

California

UNIFORM APPLICATION FY 2007

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 2007 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: Kathryn P. Jett

Agency Name: California Department of Alcohol and Drug Programs

Mailing Address: 1700 K Street

City: Sacramento

Zip Code: 95814-4037

Telephone: (916) 445-1943

FAX: (916) 324-7338

E-MAIL: kjett@adp.ca.gov

III. STATE EXPENDITURE PERIOD

From: 7/1/2004

To: 6/30/2005

IV. DATE SUBMITTED

Date: 9/1/2006

Original

Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Alice Huffaker

Telephone: (916) 322-3014

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

FAX: (916) 324-7338

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California

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UNIFORM APPLICATION FOR FY 2007 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT Funding Agreements/Certifications as Required by the Public Health Service (PHS) Act	
<i>The PHS Act, as amended, requires the chief executive officer (or an authorized designee) of the applicant organization to certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.</i>	
We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.	
I.	Formula Grants to States, Section 1921
Grant funds will be expended “only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities” as authorized.	
II.	Certain Allocations, Section 1922
<ul style="list-style-type: none"> • Allocations Regarding Primary Prevention Programs, Section 1922(a) • Allocations Regarding Women, Section 1922(b) 	
III.	Intravenous Drug Abuse, Section 1923
<ul style="list-style-type: none"> • Capacity of Treatment Programs, Section 1923(a) • Outreach Regarding Intravenous Substance Abuse, Section 1923(b) 	
IV.	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924
V.	Group Homes for Recovering Substance Abusers, Section 1925
Optional beginning FY 2001 and subsequent fiscal years. Territories as described in Section 1925(c) are exempt.	
The State “has established, and is providing for the ongoing operation of a revolving fund” in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.	
VI.	State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18, Section 1926:
<ul style="list-style-type: none"> • The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1). • The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1). • The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2). 	
VII.	Treatment Services for Pregnant Women, Section 1927
The State “...will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant.”	
VIII.	Additional Agreements, Section 1928
<ul style="list-style-type: none"> • Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a) • Continuing Education, Section 1928(b) • Coordination of Various Activities and Services, Section 1928(c) • Waiver of Requirement, Section 1928(d) 	

<p>1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION</p> <p>The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:</p> <ul style="list-style-type: none"> (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. <p>Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.</p> <p>The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.</p>	<p>2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS</p> <p>The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:</p> <ul style="list-style-type: none"> (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's 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 – <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will – <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

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

3. CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

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

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

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

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

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>_____</p> <p>_____</p> <p>Congressional District, if known: _____</p>	
<p>6. Federal Department/Agency:</p> <p>_____</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>_____</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>_____</p>	<p>b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i></p> <p>_____</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>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only:</p> <p>_____</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.

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

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Background and Ongoing Activities

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

This continuum begins with prevention services:

- Prevention focuses on 1) an entire population (the “universal” category), 2) identifiable subgroups (the “selective” category), or 3) individual persons showing early signs of use and other problems (the “indicated” category). Prevention uses the six Center for Substance Abuse Prevention strategies: information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental strategies.

The continuum also includes:

- Intervention services.
- Nonresidential services that 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 that 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 that 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 2004 (Compliance):

These services were available.

FFY 2006 (Progress):

The services described under “Background and Ongoing Activities” in FFY 2004 were available.

FFY 2007 (Intended Use):

No change in the available services described under “Background and Ongoing Activities” in FFY 2004 is anticipated. ADP may consider implementing aftercare services to maintain treatment gains.

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (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 350 funded providers as a condition of the NNA contract. As of July 2006, data will no longer be collected through PADS. California Outcome Measurement Service (CalOMS) Prevention will be the new data collection service. California places emphasis on evidence-based community prevention approaches and strategies. (Individual-based prevention occurs primarily through Safe and Drug Free Schools funded prevention.)

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

ADP's Prevention Services 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. Fourteen state agencies work together to coordinate the State's strategic efforts to achieve measurable reductions in the incidence and prevalence of the inappropriate use of alcohol and other drugs by youth and adults.

Data collection will continue to reflect the six Center for Substance Abuse Prevention (CSAP) strategies, as ADP adopts the three Institute of Medicine prevention interventions. Please see the compliance and reporting years for summaries of the percentage of providers involved in each strategy. Detailed sets of State and county PADS data are available at <http://www.adp.ca.gov/PADS/reports.shtml>. These data sets include: 1) service populations; 2) services; 3) demographics; 4) where services occurred; and 5) frequency/count.

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. A number of catalog items are now available online. The RC library provides research assistance. The RC statewide 1-800 line provides treatment service referral information to individuals.

The RC staffs information booths at AOD conferences/workshops/ events throughout the State, providing publications and interacting with the general public. The RC has established minimum criteria for sending staff to conferences and events. Events not meeting criteria for RC staff to attend are provided ATOD materials 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) contractors.

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

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

ADP's contract with the University of California (UC) Berkeley 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) youth activities, such as alcohol and drug-free recreation activities and youth/adult leadership activities. The annual Teen Leadership Training Institute assembles approximately 600 high school students from very diverse backgrounds and geographic areas for prevention training that is student-designed for application at their respective schools.

4. Problem Identification and Referral

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

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act, to fund community mental health services. ADP has begun work with the Department of Mental Health staff to explore common prevention approaches.

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.

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

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

FFY 2004 (Compliance):

PADS collect 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 will be available at <http://www.adp.ca.gov/PADS/reports.shtml>. CalOMS Prevention will replace PADS effective July 2006. This is the first State data service incorporating the five SPF steps.

Detailed information about State Fiscal Year 2004/05 prevention data is available at <http://www.adp.ca.gov/PADS/reports.shtml> for the State and each of the 58 counties, by strategy.

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

	<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%

State-level Service: ADP Resource Center

RC data is collected by calendar year, during calendar year 2004, the RC responded to over 27,330 telephone calls for information and referrals, including 2,851 Spanish-language calls. It distributed over 653,330 hardcopy publications, performed searches on 1,581 information/research requests, and checked out 1,579 books/videos. The Resource Center's Web site was "hit" 290,412 times, including the downloading of documents.

During the calendar year 2004, the RC staffed booths at 20 ATOD-related conferences/workshops/ events and provided over 220,270 publication materials to 525 conferences/workshops/events.

FFY 2006 (Progress):

PADS collect 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 will be available at <http://www.adp.ca.gov/PADS/reports.shtml>. CalOMS Prevention will replace PADS effective July 2006. This is the first State data service incorporating the five SPF steps.

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

	<u>Percent of 353 Providers</u>
1) Information Dissemination	77%
2) Education	81%
3) Alternatives	57%
4) Problem Identification and Referral	35%
5) Community-Based Process	67%
6) Environmental	29%

State-level Service: ADP Resource Center

This data is collected by calendar year, during Calendar Year 2005, the RC responded to 25,266 information and referral telephone calls for information and referrals including 2,186 Spanish-language calls. It distributed 811,456 hardcopy publications, made 652 documents available on the RC's Web site, performed searches on 1,864 information/research requests, and checked out 1,467 books/videos. The RC's Web site was visited or "hit" 34,724 times.

In Calendar Year 2005, the RC staffed booths at 23 ATOD-related statewide conferences/workshops/events, and provided over 391,820 publication materials to 858 conferences/workshops/events.

All six CSAP strategies have extensive services delivered across the state through the counties, which contract with approximately 350 providers as well as direct county prevention staff operations. Counties will fully transition to SPF by July 2007. For the past six years counties received Technical Assistance for California's prevention business practices that were very similar to the SPF steps, both of which begin with local assessment of issues, needs and priorities. The state does not mandate target populations or AOD issues for county actions, although it provides leadership to county administrators regarding current issues such as methamphetamine, underage drinking, binge drinking and alcopops.

The last reporting data shows the range of providers delivering the CSAP strategies throughout the 58 county system.

*Number of Providers SFY 2004-2005
Delivering Prevention Strategies (N=353)*

CSAP Strategy	By # of Providers	% of all 353 Providers
Education	287	81.3%
Information/Dissemination	270	76.5%
Community-Based Process	235	66.6%
Alternative Activities	201	56.9%
Problem Identification and Referral	124	35.1%
Environmental	100	28.3%

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

While all six strategies are broadly used, California places emphasis on community approaches. This involves environmental (public policy) approaches, which are used with the State Incentive Grant (SIG). California's SIG focuses on binge drinking and its impact on communities.

This approach beyond individual use stems from the ADP Director's prior work with many prevention representatives during a six month review of California's historic efforts and future directions. The result framed ADP's leadership role in prevention as focusing the system on reducing both direct and indirect, adverse personal, social, health, and economic consequences resulting from problematic ATOD availability, manufacture, distribution, promotion, sales, and individual use.

Activity level from the prior year provides a guide for estimates for future levels of prevention actions. This table offers a presentation of populations and numbers served where a count or estimate is possible. Strategies such as environmental,

community and some information dissemination do not offer individual counts; thus actual number of persons served or affected is larger than is shown.

Providers SFY 2004-2005
Delivering Prevention Strategies (N=353)

Strategy/Service	# of Providers	Total Persons Served	White, Not Hispanic	Asian/Pacific Islander	Hispanic/Latino	Native American/Alaskan	African American	Multiracial / Ethnic	Other
Information Dissemination	270 76.5%	948,023 32.3%	299,793	206,488	278,366	19,399	112,441	29,699	1,837
Education	287 81.3%	764,232 26.0%	302,404	57,089	266,991	13,067	98,297	24,685	1,731
Alternative Activities	201 56.9%	955,262 32.6%	322,695	64,976	388,664	20,568	114,110	41,994	2,255
Problem Identification and Referral	124 35.0%	122,818 4.2%	45,836	5,086	44,907	2,306	19,131	5,120	432
Community-Based Process	235 66.6%	144,621 4.9%	58,433	8,650	48,284	2,411	18,304	8,309	230
Environment	100 28.3%								
Total		2,934,956	1,029,161 35.1%	342,289 11.7%	1,027,212 35.0%	57,751 2.0%	362,283 12.3%	109,807 3.7%	6,485 0.2%

ADP does not anticipate an increase or change in focus for SAPT-funded prevention. The move to SPF for county operations and the interlink of SPF to the CalOMS Prevention data submission are the major changes intended. Expansion is affected by a Block Grant allocation reduction by more than \$3 million since 2004 and the President's 2007 Budget recommendation for level funding. Although increases are proposed by Congress, even if approved, under the current formula, California's allocation will still be below the 2004 SAPT Block Grant allocation.

Attachment A

State:
California

Attachment A: Prevention

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

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

Yes No Unknown

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

Yes No Unknown

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

SAPT BLOCK GRANT

Yes
 No
 Unknown

OTHER STATE FUNDS

Yes
 No
 Unknown

DRUG FREE SCHOOLS

Yes
 No
 Unknown

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

Yes No Unknown

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

Education Bureau? Yes No Unknown

Dissemination of materials? Yes No Unknown

Media campaigns? Yes No Unknown

Product pricing strategies? Yes No Unknown

Policy to limit access? Yes No Unknown

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

Yes No Unknown

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

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

Yes No Unknown

New product pricing,

Yes No Unknown

New taxes on alcoholic beverages,

Yes No Unknown

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

Yes No Unknown

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

Yes No Unknown

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

Yes No Unknown

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

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

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

Motor vehicle drivers age 21 and older? .08

Motor vehicle drivers under age 21? .01

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

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

Yes No Unknown

Attachment A Footnotes

(Attachment A. Question 11)

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

California

Goal #3: Pregnant Women Services

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

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

FFY 2004 (Compliance):

In the base year, FFY 1994, the amount expended was \$26,349,134. The amount expended in 2004 was \$43,499,000. Please see Attachment B, Parts 1 and 2 for specific program compliance information.

FFY 2006 (Progress):

The amount expended in 2006 was \$ 44,690,000. This amount includes the federal dollars spent on women's services. Please see Attachment B, Parts 1 and 2 for specific program compliance information. ADP also conducted a Perinatal Environmental Scan (PES). The purpose of the PES was to determine the status of perinatal services in California, assess current trends, and formulate recommendations for prioritization and planning.

FFY 2007 (Intended Use):

For FFY 2007, it is the intention of the State to expend not less than the amount expended in FFY 1994 in accordance with 42 U.S.C 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e) and to continue to allocate funds to the counties consistent with federal law and regulations. ADP intends to use the PES and other relevant research to leverage its efforts to assure continued compliance with Substance Abuse Prevention and Treatment Block Grant requirements and implement outcome-focused programs for services to pregnant and perinatal women.

California

Attachment B: Programs for Women

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

For the fiscal year three years prior (FY 2004) 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 2004. In a narrative of up to two pages, describe these funded projects.

In FFY 2004, 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 2004, the Perinatal Services Network had approximately 299 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 30,282 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 2004 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 2004 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?

ATTACHMENT B: PROGRAMS FOR WOMEN (Cont.)

(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))

INSTRUCTIONS IN ITALIC

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

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

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FFY 2004 block grant funds and/or State funds?

The State allocated Perinatal Set-Aside funds in accordance with 42 U.S.C. 300x-22(b)(1)(C) in the amount of \$ 43,499,000 and required counties to fulfill federal requirements through Negotiated Net Amount (NNA) contracts.

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

Funds are 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 is 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 are required to adhere to the *Perinatal Services Network Guidelines* (2004). The guidelines require counties to develop systems for monitoring programs for compliance with the standards and streamlined perinatal program requirements.

Efforts were made to meet the special needs of pregnant women and women with dependent children. The State requires counties give preference for admission to treatment to pregnant women seeking services, or who are 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 becomes available. The counties are 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 and utilization by pregnant women and women with dependent children?

Sources used to extract data for the attached list were: The cost reports required by the County Negotiated Net Amount contracts, direct provider contracts, and the Drug and Alcohol Treatment Access Report.

5. What did the State do with FFY 2004 block grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

In FFY 2004, 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 continue 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 Programs funded with perinatal funding, including the SAPT Block Grant Set Aside for Services to Pregnant Women and Women with Dependent Children, increased in State FY 2004/05 from 299 to 311.

PERINATAL TREATMENT
AVG MONTHLY PUBLIC TREATMENT CAPACITY
OCTOBER 04 THROUGH SEPTEMBER 05 (FFY 05)
BY COUNTY

PROVIDER COUNTY = ALAMEDA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
107015	Orchid Womens Recovery Cener	0.00	0.00	0.00	0.00	0.00	18.00	0.00	0.00
115521	East Bay Community Recovery Project	0.00	0.00	0.00	0.00	0.00	26.00	21.45	0.00
1602	Magnolia Women's Recovery Program, Inc.	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118335	Solid Foundations	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
101257	Solid Foundation	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00
113070	Solid Foundation	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00
101177	West Oakland Health Council Inc.	176.00	132.00	10.00	0.00	0.00	0.00	15.00	0.00
905988	Latino Commission on Alcohol and Drug Ab	62.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117089	Second Chance, Inc.	0.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
900690	B.A.T.S.	0.00	273.18	0.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL		244.33	405.18	10.00	0.00	0.00	66.00	56.45	0.00
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PROVIDER COUNTY = AMADOR

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
900799	Amador County Alcohol & Drug Services	105.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL		105.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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COUNTY = BUTTE

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
102885	Butte County Department of Behavioral He	83.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
102886	Butte County Department of Behavioral He	241.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
103242	Butte County Department of Behavioral He	233.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Skyway House	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
907596	Butte County Behavioral Health Adult Out	80.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115646	Enloe Medical Center	40.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00
130280	Skyway House	0.00	0.00	0.00	0.00	0.00	15.80	0.00	0.00
126809	Butte County	106.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
103151	Tri-Counties Treatment	0.00	0.00	0.00	0.00	0.00	60.00	0.00	0.00
126411	Butte County Behavioral Health Gridley	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL		805.17	0.00	0.00	0.00	0.00	87.80	50.00	0.00
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COUNTY = CALAVERAS

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
907612	Calaveras County Behavioral Health Servi	0.00	0.00	0.00	0.00	0.00	0.00	200.00	0.00
113054	Changing Echoes	0.00	0.00	0.00	0.00	0.00	24.25	0.00	0.00

COUNTY TOTAL		0.00	0.00	0.00	0.00	0.00	24.25	200.00	0.00
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COUNTY = COLUSA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
907638	Colusa Department of Substance Abuse Ser	54.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL		54.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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COUNTY = CONTRA COSTA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
107445	Ujima Family Recovery Services	0.00	0.00	0.00	0.00	0.00	14.00	0.00	0.00
108286	Addiction Research and Treatment, Inc.	0.00	483.33	95.00	0.00	0.00	0.00	0.00	0.00
108302	Addiction Research and Treatment, Inc.	366.25	106.25	0.00	0.00	0.00	0.00	0.00	0.00
115729	Ujima Family Recovery Services	0.00	0.00	0.00	0.00	0.00	23.00	0.00	0.00
116040	Ujima Family Recovery Services	0.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00
123764	Bi-Bett Corporation	0.00	0.00	0.00	0.00	0.00	5.33	0.00	0.00
118012	Bi-Bett Corporation	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00

