

State of California
Department of Alcohol and Drug Programs

**Substance Abuse and Crime Prevention Act of 2000
(SACPA – Proposition 36)**



Second Annual Report to the Legislature

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California Department of Alcohol and Drug Programs

Substance Abuse and Crime Prevention Act

**Second Annual Report to the Legislature
(July 1, 2001 – June 30, 2002)**

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Substance Abuse and Crime Prevention Act

Second Annual Report to the Legislature

EXECUTIVE SUMMARY

This report provides information for the period from July 1, 2001 through June 30, 2002, the first full operational year of the Substance Abuse and Crime Prevention Act of 2000 (SACPA). It incorporates information from the first report and presents findings from the university evaluation, as well as program information from the California Department of Alcohol and Drug Programs (ADP).

SACPA offers adults convicted of nonviolent drug possession offenses the opportunity for substance abuse treatment instead of incarceration. Treatment must be provided through ADP licensed or certified drug abuse treatment programs.

Report Timeframe

Subsequent to approval of the initiative in November 2000 state and county agencies engaged in significant planning and development activities in order to implement the new law on July 1, 2001. During this period, the Department of Alcohol and Drug Programs distributed start-up funds and state-county workgroups developed and put in place processes and procedures needed to begin treating clients in July 2001.

Participation

SACPA participation is voluntary and reflects a positive decision on the part of the offender to engage in treatment through SACPA. Since SACPA only provides services to those convicted of certain drug crimes, individuals who choose not to participate in SACPA must either choose from another available program, such as those available pursuant to Penal Code Section 1000 or through Drug Courts, or choose routine criminal justice processing.

Between July 1, 2001 and June 30, 2002:

- Local courts identified 53,697 offenders as eligible for the program.
- Of the eligible individuals, courts referred 44,043, or 82 percent of the total for assessment.
- Of those individuals referred, 37,437, or 85 percent completed assessment.
- Finally, of those individuals completing assessment 30,469, or 69 percent of those referred from court entered treatment.

SACPA Client Characteristics

Based on self-reports, we identify the following drug use characteristics of the SACPA treatment population after one year of program operation:

- SACPA clients report long drug use histories: Almost 58 percent report at least 11 years of use.
- Fifty-five percent of all SACPA clients report that this is the first time they received treatment services.
- Methamphetamine is the primary drug problem for 50 percent of SACPA clients.
- Cocaine (and crack) is the primary drug problem for another 15 percent of SACPA clients.
- Marijuana, heroin and alcohol are the primary drugs for about 33 percent of SACPA clients - about 11 percent for each drug.
- Approximately 72 percent of the SACPA population was male.
- The largest group of SACPA clients was non-Hispanic Whites (48 percent), followed by Hispanics (31 percent), and African Americans (14 percent).

An analysis of department data for this period indicate SACPA, non-SACPA criminal justice and non-criminal justice client populations are similar in gender distribution, age at admission, and race/ethnicity distribution. SACPA and criminal justice referrals cite methamphetamine as their primary drug, while the non-criminal justice population cited heroin as their primary drug.

Treatment Services

One concern during SACPA implementation was how counties would respond to SACPA treatment needs. Treatment services vary by county. Not all counties offer the full range of services. Most counties offer several treatment modalities, which may include regular and intensive outpatient treatment (with or without medications), short- and long-term residential treatment, both hospital and non-hospital detoxification services, and narcotic replacement therapy.

In addition to variations in the number and types of treatment modalities offered by counties, there are differences in the duration of client treatment episodes. Many factors affect county treatment duration decisions, including available funding, availability of treatment capacity, and appropriate treatment level for that county's clients. It is important to note that some treatment interventions, such as detoxification, are short duration interventions by design. While not all clients need long-term services, many experts believe that clients who experience a longer treatment episode have better outcomes.

Eighty-six percent of SACPA clients placed in treatment received only outpatient drug-free services. Sixty-five percent of the SACPA outpatient clients remained in treatment for at least 90 days. Of the remaining 14 percent of SACPA clients, 10 percent received treatment in long-term residential treatment facilities, and 43 percent of these SACPA residential clients remained in treatment for at least 90 days. Two percent of the remaining clients received short-term residential treatment, (designed to be no longer than 30 days), and two percent received other short term treatment interventions. Treatment duration rates for SACPA clients were similar to treatment duration rates for non-SACPA clients in publicly funded substance abuse treatment for the same time period.

Capacity and Service Delivery

One concern expressed by proponents of SACPA was that treatment capacity would be inadequate to meet program needs. Of the 1,061 programs that were in operation before November 2000, 663 were licensed residential facilities with 15,927 beds. In addition, 398 programs were certified outpatient programs. In response to SACPA, the treatment community made significant increases in treatment capacity.

Between November 2000 and July 2002, the number of licensed and certified treatment programs increased from 1,061 to 1,592 (a 50% increase overall). Of the new sites, 139 are new licensed residential facilities (a 21 percent increase) with 3,530 residential beds (a 22 percent increase), and 392 are new certified outpatient programs (a 99 percent increase).

Implementation

Developing and implementing the SACPA initiative required eight months of close cooperation by ADP and the counties. Although the State has oversight responsibilities, SACPA is a county-administered program. As such, county variation in criminal justice policies and practices necessitated many local changes to support successful program implementation. In addition, SACPA required substantial collaboration among criminal justice, treatment, and county administrators. These activities required significant work for staff in each set of programs.

During implementation, county representatives expressed concern about the sufficiency of funding in future State Fiscal Years (SFYs) as programs move to full operation. These concerns centered on treatment costs associated with "high need" offenders who entered SACPA in greater numbers than expected.

Offender Management Strategies

Early reports from counties show considerable variation exists in county offender management strategies for clients who choose to participate in SACPA. Counties developed innovative techniques to promote assessment and treatment access, such as co-location of courts and assessment facilities, and walk-in assessment availability. Most counties also report increased cooperation and interaction between criminal justice agencies and alcohol and drug treatment agencies.

Funding and Expenditures

The SACPA initiative includes annual appropriations of \$120 million to support operation of the program. As part of SACPA implementation, ADP developed a county allocation formula in accordance with Health and Safety Code Section 11999.6. This allocation took into account provisions allowing ADP to retain up to one-half of one percent (0.5 percent) of the funds to support the long-term independent evaluation, and up to five percent for state administrative costs. ADP distributed \$117 million to counties in SFY 2001/02. Of the SFY 2001/02 allocation, counties spent a total of \$88.3 million on treatment and other services to SACPA clients.

PREFACE

This is the Second Annual Report to the Legislature on the Substance Abuse and Crime Prevention Act of 2000 (SACPA), as mandated by Health and Safety Code Section 11999.9. SACPA has been in operation since July 1, 2001. The legislation designated the Department of Alcohol and Drug Programs (ADP) as the lead agency to implement and evaluate SACPA. As such, ADP has responsibility for promulgating regulations, allocating funds to the counties, evaluating the program for fiscal and programmatic effectiveness, and overseeing an independent long-term evaluation conducted by a public university.

ADP submitted the First Annual Report to the Legislature in November 2002. The report covered the implementation period from November 2000, and contained early data and findings from July 1, 2001 through December 31, 2001. The report is available on ADP's website at <http://www.adp.ca.gov>.

This Second Annual Report to the Legislature presents findings for the first full year, July 1, 2001 through June 30, 2002. Included are a description of characteristics of the SACPA population, program funding and expenditures, response of the service delivery system, and an update on the status of the long-term evaluation.

Section I
INTRODUCTION

I. INTRODUCTION

In November 2000, California voters approved Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA). SACPA represents a substantial shift in criminal justice policy. The legislation designates The Department of Alcohol and Drug Programs (ADP) as the lead agency to provide oversight for implementation of the SACPA program. ADP must promulgate regulations, allocate and disburse funds to the counties, and submit an annual program report. Under SACPA, ADP must contract for an independent long-term evaluation (over a five and one-half year period), with a public university. ADP contracted with the Integrated Substance Abuse Program of the University of California, Los Angeles (ISAP, UCLA) to perform that evaluation.

This report fulfills the annual reporting requirement of SACPA. Specifically, Health and Safety Code Section 11999.9 requires an annual report to the Legislature, separate from the requirement for long-term university evaluation. The statute intends that ADP present an overview of program status each year.

This report provides information and findings for the first full operational year of SACPA, July 1, 2001 through June 30, 2002. The report describes SACPA clients and compares them to other treatment populations. Further, the report presents information about program operations during the first full year of operation. In addition, using data from the SACPA Reporting Information System, the report provides information about program funding and operations. Finally, the report summarizes this information using a format that answers seven questions identified in the first annual report. These questions address both challenges and plans for the program.

Many of the findings presented in this report are based on data collection and analysis completed by UCLA. Their findings are presented in depth in their report, "Evaluation of the Substance Abuse and Crime Prevention Act 2002 Report", released in July 2003. Their report is available on their website at <http://www.uclaisap.org/Prop36/Prop36.htm>.

Section II

**CLIENT DEMOGRAPHICS
AND
TREATMENT INFORMATION**

II. CLIENT DEMOGRAPHICS AND TREATMENT INFORMATION

This section describes the client population, client characteristics and treatment modalities used by counties for Substance Abuse and Crime Prevention Act clients. The first part of this section describes movement of SACPA clients through the program. The second part of this section presents information about program client characteristics and makes comparisons to other client populations of interest.

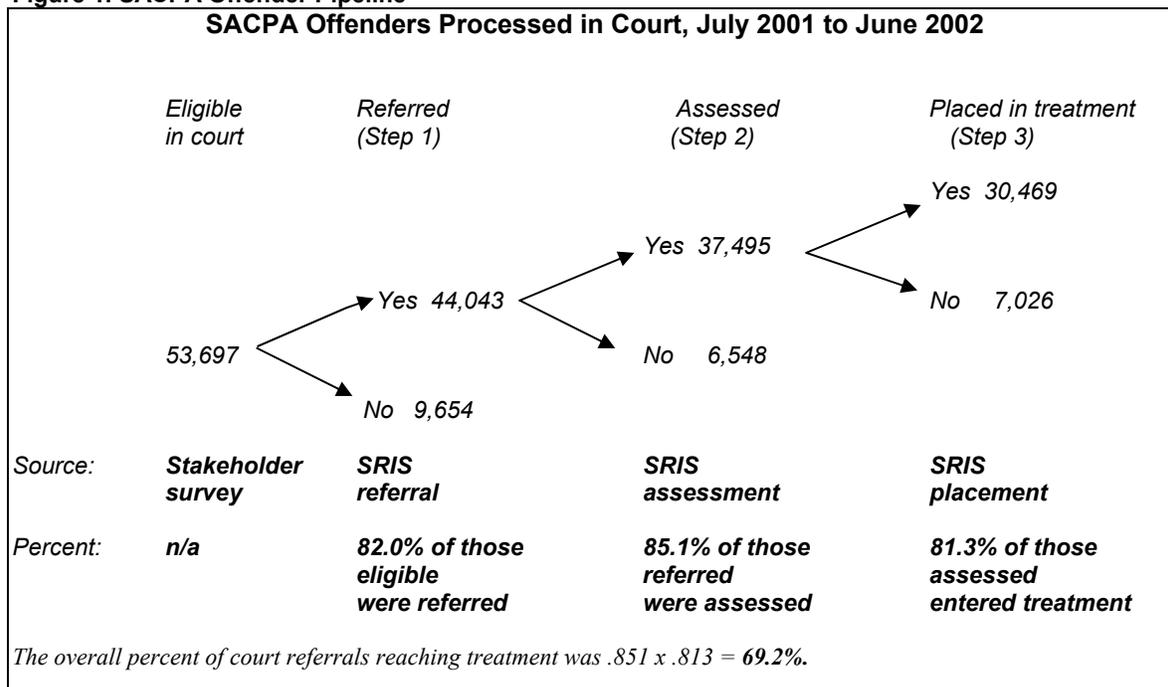
The Pipeline Model

The pipeline model, developed by the UCLA research team, illustrates the flow of clients through the various parts of SACPA participation from adjudication to treatment, and shows where in the process clients are most likely to drop out. The pipeline model follows the movement of SACPA eligible offenders through the judicial process at each decision point.

