Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration

Substance Abuse and Crime Prevention Act of 2000 (SACPA)

GUIDE
to the
Preparation, Submission, and Review of the
Fiscal Year 2005–06 and Multi-Year COUNTY PLAN

DUE: May 1, 2005

This document is a guide for counties to use in preparing and submitting their county plans under the Substance Abuse and Crime Prevention Act of 2000 (SACPA). The guide describes some of the criteria the Office of Criminal Justice Collaboration (OCJC) will use in the review and approval of your plan. Counties that use these criteria in preparing their plans will minimize the additional information OCJC may need to request during the review process.

Counties can submit their plans on or around March 1, 2005, with county approved plans due no later than May 1, 2005. [ref: §9515 (b)(4c)] Plans are submitted through the online SACPA Reporting Information System (SRIS) developed by the Department of Alcohol and Drug Programs (ADP).

The Narrative Description (Part III) and County Board of Supervisors Resolution (Part V) should be prepared in Microsoft Word and uploaded into SRIS at the County Plan Description Files page. ADP has provided a template for the Narrative Description. It is attached as Exhibit A. You will also find the template in SRIS.

All other sections of your plan Fiscal Year Set Up (Part I), Plan Questions (Part II), and Projected Expenditures, Capacity Projections, and Client Projections (Part IV) may be entered directly into SRIS.

Access SRIS at the SACPA home page http://www.adp.ca.gov/SACPA/prop36.shtml and click on SACPA Reporting Information System and then Input/Review County Data. For assistance in using SRIS, click on System Documentation and then User Manual. The User Manual has been revised since submission of the FY 2003-04 county plan. Counties should review this manual to clarify what information ADP is requesting.

You must have a user name and password to enter your county information. If you do not have one, complete the User ID Request Form available online at the SACPA Reporting Information System page under System Documentation. Send the completed form via FAX to OCJC at (916) 327-7308. If you have a user name and need a new password, please contact our ADP Help desk at (888) 517-3329.

Sections cited in this document refer to Chapter 2.5 (commencing with §9500), Division 4, Title 9, California Code of Regulations (CCR). County SACPA plans are submitted pursuant to Section 9515. For regulations see http://www.adp.ca.gov/SACPA/regindex.shtml.

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Table of Contents

Part I
Fiscal Year Set Up

Fiscal Year Selection
The first step is to select the FY 2005-06. SACPA and SATTA allocations will be loaded into the SRIS system by ADP. Accumulated carryover funds must be entered at the SRIS "FISCAL YEAR SET UP" screen. If the county estimates it will have no carryover, then the county must enter a zero at the SRIS "Fiscal Year Set Up" screen. If further assistance is needed, please refer to the SRIS User Manual.

Part II
Plan Questions

This part is a series of questions that summarize the county's SACPA plan. It is to be completed using the Plan Questions in the County Plan section of SRIS.

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: _____)

    Review Note: If approval is not included and the "expected by" date is not shown, the OCJC county liaison will contact the county to ascertain the "expected by" date. The plan cannot be approved until this requirement is met.

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 I.

    REQUIRED
    ☐ County alcohol and other drug agency
    ☐ Court
    ☐ Parole Authority
    ☐ Probation Department

    OPTIONAL *(Check all that apply)*
    ☐ County Executive Office
    ☐ County Mental Health
    ☐ County Office of Education
    ☐ County Public Health
    ☐ County Social Services
    ☐ District Attorney
    ☐ Police Department
    ☐ Sheriff
    ☐ Workforce Investment Board
    ☐ Other (specify) _____

    (See Review Note on next page.)

<u>Review Note</u>: Input from the four required sources must be documented by a check mark, or their absence must be adequately explained in Part III, Plan Description, Item I. Counties should designate other impacted community parties that collaborated in the development of this county plan. [ref: §9515 (b)(2)]

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

   <u>REQUIRED</u>
   - ☐ Providers of drug treatment services in the community
   - ☐ Representatives of drug treatment associations in the community

   <u>Review Note</u>: Document input from the two required sources with a check mark. If there are no provider associations in the county, provide additional input under Part III, Plan Description, Item 1, on how input was received from providers.

