

LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL

DRINKING UNDER THE INFLUENCE SYSTEM (DUI)

The purpose of this manual is to provide you with detailed instruction guidance as to how the application works. The current DUI system is completely web based. All you need is a user name and a password to log in to the system.

Our DUI website address is: <http://sapcwww2/DUI/>

User log in:

You will have a username and password to log in.

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
DRIVING UNDER THE INFLUENCE SYSTEM TRAINING ENVIRONMENT (DO NOT USE ACTUAL DATA TEST ONLY)

Monday, June 29, 2015 [Log In]

Access to this device is restricted to authorized persons only.
Any unauthorized access may result in disciplinary action or criminal prosecution.
ALL CONNECTIONS ARE MONITORED AND LOGGED.
Use this device is deemed acceptance of these conditions.

Log In

Please enter your username and password.

Account Information

Username:

Password:

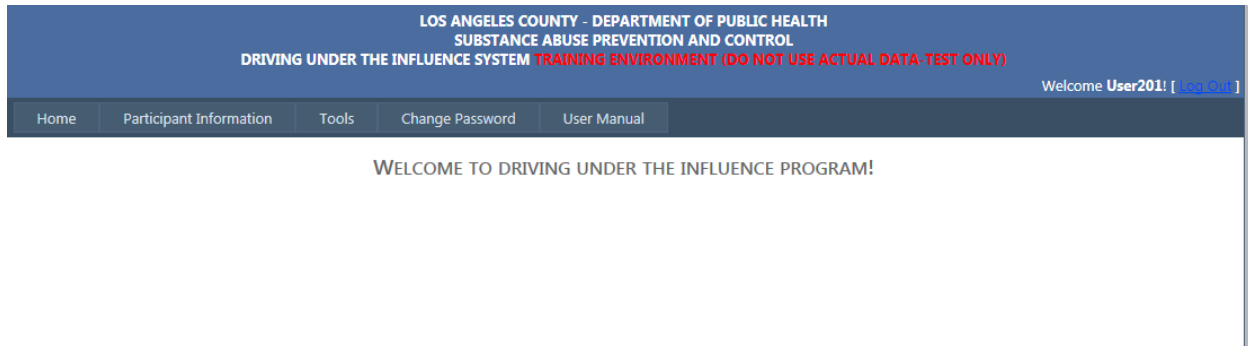
Log In

Figure1: Password screen

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After logging in to the system – database main screen shows up.



There are five menu items:

1. Home
2. Participant Information
3. Reports
4. Change Password
5. User Manual

Changing your password

If you want to change password – please click on the change password. The following screen shows up where you can enter current password once and new

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password two times and click on “Change Password” to activate the new

CHANGE PASSWORD

Use the form below to change your password.

New passwords are required to be a minimum of 6 characters in length.

Account Information

Old Password:

New Password:

Confirm New Password:

Participant Information contains two sub

menu items.

- 1) New Intake
- 2) Existing Participants

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CLIENT INTAKE/CHANGE OF STATUS

<u>11. Docket Citation # - No. Of Def:</u>	<input type="text"/> 01 ▼		
Intake Type:	<input type="text"/> ▼		
Select Location:	16909 PARTHENIA Street ▼	<u>7. OAP I.D.#</u>	<input type="text"/>
Select Referred Program:	- Please Select - ▼		
1. Provider Number:			
<u>2. Participant's Name:</u>			
Last Name:	<input type="text"/>	<u>8. Participant's Zip Code:</u>	<input type="text"/> ▼
First Name:	<input type="text"/>	<u>9. Enrollment Date:</u>	<input type="text"/>
Middle Name:	<input type="text"/>	<u>Arrest Date:</u>	<input type="text"/>
<u>Legal Name:</u>	<input type="text"/>	<u>10. Conviction Date:</u>	<input type="text"/>
<u>3. Birthdate:</u>	<input type="text"/>		
<u>Age:</u>	<input type="text"/>		
<u>4. Sex:</u>	- Please Select - ▼		
<u>12. Court Info/Court Code:</u>	- Please Select - ▼		
<u>5. Race/Ethnicity:</u>	<input type="text"/> ▼		

Upon entering the intake information click on the 'Submit' button to complete the transaction. After the record has been saved it will show up in existing participant menu

PARTICIPANT LISTING

Search By:

All Active Not Active

	Case Number	Last Name	First Name	Enrollment Date	Conviction Date	Edit
Select	2121256-01	bugs	bunny	6/1/2015	6/18/2014	Edit Print
Select	mp321-01	Ed	Mr	6/29/2015	6/8/2015	Edit Print
Select	454232-01	Fillinstone	Fred	6/4/2015	6/16/2015	Edit Print
Select	1242565-01	Simpson	Homer	5/12/2014	5/25/2015	Edit Print
Select	4789651-01	TestLast	TestFirst	6/24/2015	6/25/2015	Edit Print

CHANGE OF STATUS ([\[+\] Insert New](#))

You can search the clients by first name, last name or case number.

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Tools Menu

- 1) Remittance Report
- 2) Enrollment Summary
- 3) State Quarterly Report

Tools menu actually provides various reports based on client input. Please review each and every item to get an idea of these reports functionality and usefulness.

