
Substance Abuse and Crime Prevention Act of 2000: Analysis of Plans from the 58 Counties

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Executive Summary

The regulations promulgated under the Substance Abuse and Crime Prevention Act (SACPA) of 2000 require that all counties submit a plan (§9515(b)(2), Title 9, CCR) to the California Department of Alcohol and Drug Programs in order to receive funding for services covered by this Act. The purpose of this document is to summarize the highlights of the fiscal year (FY) 2001/02 plans submitted by all counties within the State.

The overall analysis of the county plans indicates that there is significant consistency among the 58 counties, as well as some differences across county size. Below are several significant highlights of the analysis of all 58 counties, followed by a table summarizing key provisions of the plans.

- The 57 counties that submitted referral data projected 70,718 referrals will be made for SACPA services during FY 2001/02. A vast majority (89.6%) of these referrals will come from the court/probation system. The other referrals (10.4%) will come from the parole authority.
- 87.9% (51) of the 58 counties will require drug testing of SACPA clients using non-SACPA funding sources.
- 91.4% (53) of the 58 counties selected behavioral health professionals or alcohol and other drug professionals to provide assessment and placement services to SACPA-eligible clients.
- 91.4% (53) of the 58 counties reported expending funds in FY 2000/01, and 55 of the counties have unexpended funds they plan to expend in future years.
- The average percentage of funds being budgeted for FY 2001/02 by the 58 counties is 92.1% (range 48.5% to 100.0%).
- The average percentage of budgeted funds being spent on services (drug treatment and other services) by the 58 counties is 79.1% (range 51.5% to 100%); and the average percentage budgeted for criminal justice activities is 20.9% (range: 0 to 48.5%).
- 94.8% (55) of the 58 counties projected an increase in total capacity of services during FY 2001/02.

Summary of County Plans							
	Projected Rate of SACPA Referrals per 1000 Population	% Requiring Drug Tests	% Using Behavioral Health Professionals for Assessment and Placement	% Expended Funds from 2000/01 Allocation	% Budgeted for FY 2001/02 Funds	% of Budget for Services	% of Anticipated Treatment Capacity Increase
Large Counties	1.76	91.6%	83.3%	100.0%	88.5%	72.5%	40.0%
Medium-sized Counties	3.54	77.8%	88.9%	88.9%	85.0%	84.8%	43.0%
Small Counties	2.76	89.2%	94.6%	89.2%	98.0%	80.1%	984.1%

It should be kept in mind that these observations are based upon means for each county grouping. Means can be misleading without consideration of their variability. The table provides only a gross comparison of the data from the county groupings.

The narrative section of each plan describes SACPA services, how services are coordinated, and the county’s process for developing the plans. The fiscal section of each plan describes county plans to expand SACPA funds, as well as projections relevant to capacity and services.

In the narrative section, each of the 58 county plans included a discussion of the county planning process and the collaborative process used to develop the SACPA county plan. Counties were required to include in the collaborative planning process all county agencies and other entities responsible for administering the Act, as well as affected community parties and Federally recognized American Indian tribes. Most counties completed all of these requirements; those that did not provided assurances that full collaboration would occur in future planning efforts.

Each county was asked to provide a narrative description of the types of services that would be available to SACPA clients, such as a discussion of the levels of care and the continuum of care implemented within the county. Counties described treatment systems that use levels of

care (e.g., Level I, II, and III). These levels of care varied across the counties, but in most instances were similar to those used by a variety of professional organizations [e.g., American Society of Addiction Medicine (ASAM) and other behavioral health groups.]

There are some important differences across county size (large, medium, and small). First, the anticipated rate of referrals per 1,000 population is higher for the medium counties, indicating that they are expecting SACPA to have greater effect than the large or small counties. The expected percentage increase in total capacity is much higher among the small counties due to the very small number of beds/slots the counties had prior to SACPA. The average of the total capacity increase for the 37 small counties is 984.1%, which is greatly influenced by nine counties reporting over a 100% capacity increase and two counties reporting over a 7,000% increase in capacity. If these 11 counties were not included in determining this average, then the increase in capacity for small counties is comparable (42.2%) to the other counties (large and medium).

A. Purpose of Document

The regulations promulgated under the Substance Abuse and Crime Prevention Act (SACPA) of 2000 require that all counties submit a plan [§9515(b)(2), Title 9, California Code of Regulations (CCR)] to the California Department of Alcohol and Drug Programs (ADP) in order to receive funding for services covered by this Act. The purpose of this document is to summarize the highlights of the fiscal year (FY) 2001/02 plans submitted by all counties within the State. The narrative section of each plan includes a description of the SACPA services, the coordination of these services, and the process for developing the plans. The fiscal section of each plan describes county plans to expend SACPA funds, as well as projections relevant to capacity and services.

This document begins with a general description of SACPA, followed by an analysis of the plans, and concludes with a summary of all 58 county plans. For purposes of this analysis, the counties are divided into three groups according to population: large (N=12), medium (N=9), and small (N=37). This is similar to the categorization system for the counties developed by the County Alcohol and Drug Program Administrators Association of California (CADPAAC).

For each of these three categories of counties (large, medium, and small), an analysis of the narrative and fiscal sections of the plans will be provided. The narrative discussion includes identification of the lead agencies chosen, a description of the planning process, the types of services and levels of services planned, the anticipated client population by referral from probation or parole, the use of drug testing, and client assessment and placement procedures.

The fiscal analysis includes a discussion of the amount of funds allocated and expended for FY 2000/01, overall funds budgeted in each of the counties for FY 2001/02, the amount of funds being spent on services and criminal justice activities, and projected capacity.

B. Overview of the Substance Abuse and Crime Prevention Act (SACPA) of 2000

In November 2000 the citizens of California passed an initiative titled the Substance Abuse and Crime Prevention Act of 2000 (SACPA, also known as Proposition 36). The purpose of the initiative is threefold: (1) to divert from incarceration into community-based substance abuse treatment programs nonviolent defendants, probationers and parolees charged with simple drug possession or drug use offenses; (2) to halt the wasteful expenditure of hundreds of millions of dollars each year on the incarceration – and reincarceration – of nonviolent drug users who would

be better served by community-based treatment; and (3) to enhance public safety by reducing drug-related crime and preserving jails and prison cells for serious and violent offenders, and to improve public health by reducing drug abuse and drug dependence through proven and effective drug treatment strategies. This initiative appropriated \$60 million in FY 2000-01, and appropriated \$120 million¹ for each of five subsequent fiscal years concluding with FY 2005-06. These funds are required to be placed into a newly established Trust Fund. SACPA required that these funds would be in addition to funds already budgeted for substance abuse treatment services by the State.

The Department of Alcohol and Drug Programs was designated to promulgate regulations that apply to entities receiving funds pursuant to SACPA.

C. Analysis of the 12 Large Counties

This section of the document provides an analysis of the plans of the 12 large counties identified by CADPAAC. The 12 counties discussed in this section are: Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Ventura. The combined population of these 12 counties is 26.2 million or approximately 77.3% of the State's total population, according to January 1, 2000 population estimates. The population range for these counties is 756,500 in Ventura County to 9,884,300 in Los Angeles County. The total amount of funds allocated to these 12 counties for FY 2001/02 is \$85,647,210, which is 73.2% of the total allocated to all California counties (\$117,022,956) for the year.

At the time this document was developed, county plans from all 12 large counties had been submitted to the Department of Alcohol and Drug Programs for review. Eleven of these plans had been approved, and one was awaiting approval.

1. Programmatic Analysis

The following sections summarize the information required by ADP in the program description section of each county plan.

a. Lead Agency

¹ According to SACPA the Department of Alcohol and Drug Programs can withhold a portion of the funds for evaluation and direct service contracts if needed.

