendar days of admission. If a beneficiary has completed a physical examination within twelve (12) months prior to his/her treatment date, the physician will review the physical within thirty (30) calendar days of the beneficiary's admission to treatment.

If the physician is unable to obtain a physical, efforts made to obtain the physical will be documented in the beneficiary's patient record.

- b) If the licensed physician determines that the client needs a physical and/or laboratory examinations, the client will be referred to the Darin Camerena Health Center or other available Primary Care Providers for the exam/laboratory work, or if the client chooses, s/he can go to their personal physician for the exam and lab work. The client will be asked to sign a release of information so that the program staff can communicate with the physician conducting the exam/lab work and obtain results.
- c) Madera County Behavioral Health Services will take every precaution to protect clients from the spread of infectious diseases. Individuals presenting or reporting symptoms of tuberculosis must obtain clearance from their MD or health clinic prior to admission into one of Madera County's SUD programs.
- d) During the intake process, clients are educated about life styles and behaviors that can lead to Human immunodeficiency virus (HIV) infection, sexually transmitted diseases and Hepatitis C. Clients are encouraged to contact the local Public Health Department for further information regarding infectious diseases, testing options, and treatment if needed.

B. Services

1. Staffing

Each program will be appropriately staffed to ensure adequate delivery of required and provided services. All SUD counselors/clinicians will meet or exceed minimum qualifications for their job title and will be registered, licensed or certified through a Department of Health Care Services (DHCS) recognized accreditation board. Oversight for the SUD programs will be provided by a Division manager or Supervising Mental Health Clinician or Behavioral Health Supervisor.

2. Hours of Operation

Madera County hours of operation will be consistent with established and posted hours of operations in order to establish standardized operations and ensure that daily operations are consistent in each location throughout Madera County sites.

- Regular business hours at each site will be Monday through Friday, 8:00 a.m. to 5:00 p.m., including a lunch hour from 12:00 p.m. to 1:00 p.m. After-hour groups and sessions will be available at each site and posted accordingly.
- Each clinic will be responsible to ensure that the hours of operation are being maintained.
- Each clinic is responsible for providing front desk reception coverage from 8:00 a.m. to 5:00 p.m.

- Sites will be open for business at 8:00 a.m. Telephones will be covered, lights will be on, medical records will be operative and doors unlocked.
- Division Managers/Supervising Clinicians are responsible to ensure that telephone coverage is maintained throughout the day and that those answering the telephone have been trained on proper telephone operations.
- Appointments are available between 8:00 a.m. and 5:00 p.m. with evening hours available at the discretion of each site.
- Each clinic will establish procedures for opening and closing its site and transferring telephone calls to after-hours contract providers. Clinics may utilize staff from other Madera County sites to assist in coverage when necessary.
- Sites will make available bilingual Spanish speaking staff to respond to monolingual callers.
- After hour emergency counseling or referral services can be accessed through Madera County's 24-HOUR PHONE LINES. These numbers will be posted and also recorded on the answering machine.

3. Counseling and Other Therapeutic Services

a) Frequency of Services

- Currently Madera County only operates outpatient programs. Individuals in need of detoxification, or residential services are referred to out-of-county contract providers.

- Each client receiving outpatient services should be seen weekly or more often, depending on his/her need and treatment plan. At a minimum, all clients shall receive two counseling sessions (group or individual) per 30 day period or be subject to discharge.
- Exceptions to the above frequency of services may be made for individual clients where it is determined by program staff that fewer contacts are clinically appropriate and that progress toward identified goals are being maintained. Such exceptions shall be noted in the case file.

b) Type of Services

Madera County's ODF, services seek to stabilize and rehabilitate patients who have a SUD diagnosis. The components of ODF services are intake, individual and/or group counseling, medication services, medical direction services related to an SUD, collateral services, crisis intervention and treatment discharge planning. Individual counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning.

ODF participants will receive at least two (2) group face-to-face counseling sessions every thirty (30) days with (2-12 participants) focused on short-term personal, family, job/school and other problems and their relationship to substance use. Group sessions may last up to ninety (90) minutes.

Intensive Outpatient Services will be provided to patients a minimum of three (3) hours per day, three (3) days a week and are available to all patients for whom it has been determined by a physician to be medically necessary. The components of IOT include intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. Counseling as a component of IOT must be face-to-face with a therapist or counselor.

Perinatal treatment services will address treatment and recovery issues specific to pregnant and postpartum women such as relationships, sexual and physical abuse, and the development of parenting skills. The components of Perinatal services include intake, individual and group counseling, patient education, medication services, transportation services, collateral services, crisis intervention services, treatment planning and discharge services. Perinatal services will include mother/child habilitative and rehabilitative services training in child development, service access education to reduce the effects of alcohol and drugs on the mother and fetus or mother and infant, the coordination of ancillary services and other services which are medically necessary to prevent risk to fetus or infant. The need for the following services will be assessed and when needed, will be provided directly or by referral to an ancillary service.

These services include education opportunity, vocational counseling/training, job referral/placement, legal services, medical services, social/recreational services, individual counseling and group counseling for clients, spouses, parents and other significant people in the client's life.

To the maximum extent possible Madera County Behavioral Health Services will provide and utilize community resources and document any referrals in client records.

All of the aforementioned services will be provided by staff that are lawfully authorized to provide, prescribe and/or order these services within the scope of their practice or licensure, subject to the following:

- (A) Group counseling sessions shall focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Services shall be provided by appointment. Each client will receive at least two group counseling sessions per month.
- (B) Individual counseling shall be limited to intake, crisis intervention, collateral services, and treatment and discharge planning.
- (C) Definitions of the above listed services are as follows:
 - Collateral Services means face-to-face sessions with significant persons in the life of a client, focusing on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals.

Significant persons are individuals that have a personal, not official or professional, relationship with the client.

