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September 14, 2011

TO: Executive Directors
Offender Treatment Program/Proposition 36 Treatment Providers
And Interested Others

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

SUBJECT: **FINAL PENAL CODE 1210 (FORMERLY PROPOSITION 36/OFFENDER TREATMENT PROGRAM)
STANDARDS & PRACTICES, AND RETURN REQUEST FOR PENAL CODE 1210 PARTICIPATION
AGREEMENT AND SIGNATURE FORM**

As of September 30, 2011, the Proposition 36/Offender Treatment Program will continue as an unfunded State mandate. In response, Substance Abuse Prevention and Control (SAPC) revised the program to create a fee-based, participant self-pay counseling program to commence on October 1, 2011.

In developing the new program, SAPC requested and received input of the proposed Standards and Practices in draft format from the California Association of Alcohol and Drug Program Executives, the existing Proposition 36/OTP Treatment Network and the Countywide Criminal Justice Coordination Committee – Proposition 36 Executive Steering Committee. SAPC reviewed the recommendations received, incorporated appropriate revisions, and present the attached document as the final version of the Penal Code 1210 Standards and Practices.

After reviewing the document, treatment programs are requested to return the Participation Agreement and Signature Form located on the final page of the Standards & Practices, indicating your programs commitment in the programs or to opt-out request from participating in the Penal Code 1210 Program.

Please submit your response via mail to the address below no later than Wednesday, September 21, 2011:

County of Los Angeles - Department of Public Health
Substance Abuse Prevention and Control
ATTN: Yanira A. Lima, Criminal Justice Coordinator
1000 South Fremont Avenue, Building A-9 East, Third Floor
Alhambra, CA 91803

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

JV:dk
P:/Assign10-11/Prop36 Redesign

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

STANDARDS AND PRACTICES

FOR THE OPERATION OF
PARTICIPANT PAID FEE BASED TREATMENT PROGRAM
PENAL CODE 1210



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

October 1, 2011

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I. INTRODUCTION

On November 7, 2000, California voters passed the Substance Abuse and Crime Prevention Act of 2000 (SACPA), more commonly referred to as Proposition 36, which became effective on July 1, 2001 and made significant changes in the way many drug offenders were handled by both the criminal justice and treatment delivery systems. The purpose of Proposition 36 was to enhance public safety by reducing drug-related crime and preserving jail and prison space for violent offenders. Proposition 36 amended existing drug sentencing laws to require that adult criminal defendants who were convicted of possession, use, transportation for personal use, or being under the influence of a controlled substance, be placed in drug treatment as a condition of probation instead of incarceration. This represented a significant shift in the handling of this population and provided an opportunity for both the treatment delivery system and the criminal justice system to move toward a more holistic approach of handling substance abuse offenders. Proposition 36 specifically required that all participating treatment programs be licensed or certified by the California Department of Alcohol and Drug Programs (ADP). Proposition 36 also applied to State parolees convicted of non-violent drug offenses or drug-related parole violations.

After the initial five year implementation of Proposition 36, Governor Arnold Schwarzenegger proposed in January 2006, additional funding under the Substance Abuse Offender Treatment Program (OTP) for Fiscal Year 2006-2007. The provisions set for OTP were to improve SACPA program outcomes, offender accountability, show rates, retention, and completion outcomes. In July 2009, funding for Proposition 36 was eliminated under SACPA; however, the legal mandate continued requiring treatment to be offered to defendants in lieu of incarceration. In response, funding for the OTP was made available through the Byrne/Justice Assistant Grant (OTP/JAG), and administered by the California Emergency Management Agency, allocating for eighteen (18) months funding at a lesser amount than previously received by Counties through Proposition 36 (SACPA). Funding under the OTP/JAG program ended September 30, 2011.

Effective October 1, 2011, Los Angeles County Proposition 36 Executive Steering Committee (Oversight Committee¹) implemented a plan for continuing treatment services under Proposition 36; from here forward, referred to as Penal Code (PC) 1210. The Department of Public Health, Substance Abuse Prevention and Control (SAPC), in consultation with the Oversight Committee, will establish new criteria for the effective implementation and execution of these PC 1210 program Standards and Practices. Services will be established with the existing Proposition 36/OTP treatment program network.