101901	New Connections	72.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115547	Contra Costa County Health Services Depa	35.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117469	Ujima Family Recovery Services	0.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00
COUNTY TOTAL		473.75	589.58	95.00	0.00	0.00	54.33	30.00	0.00

COUNTY = DEL NORTE

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
101307	Del Norte County Alcohol & Drug Program	170.00	0.00	0.00	0.00	0.00	0.00	35.00	130.00
COUNTY TOTAL		170.00	0.00	0.00	0.00	0.00	0.00	35.00	130.00

COUNTY = EL DORADO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
113104	Progress House, Inc	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00
102583	Progress House Perinatal Facility	0.00	0.00	0.00	0.00	0.00	22.00	0.00	0.00
COUNTY TOTAL		0.00	0.00	0.00	0.00	0.00	38.00	0.00	0.00

COUNTY = FRESNO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
	Westcare California, Inc.	30.91	0.00	0.00	0.00	0.00	0.00	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 and Treatment, Inc.	0.00	500.00	50.00	0.00	0.00	0.00	0.00	0.00
305841	Addiction Research and Treatment - E Str	0.00	583.33	50.00	0.00	0.00	0.00	0.00	0.00
130926	Spirit of Women in California, Inc.	22.50	0.00	0.00	0.00	0.00	63.00	0.00	0.00
305833	Addiction Research and Treatment, Inc.	0.00	556.82	75.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		83.41	1640.15	175.00	0.00	0.00	63.00	30.00	0.00

COUNTY = GLENN

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
120034	Glenn County Alcohol & Drug-Perinatal	4.17	0.00	0.00	0.00	0.00	0.00	19.58	0.00
COUNTY TOTAL		4.17	0.00	0.00	0.00	0.00	0.00	19.58	0.00

COUNTY = HUMBOLDT

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
116255	Humboldt County Public Health Department	22.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00
COUNTY TOTAL		22.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00

COUNTY = IMPERIAL

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
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115711	Imperial County Alcohol and Drug Program	0.00	0.00	0.00	0.00	0.00	0.00	24.00	0.00
COUNTY TOTAL		0.00	0.00	0.00	0.00	0.00	0.00	24.00	0.00
COUNTY = INYO									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
911333	Inyo County Alcohol & Other Drugs Servic	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY = KERN									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
109144	Kern County Hispanic Commission	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00
114946	College Community Services	313.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
114953	College Community Services	372.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
907083	College Community Services	301.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00
752729	Ebony Counseling Center	376.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
914345	Kern County Mental Health Substance Abus	103.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
123798	Citizens for the Betterment of Community	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
342	Capistrano Lincoln Street Retreat	39.75	0.00	0.00	0.00	0.00	11.00	0.00	0.00
726	Citizens for the Betterment of Community	53.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
102371	College Community Services	144.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00
102408	Clinica Sierra Vista	93.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		1796.60	0.00	0.00	0.00	0.00	27.00	0.00	0.00
COUNTY = KINGS									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
113960	Cornerstone Recovery Center	0.00	0.00	0.00	0.00	0.00	22.00	0.00	0.00
COUNTY TOTAL		0.00	0.00	0.00	0.00	0.00	22.00	0.00	0.00
COUNTY = LAKE									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
117568	Drug Abuse Alternatives Center	1.00	0.00	0.00	0.00	0.00	0.00	6.55	1.45
COUNTY TOTAL		1.00	0.00	0.00	0.00			6.55	1.45
COUNTY = LASSEN									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
117642	Lassen County Health and Social Services	1.20	0.00	0.00	0.00	0.00	0.00	10.80	0.00
102665	Lassen County Health and Social Services	51.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		52.20	0.00	0.00	0.00	0.00	0.00	10.80	0.00

COUNTY = LOS ANGELES

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
121180	Alcoholism Center for Women Inc.	59.45	0.00	0.00	0.00	0.00	21.73	4.00	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	0.00	0.00	0.00	0.00	0.00	12.00	0.00	0.00
108633	Southern California Alcohol & Drug Progr	0.00	0.00	0.00	0.00	0.00	19.20	0.00	0.00
307961	La-Cada - Bloomfield	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
110555	Substance Abuse Foundation of Long Beach	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00
120752	Children's Institute, Inc.	35.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120778	National Council Alcohol & Drug Dependence	0.00	0.00	0.00	0.00	0.00	19.00	0.00	0.00
1201	Los Angeles New Life Center, Inc.	5.29	0.00	0.00	0.00	0.00	0.00	23.14	0.00
131221	Southern California Alcohol and Drug Pro	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00
131395	Southern California Alcohol and Drug Pro	0.00	0.00	0.00	0.00	0.00	15.64	0.00	0.00
911911	Tarzana Treatment Center	50.00	0.00	0.00	0.00	43.00	57.00	0.00	0.00
117766	Tarzana Treatment Center Inc.	476.00	0.00	0.00	0.00	0.00	12.00	270.00	0.00
1124	Prototypes	52.73	0.00	0.00	0.00	0.00	0.00	29.09	0.00
134613	Shields for Families Project	35.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00
1262	Bienvenidos Children's Center, Inc.	30.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113864	Harbor-UCLA Research Educational Institu	0.00	0.00	0.00	0.00	0.00	0.00	16.60	0.00
107205	Addiction Research and Treatment, Inc.	0.00	350.00	47.50	0.00	0.00	0.00	0.00	0.00
109946	Addiction Research and Treatment, Inc.	0.00	525.00	68.75	0.00	0.00	0.00	0.00	0.00
308787	Prototypes a Center for Innovation	4.92	0.00	0.00	0.00	0.00	100.83	1.92	0.00
117378	Asian American Drug Abuse Program	132.00	0.00	0.00	0.00	0.00	0.00	76.25	62.50
113849	Shields for Families Project, Inc.	0.00	0.00	0.00	0.00	0.00	0.00	35.18	0.00
100192	Watts Healthcare Corporation	52.67	0.00	0.00	0.00	0.00	66.00	0.00	0.00
112056	NCADD of Long Beach	10.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00
121677	Shields for Families Project, Inc.	0.00	0.00	0.00	0.00	0.00	0.00	33.91	0.00
308183	Addiction Research and Treatment, Inc.	0.00	341.67	58.33	0.00	0.00	0.00	0.00	0.00
118954	Shields for Families Project, Inc.	30.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
111983	California Drug Consultants, Inc.	180.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00
123665	Pride Health Services, Inc.	68.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
COUNTY TOTAL		1231.90	1216.70	174.58	0.00	43.00	377.40	590.09	62.50

COUNTY = MADERA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
115562	Madera County Department of Behavioral H	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115562	Madera County Mental Health Department	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		100.00	0.00						

COUNTY = MARIN

I-SATS 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	21.14	0.00
303788	Center Point	0.00	0.00	0.00	0.00	0.00	25.82	0.00	0.00
COUNTY TOTAL		0.00	0.00	0.00	0.00	0.00	25.82	21.14	0.00

COUNTY = MENDOCINO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
117659	Mendocino County Alcohol and Other Drug	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117584	Mendocino County Alcohol and Other Drug	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
241	Mendocino County Alcohol and Other Drug	78.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		126.00	0.00						

COUNTY = MERCED

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
306468	The Center - Alcohol & Drug Services	246.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113302	Community Social Model Advocates	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

COUNTY = MODOC

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
105068	Modoc County Alcohol & Drug Services	254.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		254.17	0.00						

COUNTY = MONO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
916746	Mono County Mental Health and Alcohol an	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	0.00	14.00	0.00	0.00
COUNTY TOTAL		66.00	0.00	0.00	0.00	0.00	14.00	0.00	0.00

COUNTY = MONTEREY

I-SATS 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	103.25	0.00	0.00
305239	Community Human Services-Peninsula	0.00	0.00	0.00	0.00	0.00	36.00	0.00	0.00
115059	Sun Street Centers, Inc.	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		100.00	0.00	0.00	0.00	0.00	139.25	0.00	0.00

COUNTY = NEVADA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
778	Community Recovery Resources	0.00	0.00	0.00	0.00	0.00	9.55	0.00	0.00
907919	Nevada County Behavioral Health Departme	53.00	0.00	0.00	0.00	0.00	0.00	10.00	3.38
COUNTY TOTAL		53.00	0.00	0.00	0.00	0.00	9.55	10.00	3.38

COUNTY = ORANGE

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
936397	County of Orange Health Care Agency/Beha	296.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
909477	Orange County HCA Alcohol Program	326.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
107197	Orange County Health Care Agency	234.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115653	Southern California Alcohol and Drug, In	0.00	0.00	0.00	0.00	0.00	15.90	0.00	0.00
COUNTY TOTAL		857.00	0.00	0.00	0.00	0.00	15.90	0.00	0.00

COUNTY = PLACER

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
931158	Sierra Council on Alcohol/Drug Dependenc	30.00	0.00	0.00	0.00	0.00	0.00	13.00	0.00
	James N. Hardwick	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00
911663	Sierra Family Services Inc.	45.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00
131411	Jim Hardwick	30.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
COUNTY TOTAL		105.00	0.00	0.00	0.00	0.00	6.00	58.00	0.00

COUNTY = PLUMAS

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
911200	Plumas County Alcohol & Drug Department	120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		120.00	0.00						

COUNTY = RIVERSIDE

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
110399	Riverside County Department of Mental He	195.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00
750525	La Vista Inc., Aware & Soar	0.00	0.00	0.00	0.00	24.00	24.00	0.00	0.00
104152	County of Riverside	130.64	0.00	0.00	0.00	0.00	0.00	0.00	18.18
786	Riverside Recovery Resources	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00
122105	Riverside Recovery Drug Abuse Program	65.45	0.00	0.00	0.00	0.00	0.00	40.00	0.00
914667	Riverside County Substance Abuse Program	150.00	300.00	25.00	0.00	0.00	0.00	12.82	0.00
119010	MFI - Recovery Center	0.00	0.00	0.00	0.00	0.00	26.00	0.00	0.00
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
750533	ABC Recovery Center, Inc.	0.00	0.00	0.00	0.00	31.00	0.00	0.00	0.00
	Eugene & Lyleen Huges	90.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
119713	YWCA of Riverside County	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00
308621	Riverside County Substance Abuse Program	240.00	0.00	0.00	0.00	0.00	3.00	27.00	0.00
1282	Alcohol and Drug Health Management Syste	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		947.00	300.00	25.00	0.00	55.00	67.00	159.82	18.18

COUNTY = SACRAMENTO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
131874	Bridges Professional Treatment Services	36.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00

307599	Strategies For Change	217.00	0.00	0.00	0.00	0.00	0.00	38.00	0.00
300727	The Effort - CICC	89.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113732	Chemical Dependency for Options for Reco	47.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00
322	Clean and Sober Detox, A California Non-	0.00	0.00	0.00	0.00	22.67	0.00	0.00	0.00
113799	Volunteers of America	0.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00
117733	Sacramento County Alcohol & Drug Service	71.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1146	Bridges Incorporated	0.00	0.00	0.00	0.00	0.00	15.25	0.00	0.00
308068	Bi Valley Medical Clinic, Inc.	0.00	478.00	7.75	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL 462.02 478.00 7.75 0.00 22.67 39.25 78.00 0.00

COUNTY = SAN BENITO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
930994	San Benito Substance Abuse Program	191.42	0.00	0.00	0.00	0.00	19.00	0.50	0.00

COUNTY TOTAL 191.42 0.00 0.00 0.00 0.00 19.00 0.50 0.00

COUNTY = SAN BERNARDINO

I-SATS 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	25.75	0.00	0.00
938237	Saint John of God Health Care	0.00	0.00	0.00	0.00	6.00	60.00	0.00	0.00
106660	San Bernardino County Department of Beha	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118483	San Bernardino County of Behavioral Heal	15.00	0.00	0.00	0.00	0.00	0.00	55.00	0.00
118491	San Bernardino County Behavioral Health	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
918122	Social Science Services	0.00	0.00	0.00	0.00	10.00	47.00	0.00	0.00
306369	Inland Behavioral Services	260.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
116263	San Bernardino County Office of Alcohol	120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL 605.00 0.00 0.00 0.00 16.00 132.75 85.00 0.00

COUNTY = SAN DIEGO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
132195	North County Serenity House Inc.	0.00	0.00	0.00	0.00	0.00	18.00	0.00	0.00
117238	Mental Health Systems Inc.	56.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120802	Paradise Valley Hospital	10.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00
132716	Dependency Court Family Treatment Center	35.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
121834	National Medical Association Comprehensi	0.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00
767	Saint Claire's Home Inc.	30.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
112684	McAlister Institute (MITE)	29.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00
117220	San Diego Youth & Community Services- Tee	21.50	0.00	0.00	0.00	0.00	0.00	25.50	0.00
120828	Vista Hill Foundation	65.83	0.00	0.00	0.00	0.00	0.00	60.00	0.00
111967	McAlister Institute (MITE)	0.00	0.00	0.00	0.00	0.00	0.00	60.00	0.00
119275	Mental Health Systems, Inc.	25.00	0.00	0.00	0.00	0.42	59.58	9.17	0.00
935852	Mental Health Systems, Inc.	30.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00
114441	CRASH Inc.	0.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
111959	McAlister Institute(MITE)	0.00	0.00	0.00	0.00	7.00	96.88	0.00	0.00
917991	McAlister Institute (MITE)	0.00	0.00	0.00	0.00	0.00	105.00	0.00	0.00

COUNTY TOTAL 303.00 0.00 0.00 0.00 7.42 279.46 294.67 0.00

COUNTY = SAN FRANCISCO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
116875	Jelani, Inc.	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00
917439	Iris Center	46.29	0.00	0.00	0.00	0.00	0.00	10.29	0.00
132807	Latino Commission	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00
132872	Jelani, Inc	0.00	0.00	0.00	0.00	0.00	10.20	0.00	0.00
132898	Jelani, Inc	0.00	0.00	0.00	0.00	0.00	9.33	0.00	0.00
	Jelani, Inc.	0.00	0.00	0.00	0.00	0.00	13.56	0.00	0.00
COUNTY TOTAL		46.29	0.00	0.00	0.00	0.00	55.09	10.29	0.00

COUNTY = SAN JOAQUIN

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
307995	San Joaquin County Aurora Street Clinic	166.67	308.33	25.00	0.00	0.00	0.00	0.00	0.00
118616	San Joaquin Co-Office of Substance Abuse	0.00	0.00	0.00	0.00	0.00	26.75	0.00	0.00
116164	San Joaquin County Off of Substance Abus	39.25	0.00	0.00	0.00	0.00	0.00	20.00	0.00
COUNTY TOTAL		205.92	308.33	25.00	0.00	0.00	26.75	20.00	0.00

COUNTY = SAN LUIS OBISPO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
120109	Life Steps Alcohol & Drug Free Living	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00
901854	San Luis Obispo County Drug & Alcohol Se	155.00	0.00	0.00	0.00	0.00	0.00	12.00	0.00
122857	Life Steps	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
COUNTY TOTAL		155.00	0.00	0.00	0.00	0.00	15.00	12.00	0.00

COUNTY = SAN MATEO

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
118707	Free At Last	47.50	0.00	0.00	0.00	0.00	0.00	0.58	0.00
108997	Sitike Counseling Center - #1	43.50	0.00	0.00	0.00	0.00	0.00	12.25	0.00
751903	Womens Recovery Association	53.00	0.00	0.00	0.00	0.00	15.00	34.00	0.00
113922	Service League of San Mateo	0.00	0.00	0.00	0.00	0.00	16.00	18.75	0.00
COUNTY TOTAL		144.00	0.00	0.00	0.00	0.00	31.00	65.58	0.00

COUNTY = SANTA BARBARA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
751994	Council on Alcoholism & Drug Abuse	138.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00
115323	Good Samaritan Shelter	118.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1168	Zona Seca, Inc	103.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
123715	Family Life Counseling Service, Inc.	124.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120521	Family Life Counseling Services - Lompoc	112.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
132526	Good Samaritan Shelter Inc.	24.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00
933139	Casa Serena Inc.	0.00	0.00	0.00	0.00	0.00	2.91	0.00	0.00

1423	Casa Serena, Inc.	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00
COUNTY TOTAL		621.27	0.00	0.00	0.00	0.00	6.91	9.00	0.00
COUNTY = SANTA CLARA									
I-SATS 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	Gardner Family Health Network, Inc.	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100705	Central Valley Methadone Program	189.33	39.83	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		234.33	39.83	0.00	0.00	6.00	82.00	0.00	0.00
COUNTY = SANTA CRUZ									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
919807	Santa Cruz Community Counseling Center	61.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
107478	Santa Cruz Community Counseling Center	0.00	0.00	0.00	0.00	0.00	14.09	0.00	0.00
117758	Janus of Santa Cruz	0.00	0.00	0.00	0.00	0.00	7.67	4.33	0.00
933162	Janus of Santa Cruz	0.00	0.00	0.00	0.00	5.00	6.00	0.00	0.00
COUNTY TOTAL		61.50	0.00	0.00	0.00	5.00	27.76	4.33	0.00
COUNTY = SHASTA									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
751259	Empire Recovery Center	0.00	0.00	0.00	0.00	7.00	34.00	0.00	0.00
	Right Road Recovery Programs, Inc.	103.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1170	Right Road Recovery Programs, Inc.	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
115604	Shasta County Perinatal Program	0.00	0.00	0.00	0.00	0.00	0.00	49.33	0.00
113740	Mayers Memorial Hospital	24.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
132781	Cornerstone Recovery Systems, Inc.	0.00	0.00	0.00	0.00	0.67	18.00	0.00	0.00
COUNTY TOTAL		187.63	0.00	0.00	0.00	7.67	52.00	49.33	0.00
COUNTY = SIERRA									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
104541	Sierra County Alcohol & Drug Program	133.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		133.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY = SISKIYOU									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
908206	Siskiyou County Behavioral Health Servi	117.75	0.00	0.00	0.00	0.00	0.00	28.42	3.00
COUNTY TOTAL		117.75						28.42	3.00
COUNTY = SOLANO									

