

Protocols for DCFS and DPH SAPC Pilot
on
Screening, Assessing and Access to Treatment for Substance Use
Through
Project SAFE (Screening, Assessment for Family Engagement)
(Draft of 1/24/12)

I. Purpose

Project SAFE is a partnership between the County of Los Angeles Department of Children and Family Services (DCFS), Department of Public Health Substance Abuse and Prevention Control. Its purpose is to connect DCFS families; specifically, parents and primary caregivers, to timely screening, assessment and, as needed, timely referral to treatment services in regards to a Substance Use Disorder (SUD). SUDs include misuse, dependence, and addiction to alcohol and/or legal or illegal drugs. The early-on connection to services contribute to ensuring that children are safe, either in the home of their parent or primary caregiver, or to expedite the timely return of children who are placed in out-of-home care, with their families.

Project SAFE is aligned with DCFS Key Goals of Improved Safety, Child and Family Well-Being and Timely Permanence.

II. Overview of Protocols When Addressing an Emergency Response Investigation

Project SAFE protocols are first directed when a DCFS Children's Social Worker (CSW) is servicing an Emergency Response (ER) investigation and there is a need to fully assess a parent or primary caregiver's alleged or confirmed alcohol and/or drug use that can assist in concluding the disposition of the ER referral.

Project SAFE implements an alcohol and drug use Screener and a review of Established Criteria that may identify a parent or primary caregiver's alcohol and/or drug use, by the assigned ER CSW. When the results to the Screener are positive and/or if upon review of the Established Criteria, there are concerns of a parent or primary caregiver's use, a timely referral for an assessment to a local SUD expert provider (i.e., Community Assessment Services Center – CASC) is implemented by the ER CSW. Upon receipt of the referral by the CASC provider, the parent or primary caregiver is engaged into the timely completion of an assessment that includes a urinalysis/drug test. At the culmination of the assessment, the CASC provider submits an assessment report and the results of the drug test, to the ER CSW. The assessment report will identify the existence or non existence of a parent or primary caregiver's SUD. If an SUD is identified, the assessment report identifies the specific treatment modality to most appropriately meet the unique needs of the parent/primary caregiver and the steps taken by the local provider (CASC) to link through a warm handoff, the parent or primary caregiver to a local treatment program with an available treatment slot.

The ER CSW will assess and incorporate the results of the alcohol and drug Screener, and results of the review of Established Criteria that led to the referral for an assessment along with the assessment results, including the urinalysis/drug test result, and the engagement activities by the CASC provider of the parent or primary caregiver into SUD treatment, into his/her child abuse and/or neglect investigation. When there is an Emergency Referral (ER) disposition such that the allegations are substantiated and there is a decision to file a Juvenile Court petition, this information is addressed in the Court report, including the attachment of the assessment report and urinalysis/drug test.

III. Alcohol and Drug Screener and Review of Established Criteria

When a referral indicates possible drug or alcohol use or during the course of the investigation, possible drug or alcohol use is alleged, the ER/ERCP CSW must conduct both the drug and alcohol screener (Attachment I) and the Review of Established Criteria (Attachment II) to determine whether a referral for a CASC assessment should be made to address the substance use.

A. Screener

- The Screener is a list of questions as outlined on the UNCOPE, Attachment I, that the CSW will ask the client to screen whether they have a SUD. Two positive responses indicate a strong likelihood of an alcohol and/or drug abuse problem.

B. Review of Established Criteria

In addition to the use of the Screener, a review is implemented of Established Criteria that may be indicative of a parent or primary caregiver's SUD. The Criteria addresses signs and symptoms, environmental factors and behaviors that are indicative of substance use, along with observations and awareness of the child(ren) as well as confirmed allegations of a parent or primary caregiver's alcohol and/or drug use. The review focuses attention on the following: (Refer to Attachment II, Checklist for Review of Established Criteria.)