- Crisis Intervention means face-to-face contact between a therapist or counselor and a client in crisis. Services shall focus on alleviating crisis problems. Crisis means an actual relapse or an unforeseen event or circumstance which presents to the client an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the client's emergency situation.
- Group Counseling face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For ODF treatment services, group counseling shall be conducted with no less than two (2) and no more than twelve (12) clients at the same time, only one of whom needs to be a Medi-Cal beneficiary. A sign-in sheet will be kept for every group which will include a typed or legibly printed name and signature of the therapist(s) and/or counselor(s) conducting the session. The sign-in sheet will also include the date of the session, topic of the session, start and end time of the session and the typed or legibly printed names and signatures of each participant attending the session. Participants will sign the sign-in sheet at the start of or during the counseling session.
- Individual Counseling means face-to-face contact between a client and therapist or counselor. Telephone contacts, home visits, and hospital visits will not qualify as DMC reimbursable units of service.

4. Referral Services

If during the course of treatment it is judged that a client is not appropriate for treatment, or is in need of other services, Madera County shall provide the client with a referral to appropriate alternative services.

- Referrals requiring follow-up by the SUD counselor will be documented in the client record
- All referrals will be documented in the client record.
- A signed release of information will be obtained for all referrals requiring release of patient health information (PHI).
- Conditions under which a referral may be necessary include but are not limited to: Client requires or requests services not provided by Madera County Behavioral Health Services, i.e. medical treatment, dental care, detoxification or residential care, psychiatric hospitalization, legal services.
- Referral resources may include but not be limited to: Legal Aid, Dept. of Social Services, Victim Witness, Medical Association, Darin Camarena Center, Public Health Dept., Madera Adult School, Workforce Investment Board, Madera Access Point, Madera Community Hospital, Social Security Administration, Madera Housing Authority, Madera Parks and Recreation and Kings River Community College. Please see a complete listing of resources in the appendixes section of our policies and procedures.

5. Medical Services

a) Emergency:

To ensure that continuous medical treatment is available to all SUD clients the following policy and procedure has been established to provide direction for staff in the event of a medical emergency occurring when a client is on-site at one of Madera County's SUD facilities.

PROCEDURE

If there is a medical emergency (i.e. overdose, bodily injury) the client will be transported via ambulance to the closest appropriate medical hospital emergency room for treatment. The Medical Director or designee will be informed immediately of the situation.

The hospital in Madera County is Madera Community Hospital (MCH) (559) 675-5520. Madera County staff will notify the MCH emergency room to inform them that a person is being transported to their facility. Pistoresi Ambulance Services should be contacted for transportation services (559) 673-8004.

Family members or the emergency contact person listed on the face sheet in the client's medical record's chart will be contacted and informed of the emergency. Only pertinent patient health information will be provided on a need to know basis (HIPAA Regulations) to the ambulance and hospital facility (client's name, medications (if any), emergency contact person, and insurance information).

Madera County staff involved in the emergency will document the information regarding the emergency in the client's chart (progress note) and also complete an Incident report, which will be sent to the Madera County SUD Administrator and the Madera County Medical Director for review. In the event that the medical emergency leads to a 5150 and eventual placement in a psychiatric facility, staff should follow the 5150 procedure and contact the Madera County Behavioral Health Services Crisis Worker at 559-673-3508.

b) Consulting:

Madera County contracts with Orlando Collado M.D. for psychiatric medical services. Dr. Collado is the Medical Director for Madera County Behavioral Health Services. Dr. Collado is available Monday - Friday 8:00 a.m. to 5:00 p.m. After hour calls and emergencies go to the Madera Community Hospital.

c) Residential or Detoxification Services:

Madera County contracts with the Comprehensive Alcohol Program (CAP), Spirit of Woman, and West Care, all of which are AOD certified/licensed residential facilities that provide social model residential or detoxification services to Madera County residents. Referral process includes:

- Face-to-face client evaluation at a Madera Alcohol and Drug Program facility.
- Release of information signed by the client to release pertinent patient health information.

- Referral for medical clearance.
- Written referral to the contract agency with payment guarantee signed by the Supervising Licensed Clinician.
- Transportation to the facility if the client does not have his/her own transportation.
- Follow-up phone and written contact between the contract facility and the Madera SUD counselor regarding the client's progress in treatment.
- Aftercare treatment in Madera following the client's release from the residential facility.

C. Case Management

1. Establishment, Control and Location of Records

- a. A case file (client record) is opened for each client admitted to one of Madera County's SUD programs then scanned electronically into the Anasazi system.
- b. Madera County client records prior to being scanned are kept in a double locked medical records room with an additional three (3) locks of protection. Prior to their destruction these records will be accessible only to medical records personnel and clinic supervisors. Hard copies of records are kept no longer than thirty (30) days to ensure they are properly scanned into the electronic system.

Information released from records will only be released in accordance with 42 CFR, Part 2 regulations.

Madera County Behavioral Health Services began its conversion to an electronic medical record (Anasazi Software) beginning November 2007.

Madera County currently is fully electronic.

2. Contents of Records

At a minimum, all records will contain the following:

a. Demographic and Identifying Data:

- Client identifier (name, number, etc...)
- Date of birth,
- sex,
- race/ethnic background,
- address,
- telephone number,
- next of kin, or emergency contact number
- consent to treatment;
- referral source and reason for referral,
- date of admission; and
- type of admission (i.e., new, etc...)

b. Intake Data

All data gathered during intake shall be placed in the client's record:

- Social, economic and family background
- Education and vocational achievements,
- Criminal history, legal status,

- Medical history,
- Drug history; and
- Previous treatment episodes.
- Signature on consent form

c. Treatment Plan

Each client will have an individually written treatment plan which is based upon the information that the SUD counselor obtains during the intake and assessment processes. The treatment plan will be developed within thirty (30) days from the client's admission.

