

Sonoma County

**Substance Abuse Crime Prevention Act
(SACPA)**

**Three-Year Status Report
2001-2004**

*Sonoma County Department of Health Services
Alcohol and Other Drug Services Division
May 10, 2005*

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Introduction

The Sonoma County Department of Health Services, Alcohol and Other Drug Services Division and the county SACPA Steering Committee are pleased to present a three-year status report of the Substance Abuse Crime Prevention Act of 2000 (SACPA). This status report contains findings from the first three-years of program implementation, FY 01-02, FY 02-03, and FY 03-04. The specific information found in this report includes, key events in program implementation, client demographics, data on the referral process through placement in treatment, preliminary outcomes of those successfully completing treatment, and financial information based upon the annual state required report¹.

I. Background

On November 7, 2000, Californians passed Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA) by 61%. Effective, July 1, 2001, SACPA made substantial changes to both the criminal justice system and the substance abuse treatment system. The resulting modification of Penal Code 1210 mandates that any person convicted of the following shall be offered diversion into a licensed or certified community-based drug treatment program:

- a first or second nonviolent drug possession offense,
- being under the influence of a controlled substance and
- any probationer / parolee who is determined to have committed a nonviolent drug possession offense, or violated any other drug-related condition of probation / parole;

The State Department of Alcohol and Drug Programs (ADP) is the administrator of the funding for California counties. In addition, ADP is charged with developing and enforcing supporting regulations, conducting a statewide evaluation, providing technical assistance to counties in their implementation efforts, and collecting treatment and financial management information.

Locally, the Sonoma County Board of Supervisors designated the Department of Health Services, Alcohol and Other Drug Services Division as the lead agency to implement SACPA. In addition, a Steering Committee comprised of the lead agency, County Administrator's Office, Courts, District Attorney, Public Defender, Probation Department, Sheriff's Department, Human Services Department/Workforce Investment Board, and Information Systems Department meets monthly to develop the SACPA plan as required by ADP and to determine local policy issues.

¹ *Case Management Client Counts and Characteristics report for Fiscal Period: July 1, 2002 - June 30, 2003 and County Expenditure report for Fiscal Period: July 1, 2002 - June 30, 2003* on file at the Alcohol and other Drug Services Division, Sonoma County Department of Health Services.

II. Program and client process

Sonoma County has established a single court to adjudicate and monitor all SACPA eligible cases. A court team comprised of the Judge, Public Defender, District Attorney, Probation, and AODS SACPA staff is present for every morning court calendar. The court team has established a process in compliance with state regulations that applies a standard clinical assessment tool to determine the most appropriate level of service and treatment plan within 30 days of sentencing. The court sets the terms of probation and establishes a schedule for future progress reports.

Referrals can also come through the Parole's Community Services Division. SACPA has a provision for parolees who violate the conditions of their parole and may be eligible for the program. These parolees may be referred directly to the SACPA office or be processed through the single court.

The service delivery system consists of a variety of community based alcohol and drug treatment providers that provide a continuum of care, whereby clients may move from one level of care to another depending on participation, relapse potential, social supports and other factors that influence progress. A continuum of treatment services are offered to address the range of client treatment needs: education, out-patient, day habilitative, residential, narcotic replacement, and detoxification services. In addition, ancillary services (literacy and GED services, vocational and employment services, clean and sober housing, family counseling and mental health counseling) are offered either directly by the treatment providers or through established linkages with providers in the community. As mandated by statute, the total treatment episode shall not exceed 12 months with up to an additional 6 months of aftercare services.

Once a client has satisfactorily completed his/her treatment plan, a notification to Probation/Parole and the Courts is sent pursuant to federal confidentiality regulations. At the end of treatment, the client may petition the Court for dismissal of charges. The Court has the discretion to set aside the conviction or continue the defendant on court/formal probation. The client can re-state his/her request in the future if denied at that time.

Conversely, the treatment program will report program violations under the provisions of SACPA to the Courts, Probation and/or Parole. For a first or second program violation, the client will be re-assessed for clinical and treatment modifications, as well as for risk to self or community. Each case will be reviewed individually for treatment amenability. If the client is found not amenable to treatment, he/she is subject to traditional sentencing which may provide for jail or state prison time.

