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**County of Santa Clara**  
**Office of the County Executive**



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DATE: April 16, 2002

TO: Board of Supervisors

FROM: *Richard Wittenberg*  
Richard Wittenberg  
County Executive

SUBJECT: Six Month Status Report for the Proposition 36 Program

**RECOMMENDED ACTION**

~~Accept the Status Report on the first six months of the Proposition 36 program.~~

**FISCAL IMPLICATIONS**

There are no fiscal implications associated with acceptance of the report.

**CONTRACT HISTORY**

None.

## **REASONS FOR RECOMMENDATION**

The attached status report provides information on the first six months of operation of the Substance Abuse and Crime Prevention Act (SACPA, or Proposition 36) program. As is indicated in the Executive Summary, the report documents significant successes achieved in rolling out the implementation.

The status report was reviewed by the Proposition 36 Steering Committee on March 14th, and by the Public Safety and Justice Committee on April 4th. Upon approval by the Board, Administration will release the information to the community.

## **BACKGROUND**

On July 1, 2001, the new Proposition 36 program began operation in Santa Clara County. The program was developed through a highly collaborative process between the criminal justice and treatment systems. Santa Clara County has been a leader in providing treatment and court supervision to drug offenders through its Drug Treatment Court. This successful model provided a foundation for developing the SACPA program that builds effective collaborations among the various stakeholders.

The Office of the County Executive was designated as Lead Agency for implementation of the new program. An extensive planning process received active support from many players, including the District Attorney, the Public Defender, the Probation Department, and the Department of Alcohol and Drug Services. The Presiding Judge of the Superior Court has been very supportive of the Proposition 36 program, and is committed to the drug court model in the nine courtrooms which are hearing Proposition 36 cases

## **CONSEQUENCES OF NEGATIVE ACTION**

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If the report is not released it will be difficult to provide timely and accurate information regarding the implementation of Proposition 36 in Santa Clara County.

## **STEPS FOLLOWING APPROVAL**

Administration will release the Status Report to the media and the public.

## **ATTACHMENTS**

**DRAFT**

**SANTA CLARA COUNTY**

**PROPOSITION 36 – THE SUBSTANCE  
ABUSE AND CRIME PREVENTION  
ACT OF 2000**

**STATUS REPORT**

**JULY – DECEMBER 2001**

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**Prepared by the Proposition 36 Steering Committee**

- **Six Month Status Report Draft (Miscellaneous)**

This report is dedicated to the memory of Alice E. Foster, Deputy County Executive, whose patience, guidance and vision led us in the initial implementation of Proposition 36.

## **Executive Summary**

The Substance Abuse and Crime Reduction Act – SACPA, or Proposition 36 – became effective July 1, 2001. Implementation of this new law, which requires a high degree of coordination between the treatment and criminal justice systems, has been accomplished in Santa Clara County through extensive planning and activity by the Courts, the criminal justice system, the Department of Alcohol and Drug Services, and community treatment and service providers.

Initial client contact indicates that a significant percentage of the SACPA clients are chronic drug users with serious criminal histories. The level of treatment required, as well as supervision, reflects this.

Our implementation team has developed a number of innovative methods for providing effective services. Provision of a sufficient amount of treatment capacity, and a sufficient range of treatment options, has been a high priority since the beginning of the planning process. While the maximum number of residential treatment beds available is not as much as we want, the treatment team has increased the number of transition housing available to accommodate clients needing a structured living environment while in treatment. In addition a new modality – intensive outpatient – has been developed to incorporate case management and more treatment time into the schedules of clients who have this level of need.

Another implementation achievement is the establishment of an assessment center at which both supervision and treatment staff can interview clients. The proximity of staff to each other, and to the court at which many of the cases are heard, promotes client success through early motivation and easy access to services.

Other early successes included procedure adjustments and streamlining once clients began to appear in court. These procedural changes helped get assessment information into the courtroom quickly, allowing clients to move through adjudication and into the treatment system.

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We have challenges before us. Like most counties, we are still seeking improvements in how we deal with the many clients who are dually diagnosed, and whose mental health needs must be addressed in order for them to be successful in drug treatment.

We also face serious budget issues as the SACPA program continues. Although we will be able to fund our desired level of services and treatment in the next fiscal year, we anticipate significant reduction in Fiscal Year 2004. We will continue to seek solutions to these problems as we move towards completion of our first full year of operation.

## **Overview of the Legislation**

In November 2000, the voters of California passed Proposition 36, the Substance Abuse and Crime Prevention Act 2000 (SACPA). SACPA made significant changes in the

processing of drug cases by the criminal justice and substance abuse treatment systems. In brief, SACPA changes state law to require treatment rather than incarceration for persons convicted of non-violent drug possession and use offenses. Qualifying offenders who were on probation or parole as of July 1, 2001 are also eligible for treatment.

The intent of the program is to enhance public safety by reducing drug-related crime, as well as to preserve jail and prison space for serious and violent offenders. The underlying premise is that substance abuse treatment is a cost effective method for improving both health and public safety. Criminal offenders who are drug dependent, and who receive drug treatment, are less likely either to commit new crimes or to continue using drugs. This in turn provides them the opportunity to lead more stable and productive lives. In addition, SACPA is intended to promote savings of tax dollars by reducing incarceration costs.

SACPA established funding through Fiscal Year 2006 to support county drug treatment and supervision operations. For the six months prior to July 1<sup>st</sup>, counties received a portion of \$60 million in startup funds. Each annual allocation will be a share of \$120 million. Allocations are based on a formula, which considers population, arrest data, and treatment caseload data for each county.

Santa Clara County received \$2.49 million for Fiscal Year 2001, and \$4.96 million for Fiscal Year 2002.

## **Planning: Service Coordination and Collaboration**

Santa Clara County adopted a collaborative policy development approach to SACPA implementation. The County Executive's Office was designated as Lead Agency to provide a focus on the balance between treatment and criminal justice needs.

A high level of administrative participation was ensured through the Board of Supervisors' appointment of a multi-disciplinary steering committee. Planning efforts occur under the leadership and direction of the Proposition 36 Steering Committee, which has met regularly since the passage of the Proposition 36 legislation. Initial meetings were devoted to development of client population estimates, implementation strategies, and budget recommendations. Since approval of the implementation plan, the Committee continues to provide policy guidance and support for program activities.

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The Court Working Group is comprised of participants from the Court, the Department of Alcohol and Drug Services, and the Probation Department. This group met weekly during the first six months of implementation, and continues to meet on a bimonthly basis. The group has resolved critical implementation issues such as changes in treatment capacity needs, improvements to the assessment and reporting process, and how to structure rapid reassessment for clients needing treatment modifications.

Further collaborative efforts have been maintained through an Evaluation Team. The E-Team includes analysts, programmers, and subject matter experts who oversee data

collection and evaluation. During initial planning efforts, the E-Team developed an evaluation protocol, performed a process analysis, identified gaps in data collection, and began planning evaluation efforts in conjunction with consultants from the Northwest Professional Consortium. Staff from the Criminal Justice Information Control (CJIC) unit, which manages the interagency criminal justice data system, are critical to this effort.