According to SACPA regulations (§9515(b)(1) Title 9, CCR) each county was required to designate an entity as the lead agency to implement the county plan, and to implement and coordinate SACPA-related activities. This requirement helps ensure that only one entity is responsible for coordinating SACPA services and for establishing and maintaining communication among agencies providing such services. Seven (58.3%) of these 12 large counties designated their behavioral health or alcohol and drug services agency/division as the lead agency. Two of the counties designated the county executive office and two designated the human services system as the lead agency; while one designated the department of public health. None of the 12 large counties designated the probation or other criminal justice department as the lead agency for the purposes of implementing and coordinating SACPA services.

b. Planning Process

By regulation (§9515(b)(2) Title 9, CCR), each county was required to describe the collaborative process that was used to develop the SACPA county plan. Counties were required to include in the collaborative planning process all county agencies and other entities responsible for administering SACPA, as well as affected community parties and Federally recognized American Indian tribes. Typically counties specified that they had direct input into the planning process from community members, consumers, advocates, and other stakeholders. Some of these counties obtained input through community meetings, forums or focus groups. In addition, input was obtained from Federally recognized American Indian tribes in four counties, while eight counties had no Federally recognized tribes. At least one county without any recognized tribes also included organizations that represent American Indians in its planning effort.

c. Types of Services and Levels of Care

Counties are to provide a wide variety of services to SACPA-eligible individuals (§9530, Title 9, CCR) including drug treatment and additional services (i.e., vocational training, literacy training, and family counseling). Counties may use SACPA funds to cover probation department and court monitoring costs. All of the 12 large counties described the specific services that are to be funded and provided under SACPA. See Appendix A (Table A1) for a complete list of services that will be provided by each of these counties.

Table A1 lists the types of services and activities being planned and budgeted for by the large counties within each of the 19 sub-categories that have been identified by the Department of Alcohol and Drug Programs.

In addition, each county was asked to provide a narrative description of the types of services that would be available to SACPA clients, such as a discussion of the levels of care and the continuum of care implemented within the county. Counties described treatment systems that use levels of care (e.g., Level I, II, and III). These levels of care varied across the counties, but where identified are similar to those used by a variety of professional organizations, e.g., American Society of Addiction Medicine (ASAM) and other behavioral health groups.

d. Client Population (Parole and Probation)

According to Section 3 of SACPA, its purpose and intent is “to divert from incarceration into community-based substance abuse treatment programs nonviolent defendants, probationers and parolees charged with simple drug possession or drug use offenses.” As part of their plans, counties provided detailed information about the processes that would be used to assess, place, refer, and provide drug treatment for defendants, probationers, and parolees. The 12 large counties have projected that a total of 46,089 referrals will be made to SACPA services during FY 2001/02. The majority of referrals will originate from the court or probation system. See Table 1 for estimates by county of referrals (numbers and percentages) from these systems, as well as the total number of referrals anticipated.

Table 1.					
Projected Referrals (number and percentage) by Source for the 12 Large Counties					
County Name	Referrals from Court/Probation		Referrals from Parole		Total Projected Number of Referrals
	Number	%	Number	%	
Alameda*	2,000	80.0%	500	20.0%	2,500
Contra Costa	854	93.1%	63	6.9%	917
Fresno	800	80.0%	200	20.0%	1,000
Los Angeles	8,160	90.7%	840	9.3%	9,000
Orange	3,500	84.2%	657	15.8%	4,157
Riverside	3,170	91.4%	300	8.6%	3,470
Sacramento	2,600	83.9%	500	16.1%	3,100
San Bernardino	6,000	92.3%	500	7.7%	6,500
San Diego	3,679	86.3%	586	13.7%	4,265
San Francisco	1,000	84.8%	180	15.2%	1,180
Santa Clara	6,000	92.3%	500	7.7%	6,500
Ventura	3,390	96.9%	110	3.1%	3,500
12-County Total:	41,153	89.3%	4,936	10.7%	46,089

*The plan from this county was awaiting approval as of August 28, 2001.

e. Drug Testing

Urinalyses are often used by drug treatment programs to monitor an individual's compliance with treatment. Frequency of drug testing also reflects the clinical needs of the client, based upon the individual's severity of abuse, progress in treatment, and/or relapse potential. Programs also randomly administer urine screens to monitor clients' compliance. According to Section 7 of SACPA, SACPA funds cannot be used to pay for drug testing. If counties require testing of SACPA clients, they must describe how such testing would be funded. Eleven (91.7%) of the 12 large counties plan to make drug testing mandatory, while one reported that SACPA clients would not be required to receive drug testing. Eight of the 11 counties requiring drug testing described specific plans for using client fees, additional funds budgeted by the county, or other funding sources to pay for drug testing. Most of these counties mentioned pending legislation that would provide funding to the counties for drug testing of clients (Senate Bill 223 by Senator John Burton). The remaining three counties did not provide any specific plan for funding drug testing.

f. Assessment and Placement

Counties are required to describe the responsible entity(ies) and the process to be used to determine clients' level of need for, placement in, and referral to drug treatment and other services (§9515(b)(2)(C) Title 9, CCR). The regulations give the counties broad latitude in designating these entities. Ten (83.3%) of the large counties stated that behavioral health professionals or alcohol and other drug professionals would be responsible for the assessment and referral of clients to treatment. Only two of the counties identified the criminal justice system (probation or parole) as the sole entity responsible for level of care determinations and client referrals to treatment. In one of these counties the probation department proposes to hire alcohol and other drug professionals to provide assessment, referral, and placement services. Only two counties indicated that probation department staff would be responsible for providing ongoing case management for SACPA clients. In many instances, the assessment and ongoing monitoring of these clients is being shared by alcohol and other drug, behavioral health, and probation staff. In five counties these staff will be located together at pre-determined locations (i.e., courts, probation office, or clinical assessment centers).

2. Fiscal Analysis

In their budgeting, the counties, regardless of size, were planning for the first year implementation of SACPA as well as the four subsequent years. Many counties indicated the need to create a flexible reserve that would be modified or adjusted as the actual impact of SACPA is realized over time. The intent of a reserve was to ensure that there would be sufficient funding to provide services for increased needs in subsequent years of implementation. Because counties were not certain what the actual SACPA caseload would be, they reported the need to plan for the possibility that caseloads would exceed projections. This section discusses budgeting, services and activities funding.

a. Funds Expended in Fiscal Year 2000/01

The statewide SACPA allocation of \$60 million for FY 2000/01 was distributed in March 2001 for the first six months (January to June 2001) of implementation of the Act. All of the 12 large counties reported expending some of the original allocation. The funds that were not expended in FY 2000/01 were reported as unexpended funds available for use in

the 2001/02 plan. The average percentage of funds expended of the FY 2000/01 allocation for these 12 counties is 18.7% (range: 1.2% to 50.9%). See Table 2 for the amount and percentage of funds expended in FY 2000/01 by these 12 counties.

Table 2.			
Funds Expended in FY 2000/01 by County			
County Name	2000/01 Allocation Amount	Amount Expended of 2000/01 Allocation	Percentage Expended of 2000/01 Allocation
Alameda*	\$2,749,706	\$1,400,00	50.9%
Contra Costa	\$1,548,107	\$100,554	6.5%
Fresno	\$1,494,459	\$250,000	16.7%
Los Angeles	\$15,721,862	\$185,003	1.2%
Orange	\$3,985,452	\$1,299,595	32.6%
Riverside	\$2,116,687	\$271,841	12.9%
Sacramento	\$2,107,887	\$358,544	17.0%
San Bernardino	\$2,778,228	\$720,781	25.9%
San Diego	\$4,536,627	\$605,242	13.4%
San Francisco	\$2,298,950	\$62,687	2.7%
Santa Clara	\$2,491,506	\$556,849	22.3%
Ventura	\$1,191,503	\$270,673	22.7%
12-County Total:	\$43,022,974.00	\$4,685,169.00	11%

*The plan from this county was awaiting approval as of August 28, 2001.

b. Funds Budgeted for Fiscal Year 2001/02

The amount of available funds for FY 2001/02 includes the FY 2001/02 allocation plus any unexpended funds from FY 2000/01. The average percentage of funds being budgeted for FY 2001/02 by the 12 large counties is 88.5%. Seven of the 12 large counties budgeted all of the funds available. Five counties did not budget all available funds for FY 2001/02. The range of funds budgeted by these five counties is between 48.5% and 87.4% of total available funds. See Table 3 for the percentage of available funds actually budgeted by each county.