The initial treatment plan will include:

- A statement of problems to be addressed
- Goals to be reached which address each problem
- Action steps which will be taken by the counselor/client to accomplish identified goals
- Target dates for the accomplishment of action steps and goals
- A description of the services, including modalities, to be provided and the frequency thereof; and
- The assignment of a primary counselor.
- The counselor will ensure that the initial treatment plan meets the following requirements:
 1. The counselor will complete and sign the treatment plan within thirty (30) calendar days of the admission to treatment date.

2. The physician will review, approve, and sign the treatment plan within fifteen (15) calendar days of the signature by the counselor. If a beneficiary has not had a physical examination within the twelve month period prior to the beneficiary's treatment date, a goal that the beneficiary have a physical examination will be included in the treatment plan. If documentation of a beneficiary's physical examination, which was performed during the prior twelve months, indicates a beneficiary has a significant medical illness, a goal that the beneficiary obtain appropriate treatment for the illness will be established in the treatment plan.
3. The client's signature is obtained signifying that the client had input into the treatment planning process and is agreeable to the goals and action steps set forth.
4. The counselor will ensure that the treatment plan is reviewed and updated as described below:

The counselor will review and sign the updated treatment plan no later than ninety (90) calendar days after signing the initial treatment plan, and no later than every ninety (90) calendar days thereafter, or when a change in problem identification or focus of treatment occurs, whichever comes first.

Within fifteen (15) calendar days of signature by the counselor/client, the physician will review, approve, and sign all updated treatment plans.

d. Urine Surveillance:

When drug screening is appropriate and necessary by the Manager/Supervisor, or Medical Director, the following policy and procedure will be followed:

POLICY

Drug testing at Madera County SUD programs will be used as a therapeutic adjunct to existing outpatient treatment and services.

PURPOSE

Drug testing is not viewed as treatment, but rather as a treatment process to help individuals in their efforts to maintain a drug-free lifestyle. Staff should ensure that clients and other agencies understand that drug testing is only one of several tools used in treatment and that the testing procedure and the results (positive or negative), would not meet the established standards for any type of legal or punitive action.

PROCEDURE

The following will be the Protocol for therapeutic drug testing of clients in Madera County Behavioral Health SUD programs:

Protocol:

Prior to drug testing, staff will establish whether the client is currently taking prescribed or over-the-counter medication. If the client is taking prescribed medication, a release of information shall be obtained from the client so that staff may speak with the prescribing MD and document any prescription medication in the client's medical records chart.

Testing will be done on a random basis when:

- There is therapeutic justification for doing so
- When staff is concerned about compliance to program requirements
- To assist in breaking through denial
- Staff deems it necessary to enhance treatment.

Procedures:

- Test kits will be kept in a locked filing cabinet and be requested from office staff when needed.
- Tests will be self-administered and observed by staff.
- Gloves will be available if the client requests them.
- Staff will accompany the client into the bathroom where the client will perform the test by dipping the stick into the sample.
- The counselor will document the results in the progress note.
- When the test is complete, the client will empty the remaining sample into the toilet and throw the container and test strip into the garbage can.
- The counselor will document test results in the client's chart. If the test was positive, the client will work with staff on relapse prevention issues.
- Please note the method of testing may change based on the type of test kit the program orders i.e. it could be saliva test strips which would change the testing protocol.

e. Other information required:

- All client services (individual, collateral, crisis, group, intake, assessment, treatment and discharge planning) should be documented in the client chart in the progress note section. Progress notes should follow the BIOP (behavior, intervention, objective, plan) or DAP (data, assessment plan) format and should correspond to one or more of the goals/problem areas noted on the treatment plan. Progress notes must be dated and signed by the SUD counselor. Although not billable Medi-Cal units; telephone contacts, referrals, home visits, correspondence, and no shows should also be documented in the client chart.
- All chart documentation will be subject to quality assurance procedures to ensure that services occur within appropriate timeframes and that all required documentation is contained in the record.
- When a client has left, completed, or dropped out of treatment, a discharge summary must be completed which reflects the client's progress in treatment up to the date of discharge. For clients completing treatment, an exit plan should be part of the discharge plan which reflects the client's individual plan to assist him/her in remaining clean and sober.
- All progress notes contained in the chart should clearly state the clients' progress toward reaching goals.

f. Other Requirements:

- All entries will be signed and dated.
- Client chart entries will be written in permanent black ink or typewritten for any record that is not integrated into our electronic record system.
- All significant information pertaining to a client will be included in the client's record. SUD counselors will follow the standard format established by medical records for client chart entries. Counselors can access their client charts by following medical records procedures for checking out charts if a hard copy is available. The following policy and procedure has been established for client/chart confidentiality and counselor requirements for checking out a chart:

POLICY

All information and records obtained in the course of providing services to either voluntary or involuntary recipients shall be confidential. (California Welfare & Institutions Code Section 5328). All client records are kept under separate lock and key with limited access, according to confidentiality guidelines found in the W&I Code. (California Welfare & Institutions Code Section 5328). Clients are entitled to the right to confidentiality as provided for in Title 42, Sections 2.1 through 2.67-1, Code of Federal Regulations. Electronic Records will be sequestered to ensure privacy.

PROCEDURE

All staff will be conscious of client privacy and will not discuss any client related business when in the common areas of the clinic (hallway, forms room, copier, admissions, and reception area).

A. In addition to the electronic records client records are filed in a separate chart room from the rest of the clinic. This area is separately keyed with a different lock than the rest of the building, with limited access to the key. No unauthorized person will be allowed to enter the Medical Records Chart Room.

1. The following are authorized to enter the Medical Records Chart Room:

- BehavioralHealthServicesDirector(MentalHealth Director/Alcohol and Drug Administrator)
- Division Managers
- QI & Privacy Coordinator
- Supervising Mental Health Clinician/Behavioral Health Supervisor
- Medical Records Personnel

Medical Records maintenance and janitorial services will not be performed in the medical records room unless medical records staff are present to ensure that privacy is maintained during the cleaning/repair.

g. Disposal and Maintenance of Records:

- Closed Programs: Madera County will store client records for a period of not less than four years for any alcohol and drug program that operated in Madera County that has closed down its operations.