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
115331	Bi Bett Corporation	0.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00
305635	Genesis House	0.00	0.00	0.00	0.00	0.00	18.00	0.00	0.00
111736	Youth & Family Services-Vallejo	42.00	0.00	0.00	0.00	0.00	0.00	13.00	0.00
117360	Youth and Family Services, Inc.	59.00	0.00	0.00	0.00	0.00	0.00	5.50	0.00
1071	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		281.00	0.00	0.00	0.00	0.00	33.00	18.50	0.00

COUNTY = SONOMA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
753115	Sonoma County Department of Health Servi	168.18	0.00	0.00	0.00	0.00	13.91	0.00	0.00
933170	Womens Recovery Services	0.00	0.00	0.00	0.00	0.00	1.00	10.00	1.17
COUNTY TOTAL		168.18	0.00	0.00	0.00	0.00	14.91	10.00	1.17

COUNTY = STANISLAUS

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
910855	First Step Sierra Vista	0.00	0.00	0.00	0.00	0.00	13.00	60.00	0.00
COUNTY TOTAL		0.00	0.00	0.00	0.00	0.00	13.00	60.00	0.00

COUNTY = TEHAMA

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
908321	Tehama County Health Services Agency	196.50	0.00	0.00	0.00	0.00	0.00	18.58	0.00
COUNTY TOTAL		196.50	0.00	0.00	0.00	0.00	0.00	18.58	0.00

COUNTY = TRINITY

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
908339	Trinity County Alcohol and Other Drug Se	100.00	0.00	0.00	0.00	0.00	0.00	83.33	0.00
118541	Trinity County Counseling Center	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00
COUNTY TOTAL		100.00	0.00	0.00	0.00	0.00	0.00	108.33	0.00

COUNTY = TULARE

I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
102659	Primer Paso Institute, Inc.	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
	A S.T.E.P., Inc.	73.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Addiction Research and Treatment, Inc.	0.00	333.33	100.00	0.00	0.00	0.00	0.00	0.00

COUNTY TOTAL		73.82	333.33	100.00	0.00	0.00	18.00	0.00	0.00
COUNTY = TUOLUMNE									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
915334	Kings View	555.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY TOTAL		555.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTY = VENTURA									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
112692	Miracle House - Phase A	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
113831	Casa Latina Residential Treatment Center	0.00	0.00	0.00	0.00	0.00	23.00	0.00	0.00
130785	Action Family Counseling Centers	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
884	Prototypes Women's Center	0.00	0.00	0.00	0.00	0.00	30.00	0.00	0.00
113708	Ventura County Behavioral Health Departm	30.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00
COUNTY TOTAL		70.00	0.00	0.00	0.00	0.00	63.00	30.00	0.00
COUNTY = YOLO									
I-SATS 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
COUNTY = SUTTER/YUBA									
I-SATS ID	PROVIDER NAME	ODF	OMM	OMDX	ODX	RDX	RDF	DCDF	OTHER
933444	Pathways House I	0.00	0.00	0.00	0.00	1.00	18.92	10.00	0.00
901987	Sutter-Yuba Mental Health Services	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	33.18	0.00
COUNTY TOTAL		145.00	0.00	0.00	0.00	1.00	18.92	43.18	0.00
STATEWIDE TOTAL		13152.00	5311.10	612.33	0.00	163.75	2007.10	2263.20	219.68

Types of Care:

ODF - Outpatient Drug Free

OMM - Outpatient Methadone

MDDX - 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.

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 2004) 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 2004 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 2004 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 2004 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 45 CFR 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))?

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 2004 and include the program's I-SATS ID number (See 45 C.F.R.96.126(a)).

ADP required alcohol and other drug (AOD) treatment providers to submit a DATAR monthly. The report shows the number of days program enrollment has exceeded 90 percent of public treatment capacity. See Federal 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 DATARs submitted by providers contain specific information on the

number of days IVDU applicants waited for admission to publicly funded AOD programs. This information was tabulated and compliance reports were made available to providers, county alcohol and drug program administrators, and the State for their use in monitoring and planning.

6. 42 U.S.C. 300x-23(b) required any program receiving amounts from the grant to provide treatment for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward 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.

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

COUNTY CODE=ALAMEDA			
I-SATS ID	PROVIDER NAME	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			
I-SATS 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			
I-SATS 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

I-SATS 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

I-SATS 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

I-SATS 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

I-SATS 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

I-SATS 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			
I-SATS 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 SERVICES PROJECT	5675 WEST OLYMPIC BOULEVARD	LOS ANGELES CA 90036
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	
I-SATS 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	
I-SATS 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

		COUNTY CODE=MENDOCINO	
I-SATS ID	PROVIDER NAME	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

		COUNTY CODE=MERCED	
I-SATS ID	PROVIDER NAME	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

COUNTY CODE=MONO			
I-SATS ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
118145	EASTERN SIERRA PASSAGES LODGE	71 DAVISON ROAD	MAMMOTH LAKES CA 93546
COUNTY CODE=MONTEREY			
I-SATS ID	PROVIDER NAME	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
COUNTY CODE=NEVADA			
I-SATS ID	PROVIDER NAME	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
COUNTY CODE=ORANGE			
I-SATS ID	PROVIDER NAME	LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
110779	COMMUNITY COUNSELING CENTER	26882/26884 AVENIDA LAS PALMAS	CAPISTRANO BEACH CA 92624
932487	CALIFORNIA HISPANIC COMMUNITY	9842 WEST 13 TH STREET, SUITE B	GARDEN GROVE CA 92844
752364	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	3115 REDHILL AVENUE	COSTA MESA CA 92626

937072	DRUG ABUSE SVS 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

I-SATS 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

I-SATS 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 CHALLEN ST RESIDENTIAL	5935 CHALLEN 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 CENER	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

I-SATS 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

I-SATS 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	55475 SANTA FE TRAIL	YUCCA VALLEY CA 92284

918122	HEALTH ASSOCIATION 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

I-SATS 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			
I-SATS 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 MEDICAL CLINIC	529 CLAYTON STREET	SAN FRANCISCO CA 94117
308894	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			
I-SATS 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			
I-SATS 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			
I-SATS 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

COUNTY CODE=SANTA BARBARA			
I-SATS ID	PROVIDER NAME	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

COUNTY CODE=SANTA CLARA			
I-SATS ID	PROVIDER NAME	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

COUNTY CODE=SANTA CRUZ			
I-SATS ID	PROVIDER NAME	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

I-SATS ID	PROVIDER NAME	COUNTY CODE=SHASTA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
001170	RIGHT ROAD RCOVERY PROGRAMS	2336 BALLS FERRY ROAD	ANDERSON CA 96007
132781	CORNERSTONE RECOVERY SYSTEMS INC	P.O. BOX 71012	SHASTA LAKE CA 96079

I-SATS ID	PROVIDER NAME	COUNTY CODE=SISKIYOU LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
908206	SISKIYOU COUNTY BEHAVIORAL HEALHT	2060 CAMPUS DRIVE	YREKA CA 96097

I-SATS ID	PROVIDER NAME	COUNTY CODE=SOLANO 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

I-SATS ID	PROVIDER NAME	COUNTY CODE=SONOMA 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

I-SATS ID	PROVIDER NAME	COUNTY CODE=STANISLAUS 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

I-SATS ID	PROVIDER NAME	COUNTY CODE=TEHAMA LOCATION ADDRESS	LOCATION CITY,STATE,ZIP
908321	TEHAMA COUNTY DRUG ABUSE PROGRAM	447 WALNUT STREET	RED BLUFF CA 96080

COUNTY CODE=TULARE			
I-SATS 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 COMMISSION	1350 SOUTH CROWE STREET	VISALIA CA 93277
	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

COUNTY CODE=VENTURA			
I-SATS ID	PROVIDER NAME	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

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

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

California

Attachment D: Program Compliance Monitoring

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

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

For the fiscal year two years prior (FY 2005) 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 levo-alpha-acetylmethadol, are required to submit a monthly Drug and Alcohol Treatment Access Report (DATAR). The Department of Alcohol and Drug Programs (ADP) implemented the DATAR Web, a web based reporting system used at the county/provider and State level to monitor capacity, utilization, and waiting-list status of providers.

ADP carried out the following activities during 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 web based 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 (TA) to county administrators and providers to improve compliance and reduce error rates in data reporting.
5. Provided information bulletins and notification of any DATAR reporting changes.
6. Sent "late" notices each month to providers who did not submit their DATAR reports on time, with copies to the county administrator, in an effort to continuously improve on-time reporting.

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

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

ADP continued to improve the monitoring system to assure that county administrators and providers maintain informal arrangement with local public health departments to provide education and testing of employees as well as referral of tuberculosis (TB)

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

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

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

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

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

ADP's *Perinatal Services Network Guidelines* (2004) 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 are incorporated by reference into the Negotiated Net Amount contracts with the counties.

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

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

A description of the problems identified and corrective actions taken.

County alcohol and drug program administrators are responsible for continually monitoring and enhancing their local programs and ensuring compliance with all

required standards. The CMB performed annual on-site monitoring of county administrative systems to ensure compliance with SAPT Block Grant funding requirements. We 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 is filed with ADP, an analyst initiates an investigation within ten working days of receipt of the complaint. If the complaint was substantiated or deficiencies are noted, a written Notice of Deficiency was issued by ADP. Licensees are required to respond in writing with a plan of corrective action. Time limits are established for programs to complete corrective actions and varied according to the nature of the deficiency. If a licensed program fails to correct deficiencies within the time frame established, civil penalties in the form of daily fines are instituted.

ADP 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 #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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (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 also placed on the treatment of individuals with Human Immunodeficiency Virus (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 which in California is called the Drug and Alcohol Treatment Access Report (DATAR). Continuing goals for improving DATAR include: providing ongoing DATAR training and technical assistance (TA) to counties and providers to enhance accuracy and the rate of on-time reporting, 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. ADP disseminates bulletins and notifications of any changes in DATAR requirements.

ADP conducts ongoing TA 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 necessary to assure timely data submission, 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 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, TA 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 and take corrective action if noncompliant. TA 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/Acquired Immune Deficiency Syndrome 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 all county administrative systems and a sample of providers to ensure compliance with SAPT funding requirements.

FFY 2004 (Compliance):

ADP performed the compliance procedures and activities described above.

FFY 2006 (Progress):

ADP also performed the compliance procedures and activities described above.

In FFY 2006, ADP staff provided training and TA to improve compliance. All counties in California are eligible to receive TA.

ADP contracted with a developer to build a user-friendly web-based application that allows providers to submit their DATAR over the Internet rather than on paper. 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 web-based DATAR is also intended to support a process for the systematic reporting of treatment demand and public treatment capacity utilization.

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

FFY 2007 (Intended Use):

ADP will perform the compliance procedures and activities described above and will continue to provide DATAR training as needed. ADP will strengthen the compliance requirements in the NNA contracts. Before the end of FFY 2007, the State expects to have all providers submitting automated reports to the web-based DATAR.

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (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 for Substance Abuse Services to provide medical expertise, analysis, advice and guidance on medical and policy issues associated with TB and other infectious diseases.

FFY 2004 (Compliance):

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

FFY 2006 (Progress):

ADP performed the compliance procedures and activities and utilized the services of the State Medical Director as described in the “Background and Ongoing Activities” in FFY 2004. In addition, the State Medical Director assisted ADP in updating the *County/Provider Block Grant Authorization Guidelines*.

FFY 2007 (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. In addition, ADP will finalize the *County/Provider Block Grant Authorization Guidelines* and provide technical assistance to county agencies and providers as they implement TB procedures.

California

Goal #6: HIV Services

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

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (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 42 of California's 58 counties. HIV funds are allocated 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 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 2004 (Compliance):

ADP performed the compliance procedures described above.

FFY 2006 (Progress):

ADP performed the compliance procedures described above. In addition, the State Medical Director for Substance Abuse Services assisted ADP in updating the *County/Provider Block Grant Reauthorization Guidelines*, which were originally drafted and distributed in 1993.

FFY 2007 (Intended Use):

ADP will perform the compliance procedures for HIV described in the “Background and Ongoing Activities” in FFY 2004. ADP will finalize the *County/Provider Block Grant Reauthorization Guidelines* and provide technical assistance to county agencies and providers as they implement HIV procedures. ADP will continue to work with SAMHSA and the California Office of AIDS to increase capacity and incorporate rapid HIV testing in settings where the target populations are served.

ADP has revised the formula for distributing HIV set-aside funds to counties and will begin using the new methodology to allocate SFY 2007 HIV set-aside funds:

- 70 percent HIV Prevalence HIV plus HIV Counseling and Testing (first time positives 2000-03) plus Living AIDS Cases through 12/31/2003.
- 15 percent Sexually transmitted Diseases (Syphilis, GC, and Chlamydia in Men) 2002
- 8 percent People Living Below Federal Poverty Line
- 7 percent People of Color in General Population

California was excluded from participating in the rapid testing training being offered through SAMHSA for a variety of reasons, one being that California laws and regulations preclude the use of CDC-based curriculum for training HIV Testing Counselors. However, the Department of Health Services (DHS) Office of AIDS (OA) was able to utilize the rapid HIV tests kits received through SAMHSA’s May Initiative. Since that time, ADP has developed a memorandum of understanding with the DHS – OA in anticipation of developing a request to obtain additional rapid HIV test kits from SAMHSA in the future.

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

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

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 2004) to the fiscal year for which the State is applying for funds:

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated State," provide funds expended (or obligated), for early intervention services for HIV.

Examples of procedures include, but are not limited to:

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

Examples of activities include, but are not limited to:

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

Tuberculosis (TB) Services

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

The total funds expended for TB services in the Federal Fiscal Year (FFY) 2004:
\$98,542

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 for FFY 2004:
\$13,048,728.

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 2004 (Compliance): (participation OPTIONAL)

FY 2006 (Progress): (participation OPTIONAL)

FY 2007 (Intended Use): (participation OPTIONAL)

Background and Ongoing Activities

The Department of Alcohol and Drug Program (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 RRHP from September 1, 1998 through December 31, 2004. CAARR attended meetings and conferences that had statewide representation to distribute the RRHP brochure, in order to promote the program to providers and interested individuals throughout the state.

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

FFY 2004 (Compliance - reporting required):

During the federal fiscal year, CAARR responded to 100 inquiries from interested individuals regarding the program, distributed 56 application packets, received six new loan application packets, and approved four. ADP collected loan payments from seven groups. Five loans were paid-in-full and four loans were placed into default.

FFY 2006 (Progress- Participation OPTIONAL):

During the period of October 1, 2005 through April 30, 2006, ONTRACT received 16 requests for RRHP information, distributed introductory packets to 30 organizations, provided application packets to five organizations that requested information, and received no new loan application packages. ADP collected loan payments from four groups. No loans were paid-in-full and no loans were placed into default.

FFY 2007 (Intended Use - participation OPTIONAL):

ADP intends to continue to contract with ONTRACT for the promotion and coordination of the RRHP. ONTRACT will be responsible for marketing the RRHP within the AOD treatment and recovery communities throughout California, with a goal of increasing 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 2004 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 2004 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 \$144,000, using Substance Abuse Prevention and Treatment Block Grant funds.

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

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

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

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

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. Four loans were issued during FFY 2004. As of May 1, 2006, 30 loans have been repaid, 30 loans have been placed in default, and monthly payments are currently being

made on one loan. A list of entities that have received loans from the revolving fund, including loan status, follows this narrative attachment.