Table 3.			
Funds Budgeted for FY 2001/02 for the 12 Large Counties			
County Name	Total Amount Available	Available Funds Budgeted (\$)	Available Funds Budgeted (%)
Alameda*	\$6,654,411	\$6,654,411	100.0%
Contra Costa	\$4,434,127	\$4,434,127	100.0%
Fresno	\$4,127,554	\$4,127,554	100.0%
Los Angeles	\$45,867,312	\$22,219,000	48.5%
Orange	\$10,374,553	\$8,508,983	82.1%
Riverside	\$5,928,337	\$5,928,337	100.0%
Sacramento	\$5,815,858	\$5,082,762	87.4%
San Bernardino	\$7,417,178	\$5,359,731	72.3%
San Diego	\$12,683,401	\$9,028,063	71.2%
San Francisco	\$6,671,376	\$6,671,376	100.0%
Santa Clara	\$6,741,246	\$6,741,246	100.0%
Ventura	\$3,219,466	\$3,219,466	100.0%
12-County Total	\$119,934,819.00	\$87,975,056.00	73.0%

*The plan from this county was awaiting approval as of August 28, 2001.

c. Services and Activities

This section discusses the various services or activities that will be provided by the 12 large counties, including drug treatment and additional services (vocational training, literacy training, etc.), and criminal justice activities (supervision and monitoring). See Table 4 for the percentages of funds being budgeted for services and criminal justice activities for FY 2001/02 for these 12 counties.

1. Services

This category combines drug treatment and other services (literacy training, vocational training, and family counseling) that will be provided by the counties under SACPA. The average percentage of funds being spent on these services (drug treatment and other services) by these 12 counties is 77.5% (range: 56.6% to 94.7%).

2. Criminal Justice

This category includes funding for probation, supervision, monitoring, and other related activities. This category is important because a major component of SACPA is prevention of further drug-related crime. The 12 county probation departments, which will provide these activities, will work closely with the substance abuse treatment agencies to ensure successful outcomes. The average percentage of funds being spent on criminal justice activities by the 12 large counties is 22.5% (range: 5.3% to 43.4%).

County Name	Amount of Funds Budgeted (FY 2001/02)	Percentage Allocated to Services	Percentage Allocated to Criminal Justice
Alameda*	\$6,654,411	85.2%	14.8%
Contra Costa	\$4,434,127	67.2%	32.8%
Fresno	\$4,127,554	75.4%	24.6%
Los Angeles	\$22,219,000	87.9%	12.1%
Orange	\$8,508,983	88.9%	11.1%
Riverside	\$5,928,337	82.2%	17.8%
Sacramento	\$5,082,762	60.5%	39.5%
San Bernardino	\$5,359,731	56.6%	43.4%
San Diego	\$9,028,063	78.7%	21.3%
San Francisco	\$6,671,376	94.7%	5.3%
Santa Clara	\$6,741,246	77.1%	22.9%
Ventura	\$3,219,466	76.1%	23.9%

*The plan from this county was awaiting approval as of August 28, 2001.

d. Capacity

Eleven (91.6%) of the 12 large counties projected an increase in capacity for drug treatment services, and seven (58.3%) of these counties projected an increase in capacity for other services. The average of the increase in capacity of all services (drug treatment and other services) for these 12 counties is 40% (range: 3.1% to 105%). The range in the projected capacity increases indicates that there may be no clear uniformity in the anticipated impact of SACPA across the 12 large counties. See Table 5 for the estimated service capacity increases for each county. This table lists the anticipated capacity

increases in the drug treatment category (residential and non-residential) and the total increase in capacity (drug treatment plus other services).

County Name	Capacity Increase in Non-Residential Drug Treatment	Capacity Increase in Residential Drug Treatment	Total Capacity Increase (drug treatment and other services)
Alameda*	24.4%	24.3%	26.6%
Contra Costa	0**	0**	3.1%
Fresno	19.0%	25.5%	20.2%
Los Angeles	53.1%	19.2%	47.8%
Orange	69.3%	35.2%	66.5%
Riverside	18.0%	41.4%	19.4%
Sacramento	20.2%	12.2%	39.1%
San Bernardino	44.0%	46.4%	44.5%
San Diego	47.5%	35.0%	45.2%
San Francisco	7.2%	17.2%	9.4%
Santa Clara	28.5%	27.2%	105.7%
Ventura	43.4%	119.0%	54.7%

*The plan from this county was awaiting approval as of August 28, 2001.

**This may be due to the county's current estimate that its capacity will meet the projected number of referrals for SACPA services.

3. Section Highlights

This section provides highlights of the analyses of the 12 large counties, specifically:

- 100% (12) of the 12 large counties stated that “impacted community parties” were involved in the planning process for these plans.
- The 12 large counties projected that 46,089 referrals will be made for SACPA services during FY 2001/02. A majority of these referrals will come from the court/probation system.
- 91.6% (11) of the 12 large counties will require drug testing of SACPA clients using non-SACPA fund sources.
- 83.3% (10) of the 12 large counties selected behavioral health professionals or alcohol and other drug professionals to provide assessment and placement services for SACPA-eligible clients, and two of these counties identified the probation department as responsible for assessment and placement.

- All of the 12 large counties reported expending funds during FY 2000/01, and all 12 counties have unexpended funds they plan to expend in future years.
- The average percentage of funds being budgeted for FY 2001/02 by the 12 large counties is 88.5% (range: 48.5% to 100%).
- The average percentage of budgeted funds being spent on services (drug treatment and other services) by these 12 counties is 77.5% (range: 56.6% to 94.7%); and the average percentage budgeted for criminal justice activities is 22.5% (range: 5.3% to 43.4%).
- All 12 large counties projected an increase in total capacity of services during FY 2001/02. The average increase in total capacity for these 12 counties is 40%.

D. Analysis of the 9 Medium Counties

This section of the document provides an analysis of plans from the 9 medium counties as identified by CADPAAC. The 9 medium counties discussed in this section are: Kern, Monterey, San Joaquin, San Mateo, Santa Barbara, Solano, Sonoma, Stanislaus, and Tulare. The combined population of nine counties is 4.4 million or approximately 12.9% of the State's total population, according to January 1, 2000, population estimates. The population range for these counties is 368,000 in Tulare County to 730,000 in San Mateo County. The total amount of SACPA funds allocated to the 9 medium counties for FY 2001/02 is \$15,409,687, which is 13.2% of the total allocated (\$117,022,956) for the year. The following analyses will be similar to those done for the 12 large counties.

