Contra Costa County’s Combined Funding of “Court-to-Treatment” Programming

Contra Costa Alcohol and Other Drugs (AOD) Services Division proposed to the California Department of Alcohol & Drug Programs (ADP) and was permitted to roll funding from its Adult Drug Court into its Proposition 36/SACPA program—thus creating a hybrid “Court-to-Treatment” program that is recognized by the oversight offices of both programs. In order to combine the funding, it was necessary to assure the Office of Drug Courts that we would use the Drug Court money only in ways that met the requirements for its use. In practical terms, we agreed to use the same eligibility and exclusionary criteria for both programs, and agreed to refine the delivery of Prop. 36 services in such a way as to not conflict with Drug Court funding restrictions. Integrating the two funding streams strengthened our program—in part because it forced us to very carefully define what we do at each step in the process. The result was to have two court-to-treatment programs integrated into one very effective, well-defined process.

Contra Costa’s combined Prop. 36 / Drug Court program serves many misdemeanor defendants (misdemeanants). In fact, our caseload is running about 3:2, misdemeanants to felons. Initially, our plan for the use of Drug Court funds included the development of a Relapse Prevention program and simultaneous Court Probation—both of which would begin (for all our court-to-treatment clients) after the defendants finish an active treatment program to the satisfaction of the treatment provider. Normally, formal Probation also ends nearly simultaneously with the completion of the counseling program. Our idea is to have the Relapse Prevention / Court Probation phase of the program redefine and extend “treatment” and keep clients in our criminal justice program for a number of months after the active phase of treatment and formal Probation. We reasoned
that simply making it through a counseling program without terminating from it early was not sufficient to warrant closing the defendant’s case, ending Probation, and ceasing random drug testing, outside meetings, calls from our staff, and sessions with the Judge. Too abruptly ending all the program components can place even the best client in jeopardy of relapse.

Consequently, when the Judge who sees most of our defendants proposed the idea of using the Court Probation concept to prolong the client/defendant’s relationship with the program, we seized on the idea and developed it into a full-fledged and structured component of treatment, complete with drug testing, groups, meetings, court appearances, and stepped-down supervision. This model is in line with the most recent *continuum-of-care ideas* on criminal justice treatment programming by such researchers as George DeLeon\(^1\) and Douglas Anglin\(^2\). Rather than walk the client to a steep curb (when they receive a *Certificate of Completion* from a provider), and simply push them out of the program and back into the street with no more supervision, testing, deterrence, or counseling help, we now accompany them beyond active treatment and formal probation. This is accomplished through a less structured but fairly comprehensive program of treatment and supervision, until the clients are ready to handle the stress and temptations of the street on their own—with more tools and with the help of a more developed support system.

Our *Relapse Prevention / Court Probation* clients must meet with the Judge periodically, attend (and prove they have attended) Self-Help meetings, submit to continuing random drug testing, and attend special Relapse Prevention groups offered by Prop. 36 case managers. All of these things will help our clients to sustain their newly acquired abstinence and/or lowered-risk of relapse (back into active substance abuse) and recidivism (back into crime). Few would disagree that the longer a client remains actively associated with an effective treatment model the more likely the changes will become lasting. Our model has created a process for extending the continuum of care in an economical way, to gain maximum results in the development and practice of skills associated with recovery. And we set about doing this with all of our combined Prop. 36 / Drug Court clients ... Felons and Misdemeanants, alike.

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\(^1\) **George De Leon, Ph.D.**, Center for Therapeutic Community Research, National Development and Research Institutes, Inc., New York, NY.

\(^2\) **M. Douglas Anglin, Ph.D.**, is the Director of the Drug Abuse Research Center (Associated with UCLA), Los Angeles, CA
New Exclusionary Criteria Forces Changes to the Program

A few weeks after being formally granted permission to combine the two streams of funding (i.e., after the formal acceptance of our County Drug Court plan) the funding requirements for Drug Court changed. The changes went into effect as soon as the State budget passed. One of the new rules governing Drug Court funds is that they can now only be spent to serve felony defendants.