   <u>OPTIONAL</u> *(Check all that apply)*
   - ☐ Civic Groups
   - ☐ Clients/Client groups
   - ☐ Colleges and Universities
   - ☐ Local Business Representatives
   - ☐ Non-Profit Organizations
   - ☐ Parent Teacher Group/Parent Teacher Association
   - ☐ Workforce Investment Board
   - ☐ Youth Organizations
   - ☐ Other (specify)_____

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

   - ☐ Community meetings
   - ☐ County advisory groups
   - ☐ Focus groups
   - ☐ Other method(s) (explain briefly)

   _____

   <u>Review Note</u>: One or more of the types of community input must be checked.

5. If there are federally recognized American Indian tribe(s) 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

   <u>Review Note</u>: If there are one or more American Indian tribes located in the county, the county must provide the tribe(s) opportunity for input. If the narrative section of the plan does not describe how input was obtained, OCJC will request further information from the county.

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

  ☐ 1-2 times
  ☐ 3-4 times
  ☐ 5 or more times

  Review Note: This question applies to planning activities conducted during FY 2004-05 for the FY 2005-06 plan year.

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

  Review Note: This question applies to FY 2005-06. If fewer than four are scheduled, OCJC cannot approve the plan.

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) _____

  Review Note: This question applies to FY 2005-06.

9. Identify the entity(ies) responsible for determining a SACPA client'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) _____

  Review Note: The county must check at least one response.

10. Identify the entity(ies) responsible for assessing a SACPA client'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) _____

Review Note: The county must check at least one response.

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) _____

Review Note: One or more assessment tools must be designated.

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

- ☐ Yes
- ☐ No

13. What non-SATTA sources of funds, if any, will be used to pay for drug testing?
[ref: §9530(i)]

(Check all that apply. Do not include funds provided under the Substance Abuse Treatment and Testing Accountability [SATTA] program.)
- ☐ Client fees
- ☐ Additional funds budgeted by the county
- ☐ Other (specify) _____

Review Note: Counties are not required to check a box.

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

- ☐ Yes
- ☐ No

Review Note: If there has been a change, update your information in the County Information section in the SRIS system.

PART III
PLAN DESCRIPTION (Narrative)

In this part of the plan, the county must describe certain SACPA implementation policies, procedures, and activities. The county may download the template from the SACPA Reporting Information System (SRIS), enter the necessary description in the spaces provided using Microsoft Word, and upload the new document to SRIS. The template (Exhibit A of this guide) is available electronically in Microsoft Word on the SACPA web site at http://www.adp.ca.gov/SACPA/prop36.shtml. Click on All County Lead Agency Letters (right hand navigation bar) and look for the County Plan Guide (Attachment E, Exhibit A) attached to this ACLA.

General Review Notes:

- Number responses to each item to correspond with the outline.

- Keep an electronic copy of your plan description. After ADP reviews your plan description, you may need to make revisions. To revise your description, make the changes on your electronic copy, then go to SRIS. First, delete the uploaded version; then upload your new version to SRIS.

- Describe any changes from the FY 2004-05 plan in the designated sections.

Narrative Description Outline

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), explain why. [ref: §9515(b)(2)(A)]

    Review Note: Describe in detail the participants and processes. The process should be specific to the FY 2005-06 county plan.

2. **Client Flow.** (a) Describe how clients move from court or parole referral through completion of the program (referral, assessment, placement, court monitoring, supervision, etc.). A flow chart may be included. (b) Describe specific activities conducted by Criminal Justice entities, i.e., court monitoring, probation supervision, etc. Identify criminal justice activities funded under your plan as well as in-kind services and activities. [ref: §9515(b)(2)(E)]

    Review Note: Describe the process for parolees as well as probationers.

3. **Drug Treatment Goals.** Describe the county's treatment goals for SACPA clients. [ref: §9515(b)(2)(E)]

    Review Note: Describe what treatment goals, objectives, and outcomes the county seeks to accomplish under this county plan.

