

State of California
Department of Alcohol and Drug Programs

**Comprehensive Drug Court Implementation
Act of 1999**



Final Report to the Legislature

March 2005



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Comprehensive Drug Court Implementation Act of 1999
Final Report to the Legislature, March 2005
Reporting Period: January 1, 2001 – June 30, 2004

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I. Executive Summary

The Comprehensive Drug Court Implementation (CDCI) Act of 1999¹ established the CDCI Program to fund 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 directed the Department of Alcohol and Drug Programs (ADP) to administer the program. The Act also required ADP to collaborate with the Administrative Office of the Courts (AOC) to design and implement the CDCI Program through the Drug Court Partnership Executive Steering Committee, established under the Drug Court Partnership Act of 1998.

The Act establishes a grant program to which county alcohol and drug program administrators may submit grant requests. The request is then followed by a multi-agency plan to identify the resources and strategies needed for effective drug court programs.

On August 11, 2003, Assembly Bill (AB) 1752 added Section 11970.35 to the Health and Safety Code. This section shifted the emphasis to adult felons with prison exposure.²

The Act further requires an interim and a final report describing the progress and achievements of the CDCI Program, and assessing its cost effectiveness. ADP submitted the Interim Report to the Legislature in 2004. This final report has been prepared pursuant to the Act. It describes the programmatic progress and assesses program cost effectiveness from inception to the latest date for which ADP has complete data. The study period, therefore, runs from January 1, 2001 through June 30, 2004.

Summary of Findings

The findings presented here reflect data collected during the three and one-half year time period from January 1, 2001 through June 30, 2004, referred to as the “study period”. For the purpose of this report, 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” or “graduates” refer to participants that successfully completed the CDCI Program during the study period, and findings that reference participants as “terminated” refer to participants who were terminated from the CDCI Program during the study period. Most participants are in the program for more than one year; therefore, completers and terminated participants are not necessarily subsets of the new participants of this study period. Findings are characterized by type of court: adult criminal, juvenile, and dependency/family drug court.

¹ Health and Safety Code Sections 11970.1 – 11970.4

² Assembly Bill 1752 (Chapter 225, Statutes of 2003)

Key findings from the study period are as follows:

- ✚ The adult felons successfully completing the CDCI drug court program avoided a total of 1,107,152 prison days.
- ✚ These adult completers saved the State more than \$42,800,000 in prison costs based on an average overcrowding rate of \$38.69 per prisoner per day.
- ✚ These savings resulted in a prison cost offset ratio of 1.31:1. For every \$1.00 spent on all CDCI drug courts, \$1.31 was saved in prison costs.
- ✚ Eight percent (n=653) of 8,555 new adult participants reported making child support payments regularly.
- ✚ Forty-two percent (n=3,607) of 8,555 new adult participants obtained employment while in the program, thus contributing to California's economy.
- ✚ Thirteen percent (n=1,087) of 8,555 new adult participants admitted to the program were homeless. Of this number, 868 participants (80 percent) obtained housing during the study period.
- ✚ Thirteen percent (n=1,068) of 8,555 new adult participants either enrolled in or completed parenting classes.
- ✚ Seventeen percent (n=1,480) of 8,555 new adult participants were reunified with family members.
- ✚ Four hundred seventy (470) juveniles and 412 family/dependency drug court participants completed the program successfully during the study period.
- ✚ Almost all adult participants' urinalysis drug test results (96 percent) were negative, proving no drug use by almost all participants while in the program. Ninety (90) percent of juvenile participants' urinalysis drug test results were also negative.
- ✚ Together, adult criminal and juvenile drug court participants completed 47,519 hours of community service.
- ✚ Among juveniles, completers avoided 91,885 juvenile hall days, 21,830 group-home days, and 8,723 California Youth Authority days.

- ✚ Of female drug court participants who gave birth, 94 percent (n=245) gave birth to drug-free babies. Both adult and juvenile mothers attained this result.
- ✚ One thousand two hundred forty-seven (1,247) parents were compliant with the family reunification plan, and 581 dependents were reunified with one or both parents.
- ✚ Dependents avoided 23,908 days in foster care and/or guardianship custody.

