



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 10-10

Date: August 11, 2010

To: Department of Behavioral Health – Alcohol and Drug Services Contract Providers

From: Allan Rawland, MSW, ACSW, Director 

Subject: Justice Assistance Grant – Offender Treatment Program (JAG–OTP) Client Referral Process

Introduction Effective July 1, 2010, the Department of Behavioral Health Alcohol and Drug Services (ADS) implemented the provision of treatment for defendants who are convicted of violation of Penal Code 1210 (PC1210) by utilization of JAG-OTP funds.

This information notice outlines the referral process and provides instructions on reporting the progress, completion and/or termination of clients who have enrolled in treatment under the JAG-OTP funding.

Obtaining a referral Clients who are convicted of PC1210 will be referred to JAG-OTP from the superior court. The provider may receive a referral directly from the court by any of the following methods:

1. The minute order received upon conviction
2. Treatment Court Referral
3. Any other court generated referral form from San Bernardino County Superior Court.

Reverse referral A client may present for treatment without a court referral. In this case, the provider may complete a reverse referral by completing the following steps:

Step	Action
1	Verify client eligibility for PC1210 services by obtaining a copy of the minute order.
2	Ensure the client has signed proper consent for disclosure of confidential information.
3	Complete the attached JAG-OTP Client Enrollment/Progress Report form.
4	Provide sentencing court with enrollment form via facsimile.

County of San Bernardino

Department of Behavioral Health

Enrollment in program

When a client presents for enrollment in JAG-OTP, the treatment provider shall complete the enrollment process by:

1. Completing a proper consent for disclosure of confidential information.
 2. Completing the [JAG-OTP Client Enrollment/Progress Report](#) form.
 3. Submitting the completed [JAG-OTP Client Enrollment/Progress Report](#) form to the court of conviction via facsimile.
 4. Complete the attached [JAG-OTP Consent/Financial Order](#) form.
-

Completion of financial order

Clients who enroll in JAG-OTP treatment will be responsible for a portion of their treatment costs in the amount of \$700. The money will be collected by the County of San Bernardino, Human Services System Auditing Collections Unit (HSS – Auditing). To assure a successful collection process, the provider shall take the following steps:

1. Complete the [JAG-OTP Consent/Financial Order](#) form at the intake appointment.
 2. Fax the completed form to ADS Administration at (909) 421-9466 within five (5) business days of intake.
 3. ADS Administration will log the form and forward to HSS Auditing where a collection account will be established.
 4. The client will then receive a monthly statement from HSS Auditing together with payment instructions.
 5. HSS Auditing will provide ADS Administration with a monthly report of the collection efforts.
-

Providing progress reports

Once a client is enrolled in JAG-OTP treatment, the provider is responsible for completing a progress report for the sentencing court at thirty (30) days and one hundred, twenty (120) days. Additionally, the provider must complete and submit a notice of completion and/or termination when appropriate. These reports are to be provided by completing the [JAG-OTP Client Enrollment/Progress Report](#) form and submitting them to the sentencing court of conviction via facsimile.

Questions

Questions regarding this information notice may be directed to ADS Administration at (909) 421-4601.

JUSTICE ASSISTANCE GRANT-OFFENDER TREATMENT PROGRAM (JAG-OTP)
CLIENT ENROLLMENT/PROGRESS REPORT

CLIENT _____ (Please Print Name) _____ DOB: _____

COURT CASE NUMBER: _____ NEXT COURT DATE: _____

NAME OF AGENCY: _____

Address: _____

Phone Number: _____ Fax Number: _____

- Notice of Enrollment 30 Day Report 120 Day Report
 Notice of Completion Notice of Unsuccessful Termination

LEVEL OF CARE:

_____ Detoxification _____ JAG-OTP Outpatient _____ JAG-OTP Residential _____ JAG-OTP Narcotic Replacement

ESTIMATED DATE OF COMPLETION: _____

CLIENT IDENTIFIED DRUG OF CHOICE: _____

ATTENDANCE

LEVEL OF INVOLVEMENT

FEES PAID

_____ # of Sessions

_____ Excellent

_____ Current

_____ # of Absences

_____ Good

\$ _____ Advanced

_____ % of Attendance

_____ Fair

\$ _____ Arrears

_____ Terminated

_____ Poor

_____ Other

_____ None

Specify: _____

URINALYSIS RESULTS: Dates of Urinalysis Tests: _____

Negative _____

Positive _____ for: _____ ETOH _____ Amphetamines _____ Cocaine _____ Opiates _____ Sedatives _____ PCP _____ THC Other
(Specify): _____

COMMENTS/RECOMMENDATIONS:

SUBMITTED BY:

NAME: _____

TITLE: _____

AGENCY: _____

DATE: _____

SUBMITTED TO SUPERIOR COURT ON: _____

JUSTICE ASSISTANCE GRANT – OFFENDER TREATMENT PROGRAM
CONSENT/FINANCIAL ORDER

San Bernardino County, Department of Behavioral Health—ADS

Name of Client: _____ Case No.: _____

Address: _____

Phone: _____ DOB: _____ SSN: _____

is referred to: _____
(Name of Agency)

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to communication
between _____

(Name of Client)

_____, The Court _____ and
(Name of Referring ADS Program) (Name of Court)

(District Attorney, Public Defender, Defense Counsel, and the Probation Department)

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse services and my attendance, prognosis, drug screen results, compliance and progress in accordance with the program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearing and/or reports concerning _____
(List Charges, Docket No. and/or Indictment No.)

I understand that this consent will remain in effect for a period of thirty six months from the date I sign the consent form, or for a shorter period if there has been a formal and effective termination of my involvement with the court for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of the court program requirements OR upon sentencing for violating the terms of my court ordered involvement. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

I understand that Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may not re-disclose it in connection with their official duties unless I sign an additional confidentiality waiver permitting them to do so, binds any disclosure made.

FINANCIAL ORDER

I agree to pay the amount of \$700 for all levels of care if assessed (to include Outpatient or Residential treatment) for my completion of JAG-OTP.

Payment to be mailed to:

**HSS AUDITING Collections Unit
825 E. Hospitality Lane
San Bernardino, CA 92415-0914**

Referring ADS Program: forward completed JAG-OTP referral form within five (5) business days by Faxing form to:

**ADS Administration
(909) 421-9466
Attn: JAG-OTP Financial Coordinator**

ADS Administration will forward all financial orders to HHS Auditing for the establishment of a collection account. Referring JAG-OTP Program will be notified in writing of any JAG-OTP recipient who fails to satisfy the conditions of the financial agreement.

(Client Signature)

(Date)