II. PC 1210 PROGRAM CERTIFICATION REQUIREMENT

No person, firm, partnership, association, corporation, city, public agency, or other governmental entity shall operate, establish, manage, conduct, or maintain a PC 1210 program in Los Angeles County or represent by any means that they are so doing, without first obtaining written approval from the Director of SAPC.

III. FUNDING FOR PC 1210

The PC 1210 program is entirely self-supporting through the collection of participant fees unless a participant is deemed indigent. There are no State or County Funds available for this program. The standard enrollment fee will be adjusted as recommended by SAPC. Participants may be charged an amount based on an ability to pay (sliding-scale system) approved by SAPC (refer to Program Fee, Section XII). An Administrative Fee per participant will be paid by the program to SAPC on a monthly basis for administration of the program, maintenance of data operations, and for monitoring functions. Please note that no SAPC Administrative Fee is to be charged for a participant who is deemed indigent.

¹ Additional information on the Oversight Committee may be found on Substance Abuse Prevention and Control's (SAPC) website.

IV. TARGET POPULATION

Treatment Services for the PC 1210 program are provided to adult offenders who were arrested in, or are residents of Los Angeles County, who are first or second time non-violent drug offenders who use, possess, or transport a small amount of illegal drugs for personal use are offenders in Los Angeles County, who are referred from the Courts pursuant to 1210.1 of the California Penal Code (PC) or PC 3063.1 of the California Penal Code, who have pled guilty and have a suspended sentence contingent upon completion of a PC 1210 drug treatment program. The term "drug treatment program" means a State licensed and/or certified community drug treatment program within the County of Los Angeles, which may include one or more of the following: Outpatient Treatment, Narcotic Replacement Therapy, and/or Residential Drug Treatment. The term "drug treatment program" does not include drug treatment programs offered in prison or jail facility.

V. POLICIES

- A. Program requirements shall consist of treatment services as outlined in these Standards and Practices. Only those contracted treatment programs that currently provided services during Fiscal Year 2010-2011 are eligible to receive referrals for PC 1210 drug treatment services.
- B. All outpatient treatment programs must offer both Level I and Level II services.
- C. Maximum levels of treatment services have been established for each service component and shall be required for a participant to progress through enrollment, treatment activities, and completion of treatment services.

VI. PROGRAM REQUIREMENTS

A. PROGRAM STATEMENT

The treatment program shall have a written program statement describing the clinical approach to treatment, including the utilization and implementation of specific evidence-based practices to be applied. The program clinical approach, goals, and objectives shall be clearly related to the criminal justice system, and to the participant's needs. The program statement shall be reviewed annually and updated as needed by the Executive Director or designee.

B. SERVICE DELIVERY FACILITY(IES) AND DAYS AND HOURS OF OPERATION

- 1. The treatment program shall notify SAPC of the facility(ies) where services are to be provided.
- 2. Treatment program facility(ies) where services are to be provided, and the days and hours of operation for reception and program entry, must be updated annually, or at the request of SAPC.
- 3. A treatment program must obtain prior written approval from SAPC Director at least thirty (30) calendar days before terminating services at such facility(ies) and/or before commencing such services at any other facilities.
- 4. Facilities shall be clean safe, sanitary, and in good repair at all times for the safety and well-being of treatment program participants, employees, and visitors.

C. PLAN OF OPERATION

Each treatment program shall have a policies and procedures manual which addresses all elements within these Standards and Practices. The manual shall be made available to SAPC for reference and review.

D. STAFFING REQUIREMENTS

On April 1, 2005, the new Counselor Certification Regulations were established under the California Code of Regulations, Division 4, Title 9, Chapter 8, commencing with Section 13000. Personnel providing counseling services in alcohol and drug programs must be registered to obtain certification as an alcohol and drug counselor by a certifying organization specified in the Regulations by October 1, 2005 or within six (6) months of the date of hire, whichever is later. Section 13013, Requirement for Certification, by April 1, 2010, at least thirty percent (30%) of staff providing counseling services in all AOD programs shall be licensed or certified pursuant to the requirements of this Chapter. All other counseling staff shall be registered pursuant to Section 13035(f).

