



Drug Court Partnership

A Collaboration of

**The Judicial Council of California and The
California Department of Alcohol and Drug Programs**

Drug Court Partnership Act of 1998, Chapter 1007, Statutes of 1998 Final Report

Prepared by

**The California Department of Alcohol and Drug Programs and
the Judicial Council of California, Administrative Office of the Courts**

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*This report is based upon a technical analysis provided by
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EXECUTIVE SUMMARY

Background

The first structured drug court began in Dade County, Florida in 1989. During the 1990s drug courts emerged to provide a meaningful alternative to incarceration in jail and prison for substance-abusing offenders. Subsequent drug courts developed as a result of a nationwide grassroots effort led by the courts. In California, the first drug court began in 1993 in Oakland. Currently, California has more than 146 drug courts, and 50 of the 58 counties contain at least one.¹

In a drug court, the judge heads a team effort that focuses on sobriety and accountability as primary goals. Drug courts include such elements as early identification and placement in treatment; access to a continuum of drug treatment and rehabilitative services; a non-adversarial approach; and regular and ongoing judicial monitoring. Drug courts in California have been a strong partner with treatment programs since their inception. To enhance and support the drug court movement in California, the Drug Court Partnership (DCP) Act of 1998 established the DCP Program (SB 1587 (Alpert) Chapter 1007, Statutes of 1998). There are 34 counties operating the DCP Program pursuant to this Act.

Purpose

The purpose of this report is to present the results of the DCP evaluation, which was conducted to demonstrate the cost-effectiveness of the drug courts participating in the program.

Summary of Findings

The findings presented reflect data collected between January 2000 and September 2001. Findings that reference participants who complete drug court are referring to participants who successfully completed the drug court program. The key findings in the evaluation of drug court participants in the DCP Program are as follows:

- The participants had long histories of drug use and multiple incarcerations, as well as serious social difficulties, including homelessness, unemployment, and limited education.
- Participants who successfully completed the program improved substantially in all areas, showing decreased drug use and re-arrest, as well as improvement in employment and education.
- Other areas of social functioning also improved, including acquisition of stable housing and increased family involvement.

¹ Administrative Office of the Courts, January, 2002.

Characteristics of Drug Court Participants upon Entry

The evaluation indicates that upon entering drug court, participants were predominantly hard core substance abusers who had long drug-use histories, low educational achievement, high unemployment, and significant arrest histories.

- More than 70% used drugs for five or more years, with more than 40% using drugs for more than ten years prior to entering drug court.
- Only one-half (52%) had a high school diploma or its equivalents, and very few (13%) had any college education.
- Sixty-two percent were unemployed.
- On average each participant had been arrested twice and had one incident of conviction and incarceration in the two years prior to entering drug court.

Safer Communities

A substantial number of drug court participants (approximately 3,000) completed the program during the study period. Review of the collected data indicates that participants who successfully completed the program, as compared to the aggregate of all entering participants during the study period, had very low re-arrest, conviction, and incarceration rates for the two years after admission to drug court.

Rates of Arrest, Conviction, and Incarceration

- The arrest rate for participants who completed drug court is 85% less during the two years after admission than the arrest rate for those entering the program during the two years prior to entry.
- The conviction rate for participants who completed drug court is 77% less during the two years after admission than the conviction rate of those entering the program during the two years prior to entry.
- The incarceration rate for participants who completed drug court is 83% less during the two years after admission than the conviction rate of those entering the program during the two years prior to entry.
- While in drug court, participants engaged in low levels of drug use as indicated by high rates of negative urinalysis in comparison to their prior drug-use histories.

Better Lives

The evaluation assessed individuals' improvement in their own lives and family status after they successfully completed drug court. The results are summarized below:

- Seventy percent were employed when they completed drug court.

