

Evaluation of the Substance Abuse and Crime Prevention Act 2004 Report

Prepared for the Department of Alcohol and Drug Programs
California Health and Human Services Agency

By Douglas Longshore, Ph.D., Darren Urada, Ph.D.,
Elizabeth Evans, Yih-Ing Hser, Ph.D., Michael Prendergast, Ph.D., and
Angela Hawken

July 22, 2005



Integrated Substance Abuse Programs

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Executive Summary

This is the third in a series of annual reports from the independent statewide evaluation of the Substance Abuse and Crime Prevention Act (SACPA). Prepared by UCLA Integrated Substance Abuse Programs for the California Department of Alcohol and Drug Programs, the report describes the SACPA “pipeline” in its third year (July 1, 2003 to June 30, 2004): the number of offenders referred to SACPA, the number who completed their assessment, and the number who entered treatment. Also described are treatment completion rates; probation/parole revocations; and effects of SACPA on re-offending, drug use, and employment.

Offenders referred to SACPA

A total of 51,033 offenders were referred for treatment during SACPA’s third year. Of this total, 37,103 (72.6%) went on to enter treatment. Show rates were similar in SACPA’s first two years (69.2% in the first year, 71.4% in the second) and compare favorably with show rates in other studies of drug users referred to treatment by criminal justice.

Offenders in SACPA treatment

Characteristics of SACPA treatment clients have not changed across its first three years. In its third year, about half of those entering treatment reported methamphetamine as their primary drug (52.7%), followed by cocaine/crack (14.3%), marijuana (12.2%), and heroin (9.6%). Most SACPA clients were men (73.1%). About half (44.8%) were non-Hispanic White, 32.4% Hispanic, 14.4% African American, 2.7% Asian/Pacific Islander, and 1.6% Native American. Their average age was 35.

About half of SACPA clients in each of the first three years were entering drug treatment for the first time. First-time treatment exposure was more common among Hispanics, men, younger drug users, and marijuana users. Many first-time clients had been using their primary drug for over ten years. Thus SACPA reached a large number of habitual drug users who had never received treatment before.

Treatment placements were similar across SACPA’s first three years. Most clients were placed in outpatient drug-free programs (84.4% in the third year) or long-term residential programs (11.2%). Methadone maintenance, methadone detox, non-methadone detox, and short-term residential treatment were rarely used in SACPA.

Treatment completion and duration

About one-third (34.3%) of offenders who entered treatment in SACPA’s second year went on to complete treatment. The completion rate was about the same (34.4%) in SACPA’s first year.

Overall, about one-quarter (24.9%) of offenders who agreed to participate in SACPA in its second year completed treatment (based on a 72.6% treatment entry rate among all SACPA offenders and a 34.3% completion rate among offenders who entered treatment). This rate is typical of drug users referred to treatment by criminal justice.

Half of SACPA outpatient drug-free clients (51.4%) received at least 90 days of treatment, as did 41.2% of long-term residential clients. These rates are typical of drug users referred to treatment by criminal justice. A period of 90 days is widely cited as the minimum length of stay before treatment is likely to have a beneficial effect.

Treatment completion was lower for African Americans, Hispanics, and Native Americans than for Whites and Asian/Pacific Islanders. These findings signal the importance of assessing the possible disproportionate impact of limited treatment capacity, assessment procedures, and treatment protocols across racial/ethnic groups.

Clients with no prior experience in treatment were as likely to complete treatment in SACPA as clients who had been exposed to treatment before. This finding is notable because clients with no prior treatment experience may find it difficult to conform to unfamiliar requirements such as open acknowledgement of their drug problem and self-disclosure in groups.

Methamphetamine users were similar to the overall SACPA population in their rate of treatment completion. Concern has been raised regarding clinical challenges, such as severe mental health problems and poor engagement in treatment, arising from methamphetamine use. Treatment providers in SACPA appear to have responded well to these challenges.

Treatment completion was lower, and duration shorter, for heroin users than for users of other drugs. Few heroin users in SACPA were placed in methadone detoxification or maintenance. Heroin users' performance in treatment might improve if methadone treatment were available to those who wish to receive it.

Offender outcomes

Outcomes during the initial 12-month follow-up—new arrests, drug use, and employment—were most favorable among first-year SACPA offenders who completed treatment, compared to those who were referred to SACPA but did not enter treatment and those who entered treatment but did not complete it. This comparison shows outcomes in relation to offenders' degree of participation in SACPA. Favorable outcomes were substantial for employment and occurrence of new drug arrests. Drug use outcomes were uneven. It will be important to see whether initial favorable outcomes are sustained across a longer period.

Drug offenders eligible for SACPA in its first year (SACPA-era offenders) were more likely to have a new drug arrest during the initial 12-month follow-up than a pre-SACPA comparison group of similar offenders who would have been eligible for SACPA. All

SACPA-era offenders and all pre-SACPA offenders who met SACPA eligibility criteria were included in this comparison. Thus, findings show the initial effect of SACPA *as a policy under which some offenders participated in SACPA and others did not.*

Incarceration for the eligible offense was more common in the pre-SACPA group than in the SACPA group. This may have affected new arrests over the initial 12 months. Future analyses will extend the follow-up period to 30 months so that arrests can be compared again after offenders sentenced to prison are likely to have been released.

Criminal justice

Most SACPA clients (88.8%) were placed on probation when sentenced or were already on probation. The others (11.2%) were parolees with a new drug offense or a drug-related parole violation.

Over one in five SACPA probationers (23.1%) had their probation revoked in SACPA's third year.

SACPA parolees had lower rates of treatment completion and 90-day duration than probationers. Parole was revoked for 56.0% of SACPA parolees in the 12-month period after referral to SACPA. The recommitment rate may improve if more parolees complete treatment or reach the 90-day mark for treatment duration.

Future reports

Reports for 2005 and 2006 will update findings on implementation and probation/parole revocations; extend the outcome analysis across a 30-month follow-up period for SACPA's first-year offenders; examine 12-month outcomes among SACPA's second-year offenders; and describe SACPA's fiscal impact.

Chapter 1: Introduction

In November 2000, California voters passed Proposition 36, which was enacted into law as the Substance Abuse and Crime Prevention Act (SACPA).

UCLA Integrated Substance Abuse Programs was chosen by the California Department of Alcohol and Drug Programs (ADP) to conduct an independent evaluation of SACPA.

This report describes the third year of SACPA implementation (July 1, 2003 to June 30, 2004) and outcomes for offenders in SACPA's first year (July 1, 2001 to June 30, 2002).

In November 2000, California voters passed Proposition 36, which was enacted into law as the Substance Abuse and Crime Prevention Act (SACPA). SACPA represents a major shift in criminal justice policy, inasmuch as adults convicted of nonviolent drug offenses in California and otherwise eligible for SACPA can now be sentenced to probation with drug treatment instead of either probation without treatment or incarceration. Offenders on probation or parole who commit nonviolent drug offenses or who violate drug-related conditions of their release may also receive treatment. Modalities include drug education, regular and intensive outpatient drug-free treatment, short- and long-term residential treatment, and pharmacotherapy (typically methadone for clients dependent on heroin). Offenders who commit non-drug violations of probation/parole may face termination from SACPA. Consequences of drug violations depend on the severity and number of such violations. The offender may be assigned to more intensive treatment, or probation/parole may be revoked.

The California Department of Alcohol and Drug Programs (ADP), through a competitive bid process, chose UCLA Integrated Substance Abuse Programs to conduct an independent evaluation of SACPA over a five and one-half year period beginning January 1, 2001 and ending June 30, 2006.

Evaluation overview

Along with evaluations of drug courts and drug policy initiatives in other states (e.g., Arizona's Drug Medicalization, Prevention, and Control Act of 1996), the SACPA evaluation is providing state and national policymakers with information needed to make decisions about the future of SACPA in California and similar programs elsewhere. The evaluation covers four domains: cost-offset, offender outcomes, implementation, and lessons learned. Data are being collected in surveys of county representatives and offenders; focus groups (semi-structured in-depth discussion) with county representatives; observation (e.g., recording of issues raised, perceptions noted, decisions and agreements reached) at meetings, conferences, and other events; county records; and statewide datasets maintained by human services and criminal justice agencies.

Douglas Longshore, Ph.D., is principal investigator. Other UCLA researchers involved in the SACPA evaluation are Yih-Ing Hser, Ph.D., and Michael Prendergast, Ph.D. Susan Ettner, Ph.D., a UCLA health economist, and Angela Hawken lead the cost-offset analysis. Also involved are M. Douglas Anglin, Ph.D., serving as science advisor; and A. Mark Kleiman, Ph.D., as policy advisor.

Organization of the report

This report addresses research questions in the domains of offender outcomes and implementation. A complete list of the evaluation's research questions appears in Chapter 6.

Chapter 2 describes the SACPA "pipeline" in its third year (July 1, 2003 to June 30, 2004): the number of offenders referred to SACPA, the number who completed their assessment, and the number who entered treatment. Also described in Chapter 2 are characteristics of offenders who entered treatment.

Chapter 3 covers the types of treatment received by SACPA offenders, the duration of their treatment exposure, and treatment completion in relation to offender background characteristics.

Probation and parole revocations are reported in Chapter 4.

Chapter 5 takes up the topic of offender outcomes including re-offending (new arrests), illegal drug use, and employment over an initial 12-month follow-up period. First, outcomes are compared among offenders who were referred to SACPA (i.e., those who agreed to participate) but who did not receive treatment, those who entered treatment but did not complete it, and those who completed treatment. This comparison tracked outcomes in relation to an offender's degree of participation in SACPA. Second, re-offending is compared between drug offenders in SACPA's first year and similar drug offenders in a pre-SACPA era. This comparison gauged the overall effect of SACPA as a policy on the criminal activity of drug offenders.

Finally, Chapter 6 reviews evaluation progress and planning. Key findings are highlighted at the outset of each chapter.

For copies of the 2002 and 2003 reports, see <http://www.uclaisap.org/prop36/reports.htm>. For information about the evaluation, see <http://www.uclaisap.org/Prop36/Prop36.htm> or contact:

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Chapter 2: SACPA Offenders

A total of 51,033 offenders were referred for treatment during SACPA's third year. Of this total, 72.6% went on to enter treatment.

In its third year, most SACPA treatment clients (73.1%) were men. About half (44.8%) were non-Hispanic White, while 32.4% were Hispanic and 14.4% were African American. Their average age was 35. The primary drug problem for about half of SACPA's treatment clients was methamphetamine (52.7%), followed by cocaine/crack (14.3%), marijuana (12.2%), and heroin (9.6%).

Most SACPA offenders (88.8%) were sentenced to probation or were already on probation when they committed their SACPA offense. The others (11.2%) were on parole.

SACPA has reached a large number of habitual drug users who never received treatment before. In its third year, SACPA clients with no prior treatment were more likely to be Hispanic, male, and younger. They were also more likely to report marijuana as their primary drug problem. In addition, while first-time clients had shorter histories of primary drug use than repeat clients, almost half of the first-time clients reported use of their primary drug for over ten years.

The portion of first-time clients decreased from the first year (55.2%) to the second (48.8%) and decreased again in the third (46.2%). Some of SACPA's early participants, including those who did well or not so well the first time, may now have cycled through SACPA again. Also, as SACPA continues to serve as a conduit to treatment, the state's population of SACPA-eligible drug offenders with no prior experience may be slightly decreasing.

This chapter describes the "pipeline" of offenders entering SACPA during its third year. Three steps in the pipeline are covered: referral of the offender to SACPA, completion of the assessment process, and entry into the treatment program to which the offender was assigned. Show rates at assessment and treatment (i.e., the percent who completed the assessment process and the percent who went on to enter treatment) in SACPA's third year are compared to those in SACPA's first and second years.

This chapter also reports characteristics of offenders who entered treatment during SACPA's third year with a special focus on offenders who had never been in treatment before.

SACPA pipeline

People convicted of a nonviolent drug offense, typically possession of an illegal drug or being under the influence, are eligible for SACPA.¹ As shown in Table 2.1, there are differences in eligibility criteria for probationers and parolees.

Some offenders who are eligible for SACPA may decide not to participate. Those also eligible for a “deferred entry of judgment” program² such as PC 1000 may choose that option because they can participate without entering a guilty plea; participation in SACPA is contingent on having been found guilty of a SACPA-eligible offense. Moreover, depending on local policy and practice, offenders may be eligible for both SACPA and drug court, and some offenders may choose the latter. Finally, routine criminal justice processing may seem preferable to offenders who face only a short jail sentence or other disposition that they view as less onerous than the requirements of SACPA participation. For these reasons, it is important to assess the acceptance of SACPA by eligible offenders, i.e., how many chose to participate in SACPA when offered that option?

Offenders who chose SACPA were ordered to complete a treatment assessment and enter treatment. Assessment entails a systematic review of the severity of the offender’s drug use and other problems, a decision regarding appropriate placement in a drug treatment program, and identification of other service needs. Upon completion of the assessment, offenders must report promptly to the assigned treatment program. Referral is the first step in the SACPA pipeline. Completion of assessment is the second step, and treatment entry is the third.

Information to describe the pipeline was compiled from three sources: the SACPA Reporting Information System (SRIS) maintained by ADP, the county stakeholder survey conducted by UCLA, and the California Alcohol and Drug Data System (CADDIS).

¹ There are some eligibility exceptions. SACPA does not apply to any offender previously convicted of one or more serious or violent felonies, unless the current drug possession offense occurred after a period of five years in which the offender remained free of both prison custody and the commission of an offense which resulted in (1) a felony conviction other than a non-violent drug possession offense or (2) a misdemeanor conviction involving physical injury or the threat of physical injury to another person. Also ineligible is any non-violent drug possession offender who has been convicted in the same proceeding of a misdemeanor not related to the use of drugs or any felony. SACPA does not apply to any offender who, while using a firearm, unlawfully possesses (1) a substance containing cocaine base, cocaine, heroin, or methamphetamine or (2) a liquid, non-liquid, plant substance, or hand-rolled cigarette, containing phencyclidine. SACPA does not apply to any offender who, while using a firearm, is unlawfully under the influence of cocaine base, cocaine, heroin, methamphetamine, or phencyclidine. SACPA does not apply to any offender who refuses drug treatment as a condition of probation or parole.

² Many first-time California drug offenders can avoid criminal convictions by opting for deferred entry of judgment (DEJ) under Penal Code sections 1000-1000.4. Diversion may include education, treatment, or rehabilitation. Entry of judgment may be deferred for a minimum of 18 months to a maximum of three years. Although there are limitations, diversion, if successfully completed, leads to a dismissal of the charges.

Table 2.1 Terms of SACPA Participation for Parolees and Probationers³

Factor	Parolees	Probationers
Controlling law	Penal Code 1210, 3063.1, 3063.2	Penal Code 1210, 1210.1, 1210.5
Adjudication authority	Board of Prison Terms	Superior Court
Supervision authority	Parole and Community Services Division, California Department of Corrections	County probation department
Serious or violent background	Parolees who have ever been convicted of a serious or violent felony are ineligible.	Offenders with prior serious or violent felony convictions are eligible if the conviction is more than five years old and they have been free of both prison custody and non-drug possession felony or violent misdemeanor convictions during that five-year period.
Disposition of charges	Placement in SACPA is the final disposition. Failure to complete treatment must be charged as a new violation.	Original charges remain open for dismissal upon successful completion or re-sentencing upon failure to complete treatment.
Term of supervision	Placement on parole occurs before placement in SACPA and will terminate independently of parolees' progress in treatment.	If not already on probation, offenders are placed on probation as part of SACPA disposition, and probation will not terminate prior to completion of treatment.
Disposition of drug violations	Parolees become ineligible upon the second violation subsequent to placement (first violation for those on parole before July 2001).	Probationers become ineligible upon the third violation subsequent to placement (second violation for those on probation before July 2001).

³ Based on a table created by Joseph Ossmann, Parole and Community Services Division, California Department of Corrections.

The first two of these sources were created specifically for SACPA monitoring and evaluation. The third, CADDs, predates SACPA, having been maintained by ADP since July 1991.

Each data source had unique value in the pipeline analysis but is also subject to limitations. To overcome these limitations, the analysis employed a mix of data taken directly from these sources along with estimates validated across multiple sources when possible. Appendix A enumerates the known limitations of data sources and explains the estimation procedure.

Offenders referred

UCLA estimated that 51,033 offenders were referred to SACPA in its third year. This estimate includes offenders referred by the court and by parole agents.⁴ See step 1 of the pipeline shown in Figure 2.1.

Offenders assessed

In the third year of SACPA, an estimated 42,880 offenders, including probationers and parolees, completed their assessment.⁵ That estimate is step 2 of the pipeline shown in Figure 2.1. The show rate at step 2 was 84.0%.

Offenders entering treatment

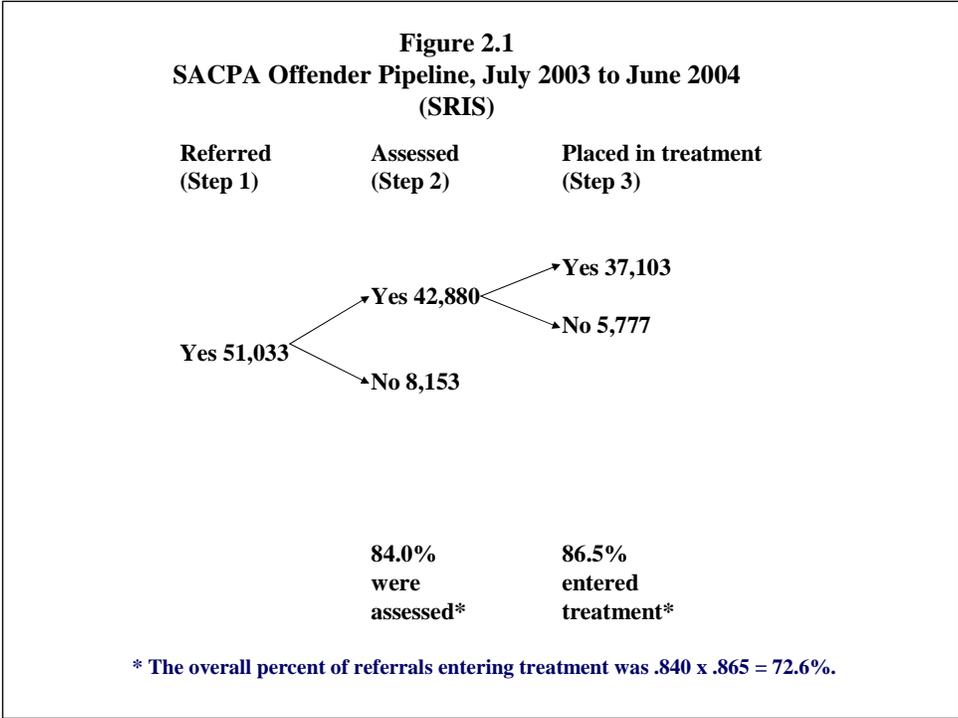
The estimated total of offenders placed in treatment in SACPA's third year is 37,103, shown as step 3 in the pipeline. This total includes probationers and parolees.⁵ The show rate at step 3 was 86.5%.

The estimated overall show rate (i.e., percent of offenders who were referred to SACPA and went on to enter treatment) in SACPA's second year was 72.6%, similar to the show rates in SACPA's first and second years (69.2% and 71.4% respectively).

Prior research has shown that one-third to one-half of drug users who schedule a treatment intake appointment (including those referred by criminal justice, other sources, and self) actually keep their appointment (Donovan et al., 2001; Kirby et al., 1997; Marlowe, 2002). In a sample of drug users in Los Angeles, Hser et al. (1998) found that 62% of those who asked for a treatment referral followed up on the referral they were given. Thus, show rates seen thus far in SACPA compare favorably with show rates seen in other studies of drug users referred to treatment.

⁴ The SRIS manual defines "referrals" as probationers and parolees sent from the court, probation department, or parole authority.

⁵ UCLA examined sentencing information for referred offenders who did not go on to enter treatment. About one-third (37.3%) of these offenders were either in jail/prison when referred to SACPA or placed in jail/prison within one month of referral. These offenders may therefore have been unable to complete the assessment process and enter treatment. The remainder (62.7%) was sentenced to probation.



No-show rates

State and county stakeholders have expressed interest in the no-show problem, i.e., offenders who chose SACPA but who did *not* complete an assessment or enter treatment. For a direct look at that problem, pipeline results can be converted to a no-show rate at assessment (step 2), a no-show rate at treatment (step 3), and an overall no-show rate.

Findings reported above were that 84.0% of offenders referred to SACPA in its third year went on to complete an assessment. Thus the estimated no-show rate at assessment was 16.0%. Similarly, 86.5% of assessed offenders went on to enter treatment. Thus the estimated no-show rate at treatment was 13.5%. Combining these two steps led to the conclusion that 72.6% of offenders referred to SACPA in its third year went on to enter treatment. The remaining 27.4% is the estimated overall no-show rate in SACPA’s third year. No-show offenders include those who failed to complete assessment or enter treatment as well as those unable to do so because, after initial acceptance into SACPA, they committed crimes or probation/parole violations that precluded further participation in SACPA.

Characteristics of treatment clients

This section reports characteristics of SACPA offenders who entered treatment during SACPA’s third year. SACPA probation and parole referrals are shown separately so that any differences within the SACPA client population will be apparent. Characteristics

covered in the analysis include race/ethnicity, sex, age, primary drug, and drug problem severity.

Also reported are characteristics of clients who entered treatment during SACPA's third year but who were not part of SACPA. Non-SACPA clients are, moreover, divided into those referred by the criminal justice system but not by SACPA and those entering treatment by self-referral or other non-criminal justice referral from, for example, a health care provider, school, or employee assistance program. The purpose of comparing treatment clients by referral source is to determine the ways in which SACPA clients were similar to, or different from, other clients in the state's treatment population.⁶

Information on the characteristics of first-and second-year SACPA clients was provided in earlier reports. That information is entered in the figures below to show whether there have been any changes in the characteristics of SACPA clients thus far.

UCLA used CADDSS data on race/ethnicity, sex, age, and primary drug. Most but not all SACPA clients received treatment at programs required to report into the CADDSS database. Of the estimated 37,103 SACPA treatment clients shown in Figure 2.1, 36,773 appeared in CADDSS. Hence, characteristics of SACPA clients receiving treatment from CADDSS providers are likely to be a close approximation of the characteristics of all SACPA clients in treatment.

Figure 2.2 shows the breakdown of clients entering treatment by the referral source indicated in CADDSS. In its third year, SACPA accounted for 22.4% of clients entering treatment (19.9% were referred by probation; 2.5%, by parole). SACPA accounted for 14.8% of treatment clients in SACPA's first year and 21.2% in the second. Thus it appears that the share of treatment capacity taken up by SACPA clients increased across years. However, some part of the increase may be due to improvement over time in the accuracy of CADDSS data on referral source.

Figure 2.2 also shows that most of SACPA's third-year offenders (88.8%) were sentenced to probation or were already on probation when they committed their SACPA offense.⁷ The others (11.2%) were parolees entering SACPA on the basis of a new offense or a drug-related parole violation. In the first year, 8.1% of SACPA treatment clients were parolees. In the second, 10.4% were parolees. The parolee portion of the SACPA client population increased over time, but the degree of increase was small.

⁶ The CADDSS record for each incoming client indicates the referral source as SACPA (court/probation or parole), non-SACPA court/criminal justice, or non-criminal justice. CADDSS also indicates the client's legal status. Most clients (77%) sent from non-SACPA court/criminal justice were on probation or parole or were incarcerated. Among the remaining 23% were clients participating in a diversion program and others with no legal status on record. Thus, while a portion of the non-SACPA court/criminal justice population may actually not have been in the criminal justice system, the overall population can be characterized as non-SACPA criminal justice. Non-criminal justice clients were those referred by health care provider, employee assistance program, self, or other sources but not by criminal justice.

⁷ $.199/.224 = .888$.

Figure 2.2
Treatment Clients by Referral Source
 (CADDs)

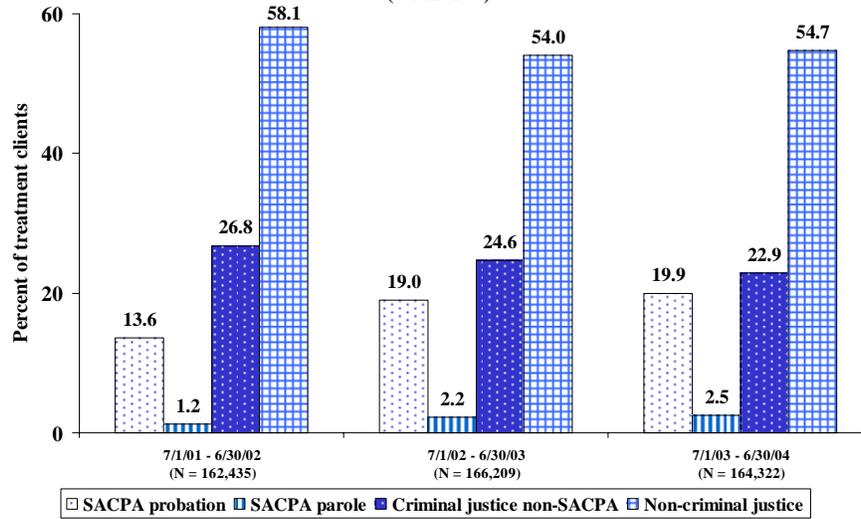
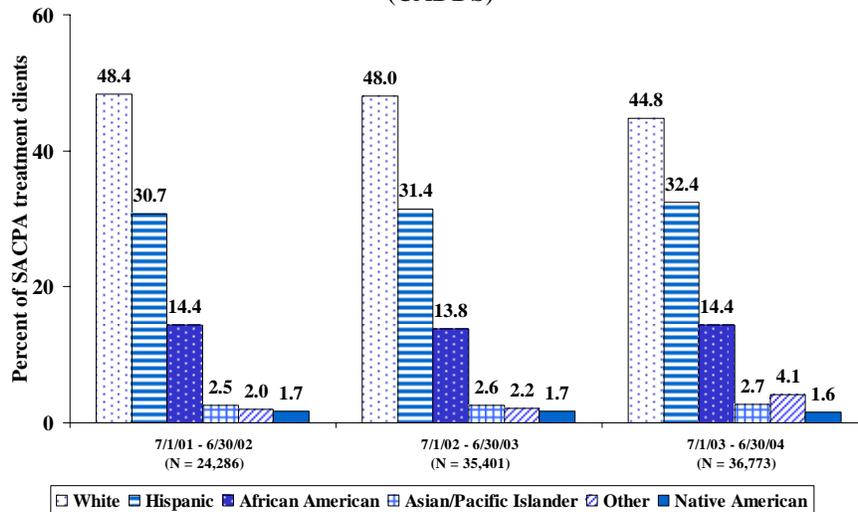


Figure 2.3
Race/Ethnicity of SACPA Treatment Clients
 (CADDs)



Race/ethnicity

The race/ethnic composition of SACPA treatment clients is presented in Figure 2.3. In SACPA's third year, almost half of SACPA treatment clients were non-Hispanic Whites (44.8%). Hispanics (32.4%), African Americans (14.4%), Asian/Pacific Islanders (2.7%), Native Americans (1.6%), and other groups (4.1%) comprised the other half of the SACPA client population. Figure 2.3 also shows the race/ethnic composition of SACPA clients in the first and second years. There was virtually no change across years.

Figure 2.4 presents race/ethnicity for SACPA probationers and parolees separately and for clients referred by non-SACPA sources in SACPA's second year. The race/ethnic composition of all four groups was very similar.

Sex

Clients referred to treatment by SACPA in its third year were 73.1% men and 26.9% women. See Figure 2.5. This pattern almost exactly duplicates the breakdown in SACPA's prior years.

Figure 2.6 shows the sex breakdown for SACPA clients referred by probation and parole and for non-SACPA criminal justice and non-criminal justice referrals. A majority of treatment clients in all groups were men, but this pattern is more pronounced among clients referred to treatment by SACPA and other criminal justice entities than among non-criminal justice referrals. The pattern is most pronounced among offenders referred to SACPA by parole. These results are partly a reflection of the enduring difference between men and women in the seriousness of their criminal involvement (Blumstein et al., 1986; Gottfredson and Hirschi, 1990).

Age

In SACPA's third year, the average (mean) age among clients referred to treatment by SACPA was 34.6. Figure 2.7 shows the distribution in age among SACPA clients. Over one-fifth of SACPA clients (23.2%) were no older than 25 years old. Most (63.6%) were between 26 and 45 years old. Relatively few (14.3%) were 46 or older. These findings closely match the findings for SACPA's first and second years.

