

SUBSTANCE ABUSE CRIME PREVENTION ACT
OF 2000

County of Santa Barbara

**Substance Abuse and Crime Prevention Act
(SACPA) Annual Services Plan**

May 1, 2006

Prepared by:

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Alcohol, Drug and Mental Health Services - Alcohol and Drug Program

Certification: This plan was approved by the County Board of Supervisors, or it's designated delegated authority representative, as attested by the Board of Supervisors' Minute Order attached hereto and incorporated by this reference.

Department of Alcohol, Drug and Mental Health Services

Signature

James L. Broderick, PhD.
Director, Alcohol, Drug and Mental Health Services
Title

This Plan is submitted pursuant to Section 9515, Title 9, of the California code
of Regulations

Plan Questions

1. Is the county Board of Supervisors' approval, or are the written Board of Supervisors' delegation (by a written resolution, delegation of approval authority or order) and the county lead agency plan approval attached? [ref: §9515 (b)(3)]

- Yes
 No (expected date of approval): 5/9/06

2. Check the county agencies and other entities involved in developing the county plan. (Check all that apply) [ref. §9515(b) (2)]. If one or more of the required agencies or entities did not participate, please explain in Part III, Plan Description, Item 1.

REQUIRED

- County alcohol and other drug agency
 Court
 Parole Authority
 Probation Department

OPTIONAL (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> County Executive Office | <input type="checkbox"/> Police Department |
| <input checked="" type="checkbox"/> County Mental Health | <input checked="" type="checkbox"/> Public Defender |
| <input type="checkbox"/> County Office of Education | <input checked="" type="checkbox"/> Sheriff |
| <input type="checkbox"/> County Public Health | <input checked="" type="checkbox"/> Other (specify) |
| <input type="checkbox"/> County Social Services | AOD Advisory Board |
| <input checked="" type="checkbox"/> District Attorney | |

3. Check the impacted community parties that collaborated in the development of this county plan. [ref: §9515(b)(2)]

REQUIRED

- Providers of drug treatment services in the community
 Representatives of drug treatment associations in the community

OPTIONAL (Check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Clients/Client groups | <input checked="" type="checkbox"/> Non-Profit Organizations |
| <input checked="" type="checkbox"/> Colleges and Universities | <input type="checkbox"/> Youth Organizations |
| <input type="checkbox"/> Local Business Representatives | <input checked="" type="checkbox"/> Other: Recovery Community |

4. How was community input collected? [ref: §9515(b)(2)]

- Community meetings
 County advisory groups
 Focus groups
 Other method(s) (explain briefly) Core Committee; Policy Council

5. If there are federally recognized American Indian tribes located within your county, did they provide input to the development of this county plan? [ref: §9515(b)(2)]

- Yes – (required if such tribes are located in your county)
- No federally recognized American Indian tribe(s) in the county

6. During this fiscal year, how often did entities and impacted community parties meet to develop this county plan? [ref: §9515(b)(2)(A)]

- 1-4 times
- 5 or more times

7. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities. [ref: §9515(b)(2)(A) and 9520(a)]

- Every three months (minimum required)
- 5-8 times
- 9 or more times

8. What services will be available to SACPA clients under this county plan? [ref: §9515(b)(2)(B); and Penal Code §1210.1(c) and §3063.1(c)]

REQUIRED

- Drug treatment
- Family counseling
- Literacy training
- Vocational training

OPTIONAL

- Mental health
- Other (specify) Smoking cessation, Violence prevention, Parenting , Sober living

9. Identify the entity(s) responsible for determining a SACPA offender’s level of need for, and placement in, drug treatment. [ref: §9515(b)(2)(C)]

- County alcohol and other drug agency
- Drug treatment provider(s)
- Probation department
- Other (specify) Placement and treatment level determined by the Court team with input from ASI, ADP Assessment, and MH

10. Identify the entity(s) responsible for assessing a SACPA offender’s level of need for and placement in additional services supplemental to treatment. [ref: §9515(b)(2)(C)]

- County alcohol and other drug agency
- Drug treatment provider(s)
- Probation department
- Other (specify) Treatment Team and Community Based Providers

11. What assessment tools will be used in your county for SACPA clients?
[ref: §9515(b)(2)(C)]

- ASI (Addiction Severity Index)
- ASAM PPC (American Society of Addiction Medicine Patient Placement Criteria)
- Other (specify)

12. Will drug testing be required for SACPA clients in your county? [ref: §9515(b)(3)(A)]

- Yes
- No

13. Is drug testing, when paid for with federal Substance Abuse Prevention and Treatment (SAPT) block grant funds, used for non-punitive treatment purposes?

