

Drug Courts:

- Drug Court Partnerships
- Comprehensive Drug Court Implementation
- Dependency Drug Courts

Drug Courts

This funding supports three drug court grant programs, Drug Court Partnership (DCP), Comprehensive Drug Court Implementation (CDCI), and Dependency Drug Court (DDC), with State General Funds to establish Drug Courts in 54 counties.

Drug Court Partnership (DCP)

The DCP Act, created in 1999, supports adult drug courts to serve adult offenders. All counties were eligible to apply, 34 counties were awarded funding. Pre-plea¹ and post-plea² offenders and misdemeanants were eligible. From its inception, the law specifies that failure to complete the program would lead to filing charges and the sentencing phase. The DCP Act was amended in 2002 to focus exclusively on convicted adult felons placed on formal probation. The DCP funds could no longer be used to serve misdemeanants.

Comprehensive Drug Court Implementation (CDCI)

The CDCI Act created an additional funding stream for state Drug Courts. All counties were eligible to apply. Currently 54 counties receive funding. The CDCI program was originally designed to serve adult pre-plea and post-plea offenders and misdemeanants; juveniles and parents of children who are detained by, or are dependents of, the juvenile court. (These participants appear in adult, dependency or juvenile drug courts.)

CDCI was amended in 2003 to focus exclusively on convicted felons placed on formal probation. Misdemeanants were no longer eligible to be served with CDCI funding. However, the juvenile and dependency drug courts were continued.

Funding is distributed at \$2,500 per million per capita methodology and sets a 15% cap for non-treatment related expenditures.

Dependency Drug Court (DDC)

The DDC funding was created in FY 2004-05 to fund dependency drug courts. Federal funds were redirected from the Department of Social Services (DSS) to the Department of Alcohol and Drug Programs (ADP) for purposes of establishing dependency drug courts. The DDC program was designed to reduce the number of children in foster care and reunify

¹ Offenders are afforded a stay of prosecution if they participate in treatment

² Conviction is dismissed if offender successfully completes treatment.

families. Nine (9) counties were originally awarded by competitive bid process. In FY 2006-07, eight (8) additional counties were awarded.

Grant Process

Funding for all three grant programs are administered to the counties via a grant award agreement. Multi-agency plans are submitted by the counties and reviewed and approved by ADP. Upon approval of the multi-agency plans, grant award agreements are established between ADP and the counties.

Funding Information

Reimbursement is handled through a quarterly invoicing process. The invoicing process is not tied to client specific data but does tie to the multi-agency plans.

The Quarterly Reimbursement Claim (invoice) is submitted by counties for services provided within a three month billing period. Invoices are due 30 days after the end of each quarter: January - March, April -June, July -September, and October - December. The county must submit separate invoices for each program (DCP, CDCI, and DDC) for which the county receives a grant award.

Invoices must be signed by the County Alcohol and Drug Program Administrator. The Administrator may extend signature authority to a designee by informing ADP in writing on county letterhead identifying the designee(s). The invoice includes the following type of information: county name, grant award number, grantee name and address, project budget period, billing period, beginning balance, budget line items, treatment related and non-treatment related costs, ending balance, and match amounts. The ADP Drug Court County liaison reviews the invoice to determine if the expenditures are allowable. Once the invoice is approved, the liaison forwards the invoice to the ADP Accounting Office for scheduling of payment.

Reporting Requirements

Counties are required to submit all of the following reports and drug court funding documents:

Multi-Agency Plans (MAPs):

- CDCI (Adult) - this MAP is due June 30th of each fiscal year as required per Health and Safety Code, Section 11970.1 – 11970.35 for program planning purposes.
- DDC – this MAP is due June 30th of each fiscal year as required per Health and Safety Code, Section 11970.2 for program planning purposes.

- DCP – this MAP is due June 30th of each fiscal year as required per HSC, Section 11970.45 for program planning purposes.

Notice of Grant Awards (NGA):

- CDCI (Adult) – this signed NGA is due June 30th of each fiscal year as required per HSC, Section 11970.1 – 11970.35 for awarding the funds to the counties.
- DDC – this signed NGA is due June 30th of each fiscal year as required per HSC, Section 11970.2 for awarding the funds to the counties.
- DCP – this signed NGA is due June 30th of each fiscal year as required per HSC, Section 11970.45 for awarding the funds to the counties.