- Eleven percent obtained a General Education Diploma or high school diploma; 8% obtained a vocational certificate; and 1% completed college.
- Twelve percent had transitioned from homelessness and gained housing.
- Twenty percent obtained driver's licenses and car insurance.
- Twenty-eight percent retained or regained custody of their children; 7% gained child visitation rights; and 8% became current in their child-support payments.
- Thirty-one percent were reunited with their families.

Over the life of the study, participants also protected their unborn children from drug exposure:

- Ninety-five percent of all babies born while their mothers participated in drug court were drug-free.

Cost Avoidance and Cost Offset

The evaluation also assessed the cost effectiveness of drug courts in terms of avoided incarceration costs and cost offset by participants' payment of fees and fines.

- A total of 425,014 jail days were avoided, with an averted cost of approximately \$26 million.
- A total of 227,894 prison days were avoided, with an averted cost of approximately \$16 million.
- Participants who completed paid almost \$1 million in fees and fines imposed by the court.

Fourteen million dollars in DCP Program funds,² combined with other funds that supported California drug courts, allowed a cost offset and avoidance of approximately \$43 million.

Conclusions

After successful completion of drug court, participants showed significant improvement in the quality of their lives and positive involvement in their communities as compared to the aggregate of all entering participants during the study period. There was less criminal activity and greater involvement in positive social and familial relations.

- The DCP Program served a population that has relatively low educational achievement, high unemployment, and lengthy drug abuse histories.

² Based on projected funding for seven quarters January 2000-September 2001.

- The DCP Program demonstrated the cost effectiveness of drug courts through averted incarceration costs and participants' payment of fees.
- The participants who successfully completed drug court had very low re-arrest, conviction, and incarceration rates for the two years after admission to drug court.
- The participants who successfully completed drug court obtained driver's licenses, found jobs, improved their educational levels, and re-established family relationships.
- The participants who successfully completed drug court, not only improved their own lives but also conditions for their children, significant others, and other family members. Through their taxable earnings and participation in the economy, these participants also gave back to California.
- Drug use during program participation was very low.

BACKGROUND

History of Drug Courts

In the past two decades, jail and prison systems in the United States have experienced unparalleled growth, much of it attributable to drug-related crime. From 1980 to 1997 the number of persons incarcerated in state prisons for violent offenses doubled, the number incarcerated for nonviolent offenses tripled, and the number incarcerated for drug offenses increased almost eleven-fold (1,040%).³ The majority of these increases occurred during the 1990s.

Early efforts to address drug issues in court systems were undertaken between the 1950s and 1970s, when a few courts dedicated themselves to addressing drug cases. Incarceration alternatives, such as diversion programs and treatment as a condition of probation, were designed to meet the needs of the growing and more diverse offender population. However, these programs had limited supervision, varied in approach and structure, and did not seem to stem the growth in jail and prison populations.

Drug courts were a new approach and represented a significant departure from traditional court practice. Drug courts are a specially designed court calendar, the purposes of which are to achieve a reduction in recidivism and substance abuse among offenders and to increase their likelihood of successful return to the community through early, judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other continuous rehabilitation services. Drug courts transform the roles of both criminal justice practitioners and alcohol and other drugs treatment providers. The judge heads a team effort that focuses on sobriety and accountability as primary goals.⁴ Because the judge works to keep participants engaged in treatment, treatment providers can effectively focus on developing a therapeutic relationship with the participant. In turn, treatment providers keep the court informed of each participant's progress, so that rewards and sanctions can be provided.

The first structured drug court began in Dade County, Florida, in 1989. Several early drug courts were developed on the model of the Miami Drug Court in Dade County, and their experiences were described in *Defining Drug Courts: Key Components*.⁵ The ten key components are: early identification and placement in treatment; access to a continuum of drug treatment and rehabilitative services; a non-adversarial approach; regular and ongoing judicial monitoring and interaction with participants; defendants' increased accountability through a series of graduated sanctions and rewards; frequent mandatory drug testing; a coordinated response to participants' compliance; and a

³ Beatty, P, Holman, B, and Shiraldi, V. (2000) Poor Prescription: The Costs of Imprisoning Drug Offenders in the United States. Washington D.C.: The Justice Policy Institute. Data was obtained from the Justice Department's Bureau of Justice Statistics, California Department of Corrections, National Corrections Reporting Program.