The pipeline model uses three information sources to follow clients through the system. They included the SACPA Reporting Information System (SRIS), county stakeholder surveys, and the California Alcohol and Drug Data System (CADDs). Two of these sources, SRIS and the county stakeholder surveys, were developed specifically to monitor and evaluate SACPA. The third, CADDs, was implemented in 1991 and is ADP's primary data collection system. It records information on client characteristics and treatment services provided by programs monitored by ADP.

Offenders who enter SACPA treatment and decide to continue in the program confront three distinct decision points in the pipeline model. These decisions points are: 1) the offender's decision to participate in SACPA (when deemed eligible by the courts or parole authority), 2) completion of the assessment process, and 3) entry into an assigned treatment program.

Figure 1. SACPA Offender Pipeline



(Source: UCLA; Evaluation of the Substance Abuse and Crime Prevention Act 2002 Report)

Figure 1 summarizes the 2001/02 information for the SACPA population at each stage in the process. These data also provide a way to develop an estimated “show” rate at each step in the pipeline. Courts referred 82 percent of eligible offenders for assessment (step 1). Of those referred for assessment, 85.1 percent completed the assessment process (step 2), and 81.3 percent of those completing the assessment received treatment placements (step 3). Overall, 69.2 percent of offenders who chose to participate in SACPA went on to enter treatment.

During the first year, about 18 percent of eligible offenders chose not to participate in SACPA. Non-participants chose from other options, which included routine criminal justice processing or other programs, such as drug court.

CLIENT DEMOGRAPHICS – CLIENTS IN TREATMENT

This section examines client characteristics using data from ADP’s CADDs administrative data system. First, the data is used to break out characteristics of SACPA clients. Following this presentation, characteristics of two other groups are examined for comparisons to the SACPA group. The treatment population monitored by CADDs includes SACPA referrals, which constituted 15 percent of the total treatment population, (probation, 14 percent and parole, 1 percent), other non-SACPA criminal justice referrals, which accounted for 27 percent of the population, and all other (non-SACPA and non-criminal justice) referral sources, which comprised 58 percent of the population.

SACPA Clients

SACPA clients admitted to treatment during the first year predominantly were male, non-Hispanic White, between the ages of 26 and 45, and using methamphetamine as the primary drug. This population has a lengthy history of drug use, with most clients (58 percent) reporting at least 11 years of use.

- Seventy-two percent of treatment clients are male.
- Forty-eight percent of the SACPA treatment population were non-Hispanic Whites.
- Thirty-one percent of the treatment population was Hispanic.
- African-Americans accounted for another 14 percent.

Figure 2. SACPA Clients by Gender/Race

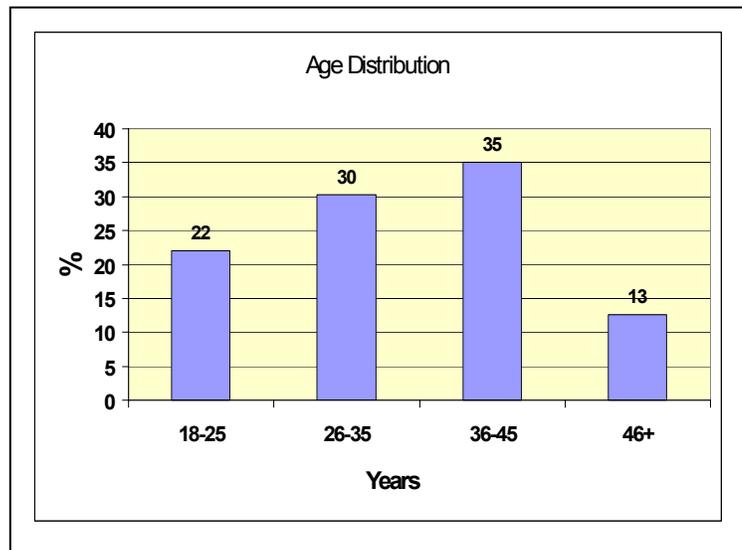
Gender	%
Male	72
Female	28
Race/Ethnicity	%
White	48
Hispanic	31
African American	14
Asian/Pacific Islander	3
Native American	2
Other	2

(Source: CADDs data as reported by UCLA; “Evaluation of the Substance Abuse and Crime Prevention Act 2002 Report”)

SACPA Clients by Age:

Seventy-eight percent of SACPA clients were 26 years of age or older when admitted to treatment. The average age of SACPA clients referred from probation was 34, while parole referrals averaged 36 years of age. The largest group fell in the range of 36 to 45 years of age, with the next largest age group between 26 and 35 years of age.

Figure 3. SACPA Clients by Age



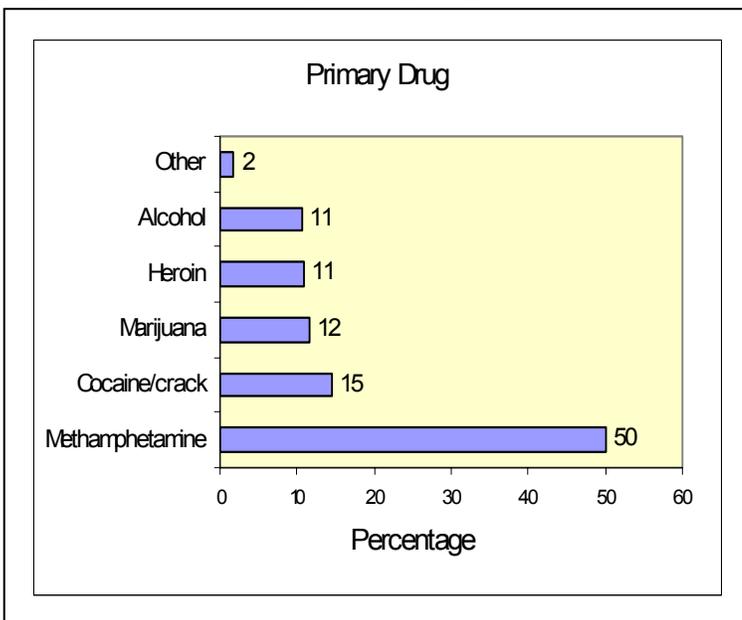
(Source: CADDS data/UCLA analysis)

SACPA Clients by Primary Drug:

For SACPA referrals, the most frequent primary drug is methamphetamine, followed by cocaine or crack, marijuana, heroin, and alcohol. Where alcohol was the reported primary problem, a secondary drug problem involving methamphetamine, marijuana, or cocaine use was frequently reported.

- Thirty-five percent of SACPA clients reported no drug use in the prior month.
- Twenty-seven percent reported daily use.

Figure 4. SACPA Clients by Primary Drug



(Source: CADDS data/UCLA analysis)

Note: Percentages in charts may not equal 100% due to rounding.

Both SACPA and non-SACPA criminal justice clients were less likely to report daily use than non-criminal justice referrals, possibly due to incarceration just prior to treatment entry.

- Fifty-six percent of SACPA clients reported no prior treatment involvement.
- More than 40 percent reported one to three prior treatment episodes.

The vast majority of SACPA clients received treatment in an outpatient, drug-free setting (86 percent), and almost 10 percent received treatment in long-term residential care.

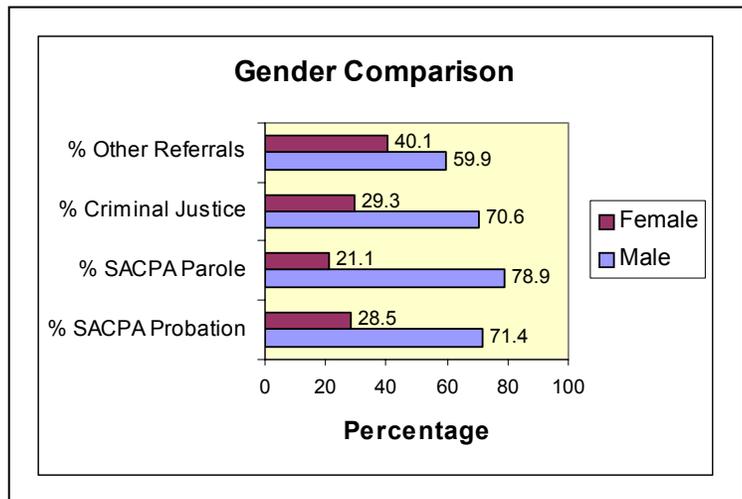
TREATMENT POPULATION COMPARISON

The following compares the SACPA population to the overall treatment population. Specifically, CADDs data is used to identify three referral groups. The **SACPA referrals** are divided into 1) **probationers**, those referred through judicial intervention (court), and 2) **parolees**, those referred by the Board of Prison Terms (BPT), and supervised by the California Department of Corrections (CDC). Other referral sources are **criminal justice referrals** (non-SACPA offenders referred by drug courts, Penal Code (PC) Section 1000, or other judicially involved participants), and **all other referral sources**, including health care plans, individuals, employee assistance plans, school referrals, etc.

Gender:

The gender comparison was similar for the criminal justice groups, with SACPA parolees divided into 79 percent male, 21 percent female; probationers with 71 percent male, 29 percent female; and other criminal justice clients at 71 percent male, and 29 percent female. The non-criminal justice clients, while still mostly men (at 60 percent), had the largest percentage female population (40 percent).

Figure 5. All Clients by Gender



(Source: CADDs data/UCLA analysis)

Age at Admission:

Non-SACPA criminal justice clients had the largest percentage of younger clients, with over 42 percent under 25 years of age. The predominant age range for all comparison groups was the 26-45 age group: 65 percent of SACPA probation clients were comprised of this age group; parolees at over 73 percent; other criminal justice referrals at about 48 percent; and other referrals at 58 percent. The "other referrals" (non-criminal justice) population had the most even distribution, with the largest group in the 36-45 age range.

