

Criminal Justice Continuum of Care for California Drug Offenders

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This paper covers programs funded by the state and administered by the Department of Alcohol and Drug Programs (ADP) for:

- Criminal offenders
- With a drug or alcohol-related offense
- Primarily in out-of-custody programs

Broad purposes of these programs are to:

- Enhance public safety
- Reduce crime
- Reduce substance abuse and addiction
- Reduce costs of incarceration

The following pages outline key elements of each program administered by ADP.

I. Substance Abuse and Crime Prevention Act (SACPA) Program

A. Passage of Proposition 36 and start of SACPA (July 1, 2001)

Program Development: On November 7, 2000, California voters approved Proposition 36, the Substance Abuse and Crime Prevention Act (SACPA). SACPA was designed to:

- Preserve jail and prison cells for serious and violent offenders.
- Enhance public safety by reducing drug-related crime.
- Improve public health by reducing drug abuse through proven and effective treatment strategies.

SACPA provides treatment services and aftercare. Vocational training, family counseling, literacy training, and other services may also be provided.

B. Program components

- **Eligible offenders and types of offenses.** First or second-time nonviolent adult drug offenders who use, possess, or transport illegal drugs for personal use are eligible for SACPA.
- **Post-adjudication.** Eligible offenders are sentenced to receive up to one year of drug treatment and six months of aftercare rather than incarceration. Upon completion of successful drug treatment, participants may petition the sentencing court for dismissal of charges.
- **Level of judicial supervision/intervention.** Implementation of SACPA has required a new model of collaboration between the criminal justice system and public health agencies to promote treatment as a more appropriate and effective alternative for illegal drug use. The model varies from county to county. Some counties use a drug court model (but without jail sanctions) that includes dedicated court calendars with regularly scheduled reviews of treatment progress and strong collaboration by the courts, probation, and treatment. Others allow their probation department to administer and supervise offender participation and compliance, with referral to court if the offender is unamenable to treatment.
- **Funding (state and county).** SACPA established the Substance Abuse Treatment Trust Fund (SATTF). It provided \$60 million State General Fund (SGF) in start-up funds for FY 2000-01 and \$120 million SGF annually through FY 2005-06. The law specified that funds be allocated annually to the counties, and ADP distributes funds on an annual basis. For FY 2006-07, SATTF funding was appropriated in the state budget. Funding in the amount of \$120 million SGF was made available on the condition that program reforms, such as increasing accountability and improving outcomes, were included. Finally, federal funds are allocated to counties to conduct drug testing of SACPA offenders.

- **Eligible counties/participating counties.** All counties are eligible to apply for and currently receive SACPA funds. To receive funds, ADP requires counties to submit an annual plan describing the processes and services they will employ and proposed expenditures. Funds are allocated to counties through a distribution formula that includes population, per capita arrests for controlled substance possession violations, and SACPA treatment caseload.
- **Number of offenders participating.** In its first year, 44,043 eligible SACPA offenders agreed to participate in the program and 30,469 entered treatment. During its second year, a total of 50,335 SACPA eligible offenders agreed to participate in the program and 35,947 entered treatment (UCLA News, September 23, 2004).

C. Proposed SACPA changes

For FY 2007-08, the Governor's budget proposes a reduction of \$60 million to SACPA and utilizes this funding to increase funding for the new Offender Treatment Program (see below) to \$35 million and create net savings of \$25 million to the state. Funding for SACPA-eligible offenders would be a total of \$120 million with \$60 million of that amount appropriated specifically for purposes of the Offender Treatment Program.

D. Evaluation (UCLA Evaluation)

Approximately 135,000 offenders have been admitted to treatment since the inception of SACPA. Outcomes are similar to drug offenders in other criminal justice programs. Data show that half of the clients are in treatment for the first time, and half of first-time clients have a drug use history of ten years or more. The primary drug of abuse is methamphetamine.

Key program success indicators include treatment completion rates; probation/parole revocations; and effects of SACPA on re-offending, drug use, and employment. Client treatment completion rates in counties range from 20 percent to 55 percent with a statewide average of 34 percent. The outcome data for FY 2003-04 from the UCLA evaluation is as follows:

- 51,033 offenders referred to treatment in FY 2003-04
- 37,103 offenders entered treatment
- 34 percent completed treatment
- 23 percent of offenders had probation revoked
- 56 percent of offenders had parole revoked
- 35 percent of treatment completers had a new drug arrest
- 54 percent of treatment completers were gainfully employed
- 82 percent of treatment completers were drug-free

ADP is using the evaluation data to propose improvements to achieve greater client accountability and better program outcomes.

