

California

UNIFORM APPLICATION FY 2006

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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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 2006 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: Alice Huffaker

Agency Name: California Department of Alcohol and Drug Programs

Mailing Address: 1700 K Street

City: Sacramento

Zip Code: 95814-4037

Telephone: (916) 322-3014

FAX: (916) 324-7338

III. STATE EXPENDITURE PERIOD

From: 7/1/2003

To: 6/30/2004

IV. DATE SUBMITTED

Date: 9/1/2005

Original

Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Alice Huffaker

Telephone: (916) 322-3014

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

FAX:

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California

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UNIFORM APPLICATION FOR FY 2006 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
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:
	Signature of CEO or Designee:
	Title: Date Signed:
	If signed by a designee, a copy of the designation must be attached

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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:

- (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.

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.

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.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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:

- (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 work-place 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 –
 - (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 –
 - (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;

- (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 Services 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>APPLICANT ORGANIZATION</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.)

<p>1. Type of Federal Action:</p> <p><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</p>	<p>2. Status of Federal Action</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ Quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p style="padding-left: 100px;">Tier _____, if known: _____</p> <p>Congressional District, if known: _____</p>		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>_____</p> <p>Congressional District, if known: _____</p>
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>_____</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10.a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i></p>	<p>b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i></p>	
<p>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.</p>		
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</p>

**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.

Approval Expires: 08/31/2007

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
APPLICANT ORGANIZATION	DATE SUBMITTED

State:
California

FY 2003 SAPT BLOCK GRANT

Your annual SAPT Block Grant Award for FY 2003 is reflected on Line 8 of the Notice of Block Grant Award

\$251,851,368

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 suspend or revoke administrative 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 11)

There are numerous community coalitions within the State. The exact number of community coalitions is unknown as they operate independently from the Department of Alcohol and Drug Programs.

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 2005) 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.
- 9 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 has notified all counties of these requirements via ADP Bulletin 04-5. Included with this Bulletin were copies of the new regulations (Federal Register Title 42 CFR, Parts 54 and 54a; and a summary of Title 42, CFR, Part 54); documents informing counties specifically what they must do for compliance; and a survey on ensuring equal opportunity for applicants. Counties are responsible for training local community organizations, including religious organizations, on these new requirements. Technical assistance on providing training is available to the counties.

Attachment I Footnotes

Referrals necessitated by religious objection to other substance abuse providers based on county survey.

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 Attachment J to the application. 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.

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State:
California

Dates of State Expenditure Period:
From 7/1/2003 to 6/30/2004

Activity	A. SAPT Block Grant FY 2003 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 treatment and rehabilitation	\$176,162,084	\$115,743,764	\$324,523	\$189,402,376	\$	\$
2. Primary Prevention	\$57,199,375		\$4,317,489	\$274,836	\$	\$
3. Tuberculosis Services	\$38,372	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$12,187,398	\$	\$	\$	\$	\$
5. Administration (excluding program/provider level)	\$5,185,211		\$777,272	\$2,181,705	\$	\$
6. Column Total	\$250,772,440	\$115,743,764	\$5,419,284	\$191,858,917	\$	\$

Primary Prevention Expenditures Checklist

State:
California

	Block Grant FY 2003	Other Federal	State	Local	Other
Information Dissemination	\$4,990,976	\$	\$295	\$	\$
Education	\$20,406,760	\$	\$37,965	\$	\$
Alternatives	\$7,711,899	\$	\$116,634	\$	\$
Problem Identification & Referral	\$2,229,269	\$	\$4,389	\$	\$
Community-Based Process	\$16,601,262	\$	\$115,552	\$	\$
Environmental	\$1,964,577	\$	\$	\$	\$
Other	\$	\$4,317,489	\$	\$	\$
Section 1926 - Tobacco	\$3,294,632	\$	\$	\$	\$
TOTAL	\$57,199,375	\$4,317,489	\$274,835	\$	\$

Form 4a Footnotes

Cost report data no longer breaks out primary prevention categorically.

Resource Development Expenditure Checklist

State:
California

Did your State fund resource development activities from the FY 2003 block grant?

Yes No

	Treatment	Prevention	Total
Planning, Coordination and Needs Assessment	\$628,776	\$	\$628,776
Quality Assurance	\$421,569	\$	\$421,569
Training (post-employment)	\$344,104	\$	\$344,104
Education (pre-employment)	\$	\$	\$
Program Development	\$1,807,126	\$949,000	\$2,756,126
Research and Evaluation	\$330,997	\$	\$330,997
Information Systems	\$1,041,360	\$	\$1,041,360
TOTAL	\$4,573,932	\$949,000	\$5,522,932

Expenditures on Resource Development Activities are:

Actual Estimated

Form 4b Footnotes

The service codes associated with county support services do not break the spending down by treatment or prevention use. The Department of Alcohol and Drug Programs uses these service codes to retrieve the resource development expenditure data; therefore there is no available means to report how much was spent in the Treatment vs. Prevention categories.

Reported expenditures are a combination of actual cost report data and estimated expenditures for technical assistance and information systems because actual expenditures were unavailable at the time the application was submitted.

SUBSTANCE ABUSE ENTITY INVENTORY

State:
California

1. Entity Number	2. National Register (I-SATS) ID	3. Area Served	4. State Funds	FISCAL YEAR 2003			
				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)
1	x	Alameda County	\$6,321,892	\$4,820,232	\$1,410,369	\$2,017,210	\$762,997
10	x	Fresno County	\$3,214,728	\$2,901,693	\$229,077	\$1,006,303	\$452,407
11	x	Glenn County	\$389,270	\$323,388	\$118,013	\$121,363	\$8,562
12	x	Humboldt County	\$750,368	\$710,864	\$50,290	\$214,241	\$46,542
13	x	Imperial County	\$895,964	\$703,391	\$41,100	\$213,211	\$37,015
14	x	Inyo County	\$313,993	\$300,394	\$4,928	\$73,523	\$2,299
15	x	Kern County	\$3,038,142	\$2,607,228	\$257,089	\$857,497	\$87,741
16	x	Kings County	\$683,962	\$551,337	\$51,843	\$166,272	\$38,602
17	x	Lake County	\$625,473	\$362,353	\$4,928	\$101,955	\$24,728
18	x	Lassen County	\$372,267	\$364,208	\$4,928	\$83,438	\$16,972
19	x	Los Angeles County	\$38,602,215	\$39,752,226	\$3,666,949	\$13,161,158	\$3,750,232
2	x	Alpine County	\$165,736	\$223,344	\$	\$69,059	\$

State:
California

				FISCAL YEAR 2003			
1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	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)
20	x	Madera County	\$686,267	\$499,322	\$62,421	\$156,984	\$21,906
21	x	Marin County	\$1,890,453	\$1,277,832	\$82,590	\$401,945	\$144,681
22	x	Mariposa County	\$316,482	\$301,959	\$4,928	\$75,614	\$
23	x	Mendocino County	\$754,909	\$691,774	\$21,433	\$179,208	\$36,400
24	x	Merced County	\$1,055,667	\$908,638	\$76,882	\$268,284	\$27,821
25	x	Modoc County	\$283,274	\$288,353	\$4,928	\$102,318	\$
26	x	Mono County	\$304,149	\$295,634	\$4,928	\$71,560	\$
27	x	Monterey County	\$1,445,165	\$1,654,099	\$94,439	\$498,105	\$94,031
28	x	Napa County	\$664,772	\$671,013	\$39,996	\$195,433	\$9,135
29	x	Nevada County	\$556,146	\$465,337	\$17,745	\$132,760	\$27,470
3	x	Amador County	\$354,033	\$314,789	\$4,928	\$82,538	\$
30	x	Orange County	\$9,581,261	\$13,008,685	\$963,111	\$4,006,398	\$524,947

State:
California

				FISCAL YEAR 2003			
1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	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)
31	x	Placer County	\$1,135,615	\$925,771	\$122,017	\$295,561	\$50,498
32	x	Plumas County	\$356,959	\$307,085	\$4,928	\$80,582	\$
33	x	Riverside County	\$5,179,710	\$6,388,943	\$817,770	\$2,139,104	\$510,510
34	x	Sacramento County	\$4,852,613	\$3,312,732	\$1,421,133	\$1,425,472	\$495,956
35	x	San Benito County	\$381,541	\$348,142	\$4,928	\$91,640	\$
36	x	San Bernardino County	\$6,673,490	\$7,211,955	\$664,395	\$2,300,613	\$330,054
37	x	San Diego County	\$11,185,594	\$11,335,614	\$1,610,171	\$3,799,703	\$881,121
38	x	San Francisco County	\$4,632,176	\$6,107,089	\$299,227	\$2,219,476	\$1,530,948
39	x	San Joaquin County	\$3,100,438	\$2,043,132	\$167,619	\$675,367	\$220,041
4	x	Butte County	\$1,117,575	\$803,203	\$373,103	\$328,185	\$26,944
40	x	San Luis Obispo County	\$1,858,988	\$1,137,820	\$71,472	\$338,034	\$67,011
41	x	San Mateo County	\$2,460,960	\$3,203,425	\$219,113	\$987,982	\$222,460

State:
California

				FISCAL YEAR 2003			
1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	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)
42	x	Santa Barbara County	\$2,207,684	\$1,664,882	\$166,496	\$532,740	\$88,609
43	x	Santa Clara County	\$5,689,827	\$8,004,716	\$525,157	\$2,472,333	\$330,287
44	x	Santa Cruz County	\$1,250,675	\$1,420,278	\$74,361	\$383,920	\$59,808
45	x	Shasta County	\$850,827	\$658,858	\$372,293	\$311,493	\$52,713
46	x	Sierra County	\$274,086	\$327,746	\$4,928	\$87,892	\$
47	x	Siskiyou County	\$507,406	\$280,394	\$263,835	\$148,378	\$
48	x	Solano County	\$1,764,454	\$1,726,389	\$168,865	\$500,500	\$141,414
49	x	Sonoma County	\$1,882,040	\$1,682,541	\$144,363	\$562,891	\$203,604
5	x	Calaveras County	\$447,450	\$320,291	\$4,928	\$84,193	\$
50	x	Stanislaus County	\$1,774,738	\$2,089,018	\$141,340	\$587,562	\$101,547
51	x	Sutter/Yuba	\$336,372	\$729,890	\$48,533	\$202,106	\$38,536
52	x	Tehama County	\$535,357	\$322,078	\$260,638	\$168,170	\$22,538

State:
California

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	FISCAL YEAR 2003			
				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)
53	x	Trinity County	\$316,771	\$296,618	\$4,928	\$78,054	\$
54	x	Tulare County	\$1,771,383	\$1,412,925	\$86,891	\$499,136	\$120,003
55	x	Tuolumne County	\$513,344	\$349,716	\$4,928	\$97,175	\$21,768
56	x	Ventura County	\$3,265,787	\$3,289,406	\$184,469	\$985,462	\$146,940
57	x	Yolo County	\$1,092,522	\$692,503	\$77,556	\$207,342	\$33,176
58	x	Sutter County (Prop 36 only)	\$378,912	\$	\$	\$	\$
59	x	Yuba County (Prop 36 only)	\$417,875	\$	\$	\$	\$
6	x	Colusa County	\$330,279	\$301,551	\$4,928	\$79,070	\$
7	x	Contra Costa County	\$3,404,142	\$3,216,265	\$1,467,839	\$1,408,598	\$336,674
8	x	Del Norte County	\$343,952	\$311,970	\$4,928	\$83,259	\$6,532
9	x	El Dorado County	\$676,551	\$654,503	\$48,005	\$198,810	\$33,218
98	x	Dept. of Health Services	\$	\$	\$	\$3,294,632	\$

State:
California

				FISCAL YEAR 2003			
1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	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)
99	x	Statewide (optional)	\$43,442,531	\$11,024,760	\$1,246,227	\$5,287,564	\$
TOTAL	TOTAL	TOTAL	\$189,677,212	\$157,900,302	\$18,300,155	\$57,199,376	\$12,187,398

PROVIDER ADDRESS TABLE

State:
California

Provider ID	Description	Provider Address
1	Alameda County	Behavioral Health Care Services, 2000 Embarcadero Cove, Suite 400, Oakland, CA, 94606, (510) 567-8120,
10	Fresno County	Department of Behavioral Health, Substance Abuse Services, 4417 East Inyo Avenue, Bldg 333, Fresno, CA, 93702, (559) 453-6336,
11	Glenn County	Health Services, Alcohol and Drug Programs, 242 North Villa Avenue, Willows, CA, 95988, (530) 934-6582,
12	Humboldt County	Mental Health, Alcohol and Other Drugs Program, 720 Wood Street, Eureka, CA, 95501, (707) 268-2990,
13	Imperial County	Alcohol and Drug Programs, 1295 State Street, Suite 202, El Centro, CA, 92243, (760) 353-4730,
14	Inyo County	Health and Human Services, 1351 Rocking "W" Drive, Bishop, CA, 93514, (760) 872-4245,
15	Kern County	Alcohol and Drug Programs, Mental Health Systems, P.O. Box 1000, Bakersfield, CA, 93302-1000, (661) 868-6705,
16	Kings County	Alcohol and Other Drug Programs, 1400 West Lacey Boulevard, Hanford, CA, 93230, (559) 582-3211,
17	Lake County	Health Services Department, 922 Bevins Court, Lakeport, CA, 95453, (707) 263-8162,
18	Lassen County	Behavioral and Public Health Services, Alcohol and Drug Programs, 476 Alexander Avenue, Susanville, CA, 96130, (530) 251-8115,
19	Los Angeles County	Alcohol and Drug Program Administration, 1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Alhambra, CA, 91803, (626) 299-4193,
2	Alpine County	Behavioral Health Services, 75-C Diamond Valley Road, Markleeville, CA, 96120, (530) 694-1816,
20	Madera County	Alcohol and Drug Program, Behavioral Health Services, P. O. Box 1288, Madera, CA, 93639, (559) 673-3508,
21	Marin County	Alcohol and Drug Programs, 10 North San Pedro Road, Room 1013, San Rafael, CA, 94903, (415) 499-6652,
22	Mariposa County	Alcohol and Drug Programs, Department of Human Services, P.O. Box 7, Mariposa, CA, 95338-0007, (209) 266-0000,
23	Mendocino County	Public Health Director, Division of Alcohol and Other Drug Programs, 1120 South Dora Street, Ukiah, CA, 95482, (707) 472-2607,
24	Merced County	Alcohol and Drug Programs, P. O. Box 839, Merced, CA, 95341-0839, (209) 381-6813,
25	Modoc County	Alcohol and Drug Services, 441 North Main Street, Alturas, CA, 96101, (530) 233-6319,
26	Mono County	Mental Health Department, P.O. Box 2619, Mammoth Lakes, CA, 93546, (760) 924-1740,
27	Monterey County	Behavioral Health, 1270 Natividad Road, Salinas, CA, 93906, (831) 755-4510,

Provider ID	Description	Provider Address
28	Napa County	Health and Human Services Agency, 2261 Elm Street, Napa, CA, 94559-3721, (707) 253-4279,
29	Nevada County	Alcohol and Drug Programs, 10433 Willow Valley Road, Suite A, Nevada City, CA, 95959-2399, (530) 265-1437,
3	Amador County	Alcohol and Drug Services, 1001 Broadway, Suite 106, Jackson, CA, 95642, (209) 223-6556,
30	Orange County	Health Care Agency, Behavioral Health Services, 405 West Fifth Street, 5th Floor, Suite 550, Santa Ana, CA, 92701, (714) 834-7024,
31	Placer County	Health and Human Services, 11533 C Avenue, Auburn, CA, 95603-2703, (530) 889-7256,
32	Plumas County	Alcohol and Drug Program, P. O. Box 1660, Quincy, CA, 95971-1660, (530) 283-6595,
33	Riverside County	Department of Mental Health, 3525 Presley Avenue, Riverside, CA, 92507, (951) 782-2400,
34	Sacramento County	Alcohol and Drug Services, Department of Health and Human Services, 7001-A East Parkway, Suite 500, Sacramento, CA, 95823-2501, (916) 875-2055,
35	San Benito County	Substance Abuse Programs, 1111 San Felipe Road, Suite 108, Hollister, CA, 95023-2809, (831) 637-5594,
36	San Bernardino County	Alcohol and Drug Services Administration, 700 East Gilbert Street, San Bernardino, CA, 92415-0920, (909) 387-7023,
37	San Diego County	Health and Human Services, Alcohol and Drug Services, 3255 Camino Del Rio South, San Diego, CA, 92108, (619) 524-5023,
38	San Francisco County	Department of Public Health, Community Behavioral Health Services, 1380 Howard Street, #401, San Francisco, CA, 94103, (415) 255-3717,
39	San Joaquin County	Behavioral Health Services, 1212 N. California Street, Stockton, CA, 95202, (209) 468-2080,
4	Butte County	Department of Behavioral Health, Alcohol and Drug Program, 107 Parmac Road, Suite 4, Chico, CA, 95926, (530) 891-2859,
40	San Luis Obispo County	Drug and Alcohol Services, 2945 McMillan Avenue, Suite 136, San Luis Obispo, CA, 93401-1489, (805) 781-4281,
41	San Mateo County	Human Services Agency, 400 Harbor Boulevard, Building C, Belmont, CA, 94002, (650) 802-5057,
42	Santa Barbara County	Alcohol, Drug and Mental Health Services, Alcohol and Drug Programs, 300 North San Antonio Road, Bldg. 3, Santa Barbara, CA, 93110-1316, (805) 681-5233,
43	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	Alcohol and Drug Program, 1400 Emeline Avenue, Santa Cruz, CA, 95060, (831) 454-4420,
45	Shasta County	Alcohol and Drug Programs, 2770 Pioneer Drive, Redding, CA, 96001, (530) 225-5242,

Provider ID	Description	Provider Address
46	Sierra County	Alcohol and Drug Programs, Department of Human Services, P. O. Box 265, Loyalton, CA, 96118-0265, (530) 888-8788
47	Siskiyou County	Behavioral Health Services, 2060 Campus Drive, Yreka, CA, 96097, (530) 841-4801,
48	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	Department of Health Services, Alcohol and Other Drug Services Division, 1221 Farmers Lane, Suite 200, Santa Rosa, CA, 95405, (707) 565-6945,
5	Calaveras County	Health Services Agency, 891 Mountain Ranch Road, San Andreas, CA, 95249, (209) 754-6460,
50	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, 1965 Live Oak Blvd., P.O. Box 1520, Yuba City, CA, 95992-1520, (530) 822-7200,
52	Tehama County	Health Services Agency, P. O. Box 400, Red Bluff, CA, 96080, (530) 527-8491,
53	Trinity County	Behavioral Health Services, P. O. Box 1640, Weaverville, CA, 96093, (530) 623-1822,
54	Tulare County	Alcohol and Drug Programs, Health and Human Service Agency, 5957 South Mooney Boulevard, Visalia, CA, 93277-9394, (559) 737-4660,
55	Tuolumne County	Behavioral Health Department, Alcohol and Drug Programs, 2 South Green Street, Sonora, CA, 95370, (209) 533-6609,
56	Ventura County	Behavioral Health, 300 North Hillmont Avenue, Ventura, CA, 93003, (805) 652-6737,
57	Yolo County	Alcohol and Drug Programs, 14 North Cottonwood Street, Woodland, CA, 95695-2510, (530) 666-8516,
58	Sutter County (Prop 36 only)	Department of Human Services, Division of Mental Health, Alcohol and Drug Programs, 1965 Live Oak Boulevard, Yuba City, CA, 95991, (530) 822-7487,
59	Yuba County (Prop 36 only)	Health Officer, 6000 Lindhurst Ave., Suite 601B, Marysville, CA, 95901, (530) 749-6781,
6	Colusa County	Substance Abuse Services, 162 E. Carson Street, Colusa, CA, 95932, (530) 458-0520,
7	Contra Costa County	Health Services, Substance Abuse Services, 597 Center Avenue, Suite 320, Martinez, CA, 94553, (925) 313-6350,
8	Del Norte County	Mental Health, 206 Williams Drive, Crescent City, CA, 95531, (707) 464-7224,
9	El Dorado County	Alcohol and Drug Programs, 931 Spring Street, Placerville, CA, 95667, (530) 621-6191,
98	Department of Health Services	P. O. Box 942732, Sacramento, CA, 95814, (916) 440-7400,

Provider ID	Description	Provider Address
99	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]	50
	Media campaigns [3]	55
	Brochures [4]	221
	Radio and TV public service announcements [5]	57
	Speaking engagements [6]	203
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	173
	Information lines/Hot lines [8]	141
	Parenting and family management [11]	145
	Ongoing classroom and/or small group sessions [12]	178
	Peer leader/helper programs [13]	61
	Education programs for youth groups [14]	131
	Mentors [15]	65
	Preschool ATOD prevention programs [16]	10
	Drug free dances and parties [21]	137
	Youth/adult leadership activities [22]	85
	Community drop-in centers [23]	30
	Community service activities [24]	84
	Outward Bound [25]	3
	Recreation activities [26]	106
	Employee Assistance Programs [31]	14
	Student Assistance Programs [32]	37
	Driving while under the influence/driving while intoxicated education programs [33]	10

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

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) No Risk Category Assigned [-99]	Prevention Assessment and Referral Services [34]	120
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	105
	Systematic planning [42]	103
	Multi-agency coordination and collaboration/coalition [43]	201
	Community team-building [44]	111
	Accessing services and funding [45]	89
	Technical Assistance [46]	86
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	68
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	46
	Modifying alcohol and tobacco advertising practices [53]	25
	Newsletters [71]	79
	Resource Directories [72]	69
	Training Services [77]	128
	Assessing Community Needs and Assets [78]	149
	Curricula [79]	65
	Children of Substance Abusers Groups [80]	58
	Audio/visual materials [81]	67
	Theatrical Troupes [82]	15
	Printed Materials [83]	160
	Web sites operating [84]	87
	Friday Night Live/Club Live Providers [85]	55
	Mens Alternative to Violence Programs [86]	14

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

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) No Risk Category Assigned [-99]	Womens Alternative to Violence Programs [87]	19

Form 6a Footnotes

California collects primary prevention service data specific to each of the six Center for Substance Abuse Prevention (CSAP) strategies and the services contained within each strategy; the data is not collected specific to each risk category. The risk categories are included in a group of service populations and are collected as a summary for the strategy versus for each service delivered.

Due to collecting summarized data for each CSAP strategy versus risk category, the data submitted for each risk category would be redundant. Therefore, California has submitted the data under the No Risk Category Assigned status in Column A with an understanding that it is a reflection of the number of providers that delivered the identified service within each CSAP strategy to any combination of the risk categories.

TREATMENT UTILIZATION MATRIX

State:
California

Dates of State Expenditure Period:
From 7/1/2003 to 6/30/2004 (Same as Form 1)

Level of Care	A. Number of Admissions	B. Number of Persons Served	Costs Per Person		
			C. Mean Cost of Services	D. Median Cost of Services	E. Standard Deviation of Cost
Detoxification (24 hour Care)					
1. Hospital Inpatient	169	571	\$16,826.35	\$0.00	\$0.00
2. Free-standing Residential	29,647	22,715	\$643.11	\$0.00	\$0.00
Rehabilitation / Residential					
3. Hospital Inpatient			\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	5,273	4,854	\$1,831.34	\$0.00	\$0.00
5. Long-term (over to 30 days)	40,586	46,851	\$4,017.39	\$0.00	\$0.00
Ambulatory (Outpatient)					
6. Outpatient	119,093	157,665	\$1,091.70	\$0.00	\$0.00
7. Intensive Outpatient	10,651	13,944	\$2,575.70	\$0.00	\$0.00
8. Detoxification	19,055	14,086	\$99.38	\$0.00	\$0.00
Methadone	13,964	44,957	\$1,591.21	\$0.00	\$0.00

Form 7a Footnotes

Treatment Data

Treatment admission data consists of data collected by the California Alcohol and Drug Data System for the period from July 1, 2003 through June 30, 2004. Counties/providers that receive alcohol and other drug treatment funds from the Department of Alcohol and Drug Programs and those that are privately funded and provide narcotic replacement therapy must report information on all the clients they serve.

Expenditure Data

The expenditure data reflects expenditures incurred during the time period from July 1, 2003, through June 30, 2004. Counties/providers report expenditures from all sources of public funds. Private sources of funding are not required to be reported. Many counties/providers receive funds from a combination of public and private sources.

Calculating Average Costs per Person Served

Data from the two separate expenditure and service databases were merged. Based on criteria the State has developed, cost and treatment data was reviewed for reasonableness. The mean costs per person were determined by calculating the cost per client served for all service types within the State. Due to the fact that data is aggregated above the client level when it is reported to the expenditure database, valid values for median and standard deviation could not be calculated from available data.

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		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	29,452	6,781	3,425	2,663	1,252	261	150	611	228	678	249			8,860	4,294	9,666	4,875	10,188	4,723
2. 18-24	43,852	12,408	9,068	2,633	1,845	386	232	766	327	1,053	649			9,815	4,670	15,682	11,597	11,379	5,194
3. 25-44	163,268	48,231	35,862	14,795	10,739	1,232	602	1,770	739	3,198	2,386			29,158	14,556	66,041	48,552	32,343	16,332
4. 45-64	59,565	20,675	9,562	10,668	4,289	314	81	595	168	949	530			8,981	2,753	32,401	14,427	9,781	2,956
5. 65 and over	1,647	486	188	342	73	5	1	55	34	25	10			366	62	892	311	387	57
6. Total	297,784	88,581	58,105	31,101	18,198	2,198	1,066	3,797	1,496	5,903	3,824			57,180	26,335	124,682	79,762	64,078	29,262
7. Pregnant Women	5,854		2,784		966		68		81		234				1,721		3,929		1,925

Did the State base the values reported on Form 7A and 7B from a client-based system(s) with unique client identifiers?