Figure 6. All Clients by Age

(Source: CADDs data/UCLA analysis)

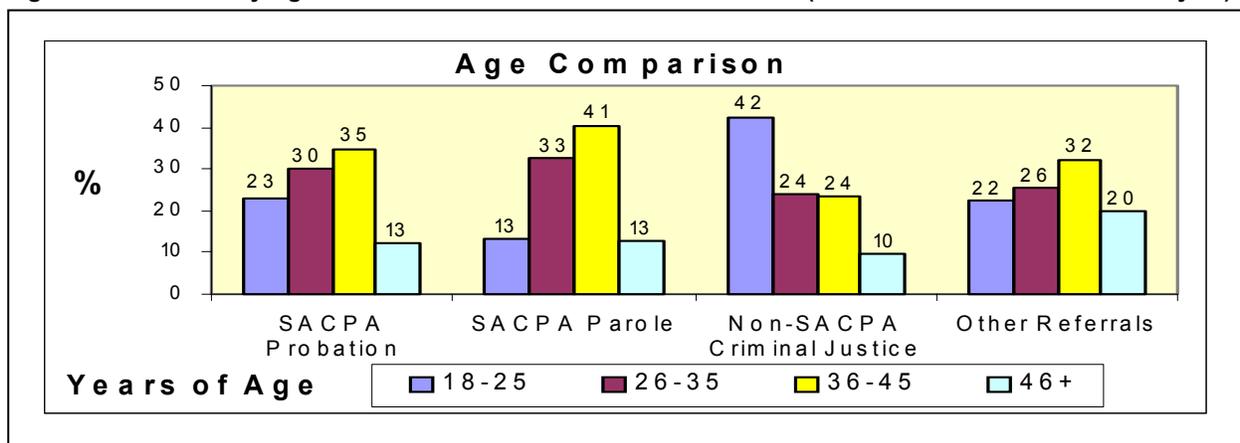
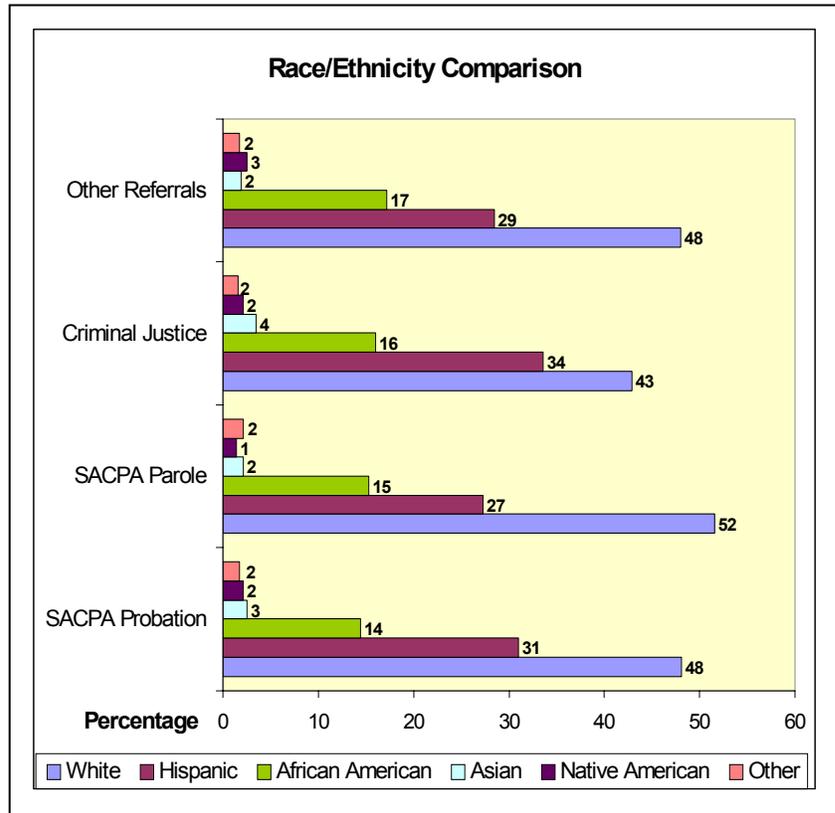


Figure 7. All Clients by Race/Ethnicity

RACE/ETHNICITY:

The race/ethnic distribution patterns are similar among all treatment groups:

- non-Hispanic Whites is the largest group,
- followed by Hispanics and African Americans.
- Similar patterns are also seen among the Asian/Pacific Islander and Native American client populations across groups.



(Source: CADDS data/UCLA analysis)

DRUG HISTORY:

The greatest differences among clients are seen when comparing primary drug of choice, years of use, and frequency of use.

Preferred Drug:

- For SACPA and criminal justice referrals, methamphetamine was the primary drug.
- For non-criminal justice clients the predominant drug was heroin.
- Criminal justice referrals cited involvement with marijuana and alcohol in relatively high numbers.
- SACPA parolees and non-criminal justice referrals reported heroin use in more than 25% of their client population.

Figure 8. All Clients by Primary Drug

Primary Drug	% SACPA Probation	% SACPA Parole	% Criminal Justice	% Other Referrals
Methamphetamine	51	47	32	19
Alcohol	11	9	23	27
Cocaine/crack	15	13	12	11
Heroin	10	25	7	31
Marijuana/hashish	12	6	24	10
Other	2	1	2	2

(Source: CADDS data/UCLA analysis)

Note: Percentages in charts may not equal 100% due to rounding.

Years of Use:

One indication of drug problem severity is length of drug use.

- Twenty-one percent of SACPA clients reported up to five years of drug involvement.
- An additional 24 percent reported over 21 years of drug use.
- Fifty-five percent of SACPA clients report drug use histories of between six and twenty years.
- Few SACPA parole referrals have short drug use histories. Over 30 percent of parole referrals reported drug use of at least 21 years duration.
- Criminal justice referrals (not SACPA clients) show the highest concentration of clients with short-term use histories.
- Nearly 20 percent of non-SACPA criminal justice referrals reported 21 or more years of use.
- Referrals with no criminal justice involvement have the largest percentage of clients who are long-term users.

Figure 9. All Clients - Years of Drug Use

Years of Drug Use	% SACPA Probation	% SACPA Parole	% Criminal Justice	% Other Referrals
0-5	22	1	34	22
6-10	22	19	20	15
11-15	18	19	14	13
16-20	16	21	12	14
21 and over	23	30	20	36

(Source: CADDs data/UCLA analysis)

Frequency of Use:

Frequency of drug use is also an indicator of problem severity.

- Substantial percentages of SACPA and other criminal justice client populations report no use in the past month, (which may be due to their recent incarceration).
- More than 25 percent of each of these populations report daily use.
- The highest concentration of daily drug users was found among clients with no criminal justice involvement.

Figure 10. All Clients – Frequency of Use

Frequency of Use	% SACPA Probation	% SACPA Parole	% Criminal Justice	% Other Referrals
None prior month	35	37	40	17
1-3 times/month	16	12	14	9
1-2 times/week	12	8	11	7
3-6 times/week	10	8	9	10
Daily	26	35	27	57

(Source CADDs data/UCLA analysis)

Note: Percentages in charts may not equal 100% due to rounding.

Section III

**PROGRAM IMPLEMENTATION
AND
OPERATION**

III. PROGRAM IMPLEMENTATION AND OPERATION

This section presents information on activities undertaken by ADP and by counties to achieve implementation of the Substance Abuse and Crime Prevention Act of 2000 (SACPA). The first part of this section discusses collaborative and administrative activities undertaken by ADP to provide counties with guidance and support through conferences, letters and workgroups. Stakeholders provided ADP with invaluable feedback on policy issues. ADP continued to certify and license programs, and began the mandated auditing process. The second part of this section presents county implementation strategies and processes.

Statewide Collaboration

ADP formed the Office of Criminal Justice Collaboration and assigned liaisons to assist counties in the implementation process. State and local agencies and systems continued their close collaboration during FY 2001/02. Collaboration was necessary at every level: county lead agencies, treatment providers, law enforcement agencies, criminal justice, and drug treatment systems.

Statewide leadership was also provided in collaboration with the Statewide Advisory Group. Members were drawn from the courts, counties, probation, parole, district attorneys, state agencies, the treatment field, law enforcement, and others. This group advised ADP on issues affecting public safety and drug treatment. Major areas addressed in FY 2001-02 included:

- Substance Abuse Treatment and Testing Accountability (SATTA) program enacted by Senate Bill 223 (Burton), Chapter 721, Statutes of 2001.
- Guidelines for handling convictions outside the county of residence.
- Stakeholder participation in local planning.
- Special needs of SACPA clients with co-occurring disorders.
- Parolee issues; referral and case management procedures.

Other forums providing additional opportunities for collaboration and coordination included:

- Evaluation Advisory Group for oversight to the long-term SACPA evaluation.
- State agency meetings for interagency issues involving parole, rehabilitation, social services, mental health, corrections, and employment development.
- Judicial Council of California, Administrative Office of the Courts, for court, probation, law enforcement, and correctional issues.

Collaborative efforts became institutionalized at the county level. Coordination and cooperation now is routine among the courts, probation, district attorneys, public defenders, and treatment providers on local planning and problem solving.

SACPA Administration

Highlights of administrative activity during FY 2001/02 and All County Lead Agency (ACLA) letters issued are shown below. ACLA letters were issued to counties to provide policy direction, clarification and updated information.

- Emergency SACPA regulations took effect July 1, 2001. These emergency regulations were issued as permanent regulations on January 17, 2002 (ACLA #02-02, February 19, 2002).
- Emergency regulations implementing the Substance Abuse Treatment and Testing Accountability (SATTA) Program took effect July 1, 2002 (ACLA #02-11, July 22, 2002).
- All county reporting required under SACPA was automated under the SACPA Reporting Information System (ACLA #01-13, September 27, 2001).
- SFY 2001/02 allocations of SACPA funds were issued to all counties (ACLA #02-06, March 4, 2002).

Training and Technical Assistance

ADP provided training and technical assistance through the County Lead Agency Implementation Meeting (CLAIM) and the Making It Work 2002 technical assistance conference held on November 5, 2001, and March 25-27, 2002, respectively.

Critical support for the conferences came from partnerships with the University of California, San Diego (UCSD), the California Endowment/Communities First program, the Charles and Helen Schwab Foundation, and the federal Center for Substance Abuse Treatment (CSAT).

In addition, technical assistance was made available to counties through CSAT's Pacific Southwest Addiction Technology Transfer Center, now located at UCLA Integrated Substance Abuse Programs, and the Addiction Training Center at UCSD.

County Plans

Regulations require that counties annually submit a plan to ADP in order to receive funding for services covered by SACPA. Each plan contains a programmatic and a fiscal section. The programmatic section includes a description of the SACPA services to be offered and how those services will be coordinated. The fiscal section describes how counties plan to expend SACPA funds, as well as projections for capacity and services.

For FY 2001/02, all 58 counties submitted and received Department approval for their annual plans to implement SACPA. ADP released a statewide summary of the plans. Initial estimates in the plans were that 71,000 participants would be served in the first full year of implementation. Most counties, however, reported budgeting less than their full allocation in order to establish "reserves" in the event early estimates proved incorrect. Other counties anticipated a lower number of eligible clients in year one, with more spending occurring in year two and beyond.

Audits

The first annual audits of county SACPA expenditures began in SFY 2001/02, with 52 of 58 counties audited. The remaining six counties received a single audit combining SFY 2000/01 and 2001/02. The first annual audits covered the initial start-up period through June 30, 2001. Generally, the results showed that counties were spending and accounting for SACPA funds as permitted under SACPA and the implementing regulations. In most cases, counties were required to replenish their trust funds when audit exceptions were found.

County Implementation of SACPA

This section presents information on county implementation strategies.

Service Capacity and Service Delivery

Passage of SACPA expanded the numbers of potentially eligible clients referred for services provided through ADP monitored treatment programs. The increase in clients resulted in a need for additional treatment facilities and slots. Regulations require ADP to license or certify programs that treat SACPA clients ensuring that clients receive services that meet required standards of treatment quality, and protect client health and safety.

The capacity of licensed and certified residential and outpatient treatment programs continued to expand in SFY 2001/02. Counties expanded capacity by augmenting treatment slots in established programs and by adding new programs.

