

County of Santa Clara Public Safety and Justice Committee

Supervisor Blanca Alvarado, Chairperson • Supervisor Liz Kniss, Vice Chair

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MEMORANDUM

DATE: April 22, 2003

TO: Phyllis A. Perez
Clerk of the Board

FROM: Blanca Alvarado *BA*
Chairperson, Public Safety and Justice Committee

SUBJECT: ADD ITEM TO APRIL 29, 2003 AGENDA

Please include the attached transmittal and the associated recommended actions from Peter Kutras, Jr., Acting County Executive, relating to the FY04 Substance Abuse and Crime Prevention Act Plan under the Public Safety and Justice Committee Report.

dj

County of Santa Clara

Office of the County Executive

County Government Center, East Wing
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Prepared by: Alicia Logothetti
Reviewed and Submitted by: Johnathan

April 18, 2003

TO: Board of Supervisors
FROM: Peter Kutras, Jr.
Acting County Executive

RE: Fiscal Year 2004 Substance Abuse and Crime Prevention Act Plan

Recommended Actions

It is recommended that the Board of Supervisors:

1. Adopt the Resolution that:
 - a. Approves the Fiscal Year 2004 Substance Abuse and Crime Prevention Act (SACPA) Plan;
 - b. Authorizes the Acting County Executive or his designee to complete and submit plan documentation and to execute any other documents deemed necessary in order to receive the funding;
 - c. Resolves to comply with the provisions of SACPA and the California Code of Regulations, Division 4, Chapter 2.5; and
 - d. Resolves to maintain a trust fund for all substance abuse treatment trust fund (SATTF) allocations.
2. Approve addition of a treatment provider representative or his/her designee to the Proposition 36 Steering Committee, with representative to be designated by the Steering Committee. (Roll Call Vote)

Fiscal Implications

The SACPA Plan for Fiscal Year 2004 includes spending recommendations for the substance abuse treatment trust funds (SATTF) in the amount of \$5,338,052. This represents a reduction of \$1,850,876 in SATTF program expenditures to bring spending into line with the anticipated available revenues. The budgetary actions and position changes necessary to effect the changes will be included in

Board of Supervisors: Donald F. Gage, Blanca Alvarado, Pete McHugh, James T. Beall, Jr., Liz Kniss
Acting County Executive: Peter Kutras, Jr.

the Fiscal Year 2004 Recommended Budget, and will become effective July 1, 2003.

The reduction will result in the deletion of 3 FTEs in Probation (2 filled), and 2 filled FTEs in the Department of Alcohol and Drug Services (DADS). The plan also recommends that the cost of 2.5 FTEs currently in other cost centers in DADS and Mental Health be transferred to the SACPA program cost center in DADS, with costs to be offset by SATTF funds.

In addition, the plan recommends expenditures offset by the Substance Abuse Treatment and Testing Accountability (SATTA) funds totaling \$365,347. These recommendations are based on preliminary allocation information provided by the State Department of Alcohol and Drug Programs (ADP).

No County General Fund expenditures are recommended.

Contract History

Twenty-nine treatment and service contracts, and two drug testing and analysis contracts are supported by the SACPA program funds. The Board of Supervisors approved use of program funds for treatment and service contracts and drug testing when the program was implemented in July 2001, consistent with the State Intent to provide treatment and testing services to clients convicted of certain drug offenses. Treatment/service contracts are managed by the Department of Alcohol and Drug Services, and receive regular contract monitoring as described in the Plan narrative. Contract renewals are negotiated on an annual basis. Drug testing and analysis contracts are managed by the Probation Department, and are also subject to annual review and renewal.

Reasons for Recommendation

The annual SACPA plan includes client, treatment, and fiscal information about the SACPA program. Based on data for the first six months of this year, projections anticipate 3,026 clients in Fiscal Year 2004. This is similar to the projected 3,000 clients for Fiscal Year 2003, and anticipates that treatment needs will also be similar.

Spending plan recommendations were developed by the Proposition 36 Steering Committee, reviewed by the Public Safety and Justice Committee, and approved on April 3rd for submittal to the Board of Supervisors.

Preliminary Fiscal Year 2004 SACPA allocations have been released by the State, and Santa Clara's allocations are as follows:

	FY 03 Allocation	FY 04 Allocation	Difference
SATTA (trust fund)	4,789,549	4,564,866	(224,683)

SATTF (drug testing)	365,346	365,347	1
TOTAL	5,154,895	4,930,213	(224,682)

SATTF Spending Plan

SATTF funds support the assessment, primary treatment, supervision, and other services available to clients as allowed by state regulations. It is projected that \$5,338,052 in SATTF funds will be available to support SACPA program activities in Fiscal Year 2004. This includes the annual allocation as well as funds remaining in the trust fund from prior year allocations and interest earned. At this level of funding, a reduction of \$1.8 million in SATTF program expenditures is necessary to bring spending into line with the anticipated State revenues. The impact of the reduction will be exacerbated by expected reductions in department operating budgets, which have provided additional support from existing resources to the program in the past two years. This is particularly true for assessment activities and contract treatment and services.

The Proposition 36 Steering Committee approached spending reductions from the standpoint of identifying core services to clients – assessment, treatment, and supervision – and core program intent of minimizing impact on flow of clients through the system, keeping them engaged in the process and out of jail.

Overall priorities for maintenance of the SACPA program included:

Retention of treatment services: In light of treatment cut backs throughout the DADS system, the Committee agreed that core treatment services – residential and outpatient treatment and transitional housing units (THUs) could not be eliminated from the SACPA budget. This position was strongly endorsed by the Public Safety and Justice Committee.

