COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	1436
Issued:	7/7/2020
Post Until:	8/7/2020

SUBJECT: POST-RELEASE SERVICES (AB 109) BUREAU MANUAL POLICY – SUBSTANCE USE DISORDER TREATMENT REFERRALS (PRS-510)

The above referenced policy of the AB 109 Bureau Manual has been approved for distribution. Staff assigned to support the AB 109 Bureau are instructed to review the attached policy, which includes the following sections:

- Introduction
- Intake & Orientation - Substance Use Disorder Treatment Referral Instructions
- Supervision DPO - Substance Use Disorder Treatment Referral Instructions
- Substance Use Disorder Treatment Monitoring & Case Management
- Substance Use Disorder Treatment Violations
- Substance Abuse Treatment & Reentry Transition (START) Program Referrals

The policy will also be located on Prob-Net [Probation Manuals → Post-Release Services (AB 109)]. Questions or concerns regarding this Directive shall be directed to the AB 109 Consultant, at (562) 334-4225.

Reaver E. Bingham, Chief Deputy
Adult Services

7.7.20
Date

MANUAL HOLDERS: CROSS-REFERENCE YOUR MANUALS TO THIS NOTICE WHERE APPROPRIATE

Subject:	Section Number: PRS-510
POST-RELEASE SERVICES (AB 109) BUREAU MANUAL	Effective Date: 07/07/2020
SUBSTANCE USE DISORDER TREATMENT REFERRALS	Approved By: Reaver Bingham, Chief Deputy

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510.1 INTRODUCTION

Identifying clients with potential substance use disorders, making referrals to Substance Abuse Prevention & Control (SAPC) personnel for assessment and linkage to treatment, and working in collaboration with treatment providers to facilitate positive behavioral change is an essential function of each Deputy Probation Officer.

The Department will provide supportive probation supervision and effective case management strategies that will work with interdisciplinary collaboration with treatment providers to help the client successfully reintegrate into the community. Refer to Appendix A for a sample of a completed referral.

In order to track requirements for treatment services, Probation staff shall not refer a supervised person directly to a substance abuse treatment program. The Substance Abuse Prevention and Control (SAPC) agency oversees and tracks the use of treatment services for the AB 109 population. Referrals for assessments and substance abuse treatment shall be submitted to the Client Engagement and Navigation Services (CENS) sites that are located at various AB 109 offices (Appendix B) or via the Substance Abuse Service Helpline (SASH) at (844) 804-7500. Clients with private insurance may not be eligible for treatment through SAPC. In these cases, the client shall be instructed to enroll in treatment through their health care provider.

Clients who present with co-occurring disorders (mental health disorders and substance use disorders), shall be referred to mental health for assessment and linkage to co-occurring treatment, which is overseen by the Department of Mental Health. Designated mental health providers provide treatment to this population in collaboration with SAPC. For additional information, refer to the Mental Health Referral policy (PRS-509).

510.2 INTAKE & ORIENTATION - SUBSTANCE USE DISORDER TREATMENT REFERRAL INSTRUCTIONS

If during the intake/orientation process there is either a current substance use disorder treatment condition of supervision, an admission of narcotic usage by the supervised person, the LS/CMI assessment suggests that substance abuse is a criminogenic risk factor, or a review of the prerelease packet/criminal history reveals any nexus to past substance use disorder (such has prior substance use related arrests/convictions), the DPO shall refer the supervised person to the co-located Client Engagement Navigation Services (CENS) staff or contact the Substance Abuse Service Hotline (SASH) for an assessment and linkage to services by performing the following tasks:

1. The DPO shall generate a referral in the Treatment Court Probation Exchange (TCPX) system. The referral must be completed in its entirety with all necessary information related to the client's potential need for treatment, e.g., recent positive drug tests, drug-related arrest/convictions, admitted usage, etc. (Refer to Appendix A for an example)

2. Take the supervised person with the referral to the co-located CENS assessment staff when the staff is at the same location. If a CENS staff is not available, the DPO will assist the PSP in calling the SASH for assessment at (844) 804-7500. If the assessment determines that treatment is required, the staff at the CENS or SASH will give the supervised person an appointment for enrollment into the program.