UCLA conducted a stakeholder survey in which they asked counties to articulate strategies used to add treatment capacity. County participants reported that counties pursued two strategies to add treatment capacity: augmentation of county-paid slots in existing treatment programs and the addition of new programs. New programs required approval by ADP's licensing and/or certification process before enrolling clients.

The stakeholder survey also showed that programs expanded across a variety of modalities including outpatient drug-free, outpatient treatment with prescribed medications (narcotic replacement therapy), intensive outpatient or day treatment, short- or long-term residential treatment, and drug education or early intervention.

More than 82 percent of reporting counties added new outpatient drug-free treatment programs, and 87 percent added slots in existing programs. Capacity also increased for intensive outpatient or day treatment and residential treatment in varying degrees. Outpatient narcotic replacement therapy treatment increased capacity by adding new programs (in almost 6 percent of reporting counties), and by adding new slots in existing programs (in nearly 31 percent of reporting counties). Early intervention and drug education also increased capacity during the first year of SACPA.

Reporting counties appeared to favor augmenting available capacity in all modalities, and appeared to target certain treatment types when adding new programs, concentrating on additional outpatient drug-free, intensive outpatient/ day treatment and residential program capacity.

Offender Management

In most counties, referrals to assessment for SACPA eligible offenders occur through court processing. Most SACPA eligible offenders are ordered to report for an assessment within a certain timeframe, and are directed to an assessment provider. Most providers serving SACPA clients use the Addiction Severity Index (ASI) in the assessment process. In most counties, treatment providers administer the assessment. Counties use this tool, a semi-structured interview (using two time measures: prior 30 days, and lifetime) to determine problem severity across seven domains. These are: drug use, alcohol use, employment, family and social relationships, legal status, psychiatric status, and medical status. Many counties used additional tools for client assessment. Most counties conducted assessment after sentencing and before treatment entry. A majority of counties (52 percent) reported the time between case disposition and assessment to be seven days or less. The time between assessment and treatment entry ranged from one to 30 days, with common lag times of no more than seven days.

About two thirds of counties reported using the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) to assist in placing clients in the most appropriate level of treatment. Nearly two thirds of the counties also employed case management with SACPA offenders. In many counties, probation and treatment professionals engage in a joint assessment process, which is used primarily to determine the level of supervision needed.

Most counties offered several modalities and levels of treatment including outpatient, intensive outpatient or day treatment, and residential treatment. Treatment duration and intensity varied by county. (Many counties also offered other related services, such as drug education, family counseling services, educational opportunities, and vocational training.)

Treatment Duration

UCLA computed the percent of SACPA offenders in treatment for at least 30 days, 60 days, and 90 days. To compare SACPA clients to others, UCLA also computed treatment duration for non-SACPA criminal justice clients and non-criminal justice clients.

CADDS data were used to examine treatment duration among SACPA clients who entered outpatient drug-free and long-term residential treatment and who did not transfer to another treatment during SACPA's first year. The rationale for this analysis is as follows:

- Short-term residential treatment and methadone detoxification are not intended to last as long as 90 days, and it is difficult to specify a minimum effective duration for methadone maintenance.
- Over 90% of SACPA treatment clients were placed in outpatient drug-free and long-term residential treatment. Thus, excluding other modalities from the analysis cannot affect overall conclusions.
- Treatment plans for many clients may have called for an initial placement in one treatment and transfer to another treatment within the first 90 days. An analysis including such clients would have underestimated the overall rate of 90-day retention, and it would be very difficult to distinguish planned transfers from unplanned transfers and interruptions in treatment. Clients whose records show a possible transfer or interruption comprise 9 percent of the CADDS population in outpatient drug-free and long-term residential treatment.

While it will also be important to examine treatment completion among SACPA clients, an analysis of treatment completion at this time would have to be restricted to those entering treatment very early in SACPA's first year. SACPA allows up to 12 months of treatment, not necessarily consecutive. Roughly 18 months after SACPA began most clients who entered SACPA treatment during the first two or three months would presumably have completed treatment or failed to do so. An analysis of records on those clients would produce a reliable estimate of treatment completion in SACPA's early months, but that estimate might be a very inaccurate indicator of treatment completion during the entire first year. An analysis of treatment duration through the first 90 days, on the other hand, can be based on most treatment clients in SACPA's first year.

- Almost all (85 percent) of the SACPA clients who entered outpatient drug-free programs were there for at least 30 days. Among long-term residential clients, 76 percent received at least 30 days of treatment.
- 60-day rates were 73 percent in outpatient drug-free and 58 percent in long-term residential programs.
- Most outpatient drug-free clients (65 percent) received at least 90 days of treatment, as did 43 percent of long-term residential clients.

Shorter duration for residential treatment may reflect the difficulty of maintaining commitment to a treatment regimen that requires a long absence from home and suspension of one's normal activities. Although SACPA parolees have a lower 90-day rate in outpatient treatment than SACPA probation referrals, treatment duration for SACPA clients overall was similar to treatment duration for other clients in both modalities.

These findings show how much treatment was delivered to SACPA clients within an initial 90-day window, and they show that treatment duration was much the same for SACPA and non-SACPA clients. They also show that about one-third of outpatient SACPA clients and over one-half of residential SACPA clients were not in treatment for a period as long as 90 days—a possible minimum threshold for treatment effectiveness. No information was available on the planned duration of treatment for SACPA clients. Hence these findings do not indicate the extent to which clients complied with SACPA treatment requirements. That topic will be taken up in later reports, as the necessary data become available.

Show Rates

A major concern during SACPA's first year was to maximize the proportion of offenders who completed the assessment and entered treatment, i.e., the "show" rates. The analysis first examined the relationship between county "show" rates at assessment and these offender management strategies: holding offenders in detention while they await disposition, locating assessment in or near the court, co-located assessment staff, allowing assessment by walk-in or appointment, allowing offenders more days to report for assessment, completing assessment in one visit, and use of a "drug court approach" (all offenders sent to an existing court).

Next to be examined was the relationship between county "show" rates at treatment and these offender management strategies: holding offenders in detention while they await treatment, use of a "drug court approach" with all offenders sent to an existing court, and requiring pre-treatment attendance at a self-help support group.

The question in each case is simple: Were "show" rates higher in counties using each strategy than in counties not using it?

The term “drug court approach” is used here because data were not detailed enough to indicate whether SACPA offenders were being handled in courts that met the defining characteristics of drug court, e.g., court calendar dedicated to drug offenders; direct contact between judge and offender; treatment and close supervision; and collaboration between judge, prosecutor, defense attorney, and treatment provider.

County variability

Statewide “show” rates were 85.1 percent at assessment and 81.3 percent at treatment. About two-thirds of the counties (67 percent) reported assessment “show” rates at least 81 percent. However, assessment “show” rates were 70 percent or lower in about one-fourth of the counties. The variability in treatment “show” rates was quite similar.

These “show” rates are based on data in the SACPA Reporting Information System (SRIS), created in 2001. Because SRIS is new, there are uncertainties regarding the completeness and consistency of data and this could account for the very low “show” rates seen in a few counties. An evaluation of SRIS data validity is being conducted by the Applied Research Center at California State University, Bakersfield

“Show” rates at assessment

Assessment “show” rates were slightly higher in counties using the strategy of holding some offenders in detention while they await assessment. Counties reported higher “show” rates when they used strategies specifically intended to facilitate the step from sentencing/referral to assessment. Higher “show” rates were obtained when assessment was conducted in or near the court, probation and assessment staffs were co-located, assessment by walk-in was allowed, offenders had more days to report for assessment, and assessment was completed in a single visit. The difference in average “show” rates was greatest in counties where staff were co-located, where assessment by walk-in was allowed, and where only one visit was required in order to complete an assessment.

“Show” rates at treatment

The average “show” rate was slightly lower in counties using the strategy of holding some offenders in detention while they await placement in treatment. Counties using the drug court approach had higher treatment “show” rates on average, about 95 percent, compared to 79 percent in counties not using that approach (specifically, all offenders sent to an existing court).

In summary, the offender management strategies most clearly related to higher “show” rates were co-locating assessment staff, allowing walk-in assessments, and requiring only one visit to complete an assessment (favorably related to the assessment “show” rate) and use of a drug court approach (favorably related to the treatment “show” rate).

Probation

In many counties, probation treatment professionals jointly assess SACPA offenders. Probation officers complete a risk evaluation for each offender. The assessment may include prior arrest history, prior probation performance, extent of drug and/or alcohol use, circumstances of current offense, special needs, assessment of potential harm to the community, amenability to supervision and treatment, and recommendations on the terms and conditions of probation.

Counties use this assessment primarily to determine the appropriate level of supervision, but the assessment also may influence the level of treatment recommended and referrals to additional services.

In most counties, the county probation department is responsible for a number of tasks related to probationers' supervision. Tasks may include face-to-face contact, urinalysis testing, residence verification, home visits, and referrals to community resources. In addition, probation may monitor attendance at required groups or classes and criminal involvement. Probation reports to the court can make recommendations regarding modification of programs or even revocation petitions.

Parole

Persons who commit nonviolent drug-related offenses while on parole must be ordered to treatment instead of having parole revoked, unless they:

- Have any history of serious or violent felony.
- Are found to have committed a non-drug crime along with the drug offense.
- Refuse drug treatment.

SACPA allows treatment to be intensified or modified if the individual commits drug-related violations while on parole. Progressive sanctions allow parole to be revoked under certain conditions if the individual is a danger to others or is not amenable to treatment. Parolees lose their eligibility for SACPA treatment after a second drug-related violation. Further, Parole Officers may modify or revoke parole for non-drug-related violations.

Section IV

**PROGRAM FUNDING
AND
EXPENDITURES**

IV. PROGRAM FUNDING AND EXPENDITURES

This section provides information on funding the Substance Abuse and Crime Prevention Act of 2000. The legislation provided for funds to be allocated to counties through ADP by establishing a trust fund mechanism.

Allocation and Distribution of Funds

The initiative established the Substance Abuse Treatment Trust Fund (SATTF). For State Fiscal Year (SFY) 2000/01, \$60 million was provided for startup costs. There is \$120 million appropriated annually for each subsequent fiscal year through SFY 2005/06.

Of the amounts appropriated in law, up to .05 percent (\$600,000) annually is available to cover the evaluation costs. ADP was appropriated \$900,000 in SFY 2000/01 and \$2,377,000 in SFY 2001/02 to cover state administrative costs. Counties are required to place their allocations in a local trust fund and unspent funds may be carried over. Appendix F details the interest earned on each county's trust fund. Below is a chart detailing county allocations and expenditures:

Figure 11. Sources and Uses of Funds

	FY 2000-01	FY 2001-02	FY 2002-03
(dollars in millions)			
Sources of funds:			
County Carryover funds	0.0	51.6	28.7
Annual Appropriation	60.0	120.0	
To Counties	58.8	117	
State Administrative Costs	0.9	2.4	
To Evaluation	0.3	0.6	
Uses of Funds:			
County Allocations	7.2	88.3	
State Administrative Costs	0.4	1.9	
UCLA Evaluation	0.3	0.6	
Unexpended Balance	51.6	28.7	
SATTA (Drug Testing, etc.)		8.3	

(Source SRIS)

During SFY 2001/02, on average, counties spent about 75 percent of their total allocation, excluding carryover funds. There were 13 counties who expended more of the SACPA Trust Funds than was allocated during that fiscal year (see Appendix F). They did so by using carryover funds to supplement their SFY 2001/02 allocations. Some of these counties reported that a portion of the spending was for one-time costs. There were also reported increases due to the growth in the number of clients and a greater need for services than anticipated.