Successes/treatment results. In April 2006, UCLA released a cost-benefit study of SACPA. According to the study, SACPA reduced prison and jail costs as a result of fewer incarcerations, resulting in net savings beyond its costs. Costs are \$2,861 lower per offender than would be expected in the absence of SACPA, which reflects a benefit-to-cost ratio of about 2.5 to 1. The significant net savings to the state are due primarily to diversion of offenders from state prison to SACPA programs.

SACPA continues to introduce thousands of new clients to treatment — an important move toward eventual cessation of drug abuse and addiction. Clients with greater drug abuse severity, less social support, or psychiatric co-morbidity do better under residential than outpatient care (McLellan et al., 1983; Miller and Hester, 1986; Gastfriend and McLellan, 1997; Rychtarick et al., 2000; Magura et al., 2003) (UCLA Evaluation, May 17, 2006, pg. 3). The success of SACPA as a crime prevention and public health strategy depends on the appropriate treatment of drug offenders.

Best practices. Treatment placement of SACPA clients is more likely to succeed if clients are matched with services according to the severity of their addiction. It has been shown that the treatment setting and type of program in which a drug treatment client is initially placed makes a significant difference to the duration in treatment and outcomes (McLellan, 2003). Additionally, matching offenders to the appropriate level of care can lead to lower treatment costs, due to the longer treatment duration required for mismatched clients to achieve desirable outcomes or the need for repeated treatment episodes (Sharon et al., 2003). (UCLA Evaluation, May 17, 2006, pg. 3)

State savings. The UCLA Cost Analysis Report of April 5, 2006 found that the state saved over \$2 for every \$1 allocated to fund SACPA, and saved \$4 for every \$1 allocated to a treatment completer under SACPA. From the eight cost analysis domains assessed (prisons, jails, probation, parole, arrest and convictions, drug treatment, healthcare, and taxes paid offsetting against costs), a total cost savings of \$2,861 per offender over a 30 month follow-up period, representing a net savings of \$173.3 million to the government (after subtracting \$3 million for state administrative costs) (UCLA Report, April 5, 2006, pp. 3, 4, and 15).

II. Offender Treatment Program (OTP)

A. Program Development

In 2006, the Legislature enacted the Offender Treatment Program (OTP). Several changes were made to improve SACPA by requiring counties to adopt effective practices identified in an evaluation conducted by the University of California, Los Angeles (Senate Bill 1137, Chapter 63).

The goals of OTP are to:

- (1) improve SACPA offender accountability;
- (2) increase show rates (the proportion of sentenced offenders who enter, remain in, and complete treatment);
- (3) Increase retention of offenders in treatment; improve rates of treatment completion;
- (4) Reduce delays in the availability of appropriate treatment services;
- (5) Expand treatment services that are needed but not available, including residential treatment and narcotic replacement therapy; and
- (6) Attain county investment.

Specifically requirements of OTP include:

- (1) The establishment and maintenance of a dedicated court calendar with regularly scheduled reviews of treatment progress for persons ordered to drug treatment;
- (2) The existence or establishment of a drug court, and willingness to accept defendants who are likely to be committed to state prison;
- (3) Establishment and maintenance of protocols for the use of drug testing to monitor offenders' progress in treatment;
- (4) The establishment and maintenance of protocols for assessing offenders' treatment needs and the placement of offenders at the appropriate level of treatment; and
- (5) A county match of \$1 for every \$9 state funds.
- (6) Placement of an offender, in certain circumstances, in a residential treatment program, or in a county jail for not more than ten days for detoxification purposes.

B. Program Components

Eligible offenders and types of offenses. SACPA-eligible offenders (no specific OTP requirements).

Level of judicial supervision/intervention. Same as SACPA. However, if the jail sanctions in OTP withstand legal challenge, these provisions would apply to all SACPA-eligible offenders.

Funding (state and county). The FY 2006-07 state budget appropriated \$25 million SGF for SACPA enhancements under the OTP. OTP is currently a two-year program, ending July 1, 2009.

Eligible counties/participating counties. All counties that submit an annual application and demonstrate a commitment of county general funds, or funds from a source other than the state, are eligible. The minimum commitment is \$1 for every \$9 state dollars. Counties with a carryover equaling 20 percent or more of their SATTf annual allocation were not eligible for OTP funds. The maximum amount an eligible county could receive for FY 2006-07 was limited to an amount equal to 30 percent of the county's SATTf allocation for FY 2006-07.

