



Project Overview

The In-Custody to Community Referral Program (ICRP) is a substance use disorder (SUD) collaborative designed to link individuals transitioning from incarceration to SUD services in the community upon release from custody.

ICRP links individuals that are screened and meet clinical criteria for SUD with care coordination services and a warm handoff to a designated community treatment program within the Department of Public Health – Substance Abuse Prevention and Control's (DPH-SAPC's) SUD treatment service provider network.

The ICRP team serve as liaisons between individuals transitioning from custody to community-based SUD treatment services. The ICRP team consists of the following partners: The Department of Health Services – Correctional Health Services (DHS-CHS), DPH-SAPC, and SUD treatment providers contracted by DPH-SAPC. Referrals for ICRP must be initiated by DHS-CHS.

Target Population

- Clients receiving withdrawal management in custody;
- Clients with co-morbidities (mental health/ chronic medical conditions);
- Clients who have started on Medication for Addiction Treatment (MAT) services in custody;
- Clients trying to divert from jail to treatment; and
- Any vulnerable client who enrolls in Whole Person Care (WPC) and meets criteria for SUD services.

Available SUD Treatment Services in the Community

- Outpatient Treatment (OP) (ASAM 1.0);
- Intensive Outpatient Treatment (IOT) (ASAM 2.1);
- Residential Services (ASAM 3.1, 3.3, and 3.5);
- Withdrawal Management
- Opioid Treatment Program (1-OTP);
- Recovery Support Services; and
- Recovery Bridge Housing (RBH).

Goals

- Remove barriers to accessing treatment after release from custody.
- Promote long-term sobriety
- Reduce drug use and recidivism upon release from custody
- Reduce social costs and improve public health

DHS-CHS Referral Process

- Identify and screen inmates located within the Los Angeles County jails;
- Complete the SUD Pre-Intake Form and administer the American Society of Addiction Medicine (ASAM) Triage Tool (ATT) to determine provisional level of care (LOC);
- Obtain consent form to release information and allow DHS-CHS to communicate directly with the SUD treatment provider;
- Contact SUD treatment provider for placement availability and schedule intake appointment;
- Confirm release date and email intake form (using secure email) to SUD treatment provider; and
- Arrange transportation of inmate to the appropriate SUD treatment provider.

SUD Treatment Provider Role

- If the SUD treatment provider and DHS-CHS staff agree to the referral, the treatment provider will offer and confirm a date of admission and coordinate care to ensure a warm handoff to treatment services;
- Ensure consent form is signed by the patient to release information and allow SUD treatment provider to communicate directly with DHS-CHS;
- If the full ASAM Continuum assessment conducted indicates a different LOC is required, and the treatment provider does not offer the LOC or if a residential bed is not available, provider must assist individual with successfully connecting to the appropriate LOC;
- If an individual is identified as needing residential treatment services and a residential bed is not available at the preferred SUD treatment provider, the SUD treatment provider has the responsibility to work with the designated DHS-CHS staff to ensure a step-down treatment option (i.e., OP or IOP with RBH);
- For Assembly Bill (AB) 109 clients, data must be entered on the Treatment Court Probation eXchange (TCPX) system.

For information on criminal justice services visit:

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManual.pdf>