

**Substance Abuse and Crime Prevention Act of 2000  
Proposition 36**

**DELIVERY OF TREATMENT SERVICES  
Final Version (4/18/01)**

The Substance Abuse and Crime Prevention Act of 2000 (Proposition 36) requires that qualifying persons who have been convicted of a non-violent felony or misdemeanor drug possession charge or for being under the influence of drugs are to be placed on probation and ordered into drug treatment for up to one year.

According to the principles of effective drug addiction treatment established by the National Institute on Drug Abuse (NIDA), no single treatment approach is appropriate for all individuals. Treatment services should be matched to particular problems and needs of the individual. To most appropriately serve the needs of the Proposition 36 offenders, an assessment of each offender's substance abuse/addiction history and severity serves as the bases for which to place her/him in one of three levels of treatment services. The levels of admission criteria and treatment increase in terms of severity from Level I to Level III. Treatment program completion is followed by 6 months of aftercare services.

**Orientation, Assessment, and Referral**

Following sentencing, and within 48-72 hours, each eligible Prop 36 participant will be required to report to one of 19 Community Assessment Service Centers (CASCs) located throughout Los Angeles County. A Deputy Probation Officer (DPO) will be co-located at each of the CASCs to provide participants with a full orientation of the terms and conditions of probation as established by the Court. At this same site, each participant will be administered the Addiction Severity Index (ASI), a standardized, validated assessment instrument, which will help to determine the extent and level of the participant's alcohol and other drug (AOD) abuse problems and other life situations. Referral to a treatment provider will then be made to allow the participant to access the level of treatment services and other needed human services commensurate with the severity of the conditions.

**Level I Treatment Services**

Following treatment assessment and Probation orientation, participants requiring a low level of outpatient treatment shall receive services which, at a minimum, shall include:

Intake, orientation, and evaluation;

Development of a treatment plan;

Individual, family, and/or group counseling sessions (minimum 6 hours per week; shall include up to 2 hours of AOD education);

Participation in 12-step meetings (minimum of 2 per week);

Individualized treatment (e.g., perinatal, dual-diagnosis, special needs), as appropriate;

Provision of, or Referral to alcohol and drug free living facilities, as appropriate;

Provision of, or referral and follow-up for recommended ancillary **supplemental treatment** services including literacy training, vocational counseling, mental health services, and health services;

Random drug testing as follows (minimum): 2 times per week by treatment provider;

30-Day case plan to Probation/Court; and

Court appearances as ordered by the court.

Reports on the participant's progress shall be made to the DPO every 30 days (including the submission of a treatment plan within the first 30 days), and the participant's progress shall be re-assessed at the completion of 3 months. Based on the assessment of the treatment provider, and in collaboration with Probation and the Court, the services within this level may be increased as deemed appropriate by the judge.

Minimum participation in treatment: 3 months.\*

\*The determination for the length of treatment service is based upon the NIDA treatment principles ".....research has shown unequivocally that good outcomes are contingent on adequate lengths of treatment. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited or no effectiveness, and treatments lasting significantly longer often are indicated."

### **Level II Treatment Services**

Based upon the severity of their AOD problem, participants may require one or more of the following treatment services:

Outpatient Counseling Services - Alcohol and drug treatment and recovery services directed at alleviating and/or preventing alcohol and drug problems in a non-residential facility. Services shall include:

Individual, family, and/or group counseling sessions (10 hours per week)

Narcotic Treatment Program Services - Administration of an opiate replacement for opiate addicted persons with a documented history of unsuccessful treatment attempts. Services shall include:

Replacement narcotic therapy;

Evaluation of medical, employment, alcohol, criminal and psychological problems;

Screening for diseases that are disproportionately represented in the opiate-abusing population;

Monitoring for illicit drug use;

Counseling by addiction counselors that are evaluated through ongoing supervision; and

Professional medical, social work, and mental health services, on-site or by referral (through contracted interagency agreements).

Daycare Habilitative Treatment Services - A planned program of services in a social setting structure to maximize recovery and rehabilitation of clients. These services are more intensive than outpatient counseling, but less extensive than 24-hour residential services.

Services shall include:

Individual, family, and/or group counseling sessions (4 hours per day x 4 visits per week).

Residential Treatment Services - Supervised 24-hour live-in program with structured treatment and recovery services

All participants in Level II shall receive the following services:

Intake, orientation, and evaluation;

Development of a treatment plan;

Participation in 12-step meetings (minimum of 4 per week);

Individualized treatment (e.g., perinatal, dual-diagnosis, special needs), as appropriate;

Provision of, or **Referral to alcohol and drug free living facilities**, as appropriate;

Provision of, or referral and follow-up for recommended ancillary **supplemental treatment** services including literacy training, vocational counseling, mental health services, and health services;

Random drug testing as follows (minimum): 2 times per week by treatment provider;

Quarterly drug testing by Probation;

30-Day caseplan to Probation/Court; and

Court appearances as ordered by the court.

Reports on the participant's progress shall be made to the DPO every 30 days and the participant's progress shall be re-assessed at 3 month intervals. Based on the assessment of the treatment provider, and in collaboration with Probation and the Court, the services within this level may be increased as appropriate.

Minimum participation in treatment: 6 months.

### **Level III Treatment Services**

Based upon the severity of their AOD problem, participants may require one or more of the following treatment services:

Outpatient Counseling Services - Alcohol and drug treatment and recovery services directed at alleviating and/or preventing alcohol and drug problems in a non-residential facility.

Services shall include:

Individual, family, and/or group counseling sessions (12 hours per week).