ADP allocated funds based on the percentage of offenders ordered to drug treatment who actually began treatment and who completed the prescribed course of treatment. ADP allocated funds to 39 eligible counties and pays county costs in arrears.

C. Other program changes

For FY 2007-08, the Governor's Budget proposes to increase OTP funds to \$60 million SGF while reducing SACPA funding from \$120 million to \$60 million SGF.

D. Evaluation

E. Barriers to successful programs and ADP responses

- Not enough offenders referred by the court are making it into treatment. Insufficient consideration was given to case flow and efficiency and to accountability mechanisms by law enforcement (the courts, probation, and parole) and by drug treatment systems at both the state and county level.
- Recommend including more intensive community supervision for SACPA offenders to facilitate higher levels of treatment entry and completion and deter recidivism.
- Recommend a twenty-five percent enhancement to current supervision cost of offenders who enter SACPA with no convictions in the 30 months prior to their SACPA conviction and a fifty percent enhancement for offenders who enter with one to four convictions in the 30 months prior to their conviction.

- Recommend intensive supervision probation for offenders who have five or more prior convictions in the 30 months prior to their SACPA conviction. The higher supervision cost of this group is well justified given the risk of high-cost recidivism for this group. Enhancement in community supervision suggested would result in an increased cost of probation of approximately \$25 million.
- Improve systems integration across criminal justice agencies and drug systems within the counties.
- Optimize offender suitability, acceptance of the treatment alternative, and accountability.
- Increase offender's engagement and retention in, and completion of, drug treatment.
- Improve matching of severity of dependence to intensity of services, with broader and more accessible services for special populations.
- Develop collaborative methods to increase continuity of care and provision of aftercare.
- Establish a structure for strategic planning and continuing systems improvement.

III. Drug Court Partnership Programs

A. Program Development - Drug Court Partnership (DCP) Act

The Drug Court Partnership (DCP) Act (Senate Bill 1587, Chapter 1007, Statutes of 1998, Health and Safety Code Section 11970) provided \$7.5 million in state funding for drug courts to serve adult offenders. All counties were eligible to apply. Pre-plea* and post-plea† offenders and misdemeanants were eligible. The law specified that failure to complete the program would lead to filing charges and the sentencing phase.

B. DCP Restricted to Felons (2002 Amendments)

DCP was amended in 2002 to focus exclusively on convicted adult felons placed on formal probation (Assembly Bill 444, Chapter 1022, Health and Safety Code Section 11097.45). DCP funds could no longer be used to serve misdemeanants.

Program components:

- **Eligible offenders:** adult convicted felons
- **Pre- post-adjudication:** post-adjudication, placed on formal probation
- **Judicial supervision/intervention:** based on time in treatment and program phase

* Offenders are afforded a stay of prosecution if they participate in treatment

† Conviction is dismissed if offender successfully completes treatment.

- **Current funding levels:** \$7.6 million SGF for local assistance
- **Participating counties:** Currently there are 32 participating counties. (Originally there were 34, but two counties later opted out.)
- **Number served:** 4,164 offenders were participating in DCP (as of June 30, 2006)
- Funding distribution is based on a per capita methodology:
 - Large counties (population exceeding 750,000) receive \$400,000 base
 - Small counties (population less than 750,000) receive \$125,000 base

C. Evaluation (conducted FY 2005-06)

- 1,400 felons were admitted to the program.
- 475 participants successfully completed the program.
- Completers avoided 354,691 prison days (an average of 746 prison days per successful participant).
- 514 participants were terminated from the program.
- Terminated participants avoided 129,600 prison days (an average of 252 prison days per person).
- The exited participants (completed and terminated) avoided 484,291 prison days.
- The program had 4,164 participants (as of June 30, 2006)
- The participants who either completed or were terminated from the drug court program averted a total of \$22,335,500 in prison-day costs. (Total is based on the FY 2004-05 estimate of \$46.12 per day. FY 2005-06 estimates were not available.)
- Approximately \$7.6 million was appropriated for FY 2005-06.
- The ratio of prison costs averted for the exiting participants is 2.93 to 1 (based on the amount spent for July 1, 2005, through June 30, 2006).

