

COMPREHENSIVE DRUG COURT IMPLEMENTATION (CDCI) PROGRAM REQUEST FOR APPLICATIONS (RFA)

I. FINAL FILING DATE AND TIME

Applications will be submitted to the Department of Alcohol and Drug Programs (ADP).

The filing date is:

November 17, 2000

No later than 5:00 p.m.

The application is to include the following:

- (a) Cover Page
- (b) Assurances And Certifications
- (c) Documentation of Collaboration or Partnership Group
- (d) Budget
- (e) Match
- (f) Goals and Objectives
- (g) Descriptive Narrative

The application will constitute the multi-agency plan required pursuant to Health and Safety Code Section 11970.2 (a), within the Comprehensive Drug Court Implementation Act of 1999 (Act).¹

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Applications are considered late on November 17, 2000, after 5:00 p.m. Due to the requirement for original signatures, applications submitted through facsimile, electronic transfer, or on diskette will not be accepted.

Completed applications must be submitted to:

OSCAR VILLEGAS, PROJECT COORDINATOR
OFFICE OF DRUG COURT PROGRAMS
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
1700 K STREET, FIFTH FLOOR
SACRAMENTO, CA 95814-4037

Hand delivered applications should be brought directly to the Business Services Section, Room #100.

II. TECHNICAL ASSISTANCE

ADP will provide technical assistance, through telephone conversations and/or the review of draft documents from the Applicant. Applicants with questions may contact:

LAURA CHOATE, MANAGER
OFFICE OF DRUG COURT PROGRAMS
(916) 323-1269

lchoate@adp.state.ca.us

FACSIMILE (916) 327-9285

III. ELIGIBILITY REQUIREMENTS

A. Eligible Counties

Counties, within California, that operate or plan to implement, develop, and operate an eligible drug court system(s) are eligible to receive funding.

B. Eligible Drug Courts

Any or all of the following drug court systems are eligible within the CDCI Program:

- 1) Drug courts operating pursuant to Sections 1000 to 1000.5, inclusive, of the Penal Code.
- 2) Drug courts for juvenile offenders.
- 3) Drug courts for parents of children who are detained by, or are dependents of, the juvenile court.
- 4) Drug courts for parents of children in family law cases involving custody and visitation issues.
- 5) Other drug court systems that are approved by the Drug Court Partnership Executive Steering Committee (DCP-ESC).²

B. Applicants

The County Alcohol and Drug Program Administrator and the Presiding Judge of the county courts (Applicant) have been identified as the formal applicants for funds under this program. In addition, coordination and collaboration with each agency/partner within the pertinent drug court is required and must be documented within the application. Each Applicant may submit only one application.

IV. BACKGROUND

A. Purpose of Funds

The purpose of these funds is to develop and implement a drug court system(s) that serves substance abusing adults; juveniles; and parents of children who are detained by, or are dependents of, the juvenile court. The funded drug court system(s) must demonstrate cost effectiveness through participation in a statewide evaluation.

B. Source of Funds and Amounts

The funds for this program were appropriated through the Budget Act of 2000 and will be subject to all the requirements of the Act. A total of \$10 million was appropriated of which \$9.5 million is available for disbursement through this RFA.³ A copy of the Act has been provided in Attachment A.

² Counties seeking funding for "other drug court systems" that are not listed in this section must seek approval from the DCP-ESC in a letter from the County Alcohol and Program Administrator and Presiding Judge. Letters may be sent to the committee in care of Laura Choate, Manager, Office of Drug Court Programs. Approval Notification from the committee is to be included in the county's plan.

³ ADP and the Judicial Council jointly retain a total of 5% to administer the program.

¹ As amended by AB 2876 (Chap. 108, Stats. of 2000).

V. GENERAL INFORMATION

A. Award Amounts

This is a single application process; after the first year's award, annual renewal awards will be contingent upon budgetary authority and adequate progress as determined by ADP and the Judicial Council, and ADP's approval of annual applications for continued funding. ADP is mandated to distribute CDCI Program funds using ADP's standard two thousand five hundred dollars (\$2,500) per million/remainder per capita allocation formula. It is ADP's intent to allocate and distribute the entire \$9.5 million to all eligible counties. Funding that is not applied for, by an eligible Applicant, shall be distributed on a per capita basis to successful Applicants. If CDCI Program funding is augmented through future budget acts, ADP and the Judicial Council reserve the right to reissue this RFA, and thereby offer another opportunity, to apply for funding.

The **anticipated award amount** available to each Applicant has been provided in Attachment B. Allocations will be increased on a per capita basis to allocate funds originally set aside for counties that do not seek funding through this RFA.

B. Scope of Services

Drug courts provide direct court supervision, regular drug screening, and direct clients to appropriate substance abuse treatment services. CDCI Program funds are intended to support court and treatment activities provided in each Applicant's application. An Applicant may apply for funding of those elements within the application that best meet local needs.

C. Inter-Agency Collaboration

Applicants are to submit an application that takes into consideration the roles and responsibilities of all the agencies/partners involved in the drug court. Roles and responsibilities of the various agencies/partners must be described in the application.

D. Application

The application submitted to ADP will identify the resources and strategies for providing an effective drug court or courts. Each application will:

- 1) present a description of all existing drug court system(s) that serve substance abusing adults, juveniles, and parents of children who are detained by, or are dependents of, the juvenile court within the county applying for funds;
- 2) present a description of the drug court(s) to be funded under the CDCI Program ;
- 3) present goals and objectives that are linked to and reflective of the proposal, while measuring the cost effectiveness of the Applicant's drug court system(s);
- 4) identify activities to be supported by program funds;
- 5) present a budget;
- 6) identify source of matching funds;
- 7) provide appropriate assurances and

- certifications;
- 8) identify all the parties participating in the local drug court effort;
- 9) outline each party's roles and responsibilities;
- 10) demonstrate a current commitment to provide treatment services that are culturally relevant to the drug court participants;
- 11) present the information sharing systems that ensure the local drug court effort is fully coordinated; and
- 12) describe the Applicant's data collection capability to provide outcome measure data to support a statewide evaluation of the cost effectiveness of the CDCI Program as a whole.

E. Allowable Costs

This program is intended to support activities directly related to each Applicant's application. Program funds may not be used to supplant existing funding. However, with proper documentation, ⁴ proving that no supplantation or redirection has occurred, funding may be used to support a broad variety of activities directly related to an Applicant's application.

Allowable costs are those reasonably related to the drug court system(s) to be implemented that can not be provided by other community agencies.⁵ These costs are divided into two sub-sets, *Treatment-Related and Court-Related and Other Costs*.⁶ Allowable costs may include, but are not limited to, the following:

Treatment-Related Costs

- Assessment
- Acupuncture
- Childcare
- Client transportation⁷
- Day-care habilitative substance abuse Treatment
- Detoxification
- Drug court coordinator
- Drug testing
- Job placement
- Non-residential treatment
- Public prevention counseling
- Residential treatment
- Vocational counseling

Court-Related and Other Costs

- Consultants
- Data collection costs

⁴ Funds for this program are to support CDCI program costs only; in those circumstances where resources are shared with other programs fractional cost determination or allocation and distinct tracking is required.

⁵ The final determination of allowable costs rests with the Office of Drug Court Programs in conjunction with the Administrative Office of the Courts.

⁶ It is recommended that Court-Related and Other Costs not exceed 10 percent of the proposed budget.

⁷ This may include public transportation or taxis, however, funds shall not be used to purchase or maintain a client's private vehicle.

Equipment (i.e.; computer, modem, printer, etc.)
Facilities
Supplies
Training
Travel

All items purchased with program funds must be entered into the county's normal accounting system. All purchasing and personnel records pertaining to these funds must be retained for three years from the date of final payment under this program and are subject to audit.

F. Reporting Requirements

A biannual report containing status narratives, data summaries, and expenditure updates on each project will be due 30 days after the close of the first period of each year. Annual reports containing information on the final period and full summaries of total yearly expenditures will be due 30 days after the close of each 12-month project year.

G. Data Collection

Participation in a drug court data collection system for the statewide evaluation is mandatory. Applicants that receive funding will be required to collect and submit data quarterly to ADP's Office of Applied Research and Analysis.

The collected data will demonstrate the efficiency and effectiveness of the type of drug court implemented by the Applicant pursuant to the Act. The statewide evaluation format and criteria will be based on the type of drug court funded and the statewide evaluation design. The outcome measures may include, but are not limited to, the following:

- 1) Demographic information.
- 2) Medical information.
- 3) Family and social status information.
- 4) Drug and alcohol use information,
- 5) Legal,⁸ and/or
- 6) Other pertinent data to be determined based on the type of drug court funded.

H. Matching Funds Required

A local support match⁹ of 10 percent in the first and second project years and 20 percent thereafter is required by the Act. The match may be either in-kind¹⁰ or cash¹¹. Any resources identified as "match" for this program must be directly and exclusively spent on activities supporting the Applicant's application. This match requirement is in lieu of, and not in addition to, the usual 10 percent match to State General Funds

⁸ Such as criminal history and criminal activities.

⁹ The match is defined as identified local funds or in-kind resources devoted to supporting the countywide application. To the extent permitted by law and regulation, match funds may include federal funds, county general funds, city general funds, and private funding.

¹⁰ In-kind means specific dedicated salaries, office space, equipment, supplies, directed in support of the application.

¹¹ Cash means specific funds dedicated to support the application.

outlined within Health and Safety Code Sections 11840, 11840.1, and 11987.4.

Awardees will be required to track and report to ADP on all resources, cash or in-kind, presented or identified within the application as match.

Applicants are responsible to develop local tracking mechanisms allowing full and accurate reporting of match throughout the program period.

Changes either to the local match or over match are considered budget modifications. Processes for securing approval of budget modifications will be included in the terms and conditions of the award.

I. Method of Disbursements

Applicants will be notified of the acceptance of their application via a letter from ADP. A Notice of Award will be forwarded specifying the exact amount of funding and any terms and conditions that apply to the funding. To receive payments for CDCI Program expenditures participating counties will be required to submit an invoice quarterly. All expenditures within this program will be subject to the same rules, regulations, and procedures as other county contract funds.¹²

J. Page Limitations

In total, the application, inclusive of its attachments, is to be no more than 50 pages in length. Applicants whose applications exceed the page limits will be contacted to revise and resubmit their application within the required page limitations.