VII. INDEMNIFICATION

By accepting certification for PC 1210 services, the treatment program agrees to indemnify, defend, and save harmless the County of Los Angeles, its agents, officers and employees from and against any and all liability, expense, including defense costs and legal fees, and claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury, or property damage, including property of the agency, arising from or connected with the agency's operations or its PC 1210 services, including any worker's compensation suits, liability, or expense arising from or connected with services performed on behalf of the program by any person in connection with these standards and procedures.

VIII. INSURANCE

Without limiting the treatment program's indemnification of the County, the treatment program shall provide and maintain at its own expense while providing PC 1210 services the following programs of insurance covering its PC 1210 operations. Such insurance shall be provided by insurers satisfactory to the County's Risk Manager and evidence of such programs satisfactory to the County shall be delivered to SAPC, Contract Services Division, before PC 1210 services are provided. Such evidence shall specifically identify the PC 1210 services and shall contain express conditions that SAPC is to be given written notice by registered mail at least 30 days in advance of any modification or termination of any program of insurance:

- A. General Liability: A program including, but not limited to, comprehensive general liability, endorsed for premises-operations, products/completed operations, broad form property damage, and personal injury with a combined single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence. Such insurance shall be primary to and not contributing with any other insurance maintained by the County and shall name Los Angeles County as an additional insured.
 1. If written with an aggregate limit, the policy limit shall be not less than Two Million Dollars (\$2,000,000.00).
 2. If the above insurance is written on a claims made form, such insurance shall be endorsed to provide an extended reporting period of not less than two years following termination of certifications.
- B. Worker's Compensation: A program of worker's compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including employers liability with a One Million Dollars (\$1,000,000.00) limits, covering all persons providing services on behalf of the program and all risks to such persons under these Standard and Procedures.

IX. PROGRAM ELEMENTS

A. COMMUNITY ASSESSMENT SERVICES CENTER

1. Upon submission of a conditional plea or conviction, PC 1210 participants will be referred by the Court to a specific Community Assessment Services Center (CASC) site based upon their residential zip code. The Court will provide PC 1210 participants a CASC referral form and instruct them to call the CASC site for an assessment appointment within three (3) business days of their Court appearance.
2. Parolees and Out of County participants will receive a treatment referral from the referring authority. The treatment program will give the participant proof of enrollment and it is the responsibility of the participant to submit proof of enrollment to their Parole Officer or Court of jurisdiction.
3. CASC will schedule an assessment appointment for PC 1210 participants within 48 hours of the telephone call requesting services. Participants should have a copy of the CASC referral form when they arrive for the CASC appointment.
4. All participants will be assessed using the Addiction Severity Index Lite (ASI Lite), a nationally recognized substance abuse assessment instrument. The clinical assessment will be used to determine the severity of their addiction, the level of treatment intensity required, and to identify a treatment program that will provide the needed level of services.
5. CASC will contact the identified treatment program to verify that they have a slot/bed available. CASC will schedule an appointment for admission to treatment.
6. Participants will be referred to a State licensed/certified PC 1210 treatment program as recognized by SAPC to provide services. All PC 1210 participants will receive a written referral to treatment from the CASC.
7. CASC will update the Treatment, Court, Probation, and eXchange (TCPX) system with the participant's assessment results and other applicable information within one (1) working day of the assessment. A copy of the completed CASC tracking form is then faxed to the treatment program to be used to document the participant's "show" or "no-show" for the first appointment. Completed forms are to be returned to the CASC to monitor and control participant movement in the PC 1210 treatment program network. In addition, the PC 1210 participant is provided a hard copy of the referral form to present to the program upon arrival, and for placement in the participant's file.
8. Treatment programs should not enroll participants who fail to enroll by the specified date or did not complete the CASC assessment.

B. TREATMENT PROGRAM PROCEDURES

1. Treatment programs shall operate a certified drug abuse treatment program, in accordance with the *Alcohol and/or Other Drug Program Certification Standards*, effective March 2004 or thereafter amended, as established by the State Department of Alcohol and Drug Programs (ADP), as well as, those stated by Substance Abuse Prevention and Control (SAPC) within these Standards and Practices.
2. The current Proposition 36/OTP treatment program network list, as maintained by SAPC, will serve as the foundation for providing the treatment services under the PC 1210 program. Treatment services will consist of a two level outpatient counseling system, as determined by the ASI or Lite assessment rating index.

