

California

UNIFORM APPLICATION FY 2008

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 09/20/2007 - Expires 09/30/2010

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Center for Substance Abuse Treatment
Division of State and Community Assistance

Introduction:

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

Form 1

State: California

DUNS Number: 949088447-

Uniform Application for FY 2008 Substance Abuse Prevention and Treatment Block Grant

I. STATE AGENCY TO BE THE GRANTEE FOR THE BLOCK GRANT

Agency Name: California Department of Alcohol and Drug Programs

Organizational Unit: Office of Grants Management

Mailing Address: 1700 K Street, 5th floor

City: Sacramento

Zip: 95814-4037

II. CONTACT PERSON FOR THE GRANTEE FOR THE BLOCK GRANT

Name: Renée Zito

Agency Name: California Department of Alcohol and Drug Programs

Mailing Address: 1700 K Street

City: Sacramento

Zip Code: 95814-4037

Telephone: (916) 445-1943

FAX: (916) 324-7338

E-MAIL: rzito@adp.ca.gov

III. STATE EXPENDITURE PERIOD

From: 7/1/2005

To: 6/30/2006

IV. DATE SUBMITTED

Date: 9/28/2007 10:24:12 AM

Original

Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Alice Huffaker

Telephone: (916) 322-3014

E-MAIL: ahuffaker@adp.state.ca.us

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UNIFORM APPLICATION FOR FY 2008 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT Funding Agreements/Certifications as Required by the Public Health Service (PHS) Act	
<i>The PHS Act, as amended, requires the chief executive officer (or an authorized designee) of the applicant organization to certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.</i>	
We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.	
I.	Formula Grants to States, Section 1921
Grant funds will be expended “only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities” as authorized.	
II.	Certain Allocations, Section 1922
<ul style="list-style-type: none"> • Allocations Regarding Primary Prevention Programs, Section 1922(a) • Allocations Regarding Women, Section 1922(b) 	
III.	Intravenous Drug Abuse, Section 1923
<ul style="list-style-type: none"> • Capacity of Treatment Programs, Section 1923(a) • Outreach Regarding Intravenous Substance Abuse, Section 1923(b) 	
IV.	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924
V.	Group Homes for Recovering Substance Abusers, Section 1925
Optional beginning FY 2001 and subsequent fiscal years. Territories as described in Section 1925(c) are exempt.	
The State “has established, and is providing for the ongoing operation of a revolving fund” in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.	
VI.	State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18, Section 1926:
<ul style="list-style-type: none"> • The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1). • The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1). • The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2). 	
VII.	Treatment Services for Pregnant Women, Section 1927
The State “...will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant.”	
VIII.	Additional Agreements, Section 1928
<ul style="list-style-type: none"> • Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a) • Continuing Education, Section 1928(b) • Coordination of Various Activities and Services, Section 1928(c) • Waiver of Requirement, Section 1928(d) 	

IX. Submission to Secretary of Statewide Assessment of Needs, Section 1929
X. Maintenance of Effort Regarding State Expenditures, Section 1930
With respect to the principal agency of a State, the State “will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.”
XI. Restrictions on Expenditure of Grant, Section 1931
XII. Application for Grant; Approval of State Plan, Section 1932
XIII. Opportunity for Public Comment on State Plans, Section 1941
The plan required under Section 1932 will be made “public in such a manner as to facilitate comment from any person (including any Federal person or any other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.”
XIV. Requirement of Reports and Audits by States, Section 1942
XV. Additional Requirements, Section 1943
XVI. Prohibitions Regarding Receipt of Funds, Section 1946
XVII. Nondiscrimination, Section 1947
XVIII. Services Provided By Nongovernmental Organizations, Section 1955
I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.
State: California
Name of Chief Executive Officer or Designee: Kimberly Belshe
Signature of CEO or Designee:
Title: Secretary Date Signed:
If signed by a designee, a copy of the designation must be attached

<p>1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION</p> <p>The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:</p> <ul style="list-style-type: none"> (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. <p>Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.</p> <p>The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.</p>	<p>2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS</p> <p>The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:</p> <ul style="list-style-type: none"> (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition; (b) Establishing an ongoing drug-free awareness program to inform employees about – <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace; (2) The grantee’s policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will – <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any

person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

<p>5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE</p> <p>Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.</p> <p>Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.</p>	<p>By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.</p> <p>The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.</p> <p>The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.</p>	
<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p>	<p>TITLE</p> <p>Secretary, California Health and Human Services Agency</p>	
<p>APPLICANT ORGANIZATION</p> <p>California Department of Alcohol and Drug Programs</p>		<p>DATE SUBMITTED</p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10.a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Reporting Entity:

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of

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Secretary, California Health and Human Services Agency	
APPLICANT ORGANIZATION California Department of Alcohol and Drug Programs		DATE SUBMITTED

State:
California

FY 2005 SAPT BLOCK GRANT

Your annual SAPT Block Grant Award for FY 2005 is reflected on Line 8 of the Notice of Block Grant Award

\$252,450,447

California

Goal #1: Continuum of Substance Abuse Treatment Services

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

Through its contracts with counties, the Department of Alcohol and Drug Programs (ADP) ensures compliance with federal requirements, including Goal 1. This goal addresses the manner in which ADP utilizes Substance Abuse Prevention and Treatment Block Grant funding for the overall range of alcohol and other drug (AOD) abuse services (e.g., prevention to treatment to maintenance) with which individuals could be involved throughout their recovery.

This continuum begins with primary prevention services, focusing on:

- An entire population (the “universal” category)
- Identifiable subgroups (the “selective” category)
- Individual persons showing early signs of use and other problems (the “indicated” category)

ADP prevention services implement the six Center for Substance Abuse Prevention strategies: (1) information dissemination, (2) education, (3) alternatives, (4) problem identification and referral, (5) community-based process, and (6) environmental strategies.

The continuum also includes intervention and client-centered, culturally appropriate treatment and recovery services. Treatment and recovery approaches should be based on an individual’s needs, preferences, experiences, and cultural backgrounds. Clients have the right to choose from a range of options and participate in decisions that will affect their lives. Services include:

- Intervention services
- Nonresidential services that utilize rehabilitative/ambulatory intensive outpatient (also known as [aka] day care rehabilitative), rehabilitative/ambulatory outpatient (aka outpatient drug free) group, and rehabilitative/ambulatory outpatient (aka outpatient drug free) individual strategies
- Narcotic Treatment Programs (NTP) provide narcotic replacement therapy using methadone, levo-alpha-acetyl-methadol (LAAM), buprenorphine and any other FDA approved medications for the use of opiate addiction. Currently, California regulates the use of Methadone and LAAM. Buprenorphine may be prescribed by an NTP physician; however, California does not regulate the use of this medication and refers to the federal Center for Substance Abuse Treatment guidelines. Narcotic replacement therapy also includes assessment, treatment planning, urinalysis drug testing, group and individual counseling and educational sessions.

- Residential services that use free-standing (non-hospital setting) residential detoxification, residential/recovery long term (nonacute care over 30 days), and residential/recovery short term (nonacute care up to 30 days)
- Recovery support (aftercare) services that may begin during or following treatment services and utilize services coordination, relapse prevention, continuing comprehensive assessments, motivational counseling, recovery maintenance planning, community services linkages, exit planning, family preservation and reunification, child care, housing (sober living, safe housing, permanent housing), drop-in services, transportation, peer support and mentoring, and education/life skills training strategies
- Self-help and other culturally supportive peer help systems such as 12-Step, Talking Circles, and faith-based activities

ADP is working with stakeholders to re-engineer of California's system of care based on a chronic model of alcohol and other drug treatment, recovery, and prevention strategies. The group working on this effort is called the "Continuum of Services System Re-Engineering (COSSR) Task Force.

FFY 2005 (Compliance):

ADP performed the services described in *Background and Ongoing Activities* above.

FFY 2007 (Progress):

The services described in *Background and Ongoing Activities* continue to be provided. ADP initiated the COSSR task force to bring stakeholders to design the California AOD service system model for a chronic health condition requiring continuing care rather than an acute health condition requiring short-term care. The task force issued a Phase I report that sets the parameters for a redesigned system, and is currently conducting meetings on Phase II (three phase process).

FFY 2008 (Intended Use):

No change in the available services described in *Background and Ongoing Activities* is anticipated. ADP hopes to conclude COSSR (Phase III) during FFY 2008.

California

Goal #2: 20% for Primary Prevention

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies or by the Institute of Medicine Model of Universal, Selective, or Indicated as defined below: (See 42 U.S.C. 300x-22(a)(1) and 45 C.F.R. 96.124(b)(1)).

Institute of Medicine Classification: Universal Selective and Indicated:

- Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
 - o Universal Direct. Row 1—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)
 - o Universal Indirect. Row 2—Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.
- Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- Indicated: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from The Institute of Medicine Model of Prevention)

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities:

The Department of Alcohol and Drug Programs (ADP) achieves compliance with federal requirements through terms and conditions contained in the State Negotiated Net Amount (NNA) contracts with California's 58 counties. Prevention is carried out at the local level through counties, which determine how their primary prevention funds best meet identified community needs and priorities. Accounting documents confirm the funding of such services. Further confirmation is obtained through California Outcome Measurement Service Prevention (CalOMS Pv) data collected from approximately 350 funded providers as a condition of the NNA contract. California places emphasis on evidence-based community prevention approaches and strategies. (Individual-based prevention occurs primarily through Safe and Drug Free Schools funded prevention.)

ADP incorporates the evidence-based, effective prevention program requirements into NNA contract language by requiring use of the five Strategic Prevention Framework (SPF) steps. CalOMS Prevention incorporated the five SPF steps within its data collection design.

ADP's Prevention Services works with the California Department of Health Services on prevention of underage tobacco use in support of California's Stop Tobacco Access to Kids Enforcement Act and to meet Synar Requirements (Goal #8).

The Governor's Prevention Advisory Council (GPAC) was established in August 2002. Members are appointed by the Governor with the Director of ADP serving as the Chair. Fourteen State agencies work together to coordinate alcohol, tobacco, and other drugs (ATOD) prevention efforts through workgroups tasked to address specific issues.

Data collection reflects the six Center for Substance Abuse Prevention (CSAP) strategies, as ADP adopts the three Institute of Medicine prevention interventions. Please see the compliance and reporting years for summaries of the percentage of providers involved in each strategy for the State and each county. Detailed sets of State and county Prevention Activities Data System (PADS) data are available at <http://www.adp.ca.gov/PADS/reports.shtml>. These data sets include: (1) service populations, (2) services, (3) demographics, (4) where services occurred, and (5) frequency/count. The following are a sampling of services delivered within the six strategies. ADP began collecting data in CalOMS Prevention on July 1, 2006.

1. Information Dissemination

ADP's Resource Center (RC) identifies, acquires, and transfers information regarding program development, best practices, alcohol/drug effects, drug-free workplaces, Red Ribbon Week, etc., to the alcohol and other drug (AOD) field. Requests may be filled through an Internet "shopping cart," mail, fax, e-mail, telephone, or in-person. Information and materials are provided at no cost to the requestors. A number of catalog items are now available online. The RC library

provides research assistance. The RC statewide 1-800 line provides treatment service referral information to individuals.

RC data is collected by calendar year. During Calendar Year 2005, the RC responded to over 25,266 telephone calls for information and referrals, including 2,186 Spanish-language calls. It distributed over 811,456 hardcopy publications, performed searches on 1,864 information/research requests, and checked out 1,467 books/videos. The Resource Center's Web site was "hit" 34,724 times, including the downloading of documents.

During the Calendar Year 2005, the RC staffed information booths at 23 ATOD-related conferences, workshops, or special events throughout the State that offered direct interactions with the public. ATOD materials are supplied to many other conferences not attended by RC staff. Overall, the RC provided over 391,820 publication materials to 858 conferences, workshops or events.

The RC also supports mentoring activities by providing telephone assistance and printed materials specific to mentoring.

2. Education

ADP conducts outreach and training to support youth, communities, and special service populations through technical assistance (TA) contractors.

ADP conducts statewide workshops through TA providers to make available information about research-based programs and practices and to promote promising practices.

ADP's contractors develop, promote and provide TA on the Strategic Prevention Framework (SPF), environmental prevention techniques and mentoring for counties, communities, and government agencies. These contractors also provide AOD prevention TA and training for the faith community and for general prevention campaigns.

The RC maintains a portion of ADP's Internet Web site to provide current TA documents and educational publications.

3. Alternatives

ADP provides infrastructure for statewide Friday Night Live (FNL) (high school), Club Live (middle school), and FNL Kids (elementary school) youth activities, such as youth/adult leadership activities (e.g., environmental prevention and underage drinking). The annual Teen Leadership Training Institute assembles approximately 600 high school students from very diverse backgrounds and geographic areas for prevention training that is student-designed for application at their respective schools.

4. Problem Identification and Referral

ADP has worked with the California Department of Education (CDE), the Office of the Attorney General and other GPAC members to address ATOD use in school-age youth. This led ADP and CDE to jointly creating and sending information to all school districts to encourage Student Assistance Programs.

ADP also works with the California Mental Health Department on common prevention concepts using the Institute of Medicine prevention construct.

5. Community-Based Process

Through TA contracts, ADP provides services for local initiatives identified by community groups, prevention practitioners, schools, neighborhood associations, and county administrators.

6. Environmental

ADP provides TA and training, demonstration projects, collaboration, and dissemination of information about environmental approaches. Audiences include city planners, community groups, prevention practitioners, the educational community, neighborhood associations, county administrators, and other public policy makers.

ADP TA contractors develop, promote, and provide services on environmental prevention techniques for cities, emphasizing their local zoning authority and public policy development.

ADP continues to work with the CSAP to develop ways to measure environmental and community prevention.

FFY 2005 (Compliance):

PADS collects information for each prevention strategy about the number of providers who served specific populations, the number of persons a provider served, and the frequency of the services. PADS does not use a unique client identifier, so the total strategies and/or services a specific person received cannot be determined. The data reports are available at <http://www.adp.ca.gov/PADS/reports.shtml>. (CalOMS Prevention replaced PADS effective July 2006. This is the first State data service incorporating the five SPF steps.)

Detailed prevention data by strategy, with demographics and specific services for the State and each of the 58 counties, for State Fiscal Year 2005/06, is available at <http://www.adp.ca.gov/PADS/reports0506.asp>

County-level Service: Summary of County Direct Services from PADS

CSAP Strategy (July 2005 - June 2006)	By # of Providers	% of all 344 Providers
Information Dissemination	261	75.87%
Education	269	78.20%
Alternatives	183	53.20%
Problem Identification And Referral	114	33.14%
Community-Based Process	239	69.48%
Environmental	106	30.81%

Note: This information is based on the number of prevention providers returning completed Prevention Activities Data System (PADS) forms. Because a single provider may use multiple strategies, the strategy totals exceed the number of reporting providers.

FY 2007 (Progress):

The Department of Alcohol and Drug Programs (ADP) achieves federal requirements through terms and conditions contained in the State Negotiated Net Amount (NNA) contracts with California's 58 counties. Prevention is carried out at the local level through counties, which determine how their primary prevention funds best meet identified community needs and priorities. Accounting documents confirm the funding of such services. Further confirmation is obtained through California Outcome Measurement Service Prevention (CalOMS Pv) data collected from approximately 350 funded providers as a condition of the NNA contract. California places emphasis on evidence-based community prevention approaches and strategies. (Individual-based prevention occurs primarily through Safe and Drug Free Schools funded prevention.)

ADP incorporates the evidence-based, effective prevention program requirements into NNA contract language by requiring use of the five Strategic Prevention Framework (SPF) steps. CalOMS Prevention incorporated the five SPF steps within its data collection design so provider data can only be entered if it connects to objectives assigned by their respective counties.

ADP's Prevention Services works with the California Department of Public Health (previously named Department of Health Services) on prevention of underage tobacco use in support of California's Stop Tobacco Access to Kids Enforcement Act and to meet Synar Requirements (Goal #8).

The Governor's Prevention Advisory Council (GPAC) was established in August 2002. Members are appointed by the Governor, with the Director of ADP serving as the Chair. Fourteen State agencies work together to coordinate alcohol, tobacco, and other drugs (ATOD) prevention efforts through workgroups tasked to address specific issues.

Data collection reflects the six Center for Substance Abuse Prevention (CSAP) strategies and related services, including data for demographic services. CalOMS Prevention incorporates the three Institute of Medicine prevention interventions as well as the six strategies. Compliance and reporting year summaries of the percentage of providers involved in each strategy for the State and each county are all web accessible to the public. Detailed sets of State and county Prevention Activities Data System (PADS) data are available at <http://www.adp.ca.gov/PADS/reports.shtml>.

These data sets include: (1) service population descriptions, (2) services delivered, (3) demographics, (4) where services occurred, and (5) frequency and/or count. The following are a sampling of services delivered within the six strategies. ADP began the second year of collecting data in CalOMS Prevention as of July 1, 2007; data is collected on a state fiscal year.

1. Information Dissemination

ADP's Resource Center (RC) identifies, acquires, and transfers information regarding program development, best practices, alcohol/drug effects, drug-free workplaces, Red Ribbon Week, etc., to the alcohol and other drug (AOD) field. Requests may be filled through an Internet "shopping cart," mail, fax, e-mail, telephone, or in-person. Information and materials are provided at no cost to the requestors. A number of catalog items are now available online. The RC library provides research assistance. The RC statewide 1-800 line provides treatment service referral information to individuals.

RC data is collected by calendar year. Data for 2006 includes: a) 21,020 telephone calls for information and referrals, including 2,296 Spanish-language calls; b) distribution of 725,956 hardcopy publications; c) 1,738 library searches for information/research requests; and, d) library loans of 1,602 books and videos. The RC Web site includes the downloading of 652 documents for immediate use and reproduction. The RC's Web site was visited or "hit" 40,236 times.

In Calendar Year 2006, the RC staffed information booths at 17 ATOD-related conferences, workshops, or special events throughout the State that offered direct interactions with the public. Venues are sought that draw broad participation to leverage application of the information. Over 329,300 ATOD materials were supplied to 718 other conferences and meetings not attended in-person by RC staff.

The RC also supports mentoring activities by providing telephone assistance and printed materials specific to mentoring. It also staffed a meth information line as part of a state initiative.

2. Education

ADP conducts outreach and training to support youth, communities, and special service populations through technical assistance (TA) contractors.

ADP conducts statewide workshops through TA providers to make information available about research-based programs and practices and to promote promising practices. A major TA service is the Community Prevention Initiative that generates training, materials and SPF assistance.

(See: <http://www.ca-cpi.org/index.htm>)

ADP's contractors develop, promote and provide TA on the Strategic Prevention Framework (SPF), environmental prevention techniques and mentoring for counties, communities, and government agencies. These contractors also provide AOD prevention TA and training to the faith community and for year-round general prevention campaigns.

The RC maintains a portion of ADP's Internet web site to provide current TA documents and educational publications.

3. Alternatives

ADP provides infrastructure for statewide Friday Night Live (FNL) (high school), Club Live (middle school), and FNL Kids (elementary school) youth activities, such as youth/adult leadership activities (e.g., environmental prevention and underage drinking). The annual Teen Leadership Training Institute assembles approximately 600 high school students from very diverse backgrounds and geographic areas for prevention training that is student-designed for application at their respective schools. (See: <http://www.fridaynightlive.org/About/About.htm>)

4. Problem Identification and Referral

ADP has worked with the California Department of Education (CDE), the Office of the Attorney General and other GPAC members to address ATOD use in school-age youth. This led ADP and CDE to jointly create and send information to all school districts to encourage support for Student Assistance Programs. ADP also works with the California Mental Health Department on common prevention concepts using the Institute of Medicine prevention construct.

5. Community-Based Process

Through TA contracts, ADP provides services for local initiatives identified by community groups, prevention practitioners, schools, neighborhood associations, and county administrators.

6. Environmental

ADP provides TA and training, demonstration projects, collaboration, and dissemination of information about environmental approaches. Audiences include city planners, community groups, prevention practitioners, the educational community, neighborhood associations, county administrators, and other public policy makers. California was the first State Incentive Grant (SIG) recipient CSAP authorized to use this strategy; the SIG ends April 2008.

ADP TA contractors develop, promote, and provide services on environmental prevention techniques for cities, emphasizing their local zoning authority and public policy development.

ADP continues to work with CSAP to develop the ways to measure environmental and community prevention.

Detailed prevention data by strategy, with demographics and specific services for the State and each of the 58 counties for State Fiscal Year 2005/06, is available at <http://www.adp.ca.gov/PADS/reports0506.asp>

CalOMS Prevention collected information for each prevention strategy about the number of providers who served specific populations, the number of persons a

provider served, and the frequency of services. CalOMS Prevention does not use a unique client identifier, so the total strategies and/or services a specific person received cannot be determined.

County-level Service: Summary of County Direct Services from CalOMS Prevention

CSAP Strategy (July 2006 - June 2007)	By # of Providers	% of all 330 Providers
Information Dissemination	270	81.52%
Education	280	83.64%
Alternatives	190	56.67%
Problem Identification And Referral	118	33.94%
Community-Based Process	259	77.27%
Environmental	171	52.42%

Note: This information is based on the number of providers reporting prevention services. Because a single provider may deliver multiple strategies, the strategy totals exceed the number of reporting providers.

FY 2008 (Intended Use):

The Department of Alcohol and Drug Programs (ADP) will continue to achieve federal requirements through terms and conditions contained in the State Negotiated Net Amount (NNA) contracts with California's 58 counties. Prevention will be carried out locally through counties, which use SPF in determining how their primary prevention funds best meet identified community needs and priorities. Planning will incorporate work of the State Epidemiological Outcomes Workgroup (SEOW) in guiding state and county prevention assessment work.

Through ADP's Community Prevention Initiative (CPI) statewide technical assistance, Prevention Services will continue assisting counties and local programs to develop evidence-based community prevention approaches within their Strategic Prevention Framework (SPF) planning. CPI will also provide assistance with applications of the Institute of Medicine's (IOM) universal, selective and indicated prevention categorizations of those engaged in prevention.

ADP's Prevention Services will work with counties to enter their SPF-based prevention plans into CalOMS Prevention. This is a web-based service through KIT Solutions serving 58 counties and approximately 300 providers. CalOMS Prevention incorporates the three IOM prevention interventions, as well as the six CSAP prevention strategies and their related services. Providers link their activity data to objectives assigned to them by their respective counties. Compliance and reporting year data for the State and each county will be web-accessible to the public.

The California Outcome Monitoring Program will analyze data delivered through CalOMS Prevention so the results can be applied to planning, resource decisions, outcome assessment and continual improvements.

ADP's Prevention Services will continue its work with California Department of Public Health on prevention of underage tobacco use in support of California's Stop Tobacco Access to Kids Enforcement Act and to meet Synar Requirements (Goal #8).

State-level agencies with shared prevention interests will continue meeting as the Governor's Prevention Advisory Council (GPAC). Fourteen State agencies work together in the GPAC to coordinate alcohol, tobacco, and other drugs (ATOD) prevention efforts. Special topic workgroups are tasked to address specific issues. Members are appointed by the Governor with the Director of ADP serving as the Chair.

1. Information Dissemination

The ADP Resource Center (RC) will continue as a significant means of delivering this strategy statewide. The RC serves needs of all 58 counties through a single operation. It identifies, acquires, and transfers information regarding program development, best practices, alcohol/drug effects, drug-free workplaces, Red Ribbon Week, etc., to the alcohol and other drug (AOD) field.

- The Clearing House fills requests through an Internet “shopping cart,” mail, fax, e-mail, telephone, or in- person. Information and materials are provided at no cost to the requestors. Numerous catalog items are available online for downloading without direct cost to the RC.
- The RC library is designated the State’s Special Subject Library for AOD. The Library provides research assistance and loans books and videos.
- The RC operates a 1-800 line to provide treatment service and other referral information to individuals statewide, directing many callers to appropriate contacts in their counties.
- The RC will staff information booths at AOD-related conferences, workshops, or special events throughout the State that offer direct interactions with the public. Venues are sought that draw broad participation to leverage application of the information. The RC supports many other meetings by supplying AOD materials to the sponsors, but does not attend in-person.
- The RC also supports special initiatives, such as mentoring and a meth.

2. Education

ADP will conduct outreach and training to support youth, communities, and special service populations through technical assistance (TA) contractors. The TA providers will provide information about research-based programs, policies and practices evolving during the intended use year. A major method of TA service is the Community Prevention Initiative that delivers training, materials and SPF assistance. (See: <http://www.ca-cpi.org/index.htm>)

The RC maintains a portion of ADP's Internet Web site to provide current TA documents and educational publications.

3. Alternatives

Through TA contracts, ADP has provided infrastructure for statewide Friday Night Live (FNL) (high school), Club Live (middle school), and FNL Kids (elementary school) youth activities, such as youth/adult leadership activities (e.g., environmental prevention and underage drinking). For over 20 years, ADP has sponsored the Teen Leadership Training Institute for approximately 600 high school students from very diverse backgrounds and geographic areas. This student-designed event is training for prevention applications at their respective schools. (See: <http://www.fridaynightlive.org/About/About.htm>). This contract will be bid for a new three-year period starting October 2009.

4. Problem Identification and Referral

Through a GPAC workgroup focused on high-using, underage youth, ADP, the California Department of Education, the Office of the Attorney General and other GPAC members are advancing student assistance programs in the 1,000 school districts.

5. Community-Based Process

Through TA contracts, ADP provides services for local initiatives identified by community groups, prevention practitioners, schools, neighborhood associations, and county administrators. This strategy is supported by ADP due to its ability to reach larger population segments at an economical cost.

6. Environmental

ADP TA contractors develop, promote, and provide services on environmental prevention techniques for cities, emphasizing their local zoning authority and public policy development. As with the community-based strategy, the environmental strategy is strongly supported due to its ability to reach larger population segments and use public policy to sustain the effects.

Detailed prevention data, by strategy with demographics and specific services for the State and each of the 58 counties, will continue to be publicly available on ADP's web site.

Attachment A

State:
California

Attachment A: Prevention

Answer the following questions about the current year status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 objectives. References to these objectives are provided for each application question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

Yes No Unknown

2. Does your State conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

Yes No Unknown

3. Does your State alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT BLOCK GRANT

Yes
 No
 Unknown

OTHER STATE FUNDS

Yes
 No
 Unknown

DRUG FREE SCHOOLS

Yes
 No
 Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

Yes No Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education Bureau? Yes No Unknown

Dissemination of materials? Yes No Unknown

Media campaigns? Yes No Unknown

Product pricing strategies? Yes No Unknown

Policy to limit access? Yes No Unknown

6. Does your State now have laws that provide for administrative suspension or revocation of drivers' licenses for those determined to have been driving under the influence of intoxicants? (HP 26-24)

Yes No Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as: (HP 26-11c, 12, 23)

Restrictions at recreational and entertainment events at which youth made up a majority of participants/consumers,

Yes No Unknown

New product pricing,

Yes No Unknown

New taxes on alcoholic beverages,

Yes No Unknown

New Laws or enforcement of penalties and license revocation for sale of alcoholic beverages to minors,

Yes No Unknown

Parental responsibility laws for a child's possession and use of alcoholic beverages.

Yes No Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

Yes No Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4) (if available)

	Age 0 - 5	Age 6 - 11	Age 12 - 14	Age 15 - 18
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25)

Motor vehicle drivers age 21 and older? .08

Motor vehicle drivers under age 21? .01

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other drug abuse prevention (HP 26-3)? 0

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences (HP 26-11 and 26-16)?

Yes No Unknown

Attachment A Footnotes

Question 7: Various communities in California passed "social host" ordinances that impose civil penalties on adults who provide alcohol to youth in non-commercial settings.

Question 11: There are numerous coalitions within the State. The exact number of coalitions is unknown since they operate independent of the Department of Alcohol and Drug Programs

California

Goal #3: Pregnant Women Services

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

FFY 2005 (Compliance):

In the base year, FFY 1994, the amount expended was \$26,349,134. The amount expended in 2005 was \$43,766,000. Please see Attachment B, Parts 1 and 2 for specific program compliance information.

FFY 2007 (Progress):

The amount expended in 2007 was \$45,896,000. Please see Attachment B, Parts 1 and 2 for specific program compliance information. ADP also conducted a Perinatal Environmental Scan (PES) that began in 2006 and was completed in Spring 2007. The purpose of the PES was to determine the status of perinatal services in California, assess current trends, and formulate recommendations for prioritization and planning.

FFY 2008 (Intended Use):

For FFY 2008, it is the intention of the State to expend not less than the amount expended in FFY 1994 in accordance with 42 U.S.C 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e) and to continue to allocate funds to the counties consistent with federal law and regulations. ADP intends to use the PES and other relevant research to leverage its efforts to assure continued compliance with Substance Abuse Prevention and Treatment Block Grant requirements and implement outcome-focused programs for services to pregnant and perinatal women.

California

Attachment B: Programs for Women

Attachment B: Programs for Pregnant Women and Women with Dependent Children
(See 42 U.S.C. 300x-22(b); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))

For the fiscal year three years prior (FY 2005) to the fiscal year for which the State is applying for funds:
Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2005. In a narrative of up to two pages, describe these funded projects.

In FFY 2005, each program funded with State or federal perinatal funds was required to maintain a core of services or modalities for women in treatment. Specific treatment modalities and some of the required services follow:

1. Residential
2. Outpatient treatment (non-residential) included outpatient drug free and day care rehabilitative programs
3. Narcotic treatment
4. Included case management; child care; transportation to and from treatment and ancillary services, including medical services and referrals to primary medical and pediatric care; education and training on parenting skills, child development, and the effects of alcohol and drug use during pregnancy and breast feeding; access and referral to vocational and educational training; HIV/TB referral and testing; provision of interim services; and gender-specific alcohol and other drug treatment services

In Calendar Year 2006, the Perinatal Services Network had approximately 184 treatment and recovery programs designed specifically to provide services for pregnant and parenting women. These programs serve approximately 30,000 women annually. In past block grant applications, the number of perinatal programs included programs that received only Drug Medi-Cal funds. ADP eliminated those programs from this year's count of programs because those programs are not required to comply with Substance Abuse Prevention and Treatment Block Grant requirements for interim services and preferences.

The capacity and count of programs were obtained from the California Drug and Alcohol Treatment Access Report (DATAR). DATAR collects information on treatment capacity and waiting list information from the Department of Alcohol and Drug Programs (ADP) treatment providers. The DATAR system was upgraded to a Web-based system in January of 2006. The findings contained in the table in Attachment B (cont.) were extracted from Calendar Year 2006 data, the first 12-month period for which data are available under the new system. These findings should be considered preliminary since the Web-based DATAR system is in its initial stages of operation. ADP expects to provide totals next year based on the federal fiscal year.

The number of women served is an approximation because California's client data system does not tie individual services to each funding source. Program providers have a variety of funding sources that may contribute to an individual's treatment service.

The process used for obtaining the estimated number of women served is:

- Fiscal Management and Accountability Branch identifies which programs have SAPT perinatal set-aside and perinatal SGF (excluding Medicaid funds);
- Office of Applied Research and Analysis identifies the number of women served in the programs that receive perinatal funds (excluding Medicaid).

Although this process captures the programs that receive perinatal funding and can count the total number of women served, the data system cannot distinguish the number of women receiving perinatal services versus women's services reported under the provider's entity number. Only one entity number is issued for one site.

Form 7b shows the total number of women served in California (pregnant, parenting, and women who do not meet the criteria for perinatal services), not the number of women served in programs that receive perinatal funding. Women served in perinatal programs are included in the total number of women served. Similarly, Form 7b shows the total number of pregnant women served, not the number of women served in programs that receive perinatal funding. Women served in perinatal programs are included in the number reported on Form 7b.

More women receive treatment annually in California than are served in perinatal-funded programs. Since only perinatal funded programs are required to comply with SAPT block grant requirements for pregnant and parenting programs, ADP estimates the number of women served in those programs.

California

Attachment B: Programs for Women (contd.)

The PHS Act required the State to expend at least 5 percent of the FY 1993 and FY 1994 block grants to increase (relative to FY 1992 and FY 1993, respectively) the availability of treatment services designed for pregnant women and women with dependent children. In the case of a grant for any subsequent fiscal year, the State will expend for such services for such women not less than an amount equal to the amount expended by the State for fiscal year 1994.

In up to four pages, answer the following questions:

1. Identify the name, location (include sub-State planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) number), level of care (refer to definitions in Section II.4), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.
2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FY 2005 block grant and/or State funds?
3. What special methods did the State use to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?
4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?
5. What did the State do with FY 2005 block grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

1. Identify the name, location (include substate planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) ID number), level of care (refer to definitions in Section II.4), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.

A list of perinatal programs follows question number 5 of this attachment. When the States were required to set up a system of tracking expenditures by award as a term of receiving the 2000 block grant award, the Center for Substance Abuse Treatment (CSAT) agreed that the Department of Alcohol and Drug Program's (ADP) substate planning areas would be at the county level (ADP contracts with the counties for SAPT block grant services, not the providers), and that expenditures would be reported from ADP's Accounting System. Because this is the system agreed to by CSAT, it is the system ADP has set up to capture the data to assure that the Forms 4 and 6 tie. The statute (USC 200x-22(b)) and the regulations (CFR 96.124 (c)) require increases in 1993 block grant expenditures relative to 1992 expenditures, and increases in 1994 block grant expenditures relative to 1993 expenditures. For grants beyond fiscal year 1994, States are required to expend not less than an amount equal to the amount expended by the State for fiscal year 1994. SAMHSA approved ADP's base Women's Expenditures calculations; the expenditure data in the Form 6 and Table IV demonstrate that ADP is expending (at least) the minimum total amount required to meet the requirement.

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FFY 2005 block grant funds and/or State funds?

The State allocated Perinatal Set-Aside funds in accordance with 42 U.S.C. 300x-22(b)(1)(C) in the amount of \$44,877,000 and required counties to fulfill federal requirements through Negotiated Net Amount (NNA) contracts.

The California Alcohol and Drug Data System (CADDs) was used to collect data on participants in alcohol and other drug treatment programs. The information obtained through CADDs provides justification and accounts for the use of public funding.

Funds were allocated by line item separately from other ADP funds. Financial records were audited, cost reports were reviewed on a regularly scheduled basis, and CADDs data was used to ensure compliance. ADP staff monitored counties to ensure that the funds allocated for women's services were being expended appropriately.

3. What special methods did the State use to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?

Treatment/recovery facilities funded with federal or State perinatal funds are required to adhere to the *Perinatal Services Network Guidelines* (2004). The guidelines require counties to develop systems for monitoring programs for compliance with the standards and streamlined perinatal program requirements.

Efforts were made to meet the special needs of pregnant women and women with dependent children. The State required counties to give treatment admission preference to pregnant women who sought or were referred for services and who would benefit from the receipt of such services. Counties required facilities, in the event of insufficient capacity, to refer pregnant women to another program with an available treatment slot or to provide interim services within 48 hours of initial request until treatment becomes available. The counties were also required to monitor all alcohol and/or other drug abuse recovery/treatment services receiving State and federal funds. The State received input on the needs of pregnant women and women with dependent children from the County Alcohol and Drug Program Administrators' Association of California.

The State also assigned staff and contracted with consultants to provide program development, implementation training, and technical assistance to staff at treatment programs serving pregnant women and women with dependant children.

4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?

Sources used to extract data for the attached list were: The cost reports required by the County NNA contracts and the Drug and Alcohol Treatment Access Report.

5. What did the State do with FFY 2005 block grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

In FFY 2005, the State continued to fund perinatal treatment programs in accordance with the Governor's Perinatal Treatment Expansion Program Initiative.

ADP worked closely with other State departments, constituency groups, county governments and local providers to identify needs and provide technical expertise.

Staff and consultants continued to create innovative treatment and outreach strategies to overcome barriers to providing services for pregnant women and women with dependent children.

In addition, educational materials aimed at both the general public and hard-to-reach or under-served populations were distributed.

PERINATAL TREATMENT
 AVERAGE MONTHLY TREATMENT CAPACITY
 JANUARY 2006 THROUGH DECEMBER 2006
 BY COUNTY

These findings were obtained from the California Drug and Alcohol Treatment Access Report (DATAR). DATAR collects information on treatment capacity and waiting list information from the California Department of Alcohol and Drug Programs (ADP) treatment providers. The DATAR system was upgraded to a web-based system in January of 2006. The findings contained in the tables below were calculated from the calendar year 2006, the first 12-month period for which data are available under the new system. These findings should be considered preliminary since the web-based DATAR system is in its initial stages of operation. ADP expects to provide totals next year based on the state fiscal year.

