Michigan
Communication Protocol Blueprint
(and Companion Document)
What CPS (CHILD PROTECTIVE SERVICES) wants to know from AOD (SUBSTANCE ABUSE PROVIDERS):

AFTER INITIAL VISIT/REFERRAL:
* Name of client
* Assessment summary or recommendations
* Diagnosis
* Progress and attendance in treatment
* Cooperation with treatment program
* Urine analysis drug screen results
* Parent/child interactions observed
* Level of care needed
* Date of discharge and discharge summary
* After care plan

What CPS (CHILD PROTECTIVE SERVICES) wants to know from AOD (SUBSTANCE ABUSE PROVIDERS):

AFTER SUBSEQUENT VISITS:
* Address changes
* Failure to follow treatment recommendations
* Observations or knowledge of violence
* Observations or knowledge of abuse or neglect, as defined by state law
* Change in relationship with another individual who is significant to the patient
* Type of drugs used and impact on the particular individual's behavior
* Identification of dual diagnosis
* Prescribed medications

WHAT AOD (SUBSTANCE ABUSE PROVIDERS) wants to know from CPS (CHILD PROTECTIVE SERVICES) with the initial referral/visit:

* Reason for referral
* Consent to disclosure
* Client case history information and any updates
* Copy of past service plan and any updates
* Screening of AOD results
* Name of caseworker and supervisor and any changes
* Case management services intake with family identifying information  
* CWS intake  
* Risk factors and parenting issues from SDM or other risk assessment protocol

WHAT AOD (Substance Abuse Providers) want to know from CPS (Child Protective Services) with subsequent visits:

* Information on return of children or removal of children  
* Recommendations made to court at dispositional hearings and reviews  
* Closure of case  
* Changes of address  
* Changes in relationship with another individual who is significant to the patient

What COURTS want to know from CPS (Child Protective Services) and AOD (Substance Abuse Providers):

* Assessment summary or recommendations  
* Diagnosis  
* Progress and attendance in treatment  
* Evidence of cooperation with treatment program  
* Discharge status  
* Continuing evidence of care plan objectives and/or written recommendations