K. Acceptance for Funding Process

An unbound original and four unbound copies of the application package with all attachments must be submitted to the name and address shown in Section I.¹³ Applications for program funding will undergo a two level review process to ensure both the technical quality and viability of the Applicant's substantial proposal. Each application's initial technical review will be completed by ADP's Office of Drug Court Programs. This review will ensure that the following form requirements have been fulfilled:

- 1) The application is unbound;
- 2) There are 4 unbound copies;
- 3) All pages have a header identifying it as a CDCI Program application and specifying the county of the Applicant;
- 4) All pages are standard white 8 1/2" x 11" paper;
- 5) All pages are typewritten and legible;
- 6) All pages are single sided;
- 7) All pages are consecutively numbered;
- 8) County Alcohol and Drug Program Administrator and the Presiding Judge are the applicants;

¹² Excluding match requirements for this RFA.

¹³ Applications submitted through facsimile, electronic transfer, or on diskette will not be accepted.

- 9) There is a synopsis of the proposal;
- 10) Required assurances and certifications are included;
- 11) Required signatures have been obtained;
- 12) Documentation of collaboration or partnership group is included;
- 13) A report of the current data collection capabilities is included;
- 14) A budget and narrative is included; and
- 15) Matching funds' budget and narrative is included.

ADP will notify those Applicants who fail to meet any of the technical RFA requirements, and will accept revisions throughout the review process. Applicants are responsible for meeting the requirements of the RFA.

Applications, which meet the technical requirements or are being revised as requested, will receive a comprehensive review of the proposal. ADP and the Judicial Council will select the review committee for this second review. The committee will review each application in the following areas:

- (h) Cover Page
- (i) Assurances And Certifications
- (j) Documentation of Collaboration or Partnership Group
- (k) Budget
- (l) Match
- (m) Goals and Objectives
- (n) Descriptive Narrative

Applicants who submit acceptable applications will be eligible for funding. Applicants who submit unacceptable applications will be contacted by ADP and notified of the application modifications necessary for acceptance.¹⁴ Using ADP's standard allocation methodology (see Section V.A.), the successful applications will be funded.

VI. RESULTS NOTIFICATION

At the completion of each phase of review, ADP will notify Applicants as necessary and offer technical assistance to meet the requirements of the RFA and produce an acceptable application. After the full review is complete, ADP will notify successful applicants, of their participation in the CDCI Program, by issuing Notices of Grant Award.

VII. APPLICATION PACKAGE

The following section is intended to provide summary information and be a practical guide to assist Applicants in applying for CDCI funds. It is recommended that applications contain the following information in the following sections.

¹⁴ These counties will be allowed two weeks, from the date on the notification, to successfully modify and resubmit their application before being excluded from funding under this program. Technical Assistance from ADP will be available through out the revision period.

A. COVER PAGE

A cover page is to include the name of the Applicant's county; the anticipated annual allocation amount; the anticipated grand total available through the State budget up to a maximum 60-month program period; a brief synopsis of the proposal; and the name, title, and signatures of the County Alcohol and Drug Program Administrator and Presiding Judge of the county courts. A sample cover page is provided in Attachment C.

B. ASSURANCES AND CERTIFICATIONS

Signatures of the County Alcohol and Drug Program Administrator and the Presiding Judge verifying the required assurances and certifications listed in Attachment D.

C. DOCUMENTATION OF COLLABORATION OR PARTNERSHIP GROUP

- 1) A narrative response to the following:
 - (a) A description of the agencies' efforts towards collaboration with the local drug court system;
 - (b) A delineation of the roles and responsibilities of the collaborative partners within the new and/or existing drug court system; and
 - (c) A description of activities, meetings, case conferences, and training that foster and maintain the collaboration of these agencies.
- 2) A written statement of each agency's commitments to the local drug court effort;
- 3) A written statement of each agency's commitment to support the County Alcohol and Drug Program Administrator and drug court in providing the required program report information and outcome measure data for the statewide evaluation, and;
- 4) Signatures of all agency heads confirming the commitments presented.

D. BUDGET

Provide a line item budget for each of the five possible years of the CDCI Program, e.g., personnel costs, fringe benefits, travel, equipment, supplies, training, and contractual services.¹⁵ The budgets must distinguish authorized substance abuse treatment expenses from other allowable costs.¹⁶

Submit a narrative explaining and justifying in detail the expenditures within the line item budget. To ensure accurate reporting of funds spent on substance abuse treatment, substance abuse treatment cost affecting the Department's MOE calculation must be provided

¹⁵ The CDCI Program is to be funded through the State budget process and is contingent upon budgetary authority.

¹⁶ This breakdown is necessary for the Department to calculate its Maintenance of Effort (MOE) requirement, under the Substance Abuse Prevention and Treatment (SAPT) Block Grant, accurately. Definition of the MOE is attached (Attachment E).

distinctly in the budget narrative. In addition, the narrative is to include the equations or allocation methodology used to determine expenditures.

E. MATCH

A line item presentation must be submitted for the match for each of the five possible years of the CDCI Program. The match must identify the item, the type, or the source of match being provided.¹⁷ The line item presentation should delineate between match related to treatment costs and match related to court costs.

A detailed narrative must be submitted explaining the match within the line item presentation. The narrative is to include the equations or allocation methodology used to determine the net amount of the match presented.

F. GOALS AND OBJECTIVES

Applicants shall provide a listing of goals and the objectives to be achieved with CDCI funds. A goal of measuring the cost effectiveness of the drug court system(s) supported by CDCI funding is required.

G. DESCRIPTIVE NARRATIVE

Applicants shall submit a narrative describing the drug court(s) and activities to be supported by program funds. This section shall include, but is not limited to, all of the following information:

- 1) A description of the existing drug court system(s) within the Applicant's county with a discussion identifying whether or not the current drug court system(s) functions within the standards established within Defining Drug Courts: The Key Components.¹⁸
- 2) A summary of the current culturally relevant continuum of treatment services available to drug court participants.
- 3) An explanation of the existing information sharing systems that ensure the local effort to develop a drug court system(s) is fully coordinated between collaborating agencies.¹⁹
- 4) A presentation of the current investment of funds and resources to support the current drug court system(s), if any.
- 5) Detailed descriptions of the Applicant's commitment to maintain or exceed the minimum match requirement, such as in-kind contributions from participating agencies.
- 6) The breakdown of the drug court specific unmet need for all agencies within the collaboration. This presentation of the unmet need should

clearly identify the resources and/or funds necessary to fully meet the current drug court need, the activities, personnel, or items to be supported, and each agency which would receive such resources or funding. The statement should be divided into treatment-related needs and court-related needs. ADP is prepared to provide technical assistance to drug courts funded under this program and Applicants are requested to include possible technical assistance needs in this portion of the application.

- 7) A statement of the number of drug court participants estimated to be served with the new funds, including participants who will receive enhanced services provided by program funds.
- 8) A statement of the number of additional drug court participants to be served with the new funds. This number is limited to additional capacity for the drug court and excluding participants who will receive enhanced services provided by program funds.
- 9) A description of the drug court(s) to be funded under the program.
- 10) A description of the partnerships and collaborative efforts within the drug court(s)
- 11) A description of the activities to be supported by program funds.
- 12) A description of how the Applicant intends to administer this project, including the identification of the party(ies) who are responsible to provide program report information and outcome measure data for the statewide evaluation.
- 13) And finally, a description of the Applicant's current ability to collect and report data to ADP and the Judicial Council.

**THE CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS AND THE CALIFORNIA JUDICIAL COUNCIL
THANK YOU FOR PARTICIPATING IN THIS CDCI PROGRAM
RFA PROCESS. YOUR COMMENTS ON THIS PROCESS ARE
WELCOME, AS WE CONTINUALLY STRIVE TO IMPROVE OUR
ADMINISTRATIVE PROCESSES.**

¹⁷ Such as cash, services, personnel expenses, or equipment.

¹⁸ Defining Drug Courts: The Key Components
US Department of Justice, Office of Justice Programs, Drug Courts
Program Office.
633 Indiana Avenue, N.W., Washington, D.C. 20531
(800) 421-6770

<http://www.ojp.usdoj.gov/dcpo/publications.htm>

¹⁹ For example, sharing the legal and treatment information with the member of the collaboration that has been designated to meet the program and data reporting requirements.

Attachment A

The Comprehensive Drug Court Implementation Act of 1999
As amended by AB 2876 (Chapter 108, Statute of 2000)

Attachment A

The Comprehensive Drug Court Implementation Act of 1999

As amended by AB 2876 (Chapter 108, Statute of 2000)

CALIFORNIA CODES, HEALTH AND SAFETY CODE, SECTION 11970.1-11970.4

11970.1. (a) This article shall be known and may be cited as the Comprehensive Drug Court Implementation Act of 1999.

(b) This article shall be administered by the State Department of Alcohol and Drug Programs.

(c) The department and the Judicial Council shall design and implement this article through the Drug Court Partnership Executive Steering Committee established under the Drug Court Partnership Act of 1998 pursuant to Section 11970, for the purpose of funding cost-effective local drug court systems for adults, juveniles, and parents of children who are detained by, or are dependents of, the juvenile court.

11970.2. (a) A county alcohol and drug program administrator and the presiding judge in the county shall develop and submit a comprehensive multiagency drug court plan for implementing cost-effective local drug court systems for adults, juveniles, and parents of children who are detained by, or are dependents of the juvenile court to be eligible for funding under this chapter. The plan shall do all of the following:

(1) Describe existing programs that serve substance abusing adults, juveniles, and parents of children who are detained by, or are dependents of, the juvenile court.

(2) Provide a local action plan for implementing cost-effective drug court systems, including any or all of the following drug court systems:

(A) Drug courts operating pursuant to Sections 1000 to 1000.5, inclusive, of the Penal Code.

(B) Drug courts for juvenile offenders.

(C) Drug courts for parents of children who are detained by, or are dependents of, the juvenile court.

(D) Drug courts for parents of children in family law cases involving custody and visitation issues.

(E) Other drug court systems that are approved by the Drug Court Partnership Executive Steering Committee.

(3) Develop information-sharing systems to ensure that county actions are fully coordinated, and to provide data for measuring the success of the local action plan in achieving its goals.

(4) Identify outcome measures that will determine the cost effectiveness of the local action plan.

(b) The department, in collaboration with the Judicial Council, shall distribute funds to eligible counties using the two thousand five hundred dollars (\$2,500) per million/remainder per capita methodology, subject to appropriation in the Budget Act. Funding shall be used to supplement, rather than supplant, existing programs. Funding

Attachment A (continued)

The Comprehensive Drug Court Implementation Act of 1999

As amended by AB 2876 (Chapter 108, Statute of 2000)

for counties that opt not to participate in the program shall be distributed on a per capita basis to participating counties.

