

DEPARTMENT: Human Services

BY: James Rydingsword  
PHONE: (209) 966-2000

**RECOMMENDED ACTION AND JUSTIFICATION:**

It is respectfully requested that your Board: (1) review the Offender Treatment Program application for fiscal year 2009/2010; and (2) approve the plan that was sent to the State to meet the State's submission deadline.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

See Attached.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

See Attached.

Financial Impact? ( ) Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$35,561.77		List Attachments, number pages consecutively
Additional Funding Needed: \$		Board Memo - Page {1}
Source:		Application - Pages {2-6}
Internal Transfer _____		
Unanticipated Revenue _____ 4/5's vote		
Transfer Between Funds _____ 4/5's vote		
Contingency _____ 4/5's vote		
( ) General ( ) Other		

**CLERK'S USE ONLY:**

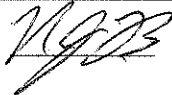
Res. No. 09-515 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 Approved  
 ( ) Minute Order Attached ( ) No Action Necessary

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The foregoing instrument is a correct copy of the original on file in this office.

Date: \_\_\_\_\_  
 Attest: MARGIE WILLIAMS, Clerk of the Board  
 County of Mariposa, State of California  
 By: \_\_\_\_\_  
 Deputy

CAO: 



MARIPOSA COUNTY  
HUMAN SERVICES DEPARTMENT  
Behavioral Health and Recovery Services  
P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-8251  
□ JAMES A. RYDINGSWORD, DIRECTOR



October 15, 2009

TO: Members, Board of Supervisors  
Rick Benson, CAO

FROM: James A. Rydingsword

RE: Behavioral Health / Alcohol & Drug / Substance Abuse Offender Treatment Program (OTP)  
Application

**Recommendation**

It is respectfully requested that your Board: (1) review the Offender Treatment Program application for fiscal year 2009/2010; and (2) approve the plan that was sent to the State to meet the State's submission deadline.

**Background and Current Situation**

This program has seen success through counseling sessions, ancillary services and referrals available to AOD clients and their families.

The attached program plan has been submitted to the State to meet their submission requirements. However, modifications can be made by your Board before final approval and submission. Your approval of the plan is necessary before the fiscal year 2009/2010 allocation can be released. This program will: 1) improve collaboration and coordination between criminal justice and treatment, 2) improve the process for admitting offenders into appropriate treatment in the shortest possible time, 3) maintain appropriate levels of criminal justice and treatment oversight and supervision, and 4) intensify or decrease services as indicated by drug test results, behaviors and responsibility demonstrated by the probationer or parolee.

Approximately 20 clients will be served during the fiscal year.

**Financial**

The fiscal year 2009/2010 OTP preliminary allocation is \$35,561.77. This allocation has been anticipated in the current year's budget. There are no general fund dollars involved.

**Substance Abuse Offender Treatment Program (OTP)  
FY 2009-10 Revised OTP Application**

(To be completed by counties who did not have a FY 09-10 County plan on file at ADP by August 1, 2009, or counties with budget revisions differing substantially from original plan submission.)

Is the county applying for Offender Treatment Program funds?

Yes  No

If yes, continue completing the remaining questions. If no, complete a Decline of Funds form (ACLA 09-08, Part III) and submit to ADP.

**NARRATIVE**

- 1) Provide the name and contact information of the OTP Administrative Contact.

OTP Contact: James Rydingsword, Human Services Director  
 Agency: Mariposa County Behavioral Health and Recovery Services  
 Address: P.O. Box 99, Mariposa, CA 95338  
 Phone Number: (209) 966-2000  
 Contact email: jrydings@mariposacounty.org

- 2) Is the person identified above the county contact for follow up questions pertaining to the submitted application?

Yes  No (If no, provide the appropriate name and contact information below.)

Application Contact Name: Linda Murdock, Social Worker Supervisor II  
 Agency: Mariposa County Behavioral Health and Recovery Services  
 Address: P.O. Box 99 Mariposa, CA 95338  
 Phone Number: (209) 966-2000  
 Contact email: lmurdock@mariposacounty.org

- 3) Is the county Board of Supervisors' approval, or are written Board of Supervisors' delegation (by written resolution, delegation approval authority or order) attached? (If county is applying for OTP funds, include language indicating Board approval for required county matching funds and use of OTP funds.)

Yes  No

If no, when will it be available? October 27, 2009

- 4) Check the entities who assisted in FY 2009-10 OTP application completion.

<input checked="" type="checkbox"/>	Probation Department	<input checked="" type="checkbox"/>	Treatment Providers
<input checked="" type="checkbox"/>	Parole	<input checked="" type="checkbox"/>	County Mental Health
<input checked="" type="checkbox"/>	Court	<input type="checkbox"/>	Native Americans
<input checked="" type="checkbox"/>	District Attorney	<input type="checkbox"/>	Alumni Groups
<input checked="" type="checkbox"/>	Sheriff Department	<input type="checkbox"/>	Other

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- 5) Describe how the county fosters collaboration between treatment and criminal justice entities and what collaborative efforts are being included for FY 2009-10.  
Most of Mariposa County's collaboration efforts are between treatment and the criminal justice entities. These are accomplished on an informal level (Treatment Provider to Probation Officer/Parole Officer) on a daily basis or as needed for both Misdemeanants and Parolees. The Parolees are supervised out of Madera County and the parole officer there has a heavy work load and is often out of his office and unavailable by cell phone but the calls are initiated and we wait for a response. The purpose of the frequent contact is to: 1) improve collaboration and coordination between criminal justice and treatment, 2) improve the process for admitting offenders into appropriate treatment in the shortest possible time, 3) maintain appropriate levels of criminal justice and treatment over sight and supervision; and 4) to intensify or decrease services as indicated by drug test results and behaviors and responsibility demonstrated by the probationer or parolee..

