



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

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Substance Abuse Prevention and Control

John Viernes, Jr.
Director
1000 South Fremont Avenue
Building A-9 East, Third Floor
Alhambra, CA 91803
TEL (626) 299-4193 • FAX (626) 458-7637

www.publichealth.lacounty.gov

January 18, 2012

TO: Executive Directors
Assembly Bill 109 Treatment Providers
And Interested Others

FROM: John Viernes, Jr., Director 
Substance Abuse Prevention and Control

SUBJECT: **TREATMENT PROCEDURES FOR THE OPERATION OF PUBLIC SAFETY REALIGNMENT ACT - (ASSEMBLY BILL 109)**

This is to provide you with the treatment procedures for the operation of the Public Safety Realignment Act, Assembly Bill 109 (AB 109) program. Upon receipt, AB 109 treatment programs are required to comply with the following treatment program procedures outlined in the attached document.

Effective October 1, 2011, AB 109 shifted the responsibilities for supervising specific low-level offenders from the California Department of Corrections and Rehabilitation to the County level. In preparation of this shift in responsibilities, AB 109 required all California counties to establish a Community Corrections Partnership (CCP) consisting of public safety, public health, and other behavioral health stakeholders. In response, the Los Angeles County CCP was created and subsequently developed an implementation plan that included a Postrelease Community Supervision (PCS) plan. To promote community reintegration and reduce the risk of recidivism, the PCS required the Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC) to assist in accessing Substance Use Disorder (SUD) treatment services. DPH-SAPC will contract with treatment programs that will provide residential, outpatient and alcohol and drug free living centers services to Postrelease Supervised Persons released under AB 109.

Treatment programs are to implement and comply with the adopted AB 109 treatment procedures for the provision of SUD services available to AB 109 postrelease persons.

If you have any questions or need additional information, please contact the SAPC Helpline at (888) 742-7900, available Monday to Friday, from 8:00 a.m. to 5:00 p.m.

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P:\Assign11-12\AB109 Realignment

c: Wayne K. Sugita
Leo Busa
David Hoang
Dorothy H. de Leon
Linda G. Dyer

TREATMENT PROGRAM PROCEDURES

FOR THE OPERATION OF

PUBLIC SAFETY REALIGNMENT ACT (ASSEMBLY BILL 109)
POSTRELEASE COMMUNITY SUPERVISION



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 SOUTH FREMONT AVENUE
BUILDING A-9 EAST, 3rd Floor
ALHAMBRA, CALIFORNIA 91803
(626) 299-4193

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Version I

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AB 109 Treatment Program Procedures

I. BACKGROUND

In April 2011, the California Legislature passed the Public Safety Realignment Act - Assembly Bills 109/117 (AB 109), which transfers responsibility for supervising specific low-level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to the county level. Effective October 1, 2011, counties will be responsible for supervising these offenders once released from State prison, on a prospective basis. These offenders are referred as Postrelease Supervised Persons (PSP). In preparation of this shift in responsibilities, AB 109 required all California counties to establish a Community Corrections Partnership (CCP) consisting of public safety, public health, and other behavioral health stakeholders. In response, the Los Angeles County CCP was created and subsequently developed an implementation plan that included a Postrelease Community Supervision (PCS) plan. To promote community reintegration and reduce the risk of recidivism, the PCS required the Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC) to assist in accessing Substance Use Disorder (SUD) treatment services. DPH-SAPC will contract with treatment programs that will provide residential, outpatient, and alcohol and drug free living centers services to PSPs released under AB 109.

