



**Health Services**  
LOS ANGELES COUNTY

**Los Angeles County  
Board of Supervisors**

April 20, 2006

**Gloria Molina**  
First District

**Yvonne B. Burke**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF SUBSTANCE ABUSE AND CRIME  
PREVENTION ACT OF 2000 (PROPOSITION 36) –  
FISCAL YEAR 2006-07 COUNTY PLAN  
(All Districts) (3 Votes)**

**Bruce A. Chernof, MD**  
Acting Director and Chief Medical Officer

**John R. Cochran III**  
Chief Deputy Director

**William Loos, MD**  
Acting Senior Medical Officer

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve the attached Fiscal Year 2006-07 Los Angeles County Plan, substantially similar to Attachment B, which complies with the regulatory requirements of the Substance Abuse and Crime Prevention Act of 2000 (Act or Proposition 36), under the Substance Abuse Treatment and Testing Accountability Program for the purpose of substance abuse testing and other purposes consistent with the Federal Block Grant requirements.
2. Delegate authority to the Acting Director of Health Services, or his designee, to sign future County Plans for subsequent Fiscal Years 2007-08 through 2010-11, following approval by County Counsel and the Chief Administrative Office, if funding for Proposition 36 is available for the applicable fiscal year.

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.ladhs.org](http://www.ladhs.org)

*To improve health  
through leadership,  
service and education.*

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:**

The Act provides funding for counties to provide community-based drug treatment services for certain persons convicted of non-violent drug possession and use offenses. An annual Board approved County plan for implementation of the Act, which meets the requirements of Chapter 2.5, Title 9 of the California Code of Regulations, must be submitted to the California Department of Alcohol and Drug Programs (State ADP) by



[www.ladhs.org](http://www.ladhs.org)

May 1, 2006 in order to receive these funds. In recognition of the short time frame they require, the State ADP has advised counties that they may submit a draft county plan, which the Department of Health Services' (DHS) Alcohol and Drug Program Administration (ADPA) has done, to meet the May 1 due date, pending final approval by their respective Boards of Supervisors.

We are requesting your Board's approval of the Fiscal Year (FY) 2006-07 County Plan to enable the County to comply with the statutory mandate to place certain non-violent drug offenders on probation and into community-based drug treatment programs beginning July 1, 2006. An estimated 15,000 drug offenders will be eligible for drug treatment under the Act in FY 2006-07.

DHS is requesting delegated authority to the Acting Director to approve subsequent County Plans through FY 2010-11, if funding for Proposition 36 is available for the applicable fiscal year. It is anticipated that future plans will entail non-substantive, technical changes only and delegated authority will allow for administrative ease of approval and submission to the State within critical time frames. The Board will be provided with copies of subsequent plans as well as any changes and future actions. The delegated authority will not be used if State funding is not available, and ADPA will inform your Board that funding is no longer available for the Proposition 36 program.

Implementation of Strategic Plan Goals:

Approval of the recommended action is consistent with the County Vision by providing services demanded by the community as evidenced from voter approval of Proposition 36. Implementation is consistent with the mission of the ADPA to reduce community and individual problems in Los Angeles County related to alcohol and other drug use. Diverting nonviolent drug offenders into treatment promotes the self-sufficiency of these offenders and results in improvement in the overall well-being and prosperity of our local communities.

FISCAL IMPACT/FINANCING:

Los Angeles County's allocation for FY 2006-07 is \$30,008,250 from Proposition 36. Funding for future years has not been determined at this time.

Program expenditures for FY 2006-07 are estimated at approximately \$31.0 million, to be funded by \$30.0 million in Proposition 36 funds, plus additional revenue of approximately \$1.0 million from interest and fees. The total funding will be reflected in the Department of Health Services' FY 2006-07 Final Changes Budget Request and will be requested in future fiscal years. At this time, there are no net County costs associated with this action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On May 15, 2001, your Board approved the Los Angeles County Implementation Plan developed by the Countywide Criminal Justice Coordination Committee (CCJCC). Your Board designated DHS ADPA as the lead County agency and established a trust fund for funds received pursuant to the Act. On December 18, 2001, your Board approved a revised County Plan which was required for the County to receive additional funds for the purpose of substance abuse testing and other purposes consistent with Federal Block Grant requirements.

On May 21, 2002, your Board approved the FY 2002-03 County Plan to ensure that the County received the preliminary allocations of \$30,348,378 in State Proposition 36 funds and \$2,305,726 in Federal Substance Abuse Prevention and Treatment Block Grant funds for FY 2002-03. This also enabled the County to continue to comply with the statutory requirement to provide community-based drug treatment, drug testing and other necessary services for eligible drug offenders beginning July 1, 2002. At the same time, your Board delegated authority to the Director of Health Services, or his designee, to sign future County Plans through FY 2005-06 which represented the original time period for which State funding was guaranteed.

The CCJCC Proposition 36 Implementation Task Force was established to develop a planning process for a comprehensive system of care for drug offenders under this Act. The Task Force was comprised of 36 participating organizations including the Superior Court, Department of Health Services, Chief Probation Officer, Sheriff, District Attorney, Public Defender, County Counsel, Chief Administrative Office, Department of Mental Health, Department of Public Social Services, Community and Senior Services, municipal prosecutors, the State Board of Prison Terms, Parole, and drug treatment provider associations.

A Task Force Steering Committee is actively engaged in overseeing the efforts to provide a comprehensive system of care, together with accountability and public safety supervision, for eligible drug offenders in Los Angeles County. The Steering Committee conducts Regional Roundtable meetings throughout the County, which are open forums to discuss, review and seek input regarding the implementation of the Proposition 36 program. Regular meetings are also conducted by the ADPA with the involved agencies and community collaboratives impacted by Proposition 36.

In addition, the Steering Committee completes an annual report wherein additional recommendations are made. Efforts to ensure continued State funding is an ongoing priority of the Committee.

The Honorable Board of Supervisors  
April 20, 2006  
Page 4

CONTRACTING PROCESS:

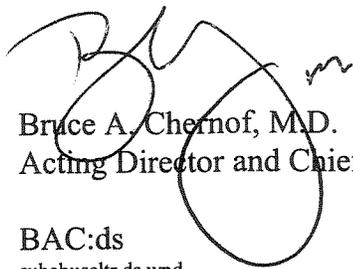
It is not appropriate to advertise the County Plan on the Los Angeles County Online Web Site as a contracting opportunity for alcohol and drug abuse service providers.

