

State of California
Department of Alcohol and Drug Programs

**Comprehensive Drug Court Implementation
Act of 1999**



Interim Report to the Legislature

March 2004



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Comprehensive Drug Court Implementation Act of 1999

Interim Report to the Legislature, March, 2004

Reporting Period: January, 2001 – June, 2003

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I. Executive Summary

The Comprehensive Drug Court Implementation (CDCI) Act of 1999 established the CDCI Program and states that the CDCI Program shall be administered by the State Department of Alcohol and Drug Programs (ADP). In collaboration with the Judicial Council, ADP was directed to design and implement the CDCI Program through the Drug Court Partnership Executive Steering Committee established under the Drug Court Partnership Act of 1998, for the purpose of funding cost-effective local drug court systems for adults, juveniles, and parents of children who are detained by, or are dependents of, the juvenile court.

The Act establishes a non-competitive grant program to which county alcohol and drug program administrators may submit grant requests as part of multi-agency plans. These plans identify the resources and strategies needed for effective drug court programs. The Act further requires an interim and final report describing the progress and achievements of the CDCI Program. This report has been prepared pursuant to the Act and describes the interim programmatic progress achieved.

The findings of this report reflect the calendar period immediately prior to these changes in the program, and all references to the “program” reflect the law, regulations, and program guidelines in effect during the study period.

Summary of Findings

The findings presented here reflect data collected during the two and one half year time period, from January 2001 through June 2003, referred to as the “study period”. Findings that reference participants as “new participants” are referring to offenders that entered the CDCI program during the study period. Findings that reference participants as “completers” refer to participants who successfully completed the CDCI program during the study period. Finally, findings that reference participants as “terminated” refer to participants who were terminated from the CDCI program during the study period. Findings are further characterized by type of court: adult criminal, juvenile, dependency/family drug court.

The key findings from the study period are as follows:

- ✚ Three thousand five hundred and sixty-three (3,563) participants completed adult drug court; avoiding a total of 948,299 prison days. This resulted in an averted cost of approximately \$34,233,593 million to the State.
- ✚ The ratio of prison costs averted by participants, to the amount invested for the counties who reported adult drug court data is 1.53 to 1.

- ✚ Six hundred eighteen (618) adult criminals reported making child support payments regularly.
- ✚ Thirty-nine percent (39%, n=7,790) of adult criminal participants obtained employment while in the program, thus contributing to California's economy.
- ✚ Twelve percent (12%, n=966) of new adult participants admitted to the program were homeless. Of this number, 785 participants (81%) obtained housing during the study period.
- ✚ Nine hundred and ninety (990) adult criminals either enrolled or completed parenting classes.
- ✚ One thousand three hundred and fifty-eight (1,358) adult criminals were reunified with family members.
- ✚ Three hundred fifty-eight (358) juveniles and 206 dependency drug court participants completed the program during the study period.
- ✚ Almost all participants in the CDCI Program (96%) had negative urinalysis drug test results while participating in the program.
- ✚ Together, adult criminal and juvenile drug court participants completed 42,788 hours of community service.
- ✚ Among juveniles, 64,521 Juvenile Hall days, 16,556 group homes days, and 2,725 California Youth Authority days were avoided by completers.
- ✚ Of female drug court participants who gave birth, 93% gave birth to drug free babies.
- ✚ Six hundred parents (600) of dependents were compliant with the reunification plan, and 293 parents of dependents were reunified with one or both parents.
- ✚ Dependents avoided 15,697 days in foster care and/or guardianship custody.

COMPREHENSIVE DRUG COURT IMPLEMENTATION ACT OF 1999 Interim Report

Prepared by the California Department of Alcohol and Drug Programs and the Judicial Council of California, Administrative Office of the Courts.

II. Program Overview

This interim report has been prepared pursuant to the Section 11970.2(d) of the Health and Safety Code, which requires the Department of Alcohol and Drug Programs (ADP) and the Judicial Council to develop an interim report on the progress achieved under the Comprehensive Drug Court Implementation (CDCI) Act of 1999. The findings presented here reflect data collected during the two and one-half year time period from January 2001 through June 2003.