Yes **No**

State:
California

SSA (MOE Table I)

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

PERIOD (A)	EXPENDITURES (B)	B1(2003) + B2(2004) / 2 (C)
SFY 2003 (1)	\$248,952,000	
SFY 2004 (2)	\$247,099,000	\$248,025,500
SFY 2005 (3)	\$251,450,000	

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

FY 2003 Yes No

FY 2004 Yes No

FY 2005 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) 2005 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

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)?

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 2005 (3)	\$7,300,000	18.6%	\$1,357,800

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 2005 (3)	\$10,171,000

* 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	
2003		\$28,067,000
2004		\$28,032,000
2005		\$43,632,000

Enter the amount the State plans to expend in FY 2006 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

In past years, this table reflected only non-federal expenditures. The Department of Alcohol and Drug Programs (ADP) included Substance Abuse Prevention and Treatment (SAPT) Block Grant expenditures for the 2005 year. ADP also updated the 2003 and 2004 years to include SAPT Block Grant expenditures.

State:
California

Criteria for Allocating Funds

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2006 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.

- Population levels, Specify formula:

- 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)

- Other (specify):
Please see footnotes

Planning Checklist Footnotes
Criteria for Allocating Funds

The State will allocate FFY 2006 Substance Abuse Prevention and Treatment Block Grant funds according to the following methodologies:

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

Formula for 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).

Formula for 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 Services, Office of AIDS.

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		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Alameda County	1,493,928	120,058	404		36	23,400	158	6,526	20,541		2	10	12
Alpine County	1,265	105				19		60	91				
Amador County	36,985	3,153				537		218	376		13	3	
Butte County	211,140	19,132	23		7	3,421	10	1,467	3,323			8	3

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Calaveras County	43,535	3,570				699		299	539		5	2	
Colusa County	20,052	1,727				276		257	206			5	
Contra Costa County	1,002,629	80,034	334		48	15,452	114	4,356	8,018		3	7	9
Del Norte County	28,238	2,442				383		329	596		4	11	

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
California				0									
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
El Dorado County	168,791	13,798	42		9	2,570	19	1,405	1,831		2	1	
Fresno County	857,378	73,585	33			11,920	12	5,927	12,317			6	14
Glenn County	27,629	2,375				394		384	409			14	
Humboldt County	129,828	11,448	119		31	2,047	45	1,254	3,297		6	8	

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Imperial County	154,751	13,140	2			2,033	1	1,307	2,550			13	14
Inyo County	18,577	1,596				302		278	345			5	
Kern County	721,263	59,736				9,753		5,584	12,242		7	9	6
Kings County	139,491	11,601	40		1	1,623	17	991	2,542		4	6	

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Lake County	62,121	5,013	19		3	977	9	639	1,007		13	2	
Lassen County	34,402	3,179				390		304	354			6	
Los Angeles County	10,047,407	804,598	1,228		249	148,142	405	39,213	92,361		1	17	10
Madera County	134,621	11,199	78		5	2,043	28	840	1,203		19	5	10

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Marin County	250,986	19,373	50		1	4,050	20	1,669	1,887			6	7
Mariposa County	17,750	1,493				280		176	188				
Mendocino County	89,032	7,496	137		19	1,370	58	861	1,912		3	3	6
Merced County	231,128	19,519	54		5	3,140	19	1,443	3,496		1	3	7

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Modoc County	9,579	849				149		60	49				

Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Mono County	13,397	1,135				187		158	136		7		

Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Monterey County	421,355	34,727	61		7	5,858	17	3,470	3,988		2	4	13

Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Napa County	131,133	10,691				2,020		1,246	1,538		2	3	5

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Nevada County	97,239	8,088	35		5	1,576	19	677	1,194			3	
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Orange County	3,004,921	243,033	536		78	44,805	163	13,757	32,416		1	7	8
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Placer County	290,997	23,369	21		2	4,401	9	1,749	2,789			2	4
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Plumas County	21,034	1,786				340		217	434		5	14	

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
California				0									
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Riverside County	1,767,485	144,905	975		90	25,412	433	8,615	19,367		2	10	4
Sacramento County	1,332,905	109,827	118		34	20,303	55	8,113	12,620			4	12
San Benito County	56,872	4,591				779		356	428		2	2	
San Bernardino County	1,870,228	158,334	960		105	26,292	388	11,619	23,527		1	5	4

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Treatment Needs Assessment Summary Matrix

State:								Calendar Year:					
California								0					
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Diego County	2,994,454	254,609	717		124	45,457	227	16,180	35,490		1	14	10

Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Francisco County	791,684	61,213	1,047		445	13,149	331	1,530	8,467		5	46	20

Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Joaquin County	627,124	52,488	467		221	8,788	173	4,592	5,951		7	8	11

Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Luis Obispo County	256,622	23,153	44			4,013	18	2,252	4,240			5	3

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Mateo County	717,662	55,513	669		114	11,171	202	3,690	6,013			6	7
Santa Barbara County	413,544	35,616	19		3	6,269	8	2,293	8,333		3	11	9
Santa Clara County	1,732,637	134,615	182		20	25,383	65	7,024	17,793		1	2	12
Santa Cruz County	258,549	21,959	94		23	4,018	39	1,755	5,302		2	4	3

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
California				0									
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Shasta County	174,811	14,934	24		1	2,761	10	1,202	2,176		13	2	4
Sierra County	3,594	311				58		66	51		28		
Siskiyou County	45,133	3,820	11		1	728	6	377	702		9		
Solano County	415,727	34,330	99		5	6,039	34	1,737	4,693			10	7

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sonoma County	473,048	39,200	55		11	7,432	16	2,767	4,243		1	10	3
Stanislaus County	490,232	41,064	18		15	7,041	8	2,378	5,427		4	9	3
Sutter/Yuba	149,862	12,418	26		5	2,145	10	1,332	2,971		2	3	6
Tehama County	58,683	4,974	113		31	899	46	1,388	1,332				

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Trinity County	13,480	1,135				214		208	186		7		
Tulare County	394,771	32,758	9		8	5,320	3	3,656	6,560		3	2	4
Tuolumne County	56,846	4,739				865		556	738		16		
Ventura County	799,848	64,122	122		15	11,802	46	4,058	10,864		4	4	10

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		0											
1.	2.	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		
Substate Planning Area	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: 0	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Yolo County	182,942	16,909	35		6	2,868	14	1,134	3,019			2	4

Form 8 Footnotes

The number of IVDUs in need of treatment (Column 4a) could not be determined at this time.

Treatment Needs by Age, Sex, and Race/Ethnicity

State:
California

Substate Planning Area [95]:
State Total

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		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
2. 18 - 24		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
4. 45 - 64		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
6. Total																			

Form 9 Footnotes
See Appendix A

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 2006 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	\$183,200,892	\$119,542,000	\$16,026,000	\$519,300,000	\$0	\$0
2. Primary Prevention	\$50,007,705		\$40,438,000	\$0	\$0	\$0
3. Tuberculosis Services	\$0	\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$12,501,926	\$0	\$0	\$0	\$0	\$0
5. Administration (excluding program/provider level)	\$4,328,000		\$1,203,270	\$8,879,330	\$0	\$0
6. Column Total	\$250,038,523	\$119,542,000	\$57,667,270	\$528,179,330	\$	\$

Primary Prevention Planned Expenditures Checklist

State:

California

	Block Grant FY 2006	Other Federal	State	Local	Other
Information Dissemination	\$4,444,976	\$	\$	\$	\$
Education	\$18,174,314	\$	\$	\$	\$
Alternatives	\$6,868,237	\$	\$	\$	\$
Problem Identification & Referral	\$1,985,393	\$	\$	\$	\$
Community-Based Process	\$14,785,127	\$	\$	\$	\$
Environmental	\$1,749,658	\$	\$	\$	\$
Other	\$	\$40,438,000	\$	\$	\$
Section 1926 - Tobacco	\$2,000,000	\$	\$	\$	\$
TOTAL	\$50,007,705	\$40,438,000	\$	\$	\$

Planned Expenditures on Resource Development Activities

State:
California

Does your State plan to fund resource development activities with FY 2006 funds?

Yes No

	Treatment	Prevention	Total
Planning, Coordination and Needs Assessment	\$628,776	\$	\$628,776
Quality Assurance	\$521,569	\$	\$521,569
Training (post-employment)	\$344,104	\$	\$344,104
Education (pre-employment)	\$	\$	\$
Program Development	\$2,196,129	\$750,000	\$2,946,129
Research and Evaluation	\$330,997	\$	\$330,997
Information Systems	\$613,000	\$	\$613,000
TOTAL	\$4,634,575	\$750,000	\$5,384,575

Form 11b Footnotes

The service codes associated with county support services do not break the spending down by treatment or prevention use. The Department of Alcohol and Drug Programs uses these service codes to retrieve the resource development expenditure data; therefore, there is no available means to report how much was spent in the Treatment vs. the Prevention categories.

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 2006 block grand award.

Level of Care	A. Number of Admissions	B. Number of Persons Served
Detoxification (24 hour Care)		
1. Hospital Inpatient	338	1,142
2. Free-standing Residential	59,294	45,430
Rehabilitation / Residential		
3. Hospital Inpatient		
4. Short-term (up to 30 days)	10,546	9,708
5. Long-term (over to 30 days)	81,172	93,702
Ambulatory (Outpatient)		
6. Outpatient	238,186	315,330
7. Intensive Outpatient	21,302	27,888
8. Detoxification	38,110	28,172
Methadone	27,928	89,914

Form 12 Footnotes

The estimated costs and services to be provided are based on the figures derived from Form #7 (State fiscal year [SFY] 2003/04), however, for a two year period. Due to the difficulty in estimating what costs and services may be in the future, the costs and services from Form #7 were doubled. The mean cost per person served is the same as that reported on Form #7 for SFY 2003/04.

Insufficient data is available at this time to accurately estimate costs and services that may change during the period in which federal fiscal year 2006 funds are available. Changes in funding during SFY 2005/06 and beyond may affect the number of clients being served.

The Department of Alcohol and Drug Programs (ADP) implemented the Substance Abuse and Crime Prevention Act (SACPA) of 2000 on July 1, 2001. This \$120 million per annum program provides drug treatment and related services to persons convicted of nonviolent drug offenses in lieu of incarceration. Funds are provided to all counties by a mandated allocation formula incorporating county-specific population data, drug arrest information, and the number of SACPA participants from the previous year. Over 70,000 SACPA clients were served during SFY 2003/04. This shows an expansion of the program by approximately 5,000 clients served from SFY 2002/03. ADP anticipates the number of clients served to increase over the next two years.

ADP began serving clients in June 2005 under the Center for Substance Abuse Treatment's Access to Recovery Grant, which may increase the number of clients served, especially those in younger age groups.

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 2006 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):

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

PURCHASING SERVICES: Base plus per capita allocation

The State allocates new funds either on a formula 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.

Existing State statutes (Health and Safety Code Section 11814) require the State to estimate an allocation of State and federal funds available for each county to implement the approved plan for the provision of alcohol and other drug services. The State bases its allocation on the population of each county. However, the State assures that each small population county receives a minimum amount of funds to provide adequate alcohol and other drug services. In making the allocations, the State may take into account other factors relating to the level of alcohol and other drug problems in the county.

Formula for New Funds: Beginning in State fiscal year 1999-2000, standard methodology for new funds is \$2,500 per each \$1,000,000 of increased amount to all counties as a base, with the balance distributed on a straight per-capita basis (population).

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

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

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

On-site Inspections

- Licensed Residential Alcohol and Other Drugs (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 once during the two-year period of certification. Program certification is voluntary.

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

- Prevention Programs: ADP delegates site inspections to the counties through the Net Negotiated Amount (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 and to provide evidence of compliance with the practices.

Activity Reports: All contractors receiving Substance Abuse Prevention and Treatment (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 of service recipients.

Management Information System: Treatment providers who receive public funds and/or who are licensed narcotic treatment providers are required to submit client admission and discharge data to ADP monthly for the California Alcohol and Drug Data System (CADDs). Data is collected from providers and processed through county data systems, then submitted to ADP for inclusion in CADDs.

Patient/Participation Data Reporting System:

1) Frequency for Treatment: ADP receives treatment patient/participant data through the CADDs, which is submitted to ADP monthly.

2) Frequency for Prevention: ADP monitors the Center for Substance Abuse Prevention primary prevention services through a state-designed data collection system that evolved from the Minimum Data Sets. It is identified as the Prevention Activities Data System (PADS). PADS collects data quarterly from the 58 counties based on approximately 380 local programs the counties contract with for services. Program activity data is continually collected from the providers for the PADS county report. The counties review the PADS data from their providers, and then submit it to ADP for the quarterly reports.

Performance Contracts: Counties are mandated by NNA contracts to submit monthly CADDs 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 are receiving SAPT Block Grant funds. Site inspections are conducted annually.

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

PPM Checklist Footnotes

Independent Peer Review: The independent peer review function is the responsibility of the Licensing and Certification Division at 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.

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 CCR, 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 the 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 also conducts financial and compliance audits on some 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: Funds are allocated to counties through the NNA contracts for provision of AOD services. ADP has established annual on-site monitoring of county administrative systems, including the county's sub-contractor oversight to ensure compliance with federal and State requirements. 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.

State:
California

Reporting Period:
From 7/1/2003 To 6/30/2004

FORM T1 - TREATMENT PERFORMANCE MEASURE EMPLOYMENT STATUS (From Admission to Discharge)

Employment Status - Clients employed (full-time or part-time) (prior 30 days) at admission vs. discharge	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients employed (full-time and part-time) [numerator]	43,789	47,550	
Total number of clients with non-missing values on employment status [denominator]	212,340	211,873	
Percent of clients employed (full-time and part-time)	20.62%	22.44%	1.82% / 8.83%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T1.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T1.2
 How is Admission/Discharge Basis defined? (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

T1.3
 How was the discharge data collected? (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 OR Follow-up data months
 Post admission OR discharge
 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 completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T1.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T1.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Employment Status Data Collection (Form T1)

GOAL To improve the employment status of persons treated in the States substance abuse treatment system.

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

STATE CONFORMANCE TO INTERIM STANDARD States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission data.

YES NO

State collects discharge data.

YES NO

State collects admission and discharge data on employment that can be reported using TEDS definitions.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s): The California Alcohol and Drug Data System (CADDSS) is a centralized AOD data collection system. Data collected through CADDSS identifies the types of direct AOD treatment services provided and describes the population receiving those services. The CADDSS sample for T1 is comprised of all clients having a discharge date during the period from 7/1/2003 through 6/30/2004.

DATA ISSUES

Issues:

DATA PLANS IF DATA IS NOT AVAILABLE

State should 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.

State:
California

Reporting Period:
From 7/1/2003 To 6/30/2004

**FORM T2 - TREATMENT PERFORMANCE MEASURE
HOMELESSNESS: Living Status (From Admission to Discharge)**

Homelessness - Clients homeless (prior 30 days) at admission vs. discharge	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of clients homeless [numerator]	0	0	
Total number of clients with non-missing values on living arrangements [denominator]	0	0	
Percent of clients homeless			0.00% / 0.00%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T2.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T2.2
 How is Admission/Discharge Basis defined? (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

T2.3
 How was the discharge data collected? (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 OR Follow-up data months
 Post admission OR discharge
 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 completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T2.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T2.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

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

GOAL

To improve the living conditions of persons treated in the States substance abuse treatment system.

MEASURE

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

STATE CONFORMANCE
TO INTERIM STANDARD

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission data.

YES NO

State collects discharge data.

YES NO

State collects admission and discharge data on living status that can be reported using TEDS definitions.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)	Source(s):
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DATA ISSUES	Issues:
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DATA PLANS IF DATA IS NOT AVAILABLE

State should 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.

Form T2 Footnotes

California Plan for capturing data to report on the Voluntary Treatment Performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant Application.

During fall of 2003, the Department of Alcohol and Drug Programs (ADP) began identifying the problems that counties and providers may have in implementing the California Outcomes Measurement System (CalOMS). Five regional Readiness Meetings were conducted. Funding was the top area of concern for all counties and providers. Counties are facing very tight budgets and are concerned about the expenses required to build the infrastructure requiring software development, equipment purchase, and integration requirements. With the lack of funding to meet this need, counties are concerned about decreasing client services and increasing waiting lists if current funding is needed to implement CalOMS.

ADP prepared a cost estimate for developing and maintaining a data system that will collect the information required for the Substance Abuse Prevention and Treatment Block Grant Application. The estimated one-time costs are \$3,516,000 with annual ongoing costs of \$2,720,000. These estimates are based on a model developed for categories of changes or actions needed to implement the proposed requirements. The model included the following categories:

1. Changes in business process at State, county, and provider levels that would require additional staff time to collect and report data
2. Automation system changes at State, county, and provider levels
3. Training and incidental costs

To implement CalOMS, ADP has developed a timeline that identifies a series of milestones and intermediate steps, which ADP, counties, and providers need to accomplish to meet the project completion date of July 2006. The timeline will be used to measure progress and refine the overall project plan:

1. County project team and implementation plan: Counties were to identify their CalOMS project team and prepare an implementation plan by January 31, 2005. If a county determined it could not have an implementation plan completed by the January 2005 deadline, it filed a request for exemption and submitted a revised timeline with ADP.
2. County contracts with providers: Each county will modify its Fiscal Year 2005-2006 contract with county-contracted providers to include CalOMS reporting requirements.
3. County automation strategies: Each county will identify its strategy for implementing the automated systems capability needed to collect and report CalOMS data to ADP. If a county determines that its proposed automation strategy does not fit ADP's overall timeline, ADP will add that county's proposed timeline to the CalOMS plan.
4. Statewide Outcomes Monitoring Program (OMP): The OMP is the project of California's Strategic Initiative to continuously improve AOD prevention and treatment programs by: 1) collecting and analyzing data, 2) identifying service and outcome trends, and 3) using this business information to implement strategic policy changes. CalOMS is the data collection and reporting tool for the OMP. OMP includes the overall policies and procedures associated with CalOMS, resolving issues, preparing informational materials for the field regarding outcomes monitoring and the CalOMS project, and facilitating communication.

Once the counties have tested their systems, ADP will review and validate the data produced by the modified or new systems to insure that CalOMS admission and discharge data are consistent with CalOMS requirements.

To facilitate the implementation of CalOMS, ADP intends to provide technical assistance to counties in the form of technical training, draft implementation

Form T2 Footnotes

plan templates, and meeting facilitation. ADP will contract with a Field Change Management Consultant to work with counties to help manage the changes required for meeting the CalOMS requirements and serve as liaison between counties and ADP. Each county's milestones will be used to measure county and ADP progress toward achieving CalOMS goals.

State:
California

Reporting Period:
From 7/1/2003 To 6/30/2004

**FORM T3 - TREATMENT PERFORMANCE MEASURE
CRIMINAL JUSTICE INVOLVEMENT (From Admission to Discharge)**

Arrests - Clients arrested (any charge) (in prior 30 days) at admission vs. discharge - T3	Admission Clients (T1)	Discharge Clients (T2)	Absolute/Relative Change
Number of Clients arrested [numerator]	0	0	
Total number of clients with non-missing values on arrests [denominator]	0	0	
Percent of clients arrested			0.00% / 0.00%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T3.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T3.2
 How is Admission/Discharge Basis defined? (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

T3.3
 How was the discharge data collected? (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 OR Follow-up data months
 Post admission OR discharge
 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 completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T3.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T3.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Number of Arrests Data Collection (Form T3)

GOAL To reduce the criminal justice involvement of persons treated in the States substance abuse treatment system.

MEASURE The change in persons arrested in the last 30 days at discharge for all clients receiving treatment.

STATE CONFORMANCE TO INTERIM STANDARD States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission data.

YES NO

State collects discharge data.

YES NO

State collects admission and discharge data on criminal justice involvement that can be reported as a Yes/No response.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues: States will need to discuss if information on all arrests is not available.

DATA PLANS IF DATA IS
NOT AVAILABLE

State should 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.

Form T3 Footnotes

California Plan for capturing data to report on the Voluntary Treatment Performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant Application.

During fall of 2003, the Department of Alcohol and Drug Programs (ADP) began identifying the problems that counties and providers may have in implementing the California Outcomes Measurement System (CalOMS). Five regional Readiness Meetings were conducted. Funding was the top area of concern for all counties and providers. Counties are facing very tight budgets and are concerned about the expenses required to build the infrastructure requiring software development, equipment purchase, and integration requirements. With the lack of funding to meet this need, counties are concerned about decreasing client services and increasing waiting lists if current funding is needed to implement CalOMS.

ADP prepared a cost estimate for developing and maintaining a data system that will collect the information required for the Substance Abuse Prevention and Treatment Block Grant Application. The estimated one-time costs are \$3,516,000 with annual ongoing costs of \$2,720,000. These estimates are based on a model developed for categories of changes or actions needed to implement the proposed requirements. The model included the following categories:

1. Changes in business process at State, county, and provider levels that would require additional staff time to collect and report data
2. Automation system changes at State, county, and provider levels
3. Training and incidental costs

To implement CalOMS, ADP has developed a timeline that identifies a series of milestones and intermediate steps, which ADP, counties, and providers need to accomplish to meet the project completion date of July 2006. The timeline will be used to measure progress and refine the overall project plan:

1. County project team and implementation plan: Counties were to identify their CalOMS project team and prepare an implementation plan by January 31, 2005. If a county determined it could not have an implementation plan completed by the January 2005 deadline, it filed a request for exemption and submitted a revised timeline with ADP.
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3. County automation strategies: Each county will identify its strategy for implementing the automated systems capability needed to collect and report CalOMS data to ADP. If a county determines that its proposed automation strategy does not fit ADP's overall timeline, ADP will add that county's proposed timeline to the CalOMS plan.
4. Statewide Outcomes Monitoring Program (OMP): The OMP is the project of California's Strategic Initiative to continuously improve AOD prevention and treatment programs by: 1) collecting and analyzing data, 2) identifying service and outcome trends, and 3) using this business information to implement strategic policy changes. CalOMS is the data collection and reporting tool for the OMP. OMP includes the overall policies and procedures associated with CalOMS, resolving issues, preparing informational materials for the field regarding outcomes monitoring and the CalOMS project, and facilitating communication.

Once the counties have tested their systems, ADP will review and validate the data produced by the modified or new systems to insure that CalOMS admission and discharge data are consistent with CalOMS requirements.

To facilitate the implementation of CalOMS, ADP intends to provide technical assistance to counties in the form of technical training, draft implementation

Form T3 Footnotes

plan templates, and meeting facilitation. ADP will contract with a Field Change Management Consultant to work with counties to help manage the changes required for meeting the CalOMS requirements and serve as liaison between counties and ADP. Each county's milestones will be used to measure county and ADP progress toward achieving CalOMS goals.

State:
California

Reporting Period:
From 7/1/2003 To 6/30/2004

FORM T4 - PERFORMANCE MEASURE
CHANGE IN ABSTINENCE - ALCOHOL USE (From Admission to Discharge)

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)	Absolute/Relative Change
Number of clients abstinent from alcohol [numerator]	0	0	
Total number of clients with non-missing values on 'used any alcohol' variable [denominator]	0	0	
Percent of clients abstinent from alcohol			0.00% / 0.00%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T4.1
What is the source of data for this table? (Select all that apply)

<input type="checkbox"/> Client Self Report confirmed by another source.--> If checked, select one confirmation source.	<input type="checkbox"/> Urinalysis, blood test or other biological assay
<input type="checkbox"/> Client Self Report	<input type="checkbox"/> Collateral source
<input type="checkbox"/> Administrative Data Source	<input type="checkbox"/> Other: Specify
<input type="checkbox"/> Other: Specify	

T4.2
How is Admission/Discharge Basis defined? (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

T4.3
How was the discharge data collected? (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 OR Follow-up data months
 Post admission OR discharge
 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 completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T4.4
Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data

No, admission and discharge records were matched using probabilistic record matching

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T4.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Alcohol Use Data Collection (Form T4)

- GOAL** To reduce substance abuse to protect the health, safety, and quality of life for all.
- MEASURE** The change of all clients receiving treatment who reported abstinence at discharge.
- STATE CONFORMANCE TO INTERIM STANDARD** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
- State collects admission data.
 YES NO
- State collects discharge data.
 YES NO
- State collects admission and discharge data on alcohol use that can be reported using TEDS definitions.
 YES NO
- State reported data using data other than admission and discharge data.
 YES NO
- State reported data using administrative data.
 YES NO

DATA SOURCE(S)	Source(s):
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DATA ISSUES	Issues:
-------------	---------

DATA PLANS IF DATA IS NOT AVAILABLE

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

Form T4 Footnotes

California Plan for capturing data to report on the Voluntary Treatment Performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant Application.

During fall of 2003, the Department of Alcohol and Drug Programs (ADP) began identifying the problems that counties and providers may have in implementing the California Outcomes Measurement System (CalOMS). Five regional Readiness Meetings were conducted. Funding was the top area of concern for all counties and providers. Counties are facing very tight budgets and are concerned about the expenses required to build the infrastructure requiring software development, equipment purchase, and integration requirements. With the lack of funding to meet this need, counties are concerned about decreasing client services and increasing waiting lists if current funding is needed to implement CalOMS.