III. Key Events in Program Design and Implementation

The following highlights provide a review of key events that are significant to the implementation of the SACPA program:

- A single court is dedicated to manage all cases under Penal Code 1210 with the first calendar of cases on July 2, 2001.
- Senate Bill 223 is signed by the Governor, effective October 11, 2001 providing funding for drug testing utilized by SACPA programs as a clinical tool for SACPA clients. This funding is stable providing an average of \$121,000 annually over the past three years.
- SACPA is coordinated with other criminal justice diversion and treatment programs administered by the county Alcohol and Other Drug Administration. The coordinated programs include: SACPA, DEJEP/PC 10000, Bay Area Service Network (BASN) serving parolees, Treatment Alternatives to Street Crime (TASC), and Drug Court. Each program has distinct funding sources, specific eligibility criteria and variations in treatment approaches.
- Provider and public input on SACPA program services, budget and outcomes are obtained through the monthly Alcohol and Other Drug Services Provider meeting and Alcohol and Other Drug Services Advisory Board meetings. In addition, the SACPA Steering Committee hosts quarterly public meetings, beginning in September 2002.
- Capacity of treatment services is continually monitored by the clinical staff at SACPA. Waiting lists for residential services are maintained and expansion of residential services has grown from seven to 25 beds over the three years.
- Staffing of SACPA grew from 5.0 FTE to 7.5 FTE to keep up with the number of active clients requiring supervision and case management services.
- With the addition of one Probation Officer in FY 03-04, the ratio of Probation Officer to formal probationer was reduced from 1:182 (January 2003) to 1:102 (July 2004).
- A client fee schedule was approved by the Board of Supervisors at the end of FY 01-02. Client fee revenues grew from \$2,910 in FY 02-03 to \$20,352 in FY 03-04.
- Utilizing a conservative fiscal management approach, the lead agency developed a budget projection through FY 05-06 to assure a balance in the distribution of SACPA funds supporting case supervision, clinical assessments, treatment and case management services. The lead agency and Steering Committee projected that fluctuations in client referrals and repeat clients would affect caseload projections and balanced this against the cost of providing assessment, case management, supervision and community-based treatment.

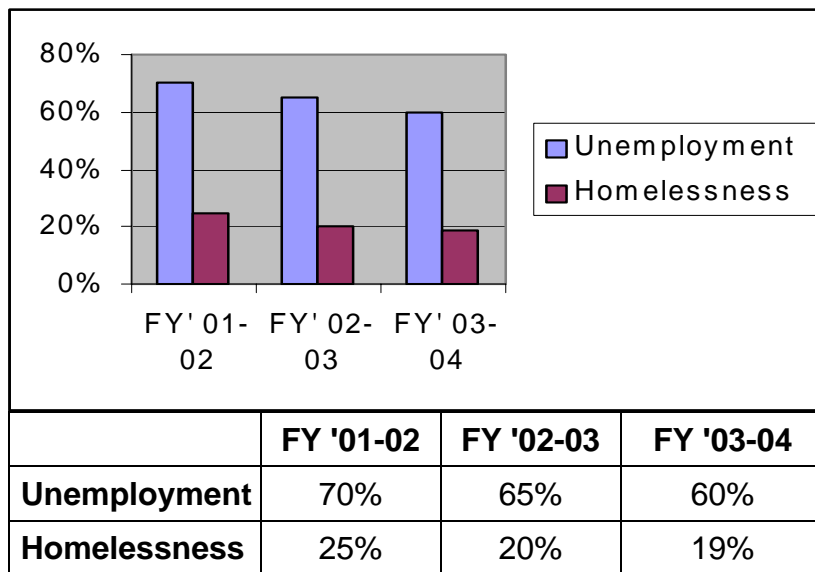
- The annual SACPA allocation to Sonoma County decreased from a high of \$1,783,542 in FY 02-03 to \$1,687,180 in FY 03-04 (5.5% decrease). The allocation for local treatment services was maintained at 79% of the total budget.
- In FY 02-03, the Probation Department and the Alcohol and Other Drug Services Division piloted the Passpoint drug screening system, utilizing technology that scans eye reactions. The Alcohol and Other Drug Services Division preliminarily reported that the number of urinalysis was reduced by 80%.
- Beginning in FY 03-04, The Parole and Community Services Division replaces the Board of Prison Terms as having responsibility for parolee referrals and case management in lieu of the Board of Prison Terms. The goal is to increase parole referrals to SACPA.
- The SACPA Steering Committee develops court procedures to increase efficiencies in managing SACPA clients and the increase in cases on daily calendar. For example, procedures were established to minimize court appearances for those defendants who have multiple charges. In addition, the court began to review cases that had completed court ordered drug treatment and were eligible to have their case(s) dismissed. By June 30, 2004, 323 SACPA participants had completed treatment and the court had dismissed their case(s).

Client Demographics

Over the three years of SACPA implementation, the demographics of SACPA participants did not change significantly from year to year. The average age of participants was 36 years with a majority being in the age range of 31-45 years old. The majority of participants were consistently male (72%), a higher male population than other studies of criminal justice programs.

Slightly better than 75% of the participants were Caucasian, with 13.5-15% of the participants self-declaring their ethnicity as Hispanic/Latino. Consistent from year to year, the most frequently cited drug of choice was methamphetamine (50%), followed by marijuana (36%).

Socioeconomically, the homelessness and unemployment status reported by clients at intake improved over the three years with the unemployment status decreasing from 70% of the SACPA population to 60% of the population at intake. The adjoining table provides the specific percentages of clients reporting an unemployed status and homelessness at intake for each of the three years.



