Committee Agenda Date: April 13, 2006
Agenda Item No.4

County of Santa Clara
Office of the County Executive
Children and Family Services, Public Safety & Justice

CSFC–CE01 041306

Prepared by: Quyen Nguyen
Program Manager II

DATE: April 13, 2006

TO: Supervisor Blanca Alvarado, Chairperson
Supervisor James T. Beall, Jr., Vice–Chairperson
Public Safety & Justice Committee

FROM: Sandra Nathan
Sandra Y. Nathan
Deputy County Executive

SUBJECT: Report back on referrals regarding the overall funding and outcomes of the Prop 36 and Drug Treatment Court programs.

RECOMMENDED ACTION

Accept a report back on referrals regarding the overall funding and outcomes of the Prop 36 and Drug Treatment Court programs made by the Board on November 1, 2005.

FISCAL IMPLICATIONS

There is no implication to General Fund upon acceptance of this Report.

REASONS FOR RECOMMENDATION

The true cost of a program consists of the expenditures, which would have been expended in their next best use, if not used for these programs. For SACPA, in FY 05, the unbudgeted General Fund expenditures were $7,927,727. For Drug Treatment Court, the unbudgeted General Fund expenditures were $1,445,914 from the Probation Department.

- Prop 36 clients generally do not contribute to the increased jail population as they are released fairly quickly. However, there are a number of Prop 36 clients who stay in jail for significant jail days due to serving sentences for multiple charges.
- Treatment works for the clients who completed treatment. Similar outcomes were observed for Prop 36 clients versus non–Prop 36 clients.
- Similar outcomes were observed for methamphetamine users as compared to non–methamphetamine users.
- There are 3 possible areas suggested for further discussion on improving efficiency: (a) reduce the amount of re–assessments and/or uncompleted assessments, (b) target probation supervision resources by level of risks, and (3) resources supported for programs based on outcomes not on availability of resources.

BACKGROUND

The Report back is attached in Attachment A.

Responses to questions posed by the Board of Supervisors and data from CJIC, Probation department, District Attorney's Office, Public Defender office, Pretrial Services, Public Health department, Mental Health Department, and Department of Alcohol and Drug Services are in Attachment B.

The referenced research–based evaluations from the UCLA and DADS' Research Institute are in Attachment C. Other referenced articles and/or reports are available upon requests.

ATTACHMENTS

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- Attachment A– Report back on referral for the Drug Treatment Court and Prop 36 Programs

County of Santa Clara
Office of the County Executive

County Government Center, East Wing
70 West Hedding Street, 11th Floor
San Jose, California 95110
(408) 299-5105

Date: March 30, 2006

TO: Supervisor Blanca Alvarado, Chairperson
Supervisor James T. Beall, Jr., Vice–Chairperson
Public Safety & Justice Committee

FROM: Sandra Nathan, Deputy County Executive

SUBJECT: Response on Referral for the Drug Treatment Court/ Prop 36 Program

RECOMMENDED ACTION

Accept a report back on Drug Treatment Court/Prop 36 Funding and Outcomes as directed by both the Public Safety and Justice and Health and Hospital Committees.

FISCAL IMPLICATIONS

There is no General Fund impact associated with the acceptance of this report.

REASONS FOR RECOMMENDATION

On October 13, 2005, in considering the revised SACPA Annual Plan, the Public Safety and Justice Committee requested a report back on the overall effectiveness of the SACPA Program and the impact of methamphetamine abuse on SACPA clients and the jail population.

At the November 1, 2005 meeting, the Board of Supervisors directed the Office of Budget and Analysis to return to Public Safety and Justice Committee (PSJC) with a report showing total Drug Treatment Court (DTC) funding from General Fund and Grant funds. The Board also directed the County Executive's Office to report back to PSJC with outcomes from DTC at the same time SACPA outcomes will be presented.

In particular, the Board asked for the following information:

- Outline of costs/ reimbursement funded through drug court
- Whether drug court services contribute to an increased jail population.
- Whether or not treatment services have the desired effects.
- Drug court services outcomes as compared to SACPA services

SACPA program: The General Fund budget for SACPA in FY 05 included a one-time bridge, in the amount of $473,333, for the lease at the Assessment Center, one Justice System Clerk and a part-time extra help receptionist cost for the Assessment Center.

Drug Treatment Court program: The General Fund budget for the Adult Drug Treatment Court (DTC) was $238,411. Several grants were used to support DTC such as the Drug Court Partnership at Probation ($183,500), and at DADS, and the Comprehensive Drug Court Implementation grants (CDCI) for both drug treatment court and dependency treatment court.

A portion of the total in Adult Treatment Court included the budget for the Mental Health Treatment Court program. It consists of a team from the Mental Health department, Adult Custody Services, District Attorney's office, Public Defender's office, Probation department, and the courts. It is designed to serve about 400 clients who are mentally ill and dual diagnosed. The General Fund budget specifically for the Mental Health Court included 2.50 FTE ($212,601).

Dependency Drug Treatment Court program: Funded through a grant by First-5 for the Healthy Pregnancy and Early Parenting initiative to the Public Heath Department for services by a public health nurse (1.0 FTE) and public health nutritionist. Two additional Rehab Counselors and Marriage and Family Therapist (assigned in DADS budget) are also part of the team. The General Fund budget for DDTC was an additional $972,738 in DADS for staff and treatment contracts. A portion of this resource is also used to support Drug Treatment Court. The grant is due to end on June 30, 2006.

Table 2-Drug Court/ Prop 36 Services Budget: All Costs outlines the departmental actual operational costs that were not budgeted but were absorbed by various departments in FY 05.

Table 2	SACPA	DTC	DDTC	Sub-TOTAL
Dept of Alcohol and Drug Services	$5,193,502	Unable to determine from report[2]	Unknown	$5,193,502
Probation Dept	$2,684,877 (SATTF)	$1,445,914	N/A	$4,130,791
Probation Dept	$10,894 (SATTA)	N/A	N/A	$10,894
Pretrial Services	$ 22,500 (SATTA)	N/A	N/A	$22,500
ISD (CJIC)	$15,954	N/A	N/A	$15,954
TOTAL UNBUDGETED GF COSTS	**$7,927,727**	**$1,445,914**	Unknown	**$9,373,641**

[2] Per comments from DADS, some SACPA clients may also be identified as DTC. The courts are reportedly particularly interested in not only what funding stream may pay for a client but what legal constraints the client may fall under. To accommodate the courts, some clients are listed under multiple categories. To produce this table DADS indicated that it must rely on the provider sites indicating the clients Referral Source/Categorical Funding at the time of admission into their program. As a result the number of admissions is greater than it should be for the fiscal year.

Brown Act notification, etc), providing liaison to State, UCLA (Focus group), other counties and County departments, coordinating and shepherding the annual plan through the local and state's review/approval process, providing oversight of program budget, and managing the Trust Fund.

Moreover, not available for inclusion in ***Table-2*** are the additional expenses, above the costs of traditional adjudication, from the criminal justice agencies in the implementation of DTC or Prop 36 program. For example, both the District Attorney's Office and the Office of the Public Defender are obligated to staff these types of cases even if the drug courts or Prop 36 did not exist. Nevertheless, the collaborative Prop 36 courts (or DTC) are known to impose additional obligations that did not exist with traditional case processing.

For example, in Prop 36 courts, review hearings for each offender have typically been scheduled from every 2 weeks, or 3 weeks or 4 weeks depending on a particular court. Added to the workload burden to both the courts and criminal justice departments is the scheduling of regular reviews for lower risk probationers and court probation cases, and the longer probation terms for court probation cases (up to 3 years).

As such, the Office of the Public Defender has indicated that the high volume (11,743 drug case files) and mandatory court appearances have a significant impact on staffing resources. For example, attorneys are in court 8 out of 10 ten half-day sessions (cases range from 10 to 120) a week. In 2 of the Prop 36/ drug courts at Terraine St, attorneys are in court up to 9 sessions per week[6]. Likewise, paralegals (interview for eligibility, processing case files, etc), investigators (locate, interview and subpoena witness), and clerical staff (run calendars for attorneys, notify clients, etc) are heavily impacted as well.

Statewide data: In the Spring of 2005, the County Alcohol and Drug Program Administrators Association of California (CADPAAC), in collaboration with the Chief Probation Officers of California (CPOC) conducted a prop 36 Unmet Needs Surveys. Of the forty-eight counties responded, seventeen reported using additional funds beyond their SACPA allocation to support the Prop 36 program.[7]

	County General Funds	**SAPT (Block Grant)**	**Other**	**Sub-Total**
Treatment	$7,246,340	$880,975	$5,391,710	$13,519,025
Ancillary Services	$1,216,940	$2,500	$10,000	$1,229,440
Criminal Justice	$2,258,565	$0	$3,444,900	$5,703,465
TOTAL	$10,721,845	$883,475	$8,846,610	$20,451,930

[6] Mandatory court appearances are not tracked per case in the drug courts. However, the PDO indicated that this data can be tabulated manually if requested.

[7] SACPA Proposition 36 Unmet Needs Survey results, Collaborative survey presented by CAARR and CADPAAC.

On the same date, there were also 202 additional "Prop 36-ers" in custody. Of the 202 inmates, 33 (or 16%) inmates were released and 169 (or 84%) inmates remained in custody. As ***Table- 4*** indicated, once granted Prop 36, the inmates were released fairly quickly.

Table 4- **"Prop36-ers" Inmates (Feb 14, 2006) released**	**# inmate**	**Disposition**	**Total days in jail since booking**
DEJ granted in current cases, no other cases	4	Released	Data not available
Current case pending, pre-plea	4	Released-SORP	Data not available
Current cases pending, pre-plea, conditional release	2	Released	23 days
P36 granted in new cases	13	Released	Data not available
P36 granted in new cases, conditional release	9	Released	55 days
TOTAL	32		

Of the 169 (or 83.8% of total) "Prop 36-er" inmates in custody, 2 inmates (or 1 % of total) were waiting for a bed space and the other 167 inmates remained in custody for other reasons not related to the processing of Prop 36 cases.

Table 5- **"Prop36-ers" Inmates (Feb 14, 2006) remained in custody**	**# inmate**	**Percent to total cases (202)**
Waiting for a bed space	2	1.0
Pending cases only	13	6.4
Disqualified from P36 on current cases	1	0.5
Un-amenable for P36 on current cases, nothing else pending	2	1.0
Probation denied in current P36 cases	3	1.5
Refused P36 on current cases, no other cases pending	9	4.5
Ineligible for P36 on current case due to either strike prior, or non-P36 charges in some cases	28	13.9
Remained in custody on other pending cases, Violation of Probation findings, or parole holds	49	24.3
Remained in custody in serving other sentences, or parole violations	62	30.7
TOTAL	169	83.8%

While data regarding the impact of jail sanctions on the jail population is not available, one certain thing is that both programs (DTC and Prop 36) have the potential to increase or decrease the jail population. With the Courts' support, the County could further discuss the outcomes of DTC to highlight its successes.

further categorized under the following reasons, which may or may not include three drug-related violations:

Table 7: **Prop 36 Unsuccessful Probation Terminations (FY 05)**

Reason	Percent
Early Termination	1%
Probation to Terminate On Release- VOP	34%
Probation to Terminate On Release- Original Conditions Ordered	1%
Reinstated & Terminated – No Further Penalty	17%
Probation Revoked – No Further Penalty	4%
Probation Revoked - County Jail	31%
Probation Revoked - Prison	12%
	100%

However, there is no data to support the correlation between these unsuccessful probation clients and whether or not they have had three drug-related probation violations found. For example, a client may have three drug-related violations and continue on probation as active in Prop 36 that are not counted as unsuccessful. Conversely, clients may have three drug-related violations or have been found un-amenable to treatment, removed from SACPA and continue on probation as a non-Prop 36 client that is not counted as unsuccessful.

The count of 1st, 2nd and 3rd drug-related probation violations, as an outcome indicator, may be misleading. For the purpose of this report, 60 dockets were randomly selected for analysis.

Table 8- **Types of dockets**	**# of dockets**	**Results**[10]
Probation violations filed	13	Petition not found
Non-drug Probation violations admitted with no further penalty	20	Clients re-referred to treatment
Probation violation modified with no finding	4	Clients remain active in Prop36
Arraigned on probation violation with no finding	2	Clients remain active in Prop 36
Drug-related probation violation found: 3rd VOP	1	Client remain active in Prop 36
Drug-related probation violation found: 2nd VOP first and 1st VOP second	1	Client remain active in Prop 36
Drug –related probation violation found: 1st VOP three times	1	Client remain active in Prop 36
Drug-related probation violation found: 1st VOP two times	2	Clients remain active in Prop 36
No probation violations,	16	Clients remain active in Prop 36
TOTAL	60	

The results indicate that 20 probation violations were found where the client was either re-referred to treatment or continued on probation with no further penalty. These violations were

[10] There is a great variation due to judicial discretions on whether or not violations of probation are found. A violation may or may not be found when probation submits a petition, and may or may not be found when probation does not submit a petition.

month follow-up period for SACPA's first year offenders, examine 12-month outcomes among SACPA second-year offenders, and describe SACPA's fiscal impact.

Overall effectiveness of the SACPA Program and the impact of methamphetamine (meth) abuse on SACPA clients and the jail population.

A report prepared by DADS's Research Institute indicates that 64% of Prop 36 clients self-identified meth as their primary drug of choice and meth users utilized more outpatient treatment days than non-meth users (average of 123 days compared to 106 days respectively). The report noted that meth users are predominantly male (67%); however, a larger percentage of female used meth (34%) than in the non-meth (27%) group.

The report also indicated that treatment outcomes for meth users are comparable to non-meth users (Rice, 2006). Likewise, the UCLA report indicated that meth users were similar to the overall SACPA population in their rate of treatment completion (Longshore, 2005).

According to the state's Alcohol and Drug Programs, the effectiveness of treatment generally increases when the program draws on a variety of components. Because of the inability of many meth users to recognize problems related to their drug use, techniques that promote change in patients' thinking, expectation, and behaviors are emphasized. Treatment often is provided in intensive outpatient programs. Therapies may be combined with techniques to strengthen coping skills for stress and with medications, as needed. The clinical challenges related to paranoia, psychosis, agitation, and severe carving usually require knowledge and skills beyond those involved in traditional alcohol treatment.[12]

Other descriptive research findings suggest that there are more male–female similarities in substance-use behaviors than differences; however, significant differences do exist that may have implications for prevention and treatment strategies. For example, weight loss and desire for more energy, more likely in females than males, suggest a different focus than do those more distinguishing (but not significant) for males of working more and better sex. Gender differences also pointed to distinct relationships between users and their networks. Females' access to meth by their spouses/boyfriends may indicate an already established and more deeply integrated structure of family and drug use as compared to male users' network of "friends". These gender differences suggest ways of specializing strategies in drug education and intervention to different client subgroups. In addition, intervention strategies should include educating practitioners about symptoms/problems of meth users to facilitate identification and provision resources for treatment.[13]

Meth is highly addictive, and users can develop a tolerance quickly, needing larger amounts to get high. In some cases, users forego food and sleep and take more meth every few hours for days, 'binging' until they run out of the drug or become too disorganized to continue. Chronic

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[12] California Department of Alcohol and Drug Programs, Publication No (ADP) 02—3639, Meth: What's Cooking in Your Neighborhood?

[13] Brechta, M., O'Briena, A., Mayrhauserb, C., & Anglin, D., *Methamphetamine use behaviors and gender differences,* Integrated Substance Abuse Programs, UCLA and the Department of Anthropology, California State University of Northridge, 2003.

General Funds structural deficits. Improving program efficiency to allow us to operate reasonably within our budget and not posing additional public safety risks are a challenge that requires careful consideration and support from the Board in setting levels of services, as well as cooperation from all stakeholders in the Prop 36 Steering Committee.

To initiate this consideration, preliminary data indicates that there are several areas along the Prop 36 process that warrant attention and discussion especially when additional independent studies on cost-effectiveness become available in April 2006 and later part of 2008.

> *Area 1*: Assessment flow process can be improved to reduce the amount of uncompleted and/or re-assessments. Assessment improvement could be achieved by either (1) not performing an assessment on in-custody clients until a release date has been set, or (2) fully implementing the phone assessment for all in-custody clients.

In Santa Clara County, a majority of clients are ordered to have an assessment before sentencing. This process was designed so that the judges could lend his or her authority by confirming the clients' treatment plan at sentencing hearing. However, as some clients who were assessed while in-custody are subsequently found to be unavailable for Prop 36 (due to holds or other pending cases in other courts), the timing of the referrals could render unnecessary workload for both the courts and assessment center staff.

During the first six months of FY 06, of the 1,454 people referred from the court and parole, a total of 2,566 people were assessed resulting in 1,637 new clients in County treatment[15]. Since data is compiled using three databases across two separate systems, it is unclear whether any of these data points represent a subset of the other. The FY 05 Prop 36 Annual Report intends to provide clarity to this mystery by matching clients across databases to draw conclusions on number of dropout, repeat clients, and recommendations for improved efficiency.

[15] New clients are the clients newly admitted in a reporting period due to a new eligible offense regardless of prior treatment experiences. Per UCLA study (Longshore, 2005), 55.7% of County's SACPA clients had one or more prior treatment admissions compared to 53.8% statewide.

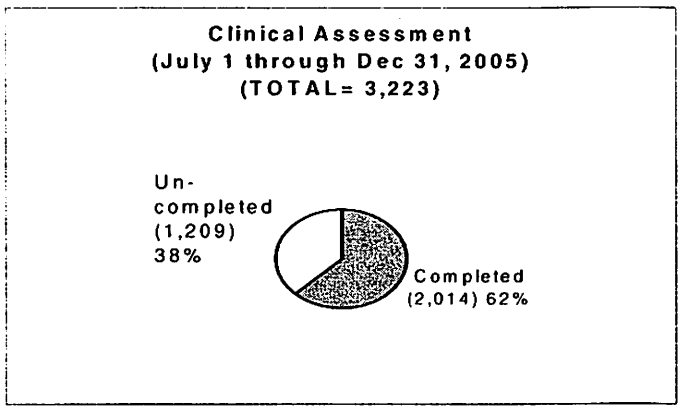

Table 10- **Details on un-completed clinical assessments**

refused, prefer jail time, failed to comply	171
staffing-related issues, time constraint	183
out-of-county, private provider	131
legal issues, parole hold, un-amenable	100
jail issue, not in custody, INS hold	64
assessment still valid, already in treatment	37
unknown reasons & other	97
referred and no response	426
TOTAL	**1,209**

A different way to illustrate assessment data is by location where the assessments were conducted and by the number of people.

By location: Assessments are performed both mostly face-to-face and via phone for in-custody clients, and mostly via phone (Gateway model) and some by appointments for out-of-custody clients. Among the assessments conducted in jail, 45% (or 619 assessments) remained uncompleted as compared to 32% (or 590 assessments) uncompleted among the out-of-custody assessments.

By people: Since 20% of people had more than one assessment, the number of people with one completed assessment may also be a subset of something else. For example, there were 1683 clients that had only one completed assessment; but that does not mean that they did not have an uncompleted assessment. Likewise, there were two clients that had five uncompleted assessments but they could have also had a completed assessment. So the completed and uncompleted assessment numbers are independent of each other for each person.

Table 11	STATUS OF ASSESSMENTS BY LOCATION			STATUS OF ASSESSMENTS BY PEOPLE				
	In-custody	**Out-of-custody**	**TOTAL**	**People w/ 1**	**People w/ 2**	**People w/ 3**	**People w/ 4**	**People w/ 5**
Completed assessments	766 (55%)	1,248 (68%)	2,014	1,683	142	16	0	0
Un-completed assessments	619 (45%)	590 (32%)	1,209	924	120	10	1	2
TOTAL	1,385 (100%)	1,838 (100%)	3,223					

Area 2: Assign probation supervision and drug testing services according to clients' level of public safety risks so that supervision resources are more focused on high to medium risk offenders. This could be achieved by either (1) having a dedicated Prop 36 court(s), and/or (2) continually re-seeking agreements among the current judges and other stakeholders on supervision protocols and process.

There is a widely accepted body of published research findings on evidenced-based supervision practices that have emerged over the last several years. This literature offers

clients to the more frequent high-risk court calendars (or low-risk clients to a less frequent calendar) requires much collaboration and coordination among partners.

> *Area 3*: Similar to the state' attempts in setting an appropriation level for Prop 36 programs using cost-benefits information, the County may want to address the Prop 36 general fund's contribution based on the program's outcome or performance.

Although the intent of Prop 36 program's outcomes was to: (1) Preserve jail and prison cells for serious and violent offenders; (2) Enhance public safety by reducing drug-related crime; and (3) Improve public health by reducing drug abuse through proven and effective treatment strategies, the state's ADP has yet developed or issued standard definitions of treatment success, information on treatment goal and objectives, as well as overall program outcomes.

As it is frustrating, the lack of standardization also allows the counties opportunities to align Prop 36 program's outcomes with local priorities, values and principles, evidenced-based practices as well as regional realities and limitations. More than ever, and especially in the current time of scare resources, funding support for Prop 36 program should be based on outcome performance, not solely on funding availability.[19]

Nevertheless, as counties are now being requested to submit outcome objectives for the FY07 Annual Plan, DADS has proposed the following SACPA program's treatment goals and objectives of which the standards are based on results from local SACPA outcome studies and other local studies.

- To provide SACPA clients with access to appropriate and effective treatment based on assessment of individual needs. [20]
  Objectives:
  - 90% of completed SACPA assessments will be admitted to the appropriate level of care.
  - 80% of clients referred to outpatient who complete Orientation/Intake will stay in treatment four treatment sessions or more.
  - 90% of clients referred to residential treatment will remain in treatment for 9 days or more.

- To reduce or eliminate client substance abuse.

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[19] While a minimum amount of funding is necessary to maintain an efficient operation, funding level by itself is not a solution to operate a program efficiently.

[20] Starting January 06, treatment data has been collected for the California Outcomes Monitoring System (CALOMS) at admission and at discharge for alcohol, drug, family/social, psychiatric, medical, legal, and employment functioning. This replaces the former outcomes monitoring system employing measures of psychosocial and substance abuse functioning. These measures will provide core treatment data for outcome assessment of SACPA clients.