With the reformulation of Drug Court exclusionary criteria—where those funds cannot be used to pay for any services to cover misdemeanor defendants—we have had to go back and “un-integrate” (but not “disintegrate”) our program. We believe in the importance of the Relapse Prevention / Drug Court component to help all of our defendants, regardless of the level of their criminal offense. But given that the Drug Court portion of our combined program’s funding will pay only for services to felons, we have had to go back and retool the process to insure that we can track which clients’ services are being supported by which funding stream. This has necessitated the development of new data gathering mechanisms and will change our reporting templates—changes that can all be accommodated without any disruption of services to clients, whether felons or misdemeanants.

Why the Issue of “Felony vs. Misdemeanor” is Important to Us

It is important to note that the western portion of Contra Costa County is directly in the Northern California drug corridor. Cocaine is a drug commonly associated with arrest in that part of the County. Unlike methamphetamine (which appears to be somewhat more prevalent in the other parts of the County), by State law, cocaine possession (etc.) can only be treated as a felony . . . and cannot be plea-bargained into a misdemeanor (i.e., not even for simple possession for personal use). On the other hand, some methamphetamine cases can be reduced to misdemeanors. The upshot is that we will have a higher proportion of felony cases in the West County court than in courts in the Central or East parts of the County. In fact, it is already very clearly playing out that way . . . in part because the other two parts of the County—which are not so swamped with more difficult felony cases to pursue—already see more cases for lesser offenses (such as public intoxication) that are almost always treated misdemeanors. West County, on the other hand, being inundated with the necessity of treating cocaine cases at a higher charge level, tends not to concentrate, or perhaps doesn’t have the time and
resources to concentrate on lower-level “victimless” alcohol and drug crimes (such as public intoxication).

These factors will skew the manner in which Drug Court versus Prop. 36 funds will be used in Contra Costa, boiling down, we can predict, to more Drug Court dollars being spent on West County cases, and more Prop. 36 dollars being spent on Central and East County cases. Law enforcement sources have recently indicated that the dominance of cocaine as a drug-of-choice is beginning to show signs of giving way to increased methamphetamine use in West County (Richmond, El Sobrante, San Pablo, El Cerrito). As an outgrowth of having to monitor felonies and misdemeanors, we will soon be in a better position to know whether there is, indeed, a regional shift in drug-use trends in our county.

The necessity of verifying clients’ charges in a program that serves both felons and misdemeanants—and which collects all sorts of other client data—brings with it the natural juxtaposition of one set of demographics onto another. Issues such as the predominance of one or another culture in any parts of the county may contribute to this discussion if it can be shown that one ethnic group tends to prefer the felonies-only drug over the drug that can net a misdemeanor in some cases. It remains to be seen whether a higher proportion of felonies will continue to originate in West County, whether cocaine as a drug-of-choice will prove the reason, and whether client demographics can be shown to be highly correlated to drug-of-choice and, therefore, the level of charges among the clients we serve. It is conceivable that the resolution of those questions may challenge public policy around the treatment of cocaine versus methamphetamine, in consideration of a possible link between drugs-of-choice, ethnicity, and mandatory felonies for cocaine but not methamphetamine. Obviously, in a time when “profiling” is receiving increased attention in terms of arrest and conviction rates, it only follows that end-runs around overt targeting of certain populations will eventually fall under the microscope of public scrutiny, the media, and, eventually, the legislature. The felons-only mandate by Drug Courts will surely hasten a reckoning in this area of concern to many Californians.