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

- 03-34-119 – Lafayettes Clean & Sober Living II
- 04-34-122 – My Brother’s Place
- 04-34-123 – Lafayettes Clean & Sober Living III
- 04-19-124 – Brenda’s Place

STATUS OF RESIDENT RUN HOUSING TRUST FUND

As of May 1, 2006

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

90-19-063	Oxford House - Woodland Hills	167.00	4,000.00	1,837.00	2,163.00	Default
91-38-065	Oxford House - Darien Way	0.00	4,000.00	4,000.00	0.00	Paid
91-19-067	Victory Foundation - Phase III B	0.00	3,650.00	3,650.00	0.00	Paid
91-19-068	Victory Foundation - 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	2,333.38	1,666.62	Default
99-49-090	Casa Calmecac	0.00	4,000.00	4,000.00	0.00	Paid
00-19-093	Break the Chains #1	0.00	4,000.00	4,000.00	0.00	Paid
00-19-094	Break the Chains #2	0.00	4,000.00	4,000.00	0.00	Paid
00-34-095	A Fresh Start	0.00	4,000.00	4,000.00	0.00	Paid
01-42-099	The Lighthouse	0.00	4,000.00	4,000.00	0.00	Paid
01-34-100	Casas Sober Living	0.00	4,000.00	4,000.00	0.00	Paid
01-37-101	First Light	0.00	4,000.00	4,000.00	0.00	Paid
01-42-102	The Lighthouse II	0.00	4,000.00	4,000.00	0.00	Paid
02-19-104	Genesis House	166.67	4,000.00	500.01	3,499.99	Default
02-43-105	Courage to Change	0.00	4,000.00	4,000.00	0.00	Paid
02-04-106	Cherokee House #1	0.00	2,900.00	2,900.00	0.00	Paid
02-04-107	Cherokee House #2	0.00	2,900.00	2,900.00	0.00	Paid
02-30-108	Chandler House	0.00	3,825.00	3,825.00	0.00	Paid
02-49-109	Hope House	166.67	4,000.00	2,326.70	1,673.30	Default
02-19-111	Break the Chains #3	116.67	2,800.00	1,350.01	1,449.99	Default
02-49-112	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	3,166.73	833.27	Default
03-34-119	Lafayettes Clean & Sober Living II	166.67	4,000.00	2,333.38	1,666.62	Default
04-34-122	My Brother's Place	166.67	4,000.00	166.67	3,833.33	Default
04-34-123	Lafayettes Clean & Sober Living III	166.67	4,000.00	1,500.03	2,499.97	Default
04-19-124	Brenda's Place	166.58	3,998.00	1,499.22	2,498.78	Payments
		4,625.35	223,406.00	151,259.77	72,146.23	

California

Goal #8: Tobacco Products

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

- Is the State's FY 2007 Annual Synar Report included with the FY 2007 uniform application?
Yes No
- If No, please indicate when the State plans to submit the report: mm/dd/2006

Note: The statutory due date is December 31, 2006.

The Synar Report is not included with the State's FFY 2007 SAPT Block Grant Application.

It will be submitted 10/01/06.

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Background and Ongoing Activities

The *Perinatal Services Network Guidelines* (2004) are incorporated by reference into the Negotiated Net Amount contracts with counties. In the contract submissions, counties indicate compliance with federal referral and interim services requirements. The guidelines require counties to develop a system for monitoring the number of referrals made and interim services provided by each program. The guidelines referral and interim services requirements are as follows:

Referral to Other Programs and Interim Services

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

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

FFY 2004 (Compliance):

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

FFY 2006 (Progress):

ADP performed the compliance procedures and activities as described above.

FFY 2007 (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 2005) 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, the Drug and Alcohol Treatment Access Report (DATAR), for reporting information on provider capacity, utilization, and waiting lists. Beginning in FFY 2005, the hardcopy reporting system is being transitioned to a web-based system.

All alcohol and other drug (AOD) treatment providers receiving State or federal funds or licensed by the State to dispense methadone or levo-alpha-acetyl-methadol are required to submit a summary DATAR report to the State each month. The Department of Alcohol and Drug Programs (ADP) compiles the DATAR reports into a statewide database and makes the information available internally and externally.

Providers are 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 includes a unique patient identifier. Providers extract and summarize data for their monthly DATAR reports from the Waiting List Record. ADP conducts training and follow-up activities with counties and providers on an as-needed basis to improve DATAR reporting compliance and to reduce error rates.

An estimate of ADP's direct cost of operating the Capacity Management Waiting List data system during SFY 2005 was \$78,000. California's shift to a web-based reporting system is anticipated to result in a substantial cost savings while improving timeliness and accuracy of monthly report submissions. Operation of the State's DATAR data system receives 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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Background and Ongoing Activities

Individuals who contact the Department of Alcohol and Drug Programs (ADP) Resource Center (RC) for treatment referrals are given the phone number of the alcohol and other drug (AOD) program administrator for the county in 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 RC 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 RC.

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

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

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

FFY 2004 (Compliance):

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

FFY 2006 (Progress):

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

The California Access to Recovery Effort (CARE) provides a new portal through which adolescents can enter faith-based and other treatment/recovery programs. Using Center for Substance Abuse Treatment discretionary grant funds (but not SAPT Block Grant funds), CARE serves the 12-20 year old age group in Sacramento and Los Angeles counties. CARE provides assessment and referral to CARE-funded substance abuse counseling and recovery support services. After assessment, youth are referred to treatment facilities that meet their needs. Youth are given a payment voucher that is accepted at any of the participating treatment programs.

FFY 2007 (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 technical assistance providers at no expense to the counties. In addition, CARE will continue its treatment/recovery services in two California counties.

California

Goal #11: Continuing Education

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

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Background and Ongoing Activities:

Prevention

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

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

ADP's California Applied Prevention Technologies Initiative (CAPTI) – In 2006, the Community Prevention Institute changed its name to CAPTI; the same services are being provided. CAPTI provides training and TA to California agencies and organizations that conduct community-based prevention. The primary purpose of CAPTI is to assist the prevention field move into using evidence-based community prevention and provide training on Strategic Prevention Framework (SPF) methods. Special topic publications called *Prevention Tactics* are produced, to address current prevention issues and applications; they are disseminated to over 2,200 recipients in the prevention field. Training and prevention workshops are also provided throughout the State to strengthen local community AOD prevention knowledge, skills and capacity as well as TA services tailored to the needs of requesting groups or organizations. Examples of issues/subjects addressed include 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. CAPTI TA and training promote the Institute of Medicine (IOM) "Continuum of Service" model for an integrated approach to AOD prevention-treatment-maintenance, universal, selective, and indicated interventions for primary prevention services and the six Center for Substance Abuse Prevention (CSAP) strategies.

Prevention by Design through the University of California, 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. The interagency agreement between ADP and UC Berkeley will expire in December 2006.

Friday Night Live (FNL) (high school), Club Live (Middle school) & FNL Kids (elementary school) - These programs build partnerships for positive and healthy youth development and engage youth as active leaders and resources in their communities.

FNL, Club Live and FNL Kids have 748 chapters in 56 counties and serve over 247,000 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. 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, education professionals, and the Attorney General's Office regarding community, public policy, and cross-organizational prevention approaches.

Another education-related goal is to develop a competent and culturally proficient prevention workforce. ADP is implementing the goal through the following 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;
 - Offers 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 that receive over 25,000 calls annually for prevention and treatment assistance referral services; and
 - Operates the California's special subject AOD library and video loan service.
5. Working with CSAT's TA to survey California's prevention field and develop core competencies.

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

Treatment

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

ADP funds statewide TA and training contracts that provide workshops, symposiums, and onsite assistance/services tailored to the needs of constituent groups requesting services. The trainings and onsite assistance provide programmatic, technical, and administrative assistance to program staff working in the field of alcohol and drug treatment. Organizations providing TA and training include:

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

Children and Family Futures, which provides TA and training that is designed to increase and improve access to, and the quality and appropriateness of, AOD treatment and recovery services for women, including pregnant and parenting women and their children. 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.

National Asian Pacific American Families Against Substance Abuse, which provides TA and training that is designed to increase and improve 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, which provides TA and training that is designed to increase and improve 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 on Alcohol and Drug Abuse, which provides TA and training that is designed to increase and improve 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, which provides TA and training that is designed to increase and improve access to, and quality and appropriateness of, AOD treatment and recovery services for the older adult 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 older adult population.

ONTRACK Program Resources, Inc., which provides TA and training that is designed to increase and improve 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, which provides TA and training that is designed to increase and improve 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.

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

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

Conferences

Annual California Conference on Alcohol and Other Drug Prevention, Treatment and Recovery – In May 2005, ADP presented its first statewide treatment conference in Sacramento. The conference was entitled “Designing the Road Map: Research to Policy – Shaping the Future of Alcohol and Other Drug Treatment Services.” Its

purpose was to facilitate science to service, focusing on the treatment and recovery elements of the overall continuum of care. It provided 413 participants with information from national and state experts on the latest research, data, best practices, promising strategies, and innovations in major areas including youth treatment, co-occurring disorders, perinatal and women's treatment, and Fetal Alcohol Spectrum Disorder. The second conference was held in September 2006.

The Substance Abuse Research Consortium (SARC), are Center for Substance Abuse Treatment (CSAT)-funded presentations, the purpose of which is to share AOD-related, cutting-edge, epidemiology and clinical research efforts with clinicians and government policy makers. As California's geographic size and large population necessitate holding similar conferences in northern and southern California, one presentation is held in each part of the State.

FFY 2004 (Compliance):

ADP provided continuing education, as discussed above.

FFY 2006 (Progress):

Prevention and treatment continuing education opportunities were provided as described in the "Background and Ongoing Activities" in FFY 2004. In addition to the ongoing activities, CAPTI helped workgroups within ADP to develop and explain outcome measures for the Federal National Outcome Measures (NOMs) and the Strategic Prevention Framework.

Supplementing the Children and Family Futures TA and training service is a new, CSAT-funded, statewide training effort to assist recovery service providers that help adolescent girls and trauma-involved women.

The SARC sessions focused on the impact of methamphetamine on communities including children, youth, women, HIV-positive individuals, the gay population, males having sex with males, and people with criminal justice-involvement. There also were presentations related to the impact of California's Proposition 36 on drug-involved persons handled through the State's judicial system.

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

On September 6-8, 2006, ADP presented a second Annual California Conference on Alcohol and Other Drug Prevention, Treatment and Recovery in Sacramento entitled "Reengineering Our System of Services: Developing and Implementing a Comprehensive and Integrated Continuum of Services."

FFY 2007 (Intended Use):

TA and training efforts listed in the "Background and Ongoing Activities" in FFY 2004, or FFY 2006 (Progress) are expected to continue.

Draft prevention core competencies were developed with CSAP TA during 2006. These were turned into an electronic survey and sent to prevention staff in all counties for comment. The results will be analyzed and used to guide the competencies expected of persons working in prevention at various levels, such as staff and program managers. Since California emphasizes population-based, community approaches, using public policy/environmental strategies, workforce development must also consider para-professionals, youth and volunteers. Extensive TA is provided through prevention contracts to meet these levels of need. The TA outreach includes monthly news letters and special issue papers that cover over 2,000 prevention addressees across the State.

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Background and Ongoing Activities

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

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

ADP engages in wide-ranging coordination activities with numerous state agencies/departments, National Association of State Alcohol/Drug Abuse Directors (NASADAD), National Prevention Network (NPN), constituency groups and other single state agencies (SSAs). Coordination activities include:

1. Chair and manage the Governor's Prevention Advisory Council (GPAC). Seventeen 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 and adverse effects of alcohol, tobacco and other drugs (ATOD). The membership is designed to reinforce each other's efforts, reduce redundancies, and align organizations' resources to achieve specific, collectively identified objectives.

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

2. Participate in the County Alcohol and Drug Program Administrators Association of California (CADPAAC) Prevention Committee meetings to ensure that local prevention programs are well planned and coordinated with other related services. CADPAAC is made up of the 58 county alcohol and other drug administrators who manage prevention and treatment for ADP funded by the Substance Abuse Prevention and Treatment (SAPT) grant.
3. Throughout the State, support Friday Night Live (FNL) (high school), Club Live (middle school), and FNL Kids (elementary school) 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 (DHS), Tobacco Control Section (TCS) and the Department of Alcoholic Beverage Control (ABC). The Teen Leadership Training Institute conducts an annual,

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

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

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

1. Case Management - The State requires counties to provide case management services to pregnant and parenting women to assess their need for other appropriate services, assist them in obtaining those services, 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.
3. Aftercare - Aftercare services are provided for pregnant and parenting women to aid in relapse prevention in outpatient settings in an effort to maintain successful recovery.
4. A portion of the ADP Website is dedicated to perinatal issues.

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

1. Youth Treatment Guidelines -- Through focus groups and collaboration the Department developed guidelines in FY 2003 for the treatment of youth in AOD facilities. The *Youth Treatment Guidelines* are distributed statewide through the Resource Center and the ADP Website.
2. A portion of the ADP Website is dedicated to youth treatment issues.

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

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

FFY 2004 (Compliance):

ADP provided coordination as discussed above.

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, focusing on using youth development and asset building techniques to treat youth.

FFY 2006 (Progress):

Prevention coordination detail described above in Background and Ongoing Activities continued. The GPAC established a workgroup focused on a segment of youth that appears during biennial California Student Surveys shows to be very high users, even though the overall student rates show declines. The AG, CDE, ABC, and university members of GPAC are working on this coordinated project.

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

Formal coordination continues among TA contractors to deliver accurate, uniform information about emerging prevention issues such as the Strategic Prevention Framework, IOM Continuum of Care, and ADP's strategic objectives.

The Department made the implementation of the Youth Treatment Guidelines mandatory for treatment providers applying to participate in the California Access to Recovery Effort (CARE). CARE focuses on youth ages 12-20 and is funded by the federal Access to Recovery grant, which CSAT awarded in 2004. Among the many pathways to recovery are the transformative powers of faith, and CARE is broadening ADP's alliances with community and faith-based service providers to better serve individuals with substance-related disorders.

ADP has conducted a Youth Situational Assessment and written a Youth Situational Report (YSR). The purpose of the YSR is to document and report the patterns, prevalence, and consequences of substance use by California youth and assess the current availability of services. ADP intends to use the YSR to support its implementation of an integrated administrative and programmatic unit to consolidate and oversee youth prevention and treatment activities within an Institute of Medicine Continuum of Care framework.

This FFY, SAMHSA approved COJAC's Action Plan for California, whose five priorities are (in order):

- Ongoing partnerships on COD;
- Funding analysis, evaluation, and recommendations for best use of funds to address the full range of COD issues;
- Move toward the adoption of statewide screening for COD;
- Facility and program licensing and certification standards and procedures that support the treatment, services, and housing needs of persons with COD; and
- Increase the supply of appropriate housing to support the needs of persons with COD.

California's Governor introduced an Initiative to End Chronic Homelessness with an initial investment of more than \$50 million to create 400 to 500 units of permanent housing with supportive services for the chronically homeless mentally ill population, including those with substance use disorders.

FFY 2007 (Intended Use):

The coordination of services described in the “Background and Ongoing Activities” in FFY 2004 will be continued. The California Outcome Monitoring Program will expand and coordinate disparate data collection sources and analysis services to generate meaningful information for State and county planning, workforce readiness, and resource allocation. Adoption of the SPF and IOM Continuum of Care will generate greater coordination of efforts toward common objectives. The GPAC will continue as a common ground for agencies that lead ATOD prevention; the Council will continually seek issues that cross agency boundaries to leverage knowledge and resources.

California’s is planning to leverage up to \$75 million in State funding with other sources to build supportive housing for homeless Californians with mental illness—including those with substance use disorders—and their families. Over time, the intent is to secure an estimated \$4.5 billion to build more than 10,000 units.

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (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 AOD use and treatment, as well as use trends, treatment evaluation and outcome measures to guide policy and legislation.

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

1. Annual Drug and Alcohol Treatment Admissions Report (Smith Report) – This report is generated by ADP from the California Alcohol and Drug Data System (CADDSS). 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 (TEDS). This information, which was previously mailed to the counties, was posted on the OARA website and the counties may access it at any time.
2. 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.
3. California Student Survey – This is a biennial survey of alcohol, tobacco, and other drug (ATOD) use, beliefs and behaviors. Through an agreement between ADP and the California Department of Justice, an independent contractor administers the survey to a sample of students in grades 7, 9, and 11. State norms for age-specific drug and alcohol use derived from this survey are used by the California Department of Education and ADP for prevention planning and evaluation.
4. California Health Interview Survey (CHIS) – The CHIS is a project of the University of California Los Angeles (UCLA) Center for Health Policy Research, funded by the National Cancer Institute, the 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 alcohol use and other health behaviors is available through the on-line query system and published reports.
5. National Survey on Drug Use and Health – Formerly the National Household Survey on Drug Use, this survey provides ATOD use data by state by the Substance Abuse and Mental Health Services Administration State statistics and Juvenile Justice Profiles are available. Also available are drug-specific data for selected cities in California.