IV. Comprehensive Drug Court Implementation (CDCI) Programs

A. CDCI Act

The Comprehensive Drug Court Implementation (CDCI) Act created an additional funding stream for state drug courts (Assembly Bill 1111, Chapter 147, 2000 Statutes, Health and Safety Code Section 11970.1-11970.4). The initial allocation amount was \$6.6 million. CDCI was originally designed to serve adult pre-plea and post-plea offenders and misdemeanants; and juveniles and parents of children who are detained by, or are dependents of, the juvenile court. (These participants appear in adult, dependency or juvenile drug courts.)

D. CDCI Restricted to Felons (2003 Amendments)

CDCI was amended in 2003 to focus exclusively on convicted felons placed on formal probation. Misdemeanants were no longer eligible to be served with CDCI funds. However, funding for juvenile and dependency drug courts was continued at the May 20, 2003, level.

CDCI adult felony drug courts were awarded an augmentation of \$2.3 million for a total of \$8.9 million. Additionally, the sunset date was extended to January 1, 2006.

B. Dependency Drug Courts (FY 2004-05 Amendments)

In FY 2004-05, \$1.8 million was made available to fund CDCI dependency drug courts. Federal funds were redirected from the Department of Social Services (DSS) to ADP for purposes of dependency drug courts. Nine (9) counties were funded by competitive bid process.

C. Sunset Date Removed (2006 Amendments)

The January 1, 2006, sunset date for CDCI was removed in 2006.

D. Additional CDCI Funding (2006 State Budget)

The 2006 state budget included additional funding for the CDCI adult felony drug court and dependency drug courts:

- CDCI adult felony drug courts were provided an additional \$4 million SGF to implement, enhance or improve services, for a total of \$12.9 million. The number of counties receiving CDCI adult felony funding, increased from 46 counties to 52 counties.
- CDCI dependency courts were appropriated an additional \$3 million SGF for counties not awarded a portion of the initial \$1.8 million. Counties were awarded a portion of this additional funding via competitive bid process. Currently, 17 counties receive a portion of \$4.8 million for dependency drug courts.
 - Program components:
 - Adult convicted felons
 - Juvenile drug courts
 - Dependency drug courts
 - CDCI differences from DCP:
 - Participant population includes juveniles and parents of children who are detained by, or are dependents of, the juvenile court

- 52 counties are CDCI funded; 32 counties are DCP funded
- CDCI sets a 15% cap for non-treatment related expenditures
- CDCI is funded on a Project Year basis (December 29 to December 28); DCP is on a fiscal year basis
- Funding is distributed at \$2,500 per million per capita methodology

E. Evaluation (conducted FY 2005-06)

Adult Felon Program: (The following adult felon data is solid, but does not include data from Plumas or Mariposa counties.)

- 718 participants successfully completed the program
- Completers avoided 537,417 prison days (an average of 748 prison days per successful participant)
- Participants averted a total of \$24,785,600 in prison-day costs. (This estimate is based on the FY 2004-05 estimate of \$46.12 per day. FY 2005-06 estimates were not available.)
- Approximately \$7,644,700 was appropriated for FY 2005-06

Dependency Drug Courts[‡]: The percentages in parentheses below show the percentages of counties reporting these data. (91% means only 1 county does not report the data.) Does not include data from Solano County. Less than 100% should be noted that not all counties collect these data.

- 860 adult participants who completed the program (100%)
- 1,305 participants in compliance with/or completed reunification plan (91%)
- 974 dependents were reunified with one or both parents (100%)
- Dependents avoided 37,708 days in foster care/guardianship (53%)
- Of the 53 babies born to female participants (91%), 50 were drug-free (94%)
- More than 96% of the 60,224 drug tests administered were negative (100%)

Juvenile Drug Courts[§]: The percentages in parentheses show the percentage of counties reporting these data. (91% means only 1 county does not report the data.) Does not include data from Santa Barbara or Trinity Counties; Nevada County (3rd and 4th quarters) and Shasta County (4th quarter). Less than 100% should be noted that not all counties collect these data.

- 121 participants successfully completed the program (100%)

[‡] Not all counties collect these data. These data should not be considered program totals.

[§] Not all counties collect these data. These data should not be considered program totals.

- 4,299 community service hours were completed by participants (84%)
- 71,058 juvenile hall or other custody days were avoided (72%)
- 3,770 days in CYA were avoided (51%)
- 10,774 days of group home or other custodial care were avoided (51%)
- Nine (9) babies were born to female participants, all 9 were drug-free(100%)
- Of the 10,687 drug tests administered, more than 87% were negative (100%)

F. Barriers to successful drug court programs and ADP responses

- More offenders could be referred into drug court programs, increasing state savings. Some courts and law enforcement are not supportive of a drug court approach.
- Some ethnic offenders are not being offered the option (by either their attorney or public defender) to participate in drug court in lieu of incarceration. Additionally, increased cultural competency among treatment providers could improve completion rates.