Legislative Mandate and Program Purpose

The CDCI Act of 1999 established the CDCI Program. The CDCI Act states that the CDCI Program shall be administered by the State Department of Alcohol and Drug Programs (ADP). In collaboration with the Judicial Council, ADP shall design and implement the CDCI Program through the Drug Court Partnership Executive Steering Committee established under the Drug Court Partnership Act of 1998, for the purpose of funding cost-effective local drug court systems for adults, juveniles, and parents of children who are detained by, or are dependents of, the juvenile court.

The Act further establishes a non-competitive grant program to which county alcohol and drug program administrators may submit grant requests as part of multi-agency plans that identify the resources and strategies needed for effective drug court programs.

The purpose of the CDCI Program is to achieve the same continued success as realized in the Drug Court Partnership Program by expanding drug courts to include juvenile drug courts, dependency drug courts, family drug courts, as well as expanding capacity in existing adult drug courts.

General Goals of Drug Courts

Taking a rehabilitative approach to justice that is based on intensive drug treatment, close supervision, and a demand for participant accountability, drug courts remove nonviolent drug offenders, juveniles and the parents of children from traditional case processing systems. Drug Courts place individuals in programs designed to eliminate drug use dependency, reduce recidivism, save California taxpayers money, and improve the overall efficiency of the court

system. These courts conduct frequent drug testing and provide intensive judicial supervision that deals promptly with relapses of drug use and with its consequences. Drug courts can therefore intervene in drug-seeking behaviors and associated criminal and other negative activities and offer a compelling choice for individuals whose court system involvement results from substance abuse. The definition and purposes of the various drug courts are as follows:

Adult Drug Courts – The focus is on the adult offender. These participants could either be pre-plea diversion and/or convicted felons and misdemeanants. The primary purpose of adult drug courts is to provide access to treatment for substance-abusing offenders while minimizing the use of incarceration. They provide a structure for linking supervision and treatment with ongoing judicial oversight and team management. These drug courts as well as all others referenced in this report follow the Ten Key Components of Drug Courts (***Defining Drug Courts: The Key Components***, Washington, DC. United States. Department of Justice, January 1997) as listed below:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process right.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitor and conduct evaluations to measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Juvenile Drug Courts – Juvenile Drug Courts focus on juvenile delinquency matters that involve substance-using juveniles. Common goals of juvenile drug courts' include:

1. Immediate intervention by the court and continuous supervision by the judge of the progress of the juvenile and the family;
2. Development of a program of treatment and rehabilitation services that address family problems, not simply those of the juvenile;
3. Frequent drug testing;
4. Emphasis on improvements in school attendance and educational and/or vocational accomplishments;
5. Judicial oversight and coordination of treatment and rehabilitation services provided to each litigant to promote accountability and reduce duplication of effort;
6. Immediate response by the court to the needs of the juvenile and his/her noncompliance; and
7. Judicial leadership in bringing together the schools, treatment resources, and other community agencies to work together to achieve the drug court's goals.

The overall goal is to direct the juvenile into rehabilitation and treatment, at an age where cognitive, social, and emotional skills necessary to lead productive lives may be developed; as well as diverting exposure to youth correctional facilities and decreasing the chances of the youth becoming a participant in the adult correctional system.

Dependency and Family Drug Courts – These drug courts focus on cases involving parental rights and substance abuse issues of the parent. The substance abuse may have a direct impact on custody and visitation disputes, abuse, neglect, and dependency matters. Failure to comply with a court-ordered plan could result in termination or limitation of parental rights and placing the child(ren) in foster care services. New federal law prohibits children from remaining in foster care for more than 18 months. As a result, parents can lose their children permanently if they are unable to successfully complete their treatment program. Common goals of dependency and family drug courts are:

1. To provide the parent(s) with the necessary parenting skills and substance abuse treatment services that will allow the children to remain safely in their parents care;

2. Decrease the number of children placed in foster care;
3. Frequent drug testing;
4. Achieve reunification where children have been removed from the custody of their parents; and
5. Keep families unified, while holding parents accountable for their substance abuse rehabilitation.