ADP prepared a cost estimate for developing and maintaining a data system that will collect the information required for the Substance Abuse Prevention and Treatment Block Grant Application. The estimated one-time costs are \$3,516,000 with annual ongoing costs of \$2,720,000. These estimates are based on a model developed for categories of changes or actions needed to implement the proposed requirements. The model included the following categories:

1. Changes in business process at State, county, and provider levels that would require additional staff time to collect and report data
2. Automation system changes at State, county, and provider levels
3. Training and incidental costs

To implement CalOMS, ADP has developed a timeline that identifies a series of milestones and intermediate steps, which ADP, counties, and providers need to accomplish to meet the project completion date of July 2006. The timeline will be used to measure progress and refine the overall project plan:

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2. County contracts with providers: Each county will modify its Fiscal Year 2005-2006 contract with county-contracted providers to include CalOMS reporting requirements.
3. County automation strategies: Each county will identify its strategy for implementing the automated systems capability needed to collect and report CalOMS data to ADP. If a county determines that its proposed automation strategy does not fit ADP's overall timeline, ADP will add that county's proposed timeline to the CalOMS plan.
4. Statewide Outcomes Monitoring Program (OMP): The OMP is the project of California's Strategic Initiative to continuously improve AOD prevention and treatment programs by: 1) collecting and analyzing data, 2) identifying service and outcome trends, and 3) using this business information to implement strategic policy changes. CalOMS is the data collection and reporting tool for the OMP. OMP includes the overall policies and procedures associated with CalOMS, resolving issues, preparing informational materials for the field regarding outcomes monitoring and the CalOMS project, and facilitating communication.

Once the counties have tested their systems, ADP will review and validate the data produced by the modified or new systems to insure that CalOMS admission and discharge data are consistent with CalOMS requirements.

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Form T4 Footnotes

plan templates, and meeting facilitation. ADP will contract with a Field Change Management Consultant to work with counties to help manage the changes required for meeting the CalOMS requirements and serve as liaison between counties and ADP. Each county's milestones will be used to measure county and ADP progress toward achieving CalOMS goals.

State:
California

Reporting Period:
From 7/1/2003 To 6/30/2004

FORM T5 - PERFORMANCE MEASURE
CHANGE IN ABSTINENCE - OTHER DRUG USE (From Admission to Discharge)

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)	Absolute/Relative Change
Number of clients abstinent from illegal drugs [numerator]	0	0	
Total number of clients with non-missing values on 'used any drug' variable [denominator]	0	0	
Percent of clients abstinent from drugs			0.00% / 0.00%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T5.1
What is the source of data for this table? (Select all that apply)

<input type="checkbox"/> Client Self Report confirmed by another source.--> If checked, select one confirmation source.	<input type="checkbox"/> Urinalysis, blood test or other biological assay
<input type="checkbox"/> Client Self Report	<input type="checkbox"/> Collateral source
<input type="checkbox"/> Administrative Data Source	<input type="checkbox"/> Other: Specify
<input type="checkbox"/> Other: Specify	

T5.2
How is Admission/Discharge Basis defined? (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

T5.3
How was the discharge data collected? (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 OR Follow-up data months
 Post admission OR discharge
 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 completed for some clients who were admitted to treatment
Specify proportion of admitted clients with a discharge record: %

T5.4
Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data

No, admission and discharge records were matched using probabilistic record matching

T5.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Other Drug Use Data Collection (Form T5)

- 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.
- STATE CONFORMANCE TO INTERIM STANDARD** States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
- State collects admission data.
 YES NO
- State collects discharge data.
 YES NO
- State collects admission and discharge data on other drug use that can be reported using TEDS definitions.
 YES NO
- State reported data using data other than admission and discharge data.
 YES NO
- State reported data using administrative data.
 YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues:

DATA PLANS IF DATA IS
NOT AVAILABLE

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

Form T5 Footnotes

California Plan for capturing data to report on the Voluntary Treatment Performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant Application.

During fall of 2003, the Department of Alcohol and Drug Programs (ADP) began identifying the problems that counties and providers may have in implementing the California Outcomes Measurement System (CalOMS). Five regional Readiness Meetings were conducted. Funding was the top area of concern for all counties and providers. Counties are facing very tight budgets and are concerned about the expenses required to build the infrastructure requiring software development, equipment purchase, and integration requirements. With the lack of funding to meet this need, counties are concerned about decreasing client services and increasing waiting lists if current funding is needed to implement CalOMS.

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1. Changes in business process at State, county, and provider levels that would require additional staff time to collect and report data
2. Automation system changes at State, county, and provider levels
3. Training and incidental costs

To implement CalOMS, ADP has developed a timeline that identifies a series of milestones and intermediate steps, which ADP, counties, and providers need to accomplish to meet the project completion date of July 2006. The timeline will be used to measure progress and refine the overall project plan:

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Once the counties have tested their systems, ADP will review and validate the data produced by the modified or new systems to insure that CalOMS admission and discharge data are consistent with CalOMS requirements.

To facilitate the implementation of CalOMS, ADP intends to provide technical assistance to counties in the form of technical training, draft implementation

Form T5 Footnotes

plan templates, and meeting facilitation. ADP will contract with a Field Change Management Consultant to work with counties to help manage the changes required for meeting the CalOMS requirements and serve as liaison between counties and ADP. Each county's milestones will be used to measure county and ADP progress toward achieving CalOMS goals.

Form T6

State:
California

Voluntary Form T6 - Infectious Diseases Performance Measure

This goal of this form is to determine the degree to which the Single State Agency provides and/or coordinates delivery of appropriate infection control practices within its service system for substance abuse treatment and prevention services. This form is a checklist to be completed by the Single State Agency (SSA). For each item, please check the box that best relates the degree to which that item describes the State Infectious Disease control program/practices. The SSA should develop a method for self-assessment to examine its policies, procedures and services relevant to infectious disease control. The SSA should attempt to use the same self-assessment criteria from year to year. The SSA should perform this assessment annually.

LEGEND: 0-Not addressed; 1-Inadequately addressed; 2-Adequately addressed; and 3-Completely addressed
(Select one for each response to questions 1-8)

CHARACTERISTICS DOCUMENTING APPROPRIATE PRACTICES IN INFECTIOUS DISEASES CONTROL

0 1 2 3

1. Single State Agency (SSA) maintains Memoranda of Understanding (MOU) and/or other formal arrangements with appropriate public health agencies and other social service providers to provide continuum of care for persons with substance use disorders who are also at risk for infectious diseases including screening, assessment, referral and treatment for infectious diseases and preventive practices to control disease transmission.

Specify MOUs and other formal agreements maintained:

The Negotiated Net Amount contract between the Single State Agency (SSA) and counties includes language to ensure compliance with SAPT infectious disease requirements.

0 1 2 3

2. Single State Agency (SSA) or other State agency certification, licensure or contract provisions require infectious disease control procedure/policies (infectious disease control standards) at the provider level.

Single State Agency or other State agency monitors provider implementation of policies/procedures.

Specify licensure; certification; or contract provision(s)

As part of the approval process, the Single State Agency (SSA) reviews provider applications for license or certification to ensure compliance with Substance Abuse Prevention and Treatment (SAPT) Block Grant's HIV requirements (45 Code of Federal Regulations (CFR), Parts 96.121 and 96.128) and tuberculosis requirements (45 CFR, Parts 96.121 and 96.127).

Specify authority administering licensure; certification; or contract process

Title 9, California Code of Regulations (CCR), Section 11823, addresses Narcotic Treatment Program (NTP) licensure requirements for infectious disease control policies and procedures. Title 9, CCR, Section 10567, addresses non-NTP (i.e. outpatient and residential drug-free services) licensure and certification requirements regarding infectious disease control.

Specify monitoring activity(ies)

SSA staff ensures continued compliance through regular onsite monitoring of county administrative systems. The SSA continues to improve the monitoring system by collaborating with county administrators and providers to assure that arrangements with local public health departments and other community resource linkages are maintained, the availability of pre- and post-test counseling services for those infected with HIV and/or TB are in place, and to develop strategies to improve follow-up monitoring, particularly after patients leave treatment.

Specify proportion of programs meeting or exceeding infectious disease control standards during compliance monitoring

100%

CHARACTERISTICS OF HUMAN IMMUNODEFICIENCY VIRUS AND TUBERCULOSIS CONTROL ACTIVITY

- YES NO
 Is the State a 'designated State' (i.e., cumulative case rate is equal to or greater than 10/100,000)?
- YES NO
 Was the State a 'designated State' (i.e., cumulative case rate is equal to or greater than 10/100,000) in at least one of the last two years?
- YES NO
 If the State is a designated State, have HIV infection procedures been developed by the principal agency for substance abuse in consultation with the State Medical Director and in cooperation with the State Department of Health/Communicable Disease Officer?

Whether or not the State is a 'designated State':

- 0 1 2 3
 3. Are early intervention services(EIS) projects provided at the site where individuals are undergoing substance abuse treatment?

Specify the number of substance abuse treatment sites providing EIS:

117

If the State funds more than one EIS project, specify number of such substance abuse treatment sites that are located in a rural area(s):

25

- 0 1 2 3
 4. Do these sites have established linkages with a comprehensive community resource network of related health and social service organizations?

- 0 1 2 3
 5. Do State funded substance abuse programs provide on-site or through referral:

(A) Appropriate pre-test and post-test counseling for HIV and AIDS;

(B) testing individuals with respect to such disease, including tests to diagnose the extent of the deficiency, tests to provide information on appropriate therapeutic measures, and for preventing and treating conditions arising from the disease; and

(C) providing the therapeutic measures described in (B).

- 0 1 2 3
 6. Are tuberculosis services as described in 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.121 and 96.127, routinely made available, directly or through arrangement with other public or nonprofit private entities, to each individual receiving substance abuse treatment services?

0 1 2 3

- 7. Have infection control procedures as described in 45 C.F.R. 96.127(a)(3) been established by the principal agency of the State for substance abuse, in cooperation with the State Medical Director and in cooperation with the State Department of Health/Tuberculosis Control Officer that which are designed to prevent the transmission of tuberculosis?

Specify the proportion of sites providing screening services directly or through referral:

100%

Specify the proportion of sites providing case management activities as described in 45 C.F.R. 96.127(a)(4) of clients with TB to ensure that individuals receive necessary services:

100%

0 1 2 3

- 8. Have effective strategies been developed for monitoring programs compliance with 45 C.F.R. 96.121 and 96.127?

Specify the procedures utilized:

On-site inspection and verification of documents by SSA analysts.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Licensure or program certification standards

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract or grant specifications/requirements

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site monitoring

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Client records audits

Total: 24

Total the numbers in the boxes (possible 0-24) and enter the number in the total cell.

Question 4

25 of these sites are in predominately rural counties using the U.S. Census Bureau data (i.e., greater than 50 percent of the county population classified as rural) and serve the entire county including rural populations, although the treatment site is not in a rural area. Amador, Mono, Plumas, Sierra, and Siskiyou are predominately rural counties that recently began providing early intervention services.

Question 7

Tuberculosis services are typically performed at county public health clinics but also sometimes provided at health maintenance organizations, preferred provider organizations, or the offices of individual primary care physicians.

State:
California

Reporting Period:
From 7/1/2003 To 6/30/2004

FORM T7 - PERFORMANCE MEASURE
CHANGE IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)

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)	Absolute/Relative Change
Number of clients with one or more such activities (AA NA meetings attended, etc.) [numerator]	0	0	
Total number of Admission and Discharge clients with non-missing values on social support activities [denominator]	0	0	
Percent of clients participating in social support activities			0.00% / 0.00%

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T7.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T7.2
 How is Admission/Discharge Basis defined? (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

T7.3
 How was the discharge data collected? (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 OR Follow-up data months
 Post admission OR discharge
 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 completed for some clients who were admitted to treatment
 Specify proportion of admitted clients with a discharge record: %

T7.4
 Was the admission and discharge data linked? (Select all that apply)

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
 Select type of UCID:
 Master Client Index or Master Patient Index, centrally assigned
 Social Security Number
 Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.)
 Some other Statewide unique ID
 Provider-entity-specific unique ID

No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
 No, admission and discharge records were matched using probabilistic record matching

T7.5

Why are you Unable to Report?
(Select all that apply)

- Not Applicable, data reported above
- Information is not collected at Admission
- Information is not collected at Discharge
- Information not collected by categories requested
- State collects information on the indicator area but utilizes a different measure
- Other: Specify

State Description of Social Support of Recovery Data Collection (Form T7)

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.

STATE CONFORMANCE TO INTERIM STANDARD States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on social support of recovery that can be reported using definitions provided as follows:

Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.

YES NO

State reported data using data other than admission and discharge data.

YES NO

State reported data using administrative data.

YES NO

DATA SOURCE(S)

Source(s):

DATA ISSUES

Issues:

DATA PLANS IF DATA IS
NOT AVAILABLE

State should 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.

Form T7 Footnotes

California Plan for capturing data to report on the Voluntary Treatment Performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant Application.

During fall of 2003, the Department of Alcohol and Drug Programs (ADP) began identifying the problems that counties and providers may have in implementing the California Outcomes Measurement System (CalOMS). Five regional Readiness Meetings were conducted. Funding was the top area of concern for all counties and providers. Counties are facing very tight budgets and are concerned about the expenses required to build the infrastructure requiring software development, equipment purchase, and integration requirements. With the lack of funding to meet this need, counties are concerned about decreasing client services and increasing waiting lists if current funding is needed to implement CalOMS.

ADP prepared a cost estimate for developing and maintaining a data system that will collect the information required for the Substance Abuse Prevention and Treatment Block Grant Application. The estimated one-time costs are \$3,516,000 with annual ongoing costs of \$2,720,000. These estimates are based on a model developed for categories of changes or actions needed to implement the proposed requirements. The model included the following categories:

1. Changes in business process at State, county, and provider levels that would require additional staff time to collect and report data
2. Automation system changes at State, county, and provider levels
3. Training and incidental costs

To implement CalOMS, ADP has developed a timeline that identifies a series of milestones and intermediate steps, which ADP, counties, and providers need to accomplish to meet the project completion date of July 2006. The timeline will be used to measure progress and refine the overall project plan:

1. County project team and implementation plan: Counties were to identify their CalOMS project team and prepare an implementation plan by January 31, 2005. If a county determined it could not have an implementation plan completed by the January 2005 deadline, it filed a request for exemption and submitted a revised timeline with ADP.
2. County contracts with providers: Each county will modify its Fiscal Year 2005-2006 contract with county-contracted providers to include CalOMS reporting requirements.
3. County automation strategies: Each county will identify its strategy for implementing the automated systems capability needed to collect and report CalOMS data to ADP. If a county determines that its proposed automation strategy does not fit ADP's overall timeline, ADP will add that county's proposed timeline to the CalOMS plan.
4. Statewide Outcomes Monitoring Program (OMP): The OMP is the project of California's Strategic Initiative to continuously improve AOD prevention and treatment programs by: 1) collecting and analyzing data, 2) identifying service and outcome trends, and 3) using this business information to implement strategic policy changes. CalOMS is the data collection and reporting tool for the OMP. OMP includes the overall policies and procedures associated with CalOMS, resolving issues, preparing informational materials for the field regarding outcomes monitoring and the CalOMS project, and facilitating communication.

Once the counties have tested their systems, ADP will review and validate the data produced by the modified or new systems to insure that CalOMS admission and discharge data are consistent with CalOMS requirements.

To facilitate the implementation of CalOMS, ADP intends to provide technical assistance to counties in the form of technical training, draft implementation

Form T7 Footnotes

plan templates, and meeting facilitation. ADP will contract with a Field Change Management Consultant to work with counties to help manage the changes required for meeting the CalOMS requirements and serve as liaison between counties and ADP. Each county's milestones will be used to measure county and ADP progress toward achieving CalOMS goals.

State:
California

FORM T8: RETENTION

Length of Stay (in Days) of Clients Completing Treatment

Length of Stay			
LEVEL OF CARE	AVERAGE	MEDIAN	STANDARD DEVIATION
DETOXIFICATION (24 HOUR CARE)			
1. Hospital Inpatient			
2. Free-standing Residential			
REHABILITATION / RESIDENTIAL			
3. Hospital Inpatient			
4. Short-term (up to 30 days)			
5. Long-term (over 30 days)			
AMBULATORY (OUTPATIENT)			
6. Outpatient			
7. Intensive Outpatient			
8. Detoxification			
9. Methadone			

Form T8 Footnotes

California Plan for capturing data to report on the Voluntary Treatment Performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant Application.

During fall of 2003, the Department of Alcohol and Drug Programs (ADP) began identifying the problems that counties and providers may have in implementing the California Outcomes Measurement System (CalOMS). Five regional Readiness Meetings were conducted. Funding was the top area of concern for all counties and providers. Counties are facing very tight budgets and are concerned about the expenses required to build the infrastructure requiring software development, equipment purchase, and integration requirements. With the lack of funding to meet this need, counties are concerned about decreasing client services and increasing waiting lists if current funding is needed to implement CalOMS.

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2. Automation system changes at State, county, and provider levels
3. Training and incidental costs

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Once the counties have tested their systems, ADP will review and validate the data produced by the modified or new systems to insure that CalOMS admission and discharge data are consistent with CalOMS requirements.

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Form T8 Footnotes

plan templates, and meeting facilitation. ADP will contract with a Field Change Management Consultant to work with counties to help manage the changes required for meeting the CalOMS requirements and serve as liaison between counties and ADP. Each county's milestones will be used to measure county and ADP progress toward achieving CalOMS goals.

State:
California

Reporting Period:
From To

Prevention Form P1

NUMBER OF PERSONS SERVED

Persons served in Block Grant funded services include all persons served in prevention programs that receive all or part of their funding through the SAPT Block Grant.

AGE	TOTAL	SINGLE SERVICES	RECURRING SERVICES	RACE/ETHNICITY	TOTAL	SINGLE SERVICES	RECURRING SERVICES	GENDER	TOTAL	SINGLE SERVICES	RECURRING SERVICES
0-4				American Indian / Alaska Native				MALE			
5-11				Asian				FEMALE			
12-14				Black / African American							
15-17				Native Hawaiian / Other Pacific Islander							
18-20				White							
21-24				More than one Race							
25-44				Unknown							
45-64				Total							
65+				Not Hispanic Or Latino							
				Hispanic Or Latino							
Total				Total				Total	0	0	0

State:
California

Reporting Period:
From To

PREVENTION FORM P2

NUMBER OF EVIDENCE-BASED PROGRAMS, PRACTICES, POLICIES, AND STRATEGIES

Programs include all prevention programs, practices, policies, and strategies
that receive all or part of their funding through the SAPT Block Grant.

1.NREPP effective programs or practices (such as Project Northland or Life Skills) below.

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
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2.NREPP conditionally-effective programs or practices (such as Reducing the Risk or FAN club) below.

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
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3.NREPP emerging programs or practices (such as Focus on Kids or Brain Power) below.

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
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4.NREPP programs or practices of interest.

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
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5. Peer-reviewed journal-evidenced programs, practices, policies, and strategies.

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
---------------------------	----------------------	-----------------------	-----------------------	-------

6.Names and sources of other evidence-based programs, practices, policies, strategies; attach source and type of evidence.

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
---------------------------	----------------------	-----------------------	-----------------------	-------

7.Names and sources of other non-evidence-based programs, practices, policies and strategies; attach additional information on the program, practice, policy or

Program Name / and Source	Universal Population	Selective Populations	Indicated Populations	Total
---------------------------	----------------------	-----------------------	-----------------------	-------

TOTALS

GRAND TOTAL all programs	0
Percent Evidence-Based (sections 1 - 6 above)	%
Percent Non-Evidence-Based (section 7 above)	%

State:
California

Reporting Period:	Participants:	Number of Programs:
From To		

PREVENTION FORM P3

PERCEPTION OF RISK / HARM OF SUBSTANCE USE BY THOSE UNDER AGE 21

number and percent who responded "slight risk", "moderate risk" or "great risk"
on pretest and posttest

CH Sc N = Number whose perception of risk/harm of substance use changed for the better (increased or remained stable) at posttest.

CH Sc % = Percent whose perception of risk/harm of substance use changed for the better (increased or remained stable) at posttest.

POPULATION		PRE TEST	POST TEST	CH SC
UNIVERSAL	N	0	0	0
	%	0	0	0
SELECTIVE	N	0	0	0
	%	0	0	0
INDICATED	N	0	0	0
	%	0	0	0
TOTAL	N	0	0	0
	%	0	0	0

State:
California

Reporting Period:	Participants:	Number of Programs:
From To		

PREVENTION FORM P4

UNFAVORABLE ATTITUDES TOWARD SUBSTANCE USE BY THOSE UNDER AGE 21

number and percent who responded “somewhat disapprove” or “strongly disapprove”
on pretest and posttest

CH Sc N = Number whose unfavorable attitudes toward substance use changed for the better (increased or remained stable) at posttest.

CH Sc % = Percent whose unfavorable attitudes toward substance use changed for the better (increased or remained stable) at posttest.

POPULATION		PRE TEST	POST TEST	CH SC
UNIVERSAL	N	0	0	0
	%	0	0	0
SELECTIVE	N	0	0	0
	%	0	0	0
INDICATED	N	0	0	0
	%	0	0	0
TOTAL	N	0	0	0
	%	0	0	0

State:	Reporting Period:	Participants:	Number of Programs:
California	From To		

PREVENTION FORM P5 USE OF SUBSTANCES DURING THE PAST 30 DAYS

Report the number and percent who responded
having used at least one or more times in the past 30 days

CH Sc N = Number whose use changed for the better (decreased or remained stable) at posttest.

CH Sc % = Percent whose use changed for the better (decreased or remained stable) at posttest.

DRUG		< 18 YEAR OLDS			18-20 YEAR OLDS			> 20 YEAR OLDS			TOTAL		
		PreTest	PostTest	CH SC	PreTest	PostTest	CH SC	PreTest	PostTest	CH SC	PreTest	PostTest	CH SC
Alcohol	N			0			0			0			0
	%			0			0			0			0
Tobacco	N			0			0			0			0
	%			0			0			0			0
Marijuana	N			0			0			0			0
	%			0			0			0			0
Cocaine/Crack	N			0			0			0			0
	%			0			0			0			0
Stimulants	N			0			0			0			0
	%			0			0			0			0
Inhalant	N			0			0			0			0
	%			0			0			0			0
Heroin	N			0			0			0			0
	%			0			0			0			0

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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 (SAPT) 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 over their recovery.

This continuum begins with Center for Substance Abuse Prevention (CSAP)-funded services:

- Primary prevention focuses on an entire population (the “universal” category), identifiable subgroups (the “selective” category), or individual persons showing early signs of use and other problems (the “indicated” category), using the six CSAP prevention strategies: information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental strategies.

The continuum also includes Center for Substance Abuse Treatment (CSAT)-funded services, such as secondary prevention, nonresidential, narcotic treatment services, and residential services:

- Secondary prevention services focus on the “case identification” category, using early intervention, outreach and intervention, intravenous drug user, referrals/screening/intake, and California Mentor Initiative strategies.
- Nonresidential services utilize habilitative/ambulatory intensive outpatient (also known as [aka] day care rehabilitative), aftercare, habilitative/ambulatory outpatient (aka outpatient drug free) group, and habilitative/ambulatory outpatient (aka outpatient drug free) individual strategies.
- Narcotic treatment services employ outpatient methadone detoxification, inpatient methadone detoxification, naltrexone treatment, habilitative/ambulatory detoxification other than methadone, and narcotic replacement therapy (with methadone and group or individual counseling).
- Residential services use free-standing (non-hospital setting) residential detoxification, residential/recovery long term (nonacute care over 30 days), residential/recovery short term (nonacute care up to 30 days), hospital inpatient detoxification (acute care up to 24 hours), hospital inpatient residential (medical care up to 24 hours), and chemical dependency recovery hospital strategies.

FFY 2003 (Compliance):

These services were available.

FFY 2005 (Progress):

These services were available.

FFY 2006 (Intended Use):

No change in available services is anticipated.

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 (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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 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 the Prevention Activities Data System (PADS) reports collected from the approximately 380 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 and Communities funded prevention).

ADP incorporates the evidence-based, effective prevention program requirements into NNA contract language in the form of five "prevention business practices." These requirements assist counties in meeting the Center for Substance Abuse Prevention's (CSAP) evidence-based prevention programs and principles. The Department's prevention requirements are: 1) assess needs with data; 2) prioritize and commit to purpose; 3) establish actions and measurements; 4) use proven prevention actions; and 5) evaluate measured results and make improvements. These five steps mirror CSAP's Strategic Prevention Framework.

ADP's Prevention Services Division (PSD) works with 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. Twelve state agencies work together to identify and address prevention of problems related to alcohol, tobacco and other drugs (ATOD) that impact their missions. GPAC oversees grants on behalf of the Governor, including the State Incentive Grant and California's Screening, Brief Intervention, Referral and Treatment Grant.

California uses all six CSAP prevention strategies as determined by the needs of each county. Please see the compliance and reporting years for summaries of the percentage of providers involved in each strategy. This data is derived from PADS. Detailed sets of State and county PADS data are available at <http://www.adp.ca.gov/PADS/reports.shtml>.

