

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY**

DEPT: CHIEF EXECUTIVE OFFICE BOARD AGENDA # B-20
Urgent _____ Routine X AGENDA DATE June 12, 2001
CEO Concurs with Recommendation YES NO _____ 4/5 Vote Required YES _____ NO ✓
(Information Attached)

SUBJECT: APPROVAL OF THE IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 (PROPOSITION 36) INCLUDING ADJUSTMENT TO APPROPRIATIONS AND INCREASED STAFFING

STAFF
RECOMMEN-
DATIONS:

1. ADOPT THE ATTACHED RESOLUTION APPROVING THE STANISLAUS COUNTY IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000
2. AUTHORIZE THE FORMAL SUBMISSION OF THE IMPLEMENTATION PLAN TO THE STATE OF CALIFORNIA
3. AUTHORIZE THE AUDITOR-CONTROLLER TO INCREASE BUDGET EXPENDITURES AND REVENUES PER THE ATTACHED BUDGET JOURNAL FORM FOR FISCAL YEAR 2000/2001 FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT (SCAPA) BUDGET UNIT IN FUND 1506 AND THE PROBATION CASEWORK BUDGET.

(Continued on next page)

FISCAL
IMPACT:

Pursuant to provisions of the Substance Abuse and Crime Prevention Act of 2000 (Proposition 36), the State of California allocated \$734,416 to Stanislaus County for start-up, plan development, and the increase of treatment capacity. On January 9, 2001, the Board of Supervisors approved a special trust fund for this purpose. This agenda item requests authorization to expend approximately \$398,763 of the initial start-up funds. Approximately \$171,000 of this amount is allocated to purchase necessary furnishings and associated costs related to the expansion of services at Stanislaus Recovery Center as well as to increase space capacity at a variety of facilities, including an outpatient facility

(Continued on next page)

No. 2001-443

BOARD ACTION AS FOLLOWS:

On motion of Supervisor Simon Seconded by Supervisor Mayfield
and approved by the following vote,

Ayes: Supervisors: None

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) _____ Approved as recommended

2) _____ Denied

3) X Approved as amended

MOTION:

(PLEASE SEE ATTACHED AMENDMENTS ON PAGE 1(a).)

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk By: Christine Ferraro Deputy

File No.

AMENDMENTS CONTINUED

Page 1(a)

THE BOARD MADE THE FOLLOWING AMENDMENTS TO THIS ITEM:

- ✓ Amended Staff Recommendation #4 to read as follows: APPROVE APPROPRIATIONS FOR FISCAL YEAR 2001/2002 FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT (SCAPA) BUDGET UNIT IN FUND 1506 AND THE PROBATION CASEWORK BUDGET WILL BE INCORPORATED INTO THE ADOPTED PROPOSED BUDGET FOR FISCAL YEAR 2001/2002 CONSISTENT WITH THE ALCOHOL AND DRUG RELATED COORDINATING COUNCIL'S RECOMMENDED FUNDING ALLOCATION OF 72% FOR THE BEHAVIORAL HEALTH AND RECOVERY SERVICES DEPARTMENT SUBSTANCE ABUSE AND CRIME PREVENTION ACT (SCAPA) BUDGET UNIT OR \$510,058, 25.5% OR \$180,646 FOR THE PROBATION DEPARTMENT CASEWORK BUDGET UNIT AND 2.5% OR \$17,710 FOR THE SUPERIOR COURT BUDGET

- ✓ Amended Staff Recommendation #5 to read as follows: AMEND THE SALARY AND POSITION ALLOCATION RESOLUTION CONSISTENT WITH THE STAFFING IMPACTS SECTION OF THIS ITEM, AND FURTHER AMENDMENT TO THE SALARY AND POSITION ALLOCATION RESOLUTION FOR PROBATION – CASEWORK SERVICES WILL BE SUBMITTED FOR SUBSEQUENT BOARD APPROVAL CONSISTENT WITH THE ALCOHOL AND DRUG RELATED COORDINATING COUNCIL'S RECOMMENDED FUNDING LEVELS

- ✓ Ordered that an Advisory Council review be brought back to the Board in six months

APPROVAL OF THE IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 (PROPOSITION 36) INCLUDING ADJUSTMENT TO APPROPRIATIONS AND INCREASED STAFFING

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STAFF
RECOMMEN-
DATIONS:

(Continued)

- 4. APPROPRIATIONS FOR FISCAL YEAR 2001/2002 FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT (SCAPA) BUDGET UNIT IN FUND 1506 AND THE PROBATION CASEWORK BUDGET WILL BE INCORPORATED INTO THE ADOPTED PROPOSED BUDGET FOR FISCAL YEAR 2001/2002 CONSISTENT WITH THE ATTACHED BUDGET JOURNAL FORM.
- 5. AMEND THE SALARY AND POSITION ALLOCATION RESOLUTION CONSISTENT WITH THE ATTACHED STAFFING IMPACTS SECTION OF THIS ITEM.

FISCAL
IMPACT

(Continued): in Oakdale and a building in Modesto. The Modesto facility will be used to house staff from the Probation Department and Behavioral Health and Recovery Services assigned to the Proposition 36 program. The remaining expenditures relate to the purchase of vehicles, computers, office furniture and supplies as well as paying for a small amount of overhead costs for staffing related to the planning process for the development of the Implementation Plan. It is anticipated that of the \$734, 416 allocated, approximately \$335,653 will be placed in reserve for treatment and other appropriate expenditures under Proposition 36 in future fiscal years.

Upon approval of the Implementation Plan, the State of California will allocate \$1,416,828 to Stanislaus County to implement the provisions of the Proposition. With the amount rolled over from funds proposed to be placed in reserve from one-time start-up monies, the County will have \$1,752,481 available for fiscal year 2001/2002 to be used for implementation of the provisions of the law and for continued capacity development. Of the \$1,752,481 this item recommends that \$708,414 be appropriated for a period of six months in fiscal year 2001/2002. This funding will be distributed as follows: \$50,081 to cover six months of staffing expenses for the Probation Department and \$658,333 for six months of staffing and operational costs at the Behavioral Health and Recovery Services Department as well as all treatment costs for Prop 36 clients. Further adjustments will be made to these appropriations during the 2001/2002 fiscal year.

Finally, a remaining fiscal issue pertains to funds available for drug testing; an important component for programs under Proposition 36. This issue currently is

APPROVAL OF THE IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND
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FISCAL
IMPACT

(Continued): unresolved and is being considered by the Legislature. Failure of the Legislature to act could result in an additional cost to the County since Proposition 36 funds cannot be used for this purpose.

DISCUSSION: Introduction

On November 7, 2000, a substantial number of Californians voted to pass Proposition 36, the Substance Abuse and Crime Prevention Act of 2000. The Act makes significant changes to sections of the Penal Code and provides for the development and funding for increased Court ordered and directed drug treatment services. The purpose of the Act is to divert nonviolent probationers and parolees charged with simple drug possession or drug abuse offenses from incarceration to Court ordered community-based substance abuse treatment programs. The Act aims to enhance safety by reducing drug-related crimes. Individuals charged with drug offenses, other than simple drug possession or drug use, are excluded from the provisions of Proposition 36 and will continue to be processed under existing law.

The primary intent of Proposition 36 is to fund Court ordered and supervised drug treatment. The allocation can also be used to fund ancillary services such as family counseling, literacy, training, and vocational counseling. Funds may be used (to the extent they are available) to fund other County services impacted, such as Probation Department costs, Court monitoring costs and miscellaneous costs made necessary by the provisions of the Act.

Stanislaus County was required to submit an Implementation Plan by June 1, 2001 in order to have an appropriate review by the State Department of Alcohol and Drug Programs. Upon completion of that review, funds will be transferred to Stanislaus County prior to July 1, 2001. On January 9, 2001 the Board of Supervisors designated Stanislaus Behavioral Health and Recovery Services as the lead agency for Proposition 36 and established the necessary trust fund to receive the allocation from the State. The Board directed the Chief Executive Officer and the designated lead agency to coordinate the development of an Implementation Plan with the Stanislaus County Alcohol and Drug Related Coordinating Council.

The Alcohol and Drug Related Coordinating Council established several committees to develop the Implementation Plan for Proposition 36. Representatives from the Courts, the Probation Department, Behavioral Health and Recovery Services, Public Defender, and the District Attorney were involved

APPROVAL OF THE IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND
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Page 4

DISCUS-
SION

(Continued: in the development of the Plan, to develop the necessary functions to enact the provisions of the Proposition. Meetings were held with a variety of community providers to ascertain existing capacity and their willingness to participate in the program. The County, through its lead agency, will be responsible for providing or arranging for substance abuse treatment services for adult probationers and parolees who meet the provisions of Proposition 36. All activities related to Proposition 36 will occur under the direction of the Courts, with the Probation Department responsible for providing the necessary Court ordered supervision, court investigations, making sentencing recommendations and referrals to treatment. It is anticipated that these activities will be performed and integrated in a manner that promotes successful drug treatment services for nonviolent drug offenders. The Plan demonstrates elements consistent with multiple collaborative processes that have occurred throughout Stanislaus County, including such successful programs as the Adult Drug Court and Juvenile Drug Court Programs.

Resource Allocation

Incorporated in the Implementation Plan is a cautious approach to the utilization of funds made available to Stanislaus County for the primary intent of the Proposition. The Alcohol and Drug Related Coordinating Council reached consensus on the Plan for the allocation of resources for the first six months of the program from July 1, 2001 through December 31, 2001. The allocation acknowledges the uncertainty of what the actual real time demands will be once the Proposition goes into effect. Although it is possible to collect data and make hypotheses regarding the number of individuals who will require both probation and treatment services, there are many variables still unknown related both to the manner in which crimes will be charged and to the position the Defense Bar will assume beginning July 1. By initially allocating six months of funding, it is the intent of the lead agency and the Alcohol and Drug Related Coordinating Council to carefully monitor the needs identified throughout the six months, and make necessary changes at the mid-year.

The six month resource allocation agreed upon by the Council for the first six months was that 72% of the funds (\$510,059) would be dedicated toward capacity development and the funding of additional Court ordered drug abuse services; 25.5% of the funds (\$180,646) for the Probation Department to implement their responsibilities as defined by the Courts; 2.5% of the funds (\$17,710) would be allocated to the Courts to cover increased processing requirements resulting from provisions of the Proposition.

APPROVAL OF THE IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND
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DISCUS-
SION

(Continued: Given the uncertainties of the actions the defense will take, charging practices and the level of treatment services that will be required for the Prop 36 participants, it is recommended that a six month funding allocation of \$50,081 for Probation which will fund one Deputy Probation Officer II and a Legal Clerk III be approved. Because this program is co-located it is the intent for the first six months, until a thorough assessment of the exact program demands that will occur can be made, that the Legal Clerk position be shared by Probation and the

Superior Court. The Court and Probation will be encouraged to monitor the workflow and impact on their workload so that if necessary, staffing adjustments may be made at the six month program review. The remaining portion or \$658,333 would be allocated to the Behavioral Health and Recovery Services Department to provide program assessment, case management, and treatment services as well as to fund some administrative costs associated with management of the contract. Three Behavioral Health Specialist II positions and one Accountant III position will be added.

The Implementation Plan itemizes the proposed utilization of initial one-time, start-up monies as outlined in the Fiscal Impact section of the Board Agenda Item and allows for a reserve in the Proposition 36 Trust Fund.

It remains clear that following the implementation of the Proposition on July 1, real time data will help direct the expansion of necessary treatment. As the Board is aware, the implementation of this Proposition corresponds with the opening of Stanislaus Recovery Center, which will provide an additional 245 treatment slots for various types and levels of drug treatment services. It is anticipated that the availability of these new resources will assist in meeting the initial demands for substance abuse treatment under Proposition 36. However, the lead agency will need to continue to work with a variety of community providers to increase different types of treatment capacity based on real time data collected after July 1. It is expected that funds available to the County under Proposition 36 will follow clients into the various levels of treatment necessary.

The level of accountability demanded by the State for the proper use of these funds is exacting and will need to be carefully monitored. In order to satisfy regulations issued by the California State Department of Alcohol and Drug Programs, the lead agency, Behavioral Health and Recovery Services, will begin developing Memoranda of Understanding with various County departments that will receive Proposition 36 funding. Memoranda of Understanding will also be developed with treatment programs operated by the County. Contractual relationships will be developed as needs arise with community providers who

APPROVAL OF THE IMPLEMENTATION PLAN FOR THE SUBSTANCE ABUSE AND
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DISCUSSION

(Continued):

wish to provide services under the provisions of the Proposition and have met all the regulatory requirements. Finally, there is concern within the Alcohol and Drug Related Coordinating Council as well as statewide that funds made available to the County for appropriate Court directed treatment services as well as for additional County costs incurred will be inadequate. Since the primary purpose of the Proposition is to ensure the availability of appropriate levels of Court directed treatment, the impact of the Proposition on other County services, primarily the Probation Department, creates the potential for additional County General Fund costs. Those costs will be identified at the earliest possible time by the lead agency, and in collaboration with the Chief Executive Office and the Alcohol and Drug Related Coordinating Council, recommendations and strategies will be presented to the Board of Supervisors. Some of these costs include those associated with drug testing. Proposition 36 funding cannot be used for this purpose and the issue has not been, nor is it likely to be resolved by the Legislature.

Conclusion

The final adoption of the Implementation Plan assures that Stanislaus County will receive the necessary allocation from the State to implement Proposition 36. The Plan at this point is subject to amendment by the State Department of Alcohol and Drug. In addition, the specific budget allocations in the Plan do not reflect the recommendations under consideration before the Board in this item. A final copy of the Plan will be provided to the Board of Supervisors. It will incorporate the recommended changes of the State Department of Alcohol and Drug and it will reflect the budget allocation recommendations as adopted by final Board action.

The Plan recommends a measured approach for implementation and for developing the program based on data. The Implementation Plan strongly emphasizes an integrated and collaborative approach between all sectors of County government as well as with private providers in the community. The degree to which we are successful will help determine the effectiveness of this effort.

POLICY

ISSUES:

The approval of the Implementation Plan once it is finalized ensures that Stanislaus County best utilizes its resources for the stated intent of Proposition 36 and safeguards the health and safety of the community consistent with the Board's goals and priorities.

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STAFFING

IMPACT: It is recommended that the Salary and Position Allocation Resolution be amended as follows:

1. Add three Behavioral Health Specialist II positions and one Accountant III position to the Alcohol and Drug Treatment Program of the Behavioral Health and Recovery Services Department.
2. Add one Deputy Probation Officer II position and one Legal Clerk III position to the Casework Division of the Probation Department.