As shown in Figure 2.8, SACPA clients referred from parole were older than those referred from probation. Moreover, clients referred from criminal justice sources other than SACPA include a higher percent between 18 and 25 years old than the percent seen among SACPA clients (45.5% versus 23.2%). Finally, non-criminal justice referrals include more clients in the oldest age bracket. Because crime is less prevalent in older age-cohorts (Gottfredson and Hirschi, 1990; Hirschi and Gottfredson, 1983), it is to be expected that non-criminal justice referrals include a higher percent of older clients.

Figure 2.4
Race/Ethnicity of Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

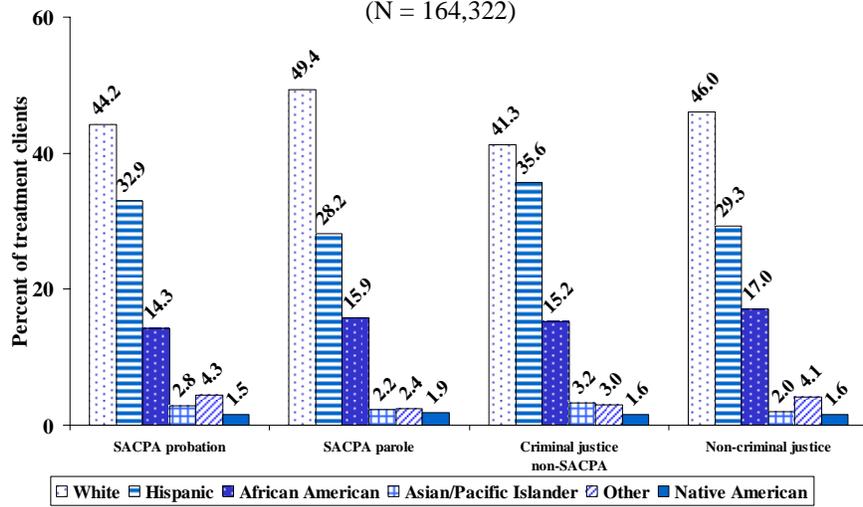


Figure 2.5
Sex of SACPA Treatment Clients
 (CADDs)

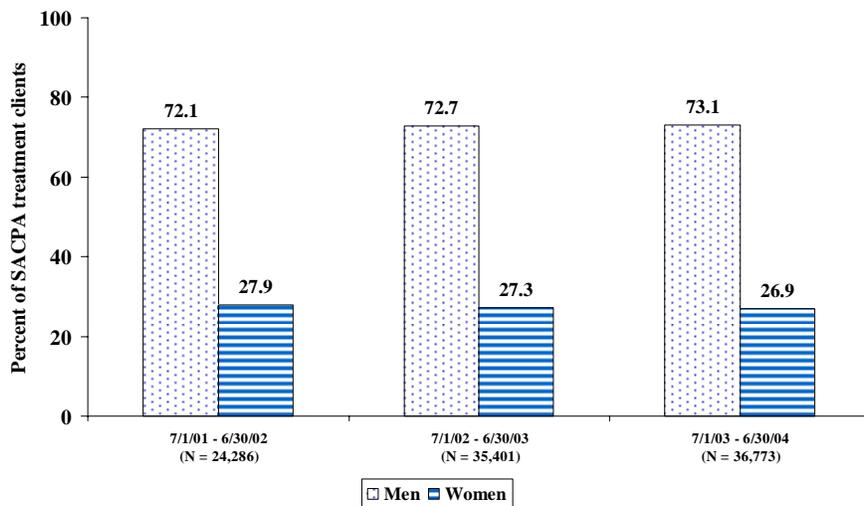


Figure 2.6
Sex of Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

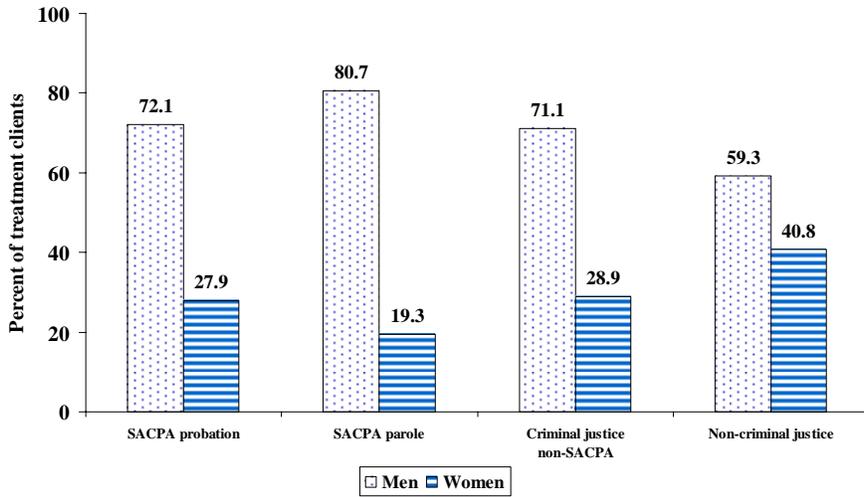
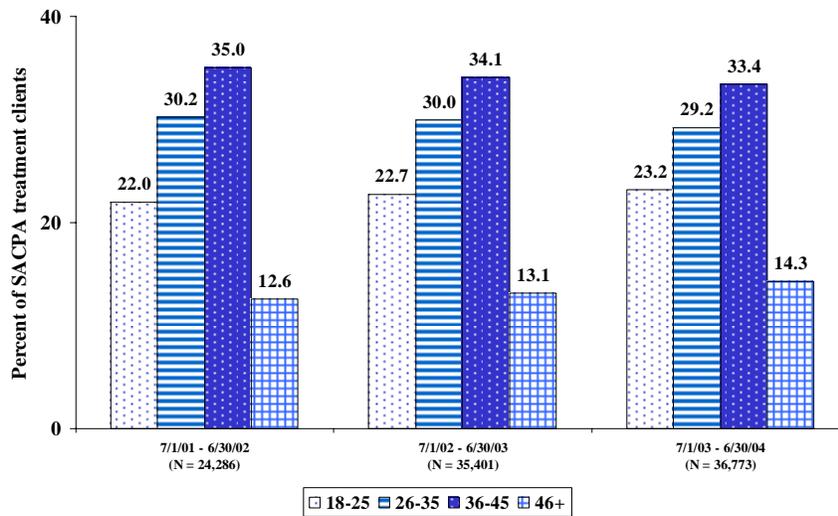


Figure 2.7
Age of SACPA Treatment Clients
 (CADDs)



Primary drug

According to client self-report, methamphetamine (52.7%) was the most common drug type among SACPA clients in the third year, followed by cocaine/crack (14.3%), marijuana (12.2%), heroin (9.6%), and alcohol (9.4%). See Figure 2.9. These figures are virtually unchanged from SACPA's earlier years.

Primary drug by referral source is presented in Figure 2.10. As was true in SACPA's earlier years, methamphetamine continued to be a more common problem in SACPA clients than in the other two client groups in the third year. Moreover, within the SACPA treatment population, heroin use was almost twice as common among parolees (16.9%) as among probationers (8.7%). Heroin use was more prevalent among non-criminal justice clients (26.8%) than among criminal justice clients, possibly because heroin users may, on their own initiative (self-referral), seek methadone treatment to avoid the daily symptoms of heroin withdrawal. Reporting requirements may also help to explain the higher prevalence of heroin use on the non-criminal justice side. Private as well as publicly funded providers are required to report methadone treatment admissions to CADDs, whereas only publicly funded providers are required to report admissions to other types of treatment.

In Figure 2.9, alcohol was the self-reported primary problem for 9.4% of the SACPA group—even though SACPA targets offenders with drug problems. Heavy drinking is quite common among people also engaged in illegal drug use. Figure 2.11 shows the secondary drug problem recorded in CADDs for SACPA clients whose self-reported primary problem was alcohol. The distribution of secondary drug mirrors the distribution for primary drug. Methamphetamine was the most common secondary drug problem (33.1%). Cocaine (21.2%) and marijuana (20.4%) were also prevalent. No secondary drug problem was shown for 19.9% of SACPA clients whose primary problem was alcohol. These findings for SACPA's third year closely parallel those for the prior years.

Clients with alcohol as their primary drug and no secondary drug problem on record may have reported a secondary drug problem that was not entered into CADDs, or they may have failed to report a secondary drug problem despite having one. In any case, they comprised only 1.9% of SACPA third-year client population. Patterns observed here would not change significantly if data on problem drug were complete.

Drug problem severity

UCLA analyzed three indicators of drug problem severity: years of primary drug use, frequency of recent drug use, and prior treatment experience.

Figure 2.12 shows a split distribution of drug use histories among SACPA treatment clients. About one-fifth of SACPA's clients in each of its three years (22.9% in the third year) reported first use of their primary drug within the five years. About one-quarter (24.1% in the third year) reported primary drug histories extending longer than 20 years.

Figure 2.8
Age of Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

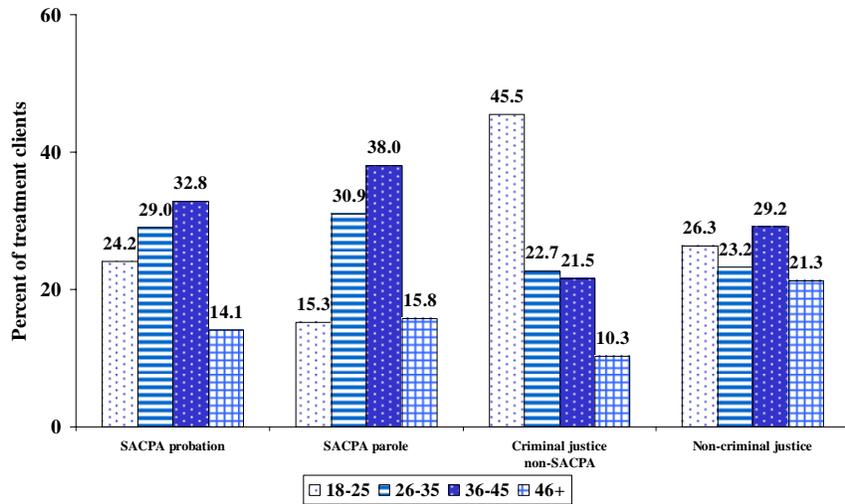


Figure 2.9
Primary Drug Among SACPA Treatment Clients
 (CADDs)

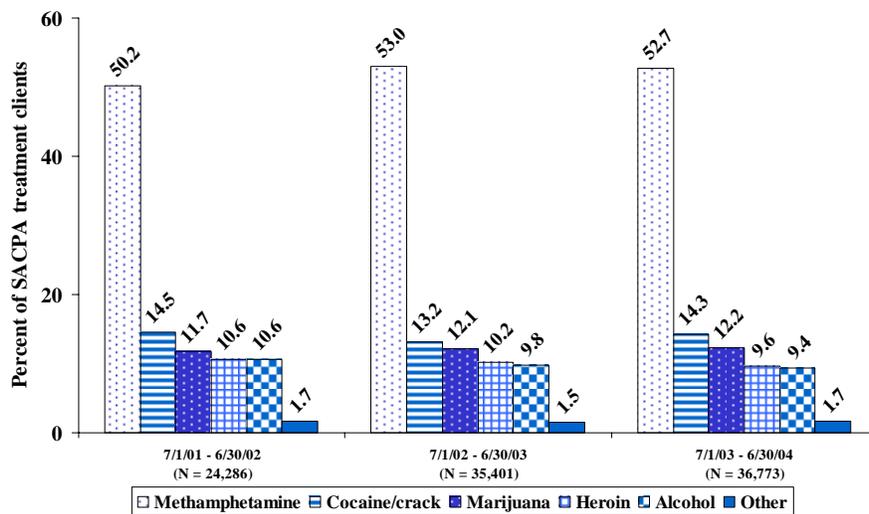


Figure 2.10
Primary Drug Among Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

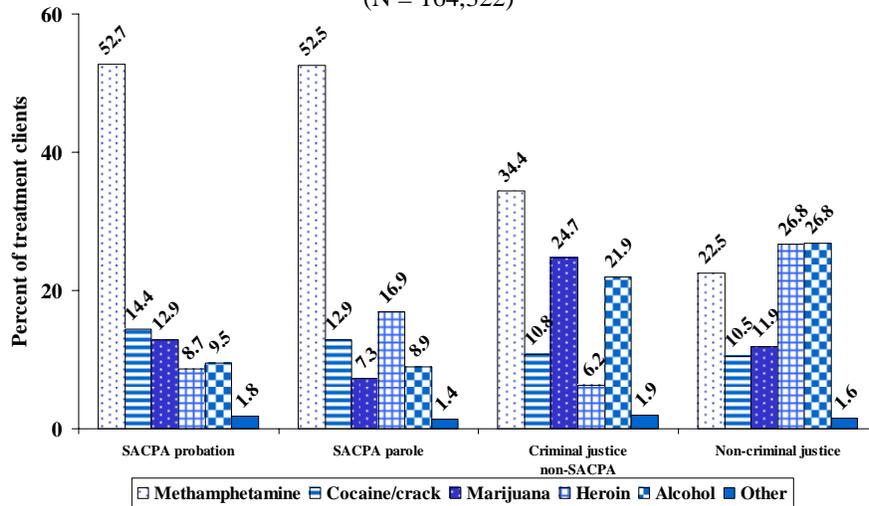


Figure 2.11
Secondary Drug when Alcohol is Primary Drug
Among SACPA Treatment Clients
 (CADDs)

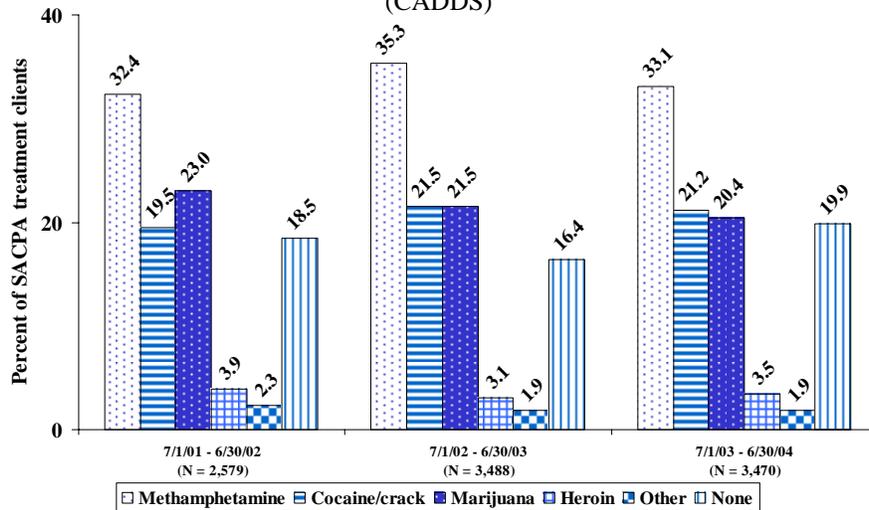


Figure 2.12
Years Since First Use of Primary Drug
Among SACPA Treatment Clients
 (CADDs)

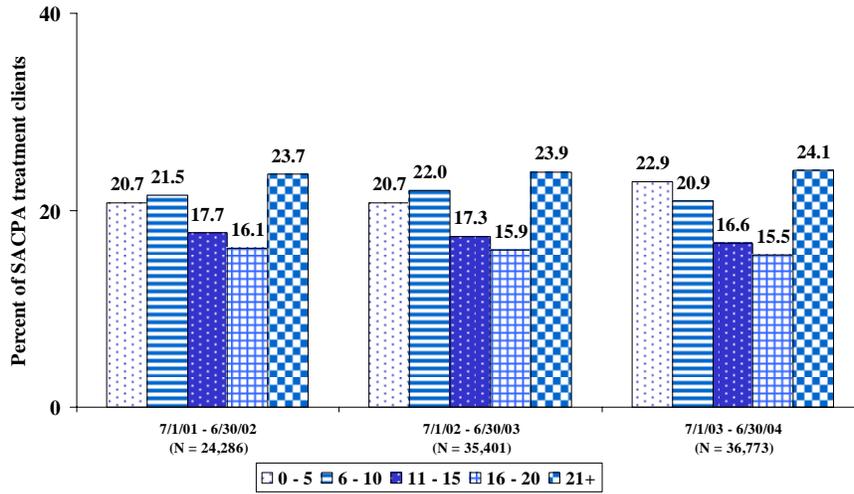


Figure 2.13
Years Since First Use of Primary Drug
Among Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

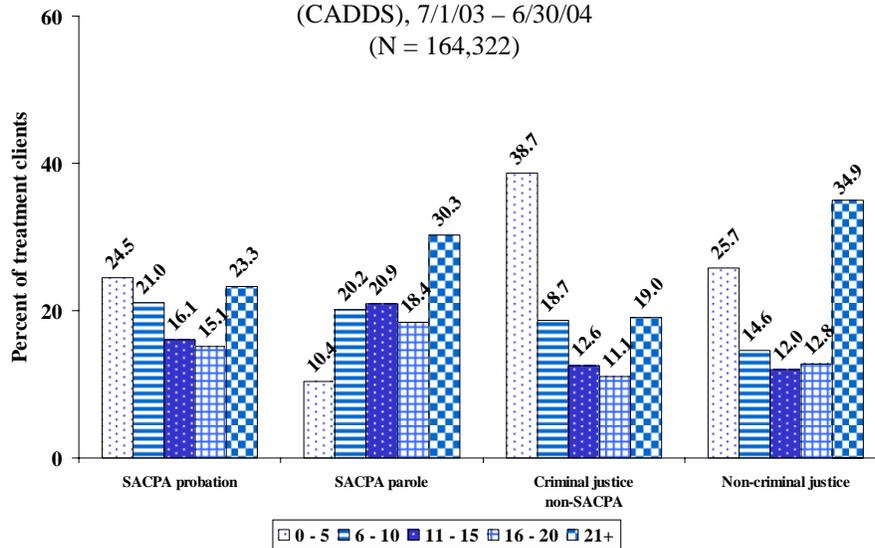


Figure 2.13 shows years since first use of the primary drug by referral source for the third year's treatment population. SACPA parolees reported longer primary drug histories than SACPA probationers and non-SACPA criminal justice referrals. About one-third (30.3%) of SACPA parolees reported having used their primary drug for over 20 years.

Frequency of primary drug use by SACPA clients in the month prior to treatment admission is presented in Figure 2.14. About one-third of SACPA clients (34.7%) in the third year reported no use of their primary drug in the past month, possibly because they were coming to treatment directly from lock-up.⁸ This was also the pattern in SACPA's earlier years.

As shown in Figure 2.15, non-criminal justice clients were less likely than SACPA and non-SACPA criminal justice clients to report no primary drug use in the past month. Non-criminal justice clients were, conversely, far more likely to report daily drug use in the past month. Again, this divergence may have arisen because some SACPA and non-SACPA criminal justice clients were incarcerated just before entering treatment.

The number of self-reported prior treatment admissions among SACPA clients is shown in Figure 2.16. In its third year, slightly under half of SACPA's clients (46.2%) reported no prior experience in drug treatment. The portion of such clients has decreased slightly across years.

Figure 2.17 compares treatment experience among clients from all referral sources. About half of the non-criminal justice referrals (47.1%) reported no prior treatment—a finding very similar to that for SACPA referrals on probation as well as parole. Over half of the non-SACPA criminal justice referrals (59.0%) reported no prior treatment.

Characteristics of first-time treatment clients

About half of SACPA clients thus far had no prior experience in drug treatment (see Figure 2.16). If SACPA is moving such a large number of first-time clients into the state's treatment population, it is important to understand how these clients compare with clients who did have prior treatment experience. Below, SACPA's third-year clients with and without prior treatment experience are compared on these characteristics: race/ethnicity, sex, age, primary drug, and drug problem severity.

Race/ethnicity

The race/ethnic composition of SACPA's third-year clients with and without prior treatment experience is presented in Figure 2.18. Clients with no prior experience were somewhat less likely to be non-Hispanic Whites (42.7% versus 47.8%). Hispanics were somewhat more likely to have had no prior experience (34.4% versus 30.1%).

⁸ In the offender survey (see Chapter 6), about 60% of offenders who reported no drug use in the month before treatment entry had been in jail (55.8%) or inpatient health care (3.3%).

Figure 2.14
Frequency of Primary Drug Use in Past Month
Among SACPA Treatment Clients
 (CADDs)

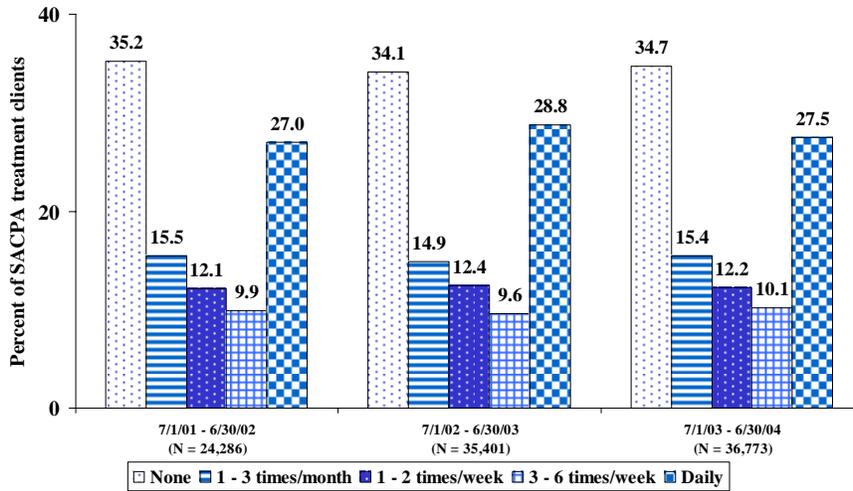


Figure 2.15
Frequency of Primary Drug Use in Past Month
Among Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

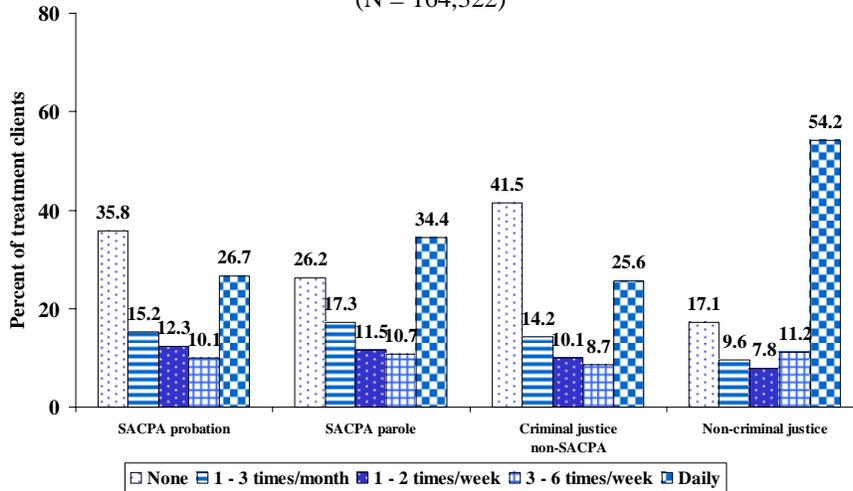


Figure 2.16
Number of Prior Treatment Admissions
Among SACPA Treatment Clients
 (CADDs)

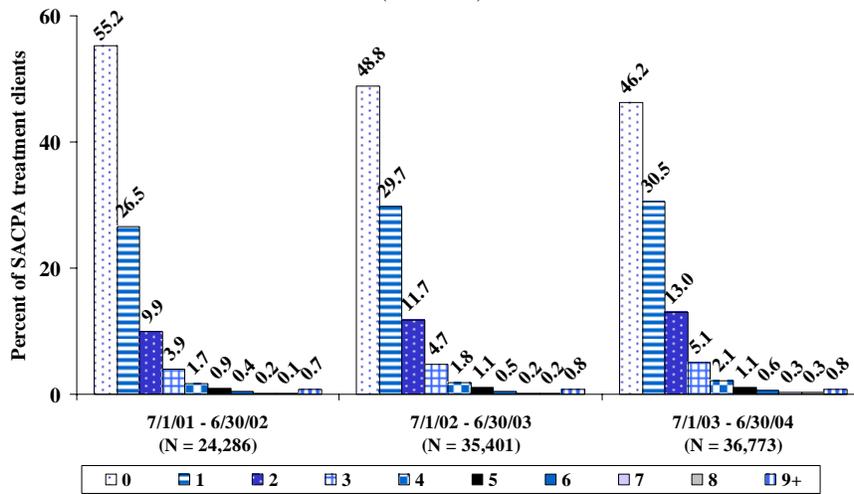


Figure 2.17
Number of Prior Treatment Admissions
Among Treatment Clients by Referral Source
 (CADDs), 7/1/03 – 6/30/04
 (N = 164,322)

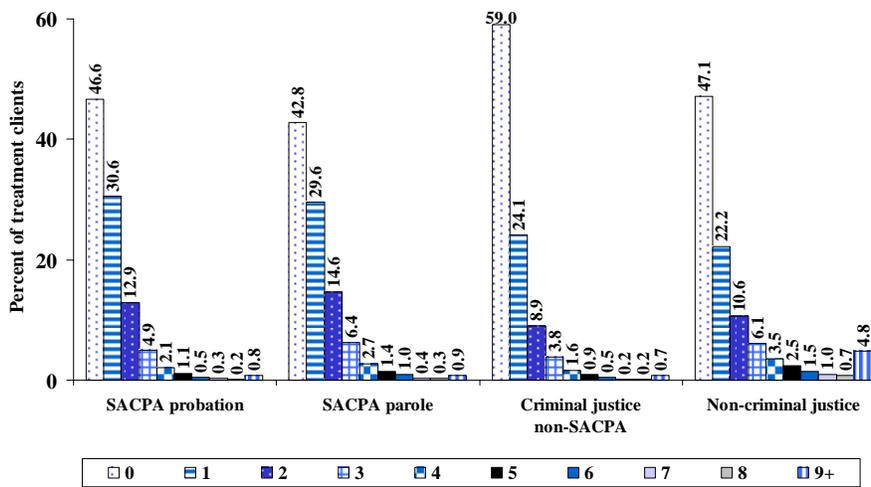


Figure 2.18
Race/Ethnicity of SACPA Treatment Clients
with No Prior Admission Compared to SACPA Treatment
Clients with a Prior Admission
 (CADDs), 7/1/03 – 6/30/04

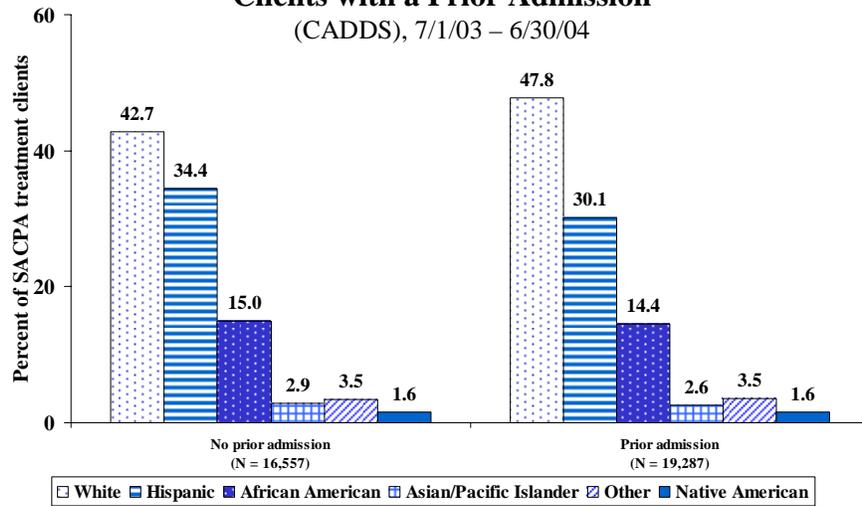
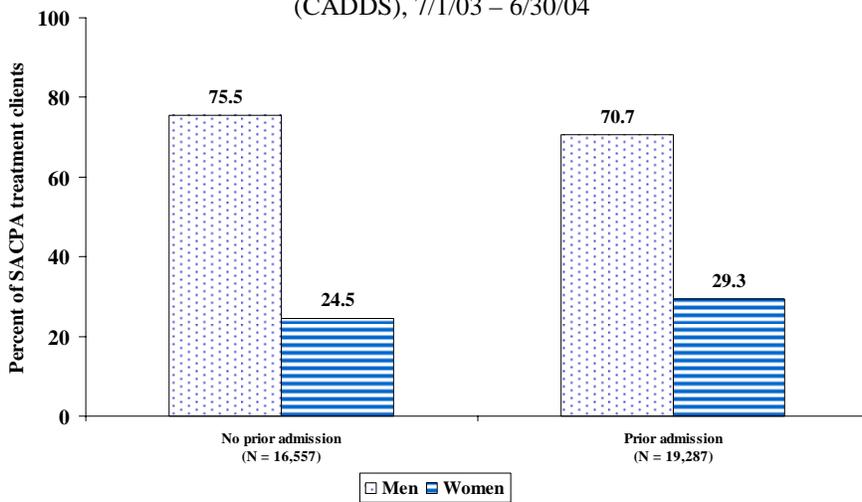


Figure 2.19
Sex of SACPA Treatment Clients
with No Prior Admission Compared to SACPA Treatment
Clients with a Prior Admission
 (CADDs), 7/1/03 – 6/30/04



Sex

Clients with no prior treatment experience were somewhat more likely to be men; 70.7% of clients who had been in treatment before were men, compared to 75.5% of clients who had not. See Figure 2.19.