(1) Funds distributed to counties shall be used for programs that are identified in the local plan. Acceptable uses may include, but are not limited to, any of the following: drug court coordinators, case management, training, drug testing, treatment, transportation, and other costs related to the implementation of the plan.

(2) No funds shall be distributed unless the applicant makes available resources in an amount equal to at least 10 percent of the amount of the funds distributed in years one and two, and 20 percent of the amount of the funds distributed in years three, four, and five.

(c) The department, with concurrence from the Judicial Council, shall establish minimum standards, funding schedules, and procedures for funding programs.

(d) The department, in collaboration with the Judicial Council, shall create an evaluation design for the Comprehensive Drug Court Implementation Act of 1999, that will assess the effectiveness of the program. The department, together with the Judicial Council, shall develop an interim report to be submitted to the Legislature on or before March 1, 2004, and a final analysis of the program in a report to be submitted to the Legislature on or before March 1, 2005.

11970.3. (a) It is the intent of the Legislature that this chapter be funded by an appropriation in the annual Budget Act.

(b) Up to 5 percent of the amount appropriated by the annual Budget Act is available to the department and the Judicial Council to administer the program, including technical assistance to counties and development of an evaluation component.

11970.4. This article shall remain operative only until January 1, 2005, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2005, deletes or extends that date.

Attachment B

The Maximum Allocated Amount For Each County

CDCI Program Request For Application

ATTACHMENT B

The Maximum Allocated Amount For Each County

COMPREHENSIVE DRUG COURT IMPLEMENTAION (CDCI) ACT ALLOCATION

\$9,500,000 (FY 2000-01 State General Fund)

Allocation Methodology:

\$2,500 per each \$1 million, balance per capita to all counties, assuming all counties apply for funding.

	1	2	3	4
COUNTY	JANUARY 1 2000 POPULATION	23,750 MINIMUM BASE TO ALL COUNTIES	AMOUNT AVAILABLE FOR STRAIGHT PER CAPITA 8,146,250	DISTRIBUTION OF 9,500,000 COL (2+3)
ALAMEDA	1,454,300	23,750	345,030	368,780
ALPINE	1,190	23,750	282	24,032
AMADOR	34,400	23,750	8,161	31,911
BUTTE	204,000	23,750	48,399	72,149
CALAVERAS	38,500	23,750	9,134	32,884
COLUSA	18,750	23,750	4,448	28,198
CONTRA COSTA	930,000	23,750	220,641	244,391
DEL NORTE	28,000	23,750	6,643	30,393
EL DORADO	152,900	23,750	36,275	60,025
FRESNO	805,000	23,750	190,985	214,735
GLENN	27,100	23,750	6,429	30,179
HUMBOLDT	127,600	23,750	30,273	54,023
IMPERIAL	145,300	23,750	34,472	58,222
INYO	18,200	23,750	4,318	28,068
KERN	658,900	23,750	156,323	180,073
KINGS	131,200	23,750	31,127	54,877
LAKE	55,700	23,750	13,215	36,965
LASSEN	33,950	23,750	8,055	31,805
LOS ANGELES	9,884,300	23,750	2,345,037	2,368,787
MADERA	117,100	23,750	27,782	51,532
MARIN	249,700	23,750	59,241	82,991
MARIPOSA	16,150	23,750	3,832	27,582
MENDOCINO	87,600	23,750	20,783	44,533
MERCED	210,100	23,750	49,846	73,596
MODOC	9,800	23,750	2,325	26,075
MONO	10,900	23,750	2,586	26,336
MONTEREY	399,300	23,750	94,733	118,483
NAPA	127,000	23,750	30,131	53,881
NEVADA	91,100	23,750	21,613	45,363
ORANGE	2,828,400	23,750	671,033	694,783
PLACER	234,400	23,750	55,611	79,361
PLUMAS	20,350	23,750	4,828	28,578
RIVERSIDE	1,522,900	23,750	361,306	385,056
SACRAMENTO	1,209,500	23,750	286,952	310,702
SAN BENITO	49,800	23,750	11,815	35,565
SAN BERNARDINO	1,689,300	23,750	400,784	424,534
SAN DIEGO	2,911,500	23,750	690,749	714,499
SAN FRANCISCO	801,400	23,750	190,131	213,881
SAN JOAQUIN	566,600	23,750	134,425	158,175
SAN LUIS OBISPO	245,200	23,750	58,173	81,923
SAN MATEO	730,000	23,750	173,191	196,941
SANTA BARBARA	414,200	23,750	98,268	122,018
SANTA CLARA	1,736,700	23,750	412,029	435,779
SANTA CRUZ	255,000	23,750	60,498	84,248
SHASTA	167,000	23,750	39,620	63,370
SIERRA	3,140	23,750	745	24,495
SISKIYOU	44,200	23,750	10,486	34,236
SOLANO	399,000	23,750	94,662	118,412
SONOMA	450,100	23,750	106,785	130,535
STANISLAUS	441,400	23,750	104,721	128,471
SUTTER/YUBA	138,600	23,750	32,883	56,633
TEHAMA	56,200	23,750	13,333	37,083
TRINITY	13,050	23,750	3,096	26,846
TULARE	368,000	23,750	87,307	111,057
TUOLUMNE	53,000	23,750	12,574	36,324
VENTURA	756,500	23,750	179,478	203,228
YOLO	162,900	23,750	38,648	62,398
STATEWIDE TOTAL	34,336,380	1,353,750	8,146,250	9,500,000

Attachment C

Sample Cover Page

Attachment C
Sample Cover Page

The California Department of Alcohol and Drug Programs
In Collaboration with The California Judicial Council

The Comprehensive Drug Court Implementation Program
Request For Applications

_____ **COUNTY APPLICATION COVER PAGE**

Annual Amount Requested

Total Amount Requested Across The 60-Months Project

Brief Synopsis Of Proposed Project

Name Title Date
County Alcohol and Drug Program Administrator

Name Title Date
Presiding Judge

ATTACHMENT D
Assurances and Certifications

**Attachment D
Assurance and Certifications**

**The Comprehensive Drug Court Implementation Act Request For Applications
Special Requirements and Assurances**

The County Alcohol and Drug Program Administrator and Presiding Judge hereby assures and certifies compliance with the following provisions of the Comprehensive Drug Court Implementation Act of 1999.

1. Assurance that the defendants participating in the drug court are eligible relative to the approved multi-agency plan submitted to the Department of Alcohol and Drug Programs.
2. Assurance that all treatment programs and providers utilized in the drug court program are licensed, and/or certified by the Department of Alcohol and Drug Programs.
3. Assurance that the county and drug court will actively participate in the evaluation of the Comprehensive Drug Court Implementation program.
4. Assurance that funds received under this program will be used to supplement, not supplant, other Federal, State, local, or private funds.
5. Assurance that the applicant will give the Department of Alcohol and Drug Programs or the State Auditor, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the drug court and services provided in support of the drug court.
6. Assurance that the County Alcohol and Drug Program Administrator and the Presiding Judge jointly review any budget amendment that changes the original multi-agency plan of the drug court program.
7. Assurance that the applicant will comply with all requirements imposed by the Department of Alcohol and Drug Programs concerning special requirements of law, program requirements and other administrative requirements.

_____	_____	_____
Name:	Title:	Date
_____	_____	_____
Name:	Title:	Date
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Name:	Title:	Date

Attachment E

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

Attachment E

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

The Maintenance of Effort (MOE) Definition

Legal Requirements

The Public Health Service Act (PHSA) Section 1930 requires the principal agency of a state to maintain aggregate state expenditures for authorized activities at a level that is not less than the average level of such expenditures for the two year period preceding the fiscal year for which the State is applying for the grant. Generally, all expenditures made by the principal state agency for authorized activities must be included in the SAPT MOE calculation.

Per the PHSA, Section 1934, authorized activities means the activities described in Section 1921(b). The Section 1921(b) activities include planning, carrying out, and evaluating activities to prevent and treat substance abuse, and for related activities authorized in Section 192420. Such expenditures would also include state expenditures for any PHSA, Section 1931 purpose. The PHSA, Section 1931 contains restrictions on the expenditure of SAPT Block Grant funds. The restrictions in Section 1931 do *not* apply to the expenditure of state funds, which means that expenditures made by the state's principal state agency for any Section 1931 purpose should be included in the SAPT MOE calculation. Also, expenditures of a nonrecurring nature or for a time limited project must also be included in the SAPT MOE if the expenditures are made by the principal state agency and for authorized activities.

Material Compliance with SAPT MOE Requirement²¹

The Administrator, Substance Abuse and Mental Health Services Administration, has the authority to determine if a state has maintained material compliance with the Section 1930 SAPT Block Grant MOE requirement. Generally, a state will have materially complied with the MOE requirements of Section 1930 only when the state expenditure shortfall is three percent or less of the amount(s) required under Section 1930, and the Administrator has considered all relevant factors in determining material compliance. For example, whether the State has maintained service levels, the State's expenditure history, and the State's future funding commitment.

If, in submitting its SAPT Block Grant application, the State experiences a shortfall in its MOE, the application should address the above factors so as to justify that the State maintained material compliance with the Section 1930 SAPT MOE requirement.

If the principle agency does not maintain such compliance with the Section 1930 MOE requirement, the Secretary, U.S. Department of Health and Human Services, is required by Section 1930 (c) (1), to reduce the State's SAPT Block Grant allotment by an amount equal to the amount constituting such failure.

²⁰ Section 1924 contains the provisions governing Tuberculosis and HIV Early Intervention Services
²¹ Federal Register / Vol. 64, No. 107/Friday, June 4, 1999/Notices

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

Service Codes for Fiscal Year 2000-01

<u>Treatment Cost Included in MOE Calculation</u>	<u>Service Code</u>
<u>Nonresidential</u>	
Rehabilitative/Ambulatory Intensive Outpatient (DCH)	30
Aftercare	32
Outpatient Drug Free (ODF) Group	33
Outpatient Drug Free (ODF) Individual	34
Interim Treatment Services (CalWORKS Only)	35
<u>Narcotic Treatment</u>	
Outpatient Methadone Detox (OMD)	41
Inpatient Methadone Detox	42
Naltrexone	43
Rehabilitative/Ambulatory Detoxification	44
Narcotic Replacement Therapy – All Services	48
<u>Residential</u>	
Free-Standing Residential Detoxification	50
Residential/Recovery Long Term (over 30 days)	51
Residential/Recovery Short Term (up to 30 days)	52
Hospital Inpatient Detoxification (24 hour)	53
Hospital Inpatient Residential (24 hour)	54
Chemical Dependency Recovery Hospital (CDRH)	55

NONRESIDENTIAL

30 - Rehabilitative Ambulatory Intensive Outpatient (Day Care Habilitative)

Day Care Habilitative (DCH) services are those that last two or more hours but less than 24 hours per day for three or more days per week. Programs that are Drug Medi-Cal (DMC) certified are required to provide services that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care habilitative programs which provide counseling and rehabilitation services to Medi-Cal beneficiaries with substance abuse impairments. Clients may live independently, semi-independently, or in a supervised residential facility which does not provide this service. DCH differs from Outpatient Drug Free care in which clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.

