



# SACPA

## Substance Abuse and Crime Prevention Act (Proposition 36)

**Implementation in Alameda County**

**Annual Report**

**Fiscal Year July 1, 2002 to June 30, 2003**

**Submitted by:**

**Office of Management Services**  
Alameda County Behavioral Health Care

July, 2004

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## **SACPA Overview**

### **Background**

The Substance Abuse and Crime Prevention Act (SACPA), also known as Proposition 36, was passed by California voters November 7, 2000 and became effective July 1, 2001.

SACPA provides for probation with drug treatment in the community for persons convicted of non-violent drug offenses. Parolees who commit nonviolent drug possession offenses or violate drug-related conditions of parole also became eligible for SACPA treatment services in lieu of re-incarceration. Benefits include up to 12 months of treatment with up to 6 months of aftercare. Defendants with a second conviction can use SACPA services a second time. Drug treatment programs serving SACPA offenders must be State-licensed and/or certified. SACPA also established sanctions for offenders who did not sustain their participation in treatment or who violated certain conditions of probation or parole.

### **The Alameda County plan:**

On June 1, 2001, Alameda County submitted its plan for the implementation of SACPA with Behavioral Health Care Services (BHCS) designated as the lead agency<sup>1</sup>. Major responsibilities for the implementation were defined for the Superior Courts, Probation Department, District Attorney, Public Defender, Department of Corrections, Parole, and Alameda County's Information Technology Department.

### **Among the key provisions of the Plan:**

- Funding would 'follow the Client', regardless of the service or providing agency.
- Assessments would be accomplished using standardized assessment instruments.
- Monitoring of treatment through the transmission of progress and incident reports to probation and the courts would be computer assisted for most clients.
- Treatment, provided through a network of community based organizations (providers) includes methadone (opioid) detoxification and maintenance; residential, day treatment, outpatient, and early intervention programs, aftercare, and other (ancillary) services such as family counseling, vocational training, case management, and mental health services.

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<sup>1</sup> At the time, BHCS already had a network of substance-abuse service providers in place who could be used for SACPA referrals.

## The SACPA Plan In Alameda County:

- The District Attorney determines initial eligibility.
- Upon conviction, if the defendant accepts SACPA, the Court sets participation in SACPA services as a condition of probation.
- The defendant/client is directed to BHCS for assessment and referral to a provider for identified services that may also include ancillary services such as employment, mental health counseling, etc.<sup>2</sup>
- The provider reports on the client's treatment status to Probation/Courts prior to court hearings, or sooner if the treatment plan is not proving successful.
- Periodically, the Court holds hearings to review client/defendant treatment progress and provider recommended changes in that status, if any.
- Upon conclusion of treatment, the client is eligible for aftercare.
- Defendants successfully completing their treatment/aftercare program and fulfilling all other terms of probation, can petition the Court to expunge their record (dismiss the charges and clear their record of the conviction).
- Alameda county residents on parole or adjudicated in other counties, as well as defendants from other counties who move to Alameda County, may also be assessed and referred for Alameda County SACPA services through the BHCS Assessment Unit.

Behavioral Health Care (BHCS), as the designated 'Lead Agency', is responsible for maintaining a process of participation across multiple county agencies that ensures effective and accountable services to the population. To deliver these services, BHCS uses a Provider Network consisting of 21 agencies in 30 locations. Provider sites are located in Oakland, Alameda, Berkeley, San Leandro, Hayward, Fremont, Newark, and Pleasanton.

The District Attorney enforces the provisions of SACPA through filing criminal charges against those who commit crimes covered by SACPA, determining eligibility for SACPA services, and proving the commission of the crimes at either trial or probation revocation hearings.

The Public Defender represents the defendant, assisting defendants in making informed choices concerning accepting SACPA, serving their sentences, if any, or contesting the charges.

Probation ensures that program participants abide by Court ordered conditions of probation and facilitates the filing of all reports and petitions to the Courts. Deputy

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<sup>2</sup> Referral has two meanings: referral from Courts or Parole to assessment and referral from assessment to a treatment provider. The meaning of the word is defined within the context of the data presented.

Probation Officers monitor program participant's progress and provide intervention towards successful completion of the SACPA program.

The Court component of the Alameda County SACPA system includes Alameda, Fremont, Hayward, Oakland, and Pleasanton. The Court sets SACPA participation as a condition of probation, provides ongoing judicial supervision of participant's treatment plan, and holds progress hearings regarding participant recovery status.

## Overview of this Report

This report presents data comparing the first and second year of implementation in Alameda County.<sup>3</sup> Described are the demographic characteristics and service needs of eligible defendants who received services, and the flow of clients through the SACPA system from eligibility to discharge. Also included is information on the service delivery system and oversight that has evolved to meet SACPA demands.

Data was obtained from:

- CORPUS (the criminal justice system that incorporates SACPA data from the web based Penal Code 1210 Tracking System),
- AccuData for demographic information based on ASI assessments<sup>4</sup>,
- Insyst (PSP), the BHCS service utilization database, and,
- BHCS' financial system for expenditures.

Client counts are for unique clients i.e. when clients are referred to more than one provider to meet the client's service needs, all referrals are counted but the client is counted only once. As a result, the number of referrals for services will always be higher than the number of clients being served. This also applies to incident and progress reports or any other activity where a client might be served more than once.

In preparing this year's report we determined that some data sources were more representative of system activity than those used in the FY 01-02 Annual Report. Therefore, the FY 01-02 data was updated to make it compatible with FY 02-03 data.

Reasonable efforts were made to reconcile differences in the data sets. However, some variation due to alternate codes and classifications that occur between separate systems was not resolvable. In addition, during the early days of implementation, data capture procedures and mechanisms were not fully operational. However, the differences these problems caused are negligible and we believe this report fairly reflects the overall implementation of the program through June 30, 2003.

If you have questions or need more information, please contact Flo Samuels, BHCS, (510) 777-2156.

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<sup>3</sup> Information on the counties of Sacramento, San Bernadino, San Diego, and Orange was collected and is presented in Appendix B.

<sup>4</sup> ASI data includes city of residence, race, education, arrest and detention history, employment, substance use, treatment history, and ancillary vocational, educational, and counseling service needs.

## **SACPA Population:**

Persons charged with a non-violent drug offense who can be considered for SACPA eligibility are represented by designated dockets in the court system. In FY 01-02, based on the filing date, there were 6,638 qualifying open dockets. By FY 02-03, the number of these dockets fell to 4,392.

In FY 01-02, 3,259 dockets were designated in CORPUS as SACPA eligible with the number decreasing to 1,754 in FY 02-03. 'Eligible' means the defendants were convicted of non-violent drug offenses and could use SACPA services if they so elected. They had the right to accept, decline, or decline by waiving their rights. Of those eligible (convicted) in both fiscal years, 75% were felony convictions.

For those who accepted SACPA services, it was initially expected that approximately 2,500 eligible clients per year would accept<sup>5</sup>. However, the number of defendants accepting SACPA fell from 2,002 in FY 01-02 to 1,581 in FY 02-03, a 21% decrease.

Of the 1,536 unique clients assessed in FY 02-03, 115 (8%) were referred to their county of residence for services. Another 120 (6%) were identified as parolees.

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<sup>5</sup> The number accepting will always be lower than the number assessed because more than the new acceptees are being assessed. Assessment figures include:

- defendants new to the system (acceptees),
- defendants entering the treatment system from other counties, i.e. they move to Alameda County,
- parolees,
- defendants from FY 01-02 who may have changed their plea,
- defendants who may have been incarcerated and then accepted SACPA, or
- defendants who are now treatment clients but require reassessment due to changed circumstances.

## **Referral Demographics:**

Ethnicity of Clients Assessed and Clients Served	Table 1	Page 6
Major Substance of Choice	Table and Chart 2	Page 6
Employment Patterns	Table 3	Page 7
Client's City of Residence and City of Treatment	Table and Chart 4	Page 7

Definition of 'referrals': Referral can be from the Court to the BHCS Assessment Unit or from the Assessment Unit to a treatment provider. In this section, referral means from the Court to the Assessment Unit.