6. 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. Until 2004, the ADAM provided demographic, urine test and use/acquisition data for a probability-based sample of male arrestees and a purposive survey of female arrestees in selected counties nationwide. This report is still valuable though outdated.
7. Alcohol-Attributable Deaths Report – Generated by the National Center for Chronic Disease Prevention and Health Promotion, this report displays all deaths from alcohol related conditions by age group for California.
8. Alcohol-Induced Deaths – Generated by the California Department of Health Services, Center for Health Statistics (DHS/CHS) from death records, this information is available on the DHS/CHS website:
<http://www.dhs.ca.gov/hisp/chs/>
9. The California State Office of Statewide Health Planning and Development produces a yearly report on all hospital discharge diagnoses in the state by county. This report helps to estimate rates of addiction and abuse.
10. The California State Attorney General's Office of Criminal Justice Statistics maintains records on all alcohol- and drug-related arrests in the State, and all arrests for driving under the influence of alcohol and/or drugs, by county. These statistics help to estimate rates of addiction and abuse.
11. The California Highway Patrol (CHP) annually produces a report from the Statewide Integrated Traffic Records System. The Annual Report of Fatal and Injury Motor Vehicle Traffic Collisions separately identifies those collisions in which drivers, bicyclists, or pedestrians were under the influence of alcohol or drugs, by county. This report helps to estimate rates of addiction and abuse.
12. California State Department of Health, Vital Statistics Division, Center for Health Information and Statistics, produces reports on cause of death and multiple causes of death, by county. These statistics help to estimate rates of addiction and abuse.
13. Indicators of Alcohol and Drug Abuse – This report, a compilation of various public health and criminal justice data, is being revised. Previously all the source reports were posted on the ADP website. Effective State Fiscal Year (SFY) 2006-2007, before being posted the data will be analyzed by county to: 1) permit the estimation of trends by county; and, 2) allow for statistical analysis of relationships between criminal justice and health events reported by State agencies. This analysis will improve the quality of our reporting and make possible discussion of relationships and trends.

Beginning 2005, ADP sponsors the Annual Treatment Conference, which attracts several hundred individuals for lectures and workshops on various aspects of alcohol and other drug treatment and policy.

Four additional conferences are planned each year through a contract with the University of California, Los Angeles (UCLA), Integrated Substance Abuse Program. Two are one-day conferences in the ongoing California Addiction Training and Education Series (CATES), and two are Substance Abuse Research Conferences (SARC). The SARCs are the largest and most popular ADP conferences, attracting a nationwide audience of researchers, policy makers and treatment providers.

FFY 2004- (COMPLIANCE)

ADP's contract with UCLA for SFY 2004-2005 included the publication of three White Papers, "Methamphetamine in the Workplace," "Abuse of Prescription and OTC drugs," and "Substance Use and Abuse Prevalence among CalWORKs Participants." These papers are posted on ADP's Office of Applied Research and Analysis website and were widely disseminated to legislators, academics, administrators, and treatment providers.

The 10th Biennial (2003-2004) California Student Survey report has been completed and published.

Due to budget constraints, the semi-annual SARCs were cancelled. CATES held conferences in San Francisco on June 11, 2004 and in Sacramento on August 8, 2004.

FFY 2006 (PROGRESS)

The Smith Report, generated from CADDIS is no longer being mailed to counties. The data is now posted on the OARA website and the counties may access it at any time.

Survey administration of the 11th Biennial (2005-2006) was completed and preliminary tables are available. The complete report was delivered to the legislature and released to the public in September 2006.

Data analysis for the Indicators of Alcohol and Drug Abuse report was completed June 30, 2006. The report was posted on ADP's OARA website.

Papers from the annual SARC conference, held in 2005, were published as a special issue of the Journal of Psychoactive Drugs in April 2006.

ADP held its annual Treatment Conference on September 6-8, 2006, two CATES conferences, and two SARC conferences on May 9, 2006 and August 8-9, 2006.

ADP distributed a "Methamphetamine Toolkit," which contained fact sheets, videos, pamphlets, and other materials, to treatment providers, county administrators, and legislators. The Toolkit was developed through a contract with UCLA.

The various data sources cited in the "Background" section are used to continually refine estimates of treatment need for the State and counties, and for the SAPT block grant application.

FFY 2007 (Intended Use):

TA and training efforts listed in the "Background and Ongoing Activities" in FFY 2004, or FFY 2006 (Progress) are expected to continue.

Draft prevention core competencies were developed with CSAP TA during 2006. These were turned into an electronic survey and sent to prevention staff in all counties for comment. The results will be analyzed and used to guide the competencies expected of persons working in prevention at various levels, such as staff and program managers. Since California emphasizes population-based, community approaches, using public policy/environmental strategies, workforce development must also consider para-professionals, youth and volunteers. Extensive TA is provided through prevention contracts to meet these levels of need. The TA outreach includes monthly news letters and special issue papers that cover over 2,000 prevention addressees across the State.

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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (Intended Use):

Background and Ongoing Activities

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

ADP monitors county systems, including provider subcontracts, through on-site visits to ensure compliance with federal requirements, including Goal 14. ADP takes appropriate action if instances of noncompliance are identified.

FFY 2004 (Compliance):

ADP assured compliance through the measures described above.

FFY 2006 (Progress):

ADP assured compliance through the measures described above.

FFY 2007 (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 2004 (Compliance):

FY 2006 (Progress):

FY 2007 (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 2004 (Compliance):

ADP developed and advertised an invitation for bid for the independent peer review of 32-35 programs. The term of the contract was 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 SAPT Block Grant application.

FY 2006 (Progress):

Peer reviewers conducted 34 on-site reviews of AOD programs, which equated to 5 percent of the total number of programs receiving SAPT Block Grant funds, from the central part of the State. All the reviews were completed and the wrap up meeting was conducted. ADP is waiting for the final report for FY 2006.

FY 2007 (Intended Use):

Peer reviewers will conduct approximately 32-35 on-site reviews of AOD programs, which equate to 5 percent of the total number of programs receiving SAPT block Grant funds, from the northern part of the State. ADP will comply with the federal independent peer review requirement by initiating an IFB in April 2007, for the next three-year IPRP contract.

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 2005) 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 2005 (See 42 U.S.C. 300x-53(a)(1) and 45 C.F.R. 96.136).

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

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

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

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

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

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

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

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

California

Goal #16: Disclosure of Patient Records

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

FY 2004 (Compliance):

FY 2006 (Progress):

FY 2007(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 2004 (Compliance):

In addition to the activities described above, ADP continued its Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule compliance activities.

FFY 2006 (Progress):

In addition to the activities described in the “Background and Ongoing Activities” in FFY 2004, ADP encrypted all its laptop computers and began planning for desktop e-mail encryption. ADP also completed a pre-emption analysis of the HIPAA Privacy Rule (45 CFR) and the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR). The analysis allowed ADP to complete the development and implementation of the HIPAA Security and Privacy policies, in accordance with 45 CFR mandates.

FFY 2007 (Intended Use):

In addition to the activities described above, ADP will continue to develop and implement HIPAA Privacy and Security Rule Procedures designed to maintain HIPAA compliance.

California

Goal #17: Charitable Choice

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

FY 2004 (Compliance): Not Applicable

FY 2006 (Progress):

FY 2007 (Intended Use):

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

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

Background and Ongoing Activities

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

On March 29, 2004, ADP disseminated ADP Bulletin #04-5, notifying counties that they must comply with 42 CFR Part 54. A complete list of the documents included in the Bulletin is included in the Attachment I Narrative. One of these documents provided a list of actions counties needed to take to implement 42 CFR Part 54, as follows:

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

For existing providers who receive substance abuse prevention and treatment Block Grant funds, counties can identify religious providers when contracts are renewed by requiring them to submit the attached Survey for Ensuring Equal Opportunity for Applicants. This is basically a reproduction of the document used by the Substance Abuse and Mental Health Services Administration to identify religious providers.

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

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

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 2007 (Intended Use)

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

Attachment I

State:
California

Attachment I

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

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

Attachment I - Charitable Choice

For the fiscal year prior (FY 2006) 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.
- 3 Enter total number of referrals necessitated by religious objection to other substance abuse providers ('alternative providers'), as define above, made in previous fiscal year. Provide total ONLY; no information on specific referrals required.

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

The State notified all counties of these requirements via ADP Bulletin 04-5. Included with this Bulletin were a copy of the new regulations (Federal Register Title 42 CFR, Parts 54 and 54a); a Summary of Title 42, CFR, Part 54; guidance to the counties for achieving compliance; and a survey the counties could use to ensure equal opportunity for applicants. Counties are responsible for training local community organizations, including faith-based organizations, on the Charitable Choice requirements. Implementation of these requirements is monitored by the County Monitoring Branch during their site visits and other review activities.

Attachment I Footnotes

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

State:
California

Attachment J

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

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

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

California

Attachment J: Waivers

Attachment J: Waivers

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

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)

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State:
California

Dates of State Expenditure Period:
From 7/1/2004 to 6/30/2005

Activity	A. SAPT Block Grant FY 2004 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	\$182,488,282	\$117,728,987	\$1,522,502	\$190,134,279	\$	\$
2. Primary Prevention	\$53,700,851		\$18,606,361	\$118,502	\$	\$
3. Tuberculosis Services	\$9,225	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$12,365,652	\$	\$	\$	\$	\$
5. Administration (excluding program/provider level)	\$3,971,561		\$689,012	\$1,558,714	\$	\$
6. Column Total	\$252,535,571	\$117,728,987	\$20,817,875	\$191,811,495	\$	\$

Primary Prevention Expenditures Checklist

State:
California

	Block Grant FY 2004	Other Federal	State	Local	Other
Information Dissemination	\$5,601,336	\$	\$7,300	\$	\$
Education	\$17,722,260	\$	\$60,064	\$	\$
Alternatives	\$7,436,392	\$	\$7,879	\$	\$
Problem Identification & Referral	\$3,274,295	\$	\$8,670	\$	\$
Community-Based Process	\$15,979,485	\$	\$29,493	\$	\$
Environmental	\$1,687,083	\$	\$5,096	\$	\$
Other	\$	\$18,606,361	\$	\$	\$
Section 1926 - Tobacco	\$2,000,000	\$	\$	\$	\$
TOTAL	\$53,700,851	\$18,606,361	\$118,502	\$	\$

Form 4a Footnotes

Beginning with the Federal Fiscal Year 2006 Substance Abuse Prevention and Treatment Block Grant application, "Other Federal" is comprised of discretionary federal grants, which are not part of the cost report process. Therefore, categorical expenditures are not noted.

Resource Development Expenditure Checklist

State:
California

Did your State fund resource development activities from the FY 2004 block grant?

Yes No

	Treatment	Prevention	Additional Combined	Total
Planning, Coordination and Needs Assessment	\$420,624	\$	\$	\$420,624
Quality Assurance	\$2,790,573	\$	\$	\$2,790,573
Training (post-employment)	\$130,299	\$	\$	\$130,299
Education (pre-employment)	\$	\$	\$	\$
Program Development	\$1,853,459	\$551,000	\$	\$2,404,459
Research and Evaluation	\$529,033	\$	\$	\$529,033
Information Systems	\$1,330,432	\$	\$	\$1,330,432
TOTAL	\$7,054,420	\$551,000	\$	\$7,605,420

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 2004			
				5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
01	x	Alameda County	\$6,438,773	\$7,300,477	\$1,410,369	\$2,026,421	\$781,120
02	x	Alpine County	\$12,202	\$237,116	\$	\$69,384	\$
03	x	Amador County	\$353,107	\$335,048	\$4,928	\$82,898	\$11,941
04	x	Butte County	\$1,371,756	\$1,419,238	\$373,103	\$329,699	\$11,909
05	x	Calaveras County	\$159,103	\$331,096	\$4,928	\$85,227	\$
06	x	Colusa County	\$106,754	\$310,406	\$4,928	\$79,413	\$
07	x	Contra Costa County	\$3,351,828	\$5,208,314	\$1,467,839	\$1,415,078	\$344,860
08	x	Del Norte County	\$107,481	\$328,807	\$4,928	\$83,622	\$7,256
09	x	El Dorado County	\$670,127	\$742,144	\$48,005	\$199,716	\$9,611
10	x	Fresno County	\$2,786,974	\$3,804,367	\$229,077	\$1,010,892	\$465,783
11	x	Glenn County	\$384,137	\$450,408	\$118,013	\$121,905	\$6,570
12	x	Humboldt County	\$762,223	\$829,622	\$50,290	\$215,220	\$49,061

State:
California

				FISCAL YEAR 2004			
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)
13	x	Imperial County	\$938,973	\$828,513	\$34,206	\$214,185	\$39,987
14	x	Inyo County	\$317,016	\$310,222	\$4,928	\$73,869	\$2,785
15	x	Kern County	\$3,238,809	\$3,069,280	\$257,089	\$861,387	\$84,933
16	x	Kings County	\$703,374	\$662,259	\$51,843	\$167,025	\$41,157
17	x	Lake County	\$643,977	\$406,421	\$4,928	\$102,406	\$26,340
18	x	Lassen County	\$369,703	\$342,248	\$4,928	\$86,816	\$18,040
19	x	Los Angeles County	\$37,960,676	\$48,375,921	\$3,666,949	\$13,221,434	\$3,891,965
20	x	Madera County	\$680,435	\$595,951	\$62,421	\$157,694	\$22,352
21	x	Marin County	\$1,866,966	\$1,521,980	\$82,590	\$403,693	\$148,060
22	x	Mariposa County	\$309,906	\$305,156	\$4,928	\$78,955	\$
23	x	Mendocino County	\$781,379	\$718,310	\$21,433	\$180,022	\$38,838
24	x	Merced County	\$1,050,462	\$1,031,668	\$76,882	\$269,517	\$24,357

State:
California

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. State Funds	FISCAL YEAR 2004			
				5. SAPT Block Grant Funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services	5.a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children	6. SAPT Block Grant Funds for Primary Prevention	7. SAPT Block Grant Funds for Early Intervention Services for HIV (if applicable)
25	x	Modoc County	\$285,592	\$293,081	\$4,928	\$102,681	\$
26	x	Mono County	\$303,379	\$316,425	\$4,928	\$77,896	\$13,031
27	x	Monterey County	\$1,412,038	\$1,871,354	\$94,439	\$555,746	\$74,794
28	x	Napa County	\$659,027	\$730,548	\$39,996	\$196,323	\$
29	x	Nevada County	\$554,348	\$522,028	\$17,745	\$133,356	\$29,855
30	x	Orange County	\$9,741,278	\$14,804,623	\$963,111	\$4,024,948	\$604,168
31	x	Placer County	\$949,217	\$1,120,187	\$122,017	\$296,922	\$23,420
32	x	Plumas County	\$354,774	\$330,716	\$4,928	\$80,933	\$13,968
33	x	Riverside County	\$5,112,207	\$7,944,050	\$817,770	\$2,149,018	\$534,220
34	x	Sacramento County	\$9,410,155	\$5,460,284	\$1,421,133	\$1,432,031	\$509,407
35	x	San Benito County	\$376,111	\$358,737	\$4,928	\$92,043	\$
36	x	San Bernardino County	\$6,858,030	\$8,272,908	\$664,395	\$2,311,286	\$105,645

State:
California

				FISCAL YEAR 2004			
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)
37	x	San Diego County	\$10,496,600	\$14,229,858	\$1,610,171	\$3,817,281	\$918,465
38	x	San Francisco County	\$4,484,648	\$8,125,342	\$299,227	\$2,229,767	\$1,564,543
39	x	San Joaquin County	\$3,140,879	\$2,579,452	\$167,619	\$678,400	\$228,518
40	x	San Luis Obispo County	\$1,842,989	\$1,306,794	\$71,472	\$339,482	\$70,258
41	x	San Mateo County	\$2,434,368	\$3,704,290	\$219,113	\$992,485	\$228,431
42	x	Santa Barbara County	\$2,257,125	\$2,052,713	\$166,496	\$535,103	\$92,221
43	x	Santa Clara County	\$1,124,961	\$9,000,336	\$525,157	\$2,439,317	\$344,698
44	x	Santa Cruz County	\$1,270,649	\$1,514,405	\$74,361	\$385,584	\$62,463
45	x	Shasta County	\$884,092	\$1,111,702	\$372,293	\$311,583	\$55,473
46	x	Sierra County	\$194,126	\$334,071	\$4,928	\$88,277	\$2,513
47	x	Siskiyou County	\$503,027	\$576,400	\$263,835	\$149,047	\$20,134
48	x	Solano County	\$1,738,116	\$1,988,210	\$168,865	\$502,712	\$146,425

State:
California

				FISCAL YEAR 2004			
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)
49	x	Sonoma County	\$1,892,316	\$2,158,566	\$144,363	\$565,396	\$211,123
50	x	Stanislaus County	\$1,805,274	\$2,302,283	\$141,340	\$590,183	\$106,969
51	x	Sutter/Yuba	\$1,137,806	\$853,197	\$48,533	\$203,000	\$15,953
52	x	Tehama County	\$551,092	\$625,916	\$260,710	\$168,932	\$23,931
53	x	Trinity County	\$320,819	\$302,887	\$4,928	\$78,393	\$
54	x	Tulare County	\$1,872,811	\$1,726,508	\$86,891	\$455,790	\$126,935
55	x	Tuolumne County	\$510,429	\$386,229	\$4,928	\$97,604	\$23,406
56	x	Ventura County	\$3,307,712	\$3,712,513	\$184,469	\$989,953	\$152,591
57	x	Yolo County	\$1,084,257	\$833,451	\$77,556	\$208,288	\$35,169
98	x	Dept. of Health Services	\$	\$	\$	\$2,000,000	\$
99	x	Statewide (optional)	\$46,016,388	\$13,948,123	\$475,668	\$2,884,613	\$
TOTAL	TOTAL	TOTAL	\$190,252,781	\$194,863,159	\$17,522,774	\$53,700,851	\$12,365,652

