

**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 alcohol and drug programs. All Madera County 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. Any member of the public wishing to bring a matter to the attention of the Board may contact the Clerk of the Board so the item can be placed on the agenda.

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 and 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, 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 year terms. The Civil Service Commission ordinarily meets for regular business matters on the second Wednesday of

each month. In addition, the Commission meets for special meetings as scheduled.

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 Agreement 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 better utilize the 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's mental health and substance abuse programs. Volunteers and student interns are supervised by managers who oversee volunteer activities. Volunteers are expected to abide by all county policies and complete an employment application, as well as read and sign the Madera County Drug-Free Workplace Policy, Code of Ethics Policy, Confidentiality Statement, 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). Madera County Behavioral Health Services has several programs and services that help countless youth and adults overcome

addictions to drugs and alcohol. Volunteers and Student Interns would be considered for work in services such as:

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

Additionally, Madera County has drop-in/wellness centers in Madera and Oakhurst for individuals with mental health and/or dual diagnosis symptoms. The centers build recovery principles for individuals who wish to attain their highest level of independence and productivity. The two programs have laundry and cooking facilities and the program in Madera offers private bathing and occasional activities on weekends or holidays. The Madera facility is open Monday-Friday 9:00 am to 4:00 pm and the Oakhurst facility is open Wednesday and Thursday from 9:00 am – 4:00 pm. Some transportation is available to these facilities. The goals of these wellness centers include:

1. Providing individuals with an environment of recovery activities.
2. Providing individuals with job opportunities on-site to work as Program Assistants or Community Service Liaisons.

3. Developing community-organized activities such as barbeques, snack bar, holiday celebrations, etc.
4. Peer support groups and classes.
5. Town Hall meetings to voice concerns or issues regarding the drop-in centers or treatment for mental health or substance abuse services.

II. Program Management

A. Admission or Readmission Criteria and Procedures

All DMC (certified) or licensed Alcohol and Drug Programs in Madera County will provide outpatient drug free treatment services directed at stabilizing and rehabilitating persons (beneficiaries) with substance abuse 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 alcohol and drug abuse. Significant others of beneficiaries may be involved in the treatment process through collateral services. Any non-collateral service that is provided to individuals without a DSM IV diagnosis (i.e. co-dependents, dependent personalities) will not be billed through DMC.

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, Perinatal, or Proposition 36.
- 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 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. 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 need for a more intensive treatment program (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 abuse 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 and all intake documents will be placed in a medical records chart with the individual's name and unique client identification number on the outside of the chart.

c) All client records 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:

- Social, economic and family background
- Education
- Vocational achievements
- Criminal history, legal status;
- Medical history
- Drug history; and
- 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 Alcohol and Drug Program physician within thirty (30) calendar days of admission to determine if a physical examination is needed.

b) If the physician determines that a physical exam is not needed, the physician will complete a waiver specifying the basis for not requiring a physical exam. The waiver will be signed by the physician, dated, and placed in the client's chart.

c) 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 communication with the physician conducting the exam/lab work and obtain results.

d) 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 alcohol and drug programs.

e) During the intake process, clients are educated about life styles and behaviors that can lead to 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 shall be staffed to ensure adequate delivery of required and provided services. All AOD counselors will meet or exceed minimum qualifications for their job title and will be licensed or certified through an ADP recognized accreditation

board or be in the process of actively seeking licensure or certification. Oversight for the AOD programs will be provided by a **Division Manager or Supervising Mental Health Clinician or a Behavioral Health Supervisor.**

Madera County Alcohol and Drug Program: .40 FTE Behavioral Health Supervisor, 1 FTE Office Assistants, 2.50 FTE AOD Counselors, and 1 FTE AOD Prevention Counselor.

Madera County Drug Court Program: 1 FTE AOD Drug Court Counselor.

Madera County Oakhurst Alcohol and Drug Program: .20 FTE Program Assistant, and .40 AOD Counselors.

Madera County Chowchilla Alcohol and Drug Program: No Services at this time. Clients are served in Madera.