Assessment Center staffing: Currently, SATTF funding supports 2 FTEs of assessment staff plus the unit manager at the Assessment Center (AC). DADS and the Court have spent significant time in the past year creating ways to increase staffing available for the assessment process. It is critical to keep clients moving in the court hearing system in order not to leave them in custody while awaiting their assessment and subsequent sentencing hearing. Likewise, the paper flow to the Court is critical to provide the judges with the information they need for sentencing. Currently, 2.5 FTEs of assessment staff have been "borrowed" from other units to bring AC staffing to a level that allows turnaround of assessments within acceptable time frames. However, DADS' Fiscal Year 2004 budget reduction recommended deletion of these positions. The Steering Committee proposed transfer of the assessment positions to the SACPA cost center in order to continue providing a timely assessment process. The Public Safety and Justice Committee endorsed this recommendation as well.

Reduction planning was structured to take these priority issues into account, and the following program changes are recommended:

County Executive:

- Elimination of \$400,000 for data collection and evaluation. \$5,000 was retained for program activities and supplies. This reduction was made because funding does not provide core service to clients. It effectively removes the County's capacity for in-depth local study of the impacts and outcomes of the SACPA program. However, the State is providing a long term study and evaluation of SACPA, in which Santa Clara County is participating as a focus county. Information on local outcomes will be available through the State study.

Probation:

- Deletion of one filled Deputy Probation Officer position (\$102,998): the Department has reorganized SACPA service delivery so that all 8 remaining probation officers perform both assessment and supervision functions by Court Department. Probation officer presence in the courtroom is expected to improve communication with the judges and reduce the high volume of requests for additional reports and information. The improvements in service to the Court are anticipated to mitigate the loss of one position. Each officer will carry a smaller caseload (50), allowing the officer to sustain more of a relationship with the clients, helping them to stay in treatment as well as meeting other probation conditions. In addition, the Court has agreed to eliminate the requirement of a presentence investigation report, which will further streamline services.
- Deletion of one vacant Probation Community Worker position (\$65,832): this will reduce and/or slow the Department's ability to take photos for drug testing at Pretrial Services, collect drug test samples, run CJIC information for DADS, and enter data in the data management system.
- Deletion of one filled Justice System Clerk position (\$61,848): this will cause delays in the timely preparation and movement of files needed to process clients through the system, including delays in offender assignment to probation officers.
- Elimination of all funding for services and supplies (\$74,000).

Department of Alcohol and Drug Services:

- Deletion of 2 filled Office Specialist positions (\$120,814): This action will reduce the amount of support available for data entry and administrative functions.
- Addition of 2.5 FTEs Rehab Counselors (\$210,864): The positions are currently located at Gateway, Central TAP and Justice Services, and have

provided additional support for SACPA assessment services during the past year. Due to fiscal constraints, the positions cannot be maintained with General Fund support, and the costs will be transferred into the SACPA unit. Additional assessment staff will allow continued provision of assessment information to the Court within a reasonable timeframe.

- Elimination of the case management services contract with Catholic Charities (\$582,050): This action will remove a service that has been effective in providing linkages for the most needy clients, particularly between the Court, the clients, and the treatment providers. The reorganization of Probation services will mitigate to some degree the loss of the case manager presence in Court; however, probation officers will not replicate the case manager focus on maintaining clients in the treatment setting.
- Elimination of ancillary services funding (\$183,333): A contract ancillary services coordinator has been responsible for providing short term services to clients based on a needs assessment. Critical needs for bus passes, TB shots, phone cards, and hygiene bags were met, and other services provided as necessary.
- Elimination of funding for psychoeducation services (\$185,136): Psychoeducation enhances client motivation for completing treatment, and has been useful in providing a program where clients can be engaged while waiting for treatment slots to open. It is possible that some clients can be absorbed in psychoeducation classes provided with non-SACPA funding to the extent that outpatient providers can absorb the need; this will be evaluated during Fiscal Year 2004.
- Elimination of the orientation contract (\$57,497): Clients will be directed to orientation through existing other programs. In addition, the orientation provider is analyzing the feasibility of continuing services on a volunteer basis.
- Elimination of aftercare funding (\$51,910): Aftercare services will be provided to those clients ready for maintenance, or relapse prevention, to the extent that outpatient providers can absorb the need through extended time in the outpatient system;
- Elimination of the vocational services contract (\$53,000): SACPA clients have shown a need for more intensive services than those available through the SACPA contract. Graduates of the SACPA program are already attending the County program and will be directed there in future.
- Reduction of funding for psychiatric services and medication (\$75,000): This funding has been underspent, as psychiatrist services have been difficult to procure. Medication has been purchased throughout Fiscal Year 2003, and the funding, which remains will allow, continued availability of medication.
- Reduction of funding for services and supplies (\$21,276).

Funding of \$2,788,491, which represents 52% of the SACPA funds, supports 404 outpatient treatment slots, 21 residential treatment beds, and 84 transitional housing units. Spending levels by department are displayed in Attachment 1.

SATTA Spending Plan

Approximately 30,000 tests are anticipated in Fiscal Year 2004. Drug testing funds will remain at \$365,347 in the coming year, the same level as last year. Funds support 2 community workers in the Office of Pretrial Services and one community worker and contracts for drug testing and sample analysis in the Probation Department.