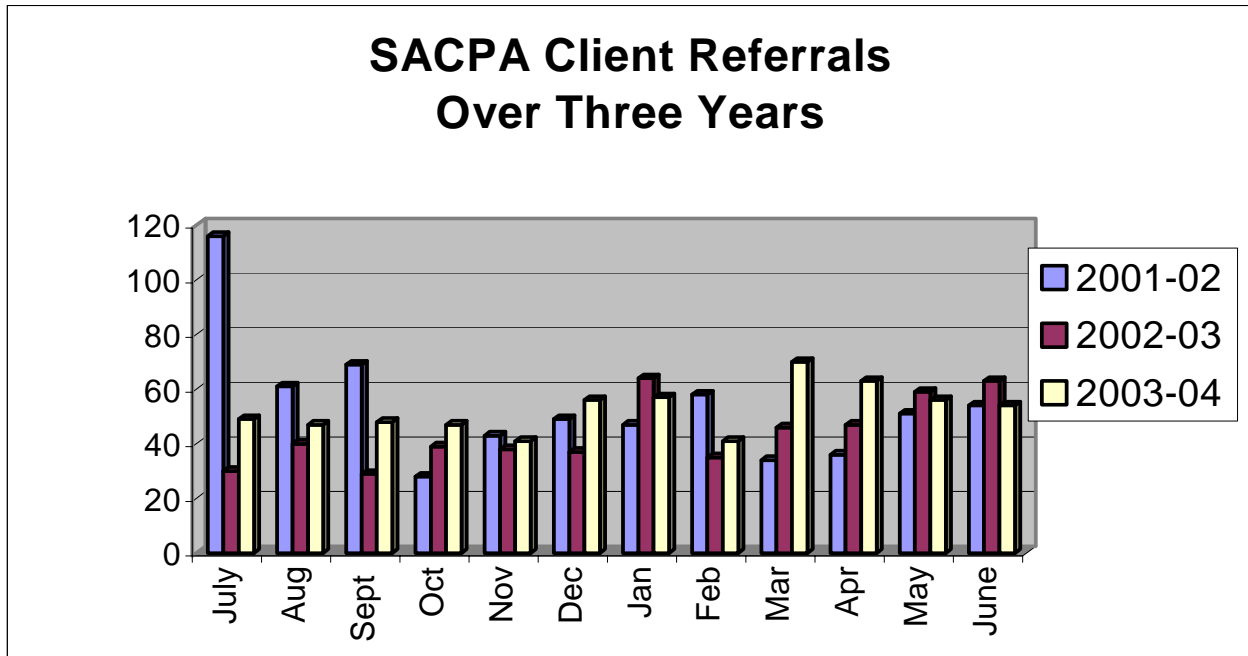
Comparison of Local to State Demographics

The characteristics of SACPA clients in Sonoma County compared to those compiled from state aggregate data have striking similarities. Like Sonoma County, the drug of choice for SACPA clients statewide was methamphetamine, however, the aggregate statewide data indicated that cocaine/crack was the second drug of choice. Similar to Sonoma County, men accounted for the majority (72.7%) of SACPA clients. Statewide, about half (48%) were non-Hispanic Whites, with 31.4% reported as Hispanic. Finally, the average age of SACPA clients statewide was 35 years comparable to Sonoma at 36 years.

V. Referrals, Intakes and Assessments

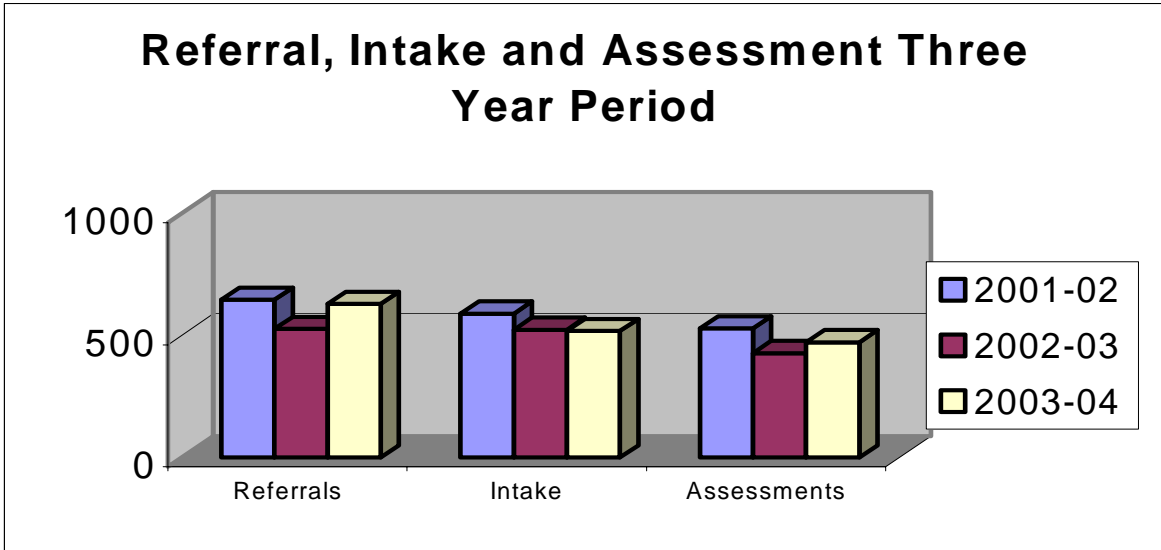
Client referrals to the SACPA program are primarily from the Sonoma County courts with a much smaller percentage of referrals from State Parole and from other counties. Over the three years, the number of monthly referrals varied widely. Beginning in July of 2001, 116 referrals were made to SACPA, largely attributed to judicial system's anticipation of the advent of SACPA. Over the three years, referrals ranged from a low of 28 to a high of 70. The second year of implementation (FY 02-03) experienced the lowest number of referrals with an annual total of 527 (monthly average 43.9) compared to Year 1 (FY 01-02) with 646 referrals (monthly average 53.8) and Year 3 (FY 03-04) with 629 referrals (monthly average 52.4).

