

Substance Abuse & Crime Prevention Act - Proposition 36

Executive Summary

- **Introduction & Program Overview**
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Year One Report

The Substance Abuse and Crime Prevention Act of 2000 - Proposition 36 became effective July 1, 2001. The intent of the Act is to provide drug offenders who meet a specified criteria the opportunity to benefit from drug treatment and rehabilitation. The goal of the Act is to break the cycle of drugs and crime by substituting an effective treatment alternative that is strictly enforced by the Court. Working as a team, Sacramento County Courts, District Attorney, Public Defender, Probation, Health & Human Services Departments and Treatment Providers developed and have implemented the Sacramento Proposition 36 Drug Treatment Program. The Department of Health & Human Services, Alcohol and Drug Services Division, is the lead agency for the Program. The Act provides State funding to California Counties to operate the drug treatment programs. Sacramento County's allocation for FY 2001-02 was \$4.3 million.

This Year One Report focuses on the accomplishments of the Program in terms of the design, implementation, supervision and treatment system processes which have been developed for Sacramento's Proposition 36 Program. The Year One Report addresses the referral, treatment service, and treatment retention objectives identified in the County's Program Evaluation Plan. A range of statistical data has been prepared which examines offender characteristics and treatment retention utilizing a number of variables. The System impact and participant outcome data, including criminal recidivism information, is being developed for next year's Evaluation Report.

Introduction

The decade of the 1990s saw an unprecedented growth in jail and prison populations throughout California. With this growth, it is generally recognized that incarceration has become expensive and almost all those incarcerated are released back into the community. More importantly, the use of illicit drugs is a driving factor in the growth of inmate population in both county jails and California prisons.

With California voters approving Proposition 36, the Substance Abuse and Crime Prevention Act of 2000, greater access to drug treatment is being introduced on a large scale for substance-involved adult offenders. The Act makes significant changes in criminal justice and drug treatment systems. The Act offers counties the opportunity to create flexible program models that integrate both criminal justice and rehabilitative treatment to provide coordinated sanctions, rewards, and services for individuals convicted of possession or drug use offenses. The Act is structured to serve as a catalyst for local treatment and criminal justice professionals to use their combined skills and resources to modify traditional treatment delivery systems to promote recovery and reduce criminal behavior among drug-involved offender populations.

Treatment is the core component of the Proposition 36 Act. The provisions of the Act recognize that most addicted probationers and parolees need treatment to maintain a drug-free and productive lifestyle. The Act provides other flexibility by recognizing that while substance abuse treatment should be delivered according to "best practices" as supported by research on treatment effectiveness, local programs

operate in environments which are often characterized by differing goals and perspectives of the larger treatment and justice systems.

Proposition 36 makes available another mechanism for county criminal justice systems to provide treatment for drug-involved offenders while minimizing the use of incarceration. By providing a new strategy for linking supervision and treatment, the Act can hold offenders and both the justice and treatment systems accountable through ongoing local oversight and team management of treatment services.

For the Sacramento justice system, the impact of illicit drugs has been dramatic, particularly on law enforcement, County Jail facilities, and the Court system. County-wide, drug offenses have been making up an increasing percentage of all yearly law enforcement arrests. The increased number of arrestees has placed a strain on Court dockets and has contributed to crowding in the County's adult detention facilities. The situation has worsened over time because of high rates of recidivism for drug offenses and violations of probation or parole among adults booked into the County's Main Jail.

Prior to the implementation of Proposition 36, adult drug arrests in Sacramento County ranged between 6,465 and 9,018 a year. In 2000, the County justice system processed the highest number of offenders arrested in a single year for felony and misdemeanor drug law violations (9,018). More importantly, just prior to Proposition 36, more adults each year were being arrested for drug crimes in comparison to the number arrested for property, weapons, or violent crimes against persons offenses in the County. Sacramento drug arrests have increased at 4-5 times the rate of growth of drug arrests throughout California. During the ten-year period between 1991 – 2000, the drug arrest rate in Sacramento County increased 41.1% while state-wide drug arrest rates only increased 5.1%.