Family Treatment Center (Perinatal and Prevention): .20 Division Manager, .50 FTE Supervising Mental Health Clinician, .50 FTE Program Assistant II, 1.20 FTE Vocational Assistant-Driver, 1.20 FTE AOD Counselor, 1.00 Health Education Coordinator, and .50 FTE 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 transferred, 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-hour's 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.

Emergency Services

(559) 673-7850

(800) 359-6939 Toll Free

3. Counseling and Other Therapeutic Services

a) Frequency of Services

- Currently Madera County only operates outpatient programs. Individuals in need of day treatment, detoxification, or residential 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 treatment goals is being maintained. Such exceptions shall be noted in the case file.

b) Type of Services

Madera County's outpatient drug free treatment services can include: admission physical examinations, intake, medical direction, medication services, body specimen screens, treatment and discharge planning, crisis intervention, collateral services, group counseling, and individual counseling (limited). These 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 therapists or counselors and 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 a 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** means 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 outpatient drug free treatment services, groups counseling shall be conducted with no less than four and no more than 10 clients at the same time, only one of whom needs to be a Medi-Cal beneficiary. A client sign-in sheet is required for each group activity. Group folders with sign-in sheets will be kept in the medical records office.**
 - ✦ **Individual counseling** means face-to-face contacts between a client and a therapist or counselor. **Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service.**
- c) Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills. Perinatal services shall include:

- (A) Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
- (B) Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment);
- (C) Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- (D) Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
- (E) For perinatal services to be reimbursed through Medi-Cal, services must be delivered to a woman who is currently pregnant or 60 or less day's post-partum.
- (F) Madera County's perinatal program extends its services to include substance abusing, parenting women, of children 17 or younger.
- (G) At a minimum, Madera County will directly provide or provide by referral to an ancillary service, the following services:
 - Education opportunity;
 - Vocational counseling and training;
 - Job referral and placement;
 - Legal service;

- Medical services, dental services;
- Social/recreational services; and
- Individual counseling and group counseling for clients, spouses, parents and other significant others.

To the maximum extent possible, Madera County programs will provide and utilize community resources and document referrals in client records.

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.

- a) All referrals will be documented in the client record.
- b) A signed release of information will be obtained for all referrals requiring release of patient health information (PHI).
- c) Referrals requiring follow-up by the AOD counselor will be documented in the client record.
- d) Conditions under which a referral may be necessary include but are not limited to:
 - Client requires or requests services not provided by Madera Alcohol and Drug Programs i.e. medical treatment, dental care, detoxification or residential care, psychiatric hospitalization, legal

services, recreational services, vocational training and/or job referral and placement.

- Referral resources may include but not be limited to: Legal Aid, Dept. of Social Services, Victim Witness, Medical Association, Darin Camerena 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, Kings River Community College, Comprehensive Alcohol Program, and so forth. Please see a complete listing of Madera resources in the appendices section of the policy and procedure manual.

5. Medical Services

a) Emergency:

To assure that continuous medical treatment is available to all Alcohol and Other Drug 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 Alcohol and Drug 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 records 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 Alcohol and Drug Administrator and the Madera County Medical Director for review.

In the event that the medical emergency may lead 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 or 559-662-0522.

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. He is available Monday – Friday 8 a.m. – 5 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 ADP certified/licensed residential facilities that provide social model residential and 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 AOD 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 Alcohol and Drug Programs.
 - b. Madera County client records are kept in a double locked medical records room that will be accessible only to medical records personnel and clinic supervisors.
 - c. Information released from records will only be released in accordance with 42 CFR, Part 2 regulations.
 - d. Please note that Madera County Behavioral Health Services began its conversion to an electronic medical record (Anasazi Software) beginning November 2007. The conversion is expected to take several years with the goal of becoming fully electronic by 2014.

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 AOD counselor obtains during the intake and assessment processes. The treatment plan will be developed within 30 days from the

client's admission. **Each treatment plan will be updated every 90 calendar days or more often as need indicates.** At a minimum, the treatment plan will include the following:

- Statement of problems to be addressed in treatment;
- Statement of goals to be reached which address the problems;
- Action steps which will be taken by program and/or client to accomplish goals; and
- Target dates for accomplishment of action steps, goals, and when possible, resolution of problems.