4. **Drug Treatment and Aftercare Services.** Describe the types of treatment and aftercare services (e.g., Level 1, 2, 3, 4; outpatient, residential; narcotic replacement therapy; etc.) to be provided. If services (e.g., residential, narcotic replacement therapy) are unavailable, identify how services will be provided to clients whose assessment indicates the services are needed. Describe the types of treatment providers and the services they will provide. (Names and descriptions of individual providers are not required.) [ref: §9515(b)(2)(B)]

   Review Note: Describe the levels and/or types of treatment. Aftercare services must also be described. Identify if narcotic replacement therapy (NRT) is not offered under the county plan. Describe how services will be provided to clients whose treatment assessment indicates NRT is needed.

5. **Drug Treatment Assessment Process.** Describe the assessment process and tools that will be used to determine clients' level of need for _drug treatment_. [ref: §9515(b)(3)(B)]

6. **Additional Services.** Describe the types of additional services supplemental to treatment (e.g., vocational training, literacy training, family counseling, etc.) to be available, and describe the providers of these services. [ref: §9515(b)(2)(E)]

   Review Note: If treatment providers provide these services, they do not have to be listed.

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

   Review Note: Describe whether the county or the treatment provider(s) conducts the assessment for additional services.

8. **Coordination of Services/Case Management.** Describe how the county will coordinate the provision of treatment and additional services and conduct case management.

   Review Note: Describe how case management and other activities are conducted to ensure that services to clients are coordinated among entities.

9. **Assurance of Meeting Clients' Assessed Needs.** Describe the process the county will use to assure that clients receive the drug treatment and additional services determined to be necessary by their individual treatment assessments. [ref: 9515(b)(3)(E)]

10. **Quality of Treatment Services.** Describe the criteria the county will use to monitor and ensure the effectiveness of _treatment services._ If treatment services are provided by contract, what additional tools are available to the county through contract enforcement to monitor and enforce the quality of services? [ref: §9515(b)(3)(C)]

    Review Note: If the county provides treatment services directly, describe the county's quality assurance standards. If services are delivered through contracts with providers, describe the county's contract requirements and monitoring activities to assure the county's quality standards are met.

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11. **Quality of Additional Services.** Describe the criteria the county will use to monitor and ensure the effectiveness of _additional services supplemental to treatment._ If additional services are provided by contract, what additional tools are available to the county through contract enforcement to monitor and enforce the quality of those additional services? [ref: §9515(b)(3)(C)]

    Review Note: If the county provides additional services directly, describe the county's quality assurance standards. If services are delivered through contracts with providers, describe the county's contract requirements and monitoring activities to assure the county's quality standards are met.

12. **Drug Testing as a Treatment Tool.** When drug testing for SACPA clients is funded under the Substance Abuse Treatment and Testing Accountability (SATTA) Program, the results must be used as a treatment tool. Describe what policies or guidelines the county has in place to assure drug testing using SATTA funds is used for treatment rather than punitive purposes. [ref: §9515(b)(3)(D)]

13. **Drug Testing and Individual Treatment Plan.** Drug testing funded under SATTA must be part of an individual client's treatment plan. Describe how drug testing is included in the client's treatment plan. [ref: §9515(b)(2)(D)&(E)]

14. **Drug Testing Type and Frequency**. Describe the types of drug testing that treatment providers will use and how frequently clients are tested.
    [ref: §9515(b)(3)(A)]

15. **Recipients of Drug Testing Results.** Name the county department(s) or agency(s), in addition to treatment providers, that will receive the results of drug testing using SATTA funds. [ref: §9515(b)(3)(D)]

16. **Use of Drug Testing Results.** Describe how the results will be used to make any changes to the client's treatment and other services or activities. Include the consequences or results of positive drug tests to individual clients. [ref: §9515(b)(3)(D)]

17. **Evaluation of Client Progress.** Describe what aspects of the client's treatment program, in addition to the results of drug testing, will be considered in evaluating a client's progress in treatment? [ref: §9515(b)(3)(D)]

    Review Note: The county must describe aspects, in addition to drug testing, that treatment providers will consider in evaluating a client's progress in treatment. Drug testing alone may not be used to measure client progress. OCJC will request additional information if no other aspects of treatment are described.