The data sets include: 1) service population; 2) services; 3) demographics; 4) where services occurred; and 5) frequency/count.

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 are received by mail, fax, e-mail, telephone, and in person. Information and materials are provided at no cost to the requestors. The RC also provides research assistance to counties regarding AOD inquiries and referrals to individuals for drug/alcohol treatment assistance.

The RC staffs information booths at AOD conferences/workshops/events throughout the State, providing publications and interacting with the general public. The RC's criteria for involvement in conferences and events are that those in attendance have statewide impact. Events must directly reach at least 500 attendees or indirectly reach those attendees (i.e., counselors, chemical dependency programs, etc.) whose contacts are with special populations or local communities. Events not meeting criteria for RC staff to attend in person are provided ATOD material based on need.

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

In addition, counties and providers use the PADS website extensively.

2. Education

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

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

ADP's contractors develop, promote and provide TA on 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.

A contract with the University of California provides TA for prevention outcomes and measures to counties through regional trainers. They assist with using logic model planning and application of the five prevention business requirements in the NNA contract.

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

3. Alternatives

ADP provides infrastructure for statewide Friday Night Live (high school), Club Live (middle school), and Kids Live (elementary school) activities, such as alcohol and drug-free recreation activities and youth/adult leadership activities.

The annual TeenWork project assembles approximately 700 high school students from very diverse backgrounds and geographic areas for prevention training that is student-designed and applicable at the attendees' respective schools.

4. Problem Identification and Referral

ADP increases opportunities for youth to participate in AOD programs by providing programs with TA and expertise in serving diverse populations.

ADP supports the Governor's Mentoring Partnership programs (formerly known as the California Mentor Initiative - CMI) by providing TA through our Center for Applied Research Solutions (CARS) contractor to new and existing mentor programs. This assistance will result in increased numbers of quality mentoring relationships and mentor-rich environments in California. CARS also provides research-based, state-of-the-art mentor information via training workshops, expert forums, and written materials.

ADP invests resources directly in youth mentoring models and provides TA to programs across the State. Efforts are taken to ensure that mentoring is available to special populations, e.g., ADP's Latinas Mentoring Latinas Project.

5. Community-Based Process

Through contractors, ADP provides TA 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.

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>.

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

ADP works with CSAP to develop means to measure environmental and community prevention.

FFY 2003 (Compliance):Strategy Summaries of Direct Services by Counties:

	<u>Percent of 385 Providers</u>
1) Information Dissemination	73%
2) Education	78%
3) Alternatives	55%
4) Problem Identification and Referral	34%
5) Community-Based Process	58%
6) Environmental	26%

Detailed information about State Fiscal Year (SFY) 2003/04 prevention data is available at <http://www.adp.ca.gov/PADS/reports.shtml> for the State and counties, by strategy.

State-Level Service: ADP Resource Center (data is collected by calendar year).

In 2003, the RC responded to over 30,500 information and referral telephone calls, provided information and referrals to 2,577 Spanish-language callers, distributed 438,353 hardcopy publications, performed searches on 2,408 information/research requests, and checked out 1,581 books/videos. The RC's website was "hit" 266,624 times, including the downloading of documents.

During the 2003 calendar year, the RC staffed booths at 10 ATOD-related conferences, workshops, and events and provided over 146,000 publication materials to 82 statewide conferences, workshops, and events.

FFY 2005 (Progress):Strategy Summaries of Direct Services by Counties:

	<u>Percent of 376 Providers</u>
1) Information Dissemination	74%
2) Education	80%
3) Alternatives	55%
4) Problem Identification and Referral	36%
5) Community-Based Process	65%
6) Environmental	29%

Detailed information about SFY 2004/05 prevention data is available at <http://www.adp.ca.gov/PADS/reports.shtml> for the State and counties, by strategy.

State-Level Service: ADP Resource Center (data is collected by calendar year; therefore, the most recent data available is provided).

In calendar year 2004, the RC responded to over 27,330 information and referral telephone calls, provided information and referrals to 2,851 Spanish-language callers, distributed 653,330 hardcopy publications, made 406 documents available on the Center's website, performed searches on 1,581 information/

research requests, and checked out 1,579 books/videos. The RC's website was visited or "hit" 290,412 times.

The RC staffed booths at 20 ATOD-related statewide conferences/workshops/events, and provided over 220,270 publication materials to 525 statewide conferences/workshops/events.

FY 2006 (Intended Use):

Through a contract with the Community Prevention Institute, ADP will continue assisting counties and local programs as they develop evidence-based community prevention approaches that incorporate CSAP's Strategic Prevention Framework. County AOD prevention staff will receive training through Prevention by Design for program development.

ADP's Prevention Services Division will incorporate prevention National Outcome Measures and Institute of Medicine Continuum of Care requirements into the new California Outcomes Measurement System (CalOMS). The California Outcome Monitoring Program will analyze data delivered through CalOMS and apply results to planning, resource decisions, outcome assessment and continual improvement.

ADP will develop, promote and provide TA on environmental prevention techniques for cities by emphasizing their local zoning authority and public policy development. Products and documents will be accessible through the RC and ADP's website at http://www.adp.ca.gov/RC/rc_sub.shtml.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

FFY 2003 (Compliance):

In the base year, FFY 1994, the amount expended was \$26,349,134. The amount expended in 2003 was \$43,864,000. Please see Attachment B, Parts 1 and 2 for specific program compliance information.

FFY 2005 (Progress):

The amount expended in 2005 was \$43,632,000. This amount includes the federal dollars spent on women's services. Please see Attachment B, Parts 1 and 2 for specific program compliance information.

FFY 2006 (Intended Use):

For FFY 2006, 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.

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 2003) 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 2003. In a narrative of up to two pages, describe these funded projects.

In FFY 2003, 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 habilitative programs
3. Narcotic treatment programs included narcotic replacement treatment programs and methadone maintenance programs
4. Required services 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; and gender-specific alcohol and other drug treatment services

In FFY 2003, the Perinatal Services Network had approximately 288 treatment and recovery programs designed specifically to provide services for pregnant women and women with dependent children. These programs had a total capacity to serve over 28,055 women annually.

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 2003 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 2003 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), NFR ID number, type of care (refer to definitions in Section II.5), 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. The total funds expended at the substate planning level are located on Form 6.

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FFY 2003 block grant funds?

The State allocated Perinatal Set-Aside funds in accordance with 42 U.S.C. 300x-22(b)(1)(C) in the amount of \$43,864,000 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 (AOD) treatment programs. The information obtained through CADDs provided justification and accounted for the use of public funding.

Funds were allocated by line item separately from other Department of Alcohol and Drug Program (ADP) funds. Financial records were audited, cost reports were reviewed on a regularly scheduled basis, and CADDs data was used to ensure compliance.

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 were required to adhere to the Perinatal Services Guidelines. 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 preference for admission to treatment to pregnant women seeking services, or who were referred for services, and who would benefit from the receipt of such services. Likewise, counties also required facilities, in the event of insufficient capacity, to refer pregnant women to another program with an available treatment slot or provide interim services within 48 hours of initial request until treatment became 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 Administrator's 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 for and utilization by pregnant women and women with dependent children?

County NNA contracts, licensing and certification applications and site reports; CADDs, and Drug Abuse Treatment Access Reports were used to estimate treatment capacity for and utilization of services by pregnant women and women with dependent children.

5. What did the State do with FFY 2003 block grant funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

In FFY 2003, 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
AVG MONTHLY PUBLIC TREATMENT CAPACITY
OCT 03 THRU SEP 04 (FFY 04)
BY COUNTY**

		PROVIDER COUNTY=ALAMEDA							
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
107015	BI-BETT - ORCHID WOMENS RECOVERY CENTER	0.00	0.00	0.00	0.00	0.00	18.00	0.00	0.00
127260	EAST BAY COMMUNITY RECY PROJ-OAKLAND	0.00	0.00	0.00	0.00	0.00	17.80	39.00	0.00
111892	HIGHLAND HOSPITAL SUBSTANCE ABUSE DEPT	120.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00
	MAGNOLIA RECOVERY PROGRAMS INC.	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118335	SOLID FOUNDATION-MANDELA II	0.00	0.00	0.00	0.00	0.00	7.50	2.50	0.00
101257	SOLID FOUNDATION-MANDELLA I	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00
113070	SOLID FOUNDATION-KELLER HOUSE	0.00	0.00	0.00	0.00	0.00	7.25	0.00	0.00
100382	H.A.A.R.T.	.	.	.	.	.	.	.	.
101117	WEST OAKLAND HEALTH CENTER	176.00	132.00	10.00	0.00	0.00	0.00	15.00	0.00
905988	LATINO CMSN ON A&D ABUSE- MUJERES	72.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00

117089	SECOND CHANCE- FREMONT	0.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
900690	BERKELEY ADDICTION TREATMENT SERVICES	0.00	252.27	0.00	0.00	0.00	0.00	0.00	0.00
120414	WOMEN'S EMPOWERMENT NETWORK	.	.	.	.	.	.	.	.
121644	H.A.A.R.T.- CASTRO VALLEY/HAYWARD	.	.	.	.	.	.	.	.
121669	SUCCESSFUL ALTS FOR ADDICTION & CNSLG SV	0.00	125.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	374.40	509.27	10.00	0.00	0.00	55.55	86.50	0.00

PROVIDER COUNTY=AMADOR

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
900799	AMADOR COUNTY ALCOHOL AND DRUG SERVICES	105.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=BUTTE

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
102885	BUTTE COUNTY BEHAVIORAL HEALTH ACCESS	120.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00
907596	BUTTE COUNTY BEHAVIORAL HEALTH ADULT OP	53.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115646	TOUCHSTONE	40.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00
130280	SKYWAY HOUSE WOMENS	0.00	0.00	0.00	0.00	0.00	20.00	0.00	0.00
126809	BUTTE COUNTY BEHAVIORAL HEALTH ADULT OP	106.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
103151	TRI COUNTIES TREATMENT COUNTY TOTAL	0.00	0.00	0.00	0.00	0.00	47.44	0.00	0.00
		320.36	0.00	0.00	0.00	0.00	67.44	50.00	0.00

PROVIDER COUNTY=CALAVERAS

FACIL# REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
907612	CALAVERAS CO ALCOHOL/DRUG ABUSE PROGRAMS	0.00	0.00	0.00	0.00	0.00	0.00	200.00	0.00

PROVIDER COUNTY=COLUSA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
907638	COLUSA COUNTY COUNSELING CENTER	54.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=CONTRA COSTA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
107445	THE RECTORY	.	.	.	.	.	.	.	.
108286	ADDICTION RESEARCH & TRTMENT - RICHMOND	4.50	560.00	125.00	0.00	0.00	0.00	0.00	0.00
108302	ADDICTION RESEARCH & TRTMENT - PITTSBURG	520.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115729	LA CASA UJIMA	0.00	0.00	0.00	0.00	0.00	24.44	0.00	0.00
116040	UJIMA WEST	0.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00
118012	EAST COUNTY WOLLAM HOUSE - PERINATAL	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
115547	BORN FREE	35.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117394	BORN FREE- RICHMOND	35.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

117477	BORN FREE- PITTSBURG	35.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117469	UJIMA EAST	0.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00
	COUNTY TOTAL	629.50	560.00	125.00	0.00	0.00	36.44	30.00	0.00

PROVIDER COUNTY=DEL NORTE

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
101307	DEL NORTE COUNTY DRUG PROGRAM	.	.	.	.	.	.	.	.

PROVIDER COUNTY=EL DORADO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
113104	PROGRESS HOUSE II	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00
907661	TAHOE YOUTH AND FAMILY SERVICES	.	.	.	.	.	.	.	.
102583	PROGRESS HOUSE PERINATAL FACILITY	0.00	0.00	0.00	0.00	0.00	19.27	0.00	0.00
931513	SIERRA RECOVERY CENTER – MACINAW	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00
115703	PROGRESS HOUSE OUTPATIENT PROGRAM	53.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00
	COUNTY TOTAL	53.00	0.00	0.00	0.00	0.00	43.27	7.00	0.00

PROVIDER COUNTY=FRESNO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
110514	COMPREHENSIVE ALCOHOL PROGRAM	0.00	0.00	0.00	0.00	8.57	30.86	0.00	0.00
112676	KING OF KINGS PERINATAL-ODF	30.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
121578	ADDICTION RESEARCH & TRTMENT-CARTWRIGHT	466.67	227.78	11.11	0.00	0.00	0.00	0.00	0.00
305841	ADDICTION RESEARCH & TRTMENT - E STREET	0.00	631.82	77.27	0.00	0.00	0.00	0.00	0.00
001043	PATHS PROGRAM	200.00	225.00	15.00	0.00	0.00	0.00	30.00	0.00
130926	SPIRIT OF WOMAN IN CALIFORNIA	.	.	.	.	.	.	.	.
305833	ADDICTION RESEARCH & TRTMENT - VAN NESS	50.00	577.27	129.55	6.82	0.00	0.00	0.00	0.00
	COUNTY TOTAL	746.67	1661.9	232.93	6.82	8.57	30.86	60.00	0.00

PROVIDER COUNTY=GLENN

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
120034	DISCOVERY HOUSE	5.45	0.00	0.00	0.00	0.00	0.00	16.36	0.00

PROVIDER COUNTY=HUMBOLDT

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
116255	HEALTHY MOMS PROJECT	22.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00

PROVIDER COUNTY=IMPERIAL

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
115711	IMPERIAL COUNTY DAY CARE REHAB CENTER	0.00	0.00	0.00	0.00	0.00	0.00	36.60	0.00

PROVIDER COUNTY=INYO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
911333	INYO COUNTY ALCOHOL AND OTHER DRUG SVCS	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=KERN

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
114946	COLLEGE COMMUNITY SERVICES TEHACHAPI	302.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
114953	COLLEGE COMMUNITY SERVICES LAKE ISABELLA	557.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
114920	EBONY COUNSELING CENTER	418.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
914345	KERN COUNTY DEPT OF MENTAL HEALTH SVCS	162.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
123798	CAPISTRANO – WOMENS	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
000342	CAPISTRANO LINCOLN STREET RETREAT	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
000726	JASONS RETREAT	53.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	CLINICA SIERRA VISTA	93.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	1586.3	0.00	0.00	0.00	0.00	22.00	0.00	0.00

PROVIDER COUNTY=KINGS

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
113906	CORNERSTONE RECOVERY WOMEN'S PROGRAM	0.00	0.00	0.00	0.00	1.83	22.00	0.00	0.00

PROVIDER COUNTY=LAKE

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
117568	LAKE CO DRUG ABUSE ALTERNATIVE CENTERS	1.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00

PROVIDER COUNTY=LASSEN

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
117642	LASSEN COUNTY PERINATAL PROGRAM	1.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00

PROVIDER COUNTY=LOS ANGELES

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
121180	ALCOHOLISM CENTER FOR WOMEN	37.29	0.00	0.00	0.00	0.00	4.43	4.43	0.00
931844	BEHAVIORAL HEALTH SERVICES	0.00	0.00	0.00	0.00	0.00	30.00	0.00	0.00
107411	SOUTH BAY ALCOHOLISM SERVICES/F.LEWIS	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
108633	SOUTHERN CALIFORNIA ALC/DRUG INC	0.00	0.00	0.00	0.00	0.00	15.83	0.00	0.00
117386	ESPERANZA PROJECT	0.00	0.00	0.00	0.00	0.00	0.00	243.75	0.00
307961	LA-CADA – BLOOMFIELD	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118996	CHOICES	.	.	.	.	.	.	.	.
110555	SUBSTANCE ABUSE FOUNDATION OF LONG BEACH	0.00	0.00	0.00	0.00	0.00	2.10	0.00	0.00
120752	CHILDREN'S INSTITUTE	28.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	INTERNATIONAL								
120778	NCADD-WOMAN TO WOMAN PROJ-ATLANTIC AVE	0.00	0.00	0.00	0.00	0.00	19.00	0.00	0.00
120679	MELA COUNSELING SERVICES CENTER INC	180.00	0.00	0.00	0.00	0.00	0.00	38.76	0.00
120687	EL PROYECTO DEL BARRIO – PANORAMA	.	.	.	.	.	.	.	.
001201	LOS ANGELES NEW LIFE CENTER INC	2.22	0.00	0.00	0.00	0.00	0.00	28.22	0.00
131221	SOUTHERN CALIFORNIA ALC/DRUG INC	0.00	0.00	0.00	0.00	0.00	6.88	0.00	0.00
131395	SOUTHERN CALIFORNIA ALC/DRUG INC	0.00	0.00	0.00	0.00	0.00	15.50	0.00	0.00
113278	TARZANA TREATMENT CENTER - LONG BEACH	.	.	.	.	.	.	.	.
911911	TARZANA TREATMENT CENTER - FREE MEN	50.00	0.00	0.00	0.00	21.83	58.17	28.50	0.00
117766	TARZANA-ANTELOPE VALLEY NEW HOPE HEALTH SERVICES INC	476.00	0.00	0.00	0.00	0.00	12.00	270.00	0.00
103167	TO PREVAIL	.	.	.	.	.	.	.	.
113864	HARBOR-UCLA -RESEARCH/ED INST-STORK CLUB	0.00	0.00	0.00	0.00	0.00	0.00	29.50	0.00
107205	ADDICTION RESEARCH & TRTMENT - LA PUENTE	0.00	440.00	65.00	0.00	0.00	0.00	0.00	0.00
109946	ADDICTION RESEARCH & TRTMENT – BEVERLY	0.00	500.00	75.00	0.00	0.00	0.00	0.00	0.00
000889	POMONA ALCOHOL/DRUG RECOVERY CENTER INC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.00
308787	PROTOTYPES WOMEN CENTER	0.00	0.00	0.00	0.00	0.00	110.00	0.00	0.00
117378	ASIAN AMERICAN DRUG ABUSE PROG-SPEC DEL	114.40	0.00	0.00	0.00	0.00	0.00	94.40	69.20
113849	SHIELDS FOR FAMILIES – GENESIS	0.00	0.00	0.00	0.00	0.00	0.00	33.45	0.00
100192	WATTS-HOUSE OF UHURU – RDF	50.00	0.00	0.00	0.00	0.00	66.00	0.00	0.00
112056	NCADD-WOMAN TO WOMAN PROJ-LONG BCH BLVD	10.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
113856	SOUTHERN CALIFORNIA ALC/DRUG INC	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
121677	SHIELDS FOR FAMILIES/EXODUS	0.00	0.00	0.00	0.00	0.00	0.00	40.09	0.00
123707	SOUTHERN CALIFORNIA ALCOHOL/DRUG INC.	0.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00
308183	ADDICTION RESEARCH & TRTMENT – AVALON	0.00	400.00	75.00	0.00	0.00	0.00	0.00	0.00
123665	PRIDE HEALTH SERVICES INC. NCADD-LONG BEACH-ATLANTIC AVENUE	68.00	0.00	0.00	0.00	0.00	0.00	44.91	0.00
	SHIELDS FOR FAMILIES PROJECT INC-COMPTON	.	.	.	.	.	.	.	.
	COUNTY TOTAL	1026.8	1340.0	215.00	0.00	21.83	363.90	875.92	159.20

PROVIDER COUNTY=MADERA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
115562	MADERA ACCESS POINT MAP PERINATAL SRVS	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=MARIN

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
936280	MARIN SERVICES FOR WOMEN	0.00	0.00	0.00	0.00	0.00	0.00	29.80	0.00
931307	BAY AREA COMMUNITY RESOURCES	.	.	.	.	.	.	.	.
106553	MARIN SERVICES FOR WOMEN	0.00	0.00	0.00	0.00	0.00	23.33	0.00	0.00
	COUNTY TOTAL	0.00	0.00	0.00	0.00	0.00	23.33	29.80	0.00

PROVIDER COUNTY=MARIPOSA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
914857	MARIPOSA COUNSELING CENTER	142.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=MENDOCINO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
117659	MENDOCINO CO ALC & OTHER PRGS-WILLITS	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117584	MENDOCINO COUNTY ALC/DRUG FORT BRAGG	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MENDOCINO COUNTY ALC/DRUG PROG-ORCHARD 1	78.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	126.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=MERCED

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
306468	THE CENTER ALCOHOL AND DRUG SERVICES	246.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113302	C S M A TRANQUILITY HOUSE	0.00	0.00	0.00	0.00	0.00	42.00	0.00	0.00
	COUNTY TOTAL	246.00	0.00	0.00	0.00	0.00	42.00	0.00	0.00

PROVIDER COUNTY=MODOC

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
105068	MODOC COUNTY ALCOHOL AND DRUG SERVICES	265.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=MONO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
916746	ALCOHOL/DRUG SVCS CENTER	66.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118145	EASTERN SIERRA PASSAGES LODGE	0.00	0.00	0.00	0.00	1.27	12.73	0.00	0.00
	COUNTY TOTAL	66.00	0.00	0.00	0.00	1.27	12.73	0.00	0.00

PROVIDER COUNTY=MONTEREY

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
932875	DOOR TO HOPE	0.00	0.00	0.00	0.00	0.00	13.00	0.00	0.00
305239	COMMUNITY HUMAN SVCS GENESIS RES CTR	0.00	0.00	0.00	0.00	0.00	36.00	0.00	0.00
115059	SUN STREET CENTERS PERINATAL REC SERVICE	105.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL	105.45	0.00	0.00	0.00	0.00	49.00	0.00	0.00
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PROVIDER COUNTY=NAPA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
101331	NAPA COUNTY HUMAN SERVICES DELIVERY	.	.	.	.	.	.	.	.

PROVIDER COUNTY=NEVADA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
937072	HOPE HOUSE	0.00	0.00	0.00	0.00	0.00	9.29	0.00	0.00
907919	NEVADA CO MENTAL HEALTH SERV-NEVADA	54.00	0.00	0.00	0.00	0.00	0.00	9.14	4.14
	COUNTY TOTAL	54.00	0.00	0.00	0.00	0.00	9.29	9.14	4.14

PROVIDER COUNTY=ORANGE

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
115497	ORANGE COUNTY ALCOHOL PROGRAM	.	.	.	.	.	.	.	.
	ORANGE COUNTY DRUG PROGRAM	.	.	.	.	.	.	.	.
	COUNTY OF ORANGE HEALTH CARE	326.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
909477	ORANGE ALCOHOL AND DRUG ABUSE SERVICES	160.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115653	HERITAGE HOUSE	0.00	0.00	0.00	0.00	0.00	18.00	0.00	0.00
	COUNTY TOTAL	487.27	0.00	0.00	0.00	0.00	18.00	0.00	0.00

PROVIDER COUNTY=PLACER

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
931158	SIERRA COUNCIL ON ALC/DRUG DEPENDENCE	30.00	0.00	0.00	0.00	0.00	0.00	13.00	0.00
918759	PLACER COUNTY ALCOHOLISM AND DRUG SVCS	.	.	.	.	.	.	.	.
131411	NEW LEAF COUNSELING SERVICES	33.64	0.00	0.00	0.00	0.00	0.00	31.82	0.00
	COUNTY TOTAL	63.64	0.00	0.00	0.00	0.00	0.00	44.82	0.00

PROVIDER COUNTY=PLUMAS

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
911200	PLUMAS COUNTY ALCOHOL AND DRUG DEPT	120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=RIVERSIDE

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
110399	RIVERSIDE COUNTY DEPT OF MENTAL HEALTH	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
750525	LA VISTA WOMENS	0.00	0.00	0.00	0.00	24.00	24.00	0.00	0.00
104152	CORONA SUBSTANCE ABUSE PROGRAM	140.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113385	OUR HOUSE	0.00	0.00	0.00	0.00	0.73	7.27	0.00	0.00

122105	RVRSIDE CO DRG PRGM	48.33	0.00	0.00	0.00	0.00	0.00	17.50	0.00
	CATHEDRAL CNYN CLNC								
914667	RIVERSIDE CO - DESERT	104.55	300.00	25.00	0.00	0.00	0.00	12.00	0.00
	METHADONE PROGRAM								
119010	MFI RECOVERY CENTER-A	0.00	0.00	0.00	0.00	0.00	26.00	0.00	0.00
	WOMEN'S PLACE-AWP								
117543	MFI RECOVERY CENTER	20.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
115125	MFI RECOVERY CENTER-	10.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
	MAGNOLIA								
750533	ABC RECOVERY CENER	0.00	0.00	0.00	0.00	31.00	0.00	0.00	0.00
	SUNRAY ADDICTIONS	90.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
	COUNSELING EDUCATION								
119713	YWCA OF RIVERSIDE	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00
308621	RIVERSIDE COUNTY SUBSTANCE	240.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
	ABUSE								
	ALCOHOL AND DRUG HEALTH	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MANAGEMENT SYS								
	VILLAGE COUNSELING	30.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	828.63	300.00	25.00	0.00	55.73	63.27	139.50	0.00

PROVIDER COUNTY=SACRAMENTO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
131874	BRIDGES PROFESSIONAL TREATMENT SERVICES	45.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
307599	CHEMICAL DEPENDENCY CENTER	217.00	0.00	0.00	0.00	0.00	0.00	38.00	0.00
300727	THE EFFORT-CICC	84.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113732	CHEMICAL DEPENDENCY FOR WOMEN OPTIONS	47.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00
000322	CLEAN AND SOBER DETOX	0.00	0.00	0.00	0.00	2.33	0.00	0.00	0.00
001184	THE BIRTHING PROJECT CLINIC	38.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113799	OPTIONS FOR RECOVERY - RDF	0.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00
117733	SACRAMENTO COUNTY ALCOHOL & DRUG BUREAU	85.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
001146	PROMISE HOUSE	0.00	0.00	0.00	0.00	0.00	13.00	0.00	0.00
308068	BI-VALLEY MEDICAL CLINIC - CAPITOL	0.00	453.00	7.83	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	517.43	453.00	7.83	0.00	2.33	37.00	78.00	0.00