Data Evaluation Reports:

- CDCI (Adult, Juvenile and DCP) - this report is due on a quarterly basis (January 31st, April 30th, July 31st, and October 31st) as required per HSC, Section 11970.1 through 11970.35 for gathering data to measure program outcomes.
- DDC - this report is due on a quarterly basis (January 31st, April 30th, July 31st, and October 31st) as required per HSC, Section 11970.2 for gathering data to measure program outcomes.

Quarterly Claim for Reimbursement (Invoices):

- CDCI, DDC and DCP – the invoices are due on a quarterly basis (January 31st, April 30th, July 31st, and October 31st) as required per HSC, Section 11970.1 through 11970.45 for claiming reimbursement of county expenditures. A separate quarterly claim must be submitted for each type of funding source.

Budget Narrative Report:

- CDCI (Adult), DDC, and DCP - these reports are due on a quarterly basis (January 31st, April 30th, July 31st, and October 31st) as required per HSC, Section 11970.1 through 11970.45 for reporting quarterly goals and objectives. One report may be submitted that encompasses all the funding sources.

Drug Court Grant Programs

Item	DCP	CDCl	DDC	Additional Information
Implementing Drug Court Grant Awards	In FY 1998-99, Drug Court Partnership Grant funding was awarded to 34 counties. It was originally awarded to 18 counties on a competitive basis; otherwise referred to as "round 1" or the May distribution." Additional funding was awarded to the remaining 16 counties that applied; otherwise known as "round two" or the July distribution."	In FY 2000-01, Comprehensive Drug Court Implementation Grant funding was awarded to 47 counties on a non-competitive basis.	In FY 2004-05, \$1.8 million of Dependency Drug Court funds were originally awarded to nine counties on a competitive basis. Funding was redirected from Department of Social Services. In FY 2006-07, an additional \$3 million was redirected from DSS and awarded to eight additional counties. In FY 2007-08, DDC funding was permanently placed in ADP's budget.	17 counties are awarded DDC Grants: Butte, El Dorado, Lake, Los Angeles, Merced, Modoc, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Santa Cruz and Tehama.
Current Number of Counties receiving Drug Court Funding as of FY 2008-09	32	54	17	32 counties have both CDCl and DCP, 54 counties receive CDCl funding (the only counties that do not receive CDCl funding are Alpine, Colusa, Imperial and Mono) and 13 counties have all three funds, CDCl, DCP, and DDC
Health Safety Codes	11970.45	11970.1-35	11970.2-35	
Program Year on Notice of Grant Awards/Amendments	Awarded for July 1-June 30	Awarded for Jan 1-Dec 31	Awarded for July 1-June 30	
Administration Cap (Non-Treatment related costs) Restrictions	No Cap	15%	No Cap	DCP does not have funding restrictions on administrative costs. ADP was advised to place a cap on non-treatment related costs for the CDCl program.
Allocation Methodology	\$126,270 for small counties \$406,215 for large counties (Not in Statute)	Based on population \$2,500 per million/remainder per capita methodology (In Statute)	Based on competitive grant process	The CDCl allocation methodology was established and approved by CADPAAC. There was concern expressed over using an allocation formula based on small versus large county size as was used for DCP.
Funding Restrictions by Type of Drug Court (Population Focus)	Adult Convicted Felons only (In Statute)	Adult Convicted Felons, Juvenile, Dependency (In Statute)	Linked to parents of children under the Health and Welfare code 300, children in Foster Care	As of 2002/03, DCP funds were restricted to support adult felons placed on probation only. As of 2003/04, CDCl funding was restricted to support adult felons placed on formal probation with the exception of counties that already had CDCl funds supporting juvenile and dependency drug courts. The funding level for juvenile and dependency was frozen as of May 20, 2003.
Data Evaluation Reports	Quarterly	Quarterly	Quarterly	Adult Convict Felon Reports are already merged into one report for both CDCl and DCP data. Juvenile and Dependency data are reported on separate report forms.
County Match Requirement	10% match for the first two years and 20% match for subsequent years (In Statute)	10% match for the first two years and 20% match for subsequent years (In Statute)	10% match for the first two years and 20% match for subsequent years (In Statute)	There was an exception for DDC match while the funding came from DSS. Once the DDC funds were placed in ADP's budget, the 10% / 20% match was required.

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*All requirements are administrative unless otherwise noted.