**OFFENDER TREATMENT PROGRAM GOALS**

- 1) What goals will the county achieve by utilizing OTP funds? Marked boxes should reflect costs outlined on the OTP budget sheet. Include strategies for how the county plans to achieve the identified goal indicated. Examples of strategies are listed on the instruction sheet. Not all goals need to be met.
- Enhance treatment services.  
How? A Managed Recovery Program is being initiated to allow for a decrease in services yet provide support and direction for those who qualify.
  - Increase proportion of offenders who enter, remain in, and complete treatment.  
How?
  - Reduce delays in the availability of appropriate services.  
How?
  - Employ a drug court model, including dedicated court calendars with regularly scheduled reviews of treatment progress, and strong collaboration by the courts, probation, and treatment. How? A half time position will be allocated to the OTP for the purpose of providing the services similar to the drug court model. The clients will be integrated into our current Out Patient Program which is 6 months in duration. This will provide them with 3 months of basic Chemical Dependency Treatment and 3 months of Relapse Prevention Treatment. They will be seen a minimum of 4 times individually, and more if needed. They will appear before the judge 1 time a month using the drug

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court model for review of their progress.

- x Develop treatment services that are needed but not available.  
How? Clients who need more intensive services because of dirty drug test or other failures to comply with the program, yet are not deemed appropriate for In Patient Treatment will be provided with additional groups and referred to the Managed Recovery Program as a means of giving the additional support.
- X Other activities, approaches, and services.  
Identify goal: Increased support for those with co-occurring disorders.  
How? (Our County is currently recruiting for) a full time AOD person funded with MHSA dollars that (will) work with our clients with co-occurring disorders on a regular basis through the Managed Recovery Program.

2) Is the county utilizing up to 5% of their annual OTP allocation for mental health services for OTP eligible offenders with co-occurring disorders?

Yes   X No   See above.

If yes, please describe how the funds are being utilized.

FY 2009-10 OTP Revised Budget Form

County: MARIPOSA Allocation Amount: \$35,562.00 County Match: \$3,556.20

SECTION I. TREATMENT RELATED COSTS		
Treatment or Enhancing Treatment Services	OTP Funds	County Match
Detoxification Services		
Outpatient Services 1/2 FTE	\$29,503.00	\$2,950.30
Narcotic Replacement Therapy		
Residential Treatment		
Sober Living Environment		
Vocational Training		
Literacy Training		
Family Counseling		
Other (Program Supervision)	\$2,458.77	\$245.87
Reduce Treatment Delays		
Increase Placement into Treatment		
Mental Health Services (up to 5% of Allocation)		
Other Activities, Approaches or Services (Drug Testing)	\$3,600.00	\$360.00
SECTION II. CRIMINAL JUSTICE/OTHER COSTS		
Enhanced Supervision		
Support Dedicated Drug Court		
Other		
Total of Sections I & II		
Total Amount Declined (if full allocation amount is not utilized)		
SECTION III. CERTIFICATION		
OTP Lead Agency Designee's certifies that all projected expenditures stated above are consistent with the requirements of the Substance Abuse Offender Treatment Program.		
James A. Rydinsward Please Print Name SATT A Funds Required: Source of County Matching Funds 10.9.09 Date of Signature		
OTP Designee Signature		

## FY 2009-10 OTP Revised Budget Form

### CLIENT PROJECTIONS

OTP REFERRALS	Totals
Probation	12
Parole	8

### SATTA ACTIVITIES

SERVICE TYPE: SATTA	
Activity Name	Projected Expenditures
Allocation Amount	\$ 14,500
Drug Testing	\$ 14,500
Other:	\$
<b>TOTAL - SATTA EXPENDITURES</b>	<b>\$ 14,500</b>

SERVICE TYPE: SATTA CLIENTS/TESTS	
	Total
Number of Clients Drug Tested	12
Total Number of Tests Performed	1993

### STAFFING PROJECTIONS FOR FY 2009-10

DRUG TREATMENT STAFF	OTP
	FTE Positions
Jobs created or retained for FY 2009-10 (Include county and contract employees)	.50
Positions funded through sources other than OTP used to support OTP services	0
<b>TOTALS</b>	<b>.50</b>

CRIMINAL JUSTICE STAFF	OTP
	FTE Positions
Jobs created or retained for FY 2009-10 (Include county and contract employees)	0
Positions funded through sources other than OTP used to support OTP services	0
<b>TOTALS</b>	<b>0</b>

OTHER STAFF (Identify):	OTP
	FTE Positions
Jobs created or retained for FY 2009-10 (Include county and contract employees)	0
Positions funded through sources other than OTP used to support OTP services	0
<b>TOTALS</b>	<b>0</b>