LOS ANGELES COUNTY – HEALTH AGENCY DEPARTMENT OF PUBLIC HEALTH – SUBSTANCE ABUSE PREVENTION AND CONTROL SUBSTANCE USE DISORDER – COURT ACCESS, REFFERAL, AND ENTRY SYSTEM (SUD – CARES) SERVICES MATRIX

| COURT (JUDICIAL OFFICER) | Court-ordered defendant goes to Client Engagement and Navigation Services (CENS) or contracted treatment provider for substance use disorder (SUD) screening or assessment using the American Society of Addiction Medicine (ASAM) Triage Tool (ATT) or Full ASAM Assessment, utilizing SUD – CARES Referral Form (client should call for appointment). Superior Court sentences a client for up to a maximum of 90 days of treatment, or a length of time determine according to clinical progress reports from treatment providers. Treatment level of care (LOC) tier and duration are determined by ATT, Full ASAM Assessment, and/or clinical judgment of SUD provider (counselor or licensed clinician). Require defendant to submit, at minimum, 90-Day and Final Progress Reports; additional progress reports can be provided based on Court's discretion of requested frequency. | |
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| ELIGIBILITY/ TARGET POPULATION | Residents of Los Angeles County Non-violent misdemeanor or felony drug offenders who use or possess a small amount of illegal drugs for personal use Pled guilty and are sentenced contingent upon completion of an approved Department of Public Health – Substance Abuse Prevention and Control (DPH – SAPC) contracted SUD treatment program | |
| SCREENING AND ASSESSMENT | ✓ CENS or SUD treatment provider conducts screening, recommends provisional level of care, initiates referral to SUD treatment services, and reports recommendation to Court personnel as directed by Judicial Officer. ✓ No referral to SUD treatment services will be required if screening or assessment determines defendant does not meet ASAM admission criteria for SUD treatment and will be reported to Court personnel as directed by Judicial Officer. | |
| SUD TREATMENT ADMISSION CRITERIA | Defendant must meet medical necessity in order to receive SUD treatment services as follows: ✓ Meets diagnosis for SUD under Diagnostic and Statistical Manual of Mental Disorders (DSM) ✓ Meets level of care treatment criteria established by ASAM assessment Treatment level of care (LOC) tier and duration are determined by ASAM Triage Tool, Full ASAM Assessment, and clinical judgement of SUD provider (counselor or licensed clinician). | |
| SUD TREATMENT REQUIREMENTS | judgement of SUD prov Treatment Duration: Drug Testing: Treatment Services: | Actual length of treatment will depend upon medical necessity and treatment plan goals and objectives. Defendant is to comply with treatment services not to exceed 180 days with reassessment at 90 days. After 90 days of treatment, defendant can be discharged from treatment services. However, defendant has the option to participate in Recovery Support Services (see below). Random and observed weekly testing. All positive drug tests must be reported on progress and discharge reports. TIER I – OUTPATIENT TREATMENT SERVICES Alcohol and drug treatment services provided in an environment that facilitates recovery, directed towards alleviating and/or preventing alcohol and drug problems, and does not require residency at an agency's facility as part of the treatment and recovery process. ASAM Level 1 – OTP: Opioid Treatment Program (OTP)/Medications for Addiction Treatment (MAT): Treatment settings that provide MAT, including methadone, buprenorphine, disulfiram, and naloxone for individuals with opioid and alcohol use disorders. Can be used as part of Outpatient, Intensive Outpatient, and Low-Intensity and High-Intensity Residential Services (Population Specific). ASAM Level 1.0: Outpatient Services: Up to 9 hours per week of screening, assessment/intake, treatment planning, patient education, individual and group counseling, crisis intervention, family therapy, collateral services, MAT, and case management. ASAM Level 2.1: Intensive Outpatient Services: Between 9 and 19 hours per week of the same services as Outpatient Services with increased intensity and frequency of services. |

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| | | TIER II – RESIDENTIAL TREATMENT SERVICES |
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| | | Organized treatment services in a planned and structured 24-hour residential care setting. |
| | | ASAM Level 3.1: Low-Intensity Residential Services: At least 20 hours per week of screening, assessment/intake, treatment planning, group counseling, patient education, individual counseling, crisis intervention, family therapy, collateral services, safeguarding medications and medication services, non-emergency transportation, alcohol/drug testing, discharge services, case management/care coordination, and room and board. |
| | | ASAM Level 3.3: High-Intensity Residential Services, Population Specific: At least 24 hours per week of the same services as ASAM 3.1 – Low Intensity Residential Services with increased intensity and frequency of services. |
| SUD TREATMENT REQUIREMENTS (CONTINUED) | | ASAM Level 3.5: High-Intensity Residential Services, Non-population Specific: At least 22 hours per week of the same services as ASAM 3.1 – Low Intensity Residential Services with increased intensity and frequency of services. |
| | | TIER III – WITHDRAWAL MANAGEMENT TREATMENT SERVICES Outpatient or residential detoxification services with or without medication services for up to 14 days. After completion of withdrawal management (WM), defendant will be stepped down to TIER I OR TIER II, as medically necessary. |
| | | ASAM Level 1-WM: Withdrawal Management Without Extended On-Site Monitoring: Mild withdrawal with daily or less than daily outpatient supervision. |
| | | ASAM Level 3.2-WM: Residential Withdrawal Management (formerly Detoxification): Moderate withdrawal with 24-hour support to complete WM and increase likelihood of continuing treatment or recovery. |
| | | ASAM Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management: Severe withdrawal requiring 24-hour nursing care and physician visits. |
| | | ASAM Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management: Severe, unstable withdrawal requiring 24-hour nursing care and physician visits to modify WM regimen and manage medical instability. |
| | Reporting Requirements: | Monitor patient compliance and submit all mandatory progress reports (with defendant's informed consent) to Court personnel as directed by Judicial Officer. Progress reports should include the case information, provider information, meeting Information, and narrative report. |
| SUPPLEMENTAL SERVICES | | <u>Recovery Bridge Housing</u>: Up to 90 days per calendar year for defendants who are concurrently enrolled in Outpatient Services or Intensive Outpatient Services who choose abstinence-based, peer supported housing. |
| | | <u>Recovery Support Services:</u> Aftercare support services designed to help defendants become and stay engaged in the recovery process and reduce the likelihood of relapse. Includes group counseling, individual counseling, relapse prevention, recovery coaching, and case management. |

TIERS OF TREATMENT SERVICES

TIER I = Outpatient Services, Intensive Outpatient Services, and Opioid Treatment Program/Medication Assisted Treatment **TIER II** = Low-Intensity Residential Services and High-Intensity (Population and Non-population Specific)

TIER III = Withdrawal Management, Residential Withdrawal Management, Medically Monitored Inpatient Withdrawal Management, and Medically Managed Residential Withdrawal Management