ATTACHMENT AA- Summary of fiscal reports from Departments

- Page 1: SACPA- All Fund
- Page 2: SATTA- All Fund
- Page 3: Dependency Drug Treatment Court- All Fund
- Page 4: Adult Drug Treatment Court- All Fund
- Page 5: All Drug Court Services- All Fund
- Page 6: All Drug Court Services- Grant/Trust Fund
- Page 7: All Drug Court Services- General Fund

SUBSTANCE ABUSE TESTING/TREATMENT ACCOUNTABILITY (SATTA) SERVICES BUDGET - All Fund

	Pre-Trial			Probation			Total SATTA Budget (All Fund)		
	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
ADMINISTRATION:									
Supplies and Others	0	0	0	187,347	191,275	139,494	187,347	191,275	139,494
Subtotal	*0*	*0*	*0*	*187,347*	*191,275*	*139,494*	*187,347*	*191,275*	*139,494*
TREATMENT:									
Community Worker (2.0 FTE)	107,500	107,500	140,235	0	0	0	107,500	107,500	140,235
Others (mileage, office expenses, phones)	5,000	4,201	5,000	0	0	0	5,000	4,201	5,000
Subtotal	*112,500*	*111,701*	*145,235*	*0*	*0*	*0*	*112,500*	*111,701*	*145,235*
CRIMINAL:									
Probation Community Worker (1.0 FTE)	0	0	0	65,500	72,466	80,616	65,500	72,466	80,616
Subtotal	*0*	*0*	*0*	*65,500*	*72,466*	*80,616*	*65,500*	*72,466*	*80,616*
TOTAL FTE	***2.0***	***2.0***	***2.0***	***1.0***	***1.0***	***1.0***	***3.0***	***3.0***	***3.0***
TOTAL EXPENDITURES	***112,500***	***111,701***	***145,235***	***252,847***	***263,741***	***220,110***	***365,347***	***375,442***	***365,345***

ADULT TREATMENT COURT SERVICES BUDGET - All Fund

	Public Health			Mental Health			DADS			Probation			Total Adult Treatment Court Services Budget (All Fund)		
	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
ADMINISTRATION:															
Public Health Nurse III (0.2 FTE)	24,951	24,951	27,377	0	0	0	0	0	0	0	0	0	24,951	24,951	27,377
Program Evaluation	0	0	0	0	0	0	70,000	58,814	36,667	0	0	0	70,000	58,814	36,667
Supplies and Others	0	0	0	0	0	0	141,992	140,106	136,994	32,500	26,255	25,000	174,492	166,361	161,994
Subtotal	*24,951*	*24,951*	*27,377*	*0*	*0*	*0*	*211,992*	*198,920*	*173,661*	*32,500*	*26,255*	*25,000*	*269,443*	*250,126*	*226,038*
TREATMENT:															
Marriage Family Therapist II (1.0 FTE)	0	0	0	0	0	0	104,476	101,637	109,433	0	0	0	104,476	101,637	109,433
Marriage Family Therapist II (0.5 FTE)	0	0	0	51,258	47,629	55,296	0	0	0	0	0	0	51,258	47,629	55,296
Marriage Family Therapist I (1.0 FTE)	0	0	0	90,345	96,299	101,317	0	0	0	0	0	0	90,345	96,299	101,317
Psychiatric Social Worker II (1.0 FTE)	0	0	0	86,625	42,217	93,504	0	0	0	0	0	0	86,625	42,217	93,504
Rehab Counselor + OS III (LLEBG)	0	0	0	0	0	0	128,759	131,355	0	0	0	0	128,759	131,355	0
Salaray Savings	0	0	0	(15,627)	0	(6,619)	0	0	0	0	0	0	(15,627)	0	(6,619)
Court Expenses	0	0	0	0	0	0	216,458	180,689	165,633	0	0	0	216,458	180,689	165,633
Drug Testing	0	0	0	0	0	0	553,146	541,802	550,276	0	0	0	553,146	541,802	550,276
Treatment Contracted Services	0	0	0	0	0	0	1,743,508	1,634,080	1,683,450	0	0	0	1,743,508	1,634,080	1,683,450
Psychiatric/Lab & Meds	0	0	0	0	0	0	114,308	137,872	78,770	0	0	0	114,308	137,872	78,770
Supplies and Others	0	0	0	0	0	0	59,695	30,828	11,554	0	0	0	59,695	30,828	11,554
Others (mileage, office expenses, phones)	0	0	0	0	5,155	0	0	0	0	0	0	0	0	5,155	0
Subtotal	*0*	*0*	*0*	*212,601*	*191,300*	*243,498*	*2,920,350*	*2,758,263*	*2,599,116*	*0*	*0*	*0*	*3,132,951*	*2,949,563*	*2,842,614*
TREATMENT:															
Probation Community Worker (1.8 FTE)	0	0	0	0	0	0	0	0	0	151,000	151,000	159,930	151,000	151,000	159,930
Subtotal	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*151,000*	*151,000*	*159,930*	*151,000*	*151,000*	*159,930*
TOTAL FTE	*0.2*	*0.2*	*0.2*	*2.5*	*2.5*	*2.5*	*3.0*	*3.0*	*1.0*	*1.8*	*1.8*	*1.8*	*7.5*	*7.5*	*5.5*
TOTAL EXPENDITURES	*24,951*	*24,951*	*27,377*	*212,601*	*191,300*	*243,498*	*3,132,342*	*2,957,183*	*2,772,777*	*183,500*	*177,255*	*184,930*	*3,553,394*	*3,350,689*	*3,228,582*

	Substance Abuse and Crime Prevention Act (SACPA)			Substance Abuse Testing/Treatment Accountability (SATTA)			Dependency Drug Treatment Court (DDTC)			Adult Drug Treatment Court		
	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
ADMINISTRATION:												
Sr. Health Care Prog Analyst (1.0 FTE)	0	32,589	120,003	0	0	0	0	0	0	0	0	0
Health Care Program Analyst (1.0 FTE)	85,308	90,716	107,275	0	0	0	0	0	0	0	0	0
Health Care Program Analyst (1.0 FTE)	83,250	77,678	0	0	0	0	0	0	0	0	0	0
Health Care Program Analyst (0.5 FTE)	50,268	0	0	0	0	0	0	0	0	0	0	0
Public Health Nurse III (0.20 FTE)	0	0	0	0	0	0	0	0	0	24,951	24,951	27,377
QI Coordinator A&D Services (1.0 FTE)	100,596	99,003	110,316	0	0	0	0	0	0	0	0	0
Health Services Rep. (1.0 FTE)	63,636	43,256	69,840	0	0	0	0	0	0	0	0	0
Justice Systems Clerk (1.0 FTE)	63,720	68,804	70,092	0	0	0	0	0	0	0	0	0
Office Specialist III (1.0 FTE)	62,100	73,301	68,208	0	0	0	0	0	0	0	0	0
Program Evaluation	0	0	0	0	0	0	0	0	0	70,000	58,814	36,667
Supplies and Others	48,653	40,753	48,653	187,347	191,275	139,494	24,627	18,672	36,209	174,492	166,361	161,994
Subtotal	*557,531*	*526,100*	*594,387*	*187,347*	*191,275*	*139,494*	*24,627*	*18,672*	*36,209*	*269,443*	*250,126*	*226,038*
TREATMENT:												
Community Worker (2.0 FTE)	0	0	0	107,500	107,500	140,235	0	0	0	0	0	0
Health Care Program Manager II (1.0 FTE)	116,160	117,674	127,172	0	0	0	0	0	0	0	0	0
Marriage Family Therapist II (1.0 FTE)	0	0	0	0	0	0	0	0	0	104,476	101,637	84,117
Marriage Family Therapist I-U (1.0 FTE) half-year	0	0	0	0	0	0	22,146	0	51,738	0	0	0
Psychiatric Social Worker I (1.0 FTE)	88,668	97,479	101,496	0	0	0	0	0	0	0	0	0
Public Health Nurse II (1.0 FTE)	0	0	0	0	0	0	116,160	116,160	127,452	0	0	0
Public Health Nutritionist (0.5 FTE)	0	0	0	0	0	0	42,036	42,036	49,353	0	0	0
Rehab Counselor (3.0 FTE)	270,772	266,228	301,716	0	0	0	0	0	0	0	0	0
Rehab Counselor (0.5 FTE)	44,132	0	44,132	0	0	0	0	0	0	0	0	0
Rehab Counselor-U (1.0 FTE)/half-year	0	0	0	0	0	0	22,416	9,709	47,190	0	0	0
Rehab Counselor + OS III (LLEBG)	0	0	0	0	0	0	0	0	0	128,759	131,355	0
Court Expenses	0	0	0	0	0	0	19,317	22,667	63,635	216,458	180,689	165,633
Drug Testing	0	0	0	0	0	0	0	0	0	553,146	541,802	550,276
Mentor and Legal Services	0	0	0	0	0	0	23,156	8,649	24,000	0	0	0
Treatment Contracted Services	2,733,141	2,588,817	2,675,425	0	0	0	51,000	0	78,030	1,505,097	1,397,584	1,435,325
Psychiatric/Lab & Meds	100,000	63,846	100,000	0	0	0	2,333	0	7,441	114,308	137,872	78,770
Supplies and Others	0	0	0	5,000	4,201	5,000	12,800	0	62,090	59,695	30,828	11,554
Subtotal	*3,352,873*	*3,134,044*	*3,349,941*	*112,500*	*111,701*	*145,235*	*311,364*	*199,221*	*510,929*	*2,681,939*	*2,521,767*	*2,325,675*
CRIMINAL:												
Supervising Probation Officer (1.0 FTE)	127,368	134,188	136,836	0	0	0	0	0	0	0	0	0
Deputy Probation Officer II/III (8.0 FTE)	860,722	854,551	938,652	0	0	0	0	0	0	0	0	0
Probation Community Worker (1.8 FTE)	0	0	0							151,000	151,000	159,930
Probation Community Worker (1.0 FTE)	69,702	63,970	79,488	65,500	72,466	80,616	0	0	0	0	0	0
Subtotal	*1,057,792*	*1,052,709*	*1,154,976*	*65,500*	*72,466*	*80,616*	*0*	*0*	*0*	*151,000*	*151,000*	*159,930*
TOTAL FTE	***22.0***	***22.0***	***21.5***	***3.0***	***3.0***	***3.0***	***3.5***	***3.5***	***3.5***	***5.0***	***5.0***	***3.0***
TOTAL EXPENDITURES	***4,968,196***	***4,712,853***	***5,099,304***	***365,347***	***375,442***	***365,345***	***335,991***	***217,893***	***547,138***	***3,102,382***	***2,922,893***	***2,711,643***

ATTACHMENT B- Reponses from departments

a. Information Services Department- CJIC

b. Probation Department

c. Office of the District Attorney Office

d. Office of the Public Defender

e. Office of Pretrial Services

f. Public Health Department

g. Mental Health Department

h. Department of Alcohol and Drug Services

Prop 36 CPU/Machine Costs
Based on Accounting Period 12, Fiscal Year 2005

Job #	Program/Report Name	Run Frequency	Cost
C28002886	Prop36 State & PSJC reports	annual & semiannual	$12,753
C28003570	Prop36 Calendars	tape storage	$129
CJSM608	Prop36 Notices	weekly	$1,433
CJSM749	Prop36 Eligible Parolees rpt	weekly	$808
CJSM889	Prop36 Statistics	monthly & quarterly	$841
Total			**$15,964**

SACPA

One supervising probation officer, eight probation officers, one probation community worker and one justice systems clerk are funded by SACPA and make-up the Recovery Services Unit (RSU). This unit assesses and supervises P36 clients and supports P36 court calendars. Two community workers, one in the RSU and one in general supervision, and the justice systems clerk, who supports both the Department of Alcohol and Drug Services and probation as a receptionist, are funded with a one-time FY06 general fund allocation. One other probation community worker funded by SATTA is assigned to general supervision. Additionally, 15% of each general supervision caseload is made up of active P36 clients.

A common misperception is that probation would have received all of these SACPA cases prior to P36. The reality is that as a result of the legislation, some clients are now granted probation that never would have been prior to P36. These cases are primarily misdemeanor under the influence cases that used to statutorily mandate a jail sentence. More often than not, these cases would not have resulted in a grant of formal probation, but rather would have been granted court probation or a straight jail commitment would have been imposed. Other cases include some felonies that would have been sentenced or violated with probation to terminate upon release and some that would have been sentenced or violated to state prison. In light of the court review process, P36 cases generate a high volume of drug test results and program compliance to track and report to the court. This current process significantly impacts probation officer staff and clerical support.

The legislation has created a system that brings more clients into the formal system and retains them longer. As a result of P36, probation spends general fund dollars that were not spent prior to P36. Examples post-P36 general fund dollars:

1. Probation created a modified AMT caseload with one general fund probation officer, supervising an average of 490 P36 clients. Managing this caseload, that includes programming and testing, would not be possible without the SATTA funded probation community worker.
2. The RSU support staff is augmented with a general fund justice systems clerk. This unit is still so backlogged administratively that probation is looking for a funding source to add another support staff person.

The Probation Department is committed to providing services to the Drug Courts and collaborating with partners to ensure treatment is available to drug court clients. We are looking forward to working with our partners in assessing our overall operational efficiency during FY07.

Probati ...partment
Costs associated with various D... Court Services with NO BUDGET

			Substance Abuse and Crime Prevention Act (SACPA)			Adult Drug Treatment Court			Substance Abuse Testing/Treatment Accountability (SATTA)		
	Services Category	FY05 % Time	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
Drug Treatment Court:											
Probation Community Worker - DCP (1.2 FTE)	Criminal	100%	0	0	0	0	36,280	76,389	0	0	0
Supervising Probation Officer (1.0 FTE)	Criminal	58%	80,069	41,929	78,177	0	0	0	0	0	0
Deputy Probation Officer II/III (8.0 FTE)	Criminal	58%	545,437	487,093	121,878	0	0	0	0	0	0
Subtotal			*625,506*	*529,022*	*200,055*	*0*	*36,280*	*76,389*	*0*	*0*	*0*
SUBTOTAL FTE			**9.0**	**9.0**	**9.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
Substance Abuse Unit:											
Supervising Probation Officer (1.0 FTE)	Criminal	15%	21,151	8,268	20,849	0	0	0	0	0	0
Deputy Probation Officer II/III (1.0 FTE) - MHDTC	Criminal	100%	123,660	114,359	121,908	0	0	0	0	0	0
Probation Community Worker - (1.0 FTE)	Criminal	95%	66,451	66,451	65,425						
Deputy Probation Officer II/III (5.0 FTE)	Criminal	15%	86,558	91,253	89,225	0	0	0	0	0	0
Subtotal			*297,819*	*280,330*	*297,407*	*0*	*0*	*0*	*0*	*0*	*0*
SUBTOTAL FTE			**8.0**	**8.0**	**8.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Supervision Units:											
Supervising Probation Officer (1.0 FTE) - SUP I	Criminal	15%	17,907	2,172	17,652	0	0	0	0	0	0
Deputy Probation Officer I/II/III (11.0 FTE) - SUP I	Criminal	15%	191,881	187,273	187,201	0	0	0	0	0	0
Supervising Probation Officer (1.0 FTE) - SUP IV	Criminal	15%	21,151	18,245	21,053	0	0	0	0	0	0
Deputy Probation Officer I/II/III (13.0 FTE) - SUP IV	Criminal	15%	235,597	187,973	187,201	0	0	0	0	0	0
Supervising Probation Officer (1.0 FTE) - SUP V	Criminal	15%	21,151	11,778	17,652	0	0	0	0	0	0
Deputy Probation Officer I/II/III (9.0 FTE) - SUP V	Criminal	15%	169,776	157,750	151,572	0	0	0	0	0	0
Supervising Probation Officer (1.0 FTE) - SUP VI	Criminal	15%	21,354	20,509	21,053	0	0	0	0	0	0
Deputy Probation Officer I/II/III (1.0 FTE) - SUP VI - AMT	Criminal	100%	95,400	90,648	94,020	0	0	0	0	0	0
Deputy Probation Officer I/II/III (3.0 FTE) - SUP VI - AMT	Criminal	2%	7,898	7,358	5,101	0	0	0	0	0	0
Deputy Probation Officer I/II/III (6.0 FTE) - North County	Criminal	27%	197,856	157,581	195,053	0	0	0	0	0	0
SUBTOTAL FTE			**47.0**	**47.0**	**46.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Subtotal			*979,970*	*841,288*	*897,557*	*0*	*0*	*0*	*0*	*0*	*0*
TOTAL FTE			**64.0**	**64.0**	**63.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
TOTAL EXPENDITURES w/o Admin O/H			**1,903,295**	**1,650,640**	**1,395,019**	**0**	**36,280**	**76,389**	**0**	**0**	**0**
Admin Overhead_Dept ICRP applied to RSU		*70%*	*781,582*	*781,582*	*909,000*						
TOTAL EXPENDITURES with Admin O/H			**2,684,877**	**2,432,222**	**2,304,020**	**0**	**36,280**	**76,389**	**0**	**0**	**0**

DATA SOURCE:

Estimate % allocation usage for FY05 is based upon number of caseloads for various units from SHARKS printout dated 04/05/05.
Same % allocation rate is used for FY06 estimates.
FY05 Salaries & Benefits budgeted are based upon BRASS report printed 01/11/05 for FY05 PosCounts.
FY05 actual Salaries & Benefits are based upon SAP report ZHRPAYRPT from Accounting Period 1 thru 12 of FY05.
FY06 Salaries & Benefits budgeted are based upon PeopleSoft/BRASS report printed 09/16/05 for FY06 PosCounts.

Admin Overhead_Dept ICRP applied to RSU for FY06 is estimated at 74.20%.

Probation Department
Expenditures Details - Non General Fund Only

		Substance Abuse and Crime Prevention Act (SACPA)			Adult Drug Treatment Court			Substance Abuse Testing/Treatment Accountability (SATTA)		
	Services Category	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
Recovery Services Unit:										
Supervising Probation Officer (1.0 FTE)	Criminal	127,368	134,188	136,836	0	0	0	0	0	0
Deputy Probation Officer II/III (8.0 FTE)	Criminal	860,722	854,551	938,652	0	0	0	0	0	0
Probation Community Worker (1.0 FTE)	Criminal	69,702	63,970	79,488	0	0	0	0	0	0
Justice Systems Clerk I (1.0 FTE)	Administration	63,720	68,804	70,092	0	0	0	0	0	0
Supplies and Others	Administration	18,653	18,653	18,653	0	0	0	0	0	0
Probation Community Worker - SATTA (1.0 FTE)	Criminal	0	0	0	0	0	0	65,500	65,500	80,616
Supplies and Others - SATTA	Administration	0	0	0	0	0	0	187,347	187,347	139,494
Subtotal		*1,140,165*	*1,140,165*	*1,243,721*	*0*	*0*	*0*	*252,847*	*252,847*	*220,110*
Drug Treatment Court:										
Probation Community Worker - DCP (1.8 FTE)	Criminal	0	0	0	151,000	151,000	159,930	0	0	0
Supplies and Others - DCP	Administration	0	0	0	32,500	26,255	25,000	0	0	0
Subtotal		*0*	*0*	*0*	*183,500*	*177,255*	*184,930*	*0*	*0*	*0*
TOTAL FTE		**11.0**	**11.0**	**11.0**	**3.0**	**3.0**	**3.0**	**1.0**	**1.0**	**1.0**
TOTAL EXPENDITURES		**1,140,165**	**1,140,165**	**1,243,721**	**183,500**	**177,255**	**184,930**	**252,847**	**252,847**	**220,110**

County of Santa Clara

Office of the District Attorney

County Government Center, West Wing
70 West Hedding Street
San Jose, California 95110
(408) 299-7400
www.santaclara-da.org

George W. Kennedy
District Attorney

DATE: March 21, 2006

TO: Sandra Nathan
Deputy County Executive

FROM: George Doorley
Administrative Services Manager III

SUBJECT **District Attorney Resources Supporting Prop. 36 and DEJ**

The District Attorney's Office does not use any outside funds to support the efforts in implementing Proposition 36 or Delayed Entry of Judgment (DEJ).

Deputy District Attorneys screen each narcotics case for eligibility for either Prop. 36 and/or DEJ. This screening is done at the time of issuing and is part of the regular duties of the issuing attorney.

The majority of narcotics cases are heard in the Terraine Street Courthouse. One Deputy District Attorney is assigned to each of the courtrooms. Each attorney is responsible for handing every case heard in their assigned court, whether or not the defendant is on Prop. 36 probation or DEJ. Reviews for Prop. 36 and violations of probation are part of the attorney's regular court assignment.

Traditional punitive sanctions resulted in increased incarceration of addicts who inevitably failed probation or were transported directly to state prison for their offenses at high cost to taxpayers. Treatment models avoid these costs, as well as the costs of jury trials. However, other costs are incurred because the treatment model requires court monitoring of defendants by means of court appearances. Court appearances are used to review the progress of clients in treatment and to use a combination of sanctions and more intensive treatment modalities when addicts inevitably stumble in their efforts toward recovery. These court obligations require the presence of attorneys, with attendant paralegal and clerical support. The increased number of court appearances and probation violation appearances tax PDO/ADO resources. As noted above, the PDO/ADO has tracked numbers of opened drug cases, but not tracked the number of appearances per case in the drug courts. This could be accomplished manually if necessary.

It is also important to note that the services provided by the PDO/ADO to defendants charged with drug offenses are not limited to those provided in the drug courts located at the Terraine Street Courthouse. Felony cases that settle by way of dismissal or plea bargain remain at Terraine Street. Those that do not settle are transferred to the Hall of Justice for preliminary hearing and trial where the PDO has trial attorneys assigned to represent those drug clients who choose to go to trial. SACPA ineligible misdemeanants and felons are prosecuted in the Hall of Justice misdemeanor departments and are only transferred for review to Terraine Street if the case is resolved for a SACPA eligible offense.

Provision of services and corresponding impact on the PDO/ADO:

Because each drug court processes an enormous number of cases each and every day of the work week, the impact on staffing resources is significant. The PDO/ADO assigns attorneys to cover arraignment, plea, early settlement (known as FAR which stands for Felony Advance Resolution) and status/review calendars in each drug court. Attorneys assigned to drug court are in court eight out of ten half day sessions a week, generally on calendars ranging anywhere from 10 to 120 cases. In two of the Terraine Street courts, attorneys are in court as many as nine sessions per week. Mandatory court appearances leave attorneys with little time to meet with clients or their families outside the courtroom, return phone calls, investigate and prepare cases for settlement and/or trial, or follow up with clients in treatment to ensure compliance with court ordered requirements for successful completion of SACPA and/or probation.

Apart from the effect on attorney staff, the tremendous volume of cases in drug court impacts our paralegal, investigator and clerical staff as well. PDO/ADO paralegals conduct intake interviews with every defendant who requests a court appointed attorney to determine eligibility for PDO/ADO services – each interview takes ½ hour to complete. Some of these defendants are out of custody, but many are in custody. In custody defendants cannot be interviewed at the same rate as out of custody defendants because paralegals working in the jail are impacted by Department of Correction (DOC) schedules for inmate head counts, feeding, pill call, security lockdowns and periodic staff shortages.

