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**PROPOSITION 36 TODAY:  
A STUDY OF CALIFORNIA STAKEHOLDERS IN 10  
COUNTIES**

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April 21, 2005

This study was funded by the Center for Substance Abuse Treatment (CSAT) State Health Care Reform Technical Assistance, and Knowledge Synthesis and Dissemination Project (Contract No. 270-00-7071). The opinions expressed in this document are the views of the authors and do not necessarily reflect the official position of CSAT or the views of Health Systems Research, Inc.

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## Preface

Assessing the attitudes of key stakeholders in 10 counties during January and February 2005 about how well Proposition 36 (the Substance Abuse and Crime Prevention Act or SACPA) is working and how it might best be improved has been a challenging undertaking that was made far easier by the extensive cooperation with our telephone and onsite team of interviewers by the counties and stakeholders. We thank them for their thoughtfulness and honesty in response to our questions and also thank our many interviewees at the State level for their forthright discussions of the issues and accomplishments of this ambitious initiative in the State of California.

The format we selected for this report uses extensive quotations excerpted from the 111 interviews we completed during a 6-week period in January–February 2005. In the body of these quotations, there are perspectives and observations expressed and data cited by some interviewees. Readers are cautioned that these perspectives and observations and any data cited by the interviewees have been presented without editing on the part of the Avisa analysts. We cannot take credit or responsibility for these perspectives, observations, or data citations; the reader is cautioned that they are the unverified and unedited comments made by key stakeholders. Verifying the observations, perspectives, or data that may be mentioned herein is beyond the scope of this study. Readers are cautioned that quotations may or may not represent facts accurately and should be understood and appreciated as individual commentary, rather than verified evidence.

We appreciate the extensive comments we received on our report drafts from a host of readers at the county and State levels, especially including the staff at the California Department of Alcohol and Drug Programs, William Ford, Ph.D., of Health Systems Research, Inc. in Washington, D.C., our contract monitor for State technical assistance from the Center for Substance Abuse Treatment (CSAT), and other county and State stakeholders. Any remaining faults in this report are the responsibility of the Avisa Group.

We also thank CSAT for its financial support for this technical assistance study via Contract Number 270-00-7071 through Health Systems Research, Inc.

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April 2005

## Executive Summary

The Substance Abuse and Crime Prevention Act (SACPA or Proposition 36) offers California's nonviolent offenders convicted of simple drug possession a chance to be treated for their drug dependency instead of being incarcerated. Proposition 36 offenders who complete substance abuse treatment and comply with the conditions of their probation may petition the court to set aside their convictions. Additionally, individuals on parole who violate drug-related conditions of parole or who commit a nonviolent drug possession offense may participate in treatment under the auspices of the Proposition. Proposition 36 was intended in part to reduce drug-related crime and to generate savings for the State and the counties by avoiding costly incarceration and reserving court time, drug court programs and county jail and State prison space for more serious offenders.

California's Department of Alcohol and Drug Programs (ADP), the State's designated Single State Agency (SSA) for substance abuse, has the responsibility to oversee and assess the Proposition 36 program. As required by the Proposition, ADP has contracted with a California State university, UCLA, to conduct a formal evaluation. Although annual reports of early program experience have been issued, the final report will not be available until 2006.

Reauthorization and improvement of Proposition 36 is currently under intense consideration because funding sunsets in June 2006. Several proposals for change and continued funding after 2006 that reflect the perspectives of key stakeholders have been submitted to the legislature. While the longer term results of the UCLA evaluation that could inform policy and public opinion will ultimately be available, questions around the future funding and numerous proposals for change exist today. Stakeholders and legislators are already considering whether or not Proposition 36 funding should be reauthorized at the current level, increased, or discontinued and, if the program and its funding are to be continued, how the Proposition 36 processes and outcomes of the State and the counties can best be managed and improved. However, due to legislative timeframes, this question cannot wait for final official evaluation results.

The Federal Center for Substance Abuse Treatment, a Substance Abuse and Mental Health Services Administration Center, which administers the SAPT Block Grant that has Maintenance of Effort requirements (Proposition 36 expenditures qualify currently as part of the State's match) and also provides discretionary Federal substance abuse funding to the State, arranged for technical assistance that could help decision makers today to assess the following:

1. How key stakeholders view Proposition 36 concepts and operations thus far
2. Which of nine key proposals for change are supported by key stakeholders and to what degree they are supported by them
3. What stakeholders think about some of UCLA's annual report findings
4. What additional suggestions they have for improving or changing the program.

The Avisia Group was selected to carry out this task. This report is one outcome of that assignment. In conjunction with ADP and key State and local stakeholders, Avisia identified and recruited 10 counties that were as representative of the State as possible to take part in this project by making their drug and alcohol administrators and other key Proposition 36 stakeholders available and accessible to the Avisia interviewers. Avisia completed interviews with 111 stakeholders during January and February of 2005. Drafts of this report were circulated to respondents for their suggestions and comments, which were incorporated into the final draft. However, this report and any failure herein to report accurately on the observations and

sentiments expressed by the key stakeholder respondents are the responsibilities solely of The Avisia Group.

Although no one summary can possibly capture all of the comments made by the 111 respondents to this study, several broad aspects of possible improvement were suggested so frequently and consistently by many of this study's 111 respondents that they constitute important findings. It is important to note that **virtually every respondent, regardless of that respondent's position, professional group, or county, supported continuing to provide effective substance abuse treatment for individuals who are arrested for drug-related offenses**; differences among respondents were related to the most effective means to achieve this objective. Respondents made both global and specific suggestions for improving the operations and provisions of the Proposition 36 program. Details of each of these suggestions may be found in the analysis of responses to the survey questions that follows. Because this study was based on a purposive rather than random sample of Proposition 36 stakeholders in 10 counties, the order in which these suggestions are presented below reflects what these respondents thought was most important, not necessarily what a random sample of stakeholders might say was most important. Study respondents made suggestions in three categories:

- **Proposals requiring some type of statutory change**
- **Proposals for operational improvements in the Proposition 36 program**
- **Proposals for changes that could be implemented by California's ADP**

The most strongly supported changes were those that would require some type of statutory change; foremost among these changes were suggestions about providing the ability to impose graduated sanctions and providing targeted increases in funding for Proposition 36.

## 1. Suggestions That Would Require Statutory Change

In terms of the entire study, the four areas for improvement that generated the strongest support among respondents to this survey were **(1) targeted increased funding, (2) providing the ability to impose graduated sanctions, (3) changing program eligibility to focus resources on clients who are most motivated to change, and (4) intensifying case management services and drug testing**. All four of these areas would require statutory change.

**Supporting Proposition 36 improvement through targeted increased funding and selective use of graduated sanctions, such as "flash incarceration" and supervised community work service. Increased funding and graduated sanctions were the two most highly rated suggestions for change.**

1. **Increased Proposition 36 funding.** Many, however, were insistent that increased funding be tied to better measurement of treatment results and other Proposition 36 processes in order to target the increased funding and allocations to more effective practices and programs.
2. **Introduction of a broader range of sanctions and other incentives which would help high-risk clients take Proposition 36 treatment more seriously.** In general, respondents strongly supported the addition of graduated sanctions to the Proposition 36 process, such as flash incarceration (incarceration for periods from 1 day to 2 weeks were suggested by different respondents but

with no consensus on time periods among respondents). Supporters of graduated jail sanctions believe, as one judge stated, that “immediate, clear, known, and fair progressive sanctions and rewards work for offenders with substance abuse problems.” They believe that such immediate and graduated sanctions are necessary due to the nature of addiction itself, which they feel leads to a focus on the present and to severely discounting the value of future rewards and the cost of future constraints. However, some supporters of graduated sanctions also explicitly conditioned their support on the implementation of carefully defined sanction protocols and written guidelines with training for imposing such sanctions. In addition, certain supporters of graduated sanctions also favored increased Proposition 36 funding, but only if it was linked to specific measures of program and treatment effectiveness. The supporters of sanctions included an array of law enforcement, judicial, treatment, and public defenders and administrative respondents.

In contrast, the smaller number of **respondents who opposed graduated sanctions regarded them strictly as law enforcement program tools** that would not improve the effectiveness of substance abuse treatment or the outcomes for Proposition 36. Opponents of graduated jail sanctions typically stated that addiction is like diabetes, a chronic relapsing disorder, and that flash incarceration not only constitutes punishment for an inevitable symptom of the disorder itself but also interrupts valuable exposure to treatment, assuming the client has not left treatment. As one treatment provider said, “Let treatment work for a while. Clients need time to make the difficult transition from addiction to sobriety.” According to this perspective, relapses are an inevitable part of this clinical transition and require additional focused treatment, not punishment or punitive sanctions. Additionally, opponents believe that incarceration or other sanctions they see as punitive are contrary to the spirit and intent of Proposition 36, which they perceive was to transfer the management of individuals whose primary offense involved substance dependence from the judicial system to the treatment system. Some of these opponents also asserted that they felt there was no scientific evidence that increasing sanctions and invoking them before the “third strike” that terminates eligibility for Proposition 36 had enhanced program outcomes in similar venues. Therefore, they were skeptical that introducing sanctions prior to the termination of eligibility would enhance Proposition 36 effectiveness. The opponents of sanctions included an array of treatment professionals, administrators, client advocates, judges, public defenders and law enforcement personnel.

3. **Focusing clinical resources on clients who are the most motivated to change as one way of retaining and graduating a larger proportion of Proposition 36 clients in treatment.** Respondents mentioned that sometimes scarce treatment resources were being spent on clients with little evident interest in recovery and strong resistance to treatment engagement. Respondents offered a number of suggestions to implement this change, including **changing the eligibility criteria to screen out clients presumed or shown to be little interested in recovery** and adding graduated sanctions, which they felt would remove clients with little interest in recovery from the program more quickly.
4. **Intensifying case management services and drug testing.** Respondents almost uniformly recommended more frequent client monitoring and intensified

case management services with accompanying drug testing, regardless of whether the courts, probation, counties, or providers were offering these services. Many respondents said that their counties already offered drug testing alongside Proposition 36, but they added that the funding was not sufficient currently to increase these services. Respondents felt that case management services and drug testing were critical components of treatment, encompassing both offender progress or setback monitoring and reporting and a community-based intervention that would help Proposition 36 participants better engage in, remain in, graduate from, and better utilize treatment and ancillary Proposition 36 services, such as vocational education. They saw case management and drug testing as clinical tools for “risk reduction” and relapse prevention as well as mechanisms for client and program evaluation and reporting. Intensification of case management and drug testing would require additional funding and possibly statutory changes.

## 2. Suggestions for Operational Improvements

Respondents to the survey mentioned five specific areas of Proposition 36 operational improvements that should be undertaken in order to improve the effectiveness of the program. These changes would not necessarily require action by the legislature.