### **Significant Findings for FY 02-03:**

- Approximately 75% of clients were male.
- At time of referral to assessment, African Americans represented 43% of clients followed by Caucasians at 29% and Latinos at 15%.
- Nearly two out of three clients referred reported previous violations of parole or probation with an average of 3.9 violations per person.
- Cocaine as primary drug of choice dropped from 32% to 21%. The use of alcohol and drugs together increased from 9% to 18%.
- While 50% of assessed clients had previously received drug treatment services, the time between last treatment and the current conviction averaged 3.2 years.
- Clients averaged 10.8 years of school, a decrease from the 11.8 level of FY 01-02.
- The unemployed and under employed (intermittent/part-time work) represented 64% of clients. Those in a controlled environment (restricted in ability to leave) represented 10%, a significant drop from the 23% of FY 01-02. In both fiscal years, only one in six indicated they were usually employed in full-time work over the past three years. Of those with employment problems, 48% considered treating their employment problem as extremely or considerably important, an increase over the 35% in FY 01-02.
- At least 83% reported living in a domestic environment, i.e. not homeless or not restricted in ability to leave. These arrangements included living with a partner or a partner and children, alone, with friends, etc.
- Defendant residence patterns shifted from Oakland (down 17%) to Hayward/San Lorenzo (up 53%)<sup>6</sup>. Placements to providers demonstrated a similar change. South county providers accounted for 53% of total treatment referrals.

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<sup>6</sup> The base for calculation was significantly smaller for Hayward/San Lorenzo, resulting in a much higher rate of change.

Table 1 Ethnicity of Clients Assessed and Clients Served						
Ethnicity	Assessed			Served		
	FY 02-03		FY 01-02	FY 02-03		FY 01-02
	# of Clients	% of Clients	% of Clients	# of Clients	% of Clients	% of Clients
African-American	721	43%	48%	783	46%	45%
Caucasian	481	29%	27%	544	32%	32%
Latino	243	15%	15%	226	13%	11%
Unclassified	114	7%	5%	80	5%	8%
Filipino	45	3%	2%	43	3%	2%
Asian/Pacific Islander	36	2%	3%	23	1%	2%
Native American	19	1%	1%	21	1%	1%
Total Responses	1,659	100%	100%	1,720	100%	100%

n=1,941

n=1,425

Based on completed assessments in the AccuData system.

Table 2 Major Substance of Choice			
Substance	FY 02-03		FY 01-02
	# of Clients	% of Clients	% of Clients
Cocaine	355	21%	32%
Amphetamines	357	22%	20%
More than one drug	297	18%	15%
Opioids (primarily Heroin)	155	9%	11%
Alcohol & drug(s)	294	18%	9%
Cannabis	127	8%	8%
Alcohol	44	3%	4%
All others	21	1%	2%
Total Responses	1,651	100%	100%

n=1,763

Based on completed assessments in the AccuData system.

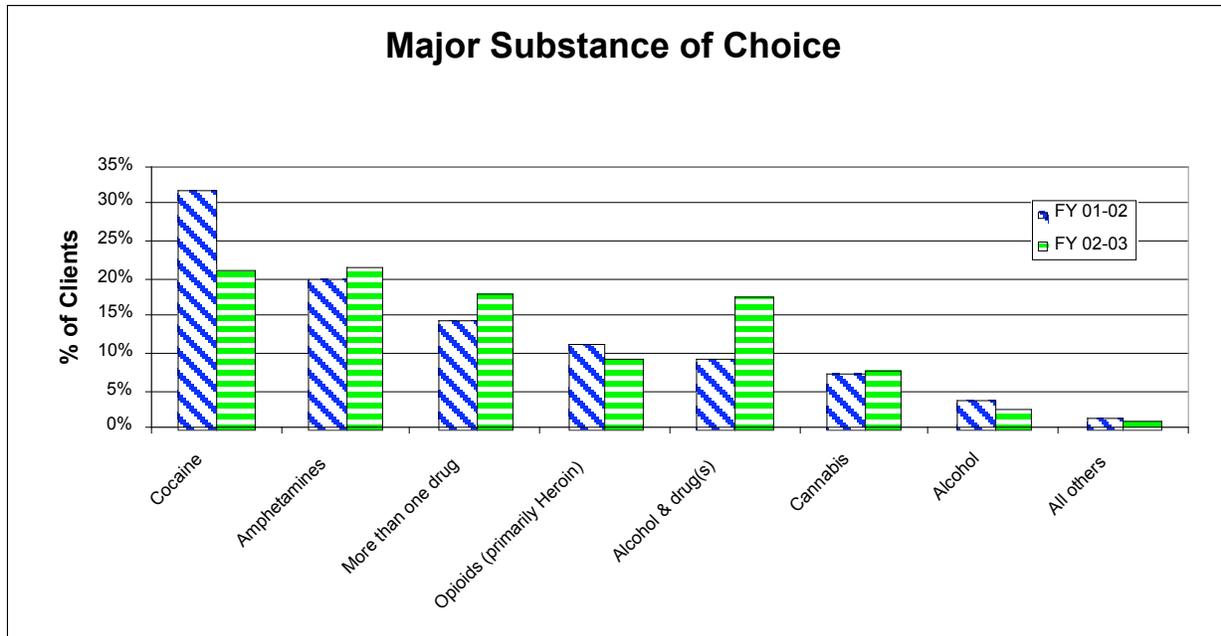


Table 3 Employment Patterns			
Employment	FY 02-03		FY 01-02
	# of Clients	% of Clients	% of Clients
Full-time work	241	16%	17%
Unemployed	761	50%	41%
Intermittent/Part-time	208	14%	11%
Retired/Disability/Student	173	11%	7%
Controlled environment	153	10%	23%
Data missing*	121	N/A	1%
Total Responses	1,657	100%	100%

n=1,805

Based on completed assessments in the AccuData system.

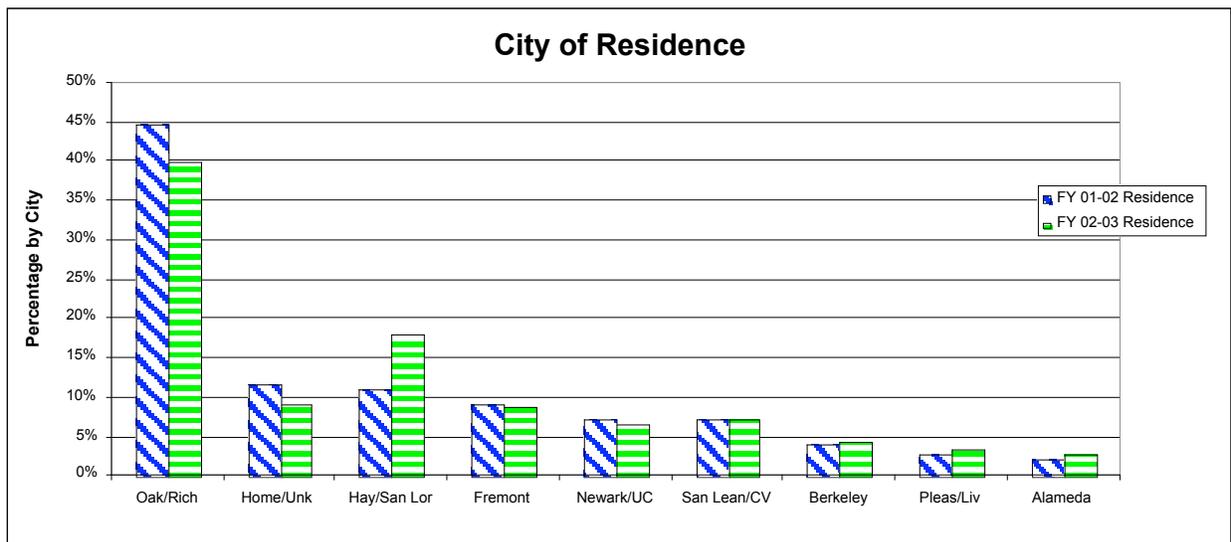
\* Due to missing data in FY 02-03, percentages were calculated on the known data and not the total.

