

Missouri Division of Alcohol and Drug Abuse

Bulletin Number: FY 13 Clinical - 21	CLINICAL SERVICES BULLETIN	Effective Date: July 1, 2012
New	Subject: 1) DOC/DMH Community Treatment and Recovery Services Referral Form 2) DOC/DMH Client Treatment and Recovery Services Guidelines Form	Number of Pages: 2

1. PROGRAMS AFFECTED

- 1.1 Adult Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs: Women and Children and Women and Children Enhanced, Alt Care Women and Children, General Population and General Population Enhanced, Opioid
- ADA Primary Recovery Plus (Non-ATR), ADA ATR Treatment, Free and Clean, ADA/DOC Partnership for Community Restoration
- ATR III Recovery Support Access Sites

2. REFERRAL FORM - BACKGROUND AND PURPOSE

- 2.1 Provides a standardized format for DOC staff to convey pertinent information about the client being referred to assist the service provider in developing an individualized treatment and recovery plan.
- 2.2 Provides accurate and current contact information from the DOC referral source to facilitate ongoing communication with the treatment and recovery professional(s).
- 2.3 Notifies the service provider of a **DOC High Risk referral** which is an ADA Priority Population and receives preference for assessment and admission. *Priority populations include: women who are pregnant, IV drug users, DOC high risk offenders, civil involuntary commitments, applicants and recipients of TANF referred by the Department of Social Services, and adolescents and families served through the Children's System of Care.*
- 2.4 Alerts the treatment and recovery professional(s) to any special needs or issues about the client that may impact his/her engagement in services.
- 2.5 Provides data to the rendering service provider for entry into the DMH Customer Information Management, Outcomes, and Reporting (CIMOR) system. Data is utilized for financial and management reports.
- 2.6 Promotes public safety and improves treatment and recovery outcomes for offenders and their families.

3. COMMUNITY TREATMENT AND RECOVERY SERVICES REFERRAL FORM

- 3.1 **THE COMMUNITY TREATMENT AND RECOVERY SERVICES REFERRAL FORM SHALL BE COMPLETED BY:**
- 3.1.1 DOC Institutional staff
- 3.1.2 DOC Field Probation and Parole Staff
- 3.2. **THE COMMUNITY TREATMENT AND RECOVERY SERVICES REFERRAL FORM SHALL BE COMPLETED FOR ALL REFERRALS TO:**
- 3.2.1 Community-based substance abuse *clinical treatment services*
- 3.2.2 Community-based substance abuse *recovery support services*. Referrals shall be issued to the Access to Recovery (ATR) Access Site where vouchers for recovery support services will be generated based on client choice and individual needs.
- 3.3 The referral form shall be faxed to the substance abuse clinical treatment program or recovery support access site prior to the client's first appointment **OR** be presented by the client during his/her initial appointment.
- 3.4 If a referral form has not been presented at the time of the client's initial contact with a clinical treatment or recovery support Access Site, the service provider shall contact the appropriate DOC institutional staff or Field Probation and Parole Officer to obtain a completed form.

4. DATA ENTRY IN CIMOR

- 4.1 Numerous reports are generated from CIMOR that are used by DOC and DMH staff for financial tracking and monitoring purposes, as well as by department leadership, legislators, drug court staff, and other officials for making statewide budget decisions. *Accurate completion of the referral form by DOC staff and data entry into CIMOR by the rendering provider is essential.*
- 4.2 The DOC ID number is a required field in CIMOR for all DOC referrals and should be obtained from the referral form.
- 4.3 All DOC referrals will require a “Yes/No” response on the CIMOR Admission Screen indicating whether the client is a *DOC High Risk* referral. *This box should only be checked “Yes” if the referral form indicates such in the Priority Population Section.*
- 4.4 Referral source information on the Community Treatment and Recovery Services Referral Form must be fully completed by the referring DOC staff and entered accurately in CIMOR by the service provider to ensure the appropriate funds are used to reimburse the provider.
- 4.5 Once the referral source is selected and a consumer has been entered into a DOC program (such as Free & Clean), this determines the funding source that will be accessed to reimburse the provider.
- 4.6 If it is necessary to change the referral source due to incorrect enrollment in CIMOR, return to the Admission Screen and *select the correct referral source* from the drop-down menu. You must also VOID/REBILL any services which have already been paid under the incorrect referral source.

5. REFERRAL SOURCE OPTIONS AND DATA ENTRY IN CIMOR

- 5.1 ***DOC Institutional Treatment Program*** (select name of the appropriate DOC institution/treatment center from the drop-down menu)
- 5.2 ***District Probation and Parole*** (select the appropriate district office number from the drop-down menu).
 - 5.2.1 ***Community Supervision Center (CSC)***
 - Select District Probation and Parole from the Referral Source drop-down menu and then select the appropriate CSC from the next drop-down menu. *EXAMPLE: Dist 26 – Fulton CSC*
 - 5.2.2 ***Community Release Center (CRC)***
 - Select District Probation and Parole from the Referral Source drop-down menu and then select the appropriate CRC from the next drop-down menu. *EXAMPLE: KCCRC-Kansas City Community Release Center*

6. CLIENT TREATMENT AND RECOVERY SERVICES GUIDELINES FORM – BACKGROUND AND PURPOSE

- 6.1 Communicates the responsibilities of the substance abuse treatment and recovery professionals and supervising *field* probation and parole officer.
- 6.2 Conveys to the client that his/her engagement in substance abuse treatment and recovery services is a collaborative effort between the supervising officer and provider.

7. THE CLIENT TREATMENT AND RECOVERY SERVICES GUIDELINES FORM:

- 7.1 Shall be used by ***DOC Field Probation and Parole Officers only.***
- 7.2 Shall be signed by the referring field officer and faxed to the treatment/recovery program (accompanied by the referral form) prior to the client’s first appointment or be presented by the client during his/her initial appointment.
- 7.3 Shall be signed by the treatment/recovery professional and client during the first appointment.
- 7.4 A signed copy of the form shall be returned to the referring field officer to convey that the client has engaged in services.
- 7.5 If the treatment/recovery provider cannot adhere to the guidelines for any reason, the supervising officer should be contacted prior to the delivery of services.