- 1. Sustaining or reinvigorating interagency collaboration to improve Proposition 36.** About 85 percent of respondents indicated that they valued or enjoyed the interagency communication and collaboration involved in Proposition 36. A few respondents mentioned that they missed the involvement of all relevant stakeholders that had accompanied the early stages of Proposition 36 implementation. Some law enforcement stakeholders observed that their stakeholder group was no longer represented in the collaborative steering committees, due to what they perceived either as being overlooked or ignored during group discussions or not being able to attend meetings held at particular times. A few respondents noted that the original collaborative steering committee had lost some key participants, especially representatives of law enforcement. These respondents feel that the active cooperation and involvement of law enforcement is critical to Proposition 36 steering committees, to the success of Proposition 36 and to the continuing flow of clients into Proposition 36-sponsored substance abuse treatment.
- 2. Ensuring that a broad range of treatment programs are available and that they effectively meet the multiple clinical, human, housing, transportation, and cultural needs of offenders.** Many respondents expressed a concern about a relative lack of more intensive outpatient or residential treatment programs for Proposition 36 clients, as well as a lack of sober living and halfway houses in many counties. Some respondents felt there should be more treatment and staff focused on women’s needs, on the needs of opiate dependent clients, and on the needs of ethnic minority clients. Even though respondents were unsure that precise treatment-offender matching was possible or that it would work for every client, many respondents indicated that they thought retention in active treatment for a long-enough period for appropriate therapy to have a lasting effect was an important process and program improvement goal. They also advocated more analysis of treatment outcomes that

could help to identify the most effective approaches for different types of Proposition 36 clients.

Counties with large rural locations poorly served by public transportation cited the need for dedicated transportation or transportation vouchers that would help clients to get to outpatient treatment programs or residential programs regularly, since many clients do not have cars or have lost their licenses. They indicated that many individuals with substance abuse problems lose their driving privileges, an issue especially important in rural areas but also of significance in many of California's sprawling metropolises that may not have enough affordable public transport that low income Proposition 36 clients can use to attend treatment programs.

3. **Focusing more effort on identifying and rewarding the most effective treatment practices and outcomes.** Many respondents believed that improving treatment required more frequent, consistent, and standardized data on treatment programs and client outcomes. Some felt this effort could then serve as the basis for future allocation and contracting efforts at the local, county, and State levels. Although some respondents noted that they had participated in the County Lead Agency Implementation Meetings (CLAIM) held by State ADP and found the discussions of best practices and new treatment initiatives that some counties presented during those meetings to have been quite useful, others said they could not or did not attend the CLAIM meetings and that they had little or no exposure to ADP because they were solely locally based and focused. These respondents wanted to be sure that they too received more news about promising Proposition 36 efforts in other counties and at the State level and also that their own successful initiatives or promising practices and treatment efforts were recognized and rewarded by the State through greater analysis of treatment outcomes for Proposition 36 clients and greater dissemination of successful results.
4. **Shortening waiting times and thereby accelerating the initiation of the treatment process and successfully enrolling more of the Proposition 36 offenders in appropriate treatment.** This area of improvement derives from respondents' comments about the need to shorten the amount of time between court appearance and assessment, or from court appearance to referral for treatment and then to treatment enrollment, in order to minimize the number of dropouts during the initiation of assessment and treatment. Some counties have attempted to do this by co-locating probation and treatment staff, by locating assessment near the courts, by locating assessors at the courts, or by minimizing the waiting time for the first appointment at a treatment program. Reduction of the time lapse between court adjudication and enrollment in treatment would help minimize the loss of clients.
5. **Consistently providing appropriate aftercare for a sufficient time to manage or minimize the risk of relapse.** Many respondents observed that there was often a long period of time between clients' completion of Proposition 36 treatment and their appearances before a judge with a petition to dismiss charges. According to respondents, during this time period, clients may not receive continuing care services or relapse prevention interventions and may not be availing themselves of self-help supports, leading to unnecessary relapse. A number of respondents from some counties also felt that recent local decisions to

shorten the duration of aftercare from 6 months to a reported 3 months for fiscal reasons would expose clients to a heightened risk of relapse and program failure.

### 3. Suggestions for Changes in California Department of Alcohol and Drug Programs Processes

Respondents suggested that ADP could help to improve the effectiveness of Proposition 36 by facilitating standardization of operational processes and definitions among the 58 counties.

1. **Ensuring that Proposition 36 local administrative and oversight processes are more timely, consistent, and more clearly defined amongst the Counties.** Respondents felt that Proposition 36 processes would be strengthened if decision making at every level of the initiative was guided by such aids as widely distributed guidelines from ADP, providing clearer definitions of events and outcomes such as successful program completion and best practices or decision making protocols. Many respondents thought that this was one way ADP could improve the program. However, a number of respondents also said that such a statewide ADP effort should proceed as written guidance and training, rather than strict regulation, so that Counties could still have sufficient flexibility in running their own programs. A few respondents were concerned that increased judicial discretion proposed as a change to Proposition 36 would work counter to these goals for increasing consistency and might impair future program effectiveness rather than increasing it; these respondents suggested that judges seeing Proposition 36 offenders be required to follow a written set of guidelines developed by the judiciary to guide decision making in order to ensure greater consistency in the courts within each county as well as across counties.

## Introduction and Methods

This qualitative participant observation study is based on extensive interviews with key Proposition 36 stakeholders in a purposive sample of 10 Counties selected to be representative of the 58 Counties of California. The objective of this study was to reach out to these stakeholders to gather their detailed observations about Proposition 36 processes and some of the widely proposed suggestions for change, as individuals and professionals deeply involved with implementing the initiative in their Counties. State and local stakeholders and professional organizations were interviewed to seek their recommendations about characteristics the 10 counties to be selected should possess. Our informants suggested including large, medium, and small population counties in Northern, Southern, and Central Valley locations in California, including both urban and rural counties. These suggestions were followed. Interviews were conducted with 8 county steering committees and 111 stakeholders in total from the following 10 Counties during January and February of 2005:

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COUNTY	POPULATION (2004)	REGION	SIZE
ALAMEDA	1,501,952	North	Large
HUMBOLDT	130,953	North	Small
KERN	744,325	South	Medium
LAKE	63,110	North	Small
LOS ANGELES	10,179,716	South	Large
SACRAMENTO	1,360,346	North	Medium
SAN BERNADINO	1,930,416	South – East	Large
SAN LUIS OBISPO	259,924	South	Small
SANTA CLARA	1,749,365	North	Large
STANISLAUS	500,172	North	Medium

Ten Counties (all of those approached) agreed to participate in this study. Each county was visited on site by members of The Avisa Group to observe meetings of the County Proposition 36 collaborative, whenever possible, and to conduct in-person interviews. Additional interviews from key stakeholders who were not present during site visits, were not in attendance at the steering committee meetings or who were unable to schedule an in-person interview during the course of the onsite visits were conducted by telephone using the same structured interview guide utilized during the site visits (see Appendix). Each county was visited for a minimum of two days and certain counties received more than one visit to accommodate the schedules of key stakeholders. Interviews were conducted with the following categories of respondent stakeholders in each county:

Stakeholder Group	Code	Number Respondents	Percent of Respondents
County Alcohol and Drug Program Department Administrators	AOD	23	20.7%
County Executive Staff	CTY	2	1.8%
District Attorney's Office	DA	9	8.1%
Judges	JUD	11	9.9%
Others	OTH	11	9.9%
Parole Officers	PAR	3	2.7%
Police Officers	POL	3	2.7%
Probation Agents	PRB	16	14.4%
Public Defenders	PUB	5	4.5%
Sheriffs	SHE	7	6.3%
Treatment Providers	TRX	21	18.9%
TOTAL		111	100.0%

In the following discussion, Stakeholder Group codes are used as defined above to identify the professional stakeholder group to which the respondent belonged. A total of 84 interviews were conducted with 111 total respondents. Some interviews included an entire steering committee or more than one participant, at the stakeholders' requests, which accounts the fact that there were 84 interviews but 111 individuals counted as participating. Three attempts were made to gather responses from individuals in each stakeholder professional group in each county participating in

this study of Proposition 36. County Alcohol and Drug Program Department Administrators had the highest number of respondents among all the stakeholder groups. The distribution of respondents among stakeholder categories is opportunistic and not random.

Interviews were conducted using an open-ended structured interview guide that was sent ahead to most respondents in order to prepare them for the questions and to gather a wide range of open-ended observations about “what works well and what doesn’t work as well” with respect to Proposition 36 in each of the 10 study Counties.

**Confidentiality was promised to all individual respondents.** Numerical scores of interview responses are reported only for stakeholder groups with five or more respondents. Accordingly, for the purposes of reporting numerical scores, police and sheriffs are grouped together and respondents from parole and county executive offices are grouped with the “Other” category.

Respondents were asked to evaluate the importance of each of nine specific proposed changes to Proposition 36 using a Likert scale of 1 to 5, with 5 being “most important” and 1 being “least important” or even signifying opposition to the proposed change. All interviews were transcribed and entered into a computer database. Two statistical software packages were used for analysis of the data: StatPac and SPSS. StatPac was used to perform content and frequency analysis of the textual responses and SPSS was used to perform descriptive statistical analyses of the scalar responses. One individual chose to respond to the interview guide online, rather than doing either an in-person or a telephone interview.

Extracts of interview responses are provided throughout this report to enrich the analysis. The remarks quoted by interview respondents represent the observations of the respondents themselves and do not necessarily represent the opinions of the authors, the California Department of Alcohol and Drug Programs, CSAT, or Health Systems Research, Inc. **Statistics and other observations quoted by respondents represent their perspectives only and have not been verified by Avisia in the course of this study. Statistics should not be taken out of this context and should not be represented as necessarily being accurate or reflective of broad public or scientific evidence or of wider public opinion.**

### **Limitations of this Study and Study Methods**

This study was supported through technical assistance funds from CSAT. Federal technical assistance funds are not intended to fund large random assessment surveys or broad-scale evaluations such as the one UCLA is conducting for State ADP. Instead, in this study, they were used to support a careful qualitative analysis requested by ADP of what key stakeholders were thinking and feeling about Proposition 36 operations and key stakeholders’ observations about nine specific suggestions made by some stakeholders for changing SACPA. Our 10 study counties and the key stakeholders within them constitute a purposive sample, selected according to the criteria developed and specified as explained above; the respondents were therefore not a random sample representative of the total population of California stakeholders or counties. **The purpose of doing this study was for ADP and the State to better understand where key stakeholders stand and what suggestions they have for improvement and opinions they hold** regarding Proposition 36. The observations reported here have in no way and at no time been edited by any entity other than The Avisia Group.

