

DEPARTMENT OF CORRECTIONS

# Louisiana's Screening and Referral to Treatment (L-SART) Program

A partnership between the Department of Corrections and the Local Government Entity

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# Department of Corrections

## Louisiana's Screening & Referral to Treatment (L-SART) Program Model

### REFERRAL PROCESS

The Louisiana court system will identify offenders who will qualify for the Louisiana Screening and Referral to Treatment (L-SART) program. Eligible offenders must be convicted of the following felony:

- possession of a controlled dangerous substance as defined in R. S. 40:966(C); 967(C); 968(C); 40:969(C) or possession with intent to distribute a CDS as defined in R. S. 40:966(A); 967(A); 968(A); or 969(A) where the offense involves less than twenty eight grams of the CDS
- possession with intent to distribute marijuana or synthetic cannabinoids as defined in R. S. 40:966(A) where the offense involves less than one pound of marijuana or synthetic cannabinoids
- Offenders convicted of sex offenses or crimes of violence are not eligible for the probation program, and if an offender has participated in or declined to participate in a drug division probation program ("Drug Court"), they are not eligible

The following referral process will be implemented in the L-SART Model:

1. Upon receiving notice from the Court, the Department of Corrections (DOC) Division of Probation and Parole Act 389 District Coordinator, Act 389 Regional Coordinator, or Probation and Parole Officer will determine that the offender resides in the providers service area in order to conduct an evaluation. If the offender resides in an area that is not serviced by one of the contract providers, they will not be eligible for program services. The Court will immediately be notified of the offenders' ineligibility to participate in the program.
2. If the offender is determined to be eligible for services, The Department of Corrections (DOC) Division of Probation and Parole Act 389 District Coordinator, Act 389 Regional Coordinator, or Probation and Parole Officer will refer the potential offender for assessment of suitability within three (3) business days of receiving notice from the Court. The provider will be contacted by email or other acceptable means for appointment date which will be set within five (5) business days of the initial contact.
3. DOC Division of Probation and Parole Act 389 District Coordinator, Act 389 Regional Coordinator, or Probation and Parole Officer will complete Referral form and give a copy to the offender and email a copy to the provider. (*See Attachment A*)
4. The Probation and Parole Act 389 District Coordinator or Act 389 Regional Coordinator will notify the offender of information required for the first appointment (ID, Social Security, proof of insurance, proof of income, etc.).

## **INTAKE/SCREENING PROCESS FOR ASSESSMENT WITH SUITABILITY REPORT**

During the first appointment, the provider will assess the offender by collecting required documentation, completing all intake paperwork and conducting an evaluation to determine suitability for the program:

### **The offender will:**

1. Provide proof of Identification and Social Security Number.
2. Complete Patient Rights and Authorization for Treatment form, HIPAA form, Release of Information form, and the DHH Release of Information form between DOC and the chosen provider.
3. Provide documentation of proof of income.
4. Complete Medicaid Application, if applicable.
5. Complete Permanent Supportive Housing Application, if applicable.

## **The following steps will be implemented in the L-SART Model**

### **The provider will:**

1. Schedule an appointment for an assessment through the DOC Division of Probation and Parole Act 389 District Coordinator or designee. The appointment shall be set within five (5) business days of initial contact.
2. Administer an Evaluation.
3. Complete the "Client Sign in sheet" (at each appointment).
4. Complete case notes documenting the following: offender name, date of initial appointment, reason for referral, and evaluation.
5. Email the Act 389 District Coordinator, Act 389 Regional Coordinator and Probation and Parole Officer within 24 hours, if a offender fails to report for an initial assessment appointment and does not call to reschedule and/or cancel.
6. Determine Financial Eligibility and Payment Type for Assessment. If the offender has privately owned insurance, government assistance or financial resources to pay for the assessment, the Provider shall collect the costs for services directly from the offender. If it is determined the offender does not have the resources to pay the related costs, the Provider will bill the Department for the balance not covered which does not exceed the current Medicaid rates.
7. Complete and submit the Suitability Report (See Attachment B) and evaluation as per Art. 903.2B(1), (2) with recommendations for service needs to the Court, DOC Division of

Probation and Parole Act 389 District Coordinator and Act 389 Regional Coordinator within ten (10) business days.