Paralegals also assist attorneys both in and out of the courtroom in processing as many 80 –100 case files for clients appearing in each department on any given day. Additionally when a drug court client is charged under Three Strikes Law, a PDO/ADO paralegal is assigned to prepare a

Office of t ...ic Defender
Expenditures De... General Fund Only

	Terraine Street Drug Court			Adult Drug Treatment Court (Dept. 64)			Alternate Defender Drug Court			Outlying Courts San Martin, Sunnyvale, Palo Alto			Total Adult Drug Court			**Substance Abuse and Crime Prevention Act (SACPA)		
	FY05 Approved	FY05 Actual	FY06 Actual as of 12/31/05	FY05 Approved	FY05 Actual	FY06 Actual as of 12/31/05	FY05 Approved	FY05 Actual	FY06 Actual as of 12/31/05	FY05 Approved	FY05 Actual	FY06 Actual as of 12/31/05	FY05 Approved	FY05 Actual	FY06 Actual as of 12/31/05	FY05 Approved	FY05 Actual	FY06 Actual as of 12/31/05
ATTORNEY STAFF:																		
Attorney III (2 FTE)	0	0	0	0	0	0	0	328,264	178,760	0	0	0	0	328,264	178,760	0	0	0
Attorney IV (8 FTE)	0	1,023,870	596,000	0	409,548	238,400	0	0	0	0	204,774	119,200	0	1,638,192	953,600	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal	*0*	*1,023,870*	*596,000*	*0*	*409,548*	*238,400*	*0*	*328,264*	*178,760*	*0*	*204,774*	*119,200*	*0*	*1,966,456*	*1,132,360*	*0*	*0*	*0*
SUPPORT STAFF:																		
Investigators (1.2 FTE)	0	89,320	49,649	0	11,165	6,206	0	22,330	3,103	0	11,165	6,206	0	133,980	65,164	0	0	0
Paralegals (3.3 FTE)	0	231,630	101,662	0	86,352	47,373	0	46,326	25,415	0	9,265	5,083	0	373,573	179,533	0	0	0
Legal Clerks (4FTE)	0	144,648	79,404	0	72,324	39,702	0	72,324	39,702	0	0	0	0	289,296	158,808	0	0	0
Record Retention Staff (1.8	0	21,243	11,672	0	8,497	4,669	0	0	0	0	8,497	4,669	0	100,990	21,009	0	0	0
Reception (.22 FTE)	0	7,494	4,117	0	2,998	1,647	0	0	0	0	0	0	0	10,492	5,764	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal	*0*	*494,335*	*246,504*	*0*	*181,335*	*99,597*	*0*	*140,980*	*68,220*	*0*	*28,927*	*15,958*	*0*	*908,331*	*430,278*	*0*	*0*	*0*
TOTAL FTE	0.0	10.56	**10.56	0	5.14	**5.14	0.00	3.70	**3.70		1.2	**1.2	0.00	20.60	**20.60	0.0	0.0	0.0
TOTAL EXPENDITURES	0	1,518,205	842,504	0	590,883	337,997	0	469,244	246,980	0	233,701	135,158	0	2,874,787	1,562,638	0	0	0

**Statistics for SACPA expenditures are not available.
**We believe the above figures reflect an accurate cost of the services provided by the Public Defender in drug and drug treatment courts. Some of the information is based on ratio of case numbers in each category.
**The Public Defender does not handle Dependency Drug Treatment Court.
**FTE for FY2006 is based on full fiscal year---expenditures are based on 6 months.
**All criminal---the Public Defender does not provide treatment.

Please see the following attachments for FY05/06 budget and staffing information.

SATTA Expenditure Details
SATTA Funds

	FY05 Approved	FY05 Actual	FY06 Approved
TREATMENT:			
Community Worker (2.0 FTE)	107,500	107,500	140,235
Supplies	5,000	4,201	5,000
Subtotal	*112,500*	*111,701*	*145,235*
TOTAL FTE	**2.0**	**2.0**	**2.0**
TOTAL EXPENDITURES	**112,500**	**111,701**	**145,235**

*estimate from a prior year time-study

County of Santa Clara
Public Health Department

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San Jose, California 95128
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(Fax) 408.423.0702

February 14, 2006

To: Sandra Nathan
Deputy County Executive

From: Guadalupe S. Olivas, PhD
Director, Public Health Department

Subject: Information Required for Board Referral on Services Provided to Drug Treatment Court

The Public Health Department provides services to both the Dependency Drug Treatment Court and the Adult Drug Treatment Court. The budgets for both services are attached.

Dependency Drug Treatment Court

The Healthy Pregnancy and Early Parenting (HPEP) initiative, a FIRST 5-supported home visitation program that is slated to end on June 30, 2006. If not re-funded, this effort may cease as part of the Board of Supervisors budget approval process for FY 07.

Approximately 100 clients are served annually. The clients are primarily mothers with open cases in Drug Court. The intent of the program is to ensure full-term delivery of babies, increasing the parenting skills of the mothers and provision of services for rehabilitation and psychosocial counseling, as well as linkages to other community-based services/programs.

The grant funds 1.0 Public Health Nurse II, 0.5 Public Health Nutritionist, 2.0 Rehabilitation Counselors, and 1.0 Marriage and Family Therapist. The Rehabilitation Counselors and the Marriage and Family Therapist are located with the HPEP team in the Public Health Department, but the codes are reflected in the Drug and Alcohol Department budget.

Adult Drug Treatment Court

The Public Health Nurse (PHN) is an integral team member of the Adult Drug Treatment Court (DTC) in Santa Clara County. This position serves as a nurse consultant to the court.

Twenty percent of a PHN III staff has been assigned to DTC since November 1998. The PHN attends weekly DTC review meetings to identify appropriate referrals for clients who are pregnant or parenting a child under 5 years of age. The majority of the DTC referrals for pregnant and/or parenting women with children under age two have been to the PHD/ DADS Healthy Pregnancy Early Parenting Program (HPEP).

Public Health Department
Expenditures Details - Non General Fund Only

	Substance Abuse and Crime Prevention Act (SACPA)			Dependency Drug Treatment Court (DDTC)			Adult Drug Treatment Court		
	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
ADMINISTRATION (Referrals):									
Public Health Nurse III (.20 FTE)							24,951	24,951	27,377
Subtotal	*0*	*0*	*0*	*0*	*0*	*0*	*24,951*		*27,377*
TREATMENT:									
Public Health Nurse II (1.0 FTE)				116,160	116,160	127,452			
Public Health Nutritionist (.5 FTE)				42,036	42,036	49,353			
	0	*0*	*0*	*158,196*	*158,196*	*176,805*	*0*	*0*	*0*
TOTAL FTE	**0.0**	**0.0**	**0.0**	**1.5**	**1.5**	**1.5**	**0.20**	**0.20**	**0.20**
TOTAL EXPENDITURES	**0**	**0**	**0**	**158,196**	**158,196**	**176,805**	**24,951**	**0**	**27,377**

Program: Superior Court of California, County of Santa Clara Mental Health Treatment Court

The program was established in 1999 to serve defendants who have co-occurring mental illness and substance abuse problems. They are at risk for failing traditional treatment and court models. Santa Clara was the first county in California to operate a Mental Health Treatment Court. The Court emphasizes the need to both address the criminal behavior and the mental illness in order to stabilize and reduce re-arrest and incarceration and to assist the individual in developing pro-social behavior and self-sufficiency to reintegrate into serving the community. Referral sources for the program services are Judges, Probation Officers, Public Defenders, District Attorneys, Pretrial Services, and County Jail.

Target Population
The Court currently is serving 400 clients. There are 47 between the ages of 18-25; 105 between the ages of 26-35; 241 between the ages of 36-55; and 7 between the ages of 56 and 71. All prospective participant's offenses are reviewed on a case-by-case basis prior to admission to the court. The average defendant graduates from the Mental Health Treatment Court in 18 months.

Project Partners
Santa Clara County Mental Health Department, Adult Custody Mental Health, District Attorney's Office, Public Defenders Office, Department of Alcohol and Drug Services, The Department of Public Health, Adult Probation Department, other Judges and Courts may make referrals.

Through agreement and the cooperation with the San Jose Police Department and the Santa Clara Sheriff's Department, service of bench warrants and arrest of Mental Health Court participants who have absconded from treatment are given priority. This serves to lower the risk that Mental Health Court clients will decompensate and pick-up new criminal charges before the Mental Health Court team can intervene and assist the clients return to stabilization and treatment. The Department of Corrections provides in-custody treatment programs that accept dual diagnosed clients. These jail services prepare defendants for admission into the Mental Health Court and demonstrate their motivation to work on the co-occurring disorders that contribute to criminal behavior and non-compliance with court orders in the community. The Judge has secured staff and funding to provide limited case management services and psychiatric medication for those clients who do not meet Mental Health Department medical necessity criteria. Those clients are connected with the court based psychiatrist. .

The Mental Health Drug Treatment Court also sees clients from the Dependency Court when individuals have both criminal and dependency charges. In these cases, treatment is coordinated between the two courts.

This program has many positive social outcomes to report. While only 22 % of Mental Health court graduates were employed upon entering the program, 38 % were employed upon exiting the program. Eighty-three percent (83%) of graduates were homeless upon entry and 68 % had obtained independent housing at exit, while the remaining 32 % resided in some form of group living at time of discharge from the program.

The most important goal of the program relates to self-esteem and family reuninification. Eighty percent (80%) of the graduates felt that they had gained more control over their lives and the ability to overcome obstacles to recovery and 78 % were able to reunite with their families. These outcomes reflect the success of this program linking the court with treatment services.

Mental Health Department
Expenditures Details - General Funds

	Adult Drug Treatment Court		
	FY05 Approved	FY05 Actual	FY06 Approved
TREATMENT:			
Psychiatric Social Worker II (1.0 FTE)	86,625	42,217	93,504
Marriage Family Therapist I (1.0 FTE)	90,345	96,299	101,317
Marriage Family Therapist II (0.5 FTE)	51,258	47,629	55,296
Salary Savings	(15,627)	0	(6,619)
Others (mileage, office expense, phones)	0	5,155	0
TOTAL FTE	2.50	2.50	2.50
TOTAL EXPENDITURES	212,601	191,300	243,498

Submitted to Sandra Nathan, Deputy County Executive
on January 13, 2006, by Robert Garner, Director of
Department of Alcohol & Drug Services

I. Introduction and Background:

This report is a combined response to two referrals from Supervisor Alvarado, one involving funding from the Substance Abuse and Crime Prevention Act (SACPA-Proposition 36) and the other a broader referral dealing with drug courts in general. The general substance of both referrals was to obtain a broader context within which all court-referred clients are treated. There was a concern that by trying to deal with issues involving individual services or funding sources the Board was unable to see the broader context and the relationships between the individual parts and the process of setting broader funding priorities and policies was made more difficult.

Section II of this report will contain a broad overview and discussion of the major issues involved in the relationship between the court system and the drug and alcohol treatment system. The purpose of this section is to give the Board an understanding of the context within which issues of funding and resource allocation take place. The detail supporting this discussion will be found in Section III, which includes a source and application of all drug and alcohol treatment funding as well as a description of the client population served. This Section also contains a description of the treatment system. Finally, Section IV contains a special report on the impact of the methamphetamine problem on the substance abuse treatment system, as requested in the original Board referrals.

II. Major Issues:

This Section identifies and discusses the major issues related to the funding of alcohol and drug treatment and utilization of those treatment services by the criminal justice system. While each of these major issues could be broken into sub-issues, the purpose here is to keep the discussion at a high level, providing a basic understanding of the relationship between criminal justice and treatment and helping the Board to make decisions on individual funding and service items as they come forward. All of these individual items need to be understood in the broader context of the relationship between criminal justice and treatment. While there is no specific action required or even recommended in this report, the Board will be addressing numerous issues during the next budget cycle that will relate in some way to the issues addressed in the report. It is likely that discussion about the issues in this report will generate further discussion, and require further data analysis.

1. The vast majority of resources in the Department of Alcohol and Drug Services (DADS) are allocated to adult treatment. About 72% of the total resources made available to DADS, approximately $33 million, directly support adult treatment. This allocation is in part historical and in part a reflection of State and Federal priorities. The drug and alcohol field developed primarily as a response to drug-related crime, and initial State and Federal responses focused on this relationship. The vast majority of resources provided to fight drug and alcohol problems were

CHART #1
FY05 TOTAL DADS BUDGET: $45,194,415

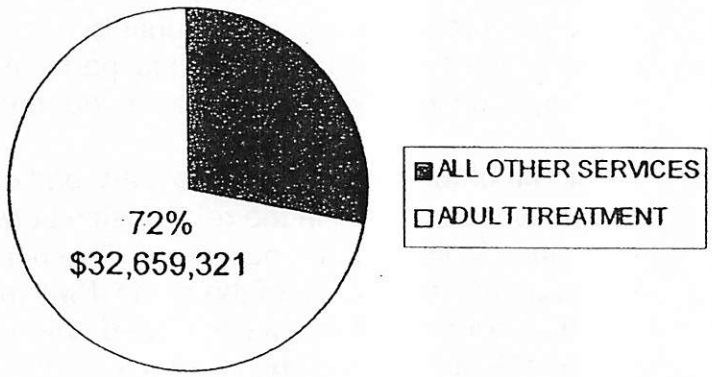
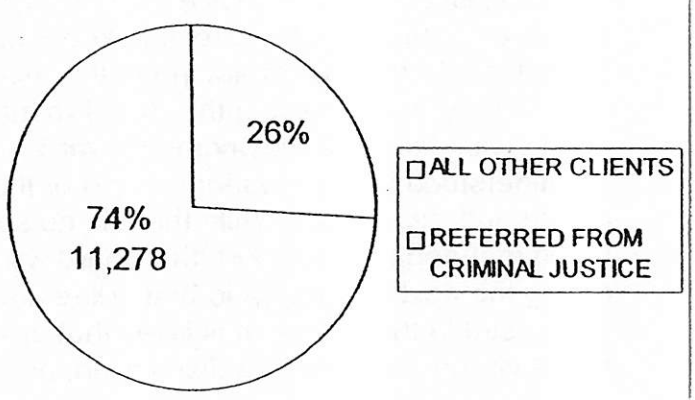


CHART #2
FY05 TOTAL ADULT TREATMENT CLIENTS: 15,204



III. Adult System of Care:

This section provides the detail that supports the discussion of major issues in Section II. The first part is a description of the adult system of care (ASOC): how clients gain access, the assessment process, development of treatment plans, treatment, and quality improvement and accountability. The second part is a series of three charts describing the source and application of funds for adult services, the cost of providing each modality of care, and the cost to serve criminal justice clients in each modality. The third part is a series of three charts showing the number of clients served in the ASOC, by modality and funding source, the number and percentage of those clients that are referred by the criminal justice system.

The ASOC for substance abusing clients is administered as a managed system of care. The Department controls both access to and utilization of the treatment resources. The goal is to assure the most appropriate and efficient use of the limited resources available in the community. This is accomplished by requiring that every individual seeking access to drug and alcohol treatment receives an assessment. For this purpose, the Department administers a validated assessment instrument adapted from the multidimensional, biopsychosocial assessment developed by the American Society of Addiction Medicine. The assessment gathers basic information about multiple dimensions of the individual's life, including substance use, and identifies the appropriate level of care for treatment. This assessment process assures that only individuals requiring treatment enter the treatment system, and that they enter treatment at a level appropriate to meet their needs.

The primary point of access to adult substance abuse treatment is through the GATEWAY program, a 1-800 number that links the caller with a brief information, referral and screening process. The large majority of calls are for general information about substance use and abuse and prevention, and these are directed to information and education resources in the community. Those callers identified as needing treatment are given an assessment over the phone to determine the appropriate level of care. Once the level of care has been determined the caller is given a welcome to treatment appointment with the appropriate treatment provider.

Because of the large number of clients entering the ASOC with a referral from the courts, special satellite assessment centers or other decentralized assessment sites have been created. For example, within the Dependency Drug Treatment Court the Department has assigned two full time staff to perform assessments on clients immediately following the court referral. The level of care and treatment referral is then considered when the overall plan is developed for the client by the Dependency Court. A larger example is in the SACPA (Substance Abuse and Crime Prevention Act – Proposition 36) Assessment Center, which was established to provide assessments for the high volume of SACPA clients referred by the Court.

Outpatient clients are also eligible to receive ancillary services such as housing (Transitional Housing Units), medical and time limited psychiatric services. In addition, they are eligible for vocational services, which include training and job placement, career counseling, and referrals to GED, ESL and literacy classes.

When a client has completed treatment, a Discharge Summary is completed to summarize the client's progress in treatment. It requires the counselor to do a summary of all 6 ASAM dimensions (see above) related to a client's substance abuse and mental health issues. Any dimension rated medium or high in the Discharge Summary should include a plan related to how the client will address that issue once the client leaves treatment.

Once in treatment, providers continually assess a client's treatment needs and treatment progress to determine if or when the client should be referred to a different level of care. Clients move in either direction along the continuum, as their treatment needs change.

Policies, procedures, processes, and forms are standardized across the system. This strengthens cohesion among providers and facilitates smooth transitions along the continuum of care for the clients.

DADS Quality Improvement (QI) Division is responsible for the overall cohesion of the ASOC by providing intensive oversight and management of the system's daily operations. QI monitors access, utilization, and service quality for the system and provides training, technical assistance, and clinical consultation for all providers.

Providers in the DADS ASOC must achieve certain performance measures as designated by contract. The QI Division conducts audits annually with all providers in the system to ensure providers' adherence to the Department's clinical standards. The audits are scheduled in advance and the QI Division provides coaching and information about how to succeed in the annual audit. In the event a provider fails the audit, they are required to submit a formal corrective action plan with timelines for achieving improvement. The QI Division follows up to verify that the provider's corrective action plan has been implemented and to determine its success.

HEALTH AND HOSPITAL SYSTEM
DEPARTMENT OF ALCOHOL AND DRUG SERVICES
FY 06 - SOURCE AND APPLICATION - ADULT TREATMENT SERVICES

Fund Source	Fund Source Description	FY06	Expense	Comments
Drug Court Partnership (DCP) Grant Period: Renewed annually	This is a state grant from ADP. The Drug Court Partnership grant supports Drug Treatment Court (DTC) activities such as a Drug Court Coordinator (DCC) for the Superior Court and community workers in Probation for drug testing in addition to transitional housing unit beds for clients in substance abuse treatment. This grant is revnewed annually.	425,175	Admin OH $ 11,060 Court reimb 118,585 Drug testing 184,930 THU (12) 110,600	Court reimbursement DCC 91,200 Data entry 15,000 Travel 3,000 Bus passes 9,385
Office of Justice Program - Dependency Drug Treatment Court (OJP - DDTC) Grant Period: 9/1/04 - 8/31/06	This is a federal grant and expires 8/31/06. This grant expands and enhances services for clients in Dependency Drug Court, particularly during times when they are preparing to transition out of DDTC program. Counseling and casement management services are provided by contract provider. Expires 8/31/06.	124,990	Admin OH $ 13,044 OP (20) 39,015 Case mgmt 39,015 Mentors 14,000 Legal Svcs 10,000 Travel & trng 9,916	
Substance Abuse and Crime Prevention Act (SACPA) Grant Period: 7/1/00 - 6/30/06	Prop 36, approved by voters in Nov 2000, requires specificied drug offenders to receive drug treatment services in place of incaraceration. Funds due to expire 6/30/06.	3,902,979	DADS $1,097,554 Svc & Supplies 30,000 Pysch/Labs 100,000 OP (469) 1,496,096 Res (28) 723,335 THU (52) 455,994	Probation SACPA budget $1,234,721
Substance Abuse and Crime Prevention Act (SACPA) - General Fund Grant Period: FY06	Board of Supervisors approved one-time funds for FY06 SACPA services through 6/30/06.	1,074,813	DADS $ 255,456 Svc & Supplies 36,136 Res (15) 367,986 THU (40) 415,235	Probation SACPA 1x budget $308,160
Substance Abuse and Mental Health Services Agency - Dual Diagnosis (SAMHSA - DD) Grant Period: 6/1/03 - 5/31/06	This grant support a Dual Diagnosis Drug Court and provides the assessment and treatment for dual diagnosis clients. Rollover grant savings will be used to cover June 2006 expenditures. Expires 5/31/06.	431,600	Admin OH $ 19,000 Assessment 95,000 OP (20) 80,000 Res (4) 132,000 Evaluation 40,000 Psych/Meds 37,000 Comm Wkrs 28,600	
Substance Abuse Testing/Treatment Accountability (SATTA) Grant Period: None	SB 223 (Burton) are SAPT federal block grant funds for drug testing related to Prop 36. No specified sunset date on these funds.	368,916	Pre-Trial Svc $ 145,236 Probation 220,110	
Drinking Driving Program (DDP) Fees, Diversion fees and CGF	County assesses a 5% admin fee of gross program revenue of drinking driver programs and diversion programs to administer and monitor the program in accordance with State regulations. Annual collections are rougly $180,000 annually.	525,305	Admin $180,000 Assessment 214,992 Svc/supplies 130,313	Revenues are comprise of 30% DDP fees 4% Diversion fees 66% CGF
Total for Adult Services		32,659,321		
Total DADS budget		45,194,415		

Acronym Description:	
OP - Outpatient	SAPT - Substance Abuse Prevention Treatment (Federal Block Grant)
MM - Methadone Maintenance	SGF - State General Fund
Res - Residential	CGF - County General Fund
Dtx - Social Detox	M/C - Medi-Cal
THU - Transitional Housing Units	
ODTC - Dependency Drug Tx Court	

Total Admission By Modality For Adult System FY05

	ASOC	MEDI-CAL	VHP	BASN		SACPA		CDCI	
				Contract	No Contract	Contract	No Contract	Contract	No Contract
Outpatient	3017	323	13	314	4	2315	683	84	0
Residential	1601	0	0	249	26	1011	126	57	0
Methadone	190	112	2	0	0	0	9	0	0
THU	1169	0	0	430	0	838	44	0	0
DETOX	1191	0	0	0	0	0	209	0	0
Total	7168	435	15	993	30	4164	1071	141	0

	CalWORKS		SAMSHA		DCP	DTC	DDTC	OJP	LLBG	TOTAL
Continued	Contract	No Contract	Contract	No Contract						
Outpatient	243	43	99	21	1	53	84	2	1	7300
Residential	0	0	20	58	1	168	43	0	0	3360
Methadone	0	0	0	0	0	0	12	0	0	325
THU	0	0	0	24	2	212	51	2	0	2772
DETOX	0	0	0	20	0	3	24	0	0	1447
Total	243	43	119	123	4	436	214	4	1	15204

These are new admissions to the system for the fiscal year.

Percent Criminal Justice Referral Admissions By Modality For Adult System FY05

	ASOC	MEDI-CAL	VHP	BASN		SACPA		CDCI	
				Contract	No Contract	Contract	No Contract	Contract	No Contract
Outpatient	85.52%	63.16%	15.38%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A
Residential	98.50%	N/A	N/A	100.00%	100.00%	100.00%	100.00%	100.00%	N/A
Methadone	0.00%	0.00%	0.00%	N/A	N/A	N/A	100.00%	N/A	N/A
THU	33.96%	N/A	N/A	100.00%	N/A	100.00%	100.00%	N/A	N/A
DETOX	9.99%	N/A	N/A	N/A	N/A	N/A	100.00%	N/A	N/A
Total	65.19%	46.90%	13.33%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A

	CalWORKS		SAMSHA		DCP	DTC	OJP	LLBG	TOTAL
Continued	Contract	No Contract	Contract	No Contract					
Outpatient	6.58%	2.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.74%
Residential	N/A	N/A	100.00%	100.00%	100.00%	100.00%	N/A	N/A	90.65%
Methadone	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2.77%
THU	N/A	N/A	N/A	100.00%	100.00%	100.00%	100.00%	N/A	61.65%
DETOX	N/A	N/A	N/A	100.00%	N/A	100.00%	N/A	N/A	22.67%
Total	6.58%	2.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	74.18%

IV. Impact of Methamphetamine Use:

This section is a review of the client data showing the growing impact of methamphetamine use on the treatment system. The impact of this drug is far more significant in those clients referred by the criminal justice system, and specifically, by SACPA. In FY05 48.4% of all clients entering the adult system of care reported methamphetamine as their primary drug of choice. During that same period, 63.7% of SACPA clients identified methamphetamine as their primary drug of choice.