These fluctuations may be influenced by various factors including re-referrals of clients who dropped out of SACPA treatment, and increase in parole and out-of-county referrals. In FY 03-04, court referrals (88%) accounted for the majority of referrals, with Parole representing 4.5% and out-of-county referrals representing 6.5% of the total.



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	TOTAL
2001-02	116	61	69	28	43	49	47	58	34	36	51	54	646
2002-03	30	40	29	39	38	37	64	35	46	47	59	63	527
2003-04	49	47	48	47	41	56	57	41	70	63	56	54	629

SACPA clients are generally scheduled for an intake 2-3 days after court/parole referral. Of those clients completing an intake, a clinical assessment is scheduled within 5-7 business days. The success rate for clients completing intake and assessment ranged from 82% to 75% with the lowest success rate experienced in FY 03-04. This may be attributed to the number of clients who were previously unsuccessful in their SACPA participation and were referred to the program for a second or third time. For example, in FY 02-03, of the 18% that did not complete a clinical assessment, 7% declined treatment and 11% did not show for their appointment.



	Referrals	Intake	Assessments	Completion Rate
2001-02	646	589	529	82%
2002-03	527	524	427	81%
2003-04	629	518	472	75%

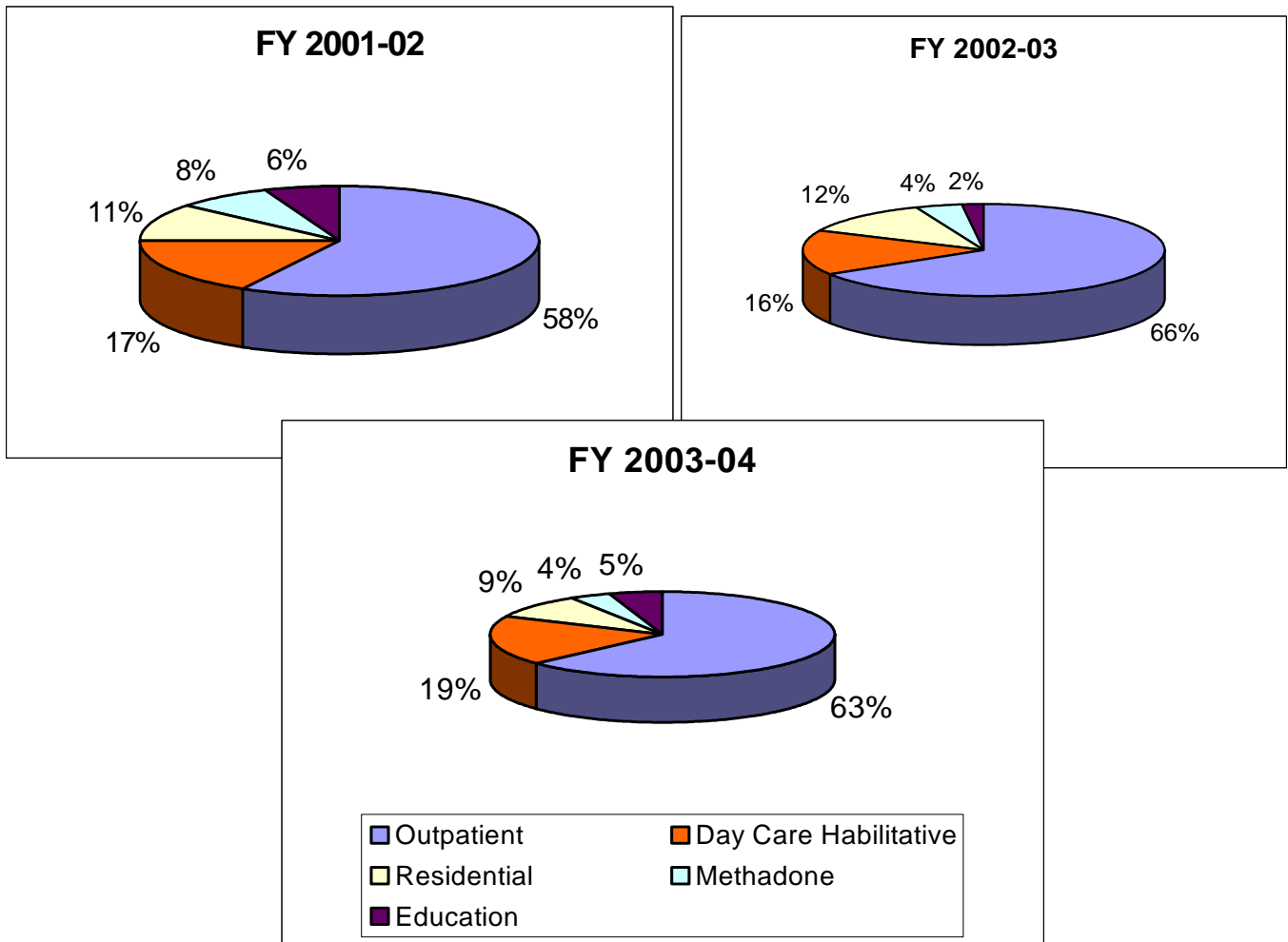
The completion rate of Sonoma County clients is comparable to the findings of the statewide evaluation report conducted by UCLA² where 85.4% of the offenders who chose to enter SACPA completed their clinical assessment. Adjusting Sonoma County's numbers for FY 02-03 and reducing the referral number of 527 by the 7% who declined SACPA services (37 individuals), Sonoma County has an 87% completion rate for FY 02-03.