Each of the 58 counties spent more funds on treatment services than on criminal justice costs. Counties spent \$88.3 million for all services, about 75 percent of the annual allocation.

The law requires any SACPA-eligible probationer and parolee, who is reasonably able to do so, to contribute to the cost of his or her own placement in a drug treatment program (Penal Code Sections 1210.1 and 3063.1). As specified by SACPA regulations, client fees may be assessed by trial judges for the costs of placing clients into drug treatment programs or by treatment programs for the costs of treatment. The table "Additional County Income", displayed in Appendix F shows \$796,417 in client fees assessed to and collected from SACPA clients.

A number of factors affect the amounts of fees collected by counties. Treatment programs funded by counties are required to assess clients' ability to pay and to deduct client fees from the costs of treatment. However, in many cases, SACPA clients have no resources with which to support the costs of treatment. Where fees have been assessed, they may not have been collected and reported during the SFY 2001-02 period due to a lag in reporting. Fees may also have been assessed by trial judges but not received and reported by counties. Client fees may also be paid at the conclusion of treatment, as clients' lives stabilize and financial conditions improve. Any fees collected may not have been reported in the first year. It may be expected that the second full year of SACPA implementation will show an increased flow of client fee collections.

In SFY 2001/02, the Substance Abuse Treatment and Testing Accountability Program (Senate Bill 223) appropriated \$8.3 million in federal Substance Abuse Prevention and Treatment Block Grant funds for drug testing of SACPA clients. Counties were required to spend these funds by June 30, 2002. Preliminary data indicate that of the \$8.3 million available to counties, \$7.1 million was spent, with 62 percent spent on drug testing and 38 percent spent for other purposes allowed by statute.

Section V

**SUMMARY
OF
FINDINGS**

V. SUMMARY OF FINDINGS

This section presents a summary of findings for the first full operational year of the Substance Abuse and Crime Prevention Act of 2000.

- Over 30,000 people received treatment under SACPA in its first year.
- For over half of those offenders, this was their first treatment opportunity.
- Overall, treatment capacity expanded by 50 percent.
- SACPA client characteristics were similar to other treatment clients.

The following questions were addressed in the first report to the Legislature, and presented findings from the first six months July 1, 2001 through December 31, 2001. The questions are incorporated in this report in a full year summary (July 1, 2001 through June 30, 2002). This information is also presented in context in other sections of the report.

How many SACPA offenders were referred from criminal justice to treatment admission?

During the period between July 1, 2001 and June 30, 2002, 44,043 offenders were referred for assessment and 69 percent of those assessed entered treatment. In contrast, during the first six months of SACPA, 60 percent of the estimated 20,000 offenders referred by the criminal justice system entered treatment.

53,697 offenders were deemed eligible in court and initially chose to participate in SACPA, while only 18 percent chose not to participate at the outset. Non-participating offenders exercised other options, such as drug court, or chose routine criminal justice processing.

SACPA clients are being assessed and treated in greater percentages now than in SACPA's first six months. From July 2001 through June 2002, 30,469 SACPA clients were processed through the criminal justice system and received treatment, compared to the estimated 12,000 offenders treated during the first six months.

What were the characteristics of SACPA clients admitted to treatment services?

- For the first year, race/ethnicity totals were: 48 percent non-Hispanic White, 31 percent Hispanic, and 14 percent African-American. These percentages were nearly identical to the six-month distribution pattern: 48 percent, 31 percent and 15 percent, respectively.
- Approximately 72 percent of SACPA clients were male. (At six-months, 71 percent were male.)
- At the end of the first year, the courts referred approximately 92 percent of clients in treatment, with the parole authority referring about 8 percent. This compares to 93 percent probationers and 7 percent parolees during the first six months.
- For the first full year, 50 percent of SACPA clients were between the ages of 31 and 45 at the time of admission to treatment. During the first six months, about 53 percent of SACPA clients were between the ages of 31 and 45.

- Sixty-three percent reported that they were younger than 20 years old when they first used their primary drug, unchanged from the six-month percentage. About 21 percent reported being younger than 15 years of age at first use.
- The drug of choice for 50 percent of SACPA clients was methamphetamine (48 percent at six-months.)

What treatment services were received?

A greater percentage of SACPA clients received outpatient treatment in the later months of the first full year than in the first six months. For the first year, 86 percent of clients received outpatient drug-free treatment, and 10 percent received long-term residential care. This compares to 82 percent receiving outpatient care (both recovery and day programs), and 12 percent receiving long-term residential care at six-months. About one percent received methadone detoxification and methadone maintenance, at six-months and one year.

How did SACPA clients compare to other clients admitted to treatment?

At the end of the first full year, SACPA clients represented approximately 15 percent of the treatment population reported by CADDSS data. At the end of the first six months, they accounted for 9 percent of the treatment population reported by CADDSS data.

SACPA clients continued to be comparable in gender, ethnicity, and age as the non-criminal justice (general) State monitored treatment population.

Methamphetamine use was more common among SACPA clients than in the other criminal justice and non-criminal justice client groups. Heroin use was more prevalent among non-criminal justice clients than among criminal justice clients, possibly because heroin users may seek methadone treatment to avoid the daily symptoms of heroin dependence. Reporting requirements may also help to explain the higher prevalence of heroin use in the non-criminal justice population. Private and publicly funded treatment providers are required to report methadone treatment admissions to CADDSS, whereas only publicly funded providers are required to report admissions to other types of treatment.

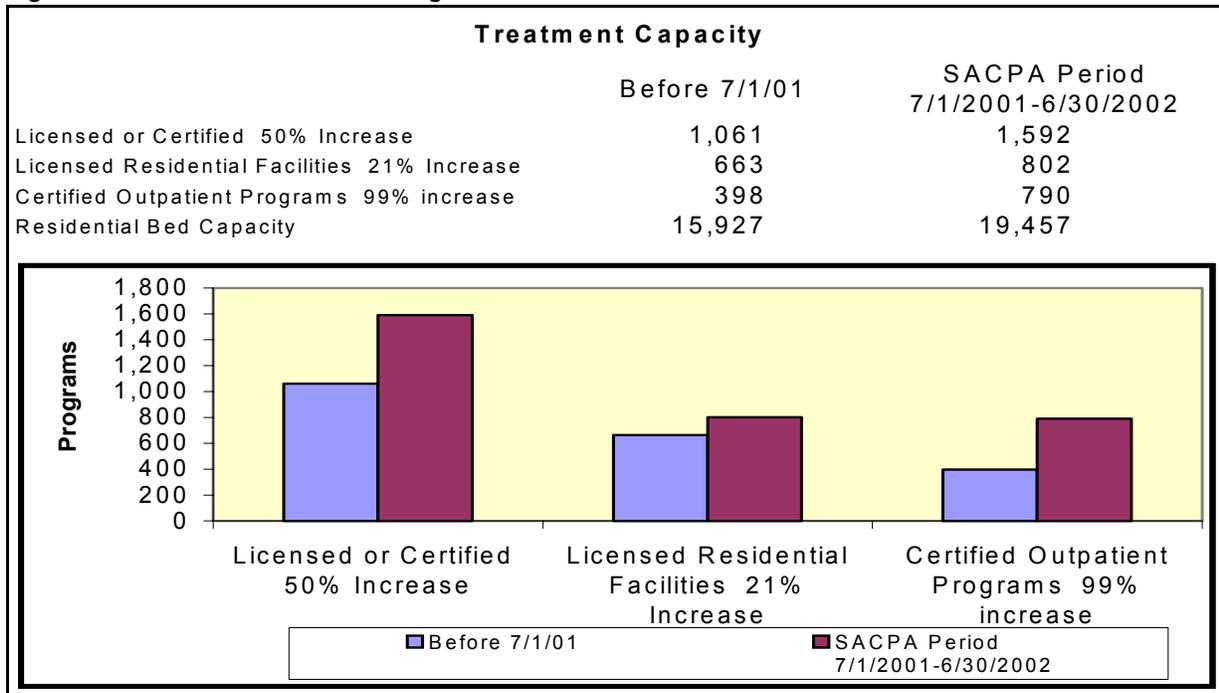
Drug problem severity and co-occurring disorders, two important indicators of “high need” clients, were equally prevalent among SACPA clients and other clients in treatment.

How did the service delivery system respond to the anticipated increase in the demand for services?

Licensed or certified programs increased by 50 percent statewide between November 2000 and June 30, 2002. Certification of outpatient programs increased by 99 percent, while licensure of residential facilities increased by 21 percent. Capacity also increased for intensive outpatient or day treatment and residential treatment.

During the first six months, ADP received an average of 42 applications per month, 11 for licensure and 31 for certification. During the six-month period, licensed and certified programs increased 42 percent, licensed residential facilities increased 17 percent and certified outpatient programs increased 81percent.

Figure 12. Licensed and Certified Programs



Source: Licensing and Certification Division Quarterly Report, Quarter ending 6/02.

How much was spent for SACPA purposes?

The initiative established the Substance Abuse Treatment Trust Fund (SATTF). For SFY 2000/01, \$60 million was provided for startup costs. There is \$120 million appropriated annually for each subsequent fiscal year through SFY 2005/06. Of the amounts appropriated in law, up to .05 percent (\$600,000) annually is available to cover the evaluation costs, and up to five percent is available for state administrative costs. Counties are required to place their allocations in a local trust fund and unspent funds may be carried over. Below is a chart detailing county allocations and expenditures:

Figure 13. Funding and Expenditures

(Source: SRIS)

Fiscal Year	Amount Allocated to Counties	FY 2000/01 Carryover Funds	Total Funds Available	Actual Total Expenditures	Percentage Expended of Total Funds Available
FY 2000/01	\$ 58,800,000	Not Applicable	\$ 58,800,000	\$ 7,195,888	
FY 2001/02	\$117,022,956	\$51,604,112	\$168,627, 068	\$88,282,866	52.4%

During SFY 2001/02, 13 counties expended more of the SACPA Trust Funds than was allocated during that fiscal year (see Appendix F). They did so by using carryover funds to supplement their SFY 2001/02 allocations. Some of these counties reported that a portion of the spending was for one-time costs. There were also reported increases due to the growth in the number of clients and a greater need for services than anticipated.

In SFY 2001/02, the Substance Abuse Treatment and Testing Accountability Program (Senate Bill 223) appropriated \$8.3 million in federal Substance Abuse Prevention and Treatment Block Grant funds for drug testing of SACPA clients. Preliminary data indicate that of the \$8.3 million available to counties, 62 percent was spent on drug testing and 38 percent was spent for other purposes allowed by statute.

How were the dollars allocated?

For the full SFY 2001/02, the expenditure ratio of criminal justice activities to treatment activities was 23 percent to 77 percent. During the first six months, the expenditure ratio was 32 percent criminal justice to 68 percent treatment. This allocation split was unique for each county because of counties' distinct geographical, population, treatment needs, and decision making processes.

Topics for Future Reports

The topics of SACPA cost savings, incarceration cost impacts, crime impacts, prison construction, employment, health and welfare costs, and adequacy of funds appropriated will be addressed in future reports. Fiscal information on such items as cost-offsets and cost benefits require post-treatment information, which can only occur with time.

UCLA will use administrative data maintained by state agencies and will collect unit-cost information from treatment, criminal justice, and other sources in order to measure costs and cost savings and to evaluate the adequacy of funds appropriated. UCLA will report on cost related research questions in 2004 and 2005.