COMPREHENSIVE DRUG COURT IMPLEMENTATION ACT OF 1999
Final Report

Prepared by the California Department of Alcohol and Drug Programs

II. Program Overview

This final report has been prepared pursuant to Section 11970.2(d) of the Health and Safety Code, which requires the Department of Alcohol and Drug Programs (ADP), in collaboration with the Administrative Office of the Courts (AOC), to develop a final report on the progress achieved under the Comprehensive Drug Court Implementation (CDCI) Act of 1999. The findings presented here reflect data collected on the period January 1, 2001 through June 30, 2004.

Legislative Mandate and Program Purpose

The CDCI Act of 1999 established the CDCI Program. The Act requires ADP to administer the CDCI Program. It also requires that ADP collaborate with the AOC 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 further establishes a 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 original CDCI Program was to achieve the same continued success being realized in the Drug Court Partnership Program by expanding drug courts to include juvenile drug courts, dependency drug courts, and family drug courts, as well as expanding capacity in existing adult drug courts. AB 1752 (Chapter 225, Statutes of 2003) shifted the emphasis to adult felons with prison exposure.

General Goals of Drug Courts

Drug courts employ a rehabilitative approach to justice based on intensive drug treatment, close supervision, and a demand for participant accountability. This approach removes 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.

Drug 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 definitions and purposes of the various drug courts are outlined in Appendix A.

Funding of Drug Courts

ADP distributes State General Fund monies to fund CDCI drug courts. Funding was provided as indicated in Table 1.

Table 1

Fiscal Year	Funding Amount
2000-01	\$9.5 million
2001-02	\$7.7 million
2002-03	\$6.6 million
2003-04	\$8.9 million
Total Funding for the study period:	\$32.7 million
2004-05 (not in the study period)	\$10.7 million

Although funds are appropriated on July 1 of the State Fiscal Year (FY), they are not available under CDCI statutes for awarding until December 29. In December 2000, ADP awarded the FY 2000-01 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.

In FY 2003-04 the base allocation was \$6.6 million with an increase of \$2.3 million targeted for adult felons. Fifteen percent of the base funds were for juvenile and dependency drug courts.

In FY 2004-05, in addition to the \$6.6 million base and the \$2.3 million targeting adult felons, \$1.8 million of Promoting Safe and Stable Families (PSSF) federal funds from the Department of Social Services were appropriated in the Budget Act for planning or expansion of new or existing dependency drug court programs. The grants were distributed competitively to nine counties. Since these funds were not released until 2005, they had no impact on the findings of the study period of January 1, 2001 through June 30, 2004.

With the exception of the \$1.8 million federal funds appropriated in FY 2004-05, 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 redistributed on a per capita basis to participating counties using the methodology as directed under the CDCI Act of 1999, as amended.

Currently, 46 counties have had their applications approved and have been awarded CDCI grants to pay costs related to their multi-agency drug court plans. Each approved plan identifies resources and presents 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.

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. AOC receives a similar amount for oversight of the drug courts.

Partnership Entities

ADP and AOC have defined roles and responsibilities under the terms of the CDCI Act. ADP is the state administrative agency for California's substance abuse treatment system. AOC, as the administrative agency for the Judicial Council, provides administrative support and guidance for the State's drug court programs.

ADP and AOC convene the Executive Steering Committee to advise on the development and implementation of the CDCI Program. The Committee is chaired by designees of ADP and AOC. 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 program. 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 AOC, to award grants to qualifying counties that develop and implement drug court programs operating pursuant to Sections 11970.1 through 11970.4 of the Health and Safety Code.

The Request for Applications (RFAs) contains criteria for grant awards developed by the Executive Steering Committee and subsequently approved by ADP and AOC. 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 program participants;
3. The capacity to administer the program;
4. The ability to report measured outcomes for the CDCI participants and participants in comparable county administered drug court programs;
5. A commitment to the local drug court program on the parts of participating local agencies and the court; and
6. A commitment by the drug courts to meet the Ten Key Components, which are drug court guidelines developed by the U.S. Department of Justice.