Alameda									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
101257	10155	Solid Foundation	0.0	0.0	0.0	0.0	0.0	5.0	0.0
107015	10070	Orchid Women's Recovery Center	0.0	0.0	0.0	0.0	0.0	4.4	0.0
113070	10156	Solid Foundation	0.0	0.0	0.0	0.0	0.0	7.0	0.0
115521	10106	East Bay Community Recovery Project	12.0	0.0	0.0	0.0	0.0	16.0	0.0
117089	10180	Second Chance, Inc.	15.0	6.2	0.0	0.0	0.0	0.0	0.0
118335	10153	Solid Foundations	1.7	0.0	0.0	0.0	0.0	8.3	0.0
905988	10175	Latino Commission on Alcohol and Drug Abuse of Alameda County	0.0	48.2	0.0	0.0	0.0	0.0	0.0
County Total			28.7	54.3	0.0	0.0	0.0	40.8	0.0

Amador									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
900799	30301	Amador County Alcohol & Drug Services	9.6	20.0	0.0	0.0	0.0	0.0	0.0
County Total			9.6	20.0	0.0	0.0	0.0	0.0	0.0

Butte									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
103531	40413	Skyway House	0.0	0.0	0.0	0.0	0.0	17.7	0.0
115646	40420	Enloe Medical Center	25.0	66.7	0.0	0.0	0.0	0.0	0.0
County Total			25.0	66.7	0.0	0.0	0.0	17.7	0.0

Calaveras									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
113054	50562	Changing Echoes	0.0	0.0	0.0	0.0	0.0	28.5	0.0
County Total			0.0	0.0	0.0	0.0	0.0	28.5	0.0

Colusa									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
907638	60601	Colusa Department of Substance Abuse Services	0.0	54.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	54.0	0.0	0.0	0.0	0.0	0.0

Contra Costa									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
101901	70745	New Connections	0.0	53.5	0.0	0.0	0.0	0.0	0.0
107445	70040	Ujima Family Recovery Services	0.0	0.0	0.0	0.0	0.0	12.7	0.0
115729	70712	Ujima Family Recovery Services	0.0	0.0	0.0	0.0	0.0	14.7	0.0
116040	70713	Ujima Family Recovery Services	13.8	0.0	0.0	0.0	0.0	0.0	0.0
117469	70775	Ujima Family Recovery Services	6.3	0.0	0.0	0.0	0.0	0.0	0.0
118012	70737	Bi-Bett Corporation	0.0	0.0	0.0	0.0	0.0	13.3	0.0
123764	70715	Bi-Bett Corporation	0.0	0.0	0.0	0.0	0.0	4.0	0.0
County Total			20.0	53.5	0.0	0.0	0.0	44.7	0.0

Del Norte									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
101307	80808	Del Norte County Alcohol & Drug Program	13.8	15.0	0.0	0.0	0.0	0.0	0.0
County Total			13.8	15.0	0.0	0.0	0.0	0.0	0.0

El Dorado									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
102583	90920	Progress House Perinatal Facility	0.0	0.0	0.0	0.0	0.0	21.3	0.0
107379	90923	Sierra Recovery Center	12.8	45.0	0.0	0.0	0.0	0.0	0.0
113104	90905	Progress House Inc	0.0	0.0	0.0	0.0	0.0	16.0	0.0
907661	90906	El Dorado County Office of Education	0.0	20.0	0.0	0.0	0.0	0.0	0.0
931513	90924	Sierra Recovery Center	0.0	0.0	0.0	0.0	0.0	6.0	6.0
County Total			12.8	65.0	0.0	0.0	0.0	43.3	6.0

Fresno									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
1043	101030	Fresno County Board of Supervisors	30.0	0.0	0.0	0.0	0.0	0.0	0.0
110514	100030	Comprehensive Alcohol Program	0.0	0.0	0.0	0.0	0.0	11.6	1.1
116461	101007	Westcare California, Inc.	0.0	47.0	0.0	0.0	0.0	0.0	0.0
130926	101034	Spirit of Women in California, Inc.	0.0	0.0	0.0	0.0	0.0	63.0	0.0
County Total			30.0	47.0	0.0	0.0	0.0	74.6	1.1

Glenn									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
120034	111102	Glenn County Alcohol & Drug-Perinatal	15.0	5.0	0.0	0.0	0.0	0.0	0.0
County Total			15.0	5.0	0.0	0.0	0.0	0.0	0.0

Imperial									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
County Total			0.0	0.0	0.0	0.0	0.0	0.0	0.0

Inyo									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
911333	141404	Inyo County Alcohol & Other Drugs Services	0.0	30.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	30.0	0.0	0.0	0.0	0.0	0.0

Kern									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
726	151537	Citizens for the Betterment of Community and County	0.0	53.0	0.0	0.0	0.0	0.0	0.0
102408	151547	Clinica Sierra Vista	0.0	85.3	0.0	0.0	0.0	0.0	0.0
109144	150020	Kern County Hispanic Commission	0.0	15.0	0.0	0.0	0.0	4.0	0.0
123798	151515	Citizens for the Betterment of Community & Country	0.0	0.0	0.0	0.0	0.0	60.0	2.0
132955	150022	Kern County Hispanic Commission	0.0	0.0	0.0	0.0	0.0	8.7	0.0
752729	151504	Ebony Counseling Center	0.0	73.0	0.0	0.0	0.0	0.0	0.0
914345	151507	Kern County Mental Health Substance Abuse Program	0.0	66.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	292.3	0.0	0.0	0.0	72.7	2.0

Kings									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
113960	161641	Cornerstone Recovery Center	1.8	0.0	0.0	0.0	0.0	20.1	0.2
County Total			1.8	0.0	0.0	0.0	0.0	20.1	0.2

Lake									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
117568	171715	Drug Abuse Alternatives Center	8.0	1.0	0.0	0.0	0.0	0.0	0.0
County Total			8.0	1.0	0.0	0.0	0.0	0.0	0.0

Lassen									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
117642	181802	Lassen County Health and Social Services	12.0	0.0	0.0	0.0	0.0	0.0	0.0
County Total			12.0	0.0	0.0	0.0	0.0	0.0	0.0

Los Angeles									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
1124	196791	Prototypes	45.0	45.0	0.0	0.0	0.0	0.0	0.0
100192	196982	Watts Healthcare Corporation	0.0	50.0	0.0	0.0	0.0	60.5	0.0
107411	190086	South Bay Alcoholism Services	0.0	0.0	0.0	0.0	0.0	12.0	0.0
108633	190106	Southern California Alcohol & Drug Program	0.0	0.0	0.0	0.0	0.0	26.4	0.0
113849	196974	Shields for Families	36.1	0.0	0.0	0.0	0.0	0.0	0.0
113864	196907	Harbor-UCLA Research Educational Institute	12.3	1.6	0.0	0.0	0.0	0.0	0.0
117378	196947	Asian American Drug Abuse Program	52.7	104.8	0.0	0.0	0.0	0.0	0.0
117766	196780	Tarzana Treatment Center Inc.	65.0	25.0	0.0	0.0	0.0	11.0	0.0
118954	197003	Shields For Families, Inc.	0.0	48.8	0.0	0.0	0.0	0.0	0.0
121677	196992	Shields for Families Project, Inc.	41.7	0.0	0.0	0.0	0.0	0.0	0.0
131395	196760	Southern California Alcohol and Drug Programs, Inc.	0.0	0.0	0.0	0.0	0.0	10.0	0.0
134613	196793	Shields for Families Project	39.0	0.0	0.0	0.0	0.0	0.0	0.0
308787	196927	Prototypes a Center for Innovation	0.0	0.0	0.0	0.0	0.0	98.3	0.0
931844	190020	Behavioral Health Services	0.0	0.0	0.0	0.0	0.0	27.9	0.0
County Total			291.8	275.2	0.0	0.0	0.0	246.1	0.0

Madera									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
914832	202002	Madera County Department of Behavioral Health Services Alcohol and Drug Programs	0.0	105.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	105.0	0.0	0.0	0.0	0.0	0.0

Marin									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
118053	212150	Center Point-Life Start	0.0	0.0	0.0	0.0	0.0	44.0	0.0
303788	212148	Center Point	0.0	0.0	0.0	0.0	0.0	44.0	0.0
936280	210010	Marin Services for Women	23.3	2.3	0.0	0.0	0.0	0.0	0.0
County Total			23.3	2.3	0.0	0.0	0.0	88.0	0.0

Mendocino									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
241	232305	Mendocino County Alcohol and Other Drug Programs	0.0	40.0	0.0	0.0	0.0	0.0	0.0
102158	232306	Mendocino County Alcohol and Other Drug Programs	0.0	27.3	0.0	0.0	0.0	0.0	0.0
117659	230002	Mendocino County Alcohol and Other Drug Programs	0.0	18.3	0.0	0.0	0.0	0.0	0.0
County Total			0.0	85.6	0.0	0.0	0.0	0.0	0.0

Merced									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
113302	242403	Community Social Model Advocates	0.0	0.0	0.0	0.0	0.0	56.8	0.0
306468	242401	The Center - Alcohol & Drug Services	0.0	55.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	55.0	0.0	0.0	0.0	56.8	0.0

Modoc									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
105068	252501	Modoc County Alcohol & Drug Services	0.0	10.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	10.0	0.0	0.0	0.0	0.0	0.0

Mono									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
916746	262601	Mono County Mental Health and Alcohol and Drug Programs	0.0	66.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	66.0	0.0	0.0	0.0	0.0	0.0

Monterey									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
305239	272721	Community Human Services-Peninsula	0.0	0.0	0.0	0.0	0.0	36.0	0.0
County Total			0.0	0.0	0.0	0.0	0.0	36.0	0.0

Napa									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
101331	282840	Napa County Human Services Delivery	0.0	36.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	36.0	0.0	0.0	0.0	0.0	0.0

Nevada									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
778	292901	Community Recovery Resources	0.0	0.0	0.0	0.0	0.0	10.0	0.0
107635	292918	Lovett Residential Center	0.0	0.0	0.0	0.0	0.0	19.0	0.0
931273	290001	Community Recovery Resources	0.0	30.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	30.0	0.0	0.0	0.0	29.0	0.0

Orange									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
107197	308090	Orange County Health Care Agency	0.0	234.0	0.0	0.0	0.0	0.0	0.0
115653	308096	Southern California Alcohol and Drug, Inc.	0.0	0.0	0.0	0.0	0.0	16.0	0.0
909477	308007	Orange County HCA Alcohol Program	0.0	356.9	0.0	0.0	0.0	0.0	0.0
936397	303040	County of Orange Health Care Agency/Behavioral Health Services	0.0	299.2	0.0	0.0	0.0	0.0	0.0
County Total			0.0	890.1	0.0	0.0	0.0	16.0	0.0

Placer									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
101701	313111	Hardwick, James N.	0.0	0.0	0.0	0.0	0.0	5.5	0.0
131411	313126	Jim Hardwick	25.0	6.0	0.0	0.0	0.0	0.0	0.0
911663	313113	Sierra Family Services Inc.	15.0	0.0	0.0	0.0	0.0	0.0	0.0
931158	310013	Sierra Council on Alcohol/Drug Dependency	15.0	0.0	0.0	0.0	0.0	0.0	0.0
County Total			55.0	6.0	0.0	0.0	0.0	5.5	0.0

Plumas									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
County Total			0.0	0.0	0.0	0.0	0.0	0.0	0.0

Riverside									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
786	330101	Riverside Recovery Resources	0.0	0.0	0.0	0.0	0.0	6.7	0.7
115125	333320	MFI - Recovery Center	20.0	9.2	0.0	0.0	0.0	0.0	0.0
117543	333318	MFI - Recovery Center	25.0	16.7	0.0	0.0	0.0	0.0	0.0
119010	333317	MFI - Recovery Center	0.0	0.0	0.0	0.0	0.0	26.0	0.0
119713	333361	YWCA of Riverside County	0.0	0.0	0.0	0.0	0.0	6.0	0.0
308621	333363	Riverside County Substance Abuse Program	30.0	40.0	0.0	0.0	0.0	100.0	0.0
750525	330010	La Vista Inc., Aware & Soar	0.0	0.0	0.0	0.0	0.0	20.0	20.0
750533	333334	ABC Recovery Center, Inc.	0.0	0.0	0.0	0.0	0.0	0.0	31.0
914667	333316	Riverside County	13.6	12.0	0.0	47.7	0.0	0.0	0.0
County Total			88.6	77.9	0.0	47.7	0.0	158.7	51.7

Sacramento									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
1146	343489	Bridges Incorporated	0.0	0.0	0.0	0.0	0.0	10.0	0.0
113732	343425	Strategies For Change	33.3	43.1	0.0	0.0	0.0	0.0	0.0
113799	343460	Volunteers of America	0.0	0.0	0.0	0.0	0.0	24.0	0.0
117733	343461	Sacramento County Alcohol & Drug Services Division	0.0	59.0	0.0	0.0	0.0	0.0	0.0
131874	343402	Bridges Professional Treatment Services Inc.	0.0	66.0	0.0	0.0	0.0	0.0	0.0
307599	343405	Strategies For Change	34.8	47.0	0.0	0.0	0.0	0.0	0.0
County Total			68.2	215.1	0.0	0.0	0.0	34.0	0.0

San Benito									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
930994	353500	San Benito Substance Abuse Program	0.0	65.0	0.0	0.0	0.0	19.0	0.0
County Total			0.0	65.0	0.0	0.0	0.0	19.0	0.0

San Bernardino									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
103277	363676	Maple House	0.0	0.0	0.0	0.0	0.0	8.0	0.0
104210	360010	New House Inc.	0.0	0.0	0.0	0.0	0.0	17.5	0.0
107619	360021	Inland Valley Drug and Alcohol Recovery Services	0.0	0.0	0.0	0.0	0.0	7.3	0.0
115133	360011	New House-Women With Children	0.0	0.0	0.0	0.0	0.0	6.0	0.0
116263	363699	San Bernardino County Office of Alcohol & Drug Programs	0.0	60.0	0.0	0.0	0.0	0.0	0.0
118483	363601	San Bernardino County of Behavioral Health	50.4	15.0	0.0	0.0	0.0	0.0	0.0
118491	363629	San Bernardino County Behavioral Health Department	0.0	60.0	0.0	0.0	0.0	0.0	0.0
306369	363666	Inland Behavioral Services	30.0	0.0	0.0	0.0	0.0	0.0	0.0
918122	363640	Social Science Services	0.0	0.0	0.0	0.0	0.0	67.3	8.3
938237	360040	Saint John of God Health Care	0.0	0.0	0.0	0.0	0.0	60.0	6.0
County Total			80.4	135.0	0.0	0.0	0.0	166.2	14.3

San Diego									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
102669	373711	North County Serenity House	0.0	0.0	0.0	0.0	0.0	60.0	0.0
111959	378773	McAlister Institute(MITE)	0.0	0.0	0.0	0.0	0.0	113.0	5.4
111967	373771	McAlister Institute (MITE)	55.0	30.0	0.0	0.0	0.0	0.0	0.0
112684	373727	McAlister Institute (MITE)	0.0	24.3	0.0	0.0	0.0	0.0	0.0
114441	378768	CRASH Inc.	30.0	0.0	0.0	0.0	0.0	0.0	0.0
117220	373729	San Diego Youth & Community Services-Teen Options	12.0	8.0	0.0	0.0	0.0	0.0	0.0
117238	370220	Mental Health Systems Inc.	0.0	37.5	0.0	0.0	0.0	0.0	0.0
118160	370061	North County Serenity House, Inc.	32.1	22.9	0.0	0.0	0.0	0.0	0.0
119275	373773	Mental Health Systems, Inc.	8.8	18.0	0.0	0.0	0.0	41.3	0.0
120802	370425	Paradise Valley Hospital	18.8	6.7	0.0	0.0	0.0	0.0	0.0
120828	373736	Vista Hill Foundation	60.0	20.0	0.0	0.0	0.0	0.0	0.0
132716	373710	Dependency Court Family Treatment Center	19.4	23.3	0.0	0.0	0.0	0.0	0.0
935852	373780	Mental Health Systems, Inc.	32.1	28.8	0.0	0.0	0.0	0.0	0.0
County Total			268.2	219.5	0.0	0.0	0.0	214.3	5.4

San Francisco									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
116875	380145	Jelani, Inc.	0.0	0.0	0.0	0.0	0.0	16.0	0.0
917439	383819	Iris Center	25.0	60.0	0.0	0.0	0.0	0.0	0.0
County Total			25.0	60.0	0.0	0.0	0.0	16.0	0.0

San Luis Obispo									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
120109	400003	Life Steps Alcohol & Drug Free Living	0.0	0.0	0.0	0.0	0.0	5.0	0.0
122857	404005	Life Steps	0.0	0.0	0.0	0.0	0.0	0.8	8.7
901854	404000	San Luis Obispo County Drug & Alcohol Services	11.0	24.0	0.0	0.0	0.0	0.0	0.0
County Total			11.0	24.0	0.0	0.0	0.0	5.8	8.7

San Mateo									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
108997	414118	Sitike Counseling Center - #1	8.8	18.0	0.0	0.0	0.0	0.0	0.0
113922	414137	Service League of San Mateo	0.0	0.0	0.0	0.0	0.0	14.7	0.0
118707	414110	Free At Last	0.0	14.0	0.0	0.0	0.0	0.0	0.0
751903	414135	Women's Recovery Association	22.0	20.0	0.0	0.0	0.0	13.8	0.0
County Total			30.8	52.0	0.0	0.0	0.0	28.4	0.0

Santa Barbara									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
1423	424296	Casa Serena, Inc.	0.0	0.0	0.0	0.0	0.0	4.0	0.0
115323	424225	Good Samaritan Shelter	0.0	10.0	0.0	0.0	0.0	0.0	0.0
751994	424224	Council on Alcoholism and Drug Abuse	2.3	20.0	0.0	0.0	0.0	0.0	0.0
933139	424295	Casa Serena Inc.	0.0	0.0	0.0	0.0	0.0	3.0	0.0
County Total			2.3	30.0	0.0	0.0	0.0	7.0	0.0

Santa Clara									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
100705	434397	Santa Clara County	0.0	0.0	0.0	0.0	72.1	0.0	0.0
118020	430170	Gardner Family Health Network, Inc.	0.0	45.0	0.0	0.0	0.0	0.0	0.0
121768	430031	A.R.H.-Recovery Homes, Inc.	0.0	0.0	0.0	0.0	0.0	16.7	0.0
County Total			0.0	45.0	0.0	0.0	72.1	16.7	0.0

Santa Cruz									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
107478	440010	Hermanas	0.0	0.0	0.0	0.0	0.0	1.0	11.4
117758	444496	Janus of Santa Cruz	4.0	0.0	0.0	0.0	0.0	7.6	0.0
919807	440001	Santa Cruz Community Counseling Center	0.0	31.3	0.0	0.0	0.0	18.5	0.0
County Total			4.0	31.3	0.0	0.0	0.0	27.1	11.4

Shasta									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
115604	454512	Shasta County Perinatal Program	48.0	0.0	0.0	0.0	0.0	0.0	0.0
132781	454520	Cornerstone Recovery Systems, Inc	0.0	0.0	0.0	0.0	0.0	18.0	3.0
751259	450001	Empire Recovery Center	0.0	0.0	0.0	0.0	0.0	28.3	6.4
County Total			48.0	0.0	0.0	0.0	0.0	46.3	9.4

Sierra									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
104541	464614	Sierra County Alcohol & Drug Program	0.0	133.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	133.0	0.0	0.0	0.0	0.0	0.0

Siskiyou									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
908206	474701	Siskiyou County Behavioral Health Services	28.7	126.4	0.0	0.0	0.0	0.0	0.0
County Total			28.7	126.4	0.0	0.0	0.0	0.0	0.0

Solano									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
1071	484821	Healthy Partnerships	0.0	90.0	0.0	0.0	0.0	0.0	0.0
115331	484804	Bi Bett Corporation	0.0	0.0	0.0	0.0	0.0	15.0	0.0
131106	484838	Healthy Partnerships, Inc.	0.0	60.0	0.0	0.0	0.0	0.0	0.0
305635	484809	Genesis House	0.0	0.0	0.0	0.0	0.0	21.3	0.0
County Total			0.0	150.0	0.0	0.0	0.0	36.3	0.0

Sonoma									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
112445	494908	Drug Abuse Alternatives Perinatal	28.0	0.0	0.0	0.0	0.0	0.0	0.0
933170	490030	Women's Recovery Services	10.6	1.2	0.0	0.0	0.0	0.0	0.0
County Total			38.6	1.2	0.0	0.0	0.0	0.0	0.0

Stanislaus									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
910855	505017	First Step Sierra Vista	45.0	0.0	0.0	0.0	0.0	11.9	0.0
County Total			45.0	0.0	0.0	0.0	0.0	11.9	0.0

Tehama									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
908321	525201	Tehama County Health Services Agency	18.0	50.0	0.0	0.0	0.0	0.0	0.0
County Total			18.0	50.0	0.0	0.0	0.0	0.0	0.0

Trinity									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
908339	535300	Trinity County Counseling Center	14.0	14.0	0.0	0.0	0.0	0.0	0.0
County Total			14.0	14.0	0.0	0.0	0.0	0.0	0.0

Tulare									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
102659	545402	Primer Paso Institute, Inc.	0.0	0.0	0.0	0.0	0.0	8.0	0.0
116230	545415	Tulare County Alcoholism Council	0.0	0.0	0.0	0.0	0.0	5.8	0.0
County Total			0.0	0.0	0.0	0.0	0.0	13.8	0.0

Tuolumne									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
915334	555510	Kings View	0.0	70.0	0.0	0.0	0.0	0.0	0.0
County Total			0.0	70.0	0.0	0.0	0.0	0.0	0.0

Ventura									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
884	565638	Prototypes Women's Center	0.0	0.0	0.0	0.0	0.0	30.0	0.0
112692	565620	Miracle House - Phase A	0.0	0.8	0.0	0.0	0.0	8.3	0.0
113708	565683	Ventura County Behavioral Health Department Alcohol & Drug Programs	30.3	30.3	0.0	0.0	0.0	0.0	0.0
113831	565632	Casa Latina Residential Treatment Center	0.0	0.0	0.0	0.0	0.0	19.2	0.0
County Total			30.3	31.2	0.0	0.0	0.0	57.5	0.0

Yolo									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
1200	575716	Communicare Health Centers	18.0	25.0	0.0	0.0	0.0	0.0	0.0
102470	575717	Communicare Health Centers	17.0	25.0	0.0	0.0	0.0	0.0	0.0
305270	575714	Community Health Center	0.0	25.0	12.0	0.0	0.0	0.0	0.0
County Total			35.0	75.0	12.0	0.0	0.0	0.0	0.0

Yuba-Sutter									
I-SATS ID Number	Provider Number	Program Name	DCDF	ODF	ODX	OMD	OMM	RDF	RDX
118426	585818	First Steps	31.7	0.0	0.0	0.0	0.0	0.0	0.0
933444	580001	Pathways House I	12.5	0.0	0.0	0.0	0.0	19.2	0.8
County Total			44.2	0.0	0.0	0.0	0.0	19.2	0.8

Types of Care:

ODF – Outpatient Drug Free

OMM – Outpatient Methadone

OMD – Outpatient Methadone Detoxification

ODX – Outpatient Detoxification

RDX – Residential Detoxification

RDF – Residential Drug Free

DCDF – Day Care Drug Free

California

Goal #4: IVDU Services

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP) requires counties to use federal funds to develop, implement, and operate treatment programs for intravenous drug users (IVDU) through Negotiated Net Amount (NNA) contracts. Admission priority for treatment services is given to persons who administer substances by injection. Programs are also required to provide education to clients about Human Immunodeficiency Virus (HIV) risks and to train counselors and other health care providers about providing treatment and outreach services that encourage those in need of treatment to enter treatment.

Programs and services for screening and intake of IVDUs include outpatient methadone maintenance; outpatient methadone detoxification; outpatient drug-free; residential detoxification; residential drug-free; and perinatal residential, outpatient, and day care rehabilitative services.

ADP maintains the Capacity/Waiting List Management Program called the Drug and Alcohol Treatment Access Report (DATAR). Continuing goals for improving DATAR include:

- Providing ongoing DATAR training and technical assistance (TA) by telephone and ADP's Web site to counties and direct providers to enhance accuracy and the rate of on-time reporting
- Implementing new technologies to improve the quality of data transfer and processing, and
- Reducing the time required to accomplish these activities

ADP contracted with a developer to build a user-friendly Web-based application, allowing providers to submit DATAR data over the Internet rather than on paper. The objectives of the new system are to provide more efficient, effective, and comprehensive source of management information needed for strategic program monitoring and resource allocation. The Web-based DATAR also supports a process for the systematic reporting of treatment demand and public treatment capacity utilization.

The work, completed on January 1, 2006, is enhancing accuracy and the rate of on-time reporting of capacity and waiting list information as well as reducing the time needed to accomplish these activities. DATAR allows on-demand monitoring and utilization reports for providers, counties, and the State. The State now can query, notify, and institute improvement by providers and counties not fulfilling the federal performance requirement to have clients admitted to treatment within 14-120 days. Late letters are automatically generated by the system, and there are on-line edits and a help desk.

90% Capacity Reporting

All alcohol and other drug (AOD) treatment providers receiving State or federal funds or licensed by the State to dispense methadone or Levo-alpha-acetylmethadol were required to submit a DATAR report to the State each month. The aggregated information provided by DATAR is compiled into a database at ADP. Counties use the data and reports to monitor capacity and utilization.

Counties and providers may access their own DATAR data and reports on-line. ADP posts DATAR information on the ADP Web site for counties and providers to view.

ADP sends late notices to direct providers and county alcohol and drug program administrators to improve the "on-time" reporting rate. When necessary to assure timely data submission, staff will contact counties and direct providers by telephone and e-mail.

14-120 Day Performance Requirement

The monthly DATAR contains specific information regarding the number of days IVDU applicants wait for admission to publicly-funded AOD programs. This information is tabulated and reports and information with aggregated data are sent to county alcohol and drug program administrators through the Web for their use in monitoring and planning.

To meet the Substance Abuse Prevention and Treatment (SAPT) Block Grant requirements and improve the effectiveness of this system, ADP posts information on its Web site and collaborates with county alcohol and drug program administrators and direct providers. Procedures for providing priority placement for IVDUs and pregnant women are reviewed for compliance during the annual county compliance reviews.

ADP further meets federal requirements for providing services to IVDUs, by performing the following:

Interim Services

ADP requires counties, through the NNA contracts, to provide federally mandated services to IVDUs awaiting admission to treatment programs. Counties are responsible for ensuring that providers meet the interim service requirements for referrals for HIV and TB testing through informal arrangements with county health departments. Counties must also ensure that providers provide follow-up and referral for treatment services, if necessary.

Providers must document compliance with requirements to provide interim services and priority placement for IVDUs and pregnant women. Procedures for providing interim services for IVDUs and pregnant women are reviewed during ADP's annual county compliance reviews.

Outreach

The SAPT Block Grant requirement mandating individuals who are in need of IVDU treatment services be encouraged to enter treatment is also contained within the county

NNA contracts. ADP requires counties to include federal requirements for outreach activities in all their contracts with providers. Counties are required to monitor compliance with this requirement and take corrective action for noncompliance. Technical assistance and information is also provided to providers as needed.

ADP collaborates with four counties to provide special outreach services through the California Institution for Women's prison-based Female Offender Treatment Program (FOTP). The FOTP offers a continuum of community-based residential and outpatient, alcohol and other drug treatment and recovery services for up to six months to women paroled from prison who live in Los Angeles, Orange, Riverside, and San Bernardino counties.

Monitoring

ADP sends allocation letters to the counties. Each allocation letter references the state-county contracts and specifies the terms and conditions for the use of SAPT Block Grant funds. In addition, each NNA contract refers to the block grant requirements for IVDU/Capacity Management.

ADP's Performance Management Branch performs annual compliance reviews of all county administrative systems and a sample of providers to ensure compliance with SAPT funding requirements.

FFY 2005 (Compliance):

ADP performed the compliance procedures and activities described above.

FFY 2007 (Progress):

The compliance procedures and activities described under *Background and Ongoing Activities* were performed. Additionally, ADP strengthened compliance requirements in the NNA contracts. By the end of FFY 2007, ADP expects that all counties and providers will be submitting automated reports to the Web-based DATAR.

FFY 2008 (Intended Use):

ADP will perform the compliance procedures and activities described in *Background and Ongoing Activities* and will continue to provide Web-based DATAR training as needed. Minor adjustments to the Web-based DATAR system may be made to facilitate compliance.

California

Attachment C: Programs for IVDU

Attachment C: Programs for Intravenous Drug Users (IVDUs)
(See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))

For the fiscal year three years prior (FY 2005) to the fiscal year for which the State is applying for funds:

1. How did the State define IVDUs in need of treatment services?
2. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this was done. Please provide a list of all such programs that notified the State during FY 2005 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).
3. 42 U.S.C. 300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).
4. 42 U.S.C. 300x-23(b) requires any program receiving amounts from the grant to provide treatment for intravenous drug abuse to carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDUs was accomplished (See 45 C.F.R. 96.126(e)).

1. How did the State define IVDU in need of treatment services?

The State of California defines persons in need of intravenous drug users (IVDU) treatment services as follows: Persons in need of treatment who used a needle for the injection of illegal substances sometime during the year preceding their admission into treatment.

2. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this is done. Please provide a list of all such programs that notified the State during FFY 2005 and include the program's I-SATS ID number (See 45 C.F.R.96.126(a)).

ADP required alcohol and other drug (AOD) treatment providers to submit a Drug and Alcohol Treatment Access Report (DATAR) monthly. The report shows the number of days program enrollment exceeded 90 percent of public treatment capacity. See Goal #4: IVDU Services, for more information regarding the State's compliance with this requirement.

3. 42 U.S.C. 300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).

The monthly DATAR submitted by providers contains specific information on the number of days IVDU applicants waited for admission to publicly funded AOD programs. This information was tabulated and compliance reports were made available to providers, county alcohol and drug program administrators, and the State for their use in monitoring and planning. In addition to DATAR, the California Outcomes Measurement System (CalOMS) admission report contains a question on how long an IVDU (or other) client waited for treatment admission. (Counties began reporting data to CalOMS January 1, 2006.)

4. 42 U.S.C. 300x-23(b) required any program receiving amounts from the grant to provide treatment for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDU was accomplished (See 45 C.F.R. 96.126(e)).

The requirement that individuals in need of IVDU treatment services be encouraged to undergo treatment is incorporated by reference into the county NNA contracts. ADP continues to require counties to include federal requirements for outreach activities in their contracts with providers. Counties are required to monitor compliance with this requirement and take corrective action for noncompliance.

**Treatment Providers Serving Injection Drug Users
Reaching 90 Percent Capacity
Calendar Year 2006
By County**

These findings were obtained from the California Drug and Alcohol Treatment Access Report (DATAR). DATAR collects information on treatment capacity and waiting list information from the California Department of Alcohol and Drug Programs (ADP) treatment providers. The treatment providers listed below serve injection drug users and reached 90 percent capacity at some point during the year under examination.

The DATAR system was upgraded to a Web-based system in January of 2006. Consequently, the DATAR system could not provide valid data for Federal Fiscal Year (FFY) 2005. The findings contained in the tables below were generated from Calendar Year 2006, the first 12-month period for which DATAR data are available. These findings should be considered preliminary since the Web-based DATAR system is in its initial stages of operation. Not all providers have migrated to the Web-based system. It is expected that the list of providers serving injection drug users and reaching 90 percent capacity will include significantly more entries next year. Reporting can resume on the FFY at that time.

Alameda

I-SATS ID	Program Name	Address	City, State, Zip Code
100275	New Bridge Foundation	1820 Scenic Avenue	Berkeley CA 94709
102115	Horizon Services	2595 Depot Road	Hayward CA 94545
102826	Bi-Bett Corporation	10700 MacArthur Boulevard Suite 12	Oakland CA 94605
107015	Orchid Womens Recovery Center	1342 East 27th Street	Oakland CA 94606
902084	Alameda Family Services	2325 Clement Avenue	Alameda CA 94501
936595	Horizon Services	3845 Telegraph Avenue (3837 Telegraph)	Oakland CA 94609
938047	ZDK, Inc.	1124 International Boulevard	Oakland CA 94606

Butte

I-SATS ID	Program Name	Address	City, State, Zip Code
000507	Skyway House	4133 Highway 32	Chico CA 95973
103531	Skyway House	5075 Lincoln Boulevard	Oroville CA 95966
103532	Skyway House	7357 Skyway	Paradise CA 95969

Contra Costa

I-SATS ID	Program Name	Address	City, State, Zip Code
118012	Bi-Bett Corporation	510 Wollam Street	Pittsburg CA 94565
123764	Bi-Bett Corporation	498 Wollam Street	Pittsburg CA 94565
306435	Discovery House II	4645 Pacheco Boulevard	Martinez CA 94553
932149	Bi-Bett Corporation	500 School Street	Pittsburgh CA 94565

El Dorado

I-SATS ID	Program Name	Address	City, State, Zip Code
	Progress House	5494 Pony Express Trail	Camino CA 95709
	Progress House, Inc.	5494 Pony Express Trail	Camino CA 95709
	Sierra Recovery Center	921 Macinaw #3	South Lake Tahoe CA 96150
102583	Progress House Perinatal Facility	5494 Pony Express Trail	Camino CA 95709
113104	Progress House Inc	5607 Mount Murphy Road	Garden Valley CA 95633
113450	Sierra Recovery Center	2677 Reaves Street	South Lake Tahoe CA 96150
931554	Progress House	838 Beach Court Road	Coloma CA 95613-0437

Fresno

I-SATS ID	Program Name	Address	City, State, Zip Code
	California Diversity Operations	4705 North Sonora, Suite 109	Fresno CA 93722
	Westcare California, Inc.	611 East Belmont Avenue	Fresno CA 93701
110514	Comprehensive Alcohol Prog.	2445 West Whitesbridge Road	Fresno CA 93706
116461	Westcare California, Inc.	2772 South Martin Luther King Boulevard	Fresno CA 93706
116461	WestCare of California, Inc.	2772 South Martin Luther King Jr. Boulevard	Fresno CA 93706
130926	Spirit of Women in California, Inc.	327 West Belmont	Fresno CA 93710

Humboldt

I-SATS ID	Program Name	Address	City, State, Zip Code
113062	Alcohol and Drug Care Services	1335 C Street	Eureka CA 95501
307078	North Coast Substance Abuse	1205 Myrtle Avenue	Eureka CA 95501
750392	Humboldt Recovery Center	1303 11th Street	Eureka CA 95501

Kings

I-SATS ID	Program Name	Address	City, State, Zip Code
113898	Cornerstone Recovery Center	801 West 7th Street (and 805)	Hanford CA 93230
113960	Cornerstone Recovery Center	817 West 7th Street	Hanford CA 93230
917579	Kings View Corporation	1393 Bailey Drive	Hanford CA 93230

Lake

I-SATS ID	Program Name	Address	City, State, Zip Code
102203	Lake County Alcohol and Other Drug Services	991 Parallel Drive, Suite B	Lakeport CA 95453
931224	County of Lake	7000 B Center Drive	Clearlake CA 95422

Los Angeles

I-SATS ID	Program Name	Address	City, State, Zip Code
	Bienvenidos Children's Center, Inc.	5240 East Beverly Boulevard	Los Angeles CA 90022
001175	Live Again Recovery Home, Inc.	45114 13th Street West	Lancaster CA 93534
101281	Social Model Recovery Systems, Inc.	23701 East Fork Road	Azusa CA 91702
101984	Mid Valley Recovery Services, Inc.	3430 Cogswell Road	El Monte CA 91732
105456	Behavioral Health Services, Inc.	1775 Chestnut Avenue	Long Beach CA 90813
107411	South Bay Alcoholism Services	351 East 6th Street	Long Beach CA 90802-1402
108633	Southern California Alcohol & Drug Program	10511 Mills Avenue (&10519)	Whittier CA 90606
109961	Southern California on Alcohol & Drugs, Inc.	12322 Clearglen Avenue	Whittier CA 90604

I-SATS ID	Program Name	Address	City, State, Zip Code
110746	Live Again Recovery Home	38215 North San Francisquito Canyon Road	Saugus CA 91390
116065	Aegis Medical Systems, Inc.	1724 East Washington Boulevard	Pasadena CA 91104
118343	Mid Valley Recovery Services, Inc.	453 South Indiana	Los Angeles CA 90063
121180	Alcoholism Center for Women Inc.	1147 South Alvarado Street	Los Angeles CA 90006
131239	Southern California Alcohol and Drug Programs, Inc.	16314 Cornuta Avenue	Bellflower CA 90706
133037	Los Angeles Centers for Alcohol/Drug Abuse	10425 Painter Avenue	Santa Fe Springs CA 90670
135958	Cri-Help Inc.	2010 North Lincoln Park Avenue	Los Angeles CA 90031
306393	Cri-Help, Inc.	11027 Burbank Boulevard	North Hollywood CA 91601
306542	Behavioral Health Services - Pacifica	2501 West El Segundo Boulevard	Hawthorne CA 90250
308787	Prototypes a Center for Innovation	831 East Arrow Highway (Westwing)	Pomona CA 91767
750707	Mary Lind Foundation	4445 Burns Avenue	Los Angeles CA 90029
751135	Grandview Foundation, Inc.	1230 North Marengo Avenue	Pasadena CA 91103
752646	Van Ness Recovery House	1919 North Beachwood Drive	Los Angeles CA 90068
752661	Grandview Foundation Inc.	225 Grandview Street	Pasadena CA 91104
906556	Los Angeles Gay & Lesbian Community Svcs Center	1625 North Schrader Boulevard	Hollywood CA 90028
911911	Tarzana Treatment Center	18646 Oxnard Street	Tarzana CA 91356
919088	People In Progress Inc.	8140 Sunland Boulevard	Sun Valley CA 91352
931521	Stepping Stones Home I & II	17727 East Cypress Street	Covina CA 91722
931844	Behavioral Health Services	12917 Cerise Avenue	Hawthorne CA 90250
937205	Behavioral Health Services	6838 Sunset Boulevard	Hollywood CA 90028
938518	BHS - American Hosp	2180 West Valley Boulevard	Pomona CA 91768

Marin

I-SATS ID	Program Name	Address	City, State, Zip Code
106553	Marin Services for Women	127 King Street	Larkspur CA 94939
115034	Henry Ohlhoff House-North	5394 Nave Drive	Novato CA 94949
118053	Center Point-Life Start	805 D Street	San Rafael CA 94901
132864	Helen Vine Detox Center	301 Smith Ranch Road	San Rafael CA 94901

Mendocino

I-SATS ID	Program Name	Address	City, State, Zip Code
000241	Mendocino County Alcohol and Other Drug Programs	518 Low Gap Road	Ukiah CA 95482
102158	Mendocino County Alcohol and Other Drug Programs	120 West Fir Street	Fort Bragg CA 95437
117584	Mendocino County Alcohol and Other Drug Programs	124 East Pine	Fort Bragg CA 95490
117659	Mendocino County Alcohol and Other Drug Programs	221 B S. Lenore St. 19,22,23,25,25A,27,28,29,31, 32,33A,B,36	Willits CA 95490

Merced

I-SATS ID	Program Name	Address	City, State, Zip Code
113294	Community Social Model Advocates	1301 Yosemite Parkway	Merced CA 95340
113302	Community Social Model Advocates	559 Mendocino Court	Atwater CA 95301

Monterey

I-SATS ID	Program Name	Address	City, State, Zip Code
102690	Nueva Esperanza	325 California Street	Salinas CA 93901
305239	Community Human Services-Peninsula	1152 Sonoma Avenue	Seaside CA 93955
932875	Door To Hope	165 Clay Street	Salinas CA 93901
935134	Sun Street Center	8 Sun Street	Salinas CA 93901

Nevada

I-SATS ID	Program Name	Address	City, State, Zip Code
000778	Community Recovery Resources	303 Bennett Street	Grass Valley CA 95945
107635	Lovett Residential Center	10075 Bost Avenue	Nevada City CA 95959
930374	Community Recovery Resources	10015 Palisades Drive, Suite 1	Truckee CA 96161
931273	Community Recovery Resources	440 Henderson Street, Suite C	Grass Valley CA 95945

Orange

I-SATS ID	Program Name	Address	City, State, Zip Code
000701	Heritage House North	321 North State College Boulevard	Anaheim CA 92806
113369	Roque Center	9842 West 13th Street, Suite A	Garden Grove CA 92844
113658	The Gerry House	1225 West 6th Street and 1227	Santa Ana CA 92703
115083	Woodglen Recovery Junction	771 West Orangethorpe Avenue	Fullerton CA 92832
115653	Southern California Alcohol and Drug, Inc.	2212 A Placentia Avenue	Costa Mesa CA 92627
116107	Social Model Recovery Systems	525 North Parker Street	Orange CA 92668
127005	Orange County HCA Alcohol Program	1200 North Main Street, Suite 100-B	Santa Ana CA 92701
305767	Newport-Mesa ADAS	3115 Redhill Avenue, Building 23	Costa Mesa CA 92626
751960	The Villa Center	910 North French Street	Santa Ana CA 92701
752364	Orange County Alcohol Program	14140 Beach Boulevard, Suite 120 and 200	Westminster CA 92683
932487	CHCADA/Unidos/Casa Elena	9842 West 13th Street, Suite B	Garden Grove CA 92844
934483	Phoenix House Orange County Inc.	1207 East Fruit Street	Santa Ana CA 92701
934665	Orange County Alcohol Program	211 West Commonwealth Avenue, Suite 204	Fullerton CA 92632
937072	Hope House	714 North Anaheim Boulevard	Anaheim CA 92805