PROVIDER ADDRESS TABLE

State:
California

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

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

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

Provider ID	Description	Provider Address
41	San Mateo County	San Mateo County Human Services Agency, 400 Harbor Boulevard, Building C, Belmont, CA, 94002-4047, 650-802-5057,
42	Santa Barbara County	Santa Barbara County Alcohol, Drug and Mental Health Services, Alcohol and Drug Programs, 300 North San Antonio Road, Building 3, Santa Barbara, CA, 93110, 805-681-5233,
43	Santa Clara County	Santa Clara County Department of Alcohol and Drug Services, 976 Lenzen Avenue, Third Floor, San Jose, CA, 95126-2737, 408-792-5691,
44	Santa Cruz County	Santa Cruz County Alcohol and Drug Program, 1400 Emeline Avenue, Santa Cruz, CA, 95060, 831-450-4050,
45	Shasta County	Shasta County Alcohol and Drug Programs, 2770 Pioneer Drive, Redding, CA, 96001, 530-225-5240,
46	Sierra County	Sierra County Alcohol and Drug Programs Department of Human Services, P.O. Box 265, Loyalton, CA, 96118-0265, 530-993-6701,
47	Siskiyou County	County of Siskiyou Behavioral Health Services, 2060 Campus Drive, Yreka, CA, 96097, 530-841-4801,
48	Solano County	Solano County Health and Social Services Substance Abuse Division, 2101 Courage Drive, MS 10-100, Fairfield, CA, 94533-0677, 707-435-2228,
49	Sonoma County	Sonoma County Department of Health Services Alcohol and Other Drug Services Division, 1221 Farmers Lane, Suite 200, Santa Rosa, CA, 95405, 707-565-6945,
50	Stanislaus County	Stanislaus County Behavioral Health and Recovery Services, 800 Scenic Drive, Modesto, CA, 95350-6195, 209-525-6225,
51	Sutter/Yuba	Sutter-Yuba Mental Health Services, P.O. Box 1520, Yuba City, CA, 95992-1520, 530-822-7200,
52	Tehama County	Drug and Alcohol Division Tehama County Health Services Agency, P.O. Box 400, Red Bluff, CA, 96080, 530-527-7893,
53	Trinity County	Mental Health and AOD Services Administrator, Trinity County Behavioral Health Services, P.O. Box 1640, Weaverville, CA, 96093-1640, 530-623-1822,
54	Tulare County	Alcohol and Drug Programs for Tulare County, 5957 South Mooney Boulevard, Visalia, CA, 93277-9394, 559-737-4660,
55	Tuolumne County	Tuolumne County Behavioral Health Department Alcohol and Drug Programs, 2 South Green Street, Sonora, CA, 95370, 209-533-6609,
56	Ventura County	Ventura County Behavioral Health Alcohol and Drug programs, 1911 Williams Drive, Oxnard, CA, 93036, 805-981-9210,
57	Yolo County	Yolo County Alcohol and Drug Programs, 14 North Cottonwood Street, Woodland, CA, 95695-2510, 530-406-4825,
98	Department of Health Services	P.O. Box 942732, Sacramento, CA, 95814, 916-440-7400,
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
	Resources directories [2]	69
	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]	46
	Outward Bound [25]	3
	Recreation activities [26]	106
	Employee Assistance Programs [31]	14
	Student Assistance Programs [32]	37

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

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) No Risk Category Assigned [-99]	Driving while under the influence/driving while intoxicated education programs [33]	10
	Mens/Womens Alternative to Violence Programs [34]	33
	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
	Assessing Community Needs/Assets [46]	149
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	9
	Modifying alcohol and tobacco advertising practices [53]	4
	Conferences/Fairs [71]	139
	Newsletters Disseminated [72]	79
	Audio/visual Material Disseminated [73]	67
	Curricula Disseminated [74]	65
	Printed Materials Disseminated [76]	160
	Web Sites in Operation [77]	87
	Children of Substance Abuser Groups [78]	58
	Classroom Educational Services [79]	178
	Theatrical Troupes [80]	15
	Community Service Activities [81]	84
	Prevention Assessment & Referral Services [82]	120
	Technical Assistance [83]	86

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

State:
California

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) No Risk Category Assigned [-99]	Training Services [84]	128
	Community Development [85]	7
	Commercial Host Training/Management Programs [86]	8
	Drinking in Public Ordinances [87]	5
	Facility Design to Prevention AOD Problems [88]	2
	Holiday Campaigns and Special Events [89]	9
	Improved Enforcement [90]	11
	Other Local Control Powers Passed/Improved [91]	6
	Neighborhood Mobilization [92]	10
	One Day Event Requirements Passed/Improved [93]	3
	Workplace Policies [94]	2
	Social Host Training/Management Programs [95]	6
	State ABC Regulations Passed/Improved [96]	4
	Zoning Ordinances for New Alcohol Outlets [97]	3
	Zoning Ordinances, Abate Existing Outlets [98]	2

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 per each service delivered.

Due to collecting summarized data per 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 7/1/2004 to 6/30/2005 (Same as Form 1)

			Costs Per Person		
Level of Care	A. Number of Admissions	B. Number of Persons Served	C. Mean Cost of Services	D. Median Cost of Services	E. Standard Deviation of Cost
Detoxification (24 hour Care)					
1. Hospital Inpatient	443	420	\$1,891.60	\$0.00	\$0.00
2. Free-standing Residential	27,675	16,363	\$627.92	\$0.00	\$0.00
Rehabilitation / Residential					
3. Hospital Inpatient			\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	4,997	4,069	\$1,767.47	\$0.00	\$0.00
5. Long-term (over to 30 days)	40,035	30,685	\$3,113.07	\$0.00	\$0.00
Ambulatory (Outpatient)					
6. Outpatient	115,309	80,628	\$1,249.54	\$0.00	\$0.00
7. Intensive Outpatient	9,774	8,410	\$2,736.88	\$0.00	\$0.00
8. Detoxification	14,075	7,861	\$1,265.85	\$0.00	\$0.00
Methadone					
Methadone	12,119	7,659	\$1,485.17	\$0.00	\$0.00

Treatment Data

Treatment admission data consists of data collected by the California Alcohol and Drug Data System for the period from July 1, 2004 through June 30, 2005. 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, 2004 through June 30, 2005. 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	31,830	5,694	3,117	2,907	1,267	247	111	431	165	23	13			12,051	5,804	10,416	5,302	10,937	5,175
2. 18-24	44,844	11,198	8,195	3,046	2,159	329	166	492	233	35	25			12,653	6,313	16,474	11,721	11,279	5,370
3. 25-44	169,319	45,707	32,201	17,375	13,033	982	520	1,291	596	156	104			37,708	19,646	70,513	49,764	32,706	16,336
4. 45-64	54,420	17,802	8,231	9,311	3,551	243	70	448	172	68	33			10,868	3,623	29,589	12,862	9,151	2,818
5. 65 and over	1,828	576	247	299	72	8	1	64	39	5	1			430	86	1,021	375	361	71
6. Total	302,241	80,977	51,991	32,938	20,082	1,809	868	2,726	1,205	287	176			73,710	35,472	128,013	80,024	64,434	29,770
7. Pregnant Women	5,489		2,330		914		54		51		4				2,136		3,467		1,842

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

Yes **No**

Numbers of Persons Served who were admitted in a period prior to the 12 month reporting period: 146,726

State:
California

SSA (MOE Table I)

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

PERIOD (A)	EXPENDITURES (B)	B1(2004) + B2(2005) / 2 (C)
SFY 2004 (1)	\$247,099,000	
SFY 2005 (2)	\$251,450,000	\$249,274,500
SFY 2006 (3)	\$256,406,000	

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

FY 2004 Yes No

FY 2005 Yes No

FY 2006 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) 2006 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)?

State:
California

SSA (MOE Table I)

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

PERIOD (A)	EXPENDITURES (B)	B1(2004) + B2(2005) / 2 (C)
SFY 2004 (1)	\$247,772,000	
SFY 2005 (2)	\$249,312,000	\$248,542,000
SFY 2006 (3)	\$256,406,000	

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

FY 2004 Yes No

FY 2005 Yes No

FY 2006 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) 2006 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 2006 (3)	\$7,484,000	17.5%	\$1,309,700

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 2006 (3)	\$7,484,000	17.5%	\$1,309,700

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 2006 (3)	\$17,513,000

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

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 2006 (3)	\$17,513,000

* 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	
2004		\$28,032,000
2005		\$43,632,000
2006		\$44,690,000

Enter the amount the State plans to expend in FY 2007 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 the 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 2004, 2005 and 2006.

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	
2004		\$43,499,000
2005		\$43,766,000
2006		\$44,690,000

Enter the amount the State plans to expend in FY 2007 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 the 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 2004, 2005 and 2006.

State:
California

FY 2004 SAPT BLOCK GRANT

Your annual SAPT Block Grant Award for FY 2004 is reflected on Line 8 of the Notice of Block Grant Award

\$252,961,061

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. If there is a State Epidemiological Workgroup or a State Epidemiological Outcomes Workgroup, describe its composition and its role in needs assessment, planning, and evaluation processes.

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 2007 application for SAPT Block Grant funds.

STATEWIDE PLANNING RESPONSE:

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

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

The California Substance Use Survey, which was a household telephone survey of adults in California conducted in 1995

The Prevalence of Drug Treatment Needs Among Adult Arrestees in California, which used 1997 survey data to estimate the adult arrestee population in need of drug treatment, and

Assessing Need for Alcohol and Other Drug Treatment Among In-and Out-of School Youth in California, which included analyses of three surveys, one from 1997, one from 1998-99, and one from 1994 and 1999.

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

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

Extensive prevention data has been collected since 1998 through a state-developed program called the Prevention Activities Data System (PADS). This system houses aggregated state-level data derived from each of the 58 counties. The counties are directly responsible for 350-400 prevention contracts. The PADS design is built upon the six Center for Substance Abuse Prevention strategies, with data for: a) service populations; b) services delivered; c) where services occurred; d) frequencies and number served (where identifiable); and, e) demographics (where identifiable) for race, ethnicity, age and gender. The resulting data is voluminous; reports since 2001 are publicly posted on ADP's web site <http://www.adp.ca.gov/PADS/reports.shtml>.

In July 2006, PADS was retired and replaced by CalOMS Prevention, which uses the contract services of KIT Solutions, Inc., which also provides CSAP data for 10 other states. California is the first state to adapt the KIT service to the Strategic Prevention Framework steps. As of July 2007, counties will be required have their prevention plans and objectives in the system in order for their hundreds of providers to submit data that will associate with specific county objectives.

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

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

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

California will implement the California Methamphetamine Initiative (CMI) to combat the effects of this devastating drug on the health and livelihood of Californians. This single purpose, limited time initiative includes the following elements:

- A \$10 million Methamphetamine Public Education Campaign targeting high risk populations affected by methamphetamine, such as women of child-bearing age and men who have sex with men.
- A Methamphetamine Practitioner's Treatment Reference Guide for treatment providers in California. The guide, the first of its kind, will provide the most effective methods of treating methamphetamine addiction. Effective

assessments, treatment and recovery practices are among the many topics addressed in the guide.

- An additional public education campaign in collaboration with The Partnership for a Drug Free America, to educate adolescents, women, and men who have sex with men, on the problems associated with methamphetamine addiction. Public Service Announcements, outreach efforts, and publicity will also be products of this collaboration.
- GPAC has completed a report summarizing programs and strategies to prevent methamphetamine abuse. A copy of the report can be found at www.adp.ca.gov. A sub-committee of GPAC is currently working on implementing the recommendations made in the report. A description of the GPAC, its membership, and activities is included in Goal 12.

Substate Area Planning Process: Public AOD prevention, treatment, and recovery services in California are provided through a partnership between the State and counties. ADP analyzes federal and State laws and regulations and develops policies and guidelines for the counties to use in developing 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 State Fiscal Year (SFY) 1984-85. Such counties are represented as minimum base allocation counties (refer to minimum base allocation data below).

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

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

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

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

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

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

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

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

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

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. If there is a State Epidemiological Workgroup or a State Epidemiological Outcomes Workgroup, describe its composition and its role in needs assessment, planning, and evaluation processes.

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 2007 application for SAPT Block Grant funds.

STATEWIDE PLANNING RESPONSE:

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

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

The California Substance Use Survey, which was a household telephone survey of adults in California conducted in 1995

The Prevalence of Drug Treatment Needs Among Adult Arrestees in California, which used 1997 survey data to estimate the adult arrestee population in need of drug treatment, and

Assessing Need for Alcohol and Other Drug Treatment Among In-and Out-of School Youth in California, which included analyses of three surveys, one from 1997, one from 1998-99, and one from 1994 and 1999.

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

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

Extensive prevention data has been collected since 1998 through a state-developed program called the Prevention Activities Data System (PADS). This system houses aggregated state-level data derived from each of the 58 counties. The counties are directly responsible for 350-400 prevention contracts. The PADS design is built upon the six Center for Substance Abuse Prevention strategies, with data for: a) service populations; b) services delivered; c) where services occurred; d) frequencies and number served (where identifiable); and, e) demographics (where identifiable) for race, ethnicity, age and gender. The resulting data is voluminous; reports since 2001 are publicly posted on ADP's web site <http://www.adp.ca.gov/PADS/reports.shtml>.

In July 2006, PADS was retired and replaced by CalOMS Prevention, which uses the contract services of KIT Solutions, Inc., which also provides CSAP data for 10 other states. California is the first state to adapt the KIT service to the Strategic Prevention Framework steps. As of July 2007, counties will be required have their prevention plans and objectives in the system in order for their hundreds of providers to submit data that will associate with specific county objectives.

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

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

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

California will implement the California Methamphetamine Initiative (CMI) to combat the effects of this devastating drug on the health and livelihood of Californians. This single purpose, limited time initiative includes the following elements:

- A \$10 million Methamphetamine Public Education Campaign targeting high risk populations affected by methamphetamine, such as women of child-bearing age and men who have sex with men.
- A Methamphetamine Practitioner's Treatment Reference Guide for treatment providers in California. The guide, the first of its kind, will provide the most effective methods of treating methamphetamine addiction. Effective

assessments, treatment and recovery practices are among the many topics addressed in the guide.

- An additional public education campaign in collaboration with The Partnership for a Drug Free America, to educate adolescents, women, and men who have sex with men, on the problems associated with methamphetamine addiction. Public Service Announcements, outreach efforts, and publicity will also be products of this collaboration.
- GPAC has completed a report summarizing programs and strategies to prevent methamphetamine abuse. A copy of the report can be found at www.adp.ca.gov. A sub-committee of GPAC is currently working on implementing the recommendations made in the report. A description of the GPAC, its membership, and activities is included in Goal 12.

Substate Area Planning Process: Public AOD prevention, treatment, and recovery services in California are provided through a partnership between the State and counties. ADP analyzes federal and State laws and regulations and develops policies and guidelines for the counties to use in developing 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 State Fiscal Year (SFY) 1984-85. Such counties are represented as minimum base allocation counties (refer to minimum base allocation data below).

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

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

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

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

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

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

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

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

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.)

State:
California

Criteria for Allocating Funds

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2007 Block Grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is 'incidence and prevalence levels', put a '1' in the box beside that option. If two or more criteria are equal, assign them the same number.