Number Served During the Study Period

CDCI Grant awards provided services to 10,181 new participants (including 730 adult misdemeanants) during the three and one-half year study period. New participants, graduates, and terminated participants by type of drug court are shown in Table 2:

Table 2

	Adult Felons	Juvenile	Dependency /Family
New Participants	7,181	1,307	963
Graduates	3,849	470	412
Terminated	3,117	654	330

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 number of new drug court participants (10,181 entered during the study), particularly the adult felon subset (7,181 entrants), the geographic heterogeneity of the sample, and the standardization of the data collected across counties. All of these factors indicate that the findings in this report are reliable and would be representative of any future drug court population.
2. Certain limitations of this analysis should be considered. Some data fields were not reported completely at the county level. The adult felon data collection requirements were revised effective July 1, 2003. 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 admissions to the drug court program during the study period. Conversely, and of relatively greater importance, because of the growth in the program, not all of those who entered the program during the study period exited during the study period. Furthermore, the only cost savings calculated in this study relate to prison days saved. Days saved as to jail, juvenile hall, group homes, the California Youth Authority, and foster care were also reported. While the cost savings associated with these days are substantial, they were not calculated nor included in this report.

III. Program Outcomes

This section delineates findings from the CDCI Act of 1999 data collected during the period of January 1, 2001 through June 30, 2004. Counties send quarterly reports to ADP. The types of data collected were not the same across all groups. From the juvenile drug court population, program information, criminal justice, social, and public safety outcomes were collected. For family and 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 felon population. Forty-six participating counties submitted quarterly data for some form of CDCI Program during the entire reporting period. Individuals who were terminated from or completed the program are not necessarily subsets of new participants during the study period.

New Participants:

Seven thousand one hundred eighty-one (7,181) new adult felons were admitted to the CDCI Adult Criminal Drug Court Program from January 1, 2003 through June 30, 2004.

Criminal Justice Outcomes for Participants Exiting the Program:

During the study period, 6,966 adult felons exited the program. Of those, 3,849 (55 percent) completed the program. Terminated participants numbered 3,117 (45 percent) (Figure 1). Among adult felon completers, a total of 1,107,152 prison days were avoided.

Figure 1. Distribution of Adult Felon Exit Data (N=6,966)

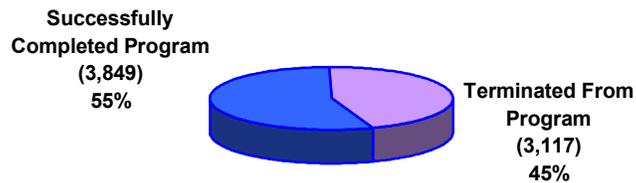
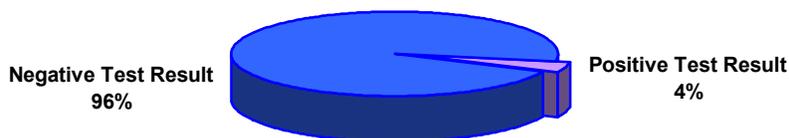


Figure 2 illustrates the results of 393,119 drug tests that were administered to adult CDCI participants during the study period. Nearly all (96 percent, n=377,117) tests were negative, supporting the fact that almost none of the participants were using drugs. The remaining tests were positive for substance use (4 percent, n=16,002).

Figure 2. Distribution of Drug Tests Administered to Adult Participants (N=393,119)



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

Figure 3 illustrates the distribution of drug-related births. Ninety-four (94) percent of births to female participants were drug-free babies (n=174). The remaining six (6) percent gave birth to drug-exposed babies (n=12).