Statewide data are not available at the client level for all areas of interest, and not all questions of interest will be answered in the UCLA evaluation, given the limitations of time and resources.

Section VI
APPENDICES

APPENDIX A

SACPA EVALUATION ADVISORY GROUP MEMBERS

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APPENDIX B

LONG-TERM EVALUATION

The UCLA SACPA Evaluation team, with active support from ADP, is exploring several statewide administrative databases for use in determining cost-benefits and outcomes, doing field work with focus groups and counties, conducting stakeholder interviews and surveys, and conducting offender interviews. The UCLA SACPA Evaluation Team consists of:

Douglas Longshore; Ph.D., Principal Investigator
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Michael Prendergast; Ph.D.
Susan Ettner, Ph.D.
M. Douglas Anglin, Ph.D.
A. Mark Kleiman, Ph.D.

Research Questions

The evaluation's research questions were developed by UCLA in collaboration with ADP, the Statewide Advisory Group and the SACPA Evaluation Advisory Group (both convened by ADP), and other stakeholder groups and continue to be refined for future reports. Questions cover four domains: cost-offset, client outcomes, implementation, and lessons learned.

UCLA subdivided each research question into subquestions that represent more specifically the scope of the evaluation and serve as an organizing framework for detailed planning (e.g., identification of data sources and analytic techniques).

UCLA also estimated the % of evaluation resources required for completion of work on the research questions in each domain. The purpose of these estimates is to convey the approximate "level of effort" to be expended. They are shown in parentheses in the heading for each domain.

Cost-offset (40% of Evaluation Resources)

UCLA will use administrative data maintained by state agencies and will collect unit-cost information from treatment, criminal justice, and other sources in order to measure costs and cost savings and to evaluate the adequacy of funds appropriated.

Research question 1: Does SACPA lead to cost savings?

Subquestions 1.1 to 1.7 cover components of cost and cost saving. The difference in cost for SACPA offenders and comparison offenders will be calculated for each component and combined across all components to determine whether SACPA leads to net cost savings. Subquestion 1.8 pertains to possible averted costs of prison and jail construction, and those costs will be calculated separately.

Subquestion 1.1: Drug treatment cost and cost saving. What are the drug treatment costs for SACPA offenders versus comparison offenders?

Subquestion 1.2: Services cost and cost saving. What are the health and social service costs for SACPA offenders versus comparison offenders?

Subquestion 1.3: Case processing cost and cost saving. What are the law enforcement, prosecution, defense, and court costs for SACPA offenders versus comparison offenders?

Subquestion 1.4: Probation cost and cost saving. What are the probation supervision costs for SACPA offenders versus comparison offenders?

Subquestion 1.5: Parole cost and cost saving. What are the parole supervision costs for SACPA offenders versus comparison offenders?

Subquestion 1.6: New crimes cost and cost saving. What are the costs of new crimes (recidivism) by SACPA offenders versus comparison offenders?

Subquestion 1.7: Incarceration cost and cost saving. What are the costs of jail and prison incarceration for SACPA offenders versus comparison offenders?

Subquestion 1.8: Construction. Does SACPA lead to a cost saving from prison and jail construction delayed or averted?

Research question 2: Does the enacted SACPA allocation cover the cost of treatment, other services, case processing, and supervision of SACPA offenders?

Subquestion 2.1: SACPA allocation. What % of the cost of treatment, other services, case processing, probation supervision, and parole supervision (measured in subquestions 1.1 to 1.5) is covered by the SACPA allocation?

Outcomes (35% of Evaluation Resources)

UCLA will estimate SACPA's effects on crime, drug use by offenders, and the well-being of offenders and their families during the offenders' participation in SACPA and for one to two and one-half years after. Our sources will include state administrative databases, covering all 58 counties, and a survey of approximately 2,000 offenders who participate in SACPA in some counties. Outcomes will be compared between these offender groups: (1) SACPA-eligible offenders versus matched offenders from a pre-SACPA period; (2) SACPA-eligible offenders who complete an assessment versus those who do not complete an assessment; (3) SACPA-assessed offenders who enter treatment versus those who do not enter treatment; and (4) offenders who enter and complete SACPA treatment versus those who enter but do not complete it.

Research question 3: What is SACPA's effect on crime?

Subquestion 3.1: Officially recorded crime. How many arrests for property crimes, violent crimes, and drug crimes (SACPA-eligible or ineligible) are on record for SACPA offenders versus comparison offenders?

Subquestion 3.2: Revocations. How many probation and parole revocations are on record for SACPA offenders versus comparison offenders?

Subquestion 3.3: Self-reported crime. How many property crimes, violent crimes, and SACPA-ineligible drug crimes are reported by SACPA offenders versus comparison offenders?

Subquestion 3.4: Crime trends. How did crime rates change after commencement of SACPA?

Research question 4: What is SACPA's effect on offender drug use?

Subquestion 4.1: No drug use. What is the rate of drug abstinence for SACPA offenders versus comparison offenders?

Subquestion 4.2: Reduced drug use. What change in drug problem severity occurs for SACPA offenders versus comparison offenders?

Research question 5: What is SACPA's effect on offender employment?

Subquestion 5.1: Employment. What is the employment rate for SACPA offenders versus comparison offenders?

Research question 6: What is SACPA's effect on offender health and family well-being?

Subquestion 6.1: Reduced medical problems. What change in medical problem severity occurs for SACPA offenders versus comparison offenders?

Subquestion 6.2: Reduced mental health problems. What change in mental health problem severity occurs for SACPA offenders versus comparison offenders?

Subquestion 6.3: Family. What changes in family well-being occur for SACPA offenders versus comparison offenders?

Implementation (15% of Evaluation Resources)

To describe how offenders move through SACPA and to document innovation in criminal justice and treatment procedures, UCLA is using "pipeline" models; an annual survey of county representatives in all 58 counties; in-depth discussion with representatives in ten focus counties; and observation at meetings, conferences, and other events.

Research question 7: How many SACPA-eligible offenders enter and complete treatment?

Subquestion 7.1: Treatment entry. What % of SACPA-eligible offenders enter treatment, and what are their characteristics?

Subquestion 7.2: Treatment completion. What % of SACPA-eligible offenders' complete treatment, and what are their characteristics?

Research question 8: What procedures are used for assessment, placement, and supervision of SACPA offenders?

Subquestion 8.1: Assessment. What assessment instruments and procedures are used to identify service needs and risk levels of SACPA offenders?

Subquestion 8.2: Placement. What treatment placement instruments and procedures are used to determine the types of treatment to which SACPA offenders are referred?

Research question 9: How do sectors of the criminal justice and treatment systems respond to SACPA?

Subquestion 9.1: Law enforcement. Do arrest or charging practices change during SACPA?

Subquestion 9.2: Offender management. What procedures (such as dedicated court calendars, mental health courts, case management, SACPA-specific urine test protocols, or placement in services for co-occurring disorder or other characteristics) are used in managing SACPA offenders?

Subquestion 9.3: Treatment provision. What procedures are used (such as expanding treatment capacity and treatment matching) in the provision of drug abuse treatment to SACPA offenders?

Research question 10: What problems occur in implementing SACPA, and how are those problems addressed?

Subquestion 10.1: Counties. What implementation problems occur at the county level, and how are they addressed?

Subquestion 10.2: State. What implementation problems occur at the state level, and how are they addressed?

Lessons learned (10% of Evaluation Resources)

To arrive at implications for policy and practice, UCLA will use its annual survey of county representatives in all 58 counties; in-depth discussion groups in ten focus counties; and observation at meetings, conferences, and other events.

In particular, “show” rates varied across counties and were related to offender management strategies employed in the counties. It will be important to track the evolution of these strategies over SACPA’s five-year period and their possible effects on “show” rates. Moreover, because the proportion of offenders entering treatment may affect outcomes significantly, it will be essential to account for “show” rates in the analysis of county-level variability in outcomes.

Research question 11: What implementation strategies are associated with SACPA outcomes?

Subquestion 11.1: Counties. What implementation strategies are associated with SACPA outcomes at the county level?

Subquestion 11.2: Offenders. What implementation strategies are associated with SACPA outcomes for particular types of offenders?

Focus counties

UCLA worked with ten “focus counties” to create mechanisms for tracking offenders as they move from SACPA eligibility through assessment, treatment, supervision, and completion. Tracking involves accessing raw data sources on offenders and recruiting samples of offenders for the outcome survey.

Selection of focus counties

UCLA considered for inclusion all California counties that expressed an interest in participating in the focus group. In making the final selection, UCLA joined ADP in conducting site visits, collating information on possible focus counties, and reviewing that information. From the pool of interested counties, UCLA identified ten (Alameda, Kern, Los Angeles, Mendocino, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Shasta, and Ventura), which, in combination, best met these criteria:

- (1) mix of urban and rural counties,
- (2) broad geographic coverage of the state,
- (3) capabilities for collecting SACPA-relevant data, and
- (4) diversity of implementation strategies.

The scope and terms of collaboration with focus counties were tailored to each county and designed to serve both the evaluation's needs and county-specific purposes. County collaboration is needed in procedural matters, such as facilitating contact with SACPA offenders and accessing automated data. Collaboration also is needed to conduct and interpret data analysis and arrange focus groups.

Discussions with potential focus counties included the following topics:

- (1) informing SACPA offenders about the evaluation and possible later contact;
- (2) analyzing automated records;
- (3) accessing, abstracting, and analyzing paper records;
- (4) participation of agency representatives and other stakeholders in focus groups;
- (5) factors limiting the county's ability to collaborate (it might be possible to overcome some of those factors);
- (6) county monitoring and evaluation needs and how the collaboration can assist in meeting those needs;
- (7) resources or other incentives needed to make collaboration possible; and
- (8) how to ensure that the evaluation team is in place to conduct as much of the work as possible (to minimize extra burden on county staff).

UCLA developed a set of data elements to be used in tracking SACPA offenders. These data elements represent information regarded as most crucial for evaluation purposes and are needed at the offender level. Only with offender-level data will it be possible to link and analyze offender information from multiple sources and distinguish events and outcomes for different types of offenders.

APPENDIX C Alcohol and Other Drug Data Collection

The California Alcohol and Drug Data System

The California Alcohol and Drug Data System (CADDs), developed in 1991, is the centralized alcohol and other drug (AOD) data collection system that identifies AOD treatment services provided and describes the population receiving those services. In conjunction with state and county fiscal systems, CADDs accounts for public funds administered by ADP to support these services.

Community AOD treatment service providers required to report data to CADDs are identified by the type of services provided in the facility and by the type of funds allocated to support those services. Provider facilities that receive AOD treatment funding from ADP for the following services must report participant data to CADDs:

- Alcohol services that include non-residential recovery or treatment,
- detoxification,
- recovery homes,
- residential treatment facilities, and
- drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy including methadone maintenance and LAAM, detoxification, residential, hospitals and all licensed methadone providers, whether publicly or privately funded.

The information gathered is used for planning, research and the development of service delivery systems. Reporting participant data to CADDs involves collecting information each time a participant is enrolled for alcohol and other drug treatment services at a reporting facility. Each participant's initial admission to the facility and each subsequent transfer or change in service type is reported separately. Facilities report additional data at the time of discharge or departure from services. Data are submitted to ADP on a monthly basis.