3. Treatment programs are to implement the adopted changes to the Summary of Treatment and Supervision Services Matrix (Services Matrix) and employ evidenced-based practices as appropriate. – Effective October 1, 2011 – See Attachment 1.
4. Treatment programs are encouraged to phase-down participants on a case-by-case basis if it is determined, based on clinical judgment, that the participant has benefited as much as possible from treatment; the treatment program should recommend early completion to the Court or Parole. If a participant is found unamenable to treatment, the treatment program should immediately recommend to the Court or Parole termination for non-compliance. Treatment programs may also recommend that the participant be placed in a Drug Court program. Actual Drug Court placements will depend upon available funding, treatment slots and Court's final determination.
5. A participant may be terminated by the treatment program if they have more than four (4) unexcused absences.

C. ADDITIONAL SERVICES (NETWORK/NON-NETWORK)

Based on the CASC assessment, if a participant will need a higher level of service (or requests the same), beyond Levels I and II, the CASC may refer to an appropriate treatment program where the following services can meet the participant's treatment needs: residential treatment or detoxification services. The cost of service is the responsibility of the participant, unless he/she is deemed to be indigent and/or placed under an "alternative funding source."

Treatment programs that accept eligible PC 1210 participants via another funding source may not exceed the time limits as specified in the October 1, 2011 Services Matrix.

D. STATUS REPORTS

Progress Reporting in TCPX – All treatment status/discharge reports will be prepared in TCPX. A hardcopy of the TCPX report will be delivered in a sealed envelope to the Court or Parole Office by the participant as scheduled by Court or requested by a Parole Officer.

Progress reporting to the Court:

- At sixty (60) days report on participant progress
- Upon treatment program discharge from services, OR one-hundred-eighty (180) day from Initial Sentencing Hearing - final progress report

Progress reporting to Parole or other referring entity:

- At sixty (60) days report on participant progress
- Upon treatment program discharge from services

Out-of-County Referrals:

- Treatment program shall communicate directly in writing with the referring entity regarding the PC 1210 participant's program status or discharge. At a minimum, a status report will be generated in TCPX at sixty (60) days, the treatment program will notify and deliver a hardcopy of the TCPX report to the referring entity by fax or USPS mail.

E. TREATMENT DISCHARGE PROCEDURES – SUCCESSFUL OR TERMINATION

1. Discharge from treatment is final unless the Court or Parole orders reinstatement.
2. Treatment program shall refund to the participant within thirty (30) days of discharge any fees paid in advance for services not yet rendered at the time of discharge (*see Program Fee Section XII*).

3. Treatment program shall submit notice of discharge document to the Court or Parole. This would include discharge from treatment and successful completion and/or violation of treatment program rules.
 - a. Within five (5) working days of program completion, the treatment program shall enter the information into TCPX to confirm completion and payment status, and notify the Court or Parole. A hardcopy of the completion report will be delivered in a sealed envelope by the participant to the Court or Parole Office.
 - b. Within five (5) working days of program termination, the treatment program shall enter the information into TCPX to confirm termination, discharge and payment status, and notify the Court or Parole. The treatment program will notify and deliver a hardcopy of the TCPX report to the referring entity by fax or USPS mail.
4. For Out-of-County probation and parole participants, treatment program shall communicate directly in writing with the referring entity regarding PC 1210 participant program discharge.

F. TREATMENT COURT PROBATION AND EXCHANGE SYSTEM (TCPX)

The TCPX system is a web-based data system application designed to support the operational and administrative requirements of PC 1210. Accurate records must be maintained to permit all eligible participants access to needed services. All PC 1210 treatment programs are required to accurately and regularly enter all participant data into the TCPX system.

1. TCPX supports the electronic transfer of essential treatment information from CASC's to treatment programs for treatment service admission, discharge, and progress reporting.
2. CASC and community-based treatment programs are required to maintain a Secure ID Card as issued and maintained by the Los Angeles County Information Systems Department.
3. TCPX will continue to be administered by SAPC.

G. INDIGENT POPULATION – ALTERNATIVE FUNDING (100 PERCENT OF THE FEDERAL POVERTY LEVEL)

If a participant is determined to be indigent, the treatment program will determine what alternative funding source(s) (Drug Medi-Cal, General Relief, Cal WORKS, Block-Grant funds, or other sources of funding) the indigent participant may be eligible for, and notify the CASC that the treatment program has placed the participant on another appropriate funding source. No SAPC Administrative Fee is to be charged for a participant who is deemed indigent.