1 Population levels, Specify formula:
Please see footnote

- Incidence and prevalence levels
- Problem levels as estimated by alcohol/drug-related crime statistics
- Problem levels as estimated by alcohol/drug-related health statistics
- Problem levels as estimated by social indicator data
- Problem levels as estimated by expert opinion
- Resource levels as determined by (specific method)

- Size of gaps between resources (as measured by)

and needs (as estimated by)

2 Other (specify):
Please See Footnotes

Planning Checklist Footnotes
Planning Checklist Footnotes
Criteria for Allocating Funds

The State will allocate federal fiscal year 2007 Substance Abuse Prevention and Treatment Block Grant funds according to the following standards:

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

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

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

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

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

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Alameda County	1,497,251	154,965	4,884	0	360	48,039	1,743	6,484	20,055	0	.46	.09	10.2
Alpine County	1,274	131	0	0	0	40	0	40	60	0	0	0	0
Amador County	37,552	3,886	0	0	0	1,204	0	320	402	0	2.65	.19	0
Butte County	214,123	22,161	372	0	96	6,870	132	1,405	3,667	0	1.38	.24	0

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
California				405									
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Calaveras County	44,605	4,616	0	0	0	1,431	0	376	594	0	2.21	.45	0
Colusa County	20,663	2,138	0	0	0	662	0	270	185	0	0	.21	0
Contra Costa County	1,013,280	104,874	756	0	60	32,511	269	3,882	7,357	0	.19	.14	6.3
Del Norte County	29,121	3,014	0	0	0	934	0	381	767	0	3.49	.1	0

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
El Dorado County	171,745	17,775	624	0	120	5,510	222	1,363	1,955	0	6.89	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Fresno County	875,973	90,663	180	0	144	28,105	64	6,143	13,269	0	1.25	.23	11.7

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Glenn County	28,087	2,907	0	0	0	901	0	450	448	0	3.54	.14	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Humboldt County	131,810	13,642	756	0	252	4,229	269	1,280	3,183	0	4.58	.12	0

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Imperial County	159,332	16,490	0	0	0	5,112	0	1,221	2,682	0	.62	.09	19.7

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Inyo County	18,612	1,926	0	0	0	597	0	259	313	0	0	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Kern County	746,351	77,247	0	0	0	23,946	0	5,554	12,094	0	1.61	.19	4.9

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Kings County	143,924	14,896	240	0	24	4,617	85	983	2,674	0	1.39	.1	0

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Lake County	63,539	6,576	0	0	0	2,038	0	604	1,287	0	13.98	.13	0
Lassen County	35,325	3,656	0	0	0	1,133	0	171	316	0	2.75	.35	0
Los Angeles County	10,130,668	1,048,524	7,356	0	2,916	325,042	2,626	37,739	95,529	0	.81	.06	9.8
Madera County	138,725	14,358	0	0	0	4,450	0	1,005	1,290	0	18.01	0	3.7

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Marin County	251,154	25,994	396	0	12	8,058	141	1,536	1,941	0	0	.17	5.2
Mariposa County	17,971	1,860	0	0	0	576	0	194	319	0	0	0	0
Mendocino County	90,182	9,333	612	0	252	2,893	218	782	1,712	0	6.61	.3	0
Merced County	238,455	24,680	708	0	48	7,650	252	1,499	3,437	0	2.45	.34	3.4

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Modoc County	9,828	1,017	0	0	0	315	0	60	59	0	0	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Mono County	13,529	1,400	0	0	0	434	0	130	180	0	0	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Monterey County	424,047	43,888	252	0	156	13,605	89	3,590	4,238	0	.23	.22	6.8

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Napa County	132,292	13,692	0	0	0	4,244	0	1,125	1,520	0	0	.22	5.3

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Nevada County	98,998	10,246	384	0	120	3,176	137	792	1,142	0	1	.33	0
Orange County	3,036,002	314,226	2,076	0	600	97,410	741	13,500	31,829	0	.16	.17	7.4
Placer County	303,519	31,414	84	0	12	9,738	29	1,812	2,978	0	.33	1.52	0
Plumas County	21,378	2,212	0	0	0	685	0	271	464	0	9.45	0	0

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Riverside County	1,849,844	191,458	5,508	0	1,032	59,352	1,966	8,597	19,616	0	2.46	.11	4.1
Sacramento County	1,357,300	140,480	2,148	0	1,044	43,548	766	7,222	15,155	0	.57	.16	11.8
San Benito County	57,246	5,924	0	0	0	1,836	0	361	504	0	1.71	0	0
San Bernardino County	1,926,555	199,398	5,424	0	792	61,813	1,936	10,816	26,046	0	.46	.18	3.5

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Diego County	3,027,703	313,367	3,672	0	1,068	97,143	1,310	17,154	37,164	0	.62	.07	10.6
San Francisco County	791,797	81,950	2,232	0	1,284	25,404	796	1,650	8,121	0	3.9	.02	17.1
San Joaquin County	646,971	66,961	312	0	60	20,758	111	4,242	5,903	0	1.67	.13	10.1
San Luis Obispo County	260,267	26,937	204	0	0	8,350	72	2,324	4,507	0	1.14	.22	0

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Mateo County	717,710	74,282	876	0	912	23,027	312	3,503	5,889	0	1.94	.2	7.8
Santa Barbara County	416,777	43,136	132	0	60	13,372	47	2,771	10,921	0	0	.17	4.3
Santa Clara County	1,743,585	180,461	3,048	0	156	55,942	1,088	7,005	16,867	0	.23	.37	11.7
Santa Cruz County	259,542	26,862	336	0	48	8,327	119	1,698	5,278	0	.76	.37	3.5

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Shasta County	178,626	18,487	48	0	216	5,731	17	1,048	2,531	0	4.41	.89	0
Sierra County	3,537	366	0	0	0	113	0	72	28	0	0	0	0
Siskiyou County	45,793	4,739	216	0	12	1,469	77	396	700	0	6.63	0	0
Solano County	419,270	43,394	576	0	480	13,452	205	1,668	3,750	0	.23	.13	10

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Treatment Needs Assessment Summary Matrix

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sonoma County	477,015	49,371	528	0	156	15,305	188	2,914	5,412	0	1.23	.1	4.2
Stanislaus County	500,153	51,765	0	0	0	16,047	0	2,588	5,555	0	1.38	.12	3.8
Sutter/Yuba	154,083	15,947	72	0	60	4,943	25	1,148	1,300	0	4.14	.77	10.7
Tehama County	60,270	6,237	0	0	0	1,933	0	634	1,130	0	0	.2	0

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Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Trinity County	13,826	1,430	0	0	0	443	0	187	108	0	0	0	0
Tulare County	406,650	42,088	0	0	0	13,047	0	3,462	2,599	0	.73	.31	5.2
Tuolumne County	57,114	5,911	0	0	0	1,832	0	557	8,188	0	3.45	0	0
Ventura County	808,425	83,671	492	0	228	25,938	175	4,375	4,743	0	2.45	.25	8.9

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Yolo County	186,370	19,289	120	0	60	5,979	42	1,156	2,238	0	3.09	.27	2.6

Form 8 Footnotes

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

The figures in the following three columns should be increased by an average of 16.1 percent to adjust for providers not reporting to the Drug and Alcohol Treatment Admissions Report:

Section 3 "Total Population in need," Column B "That would seek treatment"

Section 4 "IVDUs in Need," Column B "That would seek treatment;" and

Section 5 "Number of women in need," Column B "That would seek treatment"

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Alameda County	1,497,251	154,965	4,884	0	360	48,039	1,743	6,484	20,055	0	.46	.09	10.2
Alpine County	1,274	131	0	0	0	40	0	40	60	0	0	0	0
Amador County	37,552	3,886	0	0	0	1,204	0	320	402	0	2.65	.19	0
Butte County	214,123	22,161	372	0	96	6,870	132	1,405	3,667	0	1.38	.24	0

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Treatment Needs Assessment Summary Matrix

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Calaveras County	44,605	4,616	0	0	0	1,431	0	376	594	0	2.21	.45	0
Colusa County	20,663	2,138	0	0	0	662	0	270	185	0	0	.21	0
Contra Costa County	1,013,280	104,874	756	0	60	32,511	269	3,882	7,357	0	.19	.14	6.3
Del Norte County	29,121	3,014	0	0	0	934	0	381	767	0	3.49	.1	0

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Treatment Needs Assessment Summary Matrix

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
El Dorado County	171,745	17,775	624	0	120	5,510	222	1,363	1,955	0	6.89	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Fresno County	875,973	90,663	180	0	144	28,105	64	6,143	13,269	0	1.25	.23	11.7

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Glenn County	28,087	2,907	0	0	0	901	0	450	448	0	3.54	.14	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Humboldt County	131,810	13,642	756	0	252	4,229	269	1,280	3,183	0	4.58	.12	0

Treatment Needs Assessment Summary Matrix

State:		Calendar Year:											
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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Imperial County	159,332	16,490	0	0	0	5,112	0	1,221	2,682	0	.62	.09	19.7
Inyo County	18,612	1,926	0	0	0	597	0	259	313	0	0	0	0
Kern County	746,351	77,247	0	0	0	23,946	0	5,554	12,094	0	1.61	.19	4.9
Kings County	143,924	14,896	240	0	24	4,617	85	983	2,674	0	1.39	.1	0

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Lake County	63,539	6,576	0	0	0	2,038	0	604	1,287	0	13.98	.13	0
Lassen County	35,325	3,656	0	0	0	1,133	0	171	316	0	2.75	.35	0
Los Angeles County	10,130,668	1,048,524	7,356	0	2,916	325,042	2,626	37,739	95,529	0	.81	.06	9.8
Madera County	138,725	14,358	0	0	0	4,450	0	1,005	1,290	0	18.01	0	3.7

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Treatment Needs Assessment Summary Matrix

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Marin County	251,154	25,994	396	0	12	8,058	141	1,536	1,941	0	0	.17	5.2
Mariposa County	17,971	1,860	0	0	0	576	0	194	319	0	0	0	0
Mendocino County	90,182	9,333	612	0	252	2,893	218	782	1,712	0	6.61	.3	0
Merced County	238,455	24,680	708	0	48	7,650	252	1,499	3,437	0	2.45	.34	3.4

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Treatment Needs Assessment Summary Matrix

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Modoc County	9,828	1,017	0	0	0	315	0	60	59	0	0	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Mono County	13,529	1,400	0	0	0	434	0	130	180	0	0	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Monterey County	424,047	43,888	252	0	156	13,605	89	3,590	4,238	0	.23	.22	6.8

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Napa County	132,292	13,692	0	0	0	4,244	0	1,125	1,520	0	0	.22	5.3

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Nevada County	98,998	10,246	384	0	120	3,176	137	792	1,142	0	1	.33	0
Orange County	3,036,002	314,226	2,076	0	600	97,410	741	13,500	31,829	0	.16	.17	7.4
Placer County	303,519	31,414	84	0	12	9,738	29	1,812	2,978	0	.33	1.52	0
Plumas County	21,378	2,212	0	0	0	685	0	271	464	0	9.45	0	0

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Riverside County	1,849,844	191,458	5,508	0	1,032	59,352	1,966	8,597	19,616	0	2.46	.11	4.1

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sacramento County	1,357,300	140,480	2,148	0	1,044	43,548	766	7,222	15,155	0	.57	.16	11.8

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Benito County	57,246	5,924	0	0	0	1,836	0	361	504	0	1.71	0	0

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Bernardino County	1,926,555	199,398	5,424	0	792	61,813	1,936	10,816	26,046	0	.46	.18	3.5

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Diego County	3,027,703	313,367	3,672	0	1,068	97,143	1,310	17,154	37,164	0	.62	.07	10.6

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Francisco County	791,797	81,950	2,232	0	1,284	25,404	796	1,650	8,121	0	3.9	.02	17.1

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Joaquin County	646,971	66,961	312	0	60	20,758	111	4,242	5,903	0	1.67	.13	10.1

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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Luis Obispo County	260,267	26,937	204	0	0	8,350	72	2,324	4,507	0	1.14	.22	0

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
San Mateo County	717,710	74,282	876	0	912	23,027	312	3,503	5,889	0	1.94	.2	7.8
Santa Barbara County	416,777	43,136	132	0	60	13,372	47	2,771	10,921	0	0	.17	4.3
Santa Clara County	1,743,585	180,461	3,048	0	156	55,942	1,088	7,005	16,867	0	.23	.37	11.7
Santa Cruz County	259,542	26,862	336	0	48	8,327	119	1,698	5,278	0	.76	.37	3.5

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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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Shasta County	178,626	18,487	48	0	216	5,731	17	1,048	2,531	0	4.41	.89	0
Sierra County	3,537	366	0	0	0	113	0	72	28	0	0	0	0
Siskiyou County	45,793	4,739	216	0	12	1,469	77	396	700	0	6.63	0	0
Solano County	419,270	43,394	576	0	480	13,452	205	1,668	3,750	0	.23	.13	10

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California		405											
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Sonoma County	477,015	49,371	528	0	156	15,305	188	2,914	5,412	0	1.23	.1	4.2
Stanislaus County	500,153	51,765	0	0	0	16,047	0	2,588	5,555	0	1.38	.12	3.8
Sutter/Yuba	154,083	15,947	72	0	60	4,943	25	1,148	1,300	0	4.14	.77	10.7
Tehama County	60,270	6,237	0	0	0	1,933	0	634	1,130	0	0	.2	0

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
California				405									
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Trinity County	13,826	1,430	0	0	0	443	0	187	108	0	0	0	0
Tulare County	406,650	42,088	0	0	0	13,047	0	3,462	2,599	0	.73	.31	5.2
Tuolumne County	57,114	5,911	0	0	0	1,832	0	557	8,188	0	3.45	0	0
Ventura County	808,425	83,671	492	0	228	25,938	175	4,375	4,743	0	2.45	.25	8.9

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Treatment Needs Assessment Summary Matrix

State:				Calendar Year:									
California				405									
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:	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Yolo County	186,370	19,289	120	0	60	5,979	42	1,156	2,238	0	3.09	.27	2.6

Form 8 Footnotes

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

The figures in the following three columns should be increased by an average of 16.1 percent to adjust for providers not reporting to the Drug and Alcohol Treatment Admissions Report:

Section 3 "Total Population in need," Column B "That would seek treatment"

Section 4 "IVDUs in Need," Column B "That would seek treatment;" and

Section 5 "Number of women in need," Column B "That would seek treatment"

Treatment Needs by Age, Sex, and Race/Ethnicity

State:
California

Substate Planning Area [95]:
State Total

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

Form 9 Footnotes
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 2007 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	\$182,926,825	\$137,220,000	\$16,026,000	\$594,764,000	\$0	\$0
2. Primary Prevention	\$49,984,720		\$35,312,000	\$20,000,000	\$0	\$0
3. Tuberculosis Services	\$0	\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$12,496,180	\$0	\$0	\$0	\$0	\$0
5. Administration (excluding program/provider level)	\$4,515,875		\$885,774	\$9,025,356	\$0	\$0
6. Column Total	\$249,923,600	\$137,220,000	\$52,223,774	\$623,789,356	\$	\$

Primary Prevention Planned Expenditures Checklist

State:
California

	Block Grant FY 2007	Other Federal	State	Local	Other
Information Dissemination	\$5,198,726	\$	\$20,000,000	\$	\$
Education	\$16,448,426	\$	\$	\$	\$
Alternatives	\$6,901,882	\$	\$	\$	\$
Problem Identification & Referral	\$3,038,947	\$	\$	\$	\$
Community-Based Process	\$14,830,919	\$	\$	\$	\$
Environmental	\$1,565,820	\$	\$	\$	\$
Other	\$	\$35,312,000	\$	\$	\$
Section 1926 - Tobacco	\$2,000,000	\$	\$	\$	\$
TOTAL	\$49,984,720	\$35,312,000	\$20,000,000	\$	\$

Planned Expenditures on Resource Development Activities

State:
California

Does your State plan to fund resource development activities with FY 2007 funds?

Yes No

	Treatment	Prevention	Additional Combined	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	\$	\$	\$2,196,129
Research and Evaluation	\$330,997	\$	\$	\$330,997
Information Systems	\$1,885,000	\$956,000	\$	\$2,841,000
TOTAL	\$5,906,575	\$956,000	\$	\$6,862,575

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 data; therefore, there is no available means to report how much was spent in the Treatment vs. 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 2007 block grand award.

Level of Care	A. Number of Admissions	B. Number of Persons Served
Detoxification (24 hour Care)		
1. Hospital Inpatient	886	2,352
2. Free-standing Residential	55,350	61,618
Rehabilitation / Residential		
3. Hospital Inpatient		
4. Short-term (up to 30 days)	9,994	11,886
5. Long-term (over to 30 days)	80,070	113,488
Ambulatory (Outpatient)		
6. Outpatient	230,618	283,112
7. Intensive Outpatient	19,548	29,956
8. Detoxification	28,150	44,120
Methadone	24,238	59,110

Form 12 Footnotes

The estimates costs and services to be provided are based on the figures derived from Form 7a, which reflects data from State Fiscal Year (SFY) 2004-2005, but for a 24-month period. Due to the difficulty in estimating what costs and services may be in the future, the costs and services from Form 7a were doubled. The mean cost per person served is the same as that reported on Form 7a for SFY 2004-2005.

Insufficient data is available at this time to accurately estimate costs and services that may change during the period in which federal fiscal year 2007 funds are available. Changes in funding during SFY 2006-2007 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 program provides drug treatment and related services in lieu of incarceration to nonviolent drug offenders. Funds are provided to counties by a mandated allocation formula incorporating county-specific population data, drug arrest information, and the number of SACPA clients from the previous year. In 2004-2005, 36,773 persons were admitted to treatment through SACPA.

In June 2005, ADP began serving clients under the Center for Substance Abuse Treatment's Access to Recovery Grant, which admitted a total of 3636 clients, ages 12-20.

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 2007 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 checked="" type="checkbox"/> Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services | Percent of Expense: % |
| <input type="checkbox"/> Other | Percent of Expense: % |
| (The total for the above categories should equal 100 percent.) | |
| <input type="checkbox"/> According to county or regional priorities | Percent of Expense: % |

Methods for Determining Prices

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

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

PAGE 2 - Purchasing Services Checklist

Per capita allocation (Formula): (please see footnote)

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

PURCHASE 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, new funds are allocated according to the "standard methodology," new funds with a specific intent, are distributed consistent with the funding intent, and reductions from historical funding levels occur by formula. A description of the Department of Alcohol and Drug Program's funding methodologies is included in the Planning Checklist Footnotes.

Existing State statute [Health and Safety Code Section 11814 (a)] requires the State to estimate an allocation of State and federal funds available for each county to implement the approved plan for the provision of alcohol and other drug (AOD) 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 AOD services. In making the allocations, the State may take into account other factors relating to the level of AOD problems in the county.