Another factor that affects Contra Costa’s program but may not affect other California counties in the same way concerns State Parole clients referred for parole violations. Prop. 36 is designed to be able to work closely with State Parole—getting parole violators into treatment rather than having to send them back into the CDC State prison system. Drug Court funds are directly tied to the number of CDC prison bed-days saved by sending people into treatment instead of
on to—or back to—prison. Needless to say, parole violations would make a useful source of easily counted prison bed-days saved for counties with Drug Court funds who need to demonstrate their cost-effectiveness. In all San Francisco Bay Area counties, however, most Parolees who require substance abuse treatment are placed in “BASN slots”—meaning any of 100 service providers’ programs participating in the Bay Area Services Network (BASN). That fact means that the task of demonstrating “prison bed-days saved” will always be more difficult for a county with a Parole-treatment network.

On the positive side of the felony vs. misdemeanor issue, the presence of BASN in Contra Costa County means that we can use a relatively higher proportion of court-to-treatment funds on (1) defendants who committed new crimes in this County, (2) people just entering the pipeline in terms of both drugs and crimes (many of whom are misdemeanants), and (3) low-functioning people for whom treatment might not normally be an option but whose lifestyles bring them into court and in reach of a criminal justice referral into treatment. While no specific number of prison bed-days saved can be calculated based on misdemeanor sentences suspended in lieu of treatment, it is obvious that the County will benefit by being able to get these individuals into treatment—either to break the cycle early, or to reach people who usually live just beyond the gravitational pull of counseling.

Misdemeanors and the Contra Costa Prop. 36 Program

This county’s Prop. 36 program serves many misdemeanor defendant-clients (misdemeanants). We see this as a really important part of the potential effectiveness of our program—not in direct comparison with services to felons, but in addition to serving them. First of all, many people committing low-end crimes associated with substance abuse—and who are still eligible for Prop. 36 (meaning this is only their first or second offence)—are probably relatively new to the lifestyle and perhaps not fully immersed in either criminal activity or addiction. If we can get people like that into Prop. 36 treatment, we may be able to help them avoid going deeper into drugs and/or crime. Secondly, there are many dually diagnosed people on the streets who have both substance abuse and mental health diagnoses. They are in desperate need of services but because of their mental health issues, very unlikely to seek help and unlikely to receive it from a program that specializes in both mental health and substance abuse counseling. Many people in that category are using alcohol or drugs to self-medicate. Given the cost and availability of alcohol, the drug-of-choice (or the drug-of-most-regular-use, as
the case may be) is usually alcohol. Recent studies prove that alcohol use (in crimes) is more closely associated with violence than alcohol and drugs in combination, and much more closely than drug use, alone.

The average low-functioning, dually diagnosed person who is barely making it on the streets of our cities is not likely to be a drug dealer or actively planning and carrying out the kinds of felony crimes we are seeing in our Drug Court caseloads. Occasionally one will commit a desperate act on impulse and earn a felony, but by-far more are coming into our orbit based on the simple misdemeanors that arise from the combination of addiction and mental illness rubbing up against the innate drive to survive. Clearly, people who have an untreated mental health diagnosis and who attempt to treat their own symptoms with alcohol put themselves and the public at increased risk. Either helping them to get clean and sober or helping them to control their mental / psychological problems would be worth a great deal to their loved ones, their communities, and the themselves. Moreover, although it may be more difficult to calculate than “prison bed-days saved” at this time, there is certainly a net savings to the State when its most vulnerable citizens are helped to avoid sinking deeper into crime, addiction, confusion, disease, and more and more desperate circumstances.

We know from the literature and from our own experiences in the field that treating the addiction without treating the co-occurring mental health disorder is a fool’s errand and will come to little in the long-run. Furthermore, most county mental health programs focus primarily on the severely mentally disturbed, so that a great number of dual diagnosed people—individually living day-to-day on the streets and in barely adequate shelter—would not be eligible. Nor do most mental health programs have the expertise to address their clients’ substance abuse and addiction problems. That population needs appropriate treatment referrals to facilities that can help them to get their mental health and addiction problems under control. If not for a program that opens its doors to misdemeanants, treatment would not be available for many people in the population described . . . so that their situations, addictions, and crimes they commit to live would become increasingly more severe until their misdemeanors would give way to felonies—and innocent people—they and others—would be hurt in the process. Our Prop. 36 program helps to prevent that scenario from coming true.