The SACPA Reporting Information System (SRIS)

The SACPA Reporting Information System (SRIS) was created to collect and maintain aggregate fiscal and service information at the county level. The purpose of this data management system is to facilitate county plan submission and county reporting requirements, monitor county-level program management, and provide administrative data for the statewide evaluation. Counties submit their annual county plans and biannual program reports using the web-based SRIS. They may also submit updates and revisions via the online system. The SRIS also tracks drug testing services provided through the Substance Abuse Treatment and Testing Accountability (SATTA) Program funding, pursuant to Senate Bill 223.

Expenditure data are submitted in six-month intervals. Counties report on non-treatment services and activities provided to SACPA clients that are paid with SACPA and SATTA funds. These include case management activities, such as referral, assessment, placement, and supervision, and services supplemental to treatment, such as literacy training, family counseling, and vocational training. The first reports were due January 31, 2002 for the first six months of implementation (July 1 through December 31, 2001). Reports for the full 12-month period (July 1 through June 30) are due annually on July 31. Counties also report the status of their trust funds (including expenditures and income such as interest and client fees) annually on September 30.

There are limitations associated with both the SRIS and CADDs systems. ADP is providing technical assistance to counties to address limitations due to misreporting at the data collection point. (Some misreporting involved client counts, resulting in an undercount of SACPA clients. ADP is correcting database records when errors are discovered.)

As noted previously, data collected from these two sources are collected on different timeframes; CADDs data is due to ADP 30 days following the month of the report, and SRIS collects data twice a year. Both systems allow changes to the data for some time after initial submission, so there is a considerable lag before data is considered accurate and complete.

To view the CADDs user manual or CADDs forms, or view information about SRIS, please visit our website at <http://www.adp.ca.gov>.

APPENDIX D

CADDs DATA ELEMENTS

Admission Form
Category
Provider ID
Form Serial Number
Unique Participant Code
Provider's Participant ID
Codependent/Significant Other
Race
Ethnicity
Employment Status
Highest School Grade Completed
Principal Source of Referral
Is this person currently pregnant?
Legal Status
Disability Impairment
Date of Admission
Transaction Type
Type of Service
Medication Prescribed
Number of prior episodes
Alcohol/drug problem
Usual route of Administration
Frequency of Use
Age of First Use/Alcohol Intoxication
Has participant used needles during the past 12 months?
Special Services
Has participant ever been diagnosed as also having chronic mental illness?
Is this participant homeless?
Zip code of participant's current residence
Coded Remarks: (CDC ID) (PSN)
Coded Remarks: (Medi-CAL) (Cal-WORKS)
Additional for Discharge Form
Date of Discharge
Discharge Status
Employment Status
Alcohol/drug problem
Was this participant pregnant anytime during this treatment/recovery episode?

APPENDIX E SRIS DATA ELEMENTS

COUNTY REPORTING REQUIREMENTS – ADP 10095 (NEW 04/01)

Report Type	Header Information	Comments/Detail Information
VI. I. COUNTY PLANNED EXPENDITURES		
County Plan Section 9515(b)(2)	<ul style="list-style-type: none"> * County Name * Lead Agency * Contact <ul style="list-style-type: none"> - Name - Title - Telephone - Email <li style="padding-left: 40px;">A. * Submission Type * Funding Period * Allocation for FY * Excess Funds Carried Over from Prior Year * Total for County 	Does NOT include provider detail. <ul style="list-style-type: none"> * County Entity Type <ul style="list-style-type: none"> - Drug Treatment - Other Service - Criminal Justice <ul style="list-style-type: none"> B. * Entity Name (AOD, Behavioral Health, Public Health, Mental Health, Education, Probation, Courts, and so forth) C. * Planned SACPA Dollars for Named Entity - Direct Services - Administrative Activities - Total for Named Entity - % Entity Comprises of County Total * Subtotals by Entity Type * Totals for County * Projected # of Clients by Referral Source * Total Projected # Clients * Service Type <ul style="list-style-type: none"> - Drug Treatment Modalities - Literacy Training - Family Counseling - Vocational Training - Other Client Services <ul style="list-style-type: none"> D. * Planned SACPA Dollars for Service Type - Direct Services - Administrative Activities - Total for Service Type - Percentage Service Type Comprises of County Total * Totals for County * Planned # Clients to be Served by Service Type * Existing Capacity by Service Type * Planned Additional Capacity by Service Type * Total Capacity by Service Type * Totals for County * Case Management Activity Type <ul style="list-style-type: none"> - Referral/Assessment - Placement - Court Monitoring - Supervision - Miscellaneous <ul style="list-style-type: none"> E. * Planned SACPA Dollars for Case Management Activity Type - Direct Services - Administrative Activities - Total for Case Management Activity Type - Percentage Case Management Activity Type Comprises of County Total * Totals for County * Total for Services and Case Management Activities

Report Type	Header Information	Comments/Detail Information
VII. II. COUNTY EXPENDITURES		
County Expenditure Report Section 9535(b)(1)	* County Name * Lead Agency * Contact - Name - Title - Telephone - Email F. * Submission Type * Reporting Period	Does NOT include provider detail. * County Entity Type - Drug Treatment - Other Service - Criminal Justice G. * Entity Name (AOD, Behavioral Health, Public Health, Mental Health, Education, Probation, Courts, and so forth) H. * SACPA Dollars Spent by Named Entity - Direct Services - Administrative Activities - Total for Named Entity - % Entity Comprises of County Total Spending * Subtotals by Entity Type * Totals for County * County Service Type - Drug Treatment Modalities - Literacy Training - Family Counseling - Vocational Training - Other Client Services I. * SACPA Dollars Spent by Service Type - Direct Services - Administrative Activities - Total for Service Type - Percentage Service Type Comprises of County Total * Totals for County * Case Management Activity Type - Referral/Assessment - Placement - Court Monitoring - Supervision - Miscellaneous J. * SACPA Dollars Spent by Case Management Activity Type - Direct Services - Administrative Activities - Total for Case Management Activity Type - Percentage Case Management Activity Type Comprises of County Total * Totals for County * Totals for Services and Case Management Activities

VIII. III. CLIENT COUNTS AND CHARACTERISTICS

<p>Other Services Client Counts and Characteristics</p> <p>Section 9535(b)(2)</p>	<p>* County Name * Lead Agency * Contact - Name - Title - Telephone - Email K. * Submis sion Type * Reporting Period</p>	<p>Client counts and demographics similar to CADDs, but at a summary level.</p> <p>By Service Type or Case Management Activity Type:</p> <ul style="list-style-type: none"> - Literacy Training - Family Counseling - Vocational Training - Other Client Services - Referral/Assessment - Placement - Court Monitoring - Supervision - Miscellaneous Case Management <p>By Client Characteristic:</p> <ul style="list-style-type: none"> - Gender - Children under 18 - Age at Admission - Race - Ethnicity - Referral Source (Court/Probation or Parole) - Living Arrangement at Admission - Pregnant at Admission
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IX. IV. CAPACITY/WAITING LIST

<p>Other Services Waiting List Client Counts</p> <p>Section 9535(b)(2)</p>	<p>* County Name * Lead Agency * Contact - Name - Title - Telephone - Email L. * Submis sion Type * Reporting Period</p>	<p>Client counts by service type similar to DATAR.</p> <p>By Service Type:</p> <ul style="list-style-type: none"> - Literacy Training - Family Counseling - Vocational Training - Other Client Services <p>By Days on Wait:</p> <ul style="list-style-type: none"> - 0 days - 1-6 days - 7-13 days - 14-20 days - 21-30 days - 31-60 days - Over 60 days
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X. SATTa

1. Projected number of SACPA clients tested using SATTa funds
2. Projected number of tests administered to SACPA clients using SATTa funds
3. Total actual SATTa expenditures for substance abuse testing of SACPA clients and other purposes
4. Actual number of SACPA clients tested using SATTa funds
5. Actual number of tests administered to SACPA clients using SATTa funds

APPENDIX F - FISCAL TABLES

Fiscal Table Explanations

SACPA County Expenditures (July 2001-June 2002) All Counties

This table shows:

Column 1	County name
Column 2	The amount of SACPA funds allocated to the county for FY 2000-01
Column 3	The amount of SACPA funds the county did not spend in FY 2000-01 and carried over into FY 2001-02
Column 4	Total SACPA funds available to the county for expenditure in FY 2001-02
Column 5	The amount of SACPA funds the county actually expended in FY 2001-02
Column 6	The percentage of total funds available (column 5) expended by the county for FY 2001-02

SACPA County Expenditures (July 2001-June 2002) All counties

1	2	3	4	5	6
County	01/02 Allocation	Reported 00/01 Carryover Funds	Total Funds Available	Actual Total Expenditures	Percentage Expended of Total Funds Available
Alameda	\$5,474,183	\$2,645,103	\$8,119,286	\$3,147,503	38.8%
Alpine	\$154,173	\$77,442	\$231,615	\$44,437	19.2%
Amador	\$231,643	\$100,757	\$332,400	\$133,880	40.3%
Butte	\$740,216	\$371,814	\$1,112,030	\$441,860	39.7%
Calaveras	\$290,280	\$145,809	\$436,089	\$80,401	18.4%
Colusa	\$249,898	\$119,016	\$368,914	\$146,385	39.7%
Contra Costa	\$3,082,010	\$1,447,533	\$4,529,543	\$1,958,628	43.2%
Del Norte	\$255,871	\$109,534	\$365,405	\$63,830	17.5%
El Dorado	\$577,083	\$259,302	\$836,385	\$651,416	77.9%
Fresno	\$2,975,206	\$1,244,459	\$4,219,665	\$1,843,522	43.7%
Glenn	\$234,533	\$90,333	\$324,866	\$160,287	49.3%
Humboldt	\$490,193	\$181,448	\$671,641	\$304,194	45.3%
Imperial	\$713,484	\$186,344	\$899,828	\$811,250	90.2%
Inyo	\$217,552	\$104,143	\$321,695	\$99,744	31.0%
Kern	\$2,375,220	\$944,573	\$3,319,793	\$2,349,468	70.8%
Kings	\$478,271	\$36,963	\$515,234	\$476,390	92.5%
Lake	\$351,988	\$126,007	\$477,995	\$304,452	63.7%
Lassen	\$258,584	\$86,198	\$344,782	\$263,376	76.4%
Los Angeles	\$31,299,464	\$15,536,859	\$46,836,323	\$18,874,006	40.3%
Madera	\$452,019	\$171,778	\$623,797	\$268,406	43.0%
Marin	\$778,973	\$294,010	\$1,072,983	\$469,855	43.8%
Mariposa	\$202,584	\$21,126	\$223,710	\$223,710	100.0%
Mendocino	\$463,733	\$215,256	\$678,989	\$433,531	63.8%
Merced	\$732,023	\$195,145	\$927,168	\$434,336	46.8%
Modoc	\$182,643	\$77,443	\$260,086	\$126,427	48.6%
Mono	\$234,719	\$66,000	\$300,719	\$240,590	80.0%