V. Parolee Services Network (PSN)

A. Statute or other authorizing event

The FY 1991-92 state budget authorized CDCR to enter into an interagency agreement with ADP to administer the Parolee Services Network (PSN). PSN operates to reduce recidivism and improve parole outcomes as evidenced by reduced alcohol- and drug-related parole revocations. The program exists to promote successful reintegration of parolees into society with clean and sober lifestyles.

Currently, CDCR provides \$11,183,092 to ADP, including \$10,706,567 in local assistance to counties, and \$476,526 for ADP state operations. This agreement provides for continued operation of the Parolee Services Network.

Those eligible for PSN services include men and women with addiction problems who are released from state prisons or on community parole.

PSN services are available to eligible persons who are paroled or supervised in these 17 counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Marin, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma.

B. Subsequent statutory changes

NA

C. How administered (CDCR/ADP)

ADP and CDCR collaborate on the Parolee Services Network project through Interagency Agreement.

D. Evaluation

The interagency agreement for PSN does not fund or otherwise include an evaluation component. Each year, ADP provides CDCR with a PSN Fiscal Summary Report that showcases each county and the number of parolees served and admitted. The FY 2005-06 report documents unduplicated services to 4,455 parolees. The average cost is \$2,402 per parolee for up to 180 days of treatment.

This rate of treatment program expenditures represents a fraction of the costs of incarceration in prison, resulting in a substantial net savings to the state for each PSN parolee client.

E. Barriers to successful programs and ADP responses

Case Management: Changes have been considered barriers to the program's success. (ADP has received many e-mails referring to this issue from the various counties involved).

With regard to general administration, CDCR solely handles the Bay Area Services Network (BASN) case management contract without ADP's involvement. Nevertheless, ADP contracts with CDCR to coordinate, manage, and monitor the agreements with 17 PSN counties through ADP's Net Negotiated Amount (NNA) and County Work Plan agreement.

In June 2006, a BASN case management contract expired. During a six-month period before the next contract became effective, counties instituted their own emergency protocol for case management services. ADP and CDCR worked closely with the PSN counties during this period. The two state offices continue to work with the BASN counties as they transition back to contractual provision of case management services by Center Point of Marin County.

ADP and CDCR have had meetings that addressed this issue. Because the program is jointly administered by two state agencies, it has consistently experienced issues directly related to the dual oversight. In the long run, ADP plans to work toward a more straightforward approach to case management, one that will allow full integration of PSN into ADP's treatment services system.

VI. Female Offender Treatment Program (FOTP)

A. Statute or other authorizing event

The Budget Act of 1992-93 authorized funding for the FOTP. Eligible clients are women with addiction problems who have been released from state prisons. ADP provides funding through the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Total local assistance funding to the four counties is \$644,640.

FOTP provides up to six months (180 days) of alcohol and drug treatment or recovery services to female parolees in the four counties. The treatment capacity is 30 beds among the four counties.

The goals and objectives of FOTP are as follows:

- Provide a continuum of community-based alcohol or drug abuse treatment and recovery services to female parolees in the four FOTP counties.
- Improve female parolee outcomes as evidenced by fewer drug-related revocations and related criminal violations.
- Support the parolee's reintegration into society by encouraging a clean and sober lifestyle.
- Reduce SGF costs for incarceration and parole supervision.

B. Subsequent statutory changes

NA

C. How administered (CDCR/ADP)

FOTP is administered jointly by ADP and the county alcohol and drug program office in each of four participating counties: Los Angeles, Orange, Riverside, and San Bernardino.

D. Results of evaluations

Data associated with the FOTP may be available through ADP's recently developed CalOMS reporting system, but is not yet available.

162 women were served by FOTP in FY 2005-06.

State savings: The cost per each woman served (\$3,979 for up to 180 days) of treatment compared favorably with the costs of incarcerating 162 women for 6 months inside a state prison.

E. Barriers to successful programs and ADP response

The only barrier to a more successful program has been the small size of the program and the historical tendency for FOTP to be operated as a minor program. It cannot command the resources and attention that is associated with larger, high-visibility programs. In spite of this, funding continues and women do continue to receive benefits from the treatment received.