- Signs and Symptoms, Environmental Factors and Behaviors
- Observations and awareness of the Child(ren)
- Other – Confirmed allegations of a Parent or Primary Caregiver's Drug Use

IV. When to Refer for an Assessment to Address Substance Use

Based upon the results of the Screener along with the information obtained from the review of the Established Criteria, the ER CSW may make a determination that there is a possible, or confirmed, SUD by a parent or primary caregiver, **and that said alcohol and/or drug use may put the child(ren) at risk of abuse and neglect** thus requiring the parent or primary caregiver to be referred for an assessment. Conversely, if use of the Screener produces negative results and there are no concerns identified through use of the Established Criteria, the CSW

should conclude that it is not advisable to refer the parent or primary caregiver for an assessment.

Along with the CASC, DCFS has another assessment tool to assist the CSW in determining child safety risk and help the CSW make better informed decisions in the best interest of the child. The Up-Front Assessment (UFA) provides the social worker with valuable information on the parent's/caretaker's capacity to care for the children where there may be risk due to issues related to mental health, substance abuse, and domestic violence. The UFA is more appropriate for situations where the dominant issues are mental health and domestic violence. The CASC is appropriate where the dominant issues are of substance abuse. Refer to Procedural Guide, 0070-548.00, Point of Engagement: Up-Front Assessments for more information regarding UFAs.

V. How to Refer to CASC

The CSW will fax Section A of Attachment IV-A form, the UNCOPE, the Established Criteria Checklist and the Authorization for Release of Information form to the CASC within 24 hours of completion of the forms to refer a client. Please refer to the Procedure section for details.

VI. Assessments by CASC

Serving as the experts in alcohol and drug use and in serving individuals who suffer a SUD, the CASCs are skilled in effectively engaging individuals through the assessment process, including the participation in the assessment. The assessment conducted by the CASCs is the Addiction Severity Index (ASI).

Once CASC receives the referral from DCFS, CASC will contact the participant to schedule an assessment appointment which will be scheduled within two business days of receiving the DCFS referral. Once the appointment is scheduled the CASC assessor will complete Section B of the Attachment III-A, and fax it back to the CSW notifying them of the assessment appointment.

The CASC will conduct an Addiction Severity Index (ASI) assessment which will include a drug test as a confirmation and further documentation of the participant's need for SUD treatment services (or lack there of).

The CASCs will notify the CSW of the assessment results via Attachment III-B and the Addiction Severity Index Narrative Summary which includes the results of the drug test, within two (2) business days of the completion of the participant's assessment.

When treatment has been recommended by the CASC Assessor, the CASC will include information on the name of the treatment provider, the appointment date and time that has been scheduled for the client to be served by the treatment provider, and the treatment provider's contact information. Refer to Attachment III-B.

The CASC will inform the DCFS CSW of the participant's appointment status, including missed appointments, within 24 hours after the client's initial scheduled appointment date.

VII. Information Sharing and Communication between DCFS and the Treatment Provider

Key information will be shared by the treatment provider with the DCFS Family Maintenance/Family Reunification (FM/R) CSW through written reports. For the duration of the Project Safe Pilot, the treatment provider provides the DCFS CSW with an Initial Treatment Plan within 30 days after the client enters a treatment program. Progress reports will be completed based on contractual requirements of the treatment provider. The report will indicate dates of treatment service, compliance with treatment, any change in the level of treatment and overall comments and recommendations.

A. Initial Treatment plan

This report includes the initial Treatment Plan, including the modality of treatment, treatment sessions required based on the treatment plan, that may include inpatient/residential, outpatient, clinical individual, clinical group, 12 step meetings Treatment-related classes that may include parenting, family sessions, education, anger management, DUI Program, life skills, relapse prevention, domestic violence, HIV awareness, 12 step study and cognitive behavior therapy.

B. Progress Report

1. Treatment sessions attended, that may include inpatient/residential, outpatient, clinical individual, clinical group, 12 step meetings. Treatment-related classes that may include parenting, family sessions, education, anger management, DUI Program, life skills, relapse prevention, domestic violence, HIV awareness, 12 step study and cognitive behavior therapy.
2. Absences - excused and unexcused for number A and B above.
3. Drug and alcohol tests:
 - Number of drug and/or alcohol tests conducted, and results, and
 - Type(s) of drug(s)
 - Pending Results;
 - Missed/no show tests
 - Unable or refusal to test
 - Excused tests.
4. Summary narrative of the client's progress in treatment.

