

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Professions  
**Substance Abuse Program**  
P.O. Box 30670  
Lansing, MI 48909  
(517) 241-1970

Authority: P.A. 368 of 1978, as amended and R 325.14101-R 325.14928

**MINIMUM CRITERIA FOR DESIGNATION AS A SCREENING AGENCY  
AS APPLICABLE TO LICENSED SUBSTANCE ABUSE PROGRAMS**

Pursuant to P.A. 309, assessment of drinking/driving offenders may only be undertaken by assessment agents which are designated by the Substance Abuse Program, Michigan Department of Licensing and Regulatory Affairs. In order for a program to be designated, the following criteria must be met.

**I. LICENSURE**

Designated programs must comply with Substance Abuse Program licensing requirements for screening, assessment, referral and follow-up (SARF) services.

**II. COORDINATING AGENCY AND COURT RECOMMENDATIONS**

Recommendation of coordinating agency or district court judge. In order to be designated, an assessment agency must have a recommendation from the coordinating agency in their area, and/or each district court to be served by the assessment agency.

The letter of recommendation from each district court to be served must accompany the designation application. The recommendation need not state or imply exclusive use of the applicant for purposes of assessment. The letter does not need to be renewed annually.

**III. SERVICE AGREEMENTS**

Designated assessment agencies must develop a memorandum of agreement between the assessment agency and the district court.

The agreement should identify the services to be provided by the assessment agency and the responsibilities of the court and assessment agency to process and provide information. Specific issues to be covered in the agreement must include:

- 1) The specific information on the offender the court will provide the assessment agency, including whether driving record, BAC, or arrest record will be provided.
- 2) Cost of assessment and arrangements to be made by the court and/or assessment agency for informing offenders.
- 3) Location of assessment staff.
- 4) Turnaround time for assessment agency recommendation.
- 5) Whether names of substance abuse service providers will be provided to the court in the recommendation of the assessment agency.
- 6) If, after sentencing, the court desires the assessment agency to refer the offender to a substance abuse education and/or treatment program.

- 7) If, after referral to education or treatment, the court desires the assessment agency to follow up on offenders.
- 8) Name of contact person at court screening agency.

If the court will not be providing the BAC, arrest record, and driving record information which is desirable to complete the assessment, the assessment agency should develop a memorandum of agreement with another outside agency to provide this information (sheriff's department, prosecutor's office, etc.). This agreement must be submitted along with the court agreement in the designation application packet, or attempts to obtain an agreement should be documented.

#### **IV. PROGRAM STRUCTURE**

Assessment services should be independent from agencies delivering education or treatment services. Where assessment units exist within larger programs providing education and/or treatment services, procedures must be developed which assure that the potential for conflict of interest between the assessment and recommendation for subsequent referral to treatment or education is minimized. These procedures could include:

- 1) Defined criteria for client self-referral; e.g., geographic considerations.
- 2) Use of multiple facilities on a pre-established basis, such as referring out every other client.
- 3) Submitting a generic recommendation to the court; e.g., drug-free outpatient as opposed to naming the program recommended to provide the service.
- 4) Submitting to the court the names of several programs able to provide the recommended service.

Please forward with the application the procedures which will be used.

#### **V. PROGRAM STAFF**

- A. The assessment agency must be able to identify staff responsible for providing assessment services and supervision of assessment staff.

An organizational chart of the total program which identifies assessment staff, supervisory staff, and lines of supervision must be submitted with the designation application.

- B. The assessment agency is to document the qualifications and capabilities of all staff providing assessment services or directly supervising the provision of assessment services.

Minimum staff qualification are listed on the *Staff Qualifications* form attached to the application.

**A separate form must be completed for each staff** doing assessments and attached to the application.

## **VI. ASSESSMENT METHODOLOGY**

Assessment agencies must utilize methods which are effective and reliable in assessing the existence and degree of substance abuse (drug and alcohol) problems in offenders as well as type of treatment needed.

In order to meet minimum standards for assessing, the following information must be considered: BAC level, driving record, criminal offenses, previous arrests, previous substance abuse treatment, drug and alcohol consumption patterns, and other medical, family or employment problems resulting from substance abuse.

In addition, a standardized drug or alcohol assessment instrument such as the MAST or Mortimer-Filkins must be administered to each individual referred for assessment.

Results of the assessment shall be summarized and entered in each client's file. The summary shall include, at a minimum:

- 1) The impact which substance use/abuse has had on the client's family and social functions, education and/or employment, health, and legal involvement.
- 2) Conclusions based on the standardized assessment instrument and other information gathered during the process.

Each client record shall contain a recommendation as to whether or not the person is likely to benefit from rehabilitative services, including alcohol or drug education and alcohol and drug treatment programs.

The recommendation shall be based on the assessment summary and shall specifically identify factors in the assessment which support the recommendation.

Agencies applying for designation are required to submit a description of their assessment methodology, including criteria used for determining the recommendation to the court, with the application.

## **VII. RECORDKEEPING, EVALUATION AND REPORTING**

- A. Assessment agencies are to provide local coordinating agencies and the Substance Abuse Program with demographic and other data on all individuals assessed. Data are to be provided on the *Admission* form or *Drunk Driving Screening Assessment* form, whichever is applicable.

Specified training in the data reporting format will be provided through regional substance abuse coordinating agencies.

- B. Assessment agencies are to utilize State Court Administrator's Office-approved forms for the referral of offenders for assessment, reporting of recommendations, and sentencing results. Forms are available through the Michigan Substance Abuse Information Center and are entitled *Order for Evaluation* form and *Recommendation* form. You may contact the Information Center at 1-800-626-4636 to order the forms. Copies of the forms must be maintained in client files.