Clearly, people with misdemeanor charges need help. Helping them in the early stage of their drinking, drugging, and criminal careers is an up-stream approach to the prevention of more serious crime and more resistant drug and alcohol
dependence. Unfortunately, however, misdemeanors do not count under the rules for spending Drug Court funds. Using Prop. 36 on misdemeanor defendants does save criminal justice money . . . but it is perceived as doing so only at the local (county jail) level. It is not hard to project realistic scenarios that show misdemeanants evolving into felons if they are not intercepted and diverted to other activities, lifestyles, and ways of thinking about who they are and what their lives should be about.

Why a Relapse Prevention / Court Probation Component is Important for a Prop. 36 Program

It is our intention for the Relapse Prevention component to eliminate the client’s shock of an abrupt drop from full supervision, testing, and accountability to providers, probation, and the court—to no supervision, no testing, no treatment, and no groups or meetings. Creating a reasonable extension of the criminal justice continuum of care is a common sense adjustment to make. Our design of a Relapse Prevention component for the County’s Prop. 36 program with Drug Court dollars makes sense and was originally meant to help all of our clients, regardless of their level of charges. The new requirements associated with spending Drug Court funds only on felons won’t deter our plans, but they will force us to segregate felons from misdemeanants—at least in terms of tracking (and paying for) the services provided to defendants in the two categories. There are easily foreseeable benefits for substance abuse clients—regardless of the level of their current criminal charges—when an effective program keeps them in treatment longer. This is especially true for criminal justice clients who have already demonstrated an unwillingness or inability to adapt their lives in ways that would best serve their own, their loved-ones’, and their communities’ interest. The longer they are under close scrutiny, the longer many will abstain—if only to avoid a positive drug test. While they are in the (for many) unfamiliar state of being clean and sober, we have the opportunity to reach them on levels not usually open for hearing and considering healthier, smarter possibilities.

For some Prop. 36 defendant-clients, the idea of relapse prevention may mean little more than being forced to abstain from drugs for a few months longer, and to “act as if” they are really participating in the program. We know from years of experience in treatment programming that few coerced referrals are willing participants when they begin counseling, and some never are. “Acting as if” and “faking it until you make it” are two concepts that are familiar to many people in the treatment field. Making an effort to please (or, at least, not to displease) the
counselor, probation officer, or judge, often has the effect of softening a client to a program, especially as it becomes more difficult to continue to feign cooperation once real participation in the program is no longer difficult to do. There comes a time in many clients’ experience where the line between who they used to be and who they are becoming is no longer clear. Many people who have had to “act therapeutic” long enough, find that they begin to want to preserve the new healthy balance they have achieved even more than they formerly fought to preserve their drinking, drugging lifestyle.

The longer a person is inside the structure of a program—taking part in the activities, learning the concepts, admitting faults, saying the affirmations, making amends, etc.—the less need there is to actively play the role of being a good client. One eventually realizes that his or her own self (fears, resentments, weaknesses and all) is a good-enough client . . . so that acting is no longer necessary. As the pretending slips away, the real person is exposed to treatment and—for many clients, at least—therapy happens. The longer people are associated with treatment structure, the more likely they are to (1) let their guard down, (2) let the ideas in, and (3) allow the necessary changes to begin happening. By adding the Relapse Prevention component, we keep our Prop. 36 clients in treatment longer, holding them open to the opportunities for change longer, giving them more time to practice what they’ve learned, and more time to strengthen their resolve to continue in sobriety. This is not a difficult concept to grasp.

