

Sonoma County

Substance Abuse Crime Prevention Act 2000

2001-02 Annual Report

I. Sonoma County Department of Health Services

Alcohol and Other Drug Division

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Substance Abuse Crime Prevention Act of 2000
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II. Introduction

The Sonoma County Department of Health Services, Alcohol and Other Drug Services Division and the county SACPA Steering Committee is proud to present the first annual report for the implementation of the Substance Abuse Crime Prevention Act of 2000 (SACPA). This report describes the origins of SACPA, program design, highlights of fiscal year 2001-02, and client and financial data based upon an annual state required report.¹

III. Background

On November 7, 2000, Californians passed Proposition 36, the Substance Abuse and Crime Prevention Act of 2000(SACPA) by 61%. Effective, July 1, 2001, SACPA made substantial changes to both the criminal justice system and the substance abuse treatment system. The resulting modification of Penal Code 1210 mandates that any person convicted of the following shall be diverted from incarceration into licensed or certified community-based drug treatment programs:

- a first or second nonviolent drug possession offense,
- being under the influence of a controlled substance and
- any probationer / parolee who is determined to have committed a nonviolent drug possession offense, or violated any other drug-related condition of probation / parole;

The State Department of Alcohol and Drug Programs (ADP) is the administrator of the funding for California counties and is charged with developing and enforcing supporting regulations, conducting a statewide evaluation, providing technical assistance to counties in their implementation efforts, and collecting treatment and financial management information.

Locally, the Board of Supervisors designated the Department of Health Services, Alcohol and Other Drug Services Division the lead agency to implement SACPA. In addition, a Steering Committee comprised of the lead agency, Courts, District Attorney, Public Defender, Probation Department, Sheriff's Department, Human Services Department/Workforce Investment Board, and Information Systems Department meet monthly to develop the SACPA plan as required by ADP and determine local policy issues.

¹ *Case Management Client Counts and Characteristics Report for Fiscal Period: July 1, 2001 – June 30, 2002 and County Expenditure Report for Fiscal Period: July 1, 2001 – June 30, 2002.* Submitted to the State Department of Alcohol and Drug Programs, July 31, 2002.

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IV. Program and client process

Sonoma County has established a single court to adjudicate and monitor all SACPA eligible cases. A court team comprised of the Judge, Public Defender, District Attorney, Probation, and Alcohol and Drug Services Manager are present for every morning court calendar. The court team has established a process in compliance with state regulations that applies a standard clinical assessment tool to determine the most appropriate level of service and treatment plan within 30 days of sentencing. The judge then sets the final terms of probation and establishes a schedule for future progress reports.

The service delivery system consists of a variety of community based alcohol and drug treatment providers that provide a continuum of care, whereby clients may move from one level of care to another depending on participation, relapse potential, social supports and other factors that influence progress. A continuum of treatment services are offered to address the range of client treatment needs. In addition, ancillary services (literacy and GED services, vocational and employment services, family counseling and mental health counseling) are offered either directly by the treatment providers or through established linkages with providers in the community. As mandated by statute, the total treatment episode shall not exceed 12 months with up to an additional 6 months of aftercare services. A brief description of services is attached as Appendix A.

Once a client has satisfactorily completed his/her treatment plan, a notification to Probation and the Courts is sent pursuant to federal confidentiality regulations. At the end of treatment, the client may petition the Court for dismissal of charges. The Court has the discretion to set aside the conviction or continue the defendant on court/formal probation. The client can re-state his/her request in the future if denied at that time.

Conversely, the treatment program will report program violations under the provisions of SACPA to the Courts/Probation. For a first or second violation, the client will be re-assessed for clinical and treatment modifications, as well as for risk to self or community. Each case will be reviewed individually for treatment amenability. If the clients fails treatment or commits an offense leading to revocation of probation, the offender is sentenced under pre-existing law, which provides for jail or state prison time.

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**V. First Year Implementation Highlights and Challenges:
FY 2001-02**

The following highlights provide a review of events that are significant to the first year of implementation.