The Operations Working Group is a small and informal group that provides department staff with a forum for brainstorming and problem solving. Members meet monthly as needed on a variety of operational issues.

Santa Clara County has a successful model for providing treatment and court supervision to drug offenders through its Drug Treatment Court. This model, which relied upon the building of effective collaborations between the various stakeholders, provided a foundation for the development of a collaborative SACPA process. Due to the tremendous efforts put forward by the Courts, the Department of Alcohol and Drug Services (DADS), the Probation Department, CJIC, the Office of the District Attorney, the Public Defender, the General Services Agency, and many others, our local program began operation on time and is moving effectively through early phases of activity.

## Program Implementation

*[side bar] Santa Clara County's core objectives in implementing the SACPA program included:*

- *Establishment of a meaningful collaboration between the criminal justice system, the Health and Hospital System, the Social Services Agency, and community treatment and service providers*
- *Adoption of the Administrative Office of the Court Workgroup's Drug Court model with designated judges and calendars for review of client progress and monitoring treatment and probation compliance*
- *Use of a non-adversarial approach in which prosecution and defense counsel promote public safety while supporting participants' success in treatment;*
- *Provision of assessments focused on each individual's needs;*
- *Provision of an integrated court, probation and treatment system to supervise and manage substance abusing defendants under court supervision, and designed to permit defendants to move between treatment and supervision levels as they progress or fail in treatment;*
- *Development of an evaluation process, which identifies critical participant information, provides outcome measures for both participants and implementation impacts, and assists in ongoing planning and adjustment to the program.*

*[different side bar] The County is currently implementing public education activities to assist the community in better understanding the requirements of the law. An*



*informational brochure is planned for distribution through the courts, the District Attorney's Office and the Department of Drug and Alcohol Services. In addition, an article will be published in the County's Alliances community newsletter that is distributed to local business organizations, community centers and County facilities with high public traffic. Finally, information is under development for posting on County web sites.*

## **Program Components**

**Assessment:** A joint client assessment process conducted by Probation and Department of Alcohol and Drug Services staff began July 1, 2001, with staff temporarily located at the Adult Probation office. The close proximity of staff facilitates a high degree of interaction and communication and promotes prompt attention to client needs.

*[side bar] Since November 2001, the SACPA – Prop 36 Assessment Center has been located across the street from the Terraine Court Facility, in which the largest number of SACPA cases are heard. The Center houses staff providing assessments, case management, and supervision services. The easy access to and from the Court was deemed critical for motivation and accountability of clients. It is also highly effective for ease of case management and reassessment leading to treatment plan modification.*

Five probation officers conduct interviews with participants at the Assessment Center, and prepare reports to the Court outlining the defendant's substance abuse history, criminal background, and future risk to offend, as well as observed social, psychological and vocational needs. This information is shared with DADS so they have current and accurate information necessary to assess the client's treatment needs. The probation officer also makes a recommendation to the Court as to the supervision level the client requires.

Six staff from the Department of Alcohol and Drug Services work closely with Probation and the Courts to assess participant treatment needs. Of the six staff in the Assessment Center, only two are funded through the SACPA program; the remaining four are previously existing positions which were reassigned to meet the SACPA assessment need. Assessments take into account the client's current drug and alcohol use and history, and motivation for treatment. In addition, assessors review housing, mental health, vocational, educational, medical status, and dental and other ancillary needs. The referring party, the Courts or the Board of Prison Terms, receives a report recommending treatment placement. If a participant's level of treatment requires modification, assessment staff provide updated information to the Court by means of the Treatment Status Report (TSR).

Both DADS and Probation assessment staff travel to the jails daily to perform assessments on clients in custody. It is a goal of the program to provide assessment results on in-custody clients to the Court within seven working days. This rapid turnaround helps to achieve a rapid release of the client to treatment.

**Supervision:** Once SACPA clients have been sentenced and referred to treatment, the Probation Department works closely with the Courts and DADS in providing supervision. Clients are placed in one of four levels of probation supervision, each distinguished by different standards of contact between the client and probation officer.

Face-to-face client contact occurs most frequently for clients in the Drug Treatment Court Unit (DTC), which concentrates on the most seriously addicted. Staff in this intensive supervision unit have caseloads of 60 clients per officer. These clients are tested at least weekly, and the DTC team prepares and closely monitors individualized treatment plans.

Four probation officers in the newly created Recovery Services Unit (RSU) maintain intensive supervision caseloads, each containing 100 SACPA clients. These officers are located at the Assessment Center, and see clients who require a high level of contact due to the seriousness of their criminal history and/or their level of addiction. Both DTC and RSU officers are assisted by community workers who help maintain the level of direct contact with the client at home and work.

General Supervision officers see their clients an average of once per month; clients in the Administrative Monitoring Unit are seen less frequently, but monitored for treatment program progress reports and testing results.

All probation officers provide information regarding their supervision to the Court through progress reports at scheduled review hearings.

**Drug Testing:** Although SACPA funds cannot be used for testing, counties are now receiving funds through the passage of Senate Bill 223 (Burton). This funding is available for drug testing costs associated with Proposition 36 implementation. Drug testing is one tool available to the treatment and supervision team to assess the client's progress, or lack of progress, in treatment. When there are relapses, it is the intent of the team to respond immediately and effectively, and make a determination as to whether a more structured treatment and/or supervision environment is necessary. In support of this programmatic intent, the Probation Department monitors progress through engagement of clients in a drug testing regimen. Probation staff act as a liaison to the Court and DADS, sharing test results via both informal communications and scheduled progress reviews. Some treatment providers also test their clients and report the results to the Court.

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**Orientation:** All clients are referred to orientation sessions prior to beginning treatment. Sessions are conducted in the afternoons, evenings and on Saturdays at two sites. At the centrally located site, child supervision is provided for parents attending orientation. It is a goal of Santa Clara County's program to have all clients attend orientation to review the law and the benefits of participating in and completing treatment, and allow the clients to consider their own drug use and behavior. Explanations and handouts are also provided regarding support services available in the community.

**Treatment:** Treatment services are offered by county and community-based providers whose contracts are monitored by the Department of Alcohol and Drug Services. Services are offered along a continuum of care, which addresses the level of need of each

participant. (See Appendix 3 for description of treatment modalities.) All contract providers are licensed or certified by the State Department of Alcohol and Drug Programs. Providers are responsible for developing individualized treatment plans and providing Treatment Status Reports and recommendations to the Court if clients need their treatment plans modified.

**Case Management:** Through a collaborative effort between the County and our local community based organizations, eight case managers provide assistance to SACPA clients in reaching their recovery goals. Managers are assigned to those SACPA participants whom the Court feels will not succeed without coordinated assistance and monitoring. Assessors and treatment providers may also recommend clients for Case Management services. The goal is that eventually each case manager will have a caseload of 40 clients, some short-term and some long-term, and will receive assignments based on language and ethnic orientation. Case management services are offered in English, Spanish, Vietnamese, Tagalog, German, Portuguese and various languages of Africa.