It doesn’t really matter how a person reaches the point at which a positive lifestyle becomes something worth preserving—whether one is coerced into a program by the mechanics of a one-size-fits-all, procedure of the Court, or whether they are coaxed into it by friends, family, employers, a personal “Road to Damascus” wake-up call, or a shared tragedy like 9/11—as long as the end result is a life changed for the better. If it can be shown that a Relapse Prevention component in a Prop. 36 program can help do that for misdemeanor and felony defendants, then it should be a part of every county’s program. Or said another way, if a person has 20 years of continuous experience in crime and drugs, what will be the predictable result of cutting off counseling, probation, testing, and court monitoring—all at once—after only (at most) six months of, say, out-patient groups once or twice a week? A relapse Prevention component may not address every weakness in a treatment system, but it certainly extends treatment time and avoids the abrupt cessation of all services to individuals whose “people, places and things” quotient is no different than it was before they entered the Court-to-treatment program.
Summary

Eventually, we can hope, the State will want to examine the potential benefits of Relapse Prevention components for the clients served by Prop. 36 programs. Also, perhaps the State will examine whether the preventive nature of targeting misdemeanants can produce criminal justice cost savings at both the community level and—in the long run—at the State level. It would be short-sighted to continue to exclude misdemeanor defendants’ crimes from the calculation of the economic burden produced by crime and drug abuse in combination. Perhaps programs like ours can help in the process of determining the costs to California and her counties of leaving misdemeanors out of the equation. A nod by the State that would encourage prevention through the targeting of misdemeanor defendants would surely pay off in several areas that aren’t addressed by focusing only on felons. Ensuring that both categories of defendant pass through a Relapse Prevention program before officially completing Prop. 36 may make the difference between mediocrity and success for Court-to-treatment programming.

End Note:

We have enjoyed tremendous assistance and interest from our Prop. 36 / SACPA and Drug Court analysts and monitors at the Department of Alcohol and Drug Programs. They have encouraged our interest in creating a combined approach to Court-to-treatment programming and have given us invaluable feedback along the way. It is only in an accepting environment like the one they have provided that creative thinking can be brought to life, tried, and tested. We don’t know if our ideas will work, but because of the support we have received we are confident that we will be able to find out—and pass the results along to others who, like us, are interested in knowing how to improve the effectiveness of what we do for our clients and our communities.

[from the Conference’s “Mentor Form”]

Why This Topic is Important:

Evidence indicates that without a “seamless” continuum of care, criminal justice clients have a tendency to “fall through the cracks” at various points (or “gaps”) in the trek through the process from referral to on-going post-treatment recovery. Any point at which the shift from phase-of-TX to phase-of-TX is abrupt – “a step-down” – is a point at which clients will lose resolve, weaken, cease resisting, forget what they’ve learned, and otherwise revert to old behaviors and lifestyle components. A return to
criminal behavior tends to drag the client back to old alcohol and other drug use patterns, as well—since being “back in the life” means that they are back in the same old places, with the “same old faces.” So it is doubly important to CLOSELY assist criminal justice clients from the beginning of the treatment process, all the way through the point at which they are secure enough in their personal program of recovery to have a chance of staying clean, sober, and out of trouble.

The old adage, “out the gate at eight, in the spoon by noon” is too often the net sum of a Prop. 36 defendant’s track record. In order to insure that the relapse “merry-go-round” is shut down for our Prop. 36 clients, we have developed a “Relapse Prevention” component to fill in the obvious gap that has existed between active Probation / Treatment and the client’s release from supervision and the treatment program. If we can make the transition from close supervision to secure recovery program back at home, then the client will be much more likely to have the tools, the strength, the resolve, and the support system with which to actively resist relapse.

**Key Points to Remember:**

1. Usually, when the client’s treatment experience is finished, he or she is let off formal probation at about the same time. They are treated as “successful completions” simply because they managed not to get kicked out of a substance abuse program. That’s just not a good enough standard of success.

2. “Relapse Prevention” (groups, meetings, and random testing) together with less formal “Court Probation” is a gradual slope back to full independence—rather than a jarring tumble off a curb and back into the street.