**AUDITOR-CONTROLLER
BUDGET JOURNAL**

AUDITOR-CONTROLLER
COPY

BUDGET JOURNAL SCREEN

Budget Organization **Stanislaus Budget Org**
 Budget **LEGAL BUDGET**
 Accounting Period From **Jul-01**
 To **Jun-02**



BATCH SCREEN

Journal Batch **BHRS KKG 6/1/01** BO --
 Category **Budget**

Line	Coding Structure						Period	Description
	Fund	Org	Account	G/L Proj	Loc	Misc	Jul-01	
	4	7	5	7	6	6	AMOUNT	
1	6611	64101	50000				17,710.00	Superior Court - Salaries & Benef
2	6611	64101	38000				17,710.00	Superior Court - Interfund Revenue
3								
4								
5								
6								
7							.0	
8							.0	
9							.0	
10							.0	
11							.0	
12							.0	
13							.0	
14							.0	
15							.0	
16							.0	
17							.0	
18							.0	
19							.0	
20							.0	
21							.0	
22							.0	
23							.0	
24							.0	
25							.0	
Subtotal							35,420.00	

Explanation: Set up Prop 36 **six months operating budget for Court**. Annual allocation is estimated at 2.5% for Courts (35,420)

Requesting Department	CEO	Auditors Office Only	
K.Gill Signature 6/14/01 Date	<i>Pator NW 2</i> Signature Date	Prepared By Date	Admin-Approval (\$75K) <i>[Signature]</i> 6-14-01 Date

(AMENDED)
AUDITOR-CONTROLLER
BUDGET JOURNAL

AUDITOR-CONTROLLER
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BUDGET JOURNAL SCREEN

Budget Organization **Stanislaus Budget Org**
 Budget **LEGAL BUDGET**
 Accounting Period From **Jul-00**
 To **Jun-01**



BATCH SCREEN

Journal Batch **BHRS KKG 5/25/01** BO --
 Category **Budget**

Line	Coding Structure						Period	Description
	Fund 4	Org 7	Account 5	G/L Proj 7	Loc 6	Misc 6	May-01 AMOUNT	
1	1506	6550110	22450				734,416.00	Prop 36-St-Aid Gen Funds
2	1506	6550110	61830				70,000.00	Prop 36-St-Major Alter & Repairs (ECC & 12
3	1506	6550110	62980				27,500.00	Prop 36-Computer Equip to \$5k
4	1506	6550110	62990				30,000.00	Prop 36-Office Equip to \$5k
5	1506	6550110	63280				336,154.00	Prop 36-Contracts (treatment rollover)
6	1506	6550110	63287				4,320.00	Prop 36-Contracts Agency Help
7	1506	6550110	66180			.0	10,000.00	Prop 36-Conferences & Seminars
8	1506	6550110	67040			.0	2,500.00	Prop 36-Other Travel Exp
9	1506	6550110	80300			.0	170,000.00	Prop 36-Structures & Improvement (SRC)
10	1506	6550110	84070			.0	48,000.00	Prop 36-Vehicles
11	1506	6550110	87500			.0	35,942.00	Prop 36-Intrafund Charges
12						.0		
13						.0		
14						.0		
15						.0		
16						.0		
17						.0		
18						.0		
19						.0		
20						.0		
21						.0		
22						.0		
23						.0		
24						.0		
25						.0		
Totals							1,468,832.00	

Explanation: To set up the Prop 36 start up expenditures funded by the one-time monies of \$734,416.

Requesting Department	CEO	Auditors Office Only	
K.Gill	<i>[Signature]</i>	Prepared By	Admin Approval (\$75K+)
Signature	Signature		<i>[Signature]</i>
6/14/01		Date	6-14-01
Date	Date	Date	Date

**AUDITOR-CONTROLLER
BUDGET JOURNAL**

AUDITOR-CONTROLLER
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BUDGET JOURNAL SCREEN

Budget Organization **Stanislaus Budget Org**
 Budget **LEGAL BUDGET**
 Accounting Period From **Jul-00**
 To **Jun-01**



BATCH SCREEN

Journal Batch **BHRS KKG 6/1/01** BO --
 Category **Budget**

Line	Coding Structure						Period	Description
	Fund	Org	Account	GL Proj	Loc	Misc	Jun-01	
	4	7	5	7	6	6	AMOUNT	
1	1506	6550110	22450				708,414.00	St-Aid Gen Funds
2	1506	6550110	50000				183,412.00	Salaries & Benefits
3	1506	6550110	60420				250.00	Communications - air ti
4	1506	6550110	61600			.0	1,250.00	Maintenance-equipment
5	1506	6550110	62400			.0	0.00	Miscellaneous expense
6	1506	6550110	62600			.0	500.00	Office supplies
7	1506	6550110	62860			.0	1,000.00	Office Equipment - Non
8	1506	6550110	63280			.0	218,911.00	Contracts - Treatment estimated
9	1506	6550110	65100			.0	2,250.00	Rents & leases-equipmen
10	1506	6550110	65200			.0	250.00	Alarm & answering servi
11	1506	6550110	65300			.0	16,500.00	Rents & leases-struct &
12	1506	6550110	65780			.0	2,500.00	Education & training
13	1506	6550110	66180			.0	2,500.00	Conferences & seminars
14	1506	6550110	67040			.0	4,100.00	Other travel expenses
15	1506	6550110	67100			.0	500.00	Patient related travel
16	1506	6550110	67200			.0	3,500.00	Utilities
17	1506	6550110	71000			.0	25,000.00	Wraparound
18	1506	6550110	73500			.0	50,081.00	Probation Expenses
19	1506	6550110	73511			.0	1,500.00	Govt Fund Bill-Auditor'
20	1506	6550110	73512			.0	500.00	Govt Fund Bill-Purch Ag
21	1506	6550110	73514			.0	600.00	Govt Fund Bill-Risk Man
Subtotal							1,223,518.00	

Explanation: To set up the Prop 36 six months operating budget. Annual funds of \$1,416,828.

Requesting Department	CEO	Auditors Office Only	
K.Gill			Prepared By
Signature	Signature		Admin Approval (\$75K)
6/6/01	6/7/01		6-07-01
Date	Date		Date

See "Amended Budget & Journal Forms Attached!"

COUNTY OF STANISLAUS

Line	Coding Structure							Period	Description	
	Fund	Org	Account	G/L Proj	Loc	Misc	Jun-01			
	4	7	5	7	6	6	AMOUNT			
23	1506	6550110	73520				.0	1,500.00	Govt fund A-87 charges-	
24	1506	6550110	73521				.0	1,000.00	Govt fund -A-87 carry f	
25	1506	6550110	74010				.0	1,000.00	Local calls outside pbx	
26	1506	6550110	74020				.0	1,000.00	Long distance calls	
27	1506	6550110	74030				.0	5,000.00	Non system charges	
28	1506	6550110	74050				.0	500.00	Auto liability	
29	1506	6550110	74060				.0	750.00	Self insured general li	
30	1506	6550110	74120				.0	50.00	Messenger services	
31	1506	6550110	74170				.0	100.00	Co garage vehicle use	
32	1506	6550110	74370				.0	500.00	Stores-office supplies	
33	1506	6550110	74700				.0	50.00	Commercial insurance	
34	1506	6550110	87500				.0	16,000.00	Intrafund charges - Regional Teams	
35	1506	6550110	87500				.0	165,860.00	Intrafund charges - SRC Treatment	
36							.0			
37							.0			
38							.0			
39							.0			
40							.0			
41							.0			
42							.0			
43							.0			
44							.0			
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61							.0			
62							.0			
63							.0			
64							.0			
65							.0			
66							.0			
67							.0			
68							.0			
69							.0			
70							.0			
71							.0			
72							.0			
Totals									1,416,828.00	

See Amended Budget Journal Forms Attached!

**AUDITOR-CONTROLLER
BUDGET JOURNAL**

AUDITOR-CONTROLLER
COPY

BUDGET JOURNAL SCREEN

Budget Organization **Stanislaus Budget Org**
 Budget **LEGAL BUDGET**
 Accounting Period From **Jul-00**
 To **Jun-01**



BATCH SCREEN

Journal Batch **BHRS KKG 6/1/01** BO --
 Category **Budget**

Line	Coding Structure						Period	Description
	Fund 4	Org 7	Account 5	GL Proj 7	Loc 6	Misc 6	Jun-01	
							AMOUNT	
1	100	26120	50000				50,081.00	Probation - Salaries & Benefits
2	100	26120	38000				50,081.00	Probation - Inter-fund revenue
3								
4								
5								
6								
7							.00	
8							.00	
9							.00	
10							.00	
11							.00	
12							.00	
13							.00	
14							.00	
15							.00	
16							.00	
17							.00	
18							.00	
19							.00	
20							.00	
21							.00	
22							.00	
23							.00	
24							.00	
25							.00	
Subtotal							100,162.00	

See "Amended" Budget Journal Forms Attached

Explanation: Set up Prop 36 **six months operating budget for Probation**. Estimates provided by CEO.

Requesting Department	CEO	Auditors Office Only
K.Gill Signature 6/6/01 Date	<i>[Signature]</i> Signature 6/7/01 Date	<i>[Signature]</i> Prepared By Admin Approval (\$75K) 6-07-01 Date

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
STATE OF CALIFORNIA

Date: June 12, 2001

No. 2001-443

On motion of Supervisor Simon, Seconded by Supervisor Mayfield,
and approved by the following vote,
Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None B-20

THE FOLLOWING RESOLUTION WAS ADOPTED:

IN RE: APPROVAL OF THE STANISLAUS COUNTY IMPLEMENTATION PLAN
FOR THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000,
PURSUANT TO SECTION 9515, TITLE 9, CALIFORNIA CODE OF
REGULATIONS.

WHEREAS, the Behavioral Health and Recovery Services as the lead agency has prepared the Stanislaus County Proposition 36 Implementation Plan for the Substance Abuse and Crime Prevention Act of 2000 as directed by the California Department of Alcohol and Drug Programs;

WHEREAS, the Alcohol and Drug-Related Coordinating Council has been responsible for the development of this plan;

WHEREAS, the County of Stanislaus shall comply with the provision of the Substance Abuse and Crime Prevention Act of 2000 and the California Code of Regulations; Division 4, Chapter 2.5; and

WHEREAS, the County of Stanislaus has established and maintains a trust fund; and

WHEREAS, the County of Stanislaus shall deposit all funds received into that trust fund.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Stanislaus hereby approves the submission of the Stanislaus County Implementation Plan for the Substance Abuse and Crime Prevention Act of 2000; and authorizes the Director of Stanislaus County Behavioral Health and Recovery Services to sign said county plan and authorizes the Director of Stanislaus County Behavioral Health and Recovery Services to sign any necessary updates to said plan on behalf of the County of Stanislaus.

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk
Stanislaus County Board of Supervisors,
State of California,



By: Deputy

File No.



BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

Larry B. Poaster, Ph.D.
Director

800 Scenic Drive, Modesto, CA 95350
Phone: 209.525.6225 Fax: 209.525.6291

DRAFT

DRAFT

May 29, 2001

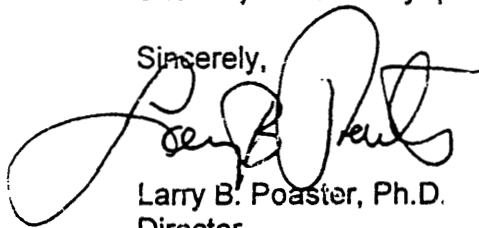
Kathryn P. Jett
Director
Department of Alcohol and Drug Programs
1700 "K" Street
Sacramento, CA 95814

Dear Ms. Jett:

Enclosed, please find a draft of the Proposition 36 Implementation Plan submitted by Stanislaus County. As I indicated in past correspondence, the Plan has been submitted to the Stanislaus County Board of Supervisors and will be taken up at their June 5, 2001 meeting. It would be our anticipation to send you the appropriate resolutions immediately following that meeting.

Should you have any questions with regard to this please do not hesitate to contact me.

Sincerely,



Larry B. Poaster, Ph.D.
Director

LBP/ps

Enclosure



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Please see "Final" approved by State Board - Attached!

**STANISLAUS COUNTY
Substance Abuse and Crime Prevention Act of 2000
Implementation Plan**

County Name: Stanislaus County

Date Plan Prepared: May 21, 2001

Prepared by:

**Stanislaus County Proposition 36 Implementation Committee
and
Alcohol and Drug-Related Coordinating Council**

Name of County Lead Agency Director: Larry B. Poaster, Ph.D.

Title: Director, Behavioral Health and Recovery Services

A Mental Health, Alcohol and Drug Service Organization

Signature: *Larry B. Poaster, Ph.D.*

Date: May 21, 2001

Contact Person: Connie Moreno-Peraza, LCSW, Administrator

Alcohol and Drug Programs

This plan is submitted pursuant to Section 9515, Title 9,
of the California Code of Regulations (CCR).

Please see attached of this "Final" version of this "Draft" plan which has been approved by the State

Please see "Final"
Attached & approved by
DRAFT State!

STANISLAUS COUNTY

"Substance Abuse and Crime Prevention Act of 2000"

Proposition 36

Implementation Plan

Introduction

The purpose of this document is to provide the Stanislaus County Board of Supervisors, the Chief Executive Office, and the Alcohol and Drug-Related Coordinating Council with an overview of the Proposition 36 Implementation Plan. This document will provide background information about Proposition 36 and will include the California Department of Alcohol and Drug Programs Emergency Regulations Implementation Plan requirements such as collaborative planning efforts; program design, including target population, referral and eligibility process, assessment process, multi-disciplinary team process, confidentiality, probation supervision, parole supervision, monitoring process, drug testing, alcohol and drug continuum of care, data collection and program evaluation, and ancillary services; tentative timelines; and budget information. The Proposition 36 Implementation Plan was developed in alignment with Stanislaus County Board of Supervisors vision, mission, priorities and values, and in particular, in alignment with the number one priority of the Board of Supervisors "to ensure a safe and healthy community", which is a primary intent of Proposition 36.

Background

On November 7, 2000, Californians passed Proposition 36, the Substance Abuse and Crime Prevention Act of 2000. The act makes significant changes to both the criminal justice system and the drug treatment system. The purpose of the Act is to divert non-violent probationers and parolees charged with simple drug possession or drug use offenses from incarceration to community-based substance abuse treatment programs. The Act aims to enhance public safety by reducing drug-related crime and preserving jails and prisons for serious and violent offenders. As a result, significant cost savings to the State of California are anticipated.

The Act allocated \$60 million dollars for fiscal year 2000-2001 and \$120 million per year over a five-year period beginning in fiscal year 2001 and ending in fiscal year 2006. The State Department of Alcohol and Drug Programs, as the lead state agency, released the fiscal year 2000-2001 funding allocation letter to counties on December 29, 2000. The allocation methodology used to disseminate the funds was based on population (50% of the allocation), drug arrest data (25% of the allocation), and drug treatment caseload data (25% of the allocation).

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Stanislaus County's allocation for fiscal year 2000-2001 is \$734,000.00. The anticipated allocation for fiscal year 2001-2002 is \$1.4 million. Subsequent allocations are subject to annual changes due to fluctuations in the County's share of the indicators used to calculate the allocation.

The primary intent of Proposition 36 is to fund court-ordered and court-supervised drug treatment. The allocation can also be used to fund ancillary services such as family counseling, literacy training, and vocational counseling. The funds may also be used to fund Probation Department costs, court monitoring costs, and miscellaneous costs made necessary by the provisions of the Act. Proposition 36 funds can not be used for drug testing.

- 1. Provide a brief narrative describing how county services for SACPA clients are coordinated. Include the collaborative process used to identify the services contained in the county plan. Reference: Section 9515 (b) (2) (A)**

Collaborative Planning Efforts

Stanislaus County Board of Supervisors appointed the Alcohol and Drug-Related Coordinating Council, which is part of the Chief Executive Office and has been in existence since July 8, 1997, as the Oversight Committee for Proposition 36 Implementation. The Council is comprised of the Chief Executive Officer, Sheriff, Director of Behavioral Health and Recovery Services, Chief Probation Officer, Director of Employment and Training, Director of Community Services Agency, Director of Health Services Agency, Drug Court Judge, Public Defender, and District Attorney. The purpose of this Council is to provide leadership, communication, and coordination between and amongst departments, agencies, providers and systems; identify the public policy issues that need to be addressed and discussed by the Board of Supervisors; identify positive outcomes associated with specific public safety policy recommendations; and identify sources of funding (i.e., public, private, state, federal, county, foundations, etc.) that can be used to develop alcohol and drug-related prevention, intervention, treatment and recovery services.