If the treatment program accepts the referral through an alternative funding source, the treatment program is reminded and cautioned that absorbing the existing PC 1210 population onto alternative funding sources as eligible, may cause non-criminal justice involved participants to be displaced, many of whom are dependent on services offered through block grant funding as their only means of receiving treatment services.

Treatment programs that accept eligible PC 1210 participants via another funding source may not exceed the time limits as specified in these Standard and Practices, or as noted under Section IX (B) of this document.

X. CLIENT REQUIREMENTS

A. ADMISSION AGREEMENT

The admission agreement shall specify:

1. Services to be provided.
2. Standard program fee for services:
 - a. Amount assessed with documented justification.
 - b. Payment schedule.
 - c. Refund/forfeiture policy.
 - d. Urinalysis fees as applicable.
3. Those actions, circumstances, or conditions which may result in the participant's discharge from the facility.
4. The consequences when a participant consumes mind and/or mood altering substances while enrolled in the treatment program.
5. Weekly attendance and procedures for make-up sessions.
6. The agreement statement shall be dated and signed by the participant and treatment program representative.
7. The original agreement shall be updated whenever circumstances covered in the agreement change, and shall be dated and signed by the participant and treatment program representative.
8. The treatment program shall retain the original agreement and shall provide a copy to the participant.
9. The treatment program shall comply with all terms and conditions as set forth in the admission agreement.

B. PERSONAL RIGHTS

Each program participant shall have the right to confidentiality as provided in Title 42, Code of Federal Regulations, Part 2, and shall have personal rights which include, but are not limited to, the following:

1. Be accorded respect in personal relationships with treatment program staff and other persons.
2. Be accorded a safe and healthy physical environment.
3. Be free from intellectual, emotional, and/or physical abuse.
4. Be informed by the treatment program of provisions regarding complaints including, but not limited to, the address and telephone number of SAPC.
5. Be personally advised of, and at admission, given a copy of the rights specified in the Admission Agreement - Section X (A)

C. PROGRAM PARTICIPANT RECORDS

1. A separate record in a single file format shall be maintained for each participant. Participant records shall be readily available and shall contain information including but, not limited to, the following:
 - a. Completion of the intake and client assessment, including documentation of admission requirements, participant identification, and date of admission. Intake information will consist of personal, family, educational, drug use, criminal, and medical histories.
 - b. Completion of TCPX and LACPRS admission reports.
 - c. Referring Court or other referral entity information.
 - d. Signed consent for treatment.
 - e. CASC tracking form as generated through TCPX.
 - f. A treatment plan which includes short and long term goals description of type and frequency of services generated and signed by treatment program staff and participant.
 - g. Documentation of attendance in group and/or individual session(s).
 - h. Documentation of self-help meeting attendance.
 - i. Coordinating the provision of services with other programs/agencies, including criminal justice agencies involved with drug abuse.
 - j. Documentation of referral for appropriate ancillary services, such as mental health and housing.
 - k. Introduction and participant acknowledgement of the following:
 - i. Participant rights, confidentiality, and grievance procedures.
 - ii. Suspected Child and Elder Abuse and Neglect reporting requirements.
 - iii. Relationship with the criminal justice system and reporting requirements.
 - iv. Sobriety and abstinence requirements.
 - v. Termination procedures and referrals.
 - vi. A consent for the release of information as defined by Title 42, Code of Federal Regulations (CFR) Part 2.
 - viii. Urinalysis testing requirements.
 - ix. Education on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) transmission and access to voluntary HIV/AIDS testing.
 - l. Upon discharge, at least the following:
 - i. A summary of services provided.
 - ii. Completion of TCPX and LACPRS discharge reports.
 - iii. Reason for discharge.
 - iv. Date of discharge.
 - v. Discharge Plan.
 - vi. A copy of discharge summary to the Court or Parole within five (5) business days.
2. Participant records shall be updated as often as necessary to maintain current and accurate information.

3. Original or photographic reproduction of all participant records shall be retained for at least five (5) years following termination date.
4. Participants records will be secured in accordance with Title 42, Code of Federal Regulations, Part 2.