² "Evaluation of the Substance Abuse and Crime Prevention Act, 2003 Report", prepared by Integrated Substance Abuse Programs of the University of California Los Angeles for the Department of Alcohol and Drug Programs, California Health and Human Services Agency, September 23, 2004.

IV. Client Placement in Treatment

Over the first three years of SACPA program implementation, 1380 participants have been placed into alcohol/drug education or treatment. Compared to the statewide average, Sonoma County recorded a slightly better rate of participants placed in treatment with an average of 76.6% over the three years, with 98% of participants entering treatment in FY 03-04. Statewide, 71.4% of the clients who agreed to participate in SACPA entered treatment.³

The majority of clients are consistently placed in outpatient treatment, accounting for 58 - 66% of the treatment placements. Statewide, 84.1% were placed in outpatient drug-free programs. The second and third most common placement is in day care habilitative (intensive outpatient services) and residential services accounting for 16-19% and 9-12% of the total placements. In Sonoma County, 56% of the clients report to be entering treatment for the first time, slightly higher than the state's data reporting about half.

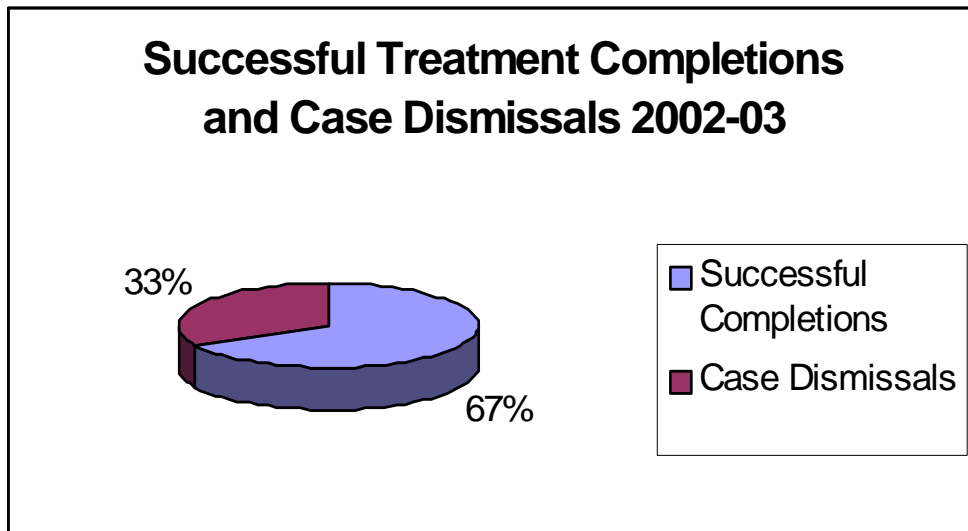


³ "Evaluation of the Substance Abuse and Crime Prevention Act, 2003 Report" by UCLA, Integrated Substance Abuse Programs.

V. Clients Successful in Completing Treatment

Over the three years, 361 clients successfully completed treatment on or before July 9, 2004 representing 26% of all clients who entered treatment. Although this figure is lower than the statewide average (31%), this figure does not account for the remaining clients placed in FY '03-04 and still in treatment.