The Alcohol and Drug-Related Coordinating Council established a Local Proposition 36 Implementation Sub-Committee, which was convened in early February as part of the County's planning efforts for the initiative. The Implementation Committee is comprised of designees from the members of the Alcohol and Drug-Related Coordinating Council. This committee is co-chaired by the Honorable Donald E. Shaver, Superior Court Judge, Drug Court Programs, and Connie Moreno-Peraza, LCSW, Alcohol and Drug Programs Administrator, Behavioral Health and Recovery Services. This committee was established to develop the Implementation Plan for Proposition 36 and to ensure that a collaborative process is used to seek and integrate input from the various key partners that may be impacted by this initiative. Furthermore, the Implementation Committee created three sub-committees, which were comprised of members of the Implementation Committee and met weekly, to address specific areas related to Proposition 36:

- Referral, Assessment, Treatment, and Process Flow Committee
- Data Committee
- Fiscal Committee
- Parolee Services Committee

**2. Identify the entities participating in the development of the county plan.
Reference: Section 9515 (b) (2) (A)**

Representatives of the following entities participated in the development of this plan:

Local Alcohol and Drug-Related Coordinating Council

Nick Blom, Supervisor District 3, Board of Supervisors
Reagan M. Wilson, Chief Executive Officer
Beverly Finley, Director, Health Services Agency
Honorable Donald E. Shaver, Superior Court Judge, Drug Court Programs
James Brazelton, District Attorney
Jeff Jue, Director, Community Services Agency
Larry B. Poaster, Ph.D., Director of Behavioral Health and Recovery Services, Lead Agency
Les Weidman, Sheriff
Linda Duffy, Chief Probation Officer
Robert Allaire, Chief Executive Office, Senior Consultant
Terry Plett, Director, Department of Employment and Training
Tim Bazar, Public Defender

Local Proposition 36 Implementation Committee

Honorable Judge Donald E. Shaver, Superior Court, Drug Court Program
Connie Moreno-Peraza, LCSW, BHRS, Alcohol and Drug Programs Administrator
Tim Bazar, Public Defender
Chris Gilroy, Chief Deputy District Attorney's, District Attorney's Office
Darleen Newlin, Supervising Probation Officer, Probation Department
Donald H. Lundy, Executive Officer, Superior Court
Teri Kook, LCSW, Chief of Child Welfare Services, Community Services Agency
Darrel Long, Lieutenant, Sheriff's Office
Eileen Melson, Senior Consultant, Chief Executive Office
Nancy Fisher, Supervising Public Health Nurse, Health Services Agency
Steve Hopkins, Manager, Department of Employment and Training

**3. Did formulation of the county plan include input from federally recognized American Indian Tribe(s) located within your county or their representatives?
Reference: Section 9515 (b) (2)**

Yes (See list of participants below)

No

**4. Did formulation of the county plan include input from impacted community parties?
Reference: Section 9515 (b) (2)**

Yes (See list of participants below)

No

Other Stanislaus County Representatives and Public Members Who Participated

Honorable Loretta Murphy Begen, Superior Court Judge
Bob Foster, Chair, Advisory Board on Substance Abuse Programs
Annette Reclusado, Latino Alcohol and Drug Services, Inc.
Ramona Valadez, Executive Director, Native Directions Inc., Three Rivers Indian Lodge
Raul Ortega, GI Forum
Ernie Spokes, Attorney at Law, Defense Bar Attorney
Linda Romero Soles, Deputy Executive Officer, Superior Court
Miguel Donoso, Latino Community Member
Mike Garcia, GI Forum
RoseAnn Alfaro, Supervising Legal Clerk II, Superior Court
Andrea Fantacone, Clerical Division Manager, Superior Court
Michael O'Neal, Manager, Department of Employment and Training
Debra Martinez, BHRS, Alcohol and Drug System of Care, Alumni/Drop-In Center Liaison
Jose Lopez, Reality Program Alumni Association/Drop-In Center Volunteer
Annie Perez, Reality Program Alumni Association/Drop-In Center Volunteer
John Pera, Reality Program Alumni Association/Drop-In Center Volunteer
Lynn Goldstein, Executive Director, Friends Outside
Manuel Vega, President, Latino Alcohol and Drug Services, Inc.
Ramona Valadez, Executive Director, Native Directions, Inc., Three Rivers Indian Lodge
Al Espinoza, Assistant Director, Nirvana Residential Treatment Program
Mike Shinkel, Executive Director, Solidarity Inc.
Karen Hurley, Special Projects Manager, BHRS, Adult System of Care
Rob Gleeson, Director, Gleeson Counseling
Dane Holding, Clinical Services Technician II, Nirvana Residential Treatment Program
Patrick O'Kane, Administrative Staff, Solidarity
David Dickson, Administrative Staff, Dad's House
John Long, Administrative Staff, Solidarity
Gretchen Garner-Easter, Deputy Commissioner, Board of Prison Terms
John Weaver, Deputy Commissioner, Board of Prison Terms
Cherie Dockery, Alcohol and Drug System of Care Special Projects Coordinator
Cathy Walke, Supervising Probation Officer, Drug Court Program
Lucky Maldonado, Executive Director, Safety Center
Nancy Cartwright, Executive Director, Samaritan and Laura's House
New Hope Recovery House Representative
Judy Lewis, Executive Director, First Step Perinatal Program

The Proposition 36 Implementation Committee met on a weekly basis and also solicited input from alcohol and drug service providers, the Advisory Board on Substance Abuse Programs, the Alcohol and Drug System of Care Alumni Association, and other community organizations such as the GI Forum and Native Directions, Inc. Three Rivers Indian Lodge (See Appendix A). The Implementation Committee developed a vision statement, a mission statement, and general objectives for the Proposition 36 Implementation Plan.

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5. **Please provide a brief narrative here describing how the county will provide and fund services to SACPA clients. References: CCR, Title 9, Section 9515(b)(2)(B); PC 1201.1; PC 3063.1(c).**

Stanislaus County will provide culturally and linguistically competent services through a multi-agency collaborative and multi-disciplinary team approach. Behavioral Health and Recovery Services Cultural Competence Clinical Standards and Guidelines will be integrated in the delivery of drug treatment services in collaboration with Proposition 36 partners (See Appendix A for BHRS Cultural Competence Standards). SACPA funds will be used to pay for drug treatment services, probation related services, court related services and ancillary services (i.e., literacy training, vocational, and family counseling). The following sections will describe the vision, mission, objectives, program design, referral and eligibility process, assessment process, multidisciplinary team, probation and parole supervision, confidentiality, and monitoring.

Vision of Proposition 36 Implementation Committee

The vision of the Proposition 36 Implementation Committee is to reduce crime and increase drug treatment alternatives for Proposition 36 eligible participants. This vision is in alignment with the Board of Supervisors priority of ensuring safe and healthy community and the initiative goals.

Mission of Proposition 36 Implementation Committee

The mission of the Proposition 36 Implementation Committee is to implement the proposition through a collaborative process and to achieve a policy consensus that will promote successful treatment programs and services for the rehabilitation of non-violent drug offenders without jeopardizing public safety.

General Objectives

The Proposition 36 Implementation Committee reached consensus on the following general objectives for Proposition 36:

- **To provide for a “seamless transition” to a system including Proposition 36 cases.** Proposition 36 cases will not be viewed as separate treatment programs apart from existing court supervised treatment programs such as PC1000 and Drug Court, but rather as an additional track for entering those programs.
- **To provide a specialized calendar with a team of judges and support staff with training and experience in supervising substance-abusing defendants while they are in treatment.** Depending on the level of supervision and treatment required, Proposition 36 cases will be handled in one department with a specialized calendar utilizing well established treatment court principles.
- **To provide for an appropriate level of treatment and supervision through individual assessments.** Recognizing that no single treatment is appropriate for all individuals, each participant will be assessed to treatment commensurate with the severity of his/her addiction, and probation supervision commensurate with his/her risk to the community. As the participant progresses or regresses in treatment, continuing assessments and re-evaluations will be conducted.

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- **To provide for an integrated court, probation, and treatment system that facilitates transfer of cases between treatment and supervision levels as appropriate based on therapeutic considerations.** For both Proposition 36 and non-Proposition 36 cases, upon unsuccessful termination from one treatment program, all cases will be reviewed to determine whether a higher level of treatment is indicated or whether the case should be returned to court for violation of probation. Proposition 36 cases will be incorporated into existing linear “continuum of treatment” and subject to the same considerations and procedures, whether or not they were previously referred to treatment under PC1000 or Drug Court. Treatment will not “start all over again,” nor be arbitrarily denied, just because the case is now a Proposition 36 case.
- **To provide for meaningful cooperation and collaboration between treatment providers, the Court, and the Probation Department.** Current practices involving teams consisting of treatment providers and probation officers co-located in the same office managing and supervising cases assigned to the team will be utilized for appropriate Proposition 36 cases as well.

Program Design

Behavioral Health and Recovery Services Alcohol and Drug System of Care and Probation staff will be co-located as the Proposition 36 Team to ensure easy access and timely services. Assessment by Alcohol and Drug and Probation staff will be conducted on site and linkages to other services in the community will be made by the Behavioral Health Services Case Manager, in collaboration with the Proposition 36 Team. The Alcohol and Drug Continuum of Care, including the upcoming Stanislaus Recovery Center, and community-based treatment providers, will be accessed for drug treatment services and sober living environments. Ancillary services will also be accessed via linkages and referrals by the Proposition 36 Team. Services will be purchased as deemed necessary to meet the needs of the Target Population Proposition 36 participants.

The target population that will be served under Proposition 36 will be adults ages 18 years old and above who are non-violent probationers and parolees charged with simple drug possession or drug offenses. It is anticipated that this population will be ethnically diverse (i.e., Hispanic, African American, Asian, Native American and Anglo-American participants) and comprised of men and women from different geographic areas in Stanislaus County. It is also anticipated that this population will be comprised of individuals who have co-occurring diagnoses, such as mental health, dual diagnosis, health-related conditions, etc. Therefore, services will be provided in collaboration with multiple agencies and community-based organizations that provide specialized and comprehensive services for this population.

Referral and Eligibility Process

- Cases believed to be eligible for Proposition 36 will be earmarked for reference at an early stage of the proceedings
- Upon plea or conviction, the matter will be referred to the Probation Department for a Proposition 36 sentencing report, and referral to Behavioral Health and Recovery Services alcohol and drug staff will be made for a comprehensive drug assessment. The case will be put over 20 judicial days (days court in session) for sentencing in the designated Proposition 36 Court. The drug assessment will be completed within 10 judicial days and forwarded to

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Probation Department to be included in the sentencing report. Probation will assess for level of supervision and make sentencing recommendations and recommend conditions of probation. At the time of sentencing, the Proposition 36 Judge will review the reports, select the appropriate level of treatment, order the defendant into appropriate treatment or educational program, collateral counseling programs (i.e., vocational, family counseling, literacy, etc.) and order such other terms of probation as appropriate. The case will be scheduled for progress reviews in the Proposition 36 court as appropriate, depending on the level of treatment and supervision chosen.

- A plea or conviction will be entered in all cases prior to referral to the Proposition 36 Court. An indicated sentence to be imposed if a defendant violates probation by failing to successfully complete probation may be given at the discretion of the Judge taking the plea. The plea may be considered conditional upon this sentence being imposed if the defendant decides at any time to opt out of treatment or is terminated from treatment. However, a case will not be referred to the Proposition 36 Court with a plea conditional on defendant receiving a certain level of treatment or supervision.
- Treatment related Violation of Probation proceedings arising out of Proposition 36 cases will be handled in the Prop 36 Court. Upon receiving an oral or written report from the Probation Department of a violation of treatment program rules or non-compliance with treatment, the Court may make a summary finding of probable cause to believe a defendant is in violation of probation and the defendant may be summarily incarcerated. Prior to scheduling a hearing on the violation, the defendant will be re-assessed for continuation in treatment (either at the same level or a higher level) or termination of treatment. Except in unusual circumstances, where the Proposition 36 Judge decides to keep the defendant in treatment, either at the same level or higher level, the violation will be dropped and defendant released. If the treatment provider recommends terminating the defendant from treatment, a violation of probation hearing will be scheduled pursuant to the provisions of Proposition 36.
- Deferred Judgment cases terminated from PC1000 or Drug Court may be referred to the Proposition 36 Court as above upon sentencing. The indicated sentence given as part of the deferred judgment program will remain the same for Prop 36 proceedings.

6. What services are available to SACPA clients under the county plan?

Alcohol and Drug System of Care

Behavioral Health and Recovery Services has a county-oriented comprehensive Alcohol and Drug System of Care with a continuum of care consisting of culturally and linguistically competent services with different levels of intensity (i.e., Level I: low intensity services, Level II: medium intensity services, and Level III: high intensity and enhanced services):

- ◆ education, prevention, early intervention, assessment, and case management (Level I);
- ◆ outpatient services (Level II: 2 hours, 2 times per week), intensive outpatient (Level III: 3 hours, 3 times per week);
- ◆ day treatment (Level III: services may range from 3 days-all day of treatment to 4 days-all day of treatment);

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- ◆ residential inpatient services, including social detoxification services (Level III);
- ◆ aftercare services, relapse prevention and supportive services (Level I);
- ◆ Alumni/peer-run drop-in center services for socialization, support, information, referral services, 12-Step meetings (Level I);
- ◆ Community Support Services in different communities throughout the county (Alcoholic Anonymous, Narcotic Anonymous, Alanon, etc. to support recovery and prevent relapse).
- ◆ Contracted services for sober living environments and socialization services to help sustain recovery (i.e., Alano Club, Samaritan House, Laura's House, etc., Level I)

In addition, there are some community-based alcohol and drug treatment providers that work in collaboration with the Alcohol and Drug System of Care to ensure clients access services in the community (i.e., Nirvana Residential Treatment Program, New Hope Recovery House, First Step Perinatal Treatment Program, etc.) and sober living environments (i.e., Samaritan House, Laura's House, Nirvana Clean & Sober Supportive Living, Solidarity Ranch, Solidarity Women's House, etc.), and the Alcohol and Drug System of Care has some contracts in place with some of these providers (i.e., First Step, Samaritan's House, Laura's House, etc.). There are also PC1000 providers, DUI providers, and 24-Hour transitional housing programs (i.e., 24-Horas Nuevo Horizonte-New Horizon 24-Hour House, etc.).

Treatment providers that are currently used and the ones that will be used for Proposition 36 participants will be licensed and certified treatment facilities by the California Department of Alcohol and Drug Programs Licensing and Certification Branch. The sober living environments (alcohol and drug-free housing) that will be used by Proposition 36 participants will be required to enter into a contractual agreement with Behavioral Health and Recovery Services (BHRS), and will be required to comply with the California Association of Addiction Recovery Resources (CAARR) Standards for Sober Living Environments (See Appendix B for CAARR Standards). Training and orientation will be provided to all providers regarding Proposition 36 to ensure compliance with the California Department of Alcohol and Drug Programs Proposition 36 Emergency Regulations and its requirements.

Ancillary Services

The Proposition 36 Multi-disciplinary Team will plan, coordinate and access ancillary services such as literacy training, vocational counseling, and family counseling for participants. Alcohol, mental health, and/or dual diagnosis services, social services and health services will also be accessed and coordinated to meet the needs of Proposition 36 participants. Medi-Cal, Drug Medi-Cal, Client Fees, and other funding sources will be explored to assist participants with ancillary and/or supplemental services, if Proposition 36 funding is not sufficient to meet their needs and to comply with Proposition 36 requirements.