II. POSTRELEASE COMMUNITY SUPERVISION POPULATION

Under AB 109, Los Angeles County will be responsible for supervising offenders released from State prison who currently reside or previously resided before incarceration in Los Angeles County. Eligible offenders to be released are those currently referred to as:

1. Non-violent commitment offenses (irrespective of priors)
2. Non-serious commitment offenses (irrespective of priors)
3. Non-sex offenses

III. TREATMENT PROGRAM PROCEDURES

A. HUB/PROBATION OFFICE ORIENTATION

The orientation for the PSP begins when he/she arrives at the assigned HUB. The PSP will meet with the Probation Department – Deputy Probation Officer (DPO) from the Screening, Intake, and Assessment Team to receive specific instructions of PCS requirements. The DPO will conduct the following:

1. Review supervision conditions as outlined in the Agreement Form along with other requirements.
2. Provide the PSP with their name and contact information and notify of his/her reporting location site.
3. Conduct the Level of Service/Case Management Inventory (LS/CMI). LS/CMI measures the risk and need factors of offenders, and aids in determining the PSP's risk level.
 - a. Once a PSP's criminogenic needs and risk levels are determined, an appropriate referral will be made to treatment providers or community-based organizations to service those identified needs and support PSPs as they reintegrate back into society.
 - b. PSP's will be screened by the DPO, and may be further screened by the Department of Mental Health – System Navigators for co-occurring disorders and/or mental health issues. If the screening determines a SUD only need, the PSP will be referred to CASC for a SUD clinical assessment and treatment referral as appropriate.

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B. COMMUNITY ASSESSMENT SERVICES CENTER

The Community Assessment Services Center (CASC) will be responsible for conducting individual assessments for each eligible PSP. The CASC will also refer the PSP for treatment services based on the level of severity of his/her SUD problem.

1. The PSP process for AB 109 will commence at the HUB. The Probation Department – DPO will screen the PSP using the Level of Services/Case Management Inventory that measures the risk and need factors of offenders.
2. The PSP will be screened by the DPO. If the screening determines an SUD only need, the PSP will be referred to CASC for further assessment and treatment referral as appropriate.
3. The DPO will provide the AB 109 PSP with a CASC Referral Form and instruct them to contact the designated CASC site within five (5) days of the referral to schedule an appointment for assessment. For the DPO to enter the PSP data and referral into the TCPX system for program tracking.
4. The PSP must have a copy of the initial Referral Form when they arrive for the CASC appointment.
5. Upon arrival, the PSP will be assessed using the Addiction Severity Index – Multimedia Version (ASI-MV), a nationally recognized, self-administered substance abuse assessment instrument. This clinical assessment will be used to determine the severity of their SUD and the level of treatment required.

The CASC will perform the following:

- a. Conduct an assessment and referral to treatment programs contracted to provide the identified level of treatment services based on the ASI-MV, American Society of Addiction Medicine (ASAM) Placement criteria, and the clinical assessor's professional judgment.
- b. If the CASC determines that the PSP is in need of treatment for COD, the CASC shall contact the DMH System Navigator at (323) 226-4447 for recommended action.
- c. CASC will contact the identified treatment program from the list of Substance Abuse Prevention and Control (SAPC) approved State licensed/certified AB 109 treatment program network (treatment program) to verify treatment slot availability.
- d. If a treatment slot is available, CASC will schedule an admission to treatment appointment with the treatment program, within 48 hours of the CASC assessment. Services may include residential services, outpatient counseling, and alcohol and drug free living center services.
- e. The CASC will fax or e-mail (with encryption) confirmation to the treatment program within 24 hours of the assessment, and include the following documentation:
 - i. Referral and Placement Forms
 - ii. ASI-MV Summary
 - iii. Narrative Report

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iv. Other applicable information

- f. If a treatment slot is not available for the assessed modality, CASC may refer the PSP into the next available lower level service modality.
6. The PSP may only receive a treatment referral from CASC after they have been initially screened at the HUB, and found to have behavioral health indicators for SUD only need.
7. The CASC will update the Treatment Court Probation eXchange (TCPX) system within 24 hours, and enter assessment, referral, and treatment program information as needed to monitor and track the PSP in the network.
8. The CASC will provide the DPO within 48 hours, proof of assessment (confirmation) or non-compliance via fax or encrypted e-mail.
9. The treatment program will provide the PSP and CASC with proof-of-enrollment or no-show, and update TCPX within 48 hours of enrollment.