Age

SACPA clients with no prior treatment experience were younger than those with such experience. See Figure 2.20. This difference was to be expected, but the magnitude of the difference is nevertheless striking. While 20.2% of clients with prior treatment experience were in the youngest age bracket (18-25 years old), 26.7% of clients with no such experience were in that age bracket. Conversely, half of clients with prior treatment experience (50.1%) were 36 years of age or older, whereas only 45.0% of clients with no experience were in that age range.

Primary drug

As shown in Figure 2.21, marijuana users were more likely to have had no treatment experience (14.7% versus 10.2%). Heroin users were less likely to have had no prior treatment (7.6% versus 11.8%).

Drug problem severity

UCLA analyzed two indicators of drug problem severity: years of primary drug use and frequency of recent drug use.

Figure 2.22 shows drug use histories among SACPA clients with and without prior treatment experience. As with age, it is not surprising that first-time clients had shorter histories of primary drug use. One-fourth (26.0%) of clients with no prior treatment experience, compared to only 17.8% of those with such experience, reported first use of their primary drug within the past five years. On the other hand, about half (52.4%) of first-time clients had been using their primary drug for over 10 years, and one in five (22.0%) had been doing so for over 20 years.

Frequency of primary drug use appears similar for SACPA clients with and without treatment experience. For example, daily use was reported by about one-fourth of both groups (28.3% and 27.3%). See Figure 2.23.

Figure 2.20
Age of SACPA Treatment Clients
with No Prior Admission Compared to SACPA Treatment
Clients with a Prior Admission
 (CADDs), 7/1/03 – 6/30/04

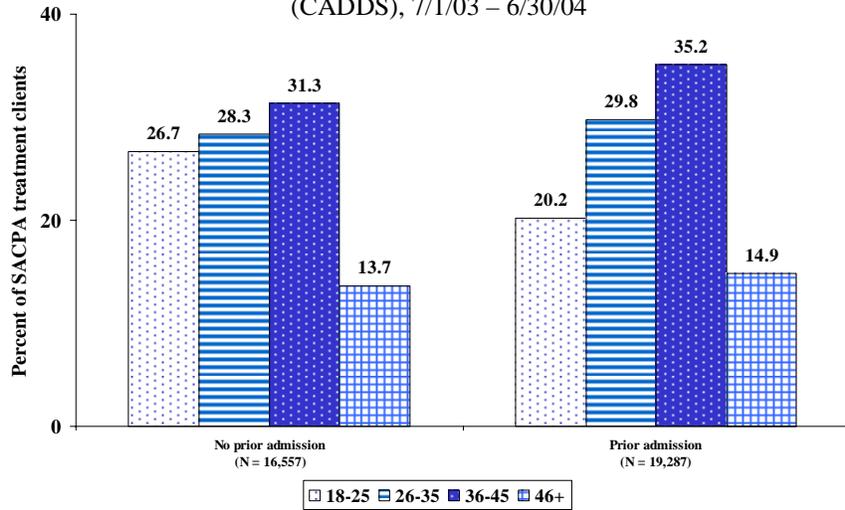


Figure 2.21
Primary Drug Among SACPA Treatment Clients
with no Prior Admission Compared to SACPA Treatment
Clients with a Prior Admission
 (CADDs), 7/1/03 – 6/30/04

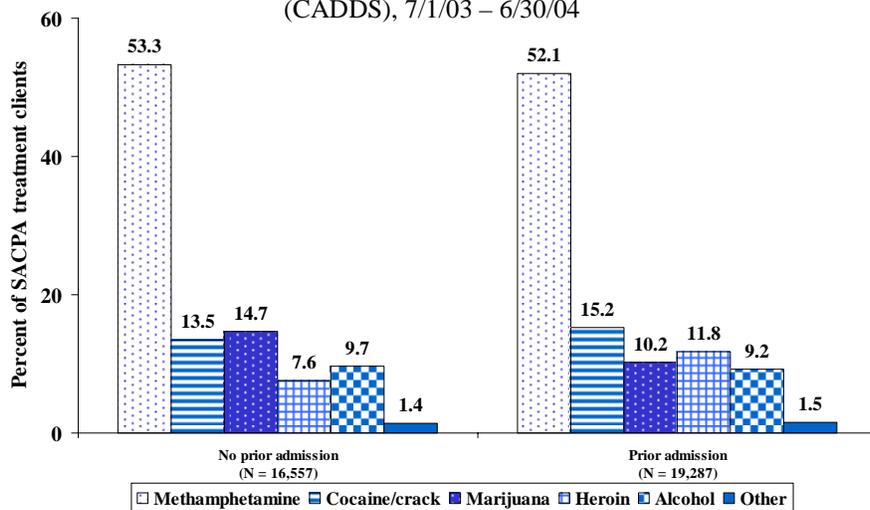


Figure 2.22
Years Since First Use of Primary Drug Among SACPA
Treatment Clients with no Prior Admission Compared to
SACPA Treatment Clients with a Prior Admission
 (CADDs), 7/1/03 – 6/30/04

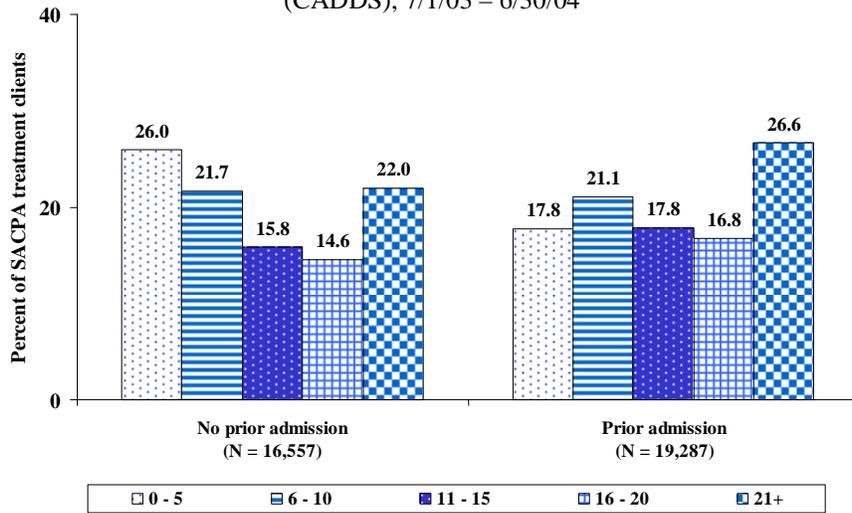
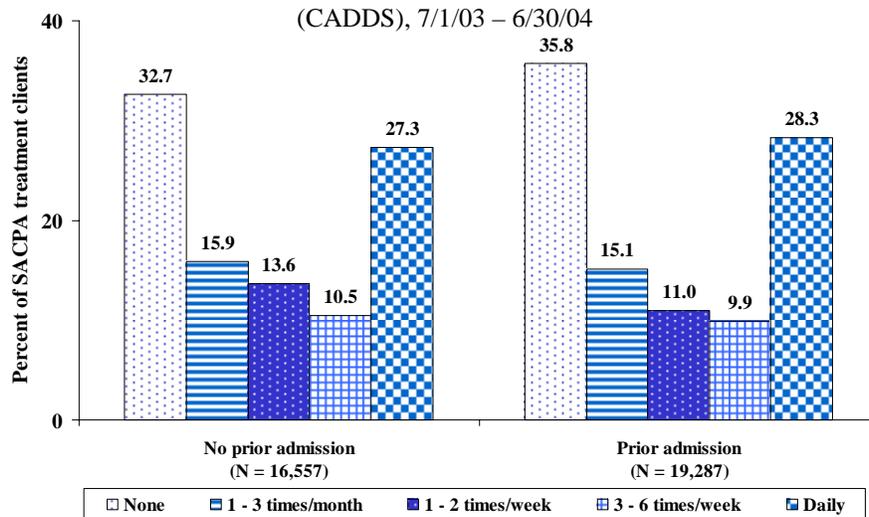


Figure 2.23
Frequency of Primary Drug Use in Past Month Among SACPA
Treatment Clients with no Prior Admission Compared to
SACPA Treatment Clients with a Prior Admission
 (CADDs), 7/1/03 – 6/30/04



Conclusion

A total of 51,033 offenders were referred for treatment during SACPA's third year. Of this total, 72.6% went on to enter treatment. Most SACPA treatment clients (73.1%) were men. About half (44.8%) were non-Hispanic White, while 32.4% were Hispanic and 14.4% were African American. Their average age was 35. The primary drug problem for about half of SACPA's treatment clients was methamphetamine (52.7%), followed by cocaine/crack (14.3%), marijuana (12.2%), and heroin (9.6%).

Most SACPA offenders (88.8%) were sentenced to probation or were already on probation when they committed their SACPA offense. The others (11.2%) were on parole.

SACPA has reached a large number of habitual drug users who never received treatment before. SACPA clients with no prior treatment were more likely to be Hispanic, male, and younger. They were also more likely to report marijuana as their primary drug problem. These differences were not sizable. However, given the large number of Hispanics and men in the SACPA client population, it is important that the effect of SACPA on first-time treatment exposure was most apparent in these groups. In addition, while first-time clients had shorter histories of primary drug use than repeat clients, almost half of the first-time clients reported having used their primary drug for over ten years.

The portion of first-time clients decreased from the first year (55.2%) to the second (48.8%) and decreased again in the third (46.2%). There are at least two possible explanations for this decrease. First, clients whose participation in SACPA in earlier years led to their first treatment exposure may have begun to re-enter treatment on new SACPA-eligible convictions. That is, some of SACPA's early participants, including those who did well or not so well the first time, may now have cycled through SACPA again. Second, as SACPA continues to serve as a conduit to treatment, the state's population of SACPA-eligible drug offenders with no prior experience may be slightly decreasing.

Chapter 3: Treatment

Outpatient drug-free treatment was the most common modality for SACPA clients (84.4%). The next most common modality was long-term residential (11.2%). Methadone maintenance, methadone detox, non-methadone detox, and short-term residential treatment were rarely used in SACPA. Treatment placement in SACPA's third year was very similar to placement in its first and second years.

Treatment completion among SACPA offenders thus far is typical of drug users referred to treatment by criminal justice. The completion rate was 34.3% among offenders who entered treatment in SACPA's second year and had a final discharge on record.

Treatment completion rates were lower, and treatment duration shorter, for African Americans, Hispanics, and Native Americans than for Whites and Asians/Pacific Islanders. These findings signal the importance of addressing the possible disproportionate impact of limited treatment capacity, assessment procedures, and treatment protocols across racial/ethnic groups.

Clients with no prior experience in treatment may find it particularly difficult to conform to unfamiliar requirements such as open acknowledgement of their drug problem and self-disclosure in groups. Despite the potential difficulties, first-time clients did as well in treatment as clients who had been in treatment before.

Methamphetamine users were similar to the overall SACPA population in treatment completion and duration.

Treatment completion was lower, and duration shorter, for heroin users than for users of other drugs. In each SACPA year thus far, few heroin users were treated with methadone detoxification or maintenance. Treatment completion and duration might improve if methadone treatment were available to those who wish to receive it.

Treatment completion was lower, and duration shorter, for parolees than for probationers in SACPA.

This chapter reports the modalities of treatment in which SACPA clients were placed during its third year. For comparison, treatment placement in SACPA's first and second years is also summarized.

The chapter then turns to treatment completion among SACPA's second-year clients and compares them to clients in SACPA's first year. Also reported are characteristics of second-year clients who completed treatment. These characteristics include, for example, race/ethnicity, sex, and primary drug. Finally, the chapter offers findings on treatment duration, i.e., the exposure to treatment among SACPA's second-year clients. Like the findings on completion, findings on treatment duration in SACPA's second year are

examined in relation to client characteristics and compared to findings from SACPA's first year. The focus is on the first two years of SACPA because data are not yet available to determine how SACPA's third-year population will fare after entering treatment. The data source for these analyses was the California Alcohol and Drug Data System (CADDs).

Research on drug treatment effectiveness has shown that treatment completion and time in treatment are associated with favorable post-treatment outcomes such as abstinence from drug use, reductions in drug-related problems, and improved psychosocial functioning (Anglin & Hser, 1990; DeLeon, 1991; Hubbard et al., 1989, 1997; Simpson, 1979; Simpson et al., 1997; TOPPS II Interstate Cooperative Study Group, 2003). Thus, the performance of SACPA offenders on these two indicators of treatment performance—treatment completion and time in treatment—serves as a useful indicator of the likelihood of post-treatment success. The analysis of treatment performance does not tell the whole story, however. SACPA clients must not only attend treatment but also comply with other requirements set by the court and probation/parole. Their obligations in SACPA are not fully met even if they do complete treatment.

Treatment placement

CADDs data were analyzed to show the percent of SACPA offenders entering each treatment modality. As shown in Figure 3.1, outpatient drug-free was the initial treatment placement for most offenders (84.4%). Long-term residential treatment (planned duration exceeding 30 days) was the second most common placement (11.2%). This pattern held regardless of the client's primary drug (see Figure 3.2). Treatment placement in SACPA's third year was very similar to placement in its first and second years.

Methadone maintenance, methadone detox, non-methadone detox, and short-term residential treatment were rarely used in SACPA. Methadone maintenance and detox are effective in treating heroin dependence (American Methadone Treatment Association, Inc., 2004; Mathias, 1997; National Institute on Drug Abuse, 1999; National Institutes of Health Consensus Conference, 1998). Thus it is notable that few heroin users in SACPA's third year (12.9%) were treated with methadone detoxification or maintenance (the comparable data for SACPA's first and second years were 9.9% and 12.7% respectively). Most were placed in outpatient drug-free programs, which do not provide medication to alleviate the withdrawal symptoms associated with heroin dependence.

Figure 3.1
SACPA Treatment Clients by Modality
 (CADDs), 7/1/03 – 6/30/04
 (N = 36,773)

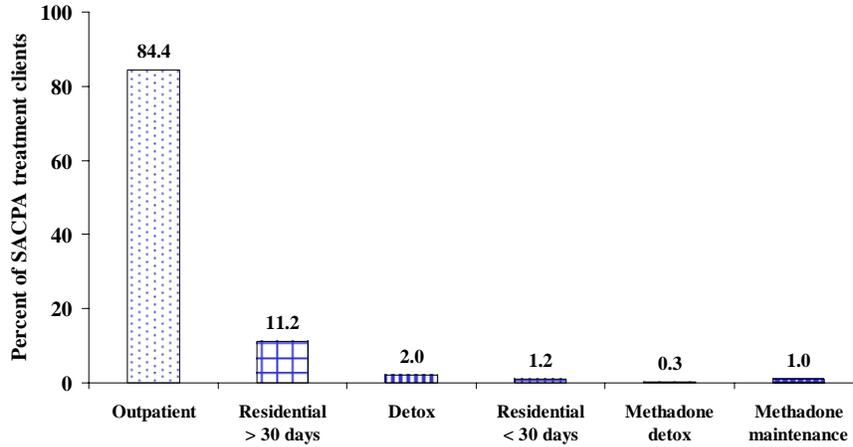
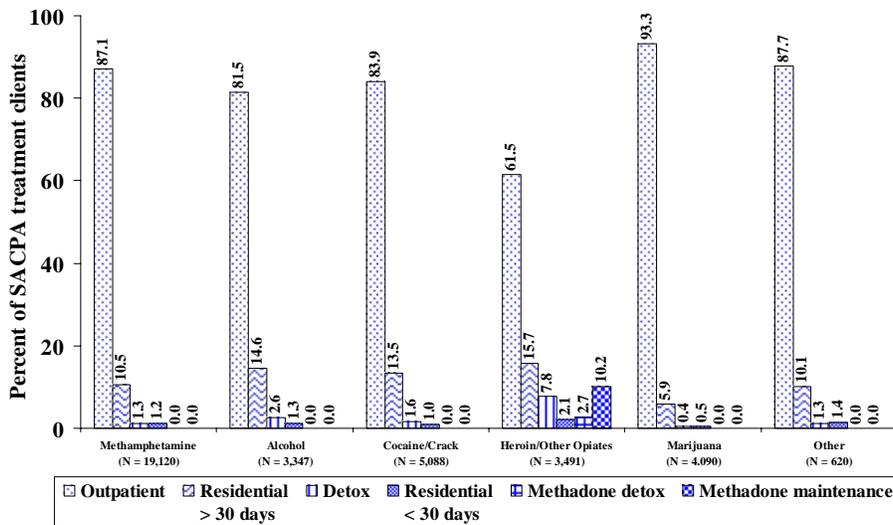


Figure 3.2
Primary Drug by Modality Among SACPA Treatment Clients
 (CADDs), 7/1/03 – 6/30/04
 (N = 36,773)



Treatment completion

Comparative completion rates

For a standard of comparison against which to judge SACPA completion rates, this chapter summarizes findings on treatment completion from other large-scale studies of drug treatment. In addition, completion rates for SACPA clients are compared to those for non-SACPA criminal justice clients and non-criminal justice clients¹ who received treatment during the same timeframe. Finally, information on drug court completion rates is provided.

In national studies of drug treatment effectiveness, completion rates have ranged from 35% to 60% (Substance Abuse and Mental Health Services Administration, 2002; TOPPS II Interstate Cooperative Study Group, 2003). Treatment completion rates have been reported in two large-scale California studies. The completion rate was 32% in CALDATA, fielded in the early 1990's (Gerstein et al., 1994). More recently, the CalTOP study (Hser et al., 2003) found that 41% of clients with a discharge on record (excluding clients whose discharge indicated a transfer for additional treatment) had completed treatment.

Nationally, drug court completion rates range from 31% to 73% and average about 50% (Belenko, 2001; Latessa et al., 2002; Logan et al., 2004; Rempel et al., 2003). In California, completion rates of 36% (Belenko, 2001) and 55% (California Department of Alcohol and Drug Programs, 2005) have been reported. It is difficult to compare drug court completion and SACPA treatment completion because completion of a drug court program requires frequent appearances before the judge, participation in lengthy and intensive treatment, and compliance with other probation requirements. Also, eligibility criteria can affect drug court completion rates, and these criteria have varied widely across the nation. Finally, SACPA offenders who complete treatment must also comply with probation/parole requirements before completing SACPA.

Non-SACPA completion rates were adjusted to ensure that the comparison to SACPA was not confounded by differences in client background characteristics. For example, the proportion of heroin users was higher among non-criminal justice clients than among SACPA clients (see Chapter 2), and heroin users had lower rates of treatment completion than users of other drugs (see below). By adjusting (weighting) the composition of each client group, UCLA removed the effect of such differences on completion rates. In

¹ The CADDIS record for each incoming client indicates the referral source as either SACPA (court/probation or parole), non-SACPA court/criminal justice, or non-criminal justice. CADDIS also indicates the client's legal status. Most clients (77%) sent from non-SACPA court/criminal justice were on probation or parole or were incarcerated. Among the remaining 23% were clients participating in a diversion program and others with no legal status on record. Thus, while a portion of the non-SACPA court/criminal justice population may actually not have been in the criminal justice system, the overall population can be characterized as non-SACPA criminal justice. Non-criminal justice clients were those referred by health care provider, employee assistance program, self, or other sources but not by criminal justice.

analyses of completion rates in relation to client background characteristics such as age and sex, a similar adjustment was made to ensure that each comparison was not confounded by client characteristics other than the one being examined. Finally, for SACPA clients, the relationship between background characteristics and completion was examined in a multivariate model (not shown) to ensure that bivariate findings reported here were reliable.

Measuring treatment completion

In CADDs, a client's status at discharge is noted by the treatment provider on the client's discharge record. There are four possible statuses at discharge: completed treatment, did not complete treatment but made satisfactory progress, did not complete treatment and did not make satisfactory progress, and transferred to another treatment provider. The most rigorous criterion for success is the treatment completion rate among clients with a final discharge on record. That is the primary indicator employed here in the analysis of treatment completion and the analysis of characteristics of clients who completed treatment.

Clients who did not complete treatment may have been doing well nevertheless. Clients leaving treatment early may have found a job that requires them to be at work during treatment hours, moved to a location farther away from the treatment provider, taken on competing responsibilities such as child care, or lost their means of transportation. The purpose of the "satisfactory progress" criterion is to enable providers to enter a discharge status that reflects the opinion that a client was doing well. This chapter also reports the percent of clients who did not complete treatment but made satisfactory progress. However, it is important to emphasize that SACPA requires completion of treatment. While clients who made satisfactory progress may have benefited from treatment, they were out of compliance with the treatment requirement and were subject to disqualification from SACPA by the court.

Definition of a treatment episode

SACPA provides for up to 365 days of treatment. (An additional six months of aftercare attendance may also be required.) Thus, offenders who entered SACPA as late as June 30, 2003 (the end of the second year) had 365 days in which to complete their SACPA treatment episode, and the discharge record for most of them should have appeared in CADDs on or before June 30, 2004. However, this was not always the case. During the course of their treatment episode, some clients were transferred from one provider to another. If the transfer entailed an interruption in treatment, a client's treatment episode, counting all segments of it, might have extended beyond one calendar year. Similarly, clients who dropped out of treatment may have been allowed to re-enter treatment at a later date. They too may have had a treatment episode of two or more segments spanning more than a calendar year.

UCLA defined the treatment episode as follows. First, clients who entered treatment between July 1, 2002 and June 30, 2003 were counted as second-year SACPA clients if

their initial intake record showed a referral from SACPA probation or parole. Most SACPA clients had only one treatment segment during that timeframe. Those with two or more segments were regarded as transfers if the later segment began not more than two days after the earlier segment ended and even if the intake record for the later segment(s) did not indicate referral from SACPA. This procedure maximized the likelihood that the client was still a SACPA participant when the later segment began. It is unlikely that a person could leave treatment, be dropped from SACPA, and begin treatment again as a non-SACPA client within such a short window of time. Most transfers occurred within this two-day window. (In a supplemental analysis, the transfer window was extended to 30 days. Findings did not change.) Second, to measure time in treatment, UCLA counted the number of calendar days from intake to discharge for each segment of the client's treatment episode. Third, to allow for clients whose time in treatment may have extended past 365 calendar days (and to allow for lag in data entry as well), UCLA scanned CADDIS for discharges appearing as late as December 29, 2004—18 months past the end of the second SACPA year. Time in treatment was typically far shorter than 365 days among offenders who completed their SACPA treatment. Hence, an analysis allowing 18 months for a discharge to appear in CADDIS missed few clients, whether they completed treatment or dropped out prematurely. The number of SACPA's second-year clients who, by December 29, 2004, had a discharge recorded in CADDIS was 28,749.

SACPA treatment completion

As shown in Figure 3.3, 34.3% of SACPA's second-year clients completed treatment. The completion rate in SACPA's first year was approximately the same (34.4%).

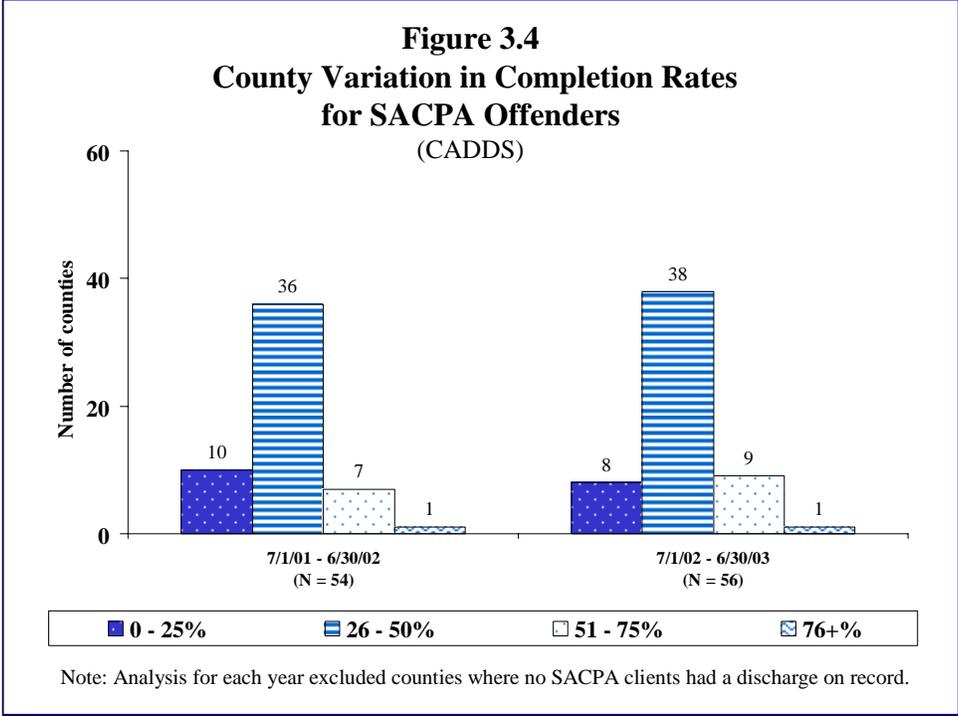
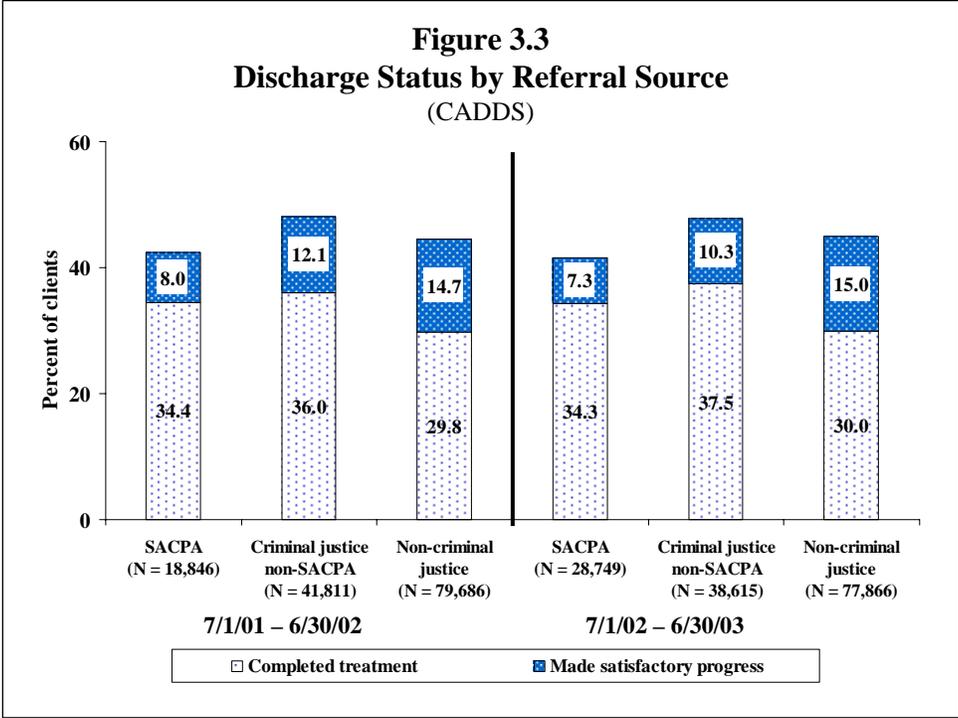
SACPA's completion rates in both years were lower than the adjusted rates for non-SACPA criminal justice clients and higher than the adjusted rate for non-criminal justice clients.

Also shown in Figure 3.3 are clients who did not complete treatment but were making satisfactory progress. Among SACPA clients, 7.3% met criteria for satisfactory progress. The adjusted rates for non-SACPA criminal justice clients (10.3%) and non-criminal justice clients (15.0%) were higher. Overall, 41.6% of SACPA's second-year clients either completed treatment or made satisfactory progress. Criminal justice non-SACPA clients and non-criminal justice clients had rates of 47.8% and 45.0% on this overall indicator of treatment performance. Findings for first-year clients were quite similar.