Narcotic Treatment Program Services - Administration of an opiate replacement for opiate addicted persons with a documented history of unsuccessful treatment attempts.

Services shall include:

Replacement narcotic therapy;

Evaluation of medical, employment, alcohol, criminal and psychological problems;

Screening for diseases that are disproportionately represented in the opiate-abusing population;

Monitoring for illicit drug use;

Counseling by addiction counselors that are evaluated through ongoing supervision; and

Professional medical, social work, and mental health services, on-site or by referral (through contracted interagency agreements).

Daycare Habilitative Treatment Services - A planned program of services in a social setting structure to maximize recovery and rehabilitation of clients. These services are more intensive than a outpatient counseling, but less extensive than 24-hour residential services. Services shall include:

Individual, family, and/or group counseling sessions (4 hours per day x 4 visits per week).

Residential Treatment Services - Supervised 24-hour live-in program with structured treatment and recovery services.

All participants in Level III shall receive the following services:

Intake, orientation, evaluation and admission;

Development of a treatment plan;

Admission into a detoxification program, as appropriate;

Provision of, or **Referral** to alcohol and drug free living facilities, as appropriate;

Individualized treatment (e.g., perinatal, dual-diagnosis, special needs) as appropriate;

Participation in 12-step meetings (minimum of 6 per week);

Provision of, or referral and follow-up for recommended ancillary **supplemental treatment** services including literacy training, vocational counseling, mental health services, and health services;

Random drug testing as follows (minimum): 2 times per week by treatment provider;

Quarterly drug testing by Probation; and

Monthly court appearances or as ordered by the court.

Reports on the participant's progress shall be made to the DPO every 30 days and the

participant's progress shall be re-assessed at 3 month intervals.

Minimum participation in treatment: 9 months.

### Aftercare Services

All Proposition 36 participants, regardless of level, shall participate in 6 months of Aftercare. Aftercare or continuing care is the stage following discharge, when the client no longer requires the intense services offered during primary treatment. Aftercare 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.

### Changes of Level of Services

Dependent upon each individual's progress, or lack thereof, changes in the level of treatment may be needed. Each treatment provider is responsible for providing timely reports to Probation regarding the participant's progress, and Probation is responsible for relaying this information, along with a report on the participant's compliance with his/her conditions of probation, to the court. Reports from the provider shall be submitted electronically to Probation on a monthly basis. However, positive drug tests or non-compliance with treatment plans shall be reported within 48 hours. The number of hours/sessions and frequency of drug tests indicated above shall be the minimum standard, and services shall be modified to meet the individual needs of the participant. Recommendations for increased or decreased levels of treatment, or the participant's amenability to treatment, shall be made jointly by the DPO and treatment counselor. The Court shall be notified of a change to level of services and/or the participant may be returned for a change of level order by the Court, as appropriate.

### PRINCIPLES FOR TREATMENT SERVICES

Substance abuse treatment services provided under the Los Angeles County Proposition 36 program administered by the Alcohol and Drug Program Administration will be based upon the following working principles:

#### Effective Treatment

Treatment services for alcohol and other drug (AOD) problems provided under the Los Angeles County Proposition 36 program will be based on the following basic overarching research-based principles of effective treatment identified by the National Institute on Drug Abuse (NIDA, 1999):

- 1. No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- 2. Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
- 3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug use and any

associated medical, psychological, social, vocational, and legal problems.

**4. An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.**

An individual may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, the person at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

**5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**

The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most individuals, the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep persons in treatment.

**6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.**

In treatment, individuals address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

**7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**

Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some persons with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For persons with mental disorders, both behavioral treatments and medications can be critically important.

**8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**

Because addictive disorders and mental disorders often occur in the same individual, persons presenting for either condition should be assessed and treated for the co-occurrence of the other types of disorder.

**9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.**

Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some persons it is a strongly indicated precursor to effective drug addiction treatment.

**10. Treatment does not need to be voluntary to be effective.**

Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

**11. Possible drug use during treatment must be monitored continuously.**

Lapses to drug use can occur during treatment. The objective monitoring of a person's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the person withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to persons who test positive

for illicit drug use is an important element of monitoring.

**12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.**

Counseling can help individuals avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

**13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

#### Service Delivery

AOD treatment services under the Los Angeles County Proposition 36 program will be characterized by the following basic overarching principles of effective service delivery for County residents:

**Community-based** - AOD treatment services will be provided by State certified or licensed programs with established records of effectively and efficiently providing such services in local communities.

**Continuum of treatment services** - AOD treatment services will be provided using a continuum that offers a full range of approaches to address the dynamic nature of an individual's recovery process. Services will be designed to offer participants flexibility to increase or decrease intensity according to the individual's treatment progress and to address changes in individual situations in an expeditious manner.

**Accessible** - The physical configuration and location of facilities in which AOD treatment services are provided must be accessible for all eligible participants. Facilities must be positive, supportive recovery environments and not present physical barriers to participants for engaging in recovery activities. Facilities must be located at sites that participants can conveniently reach using either private or public transportation.

**Culturally and linguistically appropriate** - AOD treatment services must be provided using approaches that appropriately and respectfully address each participant's gender, cultural practices and values, and sexual orientation. Services must be available in English and also in other languages for participants who cannot communicate in English.

**Collaborative and cooperative partnership between Courts, Probation, and AOD treatment agencies** - The effectiveness of AOD treatment services for Proposition 36 program participants is critically dependent upon a strong partnership with the Courts, Probation Department, and criminal justice agencies. The Proposition 36 program continues the successful relationship between these entities developed through collaborative initiatives such as the Los Angeles County Drug Court Program.

Reference : National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research-Based Guide. National Institutes of Health. October 1999.