Table 4 Client's City of Residence and City of Treatment						
City	Residence			Treatment		
	FY 02-03		FY 01-02	FY 02-03		FY 01-02
	# of Clients	% of Clients	% of Clients	# of Clients	% of Clients	% of Clients
Oakland (inc Richmond)	685	40%	45%	634	37%	39%
Homeless/Unknown	159	9%	12%	0	0%	0%
Hayward (inc San Lorenzo)	309	18%	11%	420	24%	14%
Fremont	151	9%	9%	94	5%	5%
Newark (inc Union City)	114	7%	7%	185	11%	13%
San Leandro (inc Castro Valley)	123	7%	7%	231	13%	11%
Berkeley (inc Albany)	75	4%	4%	32	2%	13%
Pleasanton (inc Livermore/Dublin)	57	3%	3%	66	4%	3%
Alameda	47	3%	2%	58	3%	2%
Total Responses	1,720	100%	100%	1,720	100%	100%

n=1,845

n=1,845

Data from BHCS Utilization database



**Referral Sources And Placements:**

FY 02-03 Court Dockets, Felony and Total	Table and Chart 5	Page 9
Eligibility Results	Table 6	Page 10
Referrals to Treatment Summarized by Court	Table 7	Page 10
Clients Referred to Treatment Summarized by Service Level	Table 8	Page 11
Clients Referred to Treatment Summarized by Month	Table 9	Page 11
Referrals Summarized by Court and Service Level	Appendix A, Table 1	
Referrals Summarized by Provider and Program	Appendix A, Table 2	

CORPUS, including the SACPA Tracking System, is the primary source for data.

**Significant Findings for FY 02-03:**

- From FY 01-02, Oakland Court had a 14% decrease in its proportion of all dockets (53% to 39%) and 9% decrease in clients (45% to 36%). The ratio of felonies to total dockets for Oakland remained at over 90%. Hayward’s dockets increased 7% while felonies increased 10% (to 67% of Hayward dockets). While both Fremont and Pleasanton’s dockets and client counts increased by 3 to 4%, felony dockets fell, in Fremont’s case by half (to 21% of Fremont dockets).
- The no-show rate from Court to the BHCS Assessment Unit dropped from 24% in FY 01-02 to 19% in FY 02-03. However, when followed over the two year period, the actual no-show rate (defendant never showed for assessment), dropped to 9%.
- Although referrals from the BHCS Assessment Unit to treatment providers increased 8% from 2,642 to 2,858, actual new client assessments dropped from 1,913 to 1,536, reflecting the decrease in defendants accepting SACPA.<sup>7</sup> By the end of FY 01-02, 24% of assessments were reassessments or evaluations for re-referral of ongoing clients. This had increased to 41% by the end of FY 02-03<sup>8</sup>.
- Although the Oakland Court’s share of treatment provider referrals and clients decreased (referrals from 62% to 55% and clients from 58% to 52%), the need for multiple referrals<sup>9</sup> for Oakland defendants (1.45 per client) was the highest of all the courts.
- Clients in the outpatient service category decreased from 84% in FY 02-03 to 80% in FY 02-03 and outpatient referrals decreased from 70% to 68% of total referrals.<sup>10</sup> The discrepancy between number of clients and number of referrals is due to outpatient clients often receiving additional referrals for other services (see footnote 9), making their outpatient referral a smaller percentage of total referrals.

<sup>7</sup> Client and referral numbers include parolees from other counties or Alameda County and clients from other counties who receive services in Alameda County.

<sup>8</sup> Reassessments/evaluations included clients who entered the SACPA program in FY 01-02.

<sup>9</sup> As a result of the assessment, the client is referred to more than one provider due to the need for multiple services. For example, an outpatient client may also need methadone while attending outpatient services [or may need detox before outpatient](#).

<sup>10</sup> Defendants who accepted SACPA but were to receive services in other counties were excluded from treatment level calculations.

Table 5 FY 02-03 Court Dockets, Felony and Total*						
Court	Felony		Dockets		Defendants	
	# of Dockets	% of Dockets**	Total	Court % of Total***	Total	Court % of Total***
Oakland	1,592	93%	1,720	39%	1,357	36%
Hayward	676	67%	1,005	23%	914	24%
Fremont	240	21%	1,129	26%	1,001	26%
Pleasanton	133	36%	366	8%	354	9%
Berkeley****	N/A	N/A	N/A	N/A	N/A	N/A
Alameda	99	58%	172	4%	165	4%
Total	2,740	62%	4,392	100%	3,791	100%

\*Based on the filing date of charges that were within the scope of SACPA.

\*\*% of Dockets is percent of felony dockets to total dockets for that Court.

\*\*\*Court % of Total is total dockets for that Court as a percentage of all Court dockets

\*\*\*\*Berkeley Court merged with Oakland July 1, 2002.

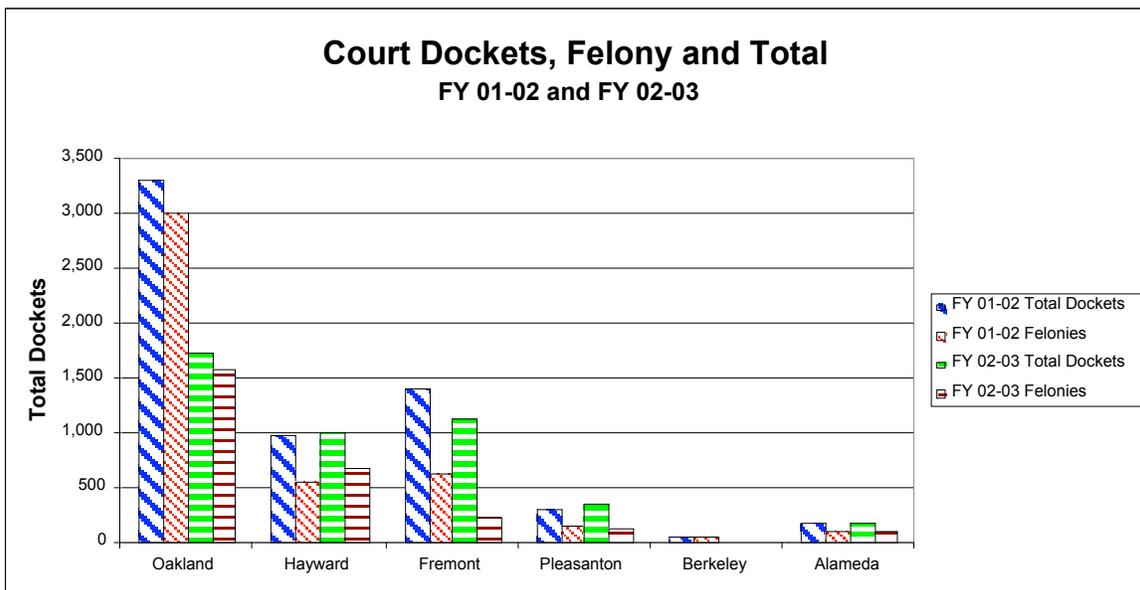


Table 6 Eligibility Results <sup>1</sup>						
Results by Clients	FY 01-02		FY 02-03		Cumulative	
	# of Defendants	% of Defendants	# of Defendants	% of Defendants	# of Defendants	% of Defendants
Accepted (Unique) <sup>2</sup>	2,002	100%	1,581	100%	3,583	100%
No Show to Assessment <sup>3</sup>	490	24%	308	19%	798	22%
Assessed/Referred <sup>4</sup>	1,913	96%	1,536	97%	3,449	96%
Referred Out-of-County	169	8%	115	7%	284	8%
No Show to Provider <sup>5</sup>	205	10%	119	8%	324	9%
Appeared Only for Intake	78	4%	39	2%	117	3%
Received Treatment <sup>6</sup>	1,461	73%	1,321	84%	2,782	78%
Still in Treatment	1,404		833		2,237	80%
Dismissed <sup>7</sup>	2		108		110	4%
Unsuccessful <sup>7</sup>	25		287		312	11%
Decline/Waived Rights	30		91		121	4%
Treatment Complete per Court	0		2		2	<1%