PART VIII

CDCI/DDC BUDGET NARRATIVE AND LINE ITEM BUDGET WORKSHEET

Allowable costs are those reasonably related to the Drug Court program that cannot be provided by other community agencies. Of total CDCI/DDC funds, at least 85 percent (85%) must be used to support treatment and related services, and up to 15 percent (15%) may be used for non-treatment services.

Complete the Line Item Budget Worksheet below and the Proposed Budget Request Form (Part XI). The worksheet and the Proposed Budget Request Form should reflect the same totals for each line item.

CDCI LINE ITEM BUDGET WORKSHEET

Each line item below must include a narrative within the Treatment and Related and/or Non-Treatment Related Costs. Make sure to complete separate sections for Adult Drug Court (Section I) and for Juvenile Drug Court and Dependency Drug Court (Section II). Please see Part III (Services Provided) to reference which services are considered Treatment and Related or Non-Treatment Related. Allowable costs are not limited to those services listed in Part III.

Identify only the portion of the services or activities funded by CDCI. Do not include match or in-kind funds.

ADULT DRUG COURT (Section I)

Treatment Related Costs Total: \$215,748

Personnel \$99,480

Counselor/Case Managers \$99,480

Counselor/Case Managers provide comprehensive assessment and referral services, develop individualized treatment plans, provide direct client supervision and counseling, and generate progress reports for the Adult Drug Court. Two (2) Counselor/Case Managers are budgeted at 100% Full-Time Equivalency (FTE) each and with an annual salary of \$49,740 each as follows:

$\$49,740 \text{ salary} \times 2 \text{ staff} \times 100\% \text{ FTE} = \$99,480 \text{ project salary}$

Fringe Benefits \$26,860

Fringe benefits include health, vision and dental insurance premiums; worker's compensation, disability and unemployment insurance.

$\$99,480 \text{ project salary} \times 27\% \text{ fringe benefit rate} = \$26,860$

Contractual Services

\$89,408

Drug Testing

\$24,000

Contracted urinalysis tests and other drug testing services for Adult Drug Court clients as required by court order and program protocols are provided by Redwood Toxicology in Santa Rosa, California. Redwood Toxicology provides regularly scheduled courier services for drug test collections; confidential faxed reports for positive drug test results; and monthly summary reports for all Adult Drug Court program drug testing activities. Contracted client drug testing is budgeted as follows:

\$16 per drug test x 1 test per week per client x 30 clients per week x 50 weeks = \$24,000

Residential Treatment

\$65,408

Contracted residential treatment services for Adult Drug Court clients are provided by licensed, nonprofit, community-based, substance abuse treatment organizations. Residential treatment services include 24/7 housing accompanied by individual and group counseling, 12-step groups, parenting education, addiction and recovery education, case management, physical fitness, and/or other treatments and activities as determined by protocols of the treatment provider and the Adult Drug Court program. Residential treatment service providers provide progress reports to Adult Drug Court program staff on a weekly basis or more often if required. This budgeted item supports the purchase of 2.5 residential slots (beds) per day over the 12-month contract term as follows:

\$71.68 per bed per day x 2.5 beds x 365 days = \$65,408

With an average treatment cycle of 3 months, annual number of adult felon clients receiving residential substance abuse treatment services is projected to be as follows:

2.5 beds per treatment cycle x 4 treatment cycles per year = 10 clients per year

Non-Treatment Related Costs

Total: \$0

JUVENILE DRUG COURT (Section II)

Treatment Related Costs

Total: \$144,040

Personnel

\$110,800

Boy's and Girl's Services Coordinator/Substance Abuse Counselors

\$110,800

The Boy's and Girl's Services Coordinator/Substance Abuse Counselors develop individualized treatment plans, provide direct client supervision and counseling, lead treatment groups, and produce progress reports for the Juvenile Drug Court. This position requires clinical social work certification and/or licensure. Two (2) Service Coordinator/Substance Abuse Counselors are budgeted at 100% FTE each and with an annual salary of \$55,400 each as follows:

\$55,400 salary x 2 staff x 100% FTE = \$110,800 project salary

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Fringe Benefits**\$33,240**

Fringe benefits include health, vision and dental insurance premiums; worker's compensation, disability and unemployment insurance premiums; and employer's contribution to employee retirement plans. Fringe benefits are budgeted as follows:

$\$110,800 \text{ project salary} \times 30\% \text{ fringe benefit rate} = \$33,240$