- Yes
- No

14. Are drug testing results (positive and/or negative) used in conjunction with other program performance indicators (e.g., attendance, participation, employment, domestic relations, etc.) to make adjustments in the client's treatment program?

- Yes
- No

15. Other than the Substance Abuse Treatment and Testing Accountability (SATTA) Program, what sources of funds, if any, will be used to pay for drug testing? [ref: §9530(i)]

(Check all that apply. Do not include federal SAPT block grant funds provided under the state SATTA program.)

- Client fees
- Additional funds budgeted by the county
- Other (specify)

16. Has there been a change in the Lead Agency designation?
(Check one)

- Yes
- No

Narrative

- 1. Collaborative Process. Describe the collaborative process used during the current fiscal year to plan services. Describe how county entities, community parties, and others participated in the development of this plan. If one or more of the required agencies or entities did not participate in the collaborative process (Part II, Plan Questions, Item 2 and 3), explain why. [ref: §9515(b)(2)(A)]**

The mission of the Santa Barbara Therapeutic Justice System (TJS) Policy Council is to provide a coordinated approach by the criminal justice and treatment agencies of Santa Barbara County for the implementation and ongoing management of local treatment court services, including the Substance Abuse Crime Prevention Act of 2000.

The TJS Policy Council has established a system of treatment court-specific core committees designed to address issues unique to each local treatment court and to advance recommendations for policy consideration to the Policy Council and beyond. While the structure has been modified slightly, the responsibilities of the Council are the same.

The established primary policy and program development structures are:

Therapeutic Justice Court Policy Council: Responsible for providing overall guidance, direction and policy recommendations to the SACPA project. Membership includes the District Attorney, the Public Defender, the Chief Probation Officer, the Sheriff, and the Director of Alcohol, Drug and Mental Health Services, representation from the Office of the County Executive Office, the Superior Court, representatives of treatment agencies, and recovery advocates. The Policy Council is chaired by the Presiding Judge of the Superior Court and meets twice a year or as needed.

SACPA Core Committee: Responsible for identifying new and emerging policy issues that must be addressed by the Council and refining day to day operational issues for SACPA. Membership includes staff from each of the departments identified above, representation from the Office of the County Executive Office, local treatment providers, recovery advocates, and the Advisory Board on Alcohol and Other Drug Problems. The SACPA Core committee meets monthly to discuss issues facing the treatment team and to provide recommendations to the SACPA Policy Council. This committee assigns workgroups, as needed, to develop specific recommendations for program development or process improvements.

Dual Diagnosis Core Committee: Formed to address the needs of SACPA clients with co-occurring substance use and mental disorders, this committee attempts to identify system of care issues critical to the success of the program. Based on the evaluation of our local drug court program, we have learned in the years since SACPA was enacted that up to 33 % of level I clients, 41% of level II and 51% of level III clients referred for substance abuse have histories of depression and 20% of all clients report prior suicide attempts. It is estimated that approximately 10% report a history of psychiatric hospitalization. The Policy Council endorsed the development of this core committee which serves to establish a “bridge” with civil court management issues and mental health treatment issues. Members include ADMHS, County

Counsel, District Attorney, Probation, Public Defender, and Public Guardian, the Superior Court and local AOD and MH client advocates. The development of this committee has prompted the local mental health system to formally establish co-occurring services

SACPA Treatment Providers: Treatment providers meet monthly to identify operational issues that should be presented by provider representatives to the SACPA Core Committee. These meetings are used to further advance treatment quality by providing a forum to bring new information and research methodology for discussion. This meeting also allows for all members of the treatment community to develop new ideas and recommendations to enhance client services and explore utilization of ancillary services that further the continuum of care throughout the county. This meeting is open to all service providers.