Plan Narrative

The narrative portion of the Plan demonstrates that counties are addressing all required elements, and re-submittal of this description of SACPA activities is required each fiscal year. Updated client projections and treatment usage are recommended as follows, based on projected client totals for Fiscal Year 2003:

	FY 03	FY 04
Clients in Supervision	3,000	3,026*
Clients in Treatment	2,961	3,370
Residential Treatment	741	858
Outpatient treatment	2,475	2,512
Psychoeducation	273	0
Psychiatric Services	93	12
THU	300	391
Orientation	2,106	0
Case Management	760	0
Ancillary Services	414	0

*Duplicated count

The SACPA plan requires narrative in the form of answers to several questions and is submitted electronically as part of the plan package. Attachment 3 contains this year's responses.

Steering Committee Membership

The Proposition 36 Steering Committee is currently comprised of representatives from the following departments and agencies:

Office of the County Executive
Office of the County Counsel
Department of Correction

Department of Alcohol and Drug Services
Department of Public Health
Department of Mental Health
Department of Custody Health
Social Services Agency
Office of the District Attorney
Office of Pretrial Services
Office of the Public Defender
Probation Department
Superior Court
Police Chief's Association

The Proposition 36 Steering Committee recommends that the treatment provider community be represented on the committee as well. A representative from the treatment providers' organization has regularly attended meetings since inception of the group, and has contributed substantially to the discussion of issues. Inclusion of this representative will formalize the ad hoc membership.

Background

Counties must submit a Substance Abuse and Crime Prevention Act Plan to the State Department of Alcohol and Drug Programs by May 1, 2003 in order to receive funding for the SACPA program for Fiscal Year 2004. SACPA funding derives from two sources: annual state funding of \$120 million created through the Proposition 36 Initiative, which is held in a trust fund and allocated to counties according to a formula that considers arrest rates, treatment rates, and population (SATTF funds); and federal grant funds authorized by SB 223 to fund drug testing activities to support the program (SATTA funds). The Plan must contain the following elements:

- Plan narrative;
- Fiscal Year 2004 spending recommendations for funding through the Substance Abuse Treatment Trust Fund (SATTF);
- Fiscal Year 2004 spending recommendations for funding through the Substance Abuse Treatment and Testing Accountability Act (SATTA)

In Fiscal Year 2003 the Board of Supervisors approved total SACPA expenditures of \$7,363,399:

- \$6,998,053 in SATTF funding; and
- \$365,346 in SATTA funding.

The FY 2003 SATTF allocation was about \$4.8 million; rollover funding from prior years was used to bridge the shortfall between the allocation and the budget. At the time the spending plan was adopted, the possibility of a reduced spending plan was discussed, and a decision made to maintain services at the current

level, acknowledging that the level of SATTF spending would not be sustainable in subsequent years.

Consequences of Negative Action

The County will be unable to meet the legal obligation of submitting its annual SACPA plan to the State Department of Alcohol and Drug Programs by May 1, 2003.

Steps Following Approval

Upon approval of the resolution adopting the Fiscal Year 2004 SACPA Plan, the Acting County Executive will submit the appropriate documents to the State by the May 1, 2003 deadline. Approved program changes will be included in the Fiscal Year 2004 Recommended Budget.

Substance Abuse and Crime Prevention Act (Prop 36)
Fiscal Year 2004 Recommended Budget
April 2003

Attachment 1

Substance Abuse Treatmt Trust Fund (SATTF) Allocation

	FY03	FY04 Prop.	Inc/(Dec)
	Adj. Budget	Budget	from FY 03
DADS			
11.5 positions	869,189	959,239	90,050
Ob. 2: 1 position/services/supplies	182,275	75,275	(107,000)
Ob2: treatment and other svcs.	3,979,333	2,864,585	(1,114,748)
	5,030,797	3,899,099	(1,131,698)
PROBATION DEPARTMENT			
11 positions	1,219,571	989,393	(230,178)
Services/Supplies	74,000	0	(74,000)
Lease - Julian St	444,560	444,560	0
	1,738,131	1,433,953	(304,178)
COUNTY EXECUTIVE			
Software/Programming	200,000	0	(200,000)
Data Entry	200,000	0	(200,000)
Services/Supplies	-	5,000	5,000
	400,000	5,000	(395,000)
	7,168,928	5,338,052	(1,830,876)

Substance Abuse Test /Treatmt Accountability (SATTA)

	FY03	FY04 Prop.	Inc/(Dec)
	Budget	Budget	from FY 03
PROBATION			
Com. Worker	58,346	65,500	7,154
Contracts	200,000	187,347	(12,653)
PRETRIAL			
2 Com. Workers	102,000	107,500	5,500
Supplies	5,000	5,000	-
	365,346	365,347	1

SATTF Funds (Prop 36)**Attachment 2****Fiscal Year 2004 Recommended Budget Worksheet****April 2003****Fiscal Year 2004 Recommended Budget Worksheet**