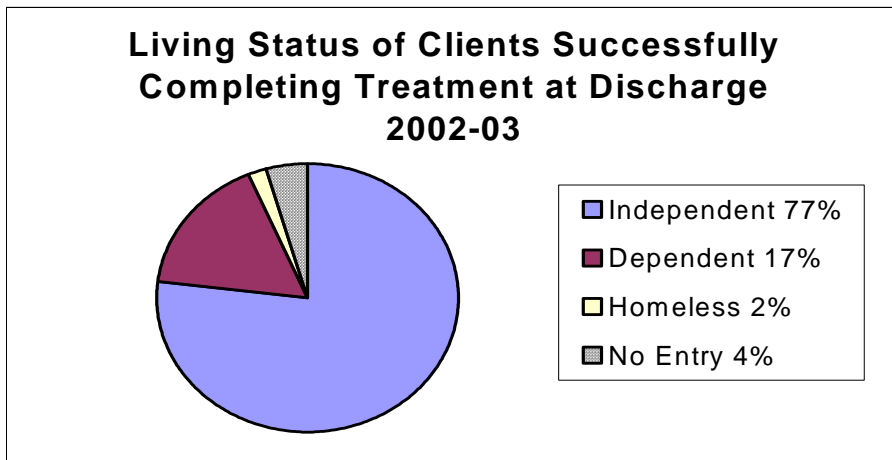
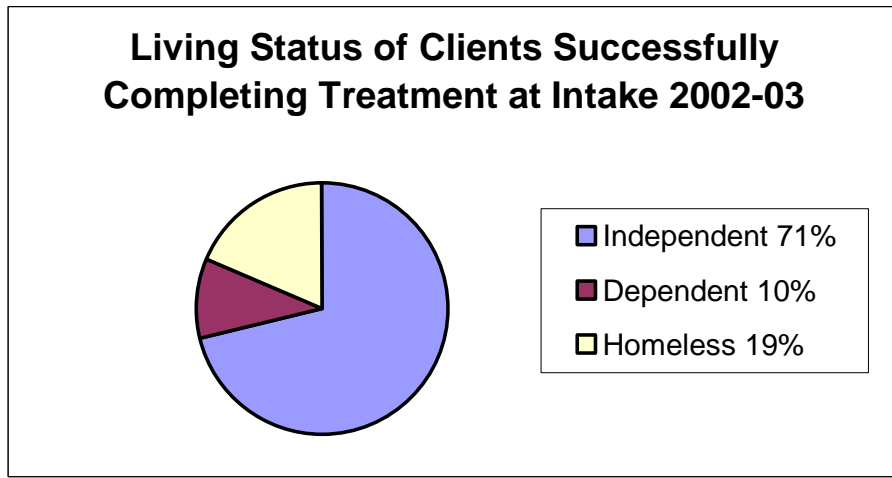
In FY '02-03, the court established a procedure to begin reviewing cases where the defendant had completed SACPA treatment and a petition had been filed to dismiss charges. During the two years this procedure has been in place, the court has dismissed cases of 323 participants (89.5% of those who have successfully completed treatment). The remaining participants have been continued on formal or court probation for additional supervision.