1. Programmatic Analysis

The following sections summarize the information required by SACPA regulations in the programmatic section of the county plans.

a. Lead Agency

Seven (77.8%) of the nine medium counties designated the behavioral health or alcohol and drug services agency/division as the lead agency responsible for implementing SACPA-related activities. One of these counties designated the health and human services agency as the lead and one designated the probation department.

b. Planning Process

Eight (89%) of the nine medium counties stated that “impacted community parties” were involved in the planning process for the county plans. Three of these counties specified that community members, consumers, advocates, and other stakeholders had direct input into the planning process through community meetings and forums. One county reported that it had not received community input, but would include it in subsequent planning processes. Of the nine medium counties, four reported having Federally recognized American Indian tribes within their jurisdictions, and of these, three reported seeking input from the tribes in SACPA planning. The fourth intends to seek tribal input in the future. One county without a Federally recognized tribe included American Indian representatives in their SACPA planning process.

c. Types of Services and Levels of Care

All of the nine medium counties described the specific services to be funded and provided under SACPA. See Appendix A (Table A2) for a complete list of services that will be provided by each of these nine counties. Table A2 lists the types of services and activities being planned and budgeted within each of the 19 sub-categories that have been identified by the Department of Alcohol and Drug Programs.

All of these nine counties described a treatment system that uses various levels of care systems (e.g., Level I, II, III). These levels of care varied across the counties, but were defined by each county that discussed the system and are similar to those used by a variety of professional organizations, e.g., ASAM.

d. Client Population (Parole and Probation)

The nine medium counties have projected that a total of 15,463 referrals will be made to SACPA services during FY 2001/02. The majority of referrals will originate from the court/probation system. See Table 6 for estimates by county of referrals (numbers and percentages) from each of these systems, as well as the total number of referrals anticipated.

Table 6.

Projected Referrals by Source for the 9 Medium Counties					
County Name	Referrals from Court/Probation		Referrals from Parole		Total Projected Number of Referrals
	Number	%	Number	%	
Kern	5,249	93.9%	338	6.1%	5,587
Monterey	1200	91.7%	108	8.3%	1,308
San Joaquin	902	86.4%	142	13.6%	1,044
San Mateo	1,620	91.3%	154	8.7%	1,774
Santa Barbara	1,490	94.9%	80	5.1%	1,570
Solano	400	88.9%	50	11.1%	450
Sonoma	750	89.8%	85	10.2%	835
Stanislaus	1200	86.0%	195	14.0%	1395
Tulare	1300	86.7%	200	3.3%	1500
9-County Total:	14,111	91.3%	1,352	8.7%	15,463

e. **Drug Testing**

Seven (77.8%) of the nine medium counties reported that drug testing would be required of SACPA-eligible clients. The most frequently cited sources of money for drug testing were client fees, additional funds budgeted by the county, other funding sources and pending legislation which would provide money for drug testing (Senate Bill 223 by Senator John Burton).

f. **Assessment and Placement**

Eight (88.9%) of the medium counties stated that behavioral health professionals or alcohol and other drug professionals would be responsible for the assessment and referral of clients to treatment. In a majority of these counties, the assessment and ongoing monitoring of clients is being shared by alcohol and other drug, behavioral health, and probation staff, and in three counties these staff will be located together at pre-determined locations (i.e., courts, probation office, or clinical assessment centers). Only one of the counties identified the criminal justice system (probation or parole) as the sole entity responsible for level of care determinations and client referrals to treatment. In this

county, however, the probation department proposes to hire alcohol and other drug professionals to provide assessment, referral, and placement services.

2. Fiscal Analysis

This section discusses funds expended in FY 2000/01, funds budgeted for FY 2001/02, and services and activities funding in the nine medium counties. As noted previously, some counties indicated the need to create a flexible reserve that would be modified or adjusted as the actual impact of SACPA is realized over time.

a. Funds Expended in Fiscal Year 2000/01

The original SACPA allocation for FY 2000/01 was distributed in March 2001 for the first six months (January to June 2001) of implementation. Eight (88.9%) of the nine medium counties reported expending some of the original allocation. The funds that were not expended in FY 2000/01 were reported as unexpended funds available for use in 2001/02. The average percentage of funds expended of the FY 2000/01 allocation for these nine counties is 19.1% (range: 0.0% to 54.3%). See Table 7 for the amount and percentage of funds expended in FY 2000/01 by the nine medium counties.

Table 7.			
Funds Expended in FY 2000/01 by County			
County Name	2000/01 Allocation Amount	Amount Expended of 2000/01 Allocation	Percentage Expended of 2000/01
Kern	\$1,193,083	\$248,510	20.8%
Monterey	\$604,038	0	0
San Joaquin	\$971,658	\$285,239	29.4%
San Mateo	\$1,097,224	\$69,061	6.3%
Santa Barbara	\$956,481	\$122,000	12.8%
Solano	\$623,595	\$8,595	3.4%
Sonoma	\$854,555	\$256,124	30.6%
Stanislaus	\$734,416	\$398,763	54.3%
Tulare	\$705,303	\$107,986	15.3%
9-County Total	\$7,742,353.00	\$1,498,278.00	19.4%

b. Funds Budgeted for Fiscal Year 20001/02

The amount of available funds for FY 2001/02 includes the FY 2001/02 allocation plus any funds unspent from FY 2000/01. The average percentage of funds being budgeted for FY 2001/02 by the nine medium counties is 85.0% (range: 73.4% to 100%). Six of the nine medium counties budgeted all of the funds available. Three counties did not budget all available funds for FY 2001/02. The range of funds budgeted by these three counties is between 73.4% and 95.2% of total available funds. See Table 8 for the percentage of available funds actually budgeted by each county.

Table 8.			
Funds Budgeted for FY 2001/02 for the 9 Medium Counties			
County Name	Total Amount Available	Available Funds Budgeted (\$)	Available Funds Budgeted (%)
Kern	\$3,246,258	\$3,246,258	100.0%
Monterey	\$1,769,343	\$1,684,420	95.2%
San Joaquin	\$2,560,930	\$2,560,930	100.0%
San Mateo	\$3,144,917	\$3,144,917	100.0%
Santa Barbara	\$2,679,715	\$2,285,747	85.3%
Solano	\$1,818,034	\$1,818,034	100.0%
Sonoma	\$2,247,029	\$1,648,598	73.4%
Stanislaus	\$1,752,481	\$1,752,481	100.0%
Tulare	\$1,957,980	\$1,957,980	100.0%
9-County Total	\$21,176,687.00	\$20,099,365.00	95.0%

c. Services and Activities

This section discusses the various services or activities that will be provided by the nine medium counties, including drug treatment and other services (vocational training, literacy training, and family counseling) and criminal justice activities (supervision and monitoring). See Table 9 for the percentages of funds being budgeted for services and criminal justice activities for FY 2001/02 for these nine counties.

1. Services

This category combines drug treatment and other services (literacy training, vocational training, and family counseling) that will be provided by the counties under SACPA. The average amount of funds being spent on these services (drug treatment and other services) by these nine counties is 84.8% (range: 76.5% to 91.5%).

2. Criminal Justice

This category includes funding for probation, supervision, monitoring, and other related activities. The category is important because a major component of SACPA is the prevention of further drug-related crime. Counties report that nine county probation departments, which will provide these activities, will work closely with the substance abuse treatment agencies to ensure successful outcomes. The average amount of funds being spent on criminal justice activities by the nine medium counties is 15.2% (range: 8.5% to 23.5%).

Table 9.			
Percentage of Funds Budgeted for Drug Treatment and Other Services and Criminal Justice Activities for the 9 Medium Counties			
County Name	Amount of Funds Budgeted (FY 2001/02)	Percentage of Budgeted Funds for Services	Percentage of Budgeted Funds for Criminal Justice Activities
Kern	\$3,246,258	81.0%	19.0%
Monterey	\$1,684,420	78.0%	22.0%
San Joaquin	\$2,560,930	91.5%	8.5%
San Mateo	\$3,144,917	91.3%	8.7%
Santa Barbara	\$2,285,747	76.5%	23.5%
Solano	\$1,818,034	90.2%	9.8%
Sonoma	\$1,648,598	90.0%	10.0%
Stanislaus	\$1,752,481	77.4%	22.6%
Tulare	\$1,957,980	87.0%	13.0%

d. Capacity

All (100%) of these counties projected an increase in capacity for drug treatment services, and seven (77.7%) of the nine medium counties projected an increase in capacity for other services. The average of the increase in capacity of all services (drug treatment and other services) for the nine medium counties is 43% (range: 16.5% to 65.9%). The range in the projected capacity increase indicates that there may be no clear uniformity in the anticipated impact of SACPA across these nine counties. See Table 10 for the estimated service capacity increases for each county. This table lists the anticipated capacity increases in the drug treatment category (residential and non-residential) and the total increase in capacity (drug treatment plus other services).