The impact of increasing drug arrests on Sacramento's justice system is also evident in the numerous planning projects and studies which examined offender incarceration trends and County Jail overcrowding issues throughout the decade of the 1990s. The largest of these studies showed that 18.6% or one out of every five felony arrestees booked into the Main Jail and subsequently convicted were arrested for drug violations. The majority of drug-involved offenders arrested and booked into the jail system in the study were detained for possession, sale, or illegal transport of methamphetamines (64.8%) or possession / possession for sale of cocaine / heroin (20.0%).

Historical jail profile studies conducted by the Sheriff's Department have revealed that one out of every five pretrial and sentenced inmates in Sacramento County were jailed for drug law violations. On a typical day, an average of 467 inmates were detained because of a drug use or sale crime. Convicted male and female drug offenders were serving sentences ranging from and average of 89 to 143 days. These jail profiles have also shown an exceedingly high recidivism rate among drug offenders. On the average, these offenders had been arrested and booked into the jail system 6.4 times over a seven year period.

The number of arrestees who test positive for illicit drugs is also high. Since 1993, according to the National Institute of Justice (NIJ), Arrestee Drug Abuse Monitoring (ADAM) Program, the percentage of adult male arrestees in Sacramento County testing positive for any illicit drug has ranged from 66.9% to 73.0%. In addition, significant numbers of both women and men are testing positive for more than one drug. Among the ADAM testing sites in 2000, Sacramento's positive drug test rate of 73.0% ranked #3 of the 27 national sites. Confirmatory urinalysis tests indicated the highest methamphetamine use among the 27 test sites was in Sacramento County. The 2000 ADAM data also indicated that 14.3% of the Sacramento County male detainees who tested positive reported heavy drug usage during the 30 days preceding their booking into the jail system. Nearly one out of ten (8.8%) reported participating in a substance abuse treatment program during the previous year. Between 30.4% and 53.9% of the sample male detainees reported binge and/or heavy alcohol consumption during the 30 days prior to their booking into the Main Jail.

Prior to Proposition 36, few convicted drug offenders were court-ordered into treatment programs. Analysis of Court disposition data between 1998 - 2000 of adults arrested and convicted in Sacramento

County for felony drug crimes showed that the Court's response to substance abuse users usually resulted in some form of County Jail or State prison incarceration. The combined composite profile for these convicted offenders showed nearly six out of every ten drug-involved offenders, for example, were sentenced to a grant of probation concurrent with a commitment to the County jail. Another one out of four convicted offenders were sentenced to the California Youth Authority or Department of Corrections (CDC). About 1.2% of the convicted felony defendants were sentenced to a straight jail term, and only 0.8% received some type of alternative disposition.

Despite the complexity of Proposition 36 regulations and the brief start-up period – Sacramento's Program has been designed and implemented quickly and efficiently. Due in large part to the collaboration between County drug treatment and criminal justice systems, the model Sacramento has pursued in the implementation of the new law places a heavy reliance on involvement of representatives from these systems in meeting regularly to deal with emerging issues. The working relationship and basic attitude of this partnership has focused on developing mutually beneficial solutions when problem-solving treatment, supervision, and other implementation processes.

Bringing Justice & Treatment Services for Offenders Year One Accomplishments

- Sacramento justice agencies, Health and Human Service Departments & community-based treatment organizations have forged a working partnership to expand local support and enhance the overall effectiveness of the Proposition 36 Program.
- Agreements have been formalized detailing areas of responsibility, services provided, and mechanism for information exchange among Sacramento Courts, and local Probation / Parole agencies, and treatment community.
- Ongoing policy-making forums among court, correctional representatives, and community service providers are held to address common concerns and issues.
- Cross-training covering a wide array of case management issues and criminal justice concerns is conducted on an ongoing basis for treatment professionals and paraprofessionals working with the Program.
- The Program is able to provide linkages to assure effective communication across the entire correctional system, including community-based agencies, for transmitting information and coordinating services.
- Relevant assessment and treatment information is shared with corrections and treatment organizations providing service to participants.
- Combined case planning is accomplished among probation / parole and counseling / treatment agencies when working with the participants.