Placer

I-SATS ID	Program Name	Address	City, State, Zip Code
	NEW LEAF PERINATAL RESIDENTIAL	11835 LORENSON	AUBURN CA 95602
	James N. Hardwick	199 Hoffman Avenue	Auburn CA 95603
	Rocklin Community Counseling Center	17891 Lake Arthur Road	Applegate CA 95703
101701	Hardwick, James N.	5055 Meadowview Lane	Auburn CA 95603
122576	Progress House Alta	34248 East Towle Road	Alta CA 95701

Riverside

I-SATS ID	Program Name	Address	City, State, Zip Code
000786	Riverside Recovery Resources	41044 Acacia Avenue	Hemet CA 92544
101133	Riverside County	1827 Atlanta Avenue, Suite D-2	Riverside CA 92507
102530	Axiom Counseling Team	6887 Magnolia Avenue	Riverside CA 92506
102698	Whiteside Manor Inc.	2452 Wilshire Avenue	Riverside CA 92501
104144	My Family Inc.	4440 University Avenue	Riverside CA 92507
104152	County of Riverside	623 North Main Street Suite D 11	Corona CA 91720
109094	Soroptimist House of Hope, Inc.	13525 Cielo Azul Avenue	Desert Hot Sprngs CA 92240
110837	Riverside Recovery Resources	40329 Stetson Avenue	Hemet CA 92359
115117	Riverside County Substance Abuse Program	41002 County Center Drive, Suite 325	Temecula CA 92590
115125	MFI - Recovery Center	5870 Arlington Avenue	Riverside CA 92504
115588	Metcalf Recovery Ranch	9826 18th Avenue	Blythe CA 92225
115943	Soroptimist House of Hope, Inc.	628 South 8th Street	Banning CA 92220
116438	The Ranch Recovery Centers, Inc.	12890 Quinta Way	Desert Hot Springs CA 92240-4852
117543	MFI - Recovery Center	2781 West Ramsey Street, Suite 1, 2 & 3	Banning CA 92220
119010	MFI - Recovery Center	4295 Brockton Avenue	Riverside CA 92501
119713	YWCA of Riverside County	8310 Baxter Way	Riverside CA 92503

I-SATS ID	Program Name	Address	City, State, Zip Code
120026	Riverside County Latino Commission on Alcohol and Drug	83-844 Hopi Avenue	Indio CA 92201
122105	Riverside County Substance Abuse Program	65850 Pierson Boulevard	Desert Hot Springs CA 92240
126999	La Vista	294 Midway Street	San Jacinto CA 92583
127112	Whiteside Manor Inc.	5935 Challen Street	Riverside CA 92501
127146	Riverside County Latino Commission	83335 Rosa Avenue	Thermal CA 92274
131353	Riverside Recovery Resources	2055 North Perris Boulevard, Suite G-5, G-6	Perris CA 92571
131387	Whiteside Manor Inc.	8567, 8589 & 8605 Janet Street	Riverside CA 92501
750525	La Vista Inc., Aware & Soar	2220 Girard Street	San Jacinto CA 92583
750533	ABC Recovery Center, Inc.	44-374 Palm Street	Indio CA 92201
751309	Whiteside Manor	2709 and 2743 Orange Street	Riverside CA 92501
914667	Riverside County	83-912 Ave 45, Suite 9	Indio CA 92201

Sacramento

I-SATS ID	Program Name	Address	City, State, Zip Code
000732	Associated Rehabilitation for Women Inc.	6348 Appian Way	Carmichael CA 95608
001146	Bridges Incorporated	2727 P Street	Sacramento CA 95816
101760	Associate Rehabilitation Program for Women Inc	8400 Fair Oaks Boulevard	Carmichael CA 95608
103275	Sacramento Veteran's Center	7270 East Southgate	Sacramento CA 95823
109482	MAAP, Inc.	4241 Florin Road, Suite 110	Sacramento CA 95823
113799	Volunteers of America	1001 Grand Avenue	Sacramento CA 95838
114243	River City Recovery Center Inc.	2218 E Street	Sacramento CA 95816
118806	MAAP, INC.	3437 Myrtle Avenue, Suite 420	North Highlands CA 95660
131114	Sacramento County Department of Medical Systems	651 I Street	Sacramento CA 95814
300719	The Effort	7586 Stockton Boulevard	Sacramento CA 95823

I-SATS ID	Program Name	Address	City, State, Zip Code
307599	Strategies For Change	4330 Auburn Boulevard, Suite 220	Sacramento CA 95841
751374	Gateway Foundation Inc.	4049 Miller Way	Sacramento CA 95817
931760	River City Recovery Center Inc.	12490 Alta Mesa Road	Herald CA 95638

San Bernardino

I-SATS ID	Program Name	Address	City, State, Zip Code
	Miracles In Recovery, Inc.	2316 Valencia Street	San Bernardino CA 92404
000865	Inland Valley Drug and Alcohol Recovery Services	1439 West Arrow Highway	Upland CA 94786
103277	Maple House	10888 Maple Avenue	Bloomington CA 92316
104210	New House Inc.	840 North Arrowhead Avenue	San Bernardino CA 92401
107536	Inland Valley Drug and Alcohol Recovery Services	1003 North Orange Street	Ontario CA 91764
107619	Inland Valley Drug and Alcohol Recovery Services	1260 East Arrow Highway, Building C	Upland CA 91786
108658	Veterans Alc Rehab Prog (VARP)	1100 North D Street	San Bernardino CA 92410
115133	New House-Women With Children	856 North Arrowhead Avenue	San Bernardino CA 92401
115141	Inland Valley Drug and Alcohol Recovery Program	1636 North Marin Avenue	Ontario CA 91764
115166	Veterans Alcohol Rehabilitation Program (VARP)	1135 North D Street	San Bernardino CA 92410
118608	Caroline House	1646 East Carolyne	Ontario CA 91764
918122	Social Science Services	18612 Santa Ana Avenue	Bloomington CA 92316
930457	Bilingual Family Counseling Services	313 West F Street	Ontario CA 91762
932743	Morongo Basin-Mental Health Association, Inc.	55475 Santa Fe Trail	Yucca Valley CA 92284
938237	Saint John of God Health Care	1335 Palmdale	Victorville CA 92392
938583	WCHS, Inc.	4761 Arrow Highway	Montclair CA 91763

San Diego

I-SATS ID	Program Name	Address	City, State, Zip Code
	Mental Health Systems, Inc.	474 West Vermont Avenue, Suite 103	Escondido CA 92025
000907	CRASH Golden Hill House II	446-26th Street, 5th Floor	San Diego CA 92102
102669	North County Serenity House	1341 North Escondido Boulevard	Escondido CA 92026
104723	Volunteers of America Alcohol Services Center	1111 Island Avenue	San Diego CA 92101
107312	MAAC Anti-Poverty of San Diego County, Inc.	1127 South 38th Street	San Diego CA 92113
107320	Vietnam Veterans of San Diego	4141 Pacific Highway	San Diego CA 92110
107338	Tradition One	4104 Delta Street	San Diego CA 92113
110043	McAlister Institute (MITE)	4010 Via Serra	Oceanside CA 92057
111728	Crash Short Term	4161 Marlborough Avenue	San Diego CA 92105
111959	McAlister Institute(MITE)	2049 Skyline Drive	Lemon Grove CA 91945
112684	McAlister Institute (MITE)	1400 North Johnson, Suite 101	El Cajon CA 92020
113641	Mental Health Systems, Inc.	3340 Kemper Street, Suites 105 and 207	San Diego CA 92110- 3825
115190	MAAC Anti-Poverty of San Diego County, Inc.	73 North 2nd Avenue, Building B	Chula Vista CA 91901
116131	Crash Short Term East	4890 67th Street	San Diego CA 92115
127161	McAlister Institute (MITE)	3744 Santa Ynez Way	Oceanside CA 92056
131486	McAlister Institute (MITE)	2219 Odessa Court	Lemon Grove CA 91945
131502	McAlister Institute (MITE)	7571 Sturgess Street	La Mesa CA 91941
306286	Crash - Golden Hills House	2410 E Street	San Diego CA 92102
306690	House of Metamorphosis	2970 Market Street	San Diego CA 92102
750376	North County Serenity House, Inc.	123 Elm Street	Escondido CA 92025
751499	Crossroads Foundation	3594 4th Avenue	San Diego CA 92103
751556	Pathfinders - Recovery Home	2980 Cedar Street	San Diego CA 92102
751564	Turning Point Home of San Diego	1315 25th Street	San Diego CA 92102

I-SATS ID	Program Name	Address	City, State, Zip Code
930135	The Way Back	2516 A Street	San Diego CA 92102
931356	San Diego Freedom Ranch Inc.	1777 Buckman Springs Road	Campo CA 91906
931701	Fellowship Center	737 East Grand Avenue	Escondido CA 92025
933253	Stepping Stone of San Diego-Residential	3767 Central Avenue	San Diego CA 92102
933261	Heartland House Inc.	5855 Streamview Drive	San Diego CA 92105

San Francisco

I-SATS ID	Program Name	Address	City, State, Zip Code
	Mt. St. Joseph-St. Elizabeth's	1615 Broderick	San Francisco CA 94115
	Jelani, Inc.	2263 Bryant	San Francisco CA 94110
000916	Ohlhoff Recovery Programs	634 Los Palmas	San Francisco CA 94127
001148	Walden House, Inc.	1442 Chinook	San Francisco CA 94130
001189	Haight Ashbury Free Clinics	1436 Chinook	San Francisco CA 94130
100523	Walden House, Inc.	815 Buena Vista West	San Francisco CA 94117
101174	Bay View-Hunter's Point Foundation for Community	1625 Carroll Street	San Francisco CA 94124
110084	Walden House, Inc.	1885 Mission	San Francisco CA 94103
110233	Baker Places, Inc.	1326 4th	San Francisco CA 94122
114771	Walden House, Inc.	890 Hayes	San Francisco CA 94117
115596	Haight Ashbury Free Clinics	1440 Chinook	San Francisco CA 94130
116271	San Francisco General Hospital	3180 18th Street, Suite 202	San Francisco CA 94110
116875	Jelani, Inc.	1601 Quesada Street	San Francisco CA 94124
132773	SAGE Project	1275 Mission	San Francisco CA 94103

I-SATS ID	Program Name	Address	City, State, Zip Code
305643	SFGH DSAAM	1001 Potrero	San Francisco CA 94110
500292	San Francisco Co. Dept. of Public Health	1001 Potrero Avenue, Ward 93	San Francisco CA 94110
933337	Community Awareness and Treatment	637 South Van Ness Avenue	San Francisco CA 94110

San Joaquin

I-SATS ID	Program Name	Address	City, State, Zip Code
103825	Healthy Connections, Inc.	1947 North California Street, Suite C	Stockton CA 95204
104133	Healthy Connections, Inc.	1839 S. El Dorado Street	Stockton CA 95206
122758	A & D Awareness Program	1981 Cherokee Road	Stockton CA 95205
936256	San Joaquin County Alcoholism Services	500 West Hospital Road-Hospital Anex	French Camp CA 95231

San Luis Obispo

I-SATS ID	Program Name	Address	City, State, Zip Code
120109	Life Steps Alcohol & Drug Free Living	1217 Mill Street	San Luis Obispo CA 93401
122857	Life Steps	1431 Pomoroy Road	Arroyo Grande CA 93420
931166	SLO County A & D Svces.	1106 Grand Avenue	Arroyo Grande CA 93420

San Mateo

I-SATS ID	Program Name	Address	City, State, Zip Code
101323	Project Ninety	720 South B Street, Suite 3	San Mateo CA 94401
113922	Service League of San Mateo	3789 Hoover Street	Redwood City CA 94063
751903	Womens Recovery Association	1450 Chapin Avenue, 1st Floor	Burlingame CA 94010
753222	Palm Avenue Detox	2251 Palm Avenue	San Mateo CA 94403
932800	CATS	100 Edmonds Road	Redwood City CA 94602

Santa Barbara

I-SATS ID	Program Name	Address	City, State, Zip Code
	Good Samaratin Shelter	401 B West Morrison Street	Santa Maria CA 93458
	Council on Alcoholism and Drug Abuse	816 Cacique Street, Conference Room	Santa Barbara CA 93101
116222	Jail II Program	4434 Calle Real	Santa Barbara CA 93110
751994	Council on Alcoholism and Drug Abuse	2975 East Highway 246	Santa Ynez CA 93460

Santa Clara

I-SATS ID	Program Name	Address	City, State, Zip Code
001065	CADS, Inc.	One West Campbell Avenue #E43 & E45	Campbell CA 95008
100705	Santa Clara County	2425 Enborg Lane	San Jose CA 95128
100721	Santa Clara County South County Drug Abuse Program	80 West Highland Avenue	San Martin CA 95046
103428	Santa Clara County ODF	2101 Alexian Drive	San Jose CA 95116
113765	Central Treatment & Recovery Services	976 Lenzen Avenue, First Floor, Suite 1900	San Jose CA 95111
123673	Asian American Recovery Services	1340 Tully Road, Suite 501-502	San Jose CA 95122
132625	The Catholic Charities of San Jose	2625 Zanker Road, Suite 200	San Jose CA 95134
933394	ARH Recovery Homes-Benny McKeown	1281 Fleming Avenue	San Jose CA 95127

Santa Cruz

I-SATS ID	Program Name	Address	City, State, Zip Code
114458	Santa Cruz C.C.C.-Si Se Puede	161 Miles Lan	Watsonville CA 95076
117758	Janus of Santa Cruz	1314 Ocean Street	Santa Cruz CA 95060
305759	Santa Cruz Community Counseling-Alto DDP	271 Water Street	Santa Cruz CA 95060
933162	Janus of Santa Cruz	300 7th Avenue	Santa Cruz CA 95062

Shasta

I-SATS ID	Program Name	Address	City, State, Zip Code
103176	Empire Hotel, EHARC, Inc.	5010 Shasta Dam Boulevard	Shasta Lake CA 96019
751259	Empire Recovery Center	1237 California Street	Redding CA 96001

Siskiyou

I-SATS ID	Program Name	Address	City, State, Zip Code
908206	Siskiyou County Behavioral Health Services	2060 Campus Drive	Yreka CA 96097-3394

Solano

I-SATS ID	Program Name	Address	City, State, Zip Code
115331	Bi Bett Corporation	126 Ohio Street	Vallejo CA 94590
133797	House of Acts/Substance Abuse Program	627 Grant Street	Vallejo CA 94590
305635	Genesis House	1149 Warren Avenue	Vallejo CA 94591
938351	Southern Solano Alcohol/Drug Council	419 Pennsylvania Street	Vallejo CA 94590

Sonoma

I-SATS ID	Program Name	Address	City, State, Zip Code
100796	Drug Abuse Alternatives Center	2411 Creekside	Santa Rosa CA 95403
103584	Sonoma County AODS - Ruth House	1071 Third Street	Santa Rosa CA 95401
107882	Sonoma Co. AODS - Unity House	920 West 8th Street	Santa Rosa CA 95401
112445	Drug Abuse Alternatives Perinatal	2403 Professional Drive, Suite 102	Santa Rosa CA 95403
114003	"R" House, Inc. - Girls I	5136 Oak Park Way	Santa Rosa CA 95405
119481	"R" House, Inc. - Girls II	5316 San Luis Avenue	Santa Rosa CA 95409
122097	"R" House, Inc.	152 Middlerincon Road	Santa Rosa CA 95409
306823	"R" House, Inc - Boys	429 Speers Road (&423)	Santa Rosa CA 95402
753115	Orenda Center - Petaluma Outpatient Treatment	1360 North McDowell Boulevard	Petaluma CA 94954-1115

Stanislaus

I-SATS ID	Program Name	Address	City, State, Zip Code
910855	First Step Sierra Vista	1904 Richland Avenue, Building 17	Ceres CA 95307

Tehama

I-SATS ID	Program Name	Address	City, State, Zip Code
908321	Tehama County Health Services Agency	447 Walnut Street	Red Bluff CA 96080

Tulare

I-SATS ID	Program Name	Address	City, State, Zip Code
100978	Kings View	559 East Bardsley Avenue	Tulare CA 93274

Ventura

I-SATS ID	Program Name	Address	City, State, Zip Code
000884	Prototypes Women's Center	3779 Monarch Lane	Oxnard CA 93036
000961	Services United	404 East Main Street	Santa Paula CA 93060
103899	Khepra House	105 West Harrison Avenue	Ventura CA 93001
103923	Ventura County Department of Alcohol and Drug Programs	145 West El Roblar	Ojai CA 93023
112692	Miracle House - Phase A	92 South Anacapa Street	Ventura CA 93001
113047	Rainbow Recovery-Oxnard	1826 East Channel Island Boulevard	Oxnard CA 93033
113831	Casa Latina Residential Treatment Center	1430 Junewood Way	Oxnard CA 93030
115372	Santa Clara Valley Alcohol Services United	222 8th Street	Santa Paula CA 93060
305668	Ventura County Behavioral Health Department Alcohol & Drug Programs	1911 Williams Drive	Oxnard CA 93031
752133	Ventura County Behavioral Health Department	3150 East Los Angeles Avenue	Simi Valley CA 93063

Yolo

I-SATS ID	Program Name	Address	City, State, Zip Code
	Progress House	15450 County Road 99	Woodland CA 95695
933527	Cache Creek Lodge	435 Aspen Street	Woodland CA 95695
934368	Beamer Street Detox & Res Prog	4 North Cottonwood	Woodland CA 95695

Yuba-Sutter

I-SATS ID	Program Name	Address	City, State, Zip Code
118426	First Steps	1251 East Onstott Road	Yuba City CA 95991

California

Attachment D: Program Compliance Monitoring

Attachment D: Program Compliance Monitoring
(See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FY 2006) to the fiscal year for which the State is applying for funds:

In up to three pages provide the following:

- A description of the strategies developed by the State for monitoring compliance with each of the sections identified below; and
- A description of the problems identified and corrective actions taken:
 1. Notification of Reaching Capacity 42 U.S.C. 300x-23(a)
(See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));
 2. Tuberculosis Services 42 U.S.C. 300x-24(a)
(See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(vii)); and
 3. Treatment Services for Pregnant Women 42 U.S.C. 300x-27(b)
(See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).

1. Notification of Reaching Capacity 42 U.S.C. 300x-23(a)
(See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));

Alcohol and other drug (AOD) treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levo-alpha-acetylmethadol, are required to submit a monthly Drug and Alcohol Treatment Access Report (DATAR). The Department of Alcohol and Drug Programs (ADP) implemented the DATAR Web, a Web based reporting system used at the county/provider and State level to monitor capacity, utilization, and waiting-list status of providers.

ADP carried out the following activities during Federal Fiscal Year (FFY) 2006 to comply with this federal requirement:

1. Performed annual county compliance review of county administrative systems to ensure compliance with Substance Abuse Prevention and Treatment (SAPT) Block Grant funding requirements.
2. Continued implementing the new Web-based technologies to improve data reporting, transfer and processing. ADP began the implementation of ADPWeb with counties in early 2006 and gave counties until the end of June 2007 to complete their implementation.
3. Upon request, worked with the counties by providing information on facility slot utilization to facilitate local AOD-related telephone referrals, program placement, and waiting list updates. Counties continued to supplement this tool as needed with activities suitable to the local situations and resources, (e.g., coordinated telephone referral services, logs of updated vacancy reports, etc.).
4. Conducted ongoing training and technical assistance (TA) to county administrators and providers to improve compliance and reduce error rates in data reporting.
5. Provided information bulletins and notification of any DATAR reporting changes.
6. Sent "late" notices each month to providers who did not submit their DATAR reports on time, with copies to the county administrator, in an effort to continuously improve on-time reporting.

2. Tuberculosis Services 42 U.S.C. 300x-24(a)
(See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii))

The ADP County Monitoring Branch (CMB) performed annual on-site monitoring of county administrative systems to ensure compliance with SAPT Block Grant funding requirements.

ADP continued to improve the monitoring system to assure that county administrators and providers maintain informal arrangements with local public health departments to provide education and testing of employees as well as referral of tuberculosis (TB) testing, treatment and use of procedures for infection control among substance abusers in the community and upon admission of AOD treatment programs.

The California Department of Health Services distributed TB services information to the counties. Also, county alcohol administrators and AOD program service providers worked closely with county health departments to provide TB services.

ADP collaborated with county administrators and providers to make TB services available to each individual receiving treatment for substance abuse, to reduce barriers to patients' accepting TB treatment, and to develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and providing TA.

Counties were held responsible for ensuring that providers met interim service requirements for referrals for TB testing through informal arrangements with county health departments with follow-up by the providers and referral for treatment, if necessary.

3. Treatment Services for Pregnant Women 42 U.S.C. 300x-27(b)
(See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).

ADP's *Perinatal Services Network Guidelines* (2004) describes the parameters and successful strategies for starting, enhancing, and managing perinatal programs. These Guidelines were developed with input from perinatal treatment and recovery programs, community organizations, the State Medical Director, and the County Alcohol and Drug Program Administrators Association of California. The guidelines require counties to develop systems to monitor programs, clarify policy options and mandatory requirements for giving preference in admissions to pregnant women, and include requirements for the provision of interim services in the event that the facility is at capacity and cannot admit the woman to a facility.

Perinatal service requirements are incorporated by reference into the Negotiated Net Amount contracts with the counties.

The CMB performed annual on-site monitoring of county administrative systems to ensure compliance with SAPT Block Grant funding and contractual requirements.

Providers documented their compliance with requirements to provide interim services and priority placement for pregnant women by keeping a standardized Waiting List Record that includes a unique patient identifier. Providers extracted data for their monthly DATAR reports from the Waiting List Record.

A description of the problems identified and corrective actions taken.

County alcohol and drug program administrators are responsible for continually monitoring and enhancing their local programs and ensuring compliance with all required standards. The annual on-site compliance reviews conducted by ADP's County Monitoring Branch (CMB) required counties to submit policies and procedures surrounding SAPT BG requirements. All counties responded that they followed the requirements of Title 45, Code of Federal Regulations, Part 96; however, a few counties could not provide documents of adherence to the SAPT BG requirements in the areas of payment of last resort, interim services, and admission preference. As these issues were identified, those counties were assisted by CMB staff and requested to submit documents as part of the corrective action process. Any county sub-contract that did not contain specific reference to the Perinatal Services Network Guidelines was required to incorporate this language into their contracts with providers.

State licensing and certification staff review residential AOD treatment programs at least every two years. When a complaint is filed with ADP, an analyst initiates an investigation within ten working days of receipt of the complaint. If the complaint is substantiated or deficiencies are noted, a written Notice of Deficiency is issued by ADP. Licensees are required to respond in writing with a plan of corrective action. Time limits are established for programs to complete corrective actions and vary according to the nature of the deficiency. If a licensed program fails to correct deficiencies within the time frame established, civil penalties in the form of daily fines are instituted.

ADP has identified a need to strengthen the health and safety and program requirements of its licensing regulations. A workgroup to recommend language to strengthen these areas has been convened.

In addition to licensing, ADP also certifies AOD programs on a voluntary basis. Prior to July 1999, separate standards applied to alcohol and drug program certification. The separate standards were inconsistent, and the separate certification processes resulted in a duplication of efforts for both service providers and ADP. The workgroup began reviewing the feasibility of combining licensing and certification standards in regulations. The benefit would be to:

1. Place authority for enforcement actions against noncompliant providers in regulations
2. Standardize requirements for capacity, staffing, and services
3. Streamline the licensing and certification process, and
4. Establish measurable standards by which treatment and recovery programs can be monitored

California

Goal #5: TB Services

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP) monitors agreements by county alcohol and drug program administrators and alcohol and other drug (AOD) providers with local public health departments. This is to ensure the agreements provide for tuberculosis (TB) testing, treatment, and infection control procedures for substance abuse clients applying for admission to AOD treatment programs.

ADP utilizes the services of its State Medical Director on Substance Abuse Services to provide medical expertise, analysis, advice and guidance on medical and policy issues associated with TB and other infectious diseases.

The California Department of Health Services (DHS) distributes information to county health departments. County alcohol and drug program administrators in turn work closely with county health departments—which oversee TB control activities—to ensure federal block grant requirements are being met for AOD clients.

ADP county liaisons and licensing analysts provide ongoing technical assistance (TA) to each county to ensure federal block grant requirements are being met.

FFY 2005 (Compliance):

ADP performed the TB compliance procedures and activities and utilized the services of the State Medical Director as described in *Background and Ongoing Activities* above.

FFY 2007 (Progress):

ADP performed the compliance procedures and activities and utilized the services of the State Medical Director as described in the *Background and Ongoing Activities* under FFY 2005. The State Medical Director is being proactive in investigating the incidence of and procedures for, substance abuse treatment clients with multi-drug-resistant TB, through contacts with Alameda, Los Angeles, and San Francisco public health departments and the TB Controllers Association, which advises DHS. In addition, the State Medical Director assisted ADP in updating the *SAPT Block Grant County and Provider Block Grant Authorization Guidelines*.

FFY 2008 (Intended Use):

ADP will continue to perform the compliance procedures and activities and will continue to utilize the services of the State Medical Director, as described in the *Background and Ongoing Activities* under FFY 2005. ADP will finalize update of the *SAPT Block Grant County and Provider Guidelines*. The guidelines, which were first issued in 1993, provide guidance on implementing TB procedures. ADP will provide technical assistance to the counties as they implement the HIV procedures.

California

Goal #6: HIV Services

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP) includes block grant requirements for human immunodeficiency virus (HIV) services, including early intervention, in the Negotiated Net Amount contracts with counties.

ADP distributes 100 percent of the HIV Early Intervention Services (EIS) funding statewide to 52 of 58 counties. Six of its least populous counties (Alpine, Calaveras, Colusa, Mariposa, Modoc, and Trinity) have minimal need and have declined the funds. (Counties that elect not to receive HIV funds must indicate, in writing, how the need for HIV services will be met using funds, other than SAPT discretionary funding).

Recipient counties in turn contract to provide HIV EIS locally. California distributes at least \$7,500 to each of the 52 participating counties so the least populous have sufficient funds to have an HIV EIS program. For those counties with more substantial need, the remaining set-aside funds are distributed statewide using a new needs-based allocation methodology, which distributes HIV funding utilizing a formula developed by the Department of Health Care Services' Office of AIDS. Beginning with the FFY 2007 funds, ADP revised the formula for distributing HIV set-aside funds and will begin using the California Department of Public Health, Office of AIDS (OA) needs-based methodology to allocate HIV set-aside funds:

1. 70%: HIV Counseling and Testing (first time positives 2002-2004) + Living AIDS Cases through 12/31/2005
2. 15%: Sexually Transmitted Diseases (Syphilis, GC and Chlamydia in Men) in 2005
3. 8%: People Living Below Federal Poverty Line (2000 Census)
4. 7%: People of Color in General Population (2000 Census)

The HIV Counseling and Testing data refers to the cumulative sum of positive HIV tests (with no indication of a previously positive result) in the three most recent years of complete data (2002, 2003, and 2004) that were reported to the State. Because the funding is based on need, the amount each county receives may change annually. ADP allocates HIV set-aside funds to counties including at least one county with a program in an urban area and one in a rural area. HIV funds are allocated on the following indicators and weighted amounts.

ADP reviews allocations and county cost reports to determine compliance with the five percent minimum and maximum set-aside amount for HIV services and to assure that at least one program is in a rural area.

ADP monitors county systems, including provider subcontracts, through on-site visits to ensure compliance with federal HIV requirements and takes appropriate action if instances of noncompliance are identified.

ADP collaborates with OA to promote HIV/AIDS prevention and treatment services and

to maintain access to pre- and post-test HIV counselor training by alcohol and other drug service providers and county alcohol and drug program staff.

The purchase of HIV rapid testing kits with SAPT block grant dollars is allowable; however, for a variety of administrative, logistical, and statutory reasons, ADP does not mandate that counties purchase rapid HIV testing kits.

While ADP recognizes the importance of and supports rapid HIV testing, the OA is statutorily responsible for administering the HIV counseling and testing program in the State of California; this includes the implementation of rapid HIV testing. OA contracts with 61 local health jurisdictions (LHJs) to administer rapid testing or award funding through a competitive RFP process to agencies in that county. The LHJs work directly with the HIV testing sites and are responsible for disseminating funding, coordinating training, and distributing test kits.

California has specific requirements regarding rapid HIV testing that are much more stringent than federal requirements. California law (Health and Safety Code Section 1209.17) requires HIV counselors be trained by OA; HIV counselors can then administer the rapid HIV test in an OA-funded program. By law, all personnel using OraQuick rapid HIV test kits in OA Counseling and Testing programs must successfully complete OA's Basic I and Basic II Counselor Certification Training and additional OraQuick test kit training and proficiency testing prior to conducting rapid HIV tests.

OA is responsible for monitoring HIV counseling and testing for compliance with state and federal statutes, regulations, and policies.

FFY 2005 (Compliance):

ADP performed the compliance procedures described above.

California was excluded from participating in the rapid testing training being offered through SAMHSA for a variety of reasons, one being that California laws and regulations preclude the use of Centers for Disease Control and Prevention-based curriculum for training HIV Testing Counselors. However, OA was able to utilize the rapid HIV tests kits received through SAMHSA's May 2005 initiative.

FFY 2007 (Progress):

ADP performed the compliance procedures described in the *Background and Ongoing Activities*, above.

In addition, the State Medical Director assisted ADP in updating the *SAPT Block Grant County and Provider Block Grant Authorization Guidelines*.

OA is in the process of implementing rapid HIV testing in counties throughout the state. There are a number of reasons that some jurisdictions and providers have not moved to HIV rapid testing. The primary benefit of rapid testing is reducing the number of clients not returning for test results. In places such as methadone treatment programs, where clients return on a daily basis, rapid testing, which is more expensive, is not necessary.

FFY 2008 (Intended Use):

ADP will perform the compliance procedures for HIV described in the *Background and Ongoing Activities*, above. ADP will finalize the update of the *SAPT Block Grant County and Provider Block Grant Authorization Guidelines* and provide technical assistance to county agencies and providers as they implement HIV procedures. These guidelines were first distributed to the counties in 1993.

Goal #6: HIV Services Footnotes

ADP receives funding data for HIV services. All programs and counties that receive funds for such services report expenditures for such services authorized by the block grant under one code. ADP does not require counties to report the number of clients served by HIV set-aside funding.

California

Attachment E: TB and Early Intervention Svcs

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV
(See 45 C.F.R. 96.122(f)(1)(x))

For the fiscal year three years prior (FY 2005) to the fiscal year for which the State is applying for funds: Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated State," provide funds expended (or obligated), for early intervention services for HIV.

Examples of procedures include, but are not limited to:

- development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOA) and Memoranda of Understanding (MOU);
- the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- the role of the single State authority for public health and communicable diseases.

Examples of activities include, but are not limited to:

- the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
- the number and geographic locations (include sub-State planning area) of projects delivering early intervention services for HIV;
- the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- technical assistance.

Tuberculosis (TB) Services

The description of the State's procedures and activities for TB services can be found in the narrative response to Goal #5.

The total funds expended for TB services in the Federal Fiscal Year (FFY) 2005: \$65,646.

HIV Early Intervention Services

The Department of Alcohol and Drug Programs (ADP) allocates HIV set-aside funding to California counties. County AOD administrators are responsible for ensuring that SAPT Block grant fund, including HIV set-aside, are expended in compliance with federal and state requirements. ADP annually monitors the counties for compliance with SAPT block grant requirements and takes appropriate action in instances of non-compliance are identified.

The description of the State's procedures and activities for HIV early intervention services can be found in the narrative response to Goal #6.

The total funds expended for HIV early intervention services for FFY 2005: \$14,288,269.

Attached is a list of the counties and providers that received HIV set-aside funding in FY 2005-06. ADP does not require the counties to report information on the linkages between IVDU outreach and projects delivering HIV EIS services.

Early Intervention Services for HIV

Provider Code	County Name	Provider Name
010102	Alameda	Alameda County Public Health Department
010106	Alameda	East Bay Community Recovery Project
018100	Alameda	Bay Area Black Consortium
040404	Butte	Butte County Public Health
070724	Contra Costa	Contra Costa County Public Health Department
070731	Contra Costa	Contra Costa County Health Services
070743	Contra Costa	New Connections
070745	Contra Costa	New Connections
070750	Contra Costa	Discovery House II
070753	Contra Costa	Reach Project
070761	Contra Costa	Contra Costa County Health Services Department
090026	El Dorado	EDCA Lifeskills
090026	El Dorado	El Dorado Council on Alcoholism
090908	El Dorado	El Dorado County Public Health
090923	El Dorado	Sierra Recovery Center
090925	El Dorado	Sierra Recovery Center
090927	El Dorado	Progress House, Inc.
101001	Fresno	Fresno County Department of Behavioral Health, Substance Abuse Services
121231	Humboldt	Humboldt County Public Health Department
131303	Imperial	Imperial County Behavioral Health Services
131314	Imperial	Imperial County Alcohol and Drug Programs
131360	Imperial	Imperial County Department of Behavioral Health Services A & D Prog
150027	Kern	College Community Services
150028	Kern	College Community Services
151503	Kern	College Community Services
151504	Kern	Ebony Counseling Center
151507	Kern	Kern County Mental Health Substance Abuse Program
151524	Kern	Turning Point of Central California
151532	Kern	Kern County Mental Health Department
151538	Kern	Tabitha House Ministries, Inc.
151539	Kern	College Community Services
151546	Kern	College Community Services
151548	Kern	Kern County Mental Health Department
151572	Kern	Community Action Partnership of Kern, Inc.
161617	Kings	Kings County Health Department
171706	Lake	Community Care/HIV Aids Project
171712	Lake	County of Lake
171717	Lake	Lake County Alcohol and Other Drug Services
191921	Los Angeles	Behavioral Health Services, Inc.
191993	Los Angeles	Homeless Health Care Los Angeles, Inc.
196780	Los Angeles	Tarzana Treatment Center Inc.

196920	Los Angeles	Alcohol and Drug Program Administration
197052	Los Angeles	California Hispanic Commission CASC
197053	Los Angeles	Prototypes
197056	Los Angeles	Didi Hirsch Psychiatric Services
199265	Los Angeles	Special Service for Groups
199280	Los Angeles	San Fernando Valley Community Mental Health Center, Inc.
202000	Madera	Madera County Behavioral Health Services Alcohol, Drug, and Perinatal Services
202002	Madera	Madera County Department of Behavioral Health Services Alcohol and Drug Programs
202003	Madera	Madera County Department of Behavioral Health Services Alcohol and Drug Programs
212173	Marin	Marin Treatment Center
230002	Mendocino	Mendocino County Alcohol and Other Drug Programs
232305	Mendocino	Mendocino County Alcohol and Other Drug Programs
232306	Mendocino	Mendocino County Alcohol and Other Drug Programs
242401	Merced	The Center - Alcohol & Drug Services
272703	Monterey	Monterey County Health Department-Alcohol & Drug Program
292908	Nevada	Nevada County Behavioral Health Department
303003	Orange	County of Orange Health Care Agency - Alcohol and Drug Abuse Services
303006	Orange	Orange County Health Care Agency, Alcohol & Drug Program, Ancillary Services
313128	Placer	Placer County Health and Human Services
333311	Riverside	Lopez and Associates
333316	Riverside	Riverside County
333323	Riverside	Inland AIDS Project
333331	Riverside	Mental Health HIV Services
333362	Riverside	Riverside County
333363	Riverside	Riverside County Substance Abuse Program
343405	Sacramento	Strategies For Change
343409	Sacramento	C.A.R.E.S
343410	Sacramento	The Effort - CICC
343414	Sacramento	Cnty of Sacramento Dept of Hlth & Human Svcs A & D Svcs Div
343419	Sacramento	Breaking Barriers Community Services Center
353500	San Benito	San Benito Substance Abuse Program
363600	San Bernardino	San Bernardino County Department of Behavioral Health
370080	San Diego	Stepping Stone of San Diego-Residential
370081	San Diego	Stepping Stone of San Diego-Out Patient
378516	San Diego	Jewish Family Service of San Diego
383806	San Francisco	Walden House, Inc.
383812	San Francisco	Addiction Research and Treatment, Inc.
383813	San Francisco	San Francisco Co. Dept. of Public Health
383815	San Francisco	Westside Community Mental Health Center

383816	San Francisco	Bay View-Hunter's Point Foundation for Community
383820	San Francisco	Haight Ashbury Free Clinics
383824	San Francisco	Horizons Unlimited
383832	San Francisco	San Francisco General Hospital
383835	San Francisco	Walden House, Inc.
383887	San Francisco	Westside County Mental Health Center
393901	San Joaquin	San Joaquin County Substance Abuse Services
	San Luis	San Luis Obispo County Drug & Alcohol Services
404000	Obispo	
414101	San Mateo	San Mateo County Alcohol & Drug Programs
414112	San Mateo	El Control de Libertad
414115	San Mateo	Asian American Recovery Services
424205	Santa Barbara	Santa Barbara County Public Health
424238	Santa Barbara	Santa Barbara Neighborhood Clinics
424278	Santa Barbara	The Pacific Pride Foundation, Inc.
434303	Santa Clara	Santa Clara Valley Health & Hospital System
434381	Santa Clara	Santa Clara County - East Valley Clinic
434394	Santa Clara	Santa Clara County South County Drug Abuse Program
434397	Santa Clara	Santa Clara County
444414	Santa Cruz	Santa Cruz County Administration
454516	Shasta	Shasta County Alcohol & Drug Program
474701	Siskiyou	Siskiyou County Behavioral Health Services
484802	Solano	Solano County
494907	Sonoma	Drug Abuse Alternative Center-Sonoma Stanislaus County Behavioral Health and Recovery Services
505000	Stanislaus	
525201	Tehama	Tehama County Health Services Agency
540001	Tulare	Porterville Halfway House
540002	Tulare	Tulare County Alcohol Council Inc.
540003	Tulare	Tulare County Alcoholism Council Inc.
545409	Tulare	Tulare County Alcoholism Council, Inc.
545414	Tulare	Porterville Halfway House
545416	Tulare	Primer Paso Institute, Inc.
545431	Tulare	Tulare County Health and Human Services Agency
545432	Tulare	Tulare County Health and Human Services Agency
545433	Tulare	Tulare County Health and Human Services Agency
545434	Tulare	Tulare County Health and Human Services Agency
545436	Tulare	Primer Paso Institute, Inc.
555510	Tuolumne	Kings View
565631	Ventura	West Ventura Medical Clinic
565655	Ventura	Ventura County Alcohol & Drug Programs Ventura County Behavioral Health Department Alcohol & Drug Programs
565683	Ventura	
575712	Yolo	Yolo County Department of Public Health
585818	Sutter/Yuba	First Steps

California

Goal #7: Development of Group Homes

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2005 (Compliance): (participation OPTIONAL)

FY 2007 (Progress): (participation OPTIONAL)

FY 2008 (Intended Use): (participation OPTIONAL)

Background and Ongoing Activities

The Department of Alcohol and Drug Program's (ADP) Resident-Run Housing Program (RRHP) provides the opportunity for people in recovery to develop living situations that are affordable and provide a supportive community committed to recovery. The program goals and philosophy are based on the premise of providing the maximum opportunity to those individuals recovering from alcohol and other drug (AOD) abuse. The goals to achieve this commitment are:

1. Recovery - free of addiction
2. Responsibility - control over lifestyle, and
3. Replication - sharing this new lifestyle with others

The California Association of Addiction Recovery Resources (CAARR), under contract with the ADP, promoted and coordinated the RRHP from September 1, 1998 through December 31, 2004. CAARR attended meetings and conferences that had statewide representation to distribute the RRHP brochure, in order to promote the program to providers and interested individuals throughout the State.