XI. REINSTATEMENT/REENROLLMENT

If a participant is referred back for reinstatement/reenrollment into treatment, the participant shall receive credit for sessions already attended prior to the date of discharge. The participant may be assessed a Reinstatement/ Reenrollment fee, as approved by SAPC, and in accordance with the policy of the program (See Section XII).

XII. PROGRAM FEES

The maximum amount for participant program fees and fees to cover administration of the program, monitoring, and maintenance of data is established by the SAPC Administrator. Fees should be reviewed annually and adjusted as needed. Treatment administrator shall ensure that the participant fees do not exceed maximum approved by SAPC and that the treatment programs do not charge participants additional unapproved fees.

A. Each participant shall be charged a fee of no more than the SAPC Base Rate(s). A Sliding Fee Scale shall be used, and take into account the participants ability to pay, where needed.

1. Individual Treatment: \$62.72 (maximum) per counseling session
2. Group Counseling: \$32.94 (maximum) per counseling session.
3. Narcotic Treatment Program methadone dosing: \$10.46 (Non-Residential).
4. One-time SAPC Administrative Fee - \$50.00. No SAPC Administrative Fee is to be charged for a participant who is deemed indigent.

B. Additional Ancillary Fees may be charged as follows:

- | | |
|--|------|
| 1. Makeup for unexcused missed activity | \$10 |
| 2. Reinstatement into program | \$40 |
| 3. Bad check | \$25 |
| 4. Urine tests: | |
| Maximum participant may be charged for each test | \$20 |
| 5. Transfer fees: | |
| Voluntary transfer to another program | \$20 |
| Involuntary transfer to another program | \$0 |
| Receiving treatment program enrollment fee (if transfer is voluntary) | \$30 |

C. Sliding Fee Scale:

1. Participant shall not be denied services because of a documented inability to pay.
2. Treatment program shall arrange for installment payments upon request or use a sliding-fee scale, fees should be set based on federal poverty guidelines, and participants eligibility is determined by annual income and family size.
3. Policy must be in writing and non-discriminatory.
4. Signage is posted to ensure that participants are aware of availability of discounted/sliding fee.
5. Participants complete a written application to determine financial eligibility for the sliding fee.
6. Participant's privacy is protected.
7. Participants above 200 percent of the federal poverty level may be charged the full fee for the service (s) or treatment programs may continue to charge incremental percentages of the full fee for services when the participants income is above 200 percent of poverty, until 100 percent of the fee is reached.
8. Fees shall be adjusted due to changes in the participant's financial status and reviewed regularly. Reviews shall occur at least quarterly or whenever the participant reports a significant change in their finances.

D. In the event a participant is unable to pay for services rendered by the end of treatment, treatment program may choose to implement a payment plan. If participant is deemed to be indigent, the treatment program will determine what alternative funding source(s) (e.g., Drug Medi-Cal, General Relief, Cal WORKS, Block-Grant funds, or other sources of funding) the indigent participant is eligible for and notify the CASC that the treatment program has placed the participant on another appropriate funding source.

E. CASC or treatment programs shall refer participants, as appropriate, to apply for public assistance and/or other benefits for which they may be eligible.

F. Drug testing services are random and observed. For Level I and II, participants shall receive a minimum of three (3) drug tests during the treatment episode. Treatment program may increase drug testing frequency where clinically indicated (e.g., suspected use).

G. A participant transferring into a treatment program shall be charged a prorated fee for the remaining services.

H. The treatment program shall reimburse participant for services which were prepaid but not rendered if the participant is terminated or transferred to another treatment program.

I. Participants shall not perform work for treatment programs as a form of payment.

XIII. ADMINISTRATION FEE

- A. Treatment program shall pay an Administration Fee to SAPC on behalf of each participant they admit for services. No SAPC Administrative Fee is required to be paid for a participant who is deemed indigent. The fee covers SAPC administration of the program, monitoring, and maintenance of data operations. This fee is due at the time of enrollment. The fee shall be factored into the total program cost incurred by the participant. The fee is \$50.00 per participant.
- B. Each treatment program shall submit a County Administration Fee for each participant enrolled, no later than 45 days after the close of the month in which intake occurred, and shall submit payment to SAPC by the 20th day of each month.
- C. Late payments beyond five (5) days will be interpreted as violation of these Standards and Practices. Treatment programs who make three (3) late remittances in a calendar year may be subject to suspension from the PC 1210 treatment program network.
- D. SAPC shall furnish to each treatment program a supply of remittance forms for use to submit the monthly Administration Fee payment.
- E. Administration Fee Report form shall be mailed to:

County of Los Angeles- Department of Public Health
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East, Third Floor
Alhambra, California 91803
Attention: Finance Division

- F. Make checks payable to the County of Los Angeles – Substance Abuse Prevention and Control. All payments shall be made using program checks; participant checks will not be accepted.