The Sacramento Proposition 36 Program is fully operational and eligible drug offenders are being referred from Court or Parole, and are being assessed and admitted into treatment rather than jail or prison. Members of the planning groups have worked in concert to improve the Program's referral processes, treatment delivery systems, community supervision, and Court case tracking procedures. The collaborative effort has also produced a monitoring and long-term evaluation strategy which is underway and examines Program implementation, treatment retention, and other participant outcomes as well as system impacts and cost offsets over time.

The commitment, cooperation, and daily coordination from Sacramento's Criminal Justice agencies and the various Health and Human Services, Treatment Providers, and County Executive's Office has been extremely positive. Each of these groups have provided important guidance and direction in the initial implementation planning. They continue to provide advice, support, and assistance to extend and improve quality treatment to the drug offenders receiving services through the Program.

Program Overview

The Sacramento County Superior Court, District Attorney, Public Defender, Probation Department, Board of Prison Terms (BPT)¹, working with community treatment providers and County Health and Human Services Departments began implementing the Sacramento Proposition 36 Drug Treatment Program on July 1, 2001. Nine Alcohol and Drug Services (AOD) staff are assigned to the Program including a full-time Coordinator who is responsible for monitoring the delivery and overall quality of treatment. The Probation Department has assigned a full-time Senior Supervising Probation Officer who oversees the day-to-day field supervision work of six Probation Officers and clerical staff who only handle Proposition 36 caseloads.

Probationers and parolees are referred for Proposition 36 services in three ways. Most often, participants are court-ordered to appear at the Probation Department on the day the participant is deemed eligible for services. If this is not feasible, participants are to appear at the Probation Department the following day. Additionally, the Board of Prison Terms (BPT) directly refers eligible parolees for assessments and treatment placement. Sacramento residents arrested and convicted in other Counties can also be referred.

The Program provides comprehensive treatment to both adult male and female offenders. The Program has established dedicated services in addition to using ancillary services that are external to the Treatment Program. The treatment includes clinical assessments, resource referrals, substance abuse outpatient counseling, Methadone, detoxification, residential treatment, 12-Step fellowship meetings, and drug testing. Treatment plans are tailored to meet individual client needs. The Program addresses ethnic, cultural issues, health and HIV concerns, as well as other special needs of the target population. The Treatment Providers use cognitive behavior approaches that address specific criminal tendencies and rehabilitative needs of probation and parole populations. The Program has developed informal relationships and linkages with several established external providers in the community who can attend to the multiple needs of the probation / parole offender populations.

All participants receive an assessment completed by an AOD counselor to evaluate the best treatment match for the participant. The counselor also completes an ancillary screening to assess for literacy, vocational, family counseling, mental health, and health services. Staff prepare a Service Plan which is faxed to the service providers and schedule initial treatment intake appointments. Probation concurrently completes a risk assessment to evaluate the most appropriate level of supervision. The Department also conducts a drug test to help minimize denial or under-reporting of substance involvement on the part of participants.

The AOD staff who conduct the preliminary screenings have backgrounds and/or have received training on (a) substance use, abuse and dependency, (b) availability of alcohol / drug treatment programming in Sacramento County, (c) basic/motivational interviewing techniques, (d) street drugs and local terminology, (e) signs and symptoms of mental health problems, and (f) risk factors for HIV/AIDS and other communicable diseases. The screening staff have also received training in criminal justice issues, court policies and procedures. AOD has also instituted a one-hour structured orientation for referrals. During the orientation, staff provide handouts showing (a) participant guidelines, (b) Program brochure, (c) Program overview, (d) staff phone lists, (e) office locations, and (f) Alcoholics Anonymous (AA) and Narcotics Anonymous (N/A) meeting directories. The orientation is presented utilizing a Powerpoint presentation (Navigating the Waters of Proposition 36) which is specifically geared to probation and parole referrals.