ADP released a Request for Proposal in 2005. A one-year contract was awarded to ONTRACT Program Resources, Inc. (ONTRACT), with the option to renew for two subsequent years. The initial contract period was March 15, 2005, through March 14, 2006. The contract was renewed for the second period of March 15, 2006, through March 14, 2007, and the third period of March 15, 2007, through March 14, 2008.

FFY 2005 (Compliance – participation OPTIONAL):

During the federal fiscal year, CAARR responded to inquiries from interested individuals regarding the program through December 31, 2004. ONTRACT began promoting the program, distributed 21 application packets, and received no new loan application packets. ADP collected loan payments from eight groups. Three loans were paid-in-full and one loan was placed into default.

FFY 2007 (Progress - participation OPTIONAL):

During the period of October 1, 2006, through April 30, 2007, ONTRACT received 37 requests for RRHP information, provided application packets to one organization that requested information, and received two new loan application packages. One new loan application was approved, and the other application is in the approval process. ADP collected loan payments from one group. No loans were paid-in-full and three loans were placed into default.

FFY 2008 (Intended Use - participation OPTIONAL):

ADP does not intend to solicit any new applications for resident run housing after the current contract expires in March 2008. ADP will continue to collect payments on outstanding loans.

California

Attachment F: Group Home Entities

Attachment F: Group Home Entities and Programs
(See 42 U.S.C. 300x-25)

If the State has chosen in Fiscal Year 2005 to participate and continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund then Attachment F must be completed.

Provide a list of all entities that have received loans from the revolving fund during FY 2005 to establish group homes for recovering substance abusers. In a narrative of up to two pages, describe the following:

- the number and amount of loans made available during the applicable fiscal years;
- the amount available in the fund throughout the fiscal year;
- the source of funds used to establish and maintain the revolving fund;
- the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered;
- the private, nonprofit entity selected to manage the fund;
- any written agreement that may exist between the State and the managing entity;
- how the State monitors fund and loan operations; and
- any changes from previous years' operations.

The Resident-Run Housing Program (RRHP) provides interest-free loans up to \$4,000 to rent a house or an apartment to be used as an alcohol and drug-free, self-supporting living arrangement for individuals who are recovering alcoholics and drug addicts. The Department of Alcohol and Drug Programs (ADP) administers the RRHP revolving fund. The federal legislation for this program was amended to allow each state to choose whether or not to establish and maintain a revolving fund to support group homes. If a state chooses to provide a program, it must make not less than \$100,000 available for the fund. California funds the program at a level of \$200,000 using Substance Abuse Prevention and Treatment Block Grant funds.

ADP's Accounting Office uses the statewide CALSTARS accounting system to maintain the revolving fund. The revolving fund account is monitored on a monthly basis through reconciliation with the State Controller's Office records.

The loan requirements are based on federal guidelines and State regulations for the RRHP. The requirements include, but are not limited to, the following: completion of an application by a non-profit alcohol and other drug treatment provider; establishment of a democratically operated house, with a minimum of six residents, that will be maintained alcohol and drug-free; a maximum loan amount not to exceed \$4,000 per house; and repayment of the loan within a two-year period.

ADP contracted for the promotion and coordination of the RRHP to the California Association of Addiction Recovery Resources (CAARR), a non-profit organization, in order to reach a larger sector of the population who can benefit from this program. CAARR was awarded a one-year contract, from September 1, 1998, through August 31, 1999, was renewed for a sixth year for the period October 1, 2003, through December 31, 2004.

ADP released a Request for Proposal in 2005, to receive bids for contractors to promote and coordinate the RRHP. A one-year contract was awarded to ONTRACT Program Resources, Inc. (ONTRACT) with the option to renew for two subsequent years. The contract was awarded for the period from March 15, 2005, through March 14, 2006. The contract was renewed for the second year for the period March 15, 2006, through March 14, 2007, and for the third year for the period March 15, 2007 through March 14, 2008.

The non-profit organization applying for a loan must have each co-applicant submit a letter of recommendation, evidence of income, a copy of the house operating rules, and a network system and replacement plan.

Application packages are submitted to ONTRACT, which reviews the loan applications for compliance with requirements and forwards approved applications to ADP for review and approval by the RRHP Loan Committee.

Since the program began in 1989, 62 loans have been issued. No loans were issued during FFY 2005. As of May 1, 2007, 30 loans have been repaid, 30 loans have been placed in default, and monthly payments are currently being made on two loans. A list

of entities that have received loans from the revolving fund, including loan status, follows.

STATUS OF RESIDENT RUN HOUSING TRUST FUND
As of May 1, 2007

LOAN NUMBER	HOUSE NAME	LOAN AMT DUE	LOAN AMOUNT	AMOUNT PD TO DATE	BALANCE OF LOAN	STATUS
89-34-001	Serenity House	167.00	4,000.00	0.00	4,000.00	Default
89-19-002	Rochester House	166.67	4,000.00	1,333.35	2,666.65	Default
89-19-003	Resident's Inn	0.00	4,000.00	4,000.00	0.00	Paid
89-19-004	People in Recovery	166.67	4,000.00	1,334.26	2,665.74	Default
89-56-006	Harrison House	0.00	2,000.00	2,000.00	0.00	Paid
89-19-008	Friendship House	166.67	4,000.00	833.35	3,166.65	Default
89-07-011	Hercules House	166.67	4,000.00	550.11	3,449.89	Default
89-19-014	Oxford House - Long Beach	166.67	4,000.00	3,165.73	834.27	Default
89-01-015	Chabot House	0.00	0.00	0.00	0.00	Paid
89-56-016	K-IV	0.00	4,000.00	4,000.00	0.00	Paid
89-19-017	Women In Sobriety	166.67	4,000.00	833.35	3,166.65	Default
89-19-019	Inglewood Charity - Agape House	166.67	4,000.00	2,166.71	1,833.29	Default
89-19-029	Oxford House - Beeman	166.67	4,000.00	2,000.04	1,999.96	Default
89-19-030	Fellowship House	50.00	4,000.00	3,216.73	783.27	Default
89-19-031	Miracles House	0.00	3,500.00	3,500.00	0.00	Paid
89-30-032	RSG - Sycamore House	145.83	3,500.00	729.15	2,770.85	Default
89-57-034	Freedom House - Pierce	75.00	2,750.00	2,550.92	199.08	Default
90-30-035	Nova House	163.88	3,933.00	1,172.16	2,760.84	Default
90-19-039	Victory Foundation - Phase 3 Men	0.00	4,000.00	4,000.00	0.00	Paid
90-19-041	Programs Plus Residents Plus	0.00	3,500.00	3,500.00	0.00	Paid
90-39-043	Acclamation, Inc, Supptg House #1	84.00	2,000.00	836.00	1,164.00	Default
90-30-049	RSG - Balboa II	138.00	3,300.00	138.00	3,162.00	Default
90-30-050	RSG - Balboa I	146.00	3,500.00	146.00	3,354.00	Default
90-42-052	Soberlife	167.00	4,000.00	0.00	4,000.00	Default
90-19-054	Clean Way Living	109.00	2,600.00	437.00	2,163.00	Default
90-37-055	Unity House	96.00	2,300.00	672.00	1,628.00	Default
90-19-057	Programs Plus Inc - Pluse #2	0.00	2,800.00	2,800.00	0.00	Paid
90-19-063	Oxford House - Woodland Hills	167.00	4,000.00	1,837.00	2,163.00	Default
91-38-065	Oxford House - Darien Way	0.00	4,000.00	4,000.00	0.00	Paid
91-19-067	Victory Foundation - Phase III B	0.00	3,650.00	3,650.00	0.00	Paid
91-19-068	Victory Foundation	0.00	3,650.00	3,650.00	0.00	Paid

	- Phase III C					
93-41-079	Vets Summit House	0.00	4,000.00	4,000.08	-0.08	Paid
96-43-084	New Birth II	0.00	4,000.00	4,000.00	0.00	Paid
98-43-086	All Nations Mission	0.00	4,000.00	4,000.00	0.00	Paid
99-34-092	Bridges	0.00	4,000.00	4,000.00	0.00	Paid
99-42-091	Our House	166.67	4,000.00	2,333.38	1,666.62	Default
99-49-090	Casa Calmecac	0.00	4,000.00	4,000.00	0.00	Paid
00-19-093	Break the Chains #1	0.00	4,000.00	4,000.00	0.00	Paid
00-19-094	Break the Chains #2	0.00	4,000.00	4,000.00	0.00	Paid
00-34-095	A Fresh Start	0.00	4,000.00	4,000.00	0.00	Paid
01-42-099	The Lighthouse	0.00	4,000.00	4,000.00	0.00	Paid
01-34-100	Casas Sober Living	0.00	4,000.00	4,000.00	0.00	Paid
01-37-101	First Light	0.00	4,000.00	4,000.00	0.00	Paid
01-42-102	The Lighthouse II	0.00	4,000.00	4,000.00	0.00	Paid
02-19-104	Genesis House	166.67	4,000.00	500.01	3,499.99	Default
02-43-105	Courage to Change	0.00	4,000.00	4,000.00	0.00	Paid
02-04-106	Cherokee House #1	0.00	2,900.00	2,900.00	0.00	Paid
02-04-107	Cherokee House #2	0.00	2,900.00	2,900.00	0.00	Paid
02-30-108	Chandler House	0.00	3,825.00	3,825.00	0.00	Paid
02-49-109	Hope House	166.67	4,000.00	2,326.70	1,673.30	Default
02-19-111	Break the Chains #3	116.67	2,800.00	1,350.01	1,449.99	Default
02-49-112	Anteo House	166.67	4,000.00	1,703.35	2,296.65	Default
02-49-113	Broadmoor House	166.67	4,000.00	1,703.35	2,296.65	Default
02-34-114	Ujima Estates	0.00	4,000.00	4,000.00	0.00	Paid
03-07-115	Adams House	0.00	4,000.00	4,000.00	0.00	Paid
03-19-116	Pure Love Clean & Sober Living	0.00	4,000.00	4,000.00	0.00	Paid
03-34-118	Lafayettes Clean & Sober Living	166.67	4,000.00	3,366.73	633.27	Default
03-34-119	Lafayettes Clean & Sober Living II	166.67	4,000.00	2,333.38	1,666.62	Default
04-34-122	My Brother's Place	166.67	4,000.00	166.67	3,833.33	Default
04-34-123	Lafayettes Clean & Sober Living III	166.67	4,000.00	1,500.03	2,499.97	Default
04-19-124	Brenda's Place	166.58	3,998.00	2,499.22	1,498.78	Payments
07-19-125	Another Way	166.67	4,000.00	0.00	4,000.00	Payments
		4,792.02	227,406.00	152,459.77	74,946.23	

California

Goal #8: Tobacco Products

GOAL # 8. An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26 45 C.F.R. 96.130 and 45 C.F.R.96.122(d)).

- Is the State's FY 2008 Annual Synar Report included with the FY 2008 uniform application?
Yes No
- If No, please indicate when the State plans to submit the report:
mm/dd/2007

Note: The statutory due date is December 31, 2007.

The Annual Synar Report is not included with the FY 2008 uniform application.
The Annual Synar Report will be submitted on or about October 1, 2007.

California

Goal #9: Pregnant Women Preferences

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

The *Perinatal Services Network Guidelines* (2004) are incorporated by reference into the Negotiated Net Amount contracts with counties. In the contract submissions, counties indicate compliance with federal referral and interim services requirements. The Department of Alcohol and Drug Programs (ADP) Performance Management Branch staff conduct county monitoring visits to ensure appropriate processes are in place to comply with these requirements. The guidelines require counties to develop a system for monitoring the number of referrals made and interim services provided by each program. The guidelines referral and interim services requirements are as follows:

Referral to Other Programs and Interim Services

When a program is unable to admit a substance-using pregnant woman because of insufficient capacity or because the program does not provide the necessary services, an appropriate referral to another program must be made and documented. Pregnant women must be referred to another program or provided with interim services within 48 hours. Pregnant women receiving interim services must also be placed at the top of the waiting list for program admission. To assist programs in making appropriate referrals, each county must make available a current directory of its community resources.

Interim services are defined as Human Immunodeficiency Virus (HIV) and tuberculosis (TB) education and counseling; referrals for HIV and TB testing; referrals for prenatal care; education on the effects of alcohol and drug use on the fetus; and referrals based on individual assessments that may include, but are not limited to, self-help recovery groups, pre-recovery and treatment support groups; sources for housing, food and legal aid; case management; children's services; medical services; and Temporary Assistance to Needy Families/Medi-Cal services.

FFY 2005 (Compliance):

ADP performed the compliance procedures and activities described above.

FFY 2007 (Progress):

ADP performed the compliance procedures and activities as described in the *Background and Ongoing Activities*.

FFY 2008 (Intended Use):

ADP will continue to perform the compliance procedures and activities as described in the *Background and Ongoing Activities*.

California

Attachment G: Capacity Management

Attachment G: Capacity Management and Waiting List Systems
(See 45 C.F.R. 96.122(f)(3)(vi))

For the fiscal year two years prior (FY 2006) to the fiscal year for which the State is applying for funds:

In up to five pages, provide a description of the State's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women (See 45 C.F.R. 96.126(c) and 45 C.F.R. 96.131(c), respectively). This report should include information regarding the utilization of these systems. Examples of procedures may include, but not be limited to:

- development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;
- the role of the Single State Authority (SSA) for substance abuse prevention and treatment;
- the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and
- the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of activities may include, but not be limited to:

- how interim services are made available to individuals awaiting admission to treatment;
- the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and
- technical assistance.

The Department of Alcohol and Drug Program (ADP) Capacity/Waiting List Management Program includes a management information system, and the Web-based Drug and Alcohol Treatment Access Report (DATAR) for reporting information on provider capacity, utilization, and waiting lists.

All alcohol and other drug (AOD) treatment providers receiving State or federal funds or licensed by the State to dispense methadone or Levo-alpha-acetylmethadol were required to submit a DATAR report to ADP each month. ADP edited, corrected, and compiled the DATAR reports into a database and made the information available internally and externally.

County administrators have the ability to generate DATAR reports on an ongoing basis. These reports show whether their contracted providers are compliant with DATAR reporting requirements.

The ADP County Monitoring Branch staff obtained past DATAR reports to discuss with the county administrator during annual compliance reviews.

Providers have the option to use ADP's standardized Waiting List Record or their own form, which must include a unique patient identified, to document their compliance with requirements to provide interim services and priority placement for pregnant women and injecting drug users. Providers extracted, summarized, and reported data for their monthly aggregated DATAR reports from the Waiting List Record.

ADP provided technical assistance (TA) to improve DATAR reporting compliance and to reduce error rates. Training materials were made available to providers for the purpose of maintaining the Waiting List Record and compiling monthly data for DATAR.

Per the NNA contract, counties monitor their treatment capacity and manage their wait list system of dedicated service units. Many counties utilize DATAR and/or an internal system for a centralized intake, needs assessment and program assignment process. Counties are responsible for ensuring treatment admission preference to pregnant women or IVDU clients on waitlists and providing interim services until preferred clients are admitted into appropriate services. Wait list maintenance and follow-up of clients is the responsibility of county AOD entities.

Several smaller counties have entered into Memorandums of Understanding (MOUs) with adjacent counties to provide specialized treatment services, like perinatal residential, should capacity within the originating county be exceeded.

The annual on-site compliance reviews conducted by ADP's County Monitoring Branch (CMB) included the review of county policies for admission preference and interim services to perinatal and IVDU clients. CMB staff assisted counties

that could not provide written policies of admission preference and interim services to create these documents in adherence to Title 45, Code of Federal Regulations, Part 96.

An estimate of the State's direct cost (primarily the staffing cost of providing TA) of operating the Capacity Management Waiting List data system during FFY 2006 was \$73,000. Operation of the State's DATAR data system received partial support from the federal contract for implementation and maintenance of the Drug and Alcohol Services Information System.

California

Goal #10: Process for Referring

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

Individuals who contact the Department of Alcohol and Drug Programs (ADP) Resource Center (RC) for alcohol and other drug (AOD) treatment referrals are given the phone number of the AOD program administrator for the county in which they seek treatment. Directly or through a central intake unit, the administrator or a staff member refers individuals to the most appropriate treatment modality and AOD-related service provider. Each county has its own referral process. Every county's alcohol and drug program office is listed in local telephone directories under "Government Services." These listings provide the public with information and referrals to available AOD treatment services.

ADP collects information via its Drug and Alcohol Treatment Access Report to identify specific categories of individuals awaiting treatment and the availability of treatment facilities for these individuals.

ADP developed and maintains a Web site that provides the public with comprehensive information on over 1,800 licensed or certified treatment/recovery programs in California and a statewide listing of county AOD offices, so individuals can obtain treatment referrals 24 hours a day.

ADP funds local affiliates of the National Council on Alcoholism and Drug Dependence, which have staff and trained volunteers to provide information, assessment, and referral services. These agencies are listed in local telephone directories.

ADP's Performance Management Branch will continue to review counties on their method of screening persons for appropriate treatment and referrals.

FFY 2005 (Compliance):

In addition to the activities listed above, counties and providers that had participated in CalTOP—the federal treatment outcomes pilot project in California—employed the Patient Placement Criteria (PPC) that was developed by the American Society of Addiction Medicine (ASAM). Other counties and providers have adopted a variety of standardized assessment and placement tools including the Substance Abuse Subtle Screening Inventory (SASSI) and especially the Addiction Severity Index (ASI). The ASAM PPC and the ASI are both bio-psychosocial assessments. A very few used various mental health assessments or locally developed, multi-part clinical assessment instruments.

FFY 2007 (Progress):

ADP continues to provide the services listed in *Background and Ongoing Activities*. During site visits, counties reported to monitors that individuals were successfully screened and referred to appropriate treatment modalities. Last year, most of the 58 counties reported using the ASI to screen individuals, half of the total utilizing the ASAM PPC for referring individuals, and five using the SASSI.

FFY 2008 (Intended Use):

ADP will continue to provide the services listed in *Background and Ongoing Activities* above. Its Performance Management Branch will strongly encourage counties that wish to improve their referral methods to access the expertise of ADP's technical assistance providers at no expense to the counties.

California

Goal #11: Continuing Education

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities:

PREVENTION

Continuing education is a core component of one of the Department of Alcohol and Drug Program's (ADP) Prevention Strategic Plan goals, which states that ADP will "engage the prevention field in a continual process of learning about innovative and research-supported strategies and services."

ADP funds statewide technical assistance (TA) and training programs that provide prevention training workshops and services tailored to the needs of requesting groups and organizations. These training events provide both programmatic and administrative knowledge/skills for staff working in publicly-funded alcohol and other drug (AOD) prevention and treatment services programs. Organizations providing TA and training programs include:

ADP's Community Prevention Initiative (CPI) – CPI provides training and TA to California agencies and organizations that conduct community-based prevention. The primary purpose of CPI is to assist the prevention field to use evidence-based community prevention and provide training on Strategic Prevention Framework (SPF) methods. Special topic publications called *Prevention Tactics* are produced to address current prevention issues and applications; they are disseminated to over 2,200 recipients in the prevention field and posted at www.ca-cpi.org. Training and prevention workshops are also provided throughout the State to strengthen local community AOD prevention knowledge, skills, and capacity as well as TA services tailored to the needs of requesting groups or organizations. Examples of issues/subjects addressed include:

1. Introduction to AOD prevention approaches
2. Community-based and environmental prevention strategies
3. Culturally relevant prevention services
4. Community organizing
5. School-based prevention strategies
6. Alternative activity approaches
7. Program development
8. Strategic planning
9. Resource development program evaluation

10. AOD prevention strategies for specific populations including women, youth, and seniors

CPI TA and training promote the Institute of Medicine (IOM) "Continuum of Service" model for an integrated approach to universal, selective, and indicated interventions for primary prevention services and the six Center for Substance Abuse Prevention (CSAP) prevention strategies. The TA outreach includes monthly newsletters and special issue papers that are sent to more than 2,000 addresses across the State.

Friday Night Live (FNL) (high school), Club Live (middle school), and FNL Kids (elementary school) – These programs build partnerships for positive and healthy youth development and engage youth as active leaders and resources in their communities. FNL, Club Live and FNL Kids have 786 chapters in 56 counties and serve over 243,000 young people throughout California. FNL is based on youth/adult partnerships that create community activities that include educating policy-making officials, providing safe social outlets for youth, and hosting conferences and training on varying issues from leadership to social factors that contribute to substance abuse.

ADP also works with WestCAPT, which provides training support within California.

ADP works with the California Prevention Collaborative (CPC) and supports its annual statewide prevention summit. CPC offers a forum in which ADP interacts with counties, providers, community entities, colleges, tobacco control, education professionals, and the Attorney General's Office regarding community, public policy, and cross-organizational prevention approaches.

Another education-related goal is to develop a competent and culturally proficient prevention workforce. ADP is implementing the goal through the following types of activities:

1. Identifying core competencies for persons working in prevention and examining the issue of standards and certification
2. Advancing the FNL philosophy that youth will be directly involved in prevention policy and strategy development
3. Providing communications that link ADP, county AOD offices, direct service providers and other State agencies to improve the delivery of services
4. Engaging the general public in a continual process of learning about the effects of, and healthful alternatives to, alcohol tobacco and other drug (ATOD) use and abuse through the Resource Center, which conducts the following activities:
 - Disseminating statewide, at no cost to the recipient, ATOD information through direct mail and Internet Web site

- Offering catalog information via the Internet for automated access at http://www.adp.ca.gov/RC/rc_sub.shtml
- Updating the catalog biannually on the Internet for automated access
- Maintaining two toll-free telephone numbers that receive over 20,000 calls annually for prevention and treatment assistance referral services, and
- Operating the California's special subject AOD library and video loan service

Major TA providers will convey a common message to counties and their prevention providers about the federal National Outcome Measures (NOMs), SPF, and IOM prevention construct. Further education will be provided through the County Alcohol and Drug Program Administrators Association of California, its executive committee, and its prevention committee to reach the 58 counties that operate approximately 350 prevention programs with SAPT Block Grant funds.

TREATMENT

As part of ADP's strategic planning and continued enhancement of treatment in the State, ADP provides TA and training to the alcohol and other drug (AOD) treatment/recovery field through contracts that provide training, resources, curriculum development, and increase accessibility to alcohol and drug abuse services for special population and program areas. Additionally, the contractors assist the Department in designing and implementing the statewide system of care. The TA contracts aid in increased and improved accessibility, quality, and appropriateness of AOD prevention, treatment and recovery services that are culturally competent for the persons served.

ADP funds statewide TA and training contracts that provide workshops, symposiums, and onsite assistance or services tailored to the needs of constituent groups requesting services. Additionally, contractors provide programmatic, technical, and administrative assistance to program staff working in the AOD treatment and recovery field. Outcome measurements, gap assessments, and needs analysis reports are part of their services. ADP also funds conferences and conducts monthly AOD-related training sessions for its staff. Finally, ADP has engaged a task force to build upon Institute of Medicine (IOM) reports from 2001 and 2006, which suggest that better outcomes for AOD treatment would result from considering AOD problems as chronic health conditions requiring continuing care, rather than as an acute health condition requiring short-term care.

TECHNICAL ASSISTANCE AND TRAINING ORGANIZATIONS

California Association of Addiction Recovery Resources provides TA and training to entities in the AOD treatment/recovery field that are recipients of funds administered by ADP. The expected outcome of this work is to reduce the incidence of obstacles and barriers to AOD programs' accessibility to persons with disabilities.

State Medical Director on Substance Abuse Services provides TA and other consultation to ADP upon request on health aspects of offering AOD intervention, treatment/recovery, and aftercare services; best practices; and identifying emerging health issues related to AOD abuse.

The following contractors provide prevention and intervention TA and training as it relates to and supports the AOD system of care, in addition to AOD treatment/recovery program services:

American Indian Training Institute provides TA and training that focuses on reducing barriers to, and assuring the quality of, AOD treatment/recovery program services for California's Native American population.

American Society on Aging provides TA and training that focuses on reducing barriers to, and assuring the quality of, AOD treatment/recovery program services for California's older adult population.

California Hispanic Commission on Alcohol and Drug Abuse provides TA and training that focuses on reducing barriers to, and assuring the quality of, AOD treatment/recovery program services for California's Hispanic population.

Children and Family Futures provides TA and training that is designed to increase and improve access to, and the quality and appropriateness of, AOD treatment and recovery services for women, including pregnant and parenting women and their children. In calendar year 2006 the contractor also began a statewide training effort to assist recovery service providers that help adolescent girls and trauma-involved women.

National Asian Pacific American Families Against Substance Abuse provides TA and training that focuses on reducing barriers to, and assuring the quality of, AOD treatment/recovery program services for California's Asian and Pacific Islander population.

ONTRACT Program Resources, Inc. provides TA and training that focuses on reducing barriers to, and assuring the quality of, AOD treatment/recovery program services for California's African American population.

Progressive Research and Training for Action provides TA and training that focuses on reducing barriers to, and assuring the quality of, AOD treatment/recovery program services for California's lesbian, gay, bisexual, and transgender (LGBT) population.

Although not under contract to ADP, the Pacific Southwest Addiction Technology Transfer Center offers a variety of training sessions throughout the State to staff of providers, counties, and ADP.

CONFERENCES

Annual California Conference on Alcohol and Other Drug Prevention, Treatment and Recovery – ADP hosts an annual conference to provide information, support, and best practices to the AOD prevention, treatment, and recovery support community.

The Substance Abuse Research Consortium (SARC), funded by the Center for Substance Abuse Treatment (CSAT), offers presentations for substance abuse researchers, treatment providers, administrators, policymakers, and other individuals interested in substance abuse research- and policy-related issues. The typically one-day meetings offer an opportunity for participants to exchange AOD-related epidemiology and clinical research efforts on California substance abuse trends, promising prevention and treatment strategies, criminal justice and social service partnerships, and other substance abuse-related topics. As California's geographic size and large population necessitate holding similar conferences in northern and southern California, one presentation is held in each part of the State.

MONTHLY TRAINING SESSIONS FOR ADP STAFF

Building on the May 2005 statewide treatment conference, ADP began monthly, CSAT-funded, workforce development trainings in January 2006 for its staff, addressing the full continuum of services as well as issues of cultural competence, compliance with the Americans with Disabilities Act, co-occurring disorders, hepatitis and HIV/AIDS, AOD-involved women (perinatal and otherwise), and youth. The State Medical Director team presented nearly half of these trainings.

TASK FORCE ON AOD PROBLEMS AS CHRONIC HEALTH CONDITIONS

In early 2006 ADP convened a Continuum of Services System Re-Engineering (COSSR) task force utilizing the IOM approach. Goals were to guide the development and implementation of a comprehensive and integrated continuum of AOD services for California that is dynamic and responsive to changes, considers the needs of all people served by the system, addresses their multiple needs, anticipates new groups and new issues, and provides for continuous quality improvement.

In September 2006 the COSSR task force produced a conceptual framework document that described a set of recommendations for incorporating the continuum of services model in California's system of AOD services (prevention, treatment, and recovery).

FFY 2005 (Compliance):

ADP provided continuing education, described in *Background and Ongoing Activities*.

In May 2005, ADP presented its first statewide treatment conference in Sacramento. Entitled "*Designing the Road Map: Research to Policy – Shaping the Future of Alcohol and Other Drug Treatment Services*," its purpose was to facilitate science to service, focusing on the treatment and recovery elements of the overall continuum of care. It

provided 413 participants with information from national and state experts on the latest research, data, best practices, promising strategies, and innovations in major areas including youth treatment, co-occurring disorders, perinatal and women's treatment, and Fetal Alcohol Spectrum Disorder.

The SARC conference held in September 2005 focused on the collaboration between criminal justice and treatment communities, methamphetamine research and the methamphetamine treatment experience. Noted drug court researcher Douglas Marlow was the keynote speaker. The papers from the annual SARC conference were published as a special issue in the *Journal of Psychoactive Drugs* in April 2006.

UCLA, under a contract with ADP, published three White Papers: "Methamphetamine in the Workplace," "Abuse of Prescription and OTC Drugs," and "Substance Use and Abuse Prevalence among CalWORKs Participants." These papers are posted on ADP's Office of Applied Research and Analysis Web site.

FFY 2007 (Progress):

Prevention and treatment continuing education opportunities were provided as described in *Background and Ongoing Activities*, above.

CPI helped workgroups within ADP to develop and explain outcome measures for the Federal National Outcome Measures (NOMs) and the Strategic Prevention Framework.

In partnership with UCLA, ADP developed the *Methamphetamine Practitioner's Reference*, a 73 page book which contains an overview of methamphetamine use, information about assessment, treatment, and recovery, and methamphetamine use and addiction in special populations, including women, adolescents and young adults, Latinos and men who have sex with men. It was distributed to treatment providers, county administrators, and legislators. It is available on ADP's Web site: <http://www.adp.ca.gov/Meth/pdf/MethTreatmentGuide.pdf>.

Entitled "A Focus on Treatment Issues, Trends, and Practices for Women and Children," topics at the May 21, 2007, SARC presentation in Pasadena (Southern California) included substance abuse treatment for women including a trauma-informed approach, sexual orientation and substance abuse, treatment of opioid dependence during pregnancy, and women and co-occurring disorders. A similar presentation was offered in Sacramento (Northern California) on September 17 and 18, 2007.

Monthly training sessions for ADP staff during FFY 2007 include such topics as Alcoholics Anonymous, the brain and addiction, health issues in treatment and recovery, problem gambling, tobacco dependence, narcotic replacement therapy, LGBT, and environmental prevention.

Draft prevention core competencies were developed with CSAP TA during 2006. This information was turned into an electronic survey and sent to prevention staff in all counties for comment. The results were analyzed and used to guide the competencies expected of persons working in prevention at various levels, such as staff and program managers. Since California emphasizes population-based, community approaches, using public policy/environmental strategies, workforce development must also consider paraprofessionals, youth, and volunteers. The results of the survey were used to inform the COSSR Task Force, Workforce Development Committee in FFY 2007.

This FFY the COSSR task force is completing an initial draft report containing recommendations for implementation.

Due to budgetary reductions, ADP postponed the annual California Conference on Alcohol and Other Drug Prevention, Treatment and Recovery to June 2008.

FFY 2008 (Intended Use):

TA and training efforts listed in *Background and Ongoing Activities* are expected to continue.

ADP's third Annual California Conference on Alcohol and Other Drug Prevention, Treatment and Recovery is scheduled for June 2008.

Monthly training sessions for ADP staff during FFY 2008 are scheduled to include such topics as "African Americans in Treatment Settings" and "Ex-Offenders and Recovery: Issues, Barriers, and Successes."

In FFY 2008, the COSSR task force will begin implementation efforts.

California

Goal #12: Coordinate Services

GOAL # 12. An agreement to coordinate ,prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

Through the Negotiated Net Amount contracts, the Department of Alcohol and Drug Programs (ADP) requires coordination of prevention and treatment services with local agencies.

California prevention services are delivered at the county level based upon their assessed needs and priorities. ADP provides leadership and technical assistance (TA) at the state and local levels.

ADP engages in wide-ranging coordination activities with numerous State agencies/departments, National Association of State Alcohol and Drug Abuse Directors, National Prevention Network, county drug and alcohol program administrators, constituency groups, and other single state agencies and State agencies. Coordination activities include:

1. Chair and manage the Governor's Prevention Advisory Council (GPAC). Fourteen State agencies/departments are appointed to GPAC to coordinate the State's prevention efforts to reduce the incidence and prevalence of inappropriate use and adverse effects of alcohol, tobacco, and other drugs (ATOD). The membership reinforces each other's efforts, reduces redundancies, and aligns organizations' resources to achieve collectively identified objectives.

Although GPAC agencies each have different primary missions, their missions all benefit from successfully reducing and preventing harm to public health, safety, and the economy related to ATOD. The GPAC operates collectively toward this shared purpose, while members maintain autonomy in how they carry out prevention objectives through their respective organizations and affiliations. The GPAC's permanent status and members' historical perspectives serve to focus on long-term, sustainable results.

2. Participate in the County Alcohol and Drug Program Administrators Association of California (CADPAAC) Prevention Committee meetings to ensure that local prevention programs are well planned and coordinated with other related services. CADPAAC is made up of the 58 county alcohol and other drug (AOD) administrators who manage prevention and treatment funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant.
3. Friday Night Live (FNL) (high school), Club Live (middle school), and FNL Kids (elementary school) build partnerships throughout the State for positive and healthy youth development that engage youth as active leaders and resources in their communities. These activities encourage students to engage in local prevention efforts, often in cooperation with the California Department of Health Services (DHS), Tobacco Control Section (TCS), and the Department of Alcoholic Beverage Control (ABC). The Teen Leadership Training Institute conducts an annual,

statewide, student-designed and led training for about 600 youth to carry prevention skills back to their high schools.

4. Help fund, design, and promote the biennial California Student Survey (CSS) of 7th, 9th, and 11th graders, in cooperation with the California Department of Education (CDE) and the Attorney General (AG). CSS data informs ADP, county prevention, and the GPAC workgroup.
5. Work with the WestCAPT on ATOD issues related to workforce development, State Incentive Grant support, and TA.
6. Coordinate tobacco-related information with the DHS, TCS. Meet with TCS staff to review issues in common between tobacco prevention and AOD prevention. TCS receives strong support from FNL. TCS gains community-level youth support and FNL gains experience with youth-led prevention activities.
7. Participate on ATOD-related state committees that address issues including school attendance, student assistance programs, traffic safety as it relates to driving/walking under the influence of alcohol or drugs, and co-occurring disorders.
8. Work with the CDE on Safe and Drug Free Schools and Communities grant issues.
9. Participate in the California Prevention Collaborative (CPC), which is comprised of prevention organizations throughout California. CPC sponsors an annual statewide Summit for ATOD prevention.

The following coordination activities are provided in the area of Perinatal Services:

1. Case Management—The State requires counties to provide case management services to pregnant and parenting women to assess their need for other appropriate services, assist them in obtaining those services, review their progress, and evaluate outcomes and barriers to completing recovery goals.
2. Outreach—Outreach services are provided, which include identifying pregnant and parenting women in need of treatment services and informing them of available services. Outreach efforts are also used to educate the community on treatment services so that they may become referral sources for potential clients.
3. Aftercare—Aftercare services are provided for pregnant and parenting women to aid in relapse prevention in outpatient settings in an effort to maintain successful recovery.
4. The ADP Web site has dedicated space for perinatal issues.

The following coordination activities are provided in the area of Adolescent Treatment Services:

1. Youth Treatment Guidelines—Through focus groups and collaboration, ADP developed guidelines in FY 2003 for the treatment of youth in AOD facilities. The *Youth Treatment Guidelines* are distributed statewide through the Resource Center and the ADP Web site. California is currently in the process of evaluating the extent to which the guidelines require revision.
2. The ADP Web site has dedicated space for youth treatment issues.

The following coordination activities were/are provided in the area of Co-Occurring Disorders (COD):

1. ADP and the Department of Mental Health have been charged with eliminating barriers to serving persons with the co-occurring disorders of mental illness and substance use. Both departments have been actively involved in the Co-Occurring Joint Action Council (COJAC) and in developing a COD Action Plan for California.
2. Co-Occurring Disorders and the Homeless—Because of the demonstrated connection between mental illness, AOD, and homelessness, various State of California departments are developing programs and funding to transition chronically mentally ill individuals with substance use disorders into supportive housing.

The passage of State Proposition 63 (now known as the Mental Health Services Act (Act) or MHSA) in November 2004, provided an opportunity to devote increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families, including those with co-occurring disorders. The Act addressed a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system.

In May 2006, Governor Schwarzenegger signed Executive Order S-07-06, directing that the Department of Mental Health to allocate up to \$75 million in MHSA funds each year to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families, especially including homeless individuals with mental illness and their families. Ultimately, California's goal is to create 10,000 additional units of supportive housing.

To assist in the development of additional supportive housing units, California voters approved a \$2.85 billion housing bond component of the Governor's Strategic Growth housing units for the homeless, those transitioning out of homelessness and foster care and \$50 million to construct and expand shelters of last resort and transitional housing for the homeless.

FFY 2005 (Compliance):

ADP provided coordination as discussed above.

FFY 2007 (Progress):

The coordination of services described in the *Background and Ongoing Activities* under FFY 2005 were continued. The GPAC expanded the workgroup focused on a segment of youth that the biennial California Student Survey shows to be very high users, even though the overall student rates show declines. The AG, CDE, ABC, and representative school district members are working on this coordinated GPAC project.

As a result of a Screening, Brief Intervention, Referral and Treatment grant, there is increasing coordination with services for non-dependent users that bridges primary prevention and treatment in the Institute of Medicine (IOM) Continuum of Care model.

Formal coordination continues among TA contractors to deliver accurate, uniform information about emerging prevention issues such as the Strategic Prevention Framework (SPF), IOM Continuum of Care, and ADP's strategic objectives. ADP made the implementation of the *Youth Treatment Guidelines* mandatory for treatment providers applying to participate in the California Access to Recovery Effort (CARE). CARE focuses on youth ages 12-20 and is funded by the federal Access to Recovery grant, which CSAT awarded in 2004. Among the many pathways to recovery are the transformative powers of faith, and CARE is broadening ADP's alliances with community and faith-based service providers to better serve individuals with substance-related disorders.

In 2006, ADP conducted a Youth Situational Assessment and wrote a Youth Situational Report (YSR). The YSR documented and reported the patterns, prevalence, and consequences of substance use by California youth and assessed the availability of services. ADP is using the YSR to support its implementation of an integrated administrative and programmatic unit to consolidate and oversee youth prevention and treatment activities within an IOM Continuum of Care framework.

FFY 2008 (Intended Use):

The coordination of services described in the *Background and Ongoing Activities* will be continued. The California Outcome Monitoring Program, State Epidemiological Outcomes Workgroup (SEOW), and advanced needs assessment processes will identify and coordinate disparate data sources. Analysis will generate meaningful information for State and county planning, workforce readiness, and resource allocation. Adoption of the SPF and IOM Continuum of Care will generate greater coordination of efforts toward common objectives. The GPAC will continue as a common ground for agencies that lead ATOD prevention, identifying issues that cross agency boundaries that their knowledge and resources can address.

California

Goal #13: Assessment of Need

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

Various data sources, educational efforts, and conferences are provided through the Department of Alcohol and Drug Programs (ADP) with a strong foundation of epidemiological data on alcohol and other drug (AOD) use and treatment, as well as use trends, treatment evaluation and outcome measures to guide policy and legislation.