XIV. PROGRAM MONITORING REVIEW:

- A. At least once per year, SAPC will conduct an on-site review of each certified program location to determine compliance with these Standards and Practices.
- B. Any authorized employee or agent of the SAPC may enter and inspect any PC 1210 drug treatment program at any time, upon presentation of proper identification, with or without advance notice, to determine compliance with the provisions of these Standards and Practices.
- C. Advance notice is not required for conducting an investigation of a complaint or an on-site review at a certified treatment program.
- D. At the completion of the program on-site review, the authorized employee or agent, from here forward. Contract Program Auditor (CPA) shall conduct a face-to-face exit interview with the executive director or his/her designee.
- E. If treatment program is out of compliance with these Standards and Practices, a program monitoring report will be issued to correct deficiencies within thirty (30) days of receiving the program monitoring report, unless the CPA determines a shorter turn-around time.

XV. WRITTEN VERIFICATION OF CORRECTION ON DEFICIENCIES

- A. The treatment program shall submit written verification of correction for each deficiency identified in the program monitoring report to their assigned CPA within the stipulated assigned time frame.
- B. The correction action plan will substantiate that the deficiency has been corrected and specify the date when the deficiency was corrected.
- C. If the treatment program fails to correct the deficiencies within 30 days of the date of the SAPC letter transmitting the monitoring report, referrals to the treatment programs may be suspended. The beginning date of the suspension shall be the 31st day following the date of SAPC letter transmitting the program monitoring report. To end the term of suspension, the program shall correct and provide the SAPC with a correction action plan that all deficiencies have been addressed. The reinstatement date shall be the date the correction action plan is received and accepted by the SAPC.

ISSUED: August 24, 2011_ AUTHORIZED SIGNATURE: _____

PENAL CODE 1210 PARTICIPATION AGREEMENT AND SIGNATURE FORM

Upon reading the proposed Penal Code 1210 (PC 1210), formerly Proposition 36/Offender Treatment Program (Prop 36/OTP), Standards and Practices, Substance Abuse Prevention and Control (SAPC) requests a response in regards to your treatment program's participation in the PC 1210 Treatment Program Network. Please check one of the following:

_____ Yes, after reading the PC 1210 Standards and Practices, (*Program Name*) _____ will participate in SAPC's PC 1210 Program and continue to provide services to PC 1210 (formerly Prop 36/OTP) participant referred to by the Community Assessment Service Centers (CASC). Please attach a list of locations where services will be provided.

I understand that _____ will remain on the PC 1210 (formerly Prop 36/OTP) Treatment Program Network List.

_____ No, after reading the PC 1210 Standards and Practices, (*Program Name*) _____ will not participate in SAPC's PC 1210 Program.

I understand that _____ will be removed from the PC 1210 (formerly Prop 36/OTP) Treatment Program Network List.

FOR THOSE WHO RESPONDED YES, PLEASE READ AND SIGN THE AGREEMENT BELOW:

By providing your signature below, you acknowledge that you have read the attached PC 1210 Standards and Practices, and (*Program Name*) _____ will adhere to these Standards and Practices and is interested in receiving PC 1210 referrals from the Courts and the CASCs.

Signature of Executive Director

Date

Please mail this signed form to:

Mailing Address:
County of Los Angeles – Department of Public Health
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East, Third Floor
Alhambra, California 91803
Attention to: Yanira A. Lima

Failure to respond by September 21, 2011, will lead SAPC to conclude that your treatment program is not interested in participating in the PC 1210 Program and will result in your treatment program's name being removed from the PC 1210 Treatment Program Network List.

If you have any questions or need any additional information, please contact the SAPC Helpline at (888) 742-7900.