Medi-Cal Beneficiaries: DMC reimbursement for Day Care Habilitative services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Only pregnant and postpartum women are eligible to receive DMC drug abuse services through perinatal certified programs. The postpartum period is defined as a 60-day

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 1998]

32 - Aftercare

Structured services offered to an individual who has completed treatment, typically for a set period of time (e.g., six months), to ensure successful recovery.

33 - Rehabilitative/ Ambulatory Outpatient or Outpatient Drug Free (ODF) -Group

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

For providers that receive **only NNA funding** are required to identify staff hours; however they have the option of reporting the total number of group sessions and the number of individuals in those group sessions.

For providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- total number of staff hours;
- total number of group sessions; and
- total number of individuals in those group sessions.

Medi-Cal Beneficiaries Only: Each client shall receive two group counseling sessions (minimum 90 minutes per group session) per 30-day period depending on his/her needs and treatment plan or be subject to discharge. Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of 10 clients, at the same time, focusing on the needs of the individuals served. [Title 22, July 1, 1998]

34 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Individual

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

For providers that receive **only NNA funding** are required to identify staff hours; however, they have the option of reporting the total number of individual sessions.

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

For providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- staff hours; and
- total number of individual sessions.

Medi-Cal Beneficiaries Only: Each shall receive individual counseling, which is face-to-face contact between a client and a therapist or counselor. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention. [Title 22, July 1, 1998]

35 - Interim Treatment Services - CalWORKs

This service code will be utilized for CalWORKs clients whose use of alcohol or drugs has interfered with their performance in the workplace or in school. Each client will receive short-term outpatient treatment services (no longer than eight weeks) of group and/or individual counseling sessions depending on his or her needs. This service includes any activity designed to assist the individual in determining a need for more intensive alcohol and other drug treatment.

NARCOTICS TREATMENT SERVICES

41 - Outpatient Methadone Detoxification (OMD)

This service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

42 - Inpatient Methadone Detoxification (IMD)

In a controlled, 24-hour hospital setting, this service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification for reporting purposes.

43 - Naltrexone Treatment

The use of Naltrexone (Trexan) is to block the effects of heroin and other narcotics or opioids, such as codeine, pentazocine (Talwin), morphine, oxycodone (Percodan), and hydromorphone (Dilaudid). Services include medication; medical direction; medically necessary urine screens for use of substances; counseling; and other appropriate activities and services.

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

44 - Rehabilitative Ambulatory Detoxification (Other than Methadone)

Rehabilitative ambulatory detoxification is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological). [Federal Definition]

48 - NRT All Services

This Service Code combines all Service Codes 40, 45, 46, and 47 so all components and NNA and DMC costs can be entered within one area.

METHADONE - This service element is comprised of the provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics; and other required/appropriate activities and services provided in compliance with California Code of Regulations (CCR) Title 9, Chapter 4, beginning with Section 10000. Services include intake, assessment and diagnosis; all medical supervision; urine drug screening; individual and group counseling; admission physical examinations and laboratory tests.

LAAM is an opioid medication that is used as one component of a comprehensive replacement narcotic therapy program, which includes medical evaluation, treatment planning, and counseling. [Title 22, July 1, 1998]

GROUP COUNSELING - Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For DMC reimbursement, groups must have a minimum of four and a maximum of 10 persons; at least one must be a Medi-Cal eligible beneficiary. [Title 22, July 1, 1998]

INDIVIDUAL COUNSELING - Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service. [Title 22, July 1, 1998]

For All Applicable Service Codes, providers are required to report LICENSED CAPACITY to determine cost per unit. Providers are also required to report the following:

- **number of methadone doses;**
- **number of methadone milligrams dispensed;**
- **number of LAAM doses;**
- **number of LAAM milligrams dispensed;**
- **number of 10-minute group counseling sessions; and**
- **number of 10-minute individual counseling sessions.**

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

RESIDENTIAL

NOTE: The Department must license all non-medical adult residential facilities that provide alcohol and drug treatment services on-site. Providers should contact ADP's Quality Assurance Division for licensure information.

50 - Free-Standing Residential Detoxification

Free-standing residential detoxification is defined as services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment. [Federal Definition]

51 - Residential/Recovery Long Term (over 30 days)

Long-term residential care is typically over 30 days of non-acute care in a setting with recovery/treatment services for alcohol and other drug use and dependency [Federal Definition]. Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; detoxification services; and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children. [Title 22, July 1, 1998]

Medi-Cal Beneficiaries Only: Only pregnant and postpartum women are eligible to receive DMC drug abuse services through perinatal certified programs. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for non-DMC services (non-Perinatal State General Funds and non-DMC perinatal programs). [Title 22, July 1, 1998]

The licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 1998]

52 - Residential/Recovery Short Term (up to 30 days)

Short-term residential care is typically 30 days or less of non-acute care in a setting with recovery/treatment services for alcohol and other drug abuse and dependency [Federal Definition]. Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; and information about, and

Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort

may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.

Medi-Cal Beneficiaries: Only pregnant and postpartum women are eligible to receive DMC-funded drug abuse services through Perinatal certified programs. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 1998]

Licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 1998]

53 - Hospital Inpatient Detoxification (24 Hours)

Hospital inpatient detoxification is defined as medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

54 - Hospital Inpatient Residential (24 Hours)

Hospital inpatient residential care is medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

55 - Chemical Dependency Recovery Hospital (CDRH)

All treatment programs, or components thereof, located in a Department of Health Services' licensed CDRH fall under this service definition. Services are provided on the basis of a 24-hour day unit of service. State General Funding used for this service must have a county match of 90%. This requirement is identified in DDP Letter #83-65 dated December 29, 1983. [Title 22, Chapter 11]

The California Department of Alcohol and Drug Programs
In Collaboration with The California Judicial Council

The Comprehensive Drug Court Implementation Program
Request For Applications

ANYWHERE COUNTY APPLICATION COVER PAGE

Annual Amount Requested

\$24,000 annually

Total Amount Requested Across The 60-Months Project

\$120,000 total

Brief Synopsis Of Proposed Project

This proposal is seeking funding to assist the Anywhere County Drug Court Planning Committee in adding a juvenile drug court to and providing residential treatment services for the Anywhere County Drug Court System.

The entire drug court system is based upon the concepts presented in the United States' Department of Justice publication entitled, *Drug Courts: The Key Components*.

The proposal includes a modest budget to fund a portion of a Drug Court Coordinator, Probation Officers, and 200 residential substance abuse treatment bed-days. The proposed match exceeds the Request For Application's requirements in all five years. The match will support all aspects of the juvenile drug court and provide the remaining funds necessary to purchase the residential treatment.

This proposal is fully supported by the members of the Anywhere County Drug Court Planning Committee including [Name Here], Superior Court Judge, [Name Here], Chief Probation Officer, [Name Here], Public Defender, [Name Here], District Attorney, [Name Here], Alcohol and Drug Program Administrator, and [Name Here], Deputy Sheriff.

The Behavioral Services Agency will be the lead agency in administering the day-to-day operations of the Comprehensive Drug Court Implementation Grant, though, the committee develops the guiding policy supporting the drug court system. Each participant agency has committed to providing the program information and outcome data required under this RFA. The Behavioral Health Services Agency will coordinate the collection and submission of information/data in a timely fashion.

THIS SAMPLE APPLICATION IS INTENDED AS AN EXAMPLE ONLY. THE NAMES, AGENCIES, COSTS, TREATMENT, NUMBER OF PARTICIPANTS, ETC., ARE HYPOTHETICAL AND HAVE NOT BEEN CROSS-REFERENCED FOR ACCURACY OR CONSISTANCY. Applicants are responsible for all aspects of the information submitted within their CDCI Program Application.

[Name Here], ADP Administrator Date [Name Here], Presiding Judge Date

The Comprehensive Drug Court Implementation Act Request For Applications Special Requirements and Assurances

The County Alcohol and Drug Program Administrator and Presiding Judge hereby assures and certifies compliance with the following provisions of the Comprehensive Drug Court Implementation Act of 1999.

3. Assurance that the defendants participating in the drug court are eligible relative to the approved multi-agency plan submitted to the Department of Alcohol and Drug Programs.
4. Assurance that all treatment programs and providers utilized in the drug court program are licensed, or certified by the Department of Alcohol and Drug Programs.
8. Assurance that the county and drug court will actively participate in the evaluation of the Comprehensive Drug Court Implementation program.
9. Assurance that funds received under this program will be used to supplement, not supplant, other Federal, State, local, or private funds.
10. Assurance that the applicant will give the Department of Alcohol and Drug Programs or the State Auditor, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the drug court and services provided in support of the drug court.
11. Assurance that the County Alcohol and Drug Program Administrator and the Presiding Judge jointly review any budget amendment that changes the original multi-agency plan of the drug court program.
12. Assurance that the applicant will comply with all requirements imposed by the Department of Alcohol and Drug Programs concerning special requirements of law, program requirements and other administrative requirements.

[Name Here], Superior Court Presiding Judge

Date

[Name Here], Alcohol and Drug Program Administrator

Date

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DOCUMENTATION OF COLLABORATION OR PARTNERSHIP GROUP **Agencies' Efforts Towards Collaboration with the Local Drug Court System**

In 1997, Judge *[Name Here]*, of the Superior Court, and *[Name Here]*, of the County Behavioral Health Agency met to discuss the possibility of beginning an adult drug court in Anywhere County to address the growing number of addicts appearing before the court on felony drug possession charges. Judge *[Name Here]* and *[Name Here]* then reached out to other affected parties and formed the Drug Court Planning Committee. The committee has been the principal agent for envisioning and developing the Anywhere County Adult Drug Court. Together, they have championed the development of an Anywhere County Juvenile Drug Court. The membership consists of the following:

- Superior Court Judge, *[Name Here]*
- Chief Probation Officer, *[Name Here]*
- Public Defender, *[Name Here]*
- District Attorney, *[Name Here]*
- Alcohol and Drug Program Administrator, *[Name Here]*
- Deputy Sheriff, *[Name Here]*

As with the adult drug court, the juvenile drug court will be implemented in partnership by Judge *[Name Here]* and *[Name Here]* with oversight from the committee.