The following reports are used in needs assessment and made available to counties and other interested parties.

1. Annual Drug and Alcohol Treatment Admissions Report (Smith Report) – This report was generated by ADP from the California Alcohol and Drug Data System (CADDs) through State Fiscal Year (SFY) 2005-2006. Beginning with SFY 2006-2007, the report is generated from the California Outcome Measurement System (CalOMS) Treatment database. Smith Report information is available from the ADP Office of Applied Research and Analysis (OARA) upon request. The Smith Report provides data on demographics, drug use, special populations served and length of time in treatment from all treatment providers. These data form part of the federal Treatment Episode Data Set.
2. Drug and Alcohol Treatment Access Report – Generated by ADP from provider reports, this report includes total and public treatment capacity for each provider, number of persons and special populations on waiting lists during and on the last day of each month, and number of days providers were over 90 percent capacity.
3. California Student Survey – This is a biennial survey of alcohol, tobacco, and other drug (ATOD) use, beliefs and behaviors. Through an agreement between ADP, the California Department of Education (CDE), and the California Department of Justice, an independent contractor administers the survey to a sample of students in grades 7, 9, and 11. State norms for age-specific drug and alcohol use derived from this survey are used by the CDE and ADP for prevention planning and evaluation.
4. California Health Interview Survey (CHIS) – The CHIS is a project of the University of California, Los Angeles (UCLA) Center for Health Policy Research, funded by the National Cancer Institute, the Center for Disease Control and Prevention, the California Department of Health Services (DHS), and The California Endowment. The CHIS conducts over 73,000 interviews in six languages in every California county, over sampling Asian-Americans and Native American/Alaska Native populations. Data on alcohol use and other health behaviors is available through the on-line query system and published reports.
5. National Survey on Drug Use and Health – Formerly the National Household Survey on Drug Use, this survey provides alcohol, tobacco, and other drug use data by state on the Substance Abuse and Mental Health Services

Administration Web site. State statistics and many other reports are available at <http://www.oas.samhsa.gov>.

6. Office of National Drug Control Policy – Drug-specific data for selected cities in California are available at <http://www.ondcp.gov/>.
7. Drug and Alcohol Use and Related Matters Among Arrestees – The National Institute of Justice and others fund this research through the National Opinion Research Center and the report is produced by the Arrestee Drug Abuse Monitoring (ADAM) program. Until 2004, the ADAM provided demographic, urine test, and use/acquisition data for a probability-based sample of male arrestees and a purposive survey of female arrestees in selected counties nationwide. This report is still valuable though outdated.
8. Alcohol-Attributable Deaths Report – Generated by the National Center for Chronic Disease Prevention and Health Promotion, this report displays all deaths from alcohol-related conditions by age group for California.
9. Alcohol-Induced Deaths – Generated from death records by the DHS/Health Information and Strategic Planning Division, Center for Health Statistics, this information is available on the DHS Web site: <http://www.dhs.ca.gov/hisp/chs/>
10. The California State Office of Statewide Health Planning and Development produces a yearly report on all hospital discharge diagnoses in the state, by county. The California State Attorney General's Office of Criminal Justice Statistics maintains records on all alcohol- and drug-related arrests in the State, and all arrests for driving under the influence of alcohol and/or drugs, by county. The California Highway Patrol annually produces a report from the Statewide Integrated Traffic Records System entitled, the *Annual Report of Fatal and Injury Motor Vehicle Traffic Collisions*, which separately identifies those collisions in which drivers, bicyclists, or pedestrians were under the influence of alcohol or drugs, by county. DHS/Health Information and Strategic Planning Division, Center for Health Statistics, produces reports on cause of death and multiple causes of death, by county. These reports help to estimate rates of addiction and abuse.
11. Indicators of Alcohol and Drug Abuse – This report, a compilation of various public health and criminal justice data, is being revised. Previously, all the source reports were posted on the ADP Web site. Effective SFY 2007-2008, before being posted the data will be analyzed by county to: 1) permit the estimation of trends by county; and, 2) allow for statistical analysis of measures associated with substance abuse such as criminal justice and health events reported by State agencies. This analysis will improve the quality of reporting and make possible discussion of relationships and trends.

FFY 2005- (Compliance):

Activities as described in the *Background and Ongoing Activities* were conducted in FFY 2005.

FFY 2007 (Progress):

The various data sources cited in the *Background and Ongoing Activities* above, continue to be used to refine estimates of treatment need for the State and counties, and for the Substance Abuse Prevention and Treatment Block Grant application. In FFY 2007 and 2008, ADP is in the process of revising its needs assessment and planning processes. California received a State Epidemiological Outcome Workgroup (SEOW) contract in 2006, which is the focal point for obtaining prevention data regarding prevalence and incidence from varied state sources that can be used at both State and county levels. The scarcity of local level data is a concern for counties, which are charged with using the five-step Strategic Prevention Framework (SPF) by July 1, 2007. The assessment step is fundamental to the SPF; the SEOW work compliments this need. The SEOW will incorporate existing county profiles that draw from over 20 State sources related to AOD and offer comparisons to similarly-sized counties as well as the overall state.

The Smith Report will be generated from CalOMS data beginning with SFY 2006-2007 and will be available from OARA upon request . Further, the California Outcome Monitoring Program (CalOMP) is working toward analysis of prevention and treatment data to support management decisions. There is a full suite of reports generated from the CalOMS database that is available to the counties on-line. These customizable reports are created interactively by county staff to summarize client and service characteristics as well as treatment outcomes. The combination of SEOW and CalOMP will be important advances toward assessing priority issues, state objectives, and resource applications.

The 11th Biennial California Student Survey report will be available for policy makers, prevention and intervention efforts.

FFY 2008 (Intended Use):

The *Indicators of Alcohol and Drug Abuse* report will be available to counties on ADP's Web site for their use in assessing ATOD intervention needs. The Smith Report will continue to be available from OARA upon request. Using these various data sets as described, the estimates of treatment need for specific populations and geographic areas will be generated. ADP will use this information for county-level planning, policy, and proposed program changes. Statistical analyses will be disseminated to counties, treatment providers, State departments, legislators and policy makers via the ADP Web site and through the Research Services Request process. New data sources, updates of current data, and concomitant refinements will be reflected in the FFY 2009 Substance Abuse Prevention and Treatment Block Grant application.

California

Goal #14: Hypodermic Needle Program

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

Through Negotiated Net Amount contracts with counties, the Department of Alcohol and Drug Programs (ADP) passes down the federal prohibition of the use of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide hypodermic needles or syringes to individuals for injecting illegal drugs. Counties, in turn, are responsible for ensuring that their subcontractors do not use SAPT Block Grant funds to provide hypodermic needles or syringes to individuals.

ADP monitors county systems, including provider subcontracts, through on-site visits to ensure compliance with federal requirements, including Goal 14. ADP will take appropriate action if instances of noncompliance are identified; however, noncompliance with Goal 14 has not occurred.

FFY 2005 (Compliance):

ADP assured compliance through the measures described above.

FFY 2007 (Progress):

ADP assured compliance through the measures described in the *Background and Ongoing Activities*.

FFY 2008 (Intended Use):

ADP will assure compliance through the measures described in the *Background and Ongoing Activities*.

California

Goal #15: Independent Peer Review

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP), in consultation with County Alcohol and Drug Program Administrators Association of California (CADPAAC), developed the Independent Peer Review Project (IPRP), and determined that an Invitation for Bid (IFB) would be the best avenue for complying with the federal independent peer review requirement. ADP drafted all IPRP-required working documents, awarded a possible three-year contract to the successful bidder, and trained the contractor on the usage and application of the guidebook and working instruments, and the principles of continuous quality improvement. The procedure for independent peer review was established, as described below:

ADP randomly selects five percent of the total number of programs receiving Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. ADP provides program information to the contractor.

The contractor reviews and screens applications from potential independent peer reviewers and matches them to programs according to program modality and peer reviewers' experience and expertise. The contractor trains selected peer reviewers in the use and application of the working instruments. ADP's IPRP coordinator attends and assists in the training sessions.

The contractor notifies the selected programs of the date, time, and purpose of the peer review, and provides each program with a copy of the guidebook and a set of three working instruments to be completed by the program director, program staff, and clients. Once completed, the working instruments are returned to the peer reviewer for analysis, prior to the peer review.

The peer reviewer reviews the selected programs. Programs to be reviewed during a particular cycle are either from the northern, southern, or central part of the state to concentrate effort.

Each peer review concludes with the peer reviewer completing a summary and exit working instrument, and conducting a summary and exit review during which both the peer reviewer(s) and program director have the opportunity to address all aspects of the peer review. The reviewers also inform the programs of the availability of technical assistance (TA) and training, provided free of charge to the programs through ADP contracts, and provide the programs with ADP's directory of TA providers. The contractor provides ADP with monthly and quarterly progress reports and summaries of each review, as well as copies of all completed working instruments.

ADP evaluates the completed working instruments and, in conjunction with the federal requirements, assesses the quality, appropriateness, and efficacy of recovery and treatment services provided.

The contractor conducts a year-end wrap up, attended by ADP's IPRP coordinator, where peer reviewers are invited to share their experiences and offer suggestions.

The contractor also provides ADP with a review draft of the annual report and, following ADP review, issues a final report.

When necessary, ADP advertises an IFB, awards the contract for a possible three years, and introduces the IPRP and the successful bidder to the alcohol and other drug field.

The main objective of the peer review is to encourage continuous quality improvement—a proactive approach to treatment that recognizes that process largely determines outcome. It is ADP's goal to realize that continuous quality improvement is practiced in all of its programs. ADP monitors all review instruments and reports completed by the contractor and peer reviewers to determine how information gained from programs and their clients can be used in revising ADP's alcohol and drug standards and creating training manuals.

FY 2005 (Compliance):

Peer reviewers conducted 34 on-site reviews of AOD programs, which equate to five percent of the total number of programs receiving SAPT Block Grant funds, from the southern part of the State. All the reviews were completed and the wrap up meeting was conducted.

FY 2007 (Progress):

Peer reviewers conducted 34 on-site reviews of AOD programs, which equate to five percent of the total number of programs receiving SAPT Block Grant funds, from the northern part of the State. All the reviews were completed and the wrap up meeting was conducted.

ADP developed, advertised, and awarded an IFB for the independent peer review of 32-35 programs. The term of the contract is for a possible three years.

FY 2008 (Intended Use):

Peer reviewers will conduct approximately 32-35 on-site reviews of AOD programs, which equate to five percent of the total number of programs receiving SAPT Block Grant funds, from the southern part of the State.

California

Attachment H: Independent Peer Review

Attachment H: Independent Peer Review (See 45 C.F.R. 96.122(f)(3)(v))

In up to three pages provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2006 (See 42 U.S.C. 300x-53(a)(1) and 45 C.F.R. 96.136).

Examples of procedures may include, but not be limited to:

- the role of the Single State Authority (SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review;
- the role of the State Medical Director for Substance Abuse Services in the development of such procedures;
- the role of the independent peer reviewers; and
- the role of the entity(ies) reviewed.

Examples of activities may include, but not be limited to:

- the number of entities reviewed during the applicable fiscal year;
- technical assistance made available to the entity(ies) reviewed; and
- technical assistance made available to the reviewers, if applicable.

Peer reviewers were matched to programs according to program modality and peer reviewers' experience and expertise. Peer reviewers contacted the programs randomly selected by the Department of Alcohol and Drug Programs (ADP) for peer review, and sent the guidebook and pre-review working instruments to each program director for completion by the program, staff, and clients prior to the site visit. This information, coupled with statistical reports provided to the contract by ADP, aided the peer reviewer(s) in preparing the site review.

Peer reviewers conducted 34 on-site independent peer reviews in the central part of the State for quality, appropriateness and efficacy of recovery and treatment services, and stressed to the programs the need for continuous quality improvement. During the summary and exit portion of the peer review, the reviewers discussed with the program director technical assistance and training available free of charge to the program through an ADP contract. Reviewers also provided programs with a copy of ADP's directory of technical assistance contractors.

Once all 34 peer reviews were completed and all completed working instruments submitted to the contractor, the contractor held a "wrap-up session" attended by the peer reviewers and ADP's Independent Peer Review Project coordinator. The contractor prepared a final report, which contained names of programs at which a peer review was conducted, completed working instruments for each program, evaluation of and recommendations for improving the working instruments and the peer review process, and recommendations regarding possible technical assistance needed by the reviewed programs.

ADP analyzed the information gleaned from the peer review working instruments and developed a report on the efficacy of services.

California

Goal #16: Disclosure of Patient Records

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. Part 2).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP) requires counties and providers, through the Negotiated Net Amount contracts and licensing and certification procedures, to have systems in place to prevent inappropriate disclosure of confidential patient records under 42 Code of Federal Regulations (CFR), Part II, and 45 CFR, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The Center for Substance Abuse Treatment provided ADP with two consultations during 2004 from Health Systems Research and Fox Systems. The first was to develop curriculum materials and a delivery mechanism for workforce training and awareness, to ensure confidentiality of Protected Health Information used by ADP. The second was to plan and conduct two regional workshops for counties and providers. Subsequently, ADP staff received HIPAA training in 2004 and 2005.

To date, ADP has not received any HIPAA privacy complaint. However, procedures are in place that will require the Privacy Officer to promptly investigate complaints regarding inappropriate disclosure of patient records and take appropriate action(s) for violations.

FFY 2005 (Compliance):

In addition to the activities described above, ADP continued its HIPAA compliance efforts to meet the mandates of the Privacy and Security Rules as well as 42 CFR Part 2 requirements by developing and implementing procedures. ADP has also established and filled Privacy Officer and Information Security Officer positions.

FFY 2007 (Progress):

In addition to the activities described in the *Background and Ongoing Activities* above, ADP encrypted all its laptop computers and began planning for desktop e-mail encryption. ADP also completed a pre-emption analysis of the HIPAA Privacy Rule (45 CFR), the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR), and California privacy laws. The analysis allowed ADP to begin developing and implementing the HIPAA Privacy and Security Rule policies and procedures, in accordance with 45 CFR mandates. Privacy and compliance information for new employee orientations and privacy and compliance training for all ADP staff is being developed.

FFY 2008 (Intended Use):

In addition to the activities described in the *Background and Ongoing Activities* above, ADP will continue to develop and implement HIPAA Privacy and Security Rule policies and procedures designed to meet HIPAA compliance.

ADP anticipates providing privacy and security compliance information during new employee orientations and training all ADP staff on privacy and security compliance.

California

Goal #17: Charitable Choice

GOAL # 17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(b) and 54.8(c)(4), Charitable Choice Provisions and Regulations).

FY 2005 (Compliance):

FY 2007 (Progress):

FY 2008 (Intended Use):

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP) has informed counties of the requirements contained in Title 42 CFR Part 54 and established processes and procedures to ensure compliance with the requirements.

On March 29, 2004, ADP disseminated ADP Bulletin #04-5, notifying counties that they must comply with 42 CFR Part 54. A complete list of the documents that made up the bulletin is included in the Attachment I Narrative, and copies of the documents are included in Appendix A of this application. In the bulletin, ADP provided a list of actions counties needed to take to implement 42 CFR Part 54, as follows:

1. Identify religious providers. This is necessary in order to know the organizations to which Part 54 applies.

For existing providers who receive Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, counties identified religious providers when contracts were renewed by requiring them to submit the Survey for Ensuring Equal Opportunity for Applicants. This form is essentially a reproduction of the document used by the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify religious providers.

For new providers, counties identified religious providers by requesting that applicants for the SAPT Block Grant funds submit the Survey for Ensuring Equal Opportunity for Applicants.

2. Include the requirements of Part 54 in their contracts with providers who receive SAPT Block Grant funds.
3. Monitor religious providers to ensure the religious provider is complying with the provisions of Part 54, including Section 54.8 regarding:
 - Notice to program participants; and
 - Referral to an alternative provider.
4. Establish processes for:
 - Being notified by a religious provider when a program beneficiary is referred to an alternative provider; and
 - Provision and funding of alternative services.
5. Define and apply the terms “reasonably accessible,” “a reasonable period of time,” “comparable,” “capacity,” and “value that is not less than.”

The Charitable Choice Provisions and Regulations have been incorporated into county Net Negotiated Amount contracts. Compliance with the Charitable Choice requirements has become part of the ongoing annual county compliance review process.

FFY 2005 (Compliance)

The County Monitoring Branch monitored counties for compliance with Charitable Choice and reviewed the requirements with each county during site visits. The State collected data regarding the number of client referrals annually and reported this to SAMHSA as part of the block grant application.

FFY 2007 (Progress)

ADP implemented the requirements as described above.

FFY 2008 (Intended Use)

ADP will implement the process as described above and will make adjustments as necessary.

Attachment I

State:
California

Attachment I

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

Attachment I - Charitable Choice

For the fiscal year prior (FY 2007) to the fiscal year for which the State is applying for funds provide a description of the State's procedures and activities undertaken to comply with the provisions.

Notice to Program Beneficiaries - Check all that apply:

- Use model notice provided in final regulations.
- Use notice developed by State (attached copy).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- 1 Enter total number of referrals necessitated by religious objection to other substance abuse providers ('alternative providers'), as define above, made in previous fiscal year. Provide total ONLY; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

The State notified all counties of these requirements via a letter from the Performance Management Branch that refers to Department of Alcohol and Drug Programs (ADP) Bulletin 04-5, which outlines ADP's authority (Federal Register Title 42 CFR, Parts 54 and 54a). ADP requires the counties to report information within the specified timeframe. Counties are responsible for training local community organizations, including faith-based organizations on the Charitable Choice requirements. Implementation of these requirements is monitored by the Performance Management Branch during the annual compliance review.

Please see Appendix A: Attachment I Additional Supporting Documents

Attachment I Footnotes

The number of referrals to other substance abuse providers necessitated by religious objection is based on a survey of the counties, which the Department of Alcohol and Drug Programs conducts annually.

State:
California

Attachment J

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

- To expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(b)(2) and 45 C.F.R. 96.124(d))
- Rural area early intervention services HIV requirements (See 42 U.S.C. 300x-24(b)(5)(B) and 45 C.F.R. 96.128(d))
- Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x-28(d) and 45 C.F.R. 96.132(d))
- Statewide maintenance of effort (MOE) expenditure levels (See 42 U.S.C. 300x-30(c) and 45 C.F.R. 96.134(b))
- Construction/rehabilitation (See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

California

Attachment J: Waivers

Attachment J: Waivers

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State:
California

Dates of State Expenditure Period:
From 7/1/2005 to 6/30/2006

Activity	A. SAPT Block Grant FY 2005 Award (Spent)	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance Abuse Prevention* and Treatment	\$180,523,468	\$126,189,966	\$6,506,976	\$190,587,185	\$	\$
2. Primary Prevention	\$54,255,090		\$15,843,923	\$199,158	\$	\$
3. Tuberculosis Services	\$34,668	\$	\$	\$520	\$	\$
4. HIV Early Intervention Services	\$12,339,793	\$	\$	\$	\$	\$
5. Administration (excluding program/provider level)	\$4,592,654		\$626,957	\$2,707,177	\$	\$
6. Column Total	\$251,745,673	\$126,189,966	\$22,977,856	\$193,494,040	\$	\$

* Prevention other than Primary Prevention

Form 4 Footnotes

California makes every effort to ensure all HIV funds are expended serving the intended population. It is very difficult for the large number of subgrantees to utilize all of the funds in a timely manner. California revised the allocation formula for FY 07/08, which as noted in Goal 6 of this application is needs-based. ADP is refining an internal process to monitor expenditures during the year and if necessary, redirect funding. ADP anticipates substantial improvement in its expenditure of HIV set-aside funds as a result of these changes.

Form 4ab

State:
California

Form 4a. Primary Prevention Expenditures Checklist

	Block Grant FY 2005	Other Federal	State	Local	Other
Information Dissemination	\$6,030,839	\$	\$64,418	\$	\$
Education	\$19,760,085	\$	\$60,759	\$	\$
Alternatives	\$5,541,351	\$	\$43,943	\$	\$
Problem Identification & Referral	\$1,964,823	\$	\$12,541	\$	\$
Community-Based Process	\$16,781,176	\$	\$17,498	\$	\$
Environmental	\$2,176,815	\$	\$	\$	\$
Other	\$	\$15,843,923	\$	\$	\$
Section 1926 - Tobacco	\$2,000,000	\$	\$	\$	\$
TOTAL	\$54,255,089	\$15,843,923	\$199,159	\$	\$

Form 4b. Primary Prevention Expenditures Checklist

	Block Grant FY 2005	Other Federal	State	Local	Other
Universal Indirect	\$	\$	\$	\$	\$
Universal Direct	\$	\$	\$	\$	\$
Selective	\$	\$	\$	\$	\$
Indicated	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

Form 4ab Footnotes
Other Federal

Beginning with Federal Fiscal Year (FFY) 2006, other federal is comprised of discretionary grants and is not part of the cost report process. Therefore, categorical expenditures are not noted.

Resource Development Expenditure Checklist

State:
California

Did your State fund resource development activities from the FY 2005 block grant?

Yes No

	Column 1 Treatment	Column 2 Prevention	Column 3 Additional Combined	Total
Planning, Coordination and Needs Assessment	\$572,619	\$	\$	\$572,619
Quality Assurance	\$952,821	\$	\$	\$952,821
Training (post-employment)	\$249,067	\$	\$	\$249,067
Education (pre-employment)	\$	\$	\$	\$
Program Development	\$2,139,060	\$1,500,899	\$	\$3,639,959
Research and Evaluation	\$923,372	\$	\$	\$923,372
Information Systems	\$1,901,014	\$	\$	\$1,901,014
TOTAL	\$6,737,953	\$1,500,899	\$	\$8,238,852

Expenditures on Resource Development Activities are:

Actual Estimated

SUBSTANCE ABUSE ENTITY INVENTORY

State:
California

1. Entity Number	2. National Register (I-SATS) ID (Mark [X] box if no ID)	3. Area Served	4. State Funds (Spent during State Expenditure Period)	FISCAL YEAR 2005			
				5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
01	x	Alameda County	\$6,147,233	\$7,288,273	\$1,424,757	\$2,026,421	\$766,773
02	x	Alpine County	\$166,534	\$284,058	\$	\$69,384	\$
03	x	Amador County	\$357,127	\$336,021	\$	\$82,898	\$
04	x	Butte County	\$1,184,514	\$1,224,547	\$376,909	\$329,699	\$10,942
05	x	Calaveras County	\$451,859	\$328,304	\$4,978	\$81,627	\$
06	x	Colusa County	\$327,282	\$307,837	\$	\$79,064	\$
07	x	Contra Costa County	\$3,297,107	\$5,211,686	\$1,482,813	\$1,415,078	\$338,282
08	x	Del Norte County	\$107,481	\$325,662	\$	\$83,622	\$
09	x	El Dorado County	\$662,467	\$753,965	\$48,495	\$199,716	\$19,840
10	x	Fresno County	\$3,288,931	\$3,814,358	\$231,414	\$1,010,892	\$454,393
11	x	Glenn County	\$396,043	\$451,966	\$	\$121,905	\$
12	x	Humboldt County	\$762,499	\$826,077	\$50,803	\$215,220	\$46,660

State:
California

1. Entity Number	2. National Register (I-SATS) ID (Mark [X] box if no ID)	3. Area Served	4. State Funds (Spent during State Expenditure Period)	FISCAL YEAR 2005			
				5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
13	x	Imperial County	\$939,396	\$838,849	\$41,519	\$214,185	\$37,060
14	x	Inyo County	\$243,543	\$307,597	\$	\$73,869	\$
15	x	Kern County	\$3,183,288	\$3,096,239	\$259,712	\$881,387	\$111,263
16	x	Kings County	\$696,430	\$658,596	\$52,372	\$167,025	\$38,669
17	x	Lake County	\$630,663	\$403,679	\$4,978	\$102,406	\$24,766
18	x	Lassen County	\$381,689	\$338,888	\$	\$86,816	\$
19	x	Los Angeles County	\$37,976,783	\$48,051,658	\$3,704,357	\$13,221,433	\$3,765,577
20	x	Madera County	\$702,178	\$580,754	\$63,058	\$157,694	\$16,804
21	x	Marin County	\$1,878,691	\$1,509,975	\$83,433	\$403,693	\$145,392
22	x	Mariposa County	\$315,915	\$302,524	\$	\$78,955	\$
23	x	Mendocino County	\$773,925	\$676,854	\$21,652	\$180,022	\$36,453
24	x	Merced County	\$1,053,724	\$1,026,130	\$77,666	\$269,517	\$23,140

State:
California

				FISCAL YEAR 2005			
1. Entity Number	2. National Register (I-SATS) ID (Mark [X] box if no ID)	3. Area Served	4. State Funds (Spent during State Expenditure Period)	5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
25	x	Modoc County	\$284,805	\$290,257	\$	\$102,681	\$
26	x	Mono County	\$301,410	\$313,679	\$	\$77,896	\$
27	x	Monterey County	\$1,430,578	\$1,899,338	\$95,402	\$500,305	\$95,163
28	x	Napa County	\$659,295	\$725,540	\$40,404	\$196,323	\$
29	x	Nevada County	\$554,541	\$516,713	\$17,926	\$133,356	\$27,464
30	x	Orange County	\$9,449,455	\$14,694,469	\$972,936	\$4,024,948	\$583,992
31	x	Placer County	\$1,105,643	\$1,151,644	\$123,262	\$296,922	\$51,104
32	x	Plumas County	\$356,393	\$328,145	\$	\$80,933	\$
33	x	Riverside County	\$5,114,514	\$7,923,453	\$826,113	\$2,149,018	\$512,196
34	x	Sacramento County	\$4,760,450	\$5,427,350	\$1,435,631	\$1,432,031	\$498,218
35	x	San Benito County	\$381,015	\$370,189	\$4,978	\$92,043	\$13,188
36	x	San Bernardino County	\$6,861,174	\$8,566,444	\$671,173	\$2,311,286	\$401,661

State:
California

				FISCAL YEAR 2005			
1. Entity Number	2. National Register (I-SATS) ID (Mark [X] box if no ID)	3. Area Served	4. State Funds (Spent during State Expenditure Period)	5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
37	x	San Diego County	\$11,105,615	\$14,164,207	\$1,626,597	\$3,817,281	\$884,417
38	x	San Francisco County	\$4,457,972	\$8,038,212	\$302,280	\$2,229,767	\$1,538,658
39	x	San Joaquin County	\$3,175,041	\$2,588,922	\$169,329	\$678,400	\$220,876
40	x	San Luis Obispo County	\$1,848,575	\$1,300,025	\$77,094	\$339,482	\$67,213
41	x	San Mateo County	\$2,425,584	\$3,678,356	\$221,348	\$992,485	\$223,535
42	x	Santa Barbara County	\$2,158,373	\$2,061,771	\$168,195	\$535,105	\$88,949
43	x	Santa Clara County	\$5,779,465	\$8,941,774	\$530,514	\$2,439,317	\$331,534
44	x	Santa Cruz County	\$1,243,208	\$1,463,873	\$75,120	\$385,584	\$60,011
45	x	Shasta County	\$873,807	\$1,106,652	\$376,091	\$311,583	\$52,845
46	x	Sierra County	\$323,646	\$331,083	\$	\$88,277	\$
47	x	Siskiyou County	\$408,093	\$571,789	\$266,527	\$148,297	\$20,218
48	x	Solano County	\$1,752,316	\$1,910,724	\$170,588	\$502,712	\$141,996

State:
California

				FISCAL YEAR 2005			
1. Entity Number	2. National Register (I-SATS) ID (Mark [X] box if no ID)	3. Area Served	4. State Funds (Spent during State Expenditure Period)	5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
49	x	Sonoma County	\$1,919,482	\$2,164,765	\$145,836	\$565,396	\$204,364
50	x	Stanislaus County	\$1,711,956	\$2,223,575	\$142,782	\$590,183	\$101,814
51	x	Sutter/Yuba	\$1,097,299	\$887,854	\$49,028	\$203,000	\$38,948
52	x	Tehama County	\$545,882	\$622,419	\$263,370	\$168,932	\$22,578
53	x	Trinity County	\$317,127	\$300,147	\$	\$78,393	\$
54	x	Tulare County	\$1,873,694	\$1,713,116	\$87,777	\$455,790	\$120,287
55	x	Tuolumne County	\$494,098	\$382,726	\$4,978	\$97,605	\$21,785
56	x	Ventura County	\$3,359,780	\$3,696,283	\$186,351	\$968,009	\$147,516
57	x	Yolo County	\$1,077,238	\$828,985	\$78,347	\$208,288	\$33,249
98	x	Dept. of Health Services	\$	\$	\$	\$2,000,000	\$
99	x	Statewide (optional)	\$45,654,037	\$12,768,953	\$536,625	\$3,500,934	\$
TOTAL			\$190,786,863	\$192,897,929	\$17,595,518	\$54,255,090	\$12,339,793

Form 6 Footnotes

A term and condition of the FFY 2000 SAPT Block Grant Award was: "Regarding the SAPT Block Grant Reporting requirements, the California Department of Alcohol and Drug Programs (DADP) must make the modifications necessary to enable it to track Block Grant expenditures and obligations by individual grant award."

To meet this term and condition, ADP reported proposed changes the SAMHSA. The proposal included using ADP's accounting system as the data of record, and reporting expenditures at the county level. This proposal was accepted, as evidenced by the removal of the term and condition from the award.

PROVIDER ADDRESS TABLE

State:
California

Provider ID	Description	Provider Address
01	Alameda County	Alameda County Behavioral Health Care Services, 2000 Embarcadero Cove, Suite 400, Oakland, CA, 94606, 510-567-8120,
02	Alpine County	Alpine County Behavioral Health Services, 75-C Diamond Valley Road, Markleeville, CA, 96120, 530-694-2287,
03	Amador County	Substance Abuse Division, Amador County Behavioral Health Services, 1001 Broadway, Suite 106, Jackson, CA, 95642, 209-223-6556,
04	Butte County	Butte County Department of Behavioral Health Alcohol and Drug Program, 107 Parmac Road, Suite 4, Chico, CA, 95926, 530-891-2859,
05	Calaveras County	Calaveras County Behavioral Health Services, 891 Mountain Ranch Road, San Andreas, CA, 95249, 209-754-6555,
06	Colusa County	Colusa County Substance Abuse Services, 162 E. Carson Street, Colusa, CA, 95932, 530-458-0520,
07	Contra Costa County	Contra Costa County Health Services Substance Abuse Services, 597 Center Avenue, Suite 320, Martinez, CA, 94553, 925-313-6350,
08	Del Norte County	Del Norte County Mental Health, 540 H Street, Crescent City, CA, 95531, 707-464-4813,
09	El Dorado County	El Dorado County Public Health, 931 Spring Street, Placerville, CA, 95667, 530-621-6191,
10	Fresno County	Fresno County Department of Behavioral Health Substance Abuse Services, 515 South Cedar Ave., Building #320, Fresno, CA, 93702, 559-453-4773,
11	Glenn County	Glenn County Health Services Alcohol and Drug Programs, 242 North Villa Avenue, Willows, CA, 95988, 530-934-6582,
12	Humboldt County	Humboldt County Mental Health Alcohol and Other Drugs Program, 720 Wood Street, Eureka, CA, 95501, 707-268-2990,
13	Imperial County	Imperial County Behavioral Health Services, 1295 State Street, Suite 202, El Centro, CA, 92243, 760-482-4068,
14	Inyo County	County of Inyo Health and Human Services, 1351 Rocking "W" Drive, Bishop, CA, 93514, 760-872-4245,
15	Kern County	Alcohol and Drug Programs Kern County Mental Health, P.O. Box 1000, Bakersfield, CA, 93302-1000, 661-868-6705,
16	Kings County	Kings County Alcohol and Other Drug Programs, 1400 West Lacey Boulevard, Hanford, CA, 93230, 559-582-3211,
17	Lake County	Mental Health Department Division of Alcohol and Other Drug Services, 991 Parallel Drive, Lakeport, CA, 95422, 707-263-8162,
18	Lassen County	Lassen County Health and Social Services Alcohol and Other Drug Programs, 1410 Chestnut Street, Susanville, CA, 96130, 530-251-8115,
19	Los Angeles County	Los Angeles County Alcohol and Drug Program Administration, 1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Los Angeles, CA, 91803, 626-299-4193,

Provider ID	Description	Provider Address
20	Madera County	Alcohol and Drug Program, Madera County Behavioral Health Services, P.O. Box 1288, Madera, CA, 93639, 559-675-7920,

Provider ID	Description	Provider Address
21	Marin County	Marin County Alcohol and Drug Programs, 10 North San Pedro Road, Room 1013, San Rafael, CA, 94903, 415-499-6652,
22	Mariposa County	Mariposa County Alcohol and Drug Programs Department of Human Services, P.O. Box 99, Mariposa, CA, 95338-0007, 209-966-2000,
23	Mendocino County	Mendocino County Department of Public Health Division of Alcohol and Other Drug Programs, 1120 South Dora Street, Ukiah, CA, 95482, 707-472-2607,
24	Merced County	Merced County Alcohol and Drug Programs, P.O. Box 839, Merced, CA, 95341-0839, 209-381-6813,
25	Modoc County	Modoc County Alcohol and Drug Services, 441 North Main Street, Alturas, CA, 96101, 530-233-6320,
26	Mono County	Mono County Mental Health Department, P.O. Box 2619, Mammoth Lakes, CA, 93546, 760-924-1740,
27	Monterey County	Monterey County Behavioral Health, 1270 Natividad Road, Salinas, CA, 93906, 831-755-4509,
28	Napa County	Napa County Health and Human Services Agency, 2261 Elm Street, Napa, CA, 94559-3721, 707-253-4073,
29	Nevada County	Nevada County Behavioral Health, 500 Crown Point Circle, Suite 120, Grass Valley, CA, 95945, 530-265-1437,
30	Orange County	Orange County Health Care Agency Behavioral Health Services, 405 West Fifth Street, Suite 724, Santa Ana, CA, 92701, 714-834-7024,
31	Placer County	Placer County Health and Human Services, 11533 C Avenue, Auburn, CA, 95603-2703, 530-889-7249,
32	Plumas County	Plumas County Alcohol and Drug Program, 270 County Hospital Road, Suite 128, Quincy, CA, 95971-9126, 530-283-6595,
33	Riverside County	Riverside County Department of Mental Health Substance Abuse Program, 3525 Presley Avenue, Riverside, CA, 92507, 951-358-4504,
34	Sacramento County	Sacramento County Alcohol and Drug Services Department of Health and Human Services, 7001-A East Parkway, Suite 500, Sacramento, CA, 95823-2501, 916-875-2042,
35	San Benito County	San Benito County Behavioral Health Department Substance Abuse Programs, 1111 San Felipe Road, Suite 104, Hollister, CA, 95023-2809, 831-636-4020,
36	San Bernardino County	Department of Behavioral Health Alcohol and Drug Services, 850 E. Foothill Blvd., Rialto, CA, 92376-5230, 909-421-9340,
37	San Diego County	San Diego County Health and Human Services Alcohol and Drug Services, 3255 Camino Del Rio South, San Diego, CA, 92108, 619-584-5023,
38	San Francisco County	San Francisco Department of Public Health Community Behavioral Health Services, 1380 Howard Street #401, San Francisco, CA, 94103, 415-255-3717,
39	San Joaquin County	San Joaquin County Behavioral Health Services, 1212 N. California Street, Stockton, CA, 95202, 209-468-3698,
40	San Luis Obispo County	San Luis Obispo County Drug and Alcohol Services, 2945 McMillan Avenue, Suite 136, San Luis Obispo, CA, 93401-1489, 805-781-4281,

Provider ID	Description	Provider Address
41	San Mateo County	San Mateo County Human Services Agency, 400 Harbor Boulevard, Building C, Belmont, CA, 94002-4047, 650-802-5057,
42	Santa Barbara County	Santa Barbara County Alcohol, Drug and Mental Health Services, Alcohol and Drug Programs, 300 North San Antonio Road, Building 3, Santa Barbara, CA, 93110, 805-681-5233,
43	Santa Clara County	Santa Clara County Department of Alcohol and Drug Services, 976 Lenzen Avenue, Third Floor, San Jose, CA, 95126-2737, 408-792-5691,
44	Santa Cruz County	Santa Cruz County Alcohol and Drug Program, 1400 Emeline Avenue, Santa Cruz, CA, 95060, 831-450-4050,
45	Shasta County	Shasta County Alcohol and Drug Programs, 2770 Pioneer Drive, Redding, CA, 96001, 530-225-5240,
46	Sierra County	Sierra County Alcohol and Drug Programs Department of Human Services, P.O. Box 265, Loyalton, CA, 96118-0265, 530-993-6701,
47	Siskiyou County	County of Siskiyou Behavioral Health Services, 2060 Campus Drive, Yreka, CA, 96097, 530-841-4801,
48	Solano County	Solano County Health and Social Services Substance Abuse Division, 2101 Courage Drive, MS 10-100, Fairfield, CA, 94533-0677, 707-435-2228,
49	Sonoma County	Sonoma County Department of Health Services Alcohol and Other Drug Services Division, 1221 Farmers Lane, Suite 200, Santa Rosa, CA, 95405, 707-565-6945,
50	Stanislaus County	Stanislaus County Behavioral Health and Recovery Services, 800 Scenic Drive, Modesto, CA, 95350-6195, 209-525-6225,
51	Sutter/Yuba	Sutter-Yuba Mental Health Services, P.O. Box 1520, Yuba City, CA, 95992-1520, 530-822-7200,
52	Tehama County	Drug and Alcohol Division Tehama County Health Services Agency, P.O. Box 400, Red Bluff, CA, 96080, 530-527-7893,
53	Trinity County	Mental Health and AOD Services Administrator, Trinity County Behavioral Health Services, P.O. Box 1640, Weaverville, CA, 96093-1640, 530-623-1822,
54	Tulare County	Alcohol and Drug Programs for Tulare County, 5957 South Mooney Boulevard, Visalia, CA, 93277-9394, 559-737-4660,
55	Tuolumne County	Tuolumne County Behavioral Health Department Alcohol and Drug Programs, 2 South Green Street, Sonora,, CA, 95370, 209-533-6609,
56	Ventura County	Ventura County Behavioral Health Alcohol and Drug programs, 1911 Williams Drive, Oxnard, CA, 93036, 805-981-9210,
57	Yolo County	Yolo County Alcohol and Drug Programs, 14 North Cottonwood Street, Woodland, CA, 95695-2510, 530-406-4825,
98	Department of Health Services	CA Department of Health Services, P.O. Box 942732, Sacramento, CA, 95814, 916-440-7400,
99	Department of Alcohol and Drug Programs	CA Department of Alcohol and Drug Programs, 1700 K. Street, Sacramento, CA, 95814, 916-323-1866,

Prevention Strategy Report

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Category Assigned [-99]	Clearinghouse/information resources centers [1]	33
	Resources directories [2]	47
	Media campaigns [3]	52
	Brochures [4]	202
	Radio and TV public service announcements [5]	54
	Speaking engagements [6]	206
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	164
	Information lines/Hot lines [8]	142
	Parenting and family management [11]	113
	Ongoing classroom and/or small group sessions [12]	158
	Peer leader/helper programs [13]	58
	Education programs for youth groups [14]	109
	Mentors [15]	61
	Preschool ATOD prevention programs [16]	11
	Drug free dances and parties [21]	119
	Youth/adult leadership activities [22]	75
	Community drop-in centers [23]	35
	Community service activities [24]	65
	Outward Bound [25]	6
	Recreation activities [26]	90
	Employee Assistance Programs [31]	11
	Student Assistance Programs [32]	28

Form 6a: Risk - Strategies (...continued)

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) No Risk Category Assigned [-99]	Prevention Assessment & Referral [34]	103
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	95
	Systematic planning [42]	108
	Multi-agency coordination and collaboration/coalition [43]	206
	Community team-building [44]	121
	Accessing services and funding [45]	80
	Assessing Community Needs & Assets [46]	144
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	9
	Curricula Development & Dissemination [71]	53
	Newsletter Development & Dissemination [72]	77
	Printed Materials Development & Dissemination [73]	171
	Web Sites in Operation [74]	80
	Children of Substance Abusers Groups [75]	40
	Classroom Educational Services [76]	158
	Theatrical Troupes [77]	2
	Mens/Womens Alternative to Violence Programs [78]	19
	Technical Assistance Services [79]	84
	Training Services [80]	113
	Friday Night Live/Club Live/Friday Night Live Kids [81]	54
	Zoning Ordinances for Alcohol Outlets, New [82]	29
	Drinking in Public Ordinances [83]	8
	One Day Event Requirements [84]	14

Form 6a: Risk - Strategies (...continued)

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) No Risk Category Assigned [-99]	Workplace AOD Policies [85]	8
	State ABC Regulations [86]	13
	Other Local Control Powers [87]	22
	Social Host Training/Management Programs [88]	23
	Commercial Host Training/Management Programs [89]	18
	Holiday Campaigns & Special Events [90]	35
	Managing Hi-risk Advertising/Billboard Controls [91]	12
	Facility Design to Prevent AOD Problems [92]	15
	Improved Enforcement [93]	34
	Neighborhood Mobilization [94]	34
	Community Development [95]	24

TREATMENT UTILIZATION MATRIX

State:
California

Dates of State Expenditure Period:
From 7/1/2005 to 6/30/2006 (Same as Form 1)

			Costs Per Person		
Level of Care	A. Number of Admissions	B. Number of Persons Served	C. Mean Cost of Services	D. Median Cost of Services	E. Standard Deviation of Cost
Detoxification (24 hour Care)					
1. Hospital Inpatient			\$0.00	\$0.00	\$0.00
2. Free-standing Residential	29,934	18,653	\$1,093.00	\$0.00	\$0.00
Rehabilitation / Residential					
3. Hospital Inpatient			\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	4,037	3,589	\$2,980.00	\$0.00	\$0.00
5. Long-term (over 30 days)	40,779	33,343	\$4,294.00	\$0.00	\$0.00
Ambulatory (Outpatient)					
6. Outpatient	119,635	97,027	\$1,288.00	\$0.00	\$0.00
7. Intensive Outpatient	10,510	9,446	\$3,554.00	\$0.00	\$0.00
8. Detoxification	12,033	8,833	\$150.00	\$0.00	\$0.00
9. Opioid Replacement Therapy					
9. Opioid Replacement Therapy	13,848	10,992	\$1,653.00	\$0.00	\$0.00

Form 7a Footnotes

Treatment Data

Treatment admission data consists of data collected by the California Alcohol and Drug Data System (CADDSS) for the period from July 1, 2005, through June 30, 2006 (SFY 2005-06). Alcohol and other drug treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levo-alpha-acetylmethadol, are required to report participant data to CADDSS.