SACPA County Expenditures (July 2001-June 2002) All counties

1	2	3	4	5	6
County	01/02 Allocation	Reported 00/01 Carryover Funds	Total Funds Available	Actual Total Expenditures	Percentage Expended of Total Funds Available
Monterey	\$1,202,534	\$603,719	\$1,806,253	\$769,388	42.6%
Napa	\$506,747	\$184,541	\$691,288	\$274,010	39.6%
Nevada	\$382,607	\$157,846	\$540,453	\$231,899	42.9%
Orange	\$7,934,337	\$3,395,188	\$11,329,525	\$6,560,445	57.9%
Placer	\$871,158	\$405,000	\$1,276,158	\$844,873	66.2%
Plumas	\$262,947	\$129,000	\$391,947	\$161,045	41.1%
Riverside	\$4,213,951	\$2,112,856	\$6,326,807	\$4,000,587	63.2%
Sacramento	\$4,196,433	\$1,954,240	\$6,150,673	\$3,164,493	51.4%
San Benito	\$251,773	\$86,754	\$338,527	\$177,295	52.4%
San Bernardino	\$5,530,965	\$2,778,228	\$8,309,193	\$5,594,077	67.3%
San Diego	\$9,031,629	\$2,598,212	\$11,629,841	\$8,458,526	72.7%
San Francisco	\$4,576,807	\$2,236,263	\$6,813,070	\$2,165,493	31.8%
San Joaquin	\$1,934,399	\$686,419	\$2,620,818	\$1,277,515	48.7%
San Luis Obispo	\$796,423	\$314,600	\$1,111,023	\$716,029	64.4%
San Mateo	\$2,184,381	\$1,028,163	\$3,212,544	\$1,474,532	45.9%
Santa Barbara	\$1,904,187	\$440,513	\$2,344,700	\$1,697,714	72.4%
Santa Clara	\$4,960,151	\$1,934,657	\$6,894,808	\$5,192,574	75.3%
Santa Cruz	\$1,003,973	\$501,646	\$1,505,619	\$1,031,540	68.5%
Shasta	\$672,593	\$273,105	\$945,698	\$735,535	77.8%
Sierra	\$170,458	\$82,431	\$252,889	\$117,370	46.4%
Siskiyou	\$387,016	\$158,624	\$545,640	\$294,651	54.0%
Solano	\$1,241,469	\$615,000	\$1,856,469	\$563,595	30.4%
Sonoma	\$1,701,268	\$754,481	\$2,455,749	\$1,260,336	51.3%
Stanislaus	\$1,462,095	\$692,954	\$2,155,049	\$1,718,348	79.7%
Sutter	\$381,449	\$0	\$381,449	\$228,816	60.0%
Tehama	\$335,121	\$87,481	\$422,602	\$349,775	82.8%
Trinity	\$206,436	\$73,000	\$279,436	\$232,943	83.4%
Tulare	\$1,404,134	\$597,317	\$2,001,451	\$1,317,441	65.8%
Tuolumne	\$300,789	\$109,851	\$410,640	\$339,700	82.7%
Ventura	\$2,372,074	\$1,183,421	\$3,555,495	\$1,997,226	56.2%
Yolo	\$745,624	\$373,043	\$1,118,667	\$619,798	55.4%
Yuba	\$400,482	\$201,164	\$601,646	\$363,413	60.4%
Total Reporting	\$117,022,956	\$51,604,112	\$168,627,068	\$88,282,866	52.4%

Additional County Income for FY 01-02

Column 1	County name
Column 2	Income the county received in FY 2001-02 in addition to the SACPA allocation. Primary income is interest on SACPA funds accruing to the county's SACPA trust fund, but includes other sources of income such as sale of SACPA equipment.
Column 3	Amount of fees collected from clients in FY 2001-02 for treatment services provided
Column 4	Funds the county received from other county entities and other local agencies.
Column 5	Total income to the county for the SACPA program from fees, interest, and other sources (except the SACPA allocation) for FY 2001-02.

Additional County Income

1	2	3	4	5
County	Other Income (Interest, Sale of Equipment)	Client Fees Collected	Funds Received from County/ Local Agencies	Total Program Income
Alameda	\$141,303	\$26,727	\$12,215	\$180,245
Alpine	\$0	\$0	\$0	\$0
Amador	\$12,379	\$520	\$0	\$12,899
Butte	\$45,540	\$20,105	\$0	\$65,645
Calaveras	\$15,604	\$0	\$0	\$15,604
Colusa	\$16,776	\$17	\$0	\$16,793
Contra Costa	\$74,214	\$0	\$0	\$74,214
Del Norte	\$6,958	\$0	\$0	\$6,958
El Dorado	\$17,357	\$954	\$0	\$18,311
Fresno	\$121,975	\$8,422	\$0	\$130,397
Glenn	\$11,889	\$0	\$0	\$11,889
Humboldt	\$4,411	\$0	\$0	\$4,411
Imperial	\$17,560	\$23,363	\$0	\$40,923
Inyo	\$7,702	\$0	\$2,496	\$10,198
Kern	\$99,837	\$44,777	\$0	\$144,614
Kings	\$27,396	\$6,209	\$0	\$33,605
Lake	\$12,171	\$5,809	\$0	\$17,980
Lassen	\$9,232	\$1,306	\$0	\$10,538
Los Angeles	\$1,492,561	\$186,544	\$0	\$1,679,105
Madera	\$20,334	\$444	\$0	\$20,778
Marin	\$7,903	\$4,141	\$0	\$12,044
Mariposa	\$4,455	\$240	\$0	\$4,695
Mendocino	\$12,581	\$0	\$0	\$12,581
Merced	\$38,821	\$458	\$0	\$39,279
Modoc	\$3,257	\$845	\$0	\$4,102
Mono	\$9,515	\$2,424	\$0	\$11,939
Monterey	\$129,412	\$0	\$0	\$129,412
Napa	\$26,872	\$84	\$0	\$26,956

Additional County Income

1	2	3	4	5
County	Other Income (Interest, Sale of Equipment)	Client Fees Collected	Funds Received from County/ Local Agencies	Total Program Income
Nevada	\$6,948	\$0	\$0	\$6,948
Orange	\$354,489	\$0	\$0	\$354,489
Placer	\$49,207	\$8,560	\$0	\$57,767
Plumas	\$5,798	\$0	\$0	\$5,798
Riverside	\$112,471	\$53,106	\$0	\$165,577
Sacramento	\$154,219	\$37,842	\$0	\$192,061
San Benito	\$9,420	\$4,538	\$0	\$13,958
San Bernardino	\$312,930	\$0	\$0	\$312,930
San Diego	\$321,333	\$0	\$0	\$321,333
San Francisco	\$240,687	\$0	\$0	\$240,687
San Joaquin	\$68,347	\$7,823	\$0	\$76,170
San Luis Obispo	\$35,661	\$8,361	\$0	\$44,022
San Mateo	\$114,773	\$0	\$0	\$114,773
Santa Barbara	\$112,390	\$57,444	\$7,938	\$177,772
Santa Clara	\$243,302	\$219,717	\$0	\$463,019
Santa Cruz	\$41,450	\$22,410	\$204,533	\$268,393
Shasta	\$24,615	\$88	\$0	\$24,703
Sierra	\$7,416	\$655	\$0	\$8,071
Siskiyou	\$10,594	\$0	\$0	\$10,594
Solano	\$82,076	\$0	\$0	\$82,076
Sonoma	\$87,715	\$25,422	\$0	\$113,137
Stanislaus	\$50,885	\$0	\$100,707	\$151,592
Sutter	\$5,769	\$0	\$0	\$5,769
Tehama	\$17,453	\$0	\$0	\$17,453
Trinity	\$5,409	\$0	\$0	\$5,409
Tulare	\$79,842	\$13,711	\$0	\$93,553
Tuolumne	\$15,874	\$3,281	\$0	\$19,155
Ventura	\$92,127	\$0	\$0	\$92,127
Yolo	\$41,107	\$70	\$0	\$41,177
Yuba	\$14,410	\$0	\$0	\$14,410
Total Reporting	\$5,106,732	\$796,417	\$327,889	\$6,231,038

Percentage of Allocation Expended FY 01-02

Column 1 County name
 Column 2 The amount of SACPA funds allocated to the county for FY 2000-01
 Column 3 The amount of SACPA funds the county actually expended in FY 2001-02
 Column 5 The percentage of the county's FY 2001-02 SACPA allocation spent in FY 2001-02.

% of Allocation Expended FY 01-02

1	2	3	4
County	01/02 Allocation	Actual Total Expenditures	Percentage of Allocation Expended
Alameda	\$5,474,183	\$3,147,503	57.5%
Alpine	\$154,173	\$44,437	28.8%
Amador	\$231,643	\$133,880	57.8%
Butte	\$740,216	\$441,860	59.7%
Calaveras	\$290,280	\$80,401	27.7%
Colusa	\$249,898	\$146,385	58.6%
Contra Costa	\$3,082,010	\$1,958,628	63.6%
Del Norte	\$255,871	\$63,830	24.9%
El Dorado	\$577,083	\$651,416	112.9%
Fresno	\$2,975,206	\$1,843,522	62.0%
Glenn	\$234,533	\$160,287	68.3%
Humboldt	\$490,193	\$304,194	62.1%
Imperial	\$713,484	\$811,250	113.7%
Inyo	\$217,552	\$99,744	45.8%
Kern	\$2,375,220	\$2,349,468	98.9%
Kings	\$478,271	\$476,390	99.6%
Lake	\$351,988	\$304,452	86.5%
Lassen	\$258,584	\$263,376	101.9%
Los Angeles	\$31,299,464	\$18,874,006	60.3%
Madera	\$452,019	\$268,406	59.4%
Marin	\$778,973	\$469,855	60.3%
Mariposa	\$202,584	\$223,710	110.4%
Mendocino	\$463,733	\$433,531	93.5%
Merced	\$732,023	\$434,336	59.3%
Modoc	\$182,643	\$126,427	69.2%
Mono	\$234,719	\$240,590	102.5%
Monterey	\$1,202,534	\$769,388	64.0%
Napa	\$506,747	\$274,010	54.1%
Nevada	\$382,607	\$231,899	60.6%
Orange	\$7,934,337	\$6,560,445	82.7%
Placer	\$871,158	\$844,873	97.0%
Plumas	\$262,947	\$161,045	61.2%
Riverside	\$4,213,951	\$4,000,587	94.9%
Sacramento	\$4,196,433	\$3,164,493	75.4%
San Benito	\$251,773	\$177,295	70.4%

% of Allocation Expended FY 01-02

1	2	3	4
County	01/02 Allocation	Actual Total Expenditures	Percentage of Allocation Expended
San Diego	\$9,031,629	\$8,458,526	93.7%
San Francisco	\$4,576,807	\$2,165,493	47.3%
San Joaquin	\$1,934,399	\$1,277,515	66.0%
San Luis Obispo	\$796,423	\$716,029	89.9%
San Mateo	\$2,184,381	\$1,474,532	67.5%
Santa Barbara	\$1,904,187	\$1,697,714	89.2%
Santa Clara	\$4,960,151	\$5,192,574	104.7%
Santa Cruz	\$1,003,973	\$1,031,540	102.7%
Shasta	\$672,593	\$735,535	109.4%
Sierra	\$170,458	\$117,370	68.9%
Siskiyou	\$387,016	\$294,651	76.1%
Solano	\$1,241,469	\$563,595	45.4%
Sonoma	\$1,701,268	\$1,260,336	74.1%
Stanislaus	\$1,462,095	\$1,718,348	117.5%
Sutter	\$381,449	\$228,816	60.0%
Tehama	\$335,121	\$349,775	104.4%
Trinity	\$206,436	\$232,943	112.8%
Tulare	\$1,404,134	\$1,317,441	93.8%
Tuolumne	\$300,789	\$339,700	112.9%
Ventura	\$2,372,074	\$1,997,226	84.2%
Yolo	\$745,624	\$619,798	83.1%
Yuba	\$400,482	\$363,413	90.7%
Total Reporting	\$117,022,956	\$88,282,866	75.4%