Non-Treatment Related Costs**Total: \$10,521****Personnel****\$8,093**Clinical Supervisor**\$8,093**

The Clinical Supervisor for the Boy's and Girl's Services Coordinators is ensures program compliance with Federal, State, and Local legal requirements and clinical best practices. The Clinical Supervisor is budgeted at 10% FTE with an annual salary of \$80,934 as follows:

$\$80,934 \text{ salary} \times 10\% \text{ FTE} = \$8,093 \text{ project salary}$

Fringe Benefits**\$2,428**

Fringe benefits include health, vision and dental insurance premiums; worker's compensation, disability and unemployment insurance premiums; and employer's contribution to employee retirement plans. Fringe benefits are budgeted as follows:

$\$8,093 \text{ project salary} \times 30\% \text{ fringe benefit rate} = \$2,428$

PART X

CDCI/DDC GRANT AWARD YEAR 2009-10 ALLOCATIONS, COURT LOCATIONS AND PARTICIPANTS				
CDCI ALLOCATIONS GRANT AWARD YEAR 2009-10 FUNDS		TYPE OF DRUG COURT		
SOURCE	AMOUNT	ADULT FELONY	JUVENILE	DEPENDENCY
1. CDCI AWARD	\$370,309	\$215,748	\$154,561	N/A
2. MATCH (20%)	\$74,062			
3. FUNDING GRAND TOTAL	\$444,371			
4. TOTAL NUMBER OF COURT LOCATIONS BY TYPE		1	1	N/A
5. PROJECTED NUMBER OF PARTICIPANTS DURING PROJECT YEAR 2009-10		70	120	N/A

- Line 1: Total CDCI/DDC funds allocated in Grant Award Year 2009-10. The last 3 columns reflect the funding that supports each type of Drug Court.
(Only counties that dedicated CDCI funds to Juvenile and Dependency Drug Courts as of May 20, 2003, should reflect funding in the last two columns).
- Line 2: Counties are required to match their total allocation by 10% the first and second years of funding and 20% thereafter.
- Line 3: Funding Grand Total - Add line 1 plus line 2.
- Line 4: Court Locations refers to geographic locations somewhat distant from each other. For example, an adult felony pre-plea court in downtown Los Angeles, another in Van Nuys and another in Long Beach would count as three (3) adult felony pre-plea courts. Two such courts in the same building would be counted as one court.
- Line 5: Counties must enter the number of participants they propose to serve for the Project Year.

PART XI

COMPREHENSIVE DRUG COURT IMPLEMENTATION
PROPOSED BUDGET REQUEST

Mail Completed Form To:

Complete the following as noted on the Notice of Grant Award:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037
(916) 445-7456
Fax (916) 327-9285

County: San Francisco Grant Award #
Grantee: San Francisco Department of Public Health
Address: 1380 Howard Street, 4th Floor
City/Zip: San Francisco, CA 94103
Phone: 415-255-3717 Email Address: james.stillwell@sfdph.org

Project Year 2008-09

Section I - Adult Drug Court Budget

BUDGET LINE ITEMS	A	B	C	D
	Proposed Treatment and Related Costs	Non-Treatment Related Costs (Must be less than 15% of total allocation)	10/20 Percent Match Requirement	Total Treatment and Related Costs and Non-Treatment Related Costs (Do not include Match Amount)
			\$ -	Col A + B = D
Personnel	\$ 99,480.00	\$ -	\$ 36,088.00	\$ 99,480.00
Fringe Benefits	\$ 26,860.00	\$ -	\$ 7,062.00	\$ 26,860.00
Travel	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ 89,408.00	\$ -	\$ -	\$ 89,408.00
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Subtotal of Section I	\$ 215,748.00	\$ -	\$ 43,150.00	\$ 215,748.00

Section II - Juvenile Drug Court and Dependency Drug Court

BUDGET LINE ITEMS	A	B	C	D
	Proposed Treatment and Related Costs	Non-Treatment Related Costs (Must be less than 15% of total allocation)	10/20 Percent Match Requirement	Total Treatment and Related Costs and Non-Treatment Related Costs (Do not include Match Amount)
			\$ -	Col A + B = D
Personnel	\$ 110,800.00	\$ 8,093.00	\$ 26,700.00	\$ 118,893.00
Fringe Benefits	\$ 33,240.00	\$ 2,428.00	\$ 4,212.00	\$ 35,668.00
Other Administration Costs	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Subtotal of Section II	\$ 144,040.00	\$ 10,521.00	\$ 30,912.00	\$ 154,561.00
GRAND TOTAL (Total of Section I and Section II)	\$ 359,788.00	\$ 10,521.00	\$ 74,062.00	\$ 370,309.00

Additional Information:

- Section I is restricted to funds serving adult convicted felons.
- Section II line item budget must be equal to or less than funds dedicated to juvenile and dependency drug courts as of May 20, 2003.
- Grand total must equal the county's combined subtotal amounts for Section I and Section II.