3. Because the Judge stays active in the defendant’s case—along with the AOD staff (and to a lesser extent even Probation)—it is possible to catch a client who shows early signs of relapse. If he or she is unable to negotiate Court Probation and the Relapse Prevention component, then the obvious must be true: That person is simply not ready for that much independence, and is still not finished with an immediate need for treatment. Therefore, the client can be quickly moved back into active probation status and referred back into another treatment program. After that (it is hoped), the person will be more ready to comply with the terms of Court Probation and the Relapse Prevention component.

**Considerations for Practice:**

The idea is to reduce the number of people going to prison. Besides concentrating on keeping the newly criminal from sinking into that lifestyle, it also means reducing the number of people going BACK to prison, and reducing the number going from jail to prison. Keeping Prop. 36 clients on another level of supervision months after they would otherwise have been completely off supervision, will certainly help MANY Prop. 36 defendant-clients to avoid quickly falling back into old habits. Court Probation has a “deterrent” effect, while the Relapse Prevention Component is, naturally preventive of relapse. We have implemented the combination of the two (bolstered with drug testing and mandated self-help meeting attendance), and applied it all the point in the program that was formerly the end of the client’s Prop. 36 experience.

It doesn’t matter whether it is (a) the threat of having to go back into treatment, (b) the threat of being placed back on active Probation, (c) the fear of a positive drug test, (d) the continuing Court appearances, (e) the power of the Relapse Prevention groups, or (f) the magic of the Self Help meetings that is the main reason the client stays clean and sober. As long as that’s what happens—and to each his or her own reasons.

**References:**

Judge Douglas Cunningham is the main Prop. 36 Judge in Contra Costa County. He has a long history of working in the Criminal Justice programming field— including having once been the interim director of one of the agencies that was eventually folded together to become the Department of Alcohol
and Drug Programs. He was the first to suggest the need for a viable Relapse Prevention component as a realistic response to the reality of our Prop. 36 clients’ lives.

Steve Loveseth has been with Contra Costa County’s CSAS (Community Substance Abuse Services)—now called AOD Services, since 1988. He has a broad and varied experience working with programs, projects, and grants on all kinds of criminal Justice programming at the County-level. Steve was the original manager of the Division’s Criminal Justice Services section. He manages the CCC Prop. 36 Program for AOD Services, the Lead Agency, headed by Chuck Deutschman, the Director.

Curtis Christy began his involvement in criminal justice programming (as a counselor, coordinator, manager, and consultant) in the late Seventies. He has 10 years of experience working with probation, parole, and in-custody programs here and in Florida. He was recently hired by AOD services and has worked closely with Steve Loveseth to shape Judge Cunningham’s original idea into a the form being discussed at the presentation.

Building a Relapse Prevention Component:
How to Fill the Gap in the Prop. 36 Continuum of Care

Or:
“A common sense approach to reducing recidivism through the elimination of an abrupt decline in treatment activities and Court supervision.”

A Prop. 36 Program Presentation, Sacramento, 9/17/2002

Questions:

1. When does Prop. 36 “TREATMENT” really end?
2. When must we say that a Prop. 36 client’s treatment experience has been completed?
3. Is a “Certificate of Completion” from a service provider the same thing as “completed Prop. 36 treatment” (for the purpose of permitting the defendant to petition the Court to expunge records)? And should it equate to the end of formal Probation?
4. Who defines the expression “completion of treatment” in Prop. 36 cases?
5. Is it wise to release Prop. 36 clients from Probation and Court follow-up simply because they spent several months in a treatment program without getting kicked out?
6. To prevent relapse, can we extend Court monitoring and drug-testing AFTER the active treatment phase? Who decides?
7. What if we were to add mandatory self-help meetings and on-going Relapse Prevention Group sessions . . . isn’t that “treatment,” too?
8. What if we call that status “Court Probation”? . . . could clients who demonstrate the need be placed back on active Probation if they start relapsing . . . test positive, begin missing meetings, skip Group, etc.?
9. So, again: does a Prop. 36 client’s treatment experience have to be considered “complete” simply because a counseling program calls the graduation document it hands out a “Certificate of Completion”?
10. We have addressed these issues in Contra Costa County.
## CONTRA COSTA COUNTY’S COMPUTATION OF “PRISON BED-DAYS SAVED”