Note: The communication tool (i.e., form) used by the treatment provider to communicate with DCFS may vary somewhat among treatment provider agencies.)

C. Change in circumstance

Whenever the parent or primary caregiver's circumstances change, such as case status (e.g.: from ER to FM/R) or change of address, the DCFS FM/R CSW communicates with the treatment provider through phone calls.

Procedures

I. When: A referral indicates possible drug or alcohol use or during the course of the investigation, possible drug or alcohol use is alleged, the ER/ERCP CSW must conduct both the drug and alcohol screener (Attachment I) and the Review of Established Criteria (Attachment II) to determine whether a referral for a CASC assessment should be made to address the substance use.

ER/ERCP CSW Responsibilities

- A. Assess whether the referral falls under the following categories:
1. Alleged alcohol and/or drug use based on information reported on the Child Protection Hot Line Referral;
 2. Information is available or alleged through collateral contact(s), that other parent or primary caregiver suffers alcohol and/or drug use or has a history of alcohol and/or drug use;
 3. There is an arrest record for drug-related offenses of a parent or primary caregiver, within the last 10 years through self report, or as reported on the CLETS results;
 4. If said individual is in a relationship with a drug user;
 5. Other facts that indicate possible drug use such as the CSW's observations, etc.
- B. If the referral falls under any of the categories above, complete the screener, UNCOPE, Attachment I and complete the Review of Established Criteria, Attachment II
- C. If the screener indicates two or more positive responses and/or the Review of Established Criteria indicates possible substance use, or there are any other indicators of substance use, refer the client to a CASC assessment.

NOTE: If your office participates in the Dependency Drug Court (DDC) Program, upon completing steps A-B above, confer with the DDC staff in your office to determine whether a referral to the DDC Program would be more appropriate than a CASC referral.

NOTE: If the client has been identified as having an open CalWORKS case, upon completing steps A-B above, refer client to DPSS through Linkages Project for an assessment and the DCFS Drug Testing Program as the assessment from Linkages does not include a drug test.

II. When: Determining Whether a UFA or CASC Assessment Would Be Most Appropriate

ER/ERCP CSW Responsibilities

Identify the safety factor:

- If the safety factor is use of alcohol and/or drugs, refer to a CASC.
- If safety factors include alcohol and/or drug use and domestic violence (DV) and/or mental health (MH), refer to a UFA.

III. When: Referring a Client for a CASC Assessment

ER/ERCP CSW Responsibilities

- A. Complete and sign Section A, Attachment III-A, CASC Assessment Referral and Appointment Notification.
- B. Have client sign the Authorization for Release, Attachment V.
- C. Identify the CASC located in the parent or primary caregiver's local community as noted in Attachment IV, Department of Public Health Substance Abuse Prevention Control Project SAFE Community Assessment Service Centers and fax the following within 24 hrs of completion:
 1. Attachment I – UNCOPE Questions to Screen
 2. Attachment II - Checklist for Review of Established Criteria
 3. Attachment III - Authorization For Release of Information or Records
 4. Attachment IV(a) - CASC Assessment Referral and Appointment Notification.
- D. Make copies of the UNCOPE and the CASC referral and place in a Project Safe designated basket or provide to a Project Safe SPA office designee.
- E. Retain all copies of the forms in the case file.
- F. If a client resides outside of the service area, refer to DCFS Drug Testing Program instead of referring the client for a CASC assessment.

IV. When: Upon Receipt of the Completed Assessment from CASC

ER/ERCP CSW Responsibilities

Once the CASC communicates with the DCFS CSW, the following steps are implemented by the DCFS CSW:

- A. If the results indicate the client does not have a SUD, document the result on the ER Referral disposition and conclude your investigation in

regard to alleged substance use. Continue the investigation in regard to any other presenting issues or allegations.