PROVIDER COUNTY=SAN BENITO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
930994	SAN BENITO CO SUBSTANCE ABUSE PROGRAM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=SAN BERNARDINO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
115133	NEW HOUSE-WOMEN WITH CHILDREN	0.00	0.00	0.00	0.00	0.00	15.33	0.00	0.00
106660	COUNTY OFFICE OF ALCOHOL & DRUG PROGRAMS	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118483	PERINATAL SUBSTANCE ABUSE TX CLINIC	17.36	0.00	0.00	0.00	0.00	0.00	51.36	0.00
118491	VICTOR VALLEY SUBSTANCE ABUSE TX PROGRAM	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
918122	SOCIAL SCIENCE SERVICES- CEDAR HOUSE	0.00	0.00	0.00	0.00	10.00	37.82	0.00	0.00
306369	INLAND BEHAVIORAL SERVICES	260.00	0.00	0.00	0.00	0.00	0.00	27.00	3.00

116263	CALIF DEPT/CORRECTIONS- CHINO PERINATAL	121.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	608.73	0.00	0.00	0.00	10.00	53.15	78.36	3.00

PROVIDER COUNTY=SAN DIEGO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
118160	SERENITY HOUSE TOO	.	.	.	.	.	.	.	.
120802	PARADISE VALLEY - HEALTHY BEGINNINGS	10.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00
132716	MHS-DEPENDENCY COURT FAMILY TRTMNT CTR	42.50	0.00	0.00	0.00	0.00	0.00	20.00	0.00
121834	COMPREHENSIVE HLTH SVCS- PROJECT HOPE	0.00	0.00	0.00	0.00	0.00	0.00	15.36	0.00
112684	MITE-PREGNANT INMATES PROGRAM	20.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117220	SAN DIEGO TEEN RECOVERY/TEEN OPTIONS	26.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
120828	VISTA HILL FDTN/PARENT CARE- LA MESA	70.00	0.00	0.00	0.00	0.00	0.00	60.00	0.00
111967	MITE-OPTIONS SOUTH BAY	24.55	0.00	0.00	0.00	0.00	0.00	60.00	0.00
935852	MHS - OPTIONS VISTA	30.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00
114441	WOMENS DAY TREATMENT- (CRASH)	0.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
111959	M.I.T.E.- OPTIONS RECOVERY EAST	0.00	0.00	0.00	0.00	8.00	100.22	0.00	0.00
917991	M.I.T.E.- KIVA HOUSE WOMEN SVCS	.	.	.	.	.	.	.	.
	COUNTY TOTAL	223.78	0.00	0.00	0.00	8.00	100.22	290.36	0.00

PROVIDER COUNTY=SAN FRANCISCO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
116875	JELANI HOUSE	0.00	0.00	0.00	0.00	0.00	15.78	0.00	0.00
917439	IRIS PROJECT WOMENS' COUN & RECOV SVCS	46.00	0.00	0.00	0.00	0.00	0.00	12.00	0.00
132815	MOVING ADDICTED MOTHERS AHEAD (MAMA)	.	.	.	.	.	.	.	.
132872	JELANI INC - RITES OF PASSAGE	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
132898	JELANI INC - NEWHALL MANOR	0.00	0.00	0.00	0.00	0.00	9.57	0.00	0.00
121891	JELANI OUTPATIENT SERVICES	76.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	122.75	0.00	0.00	0.00	0.00	35.57	12.00	0.00

PROVIDER COUNTY=SAN JOAQUIN

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
307995	SAN JOAQUIN CO - AURORA STREET	45.45	454.55	0.00	0.00	0.00	0.00	0.00	0.00
118616	SAN JOAQUIN COUNTY FAMILY TIES PROGRAM	0.00	0.00	0.00	0.00	0.00	27.70	0.00	0.00
116164	SUBSTANCE ABUSE FAMILY EDUCATION PROG	43.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
	COUNTY TOTAL	88.45	454.55	0.00	0.00	0.00	27.70	20.00	0.00

PROVIDER COUNTY=SAN LUIS OBISPO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
120109	LIFE STEPS	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00

901854	SAN LUIS OBISPO COUNTY CMH DRUG PROGRAM	155.00	0.00	0.00	0.00	0.00	0.00	12.00	0.00
122857	LIFE STEPS FOUNDATION	.	.	.	.	.	.	.	.
	COUNTY TOTAL	155.00	0.00	0.00	0.00	0.00	5.00	12.00	0.00

PROVIDER COUNTY=SAN MATEO

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
118707	FREE AT LAST	34.33	0.00	0.00	0.00	0.00	0.00	0.33	0.00
117667	SITIKE COUNSELING CENTER #2	58.20	0.00	0.00	0.00	0.00	0.00	11.10	0.00
751903	WOMENS RECOVERY ASSOCIATION	53.00	0.00	0.00	0.00	0.00	30.43	23.71	0.00
113922	SERVICE LEAGUE OF SAN MATEO-HOPE HOUSE	0.00	0.00	0.00	0.00	0.00	16.00	38.13	0.00
	COUNTY TOTAL	145.53	0.00	0.00	0.00	0.00	46.43	73.33	0.00

PROVIDER COUNTY=SANTA BARBARA

FACIL# REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
751994	SANTA BARBARA COUNCIL	138.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00
115323	RECOVERY POINT	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
001168	ZONA SECA INC	87.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
123715	FAMILY LIFE COUNSELING SERVICES	268.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120521	FAMILY LIFE COUNSELING SERVICES-LOMPOC	165.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
132526	PROJECT PREMIE	.	.	.	.	.	.	.	.
933139	CASA SERENA	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00
	COUNTY TOTAL	759.19	0.00	0.00	0.00	0.00	2.00	9.00	0.00

PROVIDER COUNTY=SANTA CLARA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
937155	ARH RECOVERY HOMES - MARIPOSA LODGE	0.00	0.00	0.00	0.00	6.00	82.00	0.00	0.00
118020	BLOSSOM PERINATAL CENTER	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
102887	HEALTH REALIZATION SERVICES DIVISION	.	.	.	.	.	.	.	.
100705	SANTA CLARA CO-CENTRAL VALLEY METHADONE	0.00	239.86	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	45.00	239.86	0.00	0.00	6.00	82.00	0.00	0.00

PROVIDER COUNTY=SANTA CRUZ

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
919807	FENIX FAMILY	.	.	.	.	.	.	.	.
107478	HERMANAS RECOVERY HOME	0.00	0.00	0.00	0.00	0.00	12.90	0.00	0.00
117758	JANUS-PERINATAL	0.00	0.00	0.00	0.00	0.00	8.00	4.00	0.00
	COUNTY TOTAL	0.00	0.00	0.00	0.00	0.00	20.90	4.00	0.00

PROVIDER COUNTY=SHASTA

FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
751259	EMPIRE RECOVERY CENTER	.	.	.	.	.	.	.	.
001170	SOUTH COUNTY COMMUNITY RECOVER CENTER	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115604	SHASTA COUNTY PERINATAL	0.00	0.00	0.00	0.00	0.00	0.00	42.50	0.00

	PROGRAM								
132781	CROSSROADS CLINIC	24.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	CORNERSTONE I – WOMENS	0.00	0.00	0.00	0.00	0.00	17.00	0.00	0.00
	COUNTY TOTAL	84.00	0.00	0.00	0.00	0.00	17.00	42.50	0.00

PROVIDER COUNTY=SIERRA

FACIL									
REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
104541	SIERRA COUNTY ALCOHOL AND DRUG PROG	133.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=SISKIYOU

FACIL									
REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
908206	SISKIYOU COUNTY BEHAVIORAL HEALTH SVCS	36.88	0.00	0.00	0.00	0.00	0.00	21.75	0.00

PROVIDER COUNTY=SOLANO

FACIL									
REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
916548	FREEDOM OUTREACH	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115331	SHAMIA RECOVERY CENTER	0.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00
111736	YOUTH AND FAMILY SERVICES – VALLEJO	42.00	0.00	0.00	0.00	0.00	0.00	13.00	0.00
117360	WOMEN AND ADOLESCENT DAY TX – ODF	28.00	0.00	0.00	0.00	0.00	0.00	11.00	0.00
	HEALTHY PARTNERSHIPS	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
131106	HEALTHY PARTNERSHIPS INC	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	COUNTY TOTAL	260.00	0.00	0.00	0.00	0.00	15.00	24.00	0.00

PROVIDER COUNTY=SONOMA

FACIL									
REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
753115	SONOMA COUNTY ALCOHOL & DRUG SERVICES	191.50	0.00	0.00	0.00	0.00	16.80	0.00	0.00
933170	WOMEN'S RECOVERY SERVICES- A UNIQUE PLACE	0.00	0.00	0.00	0.00	0.00	11.09	0.00	0.00
112445	DRUG ABUSE ALTERNATIVES PERINATAL	0.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
	COUNTY TOTAL	191.50	0.00	0.00	0.00	0.00	27.89	20.00	0.00

PROVIDER COUNTY=STANISLAUS

FACIL									
REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
910855	FIRST STEP SIERRA VISTA	45.00	0.00	0.00	0.00	0.00	13.00	60.00	0.00

PROVIDER COUNTY=TEHAMA

FACIL									
REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
908321	TEHAMA COUNTY DRUG ABUSE PROGRAM	153	0.00	0.00	0.00	0.00	0.00	18.20	0.00

PROVIDER COUNTY=TRINITY									
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
118541	TRINITY CO RAINBOW TO RECOVERY-PERINATAL	0.00	0.00	0.00	0.00	0.00	0.00	20.45	0.00

PROVIDER COUNTY=TULARE									
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
102659	ANGELA'S HOUSE	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00
116230	TULARE COUNTY ALCOHOLISM COUNCIL	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
	COUNTY TOTAL	0.00	0.00	0.0	0.00	0.00	18.00	0.00	0.00

PROVIDER COUNTY=TUOLUMNE									
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
915334	TUOLUMNE COUNTY ALCOHOL/DRUG - KINGSVIEW	571.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROVIDER COUNTY=VENTURA									
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
118418	PROTOTYPES WOMENS CENTER- RESIDENTIAL	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00
112692	MIRACLE HOUSE - VENTURA	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
113831	CASA LATINA RESIDENTIAL RECOVERY HOME	0.00	0.00	0.00	0.00	0.00	21.67	0.00	0.00
000884	PROTOTYPES WOMENS CENTER	0.00	0.00	0.00	0.00	0.00	30.00	0.00	0.00
113708	A NEW START FOR MOMS	30.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
	COUNTY TOTAL	30.00	0.00	0.00	0.00	0.00	67.67	30.00	0.00

PROVIDER COUNTY=YOLO									
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
933527	CACHE CREEK LODGE	48.00	0.00	0.00	0.00	0.00	30.00	1.33	0.00
305270	JOHN H. JONES	94.00	0.00	0.00	12.00	0.00	0.00	0.00	0.00
001200	JOHN H. JONES	105.00	0.00	0.00	0.00	0.00	0.00	18.00	0.00
102470	COMMUNICARE HEALTH CENTERS OUTPATIENT TX	11.00	0.00	0.00	7.20	0.00	0.00	17.00	0.00
	COUNTY TOTAL	258.00	0.00	0.00	19.20	0.00	30.00	36.33	0.00

PROVIDER COUNTY=SUTTER/YUBA									
FACIL REG ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
933444	PATHWAYS HOUSE I	0.00	0.00	0.00	0.18	3.73	14.00	8.18	0.00
901987	SUTTER-YUBA CO - OPTIONS FOR CHANGE	145.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118426	FIRST STEPS	0.00	0.00	0.00	0.00	0.00	0.00	36.00	0.00
	COUNTY TOTAL	145.00	0.00	0.00	0.18	3.73	14.00	44.18	0.00
	STATEWIDE TOTAL	12085.00	5518.5	6145.76	26.20	117.47	1471.6	2524.1	166.34

LEGEND:

Types of Care:

ODF-Outpatient Drug Free

OMM-Outpatient Methadone Maintenance

OMDX-Outpatient Methadone Detoxification

ODX-Outpatient Detoxification

RDX-Residential Detoxification

RDF-Residential Drug Free

DCDF-Day Care Drug Free

OTHER-Other includes hospital detoxification, jail setting, etc.

- indicates missing values

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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) agreements. Priorities are placed on the treatment of individuals with HIV and the training of counselors and other health care providers to provide 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; perinatal residential, outpatient, day care rehabilitative, and transitional living; and recovery homes.

ADP maintains the Capacity/Waiting List Management Program. Continuing goals for improvement include: providing ongoing Drug and Alcohol Treatment Access Report (DATAR) training and technical assistance to counties and providers to enhance accuracy and the rate of on-time reporting, and implementing new technologies to improve the quality of data transfer and processing and reduce the time required to accomplish these activities.

90% Capacity Reporting

Alcohol and other drug (AOD) treatment providers who receive State or federal funds, or are licensed by the State to dispense methadone or levoalphacetyl-methadol, are required to submit a DATAR on a monthly basis. The information provided by the DATAR is compiled into a database at ADP. Counties use the same data at the local level to monitor capacity and utilization.

ADP provides reports using DATAR data to counties and providers upon request. The Department disseminates bulletins and notifications of any changes in DATAR requirements.

ADP conducts ongoing technical assistance and training with counties to assist with referrals, placement, and facility utilization, and to promote networking.

ADP sends late notices to providers and copies to county administrators to improve the "on-time" reporting rate. When it is necessary to effect compliance, staff will contact providers.

In 2001 the DATAR system was modified to include provider data about clients participating in substance abuse treatment through the voter-approved Substance Abuse and Crime Prevention Act (SACPA) Initiative.

14-120 Day Performance Requirement

The 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 are sent to county alcohol and drug program administrators upon request 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 provides information, technical assistance on an ongoing basis and upon request, and collaborates with county administrators and providers. Procedures for providing priority placement for IVDUs and pregnant women are reviewed during annual county monitoring visits.

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 annual county monitoring visits.

Outreach

The SAPT Block Grant requirement mandating individuals who are in need of IVDU treatment services be encouraged to undergo treatment is also contained within the county NNA contracts. ADP requires counties to include federal requirements for outreach activities in their contracts with providers. Counties are required to monitor compliance with this requirement as mandated and take corrective action for noncompliance. Technical assistance and information is also provided as needed.

ADP is collaborating with four project counties (Los Angeles, Orange, Riverside, and San Bernardino) to provide special outreach services through the California Institution for Women's prison-based Female Offender Treatment Project. This project offers community treatment services to women paroled from prison and living in one of these four project counties.

Additional educational and outreach services and programs are offered, such as:

- Individual, group, and family counseling
- HIV/AIDS education
- Pre- and post-test counseling and referrals for HIV and tuberculosis testing, treatment, and referral
- Medications (methadone and naltrexone)
- Urinalysis

- Programs such as 12-step, re-entry, case management, crisis intervention services, and aftercare
- Self-sufficiency skills such as literacy instruction, vocational assessment, training, parenting skills
- On-site day care and transportation

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, within each NNA contract, a reference is made regarding the block grant requirements for IVDU/Capacity Management.

ADP's County Monitoring Branch performs annual on-site monitoring of county administrative systems to ensure compliance with SAPT funding requirements.

FFY 2003 (Compliance):

ADP performed the compliance procedures and activities described above.

FFY 2005 (Progress):

In FFY 2005, ADP staff provided training and technical assistance (TA) to improve compliance. All counties in California are eligible to receive TA.

ADP contracted with a developer to build a web-based application that will allow providers to submit their DATAR report over the Internet rather than on paper. Work began on June 30.

ADP also performed the compliance procedures and activities described above.

FFY 2006 (Intended Use):

ADP will perform the compliance procedures and activities described above.

In addition, contingent upon funding availability, during FFY 2006 ADP plans to use FFY 2005 funds to replace the current DATAR system with a web-based system that will offer providers the ability to report capacity/waiting list data via the Internet. The objectives of the new system are to provide more efficiently, effectively, and comprehensively the management information needed for strategic program monitoring and resource allocation. The new system will also support a process for the systematic reporting of treatment demand and public treatment capacity utilization. ADP will continue to provide DATAR training as needed.

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 2003) 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. What did the State do to ensure compliance with 42 U.S.C. 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FY 2003 SAPT Block Grant funds (See 45 C.F.R. 96.126(a))?
3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?
4. 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 2003 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).
5. 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)).
6. 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 IVDUs in need of treatment services?

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

2. What did the State do to ensure compliance with 42 U.S.C. 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FFY 2003 SAPT Block Grant funds (See 45 C.F.R. 96.126(a))?

Each month providers submit the Drug and Alcohol Treatment Access Report (DATAR). DATAR identifies total treatment capacity, the public treatment capacity, and the number of days the provider's program met or exceeded 90 percent of public capacity during the month. DATAR identifies the number of intravenous drug users (IVDU) on the waiting list. DATAR also collects from each provider a Provider Waiting List Record (Record). The Record identifies individuals on the waiting list and their status (IVDU, Pregnant Woman, Medi-Cal etc.). The Record also identifies the date each individual started on the waiting list, the date removed from waiting list, the number of days on waiting list, the date an individual was referred to interim services, and the reason an individual was removed from the waiting list. This information was made available to the appropriate county and was used by the Department of Alcohol and Drug Programs (ADP) to monitor compliance with Section 96.126.

3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?

To ensure that federal funds are not expended for the distribution of sterile needles, the federal requirement prohibiting needle exchange is incorporated, by reference, into the Negotiated Net Amount (NNA) contracts with counties.

4. 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 2003 and include the program's I-SATS ID number (formerly NDATAUS) (See 45 C.F.R. 96.126(a)).

ADP required AOD treatment programs to submit a DATAR monthly. The report shows the number of days program enrollment has exceeded 90 percent of public treatment capacity. Please see Goal #4 for more information regarding the State's compliance with this requirement.

5. 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 counties contain specific information on the number of days IVDU applicants waited for admission to publicly funded AOD programs. This information was tabulated and reports were made available to county alcohol and drug program administrators for their use in monitoring and planning.

6. 42 U.S.C. 300x-23(b) required 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)).

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.

Note: A list of IVDU programs follows.

**CADDS PROVIDERS W/ IVDU ON WAITING
AND REACHED 90% CAPACITY
OCT 2003 THROUGH SEP 2004 (FFY 04)
BY COUNTY**

FACIL REG ID	PROVIDER NAME	COUNTY CODE=ALAMEDA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
936595	HORIZON SERVICES	3845 TELEGRAPH AVENUE	OAKLAND CA 94609
102115	COMMPRE/HORIZON SERVICES	22652 SECOND STREET	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
115521	EAST BAY COMMUNITY RECY PROJ-OAKLAND	2551 SAN PABLO AVENUE	OAKLAND CA 94607
302046	C.U.R.A THERAPEUTIC COMMUNITY	37437 GLENMORE DRIVE	FREMONT CA 94536
100275	NEW BRIDGE FOUNDATION	1820 SCENIC AVENUE	BERKELEY CA 94709
938047	ZDK - THE 14TH STREET CLINIC	1124 INTERNATIONAL BOULEVARD	OAKLAND CA 94606

COUNTY CODE=BUTTE			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
000507	SKYWAY HOUSE	4133 HIGHWAY 32	CHICO CA 95973
103151	TRI-COUNTIES TREATMENT	2740 ORO DAM BOULEVARD	OROVILLE CA 95966
120711	AEGIS MEDICAL SYSTEMS	590 AND 588 RIO LINDA AVE	CHICO CA 95926

COUNTY CODE=CONTRA COSTA			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
931604	FREDERICK OZANAM CENTER	2931 PROSPECT STREET	CONCORD CA 94518
123764	BI-BETT CORPORATION	498 WOLLAM STREET	PITTSBURG CA 94565
118012	BI-BETT CORPORATION	510 WOLLAM STREET	PITTSBURG CA 94565
306435	DISCOVERY HOUSE II	4639 PACHECO BLVD	MARTINEZ CA 94553

COUNTY CODE=EL DORADO			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
931554	PROGRESS HOUSE	838 BEACH COURT ROAD	COLOMA CA 95613
113104	PROGRESS HOUSE II	5607 MT MURPHY ROAD	GARDEN VALLEY CA 95633
102583	PROGRESS HOUSE PERINATAL FACILITY	5494 PONY EXPRESS TRAIL	CAMINO CA 95709
115703	PROGRESS HOUSE OUTPATIENT PROGRAM	2914 COLD SPRINGS ROAD # A	PLACERVILLE CA 95667-4220

COUNTY CODE=FRESNO			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
110514	COMPREHENSIVE ALCOHOL PROGRAM	2445 WEST WHITESBRIGDE ROAD	FRESNO CA 93706
001177	GENESIS SUBSTANCE ABUSE SERVICES	7475 NORTH PALM SUITE 107	FRESNO CA 95711

COUNTY CODE=HUMBOLDT			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
750392	HUMBOLDT RECOVERY CENTER	1303 11TH STREET	EUREKA CA 95501
113062	ALCOHOL AND DRUG CARE SERVICES	1335 C STREET	EUREKA CA 95501
103181	ALCOHOL AND DRUG CARE SERVICES THE BONNIE BROWN PROGRAM	1321 C STREET	EUREKA CA 95501
307078	CROSSROADS	1205 MYRTLE AVENUE	EUREKA CA 95501
103182	ALCOHOL AND DRUG CARE SERVICES LEE BROWN PROGRAM	217 14TH STREET	EUREKA CA 95501
132450	ALCOHOL AND DRUG CARE SERVICES	528 - 5 TH STREET	EUREKA CA 95501

COUNTY CODE=KINGS			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
113898	CORNERSTONE RECOVERY CENTER - MEN'S PROG	801-805 WEST 7TH STREET	HANFORD CA 93230
113906	CORNERSTONE RECOVERY WOMEN'S PROGRAM	817 WEST 7TH STREET	HANFORD CA 93230
COUNTY CODE=LAKE			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
102203	LAKE COUNTY ALCOHOL AND DRUG PROGRAMS	991 PARALLEL DRIVE, SUITE B	LAKEPORT CA 95453
931224	ALC AND OTHER DRUG SERVICES/SOUTHSHORE	7000 B CENTER DRIVE	CLEARLAKE CA 95422
COUNTY CODE=LOS ANGELES			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
751929	BEACON HOUSE ASSOCIATION OF SAN PEDRO	1003 SOUTH BEACON STREET	SAN PEDRO CA 90731
105456	BHS - REDGATE MEMORIAL RECOVERY CENTER	1775 CHESTNUT AVENUE	LONG BEACH CA 90813
931844	BEHAVIORAL HEALTH SERVICES	12917 CERISE AVENUE	HAWTHORNE CA 90250
114144	CALIFORNIA HISPANIC COMMISSION-LATINAS	327 NORTH ST LOUIS STREET	LOS ANGELES CA 90033
751135	CASA DE LAS AMIGAS	160 NORTH EL MOLINO AVENUE	PASADENA CA 91101
932503	CLARE FOUNDATION/SANTA MONICA	907 WEST PICO BOULEVARD	SANTA MONICA CA 90405
113211	CLARE FOUNDATION/SIGNS OF RECOVERY	1023 PICO BOULEVARD	SANTA MONICA CA 90405
110746	LIVE AGAIN RECOVERY HOME	38215 NORTH SAN FRANCISQUITO CANYON ROAD	SAUGUS CA 91350
101984	MID VALLEY REC'Y SVCS INC - EL MONTE	5207 NORTH PECK ROAD	EL MONTE CA 91732
118343	MID VALLEY REC'Y SVCS INC - S.INDIANA	453 SOUTH INDIANA STREET	LOS ANGELES CA 90063
107411	SOUTH BAY ALCOHOLISM SERVICES/F.LEWIS	351 EAST 6TH STREET	LONG BEACH CA 90802
919088	PEOPLE IN PROGRESS, INC.	672 LAFAYETTE PERL PLACE #16	LOS ANGELES CA
108633	SOUTHERN CALIFORNIA ALC/DRUG INC	10511 MILLS AVENUE	WHITTIER CA 90604
931521	STEPPING STONES HOME I & II	17727 EAST CYPRESS STREET	COVINA CA 91722
111900	STEPPING STONES RECOVERY HOME	18417 ORKNEY STREET/5509 EDENFIELD	AZUSA CA 91702
752646	VAN NESS RECOVERY HOUSE	1919 NORTH BEACHWOOD DRIVE	LOS ANGELES CA 90068
112023	NEW WAY FOUNDATION INC	207 NORTH VICTORY BOULEVARD	BURBANK CA 91502
931323	ANTELOPE VALLEY - ACTON	30500 ARRASTRE CANYON ROAD	ACTON CA 93510
906556	LA GAY/LESBIAN CMTY SVCS CTR-N. SCHRADER	1125 NORTH MCCADDEN PLACE	LOS ANGELES CA 90028
306419	CHABAD DRUG ABUSE	5675 WEST OLYMPIC BOULEVARD	LOS ANGELES CA 90036