Sub-Committees: Responsible for developing specific aspects for the implementation of operational issues. There are two formal subcommittees, including:

- *The Data Collection/Evaluation Committee* is responsible for identifying the management information needs for the implementation process and outcome evaluations and will coordinate with ADMHS/ADP to ensure redundancy is reduced.
- *The Treatment Guidelines Workgroup* was convened to evaluate and revise the SACPA Treatment Guidelines to incorporate “Best Practices” to improve client engagement and retention in treatment and improve overall treatment outcomes. The committee then makes recommendations to the policy council.
- The core committee establishes other ad hoc committees as necessary.

2. Coordination of Services and Client Flow. Describe how involved entities coordinate multiple services as clients’ progress from referral through program completion (referral, assessment, placement, court monitoring, probation supervision, case management, etc.). Describe specific roles and activities of court, probation, parole, county alcohol and drug treatment, and treatment providers. [ref: §9515(b)(2)(A)

The Department of Alcohol, Drug and Mental Health Services (ADMHS) Alcohol and Drug Programs (ADP) Division serves as the lead local resource for establishing a menu of treatment and ancillary services commensurate with the resources allocated by SACPA. The Division has established contracts with 13-16 community-based substance abuse treatment, two Vocational Rehabilitation companies, three sober living homes and three public government agencies to provide a menu of SACPA services.

The Court provides sentencing, reviews the activities of SACPA clients and provides oversight of client progress. The Court serves as the Lead in the Court Treatment Team providing case review and making treatment adjustments as necessary. The Court also chairs the Therapeutic Justice Court Policy Council and Core Committees. ADP funds three court clerk positions assigned to the court management activities of SACPA clients.

Probation provides initial risk assessment and, in concert with ADP assessment staff, prepares sentencing recommendations for the court. Probation also monitors client participation in treatment and drug testing results and provides reports to the court on a quarterly basis. In addition, as one of ten “focus” counties, Santa Barbara County Probation conducts data

collection and statistical evaluation. ADP funds several Probation staff to conduct these activities.

In-kind services are provided by the Public Defender, District Attorney, Sheriff and the Sheriff Department Treatment Program. Santa Barbara ADMHS provides services to those clients with co-occurring disorders that meet criteria for Mental Health services. There are also faith based providers who provide services to clients and cooperate with SACPA policies and procedures.

Coordination of client services occurs daily through formal and informal communications between treatment providers, Probation and court officers. Formal communication occurs via treatment agencies submission of Daily Incident, Monthly and Quarterly Progress Reports. Informal coordination includes phone conversations between providers, Probation, court officers, and ADP. Perinatal clients receive specific case management activities through the use of Perinatal funding both from SACPA, the SAMHSA grant and NNA funds. Court and community supervision are carried out by the Superior Court and Probation. In cases where clients require a change in level of care or demonstrate a need for additional services, the court is informed and required changes are then implemented.

Client Flow

The District Attorney determines eligibility of clients for SACPA. The DA files the case; the client receives a court arraignment date and enters a Plea. When clients choose SACPA treatment, they are referred to co-located ADP and Probation staff for assessment. In-custody clients receive addiction assessments within three to four days while clients out of custody have their assessments conducted within one week plus one day. Assessment includes the use of the ASI.

The ADP assessment staff makes a recommendation to Probation and the Court regarding treatment type, level and use of ancillary services including Mental Health services, as necessary. The Court reviews the recommendations for treatment with the Court Treatment Team and issues sentencing. The Court then provides oversight and adjustments in treatment based on client progress. Probation monitors participation in treatment and drug testing. The court refers clients to an appropriate treatment provider who provides proof of enrollment within 48 hours. Santa Barbara County continues to meet the time limits as indicated by SACPA 2000.