Funding of Drug Courts

ADP, in collaboration with the Judicial Council, distributed \$9.5 million in State General Fund (SGF) in Fiscal Year (FY) 2000-01. In FY 2001-02, the level of funding was reduced to \$7.7 million and in FY 2002-03, the level of funding was reduced to \$6.6 million. These funds are allocated to eligible counties using the \$2,500 per million/remainder per capita methodology, subject to appropriation in the Budget Act.

The CDCI Act was originally due to sunset on January 1, 2005, but was amended in AB 1752 (Chapter 225, Statutes of 2003) to sunset January 1, 2006.

The CDCI Act also provides that up to five percent of the annual amount appropriated is available in state support to administer the program. ADP receives two and one-half percent of the appropriated five percent of the grant to provide administrative support, as does the Judicial Council's Administrative Office of the Courts (AOC) for oversight of the drug courts.

Partnership Entities

ADP and the Judicial Council have defined roles and responsibilities under the terms of the CDCI Act:

ADP, the state administrative agency for California's substance abuse treatment system, provides support, guidance, and a funding mechanism for the substance abuse treatment system that supports drug courts.

The Judicial Council, as the state administrative agency for California's judicial system, provides administrative support and guidance for the State's drug court programs.

ADP and the Judicial Council convened the Executive Steering Committee to advise on the development and implementation of the CDCI program. The Committee is chaired by the Judicial Council and ADP. The membership includes representation from the following organizations:

Legislative Analyst's Office (LAO),
California State Association of Counties (CSAC),
Law enforcement,
County Alcohol and Drug Program Administrators Association of California
(CADPAAC), and the
Research and evaluation community.

The Executive Steering Committee will remain in place for the duration of the project. It meets to discuss policy matters and any other issues pertaining to the CDCI program. Its meetings are open to the public, and CDCI grantees are encouraged to attend.

Grant Award Process

The CDCI Act requires ADP, with the concurrence of the Judicial Council, to award grants on a non-competitive basis to qualifying counties that develop and implement drug court programs operating pursuant to Sections 11970.1 to 11970.4 of the Health and Safety Code.

ADP and the Judicial Council jointly developed a Request for Application (RFA) and the guiding principles for implementing the CDCI Program. The RFA contains criteria for grant awards developed by the Executive Steering Committee and subsequently approved by ADP and the Judicial Council.

During the study period, each county was required to demonstrate:

1. A commitment to exceed the minimum match requirement to provide a local in-kind or cash match for each of the five project years. (Ten percent minimum match for each of the first and second years and a 20 percent minimum match for each of the third, fourth, and fifth years.)
2. An ability to provide treatment to the participants who will be served through the program.
3. Capacity to administer the program.
4. The ability to report measured outcomes for the participants in the program and participants in comparable drug court programs administered by the county.
5. A commitment to the local drug court program on the parts of participating local agencies and the court.
6. A commitment by the drug court to meet the Ten Key Components, which are drug court guidelines developed by the U.S. Department of Justice.

Initial Distribution of Funding and Subsequent Modification

In December 2000, ADP and the Judicial Council awarded the FY 2000-01 appropriated funding of \$9.5 million to 47 counties. In FY 2001-02 and 2002-03, funding was reduced to \$7.7 million and \$6.6 million, respectively.

The funds were distributed to eligible counties using the \$2,500 per million/remainder per capita methodology, subject to appropriation in the Budget Act. Funding is used to supplement, rather than supplant, existing programs. Funding for counties that opted not to participate in the program was re-distributed on a per capita basis to participating counties using the methodology as directed under the CDCI Act of 1999, as amended.

Initially, 47 counties had their applications approved and were awarded CDCI grants to pay costs related to their multi-agency drug court plans. Each approved plan identifies resources and present strategies for providing an effective drug court program. Each county is responsible for dispersing funds at the local level, determining allowable costs for community-based treatment, and identifying the services needed for the participant and for the drug court.