Data Collection and Evaluation Outcomes

The California Department of Alcohol and Drug Programs will determine reporting requirements and evaluation outcomes for Proposition 36. Stanislaus County Behavioral Health and

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Recovery Services will work in collaboration with all Proposition 36 partners to comply with all necessary reporting requirements.

7. **Will drug testing be required for SACPA clients in your county jurisdiction?**
Reference: Section 9530(i)

Yes (If yes, how are the costs associated with this requirement funded?)

No

Drug Testing

Drug testing is an essential element in recovery and both random and scheduled drug testing may be used, depending on available resources. Test results will be used as a therapeutic tool and to determine which level of care is more appropriate for Proposition 36 participants. The multidisciplinary team will review and discuss test results and develop the most appropriate recommendations for each participant before they are presented to the Proposition 36 Judge.

Funding sources will be explored to pay for drug testing. Client fees, Drug Medi-Cal and Senate Bill 223 will also be explored as possible funding sources

8. **Identify the entity(ies) responsible for determining a client's level of need for, placement in, and referral to drug treatment and other services in your county.**
Reference: Section 9515 (b)(2)(C)
9. **Describe the process(es) used by the (se) entity(ies) to determine a client's level of need for, placement in, and referral to drug treatment and other services in your county.** **Reference: Section 9515 (b)(2)(C)**

Assessment Process

Upon plea or conviction, the Judge will refer the matter to Probation for a Proposition 36 sentencing report. Simultaneously, a referral will be made to Behavioral Health and Recovery Services for a comprehensive alcohol and drug assessment. The ASI-Lite and the California ASAM, which are standardized and validated tools in the alcohol and drug field, will be used by trained, qualified, culturally and linguistically competent alcohol and drug counselors to complete the risk and severity assessments. The alcohol and drug counselors will complete a report for the Probation Department with treatment recommendations within 10 judicial days.

The Probation Department will utilize a level of supervision assessment tool to determine the maximum level, medium level, or minimum level of supervision for each participant, and will assess the Proposition 36 participant's level of risk to the community.

Multidisciplinary Team Process

A multi-disciplinary team, consisting of the probation officer, alcohol and drug counselor/treatment provider, treatment case manager, and any other partner involved in the provision of services to the participants, will meet on a regular basis to review and discuss the treatment recommendations and the level of supervision recommendations by Probation. A sentencing report will be submitted by the Probation Department, containing the Behavioral

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Health and Recovery Services (BHRS) drug treatment recommendations and Probation sentencing recommendations and conditions of Probation for the Judge's review within the established 20 judicial days for the sentencing hearing. The Proposition 36 Judge will decide whether to accept or deny the recommendations. After the Judge makes his/her final decision on the recommendations by Probation and the Treatment staff, the treatment case manager and the Probation Officer will ensure the participant is linked to the appropriate agencies for services.

Confidentiality

Confidentiality will be ensured by obtaining a Multi-Agency Release of Information Form and a Consent to Treatment Form signed by the participant; so that, agencies/partners can release and exchange information regarding the participant's progress in treatment (42 CFR, Part II) (See Appendix C-Draft Multi-Agency Release Form).

Probation Supervision

Probation supervision emphasis will be placed on public safety, accountability and treatment compliance. Probation case management supervision will be provided to probationers based on the Probation Department administered risk assessment and the level of treatment need as determined by Behavioral Health and Recovery Services Alcohol and Drug treatment providers/private providers. Probationers will move up and down the supervision continuum based on need for increased supervision due to suspected criminality, crisis intervention or a higher or lower level of treatment need. The Probation Officer will monitor compliance with court orders, make referrals to ancillary programs as needed, conduct searches and maintain case files. Probation Officers will maintain contact with and visit treatment programs. On maximum supervision cases, probationers will be seen in the office and in the field.

The Probation Officer will be present at court review hearings and will provide written progress reports. In addition, Probation will set up violation cases for court hearings, write reports and make recommendations for sentencing or other appropriate sanctions.

Parole Supervision

The Stanislaus County District Attorney's Office will not be filing non-violent drug offenses on parolees identified eligible by California Department of Correction as a Proposition 36 referral. The California Department of Correction and the State Board of Prison Terms through Morrissey hearings will handle these matters. If Parole notifies the District Attorney's Office that the parolee is eligible for Proposition 36 and has 6 months or less of parole supervision, then the case may be filed and monitored by Probation.

The Stanislaus County District Attorney's Office and the Local Parole Office will jointly develop and implement protocols to avoid dual probation and parole supervision and will work in collaboration with the Proposition 36 Implementation Committee to ensure access to alcohol and drug treatment services is prioritized based on Proposition 36 requirements and service capacity.

Monitoring

The Proposition 36 Multidisciplinary Team will jointly monitor each participant for compliance of Proposition 36 requirements, based on their different agency requirements.

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Budget

The start-up and planning budget for FY 2000/01 was reviewed by the Alcohol and Drug Coordinating Council on May 18, 2001 and the Proposition 36 Implementation Committee on May 17 and May 21, 2001. This FY 2000/01 Budget will be presented to the Board of Supervisors for approval on June 5, 2001, at the same time the Implementation Plan is presented (See Appendix D-Budgets).

The operating budget for FY 2001/02 will contain only half (6 months) of the allocation and will be presented to the Board of Supervisors for approval on June 12, 2001. The *initial allocation of \$1,416,828 will be divided in half and distributed as follows:

- 28% Criminal Justice (2.5% Courts and 25.5% Probation), and;
- 72% for Treatment (includes service and supplies, department and county overhead)

10. How does the county plan on spending excess funds? Reference: Section 9515 (b)(2)(D)

Excess Funds

The rollover funds from FY 2000/01 will be held in reserve for treatment. Behavioral Health and Recovery services will carefully monitor budget expenditures and report to the Proposition 36 Implementation Committee and the Alcohol and Drug Coordinating Council. Further, Behavioral Health and Recovery Services will report to the Board of Supervisors no later than Midyear and request full year (FY) 2001/02 Budget Expenditure authority. The State will be sent a copy of the Board resolution. If the distribution of funds change ten percent or more between county entities or types of services or between services and administrative costs, an updated plan will be submitted.

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Timeline

DATE	ACTIVITY	DEPARTMENT/PERSON RESPONSIBLE
5-18-01	Present Recommended Proposition 36 Implementation Plan to the Alcohol and Drug Related Coordinating Council	Larry B. Poaster, Ph.D., Director Behavioral Health and Recovery Services
6-01-01	Submit Proposition 36 Implementation Plan to the California Department of Alcohol and Drug Programs	Behavioral Health and Recovery Services
6-05-01	Present Proposition 36 Implementation Plan to the Board of Supervisors for Approval and Board Resolution	Behavioral Health and Recovery Services Proposition 36 Implementation Committee
6-06-01	Submit Board of Supervisors Resolution of the Proposition 36 Implementation Plan to California Department of Alcohol and Drug Programs Start Recruitment Process for Proposition 36 Team	Behavioral Health and Recovery Services
6-7-01	Monthly Proposition 36 Implementation Committee Meeting	Judge Donald E. Shaver Connie Moreno-Peraza, LCSW
6-14-01	Develop Personnel Training Plan on Proposition 36 Implementation Plan and Finalize all Program Forms	Proposition 36 Implementation Committee
6-28-01	Hire and Train Proposition 36 Staff and Assign to Proposition 36 Team Develop Proposition 36 Informational Brochure	Proposition 36 Implementation Committee
7-2-01	Begin Proposition 36 Implementation Plan Services	Proposition 36 Implementation Committee
10-1-01	Submit Quarterly Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services
1-1-02	Submit Semi-Annual Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services
4-1-02	Submit Quarterly Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services
7-1-02	Submit Annual Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services

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APPENDIX A

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**STANISLAUS COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES
"CONSENSUS DEVELOPMENT PROCESS"
CULTURAL COMPETENCE CLINICAL STANDARDS**

Access and Service Authorization

Services will be provided regardless of language, culture, ethnicity and immigration status, and whenever possible will be based in the community of the population to be served. Access to services will be individually and family* oriented in the context of racial, ethnic and cultural values and healing traditions. Access criteria for different levels of care will include health/medical, behavior and functioning in addition to diagnosis, benefit package and/or level of risk. Criteria will be multi-dimensional; e.g., psychiatric, medical, alcohol and other drugs, spiritual, social functioning, legal, employment, behavior, and community and family*, support.

Triage and Assessment

Assessment will be multidimensional; e.g., considering language, culture, individual, family*, and community strengths, functional, psychiatric, medical, alcohol and other drug issues, legal, employment, behavior, and socioeconomic factors as well as family* and community support. Triage* will be timely and risk based depending on the level of care required.

Care and Treatment Planning

In partnership with clients* and their families care and treatment planning will involve the development of culturally and linguistically appropriate interventions that will address the clients* worldview*. Care and treatment planning will also include coordination with and development of culturally and linguistically competent departmental services and community resources to help meet the needs of our diverse populations and help them reintegrate into their chosen communities. Care and treatment planning will be recovery centered within context of clients' culture.

Treatment and Services

The department* through its network of service providers will ensure a full array of treatment modalities and levels of care that are tailored such that they are culturally acceptable and effective: e.g., education, psychiatric treatment, individual, family* therapy and specialized group therapy behavioral approaches, use of traditional healers, alcohol and other drug treatment, recovery services and outreach.

Aftercare and Discharge Planning

Aftercare and discharge planning will include involvement of the client* and their family* in the development and implementation of the plan and evaluation of service outcomes. Aftercare and discharge planning will be done in a communication style congruent with the client's* values, incorporating cultural and linguistic factors and culturally appropriate resources. The aftercare and discharge plan will allow for continuity of care and/or termination of treatment based on accomplishment of mutually agreed upon treatment goals.

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Case Management

Case management will be central to the operation of the interdisciplinary* treatment team and will be based on applicable risk factors and level of care needed by the client* and family*. Case management as a function of the treatment team will require the ability to work in cross-cultural situations including advocacy, access to community-based services and systems, interagency coordination, and needs specific to each community served. Treatment teams will be accountable for the cost and appropriateness of the services they coordinate. Service providers will maintain responsibility for the successful and appropriate implementation of the care and treatment plan and provision of adequate administrative resources and endorsement.

Communication Linguistic Support

Cross-cultural communication and support across all levels of care will be offered and provided to the client* and family* at no additional cost to them. Access to these services will be available at the point of entry into the system and throughout the course of service.

Throughout the Standards several terms have an asterisk (*), please refer to the Glossary of Terms listed below for specific definitions agreed upon by participants of this planning process.

Glossary of Terms

Client – the term client is used interchangeably with the word “customers,” “consumers,” or “patients.”

Family – the term family is used interchangeably with the words “clients defined family,” “extended family” (uncle, aunt, cousin, etc.), or “support persons.”

Triage – phone, face-to-face, etc. screening.

Worldview – based on personal experience, spiritual, health beliefs and practices, economic circumstances, family values and perspectives.

Department – means Stanislaus County Behavioral Health and Recovery Services, Alcohol and Drug, and its providers.

Interdisciplinary treatment team – teams consisting of DSS, MH, A&D, Probation, etc.

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APPENDIX B

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**CALIFORNIA ASSOCIATION OF
ADDICTION RECOVERY RESOURCES**

STANDARDS

FOR SOBER LIVING ENVIRONMENTS

JANUARY 19, 1993

OCTOBER 12, 1993

MAY 26, 1996

JANUARY 18, 1999

**CALIFORNIA ASSOCIATION OF ADDICTION RECOVERY RESOURCES
5777 Madison Ave., Suite 1210
Sacramento, CA 95841
(916) 338-9460**

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**STANDARDS
FOR
SOBER LIVING ENVIRONMENTS**

Sober Living Environments (SLE) is a term generally used to describe a specific type of housing. SLE offer a housing alternative to individuals who are recovering from alcohol and or drug addiction. These environments are not subject to licensing by any State agency and are not subject to certification or accreditation. Other terms used to describe such housing are "cooperative housing for recovering people", "resident-run housing", "sober cooperative living", "alcohol, drug free living centers", etc. All of these arrangements have something in common in that they are intended for cooperative living of individuals who are recovering from alcoholism or drug addiction. Resident responsibility for the environment sets it apart from formal recovery programs.

There is a great need for sober housing in our communities. Experience has shown that persons who have completed a residential program of recovery or have stabilized in Alcoholics Anonymous, need to live in a sober environment in order to maintain sobriety and recovery. Many persons who leave organized programs do not have a home to go to nor can they afford individual housing which is recovery conducive. Cooperative housing offers a bridge to independent living.

Sober Living Environments come in all sizes and configurations - from free standing homes to apartment buildings. If more than six people who are not related to each other (not a "family") live together they may need to have some sort of a use permit from the governing district in which they live. Some local jurisdictions require health clearance and there may be a need for review by the local fire marshall.

SLE must not require residents to attend programs or counseling sessions, however certain rules may be set as provisions of residency. House rules may include curfew, smoking, chores, payment of rent, and attendance at house meetings, and A.A./N.A. meetings, and must include prohibition of any use of alcohol and or drugs,

A sober living home may or may not have paid staff. The role of the staff must be clearly for management of the housing and not for management of individuals.

The environment must be recovery conducive and space should be adequate to accommodate each individual comfortably and with dignity and respect.

Attention should be given to the health and safety of all residents and therefore the home should meet minimum fire and health standards.

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STANDARDS

Article 1:	Physical Environment	2100
Article 2:	Management	2200
Article 3:	Record Keeping	2300
Article 4:	House Rules	2400
Article 5:	Residency Requirements	2500

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2100

Article 1. Physical Environment

2101 ARCHITECTURAL ASPECTS OF RECOVERY-CONDUCTIVE HOUSING

Architectural aspects of design should be similar to those for regular residences with a few important differences.

Sociopetality: Design should encourage residents to contact each other incidentally, informally, and without status barriers. Mundane contacts with each other during the course of the day are the medium for recovery in a well-designed setting.

Communality: Space should be available for all residents to meet for community meetings, and to attend community events (parties, meals, holidays, celebrations).

Security: Entrance and exit must be controlled. This means that informal perimeter security and monitoring of the front door are necessary. Human security (people circulating through the facility) is far preferable to electronic security.

Durability and quality of furnishings: Only the highest quality fixtures, materials, appliances and furniture should be used. The extra investment in the beginning repays itself many times over.

Upkeep and appearance: Repair, maintenance, cleanliness, and attractiveness are critical elements in the life of the house. The upkeep and appearance of the house are a metaphor for the lives of the residents. This includes grounds and driveways surrounding the home.

Personalization and comfort: Residents should feel the place is their own. This means allowing room for personal possessions, decorating one's own area, etc.

(Reprinted with permission, "The architecture of recovery: Prospects for the Nineties for housing low-income people with alcohol and drug problems", Friedner D. Wittman, Clew Associates, presented April 10, 1992, at a Conference on Recovery-Conductive Affordable Housing Strategies, University of California, San Diego.)

2102 SPACE

Space should be adequate to accommodate each individual comfortably and with dignity and respect.

Each home shall have a living room area with adequate space for participants to

assemble for social or other group activities.

Each home shall have a dining area suitably furnished for group or individual meal service.

Sleeping rooms shall be adequate to provide a bed and private space for each resident. These areas shall not be used for any other purposes.

Bathrooms shall be conveniently located and sufficient to provide adequate facilities for health, hygiene and privacy for each resident.

Kitchen facilities shall provide cooking and storage space to meet the needs of the home and its residents.