Roles and Responsibilities of the Collaborative Partners

The Drug Court Planning Committee meets on the first Friday of every month during the planning and development phases of Anywhere County drug court system components.

As occurred when the adult drug court was operational, the committee will meet on the first Friday of every quarter once the juvenile drug court reaches an operational phase.

The goals of committee meetings are to:

1. engage in team building;
2. review previous committee direction,
3. monitor progress toward drug court system goals, and
4. assess collaborative partners' follow through on commitments.

Attachment A includes copies of the committee meeting reports for the last year.

It is the goal of the planning committee to annually send two drug court team members to the California State Drug Symposium. The team members to attend will be rotated so that every team member experiences the symposium periodically. The planning committee also intends to send the drug court judge and the alcohol and drug program administrator to the National Drug Court Symposium every five years.

Finally, the entire drug court team is invited to participate in the monthly clinical training provided by the County Behavioral Health Services Agency. Though this training is designed to meet the continuing education requirements of counselors and therapists within the community, the topic matter is frequently relevant to the drug court clientele. The Sheriff's Office provides training in de-escalation and managing explosive behavior semi-annually.

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Agency Commitments to the Local Drug Court System

Superior Court

- Superior Court will provide continuing representation on the Drug Court Planning Committee.
- Superior Court will provide an identified Judge or Commissioner to the adult and juvenile drug courts and assign that person for minimum of a year.
- Superior Court will provide the facilities and court staff necessary to support the adult and juvenile drug courts and assist the Behavioral Health Services Agency in match tracking and the development of programmatic reports and evaluation data for the Department of Alcohol and Drug Programs.
- Superior Court will provide the funds necessary for the Judge/Commissioner to attend the National Drug Court Symposium every five years.
- Judge/Commissioner will work in a close collaborative relationship with the Probation Officers and Drug Court Coordinator.
- Judge/Commissioner will lead the drug court interdisciplinary team, encouraging full discussion of issues and a consensus-based decision making process.
- Judge/Commissioner will consult the drug court team prior to issuing orders that impact team member's resources.
- Judge/Commissioner will order drug court participants to appear before the court no less than every 42 days and no more than daily depending upon the interdisciplinary team's assessment of each participant's need for judicial oversight.
- Judge/Commissioner will attend case conferences and training as necessary to improve his/her knowledge of addiction, coercive treatment, drug screening, supervision, and other components of the drug court program.

Behavioral Health Services Agency

- Agency will provide continuing representation on the Drug Court Planning Committee.
- Agency will provide the staff resources to administer grant funds, coordinate the match and fund tracking, and lead in the submission of programmatic reports and evaluation data to the Department of Alcohol and Drug Programs.
- Agency will provide a Social Worker (Drug Court Coordinator) in support of the Adult drug court (20 hours weekly), the Juvenile Drug Court (10 hours weekly), and the administration of both drug courts (10 hours weekly).
- Agency will contract with a community therapist to provide family therapy for participants in the juvenile drug court.
- Agency will provide the funds necessary for the Alcohol and Drug Program Administrator to attend the National Drug Court Symposium every five years and the Drug Court Coordinator to attend the State Drug Court Symposium on a rotating basis.
- Agency will provide the staff and facilities to provide outpatient treatment to drug court participants.
- Agency will contract with nonprofit treatment agencies to provide limited, short-term residential treatment to adult and juvenile participants who are unsuccessful in outpatient treatment.

- Agency will ensure that treatment provided or contracted will be based upon a combination of Medical Model, Social Model, and Twelve Step Self-Help Model. Treatment will utilize professional intervention while supporting personal responsibility in a community context. Treatment for juvenile participants will be individually customized to the developmental level of the participant.
- Agency will ensure that appropriately certified and/or licensed professionals in appropriately certified and/or licensed facilities provide all treatment.
- Agency will provide the drug court team knowledge of and access to monthly case conferences and quarterly clinical training provided to county and community therapists and counselors staff for licensing and certification requirements.
- Drug Court Coordinator will work in a close collaborative relationship with the Judge/Commissioner and Probation Officers.
- Drug Court Coordinator will provide initial and periodic assessments, treatment recommendations, case management services, support, and encouragement to participants.
- Drug Court Coordinator will actively participate in the drug court team and attend drug court sessions.
- Drug Court Coordinator will attend case conferences and training as necessary to improve their knowledge of addiction, coercive treatment, drug screening, supervision, and other components of the drug court program.

Probation Department

- Department will provide continuing representation on the Drug Court Planning Committee.
- Department will assist the Behavioral Health Services Agency in match and grant fund tracking, and the development of programmatic reports and evaluation data for the Department of Alcohol and Drug Programs.
- Department will provide the staff and facilities to complete drug screening, observation of urinalysis, and maintenance of the chain of custody for drug screening.
- Department will provide 20 hours weekly of a Probation Officer's time in support of the adult drug court and 10 hours weekly of a Probation Officer's time in support of the juvenile drug court, in addition to the drug screening services described above.
 - ◆ Officers will provide court ordered levels of supervision offering structure, support, encouragement, and drug screening to participants.
 - ◆ Officers will actively participate in the drug court team and attend drug court sessions.
 - ◆ Officers will work in a close collaborative relationship with the Judge/Commissioner and Drug Court Coordinator.
 - ◆ Officers will attend case conferences and training as necessary to improve their knowledge of addiction, coercive treatment, drug screening, supervision, and other components of the drug court program.
- Department will provide the funds necessary for the Officers to attend the State Drug Court Symposium on a rotating basis.

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District Attorney's Office

- District Attorney's (DA's) Office will provide continuing representation on the Drug Court Planning Committee.
 - DA's Office will provide the facilities and staff necessary to support the adult and juvenile drug courts and assist the Behavioral Health Services Agency in match tracking and the collection of evaluation data for the Department of Alcohol and Drug Programs.
 - DA's Office will provide 10 hours weekly of an attorney's time in support of the adult drug court and 5 hours weekly of an attorney's time in support of the juvenile drug court.
- ◆ Attorneys will review case files for drug court eligibility, file necessary legal documents, and participate in team meetings and court sessions.
 - ◆ Attorneys will attend case conferences and training as necessary to improve their knowledge of addiction, coercive treatment, drug screening, supervision, and other components of the drug court program.
 - DA's Office will provide the funds necessary for the attorneys to attend the State Drug Court Symposium on a rotating basis.

Public Defender's Office

- Public Defender's (PD's) Office will provide continuing representation on the Drug Court Planning Committee.
- PD's Office will provide the facilities and staff necessary to support the adult and juvenile drug courts and assist the Behavioral Health Services Agency in match tracking and the collection of evaluation data for the Department of Alcohol and Drug Programs.
- PD's Office will provide 10 hours weekly of an attorney's time in support of the Adult drug court and 5 hours weekly of an attorney's time in support of the Juvenile Drug Court.
 - ◆ Attorneys will meet with potential participants and explain the drug court program, the offender's rights, alternative courses of action, and advise the offender of drug court requirements and the consequences of fulfilling or failing to fulfill these requirements.
 - ◆ Attorneys will participate in team meetings and court sessions.
 - ◆ Attorneys will attend case conferences and training as necessary to improve their knowledge of addiction, coercive treatment, drug screening, supervision, and other components of the drug court program.
- PD's Office will provide the funds necessary for the attorneys to attend the State Drug Court Symposium on a rotating basis.

Sheriff's Office

- Sheriff's Office will provide continuing representation on the Drug Court Planning Committee.
- Sheriff's Office will provide the facilities and staff necessary to support the adult and juvenile drug courts and assist the Behavioral Health Services Agency in match tracking and the collection of evaluation data for the Department of Alcohol and Drug Programs.
- Sheriff's Office will provide semi-annual de-escalation and explosive behavior management training to the interdisciplinary team.

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- Sheriff's Office will incorporate a description of the applicable drug court within the alternative sentencing section of the jail and juvenile hall orientation.
- Sheriff's Office will provide priority pick-up for participants with bench warrants.
- Sheriff's Office will provide short-term court ordered incarceration.
- Sheriff's Office will coordinate with Alcoholics Anonymous and Narcotics Anonymous to provide twelve step meetings within the jail and juvenile hall.
- Sheriff's Office will ensure that, as security allows, incarcerated participants may attend twelve step meetings.
- Sheriff's Office will provide a team of three bailiffs who will rotate through the Adult Drug Court.
- Bailiffs will attend drug court team meetings in order to effectively support the court while it is in session.
- Bailiffs will attend training as necessary to improve their knowledge of addiction and the drug court program.

The signatures below affirm the commitment of each Court/Agency/Office to fulfill the commitments identified above.

[Name Here], Presiding Superior Court Judge _____ Date

[Name Here], Alcohol and Drug Program Administrator _____ Date

[Name Here], Chief Probation Officer _____ Date

[Name Here], District Attorney _____ Date

[Name Here], Public Defender _____ Date

[Name Here], Sheriff _____ Date

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BUDGET

ANYWHERE COUNTY CDCI PROPOSED PROGRAM BUDGET 2001-2005						
Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	14,000	14,140	14,281	14,424	14,568	\$71,414
Fringe Benefits	5,094	5,128	5,163	5,197	5,232	\$25,815
<i>Subtotal Personnel</i>	\$19,094	\$19,268	\$19,444	\$19,621	\$19,801	\$97,229
Travel						\$0
Training						\$0
Supplies						\$0
Contractual Services	4,905	4,731	4,556	4,379	4,199	\$22,771
<i>Subtotal Operational</i>	\$4,905	\$4,731	\$4,556	\$4,379	\$4,199	\$22,771
Total	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$120,000

Breakout of Proposed CDCI Substance Abuse Treatment Expenditures 2001-2005						
Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	9,000	9,090	9,181	9,273	9,365	\$45,909
Fringe Benefits	3,882	3,904	3,926	3,948	3,970	\$19,630
<i>Subtotal Personnel</i>	\$12,882	\$12,994	\$13,107	\$13,221	\$13,336	\$65,539
Travel						\$0
Training						\$0
Supplies						\$0
Contractual Services	4,905	4,731	4,556	4,379	4,199	\$22,771
<i>Subtotal Operational</i>	\$4,905	\$4,731	\$4,556	\$4,379	\$4,199	\$22,771
Total	\$17,787	\$17,725	\$17,663	\$17,599	\$17,535	\$88,310

Personnel

.25 Full Time Equivalent (FTE) Drug Court Coordinator annually with an anticipated base salary of \$35,000 and annual cost of living increases of one percent.