In each county studied, Avisia analyzed the county’s annual approved Proposition 36 plan(s) prior to conducting the interviews in person or on the telephone. We also reviewed all of the published studies to date that focus on Proposition 36 and attended the Statewide Advisory Group (SAG) and

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the Evaluation Advisory Group (EAG) State-level meetings, as well as the County Lead Agency Implementation Meeting (CLAIM) meeting, so as to understand better the context of the proposition. Prior to conducting this study, the Avisa Group had analyzed Proposition 36 issues for a large Northern-urban California county, including assessing information system flow, onsite observations in courtrooms, and interviews with that county's key stakeholders. The Avisa Group also conducted informational and background discussions with key State-level stakeholder groups in the process of developing the county selection list and the interview guide, including individuals at ADP, key judges, law enforcement professionals, treatment organizations, parole officers, and Proposition 36 supporters. No clients were interviewed for this study. Several of the counties participating in this study provided additional materials explaining their specific programs, including some county-level annual reports, county-wide data on utilization of Proposition 36, and county-level evaluations. Some counties provided extraordinary access to key stakeholders; however, all 10 counties were cooperative, especially given the short timeframe of this study.

This study was conducted at a particular point in time, rather than longitudinally. It represents observations of stakeholders during January and February of 2005 and may not represent observations made at another point in time. This study is not intended to be an evaluation of the client outcomes of Proposition 36. The interviews conducted and the observations of steering committees were focused on suggested improvements and reactions to nine specific proposed changes and did not involve gathering client, fiscal, or service data.

The counties selected were as representative as possible of California's geographical regions and counties but they still constitute only 10 of California's 58 counties and, despite Avisa's efforts, may not be statistically representative of the whole population of counties. Where possible, numerical ranking of responses to nine proposed changes was used, but questions posed were not structured as traditional survey questions. Instead, they were meant primarily to stimulate discussion and to encourage frank responses; to this end, and to avoid potential bias, the initial questions were open ended. In addition, not every type of professional stakeholder approached participated in every county, despite several waves of follow-up calls and reminders. Police officers were less well represented as respondents than were other stakeholders in this study.

Because of the qualitative nature of this study, simple descriptive statistics are generally used in this analysis instead of those based on assumptions of random sampling. This is a study of stakeholder perceptions, observations, rankings, and suggestions. Although the response rate for key stakeholders asked to participate was high and some unsolicited additional respondents requested to be included in the study (every respondent who made such a request was interviewed), stakeholders who were less or more committed to Proposition 36 than others may or may not have participated in this study. Therefore, the response bias is unknown.

All responses were analyzed with StatPac content analysis software to determine frequencies and extract key themes. Descriptive statistics for Likert Scale responses collected on specific reform proposals were produced using SPSS. However, the reader is to be aware that there are limits to the type of statistical analyses that could be performed due to the nonrandom purposive sample of counties and stakeholders who participated. The generalizability of these results is therefore somewhat limited. Nevertheless, the study responses do provide a sampling of observations and suggestions from stakeholders keenly aware of proposals for change in SACPA and intimately involved in SACPA processes. In a sense, the study respondents constitute a kind of "serial focus group" of key actors.

## Stakeholder Assessment of Program Operations: Responses to Open-Ended Questions

The interview guide (see Appendix) both begins and ends with open-ended questions that focus on what aspects of Proposition 36 are thought to be working well in that county; what aspects could be improved; and the individual's suggestions for change and improvement in the Proposition itself and in the Proposition 36 operations of that individual's own organization, that of the county lead agency, and those of ADP. Responses to the open-ended questions are discussed in the order of their appearance in the Interview Guide (Appendix).

Analysis of each question consists of content and frequency analysis of the responses in order to determine the proportion of respondents who mentioned specific themes accompanied by a discussion of the responses. Additionally, selected excerpts of responses to each question are presented below to provide the context and flavor and specific suggestions of the interviews that were conducted. These excerpts were not selected randomly; rather, they were selected purposively to include examples that represent both frequent responses and responses that appeared to be characteristic of key stakeholder professional groups. The individual stakeholder comments should not be construed to represent the opinions of The Avisia Group, of the Counties as a whole or of ADP. **Statistics and other observations quoted by respondents represent their perspectives only and have not been verified by Avisia in the course of this study.**

### 1. What aspects of Proposition 36 in your County work well?

This first question was quite similar to question two (below); i.e., both questions asked respondents about their observations of the positive aspects and concrete achievements of Proposition 36 in their County. The first question asked "what aspects work well" and the second asked for the "top three achievements" of the Proposition initiative as of the beginning of 2005. Analysis of the responses to the first question revealed that the dominant response by stakeholders who participated in the study was that the **interagency collaboration** among Proposition 36 stakeholders was something they valued highly in its own right and thought worked particularly well, an observation that was mentioned by 43 percent of all respondents. Although **expanded treatment services and enhanced service access** were also mentioned as a successful aspect of the Proposition by an equal 43 percent of respondents, some favorable mentions of treatment were made only in the context of collaboration with treatment providers rather than in the context of increased access to treatment.

Review of the underlying responses revealed that the percentage of those who responded that increased **access to treatment** was one of the areas that worked well was lower than the percentage of those who mentioned that interagency collaboration by itself worked well. However, as noted below, **expanded substance abuse treatment availability** was one of the two most frequently mentioned achievements of Proposition 36. Eighty-five percent of all respondents to this question mentioned either treatment expansion or the interagency collaboration as one of the aspects of Proposition 36 that worked well. No other aspect of Proposition 36 working well rose to a noticeable prominence when responses to this question were analyzed.

Responses to this first open-ended question were lengthy. Excerpts of responses that mention **collaboration** follow, in quotation format, with the code for the professional group of the respondent in parentheses:

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- Communication, participation and collaboration are working. Everyone attends monthly meetings. (PRB)
- We have increased cooperation and collaboration with County AOD agency – a better working relationship, more information sharing, and focus on client needs. Proposition 36 greatly expanded a pre-existing relationship. The access to treatment for clients works well. (PRB)
- There is better collaboration between ADP and probation: for years each department was in its own silo. Proposition 36 brought collaboration to our County. Clients under Proposition 36 are predominantly hard core users; these have highest exposure to arrest under the Proposition. Exposure to treatment for these clients has been successful. It is possible that arrests for drugs went up because of Proposition 36. (TRX)
- We now have greater integration of prevention, treatment and law enforcement; collaboration. Law enforcement alone is not the answer; we need treatment and education to work in conjunction with law enforcement. (SHE)
- Our collaborative model works well. Otherwise, it really doesn't make economic sense to spend this much money on a few successful cases. Proposition 36 clients know that no one is accountable in this program. This knowledge has proliferated virally in the community and caused increased drug abuse, which in turn has led to an increasing organized crime presence. This aspect has been very harmful to the community. This system is therefore guaranteed to keep people in the same cycle of drug abuse. (POL)
- There is commitment of all involved agencies to the spirit of P36. Collaboration exists among all agencies in the implementation of P36. However, the jury is still out on P36 itself. (DA)
- The courts that do best have a drug court/collaborative team approach with frequent and intense case management. (PUB)
- Good communications and monthly meetings of collaborative are a plus. It is a good program – I like the program. (JUD)
- Collaboration among all stakeholders has increased, but especially between AOD and probation. Processes are now well established. Everybody is processed consistently. (PRB)
- Collaboration among treatment, courts and probation is positive. Co-location of assessment and probation is working. (TRX)
- Information sharing among treatment, probation and court is increasing. Frequent meetings among stakeholders are positive. (DA)
- A few graduates have made it through. AOD and probation work together well and have developed a good process. AOD and probation staff is committed, have improved services and perform referrals quickly. (DA)
- Collaboration between treatment, probation, and courts is working. (JUD)
- Coordination among agencies – Probation, courts, and AOD. A strong and dedicated assessment unit. A flexible approach. By and large, it works well. We use the drug court as a backup for P36 failures, although it is hugely resource intensive. (JUD)

What was striking about the responses that valued the collaboration was that there was almost ***no discussion of the purpose of the collaboration or of its outcomes***, despite some probing from the interviewers.

However, not every response that mentioned collaboration was positive. In particular, several law enforcement stakeholders felt, as one respondent observed, "Law enforcement is not treated as an equal partner in the collaborative" or as another stated, "Law enforcement input is not used" or "We used to participate in the collaboration in the early years but now we don't."

Many responses that mentioned treatment referred only to the expansion of substance abuse treatment services associated with the additional funding provided by Proposition 36. Excerpts of some of the additional points made by those who mentioned treatment in their response to the “working well” question are as follows:

- Expansion of treatment opportunities to a new population has occurred – 50 percent of our Proposition 36 clients are in treatment for first time. Unlike drug court, Proposition 36 clients mirror our population. Eligibility for Proposition 36 is no longer based on individual judgment. Proposition 36 has increased the visibility of substance abuse treatment in the community and provided political capital to county AOD agency. (AOD)
- Proposition 36 has increased the exposure of many clients to treatment, many for the first time. (TRX)
- We now see movement of clients into proper level of care – we have a continuum from residential to intensive outpatient (IOP) to outpatient (OP) to sober living. Good involvement of probation in process.
- Information sharing among treatment, probation, and court is working, including frequent meetings among stakeholders. (DA)
- Exposing people to treatment, many for first time. Success of some clients. (TRX)
- Proposition 36 is expanding access to drug treatment. Raising level of consciousness among police. Creating continuum of care for treatment. (JUD)
- Concept of treatment instead of incarceration is very good. However, our Department gets a lot of calls for service from the areas around the treatment facilities. (POL)

## 2. What are the top three achievements of Proposition 36 in your county?

Almost half of the respondents to this study question (48 percent) mentioned **treatment expansion** or **enhanced access to treatment** as one of the top three achievements of Proposition 36 in their County. The other 2 most frequently mentioned achievements were **collaboration** (24 percent) and **graduates from Proposition 36 or success** (11 percent). Excerpts of responses to the achievement question follow:

- We were able to develop a sober living environment for Proposition 36 clients. A new program for these clients was started to provide vocational, life skills, and other training. (PRB)
- There have been some successful clients who have gotten jobs, regained their families, and started on the road to recovery from addiction. (SHE)
- We now have redesigned the substance abuse treatment system into levels of care along with specific standards of care and continuum of treatment. P36 forced this improvement. Building capacity for data. Relationship with probation has become a model of collaboration useful for other relationships. (AOD)
- Development of a really good drug testing model that provides for frequent drug testing, which is very important, even though a few dirty tests alone do not mean automatic revocation. (JUD)
- Developing a true collaborative relationship with probation during which they embraced treatment. This was not true prior to Proposition 36. (AOD)
- It has fostered a closer working relationship among police, sheriffs, and probation officers; the failures of P36 have brought them together. It has increased the

awareness of treatment; law enforcement now supports and advocates for treatment as one component of a comprehensive strategy to combat drug abuse, a strategy that also includes law enforcement. It has encouraged the involvement of law enforcement in public policy. (POL)