SAPT Block Grant funds are distributed to the counties through non-competitive contracts.

State:
California

Program Performance Monitoring

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

PPM Checklist Footnotes
On-site Inspections

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

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

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

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 (Strategic Prevention Framework five steps as of July 2006) 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 with service recipients.

Management Information System

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

Patient/Participation Data Reporting System

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

Frequency of Prevention: ADP 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 58 counties based on approximately 350 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 data from their providers, and then submit it to ADP for the quarterly reports. As of July 2006, PADS will be retired and the new CalOMS Prevention data service will be the means of

PPM Checklist Footnotes

reporting program data through counties to ADP quarterly.

Performance Contracts

Counties are mandated by NNA contracts to submit monthly CalOMS-Tx data reports and DATAR reports. Quarterly and annual reports (e.g., cost reports, etc.) are also part of the NNA agreement. These reports are used to monitor and evaluate the performance of counties that 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.

Independent Peer Review

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

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 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 number of SAPT Block Grant recipients each year. Audits are designed to rely upon A-133 audits that have been conducted. A primary focus is to ensure that SAPT Block Grant and various other federal and State funding sources are charged for their fair share of costs.

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

California

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

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

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

How your State determined matrix numbers

Column 2. Total Population

State of California, Department of Finance, California County Population Estimates and Components of Change by Year, July 1, 2004-2005. Sacramento, California, February 2006.

Column 3. Total Population in Need

3A. Needing Treatment Services

The estimate of need was calculated with prevalence estimates from the 2003-2004 National Survey on Drug Use and Health (NSDUH). The NSDUH, compiled by the United States Department of Health and Human Services, Substance Abuse and Mental Health Administration, provides yearly national and state level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use.

Results from the 2003 and 2004 NSDUH survey were used to calculate need estimates in Form 8. Prevalence estimates were obtained from *Table 10: "Selected Drug Use, Perceptions of Great Risk, Average Annual Rates of First Use of Marijuana, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, and Serious Psychological Distress in California, by Age Group: Percentages, Annual Averages Based on 2003 and 2004 NSDUHs."* Prevalence percentages provided in the table were multiplied by population totals in California as of July 2005.

3B. That Would Seek Treatment

ADP uses a data collection instrument, the Drug Abuse Treatment Access Report (DATAR), to determine the number of individuals on waiting lists during the month. Alcohol and other drug (AOD) treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levo-alpha-acetylmethadol, are required to submit a monthly DATAR Report. Data on the number of people on the waiting list during each month is obtained for each substate region (county), and averaged. This one-month estimate is multiplied by 12 for a full year's 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

ADP uses DATAR to determine the number of individuals that are intravenous drug users (IVDUs) on waiting lists during the month. Alcohol and other drug (AOD) treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levo-alpha-acetylmethadol, are required to submit a monthly DATAR Report. Data on the number of IVDUs on the waiting list during 2004-2005 was obtained for each substate region (county) and averaged. This one-month estimate is multiplied by 12 for a full year's estimate of those that would seek treatment.

Column 5. Number of Women in Need

A. Needing treatment services

To estimate the number of women needing treatment services, the population needing treatment services from the 2003 and 2004 NSDUH (Table 10) was multiplied by the total population of each substate planning area (county). This product was multiplied by the proportion of women age 12 and over in the total population in need of treatment. According to the NSDUH Table 5.15B, "Substance Abuse in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2003 and 2004," 3.5 percent of women vs. 6.4 percent of men were abusing AOD. According to the NSDUH Table 5.3B, "Substance Dependence in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2003 and 2004," 3.0 percent of women versus 7.2 percent of men were dependent on AOD. In other words, an average of 31 percent of the dependent/abusing population was female and 69 percent was male. The total population in need of treatment was multiplied by 31 percent to estimate the number of women in need of treatment. This translates to approximately 1,171,287 women in need of treatment in the State.

B. That Would Seek Treatment

ADP uses DATAR to determine the number of individuals on waiting lists during the month. Alcohol and other drug (AOD) treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levo-alpha-acetylmethadol, are required to submit a monthly DATAR Report. Data on the number of individuals on the waiting list during 2004-2005 was obtained for each substate region (county), and averaged. This one-month estimate is multiplied by 12 for a full year's estimate of those that 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, 2004

Column 7. Incidence of Communicable Diseases

7A. California Department of Health Services, Hepatitis B Cases and Rates by Year 2004

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, 2004, 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.

Similarly, no prevalence percentages were available for women by California county to complete Column 5a in Form 8. It was necessary to calculate a statewide prevalence estimate, multiplying NSDUH figures for total population in need of treatment services by the percentage of women over 12 years of age in each California county.

Estimates of individuals who would seek treatment are derived from waiting list data. Alcohol and other drug (AOD) treatment providers receiving State or federal funds, or licensed by the State to dispense methadone or levo-alpha-acetylmethadol, are required to submit a monthly DATAR Report.

State:
California

Reporting Period:
From 7/1/2004 To 6/30/2005

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]	31,994	31,780	
Total number of clients with non-missing values on employment status [denominator]	158,892	158,226	
Percent of clients employed (full-time and part-time)	20.14%	20.09%	-0.05% / -0.25%

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 (CADDs) is a centralized AOD data collection system. Data collected through CADDs identifies the types of direct AOD treatment services provided and describes the population receiving those services. The CADDs sample for T1 is comprised of all clients having a discharge date during the period from 6/30/2004 through 6/30/05.

DATA ISSUES

Issues:

Empty table area for reporting data 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 7/1/2004 To 6/30/2005

**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):

Empty table area for data source information.

DATA ISSUES

Issues:

[Empty table area for reporting data 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.

Form T2 Footnotes
CalOMS Treatment

Design, development, and implementation of the California Outcomes Measurement System -Treatment (CalOMS -TX) has continued since State Fiscal Year 2004-2005. The CalOMS stakeholders' workgroup, made up of county administrators, State staff, providers, information technology (IT) experts and others, has produced the final CalOMS data set, which meets current federal reporting requirements for the treatment National Outcome Measures (NOM) and the Treatment Episode Data Set. Also during this period, ADP has facilitated field change management protocols and procedures and has provided ongoing training to counties and providers. Counties and providers began collecting CalOMS data in January 2006 and began electronic submission of data in March 2006. Counties are either transitioning from paper to electronic records or have already converted and begun electronic submission. California intends to report NOM data in the 2008 SAPT Block Grant application.

A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

State:
California

Reporting Period:
From 7/1/2004 To 6/30/2005

**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:

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.

Form T3 Footnotes
CalOMS Treatment

Design, development, and implementation of the California Outcomes Measurement System -Treatment (CalOMS -TX) has continued since State Fiscal Year 2004-2005. The CalOMS stakeholders' workgroup, made up of county administrators, State staff, providers, information technology (IT) experts and others, has produced the final CalOMS data set, which meets current federal reporting requirements for the treatment National Outcome Measures (NOM) and the Treatment Episode Data Set. Also during this period, ADP has facilitated field change management protocols and procedures and has provided ongoing training to counties and providers. Counties and providers began collecting CalOMS data in January 2006 and began electronic submission of data in March 2006. Counties are either transitioning from paper to electronic records or have already converted and begun electronic submission. California intends to report NOM data in the 2008 SAPT Block Grant application.

A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

State:
California

Reporting Period:
From 7/1/2004 To 6/30/2005

**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

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):

Empty table area for data source information.

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.

Form T4 Footnotes
CalOMS Treatment

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A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

State:
California

Reporting Period:
From 7/1/2004 To 6/30/2005

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

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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:

Empty table area for data 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.

Form T5 Footnotes
CalOMS Treatment

Design, development, and implementation of the California Outcomes Measurement System -Treatment (CalOMS -TX) has continued since State Fiscal Year 2004-2005. The CalOMS stakeholders' workgroup, made up of county administrators, State staff, providers, information technology (IT) experts and others, has produced the final CalOMS data set, which meets current federal reporting requirements for the treatment National Outcome Measures (NOM) and the Treatment Episode Data Set. Also during this period, ADP has facilitated field change management protocols and procedures and has provided ongoing training to counties and providers. Counties and providers began collecting CalOMS data in January 2006 and began electronic submission of data in March 2006. Counties are either transitioning from paper to electronic records or have already converted and begun electronic submission. California intends to report NOM data in the 2008 SAPT Block Grant application.

A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

State:
California

Reporting Period:
From 7/1/2004 To 6/30/2005

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 employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Form T5 Footnotes
CalOMS Treatment

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A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

State:
California

Reporting Period:
From 7/1/2004 To 6/30/2005

FORM T6 - 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

T6.1
 What is the source of data for this table? (Select all that apply)

Client Self Report
 Administrative Data Source
 Other: Specify

T6.2
 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

T6.3
 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: %

T6.4
 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

T6.5

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 T6)

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 employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Form T6 Footnotes
CalOMS Treatment

Design, development, and implementation of the California Outcomes Measurement System -Treatment (CalOMS -TX) has continued since State Fiscal Year 2004-2005. The CalOMS stakeholders' workgroup, made up of county administrators, State staff, providers, information technology (IT) experts and others, has produced the final CalOMS data set, which meets current federal reporting requirements for the treatment National Outcome Measures (NOM) and the Treatment Episode Data Set. Also during this period, ADP has facilitated field change management protocols and procedures and has provided ongoing training to counties and providers. Counties and providers began collecting CalOMS data in January 2006 and began electronic submission of data in March 2006. Counties are either transitioning from paper to electronic records or have already converted and begun electronic submission. California intends to report NOM data in the 2008 SAPT Block Grant application.

A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

State:
California

FORM T7: 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	0	0	0
2. Free-standing Residential	0	0	0
REHABILITATION / RESIDENTIAL			
3. Hospital Inpatient	0	0	0
4. Short-term (up to 30 days)	0	0	0
5. Long-term (over 30 days)	0	0	0
AMBULATORY (OUTPATIENT)			
6. Outpatient	0	0	0
7. Intensive Outpatient	0	0	0
8. Detoxification	0	0	0
9. Methadone			
9. Methadone	0	0	0

Form T7 Footnotes
CalOMS Treatment

Design, development, and implementation of the California Outcomes Measurement System -Treatment (CalOMS -TX) has continued since State Fiscal Year 2004-2005. The CalOMS stakeholders' workgroup, made up of county administrators, State staff, providers, information technology (IT) experts and others, has produced the final CalOMS data set, which meets current federal reporting requirements for the treatment National Outcome Measures (NOM) and the Treatment Episode Data Set. Also during this period, ADP has facilitated field change management protocols and procedures and has provided ongoing training to counties and providers. Counties and providers began collecting CalOMS data in January 2006 and began electronic submission of data in March 2006. Counties are either transitioning from paper to electronic records or have already converted and begun electronic submission. California intends to report NOM data in the 2008 SAPT Block Grant application.

A major issue for the State and counties is the concern that the treatment NOM requirements will change, necessitating changes to the CalOMS data set and IT systems. Any change in NOM requirements will have a significant fiscal impact on the State, counties, and providers at a time when funding has been reduced.

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							
21-25				More than one Race							
26-44				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, AND POLICIES

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

1. List NREPP programs or practices below.

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
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2.List programs or practices from lists recommended by other Federal agencies.

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
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3. List peer-reviewed journal-evidenced programs, practices, and policies (attach journal citation).

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
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4. List the names of other evidence-based programs, practices, and policies (attach source and type of evidence).

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
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5. List the names and sources of other non-evidence-based programs, practices, and policies (attach additional information on the program, practice, or policy).

Program Name and Source	Universal Populations	Selective Populations	Indicated Populations	Total
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TOTALS

GRAND TOTAL all programs, practices and policies	0
Percent Evidence-Based (sections 1 - 4 above)	%
Percent Non-Evidence-Based (section 5 above)	%

State:
California

Reporting Period:
From To

PREVENTION FORM P3 PERCEPTION OF RISK/HARM OF, AND UNFAVORABLE ATTITUDES TOWARD SUBSTANCE USE BY THOSE UNDER AGE 21

For perception of risk/harm, report the number and percent of the State population who responded “slight risk”, “moderate risk” or “great risk” (add the three categories).

For unfavorable attitudes, report the number and percent of the State population who responded “somewhat disapprove” or “strongly disapprove” (add the two categories).

Indicator	Drug	No. of Respondents	Percent of Respondents
Perception of Risk/Harm of Substance Use	Alcohol	0	0
	Cigarettes	0	0
	Marijuana	0	0
Unfavorable Attitudes Toward Substance Use	Alcohol	0	0
	Cigarettes	0	0
	Marijuana	0	0

State:
California

Reporting Period:
From To

PREVENTION FORM P4 USE OF SUBSTANCES DURING THE PAST 30 DAYS

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

Drug		12-17 year olds	18-25 year olds	>26 year olds	Total
Alcohol	N				
	%				
Tobacco	N				
	%				
Marijuana	N				
	%				
Cocaine/Crack	N				
	%				
Stimulants	N				
	%				
Inhalants	N				
	%				
Heroin	N				
	%				

California

INSERT OVERALL NARRATIVE:

INSERT OVERALL NARRATIVE:

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.

California

Appendix A - Additional Supporting Documents (Optional)

Appendix A - Additional Supporting Documents (Optional)

No additional documentation is required to complete your application, besides those referenced in other sections. This area is strictly optional. However, if you wish to add extra documents to support your application, please attach it (them) here. If you have multiple documents, please 'zip' them together and attach here.

Form 9 Footnote

California statewide prevalence rates were not available by age, sex, and race/ethnicity. Thus it was not possible to estimate treatment needs by age, sex, and race/ethnicity as requested in Form 9.

Proxy calculations were completed using national prevalence estimates from the 2003-2004 National Survey on Drug Use and Health (NSDUH). The percentages of “Alcohol or Illicit Drug Dependence or Abuse” from Table 10 were used to produce two cross-tabulations: age by gender and age by race/ethnicity. The total population in need of treatment in each age group nationally was multiplied by the percentage of each gender in each age group in need of treatment according to the NSDUH publication “Gender Differences in Substance Dependence and Abuse,” (October 29, 2004). Percentages of the population in need of treatment from the NSDUH were multiplied by the percentage of the California population represented by each ethnic 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 AND PERCENTAGE OF AGE GROUP				Total
	Male		Female		
12 to 17	239,628	49%	249,408	51%	489,036
18 to 25	603,545	63%	354,463	37%	958,008
26 and older	1,490,779	67.5%	717,493	32.5%	2,207,672
Total	2,333,352		1,321,364		3,654,716

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/PI**	American Indian	Multi-race	Hispanic	
12 to 17	252,763	29,470	*	48,862	7,808	23,287	126,846	489,036
18 to 25	504,651	51,140	*	85,571	15,339	45,619	255,688	958,008
26 and older	1,294,700	111,519	*	224,010	29,413	105,127	442,823	2,207,672
Total	2,052,113	192,130	*	358,443	52,640	174,034	825,356	3,654,716

* No percentages were reported for “Native Hawaiian or Other Pacific Islander” in NSDUH tables due to low precision.

**California census reports “Asian/Pacific Islander” as one category.

SUPPLEMENTAL INFORMATION FOR DRIVING-UNDER-THE-INFLUENCE PROGRAM

While Driving-Under-the-Influence Programs (DUIPs) do not utilize federal funds, they are an important part of California's service delivery system; therefore, a description of the program is included.

The 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 May 2, 2006, the Department licensed 471 DUIPs consisting of 249 3-month programs for persons arrested for and/or convicted of a first DUI offense, 192 18-month programs for persons arrested for and/or convicted of a second or subsequent offense, and 30 30-month programs for persons arrested for and/or convicted of a third or subsequent offense. For FY 2004-2005, participant enrollment was as follows:

3-Month	84,735
6-Month	14,157
18-Month	27,493
30-Month	<u>81</u>

Total: 126,466

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's licensing agency. Individual counties are responsible for administering and monitoring these programs at the local levels. The Department is responsible for licensing programs and conducting on-site compliance reviews.

Cost reports for SFY 2004-2005 show that DUIPs collected approximately \$81 million in participant fees. First offender programs charged an average of \$500; 6-month programs, \$750; 18-month programs, \$1,500; and 30-month programs \$2,800. 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
ADP	Alcohol and Drug Programs, Department of
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco and Other Drugs
CAARR	California Association of Addiction Recovery Resources
CADDS	California Alcohol and Drug Data System
CADPAAC	California Alcohol and Drug Program Administrators Association of California
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	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

Acronyms Used in the SAPT Block Grant Application 2006

DUI	Driving-Under-the-Influence
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
NOMs	National Outcome Measure
NSDUH	National Survey on Drug Use and Health
NTP	Narcotic Treatment Program
OARA	Office of Applied Research and Analysis
OMB	Office of Management and Budget
PADS	Prevention Activities Data System
PSD	Program 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 (Proposition 36, November 2000 voter initiative)
SAMSHA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment

Acronyms Used in the SAPT Block Grant Application 2006

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
TIP	Treatment Improvement Protocol
UC	University of California
UCLA	University of California, Los Angeles