	SERVICES PROJECT		
937775	AEGIS MEDICAL SYSTEMS	14240 EAST IMPERIAL HIGHWAY	LA MIRADA CA 90061
305569	I-ADARP	6740 KESTER AVENUE SUITE 200	VAN NUYS CA 91405
938518	BHS - AMERICAN RECOVERY CENTER	2180 WEST VALLEY BOULEVARD	POMONA CA 91768
101281	SOCIAL MODEL RECOVERY SYSTEMS	510 SOUTH SECOND AVENUE	COVINA CA 91702
105902	CLARE FOUNDATION - ADULT RECOVERY HOME	1871 NINTH STREET	SANTA MONICA CA 90404
131239	SOUTHERN CALIFORNIA ALC/DRUG INC	16314 CORNUTA AVENUE	BELLFLOWER CA 90706
131395	SOUTHERN CALIFORNIA ALC/DRUG INC	10603 DOWNEY AVENUE	DOWNEY CA 90241
911911	TARZANA TREATMENT CENTER - FREE MEN	18646 OXNARD STREET	TARZANA CA 91356
750707	MARY LIND FOUNDATION	4445 BURNS AVENUE	LOS ANGELES CA 90029
133037	LOS ANGELES CENTERS FOR A/D ABUSE	10425 PAINTER AVENUE	SANTA FE SPRINGS CA 90670
119333	BEACON HOUSE - LIGHTHOUSE	130 WEST 10TH STREET	SAN PEDRO CA 90731
000724	STEPPING STONES HOME	5509 EDENFIELD STREET	AZUSA CA 91702
001262	BIENVENIDOS CHILDREN'S CENTER	5257 EAST BEVERLY BOULEVARD	LOS ANGELES CA 90022
306542	BEHAVIORAL HEALTH SVCS - PACIFICA HOUSE	2501 WEST EL SEGUNDO BOULEVARD	HAWTHORNE CA 90250
308787	PROTOTYPES WOMEN CENTER	845 EAST ARROW HIGHWAY	POMONA CA 91767
306393	CRI-HELP - NORTH HOLLYWOOD	11027 BURBANK BOULEVARD	NORTH HOLLYWOOD 91601
113856	SOUTHERN CALIFORNIA ALC/DRUG INC	1755 FREEMAN AVENUE # 1	LONG BEACH CA 90804
135958	CRI-HELP - LOS ANGELES	2010 NORTH LINCOLN PARK AVENUE	LOS ANGELES CA 90031

COUNTY CODE=MADERA

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
	MADERA COUNTY MENTAL HEALTH DEPARTMENT	450 MADERA AVENUE, STE. H	MADERA CA 93639
115562	MADERA ACCESS POINT MAP PERINATAL SRVS	424 NORTH GATEWAY DRIVE	MADERA CA 93637-3142
114649	OAKHURST COUNSELING CENTER	49774 ROAD 426 SUITE D	OAKHURST CA 93644

COUNTY CODE=MARIN

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
936280	MARIN SERVICE FOR WOMEN	1251 SOUTH ELISED DRIVE	GREENBRAE CA 94903
132864	HELEN VINE DETOX CENTER	301 SMITH RANCH ROAD	SAN RAFAEL CA 94903
303788	CENTER POINT	603 D STREET	SAN RAFAEL CA 94903
106553	MARIN SERVICES FOR WOMEN	127 KING STREET	LARKSPUR CA 94939

FACIL REG ID	PROVIDER NAME	COUNTY CODE=MENDOCINO LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
117659	MENDOCINO CO ALC & OTHER PRGS-WILLITS	221 B S. LENORE STREET	WILLITS CA 95490
117584	MENDOCINO COUNTY AOD PROGRAMS FORT BRAGG	124 EAST PINE STREET	FT BRAGG CA 95437
131825	MENDOCINO CO DEPT OF PUBLIC HEALTH	333 LAWS AVENUE	UKIAH CA 95482
000241	MENDOCINO COUNTY ALC/DRUG PROG	1120 SOUTH DORA STREET	UKIAH CA 95482

FACIL REG ID	PROVIDER NAME	COUNTY CODE=MERCED LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
113294	COMM/SOCIAL MODEL ADV- YOSEMITE STREET	1301 YOSEMITE PARKWAY	MERCED CA 95340
113302	C S M A TRANQUILITY HOUSE	559 MENDOCINO COURT	ATWATER CA 95301

FACIL REG ID	PROVIDER NAME	COUNTY CODE=MONO LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
118145	EASTERN SIERRA PASSAGES LODGE	71 DAVISON ROAD	MAMMOTH LAKES CA 93546

FACIL REG ID	PROVIDER NAME	COUNTY CODE=MONTEREY LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
932875	DOOR TO HOPE	165 CLAY STREET	SALINAS CA 93901
935134	SUN STREET CENTER	8 SUN STREET	SALINAS CA 93912
102690	NUEVA ESPARAZA	325 CALIFORNIA STREET	SALINAS CA 93901
305239	COMMUNITY HUMAN SVCS GENESIS RES CTR	1152 SONOMA STREET	SEASIDE CA 93955
306849	COMMUNITY HUMAN SERVICES-SALINAS VALLEY	1083 SOUTH MAIN STREET	SALINAS CA 93901

FACIL REG ID	PROVIDER NAME	COUNTY CODE=NEVADA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
000778	COMMUNITY RECOVERY RESOURCES	303 BENNETT STREET	GRASS VALLEY CA 95945
107635	LOVETT RESIDENTIAL CENTER	145 BOST AVENUE	NEVADA CITY CA 95959

FACIL REG ID	PROVIDER NAME	COUNTY CODE=ORANGE LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
110779	COMMUNITY COUNSELING CENTER	26882/26884 AVENIDA LAS PALMAS	CAPISTRANO BEACH CA 92624
932487	CALIFORNIA HISPANIC	9842 WEST 13 TH STREET, SUITE B	GARDEN GROVE CA 92844

752364	COMMUNITY ORANGE COUNTY ALCOHOL PROGRAM	14140 BEACH BOULEVARD SUITE 120	WESTMINSTER CA 92683
934665	ORANGE COUNTY ALCOHOL PROGRAM	211 WEST COMMONWEALTH AVENUE SUITE 204	FULLERTON CA 92632-1883
113369	ROQUE CENTER	9842 WEST 13TH STREET SUITE A	GARDEN GROVE CA 92844
751960	THE VILLA CENTER	910 NORTH FRENCH STREET	SANTA ANA CA 92701
115083	WOODGLEN RECOVERY JUNCTION	771 WEST ORANGETHORPE AVENUE	FULLERTON CA 92832
116107	SOCIAL MODEL RECOVERY SYSTEM	525 NORTH PARKER STREET	ORANGE CA 92668
127005	ORANGE COUNTY HEALTHCARE AGENCY	1200 NORTH MAIN STREET SUITE 630	SANTA ANA CA 92701
000701	HERITAGE HOUSE NORTH	321 NORTH STATE COLLEGE BOULEVARD	ANAHEIM CA 92806
936397	COUNTY OF ORANGE HEALTH CARE	1200 NORTH MAIN STREET SUITE 301	SANTA ANA CA 92701
102434	SOUTHERN CALIFORNIA ALCOHOL AND DRUG	7340 CENTER AVENUE	HUNTINGTON BEACH CA 92647
121354	STRAIGHT TALK INC	217 NORTH COOPER STREET	SANTA ANA CA 92703
307508	WESTERN PACIFIC - STANTON MEDICAL	10751 DALE STREET	STANTON CA 90680
934483	PHOENIX HOUSE	1207 EAST FRUIT STREET	SANTA ANA CA 92701
305767	NEWPORT MESA ALCOHOL AND DRUG ABUSE SVS	3115 REDHILL AVENUE	COSTA MESA CA 92626
937072	HOPE HOUSE	714 NORTH ANAHEIM BOULEVARD	ANAHEIM CA 92805
107197	ORANGE COUNTY HCA	5 MAREBLU SUITE 100	ALISO VIEJO CA 92656
115653	SOUTHERN CALIFORNIA ALCOHOL AND DRUG	2212 PLACENTIA	COSTA MESA 92627
113658	THE GERRY HOUSE	1225-1227 WEST 6TH STREET	SANTA ANA CA 92703

FACIL REG ID	PROVIDER NAME	COUNTY CODE=PLACER LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
	NEW LEASE PERINATAL RESIDENTIAL	11835 LORENSON	AUBURN CA 95602
122576	PROGRESS HOUSE – ALTA ROCKLIN COMMUNITY COUNSELING CENTER	34248 EAST TOWLE ROAD 17891 LAKE ARTHUR ROAD	ALTA CA 95701 APPLEGATE CA 95703

FACIL REG ID	PROVIDER NAME	COUNTY CODE=RIVERSIDE LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
110837	RIVERSIDE RECOVERY RESOURCES-MENS HOUSE	40329 STETSON	HEMET CA 92543
115588	METCALF RECOVERY RANCH	9826 18TH AVENUE	BLYTHE CA 92225
110399	RIVERSIDE COUNTY DEPT OF MENTAL HEALTH	650 NORTH STATE STREET	HEMET CA 92543
750525	LA VISTA WOMENS	2220 GIRARD STREET	SAN JACINTO CA 92583
126999	LA VISTA - OUR MOTHERS HOUSE	294 MIDWAY STREET	SAN JACINTO CA 92581

751309	WHITESIDE MANOR	2743 ORANGE STREET AND 2709	RIVERSIDE CA 92501
113385	RIVERSIDE RECOVERY RESOURCES	41044 ACACIA AVENUE	HEMET CA 92544
122105	RVRSIDE CO DRG PRGM CATHEDRAL CNYN CLNC	68615 PEREZ ROAD SUITE 6A	CATHEDRAL CITY CA 92234
106157	COMMUNITY RECOVERY RESOURCES	565 CHANEY STREET SUITE E	LAKE ELSINORE CA 92530
127112	WHITESIDE MANOR CHALLENGE ST RESIDENTIAL	5935 CHALLENGE STREET	RIVERSIDE CA 92501
131387	WHITESIDE MANOR JANET ST RESIDENTIAL	8567 8589 8605 JANET STREET SUITE B	RIVERSIDE CA 92501
132062	WHITESIDE MANOR	2659 ORANGE STREET	RIVERSIDE CA 92501
119010	MFI RECOVERY CENTER-A WOMEN'S PLACE-AWP	4295 BROCKTON AVENUE	RIVERSIDE CA 92501
115125	MFI RECOVERY CENTER	1960 CHICAGO AVENUE, SUITE E1	RIVERSIDE CA 92508
109094	HOUSE OF HOPE	13525 CIELO AZUL AVENUE	DESERT HOT SPRINGS CA 92240
115943	HOUSE OF HOPE	628 SOUTH 8TH STREET	BANNING CA 92220
750533	ABC RECOVERY CENTER	44-374 PALM STREET	INDIO CA 92201
132658	MY FAMILY INC (M.F.I.) RECOVERY CENTER	6133 KARRIANNE AVENUE	RUBIDOUX CA 92509
102698	WHITESIDE MANOR INC.	2452 WILSHIRE AVENUE	RIVERSIDE CA 92501
934046	THE RANCH	7885 ANNANDALE AVENUE	DESERT HOT SPRINGS CA 92240
116438	HACIENDA VALDEZ	12890 QUINTA WAY	DESERT HOT SPRINGS CA 92240
102530	AXIOM COUNSELING TEAM	6887 MAGNOLIA AVENUE	RIVERSIDE CA 92506
133409	MFI RECOVERY CENTER	8804 HASKELL STREET	RIVERSIDE CA 92503
119713	YWCA OF RIVERSIDE	8310 BAXTER WAY	RIVERSIDE CA 92503
101133	RIVERSIDE CO - WESTERN COUNTY METHADONE	1827 ATLANTA AVENUE SUITE D 2	RIVERSIDE CA 92507
308621	RIVERSIDE COUNTY SUBSTANCE ABUSE	1827 ATLANTA AVENUE SUITE D1	RIVERSIDE CA 92507
307649	INLAND AIDS PROJECT	1297 WEST HOBSON WAY	BLYTHE CA 9225
127146	CASA CECILIA RECOVERY HOME	83385 ROSA AVENUE	THERMAL CA 92274
101662	WHITESIDE MANOR	1660 CHICAGO AVENUE SUITE M5	RIVERSIDE CA 92507

COUNTY CODE=SACRAMENTO

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
931760	RIVER CITY RECOVERY	12490 ALTA MESA ROAD	HERALD CA 95638
751374	GATEWAY FOUNDATION INC	4049 MILLER WAY	SACRAMENTO CA 95817
114243	RIVER CITY RECOVERY CENTER INC	2218 E STREET	SACRAMENTO CA 95816
101760	ASSOCIATION REH PROG FOR WOMEN INC	8400 FAIR OAKS BOULEVARD	CARMICHAEL CA 95608
300719	THE EFFORT INC- DETOX	7586 STOCKTON BOULEVARD	SACRAMENTO CA 95811
123517	VOA - YALE MOTHER-INFANT PROGRAM	1009 YALE STREET	SACRAMENTO CA 95818
131114	SACRAMENTO CO INMATE TREATMENT PROGRAM	651 I STREET	SACRAMENTO CA 95814

000322	CLEAN AND SOBER DETOX	8946 MADISON AVENUE	FAIR OAKS CA 95628
103240	PHARMATOX NTP	7240 EAST SOUTHGATE DRIVE SUITE G	SACRAMENTO CA 95823
	SACRAMENTO VETERAN'S CENTER	7270 EAST SOUTHGATE	SACRAMENTO CA 95823
113799	VOLUNTEERS OF AMERICA	1001 GRAND AVENUE	SACRAMENTO CA 95827
000732	ASSOCIATEED REHABILITATION FOR WOMEN	6348 APPIAN WAY	CARMICHAEL CA 95608
001146	BRIDGES INC	2727 P STREET	SACRAMENTO CA 95816

COUNTY CODE=SAN BERNARDINO

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
104210	NEW HOUSE INC	840 NORTH ARROWHEAD AVENUE	SAN BERNARDINO CA 92401
115133	NEW HOUSE-WOMEN WITH CHILDREN	856 NORTH ARROW HEAD AVENUE	SAN BERNARDINO CA 92401
107536	INLAND VALLEY DRUG AND ALCOHOL RECOVERY	1003 NORTH ORANGE STREET	ONTARIO CA 91764
107619	INLAND VALLEY DRUG AND ALCOHOL RECOVERY	1260 EAST ARROW HIGHWAY BUILDING C	UPLAND CA 91786
115141	INLAND VALLEY DRUG AND ALCOHOL RECOVERY	1636 NORTH MARIN	ONTARIO CA 91764
118608	CAROLINE HOUSE	1646 EAST CAROLINE STREET	ONTARIO CA 91764
108658	VETERAN'S ALCOHOL REHABILITATION PROGRAM	1100 NORTH D STREET	SAN BERNARDINO CA 92410
115166	VETERAN'S ALCOHOL REHABILITATION PROGRAM	1135 NORTH D STREET	SAN BERNARDINO CA 92410
932743	MORONGO BADIN – MENTAL HEALTH ASSOCIATION	55475 SANTA FE TRAIL	YUCCA VALLEY CA 92284
918122	SOCIAL SCIENCE SERVICES- CEDAR HOUSE	18612 SANTA ANA AVENUE	BLOOMINGTON CA 92316
306146	MERRILL COMMUNITY SERVICES	8627 WHEELER AVENUE	FONTANA CA 92335-8600
000865	INLAND VALLEY DRUG AND ALCOHOL RECOVERY	1439 WEST ARROW HIGHWAY	UPLAND CA 91786
103277	MAPLE HOUSE	10888 MAPLE AVENUE	BLOOMINGTON CA 92316

COUNTY CODE=SAN DIEGO

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
751499	CROSSROADS FOUNDATION	3594 4TH AVENUE	SAN DIEGO 92103
931701	FELLOWSHIP CENTER	737 EAST GRAND AVENUE	ESCONDIDO CA 92025
931356	FREEDOM RANCH	1777 BUCKMAN SPRINGS ROAD	CAMPO CA 91906
107312	MAAC PROJECT RECOVERY HOME	1127 SOUTH 38TH STREET	SAN DIEGO CA 92113
115190	MAAC PROJECT RECOVERY	73 NORTH 2ND AVENUE BLDG B	CHULA VISTA CA 91901
751556	PATHFINDERS OF SAN DIEGO INC	2980 CEDAR STREET	SAN DIEGO CA 92102
930135	THE WAY BACK	2516 A STREET	SAN DIEGO CA 92012
107338	TRADITION ONE	4114 DELTA STREET	SAN DIEGO CA 92113
111231	TRADITON ONE INC	3895 NEWTON AVENUE	SAN DIEGO CA 92113

104731	VOLUNTEERS OF AMERICA ALC SERVICES CTR	741 11TH AVENUE	SAN DIEGO CA 92101
104723	VOLUNTEERS OF AMERICA ALC SERVICES CTR	1111 ISLAND AVENUE	SAN DIEGO CA 92101
308761	EPISCOPAL COMMUNITY SERVICES	314 PARK WAY	CHULA VISTA CA 91910
126759	MENTAL HEALTH SYTEMS INC	1855 EAST VISTA WAY, SUITE 9	VISTA CA 92084
119275	MENTAL HEALTH SYTEMS INC	1100 SPORT FISHER DRIVE	OCEANSIDE CA 92054
111967	M.I.T.E	251 PALOMAR STREET, SUITE C	CHULA VISTA CA 91910
113641	MENTAL HEALTH SYTEMS INC	3340 KEMPER STREET, SUITE 105	SAN DIEGO CA 92110
917249	M.I.T.E	2821 OCEANSIDE BLVD	OCEANSIDE CA 92054
131486	M.I.T.E - EAST COUNTY ADOLESCENT DETOX	2219 ODESSA COURT	LEMON GROVE CA 91945
131502	M.I.T.E - SOUTH BAY ADOLESCENT DETOX	7571 STURGESS STREET	LA MESA CA 91941
127161	M.I.T.E - NORTH COUNTY ADOLESCENT DETOX	3744 SANTA YNEZ STREET	OCEANSIDE CA 92056
000907	CRASH GOLDEN HILL HOUSE II	446 26TH STREET 5TH FLOOR	SAN DIEGO CA 92102
306286	CRASH INC - GOLDEN HILL HOUSE	2410 E STREET	SAN DIEGO CA 92102
306690	HOUSE OF METAMORPHOSIS - MARKET	2970 MARKET STREET	SAN DIEGO CA 92102
116131	CRASH SHORT TERM II	4890 67TH STREET	SAN DIEGO CA 92115
111728	CRASH SHORT TERM	4161 MARLBOROUGH AVENUE	SAN DIEGO CA 92105
106595	M.I.T.E	2049 SKYLINE DRIVE	LEMON GROVE CA 91945
110043	M.I.T.E.- OCEANSIDE	4010 VIA SERRA	OCEANSIDE CA 92057
111959	M.I.T.E.- OPTIONS RECOVERY EAST	2049 SKYLINE DRIVE	LEMON GROVE CA 91945

COUNTY CODE=SAN FRANCISCO

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
107841	FRIENDSHIP HOUSE	80 JULIAN AVENUE	SAN FRANCISCO CA 94103
108112	HAIGHT ASHBURY FREE CLINIC	425 DIVISADERO STREET STE 205	SAN FRANCISCO CA 94117
115596	WESTERN ADDICTION RECOVERY HEIGHTS	940 HAIGHT STREET	SAN FRANCISCO CA 94117
119036	HAIGHT ASHBURY	111 TAYLOR STREET SUITE 310	SAN FRANCISCO CA 94102
115257	WOMEN AND CHILDREN'S FAMILY SERVICE	1724 BRYANT STREET	SAN FRANCISCO CA 94110
116875	JELANI HOUSE	1601 QUESADA STREET	SAN FRANCISCO CA 94124
109748	WALDEN HOUSE ADOLESCENT	214 HAIGHT STREET	SAN FRANCISCO CA 94102
100523	WALDEN HOUSE - RESIDENTIAL	815 BUENA VISTA WEST	SAN FRANCISCO CA 94117
500292	SAN FRANCISCO GEN HOSPITAL - S/A SVCS	1001 POTRERO AVENUE, WARD 93	SAN FRANCISCO CA 94110
305643	SAN FRANCISCO GEN HOSPITAL - ODX	1001 POTRERO AVENUE, WARD 93	SAN FRANCISCO CA 94110
101174	BAYVIEW HUNTERS POINT	1625 CARROLL STREET	SAN FRANCISCO CA 94124
917439	IRIS PROJECT WOMENS' COUNS & RECOV SVCS	333 VALENCIA STREET SUITE 222	SAN FRANCISCO CA 94103
100481	HAIGHT-ASHBURY FREE	529 CLAYTON STREET	SAN FRANCISCO CA 94117

308894	MEDICAL CLINIC ASIAN AMERICAN RESIDENTIAL RECOVERY	2024 HAYES STREET	SAN FRANCISCO CA 94117
116271	SAN FRANCISCO GENERAL HOSPITAL	3180 18TH STREET SUITE 202	SAN FRANCISCO CA 94110
114771	WALDEN HOUSE	890 HAYES STREET	SAN FRANCISCO CA 94117
132872	JELANI INC - RITES OF PASSAGE	1638 & 1640 KIRKWOOD STREET	SAN FRANCISCO CA 94124
132880	JELANI INC - START TO FINISH	1499 QUESADA AVENUE	SAN FRANCISCO CA 94124
132898	JELANI INC - NEWHALL MANOR	1221 NEWHALL STREET	SAN FRANCISCO CA 94124
001189	HAIGHT ASHBURY FREE CLINIC	1443 CHINOOK STREET TREASURE ISLAND	SAN FRANCISCO CA 94130
	OHLHOFF WOMEN'S RESIDENTIAL PROGRAM	634 LOS PALMOS DRIVE	SAN FRANCISCO CA 94127
100671	WESTSIDE CMH-METHADONE TREATMENT PROGRAM	1301 PIERCE STREET	SAN FRANCISCO CA 94115
131312	7TH STREET POST DETOX	333 7TH STREET	SAN FRANCISCO CA 94103

COUNTY CODE=SAN JOAQUIN

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
116248	SAN JOAQUIN COUNTY RESIDENTIAL TRT CNT	500 WEST HOPITAL ROAD- BENTON HALL	STOCKTON CA 95231
936256	SAN JOAQUIN COUNTY RECOVERY HOUSE	500 WEST HOSPITAL ROAD	FRENCH CAMP CA 95231
117717	SAN JOAQUIN COUNTY DRUG RESIDENTIAL PRG	500 WEST HOSPITAL ROAD D-WARD	FRENCH CAMP CA 95231
122758	A & D AWARENESS PROGRAM	1981 CHEROKEE ROAD	STOCKTON CA 95205
118616	SAN JOAQUIN COUNTY FAMILY TIES PROGRAM	322 NORTH CALIFORNIA STREET	STOCKTON CA 95202

COUNTY CODE=SAN LUIS OBISPO

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
901854	SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL	2945 MCMILLAN ROAD, SUITE 136	SAN LUIS OBISPO CA 93401
931166	SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL	1106 GRAND AVENUE	ARROYO GRANDE CA 93420
931331	SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL	3556 EL CAMINO REAL	ATASCADERO CA

COUNTY CODE=SAN MATEO

FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
932800	CHEMICAL AWARENESS AND TREATMENT SERVICES	100 EDMONDS ROAD	REDWOOD CITY CA 94062
119077	CASA AZTLAN	107 MCLAIN AVENUE	BRISBANE CA 94005
109003	DAYTOP VILLAGE – ADOLESENT	26 CENTRAL AVENUE	REDWOOD CITY CA 94061
120422	WOMEN AND CHILDREN RECOVERY	18 LEO CIRCLE	SOUTH SAN FRANCISCO CA 94080

751903	WOMENS RECOVERY ASSOCIATION	1450 CHAPIN AVENUE 1ST FLOOR	BURLINGAME CA 94010
753222	PALM AVENUE DETOX	2251 PALM AVENUE	SAN MATEO CA 94403
113922	SERVICE LEAGUE OF SAN MATEO-HOPE HOUSE	3789 HOOVER STREET	REDWOOD CITY CA 94063
101804	LATINO COMMISSION	301 GRAND AVENUE, SUITE 101	SOUTH SAN FRANCISCO CA 94080
001165	CASA ADELITA	160 TEHAMA COURT	SAN BRUNO CA 94066
001194	PROJECT - NINETY	114 SOUTH DELAWARE STREET	SAN MATEO CA 94403
932131	PYRAMID ALTERNATIVES	480 MANOR PLAZA	PACIFICA CA 94044
112858	CASA MARIA	105 MCCLAIN ROAD	BRISBANE CA 94005

FACIL REG ID	PROVIDER NAME	CODE=SANTA BARBARA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
751994	SANTA BARBARA COUNCIL RECOVERY POINT	133 EAST HALEY STREET 406 SOUTH PINE STREET	SANTA BARBARA CA 93101 SANTA MARIA CA 93454

FACIL REG ID	PROVIDER NAME	COUNTY CODE=SANTA CLARA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
933394	ARH RECOVERY HOMES-BENNY MCKEOWN CENTER	1281 FLEMING AVENUE	SAN JOSE CA 95127
132625	THE CATHOLIC CHARITIES OF SAN JOSE	2625 ZANKER ROAD SUITE 200	SAN JOSE CA 95134
001065	CADS INC	ONE WEST CAMPBELL AVENUE SUITE B29	CAMPBELL CA 95008
113823	CAPS - OUTPATIENT PROGRAM	66 EAST ROSEMARY STREET	SAN JOSE CA 95112
100721	SANTA CLARA CO-SOUTH COUNTY METHADONE	P O BOX 717 (80 WEST HIGHLAND AVENUE)	SAN MARTIN, CA 95046