- PC 1210 Court for eligible SACPA clients began on July 2, 2001.
- During monthly meetings, the Steering Committee monitors the number of clients referred to SACPA, the number of completed assessments and what level of services/treatment clients are referred to. An early assessment of program operations indicates fewer clients are referred to education and the demand for residential services is higher than anticipated. Three additional residential beds are negotiated with an existing contract provider.
- Senate Bill 223 is passed by the Governor, effective October 11, 2001, which provides funding for drug testing, a clinically-driven treatment tool for SACPA clients. Sonoma County is the recipient of \$121,013 from the Substance Abuse Testing and Treatment Act (SATTA). SATTA funds combined with client fees for drug testing support the expense of providing required drug testing for all SACPA clients.
- The Board of Supervisors approves a plan modification adding an Assessment Counselor and a Probation Officer to manage increasing caseloads and to comply with state law stipulating time constraints on conducting clinical assessments and developing client treatment plans.
- The (Parole) Board of Prison Terms referred fewer clients than expected by SACPA (26 referrals received of 85 planned). Challenges with the Board of Prison Terms and Parole include role and procedure clarification, and effective communication.
- DEJEP/PC 1000 (Deferred Entry of Judgement Education Program) provides educational services for eligible SACPA clients that are clinically assessed as appropriate for an educational intervention. Additional 546 SACPA eligible clients were served under DEJEP/PC 1000 services that were supported with client fees in place of SACPA funds.
- Public and provider input and review of SACPA services, budget and outcomes are reviewed at the two monthly forums. The lead agency, the Alcohol and Other Drug Division hosts the monthly alcohol and drug providers meeting and staff the monthly Alcohol and Drug Advisory Board where SACPA updates and relevant items are

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discussed regularly. In addition, the lead agency will host specific SACPA quarterly public meetings, effective July 1, 2002.

- Capacity building for SACPA services has been difficult this first year primarily due to public opposition in establishing services within their neighborhoods. Three incidents during the year have slowed down the process for establishing new services: The SAPCA assessment office has been delayed for one year, out-patient services were delayed for three months, and finally residential service expansion has recently been approved. These delays not only cause a lack of available treatment services, but also affect the efficiency of services and spending of available funding.
- Due to licensing complications, a loss of 8 residential beds for men is lost in the first months of implementation. These beds are quickly replaced with 6 sober living beds and one residential treatment bed for women.
- Required by Proposition 36, client fees for clinical services are approved by the Board of Supervisors at the end of the fiscal year 2001-02. Implementation of a sliding fee schedule is planned for September 2002.
- Local and State administrators discuss the interpretation and application of service provisions with clinical and fiscal implications. Three key issues include the definition of 12-month treatment limit for clients, on-going narcotic replacement/methadone maintenance for clients, and valid medicinal marijuana use by clients.
- The Steering Committee recommended the support of a part-time law clerk in the Public Defender's Office to maintain the efficiency of court proceedings, comply with SACPA guidelines for client process, and possibly preventing longer jail stays for the increasing caseload. Upon the Steering Committee's request, the State Department of Alcohol and Drug Programs, approved this position as an allowable cost and determined that SACPA funds did not supplant existing funds. This request will be submitted through a SACPA plan modification in FY 02-03.
- The Alcohol and Other Drug Services Division enlists the help of ISD (Information Systems Department) and a software consultant to develop a custom database for case management and the monitoring of client process, service utilization and treatment outcomes. The database is continuously reviewed and improved, however the database is unable to report valid and reliable treatment outcomes at year's end. The database requires additional refinement and staff require additional training to assure consistency in interpreting and coding events into the database.

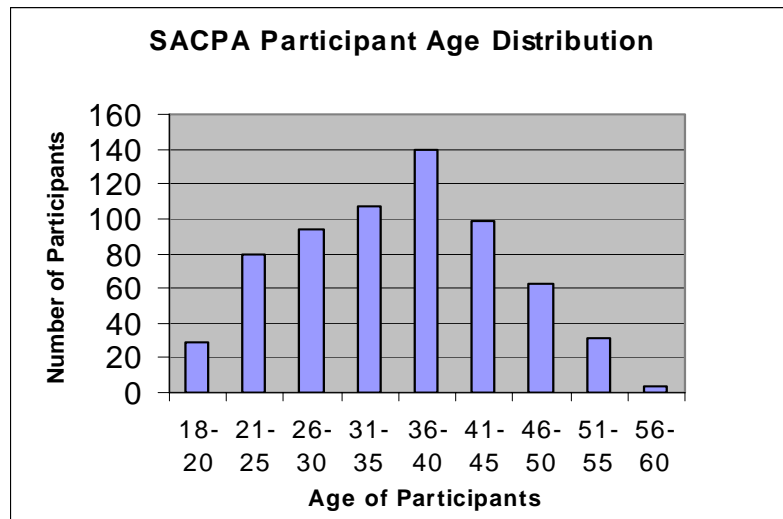
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- Utilizing a conservative fiscal management approach, the lead agency has developed a budget projection through FY 05-06. The lead agency and Steering Committee anticipates fluctuations in client referrals and repeat clients affecting caseload projections. In light of this fact, balancing the cost of managing the caseload with costs for providing community-based treatment will continue to be a challenge. FY 03-04 may require difficult decisions about the type and amount of treatment services afforded to SACPA as funding is expected to be inadequate in maintaining the current treatment system.