Figure 3.4 shows variability in treatment completion rates across counties. In SACPA's first and second years, completion rates fell between 26-50% in most counties.

Client characteristics and treatment completion

To analyze characteristics of clients who completed treatment, UCLA employed the most rigorous criterion for success, namely a discharge record showing "completed treatment." UCLA conducted an analysis to see whether SACPA client characteristics associated



with treatment completion when taken one at a time were uniquely associated with completion when tested as a set (see Appendix B). Findings reported here were confirmed in that analysis. In addition, UCLA adjusted the non-SACPA completion rates to ensure that comparisons reported here were not confounded by differences in client background characteristics other than the one being examined.

As shown in Figure 3.5, Whites (37.6%) and Asians/Pacific Islanders (36.6%) had the highest rates of treatment completion in SACPA's second year. African Americans (27.7%), Hispanics (32.1%), and Native Americans (34.8%) had somewhat lower rates. Race/ethnic differences in SACPA were paralleled outside SACPA: higher completion rates for Whites and Asians/Pacific Islanders and lower rates for African Americans, Hispanics, and Native Americans.

Treatment completion rates for men and women are shown in Figure 3.6. Each group had roughly the same completion rate in SACPA (33.7% of men; 36.0% of women) and in the two non-SACPA groups.

A positive association between age and treatment completion is apparent in Figure 3.7. The rate for SACPA clients in the youngest age bracket (18-25 years old) was 30.3%. Rates climbed steadily to a maximum of 40.2% in the oldest age bracket (46 years and older). This same stair-step pattern is apparent for the two non-SACPA groups as well. Problems arising from drug use have accumulated for older drug users, who may accordingly be more likely to see the value of completing treatment.

Figure 3.8 shows completion rates by primary drug. Findings are most relevant for the four drugs commonly used by SACPA clients. Heroin users in SACPA had the lowest completion rate (28.9%). This was also true in the non-SACPA groups.

The association between years since first use of primary drug and treatment completion (see Figure 3.9) mirrors that between age and treatment completion. The rate for SACPA clients with the fewest years since first use of their primary drug (no more than five) was 32.2%. Clients with at least 21 years of use had the highest rate (37.3%). The two non-SACPA groups showed the same pattern.

Figure 3.10 shows treatment completion rates by frequency of primary drug use in the month prior to intake. The rate was highest among SACPA clients who reported no use at all in the past month (38.5%), perhaps because they were less likely to experience craving/withdrawal symptoms while in treatment or because prior-month abstinence, whether voluntary or imposed by circumstance (e.g., being in jail), was indicative of greater motivation to stop using or less access to drugs. Completion was somewhat lower among SACPA clients who reported daily use of their primary drug.

Treatment completion rates were very similar for SACPA clients with (34.4%) and without (34.0%) prior experience in treatment. This was true in the non-SACPA groups as well. See Figure 3.11.

Figure 3.5
Treatment Completion Among Clients by Race/Ethnicity
 (CADDs), 7/1/02 – 6/30/03
 (N = 145,230)

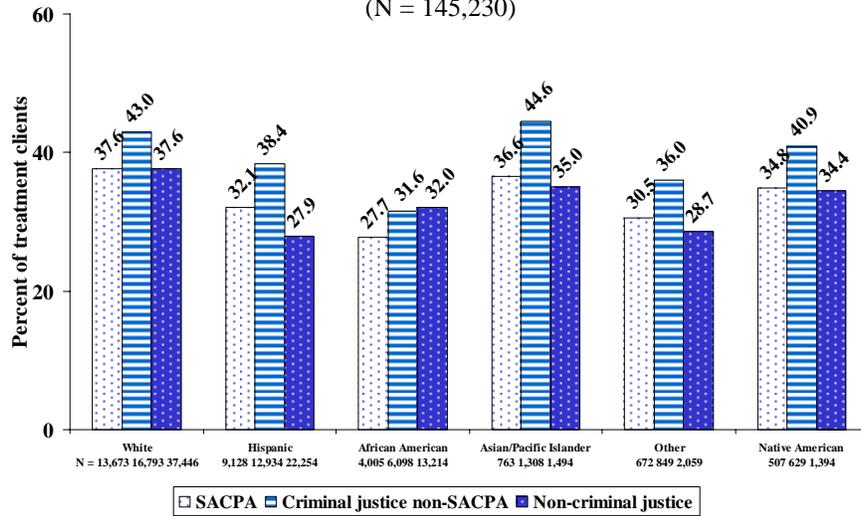


Figure 3.6
Treatment Completion Among Clients by Sex
 (CADDs), 7/1/02 – 6/30/03
 (N = 145,230)

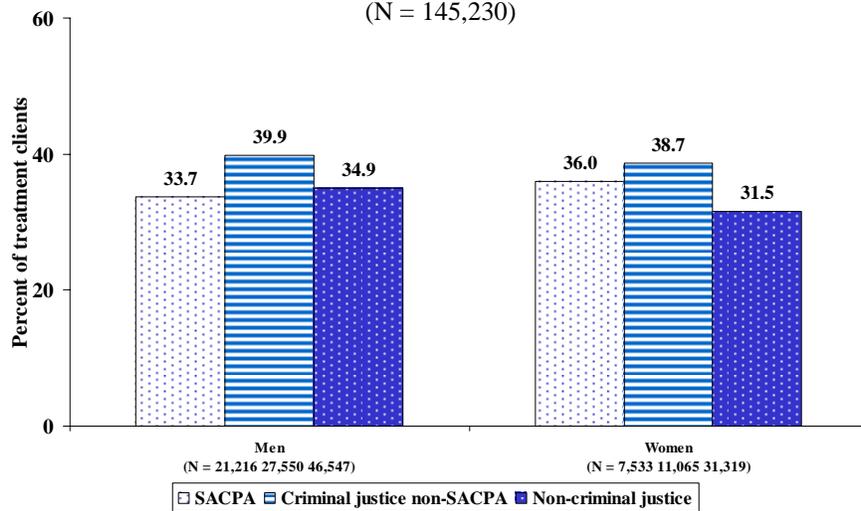


Figure 3.7
Treatment Completion Among Clients by Age
 (CADDs), 7/1/02 – 6/30/03
 (N = 145,230)

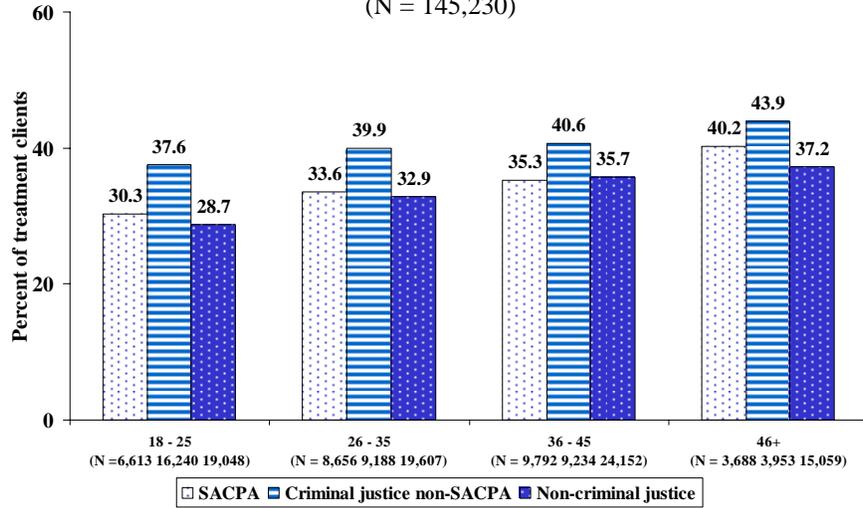
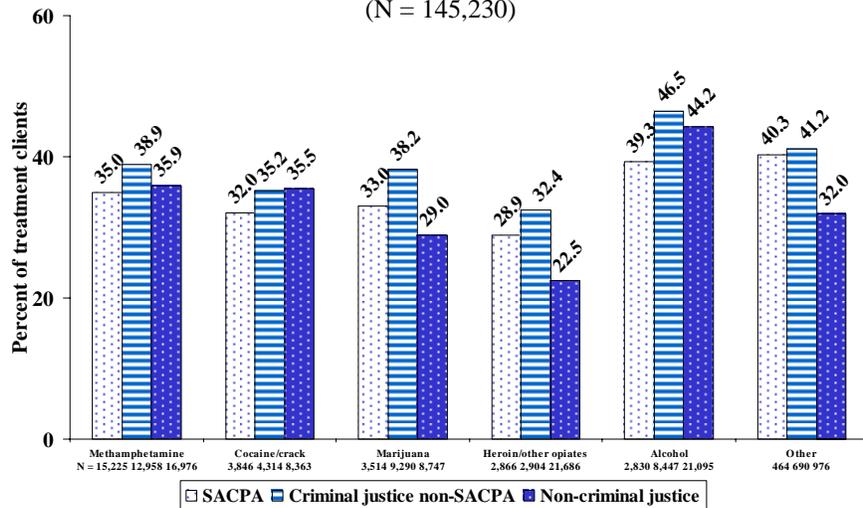
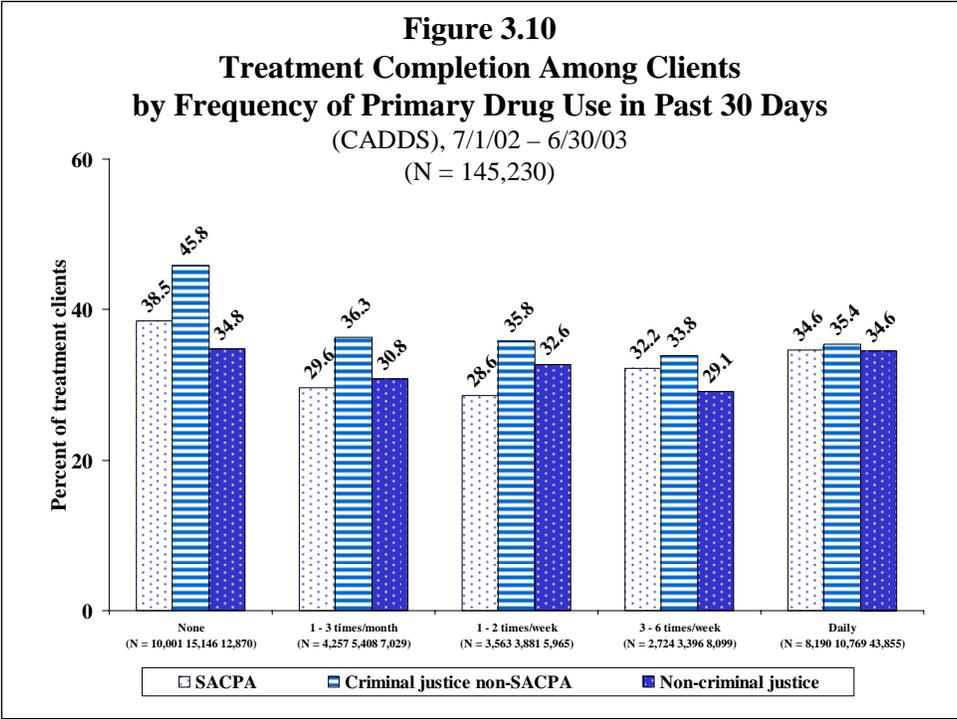
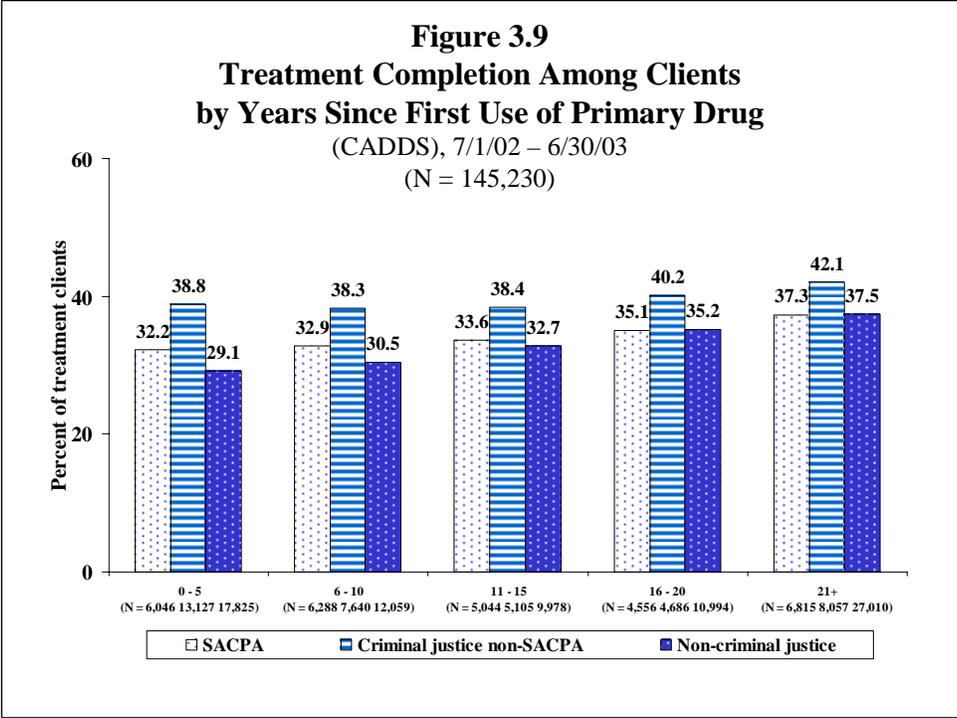
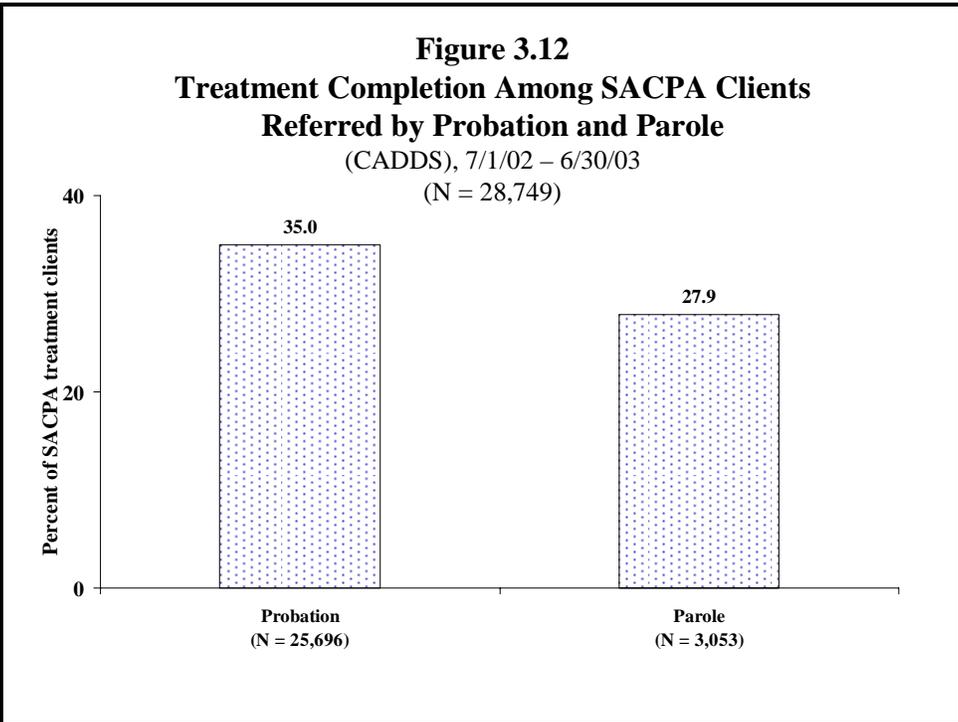
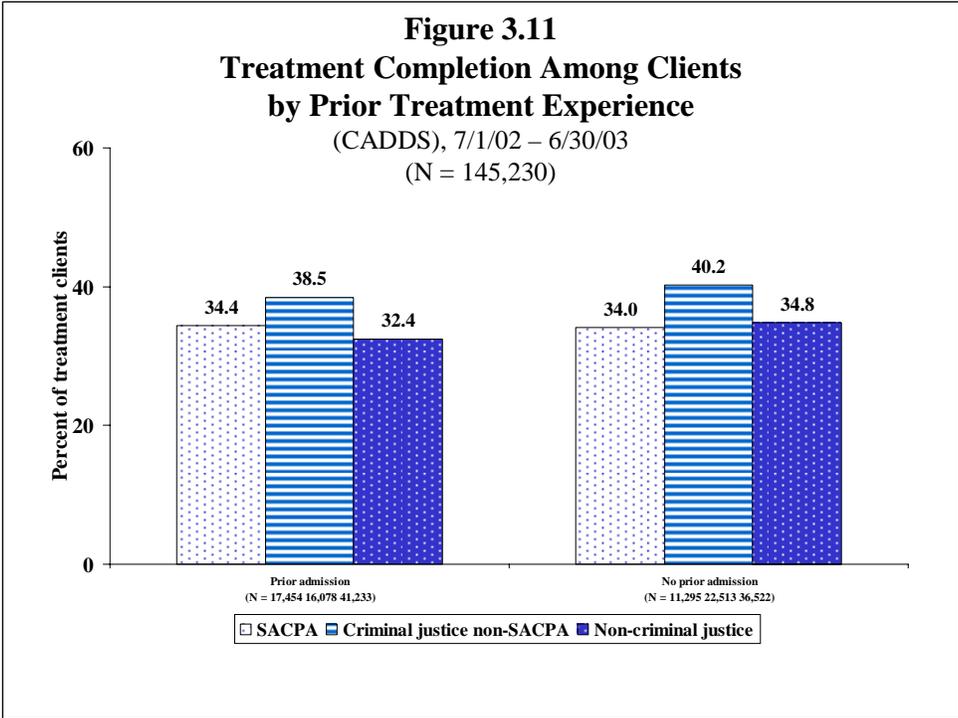


Figure 3.8
Treatment Completion Among Clients by Primary Drug
 (CADDs), 7/1/02 – 6/30/03
 (N = 145,230)







As shown in Figure 3.12, SACPA clients on probation (35.0%) had a somewhat higher completion rate than clients on parole (27.9%). The figure does not include non-SACPA groups because CADDIS data on non-SACPA referral sources do not distinguish probation and parole and because the distinction is not applicable to non-criminal justice referrals.

Treatment duration among clients who completed treatment

This chapter now refocuses on treatment duration. Among SACPA's second-year clients who completed treatment, how much treatment was required of them, and how much variability was there across counties in the required duration of treatment? Like the findings on completion, findings on treatment duration in SACPA's second year were examined in relation to client characteristics and compared to findings from SACPA's first year.

Classification of clients as outpatient or residential depended on their initial placement. Most SACPA clients who completed treatment did so in the program where they were initially placed. For clients whose treatment episode included two or more segments, either in the same type of treatment or in different types, the calculation of treatment duration covered their total time in treatment from first intake to last discharge.

Across the state, median time to treatment completion was 194 days for SACPA clients in outpatient drug-free treatment and 90 days for those in long-term residential treatment. See Figure 3.13. Median time to completion was similar—203 days for outpatient drug-free and 90 days for long-term residential—in SACPA's first year.

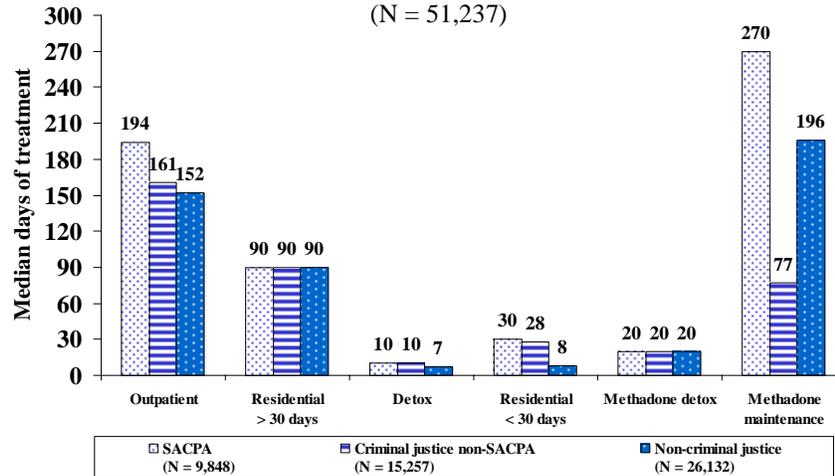
Among clients referred from criminal justice sources other than SACPA, median duration for completers was 161 days in outpatient drug-free and 90 days in long-term residential. Non-criminal justice clients who completed treatment typically spent 152 days in outpatient or 90 days in residential. In short, SACPA clients who completed outpatient programs had somewhat longer stays than non-SACPA outpatient clients in both years. Residential stays were the same for SACPA and non-SACPA clients.

Counties varied widely on the number of days required to achieve successful completion of treatment by SACPA's second-year clients. Figure 3.14 shows the distribution of counties for outpatient drug-free treatment. While 14 counties required over 300 days, 24 counties required no more than 200 days, and two counties required no more than 100 days.² Figure 3.15 shows the distribution of counties for long-term residential treatment. Most counties required no more than 200 days. However, nine counties required over 200 days.³ The county variation in required treatment stays was very similar in SACPA's first year.

² Three counties were excluded because the number of clients who completed outpatient treatment was too small to support a reliable estimate of treatment duration.

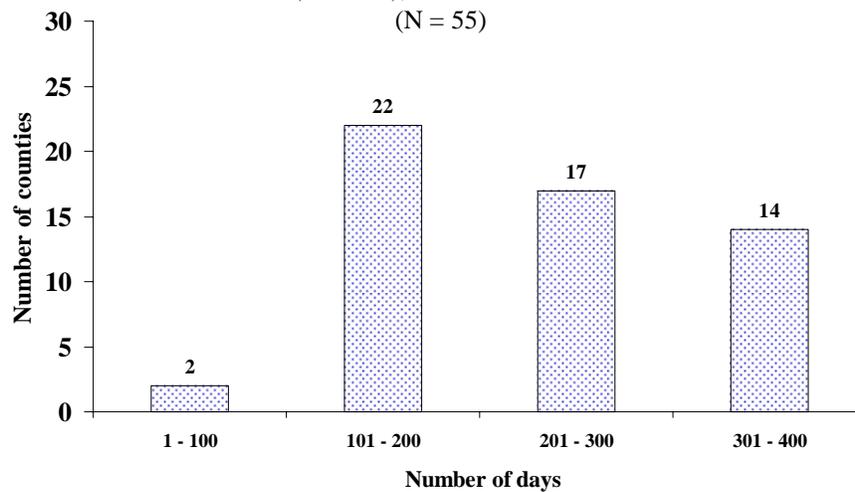
³ Twelve counties were excluded because the number of clients who completed residential treatment was too small to support a reliable estimate of treatment duration.

Figure 3.13
Median Length of Stay in Treatment
Among Treatment Completers by Modality
 (CADDs), 7/1/02 – 6/30/03
 (N = 51,237)



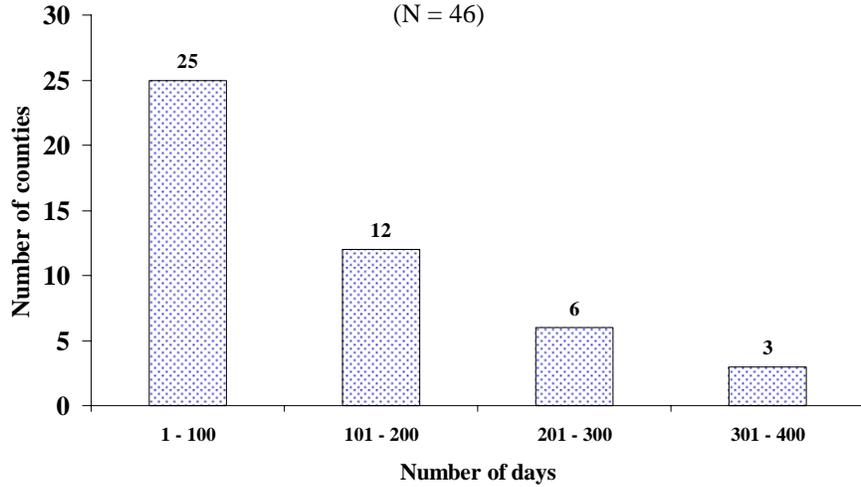
Note: Findings for methadone maintenance may be unreliable for SACPA and non-SACPA criminal justice clients because numbers were small (n = 54 SACPA and n = 35 non-SACPA criminal justice).

Figure 3.14
County Variation in Median Length of Stay
Among Outpatient Treatment Completers
 (CADDs), 7/1/02 – 6/30/03
 (N = 55)



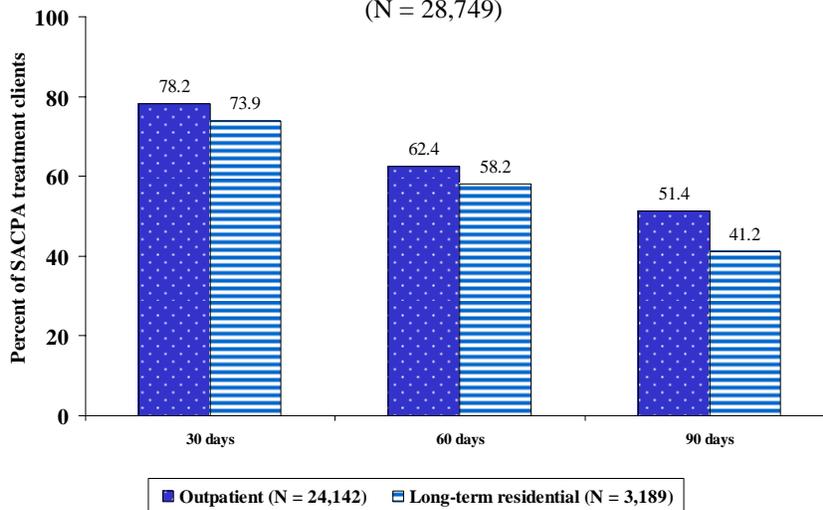
Note: In three counties, the number of outpatient treatment completers was too low for a reliable estimate of length of stay.

Figure 3.15
County Variation in Median Length of Stay
Among Residential Treatment Completers
 (CADDs), 7/1/02 – 6/30/03
 (N = 46)



Note: In 12 counties, the number of residential treatment completers was too low for a reliable estimate of length of stay.

Figure 3.16
Treatment Duration Among SACPA Clients by Modality
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)



Note: Omitted are 1,418 SACPA clients missing a CADDs discharge record.

Treatment duration among all clients

A period of at least 90 days is widely cited as the minimum threshold for beneficial treatment (Hubbard et al., 1997; Simpson et al., 1997, 1999, 2002; TOPPS II Interstate Cooperative Study Group, 2003). The typical second-year SACPA client who completed residential treatment reached this threshold, and the typical outpatient client in SACPA exceeded it (see above). The 90-day threshold remains a useful benchmark for evaluating exposure to treatment among SACPA clients, regardless of how much longer they may have stayed, whether they completed treatment, or how well they fared. This analysis reports the percent of second-year SACPA clients who remained in outpatient drug-free or long-term residential treatment for at least 90 days and who had a discharge record. To cover clients who did not receive at least 90 days of treatment, the analysis was expanded to show the percent spending at least 30 days and at least 60 days in each treatment modality. Findings are compared across years and examined in relation to client background characteristics.

For clarity of presentation, detailed information on treatment duration among non-SACPA clients is omitted from the figures. Instead, the comparison of SACPA and non-SACPA clients is noted briefly in the text. Appendix C contains figures showing treatment duration for criminal justice non-SACPA clients and non-criminal justice clients.

Most SACPA clients (78.2%) who entered outpatient drug-free programs were there for at least 30 days. See Figure 3.16. Among long-term residential clients, 73.9% received at least 30 days of treatment. The 60-day rates were 62.4% in outpatient drug-free and 58.2% in long-term residential. Finally, about half of SACPA outpatient drug-free clients (51.4%) received at least 90 days of treatment, as did 41.2% of long-term residential clients.

Duration was very similar among criminal justice non-SACPA clients in both modalities at all three time-points. The percent of clients who reached each benchmark in each modality was generally lower for non-criminal justice clients than for SACPA and criminal justice non-SACPA clients.

Client characteristics and treatment duration

UCLA examined treatment duration in relation to these background characteristics of SACPA clients: race/ethnicity, sex, age, primary drug, years of primary drug use, recent frequency of use, and referral source (probation or parole). Clients in outpatient and long-term residential treatment were combined.