⁴ Belenko, S. (1998). Research on drug courts: A critical review. The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵ Drug Courts Program Office, supra note 1

partnership between treatment providers, probation, law enforcement, the courts, and community-based organizations.

Subsequent drug courts emerged as a result of a judicially led nationwide grassroots effort.⁶ The movement has been supported by a federal Drug Court Programs Office (DCPO), which promulgated practice standards, in addition to dedicated professional associations such as the National Association of Drug Court Professionals (NADCP) and training institutes like the National Drug Court Institute (NDCI). There are currently over 700 drug courts operating in all 50 states, and an additional 400 are being planned.⁷ The majority of drug courts serve adults and use the post-plea or post-adjudication approach.

The first California drug court began in 1993 in Oakland. California currently has more than 146 drug courts, and 50 of the 58 counties contain at least one.⁸ Over 30 California counties have more than one drug court; the Superior Court of Los Angeles County has 11 adult drug courts.⁹ There are approximately 91 adult drug courts, 34 juvenile drug courts, 21 dependency drug courts, and 7 family treatment drug courts.¹⁰ Although all drug courts are based on the original “ten key components,” courts vary in approach in terms of program length, design, use of single or multiple treatment providers, and degree of probation involvement. They also vary in the populations they serve (such as adults, juveniles, families, and the mentally ill).

Drug Court Partnership Act of 1998

Legislative Mandate

To enhance and support the drug court movement, the State of California established the DCP Program through the DCP Act of 1998 (SB 1587 (Alpert) Chapter 1007, Statutes of 1998).¹¹

The Act states:

... the DCP shall be administered by the Department of Alcohol and Drug Programs for the purpose of demonstrating the cost-effectiveness of drug courts operating pursuant to Sections 1000 to 1000.4, inclusive, of the Penal Code, and for any defendant who has entered a plea of guilty and is on active probation. The department shall design and implement the program with the concurrence of the Judicial Council.

⁶ Belenko, S. (Summer, 1998). *Research on Drug Courts: A Critical Review*. National Drug Court Institute Review, 1(1), 1-42.

⁷ National Drug Court Institute, 2001

⁸ Administrative Office of the Courts, January, 2002.

⁹ Substance Abuse Research Consortium (SARC) presentation, Tajima, Guydish, et al 2001.

¹⁰ Administrative Office of the Courts, January 2002.

¹¹ Section 11970 of the Health and Safety Code

The Act also states:

... The Department, in collaboration with the Judicial Council, shall create an evaluation design for the DCP that will assess the effectiveness of the program.

In response to these requirements, the Department of Alcohol and Drug Programs (ADP) and the Judicial Council undertook the evaluation to assess the effectiveness of the DCP Program. The first legislative report (*Interim Report on DCP Act of 1998*) was submitted March 2000. This final report discusses the program's cost effectiveness. In addition to the data directly demonstrating the effectiveness of drug courts, other types of data, such as demographics, were also collected.

Partnership Entities

Under the terms of the DCP Act, ADP and the Judicial Council have defined roles and responsibilities in the administration of drug courts. ADP, the state administrative agency for California's substance abuse treatment system, provides support, guidance, and a funding mechanism for the treatment system supporting the drug courts. The Judicial Council, as the policy making body for California's judicial system, provides administrative support, standards, and guidance for the State's drug court programs through the Administrative Office of the Courts (AOC).

ADP and the Judicial Council formed the DCP Program Executive Steering Committee (the steering committee) to advise them on the development and implementation of the program and the evaluation. The steering committee is co-chaired by representatives from the Judicial Council and ADP. Members of the steering committee are listed in Appendix A. ADP and the Judicial Council convene the steering committee as needed to discuss policy and other issues pertaining to the DCP Program. Steering committee meetings are open to the public.