VI. Sonoma County Participants

During the first year of implementation, July 1, 2001 through June 30, 2002, the courts and Board of Prison Terms referred 646 individuals to the SACPA assessment center. Of those referrals, 466 (72%) were men and 180 (28%) were women. The typical participant was between 31 and 45 years old (54%).

Furthermore, 75% of the referrals were Caucasian and almost 15% of the total referral population were of Hispanic/Latino ethnicity. Socio-economically, almost 25% reported that they were homeless and 70% were unemployed (13% were not in the workforce). Almost 50%



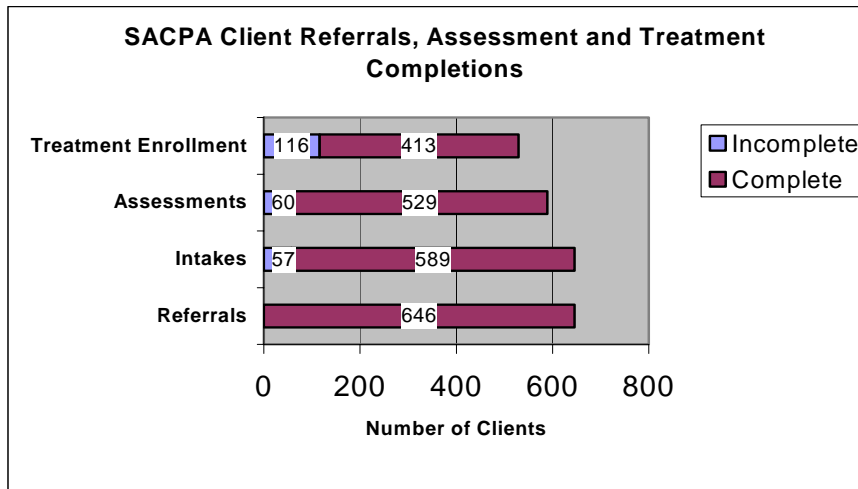
lack a high school diploma. Portions of this demographic information was submitted to the State Department of Alcohol and Drug Programs in compliance with the required report, *Case Management Client Counts and Characteristics Report for Fiscal Period: July 1, 2001 – June 30, 2002*. (Appendix B)

The average length of drug use for participants was 16 years, with methamphetamine as the most frequently cited drug of choice (54%) followed by marijuana (15%). A majority of the participants (58%) were placed in outpatient treatment. However, a significant portion of the population was placed in intensive treatment in residential settings (11%), day care habilitative (day treatment 17%) and sober living in combination with outpatient services (7%).

During fiscal year 2001-02, a total of 646 referrals were received by SACPA from the courts (96%) and state Parole (4%). Of those 646 referrals, 589 clients completed the SACPA intake process. Fifty-seven clients that had not completed an intake either refused services, failed to appear or a few may have been waiting for an intake.

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For the time period July 1, 2001 through June 30, 2002, the assessment staff completed 529 clinical assessments. Specific data on the 60 individuals who did not complete an assessment could not be isolated for reporting at this time. However, the 60 clients were either waiting for an assessment, transferred out of the county, failed to appear resulting in a bench warrant, declined SACPA services or were enrolled in another treatment program such as Drug Court or DEJEP/PC 1000.



A total of 413 individuals had enrolled in treatment as of June 30, 2002. The remaining 116 individuals who had been clinically assessed, but did not make it into treatment were likely waiting to get into treatment, failed to appear resulting in a bench warrant for their arrest, declined SACPA services, moved out of county or out of state, or were re-arrested on a new charge.

Data from the local criminal justice system (IJS) reports that of the 413 clients enrolled in drug treatment, 76 clients (18%) were reported to have had a new arrest. If the new arrest does not affect their eligibility for SACPA, those 76 clients would be re-referred to SACPA and continue their treatment, possibly with a modified treatment plan.