IMPACT ON CURRENT PROGRAM SERVICES (OR PROJECTS):

Alcohol and drug services for Proposition 36 clients will continue without interruption throughout Los Angeles County.

When approved, this Department requires four signed copies of the Board's action.

Respectfully submitted,



Bruce A. Chernof, M.D.  
Acting Director and Chief Medical Officer

BAC:ds  
subabuseltr.ds.wpd

Attachments (3)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

SUMMARY OF LOS ANGELES COUNTY PLAN

1. TYPE OF SERVICE:

The Los Angeles County Plan for Fiscal Year (FY) 2006-07 for the Substance Abuse and Crime Prevention Act of 2000 (Proposition 36) provides for community-based drug treatment, drug testing and necessary services for eligible offenders.

2. AGENCY ADDRESS AND CONTACT PERSON:

Department of Alcohol and Drug Programs  
1700 K Street  
Sacramento, CA 95814  
Attention: Director

3. TERM:

July 1, 2006 through June 30, 2007 and subsequent FYs through 2010-11.

4. FINANCIAL INFORMATION:

Los Angeles County's allocation for FY 2006-07 is \$30,008,250 from Proposition 36. Funding for future years has not been determined at this time.

Program expenditures for FY 2006-07 are estimated at approximately \$31.0 million, to be funded by \$30.0 million in Proposition 36 funds, plus additional revenue of approximately \$1.0 million from interest and fees. The total funding will be reflected in the Department of Health Services' FY 2006-07 Final Changes Budget Request and will be requested in future fiscal years. At this time, there are no net County costs associated with this action.

5. GEOGRAPHIC AREAS SERVED:

All Supervisorial Districts

6. ACCOUNTABILITY FOR PROGRAM MONITORING AND EVALUATION:

Patrick L. Ogawa, Director, Alcohol and Drug Program Administration

7. APPROVALS:

Public Health:	John F. Schunhoff, Ph.D., Chief of Operations
Alcohol and Drug Program Administration:	Patrick L. Ogawa, Director
Contracts and Grants Division:	Cara O'Neill, Chief
County Counsel (as to form):	Eva Vera, Senior Deputy

**Substance Abuse and Crime Prevention Act of 2000 (SACPA)**

**COUNTY PLAN 2006-07**

**Narrative Description**

**County of Los Angeles**

- 1. Collaborative Process. Describe the collaborative process used during the current fiscal year to plan services. Describe how county entities, community parties, and others participated in the development of this plan. If one or more of the required agencies or entities did not participate in the collaborative process (Part II, Plan Questions, Item 2 and 3), explain why. [ref: §9515(b)(2)(A)]*

The Los Angeles County Proposition 36 Implementation Taskforce, under the umbrella of the Los Angeles Countywide Criminal Justice Coordination Committee, developed the County's Proposition 36 Implementation Plan. The Taskforce is comprised of representatives from the Superior Court, Probation Department, Public Defender's Office, District Attorney's Office, California Department of Corrections and Rehabilitation/Parole, Sheriff's Department, Chief Administrative Office, Treatment Providers Association, Narcotics and Dangerous Drugs Commission, and the Department of Health Services Alcohol and Drug Program Administration (ADPA). The Taskforce designated a smaller Steering Committee to continue oversight of the implementation and ongoing operation of Proposition 36 in Los Angeles County, as well as approve the annual County Plan.

In February 2002, four Regional Coordinating Councils were formed to review and discuss the implementation and operation of Proposition 36 and address issues specific to the local areas. Convened by the ADPA in collaboration with Regional Court Coordinators, each of the four Regional Coordinating Councils continues to meet quarterly in various locations throughout Los Angeles County. The meetings provide a forum for sharing information with, and requesting direction from, the Proposition 36 Steering Committee. The Councils are composed of representatives from the local branches of the Superior Court, Public Defender's Office, District Attorney's Office, Probation, Parole, Community Assessment Services Centers, community treatment providers, community members, and interested others. All Council meetings are open to the public and each meeting agenda allows for public comments. Input from Regional Coordinating Councils provides an important resource for the Steering Committee when formulating/modifying policies and procedures for a more efficient and effective Proposition 36 program in Los Angeles County.

- 2. Coordination of Services and Client Flow. Describe how involved entities coordinate multiple services as clients progress from referral through program completion. (referral, assessment, placement, court monitoring, probation supervision, case management, etc.) Describe specific roles and activities of court, probation, parole, county alcohol and drug treatment, and treatment providers. [ref: §9515(b)(2)(A)]*

## **COORDINATION OF SERVICES**

In order to provide a continuum of care that addresses the unique needs and issues of each individual Proposition 36 client, the County contracts with 11 Community Assessment Services Centers (CASCs) to administer the assessment and treatment referrals for the eligible probationers referred by the Court, those referred from other counties, and parolees referred by Parole.

Once a Proposition 36 client is placed in a treatment program, a professionally trained staff member is assigned to manage the client's case, which includes assessing needs, developing a treatment plan, submitting monthly progress reports, upgrading/downgrading the level of treatment (with the Court's concurrence), and releasing from treatment.

For those clients who are on probation, once the orientation process has been completed, probation supervision is transferred to a Probation Area Office (determined by a client's permanent residence and supervision needs) in approximately 30-60 days. The assigned Deputy Probation Officer (DPO) is responsible for working with the treatment provider in monitoring drug testing and treatment compliance, responding to non-compliance and positive drug test reports, administering (at a minimum) one quarterly random Probation-mandated drug test, and documenting/reporting to the Court all violations, non-compliance, or changes in treatment level. The DPO continues to re-evaluate the needs of the client and family and makes any additional referrals that may be needed to support recovery.

For those clients referred via the Department of Corrections and Rehabilitation/Parole, supervision of Proposition 36 parolees remains the responsibility of the local Parole Agents. Assessment results, treatment plans, progress reports, and drug testing results are faxed to Parole Agents in compliance with the local reporting timeframes and standards.

In some cases, Proposition 36 clients are on "dual supervision" to both the County (Probation) and the State (Parole). Information on these clients is shared with the Court, DPO and Parole Agent as appropriate.