Expenditure Data

The expenditure data reflects expenditures incurred during SFY 2005-06. Counties/providers report expenditures from all sources of public funds; they are not required to report expenditures from private funding sources. Many counties/providers receive funds from a combination of public and private sources.

Calculating Costs per Person

Mean Cost of Services (Column C) was calculated by dividing total expenditures by total clients served for SFY 2005-06. Total clients served includes cases remaining open from previous fiscal years plus cases opened during SFY 05-06.

Median Cost of Services (Column D) and Standard Deviation of Cost (Column E) cannot be calculated because costs are not reported via client unit of service format. Costs are reported in total expenditures by service category.

Number Of Persons Served (Unduplicated Count) For Alcohol And Other Drug Use In State-Funded Services By Age, Sex, And Race/Ethnicity

State:
California

AGE GROUP	A. TOTAL	B. White		C. Black or African American		D. Native Hawaiian / Other Pacific Islander		E. Asian		F. American Indian / Alaska Native		G. More than one race reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under	27,071	4,233	2,468	2,478	1,262	172	97	347	138	18	10			10,587	5,261	8,032	4,394	9,803	4,842
2. 18-24	36,427	8,855	6,672	2,039	1,314	252	144	434	202	23	22			10,876	5,594	12,649	9,015	9,830	4,933
3. 25-44	124,254	33,312	24,469	9,732	6,691	906	426	1,007	468	112	60			30,768	16,303	48,389	34,301	27,448	14,116
4. 45-64	53,052	17,180	8,460	8,869	3,616	253	82	437	180	42	17			10,254	3,662	28,067	13,002	8,968	3,015
5. 65 and over	1,724	440	218	346	74	7	1	76	39	5	1			436	81	940	353	370	61
6. Total	242,528	64,020	42,287	23,464	12,957	1,590	750	2,301	1,027	200	110			62,921	30,901	98,077	61,065	56,419	26,967
7. Pregnant Women	4,908		2,132		641		45		40		5				2,045		3,084		1,824

Did the values reported by your State on Forms 7a and 7b come from a client-based system(s) with unique client identifiers?

Yes **No**

Numbers of Persons Served who were admitted in a period prior to the 12 month reporting period: 67,623

California

Description of Calculations

Description of Calculations

If revisions or changes are necessary to prior years' description of the following, please provide: a brief narrative describing the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by 42 U.S.C. 300x-22(b)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. 300x-24(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by 42 U.S.C. 300x-24(d) (See 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

Methodology for services to pregnant women and women with dependent children:

The base calculation for federal fiscal year (FFY) 1992 was \$10,795,134; \$9,485,000 in State General Funds and \$1,310,134 in Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. In 1993, \$7,612,000 was added to the base calculation, which represented five percent of the California Alcohol and Drug Program (ADP) SAPT Block Grant award, which was also added to the base calculation. The base established in FFY 1994 was \$26,349,134.

Methodology for Tuberculosis (TB) base:

1. Data was obtained from the California Department of Health Services (DHS) on the non-federal expenditures that met the federal definition of TB services in each of the two base years, as follows: counseling the individual with respect to TB; testing to determine infection of mycobacteria TB and the appropriate form of treatment; and providing for or referring for appropriate medical evaluation and treatment.
2. A per-case cost was then developed by dividing the total expenditures by the total reported TB cases in each year.
3. The number of reported TB cases attributable to substance abuse was then developed, based upon extrapolation from verified TB cases reporting excess alcohol use and/or drug use within the past year. This data was first available for calendar year 1993 only; the extrapolated rate was estimated at 21.1 percent for substance abuse-associated TB.
4. The extrapolated rate for 1993 then was adjusted and applied retrospectively for fiscal year (FY) 1991-92 and 1992-93. Because the rates of TB and substance abuse were increasing during that time period, the rate of substance abuse-associated TB was also assumed to have been increasing in those base years. We estimated the rates to have been 20 percent in those years.
5. For FY 2001-02, the non-federal expenditures and the substance abuse-associated TB case rate of 20.8 percent was obtained from DHS, Tuberculosis Control Branch. For FY 2002-03, the budgeted non-federal expenditures and the substance abuse-associated TB case rate of 18.3 percent was also obtained from DHS, Tuberculosis Control Branch.

Methodology for HIV base:

Data was obtained from the Department of Finance (State of California Acquired Immune Deficiency Syndrome [AIDS] Program Funding Detail) on the non-federal expenditures for early intervention services. Using the estimate of eight percent (as provided by the Office of AIDS in their Annual Report) of AIDS cases with the identified

risk factor of injection drug use, the total funds spent in each of the two base years are as follows:

Total State Funds Spent on
Early Intervention Services for HIV

SFY 1991	\$1,698,000
SFY 1992	<u>\$2,402,000</u>
MOE Base	\$2,050,000
(average of two years)	

State:
California

SSA (MOE Table I)

Total Single State Agency (SSA) Expenditures for Substance Abuse (Table I)

PERIOD (A)	EXPENDITURES (B)	B1(2005) + B2(2006) / 2 (C)
SFY 2005 (1)	\$249,068,000	
SFY 2006 (2)	\$255,903,000	\$252,485,500
SFY 2007 (3)	\$311,866,000	

Are the expenditure amounts reported in Columns B "actual" expenditures for the State fiscal years involved?

FY 2005 Yes No

FY 2006 Yes No

FY 2007 Yes No

If estimated expenditures are provided, please indicate when "actual" expenditure data will be submitted to SAMHSA(mm/dd/yyyy):

The MOE for State fiscal year(SFY) 2007 is met if the amount in Box B3 is greater than or equal to the amount in Box C2 assuming the State complied with MOE requirements in these previous years.

The State may request an exclusion of certain non-recurring expenditures for a singular purpose from the calculation of the MOE, provided it meets CSAT approval based on review of the following information:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes No If yes, specify the amount and the State fiscal year:

Did the State include these funds in previous year MOE calculations? Yes No

When did the State submit a request to the SAMHSA Administration to exclude these funds from the MOE calculations(Date)?

SSA (MOE Table I) Footnotes

FY 06 & 07: The numbers are based on budget estimates. Therefore, ADP will request the numbers to be updated in future SAPT Block Grant applications, as has been done in the past. Numbers may change in the two subsequent applications.

TB (MOE Table II)

State:
California

Statewide Non-Federal Expenditures for Tuberculosis Services
to Substance Abusers in Treatment (Table II)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B) (C)	Average of Columns C1 and C2 C1 + C2 / 2 MOE BASE (D)
SFY 1991 (1)	\$1,186,000	20%	\$237,200	
SFY 1992 (2)	\$1,186,000	20%	\$237,200	\$237,200

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B)
SFY 2007 (3)	\$7,484,000	15.6%	\$1,167,504

HIV (MOE Table III)

State:
California

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (Table III)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)	Average of Columns A1 and A2 A1 + A2 / 2 MOE BASE (B)
SFY1991 (1)	\$1,698,000	
SFY1992 (2)	\$2,402,000	\$2,050,000

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)
SFY 2007 (3)	\$12,043,000

* Provided to substance abusers at the site at which they receive substance abuse treatment

Womens (MOE TABLE IV)

State:
California

Expenditures for Services to Pregnant Women and
Women with Dependent Children (Table IV)

(MAINTENANCE TABLE)

PERIOD	Total Women's BASE (A)	Total Expenditures (B)
1994	\$26,349,134	
2005		\$43,766,000
2006		\$44,189,000
2007		\$45,896,000

Enter the amount the State plans to expend in FY 2008 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A {1994}): \$26,349,134

Womens (MOE TABLE IV) Footnotes

FY 06 & 07: The numbers are based on budget estimates. Therefore, ADP will request the numbers to be updated in future SAPT Block Grant applications, as has been done in the past. Numbers may change in the two subsequent applications.

California

1. Planning

1. Planning

This item addresses compliance of the State's planning procedures with several statutory requirements. It requires completion of narratives and a checklist.

These are the statutory requirements:

- 42 U.S.C. 300x-29, 45 C.F. R. 96.133 and 45 C.F.R. 96.122(g)(13) require the State to submit a Statewide assessment of need for both treatment and prevention.

In a narrative of up to three pages, describe how your State carries out sub-State area planning and determines which areas have the highest incidence, prevalence, and greatest need. Include a definition of your State's sub-State planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. If there is a State, regional, or local advisory council, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need. Those States that have a State Epidemiological Workgroup or a State Epidemiological Outcomes Workgroup, must describe its composition and its contribution to needs assessment, planning, and evaluation processes for primary prevention and treatment planning. States are encouraged to utilize the epidemiological analyses and profiles to establish substance abuse prevention and treatment goals at the State level.

- 42 U.S.C. 300x-51 and 45 C.F. R. 96.123(a)(13) require the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of up to two pages, describe the process your State used to facilitate public comment in developing the State's plan and its FY 2008 application for SAPT Block Grant funds.

STATEWIDE PLANNING RESPONSE

The Department of Alcohol and Drug Programs (ADP) is actively engaged in planning for the continuous improvement of alcohol and other drug (AOD) service delivery. ADP uses statutory planning requirements and incorporates customer-based input from county providers, consumers, and interested citizens into its quality improvement effort.

Needs Assessment: The 2001 through 2005 Substance Abuse Prevention and Treatment (SAPT) Block Grant applications provided estimates of need derived by ADP from the results of several studies funded by the Center for Substance Abuse Treatment, State Treatment Needs Assessment Program (STNAP). These studies included the following:

- *The California Substance Use Survey*, which was a household telephone survey of adults in California conducted in 1995
- *The Prevalence of Drug Treatment Needs Among Adult Arrestees in California*, which used 1997 survey data to estimate the adult arrestee population in need of drug treatment, and
- *Assessing Need for Alcohol and Other Drug Treatment Among In-and Out-of School Youth in California*, which included analyses of three surveys, one from 1997, one from 1998-99, and one from 1994 and 1999.

Because the data in the STNAP family of studies was dated, in 2005, ADP began using the prevalence estimates based on the annual National Survey on Drug Use and Health (NSDUH) for the Form 8, Treatment Needs Assessment Summary Matrix.

ADP also uses numerous other data sources, as listed in Goal 13, for various treatment and prevention assessments of need, which are made available to the counties and other interested parties.

Extensive prevention data has been collected since 1998 through a state-developed program called the Prevention Activities Data System (PADS). This system houses aggregated state-level data derived from each of the 58 counties. The counties are directly responsible for 350 prevention contracts. The PADS design is built upon the six Center for Substance Abuse Prevention (CSAP) strategies, with data for: a) service populations; b) services delivered; c) where services occurred; d) frequencies and number served (where identifiable); and, e) demographics (where identifiable) for race, ethnicity, age and gender. The resulting data is voluminous; reports since 2001 are publicly posted on ADP's Web site <http://www.adp.ca.gov/PADS/reports.shtml>.

In July 2006, PADS was retired and replaced by California Outcome Measurement Service – Prevention, which uses the contract services of KIT Solutions, Inc. KIT Solutions also provides CSAP data for ten other states. California is the first state to

adapt the KIT service to the Strategic Prevention Framework steps. As of July 2007, counties will be required have their prevention plans and objectives in the system in order for their providers to submit data that will associate with specific county objectives.

While the CalOMS Prevention will gather extensive data, the California Outcome Monitoring Program (CalOMP) will analyze prevention and treatment data to support management decisions.

The scarcity of local-level data is a historic concern for community prevention planning, assessment and seeking other funding opportunities. California received a State Epidemiological Outcomes Workgroup (SEOW) contract in 2006 that will incorporate and expand existing county profiles that draw from over 20 state sources. These 58 individual county profiles are available at http://www.adp.ca.gov/risk_indicators.shtml, and provide detailed reports that exceed 70 pages each. The profiles offer comparisons to like type counties as well as the overall State.

As discussed in Goal 13, California will be embarking on revisions to its needs assessment process during 2007 and 2008. Historically, ADP has provided needs assessment data and funding to the counties, and authorized the counties to address local substance abuse prevention, treatment and recovery needs. While ADP continues to believe that local assessment of need is very important, it envisions ADP and the counties jointly reviewing needs assessment data and establishing statewide priorities that ADP and the counties will jointly be responsible for addressing. The establishment of statewide need priorities is a logical outcome of the implementation and ongoing utilization of CalOMS and further refinements to NOMs.

In addition to prevention program and SEOW (consequence and consumption) data, anecdotal and experiential prevention information comes through constant interaction with the County Alcohol and Drug Program Administrators Association of California (CADPAAC). Also, ADP chairs the Governor's Prevention Advisory Council (GPAC), which offers insight from an extensive range of sources from 13 other major state systems, including the University of California, California State University, community colleges, and the California Department of Education. The GPAC also includes the Office of the Attorney General, National Guard, Alcoholic Beverage Control, Office of Traffic Safety, California Highway Patrol, and California Department of Health Services, which prepares the annual Synar report. The members operate systems that involve millions of public recipients and wide-ranging networks of interest groups. Their focus is on common concerns about the impact of AOD and how prevention can benefit their disparate missions. Data from GPAC has been used in workgroups addressing high-use youth, underage alcohol use, binge drinking and methamphetamine.

As a result of data detailing the impact of methamphetamine in the State, California is implementing the California Methamphetamine Initiative (CMI) to combat the effects of this devastating drug on the health and livelihood of Californians. This single purpose, limited time initiative includes the following elements:

- A \$10 million Methamphetamine Public Education Campaign targeting high risk populations affected by methamphetamine, such as women of child-bearing age and men who have sex with men.
- *A Methamphetamine Practitioner's Treatment Reference Guide* for treatment providers in California. The guide, the first of its kind, provides the most effective methods of treating methamphetamine addiction. Effective assessments, treatment and recovery practices are among the many topics addressed in the guide.
- An additional public education campaign in collaboration with the Partnership for a Drug Free America, to educate adolescents, women, and men who have sex with men, on the problems associated with methamphetamine addiction. Public service announcements, outreach efforts, and publicity will also be products of this collaboration.
- GPAC has completed a report summarizing programs and strategies to prevent methamphetamine abuse. A copy of the report can be found at www.adp.ca.gov. A sub-committee of GPAC is currently working on implementing the recommendations made in the report. A description of the GPAC, its membership, and activities is included in Goal 12.

Substate Area Planning Process: Public AOD prevention, treatment, and recovery services in California are provided through a partnership between the State and counties. ADP analyzes federal and State laws and regulations and develops policies and guidelines for the counties to use in developing plans for local prevention, treatment and recovery services. ADP receives these plans through the Negotiated Net Amount (NNA) contracts, the method by which California contracts for services using federal and State funds.

Existing State statutes [Health and Safety Code Sections 11814]; require ADP to allocate State and federal funds based on the population of each county. Statutes require ADP to assure that small counties (population under 100,000) receive a minimum allocation of funds for the provision of services, and that each county receives at least as much funding as in State Fiscal Year (SFY) 1984-85.

ADP allocates ongoing funds at historical level. If new general funds are made available, ADP utilizes a standard methodology of \$2,500 per \$1 million increase with the remainder based on population. For funds with a specific purpose, ADP develops and utilizes allocation methodologies that meet the intent of the funds. An example is SAPT HIV set aside funds. A needs-based allocation methodology with five needs indicators is used to distribute funds to counties with the greatest need. The indicators use a variety of datasets: persons living with AIDS cases, HIV counseling and testing prevalence, population with sexually transmitted disease, population in poverty, and people of color in the general population. While State statute provides maximum flexibility to counties to structure their delivery systems to be responsive to the needs of

their particular community, current budget language requires the counties to give priority for use of any new funds to serve traditionally under-served populations.

State Advisory Groups: ADP works closely with its primary stakeholders to determine the methodology for allocating funds and to obtain AOD program policy input from constituent groups. The primary groups are: CADPAAC, the Director's Advisory Council (DAC), the Statewide Advisory Group (for Substance Abuse and Crime Prevention Act, Proposition 36), and the Fiscal Work Group. ADP Executive staff attends advisory council meetings so that AOD service-related problems and solutions are directly communicated to decision-makers by constituents in the field. The work groups meet monthly or quarterly depending upon need. Conference calls are conducted with advisory council or work group members to expedite collective resolution of critical issues. ADP also convenes *ad hoc* groups to address specific issues.

Minimum Base Allocation (MBA) Counties: An MBA county is identified as a county with a population under 100,000 receiving an established minimum base allocation.

NNA Contract Process: Pursuant to Division 10.5 of the Health and Safety Code, Chapter 3 (commencing with Section 11758.10), all counties are required to submit an NNA contract for AOD services. NNA contract provisions include:

1. Assurance of an adequate quality and quantity of services
2. In-county and out-of-county provisions for citizens to access substance abuse services
3. Access by ADP to programs' financial records and utilization statistics for the purpose of verifying conformance to the negotiated contract
4. Budget information
5. Assurance that funds will be spent according to federal requirements
6. Assurances and certifications signed by the county alcohol and drug program administrator and approved by the county board of supervisors

ADP monitors county AOD services; counties are also responsible for monitoring to assure that funded programs serve communities with the highest prevalence and need, and that set-aside requirements are met.

Public Comment (Public Law 102-321, Section 1941): There are opportunities for public input into the State's planning process during the year preceding the development and after submission of the application at both the State and county levels, as described in the following bullets:

- DAC includes eight constituent committees representing underserved populations. Its primary role is to advise the Director on program and policy issues. The goal of each committee is to improve and expand services for traditionally unserved and underserved populations in California. DAC is comprised of the presidents of AOD statewide provider organizations, county alcohol and drug program administrators, and the chair of each constituent committee (African American; Aging; Asian, Pacific

Islander; Disability; Lesbian, Gay, Bisexual, Transgender; Latino; Native American; and Women). DAC provides a vehicle to communicate with and motivate special populations to be involved in alcohol and drug policy issues, and its meetings are always open to the public.

- ADP staff regularly meets with CADPAAC to update members on federal, State, and other funding requirements that impact the alcohol and drug field. ADP staff works in collaboration with CADPAAC staff and *ad hoc* committees to discuss policy, allocation methodologies, the equitable distribution of funds consistent with federal and State requirements, and other issues affecting State/county administration of alcohol and other drug programs and services.
- The legislative budget hearing process provides a broad-based public forum for discussion and revision of proposed expenditures of both federal block grant and State general funds. The budget hearing process invites and welcomes input on AOD concerns (i.e., funding constraints, decreases, increases, etc.) from various constituent groups, county alcohol and drug program administrators, provider organizations, consumers, and any interested California citizen.
- ADP forms various workgroups and task forces as needed to address current and emerging issues. The workgroups include representatives from CADPAAC, DAC, program executives, other social services systems, constituents/clients of the target population, and individuals with a wide variety of expertise in the related area. Examples of such workgroups include: Statewide Advisory Group for the Substance Abuse and Crime Prevention Act, the Fiscal Workgroup, the Drug Medi-Cal Workgroup, the Licensing and Certification Regulations Workgroup, and the Continuum of Services System Re-Engineering Task Force.
- External constituent groups that meet with, or invite participation from, ADP staff are Prevention Advisory Committees, California Organization of Methadone Providers, DUI Advisory Workgroup, Counselor Certification Oversight Workgroup, Counselor Certification Organizations Workgroup, and the California Association of Alcohol and Drug Program Executives.
- Copies of the Substance Abuse Prevention and Treatment Block Grant application, with Request for Comment forms, are distributed to the: 1) Library of Congress, Washington, D.C.; 2) Governor's Office of Planning and Research; 3) California's Depository Libraries, which are strategically located throughout the State; 4) State Library; 5) State Archivist; 6) Research Librarian, Council of State Governments; and 7) ADP's Resource Center, which distributes copies of the application upon request. The application is also available on line at ADP's Web site.

Following is a listing of substate planning areas (counties):

1. Alameda
2. Alpine

3. Amador
4. Butte
5. Calaveras
6. Colusa
7. Contra Costa
8. Del Norte
9. El Dorado
10. Fresno
11. Glenn
12. Humboldt
13. Imperial
14. Inyo
15. Kern
16. Kings
17. Lake
18. Lassen
19. Los Angeles
20. Madera
21. Marin
22. Mariposa
23. Mendocino
24. Merced
25. Modoc
26. Mono
27. Monterey
28. Napa
29. Nevada
30. Orange
31. Placer
32. Plumas
33. Riverside
34. Sacramento
35. San Benito
36. San Bernardino
37. San Diego
38. San Francisco
39. San Joaquin
40. San Luis Obispo
41. San Mateo
42. Santa Barbara
43. Santa Clara
44. Santa Cruz
45. Shasta
46. Sierra
47. Siskiyou
48. Solano
49. Sonoma
50. Stanislaus
51. Sutter/Yuba
52. Tehama
53. Trinity
54. Tulare
55. Tuolumne
56. Ventura
57. Yolo

State:
California

Criteria for Allocating Funds

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2008 block grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is 'incidence and prevalence levels', put a '1' in the box beside that option. If two or more criteria are equal, assign them the same number.

1 Population levels, Specify formula:
Please see footnote

Incidence and prevalence levels

Problem levels as estimated by alcohol/drug-related crime statistics

Problem levels as estimated by alcohol/drug-related health statistics

Problem levels as estimated by social indicator data

Problem levels as estimated by expert opinion

Resource levels as determined by (specific method)

Size of gaps between resources (as measured by)

and needs (as estimated by)

2 Other (specify):
Please see footnote

Planning Checklist Footnotes
Criteria for Allocating Funds

The State will allocate Federal Fiscal Year 2008 Substance Abuse Prevention and Treatment Block Grant funds according to the following standards:

Base funds: Base funds are allocated to counties based on historical levels. Base funds are defined as ongoing funds excluding special projects.

New funds: Beginning in State fiscal year 1999-00, new funds are distributed at \$2,500 per each \$1 million of increased amount to all counties, with the balance distributed on a straight per-capita basis (population).

New funds with a specific intent: New funds with specific intent are distributed in a method that is consistent with the stated purpose of the funding. For example, HIV set-aside funds are allocated based on a set of needs indicators that are recommended by the Department of Health Care Services, Office of AIDS.

Funding reductions: Also beginning in State fiscal year 1999-2000, funding reductions to counties were standardized on a per capita basis. Counties with populations less than 100,000 are held harmless for the first five percent of any reduction which would be shared by those counties with populations over 100,000. If the reduction exceeds five percent of the previous year's allocation, large counties would share the first five percent of the reduction and then all counties would share proportionally, based upon population, that part of the reduction that exceeds five percent.

The Department of Alcohol and Drug Programs continues to develop systems that will incorporate data into its planning processes to provide information for National Outcome Measures.

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Alameda County	1,502,703	173,200	516	0	47	89,487	267	7,464	24,795	0	.06	16.39	11.99
Amador County	38,023	4,499	0	0	0	2,023	0	38	614	0	2.63	4.08	0
Butte County	214,722	25,129	66	0	17	13,017	34	1,439	4,430	0	1.37	6.45	1.73
Calaveras County	45,272	5,305	0	0	0	2,690	0	314	1,017	0	0	2.64	0

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases			
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Colusa County	21,275	2,551	0	0	0	1,250	0	295	500	0	4.7	0	1.66
Contra Costa County	1,025,627	119,707	101	0	15	62,206	52	3,562	10,543	0	.57	10.29	7.11
Del Norte County	29,115	3,448	0	0	0	1,517	0	332	846	0	0	6.96	.33
El Dorado County	175,525	20,761	115	0	15	10,532	58	1,381	3,471	0	0	2.6	1.19

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Fresno County	891,134	107,519	256	0	30	53,336	127	6,467	19,449	0	1	6.76	12.27

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Glenn County	28,314	3,396	0	0	0	1,684	0	589	1,151	0	3.51	4.52	3.62

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Humboldt County	131,022	15,240	85	0	24	7,749	43	1,246	4,622	0	5.33	6.69	3.09

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Imperial County	164,293	20,070	0	0	0	9,472	0	1,188	4,393	0	3.66	9.8	18.44

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Kern County	768,928	92,926	0	0	0	45,132	0	5,125	16,869	0	3.03	14.4	6.51
Kings County	146,112	17,197	125	0	5	7,053	51	1,032	3,989	0	4.79	7.86	2.88
Lake County	63,302	7,441	28	0	1	3,820	14	477	1,852	0	4.59	4.43	2.14
Lassen County	35,740	4,209	0	0	0	1,421	0	245	697	0	16.46	5.54	0

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Los Angeles County	10,229,226	1,195,753	1,031	0	212	607,678	524	39,511	136,964	0	.74	18.97	10.35
Madera County	143,250	17,016	0	0	0	9,045	0	1,020	2,219	0	19.14	7.52	7.71
Marin County	252,988	28,644	70	0	13	14,503	35	1,557	3,580	0	.4	11.98	5.59
Mendocino County	89,825	10,536	177	0	19	5,324	89	760	2,709	0	1.09	4.02	5.23

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Merced County	243,457	29,677	67	0	4	15,010	34	1,754	5,592	0	.4	5.08	5.78

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Monterey County	422,925	49,227	82	0	12	23,701	40	2,975	7,436	0	0	6.84	8.52

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Napa County	133,574	15,486	24	0	10	7,784	12	1,002	2,585	0	0	4.57	5.09

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Nevada County	99,236	11,482	33	0	6	5,942	17	664	1,947	0	0	1.19	.69

Treatment Needs Assessment Summary Matrix

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State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Orange County	3,062,275	359,260	459	0	50	182,008	233	13,604	45,864	0	.71	8.05	7.8

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Placer County	313,133	37,675	39	0	5	19,484	20	1,843	5,355	0	.96	2.26	1.99

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Plumas County	21,161	2,456	0	0	0	1,239	0	222	780	0	4.73	9.03	0

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Riverside County	1,924,881	230,457	937	0	90	116,972	475	8,799	28,685	0	1.87	13.69	4.13

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sacramento County	1,378,068	162,121	406	0	72	83,966	210	7,198	23,405	0	.77	7.67	10.46
San Benito County	57,490	6,884	2	0	0	3,430	1	379	995	0	0	3.79	4.12
San Bernardino County	1,974,206	238,765	903	0	85	120,604	456	10,895	40,135	0	.56	8.46	3.51
San Diego County	3,058,026	357,279	1,435	0	167	179,294	720	16,482	53,959	0	.52	16.98	10.73

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Francisco County	796,150	88,096	551	0	259	43,242	270	1,367	10,025	0	2.5	67.07	18.76
San Joaquin County	662,008	79,239	330	0	213	40,022	167	4,015	10,972	0	2.51	7.33	9.91
San Luis Obispo County	261,572	30,378	15	0	1	14,878	7	2,288	6,825	0	.75	6.74	2.07
San Mateo County	723,762	82,272	601	0	61	41,833	306	3,317	8,996	0	1.24	7.15	8.18

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases			
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Santa Barbara County	418,639	48,821	68	0	14	24,487	34	2,520	12,410	0	.47	7.44	5.91
Santa Clara County	1,765,604	203,007	469	0	18	100,254	232	6,623	23,970	0	1.13	7.3	13.21
Santa Cruz County	261,295	30,303	85	0	14	15,244	43	1,606	6,911	0	1.89	7.22	3.09
Shasta County	178,898	21,140	65	0	13	10,866	33	892	3,101	0	6.51	2.04	3.04

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Siskiyou County	45,789	5,306	48	0	3	2,734	25	366	1,100	0	4.41	1.72	0

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Solano County	420,246	49,544	94	0	14	24,430	47	1,750	5,911	0	0	13.65	7.84

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sonoma County	478,547	55,650	83	0	13	28,388	42	2,990	9,013	0	1.22	11.77	3.59

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Stanislaus County	510,164	61,169	10	0	2	31,264	5	2,669	8,968	0	1.54	6.8	3.95

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sutter/Yuba	159,098	19,033	13	0	1	9,648	7	931	2,774	0	1.86	2.22	6.53
Tehama County	60,548	7,168	0	0	0	3,640	0	735	2,093	0	9.95	1.37	2.27
Tulare County	415,820	50,078	11	0	10	25,161	6	3,331	10,413	0	1.92	5.09	4.75
Tuolumne County	57,176	6,671	0	0	0	3,147	0	4,145	14,116	0	6.85	2.68	.58

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		2005											
		3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Ventura County	814,262	96,065	158	0	19	48,669	80	1,284	4,024	0	.36	5.68	8.84

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Yolo County	188,788	21,968	45	0	4	11,416	24	563	2,205	0	6.98	4.4	3.81

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
County Aggregate*	78,737	9,323	0	0	0	4,571	0	890	2,073	0	2.07	.6	.51

1. Substate Planning Area	2. Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Statewide (optional)	36,981,931	4,340,548	9,601	0	1,558	2,192,268	4,840	182,141	607,348	0	1.13	13.72	8.71

Form 8 Footnotes

The number of IVDUs in need of treatment (Column 4a) could not be determined at this time. ADP relies on the NSDUH for prevalence data; however, NSDUH does not provide IVDU prevalence data. IVDU is not included on any of the various state surveys. A review of CADDs and CalOMS data for the past five years shows that injection has not been the primary or secondary route of administration for the primary drug, and that the rate injection as the route of administration has been decreasing during this timeframe.

County Aggregate = Total findings from counties with populations less than 20,000 (Alpine, Inyo, Mariposa, Modoc, Mono, Sierra and Trinity). These findings were combined to address HIPPA disclosure concerns.

People needing treatment (Table 8, Column 3b) figures were derived by summing the total waiting list figures from the Drug and Alcohol Treatment Access Report (DATAR) reports by county for calendar year 2006. The thirteen counties reporting no treatment need are the smaller counties, some of which have fewer than 100 clients per year. At the time of the analysis for the 2008 application, the DATAR system had recently transferred to a web-based application, and was therefore less complete. DATAR reporting compliance is currently much higher, which should yield a more complete analysis in future years.

The one-month, annualized average for the total population that would seek treatment was derived from DATAR. The monthly county totals of persons on the waiting list vary considerably from month-to-month, based on demand for services versus the available slots. To produce a single statistic that is most representative, we averaged the monthly figures from the waiting list for each county by month for calendar year 2006. The average was then multiplied by 12 to provide a representative total for the year by county.

Treatment Needs by Age, Sex, and Race/Ethnicity

State:
California

Substate Planning Area [95]:
State Total

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. 17 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 25 - 44		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 45 - 64		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 65 and over		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Total																				

Form 9 Footnotes
Please see Appendix A: Form 9 Footnotes

California

How your State determined the estimates for Form 8 and Form 9

How your State determined the estimates for Form 8 and Form 9

Under 42 U.S.C. 300x-29 and 45 C.F.R. 96.133, States are required to submit annually a needs assessment. This requirement is not contingent on the receipt of Federal needs assessment resources. States are required to use the best available data. Using up to three pages, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources and dates or timeframes for the data used in making these estimates reported in both Forms 8 and 9. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

How your State determined the estimates from Form 8 and Form 9

Column 2. Total Population

County population was obtained from the State of California, Department of Finance, California County Population Estimates and Components of Change by Year, July 1, 2000-2006. Sacramento, California, December 2006.

Column 3. Total Population in Need

3A. Needing Treatment Services

The estimate of need was calculated with prevalence estimates from two surveys: the *National Survey on Drug Use and Health* (NSDUH), 2004 and 2005; and the *Eleventh Biennial California Student Survey* (CSS). The NSDUH is provided by the Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services, and provides yearly national and state level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use.

Results from the 2004-2005 NSDUH survey were used to calculate need estimates in Form 8. Prevalence estimates for adults were obtained from Table 10: "Selected Drug Use, Perceptions of Great Risk, Average Annual Rates of First Use of Marijuana, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, Serious Psychological Distress, and Having at Least One Major Depressive Episode in California, by Age Group: Percentages, Annual Averages Based on 2004-2005 NSDUHs." Prevalence estimates from the categories "Needing but Not Receiving Treatment for Illicit Drug Use" and "Needing but Not Receiving Treatment for Alcohol Use" were combined and multiplied by population estimates for California counties as of July 2006.

Prevalence estimates for California youth were provided by the eleventh biennial California Student Survey (CSS) for the 2005-2006 school years. The CSS provides longitudinal information about drug use among California youth in grades seven, nine, and 11 and has been administered biennially since 1989. The 2005-2006 samples included 10,638 randomly-selected students from California middle schools and high schools. Prevalence estimates were obtained from Table 2.19: High Risk Use and Excessive Alcohol Use. The percentages from the row entitled "Total Excessive Alcohol (EAU) and/or High Risk Use (HRU)" 2005-2006 were used as prevalence estimates.

Prevalence percentages are provided in the CSS for grades 7, 9, and 11. Prevalence percentages were interpolated for grades eight and ten to provide a full span of students in California. Prevalence percentages were multiplied by student populations in grades 7 through 11 by California county to calculate need estimates. Student population numbers were obtained from Statewide Enrollment by Grade (with county data), 2005-06, California Department of Education, Educational Demographics Office. The five need estimates were then summed to provide a total estimate of need based on the CSS.

For a total estimate of need by county, totals from the NSDUH were combined with totals from the CSS.

3B. That Would Seek Treatment

The State uses a data collection instrument, the Drug Abuse Treatment Access Report (DATAR), to determine the number of individuals on waiting lists during the month at facilities that receive public funds or have State licensure requirements. Data on the number of people on the waiting list during the month are obtained for each substate planning area (county). A one-month, annualized average was used to estimate the total population that would seek treatment.

Column 4. Number of IVDU's in Need

4A. Needing treatment services

Unable to estimate at this time.

4B. That Would Seek Treatment

The State uses a data collection instrument, the Drug Abuse Treatment Access Report (DATAR), to determine the number of individuals that are injection drug users (IDU) on waiting lists at facilities that receive public funds or have State licensure requirements. Data on the number of IDU's on the waiting list during the month is obtained for each substate planning area and the State. Results from a one-month average were used to estimate the number of IDU's that would seek treatment. This is a one-month, annualized estimate of those that would seek treatment.

Column 5. Number of Women in Need

A. Needing treatment services

Figures for Column 5A were obtained by multiplying the number of individuals needing treatment (Column 3A) by the percent of adult women in each of the counties.

B. That Would Seek Treatment

To obtain the figures for Column 5B, the number of people that would seek treatment (Column 3B) was multiplied by the proportion of women in each county. This is a one-month, annualized average number of adult women who would seek treatment.

Column 6. Prevalence of Substance-Related Criminal Activity

Totals for substance-related arrests were obtained from the State of California, Department of Justice, Criminal Justice Statistics Center, Total Misdemeanor and Felony Arrests, 2005.

Column 7. Incidence of Communicable Diseases

7A. California Department of Health Services, Provisional Cases of Hepatitis B, California by County, 2006 Rate per 100,000.

7B. Table 15: Reported Incidence of AIDS Among Population Ages 13 Years and Older, 2002-2004. County Health Status Profiles 2006, California Department of Health Services.

7C. Table 16: Reported Incidence of Tuberculosis, 2002-2004. County Health Status Profiles 2006, California Department of Health Services.

Limitations

Prevalence estimates of individuals needing treatment services are not available at the California county level. As a consequence, it was necessary to extrapolate need estimates based on California state level prevalence data.

Estimates of individuals who would seek treatment are derived from waiting list data of publicly funded treatment facilities and facilities that have a licensing requirement to dispense medications. Because the State of California does not collect information on facilities that do not receive public funds, our estimates of individuals who would seek treatment are conservative.