- Closed cases will be stored in the closed medical records room for a period of not less than four years from the date they were officially closed.

D. Quality Assurance

All Madera County SUD programs will follow the policy and procedure set forth for Utilization Review, Program Evaluation, and Quality Assurance.

At a minimum, Madera County Alcohol and Drug Programs will ensure that the following occurs:

1. Continuity of Care

- a. A treatment plan is developed at the earliest practical time after admission, not to exceed 30 days. This activity will be monitored by the counselor, supervisor/manager, medical records staff, and the Utilization Review Committee that meets weekly for chart review. Medical Records staff utilize a chart check-off list in which they monitor and check each time an item or form for the chart has been completed.
- b. The services required are provided and documented in the client record. This activity will be monitored by the counselor, supervisor or manager, medical records staff, and the Utilization Review Committee that meets weekly for chart review. Medical Records staff utilize a chart check-off list in which they monitor and check each time an item for the chart has been completed. All staff are required to complete a daily log reflecting counseling activities for each day they work.

All progress notes, intake paper work must be attached to the daily log which is turned into the medical records staff no later than noon of the following work day. Any items missing from the log are immediately brought to the attention of the supervisor/manager who has the counselor complete the missing items that same day.

- c. Failure of the client to keep scheduled appointments is discussed with the client and other action taken as appropriate. The Utilization Review Committee monitors progress notes in their weekly meeting to ensure the counselor is following up with each client appropriately. Medical Records prints out a monthly report which reflects client no shows per individual counselor and clients who have not had any contact in thirty (30) days. Counselors are required to make contact with clients who no show on the same day of the missed appointment to engage them in the treatment process.
- d. Progress in achieving the goals and objectives identified in the treatment plan assessed and documented on a continuous basis. All treatment plans must be reviewed and signed by the Medical Director, Client, and the Counselor. At the time of signing the treatment plan, the Supervisor reviews the progress notes to assure that treatment is geared toward the goals and objectives identified in the treatment plan. Counselors will be asked to rewrite any treatment plan that appears to be inaccurate for the problems identified by the client.

- e. The treatment plan is periodically reviewed and updated at least every ninety (90) days. All treatment plans must be reviewed and signed by the Medical Director, Client, and the Counselor. At the time of signing the treatment plan, the Supervisor reviews the progress notes to assure that treatment is geared toward the goals and objectives identified in the treatment plan. Medical Records has developed a tickler system for each treatment plan due date (90 days from the initial treatment plan date). Counselors are provided with a printout of all treatment plan due dates at least two weeks prior to the expiration of the due date.
- f. The client's record contains all required documents (Correspondence, authorization to release information and consent for treatment). This activity will be monitored by the counselor, supervisor/manager, medical records staff, and the Utilization Review Committee that meets weekly for chart review. Medical Records staff utilize a chart check-off list in which they monitor and check each time an item or form for the chart has been completed. Additionally, all staff are required to complete a daily log reflecting counseling activities for each day they work. All progress notes are completed electronically. Any items missing from the log are immediately brought to the attention of the supervisor/manager who has the counselor complete the missing items that same day.
- g. If feasible, the client is followed-up after treatment as scheduled in the discharge summary. All SUD clients are followed up by the SUD program within ninety (90) days after discharge.

SUD clients sign an agreement at the time of admission stating how they wish to be contacted for appointments, cancellations, or discharge follow-up. If the client is agreeable, a standard letter is sent out through the receptionist which inquires how they are doing and encourages them to contact us regardless of whether all is going well or not so well. Clients stating they would prefer telephone contact will be telephoned by program staff.

2. Case and Treatment Plan Reviews

a. Case Reviews

At a minimum, all alcohol and drug case reviews will occur at intake, when treatment plan revision is appropriate, and at discharge. The purpose of the documented case review is to ensure that:

- The treatment plan is relevant to the stated problems;
- The services delivered are relevant to the treatment; and
- The record keeping is adequate

Case Review activity will be monitored by the counselor, supervisor, medical records staff, and the Utilization Review Committee that meets weekly for chart review. Medical Records staff utilize a chart check-off list in which they monitor and check each time an item or form for the chart has been completed. Documentation is immediately brought to the attention of the supervisor/manager who has the counselor complete the missing items that same day.

b. Treatment Plan Review

The SUD treatment plan review will:

- Assess progress to date;
- Reassess needs and services; and
- Identify additional problem areas and formulate new goals when appropriate

All initial and subsequent treatment plans must be reviewed and signed by the Medical Director, Client, and the Counselor. At the time of signing the treatment plan, the Supervisor reviews the progress notes to assure that treatment is geared toward the goals and objectives identified in the treatment plan. Counselors will be asked to rewrite any treatment plan that appears to be inaccurate for the problems identified by the client. Treatment plans will also be reviewed by the Utilization Review Committee to ensure quality care is being provided to all clients and that their treatment needs are being met by the program.

3. Program Evaluation:

The following policy has been established for program evaluation, utilization and review, and quality assurance:

UTILIZATION REVIEW, PROGRAM EVALUATION AND QUALITY ASSURANCE COMMITTEES

Authority, Organization and Structure

- The Madera County Behavioral Health Services Director (Alcohol and Drug Program Administrator) shall have final authority and responsibility for the establishment and implementation of Quality Assurance Committee (QAC) activities for all Madera County Alcohol and Drug Programs.
- The AOD Administrator shall review and act upon findings of QAC activities and recommendations, as submitted through the approved organizational structure, and will provide feedback to the Madera County SUD Programs, the Behavioral Health Services Advisory Board, public agencies, clients and/or the public, when applicable.
- The AOD Administrator shall assure that the QAC activities are compatible with all federal and state laws and other relevant requirements.
- The AOD Administrator shall demonstrate the commitment to provide the financial resources necessary to support the activities, recommendations, equipment and personnel required to uphold the system-wide QAC activities.
- The AOD Administrator delegates authority to the Division Manager/Supervising Clinician/Behavioral Health Supervisor SUD Programs to assure implementation of QA committees.

