

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Disclosure of Faith-Based Treatment Orientation		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 3	Review Cycle: Author: Chief Clinical Officer	Adopted Date: 03.24.2026 Review Date:	Related Policies: 42 CFR Part 54 Charitable Choice

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Purpose

To ensure transparency, protect client autonomy, and support informed decision-making when individuals seek Substance Use Disorder (SUD) or behavioral health services from faith-based providers, Mid-State Health Network (MSHN) has created this procedure to be in compliance with federal charitable choice guidelines in [42 Code of Federal Regulations \(CFR\) Part 54](#) which requires faith-based providers who receive public federal funds to disclose whether or not and how religious doctrine, beliefs, or value systems may inform treatment practices within the agency.

Faith-based providers must:

1. Clearly inform prospective clients that services in that agency are informed by a specific religious framework.
2. Disclosure shall occur at the first point of contact and before initiation of assessment, intake, or signing of informed consent documentation.
3. Describe any limitations or exclusions in services that may result from that religious orientation.
4. Inform clients of their right to request referral to an alternative provider without penalty, delay, or impact on service eligibility.
5. Ensure that services for existing clients comply with applicable federal and state non-discrimination laws, i.e., no person who has been accepted into treatment should be excluded or in any way restricted in the services they receive regardless of their own personal spiritual or religious beliefs which may or may not be aligned with the agency’s religious philosophy and parameters.

Procedure

A. Initial Disclosure:

1. At the first point of contact (including phone inquiry, website communication, referral intake, or walk-in contact), staff shall:
 - Verbally inform the individual if the agency’s services are informed, restricted or shaped by a particular set of religious values, proscriptions, or doctrine.
 - Provide a written disclosure statement of relevant religious limitations on treatment.
2. The disclosure shall include:
 - A statement describing the agency’s faith-based orientation.
 - Any known service limitations related to reproductive health, family planning, sexual orientation, gender identity, gay marriage, or any other topics that may be restricted or otherwise influenced by the agency’s religious orientation.

B. Prior to Assessment:

Before beginning assessment:

- Staff shall verbally confirm the client's understanding of the agency's faith-based framework.
- The agency's informed consent document should reiterate this disclosure of the potential for religious influence on the course of treatment and should notify the client of their option to receive a referral to another provider which will be facilitated by the faith-based provider in a warm handoff to a provider of the client's choosing.
- Client's signature on the informed consent will thereby reflect a) acknowledgment of the client being informed of how the agency's religious orientation may impact treatment; and b) the client's agreement to discontinue or to continue services under the parameters described.

C. Requests for Services Potentially Affected by Religious Doctrine

Clients must be informed at *first* contact how their services will be delivered if they have needs related to:

- Family planning
- Contraception
- Pregnancy or unplanned pregnancy
- Abortion
- Sexual orientation
- Gender identity
- Marriage or relationship structures

Faith-based providers' intake staff shall:

- Clarify whether agency policy limits the scope of discussion or treatment options.
- Inform the client of alternative provider options.
- Offer a timely referral when requested and a warm handoff to a different provider.

Referrals must be made promptly and without unnecessary duplication of intake requirements.

D. Documentation

The clinical record shall reflect:

- Date and method of disclosure
- Client acknowledgment of disclosure and client's response
- Any referral offered or completed

Applies to

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN's CMHSP Participants: Policy Only Procedure Only
- Other: Sub-contract Providers

Definitions

- **CFR:** Code of Federal Regulations
- **Disclosure:** A clear verbal and/or written notification to a prospective client that services are informed by religious doctrine and may include service limitations.
- **Faith-Based Provider:** An organization that has an affiliation with and/or a funding stream from institutions of a particular faith or religious tradition. The agency's treatment philosophy or service delivery model may or may not be informed by their specific religious doctrine or belief system.
- **First Point of Contact:** The earliest interaction between a prospective client and the provider, including phone, electronic, referral, or in-person communication.
- **42 CFR Part 54:** The section of the Code of Federal Regulations whose provisions apply only to funds provided directly to pay for substance abuse prevention and treatment services under [42 U.S.C. 300x-21](#) *et seq.*, and [42 U.S.C. 290cc-21](#) to 290cc-35.
- **MSHN:** Mid-State Health Network
- **SUD:** Substance Use Disorder

Other Related Materials

N/A

References/Legal Authority

- [MDHHS Treatment Policy #6](#) – Individualized Treatment & Recovery
- [MDHHS Treatment Policy #8](#) - Substance Abuse Case Management
- [MDHHS Treatment Policy #9](#) – Outpatient Treatment Continuum of Services
- [MDHHS Treatment Policy #10](#) – Residential Treatment Continuum of Services
- [42 CFR, Part 54:](#) Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention and Treatment Block Grants and/or Projects for Assistance In Transition From Homelessness Grants

Change Log:

<u>Date Of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
03/2026	New Procedure	Chief Clinical Officer