The Program integrates drug treatment with justice system case processing to provide access to a full continuum of drug and other related treatment services. The treatment is offered to participants based on the results of the initial AOD assessment and application of treatment matching criteria. The treatment

¹ The Board of Prison Terms (BPT) and the California Department of Corrections (CDC) have recently established revised referral procedures which designate the California Department of Corrections Parole Division as the primary referral source for referring eligible parolees for assessments and placement into Proposition 36 treatment.

includes a three-level multi-disciplinary approach to substance abuse services that encompasses traditional and innovative interventions. The three levels include (a) Level I: Core Outpatient Services, (b) Level II: Core Intensive Outpatient Services; (c) Level II(a): Methadone (Detox and Maintenance); and (d) Level III: Residential and Detox Treatment Services.

Key Program Elements Established For the Treatment Program

Assessment

- Sacramento's Proposition 36 Program has developed and implemented a standardized comprehensive process for assessing needs appropriate to the probation / parole offender population.
- The assessment occurs at the earliest possible stage and throughout their involvement with the Drug Treatment Program.
- The assessment information is used for offender's treatment and service plans which are continually reassessed and modified to ensure that the plan meets the person's changing needs.

Treatment

- The Proposition 36 treatment is readily available and includes a range of services from drug education to intensive counseling. Counseling and other behavioral therapies are critical components of the treatment.
- The Program has developed individualized, multi-disciplinary treatment plans that address the full range of supervision, control and rehabilitation.
- The Program provides targeted counseling programs for special needs populations, including offenders with co-existing mental disorders.
- The Program uses an integrated staffing approach to deliver treatment which includes incentives and sanctions to increase offender's motivation for treatment.
- Frequent urinalysis testing to document progress in recovery or relapse is an integral part of the Program.
- The Program provides education and treatment for relapse prevention and uses self-help groups as an adjunct to the drug treatment and aftercare programming.

The three levels of treatment occurs through licensed and/or certified providers. For Level 1 and Level II treatment, three well-established treatment providers (The Effort, Mexican American Alcoholism Program and National Council on Alcoholism and Drug Dependence, Inc.) are a collaborative which provide for outpatient services to participants. Level II(a) Methadone treatment is provided by Bi-Valley Medical Clinic, Inc. Level III treatment consists of detoxification and residential treatment. Three providers are used for detoxification and six providers are used for residential treatment. In addition, other community based programs are available for participants in need of specialized services (i.e. perinatal residential). Upon completion of Level III, participants are referred for Level II treatment services.

Level I Core Outpatient Services are usually for individuals who have sufficient social resources and no serious medical or psychiatric impairment. Level II and II(a) Intensive Outpatient and Methadone Treatment is for probationers and parolees who have failed with prior brief interventions or for whom a more intensive intervention seems warranted but not in the costly structured environment of a residential setting. Level III Residential Treatment is reserved for probationers and parolees with few social resources and those living in an environment that is a serious impediment to recovery. Detoxification services are retained for those individuals in need of close supervision and/or medical monitoring to ensure their safety while withdrawing from drugs.

In designing the Program's treatment component, it was recognized that treatment needed to be readily available. Referrals needed to be identified and promptly admitted because the motivation to participate in treatment and change substance use patterns fluctuates in individuals, particularly in convicted offenders. As a result, treatment needed to be readily available to capitalize on motivational opportunities. It is often much more difficult to engage offenders in treatment if motivation is diminished by delays in accessing services. Through the Program, treatment and justice personnel collectively make the decisions regarding treatment placement, with both clinical and justice points of view taken into consideration. Admission into the core treatment programs typically occurs within one week of the AOD screening and probation / parole risk assessment.

Substance abuse can effect numerous aspects of a person's life. Drug offenders may have health problems, concurrent mental health disorders or symptoms, and social problems that extend to employment, inter-personal relationships, criminality, and beyond. Many offenders are impoverished and some may lack the skills needed to function effectively in society. Also, many drug-involved offenders have experienced physical and sexual abuse (as victims or as perpetrators), domestic violence, housing instability, and other problems that may significantly impede progress toward recovery if not addressed. In addition to having access to various levels of treatment (i.e., residential and outpatient) and Program approaches (i.e., self-help and other therapies), the Program has developed a substantial number of other ancillary services that are made available to probation and parole participants. These services are pivotal to recovery because the Proposition 36 Drug Treatment Program is structured to attend to the multiple needs of offender populations, not just drug use.