<table>
<thead>
<tr>
<th>Code</th>
<th>Name of crime</th>
<th>Without Prop. 36, defendant could have received: *</th>
<th>Note: “How the number of ‘prison bed days saved’ was determined from the respective Penal Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>H&amp;S 11350</td>
<td>Unlawful Possession</td>
<td>Probation, or up to 1 year co. jail or prison &gt; &gt; &gt; &gt; (16 mos, 2 yrs, 3 yrs)</td>
<td>“shall be punished by imprisonment in the state prison”</td>
</tr>
<tr>
<td>H&amp;S 11350(a)</td>
<td>Unlawful Possession</td>
<td>16 mos, or 2 or 3 yrs</td>
<td>Definitely would have been sentenced to prison</td>
</tr>
<tr>
<td>H&amp;S 11351</td>
<td>Poss. for Sale (any narcotic)</td>
<td>2, 3, or 4 yrs</td>
<td>Based on recommended 2, 3 or 4 years minimum is 2, max is 4</td>
</tr>
<tr>
<td>H&amp;S 11351.5</td>
<td>Poss. for Sale (cocaine)</td>
<td>3, 4 or 5 yrs</td>
<td>Based on recommended 3, 4 or 5 years minimum is 3, max is 5</td>
</tr>
<tr>
<td>H&amp;S 11357(a)</td>
<td>Poss. Of MJ</td>
<td>Probation, or up to 1 year co. jail or prison &gt; &gt; &gt; &gt; (16 mos, 2 yrs, 3 yrs)</td>
<td>“… or in the state prison”</td>
</tr>
<tr>
<td>H&amp;S 11357(b)</td>
<td></td>
<td>Probation or Jail, only</td>
<td>---</td>
</tr>
<tr>
<td>H&amp;S 11357(c)</td>
<td></td>
<td>Probation or Jail, only</td>
<td>---</td>
</tr>
<tr>
<td>H&amp;S 11359</td>
<td>Poss. of MJ-Sale</td>
<td>Probation, or up to 1 year co. jail or prison &gt; &gt; &gt; &gt; (16 mos, 2 yrs, 3 yrs)</td>
<td>“… or in the state prison”</td>
</tr>
<tr>
<td>H&amp;S 11377(a)</td>
<td>Possession</td>
<td>Probation, or up to 1 year co. jail or prison &gt; &gt; &gt; &gt; (16 mos, 2 yrs, 3 yrs)</td>
<td>“… or in the state prison”</td>
</tr>
<tr>
<td>H&amp;S 11378</td>
<td>Poss for sale while in jail</td>
<td>16 mos, or 2 or 3 yrs</td>
<td>“shall be punished by imprisonment in the state prison”</td>
</tr>
<tr>
<td>H&amp;S 11379(a)</td>
<td>Import for sale from other county</td>
<td>2, 3, or 4 yrs</td>
<td>Based on recommended 2, 3 or 4 years minimum is 2, max is 4 ; so we list 3</td>
</tr>
<tr>
<td>H&amp;S 11550(a)</td>
<td>Poss</td>
<td>Probation or Jail, only</td>
<td>---</td>
</tr>
<tr>
<td>H&amp;S 11173(a)</td>
<td>RX fraud, mislabeling, or attempt to obtain</td>
<td>Jail</td>
<td>---</td>
</tr>
<tr>
<td>H&amp;S PC 4573.6</td>
<td>Poss while in jail</td>
<td>2, 3, or 4 yrs</td>
<td>Based on recommended 2, 3 or 4 years minimum is 2, max is 4 ; so we list 3</td>
</tr>
</tbody>
</table>

* Standard California Codes, 2001 [Lexis]