- B. If the results indicate the client has a SUD, determine whether the child/ren will be safe in the home while the client awaits engagement from treatment provider.
- C. If a client disputes the results, call CASC for more information.
- D. If a determination is made to detain the children, include in the Detention Report the results of the CASC assessment (including no shows) if available, urinalysis/drug test, observations of the parent or primary caregiver, information from collaterals and the results of the Screener. If the CASC results are not available for the Detention Report, CSW will indicate in the report that the results are pending. Once results are received, CSW will forward to court for the next hearing.
- E. If a petition is filed and the client was a no show for the assessment and the substance abuse concern is still unresolved, information is provided to the court of DCFS' efforts and the client's actions.

V. When: Client Refuses an Assessment

ER/ERCP CSW Responsibilities

- A. Document all efforts.
- B. Confer with your SCSW to assess child safety and determine next course of action.

VI. When: Referral For Treatment

Once a parent or primary caregiver is identified as needing treatment for a SUD, the CASC will refer the client to a treatment provider through the CASC's facilitation.

ER/ERCP CSW Responsibilities

Promote to a case and transfer to treatment worker. Follow regular procedures for transfer as stated in the Procedural Guide 1000-504.10, Case Transfer Criteria and Procedures.

Continuing Services (CS) CSW Responsibilities

Notify the treatment provider of the change in CSW by phone and give your information as well as ensure a current release of information is on file with the current provider so all future reports will be sent to you.

**DCFS - PROJECT SAFE
AUTHORIZATION FOR RELEASE OF INFORMATION OR RECORDS**

DCFS Identifier (Referral Number): _____

Client's Name: _____ DOB: _____
(MM/DD/YYYY)

Client Address: _____

CSW's Name: _____

CSW's Phone: _____

I, _____ hereby authorize
Client Name

PROTOTYPES EL MONTE

Name of Agency/Organization

located at **1110 East Valley Blvd., Suite 116, El Monte, CA 91731**
Address (Street, City, State and Zip Code)

to release, disclose, and/or exchange information about myself to:

Department of Children and Family Services (DCFS) - El Monte Office
Name of Agency/Organization

located at **4024 Durfee Ave., El Monte, CA 91732**
Address (Street, City, State and Zip Code)

This authorization releases the records specified below with the knowledge that such a release discloses information regarding my past or present substance use activity, services, and/or treatment. This disclosure of information is required for the purposes of Case Management and Planning, and for Juvenile Court Reporting. Disclosure shall be limited to the information specified below:

Addiction Severity Index (ASI) Narrative Summary

Which may include past/current:

Substance use information

Family/Social Background information

Mental Health information

Legal information

(e.g. past arrests, DUI incidents, family court involvement)

Medical information

Drug Test Results and related information

(e.g. positive or negative results, missed tests)

Recommendation and related information

(e.g. treatment type, name of agency referred)

Date of ASI appointment/Missed appointments

**DCFS - PROJECT SAFE
AUTHORIZATION FOR RELEASE OF INFORMATION OR RECORDS**

I understand that by signing this form my medical records will be disclosed and, as a result, they might be further disclosed, despite HIPAA, the Health Insurance Portability and Accountability Act (a federal law protecting health information privacy), unless some other federal or State law applies and prevents disclosure.

I also understand that my alcohol and drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Recipients of that information may not re-disclose it, except as hereby authorized, without my further written consent, except as authorized by Federal law.

This authority extends only as necessary to report relevant information to the Juvenile Court and for monitoring of this client by the Department of Children and Family Services. All documents generated by this release shall remain otherwise confidential.

I understand that I have the right to refuse to sign this form and that my refusal will not affect my ability to receive treatment. If I do agree to sign this form I must be provided with a signed copy of the form.

I also understand that I may verbally revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically 12 months after this authorization form is signed.

Signature of Participant/Parent/Caregiver

Date

Signature of CSW

CSW's Telephone

A copy of this authorization shall have the same force and effect as the original.