18. **Client Fee Assessment.**

    Describe the county's procedure for ensuring that its SACPA treatment providers assess client fees. What is your projected client fee revenue for FY 2005-06? [ref: §9532(b)]

    Review Note: A client fee assessment procedure is required and will be reviewed during the Audit process.

19. **Plan Changes from FY 2004-05 County Plan.** Identify any changes from the FY 2004-05 county plan to the FY 2005-06 county plan. Entries should be all projections from the county plan. **Do not include actuals**.

a. Narrative*:* Describe changes in SACPA collaboration, length of treatment, availability and types of services, waiting lists, etc., or refer to other sections of your plan.

_____

_____

_____

b. Entity Plan*:* Complete the table below. Describe any increases or decreases.

Planned SACPA Expenditures	FY 2004-05 County Plan*	FY 2005-06 County Plan*
Drug Treatment		
Other Services		
Criminal Justice		
Total Planned Expenditures		

*Entries in this column should be the same as those in the SRIS Entity Plan. Do not enter actuals.

_____

_____

_____

c. Service/Activity Plan*:* Describe any changes (below) in planned expenditures for services and activities.

_____

_____

_____

d. Capacity Projections: Complete the table below. Explain any increases or decreases. Capacity = the number of slots or beds. (See attached glossary.)

Treatment Planned Capacity	FY 2004-05 County Plan**	FY 2005-06 County Plan**
Existing Slots		
Planned Additional		
Total Planned SACPA Capacity		

**Entries in this column should be the same as those in the SRIS Capacity Plan.

_____

_____

_____

e. Client Projections: Complete the table below. Explain any increases or decreases.

Client Projections (new clients only)	FY 2004-05 County Plan***	FY 2005-06 County Plan***
Parolees		
Probationers		
Total Client Projections		

***Entries in this column should be the same as those in the SRIS Client Projections section.

_____

_____

_____

20. **Multi-year County Plan.** Complete the multi-year county plan spreadsheet using Microsoft Excel. Include this spreadsheet with the Plan Description Files you upload for your FY 2005-06 county plan.

			actuals	projections	projections	1st 6 months
		MULTI-YEAR COUNTY PLAN				**Optional**
A			**actuals**	**projections**	**projections**	1st 6 months
B	County:		2003-04	2004-05	2005-06	2006-07
C	Clients (new clients only)					
D	Actual/Projected FY County SACPA Allocation		$	$	$	
E	Carryover From Fiscal Prior Year		$	$	$	$
F		Total Available	#VALUE!	#VALUE!	#VALUE!	$
G	Drug treatment expenditures		$	$	$	$
H	Other service/additional services supplemental to treatment expenditures		$	$	$	$
I	Criminal justice expenditures (courts, probation, etc.)		$	$	$	$
J		Total Expenditures	#VALUE!	#VALUE!	#VALUE!	#VALUE!
K		Funding at end of period	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	Line A	Actual expedniture figures should come from the FY 03/04 Annual Financial Status Report				
	Line B	Data is for the entire fiscal year, except for first six months of FY 2006-07 (July 1 - December 31, 2006)				
	Line C	SACPA clients admitted to treament as reported in CADDS.				
	Line D	Does not include SATTA (drug testing) allocations				
	Line E	Projected carryover includes unexpended SACPA allocations, interest, fees, etc.				
	Line F	Total of Lines D and E (should match line 8 on the Annual Financial Status Report for FY 03/04)				
	Line G					
	Line H	Includes vocational training, family counseling, literacy training, mental health services, etc.				
	Line I					
	Line J	Sum of lines G, H, and I				
	Line K	Line F minus Line J (should match line 22 on the Annual Financial Status Report for FY 03/04)				

PART IV
PROJECTED EXPENDITURES, CAPACITY PROJECTIONS, AND CLIENT PROJECTIONS

Data entry forms for the following sections of the plan are available on the SRIS website. Only the intended expenditures for FY 2005-06 should be included in SRIS.