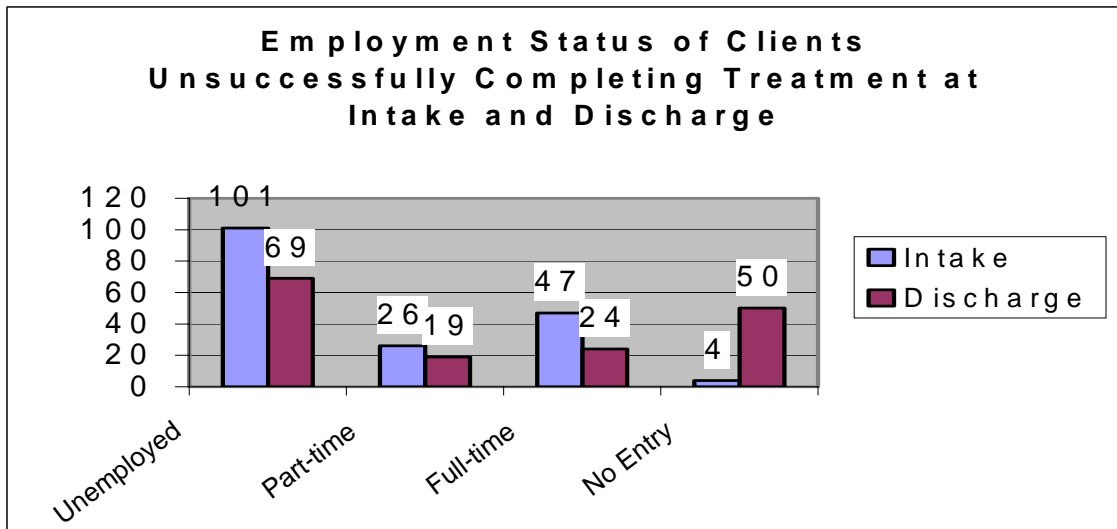
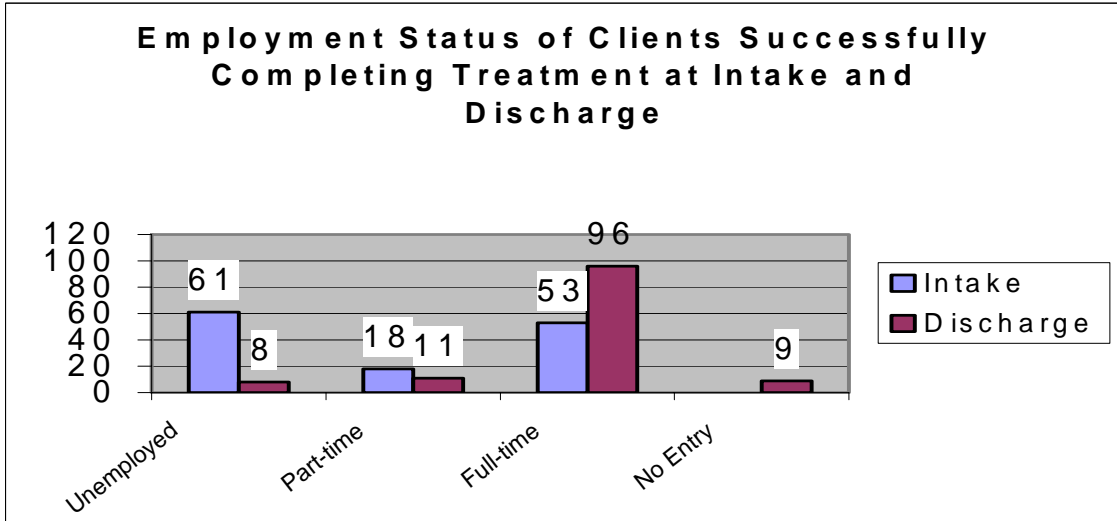
Current data from the Alcohol and Other Drug Division's information system, DATIS, was used to profile the demographics, service utilization and discharge status of successful clients. On average, female clients are more successful in completing treatment than their male counterparts. The client who successfully completes treatment is an average of 38 years old, with a high school education or higher. The successful client was more likely to be enrolled in outpatient drug treatment services and received ancillary services, such as job training or mental health counseling.

VI. Client Outcomes - Living Status and Employment

Treatment outcomes of FY 02-03 indicate that participants who successfully completed treatment improved their housing and employment status compared to those who did not successfully complete treatment. For example, clients who successfully completed treatment reported increases in independent and dependent living situations by 6% and 7% respectively. Furthermore, this group of clients who successfully completed their treatment reported a decrease in homelessness. Due to 4% of clients not reporting at discharge, the percentage improvement ranges between 9 and 17%



Similarly, employment status of those completing treatment in FY 02-03 improved. Comparing the employment status of those successfully completing treatment at intake with employment status at discharge indicates both a decrease in reported unemployment and an increase in reported employment.



Of the participants who successfully completed treatment in FY 02-03, 49% reported as unemployed at the beginning of treatment. By the end of their treatment episode, only 6% were reported to be unemployed. Furthermore, 43% reported they were working full-time at time of intake with an increase to 77% reporting full-time employment status at discharge. These figures are in contrast with those who did not successfully complete treatment where only 12% improved their employment status.

VII. Client Outcomes - Jail Bed Day Savings

Utilizing data from DATIS (Alcohol and Drug data system) and IJS (Criminal Justice data system), a study was conducted to examine the recidivism of SACPA clients into the local county jails. Two groups were compared: 1) individuals who were eligible for SACPA, but received no intervention⁴ and 2) individuals who successfully completed their SACPA drug treatment. This study indicates a lower recidivism for the group of individuals who successfully completed their SACPA treatment on both the number of individuals returning to jail and the amount of days spent in jail post intervention.

Each group contained a sample of 136 individuals. Data was pulled on the number of days spent in jail one-year prior to SACPA eligibility determination and one-year post SACPA eligibility determination. The following table compares the number of days spent in custody pre- and post-SACPA intervention for the two groups.

	Days in custody one year prior to SACPA eligibility	Average days per defendant (N=136)	Days in custody one year post SACPA eligibility	Average days per defendant (N=136)
No intervention	4743	35	11,423	84
Successful completion	3549	26	907	7

As illustrated by the data above, the cohort who successfully completed treatment had a lower rate of jail bed days spent prior to their eligibility determination as compared to the group who received no intervention. In addition, the average number of days in jail decreased dramatically for the group who successfully completed, while the average number of days for the group receiving no intervention increased more than 200% of their days one-year prior.

A further examination of the post-SACPA data indicates that within the group with no intervention, the 11,423 days in custody were attributed to 81% of the group (110 individuals) having spent an average 104 days in custody. This is a striking contrast to the group who successfully completed where 45% (61 individuals) spent an average of 15 days in custody.