C. TREATMENT SERVICES

SAPC adheres to the principles of effective treatment, as identified by the California Code of Regulations Title 9 and National Institute on Drug Abuse for SUD Treatment as the “best practices” guiding its contracted programs and services.

Treatment services shall consist of a two track system increasing in duration and intensity depending on the assessed severity of the PSP’s SUD problem. Maximum duration for residential services is 90 days, and shall not exceed 180 total days of services.

Level I – OUTPATIENT COUNSELING – maximum duration of treatment is 180 days: PSP’s requiring a low level of outpatient treatment shall receive services, which at a minimum shall include:

1. Intake, orientation, and evaluation
2. Individual, family, and/or group counseling sessions, including alcohol and other drug education, at a maximum of four (4) sessions per week
3. Participation in self-help meetings, at three (3)/week
4. Referral to alcohol and drug free-living facilities (ADFLC), as appropriate; PSPs must be admitted to and participate in Outpatient Counseling if place in ADFLC services; Maximum duration for ADFLC is 90 days
5. Individualized treatment planning as appropriate (e.g., perinatal and special needs)
6. Provision of, or referral and follow-up for, ancillary support services, based on Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) 44, *Substance Abuse Treatment for Adults in the Criminal Justice Population*, including reintegration with family and social support, vocational training and education, case management, and relapse prevention

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7. Random, observed drug testing

Level II – RESIDENTIAL WITH STEP-DOWN TO OUTPATIENT COUNSELING – maximum duration of treatment is 180 days: PSPs may require one or both of the following treatment services:

1. Residential Treatment Services – Supervised twenty-four (24) hour live-in program with structured treatment and recovery services not to exceed 90 days maximum of Residential Treatment.
 - a. Intake, orientation, and evaluation
 - b. Minimum of six (6) hours of planned treatment and recovery activities per day under the supervision of trained staff
 - c. Participation in self-help meetings at five (5)/week
 - d. Random, observed drug testing
 - e. Upon completion of residential treatment, PSPs shall be stepped down into outpatient counseling services Level I
 - f. If a treatment slot for outpatient counseling services is not available at the time of discharge from residential treatment services, the treatment provider is directed to contact the CASC at least seven (7) days before the scheduled date of discharge to assist with referring the PSP to an approved treatment program in the AB 109 treatment network

CONFIDENTIALITY /COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996:

To remain compliant with federal and State law, as well as SAPC's contract, treatment programs must comply with Title 42: Public Health, CFR and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in its entirety. The standards and practices below only reflect a portion of these requirements.

As described in the Additional Provisions of the contract, treatment programs are separately and independently responsible for compliance with 42 CFR and HIPAA. Therefore, treatment programs should consult with legal counsel to ensure the treatment programs policies and procedures fully comply with 42 CFR and HIPAA.

Treatment Programs must ensure the following:

As per 42 CFR, Subpart C – Disclosures with Patient's Consent, 2.31, Form of written consent: *(a) Required elements*. A written consent to a disclosure under these regulations must include:

1. The specific name or general designation of the program or person permitted to make the disclosure.
2. The name or title of the individual or the name of the organization to which disclosure is to be made.
3. The name of the patient.
4. The purpose of the disclosure.

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5. How much and what kind of information to be disclosed.
6. The signature of the patient and, when required, for a patient who is a minor, the signature of a person authorized to give consent under 2.14; or, when required, for a patient who is incompetent or deceased, the signature of a person authorized to sign under 2.15 in lieu of the patients.
7. The date on which the consent is signed.
8. A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer.
9. The date, event, or condition upon which the consent will expire if not revoked before. This date, event or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

TREATMENT, COURT, PROBATION EXCHANGE (TCPX) SYSTEM:

The TCPX system is a web-based data system application designed to support the operational and administrative requirements of AB 109. Accurate records must be maintained to permit all eligible PSP's access to needed services. All treatment programs are required to accurately and regularly enter all PSP's data into the TCPX system. TCPX provides a "real-time" connectivity between community-based drug treatment programs, CASC, Probation, and SAPC. CASC and treatment programs are required to maintain a Secure ID Card as issued and maintained by the Los Angeles County Information System Department. TCPX will continue to be administered by SAPC.