I hereby certify that all costs are consistent with the Terms and Conditions of the grant award.

X _____
County Alcohol and Drug Program Administrator
(Please use blue ink for original signature)

Date: ___ / ___ / ___

James Stillwell
Please print name of Administrator

Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration

Approved:

Date: ___ / ___ / ___

Drug Court County Analyst
(Please use blue ink for original signature)

Please print name of County Analyst

**California Department of Alcohol and Drug Programs
DRUG COURT PROGRAMS**

**INSTRUCTIONS
QUARTERLY REIMBURSEMENT FORMS**

1. These instructions apply to the following drug court programs:
 - Comprehensive Drug Court Implementation (CDCI) (calendar year),
 - Drug Court Partnership (DCP) (fiscal year), and
 - Dependency Drug Court (DDC) (fiscal year).
2. Counties receiving drug court funds must submit all of the following to be reimbursed for services:
 - Quarterly Reimbursement Forms (referred to as invoices),
 - Quarterly Narrative Report, and
 - Quarterly Data Evaluation Report.
3. The county must submit separate invoices and reports for each program (CDCI, DCP and DDC) for which the county receives a grant award. Counties may download invoice and report forms at www.adp.ca.gov/DrugCourts/DrugCourtsForms.shtml.
4. Reports for each program must be received and approved by the Department of Alcohol and Drug Programs (ADP) prior to reimbursement.
5. County expenditures are reimbursed in arrears on a quarterly basis.
6. Counties must submit an invoice for each billing period even if there are no drug court program related expenditures.
7. Invoices must be signed by the County Alcohol and Drug Program Administrator. The Administrator may extend signature authority to a designee by informing ADP in writing on county letterhead identifying the designee(s).
8. Invoices and reports are due 30 days after each quarter. Billing periods and due dates are as follows:

Quarterly Billing Period	Due Date
July 1 – September 30	October 31
October 1 – December 31	January 31
January 1 – March 31	April 30
April 1 – June 30	July 31

9. Mail invoices and narrative reports (but not data evaluation reports) to your Drug Court County Analyst at:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037

Email data evaluation reports to Jonathan Graham, ADP Office of Applied Research and Analysis, at jgraham@adp.ca.gov.

Instructions for CDCI Invoices

Please use the Quarterly Reimbursement Form at www.adp.ca.gov/DrugCourts/DrugCourtsForms.shtml.
The form is an Excel spreadsheet and will calculate balances and totals.

Section I.

- **Check whether this is a new, revised, or supplemental invoice for this quarter:**
 1. Check "New" if this is the initial invoice for the quarter.
 2. Check "Revised" if the invoice is a revision or a correction to a previously submitted invoice.
 3. Check "Supplemental" if the invoice bills for expenditures not claimed on a previous invoice.
- **Project Budget Period:** Enter the funding period (e.g., 01/01/08 to 12/31/08).
- **Billing Period Covered by This Invoice:** Enter the quarter for which expenditures are billed. Billing periods are: 01/01/08-03/31/08, 04/01/08-06/30/08, 07/01/08-09/30/08, and 10/01/08-12/31/08. Invoices will be processed in the order submitted.
- **County Information:** Enter county information as shown on the Notice of Grant Award.

Section II. CDCI ADULT DRUG COURT

Enter expenditures during the quarter for adult felon drug courts.