Table 10.			
Percentage of Increase in Capacity of Non-residential and Residential Drug Treatment and All Drug Treatment and Other Services by County for the 9 Medium Counties			
County Name	Capacity Increase in Non-Residential Drug Treatment	Capacity Increase in Residential Drug Treatment	Total Capacity Increase (drug treatment and other services)
Kern	17.0%	0*	16.5%
Monterey	87.3%	6.0%	61.5%
San Joaquin	39.5%	0*	66.8%
San Mateo	21.3%	6.2%	18.1%
Santa Barbara	26.8%	70.9%	45.5%
Solano	115.6%	26.6%	53.3%
Sonoma	367.5%	160.0%	65.9%
Stanislaus	60.0%	68.0%	38.6%
Tulare	545.0%	31.6%	21.2%

*This may be due to the county’s current estimates that its capacity will meet the projected number of referrals for SACPA services.

3. Section Highlights

This section provides highlights of the analysis of the nine medium counties, specifically:

- All of the 9 medium counties stated that “impacted community parties” were or will be involved in the planning process.
- The 9 medium counties projected that 15,463 referrals will be made for SACPA services during FY 2001/02. A vast majority (91.3%) of these referrals will come from the court/probation system.

- 77.8% (7) of the 9 medium counties will require drug testing of SACPA clients using non-SACPA funding sources.
- 88.9% (8) of the 9 medium counties selected behavioral health professionals or alcohol and other drug professionals to provide assessment and placement services for SACPA-eligible clients, and one of these counties identified the probation department as responsible for assessment and placement.
- Eight (88.9%) of the nine medium counties reported expending funds during FY 2000/01, and all of the counties have unexpended funds they plan to expend in future years.
- The average percentage of funds being budgeted for FY 2001/02 by the nine medium counties is 85.0% (range: 73.4% to 100%).
- The average percentage of budgeted funds being spent on services (drug treatment and other services) by these nine counties is 84.8% (range: 76.5% to 91.5%); and the average percentage budgeted for criminal justice activities is 15.2% (range: 8.5% to 23.5%).
- All (100%) nine medium counties projected an increase in total capacity of services during FY 2001/02. The average increase for these nine counties is 43%.

E. Analysis of the 37 Small Counties

This section of the document provides an analysis of the remaining 37 counties. This group of counties includes those identified as small by CADPAAC. The population of the remaining 37 counties is 3.3 million or approximately 9.8% of the State's total population, according to January 1, 2000, population estimates. The population range for these counties is 1,190 in Alpine County to 255,000 in Santa Cruz County. The total amount of funds allocated to these 37 counties for FY 2001/02 is \$15,966,059 or 13.6% of the total allocated (\$117,022,956) for the year.

At the time this document was developed, county plans from all 37 small counties had been submitted to ADP for review. Thirty-five of these plans had been approved, and the remaining two plans were awaiting approval. At the time of this review Alpine County had not yet submitted fiscal or capacity information with its plan. Therefore, the fiscal analysis does not include data from Alpine County.

1. Programmatic Analysis

The following sections summarize the information required by SACPA regulations in the programmatic section of the county plans.

a. Lead Agency

Twenty-five (67.6%) of the 37 small counties designated their behavioral health or alcohol and drug services agency/division as the lead agency responsible for implementing SACPA-related activities. Twelve (32.4%) of these 37 counties designated health and human services agencies as the lead agency, and none of the small counties designated their probation or other criminal justice department.

b. Planning Process

All of the small counties that submitted county plans stated that “impacted community parties” were involved in the planning process in developing these plans. Some counties described or listed specific entities, agencies, organizations, and consumer/advocacy groups. Of the counties that provided details about community input, two counties held public meetings or forums to obtain input and five received input from advisory boards representing a variety of interested parties. Of the 37 small counties, 25 reported having Federally recognized American Indian tribes within their jurisdictions and 19 received input from those tribes. Four of these 25 counties sought input but received none. Two initially sought no input from tribes, but according to county administrators there will be opportunity for input in the future. Four of the small counties that reported not having any Federally recognized tribes in their jurisdiction stated that representatives from tribes or American Indian organizations were involved in the planning process.

c. Types of Services and Levels of Care

All of the 37 small counties described and/or listed the specific services that are to be funded and provided under SACPA. See Appendix A (Table A3) for a complete list of services that will be provided by each of these 37 counties. Table A3 lists the types of services and activities being planned as indicated by funds being budgeted within each of the 19 sub-categories that have been identified by the Department of Alcohol and Drug Programs.

Counties described a treatment system that uses various levels of care systems (e.g., Level I, II, III). The levels of care varied across the counties, but were defined by each county that discussed the system and are similar to those used by a variety of entities, e.g., ASAM.

d. Client Population (Probation and Parole)

The 36 small counties that submitted this data in the fiscal reports have projected that a total of 9,166 referrals will be made to SACPA services during FY 2001/02. The majority of referrals will originate from the court/probation system. See Table 11 for estimates by county of referrals (numbers and percentages) from each of these systems, as well as the total number of referrals anticipated.

Table 11.					
Projected Referrals (number and percentage) by Source for the 37 Small Counties					
County Name	Referrals from Court/Probation		Referrals from Parole		Total Projected Number of Referrals
	Number	%	Number	%	
Alpine**					
Amador	170	97.1%	5	2.9%	175
Butte	476	81.4%	109	18.6%	585
Calaveras	50	90.9%	5	9.1%	55
Colusa	100	94.3%	6	5.7%	106
Del Norte	0	0	80	100.0%	100
El Dorado	600	92.3%	50	7.7%	650
Glenn	97	97.0%	3	3.0%	100
Humboldt	320	88.9%	40	11.1%	360
Imperial	560	93.3%	40	6.7%	600
Inyo	20	90.9%	2	9.1%	22
Kings	200	85.1%	35	14.9%	235
Lake	458	94.4%	27	5.6%	485
Lassen	200	95.7%	9	4.3%	209
Madera	100	53.2%	88	46.8%	188
Marin	141	92.2%	12	7.8%	153
Mariposa*	139	92.7%	11	7.3%	150
Mendocino	208	94.5%	12	5.5%	220
Merced	360	80.0%	90	20.0%	450

Modoc	50	94.3%	3	5.7%	53
Mono	47	94.0%	3	6.0%	50
Napa	235	96.3%	9	3.7%	244
Nevada	150	60.0%	100	40.0%	250
Placer	530	96.4%	20	3.6%	550
Plumas	22	91.7%	2	8.3%	24
San Benito	100	76.9%	30	23.1%	130
San Luis Obispo	450	90.0%	50	10.0%	500
Santa Cruz	449	95.7%	20	4.3%	469
Shasta	620	91.2%	60	8.8%	680
Sierra	12	70.6%	5	29.4%	17
Siskiyou	80	80.0%	20	20.0%	100
Sutter	220	88.0%	30	12.0%	250
Tehama	100	80.6%	24	19.4%	124
Trinity	76	95.0%	4	5.0%	80
Tuolumne	188	94.0%	12	6.0%	200
Yolo	400	90.9%	40	9.1%	440
Yuba	150	82.4%	32	17.6%	182
37-County Total:	8,078	88.1%	1,088	11.9%	9,166

*The county plan from this county was awaiting approval as of August 28, 2001.