	FTE	FY 04	
		Proposed	%
DADS OBJECT 1			
B5X Health Care Analyst II	1.0	97,109	2%
B5Y Health Care Analyst I	2.0	153,427	3%
CO7 Qual Improv Coord	1.0	97,416	2%
C83 Health Care Pgm Mgr	1.0	111,118	2%
D09 Office Spec III/D2E Health Serv. Rep.	1.0	119,952	2%
P67 Rehab Couns	1.0	88,740	2%
P67 Rehab Couns - NEW	2.0	163,440	3%
Y42 Psych SW	1.0	78,876	1%
Position Subtotal	10.0	910,078	17%
DADS OBJECT 2			
2 positions			
IS Tech II (\$75,275)	1.0	75,275	1%
.5 Rehab Couns MH - NEW (\$39,156)	0.5	39,156	1%
Treatment/Service contracts		2,788,491	52%
Psychiatric Services		75,000	1%
Operating Expense		11,099	0.2%
Object 2 Subtotal		2,989,021	56%
DADS Subtotal	11.5	3,899,099	73%
PROBATION DEPARTMENT			
X44 Probation Manager	1.0	114,777	2%
X50 Probation Officer	8.0	751,242	14%
E19 Community Worker	1.0	64,376	1%
F38 Just. Sys. Clerk	1.0	58,998	1%
Position Subtotal	11.0	989,393	19%
Services/Supplies		0	0%
Lease - Julian St		444,560	8%
Probation Subtotal		1,433,953	27%
COUNTY EXECUTIVE			
Software/Programming		0	0%
Data Entry		0	0%
Services/Supplies		5,000	0.1%
County Executive Subtotal		5,000	0.1%
SATTF TOTAL		5,338,052	100%



Department of Alcohol and Drug Programs

SACPA Report

Santa Clara County

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Original Plan Questions for Fiscal Year 2003/2004, Version 2

Status: Draft Created: 03/05/2003 Last Revised: 04/16/2003

To update Plan Questions, answer each question and click the [Save](#) button.

1. Is the county board of supervisors' approval, or are the written board of supervisors' approval (written resolution, delegation of approval authority or order) and the county approval attached? [ref: §9515 (b)(3)]

(Check one)

☒ Yes☐ No (expected date of approval)

2. Check the county agencies and other entities involved in developing the county plan. [ref: §9515(b)(2)]

(Check all that apply)

Required

- ☒ County alcohol and other drug agency
- ☒ Court
- ☒ Parole authority
- ☒ Probation Department

Optional

- ☒ County executive office
- ☒ County mental health
- ☐ County office of education
- ☒ County public health
- ☒ County social services
- ☒ District attorney
- ☒ Police department
- ☐ Sheriff
- ☐ Workforce Investment Board
- ☒ Other (specify)

3. Check the impacted community parties that collaborated in the development of the county plan. [ref: §9515(b)(2)]

(Check all that apply)

Required

- ☒ Providers of drug treatment services in the community
☐ Representatives of drug treatment associations in the community

Optional

- ☐ Civic groups
☐ Clients / Client groups
☐ Colleges/Universities (specify)
☐ Local business representatives
☒ Non-profit organizations
☐ Parent Teacher Group / Parent Teacher Association
☐ Workforce Investment Board
☐ Youth organizations
☐ Other (specify)

4. How was community input collected? [ref: §9515(b)(2)]*(Check all that apply)*

- ☐ Community meetings
☒ County advisory groups
☒ Focus groups
☐ Other method(s) (explain briefly)

5. If there are federally recognized American Indian tribe(s) located within your county, how did you obtain input to the development of this county plan? [ref: §9515(b)(2)]*(Check one)*

- ☐ Yes (required if such tribes are located in your county)
☒ No federally recognized American Indian tribe(s) in the county

6. During this fiscal year, how often did entities and impacted community parties meet to develop or update the county plan? [ref: §9515(b)(2)(A)]*(Check one)*

- ☐ 1-2 times per year
☒ 3-4 times per year
☐ 5 or more times per year

7. Specify how often entities and impacted community parties will meet during the next fiscal year to continue ongoing coordination of services and activities. [ref: §9515(b)(2)(B)]*(Check one)*

- ☐ Every three months
☒ 4-8 times per year
☐ 9 or more times per year

8. What services are available to SACPA clients under this county plan? [ref: Code §1210.1(c) and §3063.1(c)]

(Check all that apply)

- ☒ Drug treatment
- ☐ Family counseling
- ☒ Literacy training
- ☒ Mental health
- ☒ Vocational training
- ☒ Other (specify)

9. Identify the entity(ies) responsible for determining a SACPA client's level of drug treatment. [ref: §9515(b)(2)(C)]

(Check all that apply)

- ☒ County alcohol and other drug agency
- ☐ Probation Department
- ☐ Drug treatment provider(s)
- ☐ Other (specify)

10. Identify the entity(ies) responsible for determining a SACPA client's level of additional services supplemental to treatment. [ref: §9515(b)(2)(C)].

(Check all that apply)

- ☒ County alcohol and other drug agency
- ☒ Drug treatment provider(s)
- ☒ Probation department
- ☒ Other (specify)

11. What assessment tools will be used in your county for SACPA clients? [ref: §9515(b)(2)(C)]

(Check all that apply)

- ☐ ASI (Addiction Severity Index)
- ☒ ASAM PPC (American Society of Addiction Medicine Patient Placement)
- ☐ Other (specify)

12. Will drug testing be required for SACPA clients in your county? [ref: §9515(b)(2)(C)]

(Check one)

- ☒ Yes
- ☐ No

13. What non-SATTA sources of funds, if any, will be used to pay for drug testing? [ref: §9515(b)(2)(C)]

(Check all that apply)

- ☒ Client fees
- ☐ Additional funds budgeted by the county
- ☐ Other (specify)

14. Has there been a change in Lead Agency designation?*(Check one)*☐ Yes☒ No**Notes**

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County Plan 2003-04 Narrative Description Template County of Santa Clara

- 1. Collaborative Process.** Describe the collaborative process used during the current fiscal year to plan services. Describe how county entities, community parties, and others participated in the development of this plan. [ref: §9515(b)(2)(A)]