Once the client has started treatment, the treatment provider prepares a treatment plan and forwards it to the probation department within 30 days for review by the Court Treatment Team. On a quarterly basis, the treatment provider prepares and forwards a progress report to the probation department regarding the client's progress and provides recommendations if ancillary services are recommended. Any member of the treatment team (probation, treatment staff, public defender, district attorney, the court or the client themselves) may request or recommend ancillary services such as vocational, mental health, parenting or education.

3. Drug Treatment and Additional Services Assessment Process. Describe the assessment process and tools that will be used to determine clients' level of need for both drug treatment and additional services. [ref: §9515(b)(3)(B)]

Through a co-location arrangement, the Probation Department and ADP conduct risk evaluation and addiction assessments. Masters Level or Licensed assessment staff utilize the Addiction Severity Index (ASI) combined with motivational interviewing skills to assess each client and make recommendations for appropriate treatment placement. In addition, assessment staff may also include a recommendation for additional support services. Along with the risk evaluation report provided by Probation, the Court reviews the recommendations for treatment and makes an appropriate probation order. The initial pre-placement assessment with treatment recommendations is forwarded to the agency providing treatment. Santa Barbara County continues to meet the time limits as indicated by SACPA 2000.

Several levels of assessment are conducted to ensure individual client needs are addressed. With proper assessment and access to a continuum of treatment services, non-violent offenders can reduce the risk substance abuse presents in their lives and achieve self-sufficiency/recovery. The use of incentives and appropriate supportive actions are viewed as critical components for assisting the SACPA participants in their journeys through the treatment experience. It is Santa Barbara County's commitment to treatment that led the implementation team to recommend that assessment occur as early as possible in the criminal process following the determination of a plea. Appropriate assessments conducted by qualified substance abuse professionals for identified SACPA eligible defendants helps engage and retain clients in treatment.

Participants receive initial addiction and risk evaluation assessments from ADMHS staff utilizing the ASI and preliminary placement recommendations are presented to the treatment team. The team also receives additional information from probation, mental health and other interested team staff to make treatment recommendations and, if indicated, further evaluation for vocational needs, literacy, special education, Trauma, and mental health. As ancillary service assessments are made, recommendations are provided to the treatment team for treatment adjustments. Treatment plans are completed by the provider at intake and subsequently revised and updated every 90 days thereafter. The needs of clients are addressed as thoroughly as resources allow. During the SACPA monitoring visits, client assessments and service plans are reviewed for appropriateness of treatment services. When a client is doing poorly in treatment, the treatment team reviews the case and makes treatment adjustments accordingly. Per Santa Barbara County policy, a positive drug test initiates a review of the client's treatment plan. Confirmatory testing is now provided through an independent lab should a client deny usage. The results of drug testing may lead to modifications to the treatment that the SACPA participant receives and may require a change in treatment level, additional self help meetings, an increase in the number of drug tests, increased counseling services, and other additional support services including mental health services.

During the course of the FY 2005-06 the County of Santa Barbara has worked to improve the communication and working relationships between the Sheriff Department's in-house treatment program and mental health services offered in the jail, and the outpatient Adult Mental Health Clinics to facilitate a more seamless system of care for court managed clients with co-occurring

substance use and mental illness conditions. ADMHS provides mental health professionals as members of the court treatment team. In certain situations clients with suspected co-occurring disorders may receive a brief mental health assessment to establish service need. These assessments may occur immediately at the courthouse or shortly thereafter based on the findings of the treatment team. For individuals in custody, jail mental health is notified by the court directly, through assessment staff or by the Public Defender social worker to facilitate psychiatric intervention in a timely manner and improve treatment engagement outcomes. This approach will be further advanced by the implementation of the “Justice Alliance Project”, which will assign additional mental health clinicians to the courts for screening, evaluation and improved referrals to local therapeutic services. This project will be funded through the Mental Health Services Act initiative.

In FY 2005-06, the County of Santa Barbara purchased an online system for the administration of the Addiction Severity Index (ASI) which is available to all treatment providers participating in Santa Barbara County’s treatment system. The system increases for consistency in reporting and evaluation methods. As the provider network becomes more proficient in the utilization of this tool ADP anticipates that the County assessment team will implement use of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria during FY 06-07 in order to avoid redundancy with local treatment providers and to improve the effectiveness of client placement into appropriate levels of care.