The following policy and procedure will be followed by all AOD counselors when developing a treatment plan:

POLICY

Each client admitted into a Madera County AOD clinic will have an individualized written treatment plan that is developed upon the information obtained in the intake and assessment process.

PURPOSE

To provide the counselor and client with a mutually agreed upon plan of care that provides specific problem identification, goals, actions steps, target dates, and a description of the services and modalities to be provided during the course of treatment.

PROCEDURE

- 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
 3. The Client's signature is obtained signifying that the client had input into the treatment planning process and 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. (A licensed psychologist can review, approve and sign all **updated** treatment plans in lieu of a physician signature.

d. Urine Surveillance:

When drug screening by urinalysis 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 Alcohol and Drug 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 being served in the following programs: Madera Access Point, Perinatal, Alcohol and Drug Services at the Madera Counseling Center, and the Oakhurst Counseling Center.

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 should be obtained from the client so that staff may communicate 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
- At any other time that staff feel is 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 unobserved. This is an issue of trust and considered part of the therapeutic process.
 - Gloves will be available if the client requests them.
 - The client will be asked to go into the restroom and provide a urine sample.
 - When the urine sample has been provided, the client will place the sample on the bathroom counter and notify staff that they are ready to test.
 - 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.
- d. 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) 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 AOD 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.

e. Other requirements:

- Client chart entries will be written in permanent black ink or typewritten. (This will change as we move forward with electronic forms, scanning, and signature pads).
- All entries will be signed and dated.
- All significant information pertaining to a client will be included in the client's record. AOD 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.

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.

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).

I. Madera and Oakhurst Counseling Centers, Madera Access Point, Perinatal, and Alcohol and Drug Programs:

A. The 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:

- Behavioral Health Services Director (Mental Health 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.

B. Please note that all of these “paper driven” policies and procedures will change as we become electronic and new procedures for electronic records will be developed.

When the clinic opens for the workday, Medical Records Personnel opens the Medical Records and distributes the client records that have been pulled for the day.

1. When a client record is needed, the individual needing the record will go to the chart room and request the record.
2. Medical Records staff will pull the chart and check it out to this individual on the computer system and give the chart to him/her.
3. When staff finishes their documentation, etc. in the client record, the chart will be turned in to the chart room, at which time Medical Records staff will remove the chart from the checkout screen in the computer, check the chart for documentation, and file.

C. At the close of the clinic workday, medical records personnel will assure that all client records have been brought back to the chart room and they will lock up the department.

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 Alcohol and Drug 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/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, 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 assure that 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 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, Supervisor, 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. 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 90 days.** All treatment plans must be reviewed and signed by the Medical Director, Client, Supervisor, 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. 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, 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.

- g. **If feasible, the client is followed-up after treatment as scheduled in the discharge summary.** All AOD clients are followed up by the AOD program within 90 days after discharge. AOD 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 if things are 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 plan; and**
- **The record keeping is adequate.**

Case Review 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, 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.

b. Treatment Plan Review

The AOD 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, Supervisor, 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. 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 AOD 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 has delegated authority to the Division Manager and Supervising Mental Health Clinician/Behavioral Health Supervisor AOD Programs to assure implementation of system-wide QA committees. The Division Manager and Supervising Mental Health Clinician have been given the authority and assumes responsibility to ensure that QA committees are established and implemented. The AOD 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 Alcohol and Drug 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 Drug Medi-Cal and ADP State standards for certification/licensing 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 AOD 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 AOD Administrator.
 - Information, data or recommendations emanating from the QAC shall be provided to and be used by the Alcohol and Drug Administrator/Mental Health Director for the purpose of reviewing, improving and recommending change in the delivery of alcohol, drug, and dual diagnosis 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 dual diagnosis services.

QUALITY ASSURANCE COMMITTEE GOALS

- Provide the public with available, accessible, appropriate and acceptable alcohol, drug, and dual diagnosis services.
- Provide alcohol, drug, and dual diagnosis 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/quality assurance 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 AOD programs and assure that the overall goals and objectives of the programs are achieved.
- To maintain the confidentiality of quality assurance information.
- To ensure that agencies, clients, families and the public have opportunities for information input and feedback to the Madera Alcohol and Drug Programs.