Program Funding

The DCP Act contained a special appropriation of funds for 1998. In the following three fiscal years (1999-00, 2000-01, 2001-02) DCP Program funding was appropriated through the Budget Act. The DCP Act provides for annual administrative costs of up to 5% of the total appropriation.

Program Development and Implementation

Under the terms of the DCP Act, ADP and the Judicial Council worked together to:

- Establish minimum standards for use of drug court funds;
- Establish procedures for awarding grants;
- Award grants that provide funding for up to four years;

- Report to the Legislature on the program’s implementation and progress through an interim report;
- Identify outcome measures to assist in determining the cost-effectiveness of the program;
- Design and implement an evaluation that would assess the effectiveness of the DCP Program; and
- Report to the Legislature on the DCP Program’s effectiveness through this final report.

Grant Award Process

ADP and the Judicial Council jointly developed a request for applications (RFA) utilizing the guiding principles recommended by the steering committee. The RFA required all grantees to provide a local in-kind or cash match of 10% for each of the first and second years and a 20% match for each of the third and fourth years. An interdisciplinary team representing ADP, the Judicial Council, and an out-of-state judicial branch observer reviewed grant applications. The applications were ranked according to their ability to meet the approved criteria.

Distribution of Funding

In May 1999, ADP and the Judicial Council awarded a total of \$4 million for the first year of four-year grants to the 18 top-ranking counties. In fiscal year 1999-2000, an additional \$8 million was appropriated for the program, enabling ADP and the Judicial Council to award an additional \$4 million for the first year of four-year grants to the remaining 16 counties that applied for funding. These awards were made in July 1999. (See Appendix E for a listing of the 34 grantees)

Funds were distributed by means of a proportionate methodology that made grants to counties on the basis of their size (\$400,000 to large counties and \$125,000 to small and medium counties). The DCP Program grantees exemplify collaboration between the AOD treatment community and the criminal justice organizations. The drug court partners may include, but are not limited to the following: County AOD administrator, presiding judge, defense attorney, prosecutor, probation officer, and treatment providers. Through these grants the DCP Program was projected to serve approximately 2,755 drug court participants annually.

Once the grants were awarded to all 34 grantees, a \$300,284 balance of DCP funds from fiscal year 1999-00 remained. The steering committee determined that the terms of the DCP Act required that this remaining balance be distributed to the 34 grantees. To apply for the unexpended funds, counties were required to submit a four-year plan containing a written justification, an expenditure plan, and an identification of the county match. ADP fully allocated each year’s appropriation to the 34 grantees.

METHODS OF APPROACHING THE EVALUATION

Outcome Measures

The DCP Act required the development of outcome measures, which included, but were not limited to, the following:

- The annual numbers of misdemeanor and felony convictions of persons participating in the program for a minimum of two years after entry into the program;
- The annual numbers of admissions to county jail and state prison of persons participating in the program for a minimum of two years after entry into the program; and
- Other outcome measures identified by ADP and the Judicial Council that will assist in determining the cost-effectiveness of the program.

The steering committee recommended that, in addition to the legislatively mandated outcome measures, the following outcome measures be established:

- The drug court participant arrest rate at two years prior to entry into the drug court program;
- The drug court participant re-arrest rate at one year after entry into the drug court program; and
- The drug court participant re-arrest rate at two years after entry into the drug court program.¹²

Other additional outcome measures included medical, psychiatric, employment/financial, alcohol and drug use, family and social status, and legal information. Demographic data were also collected.