Santa Barbara utilizes a continuum of care approach with cooperation among all providers to provide positive treatment outcomes.

4. **Drug Treatment, Aftercare and Additional Services.** Describe the types of treatment, aftercare, and additional services the county provides to clients after assessment. Describe the intensity and length of treatment and other services, and client flow among services. If services (e.g., residential, narcotic replacement therapy) are unavailable in the county, identify how services will be provided to clients whose assessments indicate the services are needed. [ref: §9515(b)(3)(B)(D)(E)]

Non-Residential Outpatient

- Treatment/recovery
- Dual diagnosis services
- Methadone, LAAM, or other prescribed medications
- Intensive day programs

The county has adopted treatment levels (Level 1 at three months, Level 2 at six months and Level 3 at 12 months) of care followed by aftercare for Levels 2 and 3. While this approach works well for many clients, ADP continues to experience lack of treatment completion by many others. As a result, the Policy Council endorsed the formation of a Treatment Improvement Workgroup under the SACPA Core Committee to review the treatment guidelines established at the inception of the program with the direction to provide recommendations for achieving improved individualized treatment. The Treatment Improvement Workgroup will review the guidelines in light of research-based “Best and Promising Practices” and propose program modifications to the Policy Council upon completion. The revised guidelines will be formulated

to improve the outcomes of those clients who initially present with indicators that predict lack of program success and will strengthen the focus on risk factors such as homelessness, unemployment, psychological issues, frequent arrests, recent substance use, domestic violence and histories of trauma. In addition, outcomes have improved for Latino clients, ADP will continue to ensure local services are responsive linguistically and culturally. ADP intends to create improved fluidity within our local treatment system, improve engagement and retention of clients, and further promote a “client driven” treatment system. This continued effort is designed to improve treatment outcomes and reduce recidivism.

The County of Santa Barbara menu of treatment services includes:

- Family Counseling
- Trauma Sensitive Treatment
- Parenting
- Literacy training
- Monitoring/Supervision
- Ongoing Assessments /Treatment Planning
- Referral to Ancillary Services
- Case Management
- Housing support

Santa Barbara County continues to address the needs of clients with co-occurring mental health and substance use disorders by continuing to expand the dual diagnosis treatment tract in both the southern and northern regions of the county. The county has expanded the availability of treatment services for clients with co-occurring AOD/MH conditions and who meet admission criteria by engaging the Adult Mental Health System. The Adult Mental Health clinics in Santa Maria and Santa Barbara have implemented integrated co-occurring treatment services and planning for implementation in the Lompoc ADMH clinic is underway. Treatment options for clients in South County include Phoenix House, Sanctuary Psychiatric Services and the Council on Alcoholism and Drug Abuse. In the North County, Recovery Point and Coast Valley Treatment Service meet the treatment needs of this population. ADP continues to work with other community based providers to develop the capacity to address the needs of clients with co-occurring conditions.

ADP has encouraged some community based providers of outpatient services to contract with local psychiatrists or non-specialty physicians to provide medication consultation for clients that may not meet criteria for the county mental health clinics or who may need “bridge” services until they can be seen in the clinics. Furthermore, providers have submitted funding requests through the Mental Health Services Act planning process, which established the “Bridge to Care” project to provide additional funding required for expanded services. This will improve the continuity of care for clients, by addressing to the mental health needs that can negatively influence drug treatment outcomes.

Residential Treatment Services

- For Pregnant and Parenting women and their children
- For males and non-parenting women
- Social model detoxification

- Detoxification, non-hospital based, for Methadone, LAAM, and other prescribed medications

Santa Barbara County's capacity to provide residential treatment was enhanced by the award of a three-year, \$1.5 million SAMHSA grant to provide residential treatment services for substance using pregnant and parenting women. This grant has resulted in the addition of 50 treatment slots per year for women and their children and positively impacted the availability of residential treatment services to SACPA clients. By adding Public Health and Child Welfare Services as partners, the physical health and re-unification outcomes for children impacted by parental substance use have been improved. The county is exploring the potential to extend or duplicate this "system of care" into the Lompoc area during the FY 06-07.