2103 FIRE SAFETY

The following minimum fire prevention requirements shall be followed:

- a. There shall be no smoking in bedrooms;
- b. Smoking materials shall be disposed of safely
- c. There shall be no accumulation of clothing, newspapers, or cartons in the living/sleeping areas;
- d. Stoves and cooking areas shall be kept clean of grease accumulation
- e. Smoke detectors and fire extinguisher shall be installed;
- f. Exit doors shall be clearly marked and readily available;
- g. Fire drills from sleeping areas should be encouraged.

2104 HEALTH STANDARDS

The following minimum health maintenance measures shall be followed:

- a. There shall be adequate space for food storage
- b. All food shall be stored in covered containers, or properly wrapped
- c. Perishable items shall be refrigerated
- d. Adequate refrigeration in good repair shall be available
- e. All dishes and cooking implements shall be washed upon use
- f. There shall be adequate hot water for dish washing
- g. Bathroom space shall be adequate for number of residents
- h. Bathrooms shall be kept clean on a daily basis
- i. Bathrooms shall provide personal privacy

2200

Article 2. Management

2202 MANAGERS RESPONSIBILITY

The person in charge of the facility shall be clearly identified to all residents. This should be an individual or designated individual of a large group. This person shall be responsible for the maintenance and safety of the building. If the person is designated, the lines of authority must be clearly defined.

2203 STAFFING

Staffing may or may not be necessary depending on the nature of the housing. At a minimum, someone must be responsible for the safety of the building, someone must be available to maintain records, to collect rent, and to register and check-out residents, and to maintain rules of the house. The resident group may choose to have other staff available such as cooks, grounds keepers, etc. Staff shall not provide any direction to the residents but shall be available for appropriate management of the physical plant.

2300

Article 3. Record Keeping

2301 RESIDENT RECORDS

The manager in charge of the residency shall maintain formal records. Records fill several important roles: they allow management to track the person served and provide a sense of order. The following record keeping standards are applicable to SLE:

a. Personal Data Form: Biographical personal data that provides an identification profile and emergency contact. Personal data requirements should be consistent with the organization's record and profile data requirements. Length of sobriety, prior recovery experience, and source of referral are appropriate.

b. Resident Log: This is a continuing record of residents as they enter and exit residency. The log includes referral into the home and circumstances of exit. Management thus has available a quick review of residents registered in a given year, along with the number of people moving out and why.

c. Resident Fee Payment Record: This record indicates the amount of resident fee due, and the date and amount of actual payment.

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2400

Article 4. House Rules

The rules of the house must be clearly defined. Optional rules will depend on the needs of the population to be served, should not be over burdensome, and must be consistent with residency needs.

1. No drinking of alcohol or items containing alcohol or using illegal drugs at any time.
2. No alcohol, items containing alcohol or illegal drugs shall be brought onto the premises at any time.
3. Rent must be paid on time.
4. Mandatory attendance at a weekly house meeting.

2500

Article 5. Residency Requirements

The residency requirements must be clearly defined and at a minimum should include:

1. A desire to live a clean and sober life style.
2. Completion of a formal alcohol or drug recovery program, or documented stability in a self help group.
3. A willingness to abide by all the house rules as documented in a signed residential agreement.

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APPENDIX C

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MULTI-AGENCY AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FORM

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Proposition 36 is a collaborative between **Behavioral Health and Recovery Services Department (Alcohol and Drug Programs, and Mental Health Programs), Probation Department, Community Services Agency (CSA), Department of Employment and Training (DET), Health Services Agency (H.S.A), Sheriff's Office, and State Parole.** These multi-agency staff operate as a single multi-agency, multi-disciplinary team to provide collaborative comprehensive services.

I, _____, understand the collaborative information obtained by Proposition 36 agencies will be shared and used for screening, assessing, planning and facilitating the delivery of appropriate services by this multi-agency, multi-disciplinary team. With my written consent on this document, I understand the aforementioned agencies listed above may share the following records and information:

I specifically need the following information releases (requests for "any and all records" is NOT acceptable):		
Assessment Information	Consultation Reports	Psychological Testing/Evaluation
• ASI: Addiction Severity Index)	Discharge Summary	Physician's Order(s)
• ASAM: American Society of Addiction Medicine	History and Physical	Treatment Plan / Problem List
	Medication Records	Urine Test Results
	Psychological History	
Other (specify):		

The recipient of the information released may use it only for the following purpose (must be indicated):		
Aid Entitlement	Health/Insurance Enrollment	Placement and Aftercare
Assessment and Evaluation	Legal Proceeding/Legal Advice	School Needs
Employer	Personal Use	Educational Needs
Other (specify):		

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on: **Date Consent will Expire:** _____.

A Copy of this CONSENT has been offered to me.

Client's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Signature of Parent, Guardian, or Authorized Representative of Client: _____ Date: _____

STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FORM (File In Legal Section)	SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 " PROPOSITION 36 "	NAME:
		Date of Birth:
		Soc. Sec. No.
		DMH #:

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APPENDIX D

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PROPOSITION 36

START UP BUDGET SUMMARY

1	BH & RS Overhead	40,263
2	Services and Supplies	70,500
3	Fixed Assets - Vehicles	48,000
4	Capacity Increase - 12th Street	50,000
5	Capacity Increase - Eastside	20,000
6	Capacity Increase - SRC	170,000
7	Treatment Rollover	335,653
8	Total Funding - One Time:	\$734,416

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PROPOSITION 36

Six Months Operating Budget Summary

		First Six Months	Annual Projections
1	Probation Expenditures	180,646	361,291
2	Court Expenditures	17,710	35,420
3	Services and Supplies	35,100	70,200
4	BH & RS Overhead	31,434	62,868
5	County Overhead	14,050	28,100
6	Clinical Assessment and Treatment	429,474	858,949
7	Total Expenditures:	\$708,414	\$1,416,828
8	Total Funding:		\$1,416,828

Does not include the rollover treatment of \$335,653 from the one-time funding.

**California Department of Alcohol & Drug Programs
SACPA Entity Report
County of: Stanislaus
Fiscal Year: 2001/2002**

Version: 1 Status: Draft Created: 05/24/2001 Last Revised: 05/30/2001

<u>Entity Type</u>	<u>Direct Services</u>	<u>Administrative Activities</u>	<u>Total</u>	<u>Percentage of ADP Allocation</u>
				\$1,416,828
				+
				\$0
				<u>\$1,416,828</u>
Drug Treatment	\$929,149	\$90,968	\$1,020,117	<u>72.00%</u>
BHRS	929,149	90,968	1,020,117	
Criminal Justice	\$361,291	\$35,420	\$396,711	<u>28.00%</u>
Probation	361,291	0	361,291	
Courts	0	35,420	35,420	
Grand Total:	<u>\$1,290,440</u>	<u>\$126,388</u>	<u>\$1,416,828</u>	<u>100.00%</u>

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**California Department of Alcohol & Drug Programs
SACPA Fiscal Plan Service/Activity Report**

County of: Stanislaus

Fiscal Year: 2001/2002

Version: 1 Status: Draft Created: 05/24/2001 Last Revised: 05/30/2001

	<u>Direct</u>	<u>Administrative</u>		<u>Percentage of ADP</u>
<u>Service Type</u>	<u>Services</u>	<u>Activities</u>	<u>Total</u>	<u>Allocation</u>
Services	<u>\$929,149</u>	<u>\$90,968</u>	<u>\$1,020,117</u>	<u>\$1,416,828</u>
<u>Drug Treatment</u>				+
				<u>\$0</u>
Non-Residential/Outpatient				<u>\$1,416,828</u>
Treatment/Recovery - No Meds	650,404	63,678	714,082	
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescr	0	0	0	
Day Program-Intensive	0	0	0	
Detoxification - No Meds	0	0	0	
Detoxification - Methadone, LAAM, or Other Meds Prescribed	0	0	0	
Residential				
Detoxification (Hospital)	0	0	0	
Detoxification (Non-Hospital) - No Meds	0	0	0	
Detoxification (Non-Hospital) - Methadone, LAAM, or Other Med	0	0	0	

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California Department of Alcohol & Drug Programs
SACPA Fiscal Plan Service/Activity Report

County of: Stanislaus

Fiscal Year: 2001/2002

Version: 1 Status: Draft Created: 05/24/2001 Last Revised: 05/30/2001

<u>Service Type</u>	<u>Direct Services</u>	<u>Administrative Activities</u>	<u>Total</u>	<u>Percentage of ADP Allocation</u>
				\$1,416,828
				+
				\$0
				<u>\$1,416,828</u>
Treatment/Recovery - No Meds	278,745	27,290	306,035	
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescr	0	0	0	
<u>Other Service</u>				
Literacy Training	0	0	0	
Family Counseling	0	0	0	
Vocational Training	0	0	0	
Other Client Services	0	0	0	
<u>Case Management Activities</u>	<u>\$361,291</u>	<u>\$35,420</u>	<u>\$396,711</u>	<u>28.00%</u>
Referral/Assessment	72,258	0	72,258	
Placement	10,839	0	10,839	
Court Monitoring	54,194	0	54,194	
Supervision	224,000	0	224,000	

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**California Department of Alcohol & Drug Programs
SACPA Fiscal Plan Service/Activity Report**

Report Date: 05/30/2001

Time: 1:47:00PM

County of: Stanislaus

Fiscal Year: 2001/2002

Version: 1 Status: Draft Created: 05/24/2001 Last Revised: 05/30/2001

<u>Service Type</u>	<u>Direct Services</u>	<u>Administrative Activities</u>	<u>Total</u>	<u>Percentage of ADP Allocation</u>
				\$1,416,828
				+
				\$0
				<u>\$1,416,828</u>
Miscellaneous Activities court clerk	0	35,420	35,420	
Grand Total:	<u>\$1,290,440</u>	<u>\$126,388</u>	<u>\$1,416,828</u>	<u>100.00%</u>

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California Department of Alcohol & Drug Programs
SACPA Capacity Plan Report

County of: Stanislaus

Fiscal Year: 2001/2002

Created: 05/30/2001 Last Revised: 05/30/2001

<u>Service</u>	<u>Existing</u>	<u>Planned Additional</u>	<u>Total Planned</u>
Drug Treatment			
<u>Non-Residential/Outpatient</u>			
Treatment/Recovery - No Meds	461	200	661
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescr	510	50	560
Day Program-Intensive	55	66	121
Detoxification - No Meds	0	0	0
Detoxification - Methadone, LAAM, or Other Meds Prescribed	0	0	0
<u>Residential</u>			
Detoxification (Hospital)	6	0	6
Detoxification (Non-Hospital) - No Meds	0	0	0
Detoxification (Non-Hospital) - Methadone, LAAM, or Other Med	0	0	0
Treatment/Recovery - No Meds	94	68	162
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescr	0	0	0
Subtotal: Drug Treatment	<u>1,126</u>	<u>384</u>	<u>1,510</u>

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**California Department of Alcohol & Drug Programs
SACPA Capacity Plan Report**

County of: Stanislaus

Fiscal Year: 2001/2002

Created: 05/30/2001 Last Revised: 05/30/2001

<u>Service</u>	<u>Existing</u>	<u>Planned Additional</u>	<u>Total Planned</u>
Other Service			
Literacy Training	0	0	0
Family Counseling	0	0	0
Vocational Training	0	0	0
Other Client Services	123	98	221
Sober Living Housing environments for men, women and their children			
Subtotal: Other Service	<u>123</u>	<u>98</u>	<u>221</u>
Grand Total Capacity Plan:	<u>1,249</u>	<u>482</u>	<u>1,731</u>

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**California Department of Alcohol & Drug Programs
SACPA Client Projection Report**

County of: Stanislaus

Fiscal Year: 2001/2002

Created: 05/30/2001 Last Revised: 05/30/2001

<u>Referral Type</u>	<u>Projected Number Of Clients</u>
Referred From Parole	195
Referred From Court/Probation	1,200
Grand Total Referred:	1,395

<u>Service Type</u>	<u>Projected Number Of Clients</u>
Drug Treatment	
<u>Non-Residential/Outpatient</u>	
Treatment/Recovery - No Meds	977
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0
Day Program-Intensive	0
Detoxification - No Meds	0
Detoxification - Methadone, LAAM, or Other Meds Prescribed	0
<u>Residential</u>	
Detoxification (Hospital)	418

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**California Department of Alcohol & Drug Programs
SACPA Client Projection Report**

**County of: Stanislaus
Fiscal Year: 2001/2002**

Created: 05/30/2001 Last Revised: 05/30/2001

<u>Service Type</u>	<u>Projected Number Of Clients</u>
Detoxification (Non-Hospital) - No Meds	0
Detoxification (Non-Hospital) - Methadone, LAAM, or Other Meds Prescribed	0
Treatment/Recovery - No Meds	0
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0
Subtotal: Drug Treatment	<u>1,395</u>
Other Service	
Literacy Training	0
Family Counseling	0
Vocational Training	0
Other Client Services	0
Subtotal: Other Service	<u>0</u>
Grand Total Client Projection:	<u>1,395</u>

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BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

Larry B. Poaster, Ph.D.
Director

800 Scenic Drive, Modesto, CA 95350
Phone: 209.525.6225 Fax: 209.525.6291

June 14, 2001 ✓

RECEIVED
01 JUN 15 PM 3:39
BOARD OF SUPERVISORS

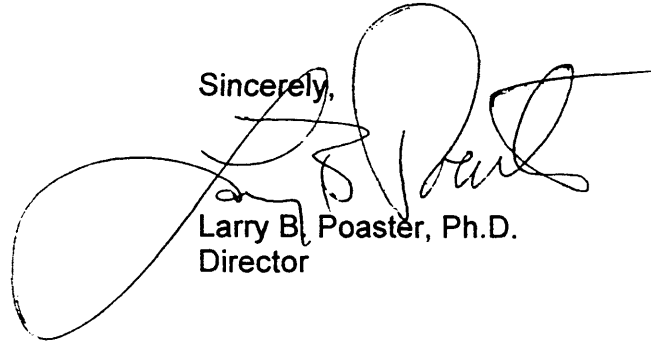
Kathryn P. Jett, Director
Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814

Dear Ms. Jett:

Pursuant to my letter of May 29, 2001, enclosed is the final version of the Stanislaus County Implementation Plan for Proposition 36. Also enclosed is a certified copy of the Stanislaus County Board of Supervisor Resolution approving the Plan. Minor revisions were made to the Implementation Plan at the request of State ADP staff.

Please do not hesitate to contact me should you have any questions or need further information.

Sincerely,



Larry B. Poaster, Ph.D.
Director

Enclosure

cc: Reagan M. Wilson
Chief Executive Officer

Members
Alcohol and Other Drug Related Coordinating Council



STANISLAUS COUNTY
Substance Abuse and Crime Prevention Act of 2000
Implementation Plan

County Name: Stanislaus County

Date Plan Revised: June 14, 2001

Prepared by:

Stanislaus County Proposition 36 Implementation Committee
and
Alcohol and Drug-Related Coordinating Council

Name of County Lead Agency Director: Larry B. Poaster, Ph.D.