Contract community therapist at an anticipated annual cost of \$5,000 and with an annual increase of one percent.

$$(35000 \times .25) + 5000 = 14000$$

$$[(35000 \times .25) + 5000] \times 1.01 = 14140$$

$$[(35350 \times .25) + 5050] \times 1.01 = 14281$$

$$[(35704 \times .25) + 5101] \times 1.01 = 14424$$

$$[(36061 \times .25) + 5152] \times 1.01 = 14568$$

Duties of the Drug Court Coordinator and Probation Officer are described on pages 4, 5, 13, 19, 20, and 21.

The Drug Court Coordinator has been identified as a substance abuse treatment cost affecting the Department of Alcohol and Drug Programs' MOE calculation.

Fringe Benefits

Anywhere County provides retirement and disability benefits to its employees.

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The cost of these benefits is calculated at 24.25% of personnel costs. (Workers Compensation .34%, Social Security 7.65%, PERS Employee 7.00%, PERS Employer 7.50%, and Disability Insurance 1.76%) Anywhere County also provides health insurance and dental insurance to its employees. (Health \$4,378.56, Dental \$153.12)

$$(14000 \times .2425) + [(4378.56 + 153.12) \times .375] = 5094$$

$$(14140 \times .2425) + [(4378.56 + 153.12) \times .375] = 5128$$

$$(14281 \times .2425) + [(4378.56 + 153.12) \times .375] = 5163$$

$$(14424 \times .2425) + [(4378.56 + 153.12) \times .375] = 5197$$

$$(14568 \times .2425) + [(4378.56 + 153.12) \times .375] = 5232$$

The cost of benefits for the Drug Court Coordinator has been identified as a substance abuse treatment cost affecting the Department of Alcohol and Drug Programs' MOE calculation.

Contractual Services

CDCI funds will support a portion of the annual costs for 200 residential substance abuse treatment bed-days in nonprofit treatment agencies, contracted for by the Behavioral Health Services Agency. Anywhere County currently contracts for this type of treatment at \$45 per bed-day, annual cost of 200 bed-days is \$9,000. The Agency will provide the remaining portion of the annual cost as part of the annual match.

$$(200 \times \$45) = 9000$$

The contractual costs for residential treatment has been identified as a substance abuse treatment cost affecting the Department of Alcohol and Drug Programs' MOE calculation.

MATCH

N.B. The hypothetical amounts, included in the table below, represent a larger match than is required by law in order to provide multiple examples of possible match sources.

ANYWHERE COUNTY CDCI PROGRAM MATCH 2001-2005						
Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	39,500	39,500	39,500	39,500	39,500	197,500
Fringe Benefits	10,439	10,439	10,439	10,439	10,439	52,196
<i>Subtotal Court-Related Personnel</i>	43,937	43,937	43,937	43,937	43,937	219,684
<i>Subtotal Treatment-Related Personnel</i>	6,002	6,002	6,002	6,002	6,002	30,012
Travel	700	700	3,300	700	700	6,100
Training	388	388	388	388	388	1,942
Supplies (drug screening)	13,440	13,440	13,440	13,440	13,440	67,200
Treatment Services	77,180	77,180	77,180	77,180	77,180	385,900
Contractual Services	4,095	4,269	4,444	4,621	4,801	22,230
<i>Subtotal Court-Related Operational</i>	105	105	2,105	805	805	3,925
<i>Subtotal Treatment-Related Operational</i>	95,575	95,749	96,524	95,401	95,581	478,830
<i>Total Court-Related Match</i>	44,042	44,042	46,042	44,742	44,742	223,609
<i>Total Treatment-Related Match</i>	101,577	101,751	102,526	101,403	101,583	508,842
Total Match	145,619	145,793	148,568	146,145	146,325	732,451
Percentage of CDCI Anticipated Award	607%	607%	619%	609%	610%	610%

Personnel

Anywhere Superior Court will provide .10 FTE of a judge or commissioner for the juvenile drug court with an anticipated salary base of \$95,000 annually. This portion of the match is in-kind and supported through funding for the court.

Anywhere County’s District Attorney’s Office will provide .125 FTE of an attorney position for the Juvenile Drug Court with an anticipated salary base of \$65,000 annually. This portion of the match is in-kind and funded through county funds.

Anywhere County’s Public Defender’s Office will provide .125 FTE of an attorney position for the Juvenile Drug Court with an anticipated salary base of \$60,000 annually. This portion of the match is in-kind and funded through county funds.

Anywhere County Probation Department will provide .25 FTE of a Probation Officer position with an anticipated salary base of \$40,000 annually. This portion of the match is in-kind and funded through county funds.

Anywhere County Behavioral Health Services Agency will provide .125 FTE of the Drug Court Coordinator position with an anticipated salary base of \$35,000 annually. In years 1 and 2, this portion of the match is in-kind and funded through federal drug court grant funds. In years 3, 4, and 5, this portion of the match is in-kind and funded through county SAPT administrative funds.

$$(0.1 \times 95000) + (0.125 \times 65000) + (0.125 \times 60000) + (0.125 \times 35000) = 29500$$

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Fringe Benefits

Anywhere County provides retirement and disability benefits to its employees. The cost of these benefits is calculated at 24.25% of personnel costs. (Workers Compensation .34%, Social Security 7.65%, PERS Employee 7.00%, PERS Employer 7.50%, and Disability Insurance 1.76%) Anywhere County also provides health insurance and dental insurance to its employees. (Health \$4,378.56, Dental \$153.12) Fringe benefits are an in-kind match and funded from the same funding source that the positions are funded through.
 $(29500 \times .2425) + [(4378.56 + 153.12) \times .475] = 9306$

Subtotal Court-Related Personnel

This subtotal contains personnel and fringe benefit costs associated with the Superior Court, the District Attorney's Office, and the Public Defender's Office.

Subtotal Treatment-Related Personnel

This subtotal contains personnel and fringe benefit costs associated with the Behavioral Health Services Agency.

Travel

The Judge and the Alcohol and Drug Program Administrator are to attend the National Drug Court Symposium in year 3 at an estimated cost of \$1,300 each. This estimate includes transportation at \$800, lodging at \$300 and per diem at \$200. These expenses are in-kind and are supported by county general funds.
 $[(800 + 300 + 200) \times 2] = 2600$

Annually one member of the drug court team is to attend the State Drug Court Symposium at an estimated cost of \$700. This estimate includes transportation at \$200, lodging at \$300 and per diem at \$200. These travel expenses are in-kind and are supported by county general funds.
 $(200 + 300 + 200) = 700$

Training

The Sheriff's Office will provide semi-annual de-escalation and explosive behavior management training to the drug court team at a cost of \$105. The cost of this training is \$15 per person per training and the team is defined as the Judge/Commissioner, District Attorney, Public Defender, Drug Court Coordinator, and Bailiffs. This training is in-kind and will be supported by Law Enforcement Block Grant funds.

The Behavioral Health Services Agency will provide the drug court team access to monthly case conferences and quarterly clinical training. Case conferences are staffed by agency clinical staff at an estimated cost of \$300 per conference and held in a training room with a seating capacity of 30. It is estimated that at least one team member will attend each monthly case conference. Quarterly clinical training is provided on contract by SBP Training Inc. for \$500 per training and held in county hospital auditorium with a seating capacity of 150. It is estimated that at least one team member will attend each training. This training is in-kind and is currently supported by SAPT block grant funds.
 $(15 \times 10) + [(300 \div 30) \times 12] + [(500 \div 150) \times 4] = 388$

Supplies

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The Probation Department provides drug-screening services for the drug court system. It is estimated that at any time during a year there will be 10 participants in each of three patterns of screening. The patterns are twice weekly, once a week, and once a month. The Department maintains a contract with *[Name Here]* to provide urinalysis, skin patches, and hair analysis for a bundled rate of \$8 per screening. These services are provided through a cash match from County General Funds.

$$((10 \times 104) + (10 \times 52) + (10 \times 12)) \times 8 = 13440$$

Treatment Services

The Behavioral Health Services Agency provides 12 adult and 5 juvenile intensive outpatient slots for the drug court system. Intensive outpatient treatment consists of 3 group sessions a week (\$38 per session) and a monthly individual session (\$49 per session). This will be a cash match through a combination of Drug Medi-Cal and SAPT block grant funds.

$$\{(3 \times 38) \times 52\} + (49 \times 12) \times 17 = 77180$$

Contractual Services

The Agency will fund a portion of the annual costs for 200 residential substance abuse treatment bed-days in nonprofit treatment agencies, contracted for by the Behavioral Services Agency. Anywhere County currently contracts for this type of treatment at \$45 per bed-day, annual cost of 200 bed-days is \$9,000. A portion of this will be a cash match using SAPT block grant funds. CDCI funds will provide the remaining portion of the annual cost as part of the grant budget.

$$(200 \times 45) = 9000$$

Subtotal Court-Related Operational

This subtotal contains training and travel costs provided by Superior Court, the District Attorney's Office, the Public Defender's Office, and the Sheriff's Office.

Subtotal Treatment-Related Operational

This subtotal contains training, travel, supply, treatment service, and contractual costs provided by the Behavioral Health Services Agency and the Probation Department.

Percentage of CDCI Anticipated Award

The percentage of the anticipated award is the total match divided by anticipated award of \$24,000 annually.

Anywhere County also receives \$125,000 of Drug Court Partnership grant funds which are not presented as match because they are also State General Funds. These funds are used to support the staff devoted to the adult drug court.

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F. GOALS AND OBJECTIVES

Increasing the part-time drug court coordinator position to a full-time position, providing a dedicated Drug Court Coordinator (.25 FTE) for the Juvenile Drug Court.

1. Collaborative relationship between the Judge/Commissioner, Drug Court Coordinator, and Probation Officers as measured by participation in every drug court team meeting and drug court session.
2. Initial and periodic assessments and treatment recommendations as measured by copies of the assessment in participants' files.
3. Provision of case management services identified in the participant's treatment plan as measured by case notes in participants' files.
4. Attendance of a minimum of six case conferences and two training sessions annually to improve their knowledge of addiction, coercive treatment, drug screening, supervision, and other components of the drug court program.
5. Attendance of semi-annual de-escalation and explosive behavior management training.