Department of A and Drug Services

Expenditures Details - General Fund Only

	Substance Abuse and Crime Prevention Act (SACPA)			Dependency Drug Treatment Court (DDTC)			Adult Drug Treatment Court		
	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved	FY05 Approved	FY05 Actual	FY06 Approved
ADMINISTRATION:									
Health Care Prog Analyst (1.0 FTE)	0	0	0	0	0	0	0	0	0
Health Care Program Analyst (1.0 FTE)	0	0	0	0	0	0	0	0	0
QI Coordinator A&D Services (1.0 FTE)	0	0	0	0	0	0	0	0	0
Health Services Rep. (1.0 FTE)	0	0	0	0	0	0	0	0	0
Office Specialist III (1.0 FTE)	0	0	0	0	0	0	0	0	0
Health Program Analyst (.5 FTE)	0	0	0	0	0	0	0	0	0
Sr. Health Care Program Analyst (1.0)	0	0	0	0	0	0	0	0	0
Office Specialist III - U(1.0 FTE)	0	0	59,040	0	0	0	0	0	0
Health Care Program Analyst - U (1.0 FTE)	0	0	109,993	0	0	0	0	0	0
Program Evaluation	0	0	0	0	0	0	0	0	0
Supplies and Others	0	0	0	0	0	0	0	0	0
Subtotal	*0*	*0*	*169,033*	*0*	*0*	*0*	*0*	*0*	*0*
TREATMENT:									
Health Care Program Manager II (1.0 FTE)	0	0	0	0	0	0	0	0	0
Psychiatric Social Worker I (1.0 FTE)	0	0	0	0	0	0	0	0	0
Marriage Family Therapist II (1.0 FTE)	0	0	0	0	0	0	0	0	0
Rehab Counselor (3.0 FTE)	0	0	0	0	0	0	0	0	0
Rehab Counselor (.5 FTE)	0	0	0	0	0	0	0	0	0
Rehab Counselor - U (1.0 FTE)	0	0	85,200	0	0	0	0	0	0
Sr. Office Specialist (1.0 FTE)	0	0	0	67,188	64,419	73,764	0	0	0
Psychiatric Social Worker II (1.0 FTE)	0	0	0	100,596	111,811	110,316	0	0	0
Rehab Counselor (1.0 FTE)	0	0	0	77,664	96,816	100,572	0	0	0
Rehab Counselor - U (1.0 FTE)/half yr	0	0	0	0	0	0	0	0	0
Marriage Family Therapist II - U (1.0 FTE)/half yr	0	0	0	0	0	0	0	0	0
Rehab Counselor + OSIII (LLEBG)	0	0	0	0	0	0	0	0	0
Marriage Family Therapist (1.0 FTE)	0	0	0	0	0	0	0	0	25,316
Supplies and Others	0	0	0	59,631	29,667	59,631	0	0	0
Treatment Contracted Services	0	0	819,357	667,659	660,838	697,391	238,411	236,496	248,125
Mentor and Legal Services	0	0	0	0	0	0	0	0	0
Court Expenses	0	0	0	0	0	0	0	0	0
Drug Testing	0	0	0	0	0	0	0	0	0
Psychiatric/Lab & Meds	0	0	0	0	0	0	0	0	0
Subtotal	*0*	*0*	*904,557*	*972,738*	*963,551*	*1,041,674*	*238,411*	*236,496*	*273,441*
TOTAL FTE	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
TOTAL EXPENDITURES	**0**	**0**	**1,073,590**	**972,738**	**963,551**	**1,041,674**	**238,411**	**236,496**	**273,441**

ATTACHMENT C

a. Julie Rice, DADS Research Institute, ***Comparison of SACPA Methamphetamine Users and SACPA Non-Methamphetamine Users- Fiscal year 2005***. Report issued in Jan 2006.

b. Longshore, Doug, et al, UCLA Integrated Substance Abuse Program, ***Evaluation of the Substance Abuse and Crime Prevention Act- 2004 Report***, prepared for the Department of Alcohol and Drug Programs. Report issued on July 22, 2005.

c. Wiley, Deane, et al, ***Assessment of Santa Clara County SACPA Client Outcomes***. Report issued on Sept 2004.

methamphetamine as the primary or secondary drug of choice at time of admission to the treatment provider.[1]

Seventy-six percent (75.9%) of SACPA clients reported methamphetamine as either their primary (63.7%) or secondary (12.3%) drug of choice.

Demographics

As shown in the tables below methamphetamine users in Santa Clara County are younger than non-methamphetamine users. Methamphetamine users are predominantly male however a larger percent of females use methamphetamines than in the non-methamphetamine group.

	Methamphetamine Users		Non-Meth Users	
Age				
• 18-25	479	23.6%	108	16.7%
• 26-35	712	35.0%	173	26.8%
• 36-55	831	40.9%	346	53.6%
• Over 55	11	0.01%	18	2.8%
TOTAL	**2033**	**100%**	**645**	**100%**
Gender				
• Female	682	33.5%	171	26.5%
• Male	1351	66.5%	474	73.5%
TOTAL	**2033**	**100%**	**645**	**100%**

As shown in the Age by Gender table and Age by Gender graph, the percent of females between the ages of 18-35 using methamphetamines is greater than the percent of males in the same age range. This indicates that the majority of women using methamphetamines are in their childbearing years while women using other drugs are more likely to be over the age of 35.

Age by Gender

Optimal Childbearing Years	Methamphetamine Users				Non-Methamphetamine Users			
	Male		Female		Male		Female	
Yes (18-35)	776	57.4%	417	61.1%	216	45.6%	65	38.0%
No (Over 35)	575	42.6%	265	38.9%	258	54.4%	106	62.0%
Total	1351	100%	682	100%	474	100%	171	100%

[1] These numbers vary slightly from data reported in the SACPA Statistical Summary for Annual FY05, which used data from the clients Level of Care Placement screening.

Outcomes

Methamphetamine users tend to stay in outpatient treatment longer than non-methamphetamine users.

Service Modality	Methamphetamine Users Average Length of Stay	Non-Meth Users Average Length of Stay
Outpatient	122.7 days	106.3 days
Residential	51.0 days	51.6 days
Transitional Housing	93.7 days	86.4 days

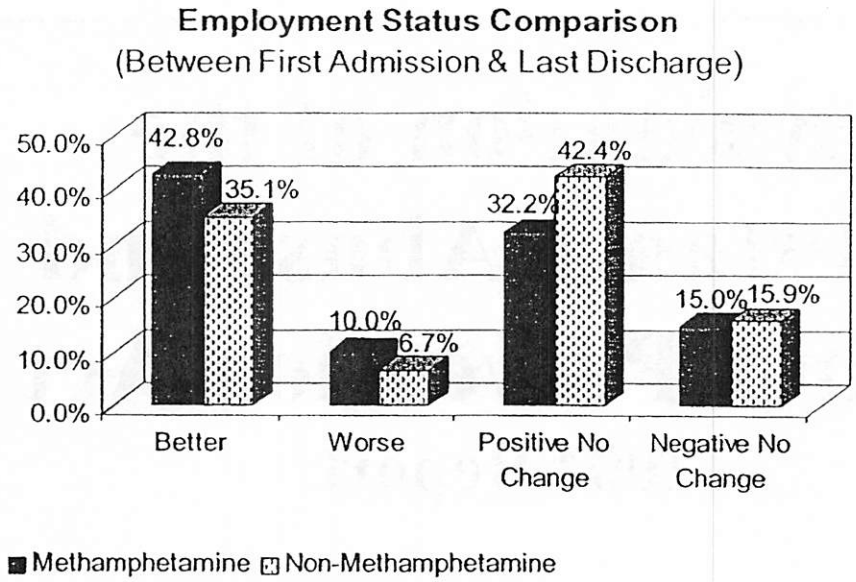
The following tables give the last discharge status from residential or outpatient treatment in FY05.

Discharge Status From Last Treatment Episode

Methamphetamine Users	Outpatient		Residential	
Satisfactory Treatment Discharge	872	58.7%	170	68.5%
Unsatisfactory Treatment Discharge	613	41.3%	78	31.5%
TOTAL	**1485**	**100%**	**248**	**100%**

Discharge Status From Last Treatment Episode

Non-Methamphetamine Users	Outpatient		Residential	
Satisfactory Treatment Discharge	257	56.2%	46	63.9%
Unsatisfactory Treatment Discharge	200	43.8%	26	36.1%
TOTAL	**457**	**100%**	**72**	**100%**



Comparison of Frequency of Use at First Admission and at Last Discharge

The client's primary substance frequency of use is examined at first admission and at last discharge. Only clients with complete data on admission and discharge frequency of use were used in the following analysis. Please note that 111 non-methamphetamine users and 180 methamphetamine users did not have complete records for frequency of use.

	Methamphetamine Users		Non-Meth Users	
Frequency of Use at Admission				
• No use prior month	1225	66.1%	308	57.7%
• 1-3 times in past month	74	4.0%	24	4.5%
• 1-2 times per week	196	10.6%	66	12.4%
• 3-6 times per week	129	7.0%	49	9.2%
• Daily	229	12.4%	87	16.3%
TOTAL	**1853**	**100%**	**534**	**100%**
Frequency of Use at Discharge				
• No use prior month	1319	71.2%	356	66.7%
• 1-3 times in past month	57	3.1%	25	4.7%
• 1-2 times per week	190	10.3%	66	12.4%
• 3-6 times per week	136	7.3%	43	8.1%
• Daily	151	8.1%	44	8.2%
TOTAL	**1853**	**100%**	**534**	**100%**

Evaluation of the Substance Abuse and Crime Prevention Act

2004 Report

Prepared for the Department of Alcohol and Drug Programs
California Health and Human Services Agency

By Douglas Longshore, Ph.D., Darren Urada, Ph.D.,
Elizabeth Evans, Yih-Ing Hser, Ph.D., Michael Prendergast, Ph.D., and
Angela Hawken

July 22, 2005

UCLA
University of California Los Angeles

ISAP
Integrated Substance Abuse Programs

Overall, about one-quarter (24.9%) of offenders who agreed to participate in SACPA in its second year completed treatment (based on a 72.6% treatment entry rate among all SACPA offenders and a 34.3% completion rate among offenders who entered treatment). This rate is typical of drug users referred to treatment by criminal justice.

Half of SACPA outpatient drug-free clients (51.4%) received at least 90 days of treatment, as did 41.2% of long-term residential clients. These rates are typical of drug users referred to treatment by criminal justice. A period of 90 days is widely cited as the minimum length of stay before treatment is likely to have a beneficial effect.

Treatment completion was lower for African Americans, Hispanics, and Native Americans than for Whites and Asian/Pacific Islanders. These findings signal the importance of assessing the possible disproportionate impact of limited treatment capacity, assessment procedures, and treatment protocols across racial/ethnic groups.

Clients with no prior experience in treatment were as likely to complete treatment in SACPA as clients who had been exposed to treatment before. This finding is notable because clients with no prior treatment experience may find it difficult to conform to unfamiliar requirements such as open acknowledgement of their drug problem and self-disclosure in groups.

Methamphetamine users were similar to the overall SACPA population in their rate of treatment completion. Concern has been raised regarding clinical challenges, such as severe mental health problems and poor engagement in treatment, arising from methamphetamine use. Treatment providers in SACPA appear to have responded well to these challenges.

Treatment completion was lower, and duration shorter, for heroin users than for users of other drugs. Few heroin users in SACPA were placed in methadone detoxification or maintenance. Heroin users' performance in treatment might improve if methadone treatment were available to those who wish to receive it.

Offender outcomes

Outcomes during the initial 12-month follow-up—new arrests, drug use, and employment—were most favorable among first-year SACPA offenders who completed treatment, compared to those who were referred to SACPA but did not enter treatment and those who entered treatment but did not complete it. This comparison shows outcomes in relation to offenders' *degree of participation in SACPA.* Favorable outcomes were substantial for employment and occurrence of new drug arrests. Drug use outcomes were uneven. It will be important to see whether initial favorable outcomes are sustained across a longer period.

Drug offenders eligible for SACPA in its first year (SACPA-era offenders) were more likely to have a new drug arrest during the initial 12-month follow-up than a pre-SACPA comparison group of similar offenders who would have been eligible for SACPA. All

County of Santa Clara

Office of the County Executive

County Government Center, East Wing
West Hedding Street
San Jose, California 95110
(408) 299-5105

Date: September 27, 2005

From: Quyen Nguyen, Program Manager QN

To: Prop 36 Steering Committee Members

Cc: Jail Population Task Force Members

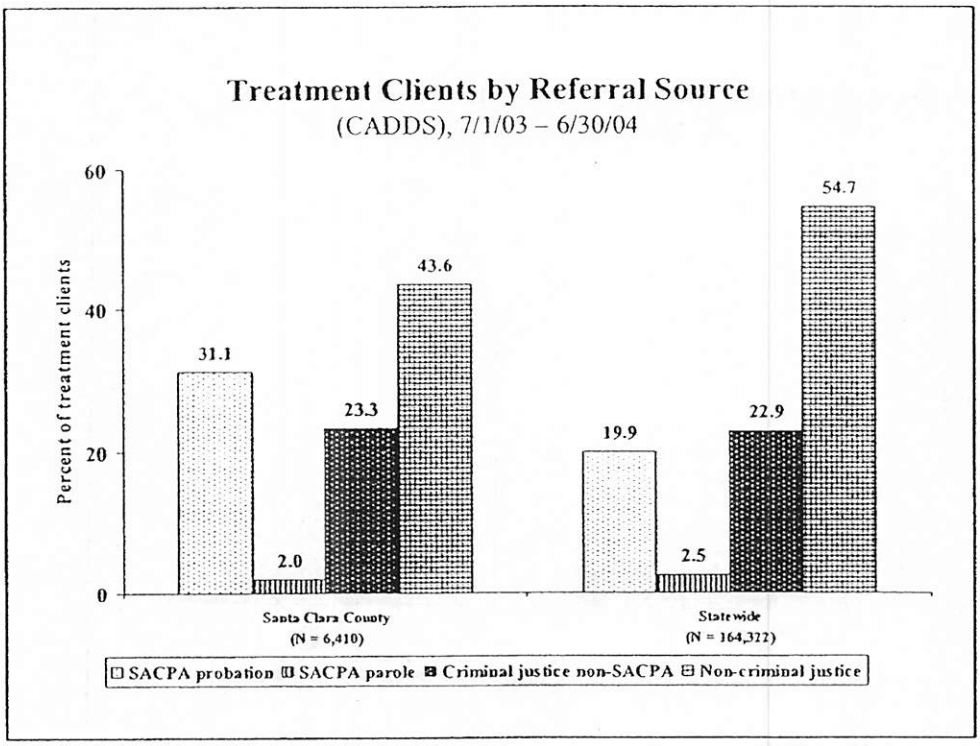
Subject: Evaluation of SACPA- 2004 UCLA Report

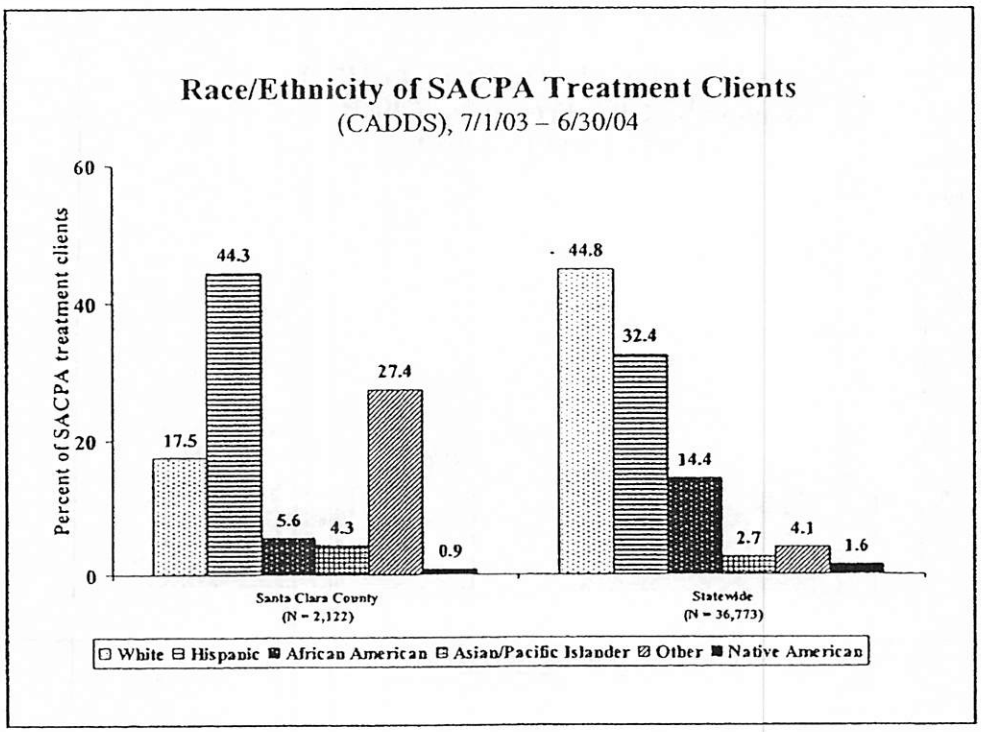
The third annual evaluation report of Prop 36 is recently released. Prepared by the independent UCLA group for the State's Alcohol and Drug Program, the report describes the Prop 36 "pipeline" in its third year (July 1, 2003 to June 30, 2004). This Report can be downloaded at: http://www.adp.ca.gov/SACPA/P36_Reports.shtml

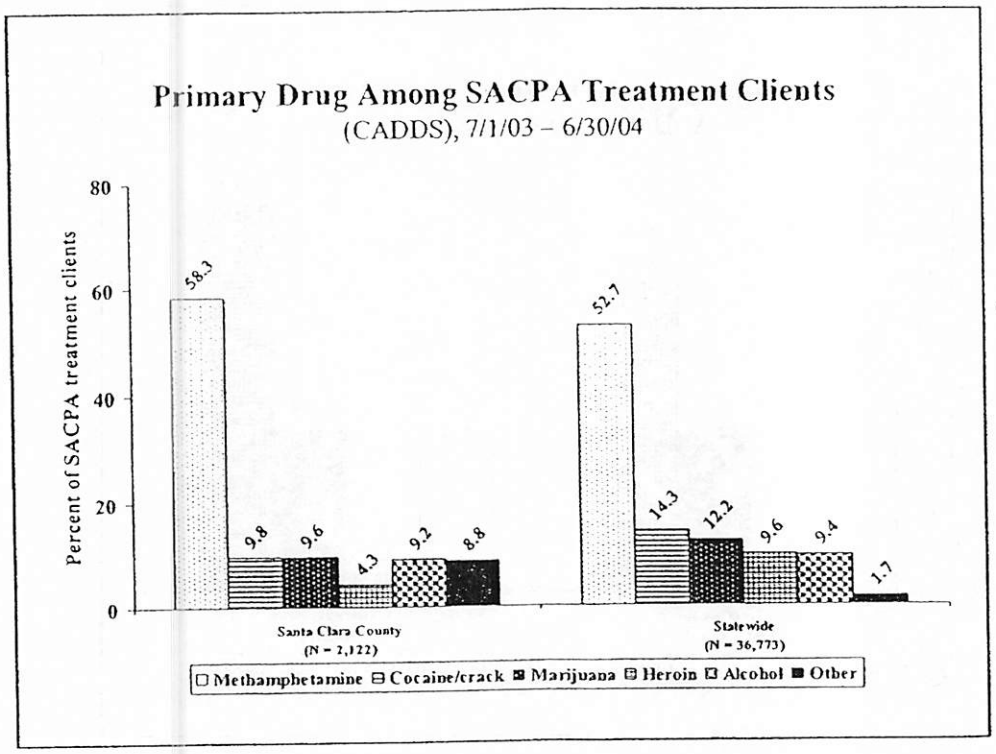
Additionally, attached for your review are the parallel findings for Santa Clara County's Prop 36 program. Several of their findings are highlighted as follows:

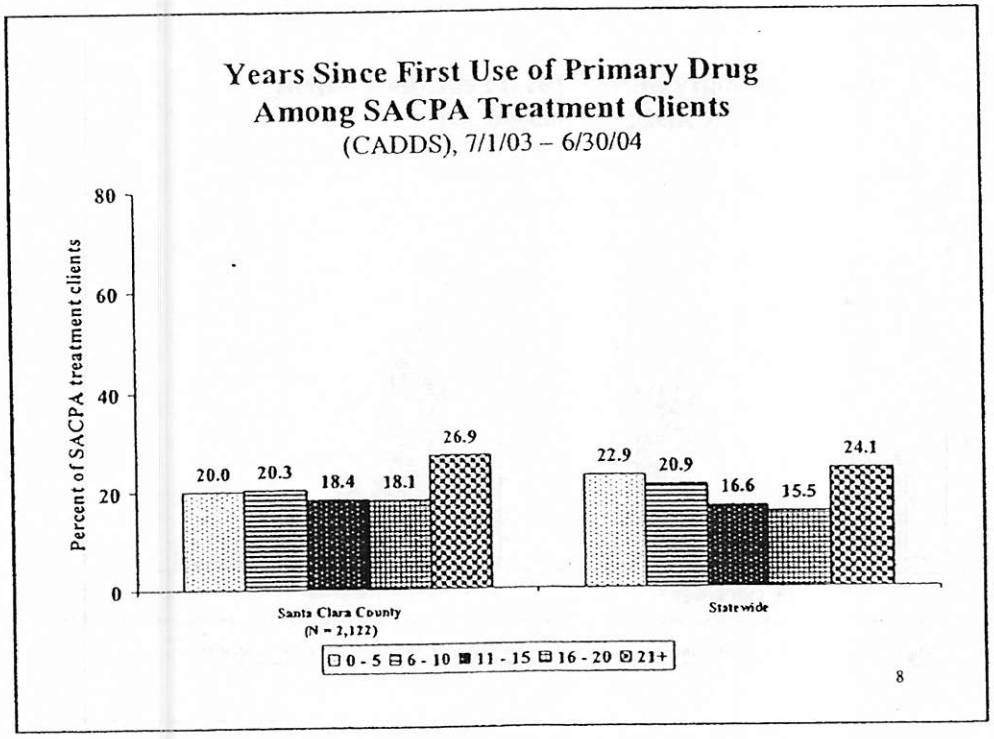
- Almost half of the clients (42%) completed treatment. The other 2 non-SACPA comparative groups also had similar completion rate.
- Among treatment completers, almost half of them (41.9%) had a new drug arrest during the 12 months after offense, and half of them (50%) reported drug use in the past 30 days.
- Among treatment completers, the average length of stay was 129 days in outpatient, or 55 days in residential. Statewide average for completion was 194 days in outpatient or 90 days in residential.
- About two-third (76.8%) of SACPA clients utilized outpatient treatment, and about one-fifth (21.4%) utilized residential. Statewide, most clients (84.4%) utilized outpatient and 11.2% utilized residential.
- To assess Prop 36 as a social policy, the UCLA report indicated that 37% of SACPA eligible offenders had a new arrest in its first year as compared to 31% of new arrest from a population of offenders arrested in 1997-98 who would have been eligible for SACPA.

