

# Priority Populations Screening, Referral, and Admission Standards for Quality and Compliance

# PURPOSE

This training provides expectations in treating individuals with a priority status, ensuring timely access to treatment, quality care, and compliance with admission standards.

# Guided by Purpose and Grounded in Standards of Care

- ▶ Embedded into our strategic plan, we are committed to identifying and supporting priority populations to ensure timely access to prevention and treatment across our region
- ▶ We are committed to collaborating with our community partners, such as the Child Welfare System, and the Michigan Department of Corrections to strengthen coordination of treatment for priority populations.

# Guided by Purpose and Grounded in Standards of Care

- ▶ As stated in the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), we must prioritize services for priority populations. These groups must receive admission preference over others, and we must track service needs to ensure effective and timely treatment.

# Priority Population-Pregnant

Screening & Referral	Within 24 Hours
Admission Timeframe	<ul style="list-style-type: none"><li>• Detox/Methadone/Residential within 24 hours.</li><li>• All other levels of care-within 48 business hours.</li></ul>
Interim Services	<ul style="list-style-type: none"><li>• HIV/TB education</li><li>• Prenatal referral</li><li>• Needle sharing</li><li>• Fetal impact risks</li><li>• Early intervention clinical services</li></ul>

# Compliance and Reporting- Pregnant

>85% of individuals screened and identified as pregnant with a substance use disorder must be given an admission date within the following required timeframes.

- 24 hours for detox, methadone, and residential
- 48 business hours for all other levels of care

# Documenting in REMI

Pregnant consumers are identified as URGENT on the LOC - Basic Information page.

Designated Substance Use Priority Populations

Pregnant \*

Yes  No

Pregnant, Injecting  Pregnant, Non-Injecting

Please select which of the following is true for this individual:

Parent at Risk of Losing a Child

Injecting Substance User

Individual Under Supervision of MDOC and Referred by MDOC or Individual Being Released Directly from an MDOC Facility Without Supervision and Referred by MDOC

None of the above

Crisis Situations

Please indicate if any of the following conditions exist for this person (multiple fields may be selected if applicable). If any of the conditions exist, the person must be offered a face-to-face appointment within 24 hours or a referral with warm handoff to a provider who can offer a face-to-face appointment within 24 hours.

Suicidal/Homicidal

Other Mental Health Crisis

Referral from Hospital Emergency Room

Recent Overdose (Last 30 days)

None of the above

**URGENT**

This individual is considered an URGENT referral and must be offered a face-to-face appointment within 48 hours of requesting services or a referral with warm handoff to a provider who can offer a face-to-face appointment within 48 hours of requesting services.

At Disposition, REMI does not provide a field to document the reason why an appointment falls outside the required 24- or 48-hour timeframes. Therefore, use the disposition notes section to record all appointment dates that were offered or declined, as well as any interim services provided.

# Priority Population-Injecting Drug User

<b>Screening &amp; Referral</b>	Within 24 Hours
<b>Admission Timeframe</b>	Within 14 Days
<b>Interim Services</b>	<ul style="list-style-type: none"><li>• HIV/STI/TB education</li><li>• Needle sharing risks</li><li>• Early intervention clinical services</li><li>• Overdose prevention education and naloxone distribution</li></ul>

# Priority Population-Parent At-Risk of Losing a Child

<b>Screening &amp; Referral</b>	<b>Within 24 Hours</b>
<b>Admission Timeframe</b>	<b>Within 14 Days</b>
<b>Interim Services</b>	<b>Early Intervention Clinical Services</b>

# Priority Population-Individual Referred by the Michigan Department of Corrections (MDOC)

<b>Screening &amp; Referral</b>	Within 24 Hours
<b>Admission Timeframe</b>	Within 14 Days
<b>Interim Services</b>	<ul style="list-style-type: none"><li>• Early intervention clinical services</li><li>• Peer Support</li><li>• Inform the agent with the screening outcome, when consent is given</li></ul>
<b>Monthly Services</b>	Complete the <b>MDOC Monthly Progress Report</b> and email it to the person's agent by the 5th of each month, when consent is given

# Documenting in REMI

- ▶ For the priority populations of Injecting Drug User, Parent-At-Risk of Losing a Child and Individual Referred by the Michigan Department of Corrections (MDOC), an appointment must be offered within 14-days.
- ▶ In the **Disposition**, if an appointment is scheduled outside of the 14-day requirement, REMI requires a reason why it could not be scheduled. Reasons may include consumer choice, incarceration, or lack of appointment availability. All appointments that were offered or declined, as well as any interim services provided, should be documented.