- The Division Manager and Supervising Mental Clinician have been given the authority and assumes responsibility to ensure that QA committees are established and implemented. The SUD Division Manager will receive reports, recommendations, and findings from the UR/PE/QA committees annually or more often if need indicates.

QUALITY ASSURANCE COMMITTEE

- The QAC shall monitor the Madera County's SUD Program's contract compliance related to service provision and adherence to service and budget quality and quantity. The Committee shall establish that service definitions, guidelines, criteria and outcomes for program and service standards, as outlined in the DMC and DHCS standards for certification are being followed. The Committee shall review and evaluate all current service provisions and make recommendations for future actions. The Committee will meet quarterly or more often if indicated.
- In order to ensure that patient health information remains confidential, all data presented at QAC meetings shall be presented in aggregate forms or through the deletion of any information that could facilitate identification of a particular client. QAC minutes shall be taken at each quarterly meeting and submitted to the Division Manager and the SUD Administrator.

- This Committee may review aggregated data, intra-system issues, serve as a problem-solving group, serve as a catalyst for intra-system and/or inter-system changes and make recommendations to the Division Manager or the SUD Administrator.
- Information, data or recommendations emanating from the QAC shall be provided to and be used by the SUD Administrator/Mental Health Director for the purpose of reviewing, improving and recommending change in the delivery of alcohol, drug, and co-occurring services.
- The QAC Chairperson will be the Supervising Mental Health Clinician for AOD Programs and the committee will be composed of representatives from each of the Madera County Alcohol and Drug Programs.

THE BEHAVIORAL HEALTH ADVISORY BOARD, AD-HOC COMMITTEES, CLIENTS, FAMILY AND PUBLIC FEEDBACK

Information, data or recommendations emanating from these groups or individuals shall be provided to and be used by the QAC, in conjunction with other relevant individuals and committees, for the purpose of reviewing, improving and recommending change in the delivery of alcohol, drug and co-occurring services.

QUALITY ASSURANCE COMMITTEE GOALS

- Provide the public with available, accessible, appropriate and acceptable alcohol, drug, and co-occurring services.

- Provide alcohol, drug, and co-occurring programs and services that are consistent, cost effective and relevant through:
 - (a) planning: designing a performance improvement process;
 - (b) doing: monitoring performance through data;
 - (c) checking: analyzing current performance;
 - (d) acting: demonstrating that data collected and analyzed are used to improve performance, practices, and processes.
- Establish and maintain a flexible, comprehensive and integrated quality assurance committee.

Promote quality assurance as an integral and dynamic component of Advisory Board, agency, client, and lay public activities.

QUALITY ASSURANCE OBJECTIVES

- To coordinate all quality assurance activities through the respective committees established for this purpose.
- To coordinate and communicate program evaluation/quality assurance activities to the Division Manager in order to provide information and/or recommend action by the QA Committee.
- To foster and facilitate communication/action of program evaluation activities to agencies, consumers and the lay public.
- To provide oversight and accountability for monitoring program quality assurance activities of agencies, services and programs to ensure timely reporting and corrective action, when indicated.

- To provide technical assistance to the Division Manager, Behavioral Health Advisory Board, agencies, clients and the lay public, where indicated.
- To identify opportunities for developing new services based upon the needs of clients, strengthening current delivery systems and identifying and correcting problems that impede satisfactory service delivery to clients.
- To identify opportunities for improving care provided to clients through the development of criteria-based process and outcome indicators applied to all services, programs and agencies with which the Board contracts.
- To ensure compliance with all state, federal or other applicable requirements and/or regulations. To ensure that clients receive respectful, confidential, appropriate, timely, culturally relevant and cost-effective services.
- To identify utilization trends and recommend changes to ensure that clients receive the most appropriate services in the least restrictive environment within their local communities.
- To evaluate, at least annually, the effectiveness of the Madera County SUD programs and assure that the overall goals and objectives of the programs are achieved.
- To maintain the confidentiality of quality assurance information.

MONITORING AND EVALUATION MECHANISMS

- Criteria-based indicators with identified measurable process and/or outcome indicators shall be established within each SUD program for each service. These indicators shall include services or programs with high volume, problematic services/programs or those serving high-risk or multiple-need consumers and may include other indicators as identified by each program. Criteria shall be established for determining a sample size for review and timelines for completion of each review. The criteria shall consider the numbers of persons served by the program, number of counseling staff to be reviewed and the population served by the program.

In addition, specific areas for review within the scope of each service shall include, but not be limited to, the following:

1. **CLINICAL RECORD REVIEW** A sample shall be reviewed quarterly to evaluate the completeness of the QA Review process in accordance with program policies and procedures. Results of clinical record reviews shall serve as a planning tool for developing on-going education programs for staff or changing policies and procedures.
2. **QUALITY IMPROVEMENT/RISK MANAGEMENT** Activities that shall be included but should not be considered an inclusive list are:

- Review of those aspects of care having the greatest impact on quality of service, i.e.: high volume, problematic, persons with multiple service needs or aspects of care related to ethnic and minority populations. Annual evaluation of all major aspects of each service shall be done. Results of this evaluation may broaden monitoring of care aspects but shall be no less than those already identified in this category.
- Periodic monitoring and assessment of contract services of programs such as contracts for detoxification or residential care. These services shall be evaluated regarding the quality and appropriateness of services provided, including satisfaction of persons served and/or their families and significant others.
- Focus reviews, including clinical issues, shall be commenced as topics are identified. These topics may include suggested trends in the needs of persons served, their families or significant others and patterns of agency and staff.
- Responses to these identified needs, specific groups of people or specific problem areas where the agency is not achieving the desired outcomes; or may identify areas where special consultation or expertise is needed to improve the effectiveness of services.
- Review of all documented incidents (incident reports) shall be monitored and reviewed quarterly, with attention to patterns, trends and corrective actions taken, or identified for future completion.

