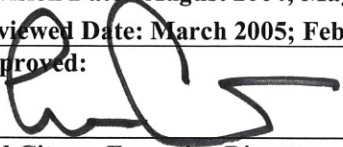




**COBB COUNTY COMMUNITY SERVICES BOARD
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

Page 1 of 1

Policy # 8106	Mothers Making a Change/CRC Progress Report
Origination Date: July 1, 1998	
Revision Date: August 2004; May 10, 2007; July 2, 2009, March 26, 2013	
Reviewed Date: March 2005; February 5, 2006; June 12, 2008 , August 5, 2010	
Approved: 	
Tod Citron, Executive Director	

POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board that we provide written updates to the referral sources for clients who are mandated or referred to substance use treatment related to custody of a child(ren) and/or have legal issues. We will provide appropriate reports on clients in compliance with an agreed protocol.

PROCEDURE:

1. A release of information form will be completed authorizing the CSB to release information to the appropriate agency.
 - a. The Progress Report form (Attachment A) will be completed for DFCS reports and submitted monthly.
 - b. Reports to other referral source may be submitted in a free flowing letter format.
2. The original completed form is sent to the identified agency on the Release of Information form and a copy placed with ROI form in chart under Correspondence.
3. All documents will be signed by the staff completing the document including the date and their title.
4. **No reports are to be sent by facsimile (fax).**

**MOTHERS MAKING A CHANGE
SUBSTANCE ABUSE PROVIDER TRACKING FORM
COMPLIANCE WITH RECOMMENDATION AND SERVICE PLAN**

TO BE COMPLETED BY, PROVIDED MONTHLY OR AS NEEDED FOR ANY SIGNIFICANT STATUS CHANGE:

Date: _____
To: _____
Name of Client: _____
Client's CID#: _____
Admission Date: _____
Number of required hours per week: _____
Dates Absent: _____

- Status:
 Outpatient
 Residential
 Aftercare

- The above client:
 Is compliant with substance abuse education
 Has completed substance abuse education
 Is compliant with the substance abuse treatment plan
 Is having difficulty complying with the substance abuse treatment plan and needs the following:

 Is attending treatment but is non-compliant with the treatment plan
 Is regularly participating in work activity or employment
 Did not enter substance abuse education or treatment
 Left treatment against staff recommendations
 Was discharged from treatment for non-compliance
 Completed treatment plan
 Completed treatment plan and is in need of the following to maintain recovery:

***** Copies of the Urine Drug Screens have been attached to this report *****

Other Comments:
Staff:
Credentials:
Signature:
Date:
Contact #:

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