The steering committee established the DCP Evaluation Workgroup to develop the data collection tool. The Roster of Members of the Workgroup is included in Appendix B. The workgroup reviewed the data elements of instruments used in various other program evaluations, including the Addiction Severity Index Lite (ASI-Lite), the Drug Evaluation Network Study (DENS), the California Treatment Outcome Project (CalTOP), and the California Alcohol and Drug Data System (CADDs), in an effort to build on other data collection efforts under way and to minimize data collection and reporting duties of drug court programs and counties. The instruments and systems are described in Appendix C.

¹² Not including traffic violations other than driving under the influence, reckless driving, and willful evasion of a police officer.

Evaluation Design and Data Collection Procedures

ADP and the Administrative Office of the Courts (AOC) the staff agency to the Judicial Council, in consultation with the workgroup, determined data collection methods.

The workgroup agreed on the use of aggregate data collected on a quarterly basis. The resulting quarterly reporting system was designed to collect information on all new admissions to drug courts during the quarter, all active or continuing drug court participants, and those exiting during the quarter (either through successful completion or failure to complete the drug court program). Follow-up data (arrests, convictions, and incarcerations) were reported for the first and second years after entering drug court.

The quarterly reporting form was designed to address the major outcome measures mandated in the Act, as well as additional measures recommended by the steering committee, Judicial Council, and the Workgroup. Data elements include demographics, drug-free births, and jail/prison days saved. Appendix D contains a table of data elements.

The evaluation used aggregate data and focused on analyzing the program on a state rather than individual level. The criminal justice outcomes are based on the data reported by 17 counties. Outcomes related to participants who completed drug court were based on data reported by 28 counties. These counties were selected as a cross section of all the counties that were funded. The evaluation of the DCP Program was designed to develop the most accurate determination of cost-effectiveness and other outcomes using the aggregate data collected at the county level.

Phases in Developing the Evaluation

The data collection tool was field tested for three quarters in 1999. During this time, the 34 DCP Program grantees were asked to use the reporting form. At the end of 1999, counties were asked to provide feedback and suggestions concerning their experience with the reporting form. Additional suggestions for revision were solicited from the Judicial Council and three independent consultants. Based on feedback received from these sources, the data collection tool was revised.

A number of data elements were reorganized based on the availability of data to the grantees. Questions vital to the evaluation were retained in the main reporting form. Some items related to additional accomplishments of completing participants and legal information, arrest and convictions, were organized by type of crime and were moved to a supplemental data collection tool. Data collection using the revised and final reporting form started in January 2000.

Quality Assurance

ADP undertook several steps to ensure collection of data high in quality and consistency. Technical assistance was provided to the counties, all reports received were reviewed for errors, and the counties resubmitted corrected data.

Site visits were conducted as a quality-check measure and to support the grantees in data reporting. State staff visited 21 counties to learn about local differences in drug court operation and data collection capabilities, update county profiles, and offer onsite technical assistance when needed.

DRUG COURT PARTNERSHIP PROGRAM OUTCOMES

Characteristics of Participants at Time of Admission

- Over half (61.5%) of the participants were unemployed when entering drug court, 25% were employed full-time, and 11.4% were working part-time. Of the 7,082 new participants, at entry, 39% had completed high school or equivalent education, 10% had attended some college, and 3% were college graduates. An additional 6% had completed specialized vocational training.
- About half of the new participants (48%) reported amphetamines as their primary drug of abuse, 14% reported cocaine, 12% reported heroin, 10% reported cannabis, 10% reported alcohol, and 6% reported other drugs.
- Many participants (42%) reported a history of drug use greater than ten years, 29% reported using five to ten years, and 29% reported using less than five years.
- About one-third (32%) of participants had previously received some form of alcohol or other drug treatment (alcohol and other drug treatment did not include detoxification). Within one year preceding their start in drug court, 11.7% had been hospitalized for medical treatment, and 4.2% had received mental health treatment.

Criminal Justice Outcomes: Safer Communities

DCP Program participating counties were asked to report aggregate number of arrests, convictions, and incarcerations of new participants for the one and two years prior to entry into drug court. The counties were also asked to report aggregate arrests, convictions, and incarcerations of participants who completed drug court for one and two years after their entry into drug court. The data from 17 counties, a cross section of the drug courts, were used.