Finally, while attentive to budgetary constraints, ADP continues to identify opportunities for increasing the availability of residential treatment. ADMHS recently entered into a contract with the Santa Barbara Rescue Mission to provide 13 residential beds for men and women. These beds are intended to be used for individuals who have been unsuccessful in outpatient treatment and need full structured treatment services to obtain sobriety. ADP will continue to promote the development of similar services in the Northern part of the county.

Ancillary Services/ Aftercare Services

- Family Counseling
- Vocational Training and Counseling Services/ Follow-up
- Smoking Cessation
- Literacy instruction
- Sober Housing
- Parenting
- 12 Step Transitional Living
- Aftercare treatment for up to 6 months
- Periodic drug testing
- Use of self help groups in the community
- Court Monitoring
- Supervision

The treatment system considers ancillary services to be an integral component of successful treatment outcomes. There are several opportunities for determining the need for additional services. At the time of initial intake, clients are screened for learning disability, mental health conditions and tobacco use. ADP assessment and Probation staff may also make a determination of the need for additional support services. These additional services are jointly conveyed to the Court through the recommendation report submitted by the Probation Department. Also, within 30 days of enrollment the assigned treatment provider conducts a secondary addiction assessment through use of the full ASI. While in treatment, clients are assessed for the presence of traumatic histories, including domestic violence. By fostering partnerships between Domestic Violence Solutions (a local provider within the family violence area) and ADP treatment agencies, "trauma informed treatment" is now available to all SACPA clients. In addition, the treatment provider may also refer the client to additional services at anytime during treatment. An underlying philosophy of the Santa Barbara County SACPA approach is to view treatment as a step in the process of supporting long-term recovery for individuals, families and communities.

Vocational training and counseling are now provided by private vendors and are available for all SACPA clients. These services include vocational assessment, planning, job placement or training referral and follow-up. Services are culturally competent and highly individualized. Additionally, all treatment providers work closely with housing agencies and explore residential options in an attempt to assist in the safe housing of all clients. Literacy instruction, family counseling, learning disability screening, and tobacco cessation services have been successfully arranged through referral to other local agencies.

Santa Barbara County has allocated funding to support sober living homes for men and women in early recovery through operators who will abide to local standards and are affiliated with outpatient treatment services.

Aftercare services are provided to facilitate successful transition from a structured treatment setting to community/social support systems. The services described above are provided as needed to ensure successful outcomes and maintain sobriety.

- 5. Quality of Treatment Services and Additional Services.** Describe the criteria and tools the county will use to monitor services and assure clients receive the type and level of treatment services and additional services as determined by their assessment. [ref: §9515(b)(3)(C)]

Santa Barbara County utilizes a treatment team approach to assess each clients need for additional services. The SACPA Treatment Court Team is comprised of representatives of treatment providers, Probation, the offices of the District Attorney and Public Defender, the Superior Court, ADMHS staff and appropriate ancillary service representatives.

The County of Santa Barbara acknowledges that recovery from substance abuse is an ongoing process. ADMHS strives to utilize best practices in the application of its SACPA treatment model. Treatment guidelines were developed through a collaborative process with Providers, Probation and the Court. The local SACPA program attempts to follow a drug court model as much as local resources allow. Client success in treatment is based on program participation and negative drug testing. The Policy Council has endorsed prompt reporting by local treatment providers to Probation when clients have difficulty in treatment or produce positive drug test results. Probation informs the Court and the client's case is evaluated in a Court staffing review at which the treatment provider, Probation, the District Attorney and the Public Defender are all present to identify barriers to successful treatment and to recommend treatment adjustments to the Court. The Court speaks directly to the client and makes the recommended treatment adjustment, as required, and serves to motivate the client and acknowledge concern for their success. In addition, successful SACPA clients receive accolades in Court and upon completion, participate in a graduation celebration.