1. Based on the SACPA Status on date of conviction/sentencing.
2. To determine client flow through the treatment system including the number of full assessments, a defendant accepting separate cases is only counted for the first acceptance. "Accepted" does **not** include transfer in from other counties, parolees, defendants designated Pending or defendants not designated SACPA eligible but still receiving assessments and referral(s) to a service provider. These defendants are included in the Assessed/Referred totals.
3. Defendants who did not show for assessment within 30 days of accepting SACPA services.
4. Includes defendants who: accepted in a previous fiscal year, are designated Pending, are not designated as SACPA eligible but received assessments and referrals, transfers in from other counties, and parolees.
5. Does not include those who appeared for intake at the service provider but did not reappear for treatment.
6. Percentage is on those assessed. Subsequent percentages, i.e. Still in Treatment, are calculated on those receiving treatment.
7. Where defendants have two or more cases concurrently and were discharged from SACPA on different dates, the first acceptance date and the last discharge date were used to determine fiscal years for acceptance and discharge from SACPA.

Table 7 Referrals to Treatment Summarized by Court							
Court	FY 02-03		FY 01-02	FY 02-03		FY 01-02	FY 02-03
	# of Clients*	% of Clients**	% of Clients**	# of Referrals	% of Referrals	% of Referrals	Referrals per Client
Oakland	1,083	52%	58%	1,575	55%	62%	1.45
Hayward	379	18%	16%	506	18%	13%	1.34
Fremont	314	15%	15%	384	13%	13%	1.22
Transfer In	134	6%	6%	149	5%	5%	1.11
Parole	124	6%	3%	143	5%	3%	1.15
Pleasanton	69	3%	3%	85	3%	3%	1.23
Alameda	15	1%	1%	16	1%	1%	1.07
Berkeley***	N/A	N/A	<1%	N/A	N/A	<1%	N/A
Total Unique Clients**	2,102	N/A	N/A	2,858	100%	100%	

n=2,002

n=2,642

\* Unique Clients by Referral Source

\*\* Percents will not add to 100%. Total of **# of Clients** will not equal **Total Unique Clients** due to multiple referrals.

\*\*\*Berkeley Court merged with Oakland July 1, 2002.

Table 8 Clients Referred to Treatment Summarized by Service Level			
Service	FY 02-03		FY 01-02
	# of Clients*	% of Clients**	% of Clients**
Outpatient	1,493	80%	84%
Day Treatment	247	13%	13%
Residential	192	10%	9%
Opioid Maintenance	204	11%	7%
Early Intervention	30	2%	4%
Opioid Detox	27	1%	1%
Total Unique Clients**	1,863	N/A	N/A
After Care***	17	1%	0%

n=1,825

Txfer Out****	239	0%	0%
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\* Unique Clients by Referral

\*\* Percents will not add to 100%. Total of # of Clients will not equal Total Unique Clients due to multiple referrals.

\*\*\*Not considered as treatment but still a SACPA service.

\*\*\*\*Clients referred Out of County excluded from calculations due to undetermined service levels

Table 9 Clients Referred to Treatment Summarized by Month				
Month	FY 02-03		FY 01-02	
	# of Clients*	% of Clients**	# of Clients*	% of Clients**
July	301	14%	134	7%
August	289	14%	155	8%
September	253	12%	162	8%
October	304	14%	186	9%
November	184	9%	154	8%
December	149	7%	164	8%
January	177	8%	232	12%
February	167	8%	216	11%
March	175	8%	276	14%
April	198	9%	281	14%
May	216	10%	290	14%
June	171	8%	246	12%
Total Unique Clients**	2,102	N/A	2,002	N/A

\* Unique Clients by month of referral

\*\* Percents will not add to 100%. Total of # of Clients will not equal Total Unique Clients due to multiple referrals or reassessments of the same client in subsequent months.

**Treatment:**

Substance Abuse System of Services Unique Clients Served by Year and Service Level	Table 10	Page 13
SACPA Clients Need for and Availability of Ancillary Services	Table 11	Page 13

BHCS' utilization database (Insyst) is the primary source for data.

**Significant Findings for FY 02-03:**

- In FY 01-02, comparing the new population referred from assessment to in-county treatment providers (1,744) and those receiving treatment (1,461) indicated a no-show rate for those new to the treatment system of 14% (failing to appear for the initial intake appointment or not returning after the intake interview). In FY 02-03, along with a drop in new admits to 1,321, the no-show rate dropped to 10%.
- Since SACPA's implementation in FY 01-02, the number of clients served by the BHCS system of providers has expanded 25%. By FY 02-03, the primary service demand was still outpatient (69% system-wide).
- When SACPA and non-SACPA groups are compared, a higher proportion of African Americans were admitted to the substance abuse treatment system through SACPA (46% to the non-SACPA 39%). However, that rate was reversed for Caucasians (31% to 35% non-SACPA) and Latinos (13% to 17% non Prop-36). These proportions were only slightly changed from FY 01-02.
- Age distribution for both groups was relatively similar, even after adjusting for non-SACPA clients under 18 (a population not served by SACPA). Close to one-third of clients are in the 36 to 45 age range with another 40% below that range.
- Substance of choice shows a significant difference between SACPA and Non-SACPA clients. Amphetamines and cocaine are preferred by SACPA clients at close to twice the rate as Non-SACPA clients with a corresponding reversal of preference for opioids (primarily heroin) and alcohol.
- For those actually entering treatment, non-SACPA services had a higher proportion of females than SACPA (32% vs. 27%).
- About 95% of clients in either group spoke English. Another 3% required services in Spanish and 1.5% in Filipino<sup>11</sup>.
- In FY 02-03, 510 clients requested ancillary services (vocational and family counseling, literacy training, and mental health services) and referrals or appointments were made for 241 to receive such services. The overall need increased by over 75% with the greatest increase in vocational counseling (193%) and family counseling (107).

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<sup>11</sup> The Filipino services may have been in Filipino dialects such as Tagalog but this information was not available from the database.

Table 10 Substance Abuse System of Services						
Unique Clients Served By Year and Service Level						
Service Level	Calendar Year					
	1998	1999	2000	2001	2002*	2003
Outpatient	5,480	5,208	5,084	4,877	5,967	6,287
Opioid Detox/Maint	1,922	1,858	2,125	2,082	2,180	2,265
Residential	1,031	2,284	1,607	1,163	1,173	1,416
Day Treatment	279	414	372	372	411	522
Early Intervention**	0	0	0	66	181	168
Total	8,712	9,764	9,188	8,560	9,912	10,658
Aftercare***	0	0	0	0	0	410

Data from BHCS Utilization database

\* First full year of SACPA services.

\*\*Early Intervention is only available under SACPA.

\*\*\*Not considered as treatment but still a SACPA service. Not available to non-SACPA clients.

The majority of Aftercare clients enter Aftercare as a result of provider recommendations and transfers, not assessment referrals from the BHCS Assessment Unit.

Table 11 SACPA Clients Need for and Availability of Ancillary Services						
Age	FY 01-02		FY 02-03		Change from	
	Needed	Available	Needed	Available	Needed	Available
	# of Clients	# of Clients*	# of Clients	# of Clients*	# of Clients	# of Clients*
Literacy Training	49	18	28	14	-43%	-22%
Vocational Training	105	59	308	93	193%	58%
Family Counseling	70	47	145	55	107%	17%
Mental Health Services	132	83	195	120	48%	45%
Total Unique Clients**	257	174	510	241	76%	24%

Data from Treatment Plans in the BHCS PC1210 databases.

\*Some clients received ancillary services even though they were not specifically called for in the Treatment Plan.

\*\*The total of **# of Clients** is greater than **Total Unique Clients** as some clients receive multiple ancillary services.