- We see diverting clients from jail to treatment and successful completion by thousands of clients. We have been successful in providing a period of sobriety to some. (PUB)
- "Perps" have been turned into clients. (TRX)
- We have change in the perspectives of judges, probation officers, and law enforcement. Increased access to treatment, especially for those never before treated. Demonstrated importance of aftercare. Collaboration has been very successful. (AOD)
- We have number of clients who have entered effective counseling programs and gotten at least a taste of treatment. Many committed clients even like their probation officers! Effective and efficient use of tax dollars. (PRB)
- People have gotten their lives back. Offenders didn't like it at first, but more are positive now – people ask for it and are willing to try. (TRX)
- Proposition 36 expanded drug treatment. Gave drug treatment option to those who would not have it otherwise; changes the custody cycle. (PUB)
- Increased treatment – five times as many as we were able to serve in Drug Court. The exposure to treatment in and of itself has value. (JUD)

### 3. What aspects of Proposition 36 could work better in your county?

Although **drug abuse treatment** was mentioned by respondents to this study as one of the three principal achievements of Proposition 36, **treatment** was also the most frequently mentioned area **requiring improvement**, identified by 43 percent of respondents as one of the aspects of Proposition 36 that could “work better” in their county. A number of respondents noted that treatment was “a black box” and that they were not sure how effective or cost efficient the various treatment programs were with the Proposition 36 population. The other 2 potential areas of improvement, mentioned by 18 percent of respondents, were **client accountability**, **additional sanctions** and **imposing consequences for noncompliance**. **Inadequate access to residential treatment** was mentioned by 17 percent of respondents, although many explained that inadequate access reflected the limited continuum of care in their counties or the fiscal constraints imposed by their Proposition 36 allocation or their county's budget problems.

Several respondents indicated that there was not a full continuum of drug treatment services in their community and that **residential treatment centers were one of several gaps in treatment** for Proposition 36 treatment programs. Treatment for clients with co-occurring disorders was also noted by several respondents as an important issue.

Among those respondents who mentioned treatment as one of the areas that could work better, the following excerpts are presented below:

- We need more residential beds and longer-term residential treatment. But data from treatment providers is often difficult to obtain. (PRB)
- First, we need more dual diagnosis treatment. Second, there is insufficient consistency of determinations of when to terminate from program for lack of success – too much judicial discretion. (DA)
- Waiting periods for treatment mean some judges keep clients in custody before they plead to Proposition 36 – some stay in custody 2–3 weeks. (DA)

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- We need better treatment for young adults aged 18–25; we currently do a poor job with this population. We must improve the cultural competence of substance abuse treatment system – we need to be able to communicate in the language of emotions that clients understand and with metaphors that are familiar to clients. (AOD)
- Proposition 36 has displaced the more effective drug court – drug court funds have been cut in half in our County. Proposition 36 is easier for clients than drug court in terms of time, cost and the necessity of commitment to treatment process. (PRB)
- We need more residential beds. Need more treatment for co-occurring disorders. Need better arrangements for transportation of clients; from court to assessment, from assessment to home, from home to probation and treatment. Most assessment centers are not co-located with courts. There is not enough monitoring of providers or measurement of effectiveness of providers. More access to methadone treatment is also needed. (PUB)
- We need more providers in outlying, rural areas of the County. (PAR)
- Better treatment matching would be helpful – minor offenders are overtreated, which is inefficient. (AOD)
- It has been difficult to develop additional residential programs – NIMBY. We have no youth residential treatment and a lack of access for women with children. (AOD)
- We need better outcomes evaluation. (AOD)
- Dual diagnosis clients with mental health issues need to be better addressed. Out-of-County placements don't work well and we rarely get reports from out-of-county providers at all. Improved management of clients with multiple problems – DUI, domestic violence, child custody, mental health, etc. (JUD)
- We need a longer time in treatment. We need to strengthen the mental health component. (TRX)
- Success rate in treatment could be higher – drug court has 46 percent compared to 26 percent for Proposition 36. This is because most treatment for P36 clients is 2–3 hours per week, compared to 20 hours per week for drug court. Limited P36 funding means lower intensity of treatment than required by most P36 clients. We also need more competent assessments by AOD – they believe client misrepresentations and assign clients to lower level of care than they really need. (TRX)
- Treatment services are not sufficiently intensive; it is a shame, because this results in clients flunking out. (DA)
- Recovery rate needs to improve – it is currently 30–40 percent, with many treatment dropouts. We also need more money for clients with co-occurring mental disorders. (AOD)
- There are not enough places to send clients. Need more wraparound services. Lack of funds is a problem, especially for residential care. We compromise too often on the level of care, which results in client failure. There is not enough case management – a major lack. This results in client failure and ultimately, public harm. Outpatient treatment without aggressive case management by treatment professionals is a waste of money. (AOD)
- We need more appropriate placement; assessments are "financially biased, not clinically based." (TRX)
- The delay getting people in treatment is negative. We have waiting lists for residential. (JUD)

Respondents who mentioned residential treatment access generally were concerned about a lack of sufficient capacity:

- Need more residential beds. (PUB)

- It has been difficult to develop additional residential programs – NIMBY. We have no youth residential and a lack of access for women with children. (AOD)
- We need more residential beds and detoxification services. More funding to fill in gaps in continuum of care, especially residential. (AOD)
- More residential and sober living needed. (OTH)
- More residential beds needed. (JUD)
- Increase the number of residential beds to eliminate the waiting list. Most clients need residential at the beginning of treatment. In this county, many clients get to their second violation before they get a bed. (PRB)

Although the topic of **sanctions** was more fully addressed by most respondents in their response to the item below on “specific suggestions” for change, 18 percent of respondents addressed the issue of **sanctions and consequences** in their suggestions for things that could work better. Excerpts of responses are presented below:

- Courts need to have more teeth. (Increase severity of sanctions.) Many clients have multiple Proposition 36 offenses. People cycle through the process repeatedly. Needs to be something beyond violating out after three violations. Not sure jail is the answer; but there needs to be a consequence for violation. (TRX)
- Some defendants see Proposition 36 as a “get-out-of-jail-free” card. We need to be able to distinguish between those who can take advantage of treatment and those who won't. (DA)
- Availability of graduated sanctions required to get the attention of some clients. (PRB)
- We need a new approach to clients who backslide; more contact and monitoring with these clients. (TRX)
- Many clients are not ready and cannot overcome their resistance to treatment under current P36 provisions, get three shots and go to jail. Clients have a low level of accountability; it sets them up for a bigger fall than they would have had if they had been able to undergo appropriate treatment in the first place. Not enough consequences or supervision. Treatment services are not sufficiently intensive; it is a shame, because this results in clients flunking out. Not enough Public Relations about program successes. Not enough accountability. (DA)
- Some P36 clients don't want treatment; they only want to avoid jail – these clients do not do well.
- In my opinion, drug court clients do much better than P36 clients, even though they have more severe legal issues, because of weekly drug testing and weekly court attendance. Drug court clients do not have more severe addiction. Drug court clients have immediate consequences for noncompliance and therefore are much more successful. (TRX)
- A large proportion of clients have learned that there are no consequences for not complying. They know they have three chances, so they wait to be picked up by overworked police and parole. (TRX)
- “Catch and release” policy does nothing to reduce crime. (SHE)

#### 4. What specific suggestions for changes in Proposition 36 do you have?

Responses to this question on the study by Proposition 36 stakeholders mentioned **accountability, sanctions, consequences, jail, incarceration, or custody** more than any other suggested change; 41 percent of respondents used these terms in their response to this

item. None of the responses to this question suggested reductions of existing nonjail sanctions or maintenance of these currently available nonjail sanctions at their current level. The other suggestions had to do with **treatment**, which was mentioned in 33 percent of the responses and **residential care**, which was mentioned in 9 percent of the responses (These figures are not additive, as many responses used the term "residential treatment"). The following are extracts of responses that mentioned the broad topic of sanctions and accountability:

- Clients need more "incentives" to stay in treatment. Clients need to have accountability enforced. Provide courts with more discretion. Clients need to be able to be incarcerated briefly to detox or to "stop the process" in which they are engaged. (TRX)
- Require clients to demonstrate progress in treatment and provide for incarceration early on for clients who fail to demonstrate commitment to treatment. Proposition 36 has become just one more free shot at avoiding jail for many repeat offenders. (SHE)
- Brief incarceration after a violation – these clients respond to incentives. Remove non-drug violations from excluding clients from eligibility for P36; retain legal consequences for the violation, but make clients eligible for P36. (JUD)
- As a Public Defender, I believe that the probation violations section should be reworked – three times and out doesn't work. People who participate in treatment and have difficulty remaining sober should remain eligible. People who don't attend treatment should be subject to incarceration. Flash incarceration would be a good thing to increase treatment attendance. (PUB)
- We need a system that pays for results instead of a system that pays for a process. (SHE)
- Introduce a continuum of sanctions – increased attendance at court, incarceration – to increase motivation for treatment. Community work service not useful. Focus on effectiveness and outcomes of providers in order to use scarce funding resources wisely. (PRB)
- More funding for transportation and residential treatment needed. Introduce graduated sanctions, including "flash" incarceration, community service and increased court appearances. Increase the coverage of Proposition 36 to include those charged with crimes often committed by drug abusers, such as prostitution and petty theft. (PUB)
- Provide for sanctions for first and second violations. Do something about client loss due to distances clients must travel, especially clients who have no cars or who have suspended licenses. (JUD)
- We need more intermediate consequences – community service, increased counseling and flash incarceration. We need to exclude parolees from Proposition 36 because they have become too sophisticated in their ability to manipulate the system and because their needs are too long term. We need to adopt more features from the drug court model, but we need to be careful that we can afford them. (PRB)
- We need graduated sanctions for violations; community service and limited jail time with in-custody services. Change law to be more inclusive. More funding for judicial training. More attention for clients with co-occurring disorders – funding for MH treatment and development of treatment providers who specialize in these clients. (PUB)
- Provide for immediate sanctions; clients do not get serious about treatment until too late, the third violation. Clients need intensive treatment and sanctions to keep them there. (JUD)
- Use custody as an integral part of treatment. It is unrealistic to expect a program with no consequences to work. Substance abuse is not a victimless crime – both the public and the abusers' families bear significant consequences, along with the abuser. (DA)
- People come in with understanding that they have 6–8 months to become serious before there are any consequences. More early jail time for failure. (CTY)

- "Carrot and stick" more effective, like drug court. This has emerged over time as a key issue. At first, respondent did not see the need for sanctions and incentives as an issue. As clients and potential clients get experiences, word has gotten out that there are no consequences for skipping. (TRX)

Respondents who suggested **changes in treatment** or who suggested a **need for increased residential capacity** focused on a number of issues; excerpts of responses follow:

- Increase case management – helps people get to treatment and to court. Dual diagnosis treatment capacity needs to be increased. Dual diagnosis treatment is lengthy and the needs of these clients must be addressed. Money for medication; psychotropic medications; also money for mental health (MH) treatment. (TRX)
- Treatment is better than jail for the majority of Proposition 36 clients who are not dangerous. More ancillary services needed in particular: support services, job training, literacy, etc. (DA)
- More funding for all types of residential treatment. We need clarification that treatment modality decisions should not be made by the court. (PUB)
- More dedicated probation officers to permit better monitoring and case management. Better oversight of data; current data that we have available prevents insight into process and procedures. (AOD)
- New intensive treatment services for some clients. More attention to mental health issues and increased access to mental health services. (TRX)
- More funding for ancillary services: vocational training, literacy, housing, transportation. More sober living. More methadone programs that provide intensive counseling. (TRX)
- More intensive treatment at beginning. Provide more treatment options for clients. (DA)
- Improve case management through increased funding. Require education in parenting skills. Provide funds for transitional housing and drug free housing. More training in community and availability of ancillary services. (TRX)
- More intensive treatment services. More ancillary services – literacy, vocational, etc. (AOD)
- In our county, we currently have a 7–8 month wait for long term residential treatment. (PRB)

Although all respondents were aware of the statewide discussions underway regarding the future of Proposition 36 and those who opposed changes could presumably have articulated their position and reasons for favoring the status quo, only 10 percent of respondents to this study had no suggestions of any kind for change.