Number Served During the Study Period

To date, CDCI Grant awards have provided services to more than 9,000 participants during the study period.

Report Strengths and Limitations

The data on which the conclusions of the report are based have significant strengths, but also limitations.

1. Strengths include the relatively large cohort of drug court participants (greater than 9,000), particularly the adult subset, the geographic heterogeneity of the sample, and the standardization of the data collected across counties. All of these factors increase the likelihood that these findings are reliable and may be applied across broad segments of the population.

2. Certain limitations of this analysis should be considered. Some data fields were not reported completely. In addition, the data collected reflects activities of some individuals who were participating in the drug court program before the study period began; therefore, individuals completing and terminated from the program are not necessarily included in the group of new admission to the drug court program during the study period. Furthermore, the only cost savings calculated in this study relate to prisons. Days saved as to Jail, Juvenile Hall, Group Homes, the California Youth Authority, and Foster Care is also reported, however, the cost savings associated with those days are not calculated.

III. Program Outcomes

This section delineates findings from the CDCI Act of 1999 data collected during the period of January 2001 through June 2003. The data is sent quarterly to the Department of Alcohol and Drug Programs. The types of data collected were not the same across all groups. Among adult and juvenile populations, program information, criminal justice, social and public safety outcomes were collected. For dependency drug court participants, program information, family/child welfare, and child safety outcomes were collected.

Adult Drug Courts

The following provides program outcome data analysis focused on the adult population (N=7,790). Individuals who were terminated from or completed the program are not necessarily subsets of new participants during the study period. Time coverage of data varies by county¹, however the aggregate data involves such a large group of individuals that it supports the conclusions reported.

New Participants:

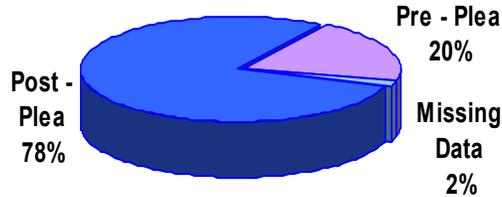
Seven thousand seven hundred and ninety (7,790) new adult participants were admitted into the CDCI Adult Criminal Drug Court Program between January 2001 and June 2003. Figure 1 illustrates the type of plea agreement made among new participants entering the program (n=7,641). Most new participants entered the program post-plea (78%, n=6,100) compared to pre-plea participants (20%, n=1,541). Two percent of plea agreement types were not reported due to missing data (n=149).

¹ Reporting counties for the two and one-half year study period include: Alameda, Butte, Glenn, Kern, Lassen, Mariposa, Mendocino, Merced, Modoc, Napa, Orange, Placer, Plumas, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Siskiyou, Sonoma, Stanislaus, Sutter/Yuba, and Yolo.

Fresno, Los Angeles, Marin, Monterey, and Riverside Counties reported data from January, 2002 through June, 2003.

Calaveras and Santa Cruz Counties reported data from January, 2003 through June, 2003.

Figure 1. Distribution of Adult Type of Plea Agreement among New Adult Participants



Criminal Justice Outcomes for Participants Completing the Program:

During the study period, 3,563 participants completed the program. Overall, 2,657 participants were terminated from the program during the two and one-half year study period. Among completers, a total of 1,458,573 days in custody were avoided by completers (948,299 prison and 510,274 jail days). Figure 2 illustrates the distribution of custody days avoided by type of incarceration avoided.

Figure 2. Distribution of Adult Custody Days Avoided by Type among Completers



Figure 3 illustrates the results of 356,524 drug tests that were administered to CDCI participants. Nearly all (96%, n=342,021) of the participants tested negative. The remainder of participants tested positive for drugs (4%, n=14,503).