Case management services include help with making the initial connection with orientation and treatment programs; monitoring of client participation in treatment and compliance with conditions of Probation; and support in accessing ancillary service needs such as emergency housing, food, clothing, medication or medical services, and transportation. The case managers work collaboratively with probation officers, County treatment staff, and community treatment providers. Case manager submittals of TSRs provide an additional source of information to assist the judges in reviewing the clients' progress in treatment programs and other services.

**Other Services:** A wide variety of services which are not classified as "treatment" are available to SACPA participants. These include transitional housing for clients who do not have a safe, stable, and drug-free living environment, and psychiatric evaluations and subsidized psychotropic medications for dual-diagnosed clients. The SACPA Job Readiness Training Program is also available to clients having difficulty finding employment.

All clients are assessed for their needs for other services which will support their success in treatment. Referrals for ancillary services can be made by assessment staff, probation officers, judges, and treatment providers. The Ancillary Services Coordinator reviews all requests for assistance and provides referrals to agencies providing these specialized services at low or no cost. The Coordinator has already developed an extensive inventory of these services, including medical and dental, literacy, vocational, professional clothing for job interviews, housing, mental health, tattoo removal, and educational.

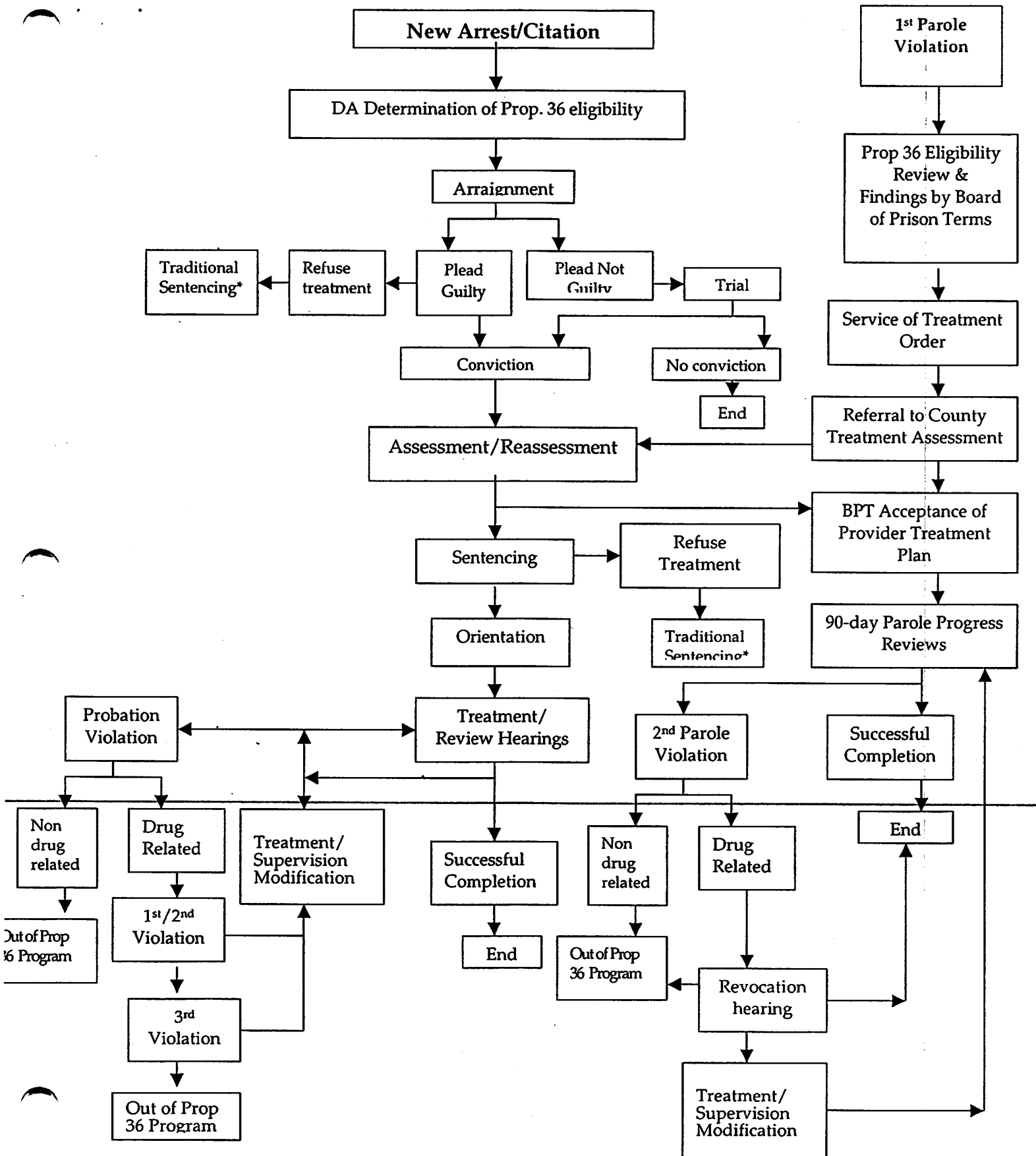
## **The SACPA Process**

SACPA applies to simple drug possession and use offenses, as defined by law. Potential participants in the SACPA program are initially screened for eligibility by the District Attorney or by the Board of Prison Terms if already on Parole.

Participants are seen in one of nine courtrooms in Santa Clara County. Two departments in the North County (Palo Alto and Sunnyvale), and one department in South County see SACPA clients; the remaining courtrooms are located in downtown San Jose, either in the Hall of Justice or at the Terraine facility.

The SACPA process is illustrated in the following flow chart:

# SANTA CLARA COUNTY SACPA PROCESS FLOW



\* Traditional sentencing can include Drug Treatment Court, jail or prison.

## Participant and Process Data

During the first six months of operation, 1,541 persons were referred to treatment through the SACPA process. A total of 51 persons - less than half of one percent - refused treatment and received traditional sentencing.

Of the total referred, 1,424, or 92% came through the Court system, and the remaining 117, or 8% were referred by the Board of Prison Terms. If current trends continue, a total of 3082 clients, or nearly 260 per month, will have been referred by the end of our first year of operation.

The following chart provides statistical information regarding clients referred to treatment.

Age	Number of Clients	Percent of total
18-25	291	20.4%
26-35	502	35.3%
36-55	617	43.3%
Over 55	14	1.0%
Total	1424	100.0%
Gender		
Male	1031	72.4%
Female	393	27.6%
Total	1424	100.0%
Ethnicity		
Caucasian	533	37.4%
African-American	125	8.8%
Hispanic/Other	677	47.5%
Asian	89	6.3%
Total	1424	100.0%

Of the 1,424 clients referred by the Court to SACPA treatment, 752 had felony convictions and 672 had misdemeanor convictions. (Figure 2).