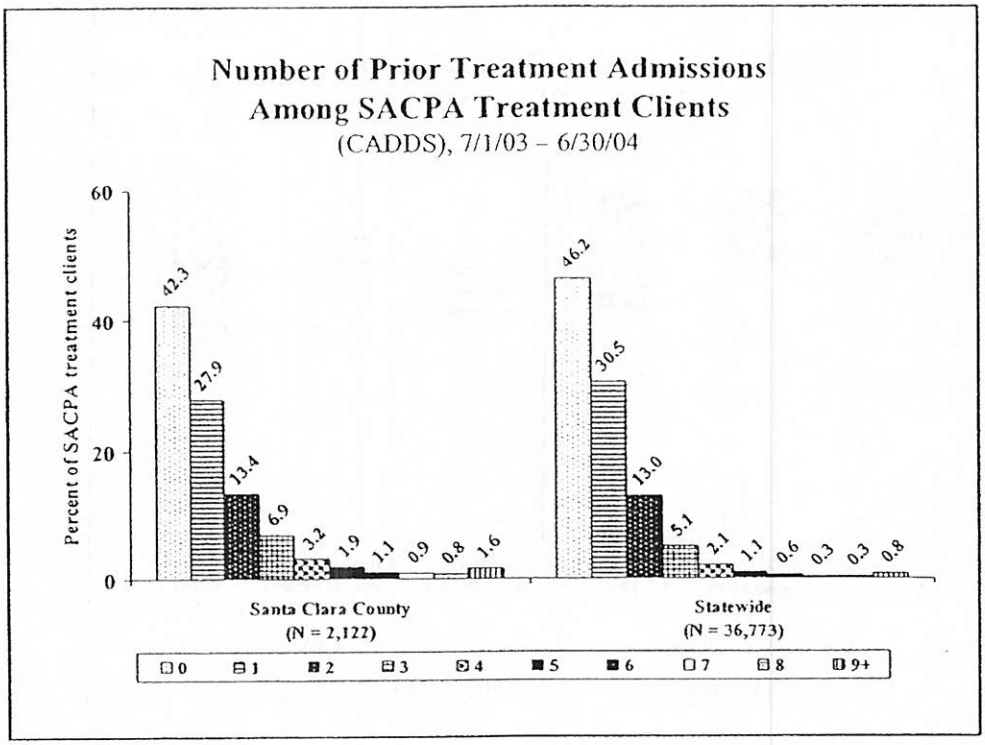
If you have any question, please contact me at (408) 299-5138 or quyen.nguyen@ceo.sccgov.org.
Thank you

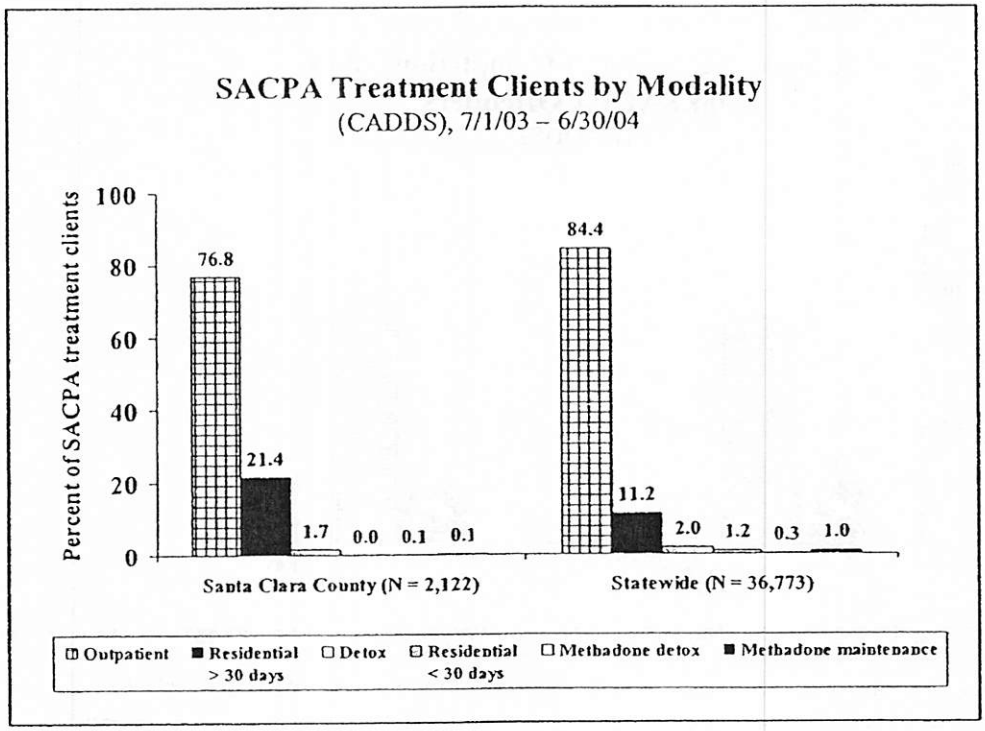

Treatment Clients by Referral Source
(CADDS), 7/1/03 – 6/30/04
Percent of treatment clients
60
40
20
0
31.1
2.0
23.3
43.6
19.9
2.5
22.9
54.7
Santa Clara County
(N = 6,410)
Statewide
(N = 164,372)
SACPA probation
SACPA parole
Criminal justice non-SACPA
Non-criminal justice

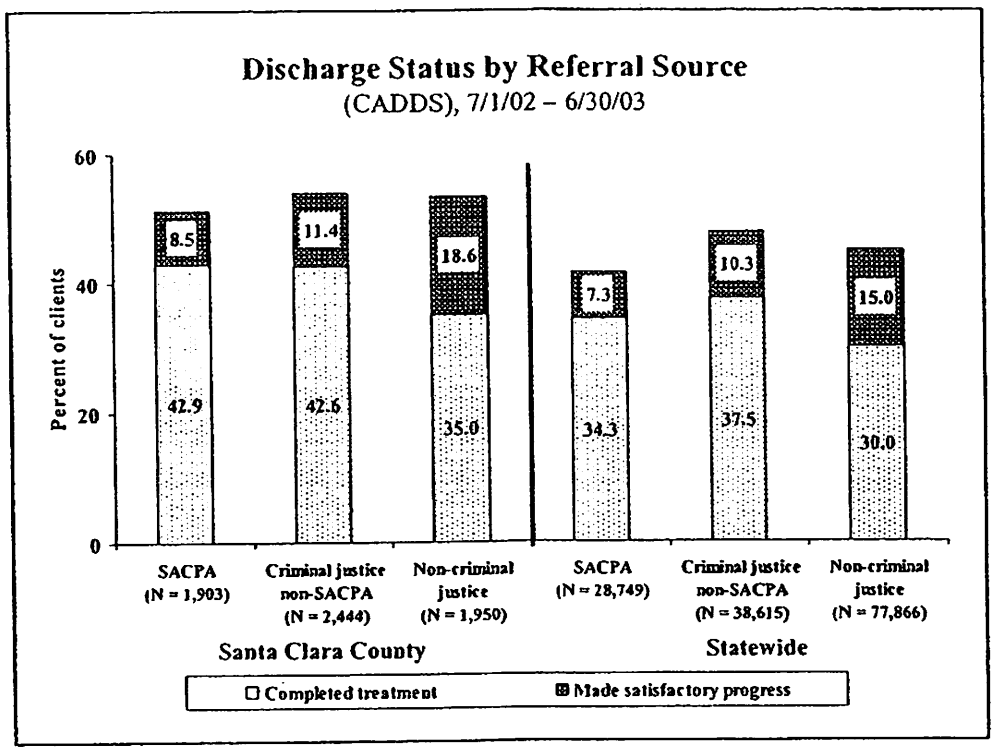

Race/Ethnicity of SACPA Treatment Clients
(CADDS), 7/1/03 – 6/30/04
Percent of SACPA treatment clients
60
40
20
0
17.5
44.3
5.6
4.3
27.4
0.9
44.8
32.4
14.4
2.7
4.1
1.6
Santa Clara County
(N = 2,122)
Statewide
(N = 36,773)
White
Hispanic
African American
Asian/Pacific Islander
Other
Native American

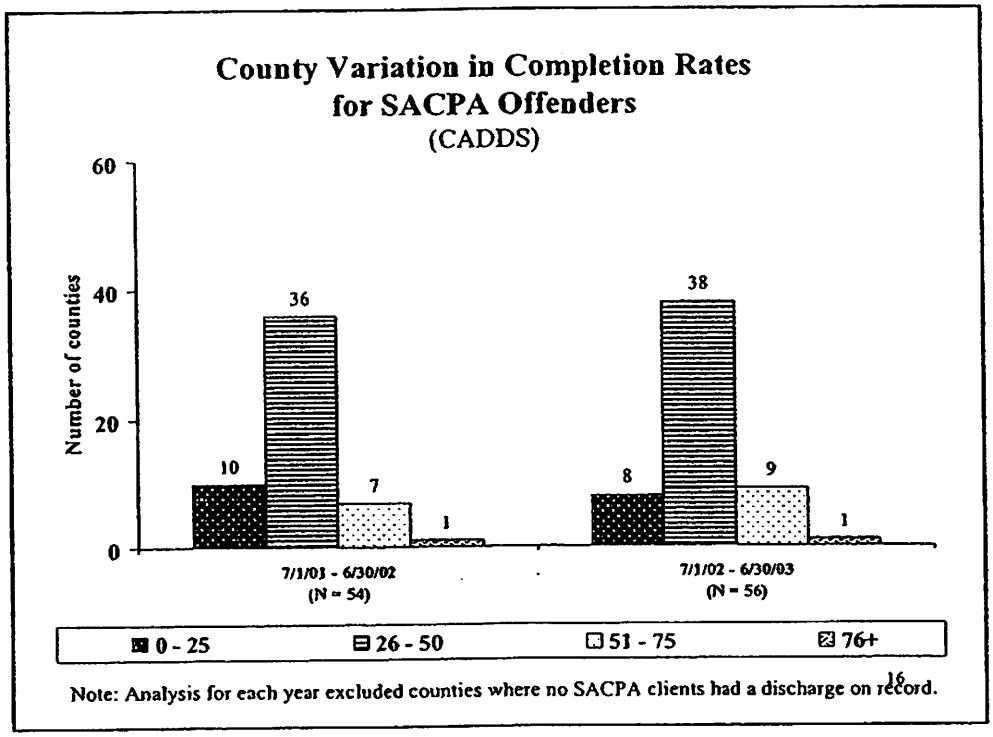

Primary Drug Among SACPA Treatment Clients
(CADDS), 7/1/03 – 6/30/04
Percent of SACPA treatment clients
80
60
40
20
0
58.3
9.8
9.6
4.3
9.2
8.8
52.7
14.3
12.2
9.6
9.4
1.7
Santa Clara County
(N = 2,122)
Statewide
(N = 36,773)
Methamphetamine
Cocaine/crack
Marijuana
Heroin
Alcohol
Other


Years Since First Use of Primary Drug
Among SACPA Treatment Clients
(CADDS), 7/1/03 – 6/30/04
Percent of SACPA treatment clients
80
60
40
20
0
20.0
20.3
18.4
18.1
26.9
22.9
20.9
16.6
15.5
24.1
Santa Clara County
(N = 2,122)
Statewide
0 - 5
6 - 10
11 - 15
16 - 20
21+
8


Number of Prior Treatment Admissions
Among SACPA Treatment Clients
(CADDS), 7/1/03 – 6/30/04
Percent of SACPA treatment clients
60
40
20
0
42.3
27.9
13.4
6.9
3.2
1.9
1.1
0.9
0.8
1.6
46.2
30.5
13.0
5.1
2.1
1.1
0.6
0.3
0.3
0.8
Santa Clara County
(N = 2,122)
Statewide
(N = 36,773)
0
1
2
3
4
5
6
7
8
9+


SACPA Treatment Clients by Modality
(CADDS), 7/1/03 – 6/30/04
Percent of SACPA treatment clients
100
80
60
40
20
0
76.8
21.4
1.7
0.0
0.1
0.1
84.4
11.2
2.0
1.2
0.3
1.0
Santa Clara County (N = 2,122)
Statewide (N = 36,773)
Outpatient
Residential > 30 days
Detox
Residential < 30 days
Methadone detox
Methadone maintenance

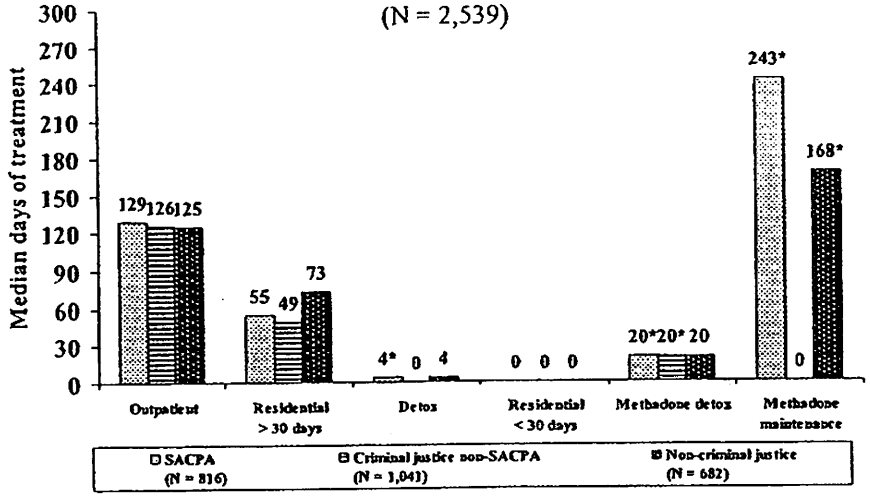




Note: Analysis for each year excluded counties where no SACPA clients had a discharge on record.

Median Length of Stay in Treatment Among Treatment Completers by Modality Santa Clara County

(CADDS), 7/1/02 – 6/30/03
(N = 2,539)

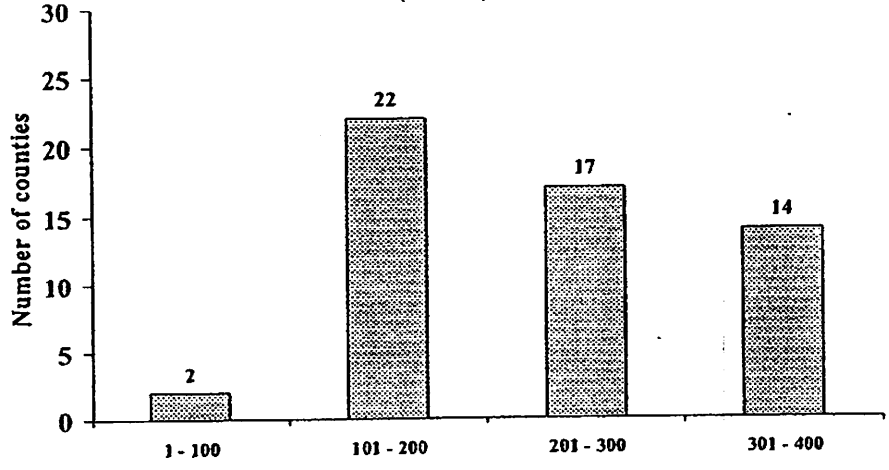


19

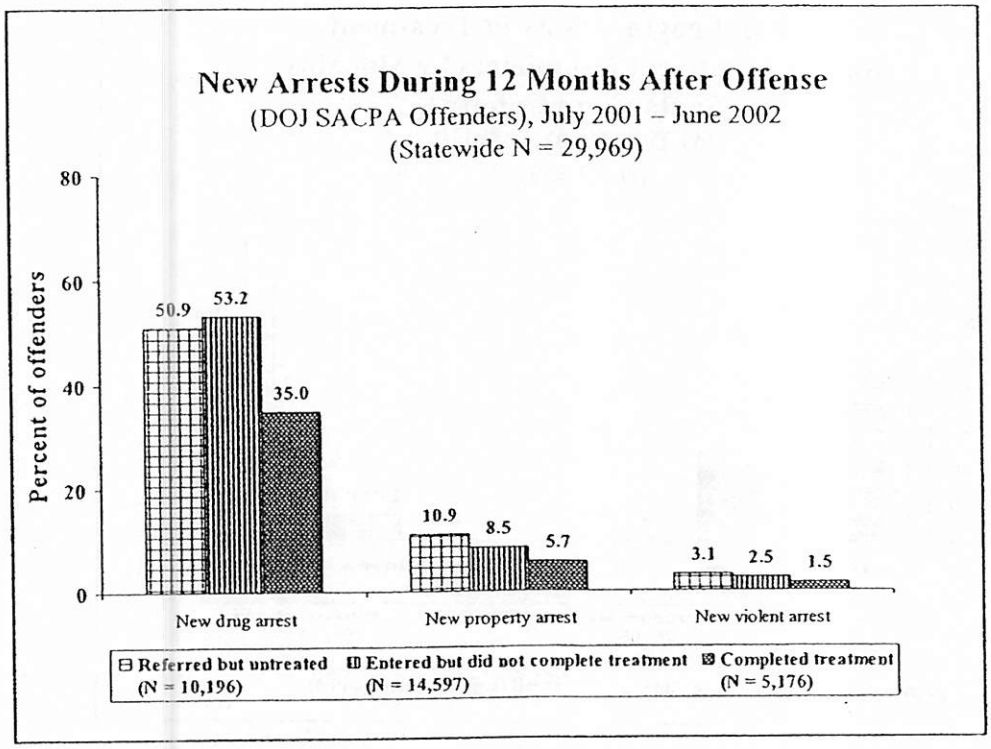
* Findings may be unreliable because numbers were small (e.g., between 1 and 4).

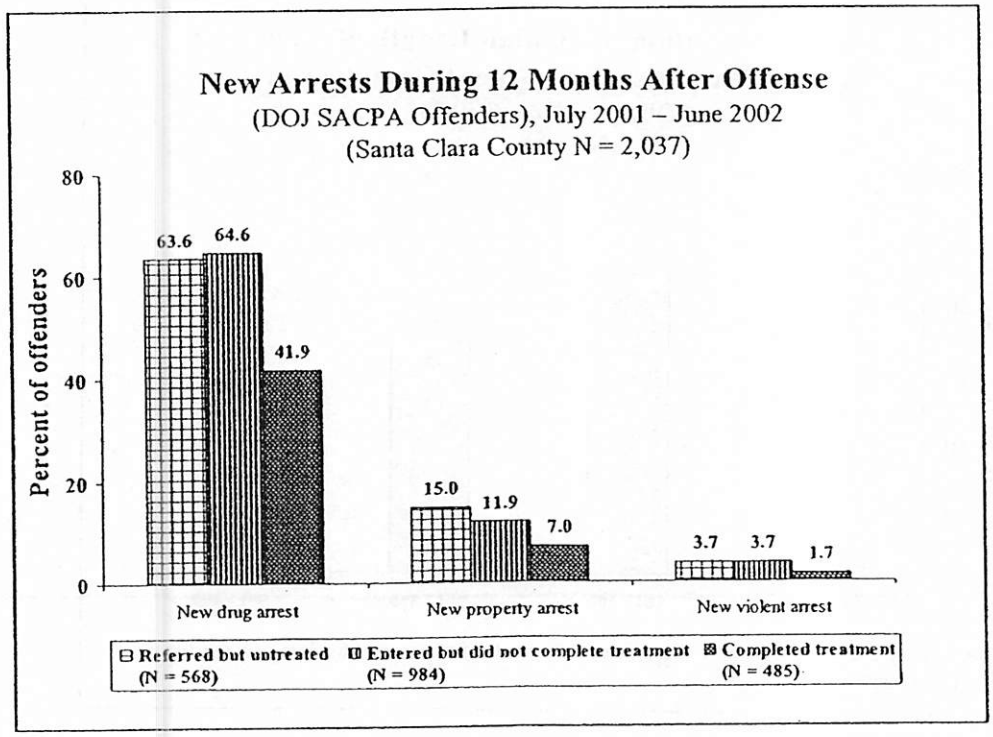
County Variation in Median Length of Stay Among Outpatient Treatment Completers

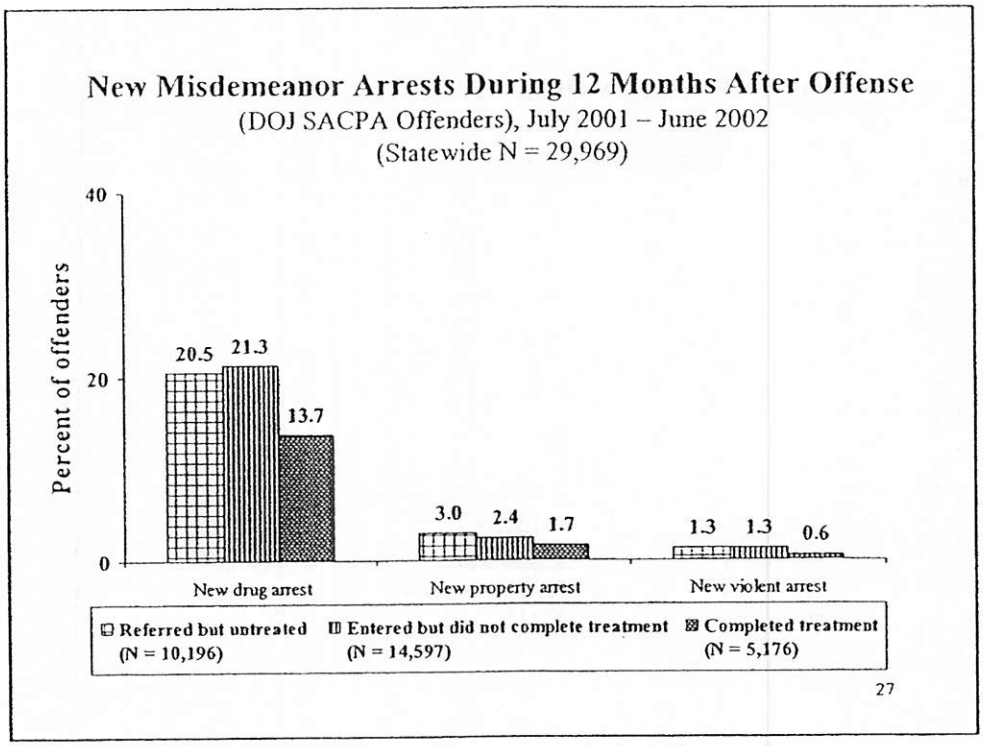
(CADDS), 7/1/02 – 6/30/03
(N = 55)

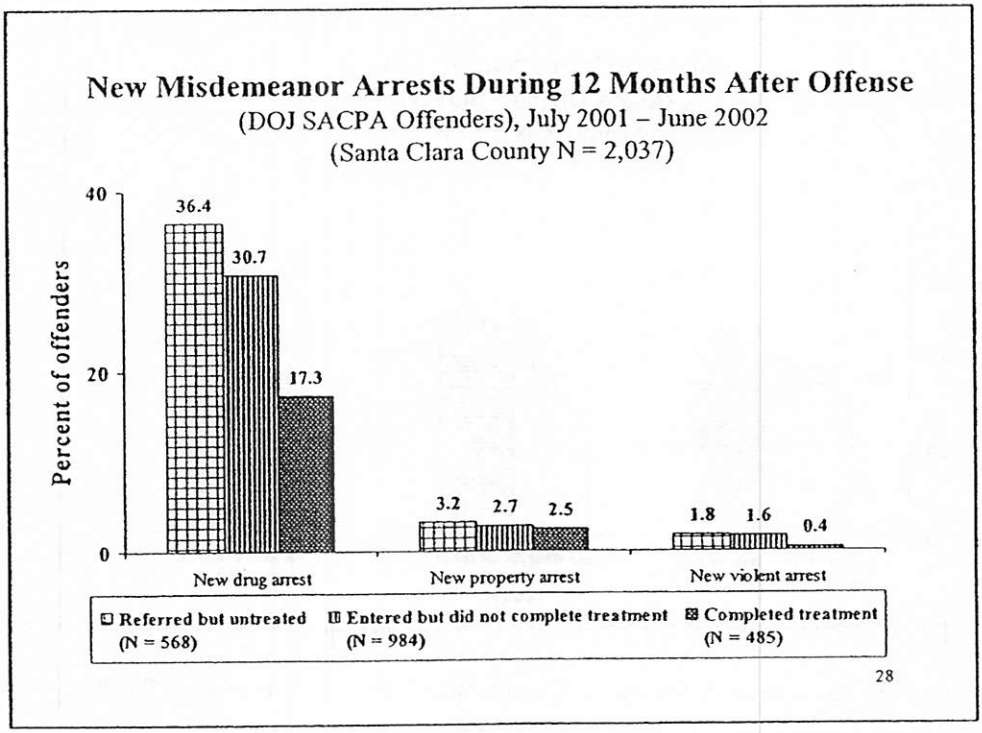


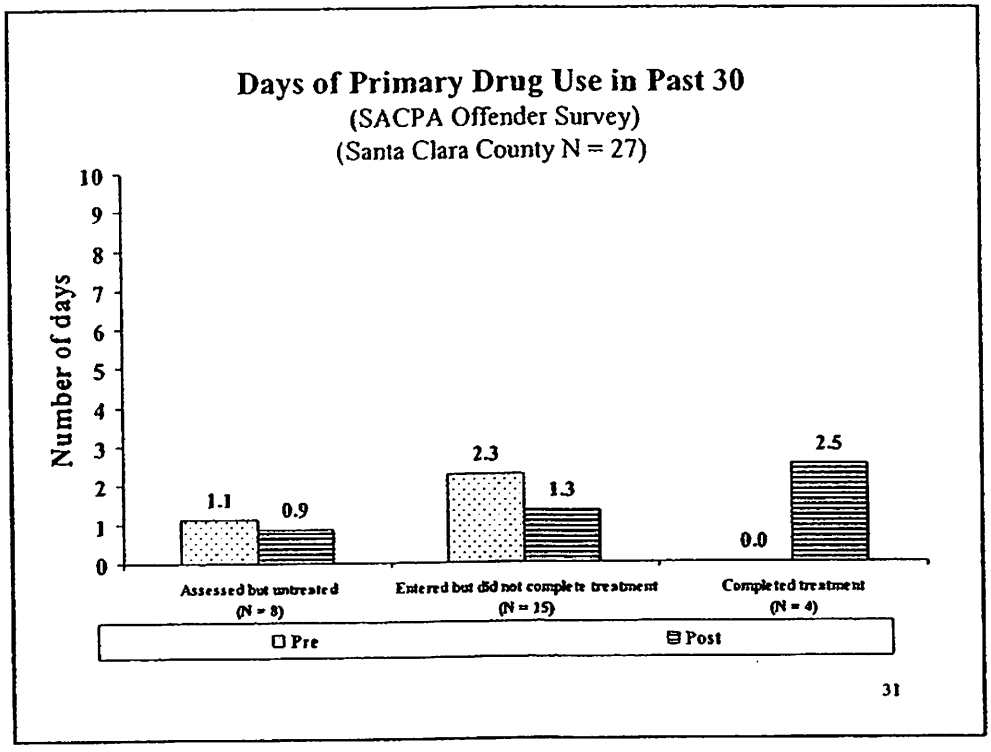
Note: In three counties, the number of outpatient treatment completers was too low for a reliable estimate of length of stay.