The ancillary services (literacy training, vocational counseling, family counseling, mental health services, health services) are incorporated into case plans and provided both on- and off-site. Additional County resources are used for treatment and ancillary services for those participants that meet eligibility requirements. The Program employs staff to provide mental health, family counseling and health services. Mental health and family counseling services are provided by employees who hold a Masters Degree in either Social Work or Psychology and are receiving supervised hours towards State licensure. A Senior Public Health Nurse divides her time between the three core provider sites to administer health services to participants. Literacy and vocational services are subcontracted through the core outpatient AOD providers with Crossroads Employment Services.

Referrals for family counseling are received through AOD staff, Probation Department, or outpatient treatment providers. Family counseling is viewed as a critical component for success and is focused at assisting the participant in learning to increase their communication and interpersonal skills.

For both the core treatment programs (outpatient, Methadone, residential, etc.) and ancillary services, the staff continually attempt to provide culturally competent programming as part of the regular treatment regimen. Linkages for other specialized services with external providers are continually developed by the AOD staff and Program Coordinator. Providing services that are relevant to diverse populations is seen as an important aspect in engaging and retaining clients in treatment and promoting recovery.

The Program conducts a mental health screening as part of the preliminary assessment process. This is done so that specialized services can be considered for participants with both AOD problems and mental health disorders. The Program Coordinator has developed specific guidelines for these "dual diagnosis" participants. For individuals identified as needing a "dual diagnosis" assessment, a process has been established for the detox / residential and outpatient treatment sites. Clients recommended for a medication evaluation first must receive a physical exam. The Program's Mental Health Counselor will schedule the physical. After a client has been medically cleared, the Mental Health Counselor will also schedule the medication assessment. Any client in crisis due to mental health issues is taken to the Sacramento County Mental Health Center.

Program Completion Goals and Requirements

SACPA participants must meet seven treatment goals to be considered successful in fulfilling Treatment Program:

- Attend and participate in the intake and exit interview.
- Attend and participate in all scheduled treatment activities.
- Complete all required program assignments.
- Complete the aftercare program, unless waived.
- Submit to all required drug tests.
- Abstain from both alcohol and other drugs as mandated by the treatment provider.
- Make up all allowed Program absences.

In addition, overall Program completion must include:

- Participation in entire program for a minimum of twelve (12) months.
- Completion of treatment plan.
- Payment of all applicable fines and treatment co-pays.
- No arrests during the program, which result in convictions.
- Maintain a minimum of three (3) consecutive months of negative drug tests.
- Be employed or actively involved in an education or employment training program.
- Maintain compliance with terms of Probation/Parole.

Completion is based on the client's clinical performance and is subject to individual case review.

One of the benchmark characteristics of Sacramento's Proposition 36 Program is the emphasis that is placed on public safety and accountability. This occurs through the probation and parole supervision activities that are an integral part of the treatment model established from the inception of the Program. Ongoing monitoring and oversight of each participant is provided primarily through an established risk assessment and case management process which is designed to link offenders with services, track progress, and promote continued involvement and treatment. The core case management work is directed at ensuring that individual offender's treatment and service plans are continually assessed and modified so that the treatment will meet the person's changing needs. Case management activities start at the initial screening and assessment and are vital components of every aspect of the Program.

The bridge between justice and treatment services is represented through close case monitoring and the Program Information Notices (PINs) that Probation and AOD staff have implemented involving key aspects of the Drug Treatment Program. The PIN process has established the basic policies and procedures associated with the Program. Many of the PINs focus specifically on case management activities between treatment and justice professionals. One key aspect of the case monitoring involves the utilization of Multi-Disciplinary Team staffings (MDT). The MDT process is a critical aspect of case management activities because they are intended to provide (a) ongoing assessment of participant progress and needs; (b) to coordinate referrals to services in addition to primary treatment; (c) to provide

structure and support for individuals who typically have difficulty using services even when they are available; and (d) to ensure communication between the court and the various service providers.