DCFS - PROYECTO SEGURO
AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN O REGISTROS

DCFS Identificador: (Número de Referencia): _____

Nombre del Cliente: _____

Fecha de Nacimiento: _____
(MM/DD/YYYY)

Dirección del Cliente: _____

Nombre del CSW: _____

Teléfono CSW: _____

Yo, _____ Por la presente autorizo
Nombre del Cliente

HOMELESS HEALTH CARE

Nombre de la Agencia/Persona/Organización

localizado en **2330 Beverly Blvd., Los Angeles, CA 90057**
Domicilio (Calle, Ciudad, Estado y Código Postal)

para liberar, divulgar y / o intercambiar información acerca de mí mismo a:

Department of Children and Family Services (DCFS) - Metro North Office
Nombre de la Agencia/Persona/Organización

localizado en **1933 South Broadway, Suite 6, Los Angeles, CA 90007**
Domicilio (Calle, Ciudad, Estado y Código Postal)

Esta autorización se libera a los registros que se especifican a continuación con el conocimiento de que dicha liberación a conocer información sobre mi actividad de uso de sustancias presentes o pasadas, los servicios y / o tratamiento. Esta divulgación de información es necesaria para los fines de la gestión de casos y planificación, así como de informar el Tribunal de Menores. La divulgación se limitará a la información que se especifica a continuación:

- Índice de Severidad de la Adicción (ASI) Resumen Narrativo,**
que puede incluir el pasado/presente:
- Sustancias usar información
 - Información sobre Familia/fondo social
 - Información mental de la salud
 - Información legal
(por ejemplo, arrestos anteriores, los incidentes de DUI, la participación del Tribunal de Familia)
 - Información médica
 - Información sobre Empleo y Educación
 - Resultados de pruebas de drogas y la información relacionada
(por ejemplo, resultados positivos ó negativos, ausencia a la cita)
 - Recomendación y la información relacionada
(por ejemplo, el tratamiento tipo, nombre de la agencia de referencia)

DCFS - PROYECTO SEGURO
AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN O REGISTROS

Fecha de la cita de ASI/citas ausentes

Yo entiendo que al firmar esta forma mi historial médico será compartido y, como resultado, podría ser divulgada, a pesar de la HIPAA, Health Insurance Portability and Accountability Act (una ley federal para proteger la privacidad de información de salud), a menos que algún otro federal o La ley estatal aplicable y evita la divulgación.

Yo también entiendo que mi alcohol y los registros de tratamiento de drogas están protegidos bajo las regulaciones federales que gobiernan la confidencialidad de Alcohol y Drogas de Abuso de registros de pacientes, el 42 CFR Parte 2, y no puede ser divulgada sin mi consentimiento por escrito salvo disposición en contrario en los reglamentos. Los destinatarios de esa información no puede volver a divulgar, al menos que autorize, sin mi consentimiento por escrito, con la excepción de los autorizados por la ley federal.

Esta autoridad se extiende sólo cuando sea necesario para proporcionar información pertinente al Tribunal de Menores facilitando la monitorización de este cliente por el Departamento de Servicios Infantiles y Familiares. Todos los documentos generados en este comunicado lo contrario permanecerá confidencial.

Yo entiendo que tengo el derecho de negarme a firmar este formulario y que mi decisión no afectará mi capacidad de recibir tratamiento. Si estoy de acuerdo a firmar este formulario, debo ser proporcionado con una copia firmada del formulario.

Yo también entiendo que yo verbalmente puedo revocar esta autorización en cualquier momento excepto en la medida en que la acción ha sido tomada en base a ella, y que en cualquier caso, esta autorización expira automáticamente 12 meses después de esta autorización está firmada.

Firma del participante / padre / cuidador

Fecha

Firma de la CSW

CSW Teléfono

Una copia de esta autorización tendrá la misma fuerza y efecto que el original.

ATTACHMENT III-a

**PROJECT SAFE
DCFS CASC ASSESSMENT REFERRAL and APPOINTMENT NOTIFICATION**

SECTION A (TO BE COMPLETED BY DCFS CSW)