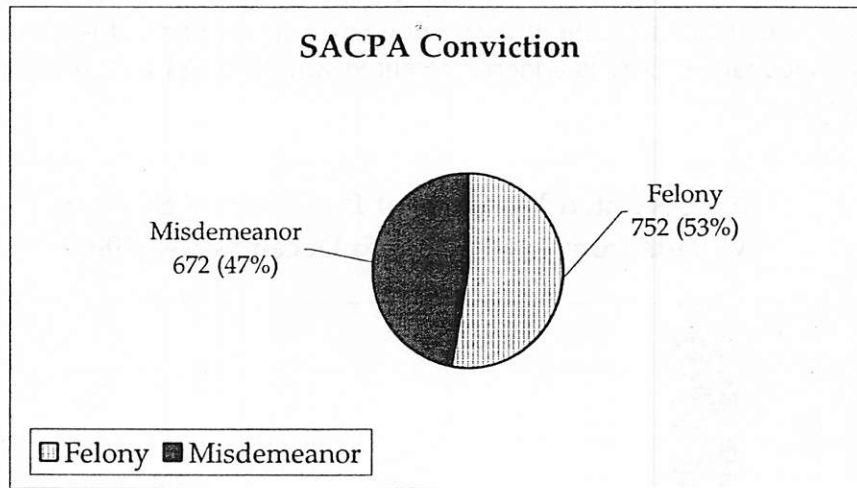


Figure 2: SACPA clients based on most serious conviction.

Some early figures are available regarding client compliance with court requirements. Out of 1,424 clients, 98 had at least one Failure to Appear bench warrant ordered after sentencing. This represents about 7% of the total number of clients referred. (Figure 3).

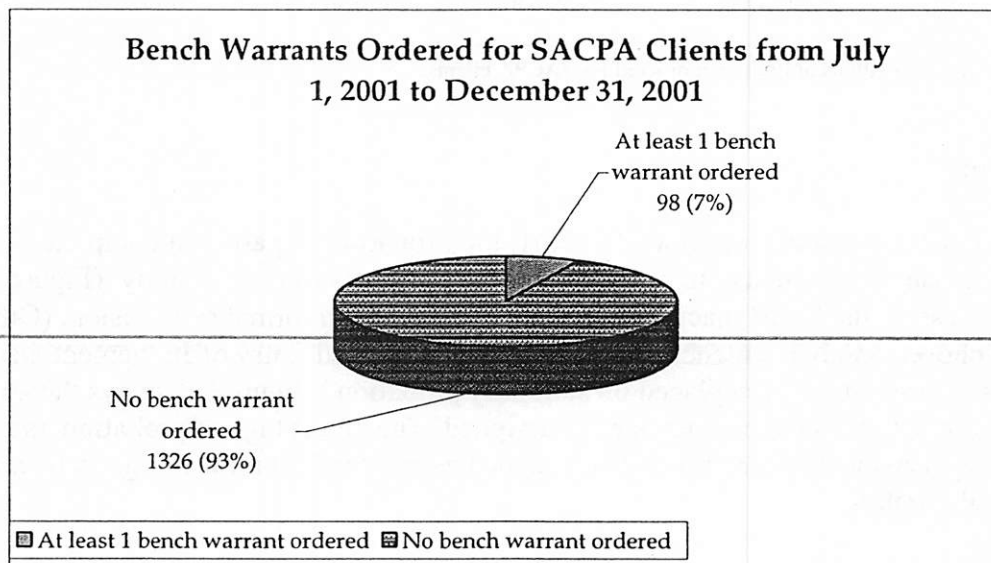


Figure 3: Bench Warrants ordered for SACPA clients after sentencing.

Out of 1,424 clients, 298 had at least one drug-related Violation of Probation (VOP) charge. This represents 20% of the total clients referred. The breakdown by number of violations (Figure 4) shows that one participant had already had three non-compliance situations within the first six months of the program. It is possible that a non-compliance rate of 20% is underrepresented simply because there are only six months of data.

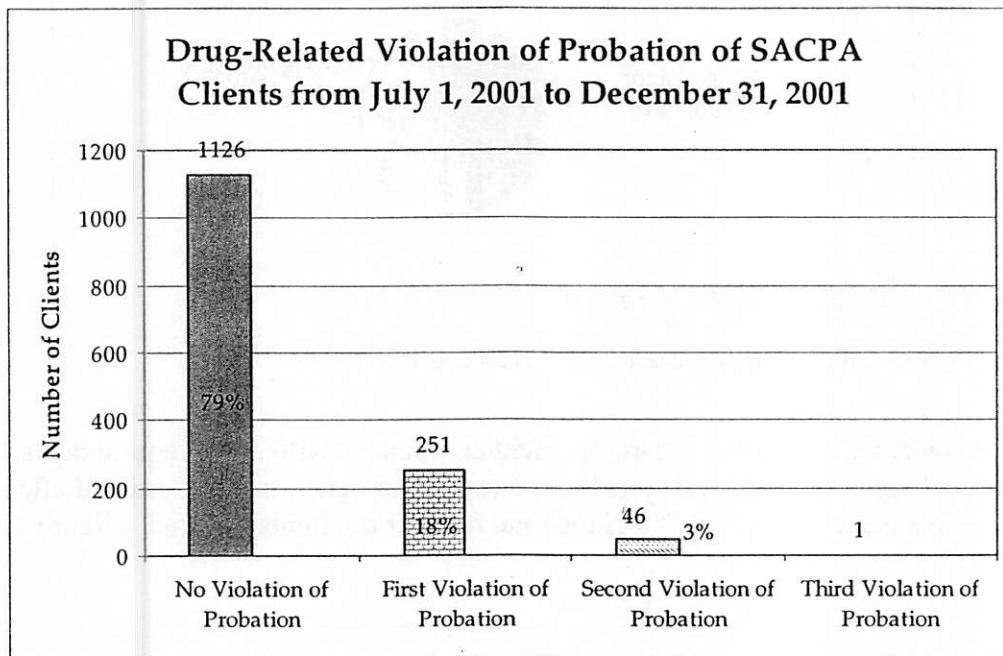


Figure 4: Violations of Probation ordered for SACPA clients.

## Supervision

Between July 1, 2001 and December 31, 2001, the Probation Department completed 1,523 participant assessments; 46 % took place while clients were in custody. (Figure 5). Of those assessed, the Court placed a total of 1,302 clients on formal supervision. (Others may have chosen another sentencing option, such as Deferred Entry of Judgement, had their cases dismissed, or been placed on summary probation.) Figure 6 displays the array of supervision levels to which clients were assigned. The percentage of probationers in intensive supervision units (35%) will be watched as caseloads continue to grow over the next several months.