Providing family therapy to Juvenile Drug Court participants.

1. Provision of court ordered levels of family-related services (i.e. substance abuse education, parenting classes, family therapy, etc.) promoting familial structure, support, and encouragement for participants.
2. Involvement by 75 percent of the families as measured by attendance at court ordered family-related services

Providing Residential Treatment for the Drug Court System.

1. CDCI funding will provide 109 contract residential bed-days in year 1.
2. CDCI funding will provide 105 contract residential bed-days in year 2.
3. CDCI funding will provide 101 contract residential bed-days in year 3.
4. CDCI funding will provide 97 contract residential bed-days in year 4.
5. CDCI funding will provide 93 contract residential bed-days in year 5.

Measure the Cost Effectiveness of the Drug Court System.

1. Anywhere County will collect data on drug court participants who completed the drug court program, drug court participants who did not complete the drug court program, persons on probation who were eligible for drug court but did not participate, and other persons on probation who were ineligible for drug court.
 - 1.1. Number of positive and negative drug screens during probationary supervision.
 - 1.2. New arrests recorded in Anywhere County.
 - 1.3. Self-reported abstinence or reduced use during annual follow-up contact.
2. Anywhere County will also collect juvenile specific data on juvenile drug court participants who completed the drug court program, participants who did not complete the drug court program, juveniles on probation who were eligible for juvenile drug court but did not participate, and other juveniles on probation who were ineligible for drug court.
 - 2.1. Number of days in attendance, absent, and truant from school.
 - 2.2. Improved overall grade point average as compared to the previous year.

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- 2.3. Living with family members or independently (e.g. outside of the social service or criminal justice systems).
- 2.4. Successful part-time employment that occurs outside of school hours.
3. Judge [Name Here] and [Name Here] will contact California State University at [Name Here] Health and Human Services Department, to offer supervised internships and elicit graduate students to compare the collected data as their thesis/project.
 - 3.1. These thesis/projects will document the success of the drug court system
 - 3.2. Copies of these theses or projects would be made available for review.

DESCRIPTIVE NARRATIVE

Existing Drug Court System

Anywhere County's Adult Drug Court has been operating since 1998 and serves a caseload of 16 to 20 eligible felons. In 1999, 36 drug court participants graduated from the drug court; the graduation rate ranged from 2 to 4 participants a month. The drug court was designed under the guidance of the United States Department of Justice's publication, *Drug Courts: The Key Components*. The Drug Court Planning Committee is the principal agent envisioning, developing, and monitoring the operation of the Anywhere County Adult Drug Court.

An eligible candidate for the drug court program is initially identified by the District Attorney and referred to the Public Defender's Office. A public defender interviews the candidate explaining the opportunity presented by drug court, the drug court program, and the consequences of success or failure. If the candidate expresses interest in entering the program, he or she is assessed, through the Addiction Severity Index (ASI), by the Drug Court Coordinator and calendared to appear in the Drug Court.

Prior to the participant's appearance, the Drug Court Team (Judge, District Attorney, Public Defender, Probation Officer, and Drug Court Coordinator) discuss the participant and prepare an initial treatment plan, including a pattern of drug screening, level of probationary supervision, and substance abuse treatment. During the initial court session the participant enters a plea of guilty, receives a deferred sentence, and signs a contract with the court to comply with their initial treatment plan.

New participants report to the Probation Officer immediately upon recess of the court for their initial drug screening, initial probation interview, and orientation meeting with the Drug Court Coordinator. Participants ordered to residential treatment are delivered to residential treatment by the Probation Officer. Participants ordered to outpatient treatment are provided with the date and time of their first outpatient appointment and directions to the County Behavioral Health Services Outpatient Clinic.

Phase I usually consists of participants appearing before the court twice a week, engaging in substance abuse treatment, complying with drug screening three times a week, and attending weekly appointments with either the Probation Officer

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or the Drug Court Coordinator for supervision and case management services. Participants move from Phase I to Phase II when they are successfully participating in outpatient treatment, have 24 successive clear drug screens, have complied with probation supervision, and have established an individual case management plan.

Phase II typically consists of participants appearing before the court once a week, receiving outpatient treatment, complying with drug screening twice a week, and attending appointments twice a month with either the Probation Officer or the Drug Court Coordinator for supervision and case management services. Participants progress from Phase II to Phase III when they have successfully completed outpatient treatment, have consistently clear drug screens for three months, have complied with probation supervision, and have progressed in fulfilling their individual case management plan.

Phase III generally consists of participants appearing before the court once every three weeks, involving themselves in community based recovery sustaining activities, complying with random weekly drug screening, and attending monthly appointments with either the Probation Officer or the Drug Court Coordinator for supervision and case management services. Participants advance from Phase III to Phase IV when they successfully are employed, are current with court ordered participant fees, have secure housing, have six months of consistently clear drug screens, have complied with probation supervision, have fulfilled their individual case management plan, completed an ASI assessment, and developed a continuing recovery plan.

Phase IV customarily consists of participants appearing before the court once every six weeks, participating in community based recovery sustaining activities, complying with random drug screening, and attending scheduled appointments with either the Probation Officer or the Drug Court Coordinator for supervision and ongoing assessment. Participants are successfully graduated from the drug court program when they have stable employment, housing, participation in community based recovery sustaining activities, payment of court ordered participant fees, twelve months of consistently clear drug screens, complied with probation supervision, complied with their continuing recovery plan, and completed a final ASI assessment.

Drug court participants are guided and supported by the court through a variety of graduated consequences for success and failure unanimously decided upon by the team and delivered by the judge. Rewards include, but are not limited to verbal praise, presentation of sobriety tokens with public recognition, entrance to recreational activities donated by local businesses, forgiveness of court ordered participant fees, progression to the next phase, framed certificates of transition from one phase to another, having their story written up as a success in the Drug Court Archives, a formal graduation from drug court, and finally, the dismissal of their original charge.

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Sanctions include the withholding of a reward, being required to discuss their failure in court, judicial scolding, spending periods of time in the jury box observing drug court sessions, community service, increasing frequency of drug testing, increased levels of probation supervision, increased intensity of outpatient treatment, regression to a previous phase, house arrest, and transfer from outpatient treatment to residential treatment. As a last resort the team may decide upon brief periods of incarceration in the county jail or a participant's dismissal from drug court with sentencing on their original charges. The public presentation of rewards and sanctions, in court session, continually focuses all drug court participants on the goal of recovery while reinforcing the authority of the court.

Culturally Relevant Continuum of Treatment Services

Though Anywhere is a county of only 1200, its proximity to [Name Here] City, in [Name Here] County, and its quiet rural living have cultivated a diverse community. The California Department of Finance indicates that Anywhere County's population consists of [Number] percent Caucasian, [Number] percent Asian, [Number] percent Hispanic, [Number] percent African American, and [Number] percent Native American citizens.

Anywhere County Behavioral Health Agency provides a Cultural Competency Curriculum within its training program that is available for county employees, community providers, and the drug court team. The curriculum provides insights and experiences to enhance the understanding of Euro-American, Asian, Hispanic, African American, and Native American cultural identification, as well as personal identification with other unique societal groupings based upon sexual orientation or religious practices.

Anywhere County maintains a contract with [Name Here] to provide translation services as necessary for county agencies. Finally, Anywhere County's Board of Supervisors holds a special session twice a year requesting citizens to provide testimony on the cultural sensitivity of county agencies.

Existing Information Sharing Systems

Upon acceptance into the drug court participants, sign releases of information allowing full disclosure of criminal, medical, psychiatric, and social service information to the Behavioral Health Services Agency. Agreements, which allow the agency to collect data on participants throughout their participation in drug court as well as for 12-months after graduation or dismissal, are also signed. To assist in tracking individuals for follow-up contacts, participants also provide basic personal location information on themselves and three primary females in their lives.

The Behavioral Health Services Agency has memoranda of understanding with the county jail, probation, social services, and community hospital to gather arrest and public service use data semi-annually on drug court participants throughout their participation in drug court and for 12-months after graduation or dismissal.

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The information collected by the agency is entered into a confidential database, submitted to the Department of Alcohol and Drug Programs as required, and presented outside the agency in aggregate form.

The Behavioral Health Services Agency also collects California Alcohol and Drug Data System (CADDs), Drug Abuse Treatment Access Report (DATAR), and ASI data on drug court participants. This information is also entered into a confidential database and presented outside the agency in aggregate form. CADDs and DATAR information is submitted to the Department of Alcohol and Drug Programs as required. Finally, the Behavioral Health Services Agency provides the Department of Alcohol and Drug Programs with the data elements required by the Drug Court Partnership Program.

Current Investment of Funds and Resources For The Current Drug Court System

The Adult drug court is supported by a \$125,000 grant under the Drug Court Partnership Program, a \$30,000 United States Department of Justice (DOJ) implementation Grant, \$40,000 of SAPT Block Grant Funding for substance abuse treatment, and \$60,000 County General Fund for probationary supervision and jail beds for brief incarceration.

All other participating agency costs have been absorbed within the responsible agency's operational budget and can not be estimated at this time. These include judicial and court clerical expenses; court facility costs; sheriff bailiff, training, and officer expenses; social service costs; and county health services expenses.

Commitment to Maintain or Exceed the Minimum Match Requirement

The match percentages below are extremely large due to the variety of possible match sources presented earlier. Please reference match table note on page 9.

Anywhere County is committed to exceed the minimum match requirement in all project years. The match presentation on page 9 of this application outlines an average match of 610 percent (609% year 1, 609% year 2, 573% year 3, 619% year 4, and 610% year 5). The match high in year 3 is caused by plans to send the judge and alcohol and drug program administrator to the national symposium. Otherwise, the match is a gradually growing commitment from partner agencies to support the county's drug court system.

Drug Court Specific Unmet Need Within the Collaboration

Anywhere County Adult Drug Court currently does not engage an estimated 30 eligible defendants annually due to a lack of treatment space. It is also estimated that annually the juvenile justice system serves 40 juveniles who would be eligible to participate in an Anywhere County Juvenile Drug Court. To meet the unmet need of the Drug Court System an investment of \$809,659 (\$567,720 in treatment costs and \$241,939 in court costs) would have to be made to

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support personnel, substance abuse treatment, and drug screening. These costs are outlined in the table below and do not encompass costs that are exceptionally difficult to determine, such as the facilities to house the needed expansion of the adult court and the new juvenile court or the cost of the additional court clerk and bailiff hours.