All entities, except for Parole, are linked through the Treatment Court and Probation eXchange (TCPX) automated information system. The TCPX automated information system was developed to provide Los Angeles County with an effective and efficient way to manage the vast amount of data generated by Proposition 36. Built as a real-time system, TCPX provides a countywide, consolidated electronic record that combines criminal history and treatment information on all Proposition 36 clients. This Web-based database system also provides the electronic transfer of essential treatment information from community-based treatment providers and the CASCs, to the Court, Probation, and ADPA. Furthermore, TCPX also provides the ability to generate regular and ad hoc statistical reports required by the Los Angeles County Board of Supervisors, County departments, and State/Federal agencies for ongoing program evaluation. Through this system, Los Angeles County is able to minimize the margin of error for repetitive data input and reduce County departmental costs for generating and maintaining paperwork. The TCPX system is in full compliance with the requirements established by the Health Insurance Portability and Accountability Act (HIPAA).

**CLIENT FLOW** – Referral, assessment, placement, court monitoring, Probation/Parole supervision, case management

The goal of the County's plan is to provide Court, Probation, or Parole-supervised treatment to eligible offenders to break the cycle of drugs and crime, and to continue to promote public safety. The Pretrial Services Office of the Probation Department provides an initial assessment of a defendant's eligibility under Penal Code 1210. Eligible defendants that are convicted, including parolees with new cases and probation violators, are ordered to report to local Community Assessment Services Centers (CASCs) for clinical assessment of drug treatment and additional service needs. They are then placed into appropriate treatment programs to address these needs. Eligible parolees are referred to the CASCs directly by the local Parole Agents. CASC assessments, treatment plans, and progress reports are submitted to the Los Angeles Superior Court, Probation, and Parole, as directed.

The Los Angeles Superior Court has designated 19 courtrooms located throughout the County to process Proposition 36 cases. The responsibility of these Proposition 36 Monitoring Courts includes sentencing eligible defendants, monitoring treatment progress, and, when necessary, conducting violation hearings. The designated courtrooms have proven to be an effective way to manage the Proposition 36 initiative in a county the size of Los Angeles. As previously noted, the Monitoring Courts refer defendants to one of 11 CASCs that is located closest to the defendant's residence for an assessment of treatment needs and referral to an appropriate treatment program based on a client's level of need. Deputy Probation Officers are co-located at the 11 CASCs to provide probationers with an orientation as to the terms and conditions of probation, establish a payment plan to collect statutorily mandated fines and the Court-ordered administrative fees, and to coordinate the initial provision of treatment and supervision services.

The entire process is conducted in a timely manner to reduce barriers to treatment services. Eligible Proposition 36 clients are ordered to contact the designated CASC for an assessment appointment within 48 hours of sentencing by the Court or referral by a Parole Agent. Appointments/arrangements for entering treatment services are confirmed following the assessment. Treatment providers are submitting Treatment Plans to the Court, Probation, and Parole within 30 days or at the first court appearance following sentencing. Treatment Progress Reports are submitted to the Court, Probation, and Parole every 30 days, or as ordered.

Once a client enters a treatment program, a professionally-trained staff member is assigned to manage the client's case. This case manager conducts an in-depth assessment of the client's needs for drug treatment services and any additional services that may be required to support the rehabilitation process. Based on the need, the case manager will refer the client for appropriate additional services (within the agency or with another service agency) and monitor the client's progress.

See Attachment I, "*Proposition 36 Client Flowchart.*"

## **ROLES AND ACTIVITIES**

**Court** - Following entering of a guilty plea or a finding of guilt after trial, defendants that request Proposition 36 treatment are ordered to one of the 19 designated Proposition 36 Monitoring Courts responsible for sentencing, monitoring treatment progress, and, when necessary, conducting violation hearings to determine whether probation shall be revoked.

Once eligibility is determined, offenders are placed on formal probation and ordered to participate in Proposition 36 treatment services. Many of the Proposition 36 Monitoring Court bench officers are also experienced Drug Court judges. These bench officers have a keen understanding of different levels of treatment, the need to intensify treatment services, the use of drug testing as a therapeutic tool, and the provision of incentives to facilitate recovery. Active and consistent court supervision is essential to the success of the drug treatment services required by Proposition 36.

While Proposition 36 allows the Court to sanction offenders who are not amenable to treatment, successful completion of the treatment program also provides an important incentive. If there have been no violations of probation, all fees and fines are paid, and the Court finds reasonable cause to believe that a client will not abuse controlled substances in the future, the Court may dismiss the case.

In-kind services provided by the Superior Court:

- Court monitoring and supervision of Proposition 36 clients, which require additional court appearances than non-Proposition 36 clients.
- Additional Court Clerks and judicial assistants to handle the Proposition 36 cases
- Court data collection system input and maintenance
- Maintenance for additional equipment (photocopying machines, computers, printers, etc.) designated for Proposition 36
- Supplies

**Probation** – The Pretrial Services Division of the Probation Department has 18 staff dedicated to assess Proposition 36 eligibility after the responsible Deputy District Attorney and the defense counsel screen a defendant. The Probation Department conducts a criminal history review in all pretrial, pre-plea, or sentencing reports with a qualifying offense prepared by the Probation Department to determine whether a defendant must be excluded from participation in Proposition 36 based on prior criminal convictions or concurrent charges.

Following conviction of eligible charges and the offender's willingness to participate in Proposition 36, the offender is ordered by the Court to report to one of the 11 Community Assessment Services Centers (CASCs) for assessment and referral for treatment. Eighteen

Deputy Probation Officers (DPOs) are co-located at the CASCs and provide clients with an orientation as to the terms and conditions of probation, and coordinate the initial provision of treatment and supervision services. Once a client has been interviewed by both treatment and probation staff at the CASC, he/she is immediately placed into a community-based treatment program. The client is ordered to return to Court within 30 days for monitoring for compliance with all Court-ordered conditions of probation, and a review of the initial treatment plan. The Probation Department submits a report to the Court with the details of the client's compliance with the court orders.