Figure 3. Distribution of Births by Participants, (N=186)

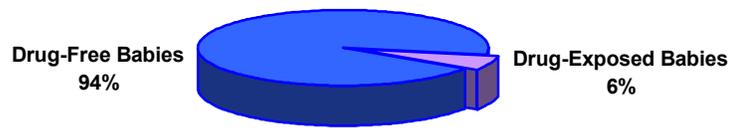
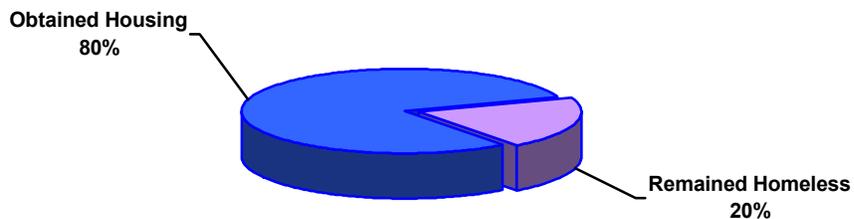


Figure 4 illustrates the distribution of housing status among previously homeless adult participants who obtained housing during the study period. One thousand eighty-seven (1,087) new adult participants admitted to the program were homeless. Of this group, 80 percent (n=868) obtained housing during the study period, while 20 percent remained homeless.

Figure 4. Distribution of Housing Status Among Previously Homeless Adult Participants (N=1,087)



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

- ✚ Three thousand six hundred seven (3,607) participants became employed during the study period.
- ✚ One thousand six hundred thirty-one participants (1,631) either enrolled in or completed an education or vocational program.
- ✚ Participants completed 39,522 community service hours within the study period.
- ✚ One thousand sixty-eight (1,068) participants either enrolled in or completed parenting classes.
- ✚ One thousand four hundred eighty (1,480) participants were reunified with family members.
- ✚ Six hundred fifty-three (653) participants reported making child support payments regularly.
- ✚ A total of 3,375 participants were current in court fee payments.
- ✚ During the study period, 962 adults obtained driver's 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 1,307 new juvenile participants were admitted into the CDCI Program.

Juvenile Criminal Justice Outcomes:

Four hundred seventy (470) juvenile clients completed the program during the study period. Juvenile completers avoided a total of 122,438 days of custody or institutionalization during the three and one-half year study period.

Figure 5 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, 91,885 days (75 percent); followed by 21,830 days in group homes, (18 percent); and 8,723 days in the California Youth Authority (7 percent).

Figure 5. Distribution of Days in Juvenile Custody Avoided by Program Type (n=122,438)

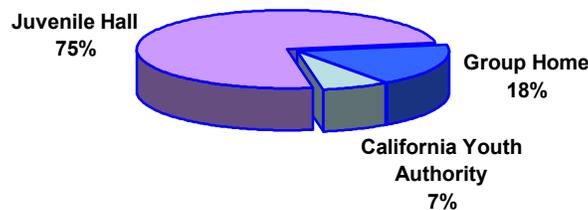
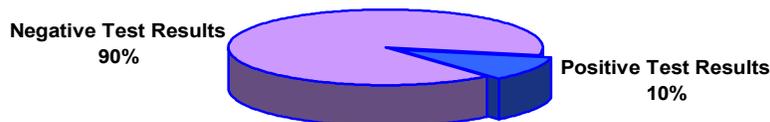


Figure 6 illustrates the distribution of drug test results among juvenile participants (n=51,493). The vast majority (90 percent, n=46,109) of drug test results were negative. The remaining tests were positive for drug use (10 percent, n=5,384).

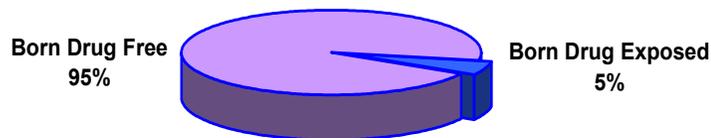
Figure 6. Distribution of Drug Tests Administered Among Juvenile Participants (n=51,493)



Social Outcomes and Accomplishments:

Figure 7 illustrates that among juvenile female participants who gave birth (n=71), 95 percent gave birth to drug-free babies. Four participants (five percent) gave birth to drug-exposed babies.