**This county had not submitted this information with its plan at the time of this review.

e. Drug Testing

Thirty-three (89.2%) of the 37 small counties reported that SACPA clients would be required to receive drug testing. Twenty-eight of these 33 counties described specific plans for using client fees, additional funds budgeted by the county, other funding sources, and pending legislation which would provide money for drug testing (Senate Bill 223 by Senator John Burton) to pay for drug testing.

f. Assessment and Placement

Thirty-five (94.6%) of the 37 small counties stated that behavioral health professionals or alcohol and other drug professionals would be responsible for the assessment and referral of clients to treatment. In a majority of these counties, the assessment and ongoing monitoring of clients is being shared by alcohol and other drug, behavioral health, and probation staff, and in many instances these teams will meet regularly to make placement and referral decisions. In nine of these 34 counties the staff will be located together at pre-determined locations (i.e., courts, probation office, or clinical assessment centers). Only two of the counties identified the criminal justice system (probation or parole) as the entity responsible for level of care determinations and client referrals to treatment. In both of these counties, however, the assessment team will include alcohol and other drug counselors/professionals to assist in the assessment and placement determination.

2. Fiscal Analysis

This section provides a discussion of funds expended in FY 2000/01, funds budgeted for FY 2001/01, and services and activities funding in the 37 small counties. Since Alpine County did not submit fiscal information with its county plan, this section will provide an analysis of 36 counties. As noted previously, some counties indicated the need to create a flexible reserve that would be modified or adjusted as the actual impact of SACPA is realized over time.

a. Funds Expended in Fiscal Year 2000/01

The original SACPA allocation for FY 2000/01 was distributed in March 2001 for the first six months (January to June 2001) of implementation. Thirty-three (89.2%) of the 36 small counties reported expending some of the original allocation. The funds that were not expended in FY 2000/01 were reported as unexpended funds available for use in 2001/02. The average percentage of funds expended of the FY 2000/01 allocation for these 36 counties is 29.6% (range: 0.0% to 100.0%). See Table 12 for the amount and percentage of funds expended in FY 2000/01 by the 36 small counties.

Table 12.**Funds Expended in FY 2000/01 by County**

County Name	2000/01 Allocation Amount	Amount Expended of 2000/01 Allocation	Percentage Expended of 2000/01 Allocation
Alpine**			
Amador	\$116,356	\$207	1.2%
Butte	\$371,814	0	0
Calaveras	\$145,809	0	0
Colusa	\$125,525	\$43,900	35.0%
Del Norte	\$128,526	\$80,526	62.7%
El Dorado	\$289,871	\$4,798	1.7%
Glenn	\$117,807	\$27,474	23.3%
Humboldt	\$246,226	\$64,778	26.3%
Imperial	\$358,386	\$172,042	48.0%
Inyo	\$109,277	\$6,077	5.6%
Kings	\$240,237	\$42,983	18.0%
Lake	\$176,805	\$111,688	63.2%
Lassen	\$129,887	\$43,689	33.6%
Madera	\$227,051	\$126,602	55.8%
Marin	\$294,010	\$2,728	0.9%
Mariposa*	\$101,759	\$80,633	79.2%
Mendocino	\$232,935	\$17,679	7.6%
Merced	\$367,698	\$172,553	46.9%
Modoc	\$91,743	\$14,300	15.6%
Mono	\$117,900	\$51,900	44.0%
Napa	\$254,541	\$70,000	27.5%
Nevada	\$192,185	\$34,402	17.9%
Placer	\$437,586	\$32,586	7.4%
Plumas	\$132,080	\$3,080	2.3%
San Benito	\$126,467	\$58,390	46.2%
San Luis Obispo	\$400,046	\$126,959	36.8%
Santa Cruz	\$504,300	\$2,654	0.5%
Shasta	\$337,846	\$64,750	19.2%
Sierra	\$85,622	\$52,320	61.1%
Siskiyou	\$194,400	\$80,509	41.4%

Sutter	\$191,604	\$191,604	100.0%
Tehama	\$168,333	\$168,333	100.0%
Trinity	\$103,693	\$30,693	29.6%
Tuolumne	\$151,087	\$41,236	27.3%
Yolo	\$374,530	\$50,000	13.4%
Yuba	\$201,164	0	0
37-County Total	\$7,845,106.00	\$2,066,002.077	26.0%

*The county plan from this county was awaiting approval as of August 28, 2001.

**This county had not submitted this information with its plan at the time of this review.

b. Funds Budgeted for Fiscal Year 2001/02

The amount of available funds for FY 2001/02 includes the FY 2001/02 allocation for this fiscal year plus any funds unspent from FY 2000/01 (carryover funds). The average percentage of funds being budgeted for FY 2001/02 by the 36 small counties is 98.0% (range: 58.1% to 100%). Twenty-six of the 36 small counties budgeted all of the funds available. Eleven counties did not budget all available funds for FY 2001/02. The range of funds budgeted by the 11 remaining counties is between 58.1% and 99.7% of total available funds. Thirty-five of these 36 counties budgeted at least two-thirds of their available funds for this fiscal year. See Table 13 for the percentage of available funds actually budgeted by each county.

Table 13.			
Funds Budgeted for FY 2001/02 for the 37 Small Counties			
County Name	Total Amount Available	Available Funds Budgeted (\$)	Available Funds Budgeted (%)
Alpine**			
Amador	\$340,621	\$322,405	94.7%
Butte	\$1,089,113	\$982,511	90.2%
Calaveras	\$427,101	\$427,101	100.0%
Colusa	\$323,787	\$323,787	100.0%
Del Norte	\$295,950	\$295,950	100.0%
El Dorado	\$844,290	\$844,290	100.0%
Glenn	\$317,605	\$317,605	100.0%
Humboldt	\$656,465	\$656,465	100.0%
Imperial	\$877,739	\$877,739	100.0%

Inyo	\$314,017	\$310,927	99.0%
Kings	\$660,717	\$463,463	70.1%
Lake	\$406,208	\$406,208	100.0%
Lassen	\$336,775	\$336,775	100.0%
Madera	\$538,474	\$538,448	99.9%
Marin	\$1,048,867	\$813,857	77.6%
Mariposa*	\$217,438	\$217,438	100.0%
Mendocino	\$664,632	\$572,137	86.1%
Merced	\$904,505	\$904,505	100.0%
Modoc	\$254,432	\$254,432	100.0%
Mono	\$293,451	\$293,451	100.0%
Napa	\$675,599	\$675,599	100.0%
Nevada	\$528,544	\$528,544	100.0%
Placer	\$1,249,187	\$1,249,187	100.0%
Plumas	\$383,807	\$383,807	100.0%
San Benito	\$312,056	\$312,056	100.0%
San Luis Obispo	\$1,044,852	\$943,454	90.3%
Santa Cruz	\$1,474,536	\$856,167	58.1%
Shasta	\$924,865	\$924,865	100.0%
Sierra	\$198,483	\$198,483	100.0%
Siskiyou	\$488,925	\$375,034	76.7%
Sutter	\$369,640	\$369,640	100.0%
Tehama	\$324,476	\$324,476	100.0%
Trinity	\$273,043	\$273,043	100.0%
Tuolumne	\$401,327	\$339,700	84.6%
Yolo	\$1,047,070	\$1,044,323	99.7%
Yuba	\$589,247	\$589,247	100.0%
37-County Total	\$21,097,844.00	\$19,547,119.00	93.0%

*The county plan from this county was awaiting approval as of August 6, 2001.