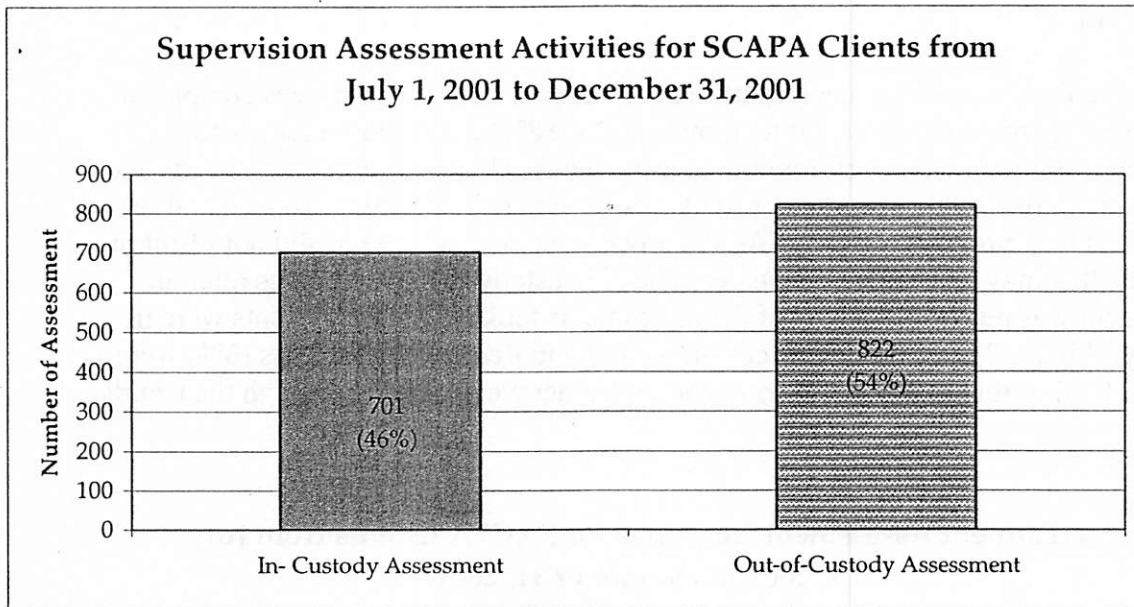


Figure 5: Supervision assessment activities for SACPA clients by the Probation Department.

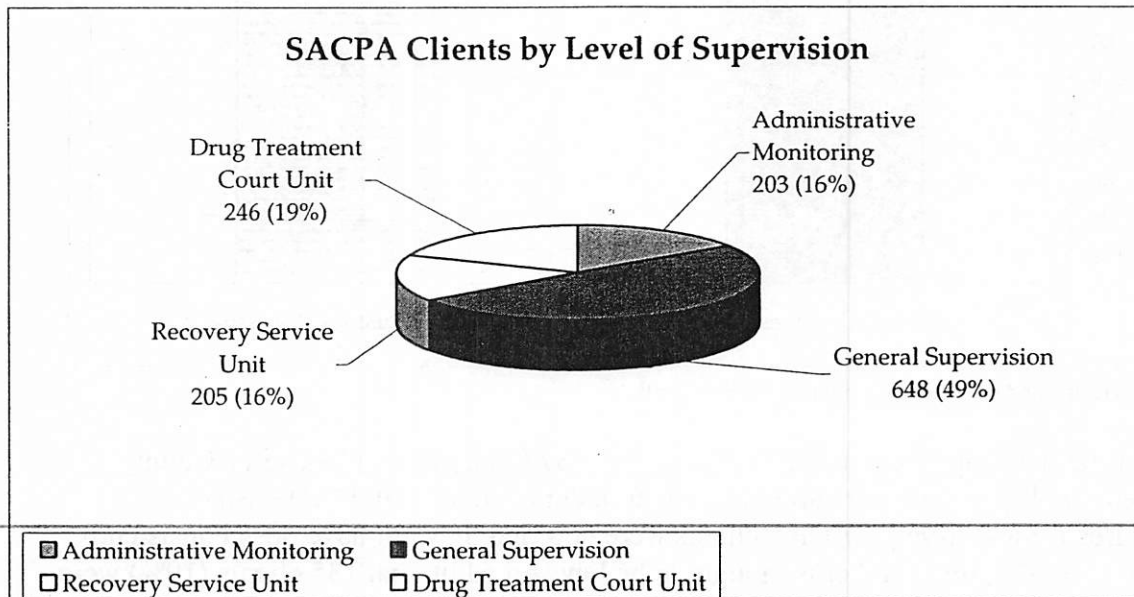


Figure 6: Level of Supervision of SACPA clients

## Treatment

During the first six months, the Department of Alcohol and Drug Services completed 1,730 participant assessments. Of that total, 1,515 (88%) resulted in referrals for treatment. Referrals were performed for 1,360 clients. The number of assessments and referrals are greater than the number of clients, as some clients are reassessed and re-referred as they progress through SACPA process. Some assessments did not result in referrals; this may reflect that clients remained in custody on other charges after an assessment was performed. 48 % of the assessments took place while clients were in custody. (Figure 7). Of the clients confirmed to be in treatment, 59 clients (6%) were referred by the Board of Prison Terms; the remainder were referred through the Courts.

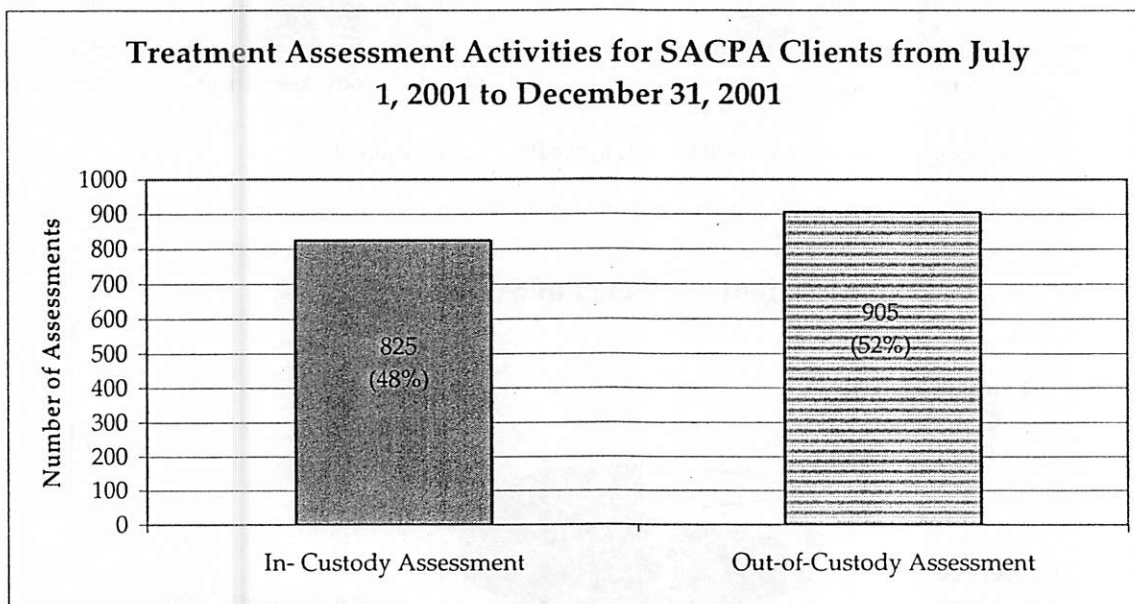


Figure 7: Treatment Assessment activity for SACPA clients

Of the 1,360 participants assessed for treatment, 987 (73%) were placed in a County treatment facility or with a treatment provider under contract with DADS. Since procedures for identifying SACPA clients were new and may not have been consistently followed initially, this number is thought to be low. An additional 135 clients (10%) were referred to treatment elsewhere (private or out-of-county).