State:
California

INTENDED USE PLAN

(Include ONLY Funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form)

SOURCE OF FUNDS

(24 Month Projection)

Activity (see instructions for using Row 1)	A. FY 2008 SAPT Block Grant	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation	\$183,381,562	\$165,822,000	\$15,826,000	\$686,596,000	\$0	\$0
2. Primary Prevention	\$49,985,913		\$28,620,000	\$20,000,000	\$0	\$0
3. Tuberculosis Services	\$0	\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$12,496,478	\$0	\$0	\$0	\$0	\$0
5. Administration (excluding program/provider level)	\$4,065,611		\$745,630	\$9,812,576	\$0	\$0
6. Column Total	\$249,929,564	\$165,822,000	\$45,191,630	\$716,408,576	\$	\$

Form 11ab

State:
California

Form 11a: Primary Prevention Planned Expenditures Checklist

	Block Grant FY 2008	Other Federal	State	Local	Other
Information Dissemination	\$5,538,127	\$	\$20,000,000	\$	\$
Education	\$18,145,711	\$	\$	\$	\$
Alternatives	\$5,088,629	\$	\$	\$	\$
Problem Identification & Referral	\$1,804,299	\$	\$	\$	\$
Community-Based Process	\$15,410,175	\$	\$	\$	\$
Environmental	\$1,998,972	\$	\$	\$	\$
Other	\$	\$28,620,000	\$	\$	\$
Section 1926 - Tobacco	\$2,000,000	\$	\$	\$	\$
TOTAL	\$49,985,913	\$28,620,000	\$20,000,000	\$	\$

Form 11b: Primary Prevention Planned Expenditures Checklist

	Block Grant FY 2008	Other Federal	State	Local	Other
Universal Direct	\$	\$	\$	\$	\$
Universal Indirect	\$	\$	\$	\$	\$
Selective	\$	\$	\$	\$	\$
Indicated	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

Form 11ab Footnotes
Other Federal

Beginning with Federal Fiscal Year (FFY) 2006, other federal is comprised of discretionary grants and is not part of the cost report process. Therefore, categorical expenditures are not noted.

State:
California

Resource Development Planned Expenditure Checklist

Does your State plan to fund resource development activities with FY 2008 funds?

Yes No

	Treatment	Prevention	Additional Combined	Total
Planning, Coordination and Needs Assessment	\$572,619	\$	\$	\$572,619
Quality Assurance	\$966,214	\$	\$	\$966,214
Training (post-employment)	\$249,067	\$	\$	\$249,067
Education (pre-employment)	\$	\$	\$	\$
Program Development	\$2,247,554	\$956,000	\$	\$3,203,554
Research and Evaluation	\$923,372	\$	\$	\$923,372
Information Systems	\$1,866,000	\$	\$	\$1,866,000
TOTAL	\$6,824,826	\$956,000	\$	\$7,780,826

State:
California

TREATMENT CAPACITY MATRIX

This form contains data covering a 24-month projection for the period during which your principal agency of the State is permitted to spend the FY 2008 block grant award.

Level of Care	A. Number of Admissions	B. Number of Persons Served
Detoxification (24 hour Care)		
1. Hospital Inpatient		
2. Free-standing Residential	49,868	37,306
Rehabilitation / Residential		
3. Hospital Inpatient		
4. Short-term (up to 30 days)	8,074	7,178
5. Long-term (over to 30 days)	81,558	66,686
Ambulatory (Outpatient)		
6. Outpatient	239,270	194,054
7. Intensive Outpatient	21,020	18,892
8. Detoxification	24,066	17,666
9. Opioid Replacement Therapy	27,696	21,984

Form 12 Footnotes

The planned admissions and unique client count were derived from figures on Form 7a. Admission and unique client counts from Form 7a were doubled to estimate the number of planned admissions and unique clients to be served during the 24-month period in which the FY2007 block grant award will be expended.

State:
California

Purchasing Services

Methods for Purchasing

This item requires completing two checklists

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2008 block grant award. Indicate the proportion of funding that is expended through the applicable procurement mechanism.

- | | |
|--|-------------------------|
| <input type="checkbox"/> Competitive grants | Percent of Expense: % |
| <input checked="" type="checkbox"/> Competitive contracts | Percent of Expense: 8% |
| <input type="checkbox"/> Non-competitive grants | Percent of Expense: % |
| <input checked="" type="checkbox"/> Non-competitive contracts | Percent of Expense: 92% |
| <input type="checkbox"/> Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services | Percent of Expense: % |
| <input type="checkbox"/> Other | Percent of Expense: % |
| (The total for the above categories should equal 100 percent.) | |
| <input type="checkbox"/> According to county or regional priorities | Percent of Expense: % |

Methods for Determining Prices

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply. In addressing a States allocation of resources through various payment methods, a State may choose to report either the proportion of expenditures or proportion of clients served through these payment methods. Estimated proportions are acceptable.

- | | |
|--|--|
| <input type="checkbox"/> Line item program budget | Percent of Clients Served: %
Percent of Expenditures: % |
| <input type="checkbox"/> Price per slot | Percent of Clients Served: %
Percent of Expenditures: % |
| Rate: | Type of slot: |
| Rate: | Type of slot: |
| Rate: | Type of slot: |
| <input type="checkbox"/> Price per unit of service | Percent of Clients Served: %
Percent of Expenditures: % |
| Unit: | Rate: |
| Unit: | Rate: |
| Unit: | Rate: |

PAGE 2 - Purchasing Services Checklist

Per capita allocation (Formula): Please see footnotes

Percent of Clients Served: %
Percent of Expenditures: %

Price per episode of care:

Percent of Clients Served: %
Percent of Expenditures: %

Rate: Diagnostic Group:

Rate: Diagnostic Group:

Rate: Diagnostic Group:

Purchase Services Footnotes
Non-competitive contracts

California allocates virtually all of our local assistance to county governments, which contract with local providers for direct prevention and treatment services based upon local needs.

Base plus per capita allocation

The State allocates new funds either on a formula utilizing a base plus per capita or on a needs-based methodology that best meets the intent of the funds. Base funds, which are ongoing funds, are allocated on historical levels. New funds are allocated according to the "standard methodology," which is a base plus per capita to ensure each county receives a minimum amount of funds to provide adequate alcohol and other drug (AOD) services. New funds with a specific intent utilized needs indicator data consistent with the funding intent. Reductions in base funding from historical funding levels occur by formula: if the reduction is greater than five percent then all counties participate in the reduction. A description of the Department of Alcohol and Drug Program's funding methodologies is included in the Planning Checklist Footnotes.

Existing State statute [Health and Safety Code Section 11814 (a)] requires the State to estimate an allocation of State and federal funds available for each county to implement the approved plan for the provision of AOD services. Substance Abuse Prevention and Treatment Block Grant funds are distributed to the counties through non-competitive contracts.

State:
California

Program Performance Monitoring

- On-site inspections
(Frequency for treatment:) See Footnotes
(Frequency for prevention:) See Footnotes
- Activity Reports
(Frequency for treatment:) See Footnotes
(Frequency for prevention:) See Footnotes
- Management information System
- Patient/participant data reporting system
(Frequency for treatment:) See Footnotes
(Frequency for prevention:) See Footnotes
- Performance Contracts
- Cost reports
- Independent Peer Review
- Licensure standards - programs and facilities
(Frequency for treatment:) See Footnotes
(Frequency for prevention:) See Footnotes
- Licensure standards - personnel
(Frequency for treatment:) See Footnotes
(Frequency for prevention:) See Footnotes
- Other (Specify): See Footnotes

PPM Checklist Footnotes
Program Performance Monitoring

On-site Inspections

Licensed Residential Alcohol and Other Drug (AOD) Programs: Site inspections of licensed residential AOD programs are performed at least once during every two-year period of licensure.

Certified AOD Residential and Nonresidential Programs: Site inspections of certified AOD residential and nonresidential programs are conducted at least one during the two-year period of certification. Program certification is voluntary.

Narcotic Treatment Programs: A licensed Narcotic Treatment Program is subject to site inspection by the Department of Alcohol and Drug Programs (ADP) without prior notice at least annually.

The State delegates the authority as part of the Net Negotiated Amount (NNA) contract to the counties to ensure their treatment providers are in compliance with the requirements and agreements of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. In addition, the State performs on-site inspections.

Prevention Programs: ADP delegates site inspections to the counties through the NNA contracts, with coordination from the Program Services Division (PSD)—Prevention, when prevention programs are involved. Depending on the county and circumstances, site inspections may be conducted monthly, quarterly, semi-annually, annually, or biannually. To ensure that counties establish and monitor quality standards, ADP monitors county performance. The NNA Contract requires counties to follow prevention business practices (Strategic Prevention Framework five steps as of July 2006) and to provide evidence of compliance with the practices.

Activity Reports

All contractors receiving SAPT Block Grant funds are monitored and evaluated. Providers are required to submit Drug and Alcohol Treatment Access Report (DATAR) information to ADP by the 10th of each month. Special population technical assistance contractors receiving SAPT Block Grant funds are monitored and evaluated through monthly contact and monthly activity reports. Contract monitors attend training events and technical assistance presentations as needed. PSD—Prevention also evaluates its contractors through attendance at trainings/services by contractor, as well as by making direct inquiries with service recipients.

Management Information Systems

Providers are required to submit client admission, discharge and annual update data to ADP monthly for the California Outcomes Measurement System—Treatment (CalOMS-Tx). Data is collected from providers and submitted directly to ADP or processed through county data systems, and then submitted to ADP for inclusion in CalOMS-Tx. CalOMS-Tx collects data to meet the National Outcome Measures reporting requirements. Narcotics Treatment Providers also provide data directly to ADP Licensing Division.

Patient/Participant Data Reporting System

Frequency of Treatment: ADP receives treatment patient/participant data through CalOMS-Tx, which is submitted to ADP monthly.

Frequency of Prevention: ADP monitored the Center for Substance Abuse Prevention primary prevention services from 1998 through June 2006 using a state-designed data collection system that evolved from the Minimum Data Set. It was named the Prevention Activities Data System (PADS). As of July 2006, PADS was replaced by the California Outcomes Monitoring Service for Prevention

PPM Checklist Footnotes

(CalOMS-Prev), which uses the KIT Solutions service. CalOMS-Prev collects data from 58 counties and their approximately 350 local programs with whom counties contract for primary prevention services. Program/provider activity data is continually collected and submitted into the CalOMS-Prev database. The counties review their providers' data, and then release it to ADP by the end of each quarter.

Performance Contracts

Counties are mandated by NNA contracts to submit monthly CalOMS-Tx data reports and DATAR reports. Quarterly and annual reports (e.g., cost reports, etc.) are also part of the NNA agreement. These reports are used to monitor and evaluate the performance of counties that receive SAPT Block Grant funds. County compliance reviews are conducted annually.

Cost Reports

The counties are required to submit cost reports by November 1 of each year.

Independent Peer Review

The independent peer review function is the responsibility of the Licensing and Certification Division in ADP. The independent peer review contractor is required to submit monthly, quarterly, and final reports to ADP. See response to Federal Goal #15, Independent Peer Review for more information.

Licensure Standards - programs and facilities

Licensing standards for residential AOD programs are promulgated as regulations in the California Code of Regulations (CCR). Chapter 5, Title 9 of the CCR establishes the minimum requirement for site inspections at every two years.

Licensure Standards - personnel

Requirements for personnel in a licensed residential program are established in the California Code of Regulations, Chapter 5, Title 9. Applicants for licensure are required to submit personnel specifications with the license application. Personnel specifications are monitored every two years during the site inspections.

Other - Audit Requirements

The single Audit Act of 1984 sets forth standards for obtaining consistency and uniformity among federal agencies for the audit of States, local governments, and nonprofit organizations expending federal awards. Providers subject to Office of Management and Budget Circular A-133 (A-133) are required to obtain audits annually. ADP reviews these audit reports and assures overpayments are recovered and corrective actions are taken. In addition to the A-133 audits, ADP conducts financial and compliance audits on some number of SAPT Block Grant recipients each year. Audits are designed to rely upon A-133 audits that have been conducted. A primary focus is to ensure that SAPT Block Grant and various other federal and State funding sources are charged for their fair share of costs.

Other - County Monitoring

County Compliance Reviews: Funds are allocated to counties through the NNA contracts for provision of AOD services. ADP conducts annual compliance reviews of county administrative systems, including the county's sub-contractor oversight to ensure compliance with federal and State requirements. With the CalOMS-Tx and CalOMS-Prev data and outcome reports becoming available July 1, 2006, and with National Outcome Measures (NOMS) in effect, this information will improve the county compliance function and identify the programmatic and contractual performance of NNA- and Drug MediCal-funded AOD programs. This additional level of monitoring allows the State and counties to work cooperatively to assure that services are provided in a manner that meets federal and State requirements and promptly addresses any issues of noncompliance.

**Performance Measure Data Collection
Interim Standard – Change in Employment Status
(from Admission to Discharge)**

GOAL To improve the employment status of persons treated in the State’s substance abuse treatment system.

MEASURE The change in *all clients receiving treatment* who reported being employed (including part-time) at discharge.

DEFINITIONS Change in *all clients receiving treatment* who reported being employed (including part-time) at admission and discharge.

Most recent year for which data are available	From: <input type="text" value="1/1/2006"/>	To: <input type="text" value="12/31/2006"/>
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Employment Status – Clients employed (full-time and part-time) (prior 30 days) at admission vs. discharge	Admission Clients (T₁)	Discharge Clients (T₂)
Number of clients employed (full-time and part-time) [numerator]	<input type="text" value="19,478"/>	<input type="text" value="22,997"/>
Total number of clients with non-missing values on employment status [denominator]	<input type="text" value="35,404"/>	<input type="text" value="35,404"/>
Percent of clients employed (full-time and part-time)	55.02%	64.96%
Percent of clients employed (full-time and part-time) at discharge minus percent of clients employed at admission. (Positive percent change values indicate increased employment)	Absolute Change [%T ₂ -%T ₁] 9.94% / 18.07%	

State Description of Employment Status Data Collection (Form T1)

STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described</p> <p>Data for this variable are collected at admission and discharge. The data represent the clients’ self-report as to their status on the variable during the 30 days before admission and during the 30 days before discharge. Admission and discharge records are matched with a unique statewide client ID to provide client-level data for analysis.</p>
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DATA SOURCE	<p>What is the source of data for table T1? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Client Self Report</p> <p>Client self-report confirmed by another source:</p> <p><input type="checkbox"/> Collateral source</p> <p><input type="checkbox"/> Administrative data source</p> <p><input type="checkbox"/> Other: Specify <input type="text"/></p>
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EPISODE OF CARE	<p>How is the admission/discharge basis defined for table T1? (Select one)</p>
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- Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days
- Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit
- Other, Specify:

DISCHARGE DATA COLLECTION

How was discharge data collected for table T1? (Select all that apply)

- Not applicable, data reported on form is collected at time period other than discharge
Specify:
 - In-Treatment data days post admission
 - Follow-up data months post
 - Other, Specify:
- Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
- Discharge data is collected for a sample of all clients who were admitted to treatment
- Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
- Discharge records are not collected for approximately % of clients who were admitted for treatment

RECORD LINKING

Was the admission and discharge data linked for table T1? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID)
Select type of UCID:
 - Master Client Index or Master Patient Index, centrally assigned
 - Social Security Number (SSN)
 - Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)
 - Some other Statewide unique ID
 - Provider-entity-specific unique ID
- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data
- No, admission and discharge records were matched using probabilistic record matching

IF DATA IS UNAVAILABLE

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission
- Information is not collected at discharge
- Information is not collected by the categories requested
- State collects information on the indicator area but utilizes a different measure.

DATA PLANS IF DATA IS NOT AVAILABLE

State must provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.



Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 35,192) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

Performance Measure Data Collection
Interim Standard – Number of Clients and Change in Homelessness (Living Status)

GOAL To improve living conditions of persons treated in the State’s substance abuse treatment system.

MEASURE The change in *all clients receiving treatment* who reported being homeless at discharge.

DEFINITIONS Change in *all clients receiving treatment* who reported being homeless at discharge equals the clients reporting being homeless at admission subtracted from the clients reporting being homeless at discharge.

Most recent year for which data are available	From: <input type="text" value="1/1/2006"/>	To: <input type="text" value="12/31/2006"/>
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Homelessness – Clients homeless (prior 30 days) at admission vs. discharge	Admission Clients (T₁)	Discharge Clients (T₂)
Number of clients homeless [numerator]	<input type="text" value="11,801"/>	<input type="text" value="10,223"/>
Total number of clients with non-missing values on living arrangements [denominator]	<input type="text" value="75,227"/>	<input type="text" value="75,227"/>
Percent of clients homeless	15.69%	13.59%
Percent of clients homeless at discharge minus percent of clients homeless at admission. (Negative percent change values indicate reduced homelessness)	Absolute Change [%T ₂ -%T ₁] -2.10% / -13.37%	

State Description of Homelessness (Living Status) Data Collection (Form T2)

STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described</p> <p>Data for this variable are collected at admission and discharge. The data represent the clients’ self-report as to their status on the variable during the 30 days before admission and during the 30 days before discharge. Admission and discharge records are matched with a unique statewide client ID to provide client-level data for analysis.</p>
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DATA SOURCE	<p>What is the source of data for table T2? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Client Self Report</p> <p>Client self-report confirmed by another source:</p> <p><input type="checkbox"/> Collateral source</p> <p><input type="checkbox"/> Administrative data source</p> <p><input type="checkbox"/> Other: Specify <input type="text"/></p>
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EPISODE OF CARE

How is the admission/discharge basis defined for table T2? (Select one)

- Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days
- Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit
- Other, Specify:

DISCHARGE DATA COLLECTION

How was discharge data collected for table T2? (Select all that apply)

- Not applicable, data reported on form is collected at time period other than discharge
Specify:
 - In-Treatment data days post admission
 - Follow-up data months post
 - Other, Specify:
- Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment
 - Discharge data is collected for a sample of all clients who were admitted to treatment
 - Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment
 - Discharge records are not collected for approximately % of clients who were admitted for treatment

RECORD LINKING

Was the admission and discharge data linked for table T2? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID)
Select type of UCID:
 - Master Client Index or Master Patient Index, centrally assigned
 - Social Security Number (SSN)
 - Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)
 - Some other Statewide unique ID
 - Provider-entity-specific unique ID
- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data
 - No, admission and discharge records were matched using probabilistic record matching

IF DATA IS UNAVAILABLE

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission
- Information is not collected at discharge
- Information is not collected by the categories requested
- State collects information on the indicator area but utilizes a different measure.

DATA PLANS IF DATA IS NOT AVAILABLE

State must provide time-framed plans for capturing living status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and

estimates of cost.

Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 71,965) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

**Performance Measure Data Collection
Interim Standard – Change of Persons Arrested**

GOAL To reduce the criminal justice involvement of persons treated in the State’s substance abuse treatment system.

MEASURE The change in persons arrested in the last 30 days at discharge for *all clients receiving treatment*.

DEFINITIONS Change in persons arrested in the last 30 days at discharge for *all clients receiving treatment* equals clients who were arrested in the 30 days prior to admission subtracted from clients who were arrested in the last 30 days at discharge. An arrest is any arrest.

Most recent year for which data are available	From: <input type="text" value="1/1/2006"/>	To: <input type="text" value="12/31/2006"/>
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Arrests – Clients arrested (any charge) (prior 30 days) at admission vs. discharge	Admission Clients (T₁)	Discharge Clients (T₂)
Number of Clients arrested [numerator]	<input type="text" value="7,135"/>	<input type="text" value="2,540"/>
Total number of clients with non-missing values on arrests [denominator]	<input type="text" value="55,203"/>	<input type="text" value="55,203"/>
Percent of clients arrested	12.93%	4.60%
Percent of clients arrested at discharge minus percent of clients arrested at admission. (Negative percent change values indicate reduced arrests)	Absolute Change [%T ₂ -%T ₁] -8.32% / -64.40%	

State Description of Number of Arrests Data Collection (Form T3)

STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described</p> <p>Data for this variable are collected at admission and discharge. The data represent the clients’ self-report as to their status on the variable during the 30 days before admission and during the 30 days before discharge. Admission and discharge records are matched with a unique statewide client ID to provide client-level data for analysis.</p>
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DATA SOURCE	<p>What is the source of data for table T3? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Client Self Report</p> <p>Client self-report confirmed by another source:</p> <p><input type="checkbox"/> Collateral source</p> <p><input type="checkbox"/> Administrative data source</p> <p><input type="checkbox"/> Other: Specify <input type="text"/></p>
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EPISODE OF CARE	
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How is the admission/discharge basis defined for table T3? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit

Other, Specify:

DISCHARGE DATA COLLECTION

How was discharge data collected for table T3? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge
Specify:

In-Treatment data days post admission

Follow-up data months post

Other, Specify:

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment

Discharge data is collected for a sample of all clients who were admitted to treatment

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment

Discharge records are not collected for approximately % of clients who were admitted for treatment

RECORD LINKING

Was the admission and discharge data linked for table T3? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID)
Select type of UCID:

Master Client Index or Master Patient Index, centrally assigned

Social Security Number (SSN)

Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)

Some other Statewide unique ID

Provider-entity-specific unique ID

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data

No, admission and discharge records were matched using probabilistic record matching

IF DATA IS UNAVAILABLE

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission

Information is not collected at discharge

Information is not collected by the categories requested

State collects information on the indicator area but utilizes a different measure.

DATA PLANS IF DATA IS NOT AVAILABLE

State must provide time-framed plans for capturing arrest data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of



cost.

Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 57,849) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

Performance Measure Data Collection
Interim Standard – Percentage Point Change in Abstinence - Alcohol Use

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in *all clients receiving treatment* who reported abstinence at discharge.

DEFINITIONS Change in *all clients receiving treatment* who reported abstinence at discharge equals clients reporting abstinence at admission subtracted from clients reporting abstinence at discharge.

Most recent year for which data are available	From: <input type="text" value="1/1/2006"/>	To: <input type="text" value="12/31/2006"/>
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Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge.	Admission Clients (T₁)	Discharge Clients (T₂)
Number of clients abstinent from alcohol [numerator]	<input type="text" value="10,093"/>	<input type="text" value="19,602"/>
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	<input type="text" value="27,310"/>	<input type="text" value="27,310"/>
Percent of clients abstinent from alcohol	36.96%	71.78%
Percent of clients abstinent from alcohol at discharge minus percent of clients abstinent from alcohol at admission. (Positive percent change values indicate increased alcohol abstinence)	Absolute Change [%T ₂ -%T ₁] 34.82% / 94.21%	
(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)		

State Description of Employment Status Data Collection (Form T4)

STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described</p> <p>Data for this variable are collected at admission and discharge. The data represent the clients' self-report as to their status on the variable during the 30 days before admission and during the 30 days before discharge. Admission and discharge records are matched with a unique statewide client ID to provide client-level data for analysis.</p>
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DATA SOURCE	<p>What is the source of data for table T4? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Client Self Report</p> <p>Client self-report confirmed by another source:</p> <p><input checked="" type="checkbox"/> Urinalysis, blood test or other biological assay</p> <p><input type="checkbox"/> Collateral source</p> <p><input type="checkbox"/> Administrative data source</p> <p><input type="checkbox"/> Other: Specify <input type="text"/></p>
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EPISODE OF CARE	<p>How is the admission/discharge basis defined for table T4? (Select one)</p> <p><input type="radio"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days</p> <p><input checked="" type="radio"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit</p> <p><input type="radio"/> Other, Specify: <input style="width: 300px;" type="text"/></p>
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DISCHARGE DATA COLLECTION	<p>How was discharge data collected for table T4? (Select all that apply)</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge Specify:</p> <p><input type="radio"/> In-Treatment data <input style="width: 40px;" type="text"/> days post admission</p> <p><input type="radio"/> Follow-up data <input style="width: 40px;" type="text"/> months post <input style="width: 60px; border: 1px solid black;" type="text" value="admission"/> <input style="font-size: 8px;" type="text" value="v"/></p> <p><input type="radio"/> Other, Specify: <input style="width: 300px;" type="text"/></p> </div> <p><input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment</p> <p><input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment</p> <p><input checked="" type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment</p> <p><input type="checkbox"/> Discharge records are not collected for approximately <input style="width: 40px;" type="text"/> % of clients who were admitted for treatment</p>
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RECORD LINKING	<p>Was the admission and discharge data linked for table T4? (Select all that apply)</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID:</p> <p><input checked="" type="radio"/> Master Client Index or Master Patient Index, centrally assigned</p> <p><input type="radio"/> Social Security Number (SSN)</p> <p><input type="radio"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)</p> <p><input type="radio"/> Some other Statewide unique ID</p> <p><input type="radio"/> Provider-entity-specific unique ID</p> </div> <p><input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data</p> <p><input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching</p>
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IF DATA IS UNAVAILABLE	<p>If data is not reported, why is State unable to report? (Select all that apply)</p> <p><input type="checkbox"/> Information is not collected at admission</p> <p><input type="checkbox"/> Information is not collected at discharge</p> <p><input type="checkbox"/> Information is not collected by the categories requested</p> <p><input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.</p>
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**DATA PLANS IF DATA
IS NOT AVAILABLE**

State must provide time-framed plans for capturing alcohol abstinence data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 10,570) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

Performance Measure Data Collection
Interim Standard – Percentage Point Change in Abstinence - Other Drug Use

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in *all clients receiving treatment* who reported abstinence at discharge.

DEFINITIONS Change in *all clients receiving treatment* who reported abstinence at discharge equals clients reporting abstinence at admission subtracted from clients reporting abstinence at discharge.

Most recent year for which data are available	From: <input type="text" value="1/1/2006"/>	To: <input type="text" value="12/31/2006"/>
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Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge.	Admission Clients (T₁)	Discharge Clients (T₂)
Number of Clients abstinent from illegal drugs [numerator]	<input type="text" value="17,781"/>	<input type="text" value="30,755"/>
Total number of clients with non-missing values on "used any drug" variable [denominator]	<input type="text" value="45,848"/>	<input type="text" value="45,848"/>
Percent of clients abstinent from drugs	38.78%	67.08%
Percent of clients abstinent from drugs at discharge minus percent of clients abstinent from drugs at admission. (Positive percent change values indicate increased drug abstinence)	Absolute Change [%T ₂ -%T ₁] 28.30% / 72.97%	
(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)		

State Description of Employment Status Data Collection (Form T5)

STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described</p> <p>Data for this variable are collected at admission and discharge. The data represent the clients' self-report as to their status on the variable during the 30 days before admission and during the 30 days before discharge. Admission and discharge records are matched with a unique statewide client ID to provide client-level data for analysis.</p>
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DATA SOURCE	<p>What is the source of data for table T5? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Client Self Report</p> <p>Client self-report confirmed by another source:</p> <p><input checked="" type="checkbox"/> Urinalysis, blood test or other biological assay</p> <p><input type="checkbox"/> Collateral source</p> <p><input type="checkbox"/> Administrative data source</p> <p><input type="checkbox"/> Other: Specify <input type="text"/></p>
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EPISODE OF CARE	<p>How is the admission/discharge basis defined for table T5? (Select one)</p> <p><input type="radio"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days</p> <p><input checked="" type="radio"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit</p> <p><input type="radio"/> Other, Specify: <input style="width: 300px;" type="text"/></p>
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DISCHARGE DATA COLLECTION	<p>How was discharge data collected for table T5? (Select all that apply)</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge Specify:</p> <p><input type="radio"/> In-Treatment data <input style="width: 40px;" type="text"/> days post admission</p> <p><input type="radio"/> Follow-up data <input style="width: 40px;" type="text"/> months post <input style="width: 60px;" type="text" value="admission"/> <input style="width: 60px;" type="text" value="admission"/></p> <p><input type="radio"/> Other, Specify: <input style="width: 300px;" type="text"/></p> </div> <p><input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment</p> <p><input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment</p> <p><input checked="" type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment</p> <p><input type="checkbox"/> Discharge records are not collected for approximately <input style="width: 40px;" type="text"/> % of clients who were admitted for treatment</p>
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RECORD LINKING	<p>Was the admission and discharge data linked for table T5? (Select all that apply)</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID:</p> <p><input checked="" type="radio"/> Master Client Index or Master Patient Index, centrally assigned</p> <p><input type="radio"/> Social Security Number (SSN)</p> <p><input type="radio"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)</p> <p><input type="radio"/> Some other Statewide unique ID</p> <p><input type="radio"/> Provider-entity-specific unique ID</p> </div> <p><input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data</p> <p><input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching</p>
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IF DATA IS UNAVAILABLE	<p>If data is not reported, why is State unable to report? (Select all that apply)</p> <p><input type="checkbox"/> Information is not collected at admission</p> <p><input type="checkbox"/> Information is not collected at discharge</p> <p><input type="checkbox"/> Information is not collected by the categories requested</p> <p><input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.</p>
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**DATA PLANS IF DATA
IS NOT AVAILABLE**

State must provide time-framed plans for capturing drug abstinence data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 45,305) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

Performance Measure Data Collection
Interim Standard – Percentage Point Change in Social Support of Recovery

GOAL To improve clients’ participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in *all clients receiving treatment* who reported participation in one or more social and or recovery support activity at discharge.

DEFINITIONS Change in *all clients receiving treatment* who reported participation in one or more social and recovery support activities at discharge equals clients reporting participation at admission subtracted from clients reporting participation at discharge.

Most recent year for which data are available	From: <input type="text" value="1/1/2006"/>	To: <input type="text" value="12/31/2006"/>
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Social Support of Recovery – Clients participating in self-help groups, support groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge	Admission Clients (T₁)	Discharge Clients (T₂)
Number of clients with one or more such activities (AA NA meetings attended, etc.) [numerator]	<input type="text" value="24,519"/>	<input type="text" value="33,738"/>
Total number of Admission and Discharge clients with non-missing values on social support activities [denominator]	<input type="text" value="55,205"/>	<input type="text" value="55,205"/>
Percent of clients participating in social support activities	44.41%	61.11%
Percent of clients participating in social support of recovery activities in prior 30 days at discharge minus percent of clients participating in social support of recovery activities in prior 30 days at admission. (Positive percent change values indicate increased participation in social support of recovery activities.)	Absolute Change [%T ₂ -%T ₁] 16.70% / 37.60%	

State Description of Employment Status Data Collection (Form T6)

STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described</p> <p>Data for this variable are collected at admission and discharge. The data represent the clients’ self-report as to their status on the variable during the 30 days before admission and during the 30 days before discharge. Admission and discharge records are matched with a unique statewide client ID to provide client-level data for analysis.</p>
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DATA SOURCE	<p>What is the source of data for table T6? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Client Self Report</p> <p>Client self-report confirmed by another source:</p> <p><input type="checkbox"/> Collateral source</p> <p><input type="checkbox"/> Administrative data source</p> <p><input type="checkbox"/> Other: Specify <input type="text"/></p>
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EPISODE OF CARE	<p>How is the admission/discharge basis defined for table T6? (Select one)</p> <p><input type="radio"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days</p> <p><input checked="" type="radio"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit</p> <p><input type="radio"/> Other, Specify: <input style="width: 300px;" type="text"/></p>
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DISCHARGE DATA COLLECTION	<p>How was discharge data collected for table T6? (Select all that apply)</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge Specify:</p> <p><input type="radio"/> In-Treatment data <input style="width: 40px;" type="text"/> days post admission</p> <p><input type="radio"/> Follow-up data <input style="width: 40px;" type="text"/> months post <input style="width: 60px; border: 1px solid black;" type="text" value="admission"/> <input style="width: 100px; border: 1px solid black;" type="text"/></p> <p><input type="radio"/> Other, Specify: <input style="width: 300px;" type="text"/></p> </div> <p><input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment</p> <p><input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment</p> <p><input checked="" type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment</p> <p><input type="checkbox"/> Discharge records are not collected for approximately <input style="width: 40px;" type="text"/> % of clients who were admitted for treatment</p>
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RECORD LINKING	<p>Was the admission and discharge data linked for table T6? (Select all that apply)</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID:</p> <p><input checked="" type="radio"/> Master Client Index or Master Patient Index, centrally assigned</p> <p><input type="radio"/> Social Security Number (SSN)</p> <p><input type="radio"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)</p> <p><input type="radio"/> Some other Statewide unique ID</p> <p><input type="radio"/> Provider-entity-specific unique ID</p> </div> <p><input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data</p> <p><input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching</p>
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IF DATA IS UNAVAILABLE	<p>If data is not reported, why is State unable to report? (Select all that apply)</p> <p><input type="checkbox"/> Information is not collected at admission</p> <p><input type="checkbox"/> Information is not collected at discharge</p> <p><input type="checkbox"/> Information is not collected by the categories requested</p> <p><input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.</p>
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**DATA PLANS IF DATA
IS NOT AVAILABLE**

State must provide time-framed plans for capturing social support of recovery data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 57,849) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

Length of Stay (in Days) of All Discharges

Most recent year for which data are available

From:

1/1/2006

To:

12/31/2006

Length of Stay			
Level of Care	Average	Median	Standard Deviation
Detoxification (24-Hour Care)			
1. Hospital Inpatient	0	0	0
2. Free-standing Residential	6.5	4	16.8
Rehabilitation / Residential			
3. Hospital Inpatient	0	0	0
4. Short-term (up to 30 days)	19.2	15	29.6
5. Long-term (over 30 days)	68.7	50	70.6
Ambulatory (Outpatient)			
6. Outpatient	124.3	79	155.8
7. Intensive Outpatient	105.1	61	126.9
8. Detoxification	33.7	90	90.7
Opioid Replacement Therapy (ORT)			
9. Opioid Replacement Therapy	370.7	114	704.6
10. ORT Outpatient (optional)	0	0	0

Discharge Data Collection

"Administrative Discharges" are completed when clients are not available for interview at cessation of treatment. An "Administrative Discharge" contains no information about alcohol or drug use, or functioning in the life domains at case closure. "Administrative Discharges" (n = 82,405) were not included in this analysis due to missing data in the area under examination.

Additional Information

These findings should be considered preliminary since the data was obtained from a newly implemented data system.

California

INSERT OVERALL NARRATIVE:

INSERT OVERALL NARRATIVE:

The State should address as many of these questions as possible and may provide other relevant information if so desired. Responses to questions that are already provided in other sections of the application (e.g., planning, needs assessment) should be referenced whenever possible.

State Performance Management and Leadership

Describe the Single State Authority capacity and capability to make data driven decisions based on performance measures? Describe any potential barriers and necessary changes that would enhance the SSA's leadership role in this capacity.

Describe the types of regular and ad hoc reports generated by the State and identify to whom they are distributed and how.

If the State sets benchmarks, performance targets or quantified objectives, what methods are used by the State in setting these values?

What actions does the State take as a result of analyzing performance management data?

Has the State developed evidence-based practices (EBPs) or programs and, if so, does the State require that providers use these EBPs?

Provider Involvement

What actions does the State expect the provider or intermediary to take as a result of analyzing performance management data?

If the SSA has a regular training program for State and provider staff that collect and report client information, describe the training program, its participants and frequency.

Do workforce development plans address NOMs implementation and performance-based management practices?

Does the State require providers to supply information about the intensity or number of services received?

State Performance Management and Leadership

Describe the Single State Authority capacity and capability to make data driven decisions based on performance measure. Describe any potential barriers and necessary changes that would enhance the SSA's leadership role in this capacity.

The State has designed, developed, and implemented the California Outcomes Measurement System—Treatment Treatment (CalOMS –Tx). Counties and providers began collecting CalOMS–Tx data January 1, 2006, and began submitting it electronically to the Department of Alcohol and Drug Programs in February 2006. The State is in the initial planning stages to identify and develop the capability and capacity to make data driven treatment and prevention decisions.

Describe the types of regular and ad hoc reports generated by the State and identify to whom they are distributed and how.

Outcome Reports — a series of 16 reports that can provide thousands of different views of CalOMS treatment data that include:

- Assessing Services – source of referral; types of service modality
- Changes during treatment – alcohol and drug use, criminal justice
- Service Utilization – completion rates, length of stay
- Treatment population – client characteristics, demographics

Data Quality and Compliance Reports — provide summary and supporting metrics regarding the timeliness, completeness, and accuracy of CalOMS–Tx data submissions

Error and Submission Detail Reports — provide record-by-record summaries of all errors encountered during CalOMS–Tx data submissions

Open Admissions Reports — list all open alcohol and other drug (AOD) treatment admissions older than a user-selected number of months

Services Provided Outside County Reports — provide a listing of AOD treatment services performed by providers located outside the county, by request

Parolee Services Network Reports — provide quarterly summary data on clients enrolled in this program; only applicable to counties participating in the PSN program

Substance Abuse and Crime Prevention Act (SACPA) Program Management Reports — provide quarterly summary data on clients treated under the SACPA program

If the State sets benchmarks, performance targets or quantified objectives, what methods are used by the State in setting these values?

The State has not developed prevention and treatment benchmarks, targets or the methodology. However the State has set performance targets for data quality submissions.

What actions does the State take as a result of analyzing performance management data?

The State is in the planning stages of developing methods and actions as a result of analyzing performance data. Data management actions include noncompliance letters and potential withholding of funds.

Has the State developed evidence-based practices (EBPs) or programs and, if so, does the State require that providers use these EBPs?

Although many providers recognize and use EBPs, the State does not require them at this time.

Provider Involvement

What actions does the State expect the provider or intermediary to take as a result of analyzing performance management data?

The State is in the planning stages of developing methods and actions as a result of analyzing performance data.

If the SSA has a regular training program for State and provider staff that collect and report client information, describe the training program, its participants and frequency.

The State provided training from June through December 2005; the regional trainings took place in Sacramento, Santa Rosa, San Diego, and Redding.

Training objectives were to:

- Provide technical information on file format requirements
- Provide an overview of available treatment outcome reports including types, parameters and elements
- Provide technical information on data quality, data edits, and an overview of the testing and certification process
- Provide information for counties and direct providers that did not have an IT strategy, needed a bridge strategy, or did not have an implementation plan
- Provide an update on the prevention data service collection and timeline
- Provide tools to counties/direct providers that would help them promote CalOMS internally

- Assist counties and direct providers in creating their own communications strategy

The State is planning to implement Web-based training for CalOMS–Tx data management.

Do workforce development plans address National Outcome Measures implementation and performance-based management practices?

No, not at this time.

Does the State require providers to supply information about the intensity or number of services received?

No, not at this time.

California

Treatment Corrective Action Plan (submit upon request)

1. Describe the corrective action plan, including critical steps and actions the State and its providers will employ to collect and report the National Outcome Measures data.
2. Discuss the timeframes for the State's corrective action plan detailing the planned milestones and other measures of progress the State has incorporated into its corrective action plan.
3. Describe the State's corrective action plan implementation monitoring activities including interventions or adjustments the State will employ when timeframes or milestones are not achieved.