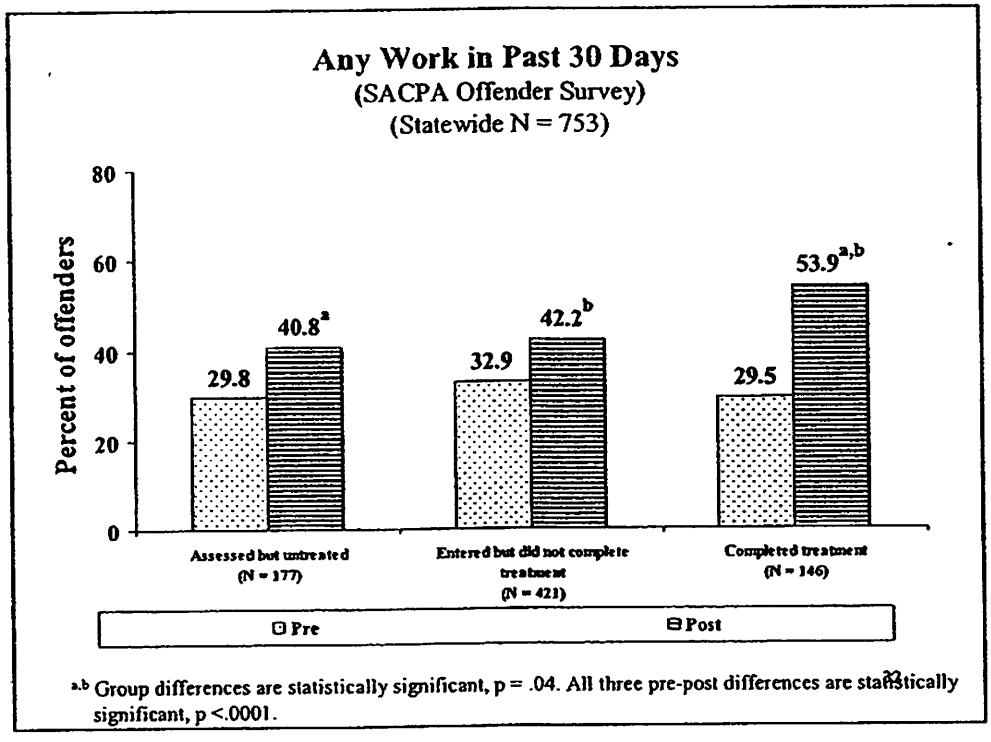

New Arrests During 12 Months After Offense
(DOJ SACPA Offenders), July 2001 – June 2002
(Statewide N = 29,969)
Percent of offenders
80
60
40
20
0
50.9
53.2
35.0
10.9
8.5
5.7
3.1
2.5
1.5
New drug arrest
New property arrest
New violent arrest
Referred but untreated (N = 10,196)
Entered but did not complete treatment (N = 14,597)
Completed treatment (N = 5,176)

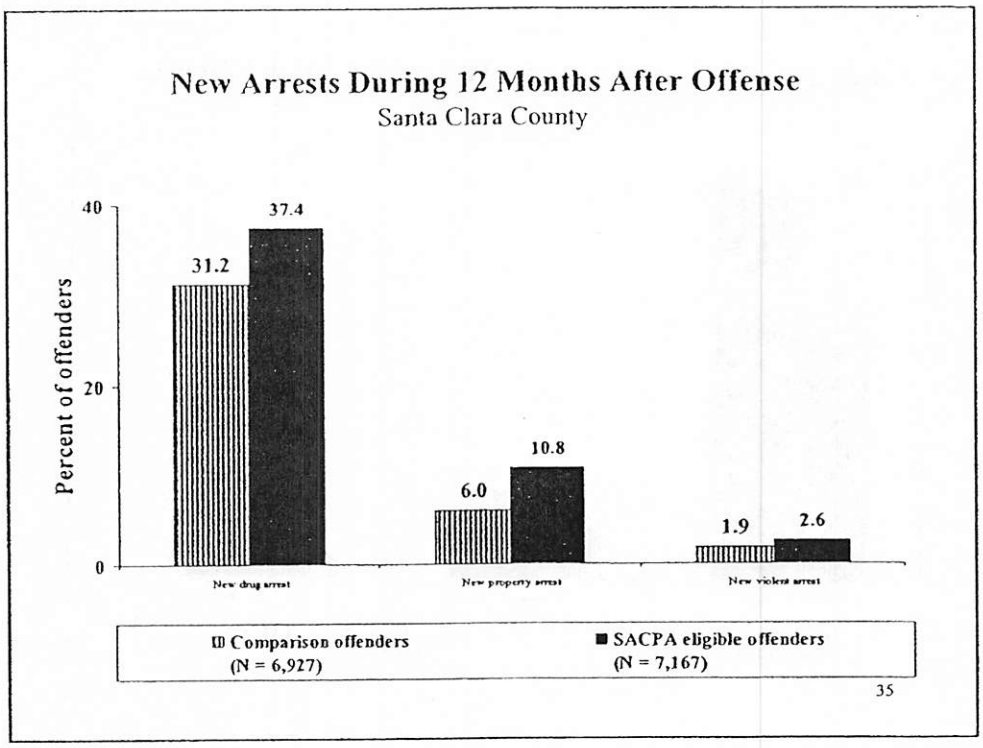

New Arrests During 12 Months After Offense
(DOJ SACPA Offenders), July 2001 – June 2002
(Santa Clara County N = 2,037)
Percent of offenders
80
60
40
20
0
63.6
64.6
41.9
15.0
11.9
7.0
3.7
3.7
1.7
New drug arrest
New property arrest
New violent arrest
Referred but untreated (N = 568)
Entered but did not complete treatment (N = 984)
Completed treatment (N = 485)

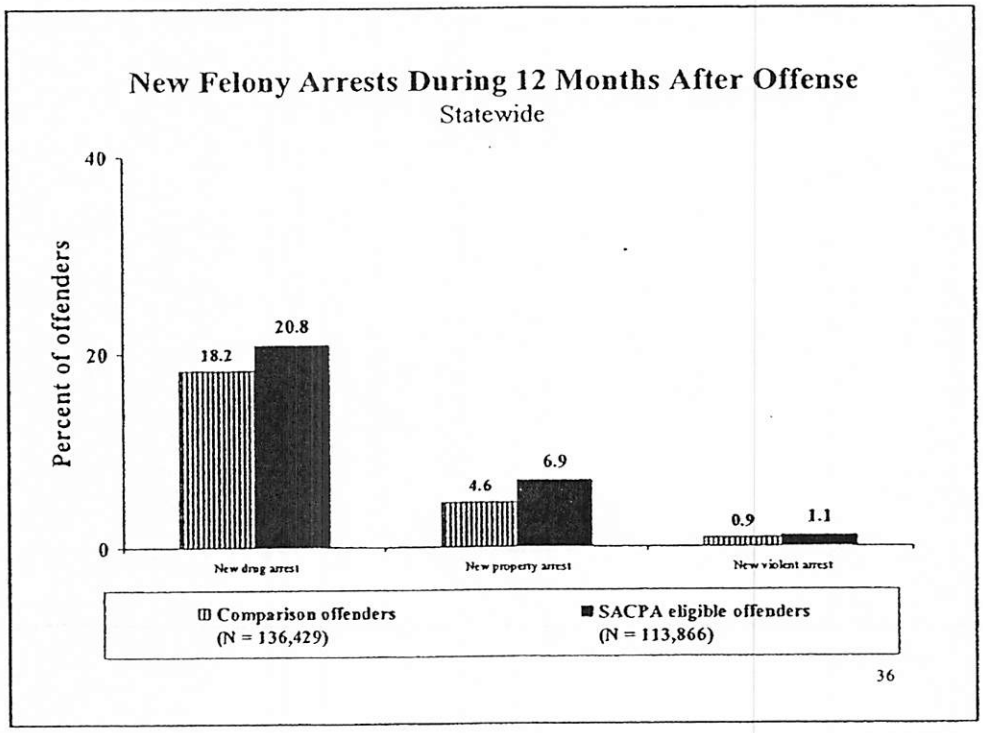

New Misdemeanor Arrests During 12 Months After Offense
(DOJ SACPA Offenders), July 2001 – June 2002
(Statewide N = 29,969)
Percent of offenders
40
20
0
20.5
21.3
13.7
3.0
2.4
1.7
1.3
1.3
0.6
New drug arrest
New property arrest
New violent arrest
Referred but untreated (N = 10,196)
Entered but did not complete treatment (N = 14,597)
Completed treatment (N = 5,176)
27

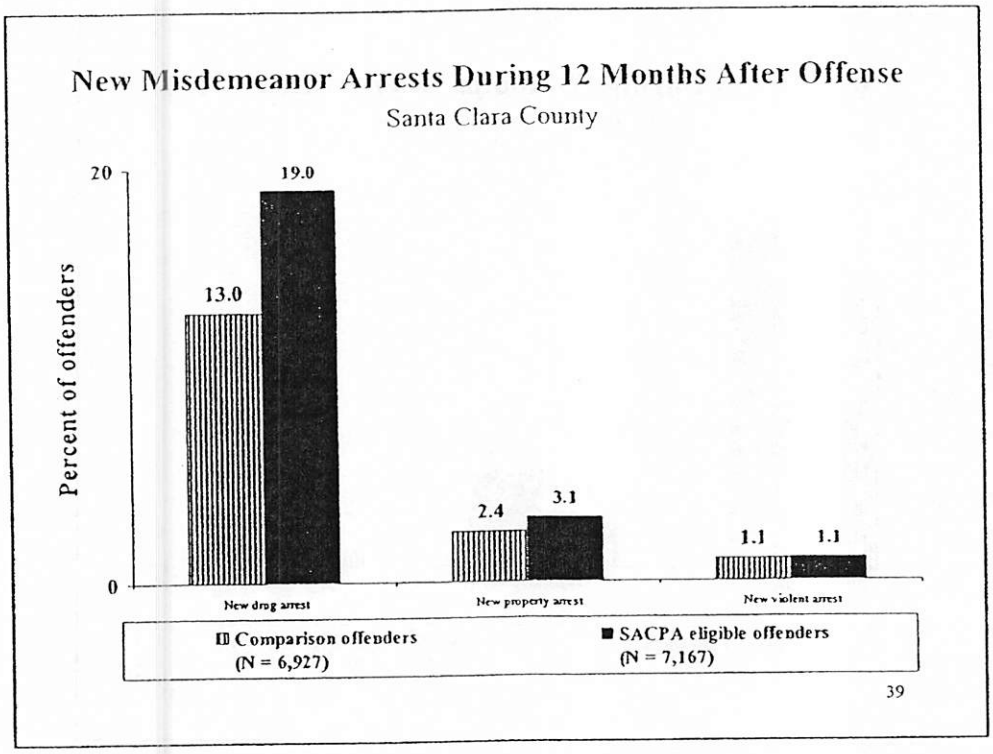

New Misdemeanor Arrests During 12 Months After Offense
(DOJ SACPA Offenders), July 2001 – June 2002
(Santa Clara County N = 2,037)
Percent of offenders
40
20
0
36.4
30.7
17.3
3.2
2.7
2.5
1.8
1.6
0.4
New drug arrest
New property arrest
New violent arrest
Referred but untreated (N = 568)
Entered but did not complete treatment (N = 984)
Completed treatment (N = 485)
28


Days of Primary Drug Use in Past 30
(SACPA Offender Survey)
(Santa Clara County N = 27)
Number of days
10
9
8
7
6
5
4
3
2
1
0
1.1
0.9
2.3
1.3
0.0
2.5
Assessed but untreated (N = 8)
Entered but did not complete treatment (N = 15)
Completed treatment (N = 4)
Pre
Post
31


Any Work in Past 30 Days
(SACPA Offender Survey)
(Statewide N = 753)
Percent of offenders
80
60
40
20
0
29.8
40.8a
32.9
42.2b
29.5
53.9a,b
Assessed but untreated (N = 177)
Entered but did not complete treatment (N = 421)
Completed treatment (N = 146)
Pre
Post
32
a,b Group differences are statistically significant, p = .04. All three pre-post differences are statistically significant, p <.0001.


New Arrests During 12 Months After Offense
Santa Clara County
Percent of offenders
40
20
0
31.2
37.4
6.0
10.8
1.9
2.6
New drug arrest
New property arrest
New violent arrest
Comparison offenders
(N = 6,927)
SACPA eligible offenders
(N = 7,167)
35


New Felony Arrests During 12 Months After Offense
Statewide
Percent of offenders
40
20
0
18.2
20.8
4.6
6.9
0.9
1.1
New drug arrest
New property arrest
New violent arrest
Comparison offenders
(N = 136,429)
SACPA eligible offenders
(N = 113,866)
36


New Misdemeanor Arrests During 12 Months After Offense
Santa Clara County
Percent of offenders
20
0
19.0
13.0
3.1
2.4
1.1
1.1
New drug arrest
New property arrest
New violent arrest
Comparison offenders
(N = 6,927)
SACPA eligible offenders
(N = 7,167)
39

This report is based on an assessment of Santa Clara County SACPA client outcomes, undertaken for the County's Alcohol and Drug Services Research Institute and submitted by Speiglman Norris Associates in June 2004 (County of Santa Clara contract number 4400000925). Richard Speiglman and Jean Norris can be contacted at (510) 238-8432 or rspeiglman@earthlink.net.

Deane Wiley, Acting Director, ADSRI, served as Project Manager and guided the execution of the study. Hung Nguyen of ADSRI prepared the data, which were then further developed by Speiglman Norris Associates. Martha Beattie, former Director of ADSRI, also participated in the project. ADSRI is located at 976 Lenzen Avenue, San Jose, California 95126. Dr. Wiley can be contacted at Deane.Wiley@hhs.co.scl.ca.us.

Executive Summary

Background

Proposition 36, the Substance Abuse Crime Prevention Act, passed in November 2000, mandates that adults in California convicted of possession or use of illegal drugs be offered substance abuse treatment in lieu of incarceration. A large number of adults arrested for drug use are thereby directed into community-based treatment. Using secondary data, this report examines outcomes for Santa Clara County SACPA clients in the period following treatment completion. This is accomplished by comparing how client statuses compare from one year prior to SACPA treatment entry to one year after discharge from treatment.

In Santa Clara County, the County Executive's Office, the lead agency for SACPA implementation, convened a Steering Committee to plan the implementation of the program. Determination of SACPA eligibility is made by Santa Clara County's District Attorney's office. If upon arraignment the offender pleads guilty to the offense, a conviction is recorded; otherwise, a trial is scheduled. Less than one percent of those pleading or found guilty refuse treatment and receive traditional sentencing. Understanding that pre-sentence assessments give judges the maximum amount of information on which to base sentencing, those convicted are, before sentencing, referred for assessment by both the County Department of Probation and the County Department of Alcohol and Drug Services (DADS). Assessments took place in custody for almost half of SACPA-eligible offenders during the first year of operation, upon which this study is based. Once assessed, offenders are sentenced, placed under probation supervision and referred for treatment. Three-quarters of the offenders referred from the courts receive treatment in the DADS treatment system. About ten percent are referred for private treatment or to another county; the remaining fifteen percent either were not matched between court and treatment databases, or, in violation of the judge's order, do not connect with treatment at all. About 15% of the most needy clients receive residential treatment followed by outpatient services after stabilization, while over half start in outpatient treatment. Smaller proportions are referred to case management or psychoeducational services.

Method

The study defines a 9-month selection window for new SACPA client treatment authorizations, from October 1, 2001, through June 30, 2002 (N = 1190). Data included information on client demographic characteristics; alcohol and drug use; criminal justice status; utilization of health, mental health, and alcohol and drug treatment services; and receipt of social welfare benefits. Data were generated from databases compiled or administered by the Santa Clara County Department of Alcohol and Drug Services (DADS), Department of Mental Health, Health and Hospital System, Criminal Justice Information Control (CJIC), and Social Services Agency.

Whenever data from more than one information system are used, there will be some cases for which no match is found when it should be. For SACPA clients in the DADS

a level of use and level of care no greater than the previous use. Overall, 39% of the sample had at least one return to treatment.

- Within one year of discharge, the initial return to treatment for 18% of the study population was because they experienced a relapse.
- Within one year of discharge, the initial return to treatment for 21% of the population was a maintenance return to treatment.
- Both relapse and maintenance returns for SACPA clients are more than double the rates for clients served by DADS prior to SACPA implementation. Some of this difference may be the result of closer scrutiny of the SACPA population, all members of which are under the close supervision of the court and, for some offenders, more intensive probation supervision than was utilized prior to SACPA. Also since maintenance return is defined as a return to treatment, within one year of discharge, with a level of use and level of care no greater than the previous use, this can indicate a positive decision to return before a relapse takes place.

Drug-Related Re-Arrests and Re-Arrest Rates Decline Significantly following Treatment

- Most (59%) SACPA clients committed at least one drug-related crime in the year prior to SACPA treatment entry that resulted in an arrest. This figure is not the expected 100% arrested for several reasons:
  - offenses culminating in a SACPA conviction may have occurred over a year earlier due to criminal justice delays in arrests, criminal filings, and convictions;
  - the amount of time between assessment and treatment entry was sometimes quite lengthy; and
  - only 90% of the treatment clients were matched with criminal justice data due to non-matching identifying information in the two databases.
- During the treatment period, 5% of clients are reported to have at least one offense resulting in a new, drug-related arrest. Recall that the treatment period is only 3.4 months and thus a lower number would be expected.
- In the year after treatment 22% experience such an arrest.
- The rate of new, drug-related misdemeanor or felony arrests declines from .78 per person before to .06 during and then increases to .27 after treatment. The rate refers to the total number of arrests per person occurring during those time periods.
- Similar findings are evident for drug-related *convictions* for new offenses occurring during those periods.
- The entire DADS treatment population in the years before the implementation of SACPA also shows high rates of arrests and convictions. In Fiscal Year 2000, the year before SACPA was introduced, 44% of clients had one or more arrests in the year before treatment, and this dropped to 19% in the year after treatment. Interestingly, the proportion arrested during treatment, 5%, is identical to the proportion of SACPA clients arrested during the SACPA treatment period.

Time in Jail for Drug-Related Offenses Is Greatly Reduced following Treatment

Prevalence and rate of jail time for drug-related misdemeanor and felony offenses closely track findings for arrests and convictions.

benefits, such as Food Stamps or cash assistance. Hence, even as treatment proves successful and employment is secured, benefit rates may increase rather than decrease. Third, all four indicators are sensitive to larger economic trends and to changes in program rules, such as time limits for receipt of CalWORKs and Food Stamps. Limited to these administrative data, it is difficult to define what a successful outcome would be in a relatively short-term follow-up.

- CalWORKs benefits were provided to 3% of SACPA treatment clients in the year prior to treatment and to 3% in the year following treatment.
- Food Stamps were provided to 5% of clients in the year before treatment and to 8% following treatment discharge.
- The prevalence of General Assistance receipt increased from 3% before treatment to 6% in the after-treatment year.
- Receipt of Medi-Cal eligibility was unchanged at 7% in the year prior to treatment and the year following treatment.
- SACPA clients are more likely to receive General Assistance than DADS clients prior to SACPA. For the remaining public benefits, SACPA clients start off at lower utilization than clients prior to SACPA and over the study period increase utilization. The increase may be evidence of greater improvement for SACPA clients, who demonstrate greater access to and/or use of these benefits.

Use of Mental Health Services, an Indicator of Psychological Distress or Serious Mental Disorder, Is Virtually Unchanged from the Year Before to the Year after Treatment

A useful, though imperfect, measure of well-being is receipt of county mental health services. In a general sense, one can infer positive mental health among SACPA clients by lack of contact with the mental health system. On the other hand, for persons who had not been receiving services that were needed, we might infer that mental health would improve if regular engagement with the mental health system were initiated or resumed.

- The prevalence of receipt of mental health services was 13% in the year prior to SACPA treatment and 12% in the year following treatment, virtually unchanged.
- SACPA clients display less service use than previous DADS clients.

Use of Emergency Room Services Declines following Treatment, while Outpatient Utilization Increases

Improved physical health is often an objective of treatment services. Lack of hospitalizations and emergency room visits provide an indirect, if imperfect, measure of physical health. While outpatient visits may indicate ill-health they may also reflect appropriate use of preventive and routine medical care. Thus, although we would expect reduced numbers of emergency room visits, and perhaps hospital stays, following substance abuse treatment, outpatient service utilization might increase as former clients integrate routine and preventive care into their lives.