Figure 3.17 shows treatment duration by race/ethnicity of SACPA clients. The percent of SACPA clients who reached 90 days was slightly lower among African Americans, Hispanics, and Native Americans than among Whites and Asian/Pacific Islanders. In comparison, the 90-day rate among criminal justice non-SACPA clients was similar for all race/ethnic groups except African Americans, who had a slightly lower rate than

Figure 3.17
Treatment Duration Among SACPA Clients
by Race/Ethnicity
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)

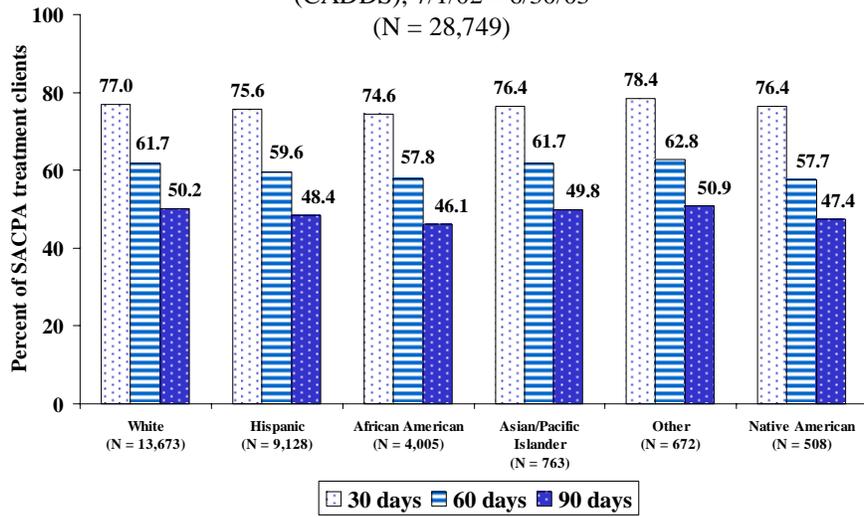
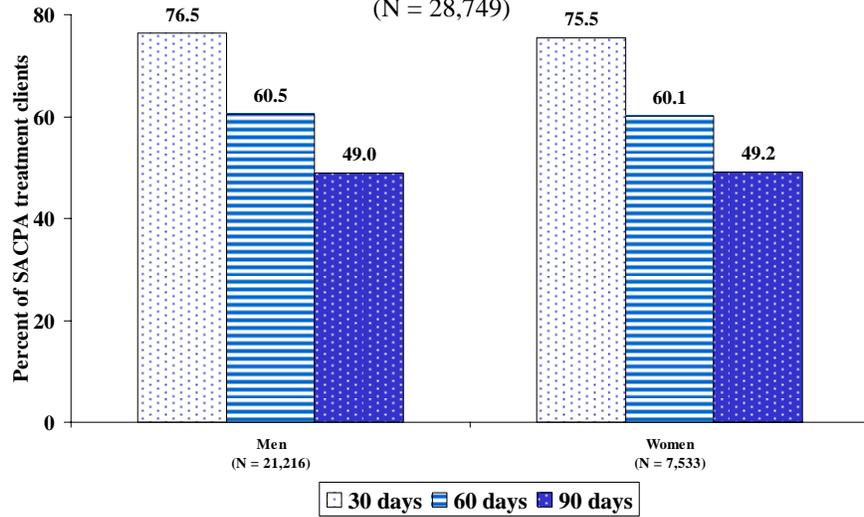


Figure 3.18
Treatment Duration Among SACPA Clients by Sex
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)



others. Among non-criminal justice clients, Asian Americans had the highest 90-day retention rate; Whites, the lowest.

Figure 3.18 shows treatment duration for SACPA clients by sex. Men and women in SACPA had similar patterns of duration at 30, 60, and 90 days. The same was true among criminal justice non-SACPA clients, but non-criminal justice women were more likely than non-criminal justice men to be in treatment at each interval.

Treatment duration by age is shown in Figure 3.19. At all three intervals, duration rates were slightly higher among older SACPA clients. In contrast, age was unrelated to treatment duration among criminal justice non-SACPA clients, and younger clients had higher rates than older clients in the non-criminal justice group.

Treatment duration by primary drug is shown in Figure 3.20. Users of methamphetamine, cocaine/crack, and marijuana had similar duration patterns at 30, 60, and 90 days. Heroin users were somewhat less likely to reach 90 days. Heroin users in the criminal justice non-SACPA and non-criminal justice groups also were less likely to reach 90 days.

As shown in Figure 3.21, there was no relationship between years of primary drug use and treatment duration among SACPA clients. The same finding pertained to criminal justice non-SACPA clients. Among non-criminal justice clients, however, duration of primary drug use was negatively related to treatment duration; clients who had been using their primary drug for a longer time were less likely to be in treatment at each interval.

Figure 3.22 shows treatment duration by frequency of primary drug use in the 30 days before treatment entry. The percent of SACPA clients in treatment at each interval declined as frequency rose. Clients who had been using drugs daily were least likely to be in treatment at all three intervals. This pattern may reflect the difficulty of drug abstinence, once one's drug use has become an everyday habit. The same pattern was apparent among criminal justice non-SACPA and non-criminal justice clients.

Figure 3.23 shows treatment duration for SACPA clients with and without treatment experience. The percent still in treatment at 90 days was higher for clients with no prior treatment experience. This pattern was repeated among criminal justice non-SACPA clients and non-criminal justice clients.

Figure 3.24 shows duration patterns separately for SACPA clients on probation and on parole. Parolees were less likely to be in treatment at each interval. Appendix C does not include a comparison to non-SACPA groups because CADDs data on non-SACPA referral source do not distinguish probation and parole and because the distinction is not applicable to non-criminal justice referrals.

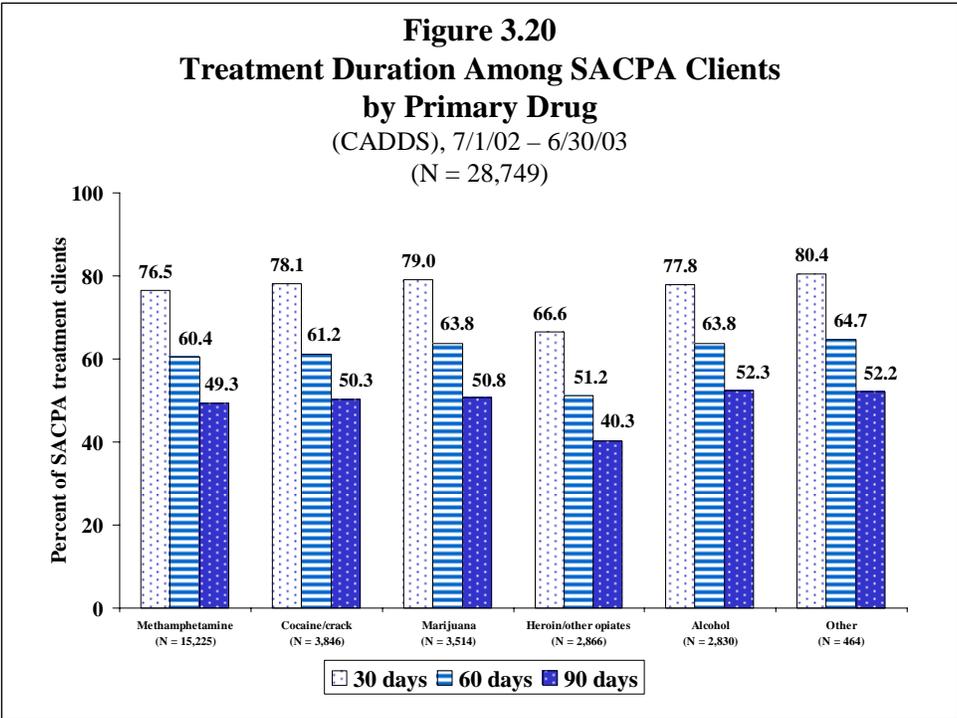
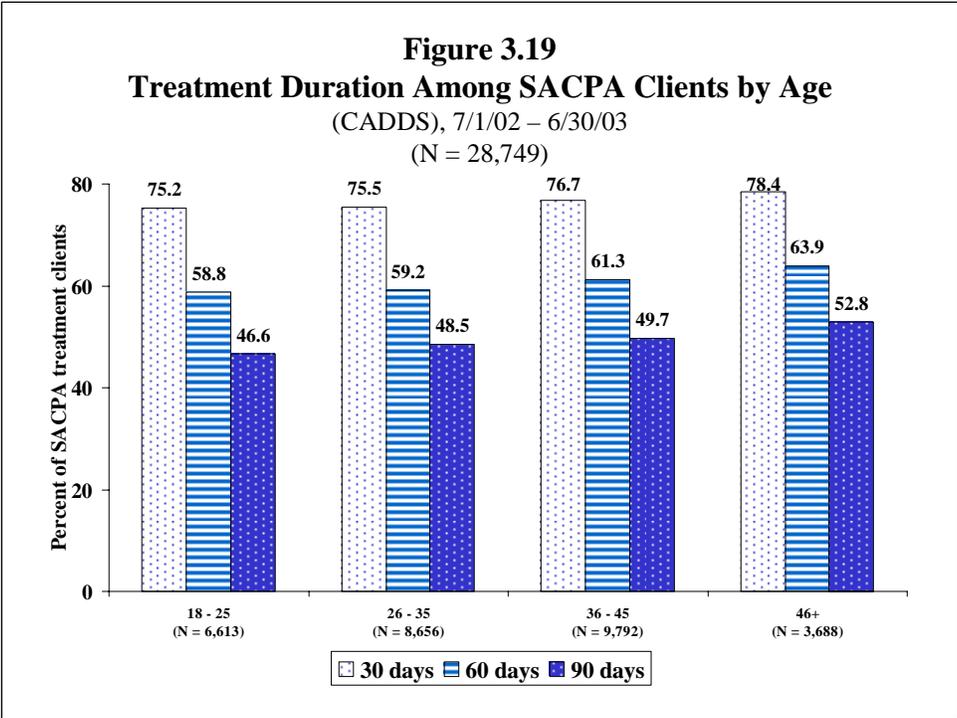


Figure 3.21
Treatment Duration Among SACPA Clients
by Years of Primary Drug Use
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)

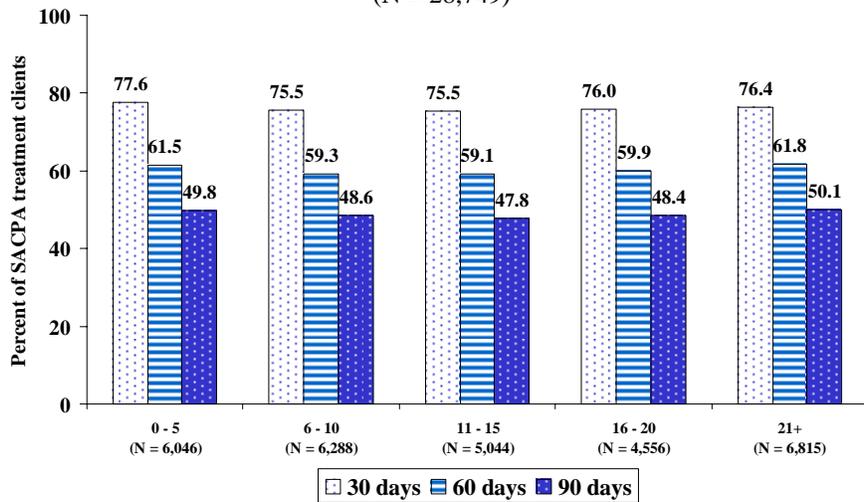


Figure 3.22
Treatment Duration Among SACPA Clients
by Frequency of Primary Drug Use in Past 30 Days
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)

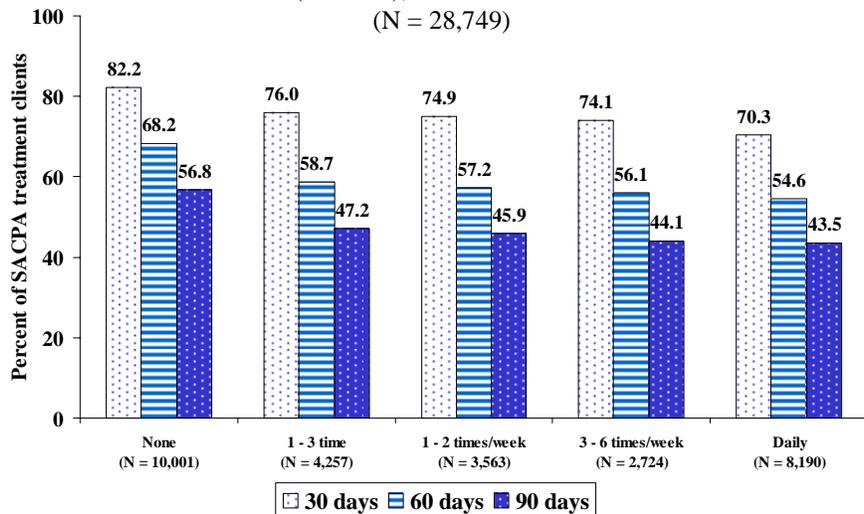


Figure 3.23
Treatment Duration Among SACPA Clients
by Prior Treatment Experience
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)

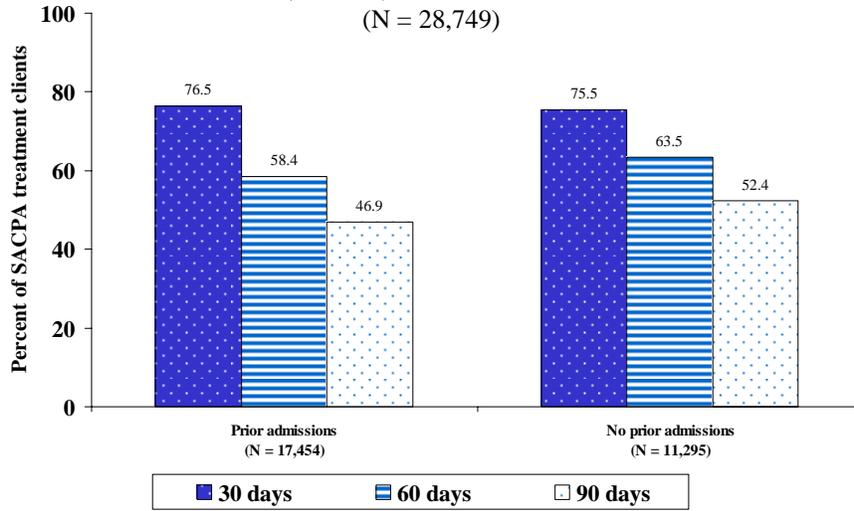
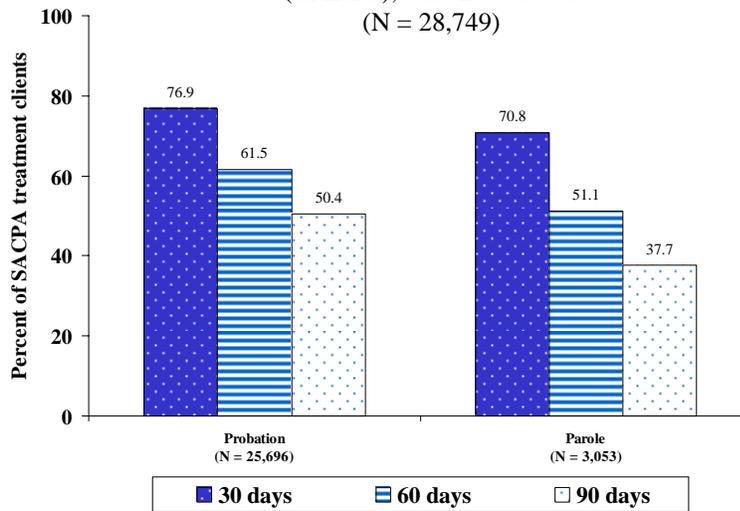


Figure 3.24
Treatment Duration Among SACPA Clients
by Referral Source
 (CADDs), 7/1/02 – 6/30/03
 (N = 28,749)



Conclusion

Most treatment clients in each of SACPA's first three years (84.4% in its third year) were placed in outpatient drug-free treatment.

SACPA clients appeared to be faring about as well as others receiving treatment in the same timeframe. The rate of successful treatment completion was 34.3% among offenders who entered treatment in SACPA's second year and had a final discharge on record. Overall, 24.9% of offenders who agreed to participate in SACPA in its second year completed treatment (based on a 72.6% treatment entry rate among all SACPA offenders in the second year and a 34.3% completion rate among those who entered treatment). These findings, which were very similar in SACPA's first year, are typical of drug users referred to treatment by criminal justice (Marlowe, 2002).

A total of 41.6% of SACPA's second-year clients either completed treatment or were making satisfactory progress when discharged. Treatment completion and satisfactory progress are good signs, but it is important to note that successful completion of SACPA also requires compliance with the conditions of probation/parole supervision.

In SACPA, treatment completion rates were lower, and 90-day treatment duration less common, for African Americans, Hispanics, and Native Americans than for Whites and Asian/Pacific Islanders. The same was true in SACPA's first year. Disparities in completion may reflect societal conditions difficult to change. Nevertheless, these disparities are cause for concern. It may be important to explore opportunities to improve cultural competence in assessment and treatment of SACPA clients. Cultural competence reflects an "awareness of cultural differences and the development of skills to work in multicultural situations" (Betancourt et al., 2003; Campbell et al., 2002, page 110) and is believed to have a positive impact on health service utilization, sustained participation, satisfaction with services, and outcomes (Campbell et al., 2002; Paniagua, 1994; Resnikow and Braithwaite, 2001; Smedley et al., 2003). Alternatives for promoting cultural competence include race/ethnic matching between staff and clients, offering clients the opportunity to choose a counselor of the same race/ethnicity, offering single-race group counseling sessions or self-help support groups, hiring personnel who are bilingual, and training staff in cross-cultural awareness and skills.

Completion rates were higher among clients who were older, those who had been using their primary drug for a longer time, and those reporting no use of their primary drug in the month prior to treatment intake. Rates were similar for male and female clients. In every comparison, the pattern found among SACPA clients was also found among non-SACPA clients in both of SACPA's first two years.

Methamphetamine users were similar to the overall SACPA population in treatment completion and duration in both SACPA years. Concern has been raised regarding the treatment system's ability to meet the clinical challenges (e.g., poor engagement in treatment, severe paranoia, severe and protracted dysphoria, and high relapse rates) presented by methamphetamine users (Rawson, 2002). Findings suggest that treatment

providers in SACPA have responded to the challenges presented by methamphetamine users.

In SACPA's second year, treatment completion was lower, and duration shorter, for users of heroin than for users of other drugs. This pattern was found in SACPA's first year as well. In the national Drug Abuse Treatment Outcome Study, heroin users did not benefit from outpatient drug-free and residential treatment as much as users of other drugs (Hser et al., 1998; Hubbard et al., 1997; see also Hubbard et al., 1989; Katz et al., 2004). Success in treatment may be particularly difficult for people with heroin addiction histories extending over several years. Few heroin users in SACPA thus far have received methadone detoxification or maintenance. Like users of other drugs, most heroin users were treated in outpatient drug-free programs, which do not provide medication to alleviate the withdrawal symptoms associated with heroin dependence. Further study is needed to determine the extent to which low utilization of methadone treatment in SACPA is due to limited local availability of such treatment, client preference, criminal justice practice, or other factors. Treatment completion and duration might improve for heroin users if methadone treatment were more widely available to those who wish to receive it (Desmond & Maddux, 1996).

Clients with no prior experience in treatment may find it particularly difficult to conform to unfamiliar requirements such as open acknowledgement of their drug problem and self-disclosure in groups. Despite the potential difficulties, first-time clients were as likely to complete treatment as repeat clients in both SACPA years.

Completion rates were lower, and treatment duration shorter, for parolees than for probationers in both SACPA years. This finding suggests a need to devote resources for more intensive treatment, supervision, drug-use monitoring, and other methods by which to improve parolee performance.

Chapter 4: Probation and Parole Revocations

Over one in five SACPA probationers (23.1%) had their probation revoked during SACPA's third year. This rate may increase as offenders' time on probation grows longer, but currently it is lower than revocation rates typical of offenders on probation.

Over half (56.0%) of SACPA parolees were recommitted to prison in the 12-month period after referral to SACPA. This rate is typical of drug users who receive treatment while on parole.

Parolee recommitment rates cannot be compared to probation revocation rates because the follow-up period was the same for each parolee (12 months) but varied among probationers.

This chapter included findings on revocations of probation for offenders in SACPA's third year and revocations of parole (recommitments to prison) for offenders in SACPA's second year.

Probation revocations

The stakeholder survey asked probation department representatives to report the number of SACPA offenders on probation in their counties during SACPA's third year (County Probation Department section of stakeholder survey in Appendix D). Offenders may have entered SACPA anytime during the third year or earlier. As a result, time spent on probation varied widely across offenders. The survey also asked how many of these offenders had one or more drug violations (e.g., drug possession or use) and how many had their SACPA probation revoked for either drug or nondrug violations during SACPA's third year. Questions pertained to violations on record. Additional violations may have been detected but, at the discretion of the probation officer, not entered into the offender's record.

Figure 4.1 shows revocations for 14,791 offenders on probation in the reporting counties during SACPA's third year. A total of 23.1% had their SACPA probation revoked during SACPA's third year and were subject to re-sentencing. Revocations can be divided into 12.9% for drug violations and 10.2% for nondrug violations. Thus, a majority of revocations (55.8%¹) among these offenders occurred in response to drug violations.

These findings provide a one-time snapshot of the population of offenders who were on probation for all or any part of SACPA's third year in counties reporting this information. Some may have entered SACPA as early as July 1, 2001; others, as recently as June 30, 2004. Accordingly, "time at risk," or the length of time during which violations and revocations could have occurred, varied widely across offenders.

¹ .129/.231 = .558.

Figure 4.1
SACPA Probation Revocations, July 1, 2003 to June 30, 2004
 (23 Counties Reporting, N = 14,791)

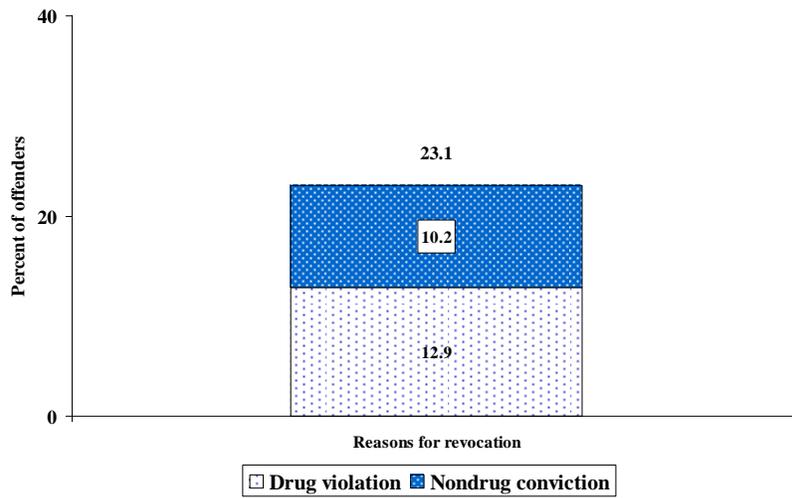
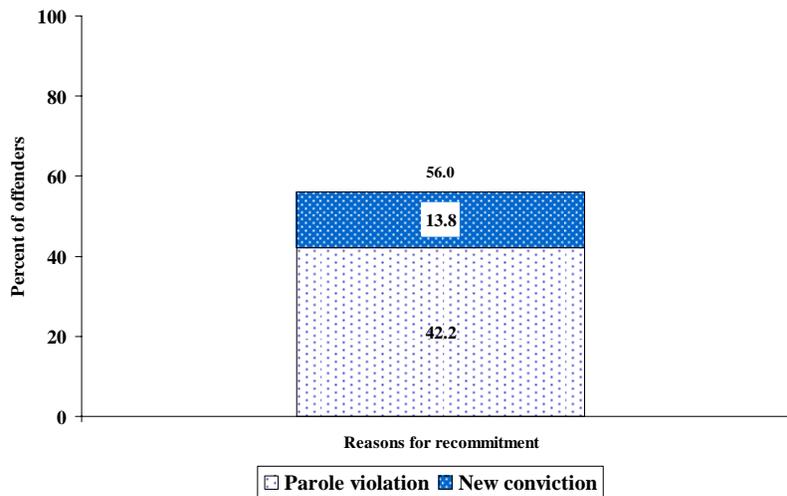


Figure 4.2
Recommitments to Prison

Parolees Referred to SACPA between January 1 and June 30, 2003
 (N = 2,357)



Drug violation and probation revocation findings may change with the passage of additional time and inclusion of more counties.

Parole revocations

The Parole and Community Services Division (P&CSD) of the California Department of Corrections was able to provide information on recommitments to prison among 2,357 parolees referred to SACPA by P&CSD and the Board of Prison Terms (BPT) during a portion of SACPA's second year (January 1 to June 30, 2003). The follow-up period for each parolee was 12 months after SACPA referral.²

As shown in Figure 4.2, 56.0% were recommitted during the 12-month period. This total includes parolees returned to prison for violating the conditions of their parole (42.2%) and those sentenced to prison on a new conviction (13.8%). Data were not available to indicate how many violations and new convictions were drug-related or nondrug-related. Parolee recommitment rates cannot be compared to probation revocation rates reported above because the follow-up period was the same for each parolee (12 months) but varied widely among probationers.

Conclusion

Over one in five probationers (23.1%) had their SACPA probation revoked during SACPA's third year. In a recent national study, 29% of adult probationers had their probation revoked and were incarcerated (Bonczar, 1997; see also Mayzer et al., 2004). Comparison across studies is inexact because the national probation population is composed mostly of nondrug offenders, whereas all SACPA probationers had been convicted for drug offenses. There may also have been differences in background characteristics of probationers and probation supervision policies. Finally, revocations of SACPA probation may increase as offenders' time on probation grows longer. Thus far, however, revocations are less common among SACPA probationers than among probationers overall, even though the risk of revocation is generally higher among probationers with a history of drug involvement (e.g., Gray et al., 2001).

Over half (56.0%) of SACPA parolees were recommitted to prison in the one-year period after referral to SACPA. In studies of non-SACPA parolees who received treatment, one-year recommitment rates were 55-66% overall but much lower (28-32%) among those in treatment for at least 90 days (Anglin et al., 2002; Fain and Turner, 1999; Longshore et al., 2005; Prendergast et al., 2003). The comparison between SACPA and non-SACPA parolees is inexact because parolees' background characteristics, the scope of their drug involvement, and parole supervision policies may differ across studies. Two conclusions can be reached. First, with respect to recommitment, SACPA parolees were typical of other drug-involved parolees in California who received treatment. Second, parolees are unlikely to benefit unless they receive treatment for at least 90 days. In the first two years of SACPA, most parolees did not reach the 90-day mark (see Chapter 3). This may help to explain why the recommitment rate was not lower in SACPA parolees than in the state's parolee population.

² Information was provided by Bubpha Chen and Joseph Ossmann at P&CSD.

Chapter 5: Offender Outcomes

Analyses of outcomes in SACPA's first year focused on re-offending (new arrests for drug, property, and violent offenses), illegal drug use, and employment over an initial 12-month follow-up.

In one comparison, outcomes were examined in relation to the *degree of offender participation in SACPA*. Findings were most favorable among SACPA offenders who completed treatment compared to those who were referred to SACPA but did not enter treatment and those who entered treatment but did not complete it. Favorable outcomes were substantial for employment and occurrence of new arrests for drug offenses. Property and violent arrests were low in all three groups. Drug use outcomes were uneven. It will be important to see whether initial favorable outcomes are sustained across a longer period.

Outcomes of *SACPA as a policy* were examined in a comparison of re-offending among drug offenders in SACPA's first year (SACPA-era offenders) and similar drug offenders in the pre-SACPA era. SACPA-era offenders had a higher rate of drug arrests than the pre-SACPA comparison group. Property and violent arrests were low in both groups. This comparison may have been affected by differences in incapacitation under the two policies; pre-SACPA offenders were more likely to be sentenced to jail or prison. The comparison of pre-SACPA and SACPA-era offending may look different after the short-term incapacitation effect of the pre-SACPA policy has passed.

This chapter examines the effect of the Substance Abuse and Crime Prevention Act (SACPA) on offender outcomes over a 12-month follow-up period. Outcomes include re-offending (new arrests for drug, property, and violent offenses), illegal drug use, and employment.