FACIL REG ID	PROVIDER NAME	COUNTY CODE=SANTA CRUZ LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
107478	SANTA CRUZ COMMUNITY COUNSELING CENTER	640 RODRIGUEZ STREET	WATSONVILLE CA 95076
308035	WOMEN'S CRISIS SUPPORT	406 MAIN STREET, SUITE 326	WATSONVILLE CA 95076
918064	JANUS OF SANTA CRUZ	1000-A EMELINE AVENUE	SANTA CRUZ CA 95060
114458	SANTA CRUZ COMM COUNSELING	161 MILES LANE	WATSONVILLE CA 95076
305759	SANTA CRUZ COMM COUNSELING - ALTO NORTH	271 WATER STREET	SANTA CRUZ CA 95060
117758	JANUS-PERINATAL	1314 OCEAN STREET	SANTA CRUZ CA 95060
933162	JANUS OF SANTA CRUZ	200 7TH AVENUE SUITE 150	SANTA CRUZ CA 95062

FACIL REG ID	PROVIDER NAME	COUNTY CODE=SHASTA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
001170	RIGHT ROAD RCOVERY	2336 BALLS FERRY ROAD	ANDERSON CA 96007

132781	PROGRAMS CORNERSTONE RECOVERY SYSTEMS INC	P.O. BOX 71012	SHASTA LAKE CA 96079
COUNTY CODE=SISKIYOU			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
908206	SISKIYOU COUNTY BEHAVIORAL HEALHT	2060 CAMPUS DRIVE	YREKA CA 96097
COUNTY CODE=SOLANO			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
938351	SOUTHERN SOLANO ALC/DRUG COUNCIL (SSADC)	419 PENNSYLVANIA STREET	VALLEJO CA 94590
115331	BI-BETT CORP - SHAMIA RECOVERY CENTER	126 OHIO STREET	VALLEJO CA 94590
305635	GENESIS HOUSE	1149 WARREN AVENUE	VALLEJO CA 94591
121784	BI-BETT CORP RECOVERY CONNECTION – SAC	604 BROADWAY	VALLEJO CA 94590
COUNTY CODE=SONOMA			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
753115	SONOMA COUNTY ALCOHOL & DRUG SERVICES	1430 NEOTOMAS AVENUE	SANTA ROSA CA 95404
100796	TURNING POINT – SONOMA	440 ARROWHEAD DRIVE	SANTA ROSA CA 95403
COUNTY CODE=STANISLAUS			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
111678	STANISLAUS COUNTY – GENESIS	800 SCENIC DRIVE BLDG D SOUTH	MODESTO CA 95350
120695	AEGIS MEDICAL SYSTEMS INC – MODESTO	103 MODESTO AVENUE	MODESTO CA 95354-0414
COUNTY CODE=TEHAMA			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
908321	TEHAMA COUNTY DRUG ABUSE PROGRAM	447 WALNUT STREET	RED BLUFF CA 96080
COUNTY CODE=TULARE			
FACIL REG ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
102659	TULARE COUNTY HISPANIC COMMISSION	1300 SOUTH CROWE STREET	VISALIA CA 93277
119523	TULARE COUNTY HISPANIC	1350 SOUTH CROWE STREET	VISALIA CA 93277

	COMMISSION TULARE COUNTY HISPANIC COMMISSION	1350 SOUTH CROWE STREET	VISALIA CA 93277
100978	TULARE CO-KINGSVIEW SUBSTANCE ABUSE PROG	559 EAST BARDSLEY ROAD	TULARE CA 93275-0688

FACIL REG ID	PROVIDER NAME	COUNTY CODE=VENTURA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
103899	KHEPERA HOUSE	105 WEST HARRISON AVENUE	VENTURA CA 93001
115372	SANTA CLARA VALLEY ALCOHOL SVCS UNITED	222 8TH STREET	SANTA PAULA CA 93030
752133	ALCOHOL AND DRUG SIMI CENTER	4322 EILEEN STREET	SIMI VALLEY CA 93063
103923	VENTURA COUNTY ALCOHOL/DRUG PROGRAMS	24 EAST MAIN STREET	VENTURA CA 93001
118418	PROTOTYPES WOMENS CENTER-RESIDENTIAL	152 NORTH DOS CAMINOS AVENUE	VENTURA CA 93003
112692	MIRACLE HOUSE – VENTURA	94 S ANACAPA STREET	VENTURA CA 93001
113831	CASA LATINA RESIDENTIAL RECOVERY HOME	1430 JUNEWOOD WAY	OXNARD CA 93030
000884	PROTOTYPES WOMENS CENTER	3779 MONARCH LANE	OXNARD CA 93030
000961	SERVICES UNITED	404 EAST MAIN STREET	SANTA PAULA CA 93060
305668	VENTURA CO BEHAVIORAL HEALTH-OXNARD CTR	2651 SOUTH C STREET-2	OXNARD CA 93030
113047	RAINBOW RESIDENTIAL- OXNARD	1826 EAST CHANNEL ISLAND	OXNARD CA 93033

FACIL REG ID	PROVIDER NAME	COUNTY CODE=YOLO LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
934368	BEAMER STREET DETOX AND RESIDENTIAL PROG	178 WEST BEAMER STREET	WOODLAND CA 95695

FACIL REG ID	PROVIDER NAME	COUNTY CODE=SUTTER/YUBA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
118426	FIRST STEPS	1251 EAST ONSTOTT ROAD	YUBA CITY CA 95991

California

Attachment D: Program Compliance Monitoring

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 2004) 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:
 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)(viii)); 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)).
- 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));

Alcohol and other drug (AOD) treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levoalphacetyl-methadol, are required to submit a monthly Drug and Alcohol Treatment Access Report (DATAR). The Department of Alcohol and Drug Programs (ADP) compiled DATAR reports into a database used at the county/provider level to monitor capacity, utilization, and waiting-list status of providers.

ADP carried out the following activities during FFY 2005 to comply with this federal requirement:

1. Performed annual on-site monitoring of county administrative systems to ensure compliance with Substance Abuse Prevention and Treatment (SAPT) Block Grant funding requirements.
2. Implemented new technologies to improve data reporting, transfer, and processing.
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 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)); and

The ADP Contracts Management 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 for tuberculosis (TB)

testing, treatment and use of procedures for infection control among substance abusers in the community and upon admission to AOD treatment programs.

The 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 left treatment, by disseminating information through educational bulletins and providing technical assistance.

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 Guidelines describe 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, 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 were 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.

Also, the monthly DATAR reports were used to monitor county and provider capacity, utilization, and waiting list management relevant to services for pregnant women. 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 CMB performed annual on-site monitoring of county administrative systems to ensure compliance with SAPT Block Grant funding requirements. A major finding was that several counties reported being unable to fully spend their HIV funds. A one-time reallocation of HIV funds was completed by transferring unspent funds from certain counties to other counties in need of the funds. Also, ADP recommended that counties strengthen their subcontracts by expanding the language to include specific compliance with SAPT Block Grant guidelines.

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

ADP 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 was 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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

Background and Ongoing Activities

The Department of Alcohol and Drug Programs (ADP) first issued County/Provider Block Grant Reauthorization Guidelines to providers and county agencies to implement tuberculosis (TB) procedures in 1993. Ongoing technical assistance is provided between each county and its respective ADP county liaison to ensure federal requirements were being met.

The Department of Health Services distributes information to counties. Also, county administrators and program service providers work closely with county health departments to provide TB services.

ADP collaborates with county administrators and providers to make TB services available to each individual receiving treatment for substance abuse.

ADP monitors the counties and provider subcontractors to ensure that county and provider agreements with local public health departments provide TB testing, treatment, and infection control procedures for substance abuse clients applying for admission to treatment programs.

State Medical Director

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

FFY 2003 (Compliance):

ADP performed the compliance procedures and activities. ADP utilized the services of the State Medical Director as described above.

FFY 2005 (Progress):

ADP performed the compliance procedures and activities. ADP utilized the services of the State Medical Director as described above.

FFY 2006 (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 above. ADP will begin updating the County/Provider Block Grant Reauthorization Guidelines.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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 allocates HIV set-aside funds to 51 of California's 58 counties. HIV funds are allocated on a historical level and on the following indicators and weighted amounts:

- 40 percent on the recent AIDS cases (1993 to present)
- 25 percent on the total population from communities of color
- 15 percent on the total population below poverty level
- 15 percent on the total population living in rural areas
- 5 percent on the number of seroprevalent childbearing women

ADP first issued County/Provider Block Grant Reauthorization Guidelines to providers and county agencies to implement HIV procedures in 1993.

ADP reviews allocations and county cost reports to determine compliance with the five percent set-aside for HIV services.

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 the Department of Health Services 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.

FFY 2003 (Compliance):

ADP performed the compliance procedures described above.

FFY 2005 (Progress):

ADP performed the compliance procedures described above.

FFY 2006 (Intended Use):

ADP will perform the compliance procedures for HIV described above. ADP will begin updating the County/Provider Block Grant Reauthorization Guidelines. ADP will also evaluate the HIV set-aside allocation formula and make changes based on the evaluation. Any changes in the formula will be effective with the 2007 Substance Abuse Prevention and Treatment Block Grant allocation to the counties.

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 2003) 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 Federal Fiscal Year (FFY) 2003: \$68,354.

HIV Early Intervention Services

California has an ongoing need for HIV services and will continue to comply with the HIV set-aside requirements.

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 in FFY 2003: \$11,860,360.

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 and 45 C.F.R. 96.129). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2003 (Compliance): (participation OPTIONAL)

FY 2005 (Progress): (participation OPTIONAL)

FY 2006 (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 ADP, promoted and coordinated the Resident-Run Housing Program (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.

FFY 2003 (Compliance - reporting required):

During the federal fiscal year, CAARR responded to 100 inquiries from interested individuals regarding the program, distributed 56 application packets, and received seven new loan application packets (six applications were approved). ADP collected loan payments from 13 groups. Five loans were paid-in-full and no loans were placed into default.

FFY 2005 (Progress - participation OPTIONAL):

During the period of October 1, 2004, through December 31, 2004, CAARR distributed application packets to two individuals who requested information and received no new loan application packages. ADP collected loan payments from five groups. Three loans were paid-in-full and no loans were placed into default.

ADP released a Request for Proposal in 2005. A one-year contract was awarded to ONTRACT Program Resources, Inc. with the option to renew for two subsequent years. The contract award period is March 15, 2005, through March 14, 2006. ONTRACT is responsible for promoting and coordinating the RRHP.

FFY 2006 (Intended Use - participation OPTIONAL):

ONTRACT will market the RRHP within the AOD treatment and recovery communities throughout California. ONTRACT's goal is to increase the number

of inquiries about the program and the number of applications submitted to ADP by 50 percent over the previous year's inquiries and new loans.

California

Attachment F: Group Home Entities

Attachment F: Group Home Entities and Programs

(See 42 U.S.C. 300x-25; 45 C.F.R. 96.129; and 45 C.F.R. 96,122(f)(1)(vii))

If the state has chosen in Fiscal Year 2003 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 2003 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 has been amended and now allows 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 funding.

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 (AOD) 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, with the option to renew. The contract with CAARR 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 from contractors to promote and coordinate the RRHP. A one-year contract was awarded to ONTRACT Program Resources, Inc. with the option to renew for two subsequent years. The contract award period is from March 15, 2005 through March 14, 2006.

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. ONTRACT 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, 61 loans have been issued. Six loans were issued during FFY 2003. As of May 1, 2005, 30 loans have been repaid, 26

loans have been placed in default, and monthly payments are currently being made on five loans. A list of entities that have received loans from the revolving fund, including loan status, follows this narrative attachment.

The six loans issued during the reporting period are as follows:

- 02-49-112 – Anteeo House
- 02-49-113 – Broadmoor House
- 02-34-114 – Ujima Estates
- 03-30-115 – Adams House
- 03-07-116 – Pure Love Clean & Sober Living
- 03-34-118 – Lafayettes Clean & Sober Living

STATUS OF RESIDENT RUN HOUSING TRUST FUND

As of May 1, 2005

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 - Phase #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 - Phase III C	0.00	3,650.00	3,650.00	0.00	Paid
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	2,333.39	1,666.61	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	Anteeo 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	3,000.06	999.94	Payments

03-34-119	Lafayettes Clean & Sober Living II	166.67	4,000.00	2166.71	1,833.29	Payments
04-34-122	My Brother's Place	166.67	4,000.00	166.67	3,833.33	Payments
04-34-123	Lafayettes Clean & Sober Living III	166.67	4,000.00	1,333.36	2,666.64	Payments
04-19-124	Brenda's Place	166.58	3,998.00	499.74	3,498.26	Payments
		4,625.35	223,406.00	149,760.29	73,645.71	

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 and 45 C.F.R. 96.130).

. Is the State's Synar report included with the FY 2006 uniform application?

Yes No

. If No, please indicate when the State plans to submit the report:

mm/dd/2005

California anticipates submitting the 2006 SYNAR report under separate cover by October 1, 2006.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

Background and Ongoing Activities

The Perinatal Services Network Guidelines (revised 1997) 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 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 it is determined that the program is not appropriate for the woman, 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: HIV and TB education and counseling; referrals for HIV and TB testing; referrals for prenatal care; counseling 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 2003 (Compliance):

The Department of Alcohol and Drug Programs (ADP) performed the compliance procedures and activities described above.

FFY 2005 (Progress):

ADP performed the compliance procedures and activities as described above.

FFY 2006 (Intended Use):

ADP will continue to perform the compliance procedures and activities as described above.

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 2004) 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 State's Capacity/Waiting List Management Program includes a management information system, and the 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 the State each month. The Department of Alcohol and Drug Programs (ADP) edited, corrected, and compiled the DATAR reports into a database and made the information available internally and externally.

Providers were also able to document their compliance with requirements to provide interim services and priority placement for pregnant women and injecting drug users by keeping a standardized Waiting List Record that included a unique patient identifier. Providers extracted and summarized data for their monthly DATAR reports from the Waiting List Record.

The State conducted training and follow-up to improve DATAR reporting compliance and to reduce error rates. Training sessions for providers addressed methods of maintaining the Provider Waiting List Record and compiling monthly data for DATAR.

A conservative estimate of the State's direct cost of operating the Capacity Management Waiting List data system during FFY 2003 was \$87,500. 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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

Background and Ongoing Activities

Individuals who contact the Department of Alcohol and Drug Programs (ADP) Resource Center for treatment referrals are given the phone number of the alcohol and other drug (AOD) program administrator for the county which they seek treatment. Directly or through a central intake unit, the administrator or staff refers individuals to the most appropriate treatment modality and AOD-related service provider. 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. The Resource Center gives to individuals who request it the telephone number of a particular service provider. ADP uses Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to staff the Resource Center.

ADP collects information via its Drug and Alcohol Treatment Access Report (DATAR) in order to identifying specific categories of individuals awaiting treatment and the availability of treatment facilities for these individuals.

ADP developed and maintains a web site that provides individuals with the statewide listing of licensed California treatment programs.

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.

FFY 2003 (Compliance):

ADP provided to conduct the activities listed above. ADP added to its web site a statewide directory with comprehensive information on over 1800 treatment and recovery programs in California and a statewide listing of alcohol and drug county offices, so individuals could obtain treatment referrals 24 hours a day.

FFY 2005 (Progress):

ADP continued to provide the services listed under Background and Ongoing Activities. An ADP re-organization resulted in the development of a County Monitoring Branch that began conducting annual county visits. During site visits, counties reported to monitors that individuals were successfully screened and referred to appropriate treatment modalities. Counties utilized the Patient Placement Criteria that was developed by the American Society of Addiction Medicine for referring individuals.

The California Access to Recovery Effort (CARE) began providing a new portal through which adolescents can enter treatment. Using Center for Substance Abuse Treatment discretionary grant funds (but not SAPT Block Grant funds), CARE served the 12-20 year old age groups in Sacramento and Los Angeles counties. CARE provided assessment and referral to CARE-funded substance abuse counseling and recovery

support services. After assessment, youth were referred to treatment facilities that met their needs. Youth were given a payment voucher that was accepted at any of the participating treatment programs.

FFY 2006 (Intended Use):

ADP will continue to provide the services listed under Background and Ongoing Activities. The County Monitoring Section will continue to monitor counties for their method of screening persons for appropriate treatment and referrals. Counties that wish to improve their referral methods will be strongly encouraged to access the expertise of the ADP's free technical assistance providers.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

Background and Ongoing Activities:

Prevention

Continuing education is a core component of one of the Department and Drug Program's (ADP) Prevention Strategic Plan goals, which state that the Department 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 or organizations. These training events provide both programmatic and administrative training for staff working in publicly-funded alcohol and other drug (AOD) prevention and treatment services programs. Organizations providing TA and training programs include:

Community Prevention Institute (CPI) provides training and TA to California agencies and organizations that conduct community-based prevention. CPI is the ADP's primary means for assisting the field to move into using evidence-based community prevention. CPI produces special topic publications called *Prevention Tactics*, which address current prevention issues and applications. The publications are disseminated to over 2,200 recipients in the prevention field. CPI provides training to strengthen local community AOD prevention knowledge, skills and capacity. CPI also provides prevention workshops throughout the State, as well as TA services tailored to the needs of requesting groups or organizations. Examples of issues/subjects addressed include introduction to AOD prevention approaches; community-based and environmental prevention strategies; culturally relevant prevention services; community organizing; school-based prevention strategies; alternative activity approaches; program development; strategic planning; resource development program evaluation; and AOD prevention strategies for specific populations including women, youth, and seniors.

Prevention by Design through UC Berkeley uses regional trainers to assist the 58 county AOD offices in designing and using evidence-based programs, in logic model planning, and in preparing to adopt national outcome measures.

Friday Night Live (high school), Club Live (middle school), and Friday Night Live Kids (elementary school), build partnerships for positive and healthy youth development and engage youth as active leaders and resources in their communities. Friday Night Live (FNL), Club Live and FNL Kids have 816 chapters in 54 counties and serve over 834,000 young people throughout California. FNL is based on youth-adult partnerships that create community activities that enhance and improve environments. Some activities include educating policy-making officials, providing safe social outlets for youth, and hosting training and conferences on varying issues from leadership to social factors that contribute to substance abuse.

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

Examples of issues addressed, subjects offered, and events promoted by these contractors 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, strategic planning, resource development, and program evaluation
8. Mentoring
9. Red Ribbon campaigns, which are supported through public education materials
10. AOD prevention strategies for specific populations included women, youth, faith community, and seniors

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

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

1. Identifying core competencies for persons working in prevention and examining the issue of standards/certification;
2. Developing and implementing a plan that specifies where and how youth can be 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:
 - Disseminates statewide, at no cost to the recipient, ATOD information through direct mail and Internet website;
 - Provides catalog information via the Internet for automated access at http://www.adp.ca.gov/RC/rc_sub.shtml;
 - Updates the catalog biannually on the Internet for automated access;
 - Maintains two toll-free telephone numbers for referral services for prevention and treatment assistance; and

- Operates California's AOD special subject library and video loan service.
5. Working with Center for Substance Abuse Prevention's (CSAP) technical assistance to survey California's prevention field and develop core competencies.

Treatment

As part of the ADP's strategic planning and continued enhancement of treatment in the State, ADP provides training and TA to the AOD treatment/recovery field through both the State Medical Director for Substance Abuse Services (State Medical Director) and TA contracts that assist in designing and implementing the statewide system of care. The TA contracts aid in increased accessibility to and quality of AOD treatment/recovery program services for California.

With the assistance of the Pacific Southwest Addiction Technology Transfer Center and financial support from Center for Substance Abuse Treatment (CSAT) technical assistance/training grants, other CSAT monies, and Substance Abuse and Mental Health Services Administration conference presentation grants, ADP funds statewide TA and training through workshops, symposiums, and onsite assistance/services tailored to the needs of constituent groups requesting services. These training opportunities provide programmatic, technical, and administrative assistance to program staff working in the field of AOD treatment. Organizations providing TA and training include:

California Association of Addiction Recovery Resources (CAARR) provides access to, and quality and appropriateness of, AOD treatment and recovery services for pregnant women, parenting women and their children, and other women. Additionally, the contractor provides prevention and intervention TA and training as it relates to and supports the AOD system of care, treatment, and recovery needs of women.

The contractor also provides TA and training on disability issues to entities in the AOD treatment/recovery field that are recipients of funds administered by ADP. The goal of this contract is to reduce the incidence of obstacles and barriers to accessibility to AOD programs that can be experienced by persons with disabilities.

National Asian Pacific American Families Against Substance Abuse provides access to, and quality and appropriateness of, AOD treatment and recovery services for the Asian and Pacific Islander population. Additionally, the contractor provides prevention and intervention TA and training as it relates to and supports the AOD system of care, treatment, and recovery needs of the Asian and Pacific Islander population.

American Indian Training Institute provides access to, and quality and appropriateness of, AOD treatment and recovery services for the Native American population. Additionally, the contractor provides prevention and

intervention TA and training as it relates to and supports the AOD system of care, treatment, and recovery needs of the Native American population.

California Hispanic Commission provides access to, and quality and appropriateness of, AOD treatment and recovery services for the Hispanic population. Additionally, the contractor provides prevention and intervention TA and training as it relates to and supports the AOD system of care, treatment, and recovery needs of the Hispanic population.

American Society on Aging provides statewide training and TA to representatives of the public and private sector, service providers and researchers, educators and advocates, health and social service professionals, students and the retired, to educate them on how to deal with older adults who abuse alcohol, medications, and other drugs.

ONTRACK Program Resources, Inc. provides access to, and quality and appropriateness of, AOD treatment and recovery services for the African American population. Additionally, the contractor provides prevention and intervention TA and training as it relates to and supports the AOD system of care, treatment, and recovery needs of the African American population.

Progressive Research and Training for Action provides access to, and quality and appropriateness of, AOD treatment and recovery services for the gay, lesbian, bisexual, and transgender population. Additionally, the contractor provides prevention and intervention TA and training as it relates to and supports the AOD system of care, treatment, and recovery needs of the gay, lesbian, bisexual, and transgender population.

FFY 2003 (Compliance):

ADP provided continuing education, as discussed above.

In addition, the State Medical Director assisted ADP staff with policy questions on federally approved drugs for substance abuse treatment, illicit drugs of abuse, and co-occurring disorders. The State Medical Director provided TA on patient care issues, facilitated ADP's completion of various survey forms, reviewed draft Treatment Improvement Protocols (TIPs), and nominated subject matter experts to develop TIPs.

ADP co-sponsored two Substance Abuse Research Consortium presentations, promoting research to policy.

FFY 2005 (Progress):

Core educational prevention details are described in the Background and Ongoing Activities section, above. For FY 2005, the CPI (<http://www.ca-cpi.org/>) was central to statewide training, tailored TA, and evolving prevention information. The CPI was involved in ADP workgroups to identify data sources

and apply the federal national outcome measures (NOMs). The CPI services are complimented by Prevention by Design (<http://ist-socrates.berkeley.edu/-pbd/>), which advances California's prevention business practices in all 58 counties. These activities set the foundation for movement to the Strategic Prevention Framework (SPF). Continual work with the County Alcohol and Drug Program Administrators Association of California (CADPAAC) was another educational avenue that reached out to the approximately 400 prevention programs operated by the 58 counties with SAPT funds.

The State Medical Director assisted ADP staff with policy questions on methamphetamine, buprenorphine, and palladone, co-occurring disorders, critical issues in the treatment of pregnant and parenting women (including two training sessions of ADP staff), and other issues related to the AOD continuum of care. The Medical Director facilitated ADP's completion of survey forms from CSAT and the National Association of State Alcohol and Drug Directors, provided TA on patient care issues, and reviewed the draft *Treatment Improvement Protocol on Cultural Diversity and Substance Abuse Treatment*.

ADP sponsored a conference entitled "Designing the Road Map: Research to Policy – Shaping the Future of Alcohol and Other Drug Treatment Services." Nearly 500 people attended this conference, which was held May 4-6, 2005.

FFY 2006 (Intended Use):

Core educational prevention details are described above in Background and Ongoing Activities. For FFY 2006, the CPI TA and training will convey the move to the Institute of Medicine (IOM) continuum of care model for an integrated approach to AOD prevention-treatment-maintenance. CPI training will expand to include information about the IOM universal, selective, and indicated structure for primary prevention services when they replace the six CSAP prevention strategies.

Major TA providers will convey a common message to the counties and their prevention providers about the federal NOMs and SPF. Further education will be provided through CADPAAC, its executive Committee, and its Prevention Committee to reach 58 counties that operate approximately 400 prevention programs with Substance Abuse Prevention and Treatment Block Grant funds.

California is working on a CSAP-approved project with the SPF Advancement and Support contractor to develop core prevention competencies relevant to the broad field of prevention efforts in the State. Results of this project will be ready for consideration in FFY 2006.

Using feedback from the May 2005 treatment conference, ADP will design a framework for AOD system of care improvement. Next steps also include increasing education and workforce development, collaboration, and public relations efforts, and engaging adolescents and families to create effective and culturally sensitive continuum of care services.