- Entity Plan
- Service/Activity Plan
- Capacity Projections
- Client Projections

ENTITY PLAN (Expenditures by Entity)

> Special Note: 'Case Management' activities may include BOTH Drug Treatment and Criminal Justice expenditures, and should be reported accordingly in the entity expenditure category. 'Referral/Assessment (for treatment)' and 'Placement' are typically Drug Treatment costs. 'Risk Assessment (for probation),' Court Monitoring' and 'Supervision' are typically Criminal Justice costs. 'Case Management' also includes 'Miscellaneous' case management activities, which should be allocated as appropriate to either Drug Treatment or Criminal Justice entities.

1. ENTITY TYPE: Drug Treatment

    Review Note: Enter the name(s) of the county entity(ies) responsible for drug treatment administration (e.g. County AOD Services). Do not enter treatment providers and/or modalities of treatment.

2. ENTITY DATA: Drug Treatment-Direct Services

    Review Note: If funding for treatment is less than 50 percent of total planned expenditures, provide additional information about the level of treatment funding in Part III, Plan Description, Item 8.

3. ENTITY DATA: Drug Treatment-Administrative Activities

    Review Note: Administrative Activities are those that occur for a common or joint purpose to administer the overall SACPA program.

4. ENTITY TYPE: Other Services

    Review Note: Enter the names of other county service entity(s) that will receive SACPA funds for services and activities for additional services such as counseling, literacy training, vocational training, and mental health (e.g., County Mental Health Dept., County Office of Education, Workforce Investment Board, Public Health, Social Services, etc.). Do not enter Criminal Justice entities.

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5. ENTITY DATA: Other Services-Direct Services

   Review Note: The expenditures for "Other Services" must be consistent with the "Other Services" described in Part III, Plan Description, Item 6.

6. ENTITY DATA: Other Services-Administrative Activities

   Review Note: Administrative Activities are those that occur for a common or joint purpose to administer the overall SACPA program.

7. ENTITY TYPE: Criminal Justice Services

   Review Note: Enter the name(s) of the county entity(s) that receive SACPA funds for criminal justice services and activities (e.g., courts, probation, etc.). The entities listed under Criminal Justice must be consistent with those found in Part III, Plan Narrative, Item 8.

8. ENTITY DATA: Criminal Justice-Direct Services

   Review Note: If the percentage of total planned expenditures for criminal justice is 30 percent or more, provide additional information about how the county provides criminal justice services in Part III, Plan Narrative, Item 8.

9. ENTITY DATA: Criminal Justice-Administrative Activities

   Review Note: Administrative Activities are those that occur for a common or joint purpose to administer the overall SACPA program.

10. ENTITY TYPE: SATTA (SB 223)

   Review Note: SATTA funds may be used for drug testing of SACPA clients and for other purposes allowed under the federal Substance Abuse Prevention and Treatment block grant. Enter the name(s) of the entity/entities, (e.g., County AOD, County Probation, etc.), responsible for administering SATTA funds, and the amount each entity plans to expend. Enter the name of the entity(s) that will administer the funds (e.g., "County AOD"). Do not enter "drug testing" or "ABC Laboratory". The total must equal the county's SATTA allocation.

   OCJC requires only that counties enter the total amount of planned expenditures of SATTA funds as Direct Services. (At the county's option, separate amounts may be entered for Direct Services and Administrative Activities.) All SATTA funds provided for FY 2005/06 must be spent by June 30, 2006. Unexpended SATTA funds will revert to the federal Substance Abuse and Mental Health Services Administration.

SERVICE/ACTIVITY INFORMATION (Expenditures by Service/Activity)

OCJC will review how planned expenditures are allocated to a particular column or category. Expenditures may not add to the figures on the Entity Plan.