The analysis of re-offending was twofold. First, new arrests in the follow-up period were compared across three groups of offenders who participated in SACPA during its first year: those who were referred to SACPA (i.e., who agreed to participate) but who did not receive treatment, those who entered treatment but did not complete it, and those who completed treatment. The purpose of this comparison was to observe *12-month re-offending in relation to the degree of offender participation in SACPA*. Second, drug offenders during SACPA's first year, including those who did and those who did not participate, were compared to a pre-SACPA group of drug offenders. The purpose of this second comparison was to observe *12-month re-offending under two policy alternatives*: the SACPA policy under which drug offenders had an opportunity to accept community supervision with treatment versus the pre-SACPA policy under which similar offenders were either sentenced to prison/jail or placed under community supervision with less likelihood of exposure to treatment (see below).

The analysis of two additional offender outcomes—illegal drug use and employment—compared three groups of SACPA participants: those who appeared for their assessment but did not receive treatment, those who entered but did not complete treatment, and those who completed treatment. This comparison showed *12-month drug use and employment outcomes in relation to the degree of offender participation in SACPA*.

Analytic approach

The “gold standard” for program evaluation is experimental comparison in which potential participants are randomly assigned to a program group (offered an opportunity to participate) or a comparison group (not offered that opportunity). The unique value of random assignment is that any outcome difference between the program group and the comparison group (also called the control group) can more confidently be attributed to the program and not to dissimilarities in the composition of the groups (e.g., a greater percentage of highly motivated people in one group than in the other).

Experimental comparison was not feasible in the SACPA evaluation because it was impossible to randomize offenders to SACPA and non-SACPA groups. Randomization would have meant denying or delaying participation by offenders legally entitled to participate in SACPA.

It was therefore necessary to take a “quasi-experimental” approach (Shadish and Ragsdale, 1996; Weisburd et al., 2001). In this approach, there is no random assignment of potential participants to program and comparison groups. Instead, the program group is composed of all or some of the people who participate in the program or who are eligible to participate. A comparison group can be composed of people who meet the eligibility criteria but have no opportunity to participate—because, for example, they live in an area not served by the program. Another kind of comparison group is historical: people who would have been eligible for the program if it had existed at the time. The two comparisons employed in this evaluation are explained below.

Comparison groups

SACPA participants

The evaluation examined outcomes in the population of offenders who participated in SACPA in its first year (July 1, 2001 through June 30, 2002). This population was sorted into three groups: those who were referred for an assessment (i.e., those who accepted the opportunity to participate) but who did not receive treatment; those who entered treatment but did not complete it; and those who went on to complete treatment.¹ These

¹ UCLA also examined the relevance of treatment duration by comparing outcomes for participants who received at least 90 days of treatment and participants who did not. An alternative indicator of treatment exposure was created by comparing participants who either completed treatment or received 90 days versus

groups were mutually exclusive. In an effort to rule out alternative explanations for any outcome difference between groups, UCLA completed a primary set of analyses adjusting for the clustering of offenders within counties and controlling for a variety of client background factors such as age and race/ethnic background, criminal history, and county of arrest. In addition, self-selection may have led to dissimilarities in the composition of the three SACPA groups. To address the possibility that selection bias might have influenced findings, UCLA repeated the analyses using “treatment effects modeling.” Findings were entirely consistent with primary outcome analyses. Findings from primary analyses are reported in this chapter. For technical details, see Appendix E.

The purpose of this comparison was to describe *12-month outcomes in relation to the degree of offender participation in SACPA*. Despite the effort to account for possible selection bias, it is impossible to know how precisely the comparison serves to isolate the effect of SACPA itself; outcomes could be over- or under-estimated. The comparison is nevertheless valuable in showing the extent of re-offending, illegal drug use, and gainful employment among those who partially or fully complied with the treatment requirement in SACPA. In addition, outcomes among those who fully complied—i.e., those who completed treatment—provide an indication of the likely maximum effect of SACPA, at least as it was implemented in the first year.

SACPA policy versus pre-SACPA policy

The evaluation also compared the population arrested for SACPA-eligible drug offenses in the program’s first year and a pre-SACPA population arrested for eligible offenses during the 12-month period between July 1997 and June 1998.² On most demographic and criminal history characteristics, the SACPA and pre-SACPA groups were quite similar. However, the SACPA group had a higher percent of Hispanics, and there were some group differences in distribution of offenses leading to the arrest; see Table 5.1. Offenders in the pre-SACPA era were weighted on all characteristics in Table 5.1 to improve comparability to offenders in the SACPA era. In addition, findings were adjusted for clustering of offenders by county, background characteristics of offenders, county of arrest, the average monthly unemployment rate in California in each offender’s 12-month follow-up, and the average monthly volume of crime outside California in each offender’s 12-month follow-up. The adjustment for unemployment was to account for economic conditions that might have affected re-offending differentially in the two eras

non-completers who received fewer than 90 days. Analyses using these indicators led to the same findings reported here.

² SACPA eligibility is determined at sentencing, not at the time of arrest. Thus, some offenders with a SACPA-eligible drug arrest may have turned out to be ineligible. UCLA used eligible drug arrests to select offenders in order to minimize possible SACPA and pre-SACPA differences arising from charging practices and plea-bargaining. Offenders with a concurrent nondrug conviction were excluded from the SACPA and pre-SACPA populations in order to minimize the number of ineligible offenders in each population. Because the same criteria were used to select SACPA and pre-SACPA groups, the comparison shows the effect of SACPA as a policy despite the possible inclusion of some ineligible offenders in both groups.

Table 5.1**Background Characteristics of Pre-SACPA and SACPA Drug Offenders**

	Pre-SACPA	SACPA
Demographic		
African American (%)	15.3	15.8
Hispanic (%)	29.6	35.7
Non-Hispanic White (%)	46.3	43.5
Other or unknown race (%)	8.5	4.6
Male (%)	74.1	74.7
Age (mean)	33.2	32.2
Criminal history		
Drug arrest in prior year (%)	21.8	20.8
Property arrest in prior year (%)	8.2	8.4
Violent arrest in prior year (%)	2.6	2.9
Number of lifetime convictions (adult) (mean)	1.9	2.1
Offense		
Possession of a controlled substance (%)	32.6	26.9
Possession of narcotic or other controlled substance (%)	18.3	14.7
Possession of marijuana (%)	0.1	9.2
Under the influence of a controlled substance (%)	25.7	27.1
Possession of drug paraphernalia (%)	15.6	17.7
Possession of injection paraphernalia (%)	3.2	2.4
Transportation of a controlled substance (%)	4.6	1.8
<p>Note: Some offenders were arrested for more than one SACPA-eligible crime. The distribution was re-scaled to 100% to improve comparability of the groups.</p>		

(unemployment was higher in the SACPA era). The adjustment for crime volume was to account for other economic or contextual conditions that might have affected re-offending differentially in the two eras (crime volume was higher in the SACPA era). Appendix E has further details.

The purpose of this comparison was to describe *12-month re-offending period under two policy alternatives*: the SACPA policy under which drug offenders had an opportunity to accept probation/parole with treatment versus the pre-SACPA policy under which similar offenders were either sentenced to prison/jail or placed on probation or continued on parole with less likelihood of exposure to treatment. This comparison is important because offenders in the SACPA era make a decision—whether to accept SACPA or not. Those who select SACPA and those who do not select SACPA may be different in ways that lead to an over- or under-estimate of SACPA outcomes. On the other hand, offenders in the pre-SACPA era had no such decision to make and thus no opportunity to self-select. By including *all* SACPA-era offenders arrested for an eligible drug crime and *all* pre-SACPA offenders arrested for a drug crime that would have been eligible, this comparison avoided the self-selection problem. It shows how much re-offending occurred over the 12-month period among drug offenders in the SACPA era and how much would have occurred if they had been handled under the pre-SACPA policy.

Many offenders arrested for a SACPA-eligible offense in the first year (about 66%) did not participate in SACPA.³ Some SACPA-era nonparticipants (9.0%) were sentenced to jail or prison. Some of those who agreed to participate in SACPA (31%) did not enter the treatment program to which they were referred (Longshore et al., 2003). On the other hand, only some offenders in the pre-SACPA era (22.5%)⁴ were sent to jail or prison for their eligible offense, and some (15.6%) received treatment while on probation or parole.

For these reasons, the comparison of SACPA and pre-SACPA eligible offenders does not measure the effect of SACPA participation, nor does it show the effect of a policy under which *all offenders* were sentenced to jail or prison versus an entirely different policy under which *all offenders* received treatment in the community. Rather, it provides a comparison of two policies as they actually unfolded.

Excluded from each offender population were those with prior or concurrent convictions that made them (or would have made them) ineligible for SACPA; see Chapter 2 for SACPA eligibility rules. Closing the pre-SACPA period in June 1998 made it possible to observe re-offending over a short-term period of 12 months (this analysis) and a longer

³ UCLA examined arrest dispositions for drug offenders who were arrested for SACPA-eligible offenses but did not participate in SACPA. A few offenders (7%) were acquitted or had their cases dismissed. Some entered drug court (6%) or were routed to a “deferred entry of judgment” program (4%). Most of those with a conviction were sentenced to a jail term (56%), usually followed by probation.

⁴ According to Department of Justice records, 9.3% were sent to jail for felony drug offenses and 6.4% for misdemeanor drug offenses; 6.7% were sent to prison for felony drug offenses and 0.1% for misdemeanor drug offenses.

period of 30 months (future analyses) during which any subsequent offending in the pre-SACPA comparison group was still subject to the pre-SACPA policy.

In summary, each comparison sheds unique light on SACPA outcomes *over the short term* (i.e., the initial 12-month follow-up). The first comparison describes outcomes of *SACPA participation* and uses treatment completers to gauge the likely maximum effect of SACPA. The second comparison describes outcomes of *SACPA as a policy*. These outcomes are determined by the behavior of drug offenders who did not choose to participate in SACPA as well as those who did. Findings are thus not affected by offender self-selection.

Measures

Re-offending

Measures of re-offending were based on *new arrests* occurring in the 12-month follow-up period. Arrests are an imprecise measure of offending because many offenses are not known to law enforcement and because an officer's arrest decision, given detection of a possible offense, is discretionary in many cases (Blumstein, 2002). Moreover, occurrence of an arrest does not necessarily mean that the person committed a crime. On the other hand, the offense for which an arrestee is later charged or convicted depends on a series of additional discretionary decisions by prosecutors and judges (Blumstein and Cohen, 1979; Forst, 2002), and the disposition of an arrest (e.g., charge dismissed, defendant acquitted, or defendant convicted) is often missing from criminal justice records. (For SACPA and pre-SACPA offenders in this analysis, dispositions were missing for 30% of arrests.) New arrests are therefore the most appropriate indicator of re-offending for the purpose of group comparison. Arrests come "closer to the crime" than other data available in criminal justice records and are most commonly used by criminologists to measure re-offending (Maltz, 2001).

Separate measures were used to examine the percent of offenders with a new arrest for a drug offense, property offense, and violent offense. For each offense type, felonies and misdemeanors were examined separately and then also combined. The time period in which re-offending could occur was 12 months after the SACPA-eligible arrest. Violations of probation or parole were not counted unless the violation was a new offense resulting in arrest. Issuance and execution of warrants were not counted. Accordingly, measures of re-offending reflected new criminal activity. The analysis covered property and violent arrests as well as drug arrests because drug-related crime could have carry-over effects on income-generating property crime or violence associated with drug markets (e.g., Anglin et al., 1998; Miethe et al., 2000).

Drug use and employment

The analysis of drug use and employment was based on a sample of 1,265 offenders who entered SACPA between April and October 2003 in the evaluation's ten "focus counties." Details on focus county selection and offender sampling appear in Chapter 6.

Following a procedure approved by human subject protection committees that had jurisdiction over the evaluation, focus counties supplied intake assessment data and contact information to UCLA. (Offenders were informed of this procedure.) UCLA then drew a random sample of offenders to be contacted one year after entry into SACPA. As their one-year anniversary approached, UCLA contacted them by phone or in person to request the follow-up interview. Offenders were assured that their intake and follow-up data would be kept strictly confidential and that their criminal justice status would not be affected by their decision to answer or not to answer any question in the interview.

In self-report interviews, people may deny or minimize their drug involvement when they fear the consequences of truthful disclosure. Considerable research has shown, however, that analyses based on self-reported drug use are valid when confidentiality is assured and there is no incentive to misreport (Singer, 1995). In addition, while truthful reporting by each person is crucial in a forensic context, the problem is minimized when groups, not individuals, are being examined. Group comparison (e.g., the percent reporting drug use in each group) is meaningful, so long as the extent of misreporting is similar across groups. As a precaution, UCLA conducted in-person interviews with a small number of offenders (n = 63) and obtained urine specimens, which were tested for evidence of recent use of illegal drugs, e.g., cocaine, methamphetamine, and marijuana. Test results were crosschecked against each offender's self-report. Very few offenders (5.9%) falsely reported recent abstinence from drug use. This confirmation provides limited but favorable evidence on the validity of self-reported drug use in the offender sample.

The analysis of drug use outcomes relied on two measures: the percent of offenders reporting any drug use in the 30-day period before follow-up, and average change in the frequency of use of the offender's problem drug between the "pre" period (30 days before assessment) and the "post" period (30 days before follow-up). The first measure indicated how many offenders were drug-free at 12 months. The second measure showed the degree of improvement in the primary drug problem for which the offender was referred to treatment, whether the offender had achieved abstinence or not.⁵

Abstinence is the ideal outcome of treatment. However, a reduction in drug use frequency, e.g., change from daily to occasional use, is a clinically important outcome even for clients who have not stopped using drugs. Change in drug use frequency or severity is commonly studied in evaluations of treatment programs and in the assessment of client progress during treatment. Favorable outcomes may be permanent or temporary. Even if temporary, they are important because the drug user will have experienced some degree of success in controlling his/her drug use while in treatment (Hser et al., 1999).

The analysis of employment outcomes was based on two measures: "pre" to "post" change in the percent of offenders reporting any paid work, and "pre" to "post" change in the number of days of paid work.

⁵ Offenders reporting no drug use in the "pre" period were excluded if they reported no days in a controlled environment during that period.

While offenders in the ten focus counties were not representative of the state's entire SACPA population in any formal sense, the ten counties were chosen to provide diversity by region and population density, and roughly half of all SACPA offenders in California reside in these ten counties. Moreover, background characteristics of the offender sample and the statewide SACPA population are similar. For example, about two-thirds of the sample (66.9%) are men, 40.7% are White, 21.3% Hispanic, and 11.2% African American. Methamphetamine is the primary drug for about half of the sample (48.5%), followed by cocaine (16.3%), marijuana (14.1%), and heroin (10.7%). Thus, although a sample drawn from ten focus counties cannot be said to represent the statewide SACPA population in a statistical sense, it closely resembles that population and provides a useful comparison of offenders who participated in SACPA to varying degrees.

Findings

Re-offending among SACPA participants

New arrests occurred most commonly among offenders who were referred to SACPA but did not receive treatment. They were least common among SACPA offenders who completed treatment. As shown in Figure 5.1, the drug arrest rate was 50.9% among referred offenders who did not receive treatment, 53.2% among offenders who entered but did not complete treatment, and 35.0% among those who completed treatment. Like drug arrests, property and violent arrests were least common among treatment completers, but such arrests were uncommon in all groups, and differences between groups were small.

When new arrests were separated into felonies and misdemeanors, these patterns recurred. The percent with a felony drug arrest was 34.6% among referred/untreated offenders, 36.2% among those who entered but did not complete treatment, and 22.1% among completers. Property and violent felonies were uncommon, and group differences were small. See Figure 5.2. Misdemeanor drug arrests were 20.5% among referred/untreated offenders, 21.3% among those who entered but did not complete treatment, and 13.7% among completers. Misdemeanor property and violent arrests were uncommon, and group differences were small.⁶ See Figure 5.3.

Drug use among SACPA participants

Drug use at follow-up was least common among those who completed treatment. See Figure 5.4. Among offenders who were assessed but did not receive treatment, 34.6% reported drug use in the past 30 days; among those who entered but did not complete treatment, 27.4%; and among those who completed treatment, 17.7%. The difference between completers and each other group was statistically significant.

⁶ Tests of statistical significance are not needed when, as is the case here, findings are based on the population rather than a sample of the population. However, significance tests confirmed that the percent arrested for each of these offense types was lower in SACPA treatment completers than in the other two SACPA groups.

Figure 5.1
New Arrests
During 12 Months After Offense
SACPA Offenders, July 2001 – June 2002
(N = 29,969)

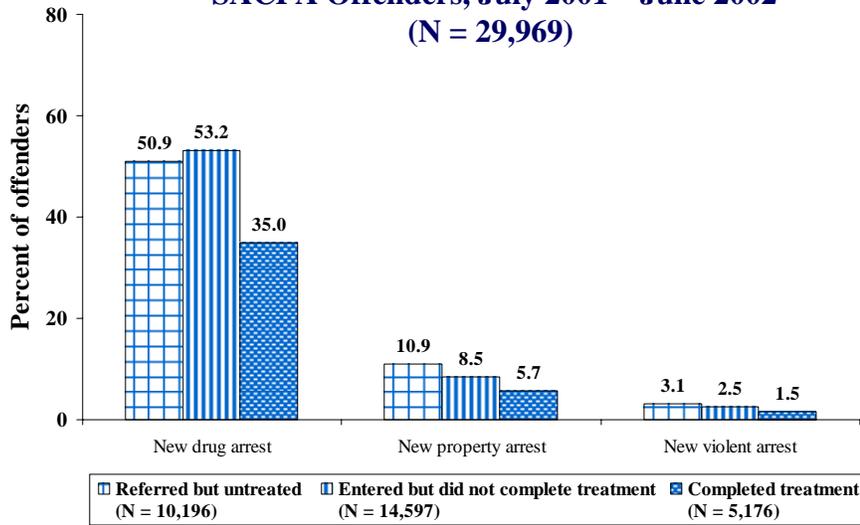


Figure 5.2
New Felony Arrests
During 12 Months After Offense
SACPA Offenders, July 2001 – June 2002
(N = 29,969)

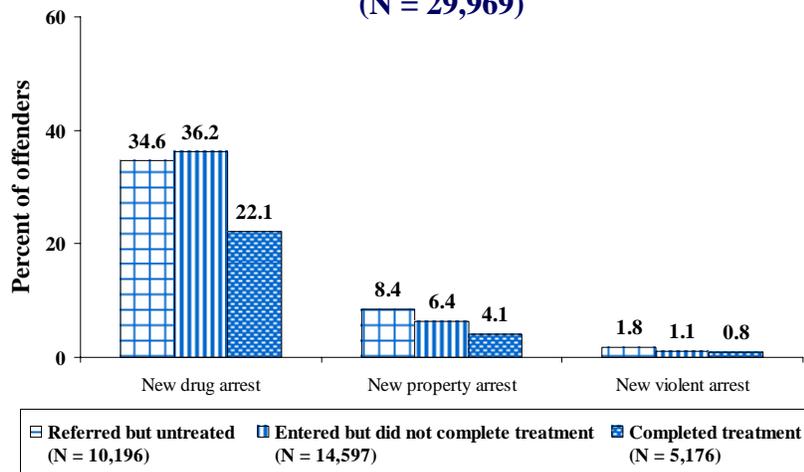


Figure 5.3
New Misdemeanor Arrests
During 12 Months After Offense
SACPA Offenders, July 2001 – June 2002
(N = 29,969)

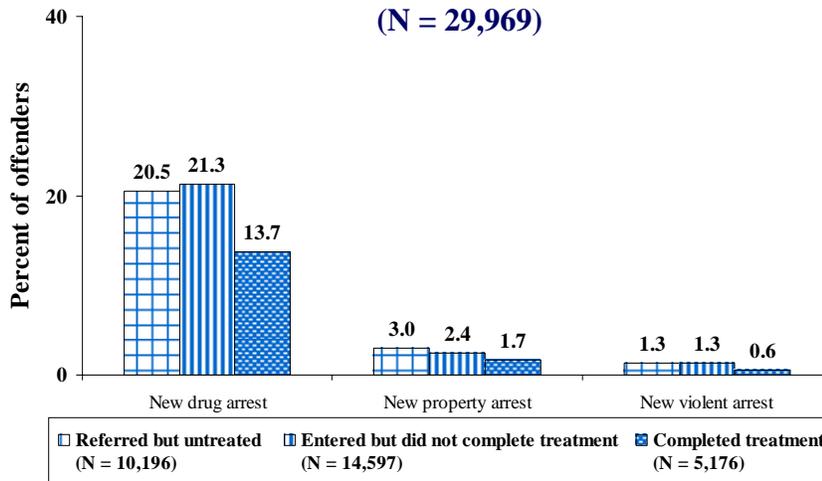
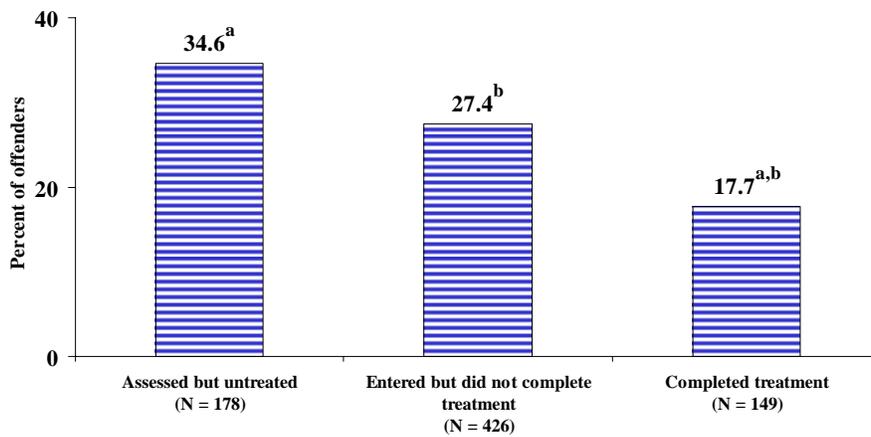


Figure 5.4
Drug Use in Past 30 Days
SACPA Offender Survey
(N = 1,265)



Group differences are statistically significant. ^ap<.05, ^bp<.02.

Statistically significant decreases in the frequency of primary drug use occurred in all three groups. See Figure 5.5. SACPA offenders who completed treatment reportedly used their primary drug on 4.1 days in “pre” period (30 days before intake) and 1.2 days in the “post” period (30 days before follow-up). There were no statistically significant differences between groups in the size of the decrease; all groups improved to a similar extent.

UCLA tested additional drug use indicators, including number of days using any drug (not just the primary drug), self-reported drug-problem days, and self-reported need for drug treatment. Each indicator showed favorable pre-post change but no group differences in the degree of change. UCLA re-ran these analyses after excluding offenders who reported being in a controlled environment (e.g., jail) in the 30-day “pre” period, or the 30-day “post” period, or both periods. Drug use days and employment days may have been artificially suppressed for these offenders. However, findings did not change.

Employment among SACPA participants

Change in the percent of offenders reporting paid work is shown in Figure 5.6. This percent increased in all three offender groups, and the change was largest among SACPA offenders who completed treatment: 29.5% had been working in the “pre” period (30 days before intake), whereas 53.9% were working in the “post” period (30 days before follow-up).

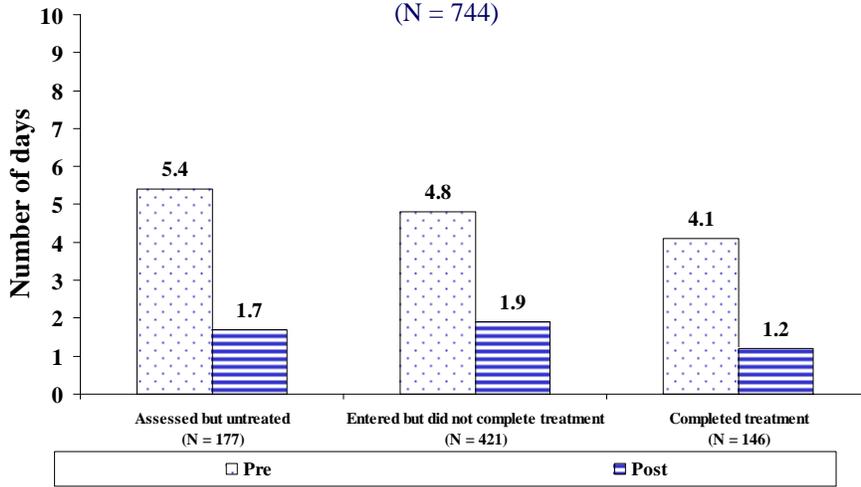
Similarly, SACPA offenders who completed treatment showed the largest change in the number of days of paid work. See Figure 5.7. Completers had an average of 4.3 days of paid work in the 30-day “pre” period and 9.6 days in the 30-day “post” period.

UCLA re-ran the employment analysis after excluding offenders who reported no work in the “post” period in order to determine the number of work days among offenders who had jobs. Completers had an average of 18.5 days of paid work in the 30-day “post” period, compared to 14.9 days for offenders who did not receive treatment and 15.8 days for offenders who did not complete treatment.

Re-offending under SACPA and pre-SACPA policies

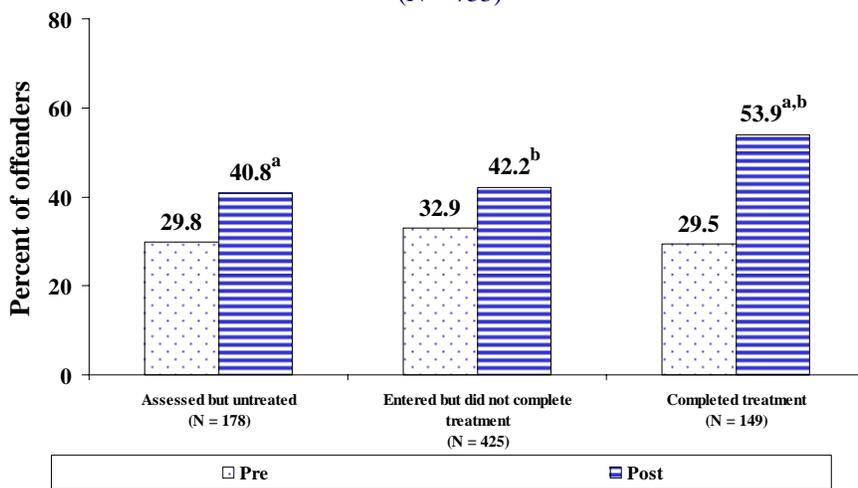
The percent with a new drug arrest was higher among offenders in the SACPA era than among similar offenders in the pre-SACPA era. As shown in Figure 5.8, 33.4% in the SACPA era and 28.6% in the pre-SACPA era had a drug arrest during the 12-month follow-up period. Nondrug arrests were similar and low in both groups.

Figure 5.5
Days of Primary Drug Use in Past 30 Days
 (SACPA Offender Survey)
 (N = 744)



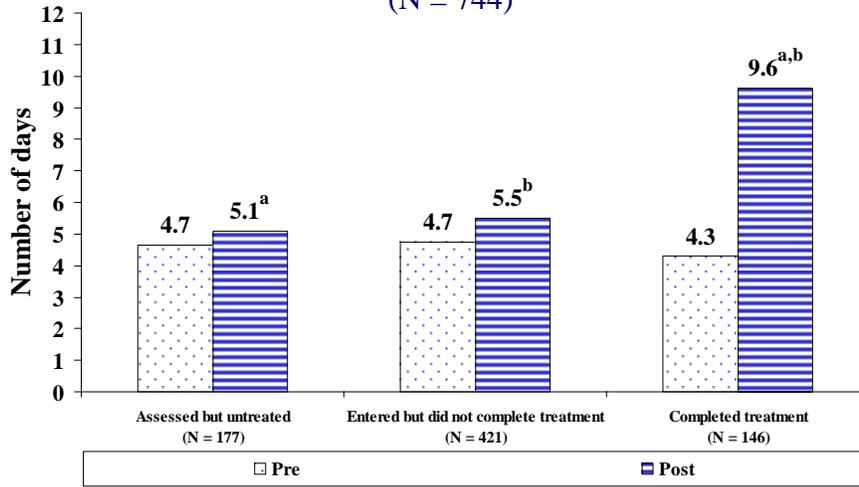
All three pre-post differences are statistically significant, $p < .0001$.