## **5. How could the operation and effectiveness of Proposition 36 be improved by the County Lead Agency?**

There were no consistent responses to this question. A great variety of suggestions were made, varying by both county and stakeholder group. Excerpts of responses to this item are as follows:

- The county needs more residential resources. Current assessment results underutilize residential. Full continuum is needed, starting with residential, then continuing to outpatient and followed by sober living would be optimal. More rural treatment. (PUB)
- County behavioral health agency great to work with. They have been very responsive and have co-located staff with ours right across from court. (PRB)

- Provide more services after graduation from treatment; many clients relapse after graduation and never get to court dismissal. (TRX)
- Do more drug testing – when testing is reduced, the word gets out. (JUD)
- More community outreach; certain ethnic groups resist treatment. (PUB)
- Improved assessments. Provide standardized training to judges and DAs. Increase funding of probation to enable them to reduce case load of officers. More case management. (TRX)
- Increase availability of residential treatment. (OTH)
- Reach out more to stakeholders – make sure meetings are at times when all can attend. (PUB)
- Monitor and manage treatment outcomes more; send clients to the most successful providers with the best outcomes. (TRX)
- The County Lead Agency has done a great job. (JUD)

## **6. How could the operation and effectiveness of Proposition 36 be improved by the State ADP Department?**

Respondents were sometimes unable to answer this question because they had not had exposure to ADP since their purview was solely county based. Others who were familiar with ADP had a wide variety of suggestions:

- Include more providers in ADP conferences and discussions. (TRX)
- ADP should listen more to law enforcement. (SHE)
- Solve the disconnect between program and audit functions. Ease the bureaucracy of County Plan development and review. (AOD)
- Need to recognize that transitional housing and sober living IS treatment. (CTY)
- Need clear definitions across counties to make data meaningful. We have little confidence in the results of the UCLA evaluation based on our knowledge of the underlying data. (PRB)
- ADP should require more standardized reporting. (PUB)
- ADP should develop specific regulations regarding intercounty transfers. A uniform process for transfers is required. (PRB)
- Need to develop standard definitions of treatment and success, with county involvement. (AOD)
- Do better selection of treatment providers eligible to receive P36 funds; not all are equally effective. (JUD)
- Facilitate development of more residential beds; intensive outpatient (IOP) is not sufficient for many clients. ADP needs to be more visible in the community – they should come here and visit with us for a while. (PUB)
- Better public relations – more proactive press and public relations. Develop better understanding of differences among Counties and specific features of each County P36 program. Develop better understanding of elements of treatment success and communicate results. (TRX)
- Publish standardized outcomes measures and best practices. (OTH)
- Share promising effective practices more frequently via newsletters, emails, etc. (TRX)
- Manage provider and county performance. Exercise leadership in best practices and outcomes management. (TRX)
- Begin soliciting and using honest and open and candid feedback from stakeholders regularly. ADP should play a bigger role in advising counties on best practices in treatment of offenders. (PRB)

**7. Are you aware of disparate treatment experience for African American clients in your county? If so, what do you think are the reasons for this disparity?**

The majority of respondents – about three-quarters – replied that this finding was either not an issue of which they were aware in their county or not an issue that they had observed in their county. Stakeholders in all 10 counties provided this dominant response. Others were more open to the possibility of disparate treatment but wanted to see evidence from their particular counties. Five respondents suggested that that this may be an issue for Native Americans as well as African Americans. Some respondents suggested specific explanations:

- Not enough residential treatment is available or used in African American neighborhoods. County has not been proactive; no RFPs have been issued for residential treatment in African American neighborhoods. (PUB)
- Yes, this is due to underfunded residential capacity in Counties with lots of African American clients. (TRX)
- May be caused by a lack of willingness on the part of African American clients to be placed in residential treatment and the need for childcare arrangements if they are placed. (TRX)
- Need to control for drug of choice by ethnic group [to analyze this issue] (PUB)
- Could be an assessor training issue. (TRX)
- African Americans more often have a poor experience in Residential Treatment Centers. (AOD)

An alternative response to this question was offered by several respondents of color. They addressed this issue of possible discrimination in the privileged context of a personal interview. The possible hesitancy to reveal potentially unpopular opinions in a group setting is the reason the Avisa Group conducted most interviews on a confidential, one-on-one basis. For this question, the respondents of color provided responses that were contrary to what other respondents from the same county had said. They suggested that discrimination and disparate treatment of African Americans, even if unintentional, was real to them, and that treatment of African American clients was associated in their view with a lack of effort in making emotional and cultural connections with African American clients on the part of some staff who were making client referrals. While these respondents may or may not be typical of all African Americans in the study counties and may not be typical of all African Americans in California, the contrast between what other respondents said about this question and the responses of these African American stakeholders was noticeable.

**8. UCLA found that SACPA Clients with high severity drug problems were more likely than non-SACPA clients to be placed in outpatient rather than residential treatment programs. Are you aware of this tendency in your county? If so, what do you think are the reasons for this?**

The most frequent response to this question, from about half the respondents, was that this was not a concern in their County, although some mentioned that it could be a concern elsewhere. The second most frequent response, mentioned by some 28 percent of those who provided a response to this question, was that a lack of residential capacity among the services funded under the auspices of Proposition 36 caused this result. Excerpts of some representative responses follow:

- High severity but low motivation Proposition 36 clients are placed in outpatient. Residential waiting lists exist in this County. (AOD)
- True; driven by insufficient funding. Never get down to what is best, only to what is affordable. (SHE)
- Yes, at times. It is funding driven. When all severe clients were sent to residential, we ran out of money before the end of the fiscal year. (PRB)
- It might occur because P36 clients are tougher and residential providers may refuse them. (PAR)
- It can happen due to resource constraints in SACPA (TRX)
- There is more ability to pay for residential treatment centers outside P36. (JUD)
- Residential is not available to SACPA due to funding constraints. (TRX)
- Can be an issue due to funding here. Probation can send non-SACPA clients out of County. (AOD)
- There is an overall shortage of residential care. I see a disparity between the Proposition 36 assessment that shows a need for outpatient treatment and our opinion as a treatment provider that residential is more appropriate for that person. (TRX)

**9. What kind of data on Proposition 36 do you collect for your county on re-arrests and successful completion? How is successful completion defined in your county?**

Responses to this question generally addressed data and the definition of successful completion separately. Extracts of selected responses to the data issue follow.

- Data are a problem. Not accessible. We use the newspaper to track re-arrests. Probation only has access to re-arrest statistics for people on probation. We need a comprehensive statewide data system. (AOD)
- We have good data. (TRX)
- We just started analyzing data. It is extremely frustrating, just a nightmare. It is a very labor intensive process with lots of little data silos. We need one single database containing all relevant data. (SHE)
- In our county, we found that the average P36 client had 13 prior arrests and a cumulative 2 years in custody. But data are hard to access. (PRB)
- We have good data. (DA)

- Data are hard to access and poor quality makes it useless anyway. (AOD)
- Program tracking is key. P36 should emulate process and data used for mentally ill offender grant, which developed statewide statistics. (SHE)
- Data are unreliable with inconsistent definitions among and within counties. Our county now makes payment contingent on submission of clean data by providers. Current statewide data is junk. (AOD)
- Re-arrests are tracked for defined cohorts. Successful completion data are inaccurate – court dismissals include those removed from treatment. (AOD)
- In our County, we have 15 percent no-show and about 40 percent dropout. We have no idea what happens to them, and no way of finding out. (OTH)
- We need more outcomes data, standardized for client condition and history on entry. (JUD)
- County tracks only bench warrants and violations, not re-arrests. There are no measures for recidivism. County tracks completion of treatment, not completion of probation. (PRB)

Successful program completion in all 10 counties was defined as the dismissal of charges upon successful completion of treatment and satisfaction of the terms and conditions of probation as defined in the language of the Proposition, sometimes including payment of fees. Nevertheless, a number of respondents did not know the requirements for successful completion. Additionally, a few respondents observed that the process for petitioning the court for dismissal of charges was not well understood and that it was quite effortful for clients. One respondent indicated that this dismissal process imposed an unfair financial burden on clients.

In addition, respondents explained that the **terms and conditions of probation** imposed by judges vary by county, and can vary by judge within county as well. Examples from three counties illustrate the variation in practices:

- Client must graduate from treatment, maintain 3 months of negative drug tests after graduation while being supervised by probation and make three months of restitution payments, be enrolled in job placement/working/school. (PRB)
- Successful completion requires treatment program completion and six months drug free after treatment as well as payment of fees and fines, and completion of other terms and conditions of probation (including Alcoholics Anonymous attendance, etc.). Completion of full 3 years probation not required; can graduate in 10 months. (JUD)
- Successful completion requires treatment and successful completion of probation. Requires 18 months after entry to Proposition 36. (JUD)

## Rankings and Responses to Potential Changes to Proposition 36

Respondents were queried about nine proposed changes to Proposition 36 and asked to rank each one using a Likert scale of 1 to 5, with 5 being “most important” and 1 being “least important” or even signifying opposition to the proposed change. Respondents were also asked to describe the specific change, if any, that they supported; their reason for supporting any change; and the administrative, fiscal, and clinical impacts of the potential change. For each potential change, the mean score for the change by stakeholder group is provided, along with analysis of the responses to the question.

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A summary of the scores ordered by descending mean score, for each question is shown below:

Potential Change	Mean Score	N	Std. Deviation
Increase Funding (Q 5)	4.22	100	1.219
Graduated Sanctions (Q 1)	4.13	102	1.318
Modify Eligibility (Q 3)	3.47	105	1.569
Drug Testing (Q 4)	3.34	100	1.810
Custody Treatment (Q 2)	3.23	101	1.568
Modify System for Parolees (Q 8)	3.02	96	1.596
Change Definition of Successful Completion (Q 6)	3.00	95	1.537
Increase Maximum Length of Treatment (Q9)	2.63	95	1.618
Require Standardized Reporting to Courts (Q 7)	2.38	87	1.623

Selected excerpts of the observations made by study respondents are provided in each section. **It is important to note that statistics or other observations quoted by respondents represent their perspectives only and have not been verified by Avisa in the course of this study.**

**1. Sanctions – Provide judges with the ability to impose jail sanctions for a first or subsequent violation.**

**Mean Score for Need for Sanctions by Stakeholder Group  
(1–5; 5 is Most Important)**

Stakeholder Group	Mean	N	Std. Deviation
JUDGE	4.90	10	0.316
PROBATION	4.75	16	0.683
POLICE	4.67	3	0.577
SHERIFFS AND POLICE	4.60	10	0.699
TREATMENT PROVIDER	4.37	19	0.895
DISTRICT ATTORNEY	4.11	9	1.453
OTHER	4.00	10	1.633
COUNTY AOD MANAGEMENT	3.30	23	1.579
PUBLIC DEFENDER	2.80	5	1.789
Total	4.13*	102	1.318

\* **Weighted Mean; All Means Weighted by Number of Respondents**

Responses noted above reflect strong support for this change to Proposition 36 among respondents to this study. The weighted mean score above for respondents to this question was 4.13 out of 5 (very important); it was second only to the need for increased funding. However,

further analyses of the data for County AOD Management reveals a sharp difference of opinion within this category of respondent, with 26 percent of this group responding with a need score of 1, indicating that the least possible support for if not opposition to such a change, and a similar proportion of these respondents, 30 percent, providing a score of 5, indicating the highest importance for this proposed change. Such a divergence of opinion was also true of Public Defenders, 40 percent of whom did not support any change and 40 percent of whom gave the need for change a score of 4 or 5. The standard deviations also reflect the divergence of opinions among members of these groups.

Although some supporters conditioned their support of this proposed change on implementation of a carefully defined protocol and guidelines for imposing such sanctions, 60 percent of respondents assigned a score of 5 to this proposal. A majority of all but one small stakeholder group interviewed, and 75 percent of all respondents in total assigned a score of 4 or 5 to this proposed change; 12 percent expressed a lack of support for this proposed change by assigning a score of 1 or 2 to this potential change.

Many of those who supported sanctions mentioned that their support was contingent on careful management of the process and written guidelines that judges could use. Respondents, for example, mentioned both the importance of individualized consideration of clients' needs and the equal need for consistency in decisions and standardization, two aspects of process that are difficult to achieve simultaneously. Nevertheless, although this was widely regarded as an important potential change, many respondents strongly expressed the need for thoughtful planning and guidelines development in order to implement this change in a manner intended to promote the goal of treatment in lieu of incarceration, rather than just incarceration itself. Excerpts of responses **supporting** this change are provided below:

- Provide ability to impose sanctions, but do it carefully on a case-by-case basis. (SHE)
- Sanctions should include more than jail; need written guidelines and should be standardized across courts and counties. (PUB)
- Provide ability to impose immediate and graduated sanctions, but perhaps not for first dirty test. (AOD)
- Yes, in combination with aggressive case management and wrap-around services. Without these services, introducing more sanctions makes no sense at all. An excellent tool. Needs a good, consistent judge. (AOD)
- We need options other than termination. Sanctions require treatment and other services in jail to be effective, even for short stays. Need more intermediate sanctions, like increased monitoring, electronic monitoring, increased drug testing. (SHE)
- We think that it is a good idea, but we already do this here. Judge imposes sanctions for positive test prior to arraignment. Every week we have P36 clients going to jail for 2–3 days. (OTH)

Excerpts of the responses of those **opposed** to this change include the following:

- Sanctions direct financial resources away from treatment. (CTY)
- The people said no to this already. Resources are limited, and we should focus on serious offenders and on treatment. Judges have other tools available to make clients compliant. (JUD)
- This proposal is contrary to the spirit of Proposition 36; clients need time to make the difficult transition from addiction to sobriety. Most clients have had enough jail time anyway. Would eliminate benefit of Proposition 36. (PUB)
- This is a bad idea. It takes away effectiveness of Proposition 36. The objective is turn responsibility for dealing with substance abuse over to the treatment system instead of

the judicial system. This is the key reform. We need to focus on treatment; punishment is not the answer. (AOD)

- No sanctions on first violation. Let treatment work for a while. Clients often fail first treatment but should not be sent to jail. Clients need residential treatment initially; many not ready to stop. (AOD)
- We already have sanctions. We should have positive incentives available instead of sanctions. We need rewards like additional ancillary services, bus passes, career counseling, etc. (DA)

This proposal aroused a great deal of emotion among study respondents, several of whom recounted their personal experiences with substance abuse during their interviews, experiences that they said informed their responses to this proposal. Although Avisa did not attempt to score responses to this or any other question with respect to the strength or passion with which the response was provided, many respondents saw this proposed change as the most important of all the proposed changes included here.

Virtually all respondents regardless of stakeholder group expressed strong support for treatment of substance abuse; what little disagreement there was dealt with the most effective way to provide treatment rather than the need to incarcerate more individuals for substance abuse. Even those stakeholders from the categories with the highest mean scores for response to this item generally explained their answers with some reference to the need to improve compliance with prescribed treatment regimens. There was not a significant difference between the mean scores of providers of treatment services and probation departments in their evaluation of this proposed change. Although the category of treatment provider included respondents from a variety of clinical treatment and management functions, and the precise function of respondents within the treatment provider category was not coded, the interviewers' notes indicate that many supporters of the need for flash incarceration were experienced treatment counselors who worked closely with Proposition 36 clients, whereas clinical supervisors were more equivocal in supporting sanctions such as incarceration.

## 2. Custody Treatment – Include custody treatment as an option.

Mean Score for Need for Custody Treatment by Stakeholder Group (1 – 5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
JUDGE	4.44	9	0.527
SHERIFFS AND POLICE	4.30	10	1.059
TREATMENT PROVIDER	3.47	19	1.577
DISTRICT ATTORNEY	3.22	9	1.093
PROBATION	3.19	16	1.424
COUNTY AOD MANAGEMENT	2.61	23	1.725
OTHER	2.60	10	1.897
PUBLIC DEFENDER	2.20	5	1.304

Mean Score for Need for Custody Treatment by Stakeholder Group (1 – 5; 5 is Most Important)			
Total	3.23	101	1.568

Provision of funding through Proposition 36 for treatment of clients in custody was ranked fourth in importance among the proposed changes to Proposition 36 included in this study. Many of those respondents who did support this proposal did so in conjunction with the proposal to provide for graduated sanctions, seeing custody treatment as a mechanism to minimize any interruption of treatment caused by a brief period of incarceration. A few respondents mentioned that custody treatment was complicated by jails that were at capacity as well as jails that had no treatment other than self-help, including no methadone availability.

Supporters of this proposal expressed the following specific sorts of reasons for **support of custody treatment**:

- We should institute treatment during custody. This will improve assessments and provide more options. (PRB)
- Custody treatment provides exposure to recovery. (TRX)
- Treatment in custody helps prisoners to figure out why they are in custody and helps them move to real treatment after release. (AOD)
- Custody treatment is needed to increase effectiveness of P36; needed in combination with immediate sanctions for violations. (SHE)

Although some opponents of custody treatment believed that such treatment is ineffective, others mentioned that scarce resources would be better directed at treatment in the community and they noted that the intent of Proposition 36 is to provide treatment in lieu of incarceration. Excerpts of some of the points made by **opponents of custody treatment** follow below:

- Custody treatment is a good thing, but should not count to fulfill treatment obligation. Doesn't philosophically fit with Proposition 36. (PRB)
- We need to focus resources on out-of-custody clients. (CTY)
- This is not what Proposition 36 is all about. (TRX)
- I am opposed to this. It is a resource issue; we can't afford to do everything. Recovery happens in the community and I believe that we should direct resources there. (AOD)
- Treatment in custody has little impact on the client's life in the community. (CTY)

### 3. Eligibility – Modify eligibility to exclude certain individuals and to provide for greater judicial discretion.

Mean Score for Modifying Eligibility by Stakeholder Group (1–5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
PROBATION	4.75	16	1.000

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Mean Score for Modifying Eligibility by Stakeholder Group (1–5; 5 is Most Important)			
SHERIFFS AND POLICE	4.38	8	.744
OTHER DISTRICT ATTORNEY	3.88	16	1.360
JUDGE	3.33	9	1.581
TREATMENT PROVIDER	3.22	9	1.787
COUNTY AOD MANAGEMENT	2.95	19	1.471
PUBLIC DEFENDER	2.87	23	1.604
Total	2.00	5	1.414
	3.47	105	1.569

Changing the eligibility for entry into Proposition 36 was the third highest-ranked change among those listed, according to study respondents, following increasing funding and the ability to provide graduated sanctions. However, public defenders were more opposed to this change than they were to graduated sanctions, custody treatment or changes in drug testing. Judges and treatment providers were less supportive of this change than they were of graduated sanctions, custody treatment or changes in drug testing. Statistically, the (weighted) mean score of 3.47 for all respondents to this question reflects the high number of probation respondents who provided an average score of 4.75 for the need for modifying eligibility for Proposition 36, a score equal to the probation group’s score for graduated sanctions. Without the 16 Probation respondents, the average score for the responses to this question would have been 3.24.

**Supporters of modifying eligibility** to exclude certain individuals offered the following reasons:

- Focus resources on clients for whom treatment will have big impact. Clients least likely to succeed take the most resources – a waste of money. (PRB)
- Need to clarify history of violence – should be more careful to screen out violent clients. (TRX)
- Focus on addicts, not career criminals. Don't treat criminals like addicts. (PRB)
- Exclude hardened criminals and recidivists in order to focus resources on clients most likely to succeed. (SHE)
- Some clients are just not appropriate, are not receptive to treatment. Proposition 36 is seen by these clients as a way to dodge sanctions. (PAR)

However, some respondents felt that the ability to impose graduated sanctions would address this latter issue posed by those clients who “are just not interested in treatment” or who are inappropriate for the program entirely, as pointed out by an opponent of this change quoted below.

Those who were **opposed to any additional restrictions on eligibility** provided the following sorts of reasons for their responses:

- Eligibility should be expanded to cover other crimes in order to provide drug treatment to more individuals (PUB)
- Hard core users may be readier for change (PRB)
- I can’t predict who will succeed; I have had some surprise successes (JUD)

- We should leave eligibility alone or expand it. DA's and judges already have the power to find a way to do what they want to do (PUB)
- Sanctions take care of this. Real criminals would either get it or be bumped out of the program (TRX)

**4. Drug Testing – Include mandatory drug testing and reporting of results to the court as a component of Proposition 36.**

<b>Mean Score for Need for Change in Drug Testing by Stakeholder Group (1–5; 5 is Most Important)</b>			
Stakeholder Group	Mean	N	Std. Deviation
JUDGE	4.89	9	0.333
SHERIFFS AND POLICE	4.80	10	.422
OTHER	3.80	10	1.751
TREATMENT PROVIDER	3.74	19	1.759
PUBLIC DEFENDER	3.20	5	1.643
COUNTY AOD MANAGEMENT	2.95	22	1.812
DISTRICT ATTORNEY	2.22	9	1.856
PROBATION	2.00	16	1.633
Total	3.34	100	1.810

Responses to this question are difficult to interpret, as respondents actually appeared to focus on two different themes. A large portion of respondents focused on the importance of drug testing to the success of treatment under the auspices of Proposition 36 rather than answering the question as it was posed regarding the importance of the need for change to existing policy. There was widespread agreement on the importance of drug testing for effective treatment for the Proposition 36 population, and most respondents who answered the question by focusing on the importance of drug testing to the success of treatment assigned a score of 5 to the need for change; however, it would not be correct to interpret these results as a call for change in the existing administration of Proposition 36 because of the dual focus of responses.

Proposition 36 prohibits use of funds allocated under the Proposition to pay for drug testing. Legislation that came after the initiative was passed by the voters funded drug testing for Proposition 36 clients through a reallocation of SAPT block grant funds. Unlike Proposition 36 revenues that comprised new funding for substance abuse treatment, funds for drug testing of Proposition 36 clients came from existing substance abuse block grant treatment funding. Therefore, much of the discussion about drug testing and Proposition 36 refers more to the issue of who should pay for drug testing rather than whether or not drug testing is important in the context of Proposition 36.

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Among the responses of those with a score of 5 for this item are the following examples:

- Drug testing is in place already – an important part of Proposition 36. (PRB)
- We do this now. (DA)
- Needs to be funded through Proposition 36 but not used alone for a punitive sanction. (PRB)
- Probation and counseling both test and provide to court – we already do it. (PRB)
- Necessary to document success and for accountability – it keeps clients honest. (TRX)

Other respondents focused on whether or not there was a need to change the way drug testing is conducted under the auspices of Proposition 36. As the following responses with a score of 1 (least important) demonstrate, many of those who answered the question and opposed a change still believe strongly in the usefulness of drug testing:

- This is key for accountability, affirmation of success and as a vehicle for collaboration. (AOD)
- Already do this; a fundamental treatment tool. (DA)
- We do it all the time. (AOD)
- Already exists! Extremely important. (TRX)
- Not a problem. Any treatment needs testing. We already do this. (PRB)

Some respondents to this proposed change were concerned about the use of drug tests under Proposition 36. A sample of those concerns from responses with a score of 1 (least important) indicates the following issues expressed by these respondents:

- As long as it is clear that you can't violate a person on the basis of a dirty test alone. (DA)
- Drug testing should be a treatment tool only. (PUB)
- We need restrictions on testing – this is a treatment tool not a criminal justice tool. (AOD)
- We should keep drug test results in treatment. Judges don't understand context. (AOD)

## 5. Funding – Increase funding.

Mean Score for Need to Increase Funding by Stakeholder Group (1–5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
DISTRICT ATTORNEY	5.00	8	0.000
TREATMENT PROVIDER	4.72	18	0.752
JUDGE	4.60	10	0.699
PROBATION	4.56	16	0.892
PUBLIC DEFENDER	4.25	4	0.957
COUNTY AOD MANAGEMENT	4.14	22	1.424

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Mean Score for Need to Increase Funding by Stakeholder Group (1–5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
OTHER	3.50	16	1.155
SHERIFFS AND POLICE	2.33	6	1.633
Total	4.22	100	1.219

This question elicited the highest mean score of any of the proposed changes addressed by the study. Some of the organizations represented by stakeholders who support increased funding are likely to be beneficiaries of increased funding, so in some ways support for this change is predictable. Stakeholders who ranked increased funding highly made the following comments:

- Improves access to treatment. (PUB)
- We should do it right if we are going to do it. (DA)
- Increase funding to increase access to and success of treatment. (PUB)
- To provide more comprehensive and intensive services. Key to program success. (TRX)
- Use more funding to increase treatment and supervision. (SHE)
- More funding is needed to provide health care and mental health services. (TRX)

Respondents did not support increased funding only for their own organizations. Many supported funding increases for other organizations that they believed needed to increase their service capabilities in order to improve the effectiveness of Proposition 36:

- Expand funding to include courts. (AOD)
- Provide more care for clients with mental disorders and aftercare. (DA)
- Use more funding to increase availability of treatment – any increase must be tied to treatment needs. (PRB)
- Increase drug testing and the number of counselors. (JUD)
- To increase treatment options and supervision. (LE)

On the whole, the least support for increased funding was to be found from law enforcement. Comments from law enforcement stakeholders regarding increased funding included the following:

- Need to prove effectiveness of treatment and Proposition 36 first.
- Need have more accountability throughout the system.
- We need to focus on effectiveness and efficiency of system and of treatment.
- It depends on how it would be spent. For increased treatment, it would be good. However, I need to be convinced that funds are carefully managed to actually increase effective treatment in order to fully support this.

However, these stakeholders indicated that if the program as a whole were to demonstrate overall effectiveness they would support increased funding.

On the other hand, a few stakeholders from organizations that would stand to benefit from increased funding did not support it, for reasons suggested below:

- We don't need it. (AOD)

- Not a priority. (AOD)

## 6. Treatment Completion – Change the definition of successful completion.

Mean Score for Need for Change Definition of Successful Completion by Stakeholder Group (1–5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
SHERIFFS AND POLICE	3.89	9	1.453
OTHER	3.43	14	1.016
TREATMENT PROVIDER	3.29	17	1.490
COUNTY AOD MANAGEMENT	3.29	21	1.617
PUBLIC DEFENDER	3.25	4	0.500
DISTRICT ATTORNEY	2.50	8	1.414
JUDGE	2.50	8	1.690
PROBATION	1.71	14	1.490
Total	3.00	95	1.537

This proposed change was seen as of moderate importance on average by our respondents with a mean score of 3.00, right on the middle of the 1–5 range. Representatives of law enforcement ranked it higher in importance than did other respondents; however representatives of probation generally did not favor any change in this element of Proposition 36. Excerpts of responses follow below:

- Treatment alone should be the criterion for completion of the program. We should have an end to probation. We need to have a fixed term of probation to coincide with treatment. (DA)
- Definition of program completion needs to be more clinical. (TRX)
- Make definition refer ONLY to treatment, not to probation or record clearance. (CTY)
- We need a single, specific uniform statewide definition. (LE)
- Treatment programs alone should determine completion. Judges should not decide. (PUB)
- We need a standard definition from the state to make better comparisons among counties. (PRB)
- Need to have provider certify a certain probability of successful entry to community for a client. Doing time in treatment alone is not sufficient to determine program effectiveness. (TRX)

**7. Standardized Reporting to Courts – Implement a standard set of data items for reports from treatment providers acceptable to all courts**

<b>Mean Score for Need for Standardized Reporting to Courts by Stakeholder Group (1 – 5; 5 is Most Important)</b>			
Stakeholder Group	Mean	N	Std. Deviation
PROBATION	3.00	15	2.000
PUBLIC DEFENDER	3.00	5	0.000
OTHER	2.88	8	2.031
JUDGE	2.30	10	1.567
DISTRICT ATTORNEY	2.25	8	1.035
SHERIFFS AND POLICE	2.22	9	1.641
TREATMENT PROVIDER	2.00	15	1.732
COUNTY AOD MANAGEMENT	1.94	17	1.435
Total	2.38	87	1.623

The proposal to require standardized reporting to the courts attracted little support. Respondents who indicated that they strongly favored such a change tended to mention out-of-county placements as the major reason for their support:

- Standard reporting would be useful in dealing with jurisdictional transfers. (PRB)
- Standard reports would help deal with out-of-county placements. (JUD)

Most respondents, however, said either that they had taken care of this issue during implementation or that it simply was not a problem.

**8. Parolees - Modify eligibility and procedures or eliminate funding for parolees from Proposition 36.**

<b>Mean Score for Need for Modify Eligibility or Eliminate Funding for Parolees by Stakeholder Group (1–5; 5 is Most Important)</b>			
Stakeholder Group	Mean	N	Std. Deviation
PROBATION	3.53	15	1.407
OTHER	3.40	10	1.776
COUNTY AOD MANAGEMENT	3.05	20	1.701
DISTRICT ATTORNEY	3.00	9	1.414

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SHERIFFS AND POLICE	3.00	10	1.944
TREATMENT PROVIDER	2.94	18	1.731
JUDGE	2.67	9	1.118
PUBLIC DEFENDER	1.60	5	0.894
Total	3.02	96	1.596

The study asked respondents to evaluate two specific proposed changes to access to Proposition 36 by parolees. The first question asked whether eligibility and procedures for parolees for Proposition 36 treatment and funding should be modified. The second question asked if funding for parolees should be eliminated from Proposition 36 entirely. In order to evaluate the overall importance of Parolee access to Proposition 36, responses to each of the two separate questions were combined by choosing the maximum score on either question. The result indicates that stakeholders placed a moderate importance on this issue, with a mean score of 3.02, right on the middle of the 1–5 range, below the importance they placed on their top three priorities for change listed in this study: increased funding, graduated sanctions, and changing eligibility. However, opinions about any such change were split, with both strong supporters and strong opponents.