Proposition 36 clients' cases are transferred from CASC DPOs to DPOs at local area offices within 60 days. The DPOs obtain information from the treatment providers on the clients' treatment progress, including drug-testing results, attendance at required counseling sessions and meetings, and other necessary information. The DPOs are also responsible for administering quarterly random and observed drug tests. The costs of these tests are assumed by the Probation Department and are not covered with any Proposition 36 funds. Progress reports are submitted separately by Probation to the Court on a quarterly basis, or as ordered by the Court according to risk assessment and ongoing compliance/non-compliance with set orders. All violations must be reported to the Court by Probation within 72 hours of the DPO learning of the violation. Based upon the charges, the average length of probation supervision is approximately 36 months, unless the client's progress in treatment merits early termination and dismissal of his/her case.

In-kind services provided by the Probation Department:

- Approximately 110 DPOs provide supervision to Proposition 36 clients. This is over and above the 36 DPOs who are exclusively assigned to, and funded by Proposition 36 resources.
- Additional Supervising Deputy Probation Officers are assigned to supervise all DPOs with Proposition 36 responsibilities.
- During times of high volume/referrals, additional Pretrial Services staff produce eligibility reports for the Court on potential Proposition 36 clients.
- All DPOs and Pretrial Services staff assigned to provide recommendations regarding Own Recognizance, Early Disposition, or sentencing, are required to address Proposition 36 eligibility statements on all cases with qualifying offenses. This provides the Court with necessary information and avoids an additional report.
- Quarterly narcotic testing is conducted of more than 5,000 active Proposition 36 cases.
- Two part-time DPOs are assigned to the Downey Court to conduct on-site drug testing of Proposition 36 clients during court appearances, and one DPO conducting on-site testing at the Lancaster Court.

- Increased workload for Financial Evaluators in assisting Proposition 36 clients to meet their financial obligations for payment of the Proposition 36 administrative fee.

**Parole** - The California Department of Corrections and Rehabilitation/Parole is responsible for identifying and screening eligible parolees for Proposition 36 treatment programs, making referrals to CASCs, and supervising parolees' treatment progress and compliance while in the community.

Local Parole Agents direct eligible parolees to one of the 11 CASCs for assessment and referral. The parolees are required to bring two documents (*Activity Report* and *Proposition 36 Waiver Form*) when reporting to the assigned CASC.

The treatment providers are required to submit a treatment plan to Parole within 30 days, progress reports on a quarterly basis, any violations within 72 hours, and results of positive drug tests within 24 hours of receipt.

**Dual Supervision by Parole and Probation** – Some parolees are also under Probation supervision for committing a new Proposition 36 eligible, non-violent drug offense. These clients are subject to the dual supervision of Parole and Probation. The treatment providers are required to submit a treatment plan to the Court, Parole Agent, and DPO within 30 days and monthly progress reports, or as ordered by the Court. The treatment provider must notify the DPO, Parole Agent, and the Court of a positive drug test within 24 hours of receipt.

**Alcohol and Drug Program Administration (ADPA)** – ADPA was designated by the Board of Supervisors as the lead County agency for Proposition 36 implementation in Los Angeles County. In collaboration with the Proposition 36 Steering Committee, ADPA is responsible for the implementation of Proposition 36 policies and procedures, as well as the continued operational oversight among all involved County departments, the Superior Court, and treatment providers.

**Treatment** - Proposition 36 regulations mandated that an array of comprehensive treatment services be available to all Proposition 36 participants. ADPA provided treatment services through a network of treatment and recovery agencies: 11 Community Assessment Services Centers (CASCs) and 100 community-based drug treatment providers.

**Community Assessment Services Centers** – The first step of treatment involved the ordering of the offender by the Court or Parole Agent to one of 11 Proposition 36 CASCs for an assessment of addiction severity and treatment needs. These CASCs are located in the neighboring areas of those courts with the highest number of drug-related cases.

Professional counselors assessed each participant using the Addiction Severity Index (ASI), a nationally recognized tool used widely in the addiction treatment field, to determine the level of each person's substance abuse problems and other life

situations. Following assessment, a referral was made to a Proposition 36 community-based treatment provider and an appointment to begin treatment was confirmed.

Treatment Providers – Proposition 36 specifically mandated up to one year of primary treatment services followed by six months of continuing care (or aftercare) services. Treatment providers are responsible for providing drug treatment, additional services, and aftercare services.

Treatment services consisted of a three-level system increasing in duration and intensity, depending on the assessed severity of addiction, coupled with the criminal history risk assessment. Treatment services for those who have a low level of severity included outpatient services (including a combination of individual, family, and group counseling sessions), self-help group meetings, and supplemental treatment services (which included literacy training, vocational guidance, mental health services, health services, and transitional housing). Treatment services for those participants assessed at mid to high severity levels consisted of more intensive services such as day treatment, residential detoxification, residential treatment, and narcotic replacement therapy; in addition to the range of services provided to lower-level participants.

All Proposition 36 participants, regardless of their treatment level, were required to submit to random and observed drug testing. Los Angeles County guidelines specifically required that testing be random and observed; all treatment staff must be trained on appropriate protocols and procedures for collection; and the chain of custody for urine samples must be maintained. In addition to drug testing conducted by the treatment providers, the Probation Department administered quarterly random and observed drug tests. Probation also conducted random tests at the request of the Court or treatment providers.

Continuing care services ordered by the Court followed the successful completion of the more intensive primary treatment services for participants of all levels.

3. ***Drug Treatment and Additional Services Assessment Process.*** *Describe the assessment process and tools that will be used to determine clients' level of need for both drug treatment and additional services. [ref: §9515(b)(3)(B)]*

### **Assessment Process**

The Proposition 36 Monitoring Courts refer eligible clients to one of the 11 Community Assessment Services Centers (CASCs) located throughout Los Angeles County. Eligible parolees are referred directly to the CASCs by the local Parole offices and remain under the legal supervision of local Parole Agents.

Deputy Probation Officers (DPOs) are co-located at each CASC to work closely with the CASC staff to serve Proposition 36 clients sentenced by the Court. The DPOs are responsible for conducting the Drug Treatment Eligibility Assessment Report, providing a

probation orientation on the terms and conditions of Proposition 36 probation as ordered by the Court, and coordinating the initial provision of treatment and supervision services. The Probation assessment report evaluates all strengths and identifies the needs of the client including education, job training, family support, mental health care, and health care. Working with the client's treatment case manager, the responsible DPO also monitors the client's use of these service referrals.

Once a client enters an ADPA-contracted Proposition 36 treatment program, a professionally trained staff member is assigned to manage the client's case. This case manager conducts an in-depth assessment of the client's needs for treatment services and any additional services that may be required to support the rehabilitation process. Based on the need, the case manager will refer the client for appropriate additional services (within the agency or with another service agency) and monitor the client's progress.

### **Assessment Tool**

CASC staff members are responsible for administering the Addiction Severity Index (ASI), a standardized, validated assessment instrument, which assists in the determination of the extent and level of the client's alcohol and other drug abuse problems and other life situations. The ASI covers seven life areas, which include: medical status, employment status, drug/alcohol use, legal status, family history, family/social relationships, and psychiatric status. After completion of the ASI, referral to an appropriate treatment program is then made to allow a client to access the level of treatment services and other needed services, which are commensurate with the severity of the conditions. The CASCs have collaborative linkages with community-based treatment providers, as well as other social services systems, to ensure the Proposition 36 clients have access to a full range of services. Appointments for treatment services are secured and confirmed prior to a client leaving the CASC. Participants who present with signs of significant mental health barriers may be assessed using the Behavioral Health Assessment Program (BHAP). In addition to covering the seven basic life domains, the BHAP looks thoroughly at the psychosocial area for possible dual diagnosis issues. Participants identified with significant problems are placed with a dual diagnosis treatment agency by CASC.

In addition, CASC staff members also utilize the results of the ASI and BHAP to determine a client's needs for additional services (including vocational training, literacy program, mental health, and health services, etc.) and share a summary of the assessment with the assigned treatment provider that uses it as the basis for developing a client's treatment plan.

The CASCs assign court liaisons who work closely with the Proposition 36 Monitoring Courts and are frequently on site to provide information, education regarding program services, and facilitate client referrals.

4. ***Drug Treatment, Aftercare and Additional Services.*** Describe the types of treatment, aftercare, and additional services the County provides to clients after assessment. Describe the intensity and length of treatment and other services, and client flow among services. If services (e.g., residential, narcotic replacement therapy) are unavailable in the county, identify how services will be provided to clients whose assessment indicates the services are needed. [ref: §9515(b)(3)(B)(D)(E)]

## **Drug Treatment**

In Los Angeles County, the Alcohol and Drug Program Administration (ADPA) contracts with 100 community-based substance abuse treatment and recovery programs to provide a comprehensive array of services. The primary treatment services for Proposition 36 clients consist of a three-level system, which increases in duration and intensity depending on the assessed severity of the client. The minimum duration of the primary treatment is 18 weeks (or 4 ½ months) for the lowest level of severity (Level I), 32 weeks (or 8 months) for mid-level severity (Level II), and 40 weeks (or 10 months) for the most severe level (Level III). The actual length of time depends upon completion of the Treatment Plan goals and objectives, but shall not exceed one year as mandated by Proposition 36.

Services include outpatient treatment, daycare habilitative, narcotic replacement therapy, and residential treatment. Residential treatment is only available for Level III Proposition 36 clients. Treatment services consist of individual and group counseling as well as education sessions, and mandatory attendance at self-help (or 12-step) group meetings. The intensity and number of required sessions, including residential treatment, is based on the assessed level of severity, public safety concerns, and Court-ordered level of treatment. Drug testing ranges from 1-2 times per week and is included in all levels of treatment. Probation continues to supervise and assist clients throughout the process by providing referrals for support services and taking urine samples to verify the level or completeness of recovery.

As part of their contracted services, treatment providers in Los Angeles County are required to provide a continuum of care which addresses the unique needs and issues of each individual client, such as age, culture, gender, pregnancy, parenting, housing, and employment. These services are either provided by the contracted treatment agencies or arranged by the treatment agencies through a system of community-based linkages with appropriate service agencies.

## **Aftercare**

Aftercare (or continuing care) is the last stage of Proposition 36 treatment, when a client no longer requires the intensive services offered during primary treatment. Once a client successfully completes the primary treatment portion of the Proposition 36 program, the treatment provider will assess the needs of the client and arrange appropriate aftercare services, which may include relapse prevention, alumni activities and mentorship programs. If the treatment program is unable to provide appropriate services, the client is referred to one of the 11 CASCs for referral to an appropriate treatment program for aftercare services.

Transition of the client from primary treatment to aftercare requires the Court's approval. Aftercare can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups, and halfway houses. Aftercare services shall be supervised follow-up.

Aftercare services for Proposition 36 clients in Los Angeles County include the following:

- Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation and/or Parole) for six months;
- Mandatory attendance at no less than three 12-step/self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face contact per month with treatment provider to verify participation in aftercare services.

Clients in danger of relapse may be returned to Court with a recommendation to allow the client to return to primary treatment services.

Clients may continue to be supervised by Probation after treatment services have been completed. The Deputy Probation Officer has a full range of services that the client and/or his/her family may be referred to for assistance in any aspect of recovery or building family strengths.

### **Additional Services**

Additional services (or supplemental services) include literacy training, vocational counseling, mental health services, transportation, limited medical services, HIV/AIDS related services, Hepatitis C and health services. These services are either provided by the ADPA-contracted Proposition 36 treatment agencies or arranged by the treatment agencies through a system of community-based linkages with appropriate service agencies.

ADPA contracts require that additional services be available to all Proposition 36 clients who have a need for these services, and are at the phase of their treatment that they can benefit from these services. Since the additional services are already built into the providers' contracts, there are no additional charges to the SACPA Trust Fund for these services.

See Attachment II, "*Summary of Treatment, Supervision and Continuing Care Services Matrix.*"

5. ***Quality of Treatment Services and Additional Services.*** Describe the criteria and tools the county will use to monitor services and assure clients receive the type and level treatment services and additional services as determined by their assessment. [ref: §9515(b)(3)(C)]

The ADPA Contract Services Division is responsible for monitoring alcohol and other drug treatment agencies that contract with Los Angeles County. In addition to monitoring compliance with federal, State, and county laws, regulations, ordinances, and contracts, the Contract Services Division uses a standardized monitoring instrument to ensure compliance

with the County's Proposition 36 Implementation Plan. A specialized Proposition 36 Unit was established within the ADPA Contract Services Division to conduct annual monitoring visits of treatment providers, as well as provide ongoing technical assistance, as appropriate. In addition, a toll-free "Proposition 36 Help Line" was established to address issues, problems and questions from the Court, treatment providers, clients and other stakeholders in a timely manner. Treatment services for alcohol and other drug problems provided under the County's Implementation Plan are based on the research-based principles of effective treatment identified by the National Institute of Drug Abuse (NIDA).

The TCPX automated information system also draws specific information from a variety of sources to create a consolidated record for all Proposition 36 clients. The system provides the Court and County agencies with all required reports for processing Proposition 36 cases/clients as well as a variety of statistical reports. The TCPX system provides ADPA, which has the monitoring responsibility of all CASCs and treatment providers, the capability to request summary information on the number of clients by treatment level, number of no-shows, number of dropouts, number of clients successfully completing the assigned program, and other management information to assess and evaluate each treatment provider's capability to provide timely treatment to Proposition 36 clients.

6. ***Plan Changes from FY 2005-06 County Plan.*** Identify any changes from the FY 2005-06 county plan to the FY 2006-07 county plan in the following areas.
  - a) **Drug Treatment Services.** Describe changes in drug treatment services from the previous plan year. (Include reasons for increases or decreases in costs, staffing, length of treatment, treatment options, treatment capacity, etc.)

The amount available for drug treatment services will be approximately 30 percent less from FY 2005-06 because Los Angeles County will no longer have carried-over funds to support its Proposition 36 operating budget. ADPA is currently revising the Treatment Matrix to reduce residential treatment days from 180 days to 90 days and reduce billable counseling sessions for outpatient services. With these cutbacks in services, Los Angeles County is expected to serve approximately the same number of clients as in FY 2005-06.
  - b) **Criminal Justice Activities:** Describe changes in criminal justice activities from the previous plan year. (Include reasons for increases or decreases in costs, staffing, level of probation supervision, court oversight activities, services provided, etc.)

The amount available for criminal justice activities (Probation and Court) will be approximately 30 percent less from FY 2005-06 because Los Angeles County will no longer have carried-over funds to support its Proposition 36 operating budget. The Probation Department may have to increase the caseload for individual Deputy Probation Officers, and the Court may have to reduce the frequency and length for client supervision.

- c) **Client Referral Projections:** *Describe and explain the reasons for increases and decreases in the number of offenders referred to SACPA by both court/probation and parole.*

The overall available funding for Proposition 36 will be approximately 30 percent less in FY 2006-07; however, it won't change the number of clients who are eligible for Proposition 36. Los Angeles County is projecting 14,053 referrals from Court/Probation and Parole. This represents a 0.8 percent increase from 13,935 in FY 2005-06.

- d) **Client Treatment Projections:** *Describe and explain the reasons for increases and decreases in the number of new clients admitted to treatment from the previous plan year.*

Although the available funding earmarked for treatment services is approximately 30 percent less from FY 2005-06, Los Angeles County will maintain its service capacity by reducing treatment days and treatment sessions. Los Angeles County is projecting 27,472, which represents an increase of 0.5 percent from 27,321 in FY 2005-06.

7. ***Program Goals and Tracking.*** *Describe the county's SACPA program goals and individual treatment goals for SACPA clients and how the county measures and tracks these goals. Include criteria the county considers, other than drug testing, when evaluating a client's progress toward meeting treatment goals. How does the county plan to track these goals?*

## **GOALS**

### **SACPA Program Goal**

The goal of the Los Angeles County's SACPA program is to provide Court, Probation, or Parole-supervised treatment to eligible offenders to break the cycle of drugs and crime, and to continue to promote public safety.

### **Individual Treatment Goal**

The treatment goal for Proposition 36 clients, in accordance with NIDA principles, is to help the individual stop using drugs and maintain a drug-free lifestyle while achieving productive functioning in the family, at work, and in society. This goal is also in accordance with the spirit of the Proposition 36 initiative. The desired outcome of successful completion of Proposition 36 treatment is that the client will not abuse controlled substances in the future.

## **TRACKING**

### **SACPA Program:**

The Los Angeles County Board of Supervisors designated the Countywide Criminal Justice Coordination Committee (CCJCC) Proposition 36 Implementation Task Force as the official advisory group for the coordinated implementation of the program. A smaller working group, the Proposition 36 Steering Committee, was established by the Task Force to guide

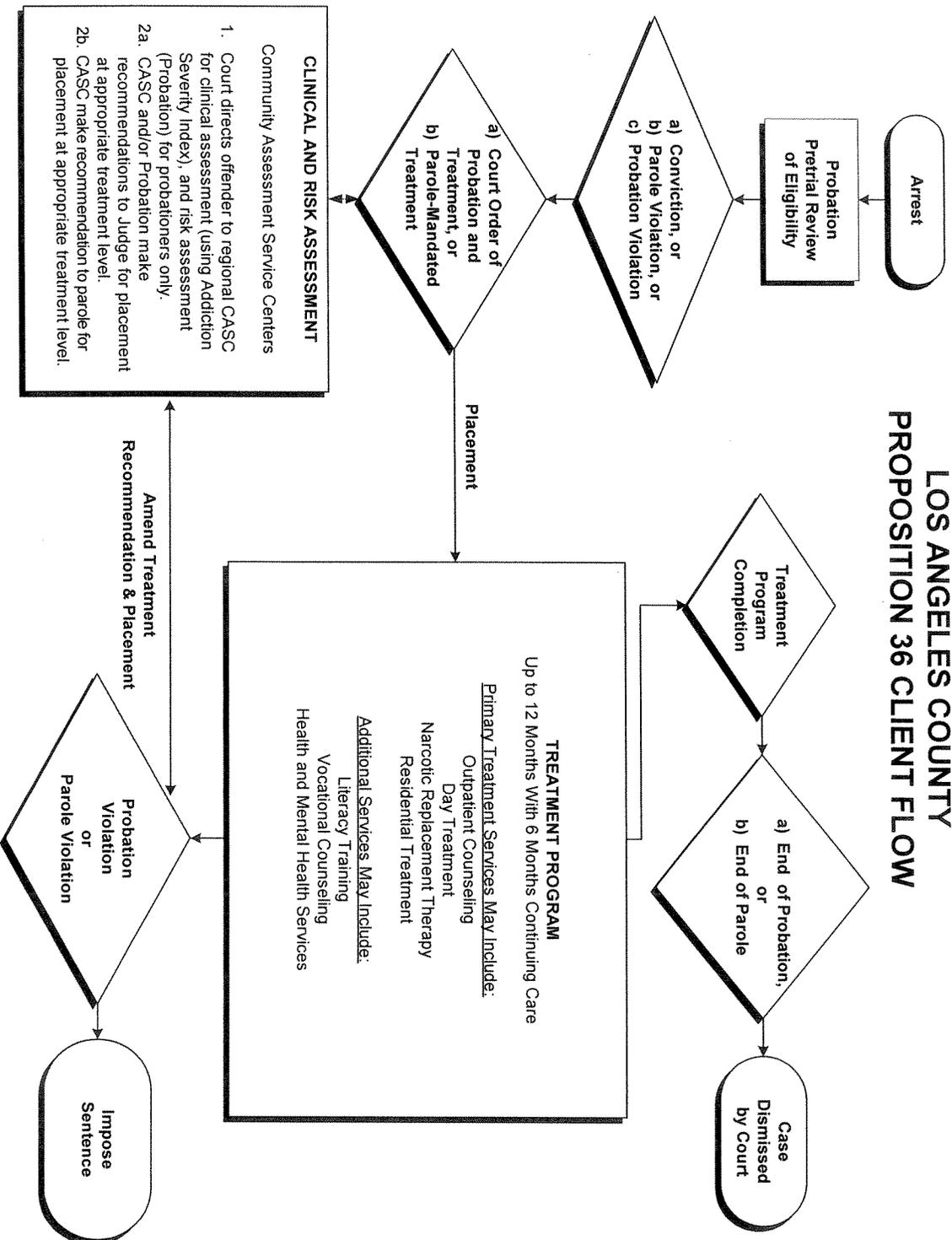
the implementation and ongoing operation of Proposition 36 in Los Angeles County. The Steering Committee meets on an ad-hoc basis. Its membership includes representatives from the Superior Court, District Attorney's Office, Probation Department, Public Defender's Office, CCJCC, California Department of Corrections and Rehabilitation, ADPA, and representatives of the treatment provider network. ADPA staff members provide updates on Proposition 36 activities at each meeting. The Steering Committee utilizes these reports to track the progress, and to formulate/modify policies and procedures accordingly.

Client Progress:

In addition to the results of drug testing, participation (attitude and behavior) in treatment, attendance at self-help (or 12-step) meetings and other treatment/counseling sessions are all parts of the evaluation of a client's progress in treatment. Progress reports are submitted to the Court, Probation, and/or Parole every 30 days or as directed.

The treatment providers are required to input all of the above information into the TCPX system, which the Court can access and review prior to all scheduled hearings. Probation also submits quarterly reports to the Court detailing the client's compliance with court orders, drug tests administered by Probation, treatment plan, and any other significant information. Any major change to a client's treatment must be authorized by the Court.

## LOS ANGELES COUNTY PROPOSITION 36 CLIENT FLOW



**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE SERVICES MATRIX**

July 2002

LEVEL I

ADMISSION CRITERIA	Probation Risk Level: 0-14 * No prior violent felony or misdemeanor violent convictions Clinical ASI: Low Range * No Special Needs
MIMIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 120 days (18 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care for 6 mo. (18 wks @ 1/week) Random, observed Tx Drug Tests: <b>All positive Drug Tests must be reported to the Court upon receipt of results</b> Treatment: <u>Outpatient:</u> 18 weeks @ 3 hrs/week = 54 hours (min. 2 sessions per wk.) Combination of individual, group, education sessions NA/AA meetings: 36 mtgs @ 2/wk Probation Supervision: 36 mos (Optional early termination at court's discretion)
TREATMENT LEVEL ESCALATION MODIFICATION CRITERIA (Non-judicial)	(3) positive Tx drug tests OR (3) missed Tx, sessions, OR (3) missed NA/AA meetings OR any combination of (3) positive test or missed sessions/meetings <b>WITHIN A 30-DAY PERIOD</b> Any positive tests, along with other considerations, can trigger escalation to the next treatment level
TREATMENT LEVEL MODIFICATION PROCEDURES	<b>IF probationer fails (3) Tx test OR (3) sessions/meetings OR combination within a 30-day period</b> <b>PROVIDER:</b> - Contacts DPO w/in 48 hours of latest incident - Conducts mandatory individual session w/probationer w/in 72 hrs. of incident to develop Level II Tx plan - Notify DPO and Court of immediate up – phasing to Level II
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations, and/or non-compliance, and/or changes in treatment level
COURT ROLE	- Document non-compliance - Monitor hearings as needed or requested by DPO - Review participant contests of movement to higher phase - Review/approve probation recommendation to retain in Level I treatment in lieu of automatic movement to Level II - Retain jurisdiction for 18 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug tests or treatment failures occur w/in (2) weeks of program completion
PROVIDER ROLE	- Provide Tx & admin. Tx tests - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL II

ADMISSION CRITERIA	Probation Risk Level: 15-29 * No prior violent felony convictions  Clinical ASI: Mid Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 224 days (32 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives</u> Active participation in continuing care for 6 mo.  Tx Drug Test: (32 @ 1/week = 32) Random, observed <b>All positive Drug Tests must be reported to the Court upon receipt of results</b>  Treatment: <u>Intensive Outpatient:</u> 32 weeks @ 6 hrs/wk = 192 hours (Min. 3 sessions per wk.) <u>Intensive Day Care:</u> 24 wks @ 3 hrs/3 days per wk. = 216 hrs. Combination of individual, group, education sessions NA/AA meetings: 128 meetings (32 wks @ 4/wk) Probation Supervision 36 mos. (Optional early termination at court's discretion)
VIOLATION CRITERIA	(1) positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions or (3) missed NA/AA meetings OR Combination of (3) positive test or missed sessions/meetings <b>WITHIN A 30-DAY PERIOD</b> Any arrests, absconding, or willful violations of program requirements
	PROVIDER: - Submits violation/non-compliance report w/DPO w/in 48 hours of latest incident DPO: - Files court report and request for violation hearing w/in 72 hrs. COURT - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Random drug test during program - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearings as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur w/in (2) weeks or program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL III

ADMISSION CRITERIA	Probation Risk Level: 30 + Clinical ASI: High Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: <u>At least 280 days (40 weeks) Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care for 6 mo.  Tx Drug Test: (8 weeks @ 2/weeks = 16) & (32 weeks @ 1/week = 32) Total tests 48 Random, Observed <b>All positive Drug Tests must be reported to the Court upon receipt of results</b>  Treatment: <u>Intensive Outpatient:</u> 40 weeks @ 9 hours/week = 360 (min 5 sessions per wk) <u>Intensive Day Care:</u> 24 week @ 3 hrs/3 days per week = 216 hrs. <u>Residential:</u> no less than 30 or more than 180 days Combination of individual, group, education sessions  NA/AA meetings: <u>Outpatient:</u> 200 meetings (40 wks @ 5/wks) <u>Day Care:</u> 120 meetings (24 weeks @ 5/wks) <u>Residential:</u> 104 meetings (26 weeks @ 4 wks)  Probation Supervision: 36 mos. (Optional Early termination at court's discretion)
VIOLATION CRITERIA	(1) Positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions OR (3) missed sessions/meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrest, absconding, or willful violations of program requirements
VIOLATION PROCEDURES	PROVIDER: - Submits violation/non-compliance report with DPO w/in 48 hours of latest incident  DPO: - Files court report and request for violation hearing w/in 72 hrs.  COURT: - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Random drug test during program - Administer minimum quarterly/random PB drug tests, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearing as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review /approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur within (2) weeks of program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/courts - Collaborate w/DPO re. Tx & Supervisory needs

## CONTINUING CARE

July 2002

Continuing care or aftercare, is the last stage of treatment, when the client no longer requires the intensive services offered during primary treatment. Continuing care can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups and halfway houses. Services may include relapse prevention, alumni activities and mentorship programs. Continuing care services shall be supervised follow-up.

In concurrence with the recommendation of the treatment provider, the Court may order participation in continuing care upon the successful completion of primary treatment services. Movement of the client into the continuing care stage shall only be made with the approval of the Court.

Continuing care services for Proposition 36 clients should include the following:

- Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation) for six months;
- Mandatory attendance at no less than three (3) 12-step/self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face group contact per month with treatment provider to verify client participation.

If a Proposition 36 participant is in danger of relapse, the treatment provider shall make a recommendation to the Court to allow the participant to return to primary treatment services.

Upon successful completion of primary treatment and continuing care, the Court in concurrence with the treatment provider's recommendation, may order the treatment phase of Proposition 36 completed.

## Plan Questions

1. Is the county board of supervisors approval, or are the written board of supervisors delegation (by a written resolution, delegation of approval authority or order) and the county lead agency plan approval attached? [ref: §9515 (b)(3)]

Yes

No (expected date of approval): May 5, 2006

2. Check the county agencies and other entities involved in developing the county plan. (Check all that apply) [ref. §9515(b)(2)]. If one or more of the required agencies or entities did not participate, please explain in Part III, Plan Description, Item 1.

### **REQUIRED**

County alcohol and other drug agency

Court

Parole Authority

Probation Department

### **OPTIONAL** (Check all that apply)

County Executive Office

County Mental Health

County Office of Education

County Public Health

County Social Services

District Attorney

Police Department

Public Defender

Sheriff

Other (specify) \_\_\_\_\_

3. Check the impacted community parties that collaborated in the development of this county plan. [ref: §9515(b)(2)]

### **REQUIRED**

Providers of drug treatment services in the community

Representatives of drug treatment associations in the community

### **OPTIONAL** (Check all that apply)

Clients/Client groups

Colleges and Universities

Local Business Representatives

Non-Profit Organizations

Youth Organizations

Other (specify) \_\_\_\_\_

4. How was community input collected? [ref: §9515(b)(2)]

- Community meetings
- County advisory groups
- Focus groups
- Other method(s) (explain briefly) [REDACTED]

5. If there are federally recognized American Indian tribe(s) located within your county, did they provide input to the development of this county plan? [ref: §9515(b)(2)]

- Yes – (required if such tribes are located in your county)
- No federally recognized American Indian tribe(s) in the county

6. During this fiscal year, how often did entities and impacted community parties meet to develop this county plan? [ref: §9515(b)(2)(A)]

- 1-4 times
- 5 or more times

7. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities. [ref: §9515(b)(2)(A) and 9520(a)]

- Every three months (minimum required)
- 5-8 times
- 9 or more times

8. What services will be available to SACPA clients under this county plan? [ref: §9515(b)(2)(B); and Penal Code §1210.1(c) and §3063.1(c)]

**REQUIRED**

- Drug treatment
- Family counseling
- Literacy training
- Vocational training

**OPTIONAL**

- Mental health
- Other (specify) [REDACTED] Limited medical services, HIV/AIDS-related services, Hepatitis C and health services

9. Identify the entity(s) responsible for determining a SACPA offender's level of need for, and placement in, drug treatment. [ref: §9515(b)(2)(C)]

- County alcohol and other drug agency
- Drug treatment provider(s)
- Probation department
- Other (specify) **Community Assessment Services Centers**

10. Identify the entity(s) responsible for assessing a SACPA offender's level of need for and placement in additional services supplemental to treatment. [ref: §9515(b)(2)(C)]

- County alcohol and other drug agency
- Drug treatment provider(s)
- Probation department
- Other (specify)

11. What assessment tools will be used in your county for SACPA clients?  
[ref: §9515(b)(2)(C)]

- ASI (Addiction Severity Index)
- ASAM PPC (American Society of Addiction Medicine Patient Placement Criteria)
- Other (specify) **Behavioral Health Assessment Program (BSAP)**

12. Will drug testing be required for SACPA clients in your county? [ref: §9515(b)(3)(A)]

- Yes
- No

13. Is drug testing, when paid for with federal Substance Abuse Prevention and Treatment (SAPT) block grant funds, used for non-punitive treatment purposes?

- Yes
- No

14. Are drug testing results (positive and/or negative) used in conjunction with other program performance indicators (e.g., attendance, participation, employment, domestic relations, etc.) to make adjustments in the client's treatment program?

- Yes
- No

- 15.** Other than the Substance Abuse Treatment and Testing Accountability (SATTA) Program, what sources of funds, if any, will be used to pay for drug testing? [ref: §9530(i)]

*(Check all that apply. Do not include federal SAPT block grant funds provided under the state SATTA program.)*

- Client fees  
 Additional funds budgeted by the county  
 Other (specify) \_\_\_\_\_

- 16.** Has there been a change in the Lead Agency designation?  
*(Check one)*

- Yes  
 No