Form P1

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use

Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?" [Response option: Write in a number between 0 and 30.]	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="16.30"/>	<input type="text"/>
	Outcome Reported: Percent who reported having used alcohol during the past 30 days.	Ages 18+ - FFY 2005 (Baseline) <input type="text" value="54.70"/>	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?" [Response option: Write in a number between 0 and 30.]	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="9.10"/>	<input type="text"/>
		Ages 18+ - FFY 2005 (Baseline) <input type="text" value="18.60"/>	<input type="text"/>
3. 30-day Use of Other Tobacco Product	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] † ?" [Response option: Write in a number between 0 and 30.]	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="4.40"/>	<input type="text"/>
	Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days,	Ages 18+ - FFY 2005 (Baseline) <input type="text" value="5.30"/>	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?" [Response option: Write in a number between 0 and 30.]	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="7.60"/>	<input type="text"/>
	Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.	Ages 18+ - FFY 2005 (Baseline) <input type="text" value="7"/>	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ‡ ?"	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="5.30"/>	<input type="text"/>
	Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).	Ages 18+ - FFY 2005 (Baseline) <input type="text" value="3.30"/>	<input type="text"/>

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

† NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

‡ NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Form P2

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use

Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.	Ages 12-17 - FFY 2005 (Baseline) 78.40	
		Ages 18+ - FFY 2005 (Baseline) 82.60	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?" [Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.	Ages 12-17 - FFY 2005 (Baseline) 92.30	
		Ages 18+ - FFY 2005 (Baseline) 94.90	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.	Ages 12-17 - FFY 2005 (Baseline) 79.90	
		Ages 18+ - FFY 2005 (Baseline) 75.90	

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

Form P3

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use

Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink." [Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="13.10"/>	<input type="text"/>
		Ages 18+ - FFY 2005 (Baseline) <input type="text" value="17.20"/>	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?" [Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="13"/>	<input type="text"/>
		Ages 18+ - FFY 2005 (Baseline) <input type="text" value="15.90"/>	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] † ?" [Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="13.70"/>	<input type="text"/>
		Ages 18+ - FFY 2005 (Baseline) <input type="text" value="20.60"/>	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?" [Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="13.50"/>	<input type="text"/>
		Ages 18+ - FFY 2005 (Baseline) <input type="text" value="18.40"/>	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ‡ ?" [Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="12.60"/>	<input type="text"/>
		Ages 18+ - FFY 2005 (Baseline) <input type="text" value="20"/>	<input type="text"/>

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

† The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

‡ The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

Form P4

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use

Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>	Ages 12–17 - FFY 2005 (Baseline) 89.20	<input type="text"/>
2. Perception of Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>	Ages 12–17 - FFY 2005 (Baseline) 88.70	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>	Ages 12–17 - FFY 2005 (Baseline) 79.20	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>	Ages 12–17 - FFY 2005 (Baseline) 79.80	<input type="text"/>
5. Disapproval of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>	Ages 12–17 - FFY 2005 (Baseline) 85.90	<input type="text"/>

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

Form P5

NOMs Domain: Employment/Education Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p>Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?" [Response options: More likely, less likely, would make no difference]</p>	Ages 15-17 - FFY 2005 (Baseline) <input type="text" value="25.70"/>	<input type="text"/>
	<p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>	Ages 18+ - FFY 2005 (Baseline) <input type="text" value="38.50"/>	<input type="text"/>

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

Form P7

NOMs Domain: Employment/Education

Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: The National Public Education Finance Survey available for download at http://nces.ed.gov/ccd/stfis.asp</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>	FFY 2005 (Baseline)	99.50	

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

Form P8

NOMs Domain: Crime and Criminal Justice

Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<p>Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p>Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>	FFY 2005 (Baseline)	40	

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

Form P9

NOMs Domain: Crime and Criminal Justice

Measure: Alcohol- and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<p>Source: Federal Bureau of Investigation Uniform Crime Reports</p> <p>Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>	<p>FFY 2005 (Baseline)</p> <p>110</p>	<p></p>

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

Form P10

NOMs Domain: Social Connectedness

Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre-Populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.</p>	Ages 12-17 - FFY 2005 (Baseline) <input type="text" value="61.80"/>	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" † [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.</p>	Ages 18+ - FFY 2005 (Baseline) <input type="text" value="86.60"/>	<input type="text"/>

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

† NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

Form P11

NOMs Domain: Retention

Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<p>Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] † ?"</p> <p>Outcome Reported: Percent reporting having been exposed to prevention message.</p>	Ages 12-17 - FFY 2005 (Baseline)	91.40	

((s)) indicates that the respondents to the question may not constitute a representative sample. All NSDUH data are based on pooled 2004-2005 samples.

† This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context.

Form P12A

Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

ADP uses KIT Solutions, Inc. for primary prevention data collection services. The basic KIT service was modified for California and the NOMs and IOM data collection fields were based on the narrative guidelines included in the March 27, 2006, CSAP notice stating the NOMs had been finalized and approved by OMB. Additionally, this is the first KIT service designed using the Strategic Prevention Framework (SPF) as the under-structure. The CalOMS Prevention service went live in July 2006 and the first full year of data collection ended in June 2007. Although ADP is currently working with Counties and providers to finalize the data, it will be used to complete the corresponding P Forms.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race. Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Each individual served can be categorized into only one race/ethnicity category. ADP has a category for Multiracial/Multiethnic. This data is submitted under the "More than one Race" category.

Category	Description	Total Served
A. Age	1. 0-4	10183
	2. 5-11	128648
	3. 12-14	220163
	4. 15-17	250563
	5. 18-20	71912
	6. 21-24	44922
	7.25-44	135991
	8. 45-64	74494
	9. 65 And Over	17750
	10. Age Not Known	0
B. Gender	Male	454232
	Female	495601

	Gender Unknown	4793
C. Race	White	314404
	Black or African American	114007
	Native Hawaiian/Other Pacific Islander	14227
	Asian	314404
	American indian/Alaska Native	20989
	Race Unknown or Other (not OMB required)	46595
D. Ethnicity	Hispanic or Latino	380384
	Not Hispanic or Latino	0

Form P12B

Population-Based Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Description	Total Served
A. Age	1. 0-4	0
	2. 5-11	0
	3. 12-14	0
	4. 15-17	0
	5. 18-20	0
	6. 21-24	0
	7. 25-44	0
	8. 45-64	0
	9. 65 And Over	0
	10. Age Not Known	0
B. Gender	Male	0
	Female	0
	Gender Unknown	0
C. Race	White	0
	Black or African American	0
	Native Hawaiian/Other Pacific Islander	0
	Asian	0
	American indian/Alaska Native	0
	Race Unknown or Other (not OMB required)	0

D. Ethnicity	Hispanic or Latino	0
	Not Hispanic or Latino	0

Form P12B Footnotes

Per the instructions, SAMHSA/CSAP is requesting that number of persons served and demographics be reported for Information Dissemination Strategy services including media campaigns, PSAs, health fairs, conferences, brochures and printed materials disseminated, etc. ADP ceased collecting demographic data for these types of services based upon the lack of data validity and reliability. Counties/providers made educated guesses at the numbers (estimating was allowed) for the sake of completing the data collection forms, but for many of the services, the numbers lacked significance.

In an effort to report the best possible primary prevention data for California, rather than capturing demographics for Information Dissemination based services, CalOMS Pv tracks how many media campaigns or PSA's were created and conducted, how many health fairs/conferences were attended, how many web-sites were created, how many tangible brochures/printed materials were disseminated, etc. Counting products is credible; counting entire populations as if all were meaningfully served is not. This is especially relevant as Information Dissemination services increasingly use electronic systems (Internet) and go to unseen audiences.

Per the new SAPT instructions, SAMHSA/CSAP is requesting that demographics be reported for Environmental Strategy services. ADP has historically not captured demographic data for this strategy as the audience is predominantly unseen. The instructions suggest using U.S. Census Bureau data for estimating the number of persons potentially impacted by environmental and public policy efforts for entire communities, counties, etc. This data will have absolutely no validity as there is no methodology for determining how many individuals were actually impacted by an environmental or policy effort. Additionally, it can take many years to change or implement a new policy and a county could have multiple environmental and policy efforts running concurrently. If demographics are reported every time a provider engages in activities associated with an environmental or policy effort, the number of persons served will end up exceeding the population of the entire county many times over. The reporting of this demographic data puts credibility at risk since it carries minimal validity.

Based on continuous qualitative improvements, California designed a logical division between those environmental efforts where identifiable participants received an actual service versus "non-demographic services." If an environmental action includes services such as technical assistance to communities, commercial/social host training, vendor/retailer education, etc., where identifiable recipients of the service and demographics are available, they are reported.

The non-demographic services either: a) tally the number of occurrences, such as compliance checks, party patrols, shoulder tap surveillance, etc.; or, b) indicate involvement in an initiative, such as alcohol sponsorship restrictions, product pricing policies, zoning ordinances, etc. No demographic data is collected for these actions.

The massive demographic counts generated from repeatedly aggregating populations related to each different service may so exceed the State census that the significance and credibility of the data are weakened, not aided, by the large numbers. Paradoxically, it can decrease credibility.

Through a competitive bid process required by the State, in September 2007, California selected KIT Solutions to continue collecting CalOMS Prevention Outcomes data through June 2012. Our current contract is also with KIT, so the present service will be uninterrupted by the new contract.

The scope of work for the new contract period includes plans for ADP and KIT to begin modification work in January 2008, with implementation as of July 1, 2008

Form P12B Footnotes

when the SFY begins. The modifications will include updates to meet data needs for P-forms 12b and 15. As with prior development, this will be a continuous process with need statements, design work, programming and modifications being completed and tested incrementally. Weekly conference call meetings with KIT staff keep ADP in immediate contact with the work. Counties that release provider data to ADP will be informed of the changes throughout the spring. The CalOMS Prevention help desk and staff will work directly with counties and providers to clarify changes to reportable data.

The first full year of data reflecting these changes will be collected during the SFY July 2008-June 2009. For the FFY 2009 SAPT application, available data will be used for applicable P-12b and P-15 elements.

Form P13

Number of Persons Served by Type of Intervention

Intervention Type	Number of Persons Served by Individual- or Population-Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	658787	N/A
2. Universal Indirect	N/A	0
3. Selective	170289	N/A
4. Indicated	81053	N/A
5. Total	910129	0

Form P13 Footnotes

The IOM Universal category has been split into Universal Direct and Universal Indirect. This is a new data element per the FY 2008 block grant application instructions. CalOMS Pv cites Universal as a single category along with Selective and Indicated as introduced in the December 24, 2002, Federal Register announcement.

Per the new SAPT application instructions, the IOM categories are to be assigned at the program level (individual-based or population-based). A "program" can have many components with services that fall into Universal, Selective and/or Indicated depending on the nature of the service. Therefore, CalOMS Pv captures the IOM category at the service delivered level, not at the program level.

Pigeonholing each program into a single IOM category will not provide an accurate representation of the wide range of services being delivered within each of the three IOM categories. Furthermore, it will be very problematic for California due to the variety of prevention programs delivering services that reach populations that fall into more than one IOM category.

CalOMS Pv can generate data reflecting how many persons were served for the Universal, Selective and Indicated categories by each service delivered, but it will not link to an individual-based or population-based program. The total number of persons served for each IOM category for ALL services is reflected in Column A.

Form P14

Evidence-Based Programs and Strategies by Type of Intervention

NOMs Domain: Retention

NOMs Domain: Evidence-Based Programs and Strategies

Measure: Number of Evidence-Based Programs and Strategies

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1: The intervention is based on a solid theory or theoretical perspective that has validated research, and
 - Guideline 2: The intervention is supported by a documented body of knowledge—a converging of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness, and
 - Guideline 3: The intervention is judged by informed experts to be effective (i.e., reflects and documents consensus among informed experts based on their knowledge that combines theory, research, and practice experience). “Informed experts” may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

CalOMS Prevention provides direct communication with the 58 county administrators, county prevention coordinators and the 300+ providers that work for counties and report data through their respective counties. They can be notified when the January 2007 CSAP Evidence-Based Interventions guidelines are posted to the Knowledge Base section of CalOMS Pv.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

All primary prevention data is collected via CalOMS Pv. All service/activity data must be directly linked to a “program”. The Implementation Module has a sub-module for Program Management which enables users to identify programs as either local/innovative or evidence-based. If the evidence-based tab is chosen, a drop down menu of all of the NREPP programs is available for the user to scroll for the program they utilize. All subsequent service/activity data will be directly linked to either one of the local/innovative programs or one of the evidence-based programs.

Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selected	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	0	0	66	43	46	155
2. Total number of Programs and Strategies Funded	0	0	1340	774	366	2480
3. Percent of Evidence-Based Programs and Strategies	NaN	NaN	4.93%	5.56%	12.57%	6.25%

Form P14 Footnotes

Table P14 is labeled as Evidence-based Programs and Strategies but programs and strategies overlap. A program may consist of multiple strategies and many programs may use the same strategy. The term "program" implies a well-defined action or set of actions, such as a packaged curriculum for uniquely identifiable participants. However, the term does not describe a wide range of services/activities such as environmental initiatives, coalition and collaborative community work, information dissemination activities, etc. Clear definitions, data elements, and standardized understandings are necessary in order for states to collect and report uniformly meaningful data. As now required, there are too many variations in meaning to aggregate the data.

CalOMS Pv was designed to count evidence-based programs as only those that are listed in the NREPP catalog.

CalOMS Pv can report the number of evidence-based programs and strategies (per the NREPP catalog) and the total number of local/innovative programs and strategies funded. However, the program data will not be uniquely categorized by IOM category as the table requests. Rather, the number of programs that reported service/activity data for each of the IOM categories will be input.

Note: due to CalOMS Pv collecting the IOM data at the service/activity level versus the program level, one program could have reported service/activity data for all three IOM categories. As explained in the notes for Form P13, CalOMS Pv does not split the Universal category into Direct or Indirect. All Universal data is reflected in Column C.

Form P15

Services Provided Within Cost Bands

Type of Intervention	A. Number of Programs and Strategies	B. Number of Programs and Strategies Falling Within Cost Bands	C. Percent of Programs and Strategies Falling Within Cost Bands
1. Universal Direct Programs and Strategies	2480		%
2. Universal Indirect Programs and Strategies			%
3. Subtotal Universal Programs	2480	0	0.00%
4. Selective Programs and Strategies			%
5. Indicated Programs and Strategies			%
6. Total All Programs	2480	0	0.00%

Form P15 Footnotes

ADP will not be able to complete the P15 Form for Cost Bands in its entirety. ADP will provide a breakdown of how many programs reported services for each IOM category, how many persons were served in each IOM category and then divide the total served by the portion of the SAPT prevention budget that was disseminated to the Counties to obtain an average cost per person served.

Number of Universal Programs/Strategies: 1,340
Number of Selective Programs/Strategies: 774
Number of Indicated Programs/Strategies: 366
Total Programs/Strategies: 2,480

Number of Persons Served for Universal: 658,787
Number of Persons Served for Selective: 170,289
Number of Persons Served for Indicated: 81,053
Total Persons Served: 910,129

Amount of SAPT dollars disseminated to Counties for Prevention: \$51,822,931
Cost per Person Served: \$56.94

A key factor in determining cost bands is the amount of SAPT dollars expended for each program. Counties have local control over the prevention approaches and programs they deem best for their communities through the Strategic Planning Framework (SPF) process. Many of the approaches and programs are multi-faceted and are not included in the NREPP list. Additionally, one county and/or provider site can have multiple programs (that each contain multiple strategies/services) running concurrently.

Accordingly, CalOMS Pv allows counties and providers control over creating an "account" for each program, facet of a program, environmental initiative, coalition, policy effort, etc. as they see fit. This SPF design permits the user to logically link all single and/or recurring services to a specific program, initiative, effort, etc. Consequently, there are well over 2,000 programs currently identified in CalOMS Pv - many of which are financed with multiple funding sources in addition to the SAPT block grant dollars.

CalOMS Pv can generate data for the "programs" for which demographics can logically be collected and the number of persons they serve, but the exact amount of SAPT dollars expended for each of these programs is not reported to ADP by the Counties. The individual County Budgets reflect the total amount of funding for each County site and sub-contracted provider site, not the dollars for every discrete program, facet of a program, environmental initiative, etc. that operate concurrently at one (program) site.

It will require considerable resources and time to obtain this level of fiscal detail from 58 counties, 300+ subcontracted providers, and 2,000+ programs.

Through a competitive bid process required by the State, in September 2007, California selected KIT Solutions to continue collecting CalOMS Prevention Outcomes data through June 2012. Our current contract is also with KIT, so the present service will be uninterrupted by the new contract.

The scope of work for the new contract period includes plans for ADP and KIT to begin modification work in January 2008, with implementation as of July 1, 2008 when the SFY begins. The modifications will include updates to meet data needs for P-forms 12b and 15. As with prior development, this will be a continuous process with need statements, design work, programming and modifications being completed and tested incrementally. Weekly conference call meetings with KIT staff keep ADP in immediate contact with the work. Counties that release provider data to ADP will be informed of the changes throughout the spring. The CalOMS Prevention help desk and staff will work directly with counties and providers to clarify changes to reportable data.

Form P15 Footnotes

The first full year of data reflecting these changes will be collected during the SFY July 2008-June 2009. For the FFY 2009 SAPT application, available data will be used for applicable P-12b and P-15 elements.

California

Prevention Corrective Action Plan (submit upon request)

1. Describe the corrective action plan, including critical steps and actions the State and its providers will employ to collect and report the National Outcome Measures data.
2. Discuss the timeframes for the State's corrective action plan detailing the planned milestones and other measures of progress the State has incorporated into its corrective action plan.
3. Describe the State's corrective action plan implementation monitoring activities including interventions or adjustments the State will employ when timeframes or milestones are not achieved.

Approved Substitute Data Submission Form

Substitute data has not been submitted for prevention forms.

**Prevention Attachment D:
2005 Block Grant Subrecipient Cost Band Worksheet**

Subrecipient Name: _____

Date Form Completed: _____

Name of Contact Person: _____

Phone: _____ **E-mail Address:** _____

Table 1: Program Detail

1	2	3	4	5	6
Program Name	Number of Participants	Number of Program Hours Received	Total Cost of the Program	Average Cost Per Participant (Col 4/Col 2)	Average Cost Per Participant Falls Within 2005 Cost Bands (Yes=1 No=0)
Universal Direct Programs					Universal Direct: \$58.01–\$693.98
1.					
2.					
3.					
4.					
Universal Indirect Programs					Universal Indirect \$1.05–\$82.26
1.					
2.					
3.					
4.					
Selective Programs					Selective \$151.88–\$6,409.29
1.					
2.					
3.					
4.					
Indicated Programs					Indicated \$510.47–\$4,888.44
1.					
2.					
3.					
4.					

Table 2: Subrecipient Cost Band Summary

	1	2
Program Type	Number of Programs	Number of Programs Falling Within Cost Bands
Universal Direct		
Universal Indirect		
Selective		
Indicated		
Total		

Instructions for Completing the 2005 Block Grant Subrecipient Cost Band Worksheet

The 2005 Block Grant Subrecipient Cost Band Worksheet is an optional tool that States may use for their providers to record the number of program participants, the number of hours received, the cost of each program, the average cost per program participant, and the number of programs whose average participant costs fall within the 2005 cost bands. Data should be based on total cost of program not only the funding from CSAP. States may use an alternative approach to obtain data used to report the aggregate cost band data in Form P15 of the SAPT Block Grant Application. These worksheets are not required as part of that submission.

1. Subrecipient Information

Grant Information. At the top of the page, enter the name of the subrecipient, the contact information for the person completing this form, and the date on which the form was completed.

2. Table 1: Program Detail

Column 1: Program Name. In column 1, list the names of all programs that were funded in whole or in part with Block Grant funds during Federal fiscal year (FY) 2005. Add additional rows if necessary.

A program is defined as an activity, a strategy, or an approach intended to prevent an outcome or to alter the course of an existing condition. In substance abuse prevention, interventions may be used to prevent or lower the rate of substance use or substance abuse-related risk factors.

Separate table sections are provided for programs that are defined as Universal Direct, Universal Indirect, Selective, and indicated. Universal indirect services are defined as services that support prevention activities, such as population-based activities, and the provision of information and technical assistance. Universal direct, selective, and indicated services are defined as prevention program interventions that directly serve participants.

- **Universal.** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
 - **Universal Direct.** Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).
 - **Universal Indirect.** Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.
- **Selective.** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated.** Activities targeted to individuals identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

Column 2: Number of Participants. In this column, specify the number of participants who took part in the preventive program during FY 2005. If this intervention was delivered to multiple groups, combine all groups and report the total. If it is an indirect program, use the estimated number of people reached during the reporting year.

Column 3: Number of Program Hours Received. In this column, report the number of hours that program participants received over the course of the program.

Column 4: Total Cost of This Program. In this column, report the total of all costs expended on the program during the reporting year. This should include all costs associated with the program, such as staff training, staff time, and materials, during the year.

Column 5: Average Cost Per Participant. Report the average cost per participant. Calculate the average cost by dividing the Block Grant dollars expended on each program (column 4) by the number of participants served (column 2).

Column 6: Average Cost Per Participant Falls Within Cost Bands. Compare the average cost per participant (column 5) with the 2005 cost bands for each program type. If the average cost per participant falls within the specified interval, record a “1” in column 5. If the average cost is either higher or lower than the cost band interval, enter a zero in column 5.

3. Table 2: Subrecipient Cost Band Summary

Table 2 summarizes information recorded in Table 1.

Column 1: Number of Programs. In column 1, enter the total number of programs on which you reported in Table 1, by program types (Universal Direct, Universal Indirect, Selective, and Indicated). Total the number of programs in the last row.

Column 2: Number of Programs Falling Within Cost Bands. For each program type, enter the total number of programs that fell within the cost bands for that program type (i.e., programs that were coded “1” in Table 1, column 5).

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California

Appendix A - Additional Supporting Documents (Optional)

Appendix A - Additional Supporting Documents (Optional)

No additional documentation is required to complete your application, besides those referenced in other sections. This area is strictly optional. However, if you wish to add extra documents to support your application, please attach it (them) here. If you have multiple documents, please 'zip' them together and attach here.

Attachment I Charitable Choice Additional Supporting Documents

ADP Bulletin 04-05, Issue Date 3/29/04

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

ARNOLD SCHWARZENEGGER, *Governor*

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
 1700 K STREET
 SACRAMENTO, CA 95814-4037
 TDD (916) 445-1942
 (916) 322-7012



ADP BULLETIN

Title Nondiscrimination And Institutional Safeguards For Religious Providers, Title 42 Code Of Federal Regulations (Cfr) Part 54		Issue Date: 3-29-04 Expiration Date: Until Notified	Issue No. 04-5
Deputy Director Approval (Carmen Delgado for) JESSE A. McGUINN, MSW Program Operations Division	Function: <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input checked="" type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No. N/A	

PURPOSE

To inform counties of the requirements contained in Title 42, CFR Part 54, and to establish processes and procedures to ensure compliance with the requirements.

DISCUSSION

Counties should implement processes and procedures as necessary to comply with the provisions of Title 42, CFR Part 54.

REFERENCES

Title 42, United States Code (USC), Section 300x-65; Title 42, CFR, Part 54, and Title 45, CFR, Part 96, Section 96.122.

BACKGROUND

On October 17, 2000, the President signed into law Public Law 106-310, "The Children's Health Act of 2000." Public Law 106-310 amended the Public Health Service Act by adding requirements to: 1) prohibit discrimination against nongovernmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance abuse services; and 2) allow organizations to accept the funds to provide services to individuals without impairing the religious character of the organization or the religious freedom of the individuals. The statutory requirements can be found in Title 42, USC Section 300x-65. On September 30, 2003, the regulations (Title 42, CFR, Part 54) implementing Section 300x-65 were published in the Federal Register. The regulations implementing Section 300x-65 also amended Title 45, CFR Part 96, Sections 96.122, and 96.123. Section 96.122 requires the State, as part of its annual Substance Abuse Prevention and Treatment Block Grant application, to describe the activities which it has undertaken to comply with Part 54. Section 96.123 requires the State to assure that it will comply with the Part 54 requirements. These regulations are NOT the President's "Access to Recovery" program. Thus, these regulations are NOT accompanied by additional funding.

Under Part 54 counties are required to:

- Identify religious providers.
- Incorporate the applicable Part 54 requirements into county/provider contracts, including a notice to clients.
- Monitor religious providers for compliance with Part 54.
- Establish a referral process, to a reasonably accessible program, for clients who may object to the religious nature of the program. Such process must include a notice to the county and the funding of alternative services.

In closing, licensing or certification of a program by the Department of Alcohol and Drug Programs is not an indication whether the program is eligible for funding, since the religious character or content of a program do not preclude licensure and certification. Under Part 54, a religious provider can be funded if applicable requirements are met, as long as the funds are not used for religious program content (workshop, proselytizing, or religious instruction).

QUESTIONS/MAINTENANCE

If you have any questions, please contact Mr. Ken DaRosa, Supervisor, Program and Fiscal Policy Branch, at (916) 322-1241, or via e-mail to kdarosa@adp.state.ca.us.

EXHIBITS

Exhibit 1: [Copy of Federal Register dated September 30, 2003.](#)

Exhibit 2: [Summary of Title 42, CFR, Part 54.](#)

Exhibit 3: [Actions Which Counties Need to Take to Implement 42 CFR, Part 54.](#)

Exhibit 4: [Survey on Ensuring Equal Opportunity for Applicants.](#)

DISTRIBUTION

County Alcohol and Drug Program Administrators
Strategic Local Government Services, LLC
Director's Advisory Council

Attachment I Charitable Choice Additional Supporting Documents

ADP Bulletin 04-05, Issue Date 3/29/04 – Exhibit 2

SUMMARY OF FINAL RULES ON CHARITABLE CHOICE 45 CFR PART 54 December 4, 2003

54.1 Scope

Applies to Federal funds provided for direct funding of substance abuse prevention and treatment services under the Substance Abuse Prevention and Treatment Block Grant.

54.2 Definitions

Defines applicable program, religious organization, program beneficiary, program participant, SAMHSA, SAMHSA Charitable Choice provisions, and direct funding. Direct funding or funds provided directly means funding that is provided to an organization directly by a governmental entity or intermediate organization. Direct funding does not mean funding which an organization receives as the result of the genuine and independent private choice of a beneficiary through a voucher, certificate, coupon, or other similar mechanism.

54.3 Nondiscrimination against religious organizations.

Religious organizations are eligible, on the same basis as any other organization, to participate in applicable programs, as long as their services are provided consistent with the Establishment Clause and the Free Exercise Clause of the First Amendment to the United States Constitution. Prohibits state or local governments receiving Federal substance abuse funds from discriminating against an organization that is, or applies to be, a program participant on the basis of the organization's religious character or affiliation.

54.4 Religious Activities

Prohibits the use of funds for support of any inherently religious activities, such as worship, religious instruction, or proselytization. Religious activities must be offered separately, in time or location, from the programs or services for which the organization receives funds from the State or local government, and participation must be voluntary for program beneficiaries.

54.5 Religious Character and Independence

Participating religious programs retain their independence from Federal, State, and local governments and may continue to carry out its mission, including the definition, practice and expression of its religious beliefs. Prohibits religious organizations from expending Federal funds to support any inherently religious activities, such as worship, religious instruction, or proselytization.

54.6 Employment Practices

Receipt of Federal Block Grant funds does not affect the religious organization's exemption provided under 42 U.S.C. Section 2000e-1. Section 2000e-1 exempts religious organizations from the requirements governing Equal Employment Opportunities with respect to the employment of individuals of a particular religion to carry out work connected with the religious organization. Does not modify or affect any State law or regulation that relates to discrimination in employment.

54.7 Nondiscrimination Requirement

Prohibits discrimination against a program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

54.8 Right to Services from an Alternative Provider

a. General Requirements - If the program beneficiary objects to the religious character of a program participant, the beneficiary shall have rights to notice, referral, and alternative services.

b. Notice - The program beneficiary is provided notice of his or her right for services from an alternate provider. The notice must clearly articulate the program beneficiary's right to referral and to services that reasonably meet the requirements of timeliness, capacity, accessibility, and equivalency.

c. Referral to an Alternative Provider - Requires the State to have a system in place to ensure that such referrals are made. The system shall ensure the following occurs:

- Within a reasonable time, the religious organization shall refer the beneficiary to an alternative provider.
- Religious organizations use lists of entities, in the geographical area that provides the services, that the State or local government makes available to it, which may include a utilizing a treatment locator system developed by SAMHSA.
- Requires referrals be made in a manner consistent with all applicable confidentiality laws, including, but not limited to 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records).
- Upon making a referral, requires the religious organization to notify the responsible unit of government of such referral.
- The religious organization shall ensure that the program beneficiary makes contact with the alternative provider to which he or she is referred.

d. Provision and Funding of Alternative Services - Requires the responsible state or local government to provide alternative services, and fund services from an alternative provider that is reasonable accessible to, and has the capacity to provide services to the individual.

54.9 Assurances and State Oversight of Charitable Choice Requirements

Requires applicants, in applying for Federal funds to certify that they will comply with all of the requirements of the SAMHSA Charitable Choice provisions and the implementing regulations.

54.10 Fiscal Accountability

Subjects religious organizations to the same regulations as other nongovernmental organizations to account, in accordance with generally accepted auditing and accounting principles, for the use of such funds. Requires religious organizations to segregate Federal funds from nonfederal funds. Only Federal funds are subject to audit by the government.

54.11 Effects on State and Local funds

If Federal funds are co- mingled with state or local funds, the requirements of this regulation apply to all the funds.

54.12 Treatment of Intermediate Organizations

Applies the Charitable Choice regulations to a nongovernmental organization, acting under an agreement with the state or local government, who selects other non- governmental organizations to provide services.

54.13 Educational Requirements for Personnel in Drug Treatment Programs

Prohibits discrimination against an individual who received his or her training or education by a religious organization.

Attachment I Charitable Choice Additional Supporting Documents

ADP Bulletin 04-05, Issue Date 3/29/04 – Exhibit 3

ACTIONS COUNTIES SHOULD TAKE TO IMPLEMENT PART 54

1. Counties need to identify religious providers. This is necessary in order to know the organizations to which Part 54 applies.

For existing providers who receive substance abuse prevention and treatment Block Grant funds, counties can identify religious providers when contracts are renewed by requiring them to submit the attached Survey for Ensuring Equal Opportunity for Applicants. This is basically a reproduction of the document used by the Substance Abuse and Mental Health Services Administration to identify religious providers.

For new providers, counties can identify religious providers by requesting that applicants for SAPT Block Grant funds submit the attached Survey for Ensuring Equal Opportunity for Applicants.

2. Counties must include the requirements of Part 54 in their contracts with providers who receive SAPT block Grant funds.
3. Counties need to monitor religious providers to ensure the religious provider is complying with the provisions of Part 54, including Section 54.8 regarding:
 - Notice to Program Participants; and
 - Referral to an alternative provider.
4. Counties need to establish processes for:
 - Being notified by a religious provider when a program beneficiary is referred to an alternative provider; and
 - Provision and funding of alternative services.
5. Counties are responsible for defining and applying the terms “reasonably accessible,” “a reasonable period of time,” “comparable,” “capacity,” and “value that is not less than.”

Attachment I Charitable Choice Additional Supporting Documents

ADP Bulletin 04-05, Issue Date 3/29/04 – Exhibit 4

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Purpose: This form is for applicants that are nonprofit private organizations (not including private universities). Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions.

Instructions for Submitting Survey

1. Does the applicant have 501(c)(3) status?
 Yes No
2. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100
3. What is the size of the applicant's annual budget? (Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more
4. Is the applicant a faith-based/religious organization?
 Yes No
5. Is the applicant a non-religious community-based organization?
 Yes No
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
 Yes No
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
 Yes No
8. Is the applicant a local affiliate of a national organization?
 Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money your organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An “intermediary” is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory

Form 9 Footnotes

California statewide prevalence rates were not available by age, sex, and race/ethnicity. Thus it was not possible to estimate treatment needs by age, sex, and race/ethnicity as requested in Form 9.

Proxy calculations were completed using national prevalence estimates from the 2005 National Survey on Drug Use and Health (NSDUH). The percentages of “Substance Dependence or Abuse in the Past Year” from Tables 5.5B, 5.6B, and 5.7B were used to produce two crosstabulations: age by gender and age by race/ethnicity. Percentages from the NSDUH were multiplied by total California populations within each subgroup. The results are listed in Table One and Table Two.

Table 1.
Estimated Number of Individuals in Need of Treatment
by Age and Gender

AGE GROUPS	GENDER		Total
	Male	Female	
12 to 17	136,350	137,904	274,254
18 to 25	595,319	338,644	933,963
26 and older	1,136,199	515,977	1,652,176
Total	1,867,868	992,525	2,860,394

Table 2.
Estimated Number of Individuals in Need of Treatment by Age and Race/Ethnicity

AGE GROUPS	RACE/ETHNICITY							Total
	White	Black	Pacific Islander*	Asian	American Indian	Multirace	Hispanic	
12 to 17	102,549	14,003	--	5,638	4,248	8,503	122,756	272,766
18 to 25	355,851	48,022	--	60,790	10,887	29,743	355,578	928,128
26 and older	807,196	110,511	--	88,808	33,686	25,040	476,310	1,631,313
Total	1,265,596	172,535	--	155,236	48,821	63,286	954,644	2,832,208

* No percentages were reported for “Native Hawaiian or Other Pacific Islander” in NSDUH tables due to low precision.

SUPPLEMENTAL INFORMATION FOR DRIVING-UNDER-THE-INFLUENCE PROGRAM

While Driving-Under-the-Influence Programs (DUIPs) do not utilize federal funds, they are an important part of California's service delivery system; therefore, a description of the program is included.

The objectives of the DUIP are to: (1) reduce the number of repeat offenders of driving-under-the-influence (DUI) of alcohol and/or other drugs by persons who complete a state-licensed DUIP; and (2) provide program participants an opportunity to address problems relating to the use of alcohol and/or other drugs.

As of May 9, 2007, the Department of Alcohol and Drug Programs (ADP) licensed 475 DUIPs consisting of 253 3-month programs for persons arrested for and/or convicted of a first DUI offense, 192 18-month programs for persons arrested for and/or convicted of a second or subsequent offense, and 30 30-month programs for persons arrested for and/or convicted of a third or subsequent offense. In addition, all licensed DUI programs are authorized to provide 6-month services for first offenders who are arrested with a blood alcohol content level of .20 percent or higher. For FY 2005-2006, participant enrollment was as follows:

3-month	81,231
6-month	13,057
18-month	29,796
30-month	<u>144</u>
Total:	124,228

State involvement provides centralized leadership with regard to program requirements, coordination, and quality of services. According to the California Department of Motor Vehicles (DMV), the State's DUIP is one of the few countermeasures to have shown any success with those offenders attending the 18-month programs, resulting in significantly reduced DUI recidivism and alcohol-related collision involvement.

DUIPs involve public safety and are tied directly to the statewide criminal justice system and to the DMV, which is the State's driver licensing agency. Counties are responsible for administering and monitoring these programs at the local level. ADP is responsible for licensing programs and conducting on-site compliance reviews.

Cost reports for SFY 2005-2006 show that DUIPs collected approximately \$83 million in participant fees. First offender programs charged an average of \$500; 6-month programs, \$800; 18-month programs, \$1,500; and 30-month programs \$2,900. Some participants, due to their financial status, qualified for a fee waiver or were charged a maximum program fee of \$5.00 per month.

Acronyms Used in the SAPT Block Grant Application **(FFY 2008)**

ABC	Alcohol and Beverage Control
ADAM	Arrestee Drug Abuse Monitoring
ADP	Alcohol and Drug Programs, Department of
AG	Attorney General
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and Other Drugs
ASAM	American Society of Patient Placement Criteria
ASI	Addiction Severity Index
ATOD	Alcohol, Tobacco and Other Drugs
CAARR	California Association of Addiction Recovery Resources
CADDS	California Alcohol and Drug Data System
CADPAAC	California Alcohol and Drug Program Administrators Association of California
CalOMP	California Outcome Monitoring Program
CalOMS	California Outcomes Measurement System
CalOMS-Prev	California Outcomes Measurement System-Prevention
CalOMS-Tx	California Outcomes Measurement System-Treatment
CALSTARS	California State Accounting and Reporting System
CalTOP	California Treatment Outcomes Project
CARE	California Access to Recovery Effort
CARS	Center for Applied Research Solutions
CCR	California Code of Regulations
CDE	California Department of Education
CFR	Code of Federal Regulations
CHIS	California Health Interview Survey
CMB	County Monitoring Branch
CMI	California Methamphetamine Initiative
COD	Co-Occurring Disorders
COJAC	Co-Occurring Joint Action Council
COSSR	Continuum of Services System Re-engineering
CPC	California Prevention Collaborative

Acronyms Used in the SAPT Block Grant Application
(FFY 2008)

CPI	Community Prevention Initiative
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSS	California Student Survey
DAC	Director's Advisory Council
DATAR	Drug and Alcohol Treatment Access Report
DHS	Department of Health Services
DHS-OA	Department of Health Services-Office of AIDS
DOF	California Department of Finance
DUI	Driving-Under-the-Influence
DUIP	Driving-Under-the-Influence Program
EAU	Excessive Alcohol Use
EBP	Evidence-Based Practices
FFY	Federal Fiscal Year
FY	Fiscal Year
FNL	Friday Night Live
FOTP	Female Offender Treatment Program
GPAC	Governor's Prevention Advisory Council
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HRU	High Risk Use
IFB	Invitation for Bid
IDU	Injection Drug User
IOM	Institute of Medicine
IPRP	Independent Peer Review Project
IVDU	Intravenous Drug User
LGBT	Lesbian, Gay, Bisexual, and Transgender
MBA	Minimum Base Allocation (Counties)
MOE	Maintenance of Effort
NASADAD	Nation Association of State Alcohol/Drug Abuse Directors

Acronyms Used in the SAPT Block Grant Application **(FFY 2008)**

NNA	Negotiated Net Amount
NOMs	National Outcome Measures
NPN	National Prevention Network
NSDUH	National Survey on Drug Use and Health
NTP	Narcotic Treatment Program
OARA	Office of Applied Research and Analysis
ONTRACT	ONTRACT Program Resources, Inc.
PADS	Prevention Activities Data System
PES	Perinatal Environmental Scan
PPC	Patient Placement Criteria
PSD	Program Services Division
PSN	Parolee Services Network
RC	Resource Center
RFP	Request for Proposal
RRHP	Resident-Run Housing Program
SACPA	Substance Abuse and Crime Prevention Act
SAMSHA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SARC	Substance Abuse Research Consortium
SASSI	Substance abuse Subtle Screening Inventory
SBIRT	Screening, Brief Intervention, Referral and Treatment
SDFSC	Safe and Drug-Free Schools and Communities
SEOW	State Epidemiological Outcomes Workgroup
SFY	State Fiscal Year
SIG	State Incentive Grant
SPF	Strategic Prevention Framework
SSA	Single State Agency
STAKE	Stop Tobacco Access to Kids Enforcement (Act)
STNAP	State Treatment Needs Assessment Program
TA	Technical Assistance

Acronyms Used in the SAPT Block Grant Application
(FFY 2008)

TB	Tuberculosis
TCS	Tobacco Control Section
UCLA	University of California, Los Angeles
YSR	Youth Situational Report