Title: Director, Behavioral Health and Recovery Services

A Mental Health, Alcohol and Drug Service Organization

Signature: *Larry B Poaster by Linda Jones*

Date: June 14, 2001

Contact Person: Connie Moreno-Peraza, LCSW, Administrator

Alcohol and Drug Programs

(209) 525-7444

**This plan is submitted pursuant to Section 9515, Title 9,
of the California Code of Regulations (CCR).**

STANISLAUS COUNTY

"Substance Abuse and Crime Prevention Act of 2000"

Proposition 36

Implementation Plan

Introduction

The purpose of this document is to provide the Stanislaus County Board of Supervisors, the Chief Executive Office, and the Alcohol and Drug-Related Coordinating Council with an overview of the Proposition 36 Implementation Plan. This document will provide background information about Proposition 36 and will include the California Department of Alcohol and Drug Programs Emergency Regulations Implementation Plan requirements such as collaborative planning efforts; program design, including target population, referral and eligibility process, assessment process, multi-disciplinary team process, confidentiality, probation supervision, parole supervision, monitoring process, drug testing, alcohol and drug continuum of care, data collection and program evaluation, and ancillary services; tentative timelines; and budget information. The Proposition 36 Implementation Plan was developed in alignment with Stanislaus County Board of Supervisors vision, mission, priorities and values, and in particular, in alignment with the number one priority of the Board of Supervisors "to ensure a safe and healthy community", which is a primary intent of Proposition 36.

Background

On November 7, 2000, Californians passed Proposition 36, the Substance Abuse and Crime Prevention Act of 2000. The act makes significant changes to both the criminal justice system and the drug treatment system. The purpose of the Act is to divert non-violent probationers and parolees charged with simple drug possession or drug use offenses from incarceration to community-based substance abuse treatment programs. The Act aims to enhance public safety by reducing drug-related crime and preserving jails and prisons for serious and violent offenders. As a result, significant cost savings to the State of California are anticipated.

The Act allocated \$60 million dollars for fiscal year 2000-2001 and \$120 million per year over a five-year period beginning in fiscal year 2001 and ending in fiscal year 2006. The State Department of Alcohol and Drug Programs, as the lead state agency, released the fiscal year 2000-2001 funding allocation letter to counties on December 29, 2000. The allocation methodology used to disseminate the funds was based on population (50% of the allocation), drug arrest data (25% of the allocation), and drug treatment caseload data (25% of the allocation).

Stanislaus County's allocation for fiscal year 2000-2001 is \$734,416.00. The anticipated allocation for fiscal year 2001-2002 is \$1,416,828.00. Subsequent allocations are subject to annual changes due to fluctuations in the County's share of the indicators used to calculate the allocation.

The primary intent of Proposition 36 is to fund court-ordered and court-supervised drug treatment. The allocation can also be used to fund ancillary services such as family counseling, literacy training, and vocational counseling. The funds may also be used to fund Probation Department costs, court monitoring costs, and miscellaneous costs made necessary by the provisions of the Act. Proposition 36 funds can not be used for drug testing.

- 1. Provide a brief narrative describing how county services for SACPA clients are coordinated. Include the collaborative process used to identify the services contained in the county plan. Reference: Section 9515 (b) (2) (A)**

Collaborative Planning Efforts

Stanislaus County Board of Supervisors appointed the Alcohol and Drug-Related Coordinating Council, which is part of the Chief Executive Office and has been in existence since July 8, 1997, as the Oversight Committee for Proposition 36 Implementation. The Council is comprised of the Chief Executive Officer, Sheriff, Director of Behavioral Health and Recovery Services, Chief Probation Officer, Director of Employment and Training, Director of Community Services Agency, Director of Health Services Agency, Drug Court Judge, Public Defender, and District Attorney. The purpose of this Council is to provide leadership, communication, and coordination between and amongst departments, agencies, providers and systems; identify the public policy issues that need to be addressed and discussed by the Board of Supervisors; identify positive outcomes associated with specific public safety policy recommendations; and identify sources of funding (i.e., public, private, state, federal, county, foundations, etc.) that can be used to develop alcohol and drug-related prevention, intervention, treatment and recovery services.

The Alcohol and Drug-Related Coordinating Council established a Local Proposition 36 Implementation Sub-Committee, which was convened in early February as part of the County's planning efforts for the initiative. The Implementation Committee is comprised of designees from the members of the Alcohol and Drug-Related Coordinating Council. This committee is co-chaired by the Honorable Donald E. Shaver, Superior Court Judge, Drug Court Programs, and Connie Moreno-Peraza, LCSW, Alcohol and Drug Programs Administrator, Behavioral Health and Recovery Services. This committee was established to develop the Implementation Plan for Proposition 36 and to ensure that a collaborative process is used to seek and integrate input from the various key partners that may be impacted by this initiative. Furthermore, the Implementation Committee created three sub-committees, which were comprised of members of the Implementation Committee and met weekly, to address specific areas related to Proposition 36:

- ◆ Referral, Assessment, Treatment, and Process Flow Committee
- ◆ Data Committee
- ◆ Fiscal Committee
- ◆ Parolee Services Committee

**2. Identify the entities participating in the development of the county plan.
Reference: Section 9515 (b) (2) (A)**

Representatives of the following entities participated in the development of this plan:

Local Alcohol and Drug-Related Coordinating Council

Nick Blom, Supervisor District 3, Board of Supervisors
Reagan M. Wilson, Chief Executive Officer
Beverly Finley, Director, Health Services Agency
Honorable Donald E. Shaver, Superior Court Judge, Drug Court Programs
James Brazelton, District Attorney
Jeff Jue, Director, Community Services Agency
Larry B. Poaster, Ph.D., Director of Behavioral Health and Recovery Services, Lead Agency
Les Weidman, Sheriff
Linda Duffy, Chief Probation Officer
Robert Allaire, Chief Executive Office, Senior Consultant
Terry Plett, Director, Department of Employment and Training
Tim Bazar, Public Defender

Local Proposition 36 Implementation Committee

Honorable Judge Donald E. Shaver, Superior Court, Drug Court Program
Connie Moreno-Peraza, LCSW, BHRS, Alcohol and Drug Programs Administrator
Tim Bazar, Public Defender
Chris Gilroy, Chief Deputy District Attorney's, District Attorney's Office
Darleen Newlin, Supervising Probation Officer, Probation Department
Donald H. Lundy, Executive Officer, Superior Court
Teri Kook, LCSW, Chief of Child Welfare Services, Community Services Agency
Darrel Long, Lieutenant, Sheriff's Office
Eileen Melson, Senior Consultant, Chief Executive Office
Nancy Fisher, Supervising Public Health Nurse, Health Services Agency
Steve Hopkins, Manager, Department of Employment and Training

3. Did formulation of the county plan include input from federally recognized American Indian Tribe(s) located within your county or their representatives?

Reference: Section 9515 (b) (2)

Yes (See list of participants below)

No

4. Did formulation of the county plan include input from impacted community parties?

Reference: Section 9515 (b) (2)

Yes (See list of participants below)

No

Other Stanislaus County Representatives and Public Members Who Participated

Honorable Loretta Murphy Begen, Superior Court Judge
Bob Foster, Chair, Advisory Board on Substance Abuse Programs
Annette Reclusado, Latino Alcohol and Drug Services, Inc.
Ramona Valadez, Executive Director, Native Directions Inc., Three Rivers Indian Lodge
Raul Ortega, GI Forum
Ernie Spokes, Attorney at Law, Defense Bar Attorney
Linda Romero Soles, Deputy Executive Officer, Superior Court
Miguel Donoso, Latino Community Member
Mike Garcia, GI Forum
RoseAnn Alfaro, Supervising Legal Clerk II, Superior Court
Andrea Fantacone, Clerical Division Manager, Superior Court
Michael O'Neal, Manager, Department of Employment and Training
Debra Martinez, BHRS, Alcohol and Drug System of Care, Alumni/Drop-In Center Liaison
Jose Lopez, Reality Program Alumni Association/Drop-In Center Volunteer
Annie Perez, Reality Program Alumni Association/Drop-In Center Volunteer
John Pera, Reality Program Alumni Association/Drop-In Center Volunteer
Lynn Goldstein, Executive Director, Friends Outside
Manuel Vega, President, Latino Alcohol and Drug Services, Inc.
Ramona Valadez, Executive Director, Native Directions, Inc., Three Rivers Indian Lodge
Al Espinoza, Assistant Director, Nirvana Residential Treatment Program
Mike Shinkel, Executive Director, Solidarity Inc.
Karen Hurley, Special Projects Manager, BHRS, Adult System of Care
Rob Gleeson, Director, Gleeson Counseling
Dane Holding, Clinical Services Technician II, Nirvana Residential Treatment Program
Patrick O'Kane, Administrative Staff, Solidarity
David Dickson, Administrative Staff, Dad's House
John Long, Administrative Staff, Solidarity
Gretchen Garner-Easter, Deputy Commissioner, Board of Prison Terms
John Weaver, Deputy Commissioner, Board of Prison Terms
Cherie Dockery, Alcohol and Drug System of Care Special Projects Coordinator
Cathy Walke, Supervising Probation Officer, Drug Court Program
Lucky Maldonado, Executive Director, Safety Center
Nancy Cartwright, Executive Director, Samaritan and Laura's House
New Hope Recovery House Representative
Judy Lewis, Executive Director, First Step Perinatal Program

The Proposition 36 Implementation Committee met on a weekly basis and also solicited input from alcohol and drug service providers, the Advisory Board on Substance Abuse Programs, the Alcohol and Drug System of Care Alumni Association, and other community organizations such as the GI Forum and Native Directions, Inc. Three Rivers Indian Lodge (See Appendix A). The Implementation Committee developed a vision statement, a mission statement, and general objectives for the Proposition 36 Implementation Plan.

5. Please provide a brief narrative here describing how the county will provide and fund services to SACPA clients. References: CCR, Title 9, Section 9515(b)(2)(B); PC 1201.1; PC 3063.1(c).

Stanislaus County will provide culturally and linguistically competent services through a multi-agency collaborative and multi-disciplinary team approach. Behavioral Health and Recovery Services Cultural Competence Clinical Standards and Guidelines will be integrated in the delivery of drug treatment services in collaboration with Proposition 36 partners (See Appendix A for BHRS Cultural Competence Standards). SACPA funds will be used to pay for drug treatment services, probation related services, court related services and ancillary services (i.e., literacy training, vocational, and family counseling). The following sections will describe the vision, mission, objectives, program design, referral and eligibility process, assessment process, multidisciplinary team, probation and parole supervision, confidentiality, and monitoring.

Vision of Proposition 36 Implementation Committee

The vision of the Proposition 36 Implementation Committee is to reduce crime and increase drug treatment alternatives for Proposition 36 eligible participants. This vision is in alignment with the Board of Supervisors priority of ensuring safe and healthy community and the initiative goals.

Mission of Proposition 36 Implementation Committee

The mission of the Proposition 36 Implementation Committee is to implement the proposition through a collaborative process and to achieve a policy consensus that will promote successful treatment programs and services for the rehabilitation of non-violent drug offenders without jeopardizing public safety.

General Objectives

The Proposition 36 Implementation Committee reached consensus on the following general objectives for Proposition 36:

- **To provide for a “seamless transition” to a system including Proposition 36 cases.** Proposition 36 cases will not be viewed as separate treatment programs apart from existing court supervised treatment programs such as PC1000 and Drug Court, but rather as an additional track for entering those programs.
- **To provide a specialized calendar with a team of judges and support staff with training and experience in supervising substance-abusing defendants while they are in treatment.** Depending on the level of supervision and treatment required, Proposition 36 cases will be handled in one department with a specialized calendar utilizing well established treatment court principles.
- **To provide for an appropriate level of treatment and supervision through individual assessments.** Recognizing that no single treatment is appropriate for all individuals, each participant will be assessed to treatment commensurate with the severity of his/her addiction, and probation supervision commensurate with his/her risk to the community. As the participant progresses or regresses in treatment, continuing assessments and re-evaluations will be conducted.

- **To provide for an integrated court, probation, and treatment system that facilitates transfer of cases between treatment and supervision levels as appropriate based on therapeutic considerations.** For both Proposition 36 and non-Proposition 36 cases, upon unsuccessful termination from one treatment program, all cases will be reviewed to determine whether a higher level of treatment is indicated or whether the case should be returned to court for violation of probation. Proposition 36 cases will be incorporated into existing linear “continuum of treatment” and subject to the same considerations and procedures, whether or not they were previously referred to treatment under PC1000 or Drug Court. Treatment will not “start all over again,” nor be arbitrarily denied, just because the case is now a Proposition 36 case.
- **To provide for meaningful cooperation and collaboration between treatment providers, the Court, and the Probation Department.** Current practices involving teams consisting of treatment providers and probation officers co-located in the same office managing and supervising cases assigned to the team will be utilized for appropriate Proposition 36 cases as well.

Program Design

Behavioral Health and Recovery Services Alcohol and Drug System of Care and Probation staff will be co-located as the Proposition 36 Team to ensure easy access and timely services. Assessment by Alcohol and Drug and Probation staff will be conducted on site and linkages to other services in the community will be made by the Behavioral Health Services Case Manager, in collaboration with the Proposition 36 Team. The Alcohol and Drug Continuum of Care, including the upcoming Stanislaus Recovery Center, and community-based treatment providers, will be accessed for drug treatment services and sober living environments. Ancillary services will also be accessed via linkages and referrals by the Proposition 36 Team. Services will be purchased as deemed necessary to meet the needs of the Target Population Proposition 36 participants.

The target population that will be served under Proposition 36 will be adults ages 18 years old and above who are non-violent probationers and parolees charged with simple drug possession or drug offenses. It is anticipated that this population will be ethnically diverse (i.e., Hispanic, African American, Asian, Native American and Anglo-American participants) and comprised of men and women from different geographic areas in Stanislaus County. It is also anticipated that this population will be comprised of individuals who have co-occurring diagnoses, such as mental health, dual diagnosis, health-related conditions, etc. Therefore, services will be provided in collaboration with multiple agencies and community-based organizations that provide specialized and comprehensive services for this population.

Referral and Eligibility Process

Provision of Services Upon Arrest

Following an arrest, the District Attorney will determine what charges to file. If the offender is convicted under the provisions of Substance Abuse and Crime Prevention Act (SACPA), the court will issue a sentencing order and the offender will be referred to a joint assessment process. Pursuant to Penal Code Section 1210.1 (c), the probation officer will notify Behavioral Health and Recovery Services (BHRS) alcohol and drug specialist within 7 days of an order imposing probation under the provisions of SACPA. The probation officer will contact the client and make an appointment for an assessment and referral to treatment. Probation will conduct a

risk assessment to determine the appropriate level of supervision and BHRS alcohol and drug specialist will conduct a comprehensive drug assessment and make treatment recommendations for the most appropriate level of care. Clients will be informed as to which site and date they are to appear. Once the assessments are completed, the probation officer in conjunction with the alcohol and drug specialist will refer the client to the drug treatment program.

SACPA clients will be provided with the name, telephone number, and location of the treatment program, as well as the date and time of the initial appointment with BHRS alcohol and drug assessment staff. This initial appointment will be within 10 working days of the assessment with the probation officer and alcohol and drug specialist. The alcohol and drug specialist will contact the client within 24-48 hours of the appointment to remind them of the appointment and verify the treatment provider. Within 30 days of receiving notice from the probation department, the Prop 36 assessment staff will conduct the comprehensive drug assessment and forward the a treatment plan to the probation department (Penal Code Section 1210.1 (c)). All clients will receive individualized treatment plans based on their assessed needs for treatment services.

The Proposition 36 Multi-Disciplinary Team will track the offender's progress through treatment, provide quarterly reports pursuant to Penal Code Section 1201.1 (c), and notify the referring probation officer when treatment and needed aftercare are completed. At the end of probation and treatment, the offender petitions the court for dismissal. If the court finds treatment successfully completed, the conviction may be set aside. The treatment provider, as a member of the MDT Proposition 36 Team, will report to the probation officer any violation of probation under SACPA. For a first or second violation, the offender will be re-assessed to determine if the offender is a danger to him/herself of others or is not amenable to treatment; or whether the offender requires more intensive treatment and restrictions. If the offender fails treatment or commits an offense leading to a revocation of probation, the offender is sentenced under pre-existing law, which provides for jail or state prison time.