Some of the characteristics of clients in treatment in Santa Clara County are shown below.

Gender	
Male	73%
Female	27%

<b>Children under 18</b>	
Yes	28%
No	72%

<b>Homeless at Admission</b>	
Yes	
No	

<b>Pregnant at Admission</b>	
Yes	0%
No	100%

<b>Age</b>	
18-25	18%
26-35	35%
36-55	45%
Over 55	1%

<b>Ethnicity</b>	
Caucasian	36%
African-American	8%
Hispanic	48%
Asian	6%
Other	2%

<b>Employment at Admission</b>	
Unemployed	62%
Part time (<35 hrs/wk)	7%
Full time (>35 hrs/wk)	27%
Student	1%
Disabled & unemployed	3%

Methamphetamine is the drug of choice for SACPA clients in Santa Clara County:

<b>Primary Drug of Choice</b>	
Methamphetamine	53%
Cocaine	12%
Marijuana	10%
Heroin	6%
Other	19%

Secondary Drug of Choice	
Alcohol	28%
Marijuana/Hashish	17%
Methamphetamine	11%
Cocaine	8%
Other secondary drugs	7%
No Secondary drug use (one drug only)	29%

Moreover, the large majority of SACPA clients use multiple drugs:

Multiple Drug Use	
One drug only	29%
More than one drug	71%

It was anticipated that the majority (86%) of the SACPA population would require outpatient treatment, and that approximately 18% would require residential treatment. After six months, it appears that the usage of residential treatment is higher than estimated, while the usage of outpatient is somewhat lower (Figure 8).

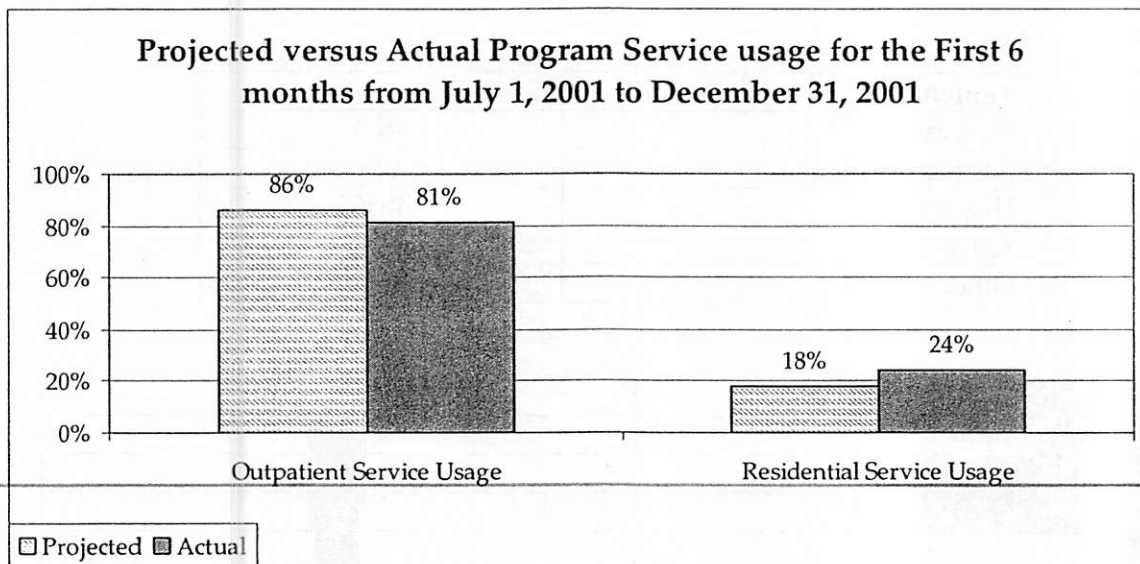


Figure 8: Projected v. Actual Service Usage – 7/1/01 to 12/31/01

Substance abuse treatment clients can and do receive more than one form of treatment. As an example, in the continuum of care system, a client may be first referred to a residential program, then to outpatient treatment, and finally to aftercare education following discharge. A client may also be referred to a transitional housing situation while receiving outpatient treatment. Since the treatment system is structured to be flexible to meet the needs of the client a wide variety of service combinations are available. Figure 9 displays the number of clients who used a specific services and combinations from July 1, 2001 to December 31, 2001.

Service used	Number of Clients
Detox Only	9
Outpatient + Intensive Outpatient	26
Outpatient + Psycho-education*	24
Outpatient Only	638
Residential + Detox	4
Residential + Detox + Outpatient	3
Residential + Outpatient	51
Residential + Outpatient + Intensive Outpatient	2
Residential Only	131
Treatment + Transitional Housing**	95
Other	4
Total	987

Figure 9: Services Used by Combination

\* Psychoeducation reporting incomplete

\*\* Clients that are placed in a THU are required to receive Standard Outpatient treatment, Intensive Outpatient treatment, Methadone Maintenance Services at a County Clinic, or Heroin Detox in combination with Outpatient treatment

SACPA clients tend to be chronic drug users who have been seen previously in the treatment system (59% have prior treatment episodes). During the first 6 months of implementation, changes were made to the treatment mix in order to accommodate surfacing client needs. For example, lack of certified licensed bed space created a need for additional transitional housing beds, and use of those beds in conjunction with a newly implemented intensive outpatient modality.

Another example is the creation of a program which is responsive to the chronic nature of the female population. The Women's Wellness Program accommodates women who have mental health issues, and domestic violence and/or other abuse issues

SACPA services represent only a portion of Santa Clara County's larger system of care. As displayed in Figure 10, SACPA clients receive treatment services outside of those funded by SACPA dollars. SACPA clients are placed in non-SACPA beds or slots if they have specific needs such as mental health, geographical, environmental or language capability outside of those provided through the SACPA treatment contracts. They can also placed in an available slot in the larger system of care if a SACPA slot is not immediately available. Some treatment wait lists occurred in SACPA during the first 6-months due to the onset and saturation of clients in new services

Service Modality	SACPA Clients Opened To Date	Currently Enrolled in SACPA "Slots/beds"	SACPA Clients in the Adult System of Care Slots/Beds
Outpatient	825	377	134

Residential	247	21	65
Transitional Housing	100	47	2
Methadone	10	0	10
Perinatal	12	0	3
Psycho Education	81	66	0
Orientation	702	702	NA