- Review of client rights complaints and grievance shall be monitored and reviewed quarterly, with specific attention to resolution, satisfaction, agency and/or system issues requiring additional attention and/or action.
- Review of safety categories shall be conducted at least annually, and shall include, but not be limited to, physical plant safety, environmental hazards, compliance with infection control requirements and those of other applicable licensing or regulatory bodies.
- Review of satisfaction surveys, other consumers, families, public responses or other survey and mechanisms relevant to alcohol, drug addiction and mental health services, shall be reviewed and used as planning and evaluation tools for future service delivery and development.
- Reports of all monitoring and evaluation mechanisms shall include, but no be limited to:
 - A description of the purpose, frequency and methodology of the reviews.
 - Results of the interviews.
 - Conclusions/analysis of the reviews.
 - Recommendations for corrective actions and monitoring of the effectiveness of the corrective actions.

Evidence that results of Quality Assurance Reviews and Reports have been communicated to the appropriate individuals, departments or services; and that, where appropriate, results shall be used for clinical supervision, clinical privileging revision of policies/procedures, planning for in-services training or identification of service delivery trends and plans for future service delivery.

Utilization Review: This activity will be conducted monthly to evaluate the extent that agency resources are allocated appropriately to meet the needs of persons served. The URC will document individual findings and place them in a binder located in the Medical Records room. Utilization reviews shall include, but are not limited to:

Review of a sample of new admissions to each service, to determine if admission criteria have been met.

- Review of a representative sample of concurrent and ‘closed’ clinical records in each service according to length of stay and discharge criteria, to determine if appropriate utilization of service has occurred.
- Review of clinical records of persons who have exceeded average length of stay or frequency of service.
- Review of trends and patterns of service use, highlighting gaps in the service delivery system.
- Review of all cases of persons served who were involuntarily terminated from a service or agency.

- Review of a sample of clinical records to assure that assessment, treatment and termination of services is coordinated in a comprehensive and congruent manner.
- Review of a sample of clinical records to assure those referrals to physicians and others are relevant, and have been followed up according to the individualized treatment plan.
- Periodic review of referrals to other agencies or related service organizations, as determined by a sample survey of persons served and the referral agency or related service organization identified.
- Review of continuity of services for all persons who have been referred and discharged from residential, detoxification or psychiatric hospitals.
- See D-6 under Utilization Review for further procedures.

4. Follow-up:

For clients who remain in the Madera County community where they received treatment, the following procedure will be followed:

All SUD clients are followed up by the SUD program within 90 days after discharge. SUD clients sign an agreement at the time of admission stating how they wish to be contacted for appointments, cancellations, or discharge follow-up.

If the client is agreeable, a standard letter is sent out through the

receptionist whom inquires how they are doing and encourages them to contact us regardless of if things are going well or not so well. Clients stating they would prefer telephone contact will be telephoned by program staff.

5. Staff Development:

The following policy and procedure has been developed to address Madera County staff development needs:

POLICY

All SUD staff will meet DHCS requirements for education and training.

PURPOSE

SUD staff will maintain a level of expertise in the fields of addiction and recovery. Individual training and education needs will be addressed and trainings will be relevant to job duties and areas of needed expertise.

PROCEDURE

- Staff will complete a yearly education/training form that details educational needs or areas of interest. This form will be kept in the employee personnel file and updated as needed. All trainings will be documented in the personnel file.
- All staff (including support staff and volunteers) will receive mandatory annual Inner-agency training on confidentiality, State and Federal laws and regulations, including 42 CFR and HIPAA regulations regarding Patient Health Information (PHI).

- Staff will be given appropriate training information as it becomes available in areas identified by staff.
- Staff will submit training requests to the appropriate Supervisor who will submit it to the Division Manager for final approval.
- Copies of approved training requests will be maintained in the employees personnel file.
- Staff are encouraged to make use of available local resources (books, webinars, free trainings) whenever possible due to limited training funds.
- Management may give employees time off for trainings approved but not paid for by Madera County.
- Madera County offers quarterly trainings on various cultural and therapeutic topics, which can be used to meet the individual training needs of staff.

6. Utilization Review:

In addition to the URC outline in D-3, Madera County's SUD

URC will follow the policy and procedure below:

POLICY

Every Madera County Behavioral Health Services SUD treatment modality client chart will be reviewed at monthly UR committee meetings. UR committee will consist of 4-5 staff members appointed by the Supervising Clinician.

PURPOSE

To ensure that the SUD charts comply with certification/licensing requirements and that effective, quality care is being provided to clients.

PROCEDURE

The UR committee will review each chart to determine:

- If the chart complies with CCR Title 22 DMC regulations governing ODF, IOT and Perinatal services.
- If the chart contains all documentation required by DHCS,
- If there are questions, suggestions, or comments to improve the overall quality of care to the client.
- If there are any deficient items the counselor will correct the deficiencies
- The original UR form will be placed in the UR binder and a copy will be given to the counselor whose client chart is being reviewed

7. Facility Management:

All SUD facilities will be under the management of the Adult Services Coordinator. To ensure that each SUD facility complies with all applicable local, state and federal laws and regulations, each facility will:

- Be cleaned and sanitized daily by the County Sanitation Crew (medical records will only be cleaned during regular hours of operation under the supervision of medical records staff.)

- At each site, the receptionist will be responsible for checking the program bulletin board in the waiting room to ensure that all required notices are posted and up to date. The receptionist is also required to contact the Fire Department and obtain annual fire clearances.
- Each site will have an assigned person to sit in on the combined Safety committee, which meets quarterly or more often if needed to troubleshoot safety issues at the various program sites.
- All employees are required to sign a drug free workplace policy and submit to drug testing when asked.