Weekly MDT staffing occurs on all cases that are scheduled for a court appearance. Probation, Treatment Providers and AOD staff attend the staffings. During the review, the participant's original treatment plan is examined, as well as attendance and need for ancillary services. The MDT staffing process is intended to help participants continue with their treatment program. Particular attention is focused on identifying barriers to treatment that are not the result of the level of treatment the individual is receiving (e.g., transportation, child care, etc.). Where necessary, additional mental health or relapse prevention group referrals are made. The results and recommendations of the MDT staffing are documented and given to Probation and the Court.

Drug testing is also considered a critical component for probation and parole referrals to achieve overall treatment and programmatic success. Treatment Providers, Probation Officers and Parole Agents conduct drug testing. Testing is both random and observed. The frequency of drug testing is dependent upon risk indicators and progress in treatment. Information is exchanged between all parties. Balanced weight is given to drug tests results in conjunction with progress in treatment and compliance with Probation/Parole supervision requirements.

The Program stresses the need for offenders to maintain accountability and financial responsibility for offsetting the operating cost of the treatment component. Referrals are required to pay client co-pay fees. A sliding co-fee scale is used to accommodate indigent and low income participants. The co-pay fee is charged for intakes, assessments, individual and group sessions as well as individual and group aftercare meetings.

From the inception of the Program, the participating agencies strongly felt that the Program needed to report success rates and justify their expenditures to funding sources. The agencies also wanted a comprehensive data system that tracks referral characteristics using criminal justice and treatment measures. Working through a local software development firm, the Program has instituted the Automated Treatment Information System (ATIS). ATIS is a web-based information system to manage Proposition 36 client information, specifically geared for treatment providers. The core ATIS system can be modified for individual user groups as needed. The version of ATIS created for Sacramento County is known as SC.ATIS. SC.ATIS first went online in June of 2001, just when Proposition 36 went into effect. SC.ATIS currently serves the four major Sacramento County Treatment Providers in several locations around the Sacramento metropolitan area. Because ATIS uses the Internet as a data transportation vehicle, providers with access can obtain secured SC.ATIS information from wherever they happen to be located. Currently, thousands of clients are in the Proposition 36 system in the Sacramento area and are all being managed using SC.ATIS.

Treatment Service and Retention Trends

During Year One, a total of 1,714 individuals were referred to the Proposition 36 Drug Treatment Program. Most of the referrals have come from the Court (1,621 or 94.6%). This includes parolees with new arrests. An additional 93 (5.4%) referrals came from the Board of Prison Terms (BPT).

An average of 143 individuals are being referred to the Program on a monthly basis. Overall, the criminal history of the participants is far more severe than anticipated during the planning process. The majority of participants have prior felony convictions and only 10.7% have no prior convictions.

Like the need for greater probation supervision, treatment needs are higher than anticipated. Results of the initial AOD assessment shows that 30.7% of referrals need Level I services (3 month outpatient). Program-wide, 757 (53.7%) require Level II(a) services (6 month outpatient). Another 6.4% or 90 individuals needed Methadone treatment. A total of 130 (9.2%) individuals were assessed as requiring Level III treatment which included residential, detoxification or day treatment.

Drug tests are an integral part of both treatment and supervision. At the end of Year One, a total of 4,688 drug tests had been administered by Probation. Nearly 61.3% (2,872) tested negative for drugs. Among the positive tests, the results showed that 52.6% involved methamphetamines.

In addition to the drug tests that the Probation Department conducts, the outpatient Treatment Providers also use drug testing in their Program. When the two test results are combined, a total of 6,031 drug tests occurred between Probation and the Treatment Providers during Year One. The majority of the test results were negative (58.8%). A separate analysis conducted for the 4,688 probation drug tests shows that over time, the longer a participant remains active in treatment, they will experience fewer positive drug tests. This is also true for Methadone maintenance referrals.