Provision of Services upon Violation of Parole

Parole Violators will be screened by the Board of Prison Terms to determine their eligibility for services under the provisions of SACPA. If a violator is eligible, the Board will issue a Special Condition Treatment Order. Parolees who accept the order will immediately be referred to DADAS for treatment/assessment and treatment program referral within seven days pursuant to Penal Code Section 3063.1(c). The Board will conduct an initial face-to-face hearing to confirm the treatment referral. Subsequently, the treatment provider will submit the treatment plan to the Board within 30 days of referral. The Board will conduct a second hearing to adopt the treatment plan and make any necessary changes to the conditions of parole. The treatment provider will monitor progress in treatment and provide quarterly progress reports pursuant to Penal Code Section 1201.1(c) and reports on violation behavior as needed. At completion of treatment, the treatment provider will notify the Board of Prison Terms. Parolees who do not accept treatment or who fail treatment would be returned to prison or be subject to other sanctions.

6. What services are available to SACPA clients under the county plan?

Stanislaus County Behavioral Health Alcohol and Drug System of Care

Behavioral Health and Recovery Services has a county-oriented comprehensive Alcohol and Drug System of Care with a continuum of care, consisting of culturally and linguistically competent services with different levels of intensity (Level I: low intensity services, Level II: medium intensity services, and Level III: high intensity and enhanced services):

Level I

- ◆ Education
- ◆ Prevention
- ◆ Early intervention
- ◆ Assessment
- ◆ Case Management

Level II

- ◆ Outpatient services (2 hours, 2 times per week, 2 months)
- ◆ Individual counseling services (2-4 times per month)
- ◆ Case Management (defined as: linkage, monitoring treatment plan requirements, brokering of services, etc., ongoing services, 12 months)

Level III

- ◆ Intensive outpatient services (3 hours, 3 times per week, 3-6 months)
- ◆ Day treatment services (services may range from 3-5 days of intensive treatment, all day, from 4 weeks to 12 weeks)
- ◆ Residential inpatient services (including social detoxification services, varied lengths of stay ranging from 14 days, to 28 days, to 45 days, 90 days, etc.)

Aftercare Services

- ◆ Relapse prevention and intervention (1-6 months after discharge, weekly group or as needed)
- ◆ Alumni/peer-run services (drop-in center services for socialization, support, information, referral services, 12-Step meetings Alcoholic Anonymous, Narcotic Anonymous, Alanon, etc. to support recovery and prevent relapse)

Other Services

- ◆ Contracted services for sober living environments/housing and socialization services to help sustain recovery (i.e., Alano Club, Samaritan House, Laura's House, etc.)

In addition, there are some community-based alcohol and drug treatment providers that work in collaboration with the Alcohol and Drug System of Care to ensure clients access services in the community (i.e., Nirvana Residential Treatment Program, New Hope Recovery House, First Step Perinatal Treatment Program, etc.) and sober living environments (i.e., Samaritan House, Laura's House, Nirvana Clean & Sober Supportive Living, Solidarity Ranch, Solidarity Women's

House, etc.), and the Alcohol and Drug System of Care has some contracts in place with some of these providers (i.e., First Step, Samaritan's House, Laura's House, etc.). There are also PC1000 providers, DUI providers, and 24-Hour transitional housing programs (i.e, 24-Horas Nuevo Horizonte-New Horizon 24-Hour House, etc.).

Treatment providers that are currently used and the ones that will be used for Proposition 36 participants will be licensed and certified treatment facilities by the California Department of Alcohol and Drug Programs Licensing and Certification Branch. The sober living environments (alcohol and drug-free housing) that will be used by Proposition 36 participants will be required to enter into a contractual agreement with Behavioral Health and Recovery Services (BHRS), and will be required to comply with the California Association of Addiction Recovery Resources (CAARR) Standards for Sober Living Environments (See Appendix B for CAARR Standards). Training and orientation will be provided to all providers regarding Proposition 36 to ensure compliance with the California Department of Alcohol and Drug Programs Proposition 36 Emergency Regulations and its requirements.

Ancillary Services

The Proposition 36 Multi-disciplinary Team will plan, coordinate and access ancillary services such as literacy training, vocational counseling, and family counseling for participants. Alcohol, mental health, and/or dual diagnosis services, social services and health services will also be accessed and coordinated to meet the needs of Proposition 36 participants. Medi-Cal, Drug Medi-Cal, Client Fees, and other funding sources will be explored to assist participants with ancillary and/or supplemental services, if Proposition 36 funding is not sufficient to meet their needs and to a comply with Proposition 36 requirements.

Data Collection and Evaluation Outcomes

The California Department of Alcohol and Drug Programs will determine reporting requirements and evaluation outcomes for Proposition 36. Stanislaus County Behavioral Health and Recovery Services will work in collaboration with all Proposition 36 partners to comply with all necessary reporting requirements. BHRS Alcohol and Drug System of care will continue to submit CADDs and DATAR reports, which include Proposition 36 data elements, to the California Department of Alcohol and Drug Programs.

7. **Will drug testing be required for SACPA clients in your county jurisdiction?**
Reference: Section 9530(i)

Yes (If yes, how are the costs associated with this requirement funded?)

No

Drug Testing

Drug testing is an essential element in recovery and both random and scheduled drug testing may be used, depending on available resources. Test results will be used as a therapeutic tool and to determine which level of care is more appropriate for Proposition 36 participants. The multidisciplinary team will review and discuss test results and develop the most appropriate recommendations for each participant before they are presented to the Proposition 36 Judge.

Funding sources will be explored to pay for drug testing. Client fees, Drug Medi-Cal and Senate Bill 223 will also be explored as possible funding sources.

- 8. Identify the entity(ies) responsible for determining a client's level of need for, placement in, and referral to drug treatment and other services in your county. Reference: Section 9515 (b)(2)(C)**
- 9. Describe the process(es) used by the (se) entity(ies) to determine a client's level of need for, placement in, and referral to drug treatment and other services in your county. Reference: Section 9515 (b)(2)(C)**

Assessment Process

Upon plea or conviction, the Judge will refer the matter to Probation for a Proposition 36 sentencing report. Simultaneously, a referral will be made to Behavioral Health and Recovery Services alcohol and drug specialist for a comprehensive drug assessment (see pages 7 & 8 for specific timelines as required by regulations). The Addiction Severity Index, Lite Version (ASI-Lite) and the American Society of Addiction Medicine Patient Placement Criteria (ASAM), which are standardized and validated tools in the alcohol and drug field, will be used by trained, qualified, culturally and linguistically competent alcohol and drug counselors. The client's level of need, the severity of addiction, and the level of risk will also be assessed. The assessments will provide all the information necessary to make placement recommendations for the most appropriate level of care for the offender.

The Probation Department will utilize a level of supervision assessment tool to determine the maximum level, medium level, or minimum level of supervision for each participant, and will assess the Proposition 36 participant's level of risk to the community.

Behavioral Health and Recovery Services alcohol and drug staff will be available to conduct assessments on a daily basis, five days a week, to ensure quick access, and will conduct assessments depending on how frequent the court conducts sentencing hearings. It is anticipated that these hearings will be conducted at least once a week. The schedule will be finalized by the end of June.

Behavioral Health and Recovery Services alcohol and drug staff will also coordinate with the Board of Prison Terms to conduct drug assessments for parolees.

Behavioral Health and Recovery Services, as the lead agency, and under the direct supervision of the Alcohol and Drug Programs Administrator, will oversee all operations and implementation of Proposition 36. BHRSP Alcohol and Drug Programs Administrator will supervise BHRSP Prop 36 staff and Probation and the Courts will supervise their staff.

Multidisciplinary Team Process

The Proposition 36 Multi-Disciplinary Team, consisting of the probation officer, alcohol and drug specialist/treatment provider, treatment case manager, and other partner involved in the provision of services to the participants, will meet on a regular basis to review and discuss the treatment recommendations, the level of supervision recommendations by Probation, and the participant's progress, and compliance throughout treatment and program requirements.

Confidentiality

Confidentiality will be ensured by obtaining a Multi-Agency Release of Information Form and a Consent to Treatment Form signed by the participant; so that, agencies/partners can release and exchange information regarding the participant's progress in treatment (42 CFR, Part II) (See Appendix C-Draft Multi-Agency Release Form).

Probation Supervision

Probation supervision emphasis will be placed on public safety, accountability and treatment compliance. Probation case management supervision will be provided to probationers based on the Probation Department administered risk assessment and the level of treatment need as determined by Behavioral Health and Recovery Services Alcohol and Drug treatment providers/private providers. Probationers will move up and down the supervision continuum based on need for increased supervision due to suspected criminality, crisis intervention or a higher or lower level of treatment need. The Probation Officer will monitor compliance with court orders, make referrals to ancillary programs as needed, conduct searches and maintain case files. Probation Officers will maintain contact with and visit treatment programs. On maximum supervision cases, probationers will be seen in the office and in the field.

The Probation Officer will be present at court review hearings and will provide written progress reports. In addition, Probation will set up violation cases for court hearings, write reports and make recommendations for sentencing or other appropriate sanctions.

Monitoring

The Proposition 36 Multidisciplinary Team will jointly monitor each participant for compliance of Proposition 36 requirements, based on the different agency requirements.

Behavioral Health and Recovery Services, as the lead agency, will require each agency/program to report the following activities:

- Number, type, and frequency of services provided;
- Number, type, and frequency of referrals to other agencies/programs;
- Number and types of discharges from the agencies/programs; and
- Number and types of follow-up contacts (if any)

Behavioral Health and Recovery Services, as the lead agency, will also monitor the following activities related to service coordination:

- Review of a random sample of client records to insure that service needs are being met through the treatment program;
- Review of all regular reports submitted by contract providers that will describe the number, types, and frequency of services provided;
- Random interviews with treatment staff about SACPA client services; and
- Administration and review of client satisfaction surveys

Budget

The start-up, planning, and operation budgets for FY 2000/01 and FY 2001-2002 were reviewed by the Alcohol and Drug Coordinating Council on May 18, 2001 and the Proposition 36 Implementation Committee on May 17 and May 21, 2001. The budgets and the Proposition 36 Implementation Plan were approved by the Board of Supervisors on June 12, 2001. (See Appendix D-Budgets).

The operating budget for FY 2001/02 will contain only half (6 months) of the allocation and will be presented to the Board of Supervisors for approval on June 12, 2001. The *initial allocation of \$1,416,828 will be divided in half and distributed as follows:

- 28% Criminal Justice (2.5% Courts and 25.5% Probation), and;
- 72% for Treatment (includes service and supplies, department and county overhead)

(See Appendix D-Budget Details and Allocation Split amounts)

10. How does the county plan on spending excess funds? Reference: Section 9515 (b)(2)(D)

Excess Funds

The rollover funds of \$ 335,653.000 from FY 2000/01 will be held in reserve for treatment services. Behavioral Health and Recovery services will carefully monitor budget expenditures and report to the Proposition 36 Implementation Committee and the Alcohol and Drug Coordinating Council. Further, Behavioral Health and Recovery Services will report to the Board of Supervisors no later than Midyear and request full year (FY) 2001/02 Budget Expenditure authority. The State will be sent a copy of the Board resolution. If the distribution of funds change ten percent or more between county entities or types of services or between services and administrative costs, an updated plan will be submitted.

Timeline

DATE	ACTIVITY	DEPARTMENT/PERSON RESPONSIBLE
5-18-01	Present Recommended Proposition 36 Implementation Plan to the Alcohol and Drug Related Coordinating Council	Larry B. Poaster, Ph.D., Director Behavioral Health and Recovery Services
6-01-01	Submit Proposition 36 Implementation Plan to the California Department of Alcohol and Drug Programs	Behavioral Health and Recovery Services
6-05-01	Present Proposition 36 Implementation Plan to the Board of Supervisors for Approval and Board Resolution	Behavioral Health and Recovery Services Proposition 36 Implementation Committee
6-06-01	Submit Board of Supervisors Resolution of the Proposition 36 Implementation Plan to California Department of Alcohol and Drug Programs Start Recruitment Process for Proposition 36 Team	Behavioral Health and Recovery Services
6-7-01	Monthly Proposition 36 Implementation Committee Meeting	Judge Donald E. Shaver Connie Moreno-Peraza, LCSW
6-14-01	Develop Personnel Training Plan on Proposition 36 Implementation Plan and Finalize all Program Forms	Proposition 36 Implementation Committee
6-28-01	Hire and Train Proposition 36 Staff and Assign to Proposition 36 Team Develop Proposition 36 Informational Brochure	Proposition 36 Implementation Committee
7-2-01	Begin Proposition 36 Implementation Plan Services	Proposition 36 Implementation Committee
10-1-01	Submit Quarterly Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services
1-1-02	Submit Semi-Annual Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services
4-1-02	Submit Quarterly Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services
7-1-02	Submit Annual Reports to California Department of Alcohol and Programs	Behavioral Health and Recovery Services

APPENDIX A

**STANISLAUS COUNTY
BEHAVIORAL HEALTH AND RECOVERY SERVICES
"CONSENSUS DEVELOPMENT PROCESS"
CULTURAL COMPETENCE CLINICAL STANDARDS**

Access and Service Authorization

Services will be provided regardless of language, culture, ethnicity and immigration status, and whenever possible will be based in the community of the population to be served. Access to services will be individually and family* oriented in the context of racial, ethnic and cultural values and healing traditions. Access criteria for different levels of care will include health/medical, behavior and functioning in addition to diagnosis, benefit package and/or level of risk. Criteria will be multi-dimensional; e.g., psychiatric, medical, alcohol and other drugs, spiritual, social functioning, legal, employment, behavior, and community and family*, support.

Triage and Assessment

Assessment will be multidimensional; e.g., considering language, culture, individual, family*, and community strengths, functional, psychiatric, medical, alcohol and other drug issues, legal, employment, behavior, and socioeconomic factors as well as family* and community support. Triage* will be timely and risk based depending on the level of care required.

Care and Treatment Planning

In partnership with clients* and their families care and treatment planning will involve the development of culturally and linguistically appropriate interventions that will address the clients* worldview*. Care and treatment planning will also include coordination with and development of culturally and linguistically competent departmental services and community resources to help meet the needs of our diverse populations and help them reintegrate into their chosen communities. Care and treatment planning will be recovery centered within context of clients' culture.

Treatment and Services

The department* through its network of service providers will ensure a full array of treatment modalities and levels of care that are tailored such that they are culturally acceptable and effective: e.g., education, psychiatric treatment, individual, family* therapy and specialized group therapy behavioral approaches, use of traditional healers, alcohol and other drug treatment, recovery services and outreach.

Aftercare and Discharge Planning

Aftercare and discharge planning will include involvement of the client* and their family* in the development and implementation of the plan and evaluation of service outcomes. Aftercare and discharge planning will be done in a communication style congruent with the client's* values, incorporating cultural and linguistic factors and culturally appropriate resources. The aftercare and discharge plan will allow for continuity of care and/or termination of treatment based on accomplishment of mutually agreed upon treatment goals.

Case Management

Case management will be central to the operation of the interdisciplinary* treatment team and will be based on applicable risk factors and level of care needed by the client* and family*. Case management as a function of the treatment team will require the ability to work in cross-cultural situations including advocacy, access to community-based services and systems, interagency coordination, and needs specific to each community served. Treatment teams will be accountable for the cost and appropriateness of the services they coordinate. Service providers will maintain responsibility for the successful and appropriate implementation of the care and treatment plan and provision of adequate administrative resources and endorsement.