## **Retention:**

SACPA Retention by Service Level	Table 13	Page 15
SACPA Retention by Ethnicity	Table 14	Page 15

The BHCS Utilization database and the CORPUS SACPA Tracking System are the primary sources for data.

- Retention is defined as the length of time the client actually received services.
- Early drop-out is defined as appearing for registration but not treatment.

Since SACPA clients have the sanction of incarceration if they do not appear for treatment, no conclusive comparisons can be made between the two populations concerning retention rates.

### **Significant Findings for FY 02-03:**

- In service categories, 1 to 3 times the number of SACPA clients stayed over 90 days in treatment compared to non-SACPA clients.<sup>12</sup> Non-SACPA clients were early drop-outs (no show after intake) at rates substantially greater than SACPA clients, ranging from 16% (to 1%) for day treatment up to 27% (to 2%) for opioid maintenance.
- For opioid services, a disproportionate share of non-SACPA clients go through detox (60% compared to 10% of SACPA clients). Since opioid detox services, with few exceptions, are based on a 21-day program, this significantly skews the retention rates for this treatment type.
- By ethnicity, combined rates for early drop-out plus less-than-30-day ranged from 11% (African-Americans) to 9% (Latino) for the larger client populations. Lower rates of 0% (Asian/Pacific) to 2% (Filipino) were influenced by the smaller populations for these groups. For non-SACPA clients, combined rates for early drop-out plus less-than-30-day ranged from 43% (Latino) to 30% (Caucasian) for the larger client populations.
- For SACPA clients, age showed no influence in retention/non-retention. However, for non-SACPA clients, more in the 18-25 and 56 and over categories stayed in treatment for 90 days or more than other age categories.
- Substance type had no discernible influence on SACPA retention.
- The sex of the client played no major role in retention for either group.

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<sup>12</sup> Large empirical studies such as the Drug Abuse Reporting Program, the Treatment Outcome Prospective Study, and the Drug Abuse Treatment Outcome Study have shown that treatment outcomes are positively associated with the length of time an individual remains in treatment.

Service Level	Day Treatment		Early Intervention		Opioid Maint		Outpatient		Residential		Aftercare*	
	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Early drop-out**	4	1%	33	19%	3	2%	46	4%	9	3%	3	1
< 30 Days	19	4%	17	10%	18	10%	68	5%	46	16%	1	0
31-60 Days	33	7%	20	11%	11	6%	138	11%	99	35%	8	3
61-90 Days	15	3%	37	21%	15	9%	99	8%	17	6%	18	7
91-180 Days	57	12%	45	25%	32	19%	266	21%	28	10%	118	48
> 181 Days	358	74%	25	14%	93	54%	660	52%	80	29%	100	40
Total Clients	486	100%	177	100%	172	100%	1,277	100%	279	100%	248	100

\* Not considered as treatment but still a SACPA service.

\*\* Early drop-out are clients who were registered by the provider but did not appear for treatment.

Service Level	African-American		Caucasian		Latino		Filipino		Asian/Pacific		Native American	
	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Early drop-out*	27	3%	8	1%	5	2%	0	0%	0	0%	0	0
< 30 Days	62	8%	23	4%	17	7%	1	2%	0	0%	1	5
31-60 Days	107	13%	38	7%	17	7%	1	2%	2	9%	1	5
61-90 Days	51	6%	41	7%	18	8%	1	2%	1	5%	1	5
91-180 Days	179	22%	99	18%	49	21%	10	23%	7	32%	4	19
> 181 Days	380	47%	344	62%	129	55%	31	70%	12	55%	14	67
Total Clients	806	100%	553	100%	235	100%	44	100%	22	100%	21	100

\* Early drop-out are clients who were registered by the provider but did not appear for treatment.

**Budget and Expenditures:**

SACPA funding is a five-year annual allocation (July 1, 2001 to June 30, 2006), including start-up funds (January 1, 2001 to June 30, 2001), based on a state formula that takes into account population (50%), treatment caseload (25%), and adult felony and misdemeanor arrest data (25%). Unspent amounts can be rolled over for use in subsequent fiscal years.

FY 02-03 expenditures of \$7.3 million were funded by the annual allocation of \$5.4 million with the remaining \$1.9 million coming from roll-over funds. Treatment, including assessments, accounted for \$5.1, 70% of total expenditures. Probation and the Courts accounted for another \$1.1 and \$700,000 was spent for support services provided by BHCS.

Expenditures by Category, FY 02-03	Table and Chart 14	Page 17
Expenditures by Service Level, FY 01-02 and FY 02-03	Table 15	Page 17

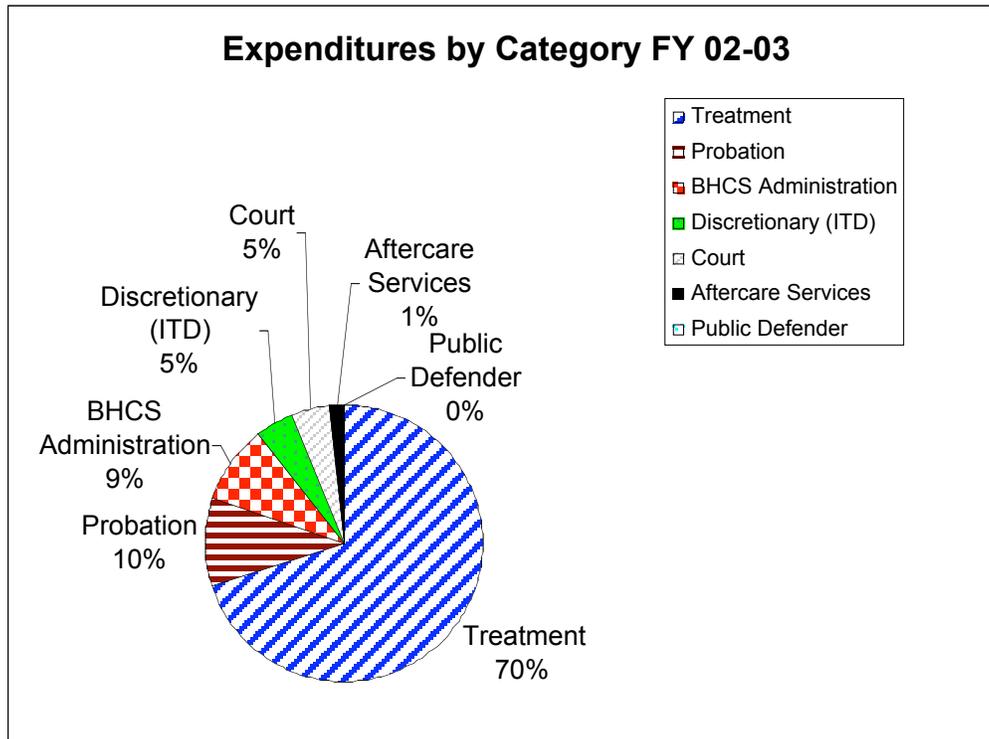
BHCS Finance is the primary source for data.

**Significant Findings for FY 02-03:**

- Expenses for residential treatment for FY 02-03 increased 217% (\$.5 million to \$1.6 million). Residential expenditures for FY 02-03 were 31% of total treatment dollars while residential clients represented 16% of total clients treated.
- Outpatient expenditures represented 39% of total treatment dollars in both fiscal years and the percentage of clients served (83%) also remained relatively the same.
- While a SACPA service, Aftercare is not considered as treatment. Even so, it represented approximately 1% of treatment costs but 14% of total unique clients.

Category	Expenditures	
	\$ Amount	% of Total
Treatment	\$5,306,321	70%
Probation	772,411	10%
BHCS Administration	699,015	9%
Discretionary (ITD)	345,500	5%
Court	343,105	5%
Aftercare Services	112,295	1%
Public Defender	4,546	0%
Total	\$7,583,193	100%

SATTA (Drug Testing) \$405,069 N/A  
 SATTA funding is separate from SACPA funding.