8. Submit a Suitability Report which shall delineate the nature and degree of the treatment necessary to address the defendant's drug or alcohol dependency/addiction and the defendant's appropriateness for the program. The district attorney, the defendant's attorney and the Probation and Parole Office shall have an opportunity to provide relevant information to the evaluator for inclusion in the report. The authorized evaluator shall examine the defendant using standardized testing and evaluation procedures, and shall provide to the court and the district attorney the results of the examination and evaluation along with its recommendation as to whether the defendant is a suitable candidate for the substance abuse probation program.
9. Determine who is in need of early intervention services based on the Evaluation which will determine who is eligible or not eligible for treatment in the substance abuse probation program under Act 389 of 2013 Louisiana Regular Legislative Session.
10. Submit a detailed monthly invoice to the Department for offenders who do not have insurance, government assistance or financial resources to pay for services rendered. The monthly invoice should include documentation that the offender is not eligible for Medicaid benefits.

#### **PLACEMENT INTO TREATMENT**

Upon receiving the Suitability Report from the authorized provider, the court may suspend a sentence and order an eligible defendant to participate in the Substance Abuse Probation program as per Art. 903.2A.(1),(2),(3),(4) B.(3),(4). If the Court orders the offender to participate in this program, the following steps shall be taken:

##### **The Court will:**

1. Notify offender to report to the Probation and Parole Office within 24 business hours of sentencing date in order to set an appointment for initial treatment.
2. Submit sentencing minutes or some other form of notification agreed upon to the Probation and Parole Office, which will include the offender's name, date of birth, offense of conviction, docket number and sentence.
3. Notify offender of his responsibility to pay for services if he does not qualify for financial assistance through the Department of Corrections.

##### **The Probation Office will:**

1. Determine that the offender resides within the providers service area in order to conduct treatment. If it is determined that the offender resides in an area that is not serviced by

one of the contract providers, they will not be eligible for services. The sentencing Court will be immediately notified of the offenders' ineligibility to participate in the program.

2. If the offender is found to be eligible for program services, they will be referred to treatment within three (3) business days of receiving notice from the Court. The provider will be contacted by email or other acceptable means for appointment date which will be set within five (5) business days of the initial contact.
3. Complete the Referral form (*See Attachment A*) and give a copy to the offender and email a copy to the provider.
4. Shall notify the Act 389 District Coordinator of offender placement.
5. Review the monthly progress reports and take necessary action as needed.
6. Notify the Provider with any information on the offenders progress which shall include violations and sanctions.
7. Shall notify the Act 389 District Coordinator if the offender has been removed from the program and the reason for removal. The Act 389 District Coordinator shall notify the Act 389 Regional Coordinator of the removal and reason.
8. Through the District Administrator or designee reconcile the monthly invoice and submit it to the Department Business Office. The Department Business Office will forward the funds on a monthly basis.

**The offender will:**

1. Abide by the conditions of the Substance Abuse Probation program including the treatment recommendations.
2. Pay the costs for services directly to the Provider if the offender has privately owned insurance, government assistance or financial resources.

**The Provider will:**

1. Schedule an appointment for the initial treatment appointment through the DOC Division of Probation and Parole Act 389 District Coordinator or designee. The appointment shall be set within five (5) business days of initial contact.
2. Complete the "Client Sign in sheet" (at each appointment).
3. Complete case notes documenting the following: offender name, date of initial appointment, reason for referral, evaluation, and treatment schedule.

4. Email the Act 389 District Coordinator or Supervising Officer within 72 hours if a offender fails to show up for an initial treatment appointment and does not call to reschedule and/or cancel. If an offender is removed from the program, the provider will email the Act 389 District Coordinator and Supervising Officer within 72 hours.
5. Determine placement into the appropriate treatment as indicated through the evaluation process. Clinical Justifications are required to accompany all Level of Care Recommendations. A Clinical Justification provides a summary of the evidence (clinical information collected regarding the offender), that justifies the Patient Placement Decision (Level of Care Recommendation). Patient Placement Decisions not accompanied by a Clinical justification following the recommended format, and/or not clinically supported by the assessment, **WILL NOT** be reimbursed. If there is a need for additional sessions or additional treatment beyond what is noted in the contract, the provider shall obtain authorization from Healthy Louisiana and submit documentation of that authorization to the Department of Public Safety and Corrections for final approval.
6. Conduct a written treatment plan based upon the evaluation.
7. Provide training and technical assistance to provider staff as necessary to ensure delivery of appropriate substance abuse treatment for offenders identified for participation in the program.
8. Conduct drug screens and document results in the monthly progress report.
9. Provide monthly progress reports (*See Attachment C*) on each offender which will include date and type of session attended, number of sessions missed and date, drug screen dates and results, substance abuse probation program completion date, and comments/recommendations.
10. Determine Financial Eligibility and Payment Type for Treatment. If the offender has privately owned insurance, government assistance or financial resources to pay for the assessment, the Provider shall collect the cost for services directly from the offender. If it is determined the offender does not have the resources to pay the related cost, the Provider will bill the Department of Corrections for the balance not covered which does not exceed the current Medicaid rates.
11. Submit a detailed monthly invoice to the Department of Corrections for offenders who do not have insurance, government assistance or financial resources to pay for services rendered. The monthly invoice should include documentation that the offender is not eligible for Medicaid benefits.