ADMHS/ADP provides ongoing monitoring of all contracted providers to ensure the delivery of quality treatment. In an effort to maintain close contact with SACPA treatment providers, ADP conducts both informal and formal site visits, as follows:

- ADP employs an administrative monitoring instrument has been updated and is now fully aligned with Title IX guidelines and Block Grant requirements. This tool ensures the quality of all program administrative functions and promotes accountability at the administrative level.
- ADP uses the clinical monitoring instrument to review client files, charts and to ensure that services are in compliance with Title IX and Title 22 for SACPA and Drug Medi-Cal services respectively. Review of client files also insure treatment plans are current and individualized to meet client needs.
- In order to monitor and enforce the quality of services ADP monitoring includes the review of service reports, client follow-up surveys, a review of DATAR and CADDs/CalOMS reports for each provider, and monthly provider meetings where operational issues are discussed and resolved.
- ADP participates fully in the monthly SACPA Core Committee and utilizes feedback from all SACPA partners, including local recovery advocacy organizations in an effort to determine the effectiveness of treatment and other ancillary services
- Frequent communication occurs to respond to issues or concerns that are addressed in weekly Court staffing reviews.

6. **Plan Changes from FY 2005-06 County Plan.** Identify any changes from the FY 2005-06 county plan to the FY 2006-07 county plan in the following areas:

- a) **Drug Treatment Services.** Describe changes in *drug treatment services* from the previous plan year. (Include reasons for increases or decreases in costs, staffing, length of treatment, treatment options, treatment capacity, etc.)

The current drug use pandemic in Santa Barbara County is methamphetamine. “Meth” clients have pervasive needs and require intensive intervention at the onset of treatment to secure treatment engagement. The local practice is to place “meth” users into detox and then refer them into residential treatment. In response, ADP has expanded the availability of residential treatment beds and the use of sober living situations when clients are attending high level outpatient treatment. Currently the County is evaluating the need for residential treatment and detox services in Lompoc. Should this need be confirmed, ADP will begin an RFQ process to solicit proposals from existing SACPA providers.

As indicated previously, Santa Barbara County is engaged in a continuous effort to improve treatment outcomes. The Treatment Improvement Workgroup has been established to develop recommendations for improvement of treatment services. ADP has created additional residential treatment capacity for pregnant and parenting women (with non-SACPA funds) in the Northern part of the county and for men and women in the Southern area. ADP will also:

- Improve assessment procedures by including screening for learning disabilities and a mental health screening to identify any co-occurring disorders.
- Address the needs of SACPA clients with co-occurring substance use and mental health disorders by developing a dual diagnosis treatment tract under the guidance of the Dual Diagnosis Core Committee.
- Provide contracted psychiatric services for clients waiting to be seen at the Mental Health Clinics or who do not meet medical necessity.

- Maintain the availability of perinatal residential beds with 50 annual treatment slots for the upcoming three years for pregnant and parenting women.
- Expand residential treatment for both men and women in South County by 13 treatment beds.
- Create additional sober living services for SACPA clients in non-licensed supportive housing by contracting with transitional and sober living homes for men and women in early recovery who are affiliated with outpatient treatment.
- Continue to promote a “no wrong door” approach.
- Simplify the administration of the Addiction Severity Index (ASI) by purchasing licenses through an online resource to increase consistency in reporting and evaluation methods.
- Recommend adoption of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for use by ADMHS’ Pre-placement assessors during the next fiscal year.
- Develop and implement treatment guidelines for Medical Marijuana and Prescription Medication.

- b) **Criminal Justice Activities:** Describe changes in *criminal justice activities* from the previous plan year. (Include reasons for increases or decreases in costs, staffing, level of probation supervision, court oversight activities, services provided, etc.)

ADP does not propose changes in the activities of the criminal justice system for the next plan year, FY 06-07. The current level of engagement and staffing will remain the same as the current plan.

- c) **Client Referral Projections:** Describe and explain the reasons for increases and decreases in the number of offenders referred to SACPA by both court/probation and parole.