Service Level	FY 01-02		FY 02-03	
	Expenditures		Expenditures	
	\$ Amount	% of Total	\$ Amount	% of Total
Outpatient	\$ 795,028	39%	\$2,051,046	39%
Residential	515,700	25%	1,632,320	31%
Assessment	509,242	25%	726,492	14%
Day Treatment	130,800	6%	453,135	9%
Opioid Maintenance	82,300	4%	412,171	8%
Opioid Detox	6,200	<1%	3,418	0%
Early Intervention	4,772	<1%	27,739	1%
Total	\$2,044,042	100%	\$5,306,321	100%
Aftercare*			112,295	N/A

\* Not considered as treatment but still a SACPA service.

## **Treatment Reporting and Supervision:**

Providers are required to provide progress reports on the client's progress in treatment. Incident reports relating to negative events during treatment include both the Progress Report client base and defendants who never entered treatment (failed to appear).

Reports are reviewed by Probation and forwarded to the courts as part of the SACPA review hearings. The client/defendant's SACPA status is determined in these hearings where the client is ordered to continue treatment, removed from treatment and remanded to custody or other action taken, or the case dismissed for successful completion of the program.

Incident Reports	Table 16	Page 19
Client Status Changes	Table 17	Page 19

CORPUS, including the SACPA Tracking System, is the primary source for data.

Note: Due to changes in reporting format (from manual to electronic) and the time needed to ensure all providers were defining incident types the same, meaningful comparisons over the two years cannot be made relative to changes in report volume.

### **Significant Findings for FY 02-03:**

- The percentage of clients referred and served who prompted at least one incident report remained at 66% over the two year period.
- In FY 02-03, clients with multiple incident reports (11% or 355) were responsible for 65% of the reports (4,233).
- Of the 667 clients with no-show reports in FY 02-03, 24% (143) accounted for two or more reports.
- Close to a third (29%) of clients were reported as having tested positive for drugs at some point in the course of their treatment. Of these, 17% (161) accounted for 53% (1,550) of the positive tests.
- In FY 02-03, 10% of clients received a recommendation for transfer to less intensive levels of treatment, 17% received a recommendation for transfer to more intensive levels of treatment, and 37% a recommendation that treatment was complete.
- Following FY 01-02 new clients, 75% had never transferred from the program where they were initially assigned. This decreased to 61% in FY 02-03.
- In FY 02-03, progress report requests by providers to the courts and/or probation for assistance with a client showed no change from the 26% of progress reports in FY 01-02. Since each client has multiple progress reports, using this percentage to define the number of unique clients so affected is not possible.
- By the second year, 4% of the 3,583 clients who accepted had their convictions dismissed. An additional 16% were deemed unsuccessful (including those who changed their pleas to Decline or Rights Waived) and were discharged from SACPA services.

Table 16 Incident Reports								
Incident Type	FY 01-02				FY 02-03			
	Clients		Incident Reports		Clients		Incident Reports	
	# of Clients*	% of Clients	# of Reports**	% of Reports	# of Clients*	% of Clients	# of Reports**	% of Reports
Tested positive for drugs.	564	28%	1,638	31%	957	29%	2,913	30%
Missed two or more scheduled meetings while in treatment.	698	35%	1,388	27%	1,512	46%	4,442	46%
Refused to provide a fresh, undiluted, unadulterated, personal urine sample upon request.***	506	25%	1,098	21%	457	14%	1,140	12%
Failed to report to initial interview/intake.	385	19%	922	18%	667	20%	871	9%
Has used or possessed alcohol, other drugs or weapons.	71	4%	98	2%	99	3%	150	2%
Has acted in a violent manner and/or has made threats to harm him/herself to others.	25	1%	33	1%	29	1%	31	0%
Has incurred a new arrest for crimes other than bench warrants, infractions, or misdemeanor traffic offenses.	22	1%	30	1%	40	1%	48	0%
Failed to participate in ancillary services contained in the approved treatment plan.	3	0%	3	0%	66	2%	77	1%
Total (Unique Clients)****	2,002	N/A	5,210	100%	3,269	N/A	9,672	100%

Unique Clients with Incident Reports 1,329 2,156  
 % of Total Unique Client Population 66% 66%

\*# of Clients are clients who received one or more of that type report. Includes those never entering treatment.

\*\*Since some reports had more than one incident checked, # of Reports is the incidents reported not the number of reports received.

\*\*\*Includes clients not available on test days. Since tests are random, being absent does not constitute 'refusal'.

\*\*\*\*Unique clients are all clients in the SACPA system including those who did not show for treatment. Percentages will not add to 100%.

Table 17 Client Status Changes Cumulative						
Felony	Felony		Misdemeanor		Total	
	FY 01-02	FY 02-03	FY 01-02	FY 02-03	FY 01-02	FY 02-03
	% of Clients					
Clients who accepted SACPA*						
Still in treatment	97%	79%	95%	84%	96%	80%
Treatment Complete, still on probation	0%	0%	0%	0%	0%	0%
Case dismissed	0%	5%	0%	2%	0%	4%
Unsuccessful, incarcerated or in other program**	2%	13%	2%	8%	2%	11%
Declined	0%	0%	1%	1%	0%	1%
Waived rights	1%	3%	3%	5%	2%	4%
Total	100%	100%	100%	100%	100%	100%

\*Based on the sentencing date of defendants whose charges were within the scope of SACPA.

\*\*Includes Drug Court and other types of Court supervision (SUPO, SUPF).

## Appendix A, Referral Summaries

### Referrals Summarized by Court and Service Level

FY 02-03

July 1, 2002 to June 30, 2003

Court	Service Level	# of Clients	% of Clients	# of Referrals	% of Referrals
Alameda	Day Treatment	2	13%	2	13%
Alameda	Early Intervention	2	13%	2	13%
Alameda	Opioid Maintenance	1	7%	1	6%
Alameda	Other - Non Prop36 or Txfer Out	0	n/a	0	n/a
Alameda	Outpatient	11	73%	11	69%
Alameda	Residential	0	n/a	0	n/a
	Total Unique Clients	15	N/A	16	100%
Fremont	After Care	6	2%	9	2%
Fremont	Day Treatment	2	1%	2	1%
Fremont	Early Intervention	1	0%	1	0%
Fremont	Opioid Detox	2	1%	2	1%
Fremont	Opioid Maintenance	9	3%	10	3%
Fremont	Other - Non Prop36 or Txfer Out	41	13%	42	11%
Fremont	Outpatient	257	82%	301	78%
Fremont	Residential	15	5%	17	4%
	Total	314	N/A	384	100%
Hayward	After Care	8	2%	8	2%
Hayward	Day Treatment	5	1%	7	1%
Hayward	Early Intervention	11	3%	12	2%
Hayward	Opioid Detox	3	1%	4	1%
Hayward	Opioid Maintenance	46	12%	48	9%
Hayward	Other - Non Prop36 or Txfer Out	49	13%	52	10%
Hayward	Outpatient	297	78%	354	70%
Hayward	Residential	20	5%	21	4%
	Total	379	N/A	506	100%
Oakland	After Care	3	>1%	3	>1%
Oakland	Day Treatment	219	20%	279	18%
Oakland	Early Intervention	8	1%	10	1%
Oakland	Opioid Detox	17	2%	22	1%
Oakland	Opioid Maintenance	136	13%	158	10%
Oakland	Other - Non Prop36 or Txfer Out	134	12%	143	9%
Oakland	Outpatient	664	61%	815	52%
Oakland	Residential	130	12%	145	9%
	Total	1,083	N/A	1,575	100%
Pleasanton	Early Intervention	1	1%	1	1%
Pleasanton	Opioid Maintenance	1	1%	1	1%
Pleasanton	Other - Non Prop36 or Txfer Out	15	22%	15	18%
Pleasanton	Outpatient	51	74%	59	69%
Pleasanton	Residential	7	10%	9	11%
	Total	69	N/A	85	99%
Parole	Day Treatment	13	10%	13	9%
Parole	Opioid Detox	4	3%	4	3%
Parole	Opioid Maintenance	9	7%	9	6%
Parole	Outpatient	105	85%	105	73%
Parole	Residential	12	10%	12	8%
	Total	124	N/A	143	100%
Transfer In	Day Treatment	7	5%	7	5%
Transfer In	Early Intervention	8	6%	8	5%
Transfer In	Opioid Detox	2	1%	2	1%
Transfer In	Opioid Maintenance	3	2%	3	2%
Transfer In	Outpatient	120	90%	120	81%
Transfer In	Residential	9	7%	9	6%
	Total	134	N/A	149	100%
	Total Unique Clients*	2,102	N/A	2,858	100%

\* Total of # of Clients will not equal Total Unique Clients due to multiple referrals.