1. DRUG TREATMENT SERVICES PLANNED EXPENDITURES

    Review Note: Planned expenditures must correspond to service/activities identified in the Part III, Plan Description, Item 4.

2. OTHER SERVICES PLANNED EXPENDITURES

    Review Note: Planned expenditures for additional services must correspond to service/activities identified in the Part III, Plan Description, Item 6. Do not include costs paid by other (i.e., non-SACPA) programs.

3. CASE MANAGEMENT ACTIVITIES PLANNED EXPENDITURES

    Review Note: Planned expenditures must correspond to service/activities identified in the part III, Plan Description, Item 8. Include case management expenditures for both treatment and criminal justice.

4. SATTA (SB 223) TOTAL PROJECTED SPENDING

    Review Note: Enter planned expenditures of SATTA funds for drug testing of SACPA clients and for other purposes allowed under the federal Substance Abuse Prevention and Treatment block grant. The total should equal the county's SATTA allocation. Planned expenditures must correspond to service/activities identified in the Part III, Plan Description.

CAPACITY PROJECTIONS

Review Notes: Treatment capacity is defined as the number of treatment slots or beds for SACPA clients. See Exhibit B, Glossary for more information. If there are changes to capacity projections, provide an explanation in Part III, Plan Description, Item 19.

1. CAPACITY PROJECTION DATA: DRUG TREATMENT
    Enter the existing and planned additional capacity for SACPA clients for each type of drug treatment service.

2. CAPACITY PROJECTION DATA: OTHER SERVICES
    Enter the existing and planned additional capacity for each type of other service to SACPA clients: literacy training, family counseling, vocational training. For Other Services, list or describe client services (other than those listed above) that the county plans to fund in order to serve SACPA clients.

CLIENT PROJECTIONS

Review Notes: If there are significant changes to client projections, provide an explanation in Part III, Plan Description, Item 19. If there is no explanation, OCJC will contact the county for more information about the changes in projections.

1. CLIENT PROJECTION DATA: Enter the projected number of clients *(new clients only)* who will be referred for SACPA services by Parole and Court/Probation. See Exhibit B, Glossary for more information. Enter an unduplicated client count representing actual total *new* clients referred for SACPA services.

    Review Notes: The total should constitute total projected *new* clients for the year.

2. CLIENT PROJECTION DATA: DRUG TREATMENT
    Enter numbers of client services projected for each type of drug treatment service.

    Review Notes: The totals typically will exceed the total number of projected client referrals. A single client may receive one or more types of drug treatment services during their time in the SACPA program.

3. CLIENT PROJECTION DATA: OTHER SERVICES
    Enter numbers of client services projected for other services.

    Review Notes: The total may exceed, or be less than, the total number of referrals. Some clients will not require other services, while other clients may require two or more.

4. CLIENT PROJECTION DATA: SATTA (SB 223)
    Enter the total number of clients for whom the county expects to conduct drug testing using SATTA funds.

    Review Notes: This should be an unduplicated client count representing the total number of SACPA clients who will be tested using SATTA funds. Also enter the total number of drug tests the county expects to conduct. Typically, the number of tests will exceed the number of clients tested because many clients are tested multiple times.

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 this plan. Or provide a copy of a written delegation of approval authority to the county lead agency from the county board of supervisors and documentation of the county lead agency's approval of the plan.

Upload the required document(s) to SRIS using the Plan Description Files section. This is the same section used to upload the Plan Description (Narrative) part of your plan. Once your plan is complete, change the status of your plan to County Approved in the SRIS system. This will enable OCJC to begin the review process.

Making Changes to the County Plan

Often counties need to make changes to their plan throughout the review process. When a county needs to make changes, complete the following steps.

- Contact your SACPA county liaison. The analyst must first change the status of the plan back to 'County Submitted' in the SACPA Reporting and Information System (SRIS) system.

- Next, change the status of your plan back to 'Draft' and make any necessary changes.

- Once all of the changes are completed, return your plan to 'County Submitted' status.

For more detailed information on this and other technical aspects of submitting the plan, refer to the SRIS User Manual.