Communication Linguistic Support

Cross-cultural communication and support across all levels of care will be offered and provided to the client* and family* at no additional cost to them. Access to these services will be available at the point of entry into the system and throughout the course of service.

Throughout the Standards several terms have an asterisk (*), please refer to the Glossary of Terms listed below for specific definitions agreed upon by participants of this planning process.

Glossary of Terms

Client – the term client is used interchangeably with the word “customers,” “consumers,” or “patients.”

Family – the term family is used interchangeably with the words “clients defined family,” “extended family” (uncle, aunt, cousin, etc.), or “support persons.”

Triage – phone, face-to-face, etc. screening.

Worldview – based on personal experience, spiritual, health beliefs and practices, economic circumstances, family values and perspectives.

Department – means Stanislaus County Behavioral Health and Recovery Services, Alcohol and Drug, and its providers.

Interdisciplinary treatment team – teams consisting of DSS, MH, A&D, Probation, etc.

APPENDIX B

**CALIFORNIA ASSOCIATION OF
ADDICTION RECOVERY RESOURCES**

STANDARDS

FOR SOBER LIVING ENVIRONMENTS

JANUARY 19, 1993

OCTOBER 12, 1993

MAY 26, 1996

JANUARY 18, 1999

CALIFORNIA ASSOCIATION OF ADDICTION RECOVERY RESOURCES
5777 Madison Ave., Suite 1210
Sacramento, CA 95841
(916) 338-9460

2100

Article 1. Physical Environment

2101 ARCHITECTURAL ASPECTS OF RECOVERY-CONDUCTIVE HOUSING

Architectural aspects of design should be similar to those for regular residences with a few important differences.

Sociopetality: Design should encourage residents to contact each other incidentally, informally, and without status barriers. Mundane contacts with each other during the course of the day are the medium for recovery in a well-designed setting.

Communality: Space should be available for all residents to meet for community meetings, and to attend community events (parties, meals, holidays, celebrations).

Security: Entrance and exit must be controlled. This means that informal perimeter security and monitoring of the front door are necessary. Human security (people circulating through the facility) is far preferable to electronic security.

Durability and quality of furnishings: Only the highest quality fixtures, materials, appliances and furniture should be used. The extra investment in the beginning repays itself many times over.

Upkeep and appearance: Repair, maintenance, cleanliness, and attractiveness are critical elements in the life of the house. The upkeep and appearance of the house are a metaphor for the lives of the residents. This includes grounds and driveways surrounding the home.

Personalization and comfort: Residents should feel the place is their own. This means allowing room for personal possessions, decorating one's own area, etc.

(Reprinted with permission, "The architecture of recovery: Prospects for the Nineties for housing low-income people with alcohol and drug problems", Friedner D. Wittman, Clew Associates, presented April 10, 1992, at a Conference on Recovery-Conducive Affordable Housing Strategies, University of California, San Diego.)

2102 SPACE

Space should be adequate to accommodate each individual comfortably and with dignity and respect.

Each home shall have a living room area with adequate space for participants to

assemble for social or other group activities.

Each home shall have a dining area suitably furnished for group or individual meal service.

Sleeping rooms shall be adequate to provide a bed and private space for each resident. These areas shall not be used for any other purposes.

Bathrooms shall be conveniently located and sufficient to provide adequate facilities for health, hygiene and privacy for each resident.

Kitchen facilities shall provide cooking and storage space to meet the needs of the home and its residents.

2103 FIRE SAFETY

The following minimum fire prevention requirements shall be followed:

- a. There shall be no smoking in bedrooms;
- b. Smoking materials shall be disposed of safely
- c. There shall be no accumulation of clothing, newspapers, or cartons in the living/sleeping areas;
- d. Stoves and cooking areas shall be kept clean of grease accumulation
- e. Smoke detectors and fire extinguisher shall be installed;
- f. Exit doors shall be clearly marked and readily available;
- g. Fire drills from sleeping areas should be encouraged.

2104 HEALTH STANDARDS

The following minimum health maintenance measures shall be followed:

- a. There shall be adequate space for food storage
- b. All food shall be stored in covered containers, or properly wrapped
- c. Perishable items shall be refrigerated
- d. Adequate refrigeration in good repair shall be available
- e. All dishes and cooking implements shall be washed upon use
- f. There shall be adequate hot water for dish washing
- g. Bathroom space shall be adequate for number of residents
- h. Bathrooms shall be kept clean on a daily basis
- i. Bathrooms shall provide personal privacy

2200

Article 2. Management

2202 MANAGERS RESPONSIBILITY

The person in charge of the facility shall be clearly identified to all residents. This should be an individual or designated individual of a large group. This person shall be responsible for the maintenance and safety of the building. If the person is designated, the lines of authority must be clearly defined.

2203 STAFFING

Staffing may or may not be necessary depending on the nature of the housing. At a minimum, someone must be responsible for the safety of the building, someone must be available to maintain records, to collect rent, and to register and check-out residents, and to maintain rules of the house. The resident group may choose to have other staff available such as cooks, grounds keepers, etc. Staff shall not provide any direction to the residents but shall be available for appropriate management of the physical plant.

2300

Article 3. Record Keeping

2301 RESIDENT RECORDS

The manager in charge of the residency shall maintain formal records. Records fill several important roles: they allow management to track the person served and provide a sense of order. The following record keeping standards are applicable to SLE:

a. Personal Data Form: Biographical personal data that provides an identification profile and emergency contact. Personal data requirements should be consistent with the organization's record and profile data requirements. Length of sobriety, prior recovery experience, and source of referral are appropriate.

b. Resident Log: This is a continuing record of residents as they enter and exit residency. The log includes referral into the home and circumstances of exit. Management thus has available a quick review of residents registered in a given year, along with the number of people moving out and why.

c. Resident Fee Payment Record: This record indicates the amount of resident fee due, and the date and amount of actual payment.

2400

Article 4. House Rules

The rules of the house must be clearly defined. Optional rules will depend on the needs of the population to be served, should not be over burdensome, and must be consistent with residency needs.

1. No drinking of alcohol or items containing alcohol or using illegal drugs at any time.
2. No alcohol, items containing alcohol or illegal drugs shall be brought onto the premises at any time.
3. Rent must be paid on time.
4. Mandatory attendance at a weekly house meeting.

2500

Article 5. Residency Requirements

The residency requirements must be clearly defined and at a minimum should include:

1. A desire to live a clean and sober life style.
2. Completion of a formal alcohol or drug recovery program, or documented stability in a self help group.
3. A willingness to abide by all the house rules as documented in a signed residential agreement.

APPENDIX C

MULTI-AGENCY AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FORM

DRAFT

Proposition 36 is a collaborative between **Behavioral Health and Recovery Services Department (Alcohol and Drug Programs, and Mental Health Programs), Probation Department, Community Services Agency (CSA), Department of Employment and Training (DET), Health Services Agency (H.S.A), Sheriff's Office, and State Parole.** These multi-agency staff operate as a single multi-agency, multi-disciplinary team to provide collaborative comprehensive services.

I, _____, understand the collaborative information obtained by Proposition 36 agencies will be shared and used for screening, assessing, planning and facilitating the delivery of appropriate services by this multi-agency, multi-disciplinary team. With my written consent on this document, I understand the aforementioned agencies listed above may share the following records and information:

I specifically need the following information releases (requests for "any and all records" is NOT acceptable):

Assessment Information <ul style="list-style-type: none"> • ASI: Addiction Severity Index) • ASAM: American Society of Addiction Medicine 	Consultation Reports Discharge Summary History and Physical Medication Records Psychological History	Psychological Testing/Evaluation Physician's Order(s) Treatment Plan / Problem List Urine Test Results
Other (specify): _____		

The recipient of the information released may use it only for the following purpose (must be indicated):

Aid Entitlement	Health/Insurance Enrollment	Placement and Aftercare
Assessment and Evaluation	Legal Proceeding/Legal Advice	School Needs
Employer	Personal Use	Educational Needs
Other (specify): _____		

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance heron, and if not earlier revoked, it shall terminate on: **Date Consent will Expire:** _____.

A Copy of this CONSENT has been offered to me.

Client's Signature: _____ Date: _____
 Witness Signature: _____ Date: _____
 Signature of Parent, Guardian, or Authorized Representative of Client: _____ Date: _____

STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FORM (File In Legal Section)	SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 " PROPOSITION 36 "	NAME: _____ Date of Birth: _____ Soc.Sec.No. _____ DMH #: _____
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APPENDIX D

PROPOSITION 36

START UP BUDGET SUMMARY

1	BH & RS Overhead	40,263
2	Services and Supplies	70,500
3	Fixed Assets - Vehicles	48,000
4	Capacity Increase - 12th Street	50,000
5	Capacity Increase - Eastside	20,000
6	Capacity Increase - SRC	170,000
7	Treatment Rollover	335,653
8	Total Funding - One Time:	\$734,416

PROPOSITION 36

Six Months Operating Budget Summary

		First Six Months	Annual Projections
1	Probation Expenditures	180,646	361,291
2	Court Expenditures	17,710	35,420
3	Services and Supplies	35,100	70,200
4	BH & RS Overhead	31,434	62,868
5	County Overhead	14,050	28,100
6	Clinical Assessment and Treatment	429,474	858,949
7	Total Expenditures:	\$708,414	\$1,416,828
8	Total Funding:		\$1,416,828

Does not include the rollover treatment of \$335,653 from the one-time funding.

Stanislaus County

Behavioral Health & Recovery Services

Fiscal Plans List

To add a Fiscal Plan, click the *Add Fiscal Plan* button OR select a Fiscal Year and Version and click the *Copy & Create New Version* button.
 To update Fiscal Plan Information, select a Fiscal Year and Version and click either the *Update Entity* or *Update Service/Activity* button.
 To delete a Fiscal Plan, select a Fiscal Year and Version and click the *Delete Fiscal Plan* button.
 To update the status of a Fiscal Plan, select a Fiscal Year and Version and click the *Update Status* button.

	Fiscal Year	Version	Last Revised	Status	Total \$ Allocated per Fiscal Plan [Entity]	ADP \$ Allocation	Allocation \$ Difference (ADP Allocation - Fiscal Plan [Entity])
©	2001/2002	1	05/30/2001	Draft	1,416,828	1,416,828	0

Stanislaus County

Behavioral Health & Recovery Services

Fiscal Plan Entity Information for Fiscal Year 2001/2002, Version 1

Status: Draft Created: 05/24/2001 Last Revised: 05/30/2001

To add/update Fiscal Plan Entity Information, enter Entity Type and Planned Dollars information and click the *Submit* button.

Delete Line	Entity Type	Planned Dollars			% ADP Allocation
		Direct Services	Administrative Activities	Total	(1,416,828 + 0 = 1,416,828)
	Drug Treatment				
<input type="checkbox"/>	BHRS	929,149	90,968	1,020,117	72
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
	Drug Treatment SubTotal	929,149	90,968	1,020,117	72
	Other Service				
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
	Other Service SubTotal	0	0	0	0

Stanislaus County

Behavioral Health & Recovery Services

Fiscal Plan Service/Activity Information for Fiscal Year 2001/2002, Version 1

Status: Draft Created: 05/24/2001 Last Revised: 05/30/2001

To add/update Fiscal Plan Service/Activity Information, enter Planned Dollars information and click the *Submit* button.

Services	Planned Dollars		Total	% ADP Allocation
	Direct Services	Administrative Activities		(1,416,828 + 0 = 1,416,828)
Drug Treatment				
Non-Residential/Outpatient				
Treatment/Recovery - No Meds	650,404	63,678	714,082	50.4
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0	0	0	0
Day Program-Intensive	0	0	0	0
Detoxification - No Meds	0	0	0	0
Detoxification - Methadone, LAAM, or Other Meds Prescribed	0	0	0	0
Non-Residential/Outpatient Subtotal	650,404	63,678	714,082	50.4
Residential				
Detoxification (Hospital)	0	0	0	0
Detoxification (Non-Hospital) - No Meds	0	0	0	0
Detoxification (Non-Hospital) - Methadone, LAAM, or Other Meds Prescribed	0	0	0	0
Treatment/Recovery - No Meds	278,745	27,290	306,035	21.6

Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0	0	0	0
Residential Subtotal	278,745	27,290	306,035	21.6
Drug Treatment Subtotal	929,149	90,968	1,020,117	72
Other Service				
Literacy Training	0	0	0	0
Family Counseling	0	0	0	0
Vocational Training	0	0	0	0
Other Client Services	0	0	0	0
If Other Client Services planned, please provide details below				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Other Service Subtotal	0	0	0	0
Services Subtotal	929,149	90,968	1,020,117	72
Case Management Activities				
Referral/Assessment	72,258	0	72,258	5.1
Placement	10,839	0	10,839	0.77
Court Monitoring	54,194	0	54,194	3.83
Supervision	224,000	0	224,000	15.81
Miscellaneous Activities	0	35,420	35,420	2.5
If Miscellaneous Activities planned, please provide details below				
<div style="border: 1px solid black; height: 20px; width: 100%; padding-left: 20px;">court clerk</div>				
Case Management Activities Subtotal	361,291	35,420	396,711	28
Grand Total	1,290,440	126,388	1,416,828	100

Stanislaus County

Behavioral Health & Recovery Services

Client Projections for Fiscal Year 2001/2002

Created: 05/30/2001 Last Revised: 05/30/2001

To add/update Client Projections, enter Number of Clients information and click the *Submit* button.

**Projected
Number of Clients**

Referred From Parole	195
Referred From Court/Probation	1,200
Grand Total	1,395

**Projected
Number of Clients**

Drug Treatment

Non-Residential/Outpatient

Treatment/Recovery - No Meds	977
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0
Day Program-Intensive	0
Detoxification - No Meds	0
Detoxification - Methadone, LAAM, or Other Meds Prescribed	0

Non-Residential/Outpatient Subtotal 977

Residential

Detoxification (Hospital)	418
Detoxification (Non-Hospital) - No Meds	0
Detoxification (Non-Hospital) - Methadone, LAAM, or Other Meds Prescribed	0
Treatment/Recovery - No Meds	0
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0

Residential Subtotal 418

Drug Treatment Subtotal 1,395

Other Service

Literacy Training

0

Family Counseling

0

Vocational Training

0

Other Client Services

0

If Other Client Services planned, please provide details below

Other Service Subtotal

0

Grand Total

1,395

Capacity Plan for Fiscal Year 2001/2002

Created: 05/30/2001 Last Revised: 05/30/2001

To add/update Capacity Plan Information, enter Capacity information and click the *Submit* button.

	Capacity		
	Existing	Planned Additional	Total
Drug Treatment			
Non-Residential/Outpatient			
Treatment/Recovery - No Meds	461	200	661
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	510	50	560
Day Program-Intensive	55	66	121
Detoxification - No Meds	0	0	0
Detoxification - Methadone, LAAM, or Other Meds Prescribed	0	0	0
Non-Residential/Outpatient Subtotal	1,026	316	1,342
Residential			
Detoxification (Hospital)	6	0	6
Detoxification (Non-Hospital) - No Meds	0	0	0
Detoxification (Non-Hospital) - Methadone, LAAM, or Other Meds Prescribed	0	0	0
Treatment/Recovery - No Meds	94	68	162
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	0	0	0
Residential Subtotal	100	68	168
Drug Treatment Subtotal	1,126	384	1,510
Other Service			
Literacy Training	0	0	0
Family Counseling	0	0	0
Vocational Training	0	0	0

Other Client Services

123

98

221

If Other Client Services exist or are planned, please provide details below

Sober Living Housing environments for men, women and their children

Other Service Subtotal

123

98

221

Grand Total

1,249

482

1,731