- Prevalence of emergency room visits declined slightly from 16% in the year prior to treatment to 15% in the year following treatment.
- Rate of emergency room visits parallels prevalence, changing slightly from 0.26 per person per year pre-treatment to 0.24 following treatment.

Policy Implications

Together, the data on arrests, convictions, and jail days suggest that treatment serves to decrease risk for arrest and conviction - and probably engagement in - criminal behavior, both that involving drugs and other criminal activity. The major finding is that treatment works, as intended in policy, and works at least as well for SACPA clients as for DADS clients in general. The treatment period is associated with fewer arrests, convictions, and jail days than would otherwise be expected. Use of expensive and possibly unnecessary emergency services decreases, and outpatient utilization increases, probably due to education received during treatment.

The finding that criminal activity decreases following treatment is especially salient in light of the relatively poor results for SACPA clients in the brief period after assessment and before entry into treatment. Thus, we would suggest, efforts should be continued to focus on providing for more rapid entry to treatment.

Limitations on interpretation of SACPA findings.

There are three factors limiting interpretation of these findings that we wish to note. First, as mentioned above, we experienced an imperfect match between DADS and CJIC databases. Ten percent of the cases were not matched at all, and it is possible that some "matches" were mis-matched due to wrong identifying information in one or both systems.

Second, we rely on administrative data that were not collected for the purpose of monitoring the outcomes examined in this study. There are problems with both over- and under-counting. As an example of under-counting, as a measure of relapse *returns to substance abuse treatment* misses both individuals experiencing a relapse who do not return to treatment and those who, having relapsed, secure treatment outside the DADS system. There are similar limitations with the mental health, emergency room, outpatient services, and hospital data. Arrests, convictions, and jail days are also imperfect measures, given their reliance on observation and action by the criminal justice system and a catchment area that does not extend beyond the County's borders. Much of the problem is presumed inconsequential, however, insofar as the same limitations apply to all time periods of interest. An important exception is discussed below. Hence, while few of the health, hospital, and criminal justice figures can be taken to represent absolute prevalence or rate of services utilization, or need for services, comparisons of prevalence and rate across time remain useful.

Extreme caution must be used in interpreting one aspect of the criminal justice measures. There is not a one-to-one relationship between acts of criminality and arrests or convictions for those acts. Most crime goes unreported and undiscovered, and, among crimes discovered, many result in no arrest and/or no conviction. By definition, all members of the SACPA client group had, relatively recently, experienced at least one arrest and conviction that resulted in a SACPA sentence. Hence, we would expect a decrease in the percent of SACPA clients experiencing arrest, conviction, and jail days, even if nothing changed in the individual client's drug behavior during or after treatment. However, while many SACPA clients may have been under the watchful eye of Court

SACPA Client Outcomes Study

1. Background

In recent years there has been an intensification of the policy debate over how United States society should respond to users of illicit psychoactive drugs. One of the most closely watched and potentially influential developments has been the implementation of Proposition 36, the Substance Abuse and Crime Prevention Act (SACPA), which passed in November 2000. This ballot initiative mandates that adults in California convicted of possession or use of illegal drugs be offered substance abuse treatment in lieu of incarceration. A large number of adults arrested for drug use are being directed into community-based treatment, probably surpassing the number of persons entering treatment through drug court. Counties have considerable discretion in how they structure their systems of care and client management procedures for handling SACPA clients.

The stated intent of the drafters of the initiative is to provide treatment as an alternative to prison, and to address substance abuse as a matter of public health rather than criminal justice.[2] Counties confront delicate questions of how to prioritize limited funding for this on-going program. While implementation studies have been completed or initiated at the Public Health Institute, RAND and UCLA, no outcome study results are anticipated in the near future.

Though not providing outcome results, findings from a study by Hser and colleagues[3] is of interest for its description of the SACPA treatment population in their five-county evaluation. Compared with non-SACPA clients, the authors write, SACPA patients are "more likely to be men, first-time admissions, treated in outpatient drug-free programs, employed full-time, and users of methamphetamine or marijuana" (p. 479). Longshore and colleagues[4], evaluating SACPA implementation statewide, report similar findings concerning gender, first-time admissions, treatment modality, and the primacy of methamphetamine.

With the approaching deadline for re-funding SACPA, it is appropriate to examine the efficacy of SACPA procedures and treatments as data become available. Process measures and outcomes of interest should include treatment completion versus dropout,

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[2] Marlowe et al. term Proposition 36 post-adjudication "low-intensity, non-judicially managed diversionary intervention" (p. 216). Marlowe, D.B., Elwork, A., Festinger, D.S., and McLellan, T. (2003). "Drug policy by popular referendum: This, too, shall pass". Journal of Substance Abuse Treatment, 25(3): 213-221.

[3] Hser, Y-I., Teruya, C., Evans, E.A., Longshore, D., Grella, C., and Farabee, D. (2003). "Treating drug-abusing offenders. Initial findings from a five-county study on the impact of California's Proposition 36 on the treatment system and patient outcomes". Evaluation Review, 27(5): 479-505.

[4] Longshore, D., Evans, E., Urada, D., Teruya, C., Hardy, M., Hser, Y-I., Prendertgast, M., and Ettner, S. (2003). "Evaluation of the Substance Abuse and Crime Prevention Act 2002". Report. "Implementation: July 1, 2001 to June 30, 2002". Los Angeles: Integrated Substance Abuse Programs, UCLA, July 7.

2. Project goals

The model for the SACPA study is an ADSRI examination of Department of Alcohol and Drug Services (DADS) client outcomes over the FY 1997 - 1998 – FY 2000 - 2001 period, reported in *"Outcome Evaluation of the Department of Alcohol and Drug Services Using Performance Indictors from Secondary Data"*[9] (hereinafter, the previous ADSRI study). In that study, ADSRI used several sources of administrative secondary data to monitor client outcomes and infer DADS program success.

- The primary project goal is to describe outcomes for SACPA clients in the first year of SACPA implementation (July 2001 – June 2002).

- The second goal is to compare SACPA client outcomes with those for the entire DADS population in the year prior to SACPA implementation by reporting similar evaluation data on selected client characteristics and outcomes.

- The third project goal is to assess the usefulness of various indicators and data on client characteristics for multivariate modeling, and to generate preliminary multivariate models intended to identify predictors of success for the treatment system. Progress on this goal will be reported in a subsequent report.

The primary and secondary research questions are:

- How do client outcomes compare before/during/after the SACPA client's treatment experience; that is, from one year prior to SACPA treatment entry, through the period of treatment, to one year after discharge from treatment?

- How does SACPA appear to be changing the characteristics of the DADS treatment population overall?

Given the goals and research question, the population of interest is SACPA clients of the Department of Alcohol and Drug Services, Santa Clara Valley Health and Hospital System.

In Santa Clara County, the County Executive's Office, the lead SACPA agency, convened a Steering Committee to plan the implementation of the program. Determination of SACPA eligibility is made by Santa Clara County's District Attorney's office. If upon arraignment the offender pleads guilty to the offense, a conviction is recorded; otherwise, a trial is scheduled. Less than one percent of those pleading or found guilty refuse treatment and receive traditional sentencing. Those convicted are, before sentencing, referred for assessment to both the Department of Probation and the Department of Alcohol and Drug Services (DADS). While most counties assess post-sentencing, the Steering Committee decided upon pre-sentence assessments in order to

[9] Alcohol and Drug Services Research Institute, July 24, 2003. Project Director: Martha C. Beattie, Ph.D.; Project Manager: Hung Nguyen, M.S. Available at http://www.sccdads.org/ under Evaluation and Research Reports.

maintenance-only cases (N = 7) were excluded as unlikely to complete treatment in an 18-month treatment period, the maximum length of stay permitted within the evaluation format. In total, 344 cases were excluded from analysis, some for more than one reason.

Project data. Data used for this project include information on client demographic characteristics; alcohol and drug use; criminal justice status; utilization of health, mental health, and alcohol and drug treatment services; and receipt of social welfare benefits. Data were generated from data bases compiled or administered by the Santa Clara County Department of Alcohol and Drug Services (DADS), Department of Mental Health, Health and Hospital System, Criminal Justice Information Control (CJIC), and Social Services Agency. Treatment records include information on participation in detoxification, outpatient, and residential alcohol and drug services; mental health services; and medical care episodes in the hospital emergency room, inpatient, and ambulatory clinic care. Criminal justice records include arrest, conviction, and jail incarceration data on drug-related and other offenses. Social services records provide information on receipt of public assistance and other benefits, including CalWORKs, General Assistance, Food Stamps, and Medi-Cal.

Data preparation. For comparability between this study and the previous work on DADS clients, ADSRI staff performed coding of arrests and convictions as "new" and "drug-related" or "non-drug-related", following the protocols used in the previous study. Likewise, ADSRI staff coded episodes associated with hospitalizations, emergency room use or outpatient medical or mental health care following similar or identical decision rules as used in the DADS report.

ADSRI matched information across data systems with data on individuals assessed by DADS for SACPA treatment referral. To accomplish this, ADSRI created unique identifiers recognized across data systems for each assessment client. ADSRI then selected individual cases meeting the SACPA study selection window criteria and identified relevant data within each individual's *before*, *during*, or *after* treatment periods. (Study time periods are further described below). In addition, to enable examination of client experience between assessment and before treatment, ADSRI selected relevant data falling within periods called *before* and *after assessment*. After ADSRI prepared the data, a file stripped of personal identifiers was provided to Speiglman Norris Associates (SNA), for further analysis and report preparation.

Human subjects review. Because all personal identifiers were stripped from the working data files provided to Speiglman Norris Associates, the Institutional Review Board of the Santa Clara County Public Health Department declared the project exempt from IRB review under federal regulations. Data from the multiple administrative data sources were linked by ADSRI staff using a random numeric identifier for each case, and SNA received data with only this fictitious case identifier.

Decision rules for identifying dates and defining before, during and after periods. Periods of interest include:

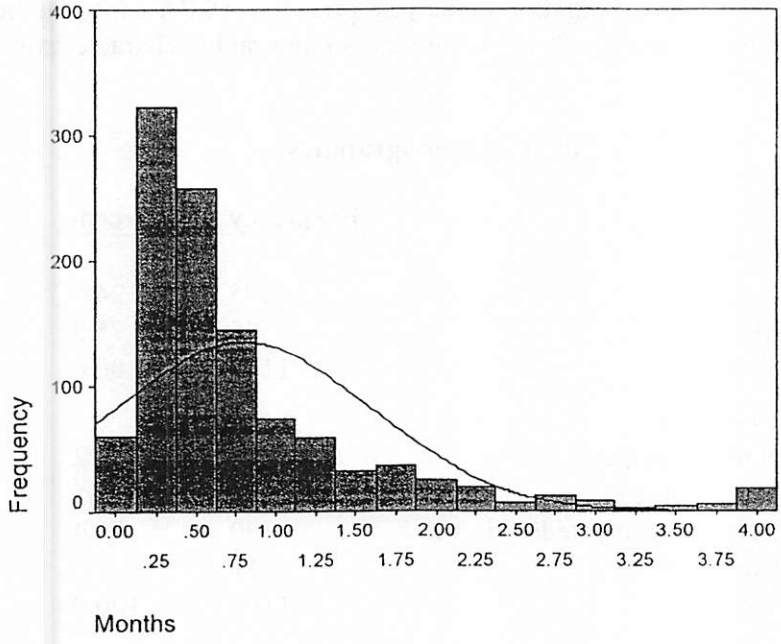
been married. Although the group is racially heterogeneous, together, Latino/Hispanics and Non-Latino Whites comprise 81.9% of the group, with Blacks/African Americans accounting for another 8.4%. Mean years of education is 11.4; median, 12. Almost all members of the group (89.9%) report English as their preferred language, with 7.6% selecting Spanish.

In comparison, the treatment population in the year prior to SACPA's introduction was somewhat less likely to be male (67%), but on other demographic characteristics it is quite similar.

Table 1. Demographics

	Frequency	Percent
Gender		
Female	295	24.8
Male	895	75.2
Total	1190	100.0
Marital status		
Never married	740	62.2
Now married	149	12.5
Divorced/separated/widowed	290	24.4
Unknown	11	.9
Total	1190	100.0
Race/ethnicity		
Latino/Hispanic	544	45.7
Non-Latino White	431	36.2
Black/African American	100	8.4
Asian/Pacific Islander	76	6.4
Native American	20	1.7
Other	19	1.6
Total	1190	100.0
Education		
Mean	11.4 years	
Median	12.0 years	
Preferred language		
English	1070	89.9
Spanish	91	7.6
Asian/Indo-Chinese	14	1.2
Other/unknown	15	1.3
Total	1190	100.0

Figure 1. Time between Assessment and Treatment (values greater than 4 displayed = 4.0)



During Treatment Period. Table 3 provides summary statistics for the period of time from first treatment contact under the SACPA authorization until discharge date, operationalized as the last treatment contact under the same authorization. As is evident, while mean and median length of time in treatment are each about 3.5 months, the range of time in treatment – from 0 months (6.8% of cases with less than one full day in treatment) to 10 months or more (2% of cases) – suggests great variety probably both in the clinical and the legal role played by treatment.[13]

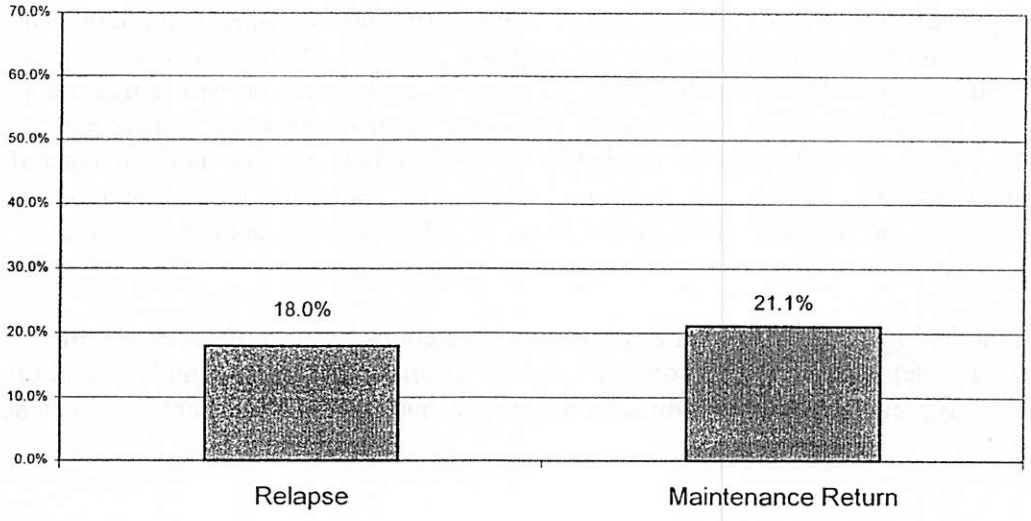
[13] If we distinguish between persons whose treatment followed an assessment *within* the study selection window, from those whose treatment began *before* the selection window, we find noteworthy differences. For cases in which treatment entry followed assessment (N = 1093), median length of time in treatment is 3.3 months. For cases in which treatment entry preceded assessment (N = 96), median length of time in treatment is 4.8 months. Recall that the selection window avoided the earliest SACPA clients because their characteristics, or course through SACPA, were thought likely to differ from later clients. Although the number of persons with treatment beginning before the study selection window is small, their longer duration of treatment suggests that their SACPA experiences may indeed differ.

return before a relapse takes place. Figure 2 depicts those outcomes: as measured by the first return to treatment in the DADS system. Within one year of discharge, 18.0% of the study population experienced a relapse, while 21.1% recorded a maintenance return to treatment.

Table 4. Levels of Care

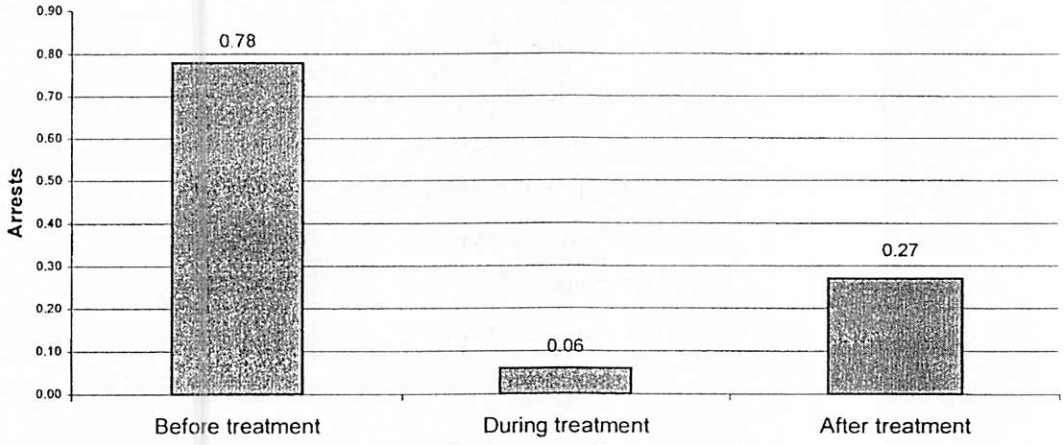
Level of care	Treatment Modality
1	Detoxification
	Residential
2	Case management
	Intensive outpatient
	Motivational enhancement
	Outpatient drug-free
	Transitional housing
	Psychiatric services
3	Aftercare
	Psycho-education

Figure 2. Returns to Treatment



The 59.2% figure for before treatment drug-related arrests is surprising. Certainly, before a SACPA conviction, all SACPA treatment clients should share the criminal history "fact" of having experienced an arrest for at least one SACPA offense. In fact, since our definition of "drug-related" arrest is broader than the set of offenses defined by law as SACPA offenses (for example, drug sales are drug-related but are not SACPA offenses), arrest *rate* findings depicted in Figure 4 could and might be expected to surpass 1.0.

Figure 4. Arrest Rate for New Misdemeanor/Felony Drug-related Offenses Before, During and After Treatment



However, given criminal justice delays in arrests, criminal filings, and convictions and delays resulting from defense motions, it appears that some offenses, arrests, and convictions may have been taken place prior to the one-year period before treatment entry. Some of this delay may accumulate from the time between assessment and treatment entry. Finally, administrative data mismatch between treatment clients and criminal justice participants explains some of the difference between 59.2 and the expected 100 percent since 10% of the clients could not be matched to their criminal justice data.[17]

Similar findings are evident for drug-related convictions for new offenses. With conviction defined as a finding of guilt resulting from the arrest examined, by definition conviction prevalence and rate must be no greater than corresponding arrest prevalence and rate.

[17] In this regard, it should be noted, *conviction* prevalence and rate may be further under-counted due to procedural delays.

of SACPA clients have some jail time in Santa Clara County in the one-year period prior to treatment. That proportion declines to 4.3% in the during-treatment period and rises to 20.3% in the year after treatment (Figure 7). From the before- to the during-treatment period, the mean number of jail days drops from 23.8 to 2.0 and rises to 12.2 days in the after-treatment year (Figure 8).

Together, the data on arrests, convictions, and jail days suggest that treatment serves to decrease risk for arrest and conviction – and probably engagement in – criminal behavior involving drugs.

Figure 7. Percent of Clients with Any Misdemeanor/Felony Jail Days for Drug-related Offense Before, During, and After Treatment

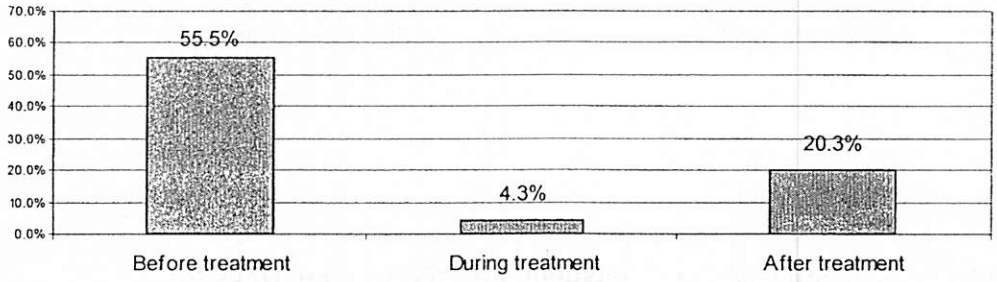


Figure 8. Mean Number of Misdemeanor/Felony Jail Days for Drug-Related Offenses Before, During, and After Treatment

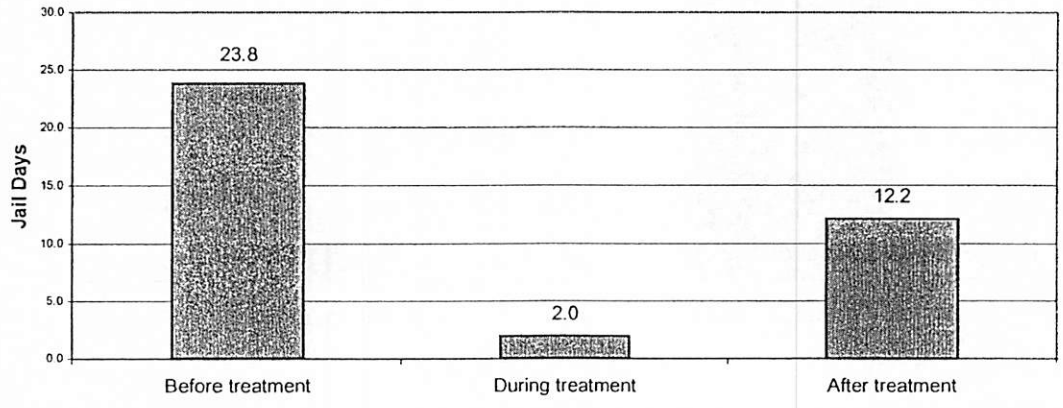


Figure 11. Percent of Clients with Any Misdemeanor/Felony Jail Days for Drug-related Offenses Before and After Assessment