3. The DPO shall document the outcome of the referral in the Adult Probation System (APS) DCID and DTPD screens. This includes entering a chrono on the DCID screen that shows the outcome of the referral and the pending enrollment appointment date and location. The DPO shall enter all available fields in the DTPD screen including, but not limited to the following: Name of the program; name of a contact person from the program; address, Release of Information (ROI) (Appendix C) and telephone number of the program. Should any information not be available, the DPO will document the available information and the supervision DPO will enter the remaining fields upon receipt of the case.

4. If necessary, the DPO shall add the condition for treatment (X88). The DPO shall also ensure related conditions such as anti-narcotic testing and not use or possess narcotics exist or are added to the supervised person's conditions of supervision in accordance with the Conditions of Supervision Standards policy (PSR-511). If the assessment determines that no treatment is required, the DPO will document the assessment results in the APS DCID and DTPD screens

510.3 SUPERVISION DPO - SUBSTANCE USE DISORDER TREATMENT REFERRAL INSTRUCTIONS

Typically, clients are referred to the CENS during the intake and orientation process. During the course of supervision, a referral may be necessary as a result of a progressive sanction, positive drug test, missed narcotic test, admission of current or past narcotic usage, new drug-related arrest, or drug-related law enforcement contact. The supervision DPO must complete the following when making a referral:

1. Generate the CENS referral in the Treatment Court Probation Exchange (TCPX) system. The referral must be completed in its entirety with all necessary information related to the client's potential need for treatment, e.g., recent positive drug tests, drug-related arrest/convictions, admitted usage, etc. (Refer to Appendix A for an example)

2. The referral shall be made through the CENS co-located staff (if available) or through the SASH hotline at (844) 804-7500 when CENS is not available on site.

3. Should the assessment determine that no treatment is currently required, the supervision DPO shall document the assessment results in the APS DCID and DTPD screens The X88 condition will remain and the DPO will continue to monitor the supervised person through anti-nartcotic testing. Should the PSP later test positive for narcotic, exhibit evasive behavior related to anti-narcotic testing and/or sustain a narcotic related law

enforcement contact, the DPO will re-refer the PSP for another CENS treatment assessment.

4. If the assessment determines that treatment is required, the CENS/SASH will give the supervised person an appointment for enrollment into the program.

5. The supervision DPO shall document treatment information in the APS DCID screen and enter the supervised person's start date and program information in the APS DTPD screen. Once available, DPOs must complete all fields including, but not limited to the following: name of program; name of a contact person from the program; address and telephone number of the program and any additional information can be added on the comment line.

6. If the substance abuse treatment conditions are being added as a result of an Intermediate Sanction, refer to and follow the instructions in the Violation Policy & Matrix (PSR-513) that require documentation and opportunity for client input.

7. Any added conditions shall be reviewed with the supervised person in accordance with the Conditions of Supervision Standards policy (PSR-511).

510.4 SUBSTANCE USE DISORDER TREATMENT MONITORING & CASE MANAGEMENT

An important component of supervision is the enforcement of conditions related to participation in substance abuse treatment services. As a part of the client's conditions of release into the community, some may require substance abuse treatment to gain or maintain stability in the community. It is vital that DPOs assigned to PRCS/AB109 supervision are aware of and maintain enforcement of the condition to participate in substance abuse treatment services by verifying status in treatment from enrollment to completion.

Following an assignment to a substance abuse treatment provider, the caseload DPO must supervise and monitor the client's treatment progress by collaborating and partnering with the treatment provider(s) in order to obtain and sustain positive behavioral change in the client. Supervision DPOs shall follow up with the client at every contact (community or office) regarding continued participation in the program and ensure compliance with the treatment condition until successful completion of the program. Treatment status should be verified by the treatment provider and documented in the APS DCID screen on a monthly basis.

510.5 SUBSTANCE ABUSE TREATMENT VIOLATIONS

Substance Use Disorder treatment conditions are defined under condition (X88) in APS as follows:

> X88: COOPERATE WITH THE PROBATION OFFICER IN A PLAN FOR SUBSTANCE ABUSE COUNSELING/TREATMENT.

It is the responsibility of the DPO to collaborate with the treatment provider and support the treatment goals during supervision, case planning, and case management. Should the client violate this condition, it is the responsibility of the DPO to understand the issues surrounding the non-compliance and to assist the treatment team and the client in overcoming those barriers.