Since the inception of the SACPA program, Santa Clara County has employed a collaborative approach to plan development. As Lead Agency, the County Executive's Office convenes a Steering Committee, which was appointed by the Board of Supervisors, to develop program and spending recommendations. Committee members are department heads or their designees as follows:

Office of the County Executive
Office of the County Counsel
Department of Correction
Department of Alcohol and Drug Services
Department of Public Health
Department of Mental Health
Department of Custody Health
Social Services Agency
Office of the District Attorney
Office of Pretrial Services
Office of the Public Defender
Probation Department
Superior Court
Police Chief's Association
Treatment Provider Representative

The Steering Committee has met several times since July 2002, and began discussion of the Fiscal Year 2004 plan at its meeting on December 19, 2002. As a significant reduction was anticipated, the Steering Committee appointed a budget subcommittee comprised of representatives of provider organizations, the Department of Alcohol and Drug Services (DADS), the Probation Department, the Superior Court, and the Office of the County Executive.

The subcommittee was convened to discuss the budget situation and develop a decision-making process. Ideas were brainstormed, and issues and concerns regarding program maintenance were discussed. An approach was approved for making reduction decisions from the standpoint of identifying core services to clients – assessment, treatment, and supervision – and core program intent of minimizing impact on flow of clients through the system, keeping them engaged in the process and out of jail. The scope of reductions was discussed, and a decision made on reduction targets. By consensus the group approved elimination of data/evaluation funding in the County

Executive's Office, and the Probation Department and DADS were charged with developing reduction plans for their own departments.

Each department worked with partner agencies to develop reduction recommendations. The Probation Department worked closely with the Court to streamline the activities of the Recovery Services Unit and increase communication. DADS held meetings with community providers to discuss reductions in contract services.

Recommendations were brought back to the subcommittee, and subsequently to the Steering Committee as a whole. Steering Committee recommendations were reviewed by the Board of Supervisors' Public Safety and Justice Committee, and public comment sought, prior to recommending approval to the Board of Supervisors.

- 2. Client Flow and Case Management.** Describe the client flow and case management activities (referral, assessment, placement, court monitoring, supervision, etc.). The description should include the process for referral of parolees as well as referrals from court/probation. A flow chart may be included.
[ref: §9515(b)(2)(E)]

Services are provided through an integrated model of substance abuse treatment, case management and judicial review involving the Court, county departments, and private service providers

The District Attorney determines new clients' eligibility for SACPA, based on the defendant's current charges, prior criminal history and previous SACPA-eligible experiences. For probation violation matters where the client is already on formal probation, eligibility is determined by the Probation Department. Parolee eligibility is determined through the State Parole Office.

Eligible clients who agree to participate in treatment are referred following conviction for a joint assessment process by Probation and DADS. Assessments are primarily conducted at the SACPA Assessment Center in San Jose for out of custody clients, with assessments as needed at the jail for clients in custody.

Parolees are referred to the Assessment Center by their local Parole agent. Parole provides an activity report, and has the clients sign a confidentiality release. These items are brought with them to the AC, and the parolees are then assessed in the same manner as Court-referred clients. Assessment recommendations are sent to the Parole field agent.

A clinical assessment is performed by staff from the Department of Alcohol and Drug Services (DADS), resulting in a recommendation for treatment placement (Level of Care). Placement recommendations are made based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) II. If appropriate, referrals for other ancillary services are also recommended. Treatment recommendations are forwarded to the Court in a Treatment Status Report (TSR). TSRs are expected to be available to the Court within one week for in-custody clients, and within two weeks for out-of-custody clients. In cases where a treatment slot is immediately available, the client may start treatment on an interim basis, pending the confirmation of the treatment plan by the Court at the sentencing hearing.

A probation officer also assesses the client to determine the appropriate level of supervision, using a Risk/Need evaluation tool that is based on a National Institute of Corrections program. In addition, prior arrest history, substance abuse history and prior probation performance are taken into consideration, as well as psychological, vocational, educational, and social needs. Following the assessment, the client is assigned to a probation officer based on the level of supervision required. Clients that are determine to have high risk and needs are supervised by the Recovery Services Unit (RSU) at the maximum level. Clients assessed to have moderate risk and needs are placed on a general supervision caseload and supervised at the moderate level. Clients assessed to have minimal risk and needs are placed on an administrative caseload.

Probation officers monitor compliance with Court orders and treatment program directives and provide the Court with reports and recommendations at court reviews, which address client performance. The first review date is set at sentencing to monitor entry into treatment and treatment progress, and subsequent court review dates are ordered as needed. Clients undergo drug testing performed either by their probation officer or at a testing site. Test results are provided to the probation officer, the treatment provider, and the Court.

The Probation Department initiates and calendars probation violation matters. Violations of probation are calendared in a designated Proposition 36 court. As required by Penal Code Section 1210 et seq., clients with non-drug related violations may have their probation modified or revoked, and traditional sentencing applied. Clients with drug-related violations are considered for upgrades or modifications in treatment and/or supervision, which might improve their progress. After a third violation, clients may have their probation revoked, or be found not amenable for further treatment and have traditional sentencing applied. It is noted that within the Santa Clara County treatment continuum, it is possible for treatment to continue with a higher level of supervision and monitoring, such as in Drug Treatment Court, even though the client may no longer be funded through SACPA.

The Probation Department assists clients by facilitating the return of cases to Court for termination, dismissal and record clearance pursuant to Section 1203.10(d)(1) of the Penal Code upon successful compliance with Court orders and treatment.