	Day in custody one-year post SACPA eligibility	Served jail time post-intervention
No intervention	11,423	81% (n = 110)
Successful Completion	907	45% (n = 61)

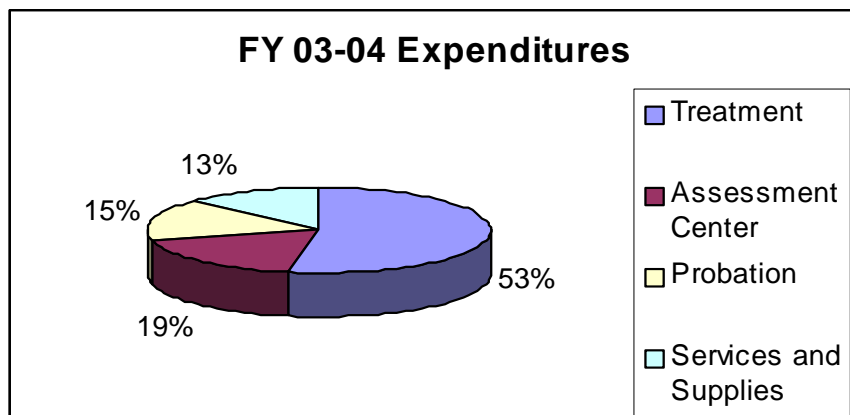
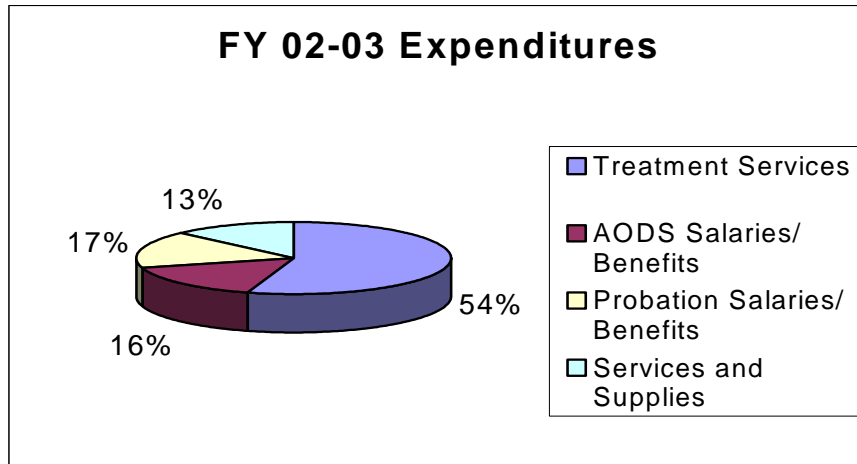
⁴ Individuals eligible for SACPA may not have received treatment for the following reasons: refused treatment, did not show up for appointments and are out on warrant status, transferred to another county, or transferred to another alcohol/drug program in Sonoma County.

VIII. SACPA Allocation and Expenditures

In the first year of SACPA, Sonoma County was awarded an annual allocation based upon arrest rates, treatment enrollment rates and population size of the county. In FY 02-03, the Department of Alcohol and Drug Programs reviewed the allocation formula and adjusted the weight given the three criteria. This adjustment resulted in minor fluctuations in the local SACPA allocation.

SACPA Annual Allocation		Percent change
FY 01-02	\$1,701,268	NA
FY 02-03	\$1,783,542	+ 4.6%
FY 03-04	\$1,687,180	- 5.4%

In FY 02-03 and FY 03-04, treatment services consistently accounted for over 50% of the SACPA expenditures. The allocation for the SACPA assessment center remained around 17% with probation/supervision decreasing slightly from 17% to 15%. Services and supplies remained consistent at 13% of total expenditures.



IX. Conclusion and Future Challenges

Sonoma County has maintained a strong collaboration between the judiciary, criminal justice and drug treatment to provide treatment options for individuals eligible for the SACPA program over the first three years of implementation. The typical profile of a SACPA client was a Caucasian male 37.5 years of age, unemployed or not in the workforce, and using methamphetamine. From FY 01-04, just over 1800 referrals were made to the SACPA assessment center and 1380 clients enrolled in drug treatment. Most clients were referred from the courts (95%) and placed in outpatient drug treatment (66%), though a significant portion of clients (28%) were enrolled in residential or day habilitative programs, receiving more intensive treatment. The average treatment episode was 285 days with 56% of the clients experiencing treatment for the first time.

Client and program outcomes have been positive with improvements in living status and employment status for those who have successfully completed their treatment. Furthermore, SACPA clients who successfully completed treatment had a significantly lower number of days spent in jail (907 days) after discharge compared to those individuals who had no SACPA intervention (11,423 days).

The greatest challenge facing the SACPA program is maintaining treatment capacity and the program infrastructure that has been built beyond FY 05-06. State funding is authorized through FY 05-06 and various groups are drafting legislation to provide for continued support of the program.

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