Includes Unique In-County 1,844  
Unique Transfer In/Parolee 258

## Referrals Summarized by Provider Agency & Program

FY 02-03

July 1, 2002 to June 30, 2003

Agency	Program and Service Level	# of Clients	% of Clients	# of Referrals	% of Referrals
Alameda Med Center	Day Treatment	65	3%	72	3%
Alameda Med Center	Outpatient	106	5%	121	4%
Asian Comm Mental Health	Outpatient	1	0%	1	0%
Bi-Bett	EORC/ Outpatient	214	10%	249	9%
CURA	Fremont/Residential	66	3%	66	2%
CURA	Oakland/Residential	7	0%	7	0%
EBCRP	Hayward/ Aftercare	1	0%	1	0%
EBCRP	Hayward/ Day Treatment	1	0%	1	0%
EBCRP	Hayward/ Outpatient	38	2%	39	1%
EBCRP	Oakland/ Day - Dual Diagnosis	48	2%	56	2%
EBCRP	Oakland/ Residential	5	0%	6	0%
Grace Inc.	Residential	11	1%	11	0%
HAART	Hayward / Opioid Maint	32	2%	33	1%
HAART	Oakland/ Opioid Detox	12	1%	17	1%
HAART	Oakland / Opioid Maint	62	3%	70	2%
Home of Comfort	Residential	7	0%	7	0%
Horizon	Chrysalis/ Residential	4	0%	4	0%
Horizon	Cronin / Residential	19	1%	21	1%
Latino Commission	El Chante/ Residential	1	0%	1	0%
Latino Commission	Mujeres/ Aftercare	2	0%	2	0%
Latino Commission	Mujeres/ Outpatient	9	0%	12	0%
Latino Commission	Si Se Puede/ Aftercare	1	0%	1	0%
Latino Commission	Si Se Puede/ Outpatient	107	5%	120	4%
Milestones	Residential	50	2%	52	2%
New Bridge Foundation	Day Treatment	81	4%	102	4%
New Bridge Foundation	Outpatient	129	6%	143	5%
New Bridge Foundation	Residential	12	1%	12	0%
New Leaf	Outpatient	82	4%	87	3%
Options	Aftercare	3	0%	3	0%
Options	Day Treatment	62	3%	73	3%
Options	Outpatient	103	5%	117	4%
SAACS	Opioid Maint	26	1%	29	1%
Second Chance	Ashland/ Aftercare	3	0%	4	0%
Second Chance	Ashland/ Early Intervention	17	1%	19	1%
Second Chance	Ashland/ Outpatient	232	11%	259	9%
Second Chance	Hayward/ Aftercare	0	0%	0	0%
Second Chance	Hayward/ Outpatient	175	8%	208	7%
Second Chance	Tri Cities/ Aftercare	8	0%	9	0%
Second Chance	Tri Cities/ Early Intervention	5	0%	5	0%
Second Chance	Tri Cities/ Outpatient	212	10%	250	9%
Solid Foundation	Outpatient	13	1%	15	1%
Solid Foundation	Residential	1	0%	1	0%
Support Systems	Residential	22	1%	26	1%
Valley	Aftercare	1	0%	1	0%
Valley	Early Intervention	2	0%	2	0%
Valley	Outpatient	69	3%	77	3%
Xanthos	Aftercare	1	0%	1	0%
Xanthos	Early Intervention	7	0%	8	0%
Xanthos	Outpatient	64	3%	69	2%
ZDK	Opioid Detox	14	1%	15	1%
ZDK	Opioid Maint	80	4%	101	4%
Out-of-County Programs	Various	240	11%	252	9%
	Total Unique Clients*	2,102	100%	2,858	100%

\*Note: Due to referrals to multiple programs, total clients referred will be greater than total unique clients.

Includes	Unique In-County	1,844
	Unique Transfer In/Parolee	258

## Appendix B, Other Counties

Counties with similar populations and arrest rates were contacted to contribute to this report. Responses from Sacramento, San Bernadino, San Diego, and Orange were received. Brief summaries of their implementation plans and other information received start on page 24. Following are tables and charts comparing their caseload and budgets, service structure, client population, and demographics with Alameda County.

<b>Appendix B, Table 1 Comparison of County Plans Based on UCLA Study</b>					
<b>FY 02-03</b>					
<b>Clients and Costs</b>	<b>Alameda</b>	<b>Sacra- mento</b>	<b>San Bernadino</b>	<b>San Diego</b>	<b>Orange</b>
Estimated Referrals	2,126	1,275	1,730	4,891	4,657
Treatment Budget	\$8,273,533	\$3,205,036	\$4,038,486	\$13,527,254	\$9,021,766
Criminal Justice Budget	\$1,225,357	\$1,947,755	\$2,538,853	\$2,275,613	\$2,143,786

<b>Appendix B, Table 2 Substance Abuse System of Services</b>					
<b>FY 02-03</b>					
<b>Service Level*</b>	<b>Alameda*</b>	<b>Sacra- mento</b>	<b>San Bernadino*</b>	<b>San Diego</b>	<b>Orange</b>
Day Treatment	X	X	X	X	
Early Intervention	X				
Opioid Detox/Maint	X	X	X		X***
Outpatient	X	X	X	X	X
Residential	X	X	X****	X	X
Aftercare**	X	X	X	X	X

\*Also offers Dual Diagnosis and Perinatal.

\*\*Not a treatment program but a service offered by Prop36.

\*\*No Outpatient Opioid Detox

\*\*\*No long-term residential

<b>Appendix B, Table 3 Prop36 Assessment System</b>					
<b>FY 02-03</b>					
<b>Assessment Locations</b>	<b>Alameda</b>	<b>Sacra- mento</b>	<b>San Bernadino</b>	<b>San Diego</b>	<b>Orange</b>
In Individual Courts	X			X	
Centralized, one Court		X			
Centralized, not in Court					X
Mixed				X	
Conducted by Probation		X	X	X	
Conducted by Assessors	X	X		X	X
Conducted by Providers		X	X	X	

Appendix B, Table 4 Prop36 Client Population					
FY 02-03					
Eligibles	Alameda	Sacramento	San Bernadino	San Diego	Orange
Prop 36 Eligibles	3,506		3,008	3,226	3,316
Accepted*	1,896	1,534	2,512	2,646	
Assessed**	2,102	1,287	2,239	2,336	3,751
Entered Treatment	1,842	1,147	2,629		
Declined/ Waived	863		496	580	
Treat Compl and/or Dismissal	309		443		386
County Population	1,479,000	1,258,600	1,764,300	2,883,600	2,978,816

\*Alameda Accepted does not include transfers from other counties or parolees.

\*\*Includes new in-county accepts, new transfers from other counties and new parolees.