E. Client Rights

At the time of intake, all clients are provided with a document at intake that includes the following:

A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual orientation, and ability to pay; (See Policy Below)

POLICY

SUD Services in Madera County will not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, ability to pay, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the civil Rights Act of 1964; Age Discrimination Act of 1975; Rehabilitation Act of 1973; Education Amendments of 1972; Americans with Disabilities Act of 1990; Title 45, CFR, Part 84; provisions of the Fair employment and Housing Act; and

regulations promulgated there under (title 2, CCR); Title 2, Division 3, Article 9.5 of the Government Code; title 9, division 4, chapter 6 of the CCR, commencing with Section 10800.

PURPOSE

By purpose of Madera County's contract with DHCS, discriminations on the basis of race, color, creed, national origin, sex, age, sexual orientation, ability to pay, or physical or mental disability will not occur. Madera County will not deny an otherwise eligible individual any service or provide a benefit, which is different or provided in a different manner or at a different time, from that provided to others under this contract. Madera County will not subject any individual to segregation or separate treatment in any matter related to the receipt of any service; restrict an otherwise eligible individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating any individual differently from others in determining whether such individual satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

PROCEDURE

At any time, DHCS staff or the Auditor's Office may access and monitor Madera County's SUD programs and facilities to ensure that clients and intended beneficiaries of service are provided services without regard to race, color, creed, national origin, sex, ability to pay, sexual orientation, or age and also to monitor that services are provided without regard to physical or mental disability. Madera County will ensure that all clients and intended beneficiaries of service are informed of their rights including their right to file a complaint alleging discrimination or a violation of their civil rights. Madera County will ensure that SUD program participants are provided a copy of their rights that include the right of appeal and the right to be free from sexual harassment and sexual contact by members of the treatment, recovery, advisory, or consultant staff. Additionally, these rights and the right of appeal will be posted in the lobby of each SUD site.

b. Client Rights

Madera County's SUD's philosophy regarding each individual participant is that of supporting and protecting each individual's fundamental human, civil, constitutional and statutory rights.

In order to insure that these rights are protected and that the dignity of each individual is recognized and respected, the Madera SUD staff exercises the following procedures.

PROCEDURE

During the Intake Assessment Counselors will:

- A. Assess each participant's fee for services according to the Client Fee Determination Statement and the Madera County's SUD Services Participant Fee Schedule
- B. Describe the program activities that will be required for program completion.
- C. Describe the participant's statutory rights to confidentiality; and
- D. Review Client rights that include the Grievance Procedure.

Participant rights in either English or Spanish depending upon the individual's preference are given to the client by the staff upon admission to the program. The client reads the rights and is asked if he/she understands them. If necessary, the staff member explains each right until the client responds positively and then documents. The client retains a copy. A copy is posted in the lobby of our offices.

c. Grievance Procedures; (See Policy Below)

POLICY

Each client of Madera County's SUD programs has the right to file a grievance. The original signed grievance form will be placed in each client's chart and the client will be given a copy of the procedure.

The Madera County Grievance Procedure is as follows:

1. Work with your current counselor to resolve issues/concerns.
If no resolution, go to #2.
2. The counselor will arrange a meeting with the Supervisor of the SUD program site where the client is being treated. If no resolution, go to #3.
3. The counselor or client will arrange a meeting with the Division Manager of the SUD program. If no resolution, go to #4
4. The Division Manager will arrange a meeting with the SUD Administrator for Madera County. If no resolution, go to #5.
5. The client may contact a DHCS representative. The grievance procedure is available in English/Spanish.

d. Appeal process for discharge; (See Policy Below)

POLICY

All clients have a right to a fair hearing related to their denial, involuntary discharge, or reduction in DMC substance abuse services as it relates to their eligibility or benefits, pursuant to Section 50951.

PURPOSE

Defines steps a client can take when actions have been taken that interfere with their substance abuse treatment.

PROCEDURE

Madera County will advise a client at least (10) calendar days prior to the effective date of the intended action to terminate or reduce services.

The written notice will include:

A statement of the action Madera County intends to take, the reason for the intended action, a citation of the specific regulation(s) supporting the intended action, an explanation of the client's right to a fair hearing for the purpose of appealing the intended action and an explanation that the client may request a fair hearing by submitting a written request to:

Administrative Adjudications Division

P.O. Box 944243, MS 19-37

Sacramento, CA 93244-2430

Telephone: 1-800-952-5253

T.D. 1-800-952-8349

An explanation that Madera County will continue treatment services pending a fair hearing decision only if the beneficiary appeals in writing for a hearing within ten (10) calendar days of the mailing or personal delivery of the notice of intended action.

Program rules and regulations; A copy of this document will be given to each client admitted to any of the Madera County sites and it shall also be posted in a prominent place which is accessible and visible to clients. (See Client Information Form below).

e. program rules and regulations (See Below)

f. Client fees;

A copy of this document will be given to each client admitted to any of the Madera County Sites and it shall also be posted in a prominent place which is accessible and visible to clients. (See Client Information Form below).

g. Access to treatment files in accordance with Executive Order

#B-22/76 This document will be explained to each client admitted to any of the Madera County Sites and it shall also be posted in a prominent place which is accessible and visible to clients. (See Client Information Form below).

2. Confidentiality: See Client Information Form Below
3. Consent to Treatment: See Client Information Form Below
4. Consent for Follow-up: See Client Information Form Below
5. Research: See Client Information Form Below.

MADERA COUNTY CLIENT INFORMATION FORM

(Consent to treatment, Rules/ Regulations, Nondiscrimination, Fee for Services, Confidentiality, HIV/TB Testing, and Executive Order #B-22/76)

This information form gives you information about our outpatient alcohol and drug services. These services are provided by Madera County and include Outpatient Drug Free, Intensive Outpatient Treatment, Perinatal Treatment, Drug Court, and Adult/Adolescent services. We will provide you with individual, family, or group therapy, which focuses on goals developed by you and the counselor assigned to you.