3. Treatment Goals. Describe the county's treatment goals for SACPA clients.
[ref: §9515(b)(2)(E)]

The County's goals are:

To provide SACPA clients with access to appropriate and effective treatment based on assessment of individual needs.

To reduce or eliminate client substance abuse.

To reduce client arrests and convictions for substance abuse-related charges, thereby reducing criminal activity.

To provide a multi-disciplinary team approach for supervising substance abusing defendants while they are under court supervision and in treatment;

To use a non-adversarial approach in which prosecution and defense counsel promote public safety while supporting participants' success in treatment.

- 4. Treatment and Aftercare Services.** Describe the types of treatment and aftercare services (e.g., Level 1, 2, 3, 4; outpatient, residential; narcotic replacement therapy; etc.) to be provided. Describe the types of treatment providers and the services they will provide. (Names and descriptions of individual providers are not required.)
[ref: §9515(b)(2)(B)]

Treatment/aftercare services are offered by county staff and community-based providers whose contracts are monitored by the Department of Alcohol and Drug Services. Clients receive individualized treatment plans based on their assessed needs and level of motivation. Additional services, such as transitional housing, psychiatric and/or other ancillary services may be included in the plan. Services are offered along a continuum of care, addressing the level of need of each participant. All contract treatment 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.

Outpatient treatment 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, community support (12-step and other) 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 treatment serves clients with a serious history of abuse/addiction and/or criminal involvement. In addition to treatment, these clients will also receive case management from the provider and will usually attend two groups a week plus individual counseling, support meetings, and relapse prevention groups. Transitional Housing Units and other 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 serves 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. Outpatient referrals are mandatory for clients placed in THUs. The treatment goal is to move clients through contemplation stage to action stages.

Residential treatment is provided to 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.

Methadone and Perinatal: Heroin addicts have the best outcomes when provided with narcotic replacement therapy (i.e. methadone maintenance). Most pregnant and many parenting women do better in perinatal programs that also offer narcotic replacement therapy, and which provide intensive medical support, health and nutrition support, child development assessments and parenting classes in addition to group and individual counseling. *(Note: These services are provided to SACPA clients as needed, but are funded through the County system of care)*

After Care Services: Aftercare education services are based on a relapse prevention model which provides 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 will be provided on a limited basis to clients who complete outpatient treatment. Clients who relapse are re-assessed and, if necessary, referred to the appropriate level of treatment.

5. Treatment Assessment Process. Describe the assessment process that will be used to determine clients' level of need for drug treatment. [ref: §9515(b)(3)(B)]

Out-of-custody SACPA defendants are referred at conviction to a joint assessment process at the SACPA Assessment Center in downtown San Jose. In-custody clients who are expected to be released from custody upon sentencing are referred to the Jail Assessment Coordinator (JAC).

A clinical assessment is performed by staff from the Department of Alcohol and Drug Services (DADS), resulting in a recommendation for placement in a specified level of treatment. Placement recommendations are based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) II. Additional service needs, such as transitional housing, psychiatric and/or other ancillary services may be addressed by the DADS assessment staff as well.

Out-of-custody clients leave their assessment session with a scheduled intake appointment at a treatment program. In cases where a treatment slot is immediately available, the client can start treatment on an interim basis, pending the confirmation of the treatment plan by the Court at the sentencing hearing.

6. Additional Services. Describe the types of additional services supplemental to treatment (e.g., vocational training, literacy training, family counseling, etc.) to be provided under this plan, and list the providers of these services.
[ref: §9515(b)(2)(E)]

Due to budget constraints and significant cutbacks in program services, additional service funding will be reduced in Fiscal Year 2004. Two critical services are retained: transitional housing and psychiatric services. Transitional housing is provided by:

ARH Men's Life Choices

CADS Rainbow

Innvision

Psychiatric services and medication for dually diagnosed clients are provided by the Department of Alcohol and Drug Services. DADS contracts for psychiatric services.

In addition, SACPA clients are referred to existing county programs for vocational training, literacy services, mental health services, and family counseling.

7. Additional Services Assessment Process. Describe the assessment process that will be used to determine clients' level of need for additional services supplemental to treatment? [ref: §9515(b)(3)(B)]

Client needs for additional services may be assessed by DADS and/or Probation staff as they interview the client. This information is provided to the judge. The judge may also decide based on knowledge of the client's history that other services will be beneficial. Finally, the treatment provider may refer the client to other support services as a result of information from the intake interview.

8. Coordination of Services/Case Management. Describe how the county will coordinate the provision of services and conduct case management activities. [ref: §9515(b)(2)(A)]

Please see Number 2 above. Coordination of services is achieved through information sharing and constant communication between staff at the AC, the Courts, and service providers. The shared space at the Assessment Center provides a setting in which DADS' assessment staff and SACPA probation officers interact on a daily basis, sharing client information and coordinating on provision of reports to the Court. In addition, the DADS Quality Improvement Coordinator assigned to SACPA provides technical assistance for staff who refer SACPA clients into the managed care system, and for SACPA contractors, including guidance and direction to all providers. The QI Coordinator assists with training for new SACPA contractors, monitors and SACPA sites regarding client utilization of services, and follows up on issues related to client movement within the DADS Continuum of Care.

Finally, there are a number of informal, interdepartmental meetings held to allow communication about operational issues which might impede the delivery of program services. These include a group convened by one of the SACPA judges and including Probation, DADS, and County Executive staff, as well as treatment provider staff; a group convened by the District Attorney's Office to allow dialog between treatment providers and the DA's staff; and a working group convened by the County Executive's Office, which is open to any operations staff who have items to discuss.