Through Year One, a total of 1,409 individuals had completed initial AOD assessments. This represents approximately 82.2% of those referred. A total of 1,235 individuals have entered treatment. This represents 87.7% of those with completed initial AOD assessment and 72.1% of those referred to the Program from either the Courts or Parole. Program-wide, nearly six out of every ten referrals who complete the AOD assessment follow through with the Program orientation and are actively participating in treatment. A total of five participants have completed their treatment program and were graduated.

During the Program planning stages, it was anticipated 50.0% of the probation and parole referrals who participate in treatment would complete the Program and an additional 25.0% would remain in treatment 90 or more days. The Year One Report clearly shows the Proposition 36 Drug Treatment Program has been successful in retaining participants in treatment. The data shows the targeted treatment retention outcomes originally established for the Program are being met through the first year implementation period. Currently, 55.9% of the referrals who enroll in treatment are still actively receiving services. Equally significant, the Year One data shows that over 54.0% of all participants who start treatment have remained in the Program 90 or more days. Even participants who fail to complete the Program are participating an average of 92 days.

The data points out three generalizations about Program populations that are important. First, the CADDs data shows the drug offender population in the Proposition 36 Program are older offenders who have been abusing drugs for nearly 20 years. The Sacramento Proposition 36 Program is clearly reaching this population because this group has the highest mean number of days in treatment of any age group receiving services (149 days) and the percent receiving treatment 90 or more days is also higher than other age groups (59.6%).

Secondly, the treatment retention information shows that African-Americans have the lowest mean number of treatment days (112 days) and they drop out of the Program quicker than any other ethnic group (68 days).

Third, the data shows that the Proposition 36 Program is able to retain most offender populations irrespective of the severity of their prior conviction record. Although Level V Criminal History Severity Index referrals (one or more serious or violent felony convictions) drop out of treatment after 81 days and Level II misdemeanor convictions only drop out after 107 days of treatment, the differences are not significantly different across the offender groups.

Another indication of the successful progress of offenders who are referred to the Sacramento Proposition 36 Drug Treatment Program is shown in the disposition / outcome of all calendar cases processed through hearings in the Proposition 36 Superior Court. These hearings involve initial referrals and progress reports back to the Court from the Probation Department. Throughout Year One, nearly 53.4% of the hearings showed that Proposition 36 offenders were in compliance and doing well in the Program. About 18.8% of the participants received a violation of probation (VOP) and another 16.2% failed to appear at their scheduled Court hearing and the Court issued a Bench Warrant. Since the inception of the Program, the Court has deleted 8.9% of the Proposition 36 referrals supervised through the Sacramento Probation Department.

Year One Treatment Service Trends

- Number and type of Referrals: 1,714
 - 87.8% Probationers
 - 12.2% Parolees

Selected Participant Characteristics

- Gender:
 - 68.0% Male
 - 32.0% Female
- Average Age of Participants: 37 years
- Only 29.6% of participants are employed
- Primary Drug Problem:
 - 11.1% Opiates
 - 54.2% Methamphetamines
 - 11.9% Cocaine
 - 13.2% Other Drugs
 - 9.6% Alcohol
- Criminal History Severity Index:
 - Level I: 10.7% No prior convictions
 - Level II: 23.3% Misdemeanor convictions only
 - Level III: 28.5% 1 or 2 felony convictions, but no serious/violent convictions
 - Level IV: 22.1% 3 or more felony convictions, but no serious/violent convictions
 - Level V: 15.5% 1 or more serious or violent felony conviction

Treatment Retention Rate

- 55.9% of participants enrolling in Program are actively participating in treatment

Program Expenditures

- Total Year One Expenditures: \$3,164,493

The Year One Monitoring Report shows that Sacramento's Proposition 36 Program is achieving the referral and treatment retention objectives established during the planning process. The data does show, however, a need for the Program to identify additional steps that can be taken to address the low treatment retention rate among African-American participants. The data also indicates that because of the employment / vocational needs and lack of basic life skill competencies among the probation and parole referrals, further programming should be considered in these areas.