Figure 5.6
Any Work in Past 30 Days
 (SACPA Offender Survey)
 (N = 753)



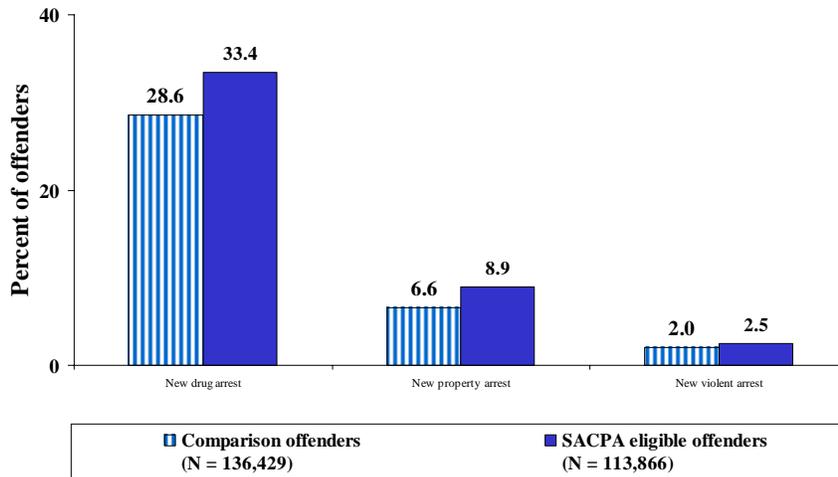
^{a,b} Group differences are statistically significant, $p = .04$. All three pre-post differences are statistically significant, $p < .0001$.

Figure 5.7
Number of Days Worked in Past 30 Days
SACPA Offender Survey
(N = 744)



^{a,b} Group differences are statistically significant, $p < .0002$. Pre-post difference is statistically significant for offenders who completed treatment, $p < .004$.

Figure 5.8
New Arrests
During 12 Months After Offense



When arrests were separated into felonies and misdemeanors, the difference in drug arrests was larger in the misdemeanor comparison. In the SACPA era, 20.8% of eligible offenders had a felony drug arrest, compared to 18.2% of eligible pre-SACPA offenders. See Figure 5.9. The percent of offenders with a misdemeanor drug arrest was 13.7% in the SACPA era and 10.4% in the pre-SACPA era. The two groups were similar on felony and misdemeanor nondrug arrests.⁷ See Figure 5.10.

Pre-SACPA drug offenders were more likely than SACPA-era drug offenders to be sentenced to jail or prison following arrest for the eligible offense. Accordingly, pre-SACPA offenders had less opportunity to re-offend in the short term, i.e., during the initial 12-month follow-up, as they were in custody for all or part of the period. This difference in sentencing is one aspect of the policies being compared. Hence, for a clear look at outcomes of these policies, there should be no adjustment for it. However, to see whether it affected findings, UCLA re-ran the analysis after excluding offenders sentenced to jail or prison. There was very little change in levels of re-offending seen in either group or in the difference between groups. Among pre-SACPA offenders who were sentenced to terms of incarceration, most (69.8%) served short jail sentences; they were not sentenced to lengthier prison terms. This may be why exclusion of incarcerated offenders did not lead to different findings.

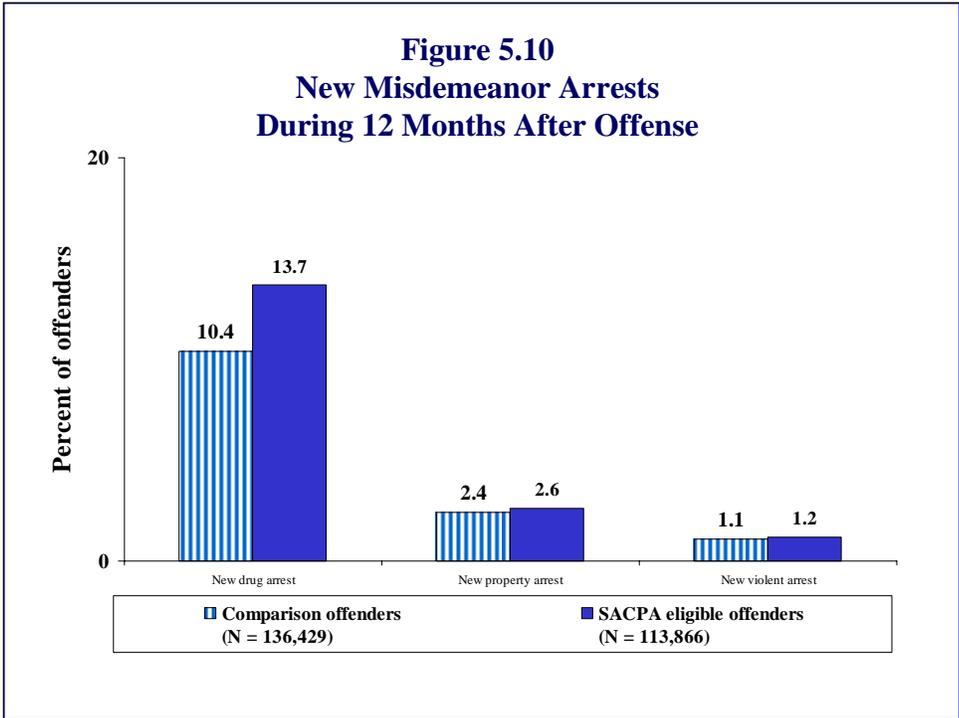
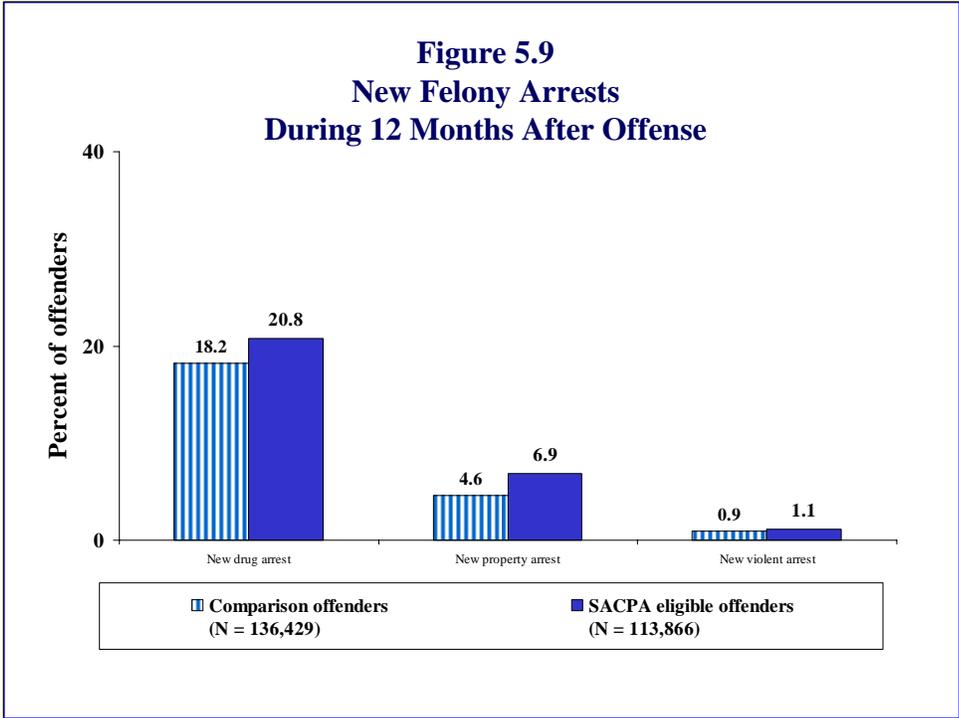
UCLA re-ran the analysis after excluding SACPA and pre-SACPA offenders arrested for marijuana possession (many of whom may also have been eligible for diversion) or for transportation of a controlled substance (some may have been ineligible). Findings were not affected. UCLA ran supplemental analyses using (1) the percent of offenders with a *conviction* for each offense type and (2) the *number of arrests* instead of the percent of offenders with an arrest. These analyses led to the same conclusions reported above. See Appendix E for details.

Conclusion

Findings in this chapter were based on two comparisons. The first described outcomes among SACPA's first-year participants *in relation to the degree of offender participation in SACPA*. The second comparison described outcomes of *SACPA as a policy* among drug offenders who did and did not choose to participate in SACPA. Both comparisons focused on SACPA outcomes *over the short term* (i.e., the 12-month follow-up).

SACPA outcomes were favorably related to the degree of offender participation in SACPA. There was a clear stair-step pattern in the findings for re-offending, any drug use, and employment—least favorable among all those referred/assessed, more favorable among those who entered treatment, and most favorable among those who completed it.

⁷ Tests of statistical significance are not needed when, as is the case here, findings are based on the population rather than a sample of the population. However, significance tests confirmed that the percent of offenders with a drug arrest (felony, misdemeanor, and combined) was higher in the SACPA group than in the pre-SACPA group.



This stair-step pattern is typical of studies comparing such groups (e.g., Inciardi et al., 2004; Prendergast et al., 2004).

Drug use outcomes were uneven. Offenders in the completer group were significantly less likely than others—those who entered but did not complete treatment and those who did not enter treatment—to report *any drug use* at follow-up. On the other hand, while *frequency of primary drug use* declined in all three groups, improvement on that outcome was unrelated to degree of participation in SACPA. These findings are similar in three important ways to findings from other studies, including national evaluations of treatment (Anglin and McGlothlin, 1984; Feidler et al., 2001; Hser et al., 2003; Hubbard et al., 1989; Prendergast et al., 2002; Simpson et al., 1997). First, drug use outcomes are often more favorable among treatment clients overall than among clients whose drug problems are most severe. This may help to explain why SACPA completers showed more improvement than others on *any drug use* but not on the *frequency of primary drug use*. Variability in the latter indicator may have been more influenced by high-severity drug users who, regardless of the amount of their exposure to treatment, were unable to stop using drugs altogether. Moreover, the drug use findings in this chapter underscore the importance of Chapter 3 findings on treatment placement and duration. Almost all offenders were placed in outpatient drug-free programs, and about half of those in either outpatient or residential programs did not reach the 90-day threshold for beneficial treatment. Thus treatment may have been insufficient in modality, duration, or both for many offenders, especially those with severe drug problems. Second, studies showing favorable effects of drug courts and intensive supervision programs on *re-offending* do not always show favorable effects on *drug use* (Gottfredson et al., 2005; Harrell et al., 2003; U.S. Government Accountability Office, 2005). This illustrates the fact that drug problems can be very persistent, even among offenders who respond well to an intervention as shown by other indicators. Third, drug problems typically improve not just among people who complete treatment but also among those who receive little exposure to it. Differences may favor the completers but are not always sizable. Conversely, drug use often recurs soon after a treatment episode is over, even among clients drug-free when they completed treatment. Drug use outcomes in SACPA were measured at a follow-up approximately 12 months after offenders were assessed for treatment. Thus the follow-up came four to six months after the end of treatment for clients who completed it (see Chapter 3); even more time had elapsed for clients who left treatment prematurely. Between the end of treatment and the follow-up, some “bounce back” in drug use probably occurred. This pair of findings from other studies—short-term improvement among people with only partial treatment exposure and short-term relapse even among those who do well during treatment—highlights the importance of a longer-term perspective on drug use outcomes in SACPA. A great deal of research has shown that many drug users are eventually able to remain drug-free after *multiple episodes* of treatment (National Institute on Drug Abuse, 1999). A new study by Dennis et al. (2005) has shown that the typical client may need three or four episodes over a span of eight years before achieving stable abstinence. In short, the uneven nature of drug use outcomes in SACPA may reflect the limited effectiveness of a single treatment episode, especially for clients with severe drug problems.

Outcomes among offenders who fully complied—i.e., those who completed treatment—provided an indication of the likely maximum short-term effect of SACPA as implemented in the first year. The analysis found that 35.0% of treatment completers had a new drug arrest during the 12-month follow-up period. The percent with gainful employment was 53.9% at follow-up—almost double the percent who had jobs when they entered SACPA (29.5%). It will be important to see whether these outcomes are sustained across a longer period. UCLA’s next report will include findings from a 30-month follow-up of the first-year SACPA population.

In the comparison of two policy alternatives, felony and misdemeanor drug arrests were higher among SACPA-era drug offenders (33.4%) than in a similar group of pre-SACPA drug offenders (28.6%). Re-offending was low in each group and similar across groups for felony and misdemeanor property arrests as well as felony and misdemeanor violent arrests. By including all SACPA-era offenders arrested for an eligible drug crime and all pre-SACPA offenders arrested for a drug crime that would have been eligible, this comparison showed how much re-offending occurred over an initial 12-month follow-up among drug offenders in the SACPA era and how much would have occurred if they had been handled under the pre-SACPA policy.

Findings may have been affected by differences in incapacitation under SACPA and pre-SACPA policies. Offenders are incapacitated, i.e., unable to commit new crime, while in jail or prison. Most pre-SACPA drug offenders were not sent to jail or prison, and some of those who began their follow-up period in jail or prison were released during the period. Thus, the difference in incapacitation between eras was not stark. On the other hand, pre-SACPA offenders who spent the entire 12-month period behind bars probably had more serious criminal histories, and many if not most of those offenders will have been released during a follow-up period extended to 30 months; the median time served by drug possession offenders in California prisons was 12.9-13.0 months in the relevant pre-SACPA years (Youth and Adult Correctional Agency, 1999). For these reasons, group differences in short-term offending may fade or even reverse when tracked over a longer period (Maltz, 2001). Pre-SACPA and SACPA-era offending may look different after the short-term incapacitation effect of the pre-SACPA policy has passed.

It is important to note that outcomes are a reflection of SACPA policy as written and of SACPA treatment and supervision as delivered. Under SACPA policy, eligible drug offenders may or may not choose to participate in SACPA, and many chose not to. Among those who did choose SACPA, the degree of participation, as indicated by treatment entry and completion, varied widely. Outcomes might have been different if policy and implementation were different. Finally, outcomes reported here pertain to SACPA’s “start-up” year. Further analysis is needed to determine whether outcomes do or do not change in subsequent years.

Chapter 6: Evaluation Progress and Planning

The evaluation is guided by 11 research questions.

All counties are asked to complete an annual stakeholder survey.

Ten “focus counties” are participating in additional evaluation activities.

Future evaluation reports will update findings on the SACPA pipeline, offender characteristics, treatment completion and duration, compliance, and criminal recidivism. The cost-offset analysis will be extended in time and scope.

This final chapter covers procedural matters in the evaluation. Potential topics for the evaluation have been prioritized, resulting in the set of research questions specified here. Also described are products to be delivered in 2005, procedures followed in the annual stakeholder survey, collaboration with the evaluation’s ten focus counties, and the status of UCLA’s acquisition of state administrative databases needed for future analysis.

Research questions

The evaluation’s research questions were developed by UCLA in collaboration with the Department of Alcohol and Drug Programs (ADP), the Statewide Advisory Group and Evaluation Advisory Group (both convened by ADP), and other stakeholder groups. Questions cover four domains: cost-offset, client outcomes, implementation, and lessons learned.

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

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

Cost-offset (40% level of effort)

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

Research question 1: Does SACPA lead to cost savings?

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

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

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

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

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

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

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

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

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

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

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

Outcomes (35% level of effort)

UCLA will estimate SACPA's effects on crime, drug use by offenders, and the well-being of offenders and their families during the offenders' participation in SACPA and for one year to two and one-half years after. Sources will include state administrative databases, covering all 58 counties, and a survey of approximately 2,000 offenders who participate in SACPA in some counties. Outcomes will be compared between these offender groups: (1) SACPA-eligible offenders versus matched offenders from a pre-

SACPA period; (2) SACPA-eligible offenders who complete an assessment versus those who do not complete an assessment; (3) SACPA-assessed offenders who enter treatment versus those who do not enter treatment; and (4) offenders who enter and complete SACPA treatment versus those who enter but do not complete it.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Implementation (15% level of effort)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lessons learned (10% level of effort)

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

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

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

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

Stakeholder survey

Approximately 400 respondents in all 58 counties are asked to complete the annual stakeholder survey by mail. The survey along with a cover letter is mailed to the designated primary SACPA contact for each county in August. Follow-up phone calls are made to ensure that the survey is received and to answer any questions about it. To improve the response rate, UCLA has prioritized questions so that counties with limited time and resources may focus on completing portions of the survey regarded as most crucial to the evaluation.

The survey recipient is asked to bring in knowledgeable stakeholders in the county to help complete the survey. To facilitate this procedure, UCLA has divided the survey into six detachable sections corresponding to county agencies involved in SACPA: the lead agency, county alcohol and drug administration, court administration, district attorney, public defender, and probation. See Appendix D.

Questions focus on SACPA planning and implementation, operations, and needs of each county; perceived strengths and weaknesses of SACPA in each county; offender management strategies and other responses by the criminal justice and treatment systems; and suggestions for improving SACPA implementation.

The 2002 survey was returned by 51 counties, which represent 88% of California's 58 counties. The 2003 survey was returned by 49 counties (84%); the 2004 survey, by 50 counties (86%). Response rates for individual questions vary, depending on whether stakeholders have the time and information needed to answer them.

Focus counties

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

Selection of focus counties

All California counties that expressed interest in being a focus county were considered for inclusion. During late 2001, UCLA joined with ADP in conducting site visits, collating information on possible focus counties, and reviewing that information. From the pool of interested counties, UCLA identified ten (Alameda, Kern, Los Angeles, Mendocino, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Shasta, and Ventura) that, in combination, best met these criteria:

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

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

These topics were covered in discussions with potential focus counties:

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

UCLA developed a set of data elements to be used in tracking. These data elements represent information regarded as most crucial for evaluation purposes and are needed at the offender level. Only with offender-level data is it possible to link and analyze offender information from multiple sources and distinguish events and outcomes for different types of offenders. Data elements fall into five categories: case processing, conviction, probation/parole supervision, treatment, and outcomes (see Table 6.1).

Elements available in automated statewide databases are marked with an asterisk in Table 6.1. Elements available only through primary data collection (offender surveys) are marked with a double asterisk. The elements in bold italics are those typically found in raw data sources (court records, probation/parole files, treatment program records, or other county sources). Focus counties have made those data accessible to UCLA. Precise definitions of the data elements appear in Table 6.2.

Offender sample

In 2004, UCLA completed self-report interviews with a large sample of SACPA offenders. Interviews occurred approximately one year after they entered SACPA and completed their assessment. Information from these interviews covered drug use and employment outcomes. Such information was essential to the evaluation and unavailable from any existing database. All steps in the survey procedure were reviewed and approved by human subject protection committees at UCLA, the California Department of Health and Human Services, and (in some cases) the individual county. Information was kept strictly confidential under protocols approved by these committees.

From each focus county, UCLA obtained a list of offenders who completed their assessment between January and December 2003. Offenders were informed that their assessment results, names, and locator information (e.g., home address and phone number) would be forwarded to UCLA. The number of offenders assessed during this timeframe was 13,063. UCLA took a random draw of 600 offenders from Los Angeles County and 300 offenders from each of the other nine counties. (Los Angeles County was oversampled because of its size; the county's SACPA population is 19% of the statewide total.) The total sample size across all ten counties was 3,300. UCLA initiated contact with offenders as their one-year anniversary approached and asked them to participate in the survey. The contact rate was 66%. Only 1% of contacts declined to participate. It was not possible to determine the whereabouts of the remaining 34% within the time and resources available (essential locator information was often missing or out of date).

Interviews usually took place by phone. When feasible, UCLA staff conducted face-to-face interviews in homes or jails in Los Angeles and other nearby counties. Offenders were asked to complete a follow-up Addiction Severity Index (ASI). Follow-up ASI data pertained to the 30-day period preceding the interview. Offenders were also asked to report their income; utilization of medical and mental health care, literacy training, job

Table 6.1 Data Elements Required for Tracking Eligible Offenders

CASE PROCESSING
<i>CII number</i>
<i>arrest date</i>
<i>name: first, middle, last</i>
<i>Address</i>
<i>Phone</i>
<i>DOB</i>
<i>Gender</i>
<i>social security number (entire or last four digits only)</i>
<i>race/ethnicity</i>
<i>primary drug</i>
<i>charge(s) by code number</i>
<i>charge(s): misdemeanor or felony</i>
<i>new case</i>
<i>was on probation</i>
<i>was on parole</i>
<i>has no, one, or two “strikes”</i>
<i>if case went to trial, number of trial days</i>
<i>completed SACPA</i>
<i>completion date</i>
<i>case dismissed</i>
<i>dismissal date</i>
<i>date of conviction</i>
<i>found SACPA-eligible</i> <i>if no, why (prior record or additional current charges)</i>
<i>found eligible only after additional charge(s) dismissed/deferred</i> <i>if yes, specify charges</i>
<i>accepted SACPA</i>
<i>appeared for treatment assessment/placement</i>
<i>treatment placement (level, tier)</i>
PROBATION/PAROLE SUPERVISION
<i>for each violation (by code)</i> <i>violation was counted as first, second, or third SACPA violation</i> <i>reinstated or disqualified</i> <i>if reinstated, whether placement was changed (no or specify new treatment)</i> <i>if disqualified, was offender danger to others, unavailable, refused treatment</i> <i>days supervised</i>
TREATMENT
<i>entered treatment*</i>
<i>treatment type*</i>
<i>treatment duration*</i>
<i>completed treatment*</i>
OUTCOMES (FOLLOW-UP PERIODS VARY)

* Available in existing databases

Table 6.1 Data Elements Required for Tracking Eligible Offenders, Cont'd.
completed probation/parole*
arrested on new charge (drug, property, violent)*
convicted on new charge (drug, property, violent)*
incarcerated in state prison*
prison days sentenced*
prison days served*
<i>incarcerated in city/county jail</i>
<i>jail days sentenced</i>
<i>jail days served</i>
committed new offenses (drug, property, violent; arrested or not)**
number of crimes or crime days (drug, property, violent; arrested or not)**
employment*
days worked*,**
welfare received*
days on welfare*,**
any drug use (self-reported or based on urine test records) by drug type*,**
frequency of use by drug type*,**

** Obtained by primary data collection
 Available from counties able to provide access (***bold italics***)

Table 6.2 Definition of Data Elements Provided by Focus Counties

Variable	Definition
CII number	Criminal Identification and Information number used by the Department of Justice
Arraignment date	Date offender was arraigned
Name	First, middle, last name
Address	Current mailing or residence address (the more addresses, the better)
Phone	Current phone number
DOB	Date of birth
Gender	Male/female
Social security number	Entire or last four digits only
Race/ethnicity	Race/ethnicity in most detailed form available (may be split into race as well as Hispanic/non-Hispanic ethnicity if available)
Primary drug	Primary drug at treatment admission
Charge code	Charges by code (e.g., penal code, health & safety code), e.g., possession of a controlled substance might be indicated as H&S 11053. If charges are not available by code, a text description (e.g. “possession of a controlled substance”) would be next best
Charge level	For each charge, misdemeanor, felony, or probation/parole violation
Probation/parole/neither	At the time of arrest, offender was already on probation, on parole, or neither
Has no, one, or two strikes	How many strikes the offender had at the time of arrest as defined in P.C. 667.5(c) or 1192.7(c)
Date of conviction	Date the offender was convicted of the SACPA offense
If not eligible, why	Ineligible for SACPA due to prior record or additional current charges
Charges dismissed for eligibility	Yes/no
Charges dismissed specified	If charges were dismissed/deferred for the sake of eligibility, specify charges dismissed/deferred
Accepted SACPA	Offender chose to enter SACPA at the time of conviction
Appeared for assessment	Offender appeared for assessment
Appeared for treatment	Offender appeared for treatment
Treatment placement	Level / tier of treatment
Case dismissed	Court set aside the drug charge as a result of SACPA participation
Dismissal date	Date of above
Completed	Court determined that the offender completed SACPA requirements as defined by PC 1210(c)
Completion date	Date of above

Table 6.2 Definition of Data Elements to be Provided by Focus Counties, Cont'd.

Variables below are for each SACPA violation as described in P.C. 1210.1(e). There could be more than one occurrence of each of these variables per offender.	
Type of violation	If violation is a new offense, please indicate code (e.g., penal code #) of the offense that constituted the violation. If the violation is not a new offense, please indicate what it was (e.g., a violation of a drug-related condition of probation (as defined in PC 1210.1(f) or parole (PC 3063.1(d))
Violation count	Violation was counted as first, second, or third violation
Reinstated or revoked	Offender was reinstated following the violation, or eligibility was revoked as a result of it
If reinstated, was the treatment placement changed	No change, moved to level 1, moved to level 2, etc.
If revoked why	Offender was (1) a danger to others, (2) unavailable, or (3) refused treatment
Incarcerated in city/county jail	After being placed on probation for the SACPA offense, offender was sentenced to a jail term upon conviction for any subsequent offense or for a probation violation
Jail days sentenced	Number of days the offender was sentenced as a result of a SACPA violation
Jail days served	Number of days the offender actually served in jail as a result of the subsequent conviction or probation violation

training, and other social services; family status; days spent in prison or jail; and criminal involvement during the 12-month periods before and after their entry into SACPA. These data were needed for the cost-offset analysis. Offenders were assured that their answers would be used for evaluation purposes only and would not be accessible to criminal justice representatives, treatment providers, or anyone else not working on the UCLA evaluation team. Those who completed the interview, which required 25-30 minutes, were paid \$20 by money order. Payment was sent to someone designated by the offender if he/she preferred or if, as was the case for some incarcerated offenders, payment could not be made directly.

Background characteristics of the offender sample and the statewide SACPA population were very similar. For example, about two-thirds of the sample (66.9%) were men, 40.7% White, 21.3% Hispanic, and 11.2% African American. Methamphetamine was the primary drug for about half of the sample (48.5%), followed by cocaine (16.3%), marijuana (14.1%), and heroin (10.7%).

Analysis of drug use abstinence was based on offenders who completed the follow-up interview on or before October 31, 2004, and who had complete follow-up ASI drug data (N = 1,265). Analysis of change in drug use was based on offenders who completed their follow-up interview on or before October 31, 2004 and for whom it was possible to identify assessment data, including a complete baseline ASI, in files provided by the focus counties. (Information was not always sufficient to ensure a certain or highly probable match between baseline and follow-up data.) The number of offenders included in the analysis was 753. These numbers will increase in future analyses with the addition of offenders interviewed after October 2004. Also, UCLA will test alternative decision-rules for matching baseline and follow-up data and gauge the sensitivity of findings to the application of these rules. This may result in a further increase in the number of offenders available for analysis.

Data access

UCLA has identified the administrative databases required to answer the evaluation's research questions. Obtaining access to these databases required lengthy and involved negotiation with agencies that maintain them. UCLA proceeded as rapidly as possible to reach agreements for data sharing.

UCLA has access to the Statewide Reporting Information System and the California Alcohol and Drug Data System, each of which is maintained by the California Department of Alcohol and Drug Programs (ADP). Data from the California Treatment Outcome Project and the Los Angeles County Evaluation System have been accessed with permission of project leaders at ADP, UCLA, and the Los Angeles County Alcohol and Drug Program Administration. The California Department of Justice has forwarded data for offenders arrested on drug charges during SACPA's first and second years and a pre-SACPA era from 1991 to mid 2001. The Board of Prison Terms, Department of Corrections, Office of Statewide Health Planning and Development and Department of Motor Vehicles also granted access to their databases and forwarded extractions of data.

UCLA has an interagency agreement with the Department of Mental Health, the Department of Health Services, and the Department of Social Services, which will begin data sharing in early 2005.

At the end of 2004, UCLA was still engaged in data-sharing discussions with the Employment Development Department. Access to this database for the SACPA evaluation will depend on cooperation from this agency.

Glossary

Addiction Severity Index (ASI) – A standardized assessment designed to gather data on treatment client status in seven domains: drug use, alcohol use, employment, family and social relationships, legal status, psychiatric status, and medical status.

Board of Prison Terms (BPT) – The agency that protects and preserves public safety through the exercise of its statutory authorities and policies, while ensuring due process to all criminal offenders who come under the Board's jurisdiction. The Board is responsible for the adjudication of parole violations referred by the Parole and Community Services Division of the California Department of Corrections. This agency developed the initial procedure for referring and monitoring parolees during SACPA's first year.

Drug court – Courts that handle drug-using offenders in an approach emphasizing treatment and close supervision; direct contact between judge and offender; and collaboration between judge, prosecutor, defense attorney, and treatment provider.

Median – The “middle case” in the distribution from lowest to highest.

Multivariate regression – Prediction of a dependent variable on the basis of two or more independent variables.

Parole and Community Services Division (P&CSD) of the California Department of Corrections – The agency providing field supervision of California parolees.