9. Assurance of Meeting Clients' Assessed Needs. Describe the process the county will use to assure that clients receive drug treatment and other services as determined by their individual assessments. [ref: 9515(b)(3)(E)]

The Department of Alcohol and Drug Services maintains a database to track the assessment and referral process, which occurs before clients enter the continuum of care where they are tracked through OSCAR, the Department's MIS system.

Once the client enters the continuum, OSCAR provides a detailed accounting of client demographics and services. SACPA clients are identified as parolees or probationers to permit tracking of service utilization for these two groups. OSCAR provides a few basic measures of treatment effectiveness for all clients. Clients are determined as having successfully, or not successfully, completed treatment. In addition, the status of clients drug use at discharge is compared to that at admission.

SACPA clients participate in an additional process measuring the effectiveness of treatment using self-administered survey instruments, the BASIS 32, the GAIN, and the CSQ-8 (a client satisfaction questionnaire). The GAIN allows the department to assess the percent of clients who reduce and/or eliminate their drug and alcohol use. The BASIS 32 demonstrates client improvement in functionality in a wide variety of areas. Finally, the CSQ-8 measures satisfaction among clients. These tools are standardized and normalized so responses from SACPA clients can be compared to responses from the general population and other clients.

10. Quality of Treatment Services. Describe the criteria the county will use to monitor and enforce the quality of treatment services. If treatment services are provided by contract, what additional tools are available to the county through contract enforcement to monitor and enforce the quality of services? [ref: §9515(b)(3)(C)]

The Department of Alcohol and Drug Services contracts with community-based providers using a standardized County approved format. This contract specifies the responsibilities and rights of the contractors and of the contracting agency. The contracts require compliance with a number of provisions, some of which are monitored by the Contracts Manager and some of which are monitored by the Quality Improvement (QI) unit.

The Contracts Manager oversees the reimbursement of providers and compliance with the general provisions of the contract. Contractors submit monthly cost and service information for claiming purposes. All direct service providers also enter client service data into OSCAR, the Department's management information system. This information allows the department to determine whether contractors are providing the level of services expected by the contract. In cases of under-performance, the Contracts Manager works with the provider to identify the source of the problem and potential remedies. If problems persist, the Manager may recommend modification of the contract and the reallocation of unspent funds.

The Contracts Manager also oversees the semi-annual contract monitoring process. Monitoring involves fiscal, program, information systems, and research staff, and address areas such as: policies and procedures manuals; board meetings and minutes; client service records; documentation of staff training; personnel files; and the organizational structure and staffing of the agency. A report card is sent out to each provider identifying areas that need improvement. Providers are expected to submit a plan on how they will reach the minimum standards and their follow through is monitored by the Department Contracts Manager.

The QI Division reviews contractor compliance with performance measures on a semi-annual basis. These measures are specific to each modality and are developed in collaboration with the providers. The QI audits, which are given to the contractors in writing, require the contractors to explain areas of low performance and how their plans for coming up to Department standards. QI monitors this process on an ongoing basis and brings problems of persistent underperformance to the attention of management. Contractors may then be placed on probation and eventually terminated.

- 11. Quality of Additional Services.** Describe the criteria the county will use to monitor and enforce the quality of additional services supplemental to treatment. If additional services are provided by contract, what additional tools are available to the county through contract enforcement to monitor and enforce the quality of those additional services? [ref: §9515(b)(3)(C)]

Please see section 10 above; monitoring and enforcement practices are in place for contracts for treatment and other services.

- 12. Drug Testing: A Treatment Tool.** Describe the county's policies and guidelines for drug testing of SACPA clients to assure that drug testing is used as a treatment tool. [ref: §9515(b)(3)(D)]

The Court, Probation, and treatment providers use drug testing as a means of monitoring a client's success in abstaining from drug use. The collaborative treatment and review process involves the Court, the Probation Department, DADS, the treatment providers, and other service providers, as well as the District Attorney and the defense bench, in working to help the client achieve success in treatment. All team members see drug testing as a critical component of treatment, which must be available to all clients as needed.

Test results are provided to the Court through provider treatment reports and Probation supervision reports. Positive tests typically result in discussion as to whether intensification of services is needed. For example, in cases where a client is not able to stay clean and sober due to environmental factors, a revision to the treatment plan and referral to a residential program or THU may be warranted. Test results are not an exclusive basis for violation of or revocation of probation; rather, they are one factor considered in an evaluation of how the client is progressing with his/her treatment plan. Other factors considered include attendance at treatment, connection to community support programs, and utilization of recommended ancillary services.

- 13. Drug Testing and Individual Treatment Plan.** Describe how drug testing using Substance Abuse Treatment and Testing Accountability (SATTA) Program funds will be part of each client's individual treatment plan. [ref: §9515(b)(2)(D)&(E)]

The Court orders the client into drug testing as part of the treatment referral. Drug testing is performed by many but not all of the treatment providers. The Probation Department also conducts drug testing for Proposition 36 clients. Test results are sent to both the Court and the individual treatment providers. Testing discussions occur both informally and through scheduled progress reviews.

14. Drug Testing Type and Frequency. Describe the types and frequency of drug testing. [ref: §9515(b)(3)(A)]

Urine testing is used throughout the SACPA system. The frequency of testing is based on the clinical needs of the client and depends on the severity of abuse, progress in treatment and relapse potential. Providers who test their clients may do so at their facility or send the client out for testing.