With the recent installation of ADP's former director to a high-level AOD treatment and recovery development position at CDCR, we believe that long-term prospects for fully integrating and expanding these services are excellent.

VII. Driving-under-the-Influence (DUI) Programs

A. Enactment of legislation

In 1978, drinking driver programs were implemented throughout California because of SB 38 (Chapter 890, Statutes of 1977). Previously, penalties for drinking drivers were infrequently imposed, and there were no provisions for convicted drinking drivers to address their alcohol-related problems. This approach sought to ensure that mandated DUI penalties were enforced while “constructively coercing” convicted multiple DUI offenders into treatment programs.

B. Subsequent key statutory changes

AB 541 (1981)	Illegal blood alcohol content (BAC) level established at .10 percent. Programs for first offenders established at county level.
SB 1344 (1989)	Established ADP as the licensing authority for first offender programs and extended the 12-month program to 18 months for multiple offenders.
SB 1365 (1987)	Established the 30-month multiple offender program.
SB 408 (1990)	Lowered BAC to .08 percent.
SB 1176 (1999)	Established the wet reckless program (education component only).
AB 1916 (1999)	Required counties to implement an assessment program.
AB 762 (1999)	Established six-month programs for first offenders with a BAC of .20 percent or higher.
AB 803 (2001)	Established programs for 18-20 year olds: <ul style="list-style-type: none">• Education only program for first offenders• 3-month program for second offenders
AB 1353 (2006)	Increased the six-month program to nine months for first offenders with a BAC of .20 percent or higher.

C. How administered

The county board of supervisors, in concert with the county alcohol and drug program administrators, determines the need for DUI program services and recommends applicants to the state for licensure. ADP licenses programs, establishes regulations, approves participant fees and fee schedules, and provides DUI information.

D. Program Components

Offender Eligibility. The DUI programs are for those convicted of a wet reckless, first or subsequent DUI offense. Those convicted must complete this

program to have their driver license reinstated by the Department of Motor Vehicles (DMV).

Adjudication. It is recommended that DUI offenders enroll in a state-licensed DUI program post-adjudication rather than pre-adjudication to avoid any confusion in enrolling in the incorrect program.

Court supervision. The level of court supervision varies county by county. Some judges have a higher level of interest and follow-up with the offenders' enrollment and progress in the DUI program. However, post-conviction driver license sanctions are taken by DMV administratively. As of September 2005, the court no longer has authority to suspend the offender's driver license. DMV has sole authority to suspend, revoke, and reinstate the driver license.

Eligible counties. All counties are eligible to provide DUI program services. Currently only Alpine and Glenn counties do not provide these services.

Number of participants. DUI programs had 132,771 enrollments statewide in FY 2005-06.

Funding. DUI programs are self-supporting based solely on participant enrollment. They do not receive any special funding to support their services. All participants are required to pay for their services, except those that are receiving or eligible to receive general assistance.

E. Evaluation

In 2004, there were 177,056 DUI arrests in California. Additionally, state statistics show the following:

- Of 4,120 people killed in traffic crashes, 1,643 fatalities were the result of alcohol.
- Alcohol-involved traffic fatalities decreased 21 percent from 1993 to 1996.
- Alcohol-involved traffic fatalities dropped 57.3 percent since 1988.

VIII. The future for substance-abusing criminal justice offenders

A. Program barriers/responses

- State-funded programs for offenders are not integrated into a single continuum based on the criminal justice history and substance abuse problem.
- Not all counties offer adult felony and dependency drug courts. If more counties offered these services, state and local savings could be realized through reduced incarceration and other costs.
 - Through technical assistance, ADP will identify and help counties overcome barriers.
 - ADP will educate counties on the benefits of drug courts.
- California has “one size fits all” programs. Low-risk offenders and high-risk offenders can be under the same programs, based on the crimes committed.
- California has no assessment – no “triage” tool - to determine the needed level of criminal justice supervision/intervention – possibly wasting state funds on excessive or inadequate programs.

B. Response (per Doug Marlowe)

- A criminal justice continuum of care could assure that offenders receive the appropriate level of drug treatment and court oversight. If offenders fail under one level, a continuum could provide for placement in higher levels of supervision and/or more intensive treatment.
- ADP proposes pilot program in 17 counties

Program components:

- eligible offenders and types of offenses: probationers
- pre- or post-adjudication
- assessment/triage for criminogenic risks and needs to determine level of judicial supervision/intervention
- adaptive approach -