The TCPX system will support the critical functions of AB 109:

1. Establish a countywide, consolidated records system that combines criminal history and treatment information.
2. Provides for the electronic workflow of essential treatment information from treatment programs and CASC to Probation and SAPC.
3. Provide the ability to generate regular and ad hoc statistical reports, as required by the Board of Supervisors, of impacted departments for on-going program evaluation.
4. Supports the electronic transfer of essential treatment information from CASCs to treatment programs for treatment service admission, discharge, and progress reporting.

CHANGES IN LEVEL OF SERVICES – Depending upon each PSP's individual progress, changes in the level of treatment may be needed. A change in treatment level (Level I to Level II or Level II to a Level I) may be completed without prior approval from the DPO, if based upon the clinical judgment of the primary counselor. The treatment program is instructed to notify the DPO, and proceed with the transfer if consensus is reached. It is imperative to adequately document the rationale for the transfer in the PSP's file. Treatment programs are required to notify the CASC and update the TCPX system to reflect this change.

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D. STATUS REPORTS

Each treatment program is responsible for providing timely reports to the assigned DPO regarding the PSP's progress in treatment. All treatment status/discharge reports will be prepared and maintained in TCPX.

Probation is responsible for assessing the information on the report and determine if the PSP is compliant with his/her conditions of Probation. Status/Progress Reports are due as follows:

Initial Report to assigned DPO:

- Within fourteen (14) days of admission

Progress reporting to assigned DPO:

- At sixty days (60) for a treatment progress report, beginning from the date of admission; or as needed by the DPO. If requested by the assigned DPO, a hardcopy of the status report may be delivered in a sealed envelope to the assigned DPO by the PSP.

E. TREATMENT DISCHARGE PROCEDURES – SUCCESSFUL OR TERMINATION

1. Discharge planning should begin shortly after the PSP enters treatment, and should focus on providing necessary services within the time limit stipulated. A discharge plan shall be in evidence in the treatment record supporting this effort. All discharge reports will be prepared and maintained in TCPX.
2. Discharge from treatment is final unless the DPO of record reinstates the PSP into treatment.
3. Treatment program shall submit notice of discharge report to Probation. This includes discharge from successful completion and/or termination from the treatment program.
 - a. Within five (5) working days of program completion, the treatment program shall enter the information into TCPX to confirm completion, and notify the assigned DPO. If requested by the assigned DPO, a hardcopy of the completion report may be delivered in a sealed envelope to the assigned DPO by the PSP.
 - b. Within five (5) working days of program termination, the treatment program shall enter the information into TCPX to confirm termination, and notify the assigned DPO.

F. WAITLIST FOR MODALITIES

1. If all modalities are at capacity, the PSP is placed on a waitlist. While waiting to enter treatment PSP are required to attend a self-help group type service and report to his/her DPO as mandated by Probation.
2. If a PSP is referred to Residential Services, but that modality is at capacity, the treatment program may enroll the PSP in Outpatient Counseling Services and Alcohol and Drug Free Living Center services, as needed.

G. COMPLIANCE WITH CONDITIONS OF PROBATION – TREATMENT SERVICES

1. DPOs will be responsible for providing reports, tracking data on PSP's, and verifying proof of compliance. The DPO will work closely with the PSP to encourage program compliance, support them in adhering to the treatment plan and monitor, track, and supervise them to ensure public safety.
2. Non-compliance with the case plan and/or individualized treatment plan can potentially result in the imposition of intermediate sanctions (e.g., house arrest, flash incarceration, or revocation process initiation). The DPO may refer or re-refer the PSP to CASC for assessment of SUD needs, if appropriate, before initiating the revocation process.