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Program License Number:
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Authority: P.A. 368 of 1978, as amended and R 325.14101-R 325.14928

**APPLICATION FOR DESIGNATION PURSUANT TO P.A. 309 OF 1982**

**Check One:**       **Initial**       **Renew**

This application should be completed (both sides) for each **site** requesting designation. It should be returned to the Substance Abuse Program, Health Licensing Division, Bureau of Health Professions, a copy to your regional coordinating agency and a copy kept for your program file.

**PENALTY: FAILURE TO COMPLETE THIS APPLICATION WILL RESULT IN LACK OF DESIGNATION.**

List district courts for which assessments will be done (give court number, county and name of chief judge).			
COURT NUMBER	COUNTY	CHIEF JUDGE	
<p>1. In accordance with the provisions of P.A. 309 of 1982, the undersigned hereby applies for designation as a screening and assessment agency.</p> <p style="margin-left: 40px;">"I authorize the administrator of the Substance Abuse Program or his or her representative to obtain from any source, information as to my ability to comply with P.A. 309 of 1982, and the 'Minimum Criteria for Designation'."</p>			
<p>2. Attach to this application any adjustments or changes to your most recently submitted license application which arise from your request for designation. (Not necessary if license renewal application is being submitted concurrently with this application.)</p>			
<p>3. Please attach the following to this designation application:</p> <ul style="list-style-type: none"> <li>A. Signed recommendations from the district courts and memorandum of agreement with the district courts for which screening and assessment services will be provided <b>(see Criteria II and III on page 1 and 2).</b></li> <li>B. Procedures which assure potential for conflict of interest is minimized, if the agency wishes to provide designation services in addition to treatment and/or education services <b>(see Criteria IV on page 2).</b></li> <li>C. Total program organizational chart which identifies the screening and assessment component, shows lines of supervision, and shows relationship to other services offered by the program, if applicable <b>(see Criteria V on page 2).</b></li> <li>D. A completed <i>Staff Qualifications Documentation</i> form for <b>all</b> staff doing assessments.</li> <li>E. A narrative description of the assessment methodology attaching instruments used, and describing criteria for recommendations made to the court <b>(see Criteria VI on 3).</b></li> </ul>			

## CERTIFICATION

As program director, I agree to submit to my regional coordinating agency the required data form accurately completed on each client for whom a screening and assessment is conducted. I agree to submit to the applicable court the *Order for Evaluation* form.

I further certify that the information furnished on this application is true and accurate. Any information found to be false may result in my application being denied and my program licensure being revoked. Supportive documentation will be furnished upon request of the Substance Abuse Program or the coordinating agency designated to serve my program's geographic area.

A copy of this application and all attachments has been sent to the following coordinating agency:

\_\_\_\_\_ on \_\_\_\_\_  
(Date)

The **original application** is being submitted to the Substance Abuse Program.

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

As the duly authorized representative or designee of the applicant's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with applicable licensing and designation criteria.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Governing Authority

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**STAFF QUALIFICATIONS DOCUMENTATION FORM**  
**(for the Provision of P.A. 309 Assessments - Licensed Programs Only)**

Program Name: _____	License Number: _____
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Name of Staff Person Conducting Assessments: _____	Job Title: _____
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Information Verified by:       Program Director/Date: \_\_\_\_\_

LTC Workforce Section Inspector/Date: \_\_\_\_\_

**QUALIFICATIONS (CHECK QUALIFICATIONS AND ATTACH DOCUMENTATION)**

**A. Knowledge - Meets at least 1 requirement as indicated below:**

- Fundamentals of Substance Abuse Counseling: Date Obtained \_\_\_\_\_ or Date to be Tested \_\_\_\_\_
- 6 Credit Hours of Substance Abuse-specific Coursework at College Level:

Course(s)	Credits	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Equivalent of Two Years Full-Time Direct Service Experience in a Substance Abuse Program
- Agency: \_\_\_\_\_
- Address: \_\_\_\_\_
- Name of Supervisor \_\_\_\_\_ Period of Employment: \_\_\_\_\_

**B. Experience - Meets at least 1 requirement as indicated below:**

- 1 Year of Experience in Assessment of Substance Abusers
- Agency: \_\_\_\_\_
- Address: \_\_\_\_\_
- Name of Supervisor: \_\_\_\_\_ Period of Employment: \_\_\_\_\_
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- Supervised by Individual with 1 Year of Experience in Assessment of Substance Abusers (signatory on assessments).
- Agency: \_\_\_\_\_
- Address: \_\_\_\_\_
- Name of Supervisor: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

**C. Assessment Tool Training** – All assessment tools and formalized assessment strategies used by the assessment agent must be familiar to assessment staff. Staff should be exposed to training which explains the purpose, function, interpretation and scoring of instruments. This training may be offered by a supervisor, other agents trained in the instruments, or the Substance Abuse Program, Health Licensing Division, Bureau of Health Professions Department of Licensing and Regulatory Affairs.

Assessment Tool Name: \_\_\_\_\_

Training Date: \_\_\_\_\_ Provided by: \_\_\_\_\_

**D. Knowledge of Criminal Justice System** – Describe source of knowledge, either employment or projects which involved working with members of the Criminal Justice System or in orientation to the P.A. 309 effort and the agreements with the court(s) for their requirements in screening. (Give dates as applicable.)

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