PENAL CODE 1210
SUMMARY OF TREATMENT and SUPERVISION
SERVICES MATRIX
Effective October 1, 2011

LEVEL I

| | |
|-------------------------------------|--|
| ADMISSION CRITERIA | <p>Risk Level: No prior violent felony or misdemeanor violent convictions</p> <p>Clinical ASI Lite Rating: Slightly 1- 3</p> |
| MAXIMUM PROGRAM REQUIREMENTS | <p>Participation in Treatment: Treatment services shall not exceed a maximum of 90 days. <u>Actual length of time depends upon completion of treatment plan goals and objectives.</u></p> <p>Treatment Drug Tests: Random, observed. At a minimum, the client shall be tested three (3) times during the treatment episode. Increase in frequency of drug testing services may be determined by the agency as clinically justified.</p> <p>All positive drug tests must be reported on the progress and discharge reports.</p> <p>Treatment: <u>Outpatient Counseling Services:</u> One (1) to three (3) sessions per week for 90 days. Combination of individual, group, education sessions.</p> <p>Self-Help NA/AA meetings: 38 meetings @ 3/wk</p> <p>Probation Supervision: 12 months (Optional early termination at the court's discretion)</p> |
| PROBATION ROLE | <p><u>Probation will provide the following supervision services for felony cases only:</u></p> <ul style="list-style-type: none"> - Intake and orientation instructions. - Collect restitution fine and Proposition 36 Administrative fee. - Report new arrests. - Submit a 60 day report to the court if participant fails to report for orientation. - Prepare a Final Termination and Dismissal Report. |
| COURT ROLE | <ul style="list-style-type: none"> - Court supervision up to a maximum of 12 months. - Monitor hearings and require 60-Day Progress Report and Final Progress at approximately 180 days from the Initial Sentencing Hearing. |
| PROVIDER ROLE | <ul style="list-style-type: none"> - Provide treatment services. - Administer the collection of drug test. - Monitor compliance and submit all mandatory reports to Court. |

PENAL CODE 1210
SUMMARY OF TREATMENT and SUPERVISION
SERVICES MATRIX
Effective October 1, 2011

LEVEL II

| | |
|------------------------------|---|
| ADMISSION CRITERIA | <p>Risk Level: No prior violent felony or misdemeanor violent convictions</p> <p>Clinical ASI Lite Rating: Moderately to Considerably 4 to 6</p> |
| MAXIMUM PROGRAM REQUIREMENTS | <p>Participation in Treatment: Treatment Services shall not exceed a maximum of 180 days. <u>Actual length of time depends upon completion of treatment plan goals and objectives.</u></p> <p>Treatment Drug Tests: Random, observed. At a minimum, the client shall be tested three (3) times during the treatment episode. Increase in frequency of drug testing services may be determined by the agency as clinically justified.</p> <p style="padding-left: 40px;">All positive drug tests must be reported to Court or Parole officer via progress and discharge reports.</p> <p>Treatment: <u>Intensive Outpatient:</u> Three (3) to four (4) counseling sessions per week (combination of individual, group, education sessions) for 180 days.</p> <p><u>Narcotic Treatment Program Services (NTP): Treatment modality is targeted to opiate addicted populations.</u> One (1) to two (2) counseling sessions (combination of group, education or individual treatment) per week for 180 days, plus daily dosing.</p> <p>Self-Help NA/AA meetings: Intensive Outpatient = 103 meetings @ 4/wk NTP = 103 meetings@ 4/wk</p> <p>Probation Supervision: 12 months (Optional early termination at the court's discretion)</p> |
| PROBATION ROLE | <p><u>Probation will provide the following supervision services for felony cases only:</u></p> <ul style="list-style-type: none"> - Intake and orientation instructions. - Collect restitution fine and Proposition 36 Administrative fee. - Report new arrests. - Submit a 60 day report to the court if participant fails to report for orientation. - Prepare a Final Termination and Dismissal Report. |
| COURT ROLE | <ul style="list-style-type: none"> - Court supervision up to a maximum of 12 months. - Monitor hearings and require 60-Day Progress Report and Final Progress at approximately 180 days from the Initial Sentencing Hearing. |
| PROVIDER ROLE | <ul style="list-style-type: none"> - Provide treatment services. - Administer the collection of drug test. - Monitor compliance and submit all mandatory reports to Court. |