Appendix B, Table 5 Prop36 Clients Served by Substance Problem					
FY 02-03					
Substance Problem	Alameda	Sacramento	San Bernadino	San Diego	Orange
Amphetaines	22%	52%		57%	35%
Cocaine	21%	12%		12%	6%
Alcohol & drugs	18%				
More than one drug	18%				
Heroin	9%			11%	32%
Cannabis	8%	17%		9%	8%
Alcohol	3%	7%	N/A	8%	19%
Opiates	1%	11%		0%	1%
All Other*				1%	0%

\*All Other includes Methadone, Barbituates, Sedatives, Hypnotics, Tranquilizers, Hallucinogens, and Inhalants

Appendix B, Table 6 Prop36 Clients Served by Ethnicity											
FY 02-03											
Ethnicity	Alameda			Sacramento		San Bernadino		San Diego		Orange	
	Served	Total Pop	Dockets	Served	Total Pop	Served	Total Pop	Served	Total Pop	Served	Total Pop
African-American	45%	15%	35%	24%	10%	15%	9%	19%	6%	3%	2%
Caucasian	31%	41%	39%	61%	57%	50%	44%	54%	55%	46%	51%
Latino	13%	20%	19%	12%	17%	33%	40%	19%	27%	23%	31%
Unknown/Other	5%	1%	2%	<1%	1%	2%	1%	2%	1%	25%	1%
Asian/Pacific Islander	4%	21%	5%	2%	13%	0%	6%	7%	11%	2%	15%
Native American	1%	1%	<1%	<1%	<1%	0%	1%	0%	1%	<1%	<1%

## **Other County Implementation Plans:**

### **Sacramento**

The implementation plan was developed under the direction of the Sacramento County Criminal Justice Cabinet, whose membership includes executive and judicial level officials from the Sheriff, Public Defender, Department of Health & Human Services, Medical Systems, District Attorney, Probation, the Courts, and Mayors and City Managers of major cities in the county. The Cabinet designated an Oversight Group, chaired by a judge that included representatives from the Cabinet and added State Parole, Employment Services and Mental Health. At present, the Department of Health & Human Services, Alcohol and Drug Services Division (AOD), is the Lead Agency.

Initial assessment for treatment is by AOD; Probation conducts a risk assessment to determine the level of supervision needed. Two Probation officers are assigned to each core outpatient site and a Probation officer has immediate contact with defendants at the Courthouse. Progress and probation violation hearings are at one Court. Probation has a response team for crisis intervention and high risk incidents, a specialized caseload for multi-need participants, and night and weekend supervision. Treatment contracts contain reporting standards.

Initial caseload estimates were 3,100 referrals with 2,600 from Probation and 500 from Parole. It was expected that 2,325 would participate in services with 1,550 completing the program. Probation supervision caseload ratio was estimated at 120:1. Probation originally estimated 10% of the caseload would be "high risk" offenders but by FY 02-03, 39% of program participants were in the "high risk" category.

Client fees were anticipated to cover 25% of the cost of Outpatient services and Aftercare and 10% of other treatment services. Residential was restricted to 10% of total participants with another 5% authorized for non-methadone detoxification services. By FY 02-03, a two-week wait list was implemented for residential programs.

Details on treatment levels, ancillary services, drug treatment program monitoring and evaluation and program completion standards were provided but are not included in this report.

## **San Bernadino:**

Human Services System (HSS) is the lead agency. Defendants eligible for SACPA services are referred to Probation where a short form court report is prepared and sent to the appropriate court. The report consists of assessment results to determine appropriate provider/level of treatment, probation risk assessment, and terms and conditions of probation.

After sentencing and referral to the provider, the provider completes a more thorough ASI assessment and establishes the level of treatment and services required. Within seven days, the provider notifies Probation of findings and that the client is participating. Probation provides active supervision in collaboration with the provider.

Progress reports are at 30-day intervals and ancillary service needs are monitored by the provider and Probation/Parole. Probation prepares progress reports for the court as needed. Failure to participate means the provider notifies Probation; Probation makes a determination if probation has been violated and takes necessary action for violation hearings. When treatment is complete, Probation notifies the Court and the conviction is set aside. Parole/Corrections take appropriate action.

The San Bernadino County Office of Alcohol and Drug Programs provides oversight and monitors the quality of care through a [provider] review process that uses a computerized management information system, case management, and audits. Since a reduction in recidivism over time will be the key measurement of success in the SACPA program, the Oversight Committee will develop a method to measure recidivism rates.

The FY 01-02 budget estimated annual caseload included 1,818 individuals currently receiving services who would be eligible for those services under SACPA. Therefore real treatment growth was estimated at 4,682. Of that, the growth in residential treatment was estimated at 1,171 individuals or 25% of treatment caseload. In dollar figures, residential was projected at \$2.2 million of \$6.3 million total treatment costs or 35%. The county anticipated \$3.3 million in Medi-Cal/Insurance fees to offset costs for net SACPA treatment costs of \$3.0 million. Total allocations for both fiscal years are indicated in Table 34.

Extensive data on open and closed treatment episodes, treatment outcomes and probation outcomes were made available but are not included in this report.

## **San Diego**

The Health and Human Services Agency, Alcohol and Drug Services (ADS), is the Lead Agency. The implementation plan was developed by a Policy Committee, a Steering Committee and four teams. Teams were tasked with developing implementation plans for the flow of clients through the court system, the screening, referral, monitoring and supervision of clients, the training curriculum for all County staff and providers working with clients, and the treatment system.

At the Court, Probation conducts a preliminary screening to refer clients to the appropriate level of treatment and a second screening on supervision requirements for Probation oversight. Provider placement is aided through the web-based Service Utilization Assessment System that indicates services provided and openings. Providers also conduct in-depth assessments at intake at which time the client can be re-referred to another program.

Progress in treatment is determined through regular Probation contact with the client and written progress reports from the provider. ADS contracts with providers and provides oversight and technical assistance such as provider monitoring and evaluation as well as assistance to SACPA related programs in the County. The treatment program has four Levels with Level 4, projected to serve 15% of clients, providing six months of residential services and six months of outpatient. As of the end of FY 02-03, 7% of clients were in residential treatment. The County also has developed a process for approving sober living environments for clients enrolled in outpatient or day treatment services.

HHSA objectives for FY 02-03 indicated maintaining treatment services for a client population of 3,500. A second objective was to ensure that 40% of SACPA clients in treatment at least four months successfully complete the treatment.

Details on treatment levels, sober living environments, and drug testing frequency were made available but are not included in this report.

## Orange

In the development stages of the implementation plan, the office of the Orange County CEO was designated as Lead Agency. After implementation, the Health Care Agency (HCA) became Lead Agency although the CEO/Budget continues to administer the SACPA Trust Fund, the reimbursement claim process, and recommendations on funding allocations. The FY 02-03 plan included hiring a full time Contract Psychiatrist and master's level clinician for psychiatric evaluation and/or medication assessment and a full-time Ancillary Services Coordinator. Based on submitted data, this appears to have been accomplished.

The plea and sentencing process is decentralized. Felony monitoring review hearings and probation violation hearings are centralized (Department C-58). Defendants are referred to Probation following sentencing where initial data is entered into a web-based PC 1210 Information System shared by HCA, Probation and the treatment providers. Probation conducts a probation risk assessment then refers the defendant to HCA for treatment assessment and placement. Assessments are conducted by five HCA staff assessors. There is ongoing communication between HCA, Probation, and treatment providers concerning client progress, needs, and referrals to ancillary services. Treatment providers and Probation conduct ongoing testing. HCA has the ability to test at the assessment unit. Treatment providers submit progress reports are submitted to Probation on a monthly basis utilizing the PC 1210 Information System. HCA provides oversight of contracted treatment providers through a series of annual audits and regular communication with assigned HCA program monitors. Providers submit incident reports to HCA and/or Probation. Where follow-up is appropriate, HCA and Probation determine on a case-by-case basis whether to follow-up independently or collaboratively. Probation provides the Courts with Monitor Reviews as ordered. A petition for dismissal may be filed after the completion of Aftercare.

In FY 01-02, the need for residential treatment facilities was projected to increase by 35.2% for the estimated annual caseload. As of FY 02-03, 23% of clients were in residential care with programs ranging from 90 days to one year. Perinatal residential programs are six-months. Residential programs are followed by outpatient and aftercare.

The CEO participates in the twice monthly meetings of the Oversight Committee and provides direction for collaboration among County agencies. Other participants include the District Attorney's Office, HCA, Probation, Court operational coordinators, and the Court Department C-58 Commissioner.

Details on treatment levels, client evaluations, provider evaluations and audits, and ancillary services were provided but are not included in this report.