*****FAX with CONSENT, COMPLETED UNCOPE, & CRITERIA CHECKLIST TO THE CASC*****

<p>DATE OF CHILD PROTECTIVE HOTLINE REFERRAL: _____</p> <p align="right">CHECK ONE: <input type="checkbox"/> IR <input type="checkbox"/> 5 DAY</p>	<p align="center">DCFS Identifier:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Referral Number</td> <td style="width:50%; padding: 2px;">Case Number</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Referral Number	Case Number														
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<p>CLIENT INFORMATION:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Telephone: _____ Alternative Number: _____</p> <p>Primary Language: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>																	
<p>CHILD(REN) NAME(S) - BIRTH DATE(S):</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%; text-align: left; border-bottom: 1px solid black;"><u>NAME</u></th> <th style="width:25%; text-align: left; border-bottom: 1px solid black;"><u>DATE BORN</u></th> <th style="width:25%; text-align: left; border-bottom: 1px solid black;"><u>NAME</u></th> <th style="width:25%; text-align: left; border-bottom: 1px solid black;"><u>DATE BORN</u></th> </tr> </thead> <tbody> <tr> <td>Child 1: _____</td> <td>_____</td> <td>Child 2: _____</td> <td>_____</td> </tr> <tr> <td>Child 3: _____</td> <td>_____</td> <td>Child 4: _____</td> <td>_____</td> </tr> <tr> <td>Child 5: _____</td> <td>_____</td> <td>Child 6: _____</td> <td>_____</td> </tr> </tbody> </table>		<u>NAME</u>	<u>DATE BORN</u>	<u>NAME</u>	<u>DATE BORN</u>	Child 1: _____	_____	Child 2: _____	_____	Child 3: _____	_____	Child 4: _____	_____	Child 5: _____	_____	Child 6: _____	_____
<u>NAME</u>	<u>DATE BORN</u>	<u>NAME</u>	<u>DATE BORN</u>														
Child 1: _____	_____	Child 2: _____	_____														
Child 3: _____	_____	Child 4: _____	_____														
Child 5: _____	_____	Child 6: _____	_____														
<p>CHILDREN'S SOCIAL WORKER INFORMATION:</p> <p>Name: _____</p> <p>DCFS Office Address: _____</p> <p>Telephone: _____ Fax Number: _____</p> <p>Email Address: _____</p>																	
<p>REASON FOR REFERRAL: (CHECK ALL THAT APPLY)</p> <p>1. <input type="checkbox"/> Results of UNCOPE Screener (see attached): Positive: <input type="checkbox"/> Negative: <input type="checkbox"/> Self disclosure of Use: <input type="checkbox"/></p> <p>2. <input type="checkbox"/> Concerns based on review of Established Criteria. (see attached checklist)</p> <p>Additional Comments and Concerns (e.g. reason for referral; results of past drug test; positive toxicology screen for newborn):</p> <p>_____</p> <p>_____</p>																	
<p align="center">_____ Signature of CSW</p>	<p align="center">_____ Date of Signature</p>																

SECTION B: (TO BE COMPLETED BY CASC ASSESSOR)

*****FAX BACK TO DCFS CSW WITHIN TWO BUSINESS DAYS OF RECEIPT*****

<p>CASC ASSESSMENT APPOINTMENT NOTIFICATION: (SELECT ONE)</p>		
<p><input type="checkbox"/> Participant did not respond to CASC Assessor's attempts to schedule assessment appointment.</p> <p>Comments: _____</p>		
<p><input type="checkbox"/> Participant's assessment appointment is scheduled for: _____</p>		
<p align="center">_____ Signature of Assessor/CASC Name</p>	<p align="center">_____ Date</p>	<p align="center">_____ Contact Number</p>

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY ASSESSMENT SERVICES CENTER (CASC)
PROJECT SAFE - DCFS CONTACT LIST BY ZIP CODE**