The scope of work for the State Medical Director on Substance Abuse Services will have greater focus on determining best practices statewide for the AOD continuum of care. In addition, ADP will revive the Substance Abuse Research Consortium presentations, emphasizing research to policy.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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.

ADP ensures that county programs are informed of advances in alcohol and other drug (AOD) treatment/prevention methods by making best practices information available through the ADP's Resource Center.

ADP collaborates with federal and State agencies to develop public policy and program implementation.

ADP engages in the following coordination activities on an ongoing basis:

1. Chairs and supports the Governor's Prevention Advisory Council (GPAC). Twelve State agencies/departments are appointed to GPAC to coordinate the State's strategic efforts to achieve measurable reductions in the incidence and prevalence of inappropriate use of alcohol, tobacco and other drugs (ATOD). Although GPAC members each have different primary missions, their missions all benefit from successfully reducing and preventing ATOD related harm to public health, safety and the economy. GPAC operates collectively toward this shared purpose, while members maintain autonomy in carrying out GPAC prevention objectives through their respective organizations. GPAC's permanent status and members' historical perspectives serve to attain long-term, sustainable results. The membership is designed to reinforce each other's efforts, reduce redundancies, and align their organizations' resources to achieve specific collective objectives.
2. Participates in the County Alcohol and Drug Program Administrators Association of California (CADPAAC) Prevention Subcommittee 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 administrators.
3. Throughout the State, supports Friday Night Live (high school), Club Live (middle school), and Friday Night Live Kids (elementary school). The mission of these program is to build partnerships 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 Department of Health Services Tobacco Control Section (TCS) and the Department of Alcoholic Beverage Control.
4. Helps to fund, design, and promote the biennial California Student Survey of 7th, 9th, and 11th graders, in cooperation with the California Department of Education and the Attorney General.

5. Supports the Governor's Mentoring Program by providing technical assistance and training services to public and private organizations to expand capacity and improve the quality of youth mentoring.
6. Works with the WestCAPT on ATOD issues related to the border with Mexico.
7. Coordinates tobacco-related information with the TCS. Meet with TCS staff to review issues between tobacco prevention and alcohol and other drug prevention have in common.
8. Participates on ATOD-related committees that address issues including school attendance, student assistance programs, and traffic safety.
9. Works with the California Department of Education on Safe and Drug Free Schools and Communities grant issues.
10. Participates in the California Prevention Collaborative, which is comprised of approximately 200 prevention organizations throughout California. Members include counties and providers that receive Substance Abuse Prevention and Treatment Block Grant funds, California Department of Education, Attorney General, and WestCAPT.

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, and review their progress, 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. In FFY 2004 and 2005, ADP started collaborating with the California Department of Health Services Maternal and Child Health to set up a Fetal Alcohol Spectrum Disorder Task Force. The Center for Substance Abuse Treatment (CSAT) is providing technical assistance on strategic planning efforts.
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.

FFY 2003 (Compliance):

ADP provided coordination as described in Background of Ongoing Activities. In addition, ADP sponsored AOD youth-focused training and development

opportunities for county AOD treatment providers. The sessions provided approaches for dual diagnosis and youth collaboration efforts. The focus of the session was on using youth development and asset building techniques to treat youth. ADP also worked with focus groups to develop Youth Treatment Guidelines for the treatment of youth in AOD facilities.

FFY 2005 (Progress):

Prevention coordination activities described above in Background and Ongoing Activities continued. The GAPC assessed a segment of youth that appears during biennial California Student Surveys as very high users, even though the overall rates show declines. The Attorney General, Department of Education, ABC, and university members of GPAC worked on this coordinated project.

Coordination increased among technical assistance contractors to deliver accurate, uniform information about emerging prevention issues such as the Strategic Prevention Framework, Institute of Medicine (IOM) continuum of care, and the ADP's strategic objectives.

The Screening, Brief Intervention, Referral and Treatment (SBIRT) grant increased coordination of services for non-dependent users, which fills in the IOM's continuum of care. SBIRT is a grant provided through CSAT.

To help disseminate information, a perinatal newsletter and perinatal and youth treatment websites were established.

ADP conducted two adolescent treatment services forums. One forum was held in the northern region of the State, and one in the southern region. Forum topics focused on statewide policy, community coordination, and science to practice for AOD youth treatment.

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 to 20. CARE is funded by the federal Access to Recovery grant, which was awarded by CSAT in 2004.

FFY 2006 (Intended Use):

Prevention coordination activities described above in Background and Ongoing Activities will continue. The California Outcome Monitoring System will have data collection and analysis services in operation to meet the federal National Outcomes Measures. The core federal and state measures will generate greater coordination of efforts toward common objectives. Adoption of the IOM continuum of care as a unifying construct will increase coordination across the mid-ground of intervention, such as student/employee assistance programs. The GPAC will continue as a common ground for agencies that lead ATOD prevention. GPAC will continually seek issues that cross agency boundaries to leverage knowledge and resources.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

Background and Ongoing Activities

Various data sources and educational efforts provide 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 disseminated to counties and other interested parties.

1. Indicators of Alcohol and Drug Abuse, 1996-2000 – This report, generated by ADP, reflects alcohol and drug abuse data from various sources: California Highway Patrol, Department of Health Services (DHS), Department of Justice (DOJ), Department of Corrections, Department of the Youth Authority, Office of Statewide Health Planning, and Department of Motor Vehicles.
2. Quarterly Drug and Alcohol Treatment Admissions Report – This report is generated by ADP from the California Alcohol and Drug Data System (CADDs). The report provides data on demographics, drug use, special populations served, and length of time in treatment from all treatment providers. This data forms part of the Federal Treatment Episode Data Set.
3. Drug and Alcohol Treatment Admissions 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.
4. California Student Survey – An independent contractor administers this biennial survey of alcohol, tobacco and other drug (ATOD) use, beliefs and behaviors to a sample of 7th, 9th, and 11th graders through an ADP interagency agreement with DOJ. State norms for age-specific drug and alcohol use derived from this survey are used by the California Department of Education and ADP for prevention planning and evaluation.
5. Behavioral Risk Factor Survey (BRFS) – The BRFS is a monthly telephone survey funded by the Centers for Disease Control and Prevention (CDCP) and DHS Cancer Surveillance Section, under contract to the Public Health Institute's Survey Research Center. Since 2003, ADP has funded a six-question module on binge drinking in partnership with the DHS California Cancer Registry and Chronic Disease Branch. A draft report is available in ADP's Office of Applied Research and Analysis (OARA).
6. 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, CDCP, 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 ATOD use and behaviors is available by on-line query and published reports.

7. National Survey on Drug Use and Health – Formerly the National Household Survey on Drug Use, this survey provides ATOD use data by State on the Substance Abuse and Mental Health Administration website. State statistics and Juvenile Justice Profiles are available. Also available are drug-specific data for selected cities in California on the Office of National Drug Control Policy section of the website.
8. Drug and Alcohol Use and Related Matters Among Arrestees (ADAM) – The National Institute of Justice and others fund this research through the National Opinion Research Center. The ADAM provides 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.
9. Alcohol-Attributable Deaths Report – Generated by the National Center for Chronic Disease Prevention and Health Promotion, this report can be accessed through the website InsideADP, category “Alcohol and Public Health”. This report displays all deaths from alcohol related conditions by age group for California.
10. Alcohol-Induced Deaths – Generated by the California Department of Health Services’ Center for Health Statistics (DHS/CHS) from death records, this report is available on the DHS/CHS website at www.dhs.ca.gov/hips/chs/.

FFY 2003 – (COMPLIANCE)

ADP’s contract with UCLA for SFY 2003-2004 included the publication of two White Papers, “Methamphetamine in the Workplace” and “Abuse of Prescription and OTC drugs.” These papers were widely disseminated to legislators, academics, administrators, and treatment providers.

FFY 2005 (PROGRESS)

The “Quarterly Drug and Alcohol Treatment Admissions Report” was made compliant with the Health Insurance Portability and Accountability Act. The report was issued to counties on a quarterly basis.

The 10th Biennial (2003-2004) California Student Survey report was completed and will be published within the next months. Planning on the 11th Biennial

(2005-2006) California Student Survey was almost completed. administration of the survey is planned to begin December 2005.

ADP hosted a conference entitled "Designing the Road Map: Research to Policy-Shaping the Future of Alcohol and Other Drug Treatment Services." Nearly 500 people attended this conference, which was held May 4-6. The conference brought together policy makers, program administrators and treatment providers. Attendees identified and assessed issues, identified policies, and made plans for implementing them.

Three additional conferences were provided through a contract with the UCLA Integrated Substance Abuse Program. Two one-day conferences in the ongoing California Addiction Training and Education Series (CATES) were held, one in San Diego (June 28, 2005), and one in Santa Clara (June 30, 2005). The third conference was the 32nd Annual Substance Abuse Research Conference, held September 13-14, 2005. This was the largest and most popular ADP conference, attracting researches, policy makers, and treatment providers from across the nation.

The various data sources cited in the previous section were used to continually refine estimates of treatment need for the State and counties.

FFY 2006 (INTENDED USE)

The 10th Biennial California Student Survey report will be available for policy makers and prevention and intervention efforts.

Administration of the 11th Biennial (2005-2006) California Student Survey is planned to begin December 2005.

Two Annual Substance Abuse Research Conferences are planned for spring and fall 2006.

Two one-day conferences in the ongoing CATES are planned for 2006.

ADP's contract with UCLA for SFY 2005-2006 includes the publication of two White Papers. These papers are widely disseminated to legislators, academics, administrators, and treatment providers.

The "Indicators of Alcohol and Drug Abuse" report will be produced.

Analysis of the 2003 BRFSS data on binge drinking will be completed by DHS. A draft report is available from ADP's OARA.

Using information from the sources listed above, estimates of treatment need for specific populations and geographic areas will be generated. ADP will use this

information for planning and policy for proposed program changes. Statistical analyses will be disseminated to counties, treatment providers, State departments, legislators and policy makers via the ADP website and through the Research Services Request process. New data sources, updates of current data and concomitant refinements will be reflected in the FFY 2006 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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (Intended Use):

Background and Ongoing Activities

Through Negotiated Net Amount contracts with counties, the Department of Alcohol and Drug Programs (ADP) references 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 takes appropriate action if instances of noncompliance are identified.

FFY 2003 (Compliance):

ADP assured compliance through the measures described above.

FFY 2005 (Progress):

ADP assured compliance through the measures described above.

FFY 2006 (Intended Use):

ADP will assure compliance through the measures described above.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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 has been 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 invitation for bid (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 will monitor all review instruments and reports prepared and 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 2003 (Compliance):

Independent peer reviews were not conducted for at least 5 percent of the treatment providers receiving funds from the SAPT Block Grants.

In the past, ADP contracted with an outside party to conduct independent peer reviews. However, as indicated in the FY 2005 SAPT Block Grant application, ADP did not have a contract in place during the compliance year.

FY 2005 (Progress):

ADP selected and reviewed 35 programs from the southern part of the State for conduct of on-site independent peer reviews for quality, appropriateness, and efficacy of recovery and treatment services. During the process, the need for continuous quality improvement was stressed.

FY 2006 (Intended Use):

Peer reviewers will conduct approximately 35 on-site reviews of programs in the central 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))

For the fiscal year two years prior (FY 2004) to the fiscal year for which the State is applying for funds:

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 2004 (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.

For the fiscal year two years prior (FFY 2004) to the fiscal year for which the State is applying for funds:

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

In August 2004, ADP awarded a contract to conduct independent peer reviews and resumed the independent peer reviews of treatment providers. A contract monitor was appointed to ensure the peer reviews are conducted in accordance with federal requirements and timeframes.

Independent peer reviews were not conducted for the period of July 2003 through August 2004, because a contract was not in place, as reported in the 2005 Substance Abuse Prevention and Treatment Block Grant application.

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 2003 (Compliance):

FY 2005 (Progress):

FY 2006 (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.

ADP promptly investigates complaints regarding inappropriate disclosure of patient records and takes appropriate action(s) for violations.

FFY 2003 (Compliance):

In addition to the activities described above, ADP continued its Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule compliance activities. All new workforce members received an orientation and instruction on maintaining the confidentiality of patient information. Contracts and agreements with various external entities were modified to include explicit confidentiality requirements, and ADP required information technology contractors working at headquarters to sign an individual Confidentiality Notice. ADP also disseminated information and made training available to direct service providers.

FFY 2005 (Progress):

ADP concentrated its efforts on security of confidential information in order to meet the HIPAA Security Rule compliance deadline of April 2005. In addition to continuing the activities and requirements instituted in previous years, ADP completed a risk assessment and developed several formal policies and procedures to assure the security and privacy of confidential information. ADP used technical assistance provided by the Center for Substance Abuse Treatment contractors to expand its workforce training curriculum to include security, as well as confidentiality, and to deliver this expanded training to all staff. ADP is also working on disclosure limitation for statistical data, use of limited data sets, data de-identification, and strengthening confidentiality safeguards within each function that uses patient information.

FFY 2006 (Intended Use):

In FFY 2006, ADP intends to implement encryption where needed; assess its privacy and security policies, procedures, and practices, and develop periodic evaluation procedures; develop and implement a risk management plan; and develop a privacy and security awareness program.

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(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations.

FY 2003 (Compliance): Not Applicable

FY 2005 (Progress):

FY 2006 (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.

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 Bulletin #04-5 to the counties, notifying them that they must implement processes and procedures as necessary to comply with 42 CFR Part 54.

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 contract monitoring process.

FFY 2005 (Progress)

ADP implemented the requirements as described above.

FFY 2006 (Intended Use)

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

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 Attachment J to the application. 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.

California

Description of Calculations

Description of Calculations

In a brief narrative, provide a description of 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 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)

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 requires the State to submit a Statewide assessment of need for both treatment and prevention.
- • 42 U.S.C. 300x-51 requires 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 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.

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 2006 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.

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 Negotiated Net Amount (NNA) contracts, the method by which California contracts for services using federal and State funds.

In California the 58 counties are the substate planning areas. However, two rural counties provide services in partnership, thus creating 57 substate planning areas. Counties are legal subdivisions of the State: "Counties as political entities are governmental agencies, all powers of which have a direct and exclusive reference to the State's general policy, and are but a branch of general administration of that policy..."

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 that is not less than the base established in FY 1984-85. Such counties are represented as minimum base allocation counties (refer to minimum base allocation data below).

In State fiscal year (SFY) 1999-00, a new standard allocation methodology was implemented. ADP allocates \$2,500 per \$1 million increase with the remainder based on population. ADP also utilizes allocation criteria other than county population statistics for special programs (such as youth programs and HIV services), if a prevalence of AOD abuse-related trends or unique treatment needs are demonstrated in any of the 57 substate planning areas. 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: County Alcohol and Drug Program Administrators Association of California (CADPAAC), the Director's Advisory Council, 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. 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. ADP's allocation methodology is designed to provide a basic level of county funding to facilitate maintaining a minimum level of services in each substate planning area.

Negotiated Net Amount (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 the Department 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

Counties are 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:

- The Director's Advisory Council 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. The Council is comprised of the presidents of AOD statewide provider organizations, county alcohol and drug program administrators, and the chairs of each constituent committee (African American, Aging, Asian/Pacific Islander, Disability, Gay/Lesbian/Transgender, Latino, Native American, and Women). The Council 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 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, equitable distribution of funds that is 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 as needed to address current and emerging issues. The workgroups include representatives from CADPAAC, the Director's Advisory Council, 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 of 2000 (Proposition 36), Fiscal Workgroup, Drug Medi-Cal Workgroup, and the Licensing and Certification Regulations Workgroup.
- 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.

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
58. (Yuba and Sutter counties are one substate planning area; see #51.)

California

How your State determined matrix numbers

How your State determined the numbers for the matrix

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 of data used in making these estimates. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

Column 2. Total Population

State of California, Department of Finance, California County Population Estimates and Components of Change by Year, July 1, 2003-2004. Sacramento, California, February 2005.

Column 3. Total Population in Need

3A. Needing Treatment Services

The estimate of need was calculated with prevalence estimates from two surveys: the 2003 National Survey on Drug Use and Health (NSDUH) and the Tenth Biennial California Student Survey.

The NSDUH is provided by the Substance Abuse and Mental Health Services Administration, which offers yearly national and State level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use. There were 3,600 completed interviews for California (*Table 7.18 and 7.19 2003 Interview Results, by Age (California)*). Previous estimates also used the *Prevalence of Drug Treatment Needs Among Adult Arrestees in California*. This data were not included in the estimates as current findings of this survey were unavailable within time constraints.

Results from the 2003 NSDUH survey were used to calculate need estimates in Form 8. Prevalence estimates were obtained from *Table B.18: Dependence on or Abuse of Any Illicit Drug or Alcohol in Past Year, by Age Group and State*. Prevalence percentages provided in the table were multiplied by population totals in California as of July 2003. Three estimates were calculated for each county, one for each age group. The three totals were then summed to provide a total estimate of need based on the NSDUH.

Prevalence estimates for California youth were provided by the Tenth Biennial California Student Survey (CSS) for the 2003-2004 school year. The CSS provides longitudinal information about drug use among California youth in grades 7, 9, and 11 and has been administered biennially since 1989. The 2003-2004 sample included 10,351 randomly-selected students from 47 middle schools and 65 high schools. Prevalence estimates were obtained from *Table 14: Heavy Alcohol and Drug Use Indexes*. The percentages for "Total Excessive Alcohol Use and/ High Risk Use" were selected for inclusion.

Prevalence percentages were multiplied by student populations in grades 7, 9, and 11 by California county to calculate need estimates. Student population numbers were obtained from *Enrollment by Grade, 2003-04, California Department of Education, Educational Demographics Office*. The three 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. It is possible, but very unlikely, that respondents were included in both the NSDUH youth age group (12 – 17) and the CSS. The probability of overlap is very small due to the large population in California. There were 1,236 completed

interviews in the NSDUH youth age group and 10,351 students in three grades in the CSS. The probability that a youth would be randomly selected for both surveys is extremely small and not considered problematic.

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 is obtained for each substate region and the State. The results from a three-month average were used to estimate the total population that would seek treatment. This is a one-month estimate of those 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 DATAR to determine the number of individuals that are intravenous drug users (IVDU) on waiting lists at facilities that receive public funds or have State licensure requirements. Data on the number of IVDU's on the waiting list during the month is obtained for each substate region and the State. Results from a three-month average were used to estimate the number of IVDU's that would seek treatment. This is a one-month estimate of those that would seek treatment.

Column 5. Number of Women in Need

5A. Needing treatment services

To estimate the number of women needing treatment services, data from the California Substance Use Survey (CSUS) was used. The CSUS is a household telephone survey of adults in California conducted in 1995. The purpose of the survey was to provide estimates of the prevalence of alcohol and drug use disorders and to gather additional information that would allow the ADP to estimate the number of people in need of some intervention in their alcohol and/or drug use. The survey results showed 4.0 percent of females sampled met the Harvard University's National Technical Center definition of need. This proportion was multiplied by the number of women age 18 and over in each substate planning area (county) in 2003. This translates to approximately 535,909 women in need of treatment in the State.

5B. That Would Seek Treatment

The State uses DATAR to determine the number of individuals on waiting lists during the month at facilities that receive public funds or have State licensure requirements. The number of people on the waiting list was multiplied by the proportion of women that were admitted into public treatment facilities during SFY 2003-04. This is a one-month estimate of women who would seek treatment.

Column 6. Prevalence of Substance-Related Criminal Activity

State of California, Department of Justice, Criminal Justice Statistics Center, Total Misdemeanor and Felony Arrests, 2003

Column 7. Incidence of Communicable Diseases

7A. California Department of Health Services, Hepatitis B Cases and Rates by Year 2003.

7B. Reported AIDS Cases and Prevalence Rate in 2004, California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section. Data as of April 30, 2005.

7C. Report on Tuberculosis in California, 2003, Tuberculosis Control Branch, 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 data. Estimates were improved by using subsamples to better characterize the populations in each county. Age subsamples were calculated with NSDUH prevalence estimates and grade level subsamples were calculated with CSS prevalence estimates.

Similarly, no prevalence percentages were available for women by Californian county to complete Column 5A in Form 8. It was necessary to use a statewide prevalence estimate from the CSUS, which was completed in 1995. It is unclear to what degree this prevalence estimate represents more current realities.

Estimates of individuals who would seek treatment are derived from DATAR waiting list data of publicly funded treatment facilities and facilities that have a licensing requirement to dispense medications. Because ADP does not have information on privately owned facilities, the estimates of individuals who would seek treatment are conservative.

California

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.

FORM #9 - Footnotes

California's 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 2003 National Survey on Drug Use and Health (NSDUH). The percentages of "Substance Dependence or Abuse in the Past Year" from Tables 5.28B, 5.29B, and 5.30B were used to produce two cross tabulations: 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 1 and Table 2.

Table 1. Estimated Number of Individuals in Need of Treatment by Age and Gender

AGE GROUPS	GENDER		Total
	Male	Female	
12 to 17	424,890	423,374	848,264
18 to 25	560,894	303,044	863,938
26 and older	1,103,117	479,382	1,582,499
Total	2,088,901	1,205,801	3,294,702

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	310,405	33,459	*	51,444	11,807	43,192	381,570	831,877
18 to 25	328,373	41,582	*	69,215	9,454	26,825	335,893	811,342
26 and older	808,168	104,741	*	116,538	22,984	22,088	469,686	1,544,205
Total	1,446,946	179,782	*	237,197	44,246	92,106	1,187,148	3,187,425

* 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

Although Driving Under the Influence Programs (DUIP) 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 objective of the DUIP is 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 April 21, 2005, the Department of Alcohol and Drug Programs licensed 469 DUIPs consisting of 249 3-month programs for persons arrested for and/or convicted of a first DUI offense, 191 18-month programs for persons arrested for and/or convicted of a second or subsequent offense, and 29 30-month programs for persons arrested for and/or convicted of a third or subsequent offense. For fiscal year 2003-2004, participant enrollment was as follows:

3-Month	82,275
6-Month	13,693
18-Month	27,264
30-Month	<u>109</u>
Total:	123,341

State involvement is intended to provide centralized leadership with regard to program requirements, coordination, and quality of services. According to the California Department of Motor Vehicles, 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 accident involvement.

DUIPs involve public safety and are tied directly to the statewide criminal justice system and to the State driver licensing agency. Individual 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 2003-2004 show that DUIPs collected approximately \$79.2 million in participant fees. First offender programs charged an average of \$500; 6-month programs \$750; 18-month programs \$1,450; and 30-month programs \$2,750. 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 2006**

ABC	Alcohol and Beverage Control
ADAM	Drug and Alcohol Use and Related Matters Among Arrestees
ADP	Alcohol and Drug Programs, Department of
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco and Other Drugs
BRFS	Behavioral Risk Factor Survey
CAARR	California Association of Addiction Recovery Resources
CADDS	California Alcohol and Drug Data System
CADPAAC	County Alcohol and Drug Program Administrators Association of California
CalOMS	California Outcomes Measurement System
CALSTARS	California State Accounting and Reporting System
CARE	California Access to Recovery Effort
CARS	Center for Applied Research Solutions
CATES	California Addiction Training and Education Services
CCR	California Code of Regulations
CDCP	Centers for Disease Control and Prevention
CHIS	California Health Interview Survey
CMB	Contracts Management Branch
CMB	County Monitoring Branch
CPC	California Prevention Collaborative
CPI	Community Prevention Institute
CQI	Continuous Quality Improvement
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSS	California Student Survey
CSUS	California Substance Use Survey
DATAR	Drug and Alcohol Treatment Access Report
DHS	Department of Health Services
DMV	Department of Motor Vehicles

DHHS	Department of Health and Human Services
DHS	Department of Health Services
DOJ	Department of Justice
DUI	Driving-Under-the-Influence
DUIP	Driving Under the Influence Program
EAU	Excessive Alcohol Use
FNL	Friday Night Live
FFY	Federal Fiscal Year
FY	Fiscal Year
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
LAAM	Levo-alpha-acetylmethadol (narcotic replacement therapy)
MBA	Minimum Base Allocation (Counties)
MOE	Maintenance of Effort
NNA	Negotiated Net Amount
NOM	National Outcome Measures
NSDUH	National Survey on Drug Use and Health
NTP	Narcotic Treatment Program
OARA	Office of Applied Research and Analysis
OMB	Office of Management & Budgets
PADS	Prevention Activities Data System
PSD	Prevention Services Division
PSN	Perinatal Services Network
RC	Resource Center
RFP	Request for Proposal
RRHP	Resident-Run Housing Program
SACPA	Substance Abuse and Crime Prevention Act

	(Prop 36, November 2000 voter initiative)
SAMSHA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SARC	Substance Abuse Research Consortium
SBIRT	Screening, Brief Intervention, Referral and Treatment
SDFSC	Safe and Drug-Free Schools and Communities
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
TANF	Temporary Assistance to Needy Families
TB	Tuberculosis
TCS	Tobacco Control Section
TEDS	Treatment Episode Data Sets
TIP	Treatment Improvement Protocol
UC	University of California
UCLA	University of California, Los Angeles

California

Voluntary Prevention Performance Measures

State applicants should include a discussion of topics relevant to outcome reporting in general. This would include topics mentioned in instructions above as well as any additional information (e.g., data infrastructure needs) that the State deems important. If possible, please provide the computer files and data tapes along with the application. This will allow for further analysis at the national level. Results of such analyses will be shared with the States and will be used in the development of future Performance Partnership Grant reporting activities.