Figure 3. Distribution of Drug Tests Administered among Adult Participants



Social Outcomes and Accomplishments (Drug-Related Births and Homelessness):

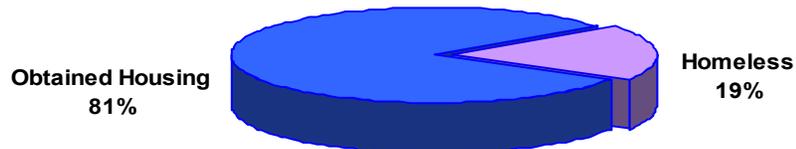
Figure 4 illustrates the distribution of drug-related births. Ninety-four percent (94%) of female participants (n=152) gave birth to drug free babies. The remaining six percent (6%) gave birth to drug exposed babies (n=9).

Figure 4. Distribution of Drug-Related Births among Adult Female Participants (N=161)



Figure 5 illustrates the distribution of housing status among previously homeless adult participants who obtained housing during the study period. Twelve percent of new adult participants admitted to the program were homeless (n=966). Of this number, 785 participants (81%) obtained housing during the study period.

Figure 5. Distribution of Housing Status among Previously Homeless Adult Participants (N=966)



Additional Social Outcomes and Accomplishments (Employment, Education, Public Service, Parenting, Reunification, Child Support, Drivers Licenses):

- ✚ Three thousand and sixty-nine (3,069) participants became employed during the study period.
- ✚ One thousand four hundred and fourteen participants (1,414) either enrolled or completed an education or vocational program.

- ✚ Participants completed 37,455 community service hours within the study period.
- ✚ Nine hundred-ninety (990) participants either enrolled or completed parenting classes.
- ✚ One thousand three hundred and fifty-eight (1,358) participants were reunified with family members.
- ✚ Six hundred and eighteen (618) participants reported making child support payments regularly.
- ✚ A total of 2,917 participants were current in court fee payments.
- ✚ During the study period, 810 adults obtained drivers licenses.

Juvenile Drug Court

The following provides program outcome data specific to the juvenile drug court population. Individuals who were terminated from or completed the program are not necessarily subsets of new participants during the study period. A total of 1,041 new juvenile participants were admitted into the CDCI Program. Time coverage of data varies by county².

Juvenile Criminal Justice Outcomes:

Overall, 358 juvenile clients completed the program during the study period. Among completers, a total of 83,802 days of custody or institutionalization were avoided during the two and one-half year study period.

Figure 6 illustrates the distribution of days in custody avoided by type of program. Custody in juvenile hall accounted for the largest proportion of days avoided by completers, (77%) 64,521 days; followed by group homes, (20%) 16,556 days; and the California Youth Authority, (3%) 2,725 days.

² Reporting counties for the two and one-half year study period include: Contra Costa, El Dorado, Humboldt, Orange, San Francisco, Santa Clara, Shasta, Stanislaus, Tulare, and Ventura.

Merced County reported data from January, 2001 through June, 2002.

Lake and Nevada County reported data from January, 2002 through June, 2003.

Figure 6. Distribution of Days in Juvenile Custody Avoided by Program Type

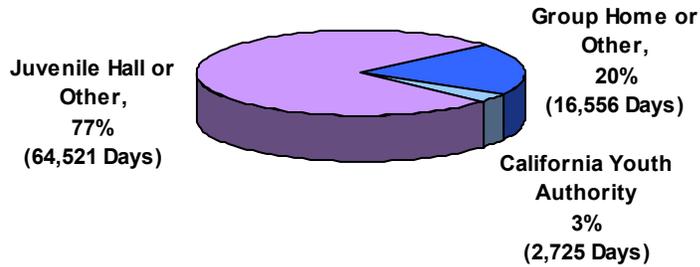


Figure 7 illustrates the distribution of drug test results among juvenile participants (N=40,901). The vast majority (90%, n=36,996) of drug test results were negative. The remainder of participants tested positive for drugs (10%, n=3,905).