The screenshot shows a web form titled "Disposition". It has a radio button selected for "Eligible - Assessment scheduled with this Provider". Below this is a "Date of Appointment\*" field with the date "10/02/2025" and a calendar icon. A link "Use Current Date" is below the date field. A yellow highlighted section contains the text "Reason appointment is outside of the 14 days of the request for services.\*" and "List other admission dates offered and reason why refused earlier appointments". Below this is a large text input area. At the bottom of the form, it says "characters left: 258" and has a checkbox for "Consumer requested a First appointment outside of 14 days or refused an appointment offered within 14 days".

# Documentation and Compliance- Individual Referred by MDOC

To obtain the priority status of *referred by MDOC*, a MDHHS 5515 and CFJ 306-Substance Abuse Treatment Referral **must** be received from the referring MDOC agent. Please **do not** check the priority status of “*Individual Under Supervision of MDOC and Referred by MDOC or Individual Being Released Directly from an MDOC Facility Without Supervision and Referred by MDOC.*” **unless** these forms have been received.

The referral forms will either come directly to your agency from the referring agent, or if screened by MSHN, the CFJ-306 referral form is in the LOC determination in attachments.

# CFJ-306, The Michigan Department of Corrections Substance Abuse Treatment Referral Form

## MICHIGAN DEPARTMENT OF CORRECTIONS SUBSTANCE ABUSE TREATMENT REFERRAL

CFJ-306  
03/2020

Date	Offender Number	Offender Name	Offender DOB
Offender Address		Offender Phone Number	
Supervising Agent		Email	Telephone
Supervisor		Email	Telephone

**Primary:**  
 Drug of Choice:  Alcohol  Cocaine  Opiates  Meth  Other  
 If other explain \_\_\_\_\_

Route of Administration:  Injection  Oral  Nasal  Smoke  
 Date of Last Use: \_\_\_\_\_ Frequency of Use  Hourly  Daily  Weekly  Monthly  Yearly

**Secondary:**  
 Drug of Choice:  Alcohol  Cocaine  Opiates  Meth  Other  
 If other explain \_\_\_\_\_

Route of Administration:  Injection  Oral  Nasal  Smoke  
 Date of Last Use: \_\_\_\_\_ Frequency of Use  Hourly  Daily  Weekly  Monthly  Yearly

**The offender is unable to control their substance use as evidence by: (check all that apply)**

Offender has expressed desire for treatment  
 Two or more positive drug or alcohol tests within last six months  
 Family member has contacted agent to express concern regarding offender's substance abuse  
 Unsuccessful termination from a substance abuse treatment program within the last six months  
 Date: \_\_\_\_\_

Recent arrest by criminal justice agency for use/possession of alcohol or controlled substance  
 Other  
 If other explain \_\_\_\_\_

Previous treatment:  Outpatient Number of times: \_\_\_\_\_ Dates (M/Y) \_\_\_\_\_  
 Residential Number of times: \_\_\_\_\_ Dates (M/Y) \_\_\_\_\_

Offender has history/conviction for:  Arson  Sex Offense  OUIL 3rd

Current medical condition:  Cardiac  Back  Diabetes  High BP  Pregnancy  Seizure  Other  
 If other explain \_\_\_\_\_

Current or previous psychiatric problems:  Yes  No  
 If yes explain \_\_\_\_\_

On Medications:  Yes  No  
 If yes list \_\_\_\_\_

30 Day Supply of Meds available:  Yes  No







Availability: Immediately Available  or Date Available: \_\_\_\_\_

# The MDOC Monthly Progress Report

Both the CFJ-306 and  
Monthly Progress  
Report can be found  
on our website in the  
Provider Trainings  
Section

MONTHLY PROGRESS REPORT			
Offender #	Individual's Name:		Date:
Click to enter text.	Click to enter text.		Click to enter a date.
Supervising Agent:	Email:	Telephone:	
Click to enter text.	Click to enter text.	Click to enter text.	
Supervisor:	Email:	Telephone:	
Click to enter text.	Click to enter text.	Click to enter text.	
Date of Report:	Click to enter a date.	Admit Date:	Click to enter a date.
(RESIDENTIAL ONLY) Projected Discharge Date:		Click enter a date.	
During the month of <u>Choose</u> month, the offender has had the following appointments:			
<input type="checkbox"/> INDIVIDUAL THERAPY		<input type="checkbox"/> PEER RECOVERY COACH	
<input type="checkbox"/> CASE MANAGEMENT		<input type="checkbox"/> GROUP	
<input type="checkbox"/> PSYCHIATRIST		<input type="checkbox"/> OTHER (Primary Care visit, MAT Provider, Specialist, etc.)	
IF OTHER SELECTED PLEASE EXPLAIN:		Click or tap here to enter text.	
The individual cancelled appointments on:		Click to enter a date., Click to enter a date., Click to enter a date.,	
The individual missed appointments on:		Click to enter a date., Click to enter a date., Click to enter a date.,	
The provider cancelled appointments on:		Click to enter a date., Click to enter a date., Click to enter a date.,	
The individual has participated:		<input type="checkbox"/> Not at all <input type="checkbox"/> Minimally <input type="checkbox"/> Fluctuates between participation and not participating <input type="checkbox"/> Consistently participating	
The individual has been drug tested:		Date:	Click to enter a date.
		Results:	Choose an item.
The individual has been drug tested:		Date:	Click to enter a date.
		Results:	Choose an item.