Actual Summary:

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
Summary of Services Remittance Report
DRIVER SAFETY AWARENESS PROGRAM, INC.
For the Month of: 07/2014 ▼

	AB541		AB762		AB1353		SB38		SB1176		SB1365		PC1000		PC1210		Total	
	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD	Month	YTD
A. ADMISSIONS																		
1. Participants Admitted	0	1	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	4
2. Transfers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B. STATUS																		
1. Completions	0	0	0	0	0	0	0	0	0	0	0	0					0	0
2. Transfers to LA	0	0	0	0	0	0	0	0	0	0	0	0					0	0
3. Transfers Outside LA	0	0	0	0	0	0	0	0	0	0	0	0					0	0
4. Deceased	0	0	0	0	0	0	0	0	0	0	0	0					0	0
5. Referred Back to Court	0	0	0	0	0	0	0	0	0	0	0	0					0	0
6. Re-enrolled	0	0	0	1	0	0	0	0	0	0	0	0					0	1
7. Terminated By the Court	0	0	0	0	0	0	0	0	0	0	0	0					0	0
C. ADMINISTRATIVE FEES																		
1. Total Admissions	0	1	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	4
2. Less: Total GR Indigent	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
3. Total Non Indigent	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	3
4. Administration Fee		\$21.00		\$21.00		\$21.00		\$46.00		\$21.00		\$46.00	n/a	n/a				
Prior Period Adjustment	0	0	0	0	0	0	0	0	0	0	0	0					0	0
5. Amount Due	0.00	21.00	0.00	21.00	0.00	0.00	0.00	0.00	0.00	21.00	0.00	0.00					\$0.00	\$63.00
6. Total Paid (New Payment Received , View History)																	\$0	\$0
7. Balance																	0.00	-63.00

Year to Date (YTD) as of : 6/29/2015

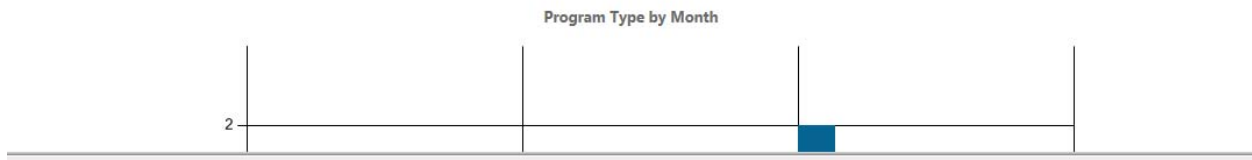
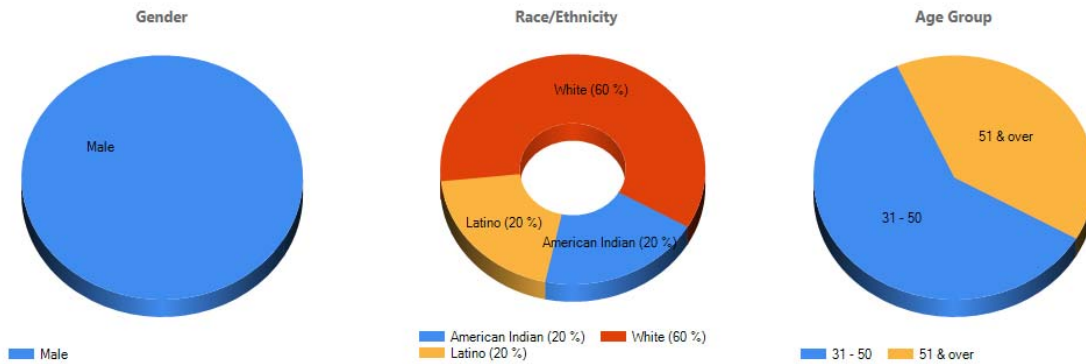
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Enrollment Summary:

YEAR-TO-DATE ENROLLMENTS

Address	AB541	AB762	AB1353	SB38	SB1176	SB1365	PC1000	PC1210
16909 PARTHENIA Street, North Hills	2	1	0	0	2	0	0	0



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Quarterly Summary:

Location: Program: Fiscal Year: QTR:

1 of 1 100% Find | Next

State of California - Health and Human Services Agency

Department of Health Care Services
Substance Use Disorder Compliance Division

FIRST OFFENDER PROGRAM QUARTERLY LICENSING AND PARTICIPANT ENROLLMENT REPORT

FIRST OFFENDER PROGRAM

INSTRUCTIONS: This form is to be used for computing quarterly licensing fees due and reporting enrollment and participant data for the respective DUI program. See reverse for completing and mailing instructions.

PART 1 - PROVIDER INFORMATION

1. Program Name (as shown on DHCS license)		DHCS License Number
DRIVER SAFETY AWARENESS PROGRAM, INC.		
2. Street Address		
16909 PARTHENIA Street		
3. City	County	Zip Code
North Hills	Los Angeles	91343
4. Contact Person		Telephone
		(818) 830-8870

PART 2 - LICENSE FEE COMPUTATION

5. Check quarter for which you are reporting. Fiscal Year: 2013-2014

1st Quarter (July 1 - Sept 30)
 2nd Quarter (Oct 1 - Dec 31)
 3rd Quarter (Jan 1 - Mar 31)
 4th Quarter (Apr 1 - June 30)

6. Enter months being reported	7. Number of new participants enrolled	
	a. First Offender (V.C. 23152-23153)	b. Ages 18-20 Years (V.C. 23140-2nd Offense)
July	0	0
August	0	0
September	0	0
8. SUBTOTAL new participants enrolled	0	0
9. TOTAL Licensing fee due (multiply line 8 by \$10.00)	\$0.00	\$0.00

PART 3 - STATISTICAL INFORMATION

	a.	b.

State quarterly report is developed per some of your request to help automate additional work that you go through to prepare and submit to the state.

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Help:

If you need any help please contact the following persons:

William Mendoza: (626) 299 - 4153

Martin Nguyen: (626) 299 - 3205

Akbar Siddiqui: (626) 299-4599

Janie Yeung: (626) 299 – 4546