Probation officers require clients to provide urine samples on a random basis; samples are tested in a certified lab. Urine samples are collected in one of three ways: by probation staff, either at Probation offices or in the field, through a contract for collections services, or by staff in the Office of Pretrial Services testing station. All samples are sent to a lab for analysis, and the test results are provided by the lab directly to the Probation Department.

15. Recipients of Drug Testing Results. Name the entities or agencies that will receive the results of SATTA drug testing.

Probation Department

Superior Court

Contract Treatment Providers

16. Use of Drug Testing Results. Describe how these entities or agencies will use these drug testing results and the consequences or results of negative drug tests to individual clients. [ref: §9515(b)(3)(D)]

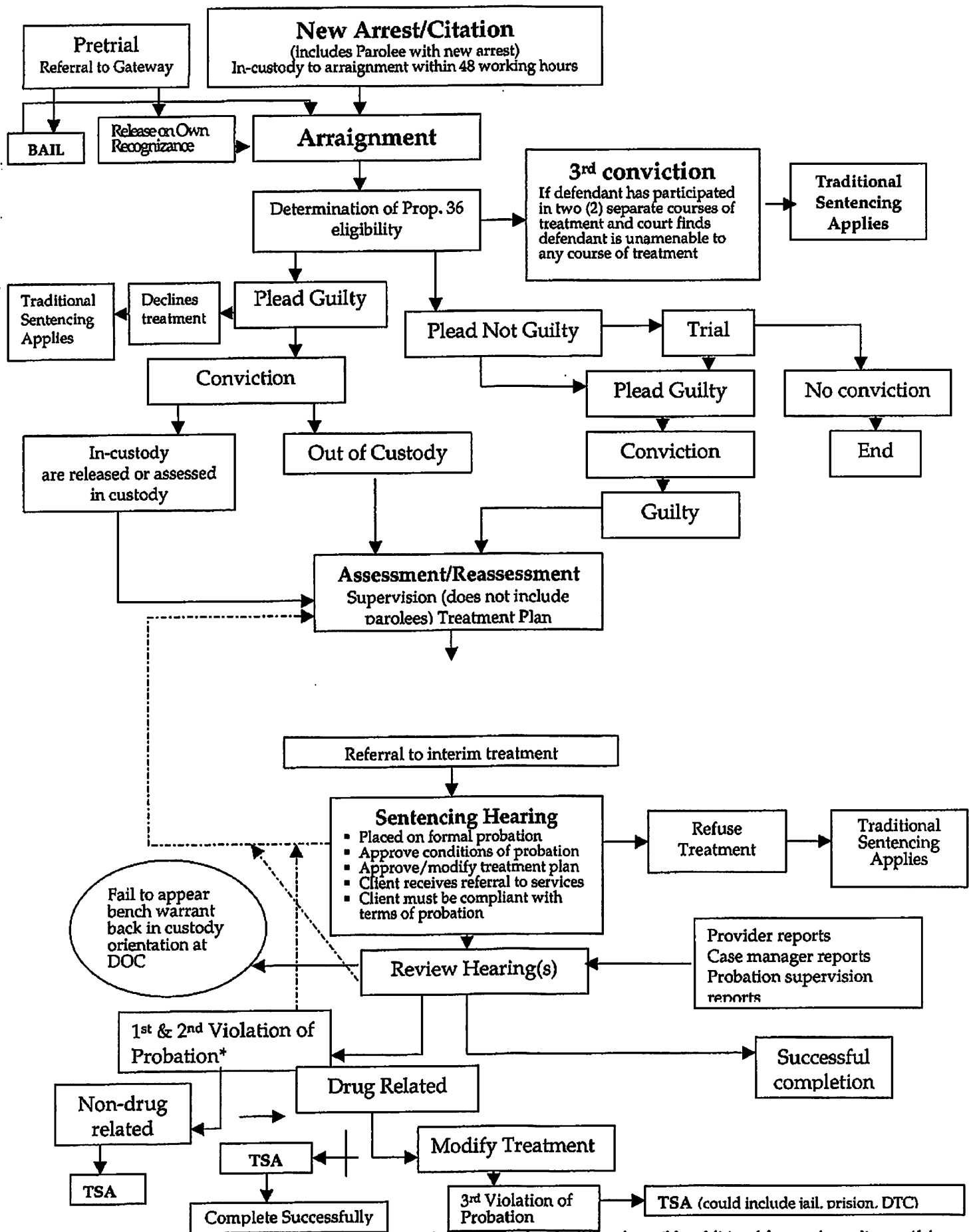
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17. Evaluation of Client Progress. Describe what aspects of the client's treatment program, in addition to the results of drug testing, will be considered in evaluating a client's progress in treatment? [ref: §9515(b)(3)(D)]

Test results are not an exclusive basis for violation of or revocation of probation; rather, they are one factor considered in an evaluation of how the client is progressing with his/her treatment plan. Other factors considered include attendance at treatment, connection to community support programs, and utilization of recommended ancillary services. Other factors considered include attendance at treatment, connection to community support programs, and utilization of recommended ancillary services.

18. Client Fee Assessment. Describe the county's procedure for ensuring that its SACPA treatment providers assess client fees. [ref: §9532(b)]

Fee assessment is a requirement of provider contracts and is monitored through the contract monitoring process. Fees are assessed on a sliding scale based on client ability to pay.



* For the violation of probation(s) the prosecution must prove the violation of probation and possibly additional factors depending on if the violation is the first or second violation