ADP has experienced a 12% increase in referrals to date in FY 05-06. Initial assessment of this increase indicates that clients eligible for the program are actually choosing to enter the program rather than opting out of treatment. Additionally, anecdotal information exists to suggest that enhanced enforcement against meth-related offenses is occurring. ADP continues to work with the Probation Department and other criminal justice agencies to continue to promote treatment services in lieu of incarceration.

- d) **Client Treatment Projections:** Describe and explain the reasons for increases and decreases in the number of new clients admitted to treatment from the previous plan year.

As indicated above, a 12% increase in referrals has occurred to date and ADP projects a total increase of 22% in treatment admissions for FY 05-06 compared to the same reporting period the previous year, FY 04-05. This is largely a result of reducing attrition by improving client engagement. ADP projects a total of 695 new SACPA clients for FY 05-06; at mid year there have been 377 new SACPA clients assessed for services and, as of the date of this report, 1005 clients are currently enrolled and under Probation supervision. Given the severity of clients entering the treatment system, most of these clients will require Level III treatment lasting 18 months with aftercare, and many will require mental health services and ancillary services.

7. Program Goals and Tracking. Describe the county’s SACPA program goals and individual treatment goals for SACPA clients and how the county measures and tracks these goals. Include criteria the county considers, other than drug testing, when evaluating a client’s progress toward meeting treatment goals. How does the county plan to track these goals?

Santa Barbara County is committed to treatment and to protecting the community by reducing drug-related crime by means of treatment and preserving jails and prisons for serious and violent offenders.

The program goals for SACPA include:

- Reductions in criminal activity, incarceration and criminal liability
- Overall reductions in reported drug using behavior
- Enhance client engagement and retention rates, especially for Spanish speaking clients
- Increased availability of residential treatment and supportive housing services
- Continue to maintain a model of effective communication and collaboration
- Integration of data reporting
- Improved application of evaluation recommendations to program enhancement

The primary treatment goals for SACPA clients are:

- Increased rates of abstinence from harmful alcohol use and illicit drug use
- Improved outcomes for clients with co-occurring AOD/Mental Health conditions
- Promote self-sufficiency by increasing employment and employability
- Improved stability by addressing homelessness
- Improved family functioning.

The University of California, Santa Barbara conducts local evaluation of the SACPA program and, in cooperation with Probation, ADMHS, the Superior Court and the Department of Social Services provides monthly, quarterly and annual evaluation of program participation and client outcomes. Evaluation consists of data from State reporting systems (CADDIS/CalOMS) as the basis for analysis of client data sets and augmented with data provided by Probation. The SACPA Core Committee established a “data work group” that meets monthly to reconcile data and to prepare monthly reports. In addition, ADP has developed recurring performance measures to assess programmatic milestones.

Prior to and since the inception of SACPA, we have identified the need for an integrated data reporting system for Santa Barbara County. Currently, ADMHS, Probation and UCSB absorb the additional labor costs associated with the “data work group” described above. We have made progress towards meeting this need by securing the endorsement of the Policy Council towards an evaluation and development of a prototype software program that would “mine” authorized data elements from the diverse reporting systems of each participating agency. We are confident that adoption of this approach will allow for improved data collection, analysis and reporting while reducing the significant labor costs currently absorbed by the participating agencies.

SUBSTANCE ABUSE CRIME PREVENTION ACT
OF 2000

COUNTY OF SANTA BARBARA
PROJECTED EXPENDITURES, CAPACITY AND CLIENTS
PLAN FOR FY 2006 – 07

PART VI. APPROVAL BY THE COUNTY BOARD OF SUPERVISORS

Provide a copy of the county Board of Supervisors resolution, minutes, order, motion, or ordinance approving the State FY 2006-07 plan or copy of a written delegation of approval authority to the county lead agency from the county board of supervisors. You can upload this document directly in the SRIS with systems changes available early in April. A copy of the board's action may also be faxed to (916) 327-7308 or mailed directly to the Department of Alcohol and Drug Progress, 1700 K Street, Sacramento, California 95814, [ref: §9515(b)(3)]