- **Budget Line Items** (column A): This column lists line items reflected in the approved Multi-Agency Plan (MAP).
- **Beginning Balance** (column B): The first quarter beginning balances must be the same as the approved MAP. For subsequent invoices, the beginning balances in column B are the ending balances from column F of the previous invoice.
- **Budget Line Item Change** (column C): Use this column to enter budget changes. If the Change is greater than 10% of the total budget, approval from the Department of Alcohol and Drug Programs (ADP) is required. Submit a written justification as described in the Terms and Conditions for Budget Modifications. Budget increases and decreases in this column must subtotal zero.
- **Treatment-Related Costs** (column D): Include reimbursable treatment-related expenditures for the quarter. Enter zero if there are no expenditures. The county must submit a claim for each billing period even if there are no expenditures for that quarter.
- **Non-Treatment Related and Other Costs** (column E): Include reimbursable Non-Treatment Related expenditures.
- **Ending Balance** (column F): The form calculates the ending balances.
- **Quarterly Required Match** (column G): Enter the amount of matching funds expended for the quarter (10% match the first two years and 20% thereafter).
- **Cumulative Match** (column H): Enter cumulative matching funds expended during the Project Year.

Section III. JUVENILE, DEPENDENCY, AND FAMILY DRUG COURT

Enter expenditures of CDCI funds during the quarter for juvenile, dependency, and family drug courts. Only counties that budgeted CDCI funds for juvenile, dependency, or family drug courts as of May 20, 2003, are approved to budget funds for these courts.

All the columns in Section III are completed the same as for Section II. See Section II above for instructions.

GRAND TOTAL OF SECTIONS II and III

Combine the totals of all columns for Section II and Section III.

Section IV. CERTIFICATION (Signature Block)

Use blue ink to sign and date the certification that expenditures claimed are consistent with the requirements of the county's grant award.

Attach a copy of the Quarterly Narrative Report, ADP will not approve reimbursement unless the invoice, Quarterly Narrative Report, and Data Evaluation Report have been submitted.

Mail the invoices and narrative reports (but not the data evaluation reports) to your Drug Court County Analyst at:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037

Email the data evaluation reports to Jonathan Graham, ADP Office of Applied Research and Analysis, at jgraham@adp.ca.gov.

Instructions for DCP and DDC Invoices

Please use the Quarterly Reimbursement Form at www.adp.ca.gov/DrugCourts/DrugCourtsForms.shtml.
The form is an Excel spreadsheet and will calculate balances and totals.

Section I.

- **Check whether this is a new, revised, or supplemental invoice for this quarter:**
 1. Check "New" if this is the initial invoice for the quarter.
 2. Check "Revised" if the invoice is a revision or a correction to a previously submitted invoice.
 3. Check "Supplemental" if the invoice bills for expenditures not claimed on a previous invoice.
- **Project Budget Period:** Enter the funding period (e.g., 07/01/08 to 06/30/09).
- **Billing Period Covered by This Invoice:** Enter the quarter for which expenditures are billed. Billing periods are: 07/01/08-09/30/08, 10/01/08-12/31/08, 01/01/09-03/31/09, and 04/01/09-06/30/09. Invoices will be processed in the order submitted.
- **County Information:** Enter county information as shown on the Notice of Grant Award.

Section II. Budget and Current Expenditures

Enter expenditures during the quarter for DDC or DCP drug courts.

- **Budget Line Items** (column A): This column lists line items reflected in the approved Multi-Agency Plan (MAP).
- **Beginning Balance** (column B): The first quarter beginning balances must be the same as the approved MAP. For subsequent invoices, the beginning balances in column B are the ending balances from column F of the previous invoice.
- **Budget Line Item Change** (column C): Use this column to enter budget changes. If the Change is greater than 10% of the total budget, approval from the Department of Alcohol and Drug Programs (ADP) is required. Submit a written justification as described in the Terms and Conditions for Budget Modifications. Budget increases and decreases in this column must subtotal zero.
- **Treatment-Related Costs** (column D): Include reimbursable treatment-related expenditures for the quarter. Enter zero if there are no expenditures. The county must submit a claim for each billing period even if there are no expenditures for that quarter.
- **Non-Treatment Related and Other Costs** (column E): Include reimbursable Non-Treatment Related expenditures.
- **Ending Balance** (column F): The form calculates the ending balances.
- **Quarterly Required Match** (column G): Enter the amount of matching funds expended for the quarter (10% match the first two years and 20% thereafter).
- **Cumulative Match** (column H): Enter cumulative matching funds expended during the Project Year.

Section III. CERTIFICATION (Signature Block)

Use blue ink to sign and date the certification that expenditures claimed are consistent with the requirements of the county's grant award.

Attach a copy of the Quarterly Narrative Report. ADP will not approve reimbursement unless the invoice, Quarterly Narrative Report, and Quarterly Data Evaluation Report have been submitted.