Specific Unmet Need Within Anywhere County Drug Court System				
	<u>Adult</u>	<u>Juvenile</u>	<u>Total</u>	<u>Agency</u>
Outpatient Treatment	195,480	260,640	\$456,120	Behavior Health Services
Residential Treatment	16,425	16,425	\$32,850	Behavior Health Services
Drug Court Coordinator	35,000	43,750	\$78,750	Behavior Health Services
Treatment Subtotal	\$246,905	\$320,815	\$567,720	
Drug Screening	13,440	17,916	\$31,356	Probation
Probation Officer	40,000	53,333	\$93,333	Probation
District Attorney	16,250	21,667	\$37,917	District Attorney
Public Defender	15,000	20,000	\$35,000	Public Defender
Judge	19,000	25,333	\$44,333	Anywhere Superior Court
Court Subtotal	\$103,690	\$138,249	\$241,939	
Total	\$350,595	\$459,064	\$809,659	

A cursory review quickly shows that the current drug court associated need in Anywhere County will not be addressed by the \$24,000 allocated under the Comprehensive Drug Court Implementation Program. Therefore the Drug Court Planning Committee intends to utilize this funding for a modest expansion of the adult drug court to provide necessary residential treatment and the creation of a small juvenile drug court. It is the committee's intent to continue fund-seeking activities until the drug court associated need in Anywhere County is fully addressed.

Given that Anywhere County is developing a juvenile drug court, technical assistance on effectively implementing a court for this special population would be beneficial.

Estimated Total Participants to be Served with CDCI funds

It is estimated that a total of 17 drug court participants (12 adults and 5 juveniles) will be served with the funds requested through this application. Adult participants would have participated in drug court without CDCI funds but will now receive the enhanced services. Juvenile participants will be new drug court clients participating in services developed through the CDCI program.

Estimated Number of New Participants to be Served with CDCI funds

It is estimated that a total of five new juvenile drug court participants will be served with the funds requested through this application. These represent additional capacity for the drug court system and exclude adult drug court participants who are counted within existing capacity and will receive enhanced services.

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The description of a juvenile drug court in the following section is for the purpose of an example only and does not preclude applicants from proposing one or more of the other types of drug courts listed within the Comprehensive Drug Court Implementation Act.

Drug Court to be Funded by the CDCI Program.

A complete description of Anywhere County's existing drug court can be found on pages 14 and 15. In the interest of brevity this section is devoted to a description of the Juvenile Drug Court to be developed with CDCI funding.

The new juvenile drug court is intended to function with a modified version of adult drug court structure, adapted to be developmentally appropriate for juveniles. In preparation, the Alcohol and Drug Program Administrator has contacted the Department of Alcohol and Drug Programs and gathered information for the planning committee, drug court team, and community providers on youth treatment services.

Anywhere County's Juvenile Drug Court will serve a caseload of approximately 5 eligible youth between the ages of 10 and 18 years. The drug court has been designed under the guidance of the US Department of Justice's publication, *Drug Courts: The Key Components*. The Drug Court Planning Committee is the principal agent envisioning, developing, and monitoring the operation of the Anywhere County Juvenile Drug Court.

An eligible candidate for the drug court program is initially identified by the District Attorney and referred to the Public Defender's Office. A public defender interviews the candidate and the candidate's parents/guardian explaining the opportunity presented by drug court, the drug court program, and the consequences of success or failure. If the candidate expresses interest in entering the program and supported by the candidate's parents/guardian, he or she is assessed, through the Teen Addiction Severity Index (T-ASI), by the Drug Court Coordinator and calendared to appear in the juvenile drug court.

Prior to the participant's appearance, the drug court team (Judge, District Attorney, Public Defender, Probation Officer, and Drug Court Coordinator) discuss the participant and prepare an initial treatment plan, including a pattern of drug screening, level of probationary supervision, and substance abuse treatment. The juvenile drug court is a post-adjudication program; the participant is sentenced to participate in drug court as part of probation and signs a contract with the court to comply with their initial treatment plan.

New participants report to the Probation Officer immediately upon recess of the court for their initial drug screening, a probation interview, and an orientation meeting with the Drug Court Coordinator. Participants ordered to residential treatment are delivered to residential treatment by the Probation Officer.

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Participants ordered to outpatient treatment are released to their parent/guardian, provided with the date and time of their first outpatient appointment, and given directions to the County Behavioral Health Services Outpatient Clinic. All participants also receive contact information regarding the family-related services ordered by the court.

Phase I usually consists of participants appearing before the court twice a week, participating in developmentally appropriate substance abuse treatment and family-related services, complying with drug screening three times a week, and attending weekly appointments with either the Probation Officer or the Drug Court Coordinator for supervision and case management services. Participants move from Phase I to Phase II when they are successfully participating in outpatient treatment, have 24 successive clear drug screens, have complied with probation supervision, and have established an individual case management plan.

Phase II typically consists of participants appearing before the court once a week, participating in outpatient treatment and family-related services, complying with drug screening twice a week, and attending appointments twice a month with either the Probation Officer or the Drug Court Coordinator for supervision and case management services. Participants progress from Phase II to Phase III when they have successfully completed outpatient treatment, have consistently clear drug screens for three months, have complied with probation supervision, have progressed in fulfilling their individual case management plan, and have entered an appropriate educational program.

Phase III generally consists of participants appearing before the court once every three weeks, participating in community based recovery sustaining activities and their educational program, complying with random weekly drug screening, and attending monthly appointments with either the Probation Officer or the Drug Court Coordinator for supervision and case management services. Participants advance from Phase III to Phase IV when they have successfully progressed in their educational program, are current with court ordered community service, are consistently participating in a family environment, have six months of consistently clear drug screens, have complied with probation supervision, have fulfilled their individual case management plan, completed a T-ASI assessment, and developed a continuing recovery plan.

Phase IV customarily consists of participants appearing before the court once every six weeks, successfully continuing in their educational program, continuing with court ordered community service, maintaining stability within a family environment, complying with random drug screening, and attending scheduled appointments with either the Probation Officer or the Drug Court Coordinator for supervision and ongoing assessment. Participants are successfully graduated from the drug court program when they have stable educational success, involvement in a family environment, participation in community based recovery sustaining activities, complied with court ordered community service, twelve months of

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consistently clear drug screens, complied with probation supervision, complied with their continuing recovery plan, and a final T-ASI assessment.

Drug court participants are guided and supported by the court through a variety of graduated consequences for success and failure unanimously decided upon by the team and delivered by the judge. Rewards include, but are not limited to verbal praise, presentation of sobriety tokens with public recognition, entrance to recreational activities donated by local businesses, gift certificates donated by a coalition of local book stores, progression to the next phase, and framed certificates of transition from one phase to another, having their story written up as a success in the Drug Court Archives, a formal graduation from drug court, and finally, the dismissal of their original charge.

Sanctions include the withholding of a reward, judicial scolding, written essays, spending periods of time in the jury box observing adult drug court sessions, additional community service, increasing frequency of drug testing, increasing levels of probation supervision, increasing intensity of outpatient treatment, regression to a previous phase, house arrest, and transfer from outpatient treatment to residential treatment. As a last resort the team may decide upon brief periods of incarceration in the county juvenile hall or a participant's dismissal from drug court and violation of their probation. The public presentation of rewards and sanctions, in court session, continually focuses all drug court participants on the goal of recovery while reinforcing the authority of the court.

Partnerships and Collaborative Efforts Within the Drug Courts Receiving Funds

A complete description of the Anywhere County Drug Court System collaboration can be found on pages 3 through 7. In the interest of brevity this information will not be repeated here. The Drug Court Planning Committee has been the principal agent for envisioning and developing the Anywhere County Adult Drug Court and the group, which is championing the development of an Anywhere County Juvenile Drug Court. The drug court system, including the adult and juvenile drug courts, will function within the same collaborative structure.

Activities to be Supported by CDCI Funds

CDCI Program funds will support a portion of the Drug Court Coordinator and Probation Officer involvement in the juvenile drug court. These funds will also cover a portion of the cost of the 200 residential treatment contracted for by the Behavioral Health Services Agency and dedicated to the drug court system.

The functions and commitments of the Drug Court Coordinator are distinctly presented in pages 4, 5, 13, 19, 20, and 21. For the sake of brevity, this information will not be repeated in this section. In summary the coordinator will act as primary program administrator, be a member of the drug court team, and complete participant assessments within the juvenile drug court.

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The functions and commitments of the Drug Court Probation Officer are distinctly presented in pages 4, 5, 13, 19, 20, and 21. For the sake of brevity, this information will not be repeated in this section. In summary the officer will act as primary criminal justice supervision, be a member of the drug court team, and provide accurate timely court ordered drug screenings within the juvenile drug court.

The functions of the dedicated residential treatment are distinctly presented in pages 4, 5, 13, 14, and 18 through 21. For the sake of brevity, this information will not be repeated in this section. In summary the residential treatment will be part of a systemized pattern of sanctions for the entire drug court system and will provide additional structure for those participants who are not succeeding within the standard drug court process.

Project Administration

Drug court system policies are developed, discussed, and issued by the planning committee. Drug court procedures and the day-to-day operations are administered through a collaboration of the Probation Department and Behavioral Health Services Agency. The Probation Department received and, therefore, administers the DOJ enhancement grant. However, Behavioral Health Services has administered the Drug Court Partnership Grant and will administer the Comprehensive Drug Court Implementation Grant.

Program Report Information and Outcome Measure Data Commitments

As has been documented on pages 3 through 6 and 15 the Presiding Judge, District Attorney, Public Defender, and Sheriff will provide the information necessary for the Behavioral Health Agency to provide the Department of Alcohol and Drug Programs with the information and data required. The Behavioral Health Services Agency is responsible to interface with and report to the Department of Alcohol and Drug Programs.

Current Ability to Collect and Report Data

The Behavioral Health Services Agency currently collects data from all of its contract providers and it's own outpatient program. CADDs and DATAR data are submitted to the Department of Alcohol and Drug Programs on diskette. Data for the Drug Court Partnership Program are collected by the Behavioral Health Services Agency and submitted to the Department of Alcohol and Drug Programs in hardcopy. At this time it is anticipated that data for the Comprehensive Drug Court Implementation Program will also be submitted in hardcopy.

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Attachment A
Drug Court Planning Committee Reports

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