**This county had not submitted this information with its plan at the time of this review.

c. **Services and Activities**

This section discusses the various services or activities that will be provided by the 37 small counties, including drug treatment and other services (vocational training, literacy training, and family counseling), and criminal justice activities (supervision and monitoring). See Table 14 for the percentages of funds being budgeted for services and criminal justice activities for FY 2001/02 for these 36 counties.

1. **Services**

This category combines drug treatment and other services (literacy training, vocational training, and family counseling) that will be provided by the counties under SACPA. The average amount of funds being spent on these services (drug treatment and other services) by these 36 counties is 80.1% (range: 51.5% to 100%).

2. **Criminal Justice**

This category includes funding for probation, supervision, monitoring, and other related activities. The category is important because a major component of SACPA is the prevention of further drug-related crime. The 37 county probation departments, which will provide these activities, will work closely with the substance abuse treatment agencies to ensure successful outcomes. The average amount of funds being spent on criminal justice activities by the 36 small counties is 15.2% (range: 0% to 48.5%).

Table 14.			
Percentage of Funds Budgeted for Planned Services Drug Treatment and Other Services and Criminal Justice Activities for the 37 Small Counties			
County Name	Amount of Funds Budgeted (FY 2001/02)	Percentage of Funds Budgeted for Services	Percentage of Funds Budgeted for Criminal Justice Activities
Alpine**			
Amador	\$322,405	82.3%	17.7%
Butte	\$982,511	70.4%	19.6%
Calaveras	\$427,101	86.2%	13.8%
Colusa	\$323,786	81.9%	18.1%
Del Norte	\$295,950	79.0%	21.0%

El Dorado	\$844,290	85.0%	15.0%
Glenn	\$324,866	84.4%	15.6%
Humboldt	\$656,465	78.2%	21.8%
Imperial	\$877,739	77.0%	23.0%
Inyo	\$310,927	87.5%	12.5%
Kings	\$463,463	80.5%	19.5%
Lake	\$406,208	73.2%	26.8%
Lassen	\$336,775	84.0%	16.0%
Madera	\$538,448	85.1%	14.9%
Marin	\$813,857	86.8%	13.8%
Mariposa*	\$217,438	76.1%	23.9%
Mendocino	\$572,137	84.9%	15.1%
Merced	\$904,505	80.5%	19.5%
Modoc	\$254,432	84.3%	15.7%
Mono	\$293,451	82.4%	17.6%
Napa	\$675,599	92.8%	7.2%
Nevada	\$528,544	100.0%	0.0%
Placer	\$1,249,187	94.8%	5.2%
Plumas	\$383,807	65.0%	35.0%
San Benito	\$312,056	92.0%	8.0%
San Luis Obispo	\$943,454	75.0%	25.0%
Santa Cruz	\$856,167	79.0%	21.0%
Shasta	\$924,865	80.0%	10.0%
Sierra	\$198,483	64.5%	35.5%
Siskiyou	\$375,034	85.0%	15.0%
Sutter	\$369,640	67.7%	32.3%
Tehama	\$324,746	72.1%	27.9%
Trinity	\$273,043	69.6%	30.4%
Tuolumne	\$339,700	51.5%	48.5%
Yolo	\$1,044,323	95.6%	4.4%
Yuba	\$589,247	75.2%	24.8%

*The county plan from this county was awaiting approval as of August 28, 2001.

**This county had not submitted this information with its plan at the time of this review.

d. Capacity

Thirty-three (91.7%) of the 37 small counties projected an increase in capacity for drug treatment services, and 14 (38.9%) of these 37 counties projected an increase in capacity for other services. The average increase in capacity of all services (drug treatment [non-residential and residential] and other services) for the 37 small counties is 984.1% (range: 0% to 26,400%). Nine of the counties reported an overall increase above 100%, two of which reported increases over 7000%. In several of these counties there are no existing services in these categories, so that adding new services and activities will increase their capacity by such large percentages. The range in the projected capacity increase indicates that there may be no clear uniformity in the anticipated impact of SACPA across these 37 counties. See Table 15 for the estimated service capacity increases for each county. This table lists the anticipated capacity increases in the drug treatment category (residential and non-residential) and the total increase in capacity (drug treatment plus other services).

Table 15.			
Percentage of Increase in Capacity of Non-residential and Residential Drug Treatment and All drug Treatment and Other Services by County for the 9 Small Counties			
County Name	Capacity Increase in Non-residential Drug Treatment	Capacity Increase in Residential Drug Treatment	Total Capacity Increase (drug treatment and other services)
Alpine**	--	--	--
Amador	538.0%	142.0%	287.0%
Butte	25.0%	22/2%	38.0%
Calaveras	88.9%	56.0%	137.0%
Colusa	164.0%	200.0%	392.0%
Del Norte	43.7%	50.0%	56.1%
El Dorado	87.3%	6.3%	61.5%
Glenn	38.5%	33.3%	41.8%
Humboldt	60.5%	192.0%	271.0%
Imperial	117.0%	0	98.0%
Inyo	240.0%	33.4%	70.8%
Kings	35.5%	26.7%	33.3%
Lake	122.4%	23.1%	153.1%
Lassen	177.7%	125.0%	200.0%
Madera	28.9%	4,200.0%	44.4%

Marin	29.5%	24.5%	28.7%
Mariposa*	0***	0***	0***
Mendocino	0***	0***	3.8%
Merced	110.0%	0***	7.3%
Modoc	37.6%	58.3%	50.4%
Mono	92.6%	0***	73.5%
Napa	71.0%	214.3%	58.6%
Nevada	74.1%	137.5%	155.0%
Placer	33.3%	21.9%	31.8%
Plumas	3,200.0%	1,100.0%	7,200.0%
San Benito	7,200.0%	7,000.0%	26,400.0%
San Luis Obispo	75.1%	24.0%	23.7%
Santa Cruz	85.2%	8.6%	39.0%
Shasta	47.2%	64.7%	47.8%
Sierra	11.8%	22.7%	29.0%
Siskiyou	75.0%	33.3%	47.8%
Sutter	41.5%	3.0%	36.3%
Tehama	53.6%	24.6%	44.4%
Trinity	0***	0***	0***
Tuolumne	188.0%	50.0%	161.3%
Yolo	34.4%	20.0%	51.2%
Yuba	40.0%	29.4%	38.7%

*The county plan from this county was awaiting approval as of August 28, 2001.

**This county had not submitted this information with its plan at the time of this review.

***This may be due the counties' estimate that current capacity will meet the projected number of referrals for SACPA services in the categories or in total.

3. Section Highlights

This section provides highlights of the analysis of the 37 small counties, specifically:

- All of the 37 small counties stated that “impacted community parties” were involved in the planning process for these plans.
- The 36 small counties that submitted referral data projected 9,166 referrals will be made for SACPA services during FY 2001/02. A majority (88.1%) of these referrals will come from the court/probation system.
- 89.2% (33) of the 37 small counties will require drug testing of SACPA clients.

- 94.6% (35) of the 37 small counties selected behavioral health professionals or alcohol and other drug professionals to provide assessment and placement services for SACPA-eligible clients, and two of these counties identified the probation department as responsible for assessment and placement.
- 89.2% (33) of the 36 small counties reported expending funds in FY 2000/01, and 91.9% (34) of the counties have unexpended funds they plan to expend in the future years.
- The average percentage of funds being budgeted for FY 2001/02 by the small counties is 98.0% (range 58.1% to 100%).
- The average percentage of budgeted funds being spent on services (drug treatment and other services) by these 36 counties is 80.1% (range 51.5% to 100%); and the average percentage budgeted for criminal justice activities is 15.2% (range: 0 to 48.5%).
- 91.2% (34) of the 36 small counties projected an increase in total capacity of services during FY 2001/02. The average increase in total capacity for these 36 counties is 984.1%.