Figure 10: Client Placement in SACPA and non-SACPA

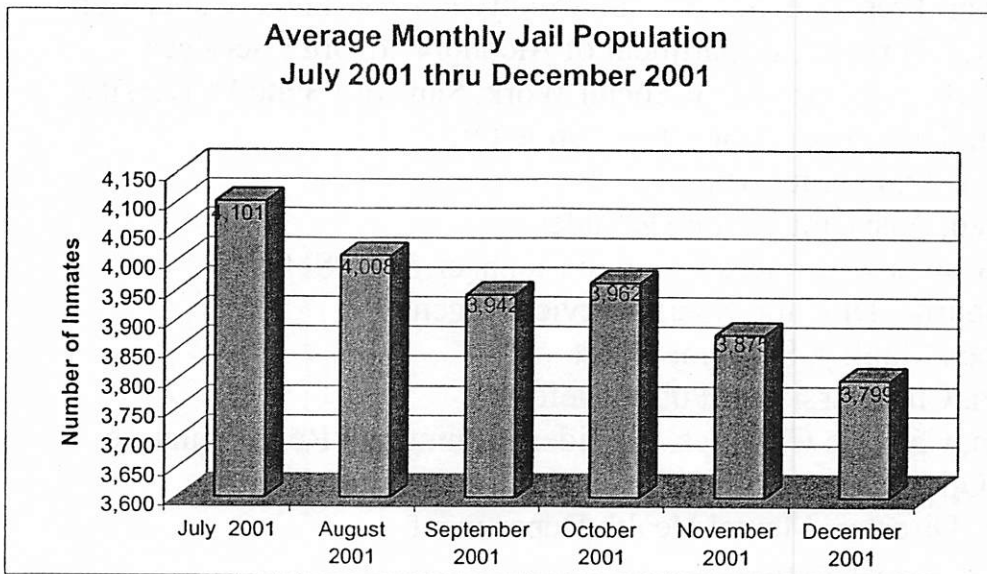
### **Mental Health Data**

Of the 987 clients who have begun treatment through SACPA, 179, or 19%, have been seen in the mental health system during the period July 1, 2001 to December 31, 2001. In addition, 31 SACPA clients have accessed the psychiatric care available to SACPA clients through the Department of Alcohol and Drug Services, and have had at least one appointment scheduled. Additional data is under development in this area, but it appears that there are a significant number of SACPA clients whose mental health issues, if not addressed, impair their progress in treatment.

## Jail Population

Figure 12 shows the average jail population for the first six months of SACPA implementation. Since July 2001, it has been steadily dropping from 4,101 to 3,799 with no significant upturn. The population level of 3,799 for December, 2001 is the lowest since 1993. The drop in population is a continuation in a trend which has brought population down from a high in the Fall of 1997 of over 4,800.

This six month drop is interesting in that the jail population generally tends to rise in the Fall, and when there is a downturn in the economy. However, no direct correlation to SACPA implementation can be ascertained as yet. There are many factors that contribute to the size of the jail population, and additional study is needed to determine how much impact SACPA has had on the recent drop.



## **Appendix A**

### **Proposition 36 Steering Committee**

**Peter Kutras, Jr. Assistant County Executive, Chair**

Maryann Barry, Director, Custody Health Services, Dept. of Correction  
John Cavalli, Chief Probation Officer  
Susan Chavez, Director, Office of Pretrial Services  
Patrick Dwyer, President, Santa Clara County Police Chiefs Association  
Robert Garner, Director, Department of Alcohol and Drug Services  
Dr. Michael Gorman, School of Social Work, San Jose State University  
Mel Johnson, Unit Supervisor, State Parole Office  
George Kennedy, District Attorney  
Nona Klippen, Assistant Public Defender  
John Larson, Justice Services Program Manager, DADS  
Will Lightbourne, Director, Social Services Agency  
Judge Stephen Manley, Superior Court  
David Mann, Chief Assistant Public Defender  
Kitty Mason, Catholic Charities, Provider Community Representative  
Guadalupe Olivas, Director, Public Health Department  
Nancy Pena, Director, Mental Health Department  
Ann Ravel, County Counsel  
Jim Rumble, Chief Counsel, Superior Court  
Tim Ryan, Chief, Department of Correction  
Gary Sanchez, Deputy Chief Probation Officer, Adult Division  

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Karyn Sinunu, Assistant District Attorney  
Susan Swain, Deputy County Counsel  
Kiri Torre, Executive Officer, Superior Court  
Jose Villareal, Public Defender



## **Appendix B Evaluation Team**

David Angel, Office of the District Attorney  
Martha Beattie, Department of Alcohol and Drug Services  
Terry Cain, Superior Court  
Rich Ehman, Department of Correction  
Bill James, Department of Correction  
Sally Logothetti, Office of the County Executive  
Wendy Maracchini, Criminal Justice Information Services  
Ron Martz, Probation Department  
Keith Nelson, San Jose State University  
Quyen Nguyen, Office of the County Executive  
Moe Pal, Information System Department  
Jan Pfiffner, Probation Department  
Katherine Puckett, Department of Alcohol and Drug Services  
Deane Wiley, Department of Alcohol and Drug Services  
Elaine Williams, Department of Correction  
Martha Wilson, Superior Court

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## APPENDIX 3

### Department of Alcohol and Drug Services Continuum of Care Treatment Levels

**Psycho-education:** for clients with no history of addiction or criminality. Clients attend 24 hours of psycho-education classes (mainly videos with lectures and discussion) designed to raise consciousness about the dangers and warning signs of drug and alcohol abuse and addiction. A "pre-treatment" model for clients who are either waiting to get into outpatient programs, or who are still contemplating the need for treatment is being implemented. This will allow all clients to begin services immediately after Orientation.

**Outpatient:** serves clients without a history of serious recent substance abuse and/or criminality, who are willing to participate in treatment but need motivation and monitoring. Clients attend group counseling and individual counseling as needed, 12 Step or other support meetings and undergo random urine testing. The goal of this treatment is to move the client along the motivational continuum. For clients in pre-contemplation, the goal is to encourage consideration of whether they have a problem and how they can avoid future problems with alcohol and drugs. For clients who recognize their problems, treatment is aimed at helping them obtain and maintain recovery. Most outpatient episodes last from 3 to 4 months.

**Intensive Outpatient:** for clients with a serious history of abuse/addiction and/or criminal involvement. These clients are case managed and will usually attend two groups a week plus individual counseling, support meetings, and relapse prevention groups. Ancillary services are provided as required. The treatment goal is to move clients from low motivation levels to preparing for and taking steps to address their alcohol/drug abuse. Most treatment episodes last 4 to 6 months.

**Outpatient/Intensive Outpatient Plus Transitional Housing:** for clients with serious alcohol/drug problems who are in unstable or unsafe living environments. Clients are referred to Transitional Housing Units where they live in a clean and sober environment for 2-3 months while they attend outpatient treatment and prepare to (re) enter the work force. The treatment goal is to move clients through contemplation stage to action stages.