Rates of Arrest, Conviction, and Incarceration Prior to Entering Drug Court

- Rates of arrest, conviction, and incarceration per person during the one year prior to entry are as follows: 1.34 arrests per person, 0.63 convictions per person, and 0.97 incarcerations per person.
- Rates of arrest, conviction, and incarceration per person during the two years prior to entry are as follows: 2.01 arrests per person, 1.02 convictions per person, and 1.4 incarcerations per person.

Rates of Arrest, Conviction, and Incarceration for Participants Completing Drug Courts

- Rates of arrest, conviction, and incarceration per person during the one year after entry to the program are as follows: 0.21 arrests per person, 0.10 convictions per person, and .15 incarcerations per person.
- Rates of arrest, conviction, and incarceration per person during the two years after entry to the program are as follows: 0.31 arrests per person, 0.23 convictions per person, and .24 incarcerations per person.

Changes in Arrest, Conviction, and Incarceration Rates

A thorough review of the arrest, conviction, and incarceration rates calculated for participants during the two years prior to entering drug court program and those rates for completing participants during the two years after entering drug court program demonstrates significant positive changes for completing participants. The changes in arrest, conviction, and incarceration rates are as follows:

- The arrest rate for participants who completed drug court is 85% less during the two years after admission than the arrest rate for those entering the program during the two years prior to entry.
- The conviction rate for participants who completed drug court is 77% less during the two years after admission than the conviction rate of those entering the program during the two years prior to entry.
- The incarceration rate for participants who completed drug court is 83% less during the two years after admission than the conviction rate of those entering the program during the two years prior to entry.

Social Outcomes: Better Lives

For the reporting period (January 2000 through September 2001), the following data were reported for 2,892 participants who completed drug court programs:

- Among completing participants, nearly 59% were employed full time at the time of graduation, 11% were employed part-time, and 28% were unemployed.
- Among completing participants, 11% had obtained a general education diploma or high school diploma, 8% had completed a vocational certificate, 7% had attended college, and less than 1% completed college.
- For the 2,892 completing participants, 373 (12.9%) were homeless when entering the program and gained housing by the time of completion.
- While in drug court, 575 (20%) completing participants obtained a driver's license and auto insurance.

- Family-related accomplishments for this group included 22% retaining custody of children, and 6% gaining custody of their children. Counties reported that 31% of completing participants were reunited with their families, 7% gained family visitation rights, and 8% were current in their child support.
- A total of \$1,287,162 in fees and fines was imposed on completing participants. At the time of graduation, 1,810 (63%) completing participants were current in their fees, and a total of \$951,618 had been collected against these fees.
- Counties reported that they administered a total of 395,093 drug tests of which almost 96% (377,884) were negative. The high rate of clean tests may indicate a healthier life style with minimal drug use during program participation.

Cost Avoidance and Cost-Offset of Drug Courts

Participating DCP Counties were asked to report the following cost measures:

1. All drug court participants' drug-free births
2. Jail days saved and jail-day costs averted by completing participants
3. Prison days saved and costs averted by completing participants

To estimate jail-day costs averted, the number of reported jail days saved was multiplied by the cost per day reported by the individual county. The jail day cost ranged from a low of \$34.50 in Kern County to a high of \$110 in San Luis Obispo County.¹³ Based on 2,892 completing participants, 425,014 jail days and \$26,449,561 in jail-day costs were averted.

To estimate prison costs per day, the annual cost per inmate (\$25,607)¹⁴ was divided by 365, for a daily prison cost of \$70.16. The reported prison days saved (227,894) was multiplied by cost per prison day (\$70.16) and totaled \$15, 989,043 in prison-day cost averted.