Mail the invoices and narrative reports (but not the data evaluation reports) to your Drug Court County Analyst at:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037

Email the data evaluation reports to Jonathan Graham, ADP Office of Applied Research and Analysis, at jgraham@adp.ca.gov.

List of Allowable Expenditures

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

Treatment-Related Costs

- Anger management/violence prevention
- Assessment
- Childcare
- Client transportation
- Day-care rehabilitative substance abuse treatment
- Detoxification
- Drug court coordinator
- Drug testing
- Family/domestic relations counseling
- GED assistance/education assistance
- Gender specific treatment sessions
- Health education (AIDS/HIV, etc.)
- Job placement
- Language/culture specific programs
- Mental health counseling
- Non-residential treatment
- Parenting classes
- Participant transportation
- Prenatal program
- Psychiatric treatment
- Residential treatment
- Vocational counseling

Non-Treatment Related Costs

- Consultants
- Data collection
- Equipment (i.e.; computer, modem, printer, etc.)
- Facilities
- Supplies
- Staff Training
- Staff Travel

Items purchased with program funds must be entered into the county's accounting system. Expenditure records must be retained for three years from the date of final payment and are subject to audit.

**DRUG COURT PARTNERSHIP
QUARTERLY REIMBURSEMENT FORM**

State of California-Health and Human Services Agency

Department of Alcohol and Drug Programs

Section I	<input type="checkbox"/> Check here if this is an original claim	PROJECT BUDGET PERIOD: From: / / To: / /	County: Grant Award # DCP -	Mail Completed Form To: Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration Attn: Drug Court County Analyst 1700 K Street, 5th Floor Sacramento, CA 95811-4037
	<input type="checkbox"/> Check here if this is a supplemental claim	BILLING PERIOD COVERED BY THIS CLAIM: From: / / To: / /	Grantee: (County Agency identified as Grantee on the Notice of Grant Award)	
	<input type="checkbox"/> Check here if this is a revised claim		Address:	
			City/Zip:	
			Phone:	
			Email Address:	

Section II. Budget and Current Expenditures					G	H
A	B	C	D	E	F	H
BUDGET LINE ITEMS	Beginning Balance	Budget Line Item Change (ADP Approval Required if > 10%)	Treatment Related Costs	Non-Treatment Related and Other Costs	Ending Balance (Do not include Match Amount) (Columns B+C-D-E=F)	Cumulative Match
Personnel	\$ -	-	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	-	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	-	\$ -	\$ -	\$ -	\$ -
Training	\$ -	-	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	-	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ -	-	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	-	\$ -	\$ -	\$ -	\$ -
TOTAL OF SECTION II	\$ -	-	\$ -	\$ -	\$ -	\$ -

Section III. CERTIFICATION (Please sign with BLUE ink.) [Reimbursement will not be approved unless a copy of this quarter's NARRATIVE REPORT IS ATTACHED.] County Alcohol and Other Drug (AOD) Programs Administrator's certification that all expenditures claimed above are consistent with the requirements of the county's grant award.

X _____ / _____ / _____ DATE _____ AOD Administrator's Printed Name _____

I hereby certify that the required reports for the above billing period have been received. The fiscal data contained in this invoice has been recorded and submitted

Drug Court Program Coordinator Signature: _____ **Date:** ____/____/____ **Coordinator Printed Name:** _____

ADP Accounting Section Use Only

TC Number: _____ Index Code: _____ PCA Number: _____

COMPREHENSIVE COURT IMPLEMENTATION
QUARTERLY REIMBURSEMENT FORM

Department of Alcohol and Drug Programs

State of California-Health and Human Services Agency

Section I

Check here if this is an original claim PROJECT BUDGET PERIOD: From: / / To: / /

Check here if this is a supplemental claim Grant Award # CDCI -

Check here if this is a revised claim Grantee: (County Agency identified as Grantee on the Notice of Grant Award)

BILLING PERIOD COVERED BY THIS CLAIM: From: / / To: / /

Address: City/Zip: Phone: Email Address:

Mail Completed Form To:
Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037

Section II. ADULT DRUG COURT: Budget and Current Expenditures

A	B	C	D	E	F	G	H
BUDGET LINE ITEMS	Beginning Balance	Budget Line Item Change (ADP Approval Required if > 10%)	Treatment Related Costs	Non-Treatment Related and Other Costs (Not exceed 15% of total allocation)	Ending Balance (Do not include Match Amount) (Columns B+C-D-E=F)	Quarterly Required Match	Cumulative Match
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OF SECTION II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Section III. JUVENILE DRUG COURT, DEPENDENCY DRUG COURT, FAMILY DRUG COURT: Budget and Current Expenditures