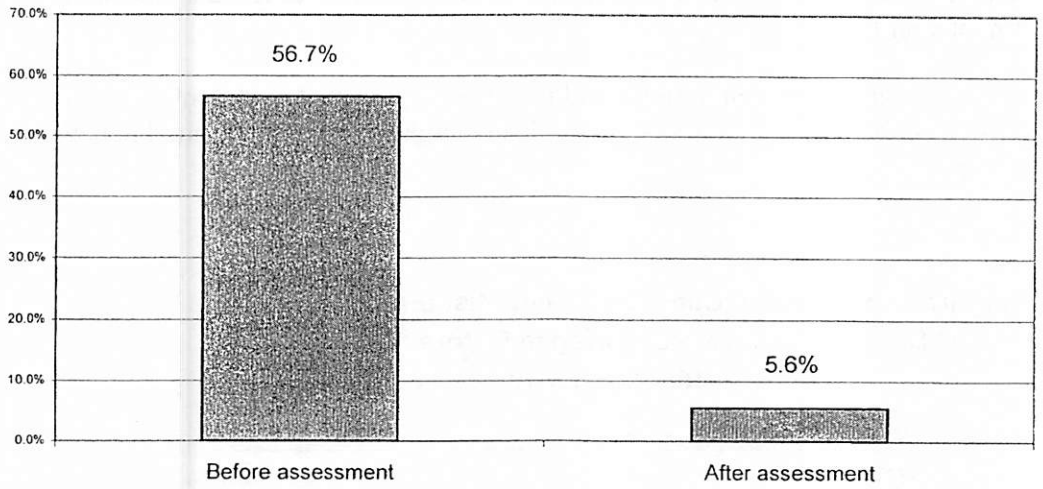
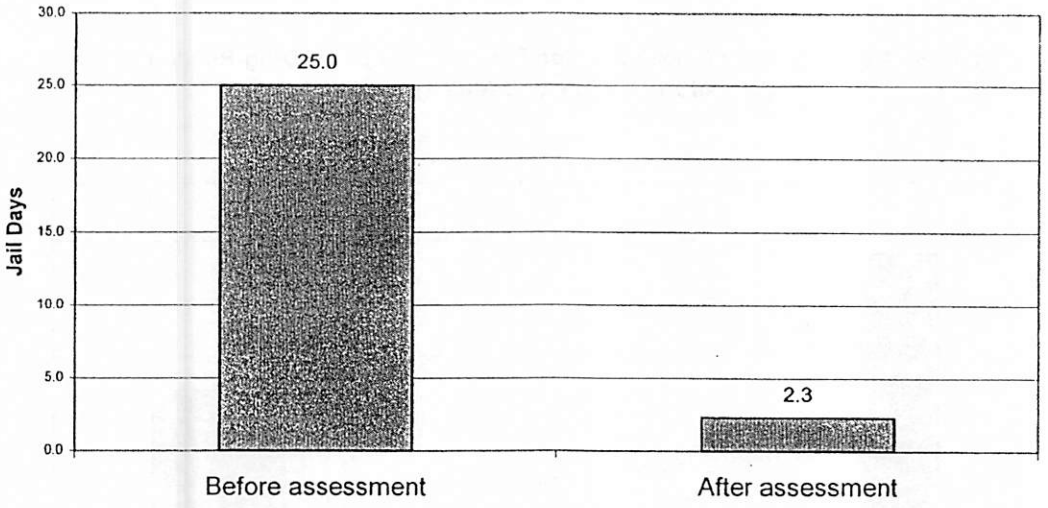


Figure 12. Mean Number of Misdemeanor/Felony Jail Days for Drug-Related Offenses Before and After Assessment



4b. Care for oneself financially

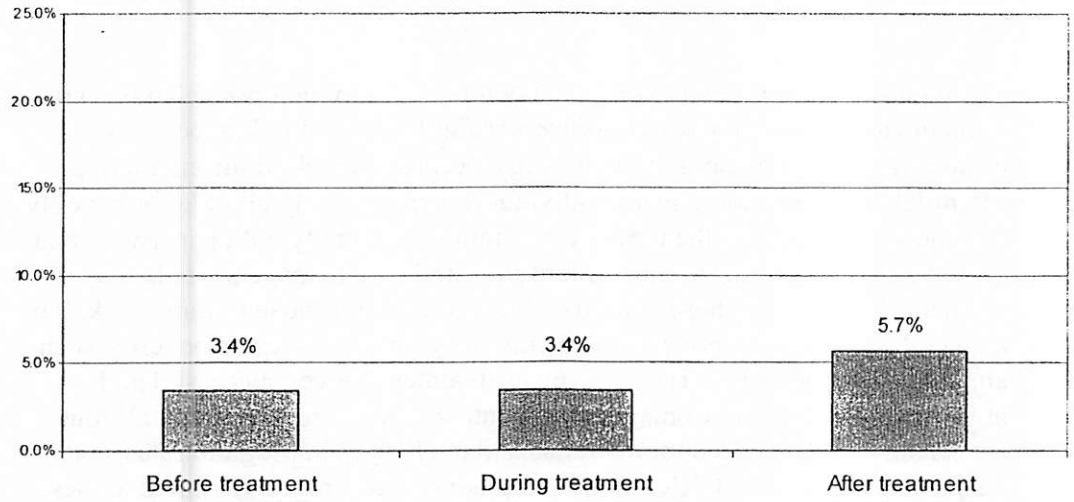
Difficulty securing and keeping work may be one indicator of a problem with alcohol and other drugs. Therefore, preparing for and gaining productive work is often a goal of treatment. While our dataset lacks direct measures of employment and work-related income, it does include information about receipt of four forms of public benefits. CalWORKs and General Assistance provide cash and Food Stamps a quasi-cash form of assistance for impoverished persons. Medi-Cal constitutes a health insurance program for poor Californians.

Three important considerations need to be stated before we examine findings in this area. First, initial treatment success may result in *increased* utilization of public benefits. Whether because of abuse of alcohol or other drugs, because of lack of information, or personal or familial disorganization, many individuals presumptively eligible for benefits either do not acquire them or lose them because of failure to comply with paperwork and other requirements. Upon treatment entry, counselors and case managers would may urge eligible clients to apply for these benefits. Second, even for those finding work, low wages from entry-level jobs may not eliminate eligibility for means-tested benefits, such as Food Stamps or cash assistance. Hence, even as treatment proves successful and employment is secured, benefit rates may increase rather than decrease. Third, all four indicators are sensitive to larger economic trends and to changes in program rules, such as time limits for receipt of CalWORKs and Food Stamps. Accordingly, limited to these administrative data, it is difficult to define what a *successful* outcome would be in a relatively short-term follow-up.

CalWORKs benefits were provided to 2.7% of SACPA treatment clients in the year prior to treatment (see Figure 13). During treatment the prevalence dipped slightly, to 1.8%. In the year following treatment 2.8% of clients received CalWORKs cash assistance.

The prevalence of General Assistance receipt remained level at 3.4% in the before- and during-treatment periods and increased to 5.7% in the after-treatment year (see Figure 15).

Figure 15. Percent of Clients Receiving General Assistance Benefits Before, During, and After Treatment



Surprisingly, receipt of Medi-Cal eligibility dropped from 6.6% in the year prior to treatment to 4.8% in the during-treatment period before increasing to 7.1% following treatment (see Figure 16).

Figure 16. Percent of Clients Receiving Medi-Cal Benefits Before, During, and After Treatment

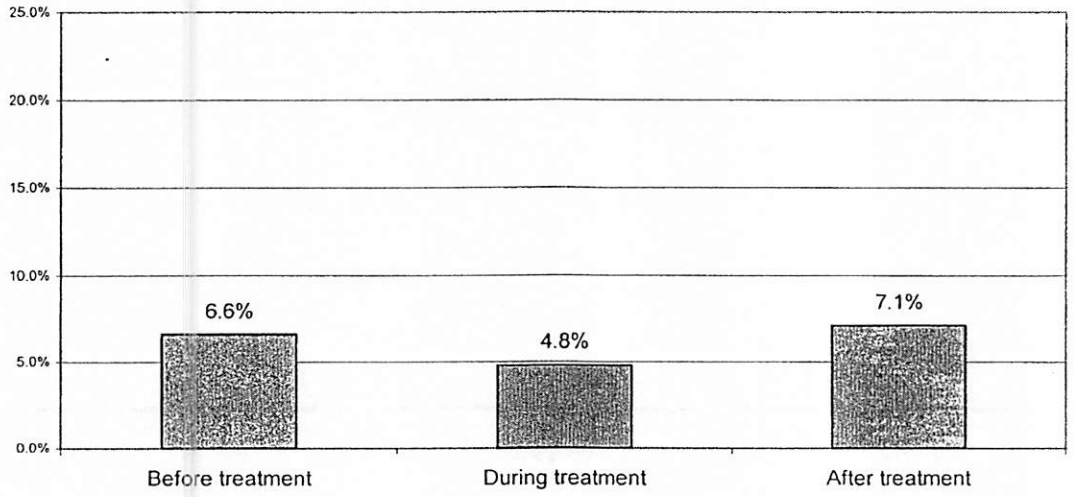
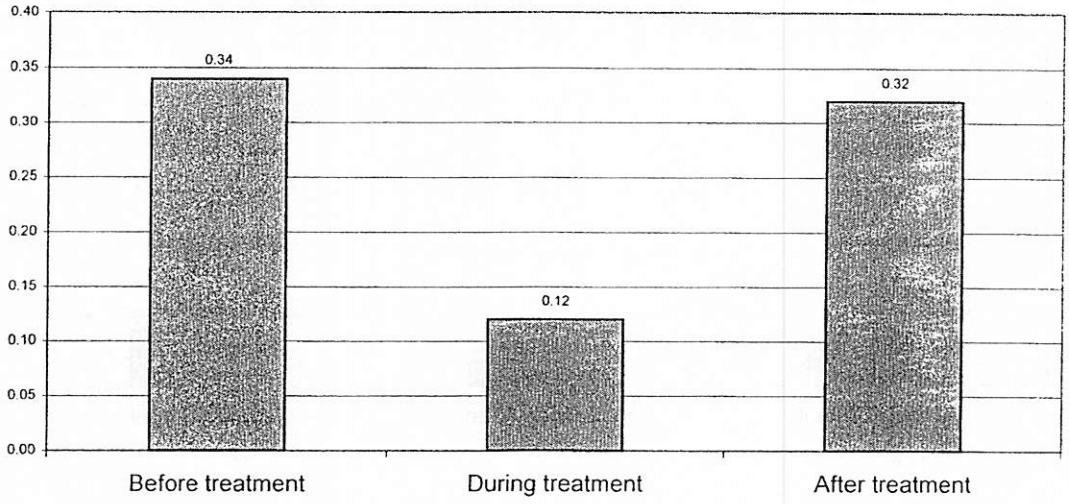


Figure 18. Rate of Mental Health Service Episodes Opened Before, During, and After Treatment



4d. Physical health

Improved physical health is often an objective of treatment services. Lack of hospitalizations and emergency room visits provide an indirect, if imperfect, measure of physical health. On the other hand, outpatient visits may indicate ill-health or may reflect appropriate use of preventative and routine medical care. Thus, while we would expect reduced numbers of emergency room visits and hospital stays following substance abuse treatment, outpatient service utilization might increase as former clients integrate routine and preventative care into their lives. Figures 19 through 25 display prevalence and rate statistics for the three types of health and hospital service utilization.

As displayed in Figure 19, prevalence of emergency room visits declined from 16.3% in the year prior to treatment to 7.6% during treatment and increased to 14.9% in the year following treatment. Rate of emergency room visits has a parallel decline from before to during treatment. Likewise, the after-treatment rate remains slightly lower than the comparable before-treatment figure (Figure 20). Prevalence and rate of emergency room visits during treatment is surprisingly large, given that median length of treatment is substantially less than half of a year.

Figure 21. Percent of Clients with Inpatient Stays Before, During, and After Treatment

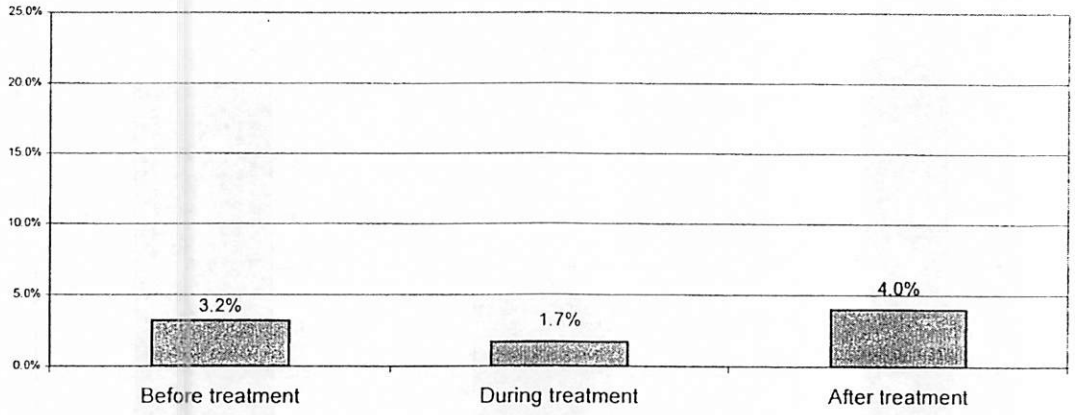
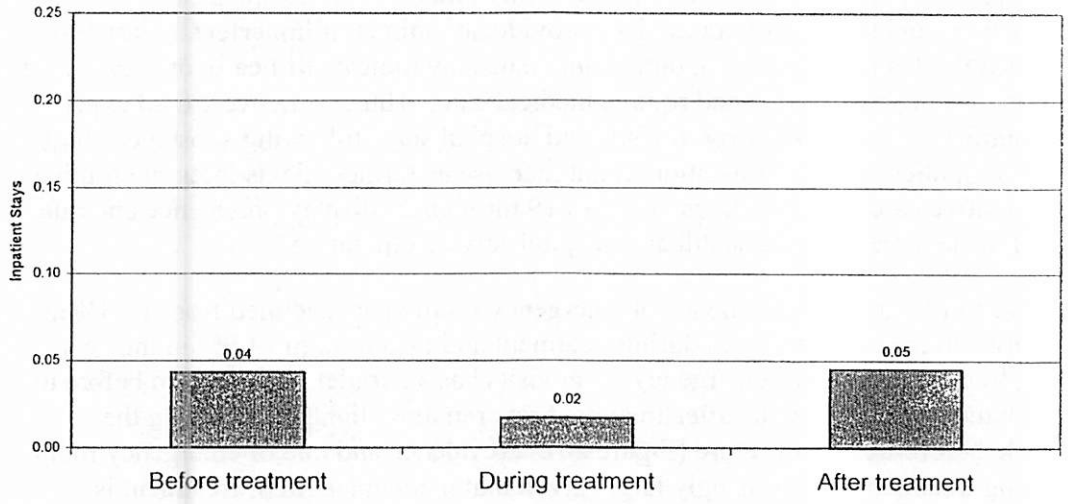


Figure 22. Rate of Client Inpatient Stays Before, During, and After Treatment



When comparing before- to after-treatment periods, outpatient utilization increased in prevalence and rate (Figures 23 and 24). In the year before treatment, 19.5% of SACPA clients used outpatient services at Valley Medical Center ambulatory care sites. Prevalence declined to 13.4% during treatment and increased to 23.5% in the year following treatment. Before- to after-treatment rates show an even bigger increase, rising from .31 visits per person-year before treatment to .68 visits per person-year following treatment. Further analysis would be necessary to discover whether or not this increase in rate is due to increased routine and preventative care.

that may be *associated* with substance abuse. Violent offenses and property crimes, for example, may be part of a life pattern involving substance abuse. Therefore, we report on prevalence and rate for all new misdemeanor and felony arrests, convictions associated with those arrests, and associated jail days, whether drug- or non-drug-related. Generally, the patterns in the figures that follow resemble those for drug-only arrests, convictions, and jail days, though on a larger scale.

The prevalence of total new arrests declines from 74.7% in the year before treatment to 13.5% in the during-treatment period and 42.6% after treatment (Figure 25). Arrest rates follow, declining from 1.39 per person-year before treatment to .17 per person during the treatment period and increasing to .69 per person-year following treatment (Figure 26).

Figure 25. Percent of Clients with New Drug- and/or Non-Drug-Related Arrest for Misdemeanor/Felony Before, During and After Treatment

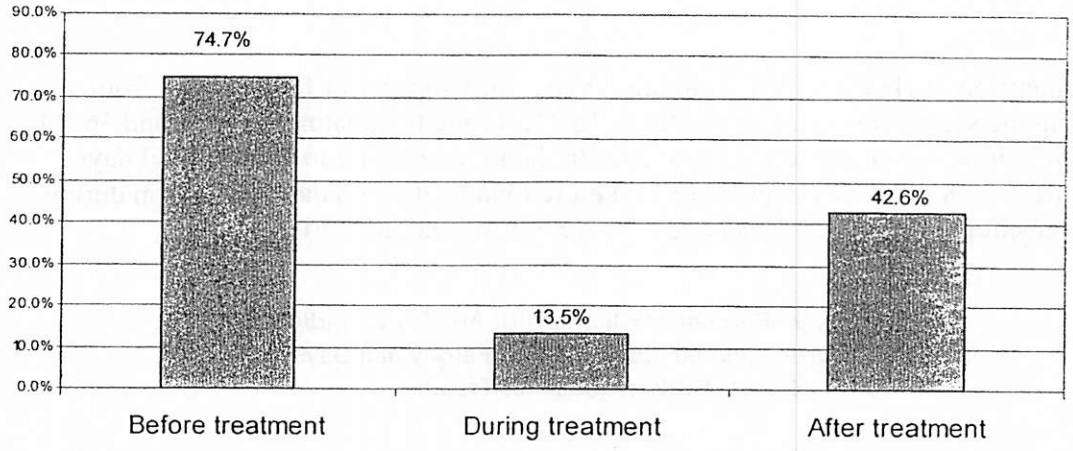
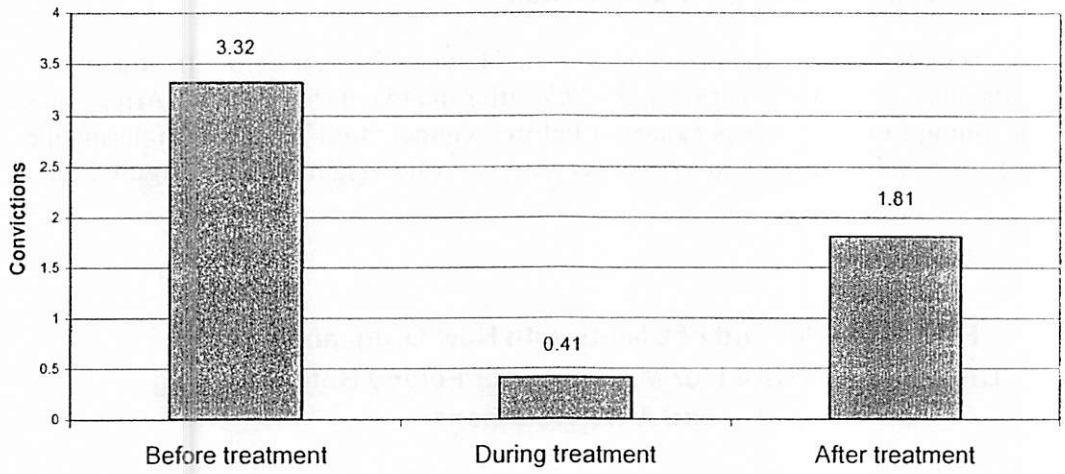
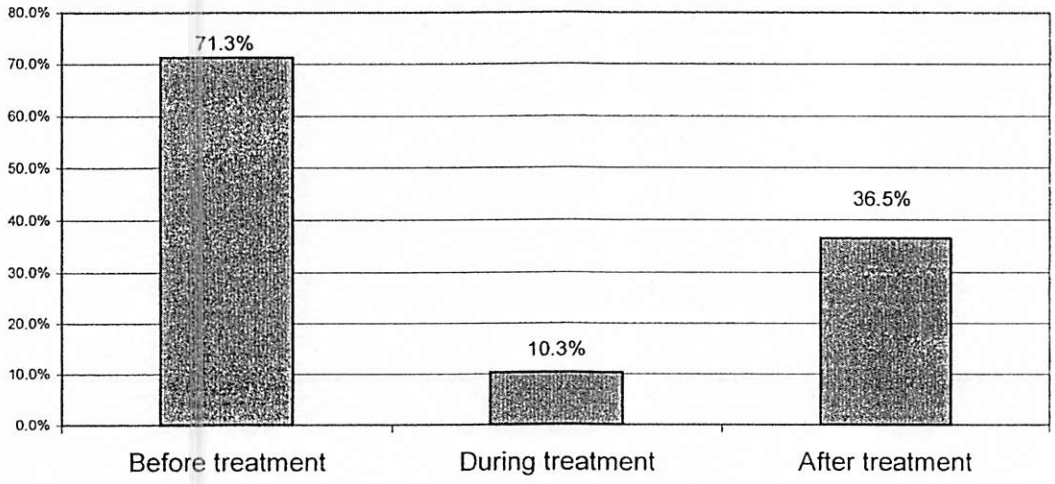


Figure 28. Rate of Misdemeanor/Felony Drug- and/or Non-Drug-Related Convictions for Arrests Before, During and After Treatment



The proportion of clients with days in jail for any misdemeanor or felony drops from 71.3% in the year before treatment entry to 10.3% during the treatment period and 36.5% in the year following treatment (Figure 29). In the same three periods rate of jail days varies from 37.8 jail days per person-year before treatment to 5.8 days per person during the treatment period to 25.7 days per person-year post-treatment (Figure 30).

Figure 29. Percent of Clients with Any Drug- and/or Non-Drug-Related Misdemeanor/Felony Jail Days Before, During, and After Treatment



tends to decrease apparent differences between DADS and SACPA clients even though the SACPA treatment was a new episode of care.

In the following, we compare SACPA client outcomes with DADS client outcomes from the closest time period to this study, FY 2000 - 2001. The FY 2000 – 2001 findings may be found at www.sccdads.org, Evaluation and Research Reports, *"Outcome Evaluation of the Department of Alcohol and Drug Services Using Performance Indictors from Secondary Data"*.

- Both relapse and maintenance returns are more prevalent for SACPA as contrasted with the DADS population generally. Some of this difference may be the result of closer scrutiny of the SACPA population, all members of which are under the close supervision of the court and, for some offenders, more intensive probation supervision than was utilized prior to SACPA.[18]

- Comparing before and after criminal justice measures available for both groups, SACPA clients start off looking worse but also demonstrate more improvement, compared to FY 2000 – 2001 DADS clients. Some of the positive change attributed to the SACPA population may be more overstated than that attributed to the DADS population, however, in light of statistical tendencies for population data to regress to the mean. (For more detail, see discussion under "limitations" below.)

- On three of the four financial stability indicators, SACPA clients start off at lower utilization of public benefits and over the study period increase utilization. This may be evidence of greater improvement for SACPA clients, who demonstrate greater access to and/or use of these benefits.

- On the two mental health measures, SACPA clients display less service use, compared to the DADS population. Utilization among both groups decreases over time, less so for the SACPA than the DADS group

- For the physical health dimensions, greater variation is evident. SACPA clients utilize hospital, emergency room, and outpatient services less than do DADS clients overall. However, when comparing change in service use, SACPA clients' use of outpatient and inpatient services increases at a faster rate compared to members of the DADS population. Emergency room visits decline for SACPA clients but increase for DADS clients in the FY 2000 – 2001 cohort.

[18] While Santa Clara County SACPA clients may have more direct contact with the court than with Probation, the point made by Marlowe et al. (2003) would appear relevant: Most probationers "fail to comply with their release conditions for probation including drug testing, attendance at drug treatment, and avoidance of criminal activity [references]." Intensive, supervised probation is associated with the worst outcomes, precisely because supervision is closer. Marlowe et al. (2003), p. 214.

Finally, extreme caution must be used in interpreting one aspect of the criminal justice measures. There is not a one-to-one relationship between acts of criminality and arrests or convictions for those acts. Most crime goes unreported and undiscovered, and, among crimes discovered, many result in no arrest and/or no conviction. By definition, however, all members of the SACPA client group had, relatively recently, experienced at least one arrest and conviction that resulted in a SACPA sentence. Hence, we would expect a decrease in the percent of SACPA clients experiencing arrest, conviction, and jail days, even if nothing changed in the individual client's drug behavior during or after treatment.[19]

Some of these limitations will be addressed as we begin work on predictive models that can control for a number of important variables.

9. Next steps

What next? In addition to the multivariate studies, next steps could include (1) a larger or longer-term comparative study including the collection of prospective data for this or newer SACPA cohorts, as well as data on the remainder, or a comparison subset of, DADS clients, and (2) studies examining the SACPA cost savings attributable to DADS treatment.

[19] Prevalence could not increase beyond 100%, and statistics such as this tend to regress to the mean. Hence, to demonstrate success for the SACPA treatment program, we would need to find prevalence and rate figures lower than those projected through a sophisticated analytical process.