Overall, participating counties reported that drug courts averted \$42.4 million in jail and prison-day costs. As discussed earlier, counties also reported collecting approximately \$1 million in fees and fines from participants who completed drug court. Therefore, there was an approximate total cost aversion and offset of \$43.4 million.

During the same time, the DCP Program funding supporting California drug courts was \$14 million,¹⁵ support from the federal Office of Justice Programs (OJP) was \$6.6 million,¹⁶ and support from the Judicial Council was \$1.5 million,¹⁷ for a total of \$22.1million. Counties also made local contributions to each drug court program.

¹³ County jail cost savings were calculated for each individual county and then totaled.

¹⁴ Cost per inmate provided California Department of Corrections

¹⁵ Based on projected funding for 7 quarter 1/00-9/01

¹⁶ Based on awards granted by Office of Justice Programs from 9/00 to 8/30/01 to California Drug Courts Statewide

¹⁷ Based on awards granted by California Administrative Office of the Courts for the year 2000 only.

During the study period, 138 babies were born to the DCP Program participants and 96% (132) were drug free. It should be noted that without drug court intervention, these babies might have been drug exposed. Though not quantified, there could be avoidance of costs associated with medical care for drug-exposed babies, foster care placement, mental health care, and special education.

CONCLUSIONS

- The DCP Program served a population that has relatively low educational achievement, high unemployment, and lengthy drug abuse histories.
- The participants who successfully completed drug court program achieved gains in employment, housing, and education.
- For participants successfully completing drug court,¹⁸ the arrest, conviction, and incarceration rates declined significantly during the two years after admission (arrests 85%, convictions 77%, and incarcerations 83%) in comparison to the arrest, conviction, and incarceration rates during the two years prior to entry of those entering the program.
- Drug use during program participation was very low.
- The \$14 million DCP Program funds combined with other funds that supported California drug courts allowed a cost offset and avoidance of a total of \$43.4 million.
- The participants who successfully completed drug court program not only improved their own lives, but also conditions for their children, significant others, and other family members. Through their taxable earnings and participation in the economy, these participants also gave back to California.

¹⁸ This analysis refers to participants in 17 counties – selected for the study (n=1,945).

APPENDIXES:

Appendix A: Executive Steering Committee Members

EXECUTIVE STEERING COMMITTEE		
Member	Representing	Agency
Honorable Stephen Manley Co-Chair	Judicial Council	Santa Clara Superior Court
Del Sayles-Owen Co-Chair	California Department of Alcohol and Drug Programs (ADP)	ADP
Carl Sparks	Local Law Enforcement	Kern County Sheriff
Joseph Guldish	Research & Evaluation	University of California San Francisco, Institute for Health Policy Studies
Maureen Bauman	County Alcohol and Drug Programs Administrators Association of California	Placer County Health & Human Services, Adult System of Care
Rubin Lopez	California State Association of Counties (CSAC)	CSAC
Dan Carson	Legislative Analyst's Office	Legislative Analyst 's Office
<u>Ex-Officio Members</u>		
Catherine Camp	Senate Budget & Fiscal Review Subcommittee #3	California State Senate
David Panush	Assistant Fiscal Policy Advisor	California State Senate

Liaisons to the Executive Steering committee:

Nancy Taylor, Administrative Office of the Courts
 Laura S. Choate, Department of Alcohol and Drug Programs