BUDGET LINE ITEMS	Beginning Balance	Budget Line Item Change (ADP Approval Required if > 10%)	Treatment Related Costs	Non-Treatment Related and Other Costs (Not exceed 15% of total allocation)	Ending Balance (Do not include Match Amount) (Columns B+C-D-E=F)	Quarterly Required Match	Cumulative Match
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OF SECTION III	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL OF SECTIONS II AND III	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Section IV. CERTIFICATION (Please sign with BLUE ink.) [Reimbursement will not be approved unless a copy of this quarter's NARRATIVE REPORT IS ATTACHED.] County Alcohol and Other Drug (AOD) Programs Administrator's certification that all expenditures claimed above are consistent with the requirements of the county's grant award.

X _____ / / DATE _____ AOD Administrator's Signature _____ AOD Administrator's Printed Name _____

I hereby certify that the required reports for the above billing period have been received. The fiscal data contained in this invoice has been recorded and submitted to Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration Use Only

Drug Court Program Coordinator Signature: _____ Date: / / Coordinator Printed Name: _____

TC Number: _____ Vendor Number: _____

PCA Number: _____ Index Code: _____

DEPENDENCY DRUG COURT QUARTERLY REIMBURSEMENT FORM

State of California-Health and Human Services Agency

Department of Alcohol and Drug Programs

<p>Section I</p> <p>Check here if this is an original claim <input type="checkbox"/></p> <p>Check here if this is a supplemental claim <input type="checkbox"/></p> <p>Check here if this is a revised claim <input type="checkbox"/></p>	<p>PROJECT BUDGET PERIOD: From: / / To: / /</p> <p>BILLING PERIOD COVERED BY THIS CLAIM: From: / / To: / /</p>	<p>County: _____</p> <p>Grantee: _____ <small>(County Agency identified as Grantee on the Notice of Grant Award)</small></p> <p>Address: _____</p> <p>City/Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p>	<p>Grant Award # DDC - _____</p> <p>Mail Completed Form To: Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration Attn: Drug Court County Analyst 1700 K Street, 5th Floor Sacramento, CA 95811-4037</p>
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Section II. Budget and Current Expenditures				D	E	F	G	H
A	B	C	D	E	F	G	H	I
BUDGET LINE ITEMS	Beginning Balance	Budget Line Item Change (ADP Approval Required if > 10%)	Treatment Related Costs	Non-Treatment Related and Other Costs	(Do not include Match Amount) (Columns B+C-D-E=F)	Required Match	Cumulative Match	J
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OF SECTION II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Section III. CERTIFICATION (Please sign with BLUE ink.) [Reimbursement will not be approved unless a copy of this quarter's NARRATIVE REPORT IS ATTACHED.] County Alcohol and Other Drug (AOD) Programs Administrator's certification that all expenditures claimed above are consistent with the requirements of the county's grant award.

X _____ / _____ / _____ DATE _____ X _____ AOD Administrator's Printed Name

I hereby certify that the required reports for the above billing period have been received. The fiscal data contained in this invoice has been recorded and submitted.

Department of Alcohol and Drug Programs Office of Criminal Justice Collaboration Use Only

Drug Court Program Coordinator Signature: _____ Date: _____ / _____ / _____ Coordinator Printed Name: _____

ADP use only

ADP Accounting Section Use Only

TC Number: _____ Index Code: _____ PCA Number: _____

DRUG COURT QUARTERLY NARRATIVE REPORT FORM For CDCI, DCP and DDC

Check here if this is a revised or an amended Quarterly Narrative Report

County Name: _____ Grant Award #: _____

Reporting Period: _____ through _____ (i.e., 01/01/2008 – 3/31/2008)

County Contact Person: _____ Submission Date: _____

Telephone No.: _____ Email Address: _____

I hereby certify that the information reported in this quarterly report is accurate and consistent with the grant award.

County Alcohol and Drug Program Administrator Date: _____

Please provide this report in a narrative format.

- 1) Quarterly accomplishments:

- 2) Quarterly barriers

- 3) Goals and Objectives for the next Report quarter: