



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

JOHN F. SCHUNHOFF, Ph.D.
Chief Deputy Director

Alcohol and Drug Program Administration

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

www.lapublichealth.org

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July 23, 2007

ADPA BULLETIN NO. 07- 01

TO: Executive Directors
Proposition 36 Contract Treatment Providers

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

SUBJECT: **CLARIFICATION OF THE SUMMARY OF TREATMENT, SUPERVISION AND CONTINUING CARE SERVICES MATRIX PROPOSITION 36**

The purpose of this bulletin is to recommend that treatment providers adhere to set guidelines by Los Angeles County on the provision of drug treatment services for Proposition 36 as outlined on the *Summary of Treatment, Supervision and Continuing Care Services Matrix, (Treatment Services Matrix)*.

The Proposition 36 law specifically allows for one year of drug treatment services, followed by six months of continuing care per grant of probation, with a maximum of two grants. Nevertheless, due to present funding issues and the uncertainty of future funding, we find it appropriate at this time to emphasize the importance of using Proposition 36 funds as effectively as possible.

In order to comply with the law and provide quality treatment services, Los Angeles County established the Treatment Services Matrix in July 2002. Treatment providers are encouraged to base length of treatment services on the established Treatment Services Matrix. The number of treatment days should not exceed the timeframe allocated for each treatment level. The Treatment Services Matrix outlines the following:

- Level I – at least 120 days (18 weeks)
- Level II – at least 224 days (32 weeks)
- Level III – At least 280 days (40 weeks); no less than 30 or more than 180 days for Residential Treatment.

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If the treatment provider determines, based on clinical judgment that the client has benefited as much as possible from treatment, the treatment provider should recommend early completion to the Court or Parole. If a client is found unamenable to treatment, the treatment provider should immediately recommend to the Court or Parole termination for non-compliance.

The treatment provider shall provide its informed decision clearly recommending early termination, completion, or transfer to the Bench Officer in the participants' progress report. The final decision to terminate, complete or transfer a participant will solely be determined by the Bench Officer or Parole, in conjunction with information provided by the Treatment Provider.

A copy of the Summary of Treatment, Supervision and Continuing Care Services Matrix is attached.

If you have any questions or need additional information, please contact your assigned Contract Program Auditor or the Proposition 36 Helpline at (888) 742-7900, Monday to Friday, from 8:00 a.m. to 5:00 p.m.

PLO:yl

Attachment

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

**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX**
Revised JULY 2, 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
MINIMUM 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 (aftercare) for 6 mo. Tx Drug Tests: (18 wks @ 1/week) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results 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 months (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 WITHIN A 30-DAY PERIOD Any positive tests, along with other considerations, can trigger escalation to the next treatment level
TREATMENT LEVEL MODIFICATION PROCEDURES	<u>IF probationer fails (3) Tx test OR (3) sessions/meetings OR combination within a 30-day period</u> PROVIDER: <ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Provide Tx & admin. Tx tests - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX**
Revised JULY 2, 2002

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 (aftercare) for 6 mo. Tx Drug Test: (32 @ 1/week = 32) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient</u> : 32 weeks @ 6 hours/week = 192 hours (Min. 3 sessions per wk.) <u>Intensive Day Care</u> : 24 weeks @ 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 months (Optional Early termination of Probation 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 WITHIN A 30-DAY PERIOD 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 repts - 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

**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX
Revised JULY 2, 2002**

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 or time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Test: (8 weeks @ 2/weeks = 16) & (32 weeks @ 1/week = 32) Total tests 48 Random, Observed All positive Drug Tests must be reported to the Court upon receipt of results 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 months (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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/courts - Collaborate w/DPO re. Tx & Supervisory needs

*SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX
Revised JULY 2, 2002*

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.