**A. Modify eligibility and procedures for parolees for Proposition 36 treatment and funding**

Mean Score for Need for Modify Parolee Eligibility by Stakeholder Group (1–5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
PROBATION DISTRICT ATTORNEY	2.79	14	1.626
JUDGE	2.33	6	1.032
OTHER	2.25	8	1.165
TREATMENT PROVIDER	2.00	9	1.581
COUNTY AOD MANAGEMENT	1.82	11	1.168
PUBLIC DEFENDER	1.67	15	1.291
SHERIFFS AND POLICE	1.67	3	1.155
Total	1.40	10	0.966
	2.01	76	1.332

A majority of respondents to the study addressed both the question about modifying eligibility and procedures for Parolees under Proposition 36 and the question about eliminating eligibility for parolees. The proposal for **modification of parolee procedures** attracted the least support of the two proposals. Among the reasons offered by respondents for opposing modification to parolee eligibility and procedures were the following:

- Not aware of a problem. Everybody should be treated the same. (SHE)
- Most parolees are drug-involved and P36 is a good idea for parolees. (SHE)

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- Just as eligible as any other county resident. (PAR)
- Parolees do fairly well and there are few of them. (TRX)
- We should not segregate parolees any more than we already do. (TRX)
- We should have a single treatment system for all, including Parolees. (AOD)

Those who ranked modification of eligibility and procedures for parolees highly provided the following reasons:

- Dual supervision is inefficient. Parolees with more serious offenses should be ineligible. (PRB)
- We should help those who are appropriate and exclude those who are not. (PRB)
- We need to make sure intense needs of parolees don't crowd out opportunities for other P36 clients. (SHE)

**B. Eliminate Proposition 36 funding for parolees.**

<b>Mean Score for Need for Eliminate Funding for Parolees from Proposition 36 by Stakeholder Group (1–5; 5 is Most Important)</b>			
Stakeholder Group	Mean	N	Std. Deviation
DISTRICT ATTORNEY SHERIFFS AND POLICE	3.50	4	1.915
PROBATION	3.29	7	2.138
OTHER	3.17	6	1.835
COUNTY AOD MANAGEMENT	3.00	10	1.826
TREATMENT PROVIDER	2.89	18	1.779
JUDGE	2.44	18	1.886
PUBLIC DEFENDER	1.78	9	1.202
Total	1.60	5	0.894
	2.68	77	1.766

**Elimination of P36 funding and/or eligibility** for parolees was generally the more strongly preferred option among those who responded to the questions on proposed changes in the treatment of parolees. Among the reasons provided for supporting such a change were the following:

- Keep parolees in their own system. They have lots of services available now. This is an unnecessary use of Proposition 36 resources. (AOD)
- Almost by definition, these individuals are really not amenable to treatment. A bad investment. (POL)
- Dept of Parole doesn't communicate with other stakeholders. Parolees inappropriate for P36. (PRB)
- Parole is regional, not local. Needs are different. (AOD)
- Little success with parolees and hard to work with parole board. (DA)

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- Different issues; different populations. Need treatment, but outside auspices of Proposition 36. (AOD)
- Parolees are a different population, and one often unsuccessful in treatment; they need a lot of supervision. (TRX)

Those who **opposed elimination of eligibility** for parolees offered the following types of reasons:

- Parolees need Proposition 36. (SHE)
- It works well for parolees. (PAR)
- They need treatment the most and they can succeed. They are few and not a problem. (PUB)
- Everybody needs the opportunity to be treated under Proposition 36. (TRX)

**9. Length of Treatment – Raise the maximum amount of allowable treatment and aftercare.**

Mean Score for Need for Increase Maximum Amount of Treatment by Stakeholder Group (1–5; 5 is Most Important)			
Stakeholder Group	Mean	N	Std. Deviation
DISTRICT ATTORNEY	3.89	8	1.808
PUBLIC DEFENDER	3.40	5	1.140
TREATMENT PROVIDER	3.36	14	1.550
JUDGE	3.30	10	1.418
SHERIFFS AND POLICE	3.00	9	1.118
PROBATION	2.60	15	1.882
COUNTY AOD MANAGEMENT	1.95	19	1.268
OTHER	1.27	15	1.033
Total	2.63	95	1.618

The proposal to increase the maximum amount of allowable treatment and aftercare attracted little support. The highest level of support came from **district attorneys and public defenders**, who expressed a **shared interest in assuring the effectiveness of treatment** provided under the auspices of Proposition 36. Additionally, treatment providers expressed strong support for increasing the maximum amount of treatment available under the auspices of Proposition 36. Excerpts from respondents who **support** such an increase follow:

- Provide court with more options. (DA)
- Some clients need this. (PUB)

- Yes – to 18 months of treatment for clients with severe abuse. Many clients have 15 years of abuse of methamphetamines and substantial problems – need lots of treatment. (TRX)
- Twelve-month limit to treatment is arbitrary and meaningless. (TRX)
- Limits defeat the purpose of helping those who need the most help. Let treatment providers decide how much treatment is needed by each client. (PRB)
- Twelve months of treatment is too short for serious offenders. (PRB)
- To target serious problems. (POL)
- Yes. Particularly for the dually diagnosed. (TRX)

**Opponents** of increases in the maximum amount of treatment and aftercare were often concerned about **scarce resources** and wanted to ensure that some treatment was available to the maximum number of individuals:

- Some judges will keep people for ever. Clients need to have an end in sight. (DA)
- We have no money for aftercare as it is. (CTY)
- Real problem is people who do not try, not those who try and fail. (SHE)
- Already long enough. There isn't much funding for aftercare under P36 anyway. (PUB)
- Can't do everything for everybody. A reasonable attempt is all you can expect. (PAR)
- More important uses for limited funds – case management and wrap around services. (AOD)
- Not important with limited funds. (JUD)

## Other Observations

### Differences Among Counties

Each county is unique. Not only do they differ in terms of numerous environmental variables such as population size; social and economic characteristics; patterns of substance abuse and dependence; and public-sector resources devoted to law enforcement, criminal justice, and social services; but the identity of the lead agency and the amount of interagency collaboration vary among counties. Although this study was not intended to evaluate the differences among counties, the unique circumstances within each of the study counties are reflected in the observations that were recorded. Some of the variation of responses within stakeholder groups reflects differences among the counties. For example, the mean score on the Need for Sanctions proposal ranged from 2.0 in one county to 4.8 in another. Although some portion of this difference is accounted for by the differing mix of respondents by stakeholder group in each county, an important portion is attributable to a variety of other factors, including the type of stakeholder group that is the lead agency in a county, the success of the collaboration among stakeholder groups, itself a function of the relative amount of substance abuse in the county and the treatment resources available in the County, among many other factors.

Although charging practices of district attorneys, plea bargaining, and the adjudication practices of judges were not a topic of this study, a substantial number of respondents discussed these practices during the interview. Differences in charging practices among counties imply that the

effective eligibility criteria and selection of clients who participate in Proposition 36 vary widely by county, making comparisons of outcomes among counties difficult and risky to interpret. In one county, the Avisa interviewers were told by law enforcement stakeholders that arresting officers often do not include a drug charge when they arrest an individual for multiple offenses and can write up other charges, out of fear that a district attorney or a judge will drop all the non-drug-related charges in order to make an offender eligible for Proposition 36. In another county, Avisa interviewers were informed by a representative of the District Attorney's office that a strict policy was enforced to maintain precisely the same charging practices that existed prior to the implementation of Proposition 36 so as to behave as if the law didn't exist, with the explanation that any changes in charging practices in response to Proposition 36 would be contrary to effective law enforcement and prosecution in that county. On the other end of the spectrum, Avisa interviewers were informed in several other counties that that judges and district attorneys routinely accepted plea bargains and dropped non-drug-related charges and even felony charges on occasion in order to permit offenders to enter treatment under the auspices of Proposition 36. Reasons for this behavior included both a belief in treatment and in Proposition 36 and, in a few instances, a feeling that proposition 36 needed to be tested by having as many clients go through it as possible.

## **Respondent Characteristics**

It was impossible to predict responses from individuals who participated in the study based on their stakeholder group. Each respondent contributed some specific and largely unique observations about Proposition 36. Although, for example, district attorneys might be expected to largely agree with the need for additional sanctions, one district attorney assigned a score of 1 to this proposal, explaining that instead of sanctions, positive incentives for compliance such as additional ancillary services or bus passes were needed.

## **Advocacy for Treatment of Drug Abuse**

One of the themes noted that does not fully emerge in the interview transcripts or in the excerpts of stakeholder responses that appear above is the passionate advocacy for drug abuse treatment expressed by many deeply committed stakeholders involved in every aspect of the Proposition 36 process, including not only treatment providers but probation officers, district attorneys, public defenders, judges, sheriffs and police officers. Many of the stakeholders who are directly involved with Proposition 36 clients expressed great personal satisfaction in their role in helping individual clients to succeed and recounted with delight their experiences with one client or another. It was clear that these events were important to the respondents as well as for the lives of these clients.

# APPENDIX

## STAKEHOLDER INTERVIEW GUIDE

1. What aspects of Proposition 36 in your county work well?
2. What are the top three achievements of Proposition 36 in your county?
3. What aspects of Proposition 36 could work better in your county?
4. What specific suggestions for changes in Proposition 36 do you have?
5. How could the operation and effectiveness of Proposition 36 be improved by each of the following organizations:
  - a. Your organization?
  - b. The County Lead Agency?
  - c. ADP?
6. Please discuss the following proposed changes to Proposition 36, indicating the specific proposed changes, if any, you favor, the reason for the change, the need for the change (Ranked 1–5, with 5 being the most important), the Fiscal impact – Case Loads and Costs, the Administrative Impact and the Clinical Impact of the specific proposed change:

Potential Areas of Change	Specific Change	Reason for Change	Need for Change (1–5, 5 is Most Important)	Fiscal Impact – Case Load and Costs	Administrative Impact	Clinical Impact
1. Sanctions: Provide judges with the ability to impose jail sanctions for a first or subsequent violation.						
2. Custody Treatment: Include custody treatment as an option.						

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Potential Areas of Change	Specific Change	Reason for Change	Need for Change (1–5, 5 is Most Important)	Fiscal Impact – Case Load and Costs	Administrative Impact	Clinical Impact
3. Eligibility: Modify eligibility to exclude certain individuals and to provide for greater judicial discretion.						
4. Drug Testing: Include mandatory drug testing and reporting of results to the court as a component of Proposition 36.						
5. Funding: Increase funding.						
6. Treatment Completion: Change the definition of successful completion.						
7. Standardized Reporting to Courts: Implement a standard set of data items for reports from treatment providers acceptable to all courts.						
8. a. Parolees: Modify eligibility and procedures for parolees for Proposition 36 treatment and funding. b. Parolees:						

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Potential Areas of Change	Specific Change	Reason for Change	Need for Change (1–5, 5 is Most Important)	Fiscal Impact – Case Load and Costs	Administrative Impact	Clinical Impact
Eliminate Proposition 36 funding for parolees.						
9. Length of Treatment: Increase the maximum amount of allowable treatment and aftercare.						

7. Statewide, the UCLA data show that African American clients receiving treatment under the auspices of Proposition 36 are more likely to be placed in outpatient treatment and less likely to be placed in inpatient treatment than are other clients. Are you aware of disparate treatment experience for African American clients in your County? If so, what do you think are the reasons for this disparity? Please discuss.
8. UCLA found that SACPA clients with high severity drug problems were more likely than non-SACPA clients to be placed in outpatient rather than residential treatment programs. Are you aware of this tendency in your county? If so, what do you think are the reasons for this? Please discuss.
9. What kind of data on Proposition 36 do you collect for your county on re-arrests and successful completion? How is successful completion defined in your county?