# NEW for FY26-Changes to BH-TEDS Referral Criteria and the Admission Form

<b>Date of First Request / Contact *</b> <input type="text" value="10/06/2025"/>  <a href="#">Use Current Date</a>	<b>Provider / Licensed Site</b> <b>Access Bay-Arenac Behavioral Health</b>	
<b>Admission Date *</b> <input type="text"/>  <a href="#">Use Current Date</a>	<b>Admission Time *</b> <input type="text"/> AM <input type="text"/> <a href="#">Use Current Time</a>	<b>Date of Next Appointment</b> <input type="text"/> 
<b>Type Of Treatment Service Setting *</b> * Select Type Of Treatment Service Setting <input type="text"/>		
<b>Time to Treatment * </b> <input type="text"/> Days	<b>Prior Treatment Episodes * </b> * Select <input type="text"/>	
<b>Codependent/Collateral Person Served * </b> <input type="radio"/> Client <input type="radio"/> Codependent/Collateral/Non-using SUD funded individual		
<b>Referral Source *</b> <input type="text" value="Court/criminal justice referral/DUI/DWI"/>	<b>Detailed Criminal Justice Referral *</b> <input type="text" value="MDOC SUD Treatment Referral"/>	
<b>Was Level of Care Determination completed by a different SUD Provider?</b> <input type="radio"/> Yes <input type="radio"/> No		

The Referral Source **MUST** be Court/criminal justice referral for the Detailed Criminal Justice Referral to populate the option of MDOC SUD Treatment Referral

# The Golden Thread-MDOC-Screening to Discharge

## Screening

- Confirm the priority status of “Individual Under Supervision of MDOC and Referred by MDOC” is marked on the Request for Service *and* Level of Care Determination; attach the MDOC referral forms under SUD Admission, Tx Episodes, Discharges-Related Documentation

## Admission

- Review the screening history to look for a person’s priority status like “MDOC” or any other priority statuses.
- Select the Referral Source as **Court/criminal justice referral/DUI/DWI** with the Detailed Criminal Justice Referral as **MDOC SUD Treatment Referral**.

# The Golden Thread-MDOC-From Referral to Discharge

## Treatment and Coordination of Care

- Consider asking the consumer if they would like to add a treatment goal related to fulfilling legal obligations and successfully completing parole or probation.
- With the person's consent, complete and email the *MDOC Monthly Progress Report* to the person's agent by the 5<sup>th</sup> of every month.

## Discharge

- In the Discharge Form, record the person's priority status (REMI may auto-pull, but review for accuracy).

# Challenges vs. Solutions-How to Achieve Consistent and Accurate Documentation

- Challenge: Incomplete details reported by the consumer
- Solution: Use clarifying questions to accurately identify priority status and referral source.
- Challenge: Priority status is not reflected in Administrative Level of Care Reviews.
- Solution: Check screening and LOC history to determine if the individual meets priority population criteria.

# Challenges vs. Solutions-How to Achieve Consistent and Accurate Documentation

- Challenge: staffing changes
- Solution: Utilize the training materials available on our website and in REMI for all staff, especially those involved in the screening and admission process
- Challenge: state and system changes i.e., BH-TEDS
- Solution: Utilize the training materials available on our website and in REMI

# Compliance and Reporting- Treatment

Priority Populations Waiting List Deficiencies Report

Injecting Drug Users 90% Capacity Treatment Report  
(Due at the end of the month following the last month  
of the quarter)

For questions related to these reports, please contact  
your agency's designated Treatment Specialist

# References

The following materials can be found on Mid-State Health Network's website in Provider Trainings

- Priority Population Quick Reference Guide
- MDOC Monthly Progress Report
- Lunch and Learn Training Series-Priority Populations

## Additional References

- Mid-State Health Network-Substance Use Disorder Services Provider Manual
- FY 2024-2026 MSHN SUD Strategic Plan

# Contact the SUD Care Navigator

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