Appendix B: DCP Program Evaluation Workgroup Members

Member	Representing	Agency
Ralph Lopez	County Alcohol and Drug Service	San Diego Alcohol and Drug Services
Wayne Sugita	County Alcohol and Drug Service	Los Angeles Alcohol and Drug Services
Cindy Biddle	County Health Services	Glenn County Health Services
Joe Guldish	Institute for Health Policy Studies	University of California San Francisco
Monica Driggers	Judicial Council	Administrative Office of the Courts
Cathy Senderling	State Senate Budget Committee	California State Senate
Maureen Bauman	County Alcohol and Drug Services	Placer County Adult System of Care
Maureen Hernandez	County Alcohol and Drug Services	Placer County Adult System of Care
David Panush	Assistant Fiscal Policy Advisor	California State Senate
Laura Choate	Office of Drug Court Programs	California Department of Alcohol and Drug Programs
Penny Tafoya	Information Management Systems Department	California Department of Alcohol and Drug Programs
Antonia Taylor	Office of Drug Court Programs	California Department of Alcohol and Drug Programs
Samantha Cannon	Office of Applied Research and Analysis	California Department of Alcohol and Drug Programs
Susan Nisenbaum	Office of Applied Research and Analysis	California Department of Alcohol and Drug Programs
Betsy Sheldon	Office of Applied Research and Analysis	California Department of Alcohol and Drug Programs
Mahnaz Dashti	Office of Applied Research and Analysis	California Department of Alcohol and Drug Programs

Appendix C: Alcohol and Other Drugs Data Collection Instruments/Systems

1. **Addiction Severity Index (ASI Lite)** - the Addiction Severity Index (ASI) is a semi-structured instrument used in a face to face patient interview conducted by a clinician, researcher, or trained technician. It was developed by A. Thomas McLellan, Ph.D. and colleagues at the University of Pennsylvania in 1980. The ASI Lite is a shortened version of the standard Fifth Edition ASI. The ASI Lite was developed in early 1997, in response to numerous requests from the substance abuse field.
2. **California Alcohol and Drug Data System (CADDSS)** – the California Alcohol and Drug Data System (CADDSS) was developed by the Department of Alcohol and Drug Programs and implemented in July 1991. CADDSS is a centralized AOD data collection system. Data collected through CADDSS identifies the types of direct AOD services provided and describes the population receiving those services. In conjunction with state and county fiscal systems, CADDSS accounts for public funds administered by ADP used to support these services in California. National, state and local government agencies and the private sector access this information for planning, research and policy development.
3. **California Treatment Outcome Project (CalTOP)** - CalTOP is part of a national study, the Treatment Outcomes and Performance Pilot Enhancement Studies (TOPPSII), involving 19 states that will monitor the outcomes of alcohol and other drug treatments. The purpose of CalTOP is to develop and implement an outcome monitoring system for the statewide alcohol and other drug system of care and to enhance the related management information system. These systems will increase program accountability while supporting improved delivery of services to address the individual needs of clients.
4. **Drug Evaluation Network Study (DENS)** - DENS is a national electronic treatment tracking project sponsored by the White House Office of National Drug Control Policy (ONDCP). The goal of the project is to provide practical and current clinical and administrative information on patients entering into substance abuse treatment throughout the nation. Ultimately this system will include alcohol and drug treatment programs representatively sampled from all the nation’s major metropolitan areas.

Appendix D: Table of Data Elements in Quarterly Reporting Form

Participant Status	Active Drug Court Participants		Non-active Court Drug Participants	
	New	Continuing/Active	Failed to Complete	Completed
Data Elements				
Demo-graphics	✓			
Legal History	✓			
Alcohol and Drug Info.	✓			
Medical Info.	✓			
Bench Warrant	✓	✓	✓	✓
Drug Test Info	✓	✓	✓	✓
Drug-Free Births	✓	✓	✓	✓
Follow-up (1 year & 2 years after admission)				
Legal/Criminal Justice		✓	✓	✓
Formerly Homeless				✓
Retention <30 Days			✓	
Jail/Prison Days Saved				✓
Custody/ Reunification Issues				✓
Child Support Payments				✓
Gained Driver's License, Insurance				✓

Appendix E: Counties Funded by DCP Program

Alameda
Butte
Contra Costa
Fresno
Glenn
Humboldt
Kern
Los Angeles
Madera
Mendocino
Merced
Napa
Nevada
Orange
Placer
Plumas
Riverside
Sacramento
San Bernardino
San Diego
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sonoma
Stanislaus
Sutter
Tuolumne
Ventura
Yolo