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October 12, 2007

ADPA BULLETIN NO. 07- 04

TO: Executive Directors
Proposition 36 Contract Treatment Providers

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

SUBJECT: **ADOPTED CHANGES TO THE PROPOSITION 36 SUMMARY OF TREATMENT, SUPERVISION AND CONTINUING CARE SERVICES MATRIX – REVISED 2007**

The purpose of the bulletin is to announce that effective October 16, 2007, important changes will be made to the Proposition 36 *Summary of Treatment, Supervision and Continuing Care Services Matrix (Service Matrix)*. These changes are being made in response to funding reductions for the provision of treatment services under Proposition 36.

Treatment providers are encouraged to implement the adopted changes that will have an impact on the length of treatment services available to Proposition 36 eligible participants. The adopted changes for each treatment level will change from a set minimum to a set maximum of treatment days. The number of treatment days should not exceed the allocated timeframe for each treatment level. The treatment days are not cumulative between levels. Rather, the maximum number of days for primary treatment is 180 days for any grant of Proposition 36 afforded to a participant. The changes to each level are as follows:

- Level I – maximum 90 days of treatment for Intensive Outpatient.
- Level II – maximum 180 days of treatment for Intensive Outpatient; 12 weeks of treatment for Day Care Habilitative; and 180 days of treatment for Narcotic Treatment programs.
- Level III – maximum of 90 days of Residential Treatment. After completion of Residential treatment, clients are stepped-down into Level II for 90 days of Intensive Outpatient Treatment.

Additionally, the number of sessions for each level will change accordingly and will be set at the following maximums:

- Level I – maximum of three (3) sessions a week for Intensive Outpatient.
- Level II – maximum of five (5) sessions a week for Intensive Outpatient; three (3) sessions a week for 12 weeks for Day Care Habilitative; two – three (2-3) sessions a week plus daily dosing for Narcotic Treatment Programs.
- Level III – maximum of 90 days for Residential Treatment. After completion of Residential treatment, clients are stepped-down into Level II for 90 days of Intensive Outpatient Treatment.

Eligible participants entering treatment on an initial referral or re-referral after October 16, 2007 are subject to the limits as set by the revised Services Matrix. The adopted changes to the Services Matrix will not be retroactive; however, providers are encouraged to step-down participants on a case-by-case basis if the treatment provider so determines, based on clinical judgment that the client has benefited as much as possible from treatment. In such cases, the treatment provider should recommend early completion to the Court or Parole. If a client is found unresponsive to treatment, the treatment provider should immediately recommend to the Court or Parole termination for non-compliance.

The treatment provider must provide a comprehensive justification about its decisions to recommend 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 adopted *Summary of Treatment, Supervision and Continuing Care Services Matrix Revised 2007* 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
David Hoang

**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX**
Revised October 12, 2007

LEVEL I

ADMISSION CRITERIA	Probation Risk Level: 0-14 * No prior violent felony or misdemeanor violent convictions Clinical ASI: Low Range * No Special Needs
MAXIMUM PROGRAM REQUIREMENTS	Participation in Treatment: 90 days <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Treatment Drug Tests: 1 test per week for the duration of primary treatment Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 3 sessions per week Combination of individual, group, education sessions Continuing Care: Active participation in continuing care (aftercare) for 3 months NA/AA meetings: 38 meetings @ 3/wk Probation Supervision: 18 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 October 12, 2007

LEVEL II

ADMISSION CRITERIA	Probation Risk Level: 15-29 * No prior violent felony convictions Clinical ASI: Mid Range
MAXIMUM PROGRAM REQUIREMENTS	Participation in Treatment: 180 days <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Treatment Drug Test: 1 test per week for the duration of primary treatment Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 5 sessions per week <u>Intensive Day Care:</u> 3 sessions per week for 12 weeks <u>Narcotic Treatment Program:</u> 2 sessions min/3 sessions max Daily dosing Combination of individual, group, education sessions Continuing Care: Active participation in continuing care (aftercare) for 4 months NA/AA meetings: 128 meetings @ 5/wk) Probation Supervision 18 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 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

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

ADMISSION CRITERIA	Probation Risk Level: 30 + Clinical ASI: High Range
MAXIMUM PROGRAM REQUIREMENTS	Participation in Treatment: 180 days <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Treatment Drug Test: <u>Residential</u> – 1 test every other week for 90 days; followed by <u>Intensive Outpatient</u> -1 test per week for the duration of primary treatment Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Residential</u> : no more than 90 days. After completion of residential treatment, clients are stepped down into Level II for 90 days of Intensive Outpatient Treatment Combination of individual, group, education sessions. Continuing Care: Active participation in continuing care (aftercare) for 4 months NA/AA meetings: 128 meetings @ 5/wk Probation Supervision: 18 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	- 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

*SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX
Revised October 12, 2007*

CONTINUING CARE

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 three months under level I and four months under Level II and Level III;
- 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.