In some cases we will also provide a medical evaluation. If you need residential treatment, vocational counseling, legal services or other services, we will attempt to refer you to an agency that can provide these services. We will provide these services between 8:00 a.m. and 5:00 p.m. (after 5:00 p.m. appointments and groups are available upon request) Monday through Friday. If you have an emergency involving drugs or alcohol at any other time, you should call the Emergency Services number of Madera County 559-673-3508. If you have a medical emergency involving drugs or alcohol, go immediately to your primary physician or the nearest emergency room.

You cannot be denied our services because of your race, religion, gender, ethnicity, age, disability, sexual preference/orientation, or ability to pay. If you have a concern about the services we are providing, please discuss concerns with your counselor and/or refer to the grievance procedure you were given at intake.

We can stop providing you with services if you:

- Behave violently in the clinic or towards any staff person.
- Bring a weapon on the clinic grounds.
- Appear at the clinic under the influence of any substance.
- Attempt to manipulate a urine test.
- Fail to comply with any reasonable requirement given to you by your counselor.

If we decide to stop providing you with services, we will give you a written notice telling you why and whether or not you will be eligible at a later date to reapply for services.

Sexual contact is prohibited between clients and the SUD program staff, including members of the Behavioral Health Services Advisory Board. This policy is in effect for six (6) months after a client is discharged from services.

WHILE YOU ARE IN THE PROGRAM WE WILL EXPECT YOU TO:

- Discuss fully with your counselor your background and your current situation.
- Have a physical examination done if requested by our program physician.
- Attend all scheduled appointments and call at least one day ahead if you need to cancel or reschedule an appointment.
- Report all medication that you are taking to your counselor
- Inform the front desk if a change occurs in your financial or employment/living status.
- Submit a urine specimen at any given time. Testing is done by a counselor of the same gender. An inability or refusal to submit a urine specimen will be considered a positive test result.

Charges for services are based on ability to pay as determined by a Client Fee Determination system approved by Madera County. Your ability to pay is based on your current gross income, number of dependents, and certain allowable deductions against income such as court ordered payments. At intake, the financial office will tell you what your fee will be. You should pay this fee at each session unless other arrangements are made with the finance office. If you have Medi-Cal, all drug services are covered in full.

Federal laws and regulations protect the confidentiality of client records that we maintain. We may not say to a person outside the program that you attend this program or disclose any information identifying you as a person with a drug problem unless:

- You consent to this and sign a release of information.
- We are ordered to release this information by a valid court order.

We release information to medical personnel because of a medical emergency or to qualified personnel for research, audit, or program evaluation purposes, or if you threaten to harm yourself or others, or are deemed gravely disabled.

- You commit or threaten to commit a crime either at the clinic or against any of our staff.
- We have information about suspected child/elder abuse or neglect, which we are required to report.

Violation of the Federal law and regulations by us is a crime. Suspected violations may be reported to the Madera County District Attorney. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under the California State Child Abuse Reporting law to local authorities.

Please Initial Each Section Below To Show That You Agree With Each Statement:

____1. I consent to receiving outpatient alcohol/drug services as described above.

____2. I agree to the following treatment plan agreed upon between my counselor and myself.

____3. I consent to the staff of Madera County SUD Programs attempting to contact me for a follow-up interview for up to a year following my last counseling appointment; the purpose of this interview is to help the clinic evaluate or research the effectiveness of the services that were offered to me.

____4. I agree to pay the fee for services determined by the finance office and to keep them informed of any significant changes in my income, number of dependents, or allowable deductions to my income. I will make a payment at each session unless I make other arrangements.

____5. I have received a copy of this patient information sheet and I have read and understood all of the program requirements and conditions. I agree to abide by all of the requirements in this information sheet.

____6. I have received information regarding HIV/AIDS/TB and Hepatitis C and have been informed of testing sites.

____7. I have been informed of the Executive Order of #B-22/76 posted in the lobby and I am aware of fair hearing procedures.

Client Signature

Signature (Staff Person explaining rules)

Date

F. Discharge:

1. Written Criteria for Discharge:

- a. Successful completion of program: A client will successfully complete the SUD program when s/he has completed all of the individual and group sessions agreed upon in the treatment plan; completed a continuing recovery plan, completed a client satisfaction questionnaire, and fulfilled their financial obligations to the program.
- b. Unsuccessful discharge from the program: A client who has dropped out of treatment or who has failed to complete their individualized goals and objectives for sobriety will be considered an unsuccessful discharge.
- c. Involuntary discharge from the program: A client who has violated the rules and regulations of the SUD program and asked to leave treatment will be considered an involuntary discharge, as well as a client who becomes incarcerated due to criminal activities while in treatment.
- d. Transfers and referrals: Any client who is discharged as a result of relocation to another county or referral to another treatment facility for continuing SUD treatment.

2. A discharge summary which includes:

At a minimum, the Madera County SUD Discharge summary will include:

- a. description of treatment episode;
- b. current drug usage;
- c. vocational/educational achievements
- d. criminal activity
- e. reason for discharge;
- f. clients' discharge plan;

Discharge plans will be prepared within thirty (30) days prior to the date of the last face-to-face treatment with the client. Plans will include relapse triggers and a plan to assist the client to avoid relapse when confronted with each trigger

- g. any referrals made while client was in the program

Discharge summaries for any client with whom Madera County SUD Services has lost contact will be completed within thirty (30) days of the date of last face-to-face treatment contact with the client.

The discharge summary will include

- Duration of treatment episode
- Reason for Discharge
- Narrative Summary
- Client's prognosis

III. General Provisions

Madera County has developed a written protocol reflecting that it is in compliance with all of the standards recommended and mandated by the State of California, Standards for Drug Treatment Programs.

Madera County does not request any exceptions to the standards.

