

Missouri Division of Alcohol and Drug Abuse

Bulletin Number: FY 13—Clinical #22	CLINICAL SERVICES BULLETIN	Effective Date: July 1, 2012
New	Subject: ADA Priority Population - DOC High Risk	Number of Pages: 2

1. Programs Affected

- 1.1 Adult Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs: Women and Children, Women and Children Enhanced, Detox, General Population, General Population Enhanced, Opioid

ADA Primary Recovery Plus (Non-ATR), ADA ATR Treatment

2. Background and Purpose

- 2.1 This bulletin provides clarification on the ADA Priority Population, DOC High Risk, and the corresponding referral category on the DMH/DOC Community Treatment and Recovery Services Referral Form.
- 2.2 The Department of Mental Health and Department of Corrections have developed criteria for identifying and referring offenders to treatment who present a high likelihood of relapse and/or criminal behavior to ensure limited state resources are available to serve this population.
- 2.3 A limited number of high risk referrals are expected on an annual basis from Probation and Parole field offices and DOC institutions combined. This number will be reviewed annually and could fluctuate depending on financial resources. High risk referrals will be closely monitored through CIMOR reports to ensure adequate funding is available and that the high risk category is being utilized appropriately.
- 2.4 The identification of a subset of DOC referrals as a priority population provides assurance to the DOC referral sources that offenders who are determined to be high risk will receive access to treatment within 48 hours of referral, thereby eliminating the need for field offices or institutions to track and monitor local DOC resources.
- 2.5 Treatment providers will be able to readily identify DOC referrals that need immediate access to services which will assist in managing fiscal and staff resources and client capacity.
- 2.6 All DOC clients are a target population for treatment services. including those who do not meet the high risk criteria. Existing agency practices and arrangements with local DOC referral sources to expedite admission for offenders should be maintained.

3. Policy and Procedures

- 3.1 The DMH/DOC Community Treatment and Recovery Services Referral Form shall be fully completed by the referring DOC staff for all referrals – high risk and customary.
- 3.2 The “DOC High Risk” box must be checked on the DMH/DOC Community Treatment and Recovery Services Referral Form and initialed by the DOC supervisor to identify offenders who need priority access to treatment.

- 3.3 The referring DOC staff shall expedite high risk referrals by making telephone contact with the treatment program on the same date that supervisor approval is obtained to schedule the initial appointment for the client.

4. Admission/Service Delivery

- 4.1 DOC High Risk referrals shall be assessed by a qualified substance abuse professional and admitted to an appropriate level of care within 48 hours of receiving the request, including weekends and holidays.
- 4.2 In the event the treatment provider does not have the capacity to assess and admit a DOC High Risk client within 48 hours, they shall contact another provider that does have capacity or consult with their ADA Area Treatment Coordinator to facilitate admission with another provider.
- 4.3 All DOC referrals must be entered in CIMOR by selecting the appropriate referral source on the Admission Screen:
- DOC Institutional Treatment Program
 - Select name of institution from drop-down menu
 - District Probation and Parole
 - Select appropriate district from drop-down menu
 - Select appropriate Community Supervision Center (if applicable)
 - Select appropriate Community Release Center (if applicable)
- 4.4 All DOC referrals require a “Yes/No” response on the CIMOR Admission Screen to indicate whether the client is a *DOC High Risk referral*. This box should only be checked “Yes” when the referral form indicates such in the Priority Population Section.