Additional client outcome information is not available at this time. The number of clients who have completed the program in this first year is likely to be small, considering treatment could be up to 12 months with six months of aftercare. Measuring treatment outcomes is critical to this project and the Alcohol and Other Drug Services Division is committed to building the capacity of the database to provide treatment outcome data in the upcoming year.

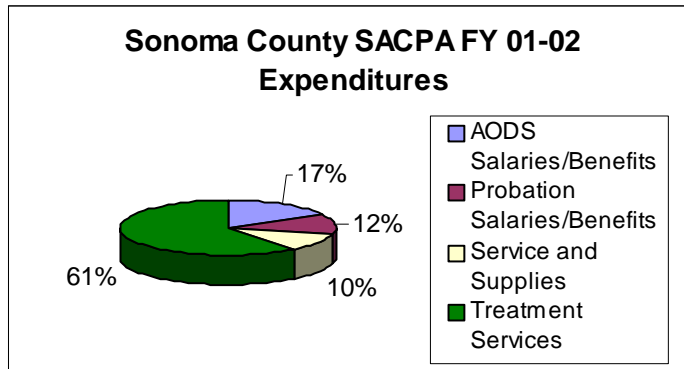
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VII. Fiscal

Revenue generated for the SACPA trust fund in FY 01-02 was \$1,788,983. Revenue sources included the county's SACPA allocation, interest accrued, and Medi-Cal.

SACPA FY 01-02 Revenue	
SACPA 01-02	\$1,701,268
Interest	79,475
Medi-Cal	8,240
TOTAL	\$1,788,983

Due to delays and changes to contracts for treatment services and hiring allocated staff the FY 01-02 actual expenditures was \$1,260,336. The balance of unexpended funds will rollover into FY 02-03. Sixty-one percent of the expenses were attributed to community-based treatment contracts, 17% to salaries/benefits of Alcohol and Drug Assessment staff, 12% to Probation salaries/benefits and the remaining 10% to services/supplies.



VIII. Conclusion

The first year of SACPA program implementation was successful on many fronts. The consolidated court process with a coordinated court team processed hundreds of defendants and enrolled over four hundred individuals into drug/alcohol treatment programs through SACPA. Treatment capacity has been increased, focusing on the need for residential services. Program implementation required ongoing dialogue about the interpretation of the specific issues within the regulations and application to the clinical services and the beneficiaries, SACPA clients. Although the project has had a successful first year, great challenges lie ahead.

Preliminary outcome data has eluded the project this first year and the lead agency and Steering Committee of SACPA will focus on refining the data collection system to provide greater confidence in measuring the effectiveness of Proposition 36. As the first year expires, SACPA begins the second year with a budget projection that the third year's budget will be reduced and services will be impacted. Sonoma County is fortunate to have a strong collaboration of county managers, community-based treatment providers, and clinical staff to meet these challenges with intelligence and integrity.

SACPA Description of Treatment Services

The Sonoma County SACPA drug treatment service delivery system consists of a variety of community based alcohol and drug treatment providers that provide a continuum of care, whereby clients may move from one level of care to another depending on participation, relapse potential, social supports and other factors that influence progress. A continuum of treatment services are offered to address the range of client treatment needs. The following is a brief description of those services with the length of time for the treatment episode.

Education: Didactic classroom setting conducted with a group. Meets one to two times weekly for 3 months. Services are linked to PC 1000.

Out-patient: Group and individual sessions with frequency determined by the clients' treatment plan. Usually weekly groups with bi-weekly individual sessions for 6 – 9 months.

Intensive Out-patient (Day Habilitative): Group meetings three times per week with individual sessions 1-2 times per month. Treatment ranges 3 – 9 months.

Residential: 24-hour facility providing therapeutic environment consisting of education, group therapy, individual sessions and other supportive services. Treatment episodes are up to 100 days.

Narcotic Replacement (Methadone treatment): Detoxification and maintenance services are offered. Detoxification is 21 days and maintenance is ongoing for up to 12 months.

Sober Living Environment: Sober Living provides a drug and alcohol free room and board for SACPA clients co-enrolled in out-patient services.

In addition, literacy and GED services, vocational and employment services, family counseling and mental health counseling will be offered either directly by the treatment providers or through established linkages with providers in the community. The determination for a client's need for ancillary services may be assessed by the assessment counselor prior to treatment or during the treatment episode by the clinical staff at the community-based treatment program.