#### **URINE DRUG SCREEN MONITORING**

Treatment Providers shall collect a urine drug screen as determined by levels of care. Consistent with DHH Bureau of Health Standards Section 7437 – Core Functions – all licensed substance abuse treatment programs are required to engage in toxicology services with a laboratory with appropriate

Clinical Laboratories Improvement Amendments (CLIA) certification for testing. All urine drug screens must screen for the minimum five (5) panel toxicology results.

## **TREATMENT PROGRESS REPORTS**

Progress Reports shall contain:

- Date and type of session attended;
- Number of sessions missed and date;
- Drug screen dates and results;
- Substance abuse probation program completion date;
- Comments and recommendations.

ACT 389 REFERRAL FORM

OBH Office: \_\_\_\_\_

Date: \_\_\_\_\_

Referral for Suitability Report: \_\_\_\_\_

Date of Court Order: \_\_\_\_\_

Referral after sentenced to Probation per Act 389: \_\_\_\_\_

Date of Sentence: \_\_\_\_\_

Sentence: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Race/Sex: \_\_\_\_\_ Social Security#: \_\_\_\_\_

DOC#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Docket # \_\_\_\_\_

Judge: \_\_\_\_\_

District Attorney: \_\_\_\_\_

\_\_\_\_\_  
Probation/Parole Officer

CC: Act 389 District Coordinator  
Act 389 Regional Coordinator

Attachment: Consent for Release of Confidential Information  
Court Order

ACT 389 SUITABILITY REPORT  
 SUBSTANCE ABUSE PROBATION PROGRAM

Date: \_\_\_\_\_

Honorable Judge \_\_\_\_\_

Judicial District Court \_\_\_\_\_

RE: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Docket# \_\_\_\_\_

As per your Honor's order on \_\_\_\_\_, attached is requested Suitability Report with recommendation:

\_\_\_\_\_ Treatment Indicated

\_\_\_\_\_ Treatment Not Indicated

Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Treatment Episodes

Month/Year	Treating Agency	Complete Y/N	If No, Why Not?

Level of Care Recommended based on Addiction Severity Index:

\_\_\_\_\_ **Outpatient services**, May be considered suitable for the Substance Abuse Probation Program.

\_\_\_\_\_ **Intensive Outpatient Services**, May be considered suitable for the Substance Abuse Probation Program

\_\_\_\_\_ **Inpatient Hospital/Residential Treatment**, would not be deemed suitable for the Substance Abuse Probation Program.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CC: \_\_\_\_\_, District Attorney  
\_\_\_\_\_, Act 389 District Coordinator

Attachment: ASAM

ACT 389 SUBSTANCE ABUSE PROBATION PROGRAM PROGRESS REPORT

Date: \_\_\_\_\_

District: \_\_\_\_\_

Agent: \_\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Level of Care:  Outpatient  Intensive Outpatient

Circle Dates of Sessions Attended for the month of \_\_\_\_\_, 20\_\_

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Circle Dates of Missed Sessions for the month of \_\_\_\_\_, 20\_\_

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Level of Participation:  Excellent  Satisfactory  Poor

Progress:  Significant Improvement  Marginal Improvement  No Improvement

Urine Screens--Dates/Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Completed/Removed from Program: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Fax \_\_\_\_\_

INFORMATION SHEET

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

The Court has ordered you to report for an Assessment of Suitability to participate in the Act 389 Probation Program. You are hereby instructed to report on \_\_\_\_\_ at \_\_\_\_\_ to the Office of Behavioral Health listed below:

You will need to bring the following items with you:

- 1) Pictured ID Card.
- 2) Proof of Medical Insurance.
- 3) Proof of Income.
- 4) Social Security Card.
- 5) All prescriptions which includes the bottle and medication. You can bring a list from your pharmacy which states the date of the prescription, prescribing physician, name of the drug, and dosages.

\_\_\_\_\_  
Probation/Parole Officer