F. Summary of County Plans

The overall analysis of the county plans indicates that there is significant consistency among the 58 counties. Based on the programmatic information provided by the counties, the SACPA services are largely directed and coordinated by alcohol and other drug and health and human service agencies/professionals. In fact, 55 (94.8 %) of the 58 counties identified various health and human services related agencies (department of health services, public health, behavioral health departments and alcohol and other drug professionals) as the lead agency. 88.9% of the counties selected behavioral health professionals or alcohol and other drug professionals to provide assessment and placement services to SACPA-eligible clients. The average percentage of budgeted funds being spent on services (drug treatment and other services) by the 58 counties is 80.8%.

In the narrative section, each of the 58 county plans included a discussion of the county planning process and the collaborative process used to develop the SACPA county plan. Counties were required to include in the collaborative planning process all county agencies and other entities responsible for administering the Act, as well as affected community parties and Federally recognized American Indian tribes. Most all counties met these requirements; those that did not have provided assurances that full collaboration would occur in future planning efforts.

Each county was asked to provide a narrative description of the types of services that would be available to SACPA clients, such as a discussion of the levels of care and the continuum of care implemented within the county. Counties described treatment systems that use levels of care (e.g., Level I, II, and III). These levels of care varied across the counties, but in most instances were similar to those used by a variety of professional organizations, e.g., American Society of Addiction Medicine (ASAM) and other behavioral health groups.

There are also some important differences across county size (large, medium, and small). First, the anticipated rate of referrals per 1,000 population is higher for the medium counties, indicating that they are expecting SACPA to have greater effect than the large or small counties. The expected increase in total capacity is much higher among the small counties. The average of the total capacity increase for the 36 small counties is 984.1 percent, which is greatly influenced by nine counties reporting over a 100 percent capacity increase and two counties reporting over a 7,000 percent increase in capacity. If these 11 counties were not included in determining this average, then the increase in capacity for small counties is comparable (42.2 percent) to the other counties (large and medium).

Table A1												
Planned Services by Type--Large Counties												
County Name												
	Alameda	Contra Costa	Fresno	Los Angeles	Orange	Riverside	Sacramento	San Bernadino	San Diego	San Francisco	Santa Clara	Ventura
Non-Residential/Outpatient												
Treatment/Recovery - No Meds	X	X	X	X	X	X	X	X	X	X	X	X
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed	X	X		X	X	X	X	X		X		X
Day Program-Intensive	X	X		X		X			X	X		
Detoxification -No Meds												
Detoxification -Methadone, LAAM, or Other Meds Prescribed	X	X	X			X	X	X				
Residential												
Detoxification (Hospital)					X							X
Detoxification (Non-Hospital) - No Meds		X	X		X	X	X	X	X			X
Detoxification (Non-Hospital) - No Meds-Methadone, LAAM, or Other Meds Prescribed												X
Treatment/Recovery - No Meds	X	X	X	X	X	X	X	X	X	X		
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed										X		
Other Service												
Literacy Training	X	X	X			X	X			X	X	
Family Counseling	X	X	X		X	X	X			X	X	
Vocational Training	X	X	X			X	X			X	X	X
Other Client Services	X	X	X			X	X			X	X	X
Case Management Activities												
Referral/ Assessment	X	X	X	X	X	X	X	X	X	X	X	
Placement	X		X			X	X		X	X		
Court Monitoring	X	X	X				X	X	X	X	X	
Supervision	X	X	X			X	X	X	X	X	X	
Miscellaneous Activities		X	X	X		X	X	X	X	X	X	

Table A2									
Planned Services by Type -- Medium-Sized Counties									
County Name									
	Kern	Monterey	San Joaquin	San Mateo	Santa Barbara	Solano	Sonoma	Stanislaus	Tulare
Non-Residential/Outpatient									
Treatment/Recovery - No Meds	X	X	X	X	X	X	X	X	X
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed		X		X	X		X		
Day Program-Intensive			X	X	X		X		X
Detoxification -No Meds					X				
Detoxification -Methadone, LAAM, or Other Meds Prescribed			X	X			X		
Residential									
Detoxification (Hospital)									
Detoxification (Non-Hospital) -No Meds	X				X				
Detoxification (Non-Hospital) -No Meds-Methadone, LAAM, or Other Meds Prescribed				X					
Treatment/Recovery - No Meds	X	X	X	X	X	X	X	X	X
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed									
Other Service									
Literacy Training			X						
Family Counseling			X	X	X	X	X		
Vocational Training			X		X				
Other Client Services				X					
Case Management Activities									
Referral/ Assessment		X	X		X		X	X	X
Placement								X	
Court Monitoring			X		X		X	X	X
Supervision	X	X	X		X	X	X	X	
Miscellaneous Activites			X		X		X	X	

**Table A3
Planned Services by Type--Small Counties**

County Name	Alpine	Amador	Butte	Calaveras	Colusa	Del Norte	El Dorado	Glenn	Humboldt	Imperial	Inyo	Kings	Lake	Lassen	Madera	Marin	Mariposa	Mendocino	Merced
Non-Residential/Outpatient																			
Treatment/Recovery - No Meds		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed		x								x		x			x	x			
Day Program-Intensive		x	x				x		x		x	x	x	x		x	x		
Detoxification -No Meds		x		x															
Detoxification -Methadone, LAAM, or Other Meds Prescribed		x								x									
Residential																			
Detoxification (Hospital)		x			x										x				
Detoxification (Non-Hospital) -No Meds		x							x			x	x	x		x	x		
Detoxification (Non-Hospital) -No Meds-Methadone, LAAM, or Other Meds Prescribed												x						x	
Treatment/Recovery - No Meds		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed																	x		
Other Service																			
Literacy Training		x		x	x	x	x					x						x	
Family Counseling		x		x	x	x	x	x	x	x	x	x			x		x	x	x
Vocational Training		x		x	x	x	x					x						x	
Other Client Services		x		x	x		x					x		x				x	
Case Management Activities																			
Referral/ Assessment					x	x	x		x		x	x	x		x	x	x	x	x
Placement					x	x		x	x		x	x			x		x	x	
Court Monitoring			x		x	x			x		x	x	x	x	x		x	x	
Supervision			x		x	x		x	x		x	x	x	x	x		x	x	x
Miscellaneous Activities		x													x			x	

Table A3 - continued
Planned Services by Type--Small Counties

County Name	Modoc	Mono	Napa	Nevada	Placer	Plumas	San Benito	San Luis Obispo	Santa Cruz	Shasta	Sierra	Siskiyou	Sutter	Tehama	Trinity	Toulumne	Yolo	Yuba
Non-Residential/Outpatient																		
Treatment/Recovery - No Meds	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed					x	x			x									
Day Program-Intensive	x		x	x	x	x		x		x		x	x	x	x		x	x
Detoxification -No Meds																		
Detoxification -Methadone, LAAM, or Other Meds Prescribed					x			x										
Residential																		
Detoxification (Hospital)						x												
Detoxification (Non-Hospital) -No Meds	x				x	x			x	x			x				x	
Detoxification (Non-Hospital) -No Meds-Methadone, LAAM, or Other Meds Prescribed	x			x	x		x	x										
Treatment/Recovery - No Meds	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Treatment/Recovery - Methadone, LAAM, or Other Meds Prescribed						x		x										
Other Service																		
Literacy Training						x			x		x		x					x
Family Counseling	x		x	x		x							x					
Vocational Training				x		x			x				x					
Other Client Services	x		x	x	x	x												
Case Management Activities																		
Referral/ Assessment	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Placement	x		x	x	x	x		x			x			x	x		x	
Court Monitoring			x	x	x	x		x			x		x	x	x	x	x	x
Supervision	x	x	x	x	x	x	x	x	x	x	x				x	x	x	
Miscellaneous Activities	x		x	x	x	x					x							