Once the client understands the condition for treatment and the DPO has established a collaborative relationship with the treatment provider, a violation of this condition will result in a recommended level of sanctions. It is important that sanctions imposed for non-compliance are appropriate for the specific violation.

Failure to provide proof of enrollment, participation, and completion may reflect non-compliance with the supervision and case management goals related to substance abuse treatment. The following will constitute a violation:

- Failure to enroll in or obtain an enrollment appointment in a treatment program within five business days from the referral date;
- Failure to display positive progress in the program (e.g. abide by program rules and regulations); and
- Failure to successfully complete the treatment program.
- Sustaining positive/missed/insufficient substance abuse tests.

All violations of the conditions of supervision should be addressed by the DPO as progressive sanctions following the guidelines provided in the Violation Policy & Matrix (PSR-513).

510.6 SUBSTANCE ABUSE TREATMENT & REENTRY TRANSITION (START) PROGRAM REFERRALS

The START Program is a collaboration between the Department of Health Services-Correctional Health Services (DHS/CHS) and the Los Angeles County Sheriff's Department. The program is a substance use disorder (SUD) treatment program in Los Angeles County Jail. The target population is clients with SUD and/or SUD coupled with mild to moderate mental health disorder. Clients can be referred and recommended to the program during court revocation proceedings through a court report recommendation. Clients who participate in and complete the program in custody will receive day for day credit for each day completed in the program toward their one-year expiration dates. For example, if a client is ordered to serve 180 days in custody and completes 60 days in the START program during their custody sanction, the supervised person will have 10 months remaining to reach their 12 month custody free sanction date and 60 days will be taken off of their 1 year termination date ***if they are able to complete their remaining time without a custodial sanction***. Cases with 290 registration requirements, who haven't completed their required 52-week Batterers Intervention Program and/or have a unsatisfied restitution obligation do not qualify for the earned early discharge.

Recommendations to court should read: That the supervised person be ordered to serve *X days* (Decide on appropriate number between 140 and 180 days based on matrix) in custody and ordered to cooperate with an assessment for the Substance Abuse Treatment and Reentry

Transition (START) program. Should supervised person meet the program enrollment criteria, the supervised person be ordered to enroll in and complete said program.

DPOs may refer clients to the program by sending an e-mail to the following e-mail address:

- Display name: **EDL-PROB AB109StartProgramReferral**
- Email address: **AB109Startprogramreferral@probation.lacounty.gov**

APPENDIX A: SAMPLE - CLIENT ENGAGEMENT AND NAVIGATION SERVICES CENS SUBSTANCE USE DISORDER TREAMENT REFERRAL

COUNTY OF S ANGELES - PROBATION DEPARTMENT B REFERRAL
Public Safety Realignment Act - Assembly Bill 109
Post Release Community Supervision

APPOINTMENT INFORMATION					
CDCR/County Jail Discharge Date: 02/12/2014	HUB Location: EAST SAN FERNANDO VALLEY		Program Type: PSP	☒ Walk-In No Packet ☒ Walk-In No Appointment	
PARTICIPANT INFORMATION					
PSP / Defendant Name: [redacted]	Date of Birth: 11/16/1982	Gender: MALE	Ethnicity: HISPANIC	☐ Veteran ☐ Homeless	
PERSONAL IDENTIFIERS					
X Number: X[redacted]	PB / County Case #: PB[redacted]		CDC #: AC[redacted]	CII #: A[redacted]	
SUPERVISING DPO CONTACT INFORMATION					
Deputy Probation Officer's (DPO) Name: ESFV			DPO Phone #: (818) [redacted]	DPO Fax #: (818) [redacted]	
ONSITE TEST INFORMATION					
Narcotic Testing: YES ☐ NO ☒	Test Date:	No Specimen: YES ☐ NO ☒	Test Result:	Drug Name:	Confirmation Ordered: YES ☐ NO ☐
LSCMI Assessment: YES ☐ NO ☒	LSCMI Score:	LSCMI Rank:	☐ Override High Risk	☐ Override Medium Risk	☐ Override Low Risk
TREATMENT REFERRAL DETAILS					
Referral Date: 02/13/2014	PSP / Defendant Treatment Referral Decision: SUBSTANCE ABUSE TREATMENT		☐ PSP / Defendant Refused Treatment Services		

DPH - SUBSTANCE ABUSE PREVENTION AND CONTROL	CONTRACTED SERVICES
☐ HUB SUD Assessment ☒ Call the identified Community Assessment Services Center (CASC) below within 48 hours of your HUB assessment to make an appointment. SFV CMHC (Van Nuys) AB109 14515 Hamlin St Van Nuys CA 91411 (818) 285-1900 (818) 285-1906 Fax	Type of Service / Service Vendor / Control No.

NON-TREATMENT REFERRALS
☒ DPSS ☐ Healthy Way Screening ☐ Veteran Services ☐ Narcotic Testing

I promise to make and keep an appointment at the Community Assessment Service Center (CASC) indicated above.

I understand that my failure to make and keep an appointment as referred by my DPO may result in revocation in this matter. I further understand that my failure may be a factor considered by my DPO in setting or modifying the terms and conditions of my supervision or terminating supervision.

X27: Submit to periodic anti-narcotic tests/alcohol tests as directed by the Probation Officer or any Peace Officer.

X88: Cooperate with the Probation Officer in a plan for substance abuse counseling/treatment.

PSP / Defendant Signature: [redacted] Date: 2-13-14

HUB DPO Signature: [redacted] Date: 2-13-14

Revised 11-06-2012 Print Date: 2/13/2014 10:07:31AM

APPENDIX B: AB 109 OFFICES WITH CLIENT ENGAGEMENT & NAVIGATION SERVICES
AB 109 OFFICES WITH ONSITE CENS

ADDRESS		AB109 REGION	COUNTY SPA*
AB109 Antelope Valley Regional HUB 1912 43423 Division Street, Suite 401 Lancaster, CA 93535	(661) 471-	5	1
AB109 San Fernando Valley HUB 13557 Van Nuys Boulevard Pacoima, CA 91331	(818) 485-0050	5	2
Pomona Valley Area Office – HUB 1660 West Mission Boulevard Pomona, CA 91766	(909) 469-4507	1	3
Community Resource and Reentry Center (CRRC - Los Angeles Sheriff's Department) 450 Bauchet Street Los Angeles, CA 90012	(323) 226-8506	N/A – in custody clients	4
AB109 West Los Angeles Regional Office 11151 Missouri Avenue Los Angeles, CA 90025	(424) 832-8000/8001	6	5
AB109 South Los Angeles HUB 236 East 58th Street Los Angeles, CA 90011	323-948-0444 Ext. 128	4	6
Rio Hondo Adult Area Office 8240 South Broadway Avenue Whittier, CA 90606	(562) 908-3119	1	7
AB109 South Bay Regional Office 1299 East Artesia Boulevard Carson, CA 90748	(310) 761-3900	3	8
Long Beach Area Office Governor George Deukmejian Courthouse 275 Magnolia Avenue Long Beach, CA 90802	(562) 247-2200	3	8

APPENDIX B: AB 109 OFFICES WITH CLIENT ENGAGEMENT & NAVIGATION SERVICES
AB 109 OFFICES WITH ONSITE CENS

ADDRESS		AB109 REGION	COUNTY SPA*
Foothill Area Office – Pasadena 300 E. Walnut Street, Room 200 Pasadena, CA 91101	(626) 356-5281	2	2
AB 109 / Court Compliance Unit - Division 83 429 Bauchet Street Los Angeles, CA 90012	(213) 974-5844	N/A	N/A
Centinela Area Office 1330 West Imperial Highway Los Angeles, CA 90001	(323) 241-5800	2	6
East Los Angeles Area Office 4849 Civic Center Way Los Angeles, CA 90022	(323) 780-2185	2	7

*Service Planning Area

APPENDIX C: RELEASE OF INFORMATION

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT
9150 EAST IMPERIAL HIGHWAY, DOWNEY, CALIFORNIA 90242
(866) 931-2222

RAY LEYVA
Interim Chief
Probation Officer

WAIVER AND CONSENT FOR RELEASE OF CONFIDENTIAL RECORDS FOR FURTHERING REHABILITATION OF SUBJECT/PROBATIONER

PROBATIONER'S NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH:

I, the above named individual, for purposes of furthering my rehabilitation, request and consent to the Los Angeles County Probation Department release of all or a portion of my local summary criminal history information to the following (except as specified below):

Name of Business/Entity:_____
Contact Person's Name:_____

I understand and agree that by signing this waiver and consent, I am waiving the confidentiality of my criminal offender records information pursuant to California Penal Code Sections 1203.10, 13300 and other governing laws. I also understand that I have the right to decline the release of a portion of or all of my confidential local summary criminal history information. By signing this waiver, I understand, consent and agree to the release of all or part of my local summary criminal history information, for purposes of my rehabilitation, (except as specifically listed in the space below):

1. I fully understand that this release contemplates release of my criminal history information that is generally confidential under the Penal Code, which includes but is not limited to:
   a. Name, Date of Birth & Physical Description
   b. Dates of Arrests, Arresting Agencies, Booking Numbers, Charges & Dispositions
   c. Other similar data
2. I am fully aware and understand that if the above named business/entity or contact is a media entity or contact that the released material, as well as any interview I may provide, may be featured in print and/or broadcast media (newspaper, television, radio, online media entity or other similar entity) for an undetermined length of time and that such material, including my image, statements, and criminal history information, may be publicly displayed, shown or distributed.
3. I hereby waive and release the County of Los Angeles, Probation Department, and all Probation Department agents and/or employees from any and all claims I may have for liability arising out of the release of my criminal history information, including claims for personal injury, death, and/or property damage. I also waive and release the County of Los Angeles, Probation Department and all Probation Department employees/agents from liability for any and all negligence claims and/or civil rights claims, including but not limited to any claims under 42 U.S.C. Section 1983 or 1985, that are based on or in any way predicated on any intentional, deliberate, indifferent, or conscience shocking conduct of any member, employee or agent of the Los Angeles County Probation Department arising out of the release of my criminal history information. I further waive and release the County of Los Angeles, the Probation Department and Probation Department employees from any liability for defamation, invasion of privacy, and misuse of my criminal history information.
4. I agree that the County of Los Angeles, the Probation Department, and all Probation Department Employees are not liable for any injury and/or damages I sustain that are associated with the release of my criminal history information associated with this waiver and consent.
5. I understand that that I may be subjected to the risk of my personal safety or death, and/or damage of my personal property arising out of the release of my criminal history information, and any interview I may provide related to such, and I accept these risks and release the County of Los Angeles, Probation Department, and all Probation Department employees from liability therefrom.
6. I also agree that myself, heirs, executors, administrators, and assigns shall defend, indemnify, and hold harmless the County of Los Angeles, the Probation Department, all members, officials and employees of the Los Angeles County Probation Department, their sureties, and each one of them, against any and all manner of actions, suits, debts, counts, claims, and demands, or damages or liability or expenses of every kind and nature, incurred or arising by reason of actual or claimed intentional, deliberate, indifferent, negligent, malfeasance, or wrongful act or omission, arising from, related to, or as a result of my voluntary request for release of my criminal history information associated with this waiver and consent.

In the space provided immediately below, I am declining and do not wish the release of only the following information from my local summary criminal history information (if nothing is specified, all local summary criminal history information may be released):

_____

I have carefully read and understand the contents of this document and sign it of my own free will, and do so with the purpose of furthering my rehabilitation. I also know and understand that I have the right to consult with an attorney before signing this agreement. I also can revoke this agreement at any time before my information is released, but once it is released, this release/waiver/consent cannot be rescinded.

PROBATIONER'S SIGNATURE _____ DATE _____

FOR DEPARTMENT PERSONNEL: I certify that this "Waiver and Consent for Release of Confidential Records for Furthering Rehabilitation of Subject/Probationer" was provided to and explained to the above named probationer for his/her review before the probationer's signature was obtained. The original copy of this waiver shall be placed in the probationer's file, a copy shall be provided to the probationer, and a copy shall be forwarded to the Department's Public Information Officer (PIO), if the business/entity is a media entity.

EMPLOYEE NAME (Last, First) _____ EMPLOYEE SIGNATURE _____ DATE _____

HOA.954411.1 ***Rebuild Lives and Provide for Healthier and Safer Communities***

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