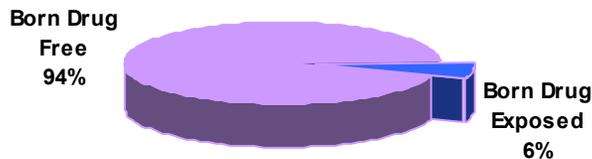
Figure 7. Distribution of Drug Tests Administered among Juvenile Participants (N=40,901)



Social Outcomes and Accomplishments:

Figure 8 illustrates that among juvenile female participants who gave birth (N=62), 94 percent (94%) gave birth to drug free babies (n=58). While only six percent (6%) gave birth to drug exposed babies (n=4).

Figure 8. Distribution of Drug Free Births among Juvenile Female Participants (N=62)



- ✚ Three hundred and forty-one (341) juvenile program participants became employed during the study period.
- ✚ Fifty-eight (58) participants either enrolled or completed parenting classes.
- ✚ Two hundred and eighty-nine (289) participants re-enrolled in either school or a vocational program.
- ✚ Eight hundred and twenty-five (825) participants reported increasing their school attendance.
- ✚ Four hundred fifty-one (451) juveniles reported improving their grade point averages (GPA) during the study period.
- ✚ Fifty-seven (57) earned a GED certificate during the study period.
- ✚ Fifty-eight (58) participants completed vocational or another education program.
- ✚ A total of 141 participants graduated from high school.
- ✚ Fifty-seven (57) enrolled in post secondary education.
- ✚ The siblings of 251 participants reported that they were positively affected by the participant's participation in the program.
- ✚ A total of 5,333 community service hours were completed by juvenile participants.

Dependency Drug Court

The following provides program outcome data focused on the dependency drug court population. Individuals who were terminated from or completed the program are not necessarily subsets of new participants during the study period. Time coverage of data varies by county³.

³ Tuolumne and Ventura counties reported data from January, 2001 through June, 2003. Sacramento County reported data from January, 2002 through June, 2003.

A total of 618 new dependency drug court participants were admitted into the CDCI Program. Overall, 206 participants completed the program during the study period, and 156 participants were terminated from the program during the study period. Two hundred fifty-six (256) participants continued in the program during the study period.

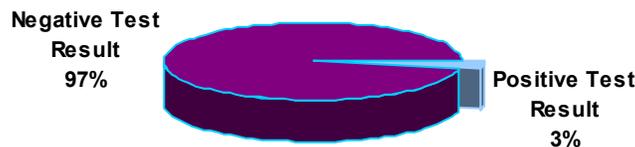
Family/Child Welfare Outcomes:

- ✚ Among parents of dependents with visitation rights, 84 were awarded increased supervised or unsupervised visitation.
- ✚ One hundred forty-seven (147) parents enrolled in and/or completed parenting classes.
- ✚ A total of 600 parents were in compliance with their reunification plan.
- ✚ Two hundred and ninety-three (293) dependents were reunified with one or both parents.
- ✚ Dependents avoided 15,697 days in foster care and/or guardianship custody.

Child Safety Outcome:

Figure 12 illustrates the results of 43,359 drug tests that were administered to parents of dependents. Nearly all (97%, n=42,058) of the participants tested negative. Very few participants tested positive for drugs (3%, n=1,301).

Figure 12. Distribution of Drug Tests Administered among Parents of Dependents (N=43,359)



IV. Conclusions

Of great importance in the current economic environment, for the two and one-half year study period, adult drug court participants who completed the CDCI Program averted a total of \$34,233,593.90 in prison' days costs⁴.

The ratio of prison costs averted by participants, to the amount invested for the two and one-half year study period (January 2001 through June 2003)⁵ for the counties who reported adult drug court data is 1.53 to 1.

Also, for almost all adult drug court participants, drug tests remained negative during the study period. Over the time period, many adult participants got jobs and obtained housing. Overall, juvenile and adult participants either started or continued their education during the study period. Overall, juvenile and adult females gave birth to babies free from drugs. These positive outcomes across age and gender speak to the important socio-economic value of the CDCI program.

⁴ Based on the \$33,900.50 CDC average annual overcrowding rate for FY 2000 through 2002 (\$36.10 per day bed).

⁵ Based on the total of \$22,287,501 expenditures for the study period.