SPA	COMMUNITY ASSESSMENT SERVICES CENTER (CASC)	ZIP CODES	CASC DIRECTOR
1	<p>Tarzana Treatment Center – (Lead) Lancaster CASC 44447 N. 10th Street West Lancaster, CA 93534 (661) 726-2630 x 4100 FAX (661) 952-1172</p> <p>Contact: Arisah Muhammad x4311 amuhammad@tarzanatc.org</p>	93243, 93523, 93532, 93534, 93535, 93536, 93539, 93584, 93586	<p>Alesia Ping-Difiore Phone (661) 726-2630 Fax (661) 952-1172 apingdifiore@tarzanatc.org</p>
1	<p>San Fernando Valley CMHC 2151 E. Palmdale Blvd Palmdale, CA 93550 Phone 661-266-4517 FAX 661-266-9176</p> <p>Contact: Ben Medina bmedina@sfvcmhc.org</p>	93510, 93543, 93544, 93550, 93551, 93552, 93553, 93560, 93563, 93590, 93591	<p>Serina Rosenkjar, Ph.D. Phone (661) 266-4517 Fax (661) 266-9176 srosenkjar@sfvcmhc.org</p>
2	<p>San Fernando Valley CMHC (Lead) Van Nuys CASC 5935 Van Nuys Blvd. Van Nuys, CA 91401 (818) 285-1900 X102</p> <p>Contact: Ben Medina bmedina@sfvcmhc.org</p>	<p>San Fernando Valley 91040, 91042, 91046, 91331, 91340, 91341, 91342, 91350, 91351, 91352, 91401, 91402, 91404, 91405, 91423, 91521, 91601, 91602, 91603, 91604, 91605, 91606, 91607, 91608,</p> <p>Santa Clarita Valley 91321, 91350, 91351, 91387, 91390</p>	<p>Serina Rosenkjar, Ph.D. Phone (818) 285-1900 x 104 Fax (818) 285-1906 srosenkjar@sfvcmhc.org</p>
2	<p>Tarzana Treatment Center – Tarzana CASC 18646 Oxnard Street Tarzana, CA 91356 CASC – (818) 654-3853 (818) 996-1051 X3837 (818) 996-1753 FAX</p> <p>Contact Lupe Morales x 3837 lmorales@tarzanatc.org</p> <p>Lucia Leon X 2062</p>	<p>San Fernando Valley 90290, 91301, 91302, 91303, 91304, 91306, 91307, 91311, 91316, 91321, 91324, 91325, 91326, 91330, 91335, 91343, 91344, 91345, 91352, 91354, 91355, 91356, 91361, 91362, 91364, 91365, 91367, 91381, 91382, 91384, 91403, 91406, 91411, 91436,</p> <p>Santa Clarita Valley 91354, 91355, 91381, 91382, 91384</p>	<p>Stan Galperson x 3811 Phone (818) 996-1051 CASC (818) 654-3811 Fax (818) 996-1753 Sgalperson@tarzanatc.org</p>

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY ASSESSMENT SERVICES CENTER (CASC)
PROJECT SAFE - DCFS CONTACT LIST BY ZIP CODE**

SPA	COMMUNITY ASSESSMENT SERVICES CENTER (CASC)	ZIP CODES	CASC DIRECTOR
3	Prototypes El Monte CASC 11100 East Valley Blvd., Suite 116 El Monte, CA 91731 (626) 444-0705 (626) 444-0710 FAX Contact: Alicia Trivison -Madrigal atrivison-madrigal@prototypes.org	91006, 91007, 91010, 91016, 91702, 91706, 91722, 91723, 91724, 91731, 91732, 91733, 91734, 91739, 91744, 91745, 91746, 91747, 91748, 91770, 91775, 91776, 91780, 91790, 91791, 91792, 92621	Sharmelle Parker Phone (626) 444-0705 Fax (626) 444-0710 sparker@prototypes.org
	Prototypes Pomona CASC 831 E. Arrow Hwy. Pomona, CA 91767 (909) 398-4383 (909) 398-0125 FAX Contact: Stephanie Armbruster sarmbruster@prototypes.org	91711, 91740, 91741, 91750, 91765, 91766, 91767, 91768, 91769, 91773, 91789	Sharmelle Parker Phone (909) 398-0705 Fax (909) 398-0125 sparker@prototypes.org
	Prototypes Pasadena CASC 2555 E. Colorado Blvd., Suite 308 Pasadena, CA 91107 (626) 449-2433 (626) 449-2665 FAX Contact: Stephanie Armbruster sarmbruster@prototypes.org	91001, 91011, 91020, 91023, 91024, 91030, 91101, 91102, 91103, 91104, 91105, 91106, 91107, 91108, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91214, 91501, 91502, 91504, 91505, 91506, 91754, 91755, 91801, 91802, 91803	Sharmelle Parker Phone (626) 449-2433 Fax (626) 449-2665 sparker@prototypes.org
4	Homeless Health Care Beverly Blvd. CASC 2330 Beverly Blvd. Los Angeles, CA 90057 (213) 342-3114 (213) 342-3124 FAX Contact: Hector Martinez X135 hmartinez@hhcla.org	90004, 90005, 90006, 90007, 90008, 90010, 90012, 90013, 90014, 90015, 90017, 90019, 90020, 90021, 90026, 90027, 90028, 90029, 90031, 90032, 90033, 90036, 90038, 90039, 90041, 90042, 90046, 90048, 90057, 90065, 90068, 90069, 90071	Delia Mojarro x 137 Phone (213) 342-3114 Fax (213) 342-3124 dmojarro@hhcla.org
5	Didi Hirsch Community Mental Health Center Culver City CASC 11133 Washington Blvd. Culver City, CA 90230 (310) 895-2339 (310) 895-2395 FAX Contact: Jay Wise lscott@didihirsch.org	90024, 90025, 90034, 90035, 90045, 90049, 90056, 90064, 90066, 90067, 90077, 90094, 90210, 90211, 90212, 90230, 90232, 90265, 90272, 90291, 90292, 90293, 90401, 90402, 90403, 90404, 90405	RuthAnn Markusen Phone (310) 895-2339 Fax (310) 895-2395 rmarkusen@didihirsch.org