MONITORING AND EVALUATION MECHANISMS

- Criteria-based indicators with identified measurable process and/or outcome indicators shall be established within each AOD 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 specific 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 is currently under re-development)

UTILIZATION REVIEW: This activity will be conducted weekly 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 communities where they received treatment, the following procedure will be followed:

All AOD clients are followed up by the AOD program within 90 days after discharge. AOD 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:

STAFF DEVELOPMENT POLICY

All AOD staff will meet California State Department of Alcohol and Drug Programs requirement of staff education and training.

PURPOSE

AOD 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) will receive mandatory annual inner-agency training on confidentiality, State and Federal laws and regulations, including 42 CFR and new 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, tapes, 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 AOD URC will follow the policy and procedure below:

POLICY

Outpatient drug free (alcohol and drug); drug court, and perinatal client charts 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 AOD 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 Title 22 Drug/Medi-Cal regulations governing outpatient drug free and perinatal services.
- If the chart contains all documentation required by the California State Department of Alcohol and Drug Programs, Licensing and Certification Division.
- If there are questions, suggestions, or comments to improve the overall quality of care to the client.

- If there are any deficient items from numbers one or two, the counselor will correct the deficiencies at the meeting. The counselor will correct deficient items that cannot be corrected at the meeting, within one week. The correction will be documented at the next UR meeting on the initial UR form.
- 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.
- All AOD or perinatal charts will go through the QA/UR process at the Madera AOD clinic.
- Transporting of client charts will follow the procedure as outlined in the AOD P&P Manual.

7. Facility Management:

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

- Each site 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 client's 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 workforce policy and submit to drug testing when asked.

E. Client Rights

1. At the time of intake, all clients are provided with a document at intake that includes the following:
 - a. **A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual orientation, and ability to pay; (See Policy Below)**

POLICY

AOD 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 the State Department of Alcohol and Drug Programs, 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, the California State Department of Alcohol and Drug Program staff may access and monitor Madera County's AOD 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 AOD 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 AOD site.

b. Client Rights (SEE POLICY BELOW)

CLIENT RIGHTS

Madera County's Alcohol and Drug Service'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 County Alcohol and Drug Services staff exercises the following procedures.

I. 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 Alcohol and Drug 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 in the Progress Record that the client understands his/her rights. 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 AOD 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:

- a. Work with your current counselor to resolve issues/concerns.
If no resolution, go to #2.
- b. The counselor will arrange a meeting with the Supervisor of the AOD program site where the client is being treated. If no resolution, go to #3.
- c. The counselor or client will arrange a meeting with the Division manager of the AOD program. If no resolution, go to #4.
- d. The Division Manager will arrange a meeting with the Alcohol and Drug Administrator for Madera County. If no resolution, go to #5.
- e. The client may contact the Department of Alcohol and Drug Programs 1-877-685-8333.

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 Drug Medi-Cal 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

An explanation that the client may request a fair hearing by submitting a written request to:

Administrative Adjudications Division

Department of Social Services

744 P Street, MS 19-37

Sacramento, CA 95814

Telephone: 1-800-743-8549

T.D. 1-800-952-8349

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

e. 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).

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 perinatal, 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 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 family 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 Alcohol and Drug Program staff, including members of the AOD 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/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 to be the same as a urine test showing illicit drug or alcohol use.

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 commit suicide 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 abuse or neglect, which we are required to report under the California State Child Abuse Reporting Law.

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 Alcohol and Drug 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 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.

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Client Signature	Date

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Signature (Staff Person explaining rules)	Date

E. Discharge:

1. Written Criteria for Discharge:

- a. Successful completion of program: A client will successfully complete the AOD 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 AOD 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 AOD treatment.

2. A discharge summary which includes: At a minimum, the Madera County AOD Discharge summary will include:

- a. description of treatment episode;
- b. current drug usage;
- c. vocational/educational achievements
- e. reason for discharge;
- f. clients' discharge plan; and
- g. any referrals made while client was in the program

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.