Figure 7. Distribution of Drug Free Births Among Female Participants (N=75)



- ✚ Five hundred twenty-one (521) juvenile program participants became employed during the study period.
- ✚ Sixty-eight (68) participants either enrolled in or completed parenting classes.
- ✚ Three hundred eighty-five (385) participants re-enrolled in either school or a vocational program.
- ✚ One thousand three hundred eighty-seven (1,387) participants reported increasing their school attendance.
- ✚ Eight hundred sixty-six (866) juveniles reported improving their grade point averages (GPAs) during the study period.
- ✚ A total of one hundred sixty-one (161) participants graduated from high school. Sixty (60) participants earned a GED certificate.
- ✚ Seventy-three (73) participants completed vocational or another education program.
- ✚ Eighty (80) participants enrolled in post secondary education.
- ✚ One thousand forty-nine (1,049) siblings of participants reported that they were positively affected by the participant's accomplishments in the program.
- ✚ A total of seven thousand nine hundred ninety-seven (7,997) community service hours were completed by juvenile participants.

Dependency/Family Drug Court

The following provides program outcome data focused on the dependency/family 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 963 new Dependency/Family Drug Court participants were admitted into the CDCI Program. Overall, 412 participants completed the program, and 330 participants were terminated from the program during the study period.

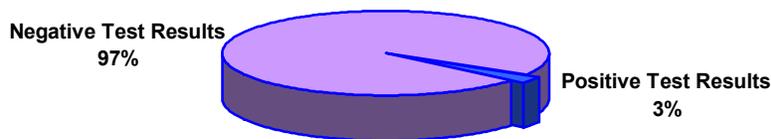
Family/Child Welfare Outcomes:

- ✚ Among parents with visitation rights, 150 were awarded increased supervised or unsupervised visitation.
- ✚ Two hundred fifty-five (255) parents enrolled in and/or completed parenting classes.
- ✚ A total of one thousand two hundred forty-seven (1,247) parents were in compliance with their reunification plan.
- ✚ Five hundred eighty-one (581) dependents were reunified with one or both parents.
- ✚ Dependents avoided twenty-three thousand nine hundred eight (23,908) days in foster care and/or guardianship custody.

Child Safety Outcome:

Figure 8 illustrates the results of 67,319 drug tests that were administered to parents of dependents. Nearly all (97 percent, n=65,449) tests were negative. Very few tests were positive for drug use (3 percent, n=1,870).

Figure 8. Distribution of Drug Tests Administered to Parents of Dependents (N=67,319)



IV. Conclusions

Of great importance in the current economic environment, for the three and one-half year study period, adult felon drug court participants who completed the CDCI Program averted a total of \$42,060,673 in prison day costs³. This figure does not include construction costs, staffing costs, etc. It reflects the actual savings of not imprisoning these participants.

The ratio of prison costs averted by adult felon participants, to the amount invested for the three and one-half year study period (January 1, 2001 through June 30, 2004) for the counties who reported adult drug court data is 1.31 to 1⁴. This cost offset ratio is based on the full \$32.7 million funding for all CDCI programs, even though fifteen (15) percent of this amount was allocated to drug courts other than adult felon courts. This means that every dollar invested in CDCI saved the taxpayer more than \$1.31 in actual prison costs. This figure does not consider savings realized from county jail time, foster care, juvenile hall, group homes, and various other costs avoided; nor does it consider the improved quality of life for participants, their families, and their communities.

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

³ Based on an average of the CDC daily overcrowding rate for FY 2001 through 2004 (\$38.69 per day per bed).

⁴ Based on the total of \$32,700,000 expenditures for all CDCI programs for the study period.

APPENDIX A

Adult Drug Courts

The focus is on the adult offender. These participants either could be pre-plea diversion 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.

Adult drug courts 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; and
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 when cognitive, social, and emotional skills necessary to lead productive lives may be developed. It also serves to limit 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 to:

1. To provide the parent(s) with the necessary parenting skills and substance abuse treatment services that will allow the child(ren) to remain safely in their parents care;
2. Decrease the number of children placed in foster care;
3. Require frequent drug testing;
4. Achieve family reunification; and
5. Keep families unified, while holding parents accountable for their substance abuse rehabilitation.