**Residential:** serves addicted clients who are currently using or unable to maintain abstinence and present a danger to themselves or others. Despite experiencing serious consequences or effects of drug use, these clients have marked difficulty with understanding the relationship between their substance use and impaired level of functioning. If they are currently using, they begin treatment in detox (3-7 days). If they do not need detox, they begin treatment in a residential program. This treatment level offers stabilization and motivation for 30-60 days with clients being discharged to outpatient to continue treatment once stabilized. If appropriate, transitional housing may also be recommended.

**Methadone and Peri-natal:** Heroin addicts have the best outcomes when provided with narcotic replacement therapy (i.e. methadone maintenance). Most pregnant and many parenting women will also do better in our peri-natal programs (which also offer narcotic replacement therapy) which provide intensive medical support, health and nutrition support, child development assessments and parenting classes in addition to group and individual counseling.

**After Care Services:** Aftercare education services are based on a psycho-ed model in which clients are provided information about how to stay clean and sober, how to develop a support system based on a 12 Step or other support network, and how to deal with relapse triggers. This service is provided by one traditional program and by a program based on health Realization concepts. This is not a treatment modality; clients who relapse are re-assessed and referred to the appropriate level of treatment.

# APPENDIX 4

## Service Providers

Services	FY 02 Funding		SACPA Slots	Other Slots	Cost per Slot	
	SACPA	Other			SACPA	Other
<b>Aftercare</b>						
Gardner-Proyecto Primavera	\$ 39,375					
Health Realization	\$ 20,000					
<b>Aftercare Total</b>	<b>\$ 59,375</b>					
<b>Ancillary</b>						
Catholic Charities	\$ 100,000					
<b>Ancillary Total</b>	<b>\$ 100,000</b>					
<b>Case Management</b>						
Catholic Charities	\$ 650,000					
<b>Case Management Total</b>	<b>\$ 650,000</b>					
<b>Day Treatment</b>						
Gardner-Blossoms		\$ 61,604		4		\$ 15,401
<b>Day Treatment Total</b>		<b>\$ 61,604</b>		<b>4</b>		<b>\$ 15,401</b>
<b>Detox</b>						
ARH-Mariposa Lodge		\$ 211,496		6		\$ 35,249
Horizon		\$ 203,132		10		\$ 20,313
<b>Detox Total</b>		<b>\$ 414,628</b>		<b>16</b>		<b>\$ 55,562</b>
<b>Orientation</b>						
NCADD	\$ 50,000					
<b>Orientation Total</b>	<b>\$ 50,000</b>					
<b>Outpatient</b>						
AACI	\$ 89,618		25		\$ 3,585	
AARS-Adult Services		\$ 184,992		89		\$ 2,079
CADS	\$ 85,370		25		\$ 3,415	
CAPS	\$ 149,159	\$ 150,878	40	70	\$ 3,729	\$ 2,155
Catholic Charities-DD		\$ 341,732		105		\$ 3,255
Community Solutions		\$ 244,309		130		\$ 1,879
ESO-STEPS	\$ 125,337	\$ 325,931	60	164	\$ 2,089	\$ 1,987
ESO-STEPS	\$ 89,357		40		\$ 2,234	
Family & Children Services	\$ 148,103	\$ 406,215	44	160	\$ 3,366	\$ 2,539
Gardner-Blossoms		\$ 554,438		38		\$ 14,590
Gardner-Proyecto Primavera	\$ 168,000	\$ 475,713	55	260	\$ 3,055	\$ 1,830
Gardner-Women's Wellness	\$ 124,271		40		\$ 3,107	
Indian Health Center	\$ 123,654		40		\$ 3,091	
Pathway	\$ 105,000	\$ 152,701	35	60	\$ 3,000	\$ 2,545
<b>Outpatient Total</b>	<b>\$ 1,207,869</b>	<b>\$ 2,836,909</b>	<b>404</b>	<b>1076</b>	<b>\$ 30,671</b>	<b>\$ 32,859</b>
<b>Psycho-Education</b>						
AACI	\$ 15,000					
Gardner-Proyecto Primavera	\$ 35,000					
West Valley Community College	\$ 100,000					
<b>Psycho-Ed Total</b>	<b>\$ 150,000</b>					
<b>Residential</b>						
ARH-B. McKeown	\$ 275,617	\$ 259,207	7	10	\$ 39,374	\$ 25,921
ARH-B. McKeown-DD		\$ 190,383		6		\$ 31,731
ARH-B. McKeown-DD-DTC		\$ 128,920		4		\$ 32,230

ARH-House on the Hill		\$ 398,421		15		\$ 26,561
ARH-Mariposa Lodge	\$ 170,449	\$ 1,120,149	8	74	\$ 21,306	\$ 15,137
ARH-Treatment Options	\$ 44,746	\$ 649,659	2	40	\$ 22,373	\$ 16,214
CAPS	\$ 108,291	\$ 88,173	4	4	\$ 27,073	\$ 22,043
CAPS DTC FFS		\$ 100,656		4		\$ 25,164
Horizon		\$ 580,937		31		\$ 18,740
Pathway		\$ 973,640		47		\$ 20,716
<b>Residential Total</b>	<b>\$ 599,103</b>	<b>\$ 4,490,145</b>	<b>21</b>	<b>235</b>	<b>\$ 110,126</b>	<b>\$ 234,457</b>
<b>Sober Independent Living Units</b>						
ARH		\$ 158,084		27		\$ 5,855
<b>SILU Total</b>		<b>\$ 158,084</b>		<b>27</b>		<b>\$ 5,855</b>
<b>Transitional Housing Units</b>						
ARH-Men's SLE	\$ 170,844	\$ 135,744	18	17	\$ 9,491	\$ 7,985
ARH-Women w/Children		\$ 319,008		36		\$ 8,861
ARH-Women-Dependency Court		\$ 68,949		6		\$ 11,492
CADS	\$ 142,254	\$ 159,659	18	20	\$ 7,903	\$ 7,983
CADS	\$ 190,649		24		\$ 7,944	
CAPS		\$ 52,995		7		\$ 7,571
Community Solutions		\$ 78,747		9		\$ 8,750
Crossroads		\$ 200,266		26		\$ 7,703
InnVision	\$ 88,696	\$ 110,339	9	15	\$ 9,855	\$ 7,356
LifeChoices	\$ 58,244		6		\$ 9,707	
Pathway		\$ 105,704		13		\$ 8,131
Rainbow	\$ 85,016		9		\$ 9,446	
Rainbow-DDTC		\$ 499,199		50		\$ 9,984
Rainbow-DTC		\$ 93,559		10		\$ 9,356
<b>Transitional Housing Units Total</b>	<b>\$ 735,703</b>	<b>\$ 1,824,169</b>	<b>84</b>	<b>209</b>	<b>\$ 54,346</b>	<b>\$ 95,172</b>
<b>Vocational</b>						
Northern California Service League	\$ 50,000					
<b>Vocational Total</b>	<b>\$ 50,000</b>					