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY ASSESSMENT SERVICES CENTER (CASC)
PROJECT SAFE - DCFS CONTACT LIST BY ZIP CODE**

SPA	COMMUNITY ASSESSMENT SERVICES CENTER (CASC)	ZIP CODES	CASC DIRECTOR
6	Integrated Care System South Central LA CASC 5715 S. Broadway Avenue Los Angeles, CA 90037 (323) 948-0444 (323) 948-0443 FAX Contact: Jaysanna Collins jcollins@hopics.org	90001, 90002, 90003, 90011, 90016, 90018, 90037, 90043, 90044, 90047, 90058, 90059, 90061, 90062, 90301, 90302, 90303, 90304, 90305, 90220, 90221, 90222, 90262, 90723	Veronica Lewis, Phone (213) 236-9389 Fax (323) 948-0443 lparker@hopics.org
	Shields for Families 11601 S. Western Avenue Los Angeles, CA 90047 (323) 242-5000 Contact: Sara Tienda X1276 stienda@shieldsforfamilies.org		Charlotte Mims x 1253 Phone (323) 242-5000 Fax (323) 242-5011 cmims@shieldsforfamilies.org
7	California Hispanic Commission Pico Rivera CASC 9033 Washington Blvd. Pico Rivera, CA 90660 (562) 942-9625 (562) 942-9695 FAX Contact: Natasha Medina nmedina@chcada.org	90022, 90023, 90040, 90063, 90201, 90240, 90241, 90242, 90255, 90270, 90280, 90601, 90602, 90603, 90604, 90605, 90606, 90631, 90638, 90640, 90650, 90660, 90670, 90701, 90703, 90706, 90712, 90713, 90715, 90716	Sam Campbell x 11 Phone (562) 942-9625 Fax (562) 942-9695 scampbell@chcada.org
8	Behavioral Health Services Gardena CASC 15519 Crenshaw Blvd. Gardena, CA 90249 (310) 973-2272 (310) 973-7813 FAX Contact: Lisa Sandoval x 289 caragon@bhs-inc.org	90245, 90247, 90248, 90249, 90250, 90254, 90260, 90266, 90274, 90277, 90278, 90501, 90502, 90503, 90504, 90505, 90506, 90717, 90745, 90746, 90747	Lisa Sandoval x 289 Phone (310) 973-2272 Fax (310) 973-7813 lsandoval@bhs-inc.org
	Behavioral Health Services Long Beach CASC 1775 Chestnut Avenue Long Beach, CA 90813 (562) 218-8387 (562) 218-7069 FAX Contact: Mary Armenta x 288 caragon@bhs-inc.org		Lisa Sandoval x 289 Phone (562) 218-8387 Fax (562) 218-7069 lsandoval@bhs-inc.org