Appendices

- Appendix A. Pipeline analysis**
- Appendix B. Multivariate analysis of treatment completion**
- Appendix C. Treatment duration among non-SACPA clients**
- Appendix D. 2004 SACPA stakeholder survey**
- Appendix E. Offender outcomes: Methods and supplemental analyses**

Appendix A. Pipeline Analysis

Offenders who choose SACPA are referred to assessment and treatment. Assessment entails a systematic review of the severity of the offender's drug use and other problems, a decision regarding appropriate placement in a drug treatment program, and identification of other service needs. Upon completion of assessment, offenders must report promptly to the assigned treatment program. Thus, referral is the first step in the SACPA pipeline. Completion of assessment is the second step, and treatment entry is the third.

Information to describe the pipeline was compiled from three sources: the SACPA Reporting Information System (SRIS) maintained by ADP, the county stakeholder survey conducted by UCLA, and the California Alcohol and Drug Data System (CADDs). The first two of these sources were created specifically for SACPA monitoring and evaluation. The third, CADDs, predates SACPA, having been maintained by ADP since July 1991.

Each data source had unique value in this analysis but was also subject to limitations. To overcome these limitations, the pipeline analysis employed a mix of data taken directly from these sources along with estimates validated across multiple sources when possible. Appendix A enumerates the known limitations of data sources and explains the estimation procedure.

Data limitations

SRIS data were missing or unreliable for a small number of counties in SACPA's third year. Three strategies were utilized to deal with the data problems.

1. For counties missing SRIS referral, assessment, and placement data for SACPA's third year, UCLA substituted numbers provided by counties on the third year's stakeholder survey.
2. For counties missing SRIS and stakeholder survey data, UCLA adjusted SRIS data from SACPA's second year by the percent of change from the second to the third year in the total SACPA client population in CADDs.
3. If SRIS placement data were present but failed a logic check (CADDs client count was much higher than the total shown in SRIS, or SRIS showed more offenders placed than assessed), UCLA substituted numbers from the stakeholder survey.

Estimation procedure

Counties are asked to report in SRIS the number of offenders who accepted SACPA, i.e., how many offenders chose to participate in SACPA and were referred for assessment. For all 58 counties combined, that total was 51,844 in SACPA's third year. However, some counties may have reported the number of referrals; others, the number of offenders referred. UCLA's stakeholder survey asked counties which number they had reported to SRIS. If a county did not respond to this question on the 2004 survey but had responded

on the prior year's survey, the prior year's response was used. Of the 47 respondents, 19 (40%) said that they were reporting referrals, while 28 (60%) reported offenders. In counties reporting referrals, any offender who recycled through SACPA (i.e., had two or more separate episodes) during the year would have been counted twice. Hence the raw total in SRIS would be too high as a count of offenders. (The same problem affects interpretation of SRIS data on assessment and treatment placement; see below.) To estimate the number of offenders referred to SACPA, UCLA reduced the statewide SRIS total of referrals by 13% in counties known to be reporting the number of referrals. This percent is based on an analysis of CADDs data showing how many SACPA offenders recycled through treatment during the third year. Furthermore, some counties reported more placements than assessment or more assessments than referrals. It was assumed that these counties were reporting events rather than unique clients, and the same adjustment was made. Finally, for counties not reporting whether the numbers represented referrals or offenders, UCLA assumed that 40% of the reported numbers were referrals. Numbers were adjusted downward accordingly. Numbers from counties known to be reporting offenders were not adjusted. After summing the numbers for all counties, UCLA estimated a statewide total of 51,033 offenders referred to SACPA. This estimate includes offenders referred by the court and by parole agents.¹

Counties are asked to report in SRIS the number of offenders who completed a SACPA assessment. For all 58 counties combined, that total was 43,525. However, again some counties may have been reporting the number of assessments completed; others, the number of offenders assessed. Any offender who recycled through SACPA during the year would have been counted at least twice in the number of assessments. The raw total in SRIS may therefore be too high. Therefore, to estimate the number of offenders assessed, UCLA reduced the statewide SRIS total by 13% in counties reporting the number of assessments. This percent is based on an analysis of CADDs data showing how many SACPA offenders recycled through treatment during the year. For counties not reporting whether the SRIS numbers represented offenders or assessments, UCLA assumed that 40% of the reported numbers were assessments and adjusted downward accordingly. Numbers from counties known to be reporting offenders were not adjusted. The total across all counties was 42,880, including probationers and parolees.

Finally, counties are asked to report in SRIS the number of SACPA offenders placed in treatment. For all 58 counties combined, that total was 38,291. Some counties may have been reporting the number of offenders placed, but others may have been reporting the number of placements. Any offender who recycled through SACPA during the year would have been counted at least twice in the number of placements. In addition, any offender who received treatment at two or more programs during the same SACPA episode may have been counted two or more times in the number of placements. The raw total in SRIS may be too high for these reasons. To estimate the number of offenders placed, UCLA reduced the statewide SRIS total of placements by 25% in counties reporting placements. This reduction accounted for both recycling and multiple treatment

¹ The SRIS manual defines "referrals" as probationers and parolees sent from the court, probation department, or parole authority.

placements and was based on the ratio of SACPA admissions to unique SACPA clients shown in CADDIS. For counties not reporting whether the numbers represented placements or offenders, UCLA assumed that 40% of the reported numbers represented placements. UCLA adjusted downward accordingly. Numbers from counties known to be reporting offenders were not adjusted. The total across all counties was 37,103, including probationers and parolees.

Appendix B. Multivariate Analysis of Treatment Completion

Chapter 3 included findings on treatment completion among offenders who participated in SACPA in its second year and identified client characteristics associated with treatment completion. This appendix presents findings from a multivariate analysis in which client characteristics tested in Chapter 3 were employed simultaneously as predictors of completion. The purpose of this analysis was twofold: (1) to determine whether characteristics associated with completion when taken one at a time were uniquely associated with completion when tested as a set; and (2) to clarify the magnitude of differences in completion rates by converting the percentage differences shown in the figures in Chapter 3 to the relative likelihood of treatment completion in each client group.

As in Chapter 3, the most rigorous criterion for success—namely a CADDs discharge record showing “completed treatment”—was employed in the multivariate analysis. These client characteristics, also on record in CADDs, were tested as predictors of completion: sex, age, race/ethnicity, primary drug, years since first use of primary drug, frequency of recent drug use, prior treatment (any versus none), and referral source (probation or parole). The analytic technique was multivariate logistic regression. The adjusted odds ratio (O.R.) for each characteristic indicates the client’s relative likelihood of completion, given that characteristic. Tests of the statistical significance of odds ratios are also provided for readers who wish to see them. However, the analysis was based on the population of SACPA’s second-year treatment clients whose CADDs record contained all data needed for this analysis, and the number of such clients was very large ($n = 28,624$). An odds ratio that is statistically significant might therefore be quite small. The magnitude of the odds ratio is more meaningful.

The analysis confirmed that characteristics individually associated with completion in Chapter 3 were also uniquely associated with completion when tested as a set. Findings also showed that differences cited in Chapter 3, when expressed as odds ratios, appear large enough to warrant attention by policymakers and service providers. Findings are shown in Table B.1.

The adjusted odds ratios for treatment completion were lower for African Americans (O.R. = 0.61), Hispanics (O.R. = 0.80), and Native Americans (O.R. = 0.90) than for Whites (treated as the reference category, O.R. = 1.00) and Asian/Pacific Islanders (O.R. = 0.99). Thus, after adjustment for other characteristics, African Americans were 39% less likely to complete treatment, Hispanics 20% less likely, and Native Americans 10% less likely. Although homelessness and employment status were not investigated as correlates of treatment completion in Chapter 3, UCLA included these two characteristics in supplemental analyses to see whether they might help to explain lower treatment completion rates in some race/ethnic groups. Completion was less likely among homeless clients (O.R. = 0.86) and more likely among employed clients (O.R. = 1.43). But race/ethnic differences persisted after adjustment for these characteristics.

**Table B.1. Multivariate Analysis of Treatment Completion
Among Second-Year SACPA Clients**
(N = 28,624)

Variable	Adjusted odds ratios
Sex	
Women	1.00
Men	0.97
Age (continuous) ^a	1.02*
Primary drug	
Methamphetamine	1.00
Heroin/opiates	0.64*
Marijuana	1.06
Cocaine	1.07
Alcohol	1.25*
Other	1.48*
Race/ethnicity	
White	1.00
Hispanic	0.80*
African American	0.61*
Asian	0.99
Native American	0.90
Other	0.72*
Years used primary drug ^a (continuous)	1.01*
Any prior treatment ^a	0.96
Referral source	
Parole	1.00
Probation	1.41*
Frequency of primary drug use	
No use	1.00
1-3 times in past month	0.65*
1-2 times in past week	0.61*
3-6 times in past week	0.67*
Daily	0.72*
^a Tested in reduced models because age, years since first use of primary drug, and prior treatment were highly correlated.	
*p≤ .001	

The completion rate was higher among older clients (O.R. = 1.02) and positively related to years since first use of primary drug (O.R. = 1.01) in the multivariate model.

Clients reporting methamphetamine as their primary drug were treated as the reference category (O.R. = 1.00) in the analysis of primary drug. The adjusted odds ratios for treatment completion were lowest for heroin users (O.R. = 0.64). The odds of completing treatment were about the same for marijuana and cocaine users.

Clients reporting no use of their primary drug in the past 30 days were treated as the reference category (O.R. = 1.00) in the analysis of frequency of recent use. All clients reporting recent use were less likely to complete treatment (O.R. = 0.61 to 0.72). Differences across categories of drug use frequency were minor.

With an adjustment for other characteristics, the analysis confirmed the relevance of referral source. Clients on probation (O.R. = 1.41) were more likely to complete treatment than clients on parole (O.R. = 1.00).

Finally, completion rates were similar for male and female clients and for clients with and without prior treatment experience. These similarities were cited in Chapter 3.

Appendix C. Treatment Duration Among Non-SACPA Clients

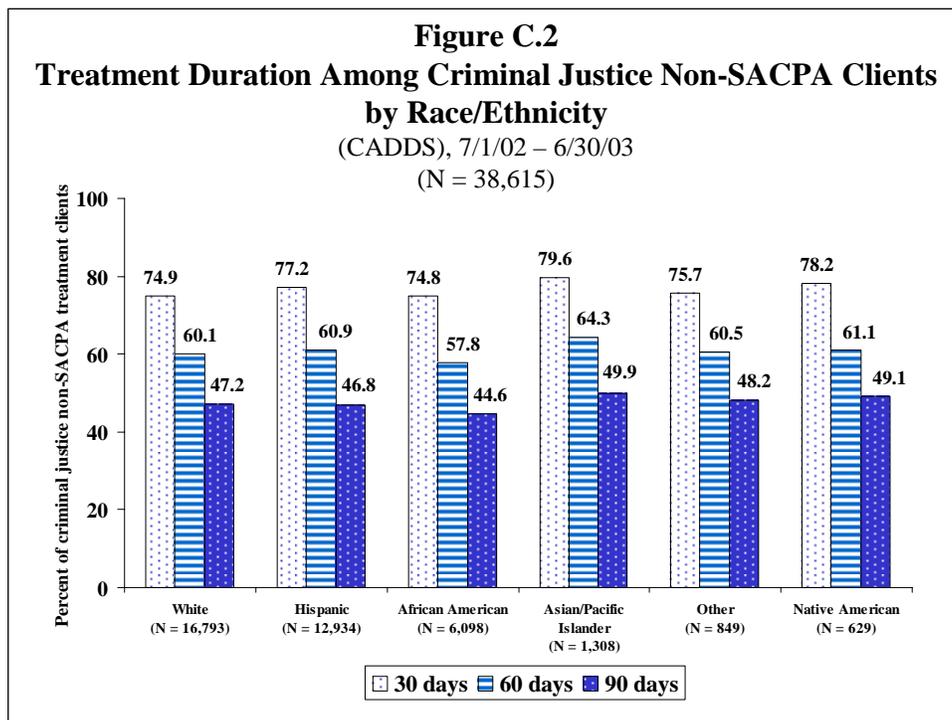
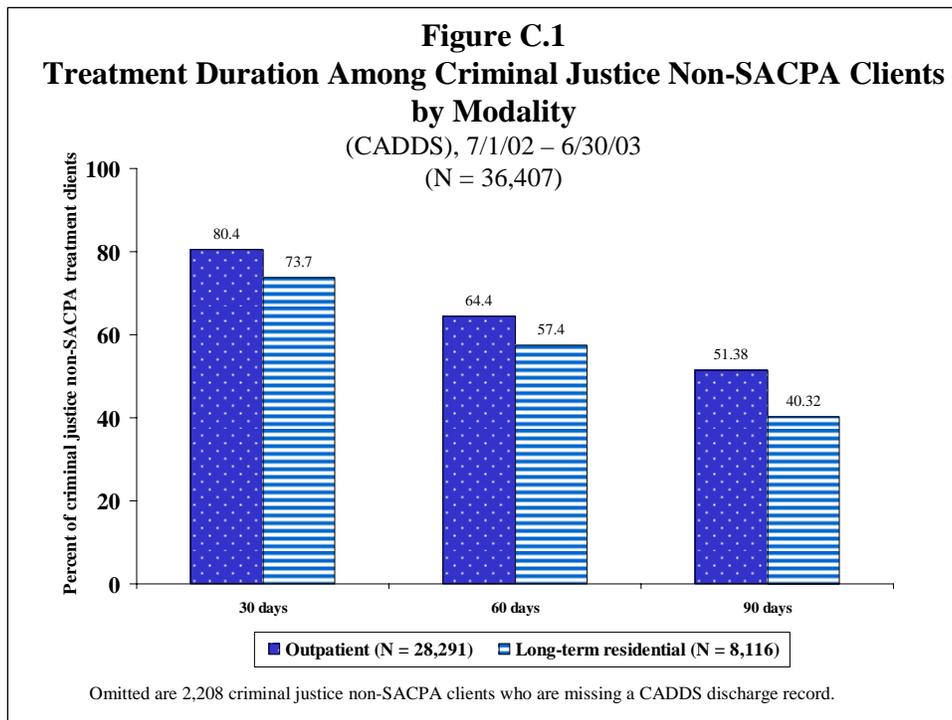


Figure C.3
Treatment Duration Among Criminal Justice Non-SACPA Clients
by Sex

(CADDs), 7/1/02 – 6/30/03
(N = 38,615)

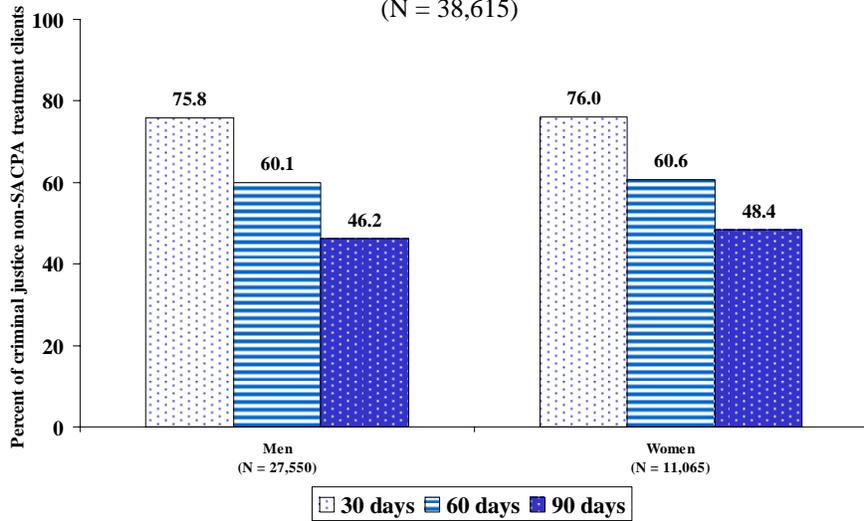


Figure C.4
Treatment Duration Among Criminal Justice Non-SACPA Clients
by Age

(CADDs), 7/1/02 – 6/30/03
(N = 38,615)

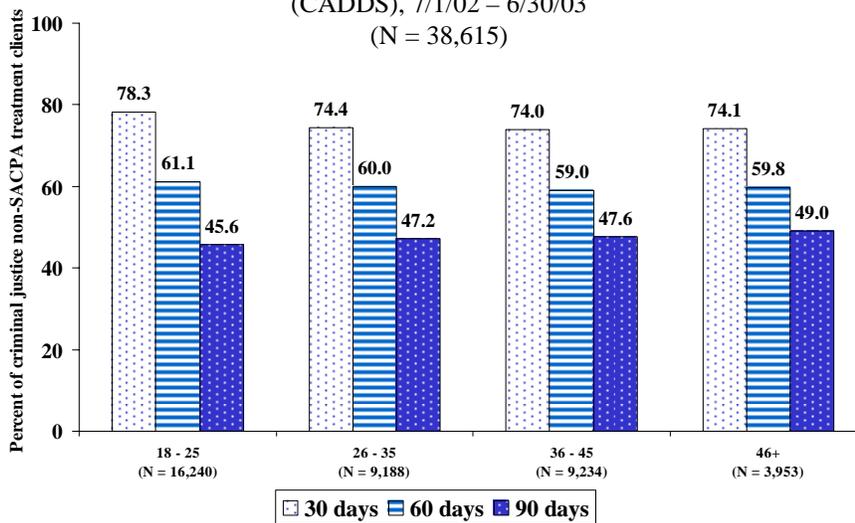


Figure C.5
Treatment Duration Among Criminal Justice Non-SACPA Clients
by Primary Drug
 (CADDs), 7/1/02 – 6/30/03
 (N = 38,615)

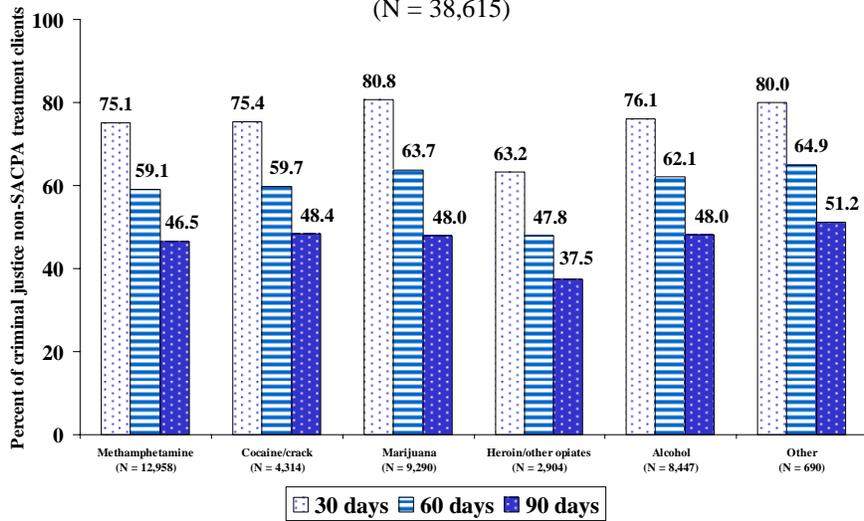


Figure C.6
Treatment Duration Among Criminal Justice Non-SACPA Clients
by Years of Primary Drug Use
 (CADDs), 7/1/02 – 6/30/03
 (N = 38,615)

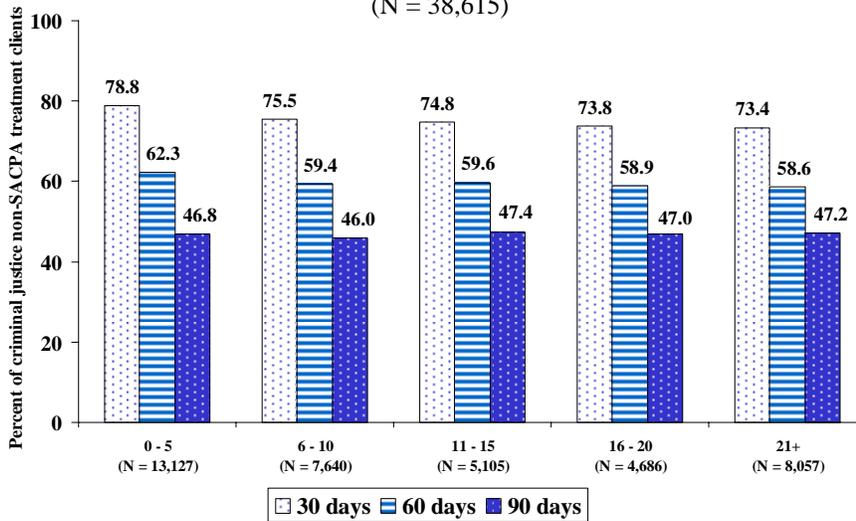


Figure C.7
Treatment Duration Among Criminal Justice Non-SACPA Clients
by Frequency of Primary Drug Use in Past 30 Days
 (CADDs), 7/1/02 – 6/30/03
 (N = 38,615)

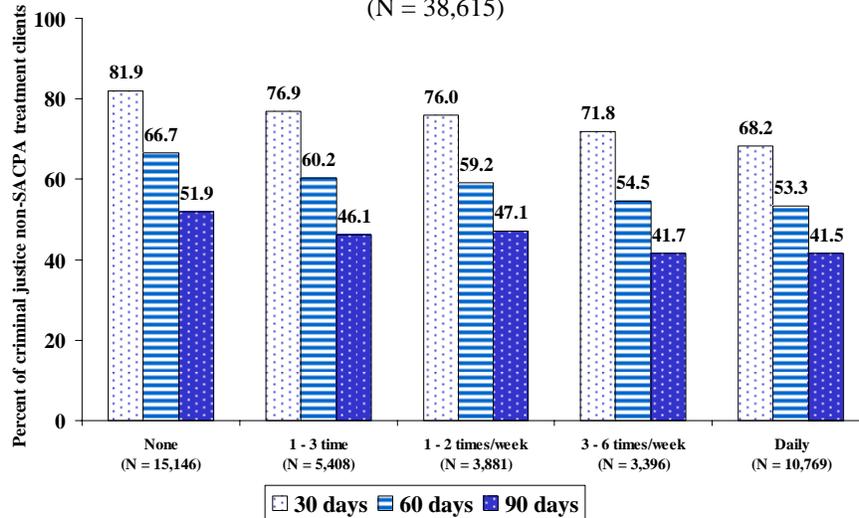


Figure C.8
Treatment Duration Among Criminal Justice Non-SACPA Clients
by Prior Treatment Experience
 (CADDs), 7/1/02 – 6/30/03
 (N = 38,615)

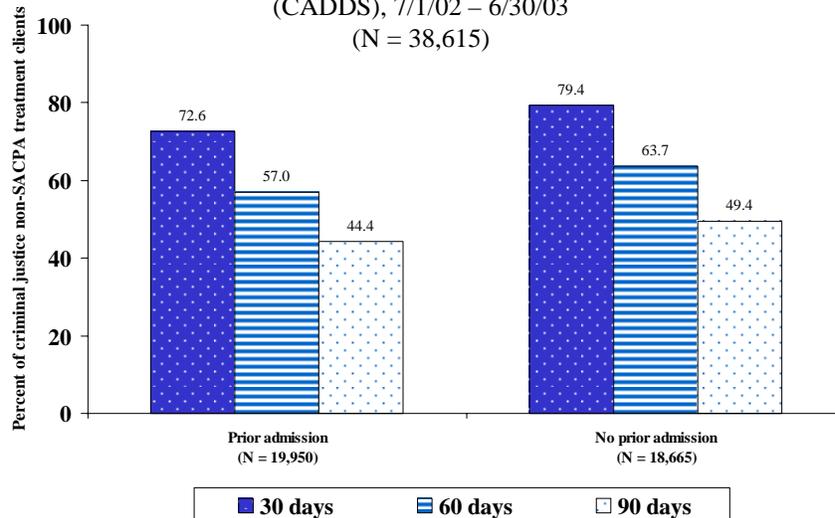
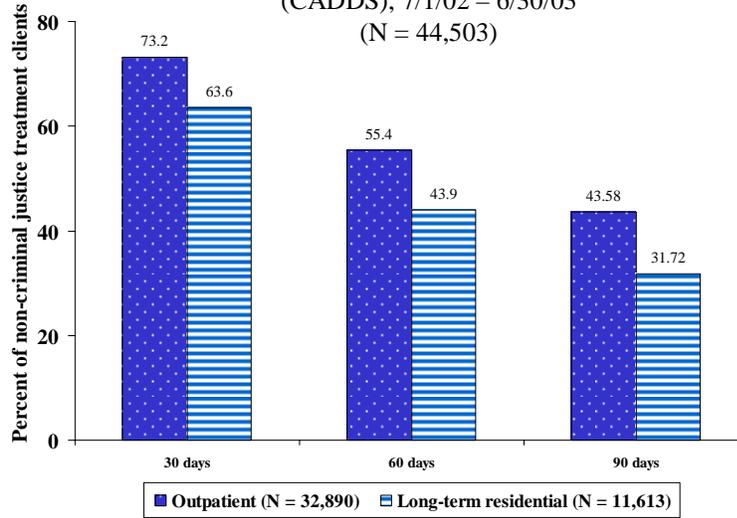


Figure C.9
Treatment Duration Among Non-Criminal Justice Clients
by Modality

(CADDs), 7/1/02 – 6/30/03
(N = 44,503)



Omitted are 33,363 non-criminal justice clients who are missing a CADDs discharge record.

Figure C.10
Treatment Duration Among Non-Criminal Justice Clients
by Race/Ethnicity

(CADDs), 7/1/02 – 6/30/03
(N = 77,866)

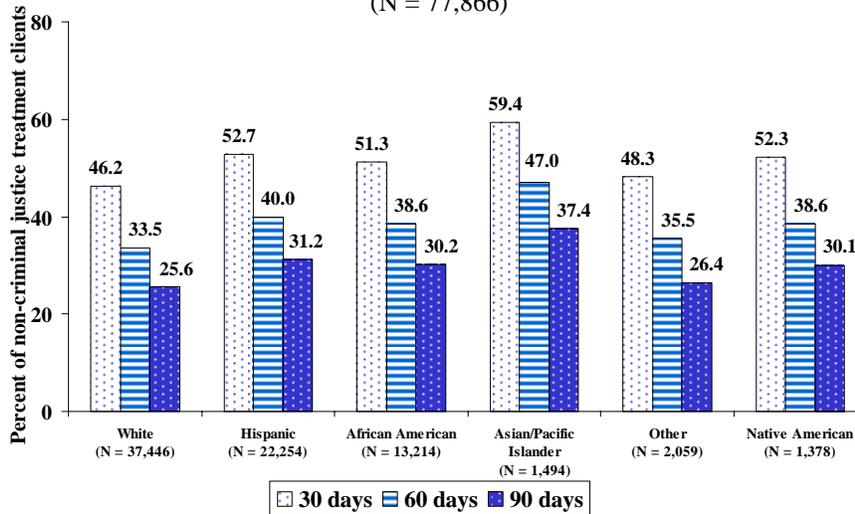


Figure C.11
Treatment Duration Among Non-Criminal Justice Clients
by Sex

(CADDs), 7/1/02 – 6/30/03
(N = 77,866)

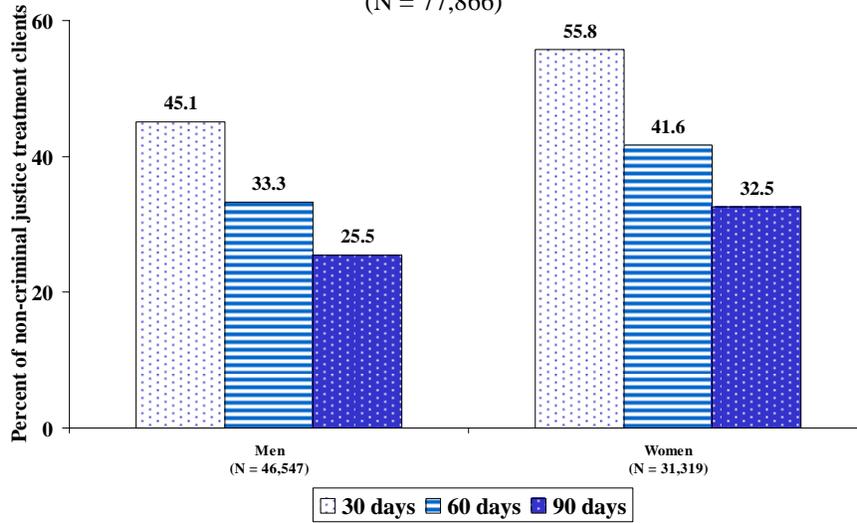


Figure C.12
Treatment Duration Among Non-Criminal Justice Clients
by Age

(CADDs), 7/1/02 – 6/30/03
(N = 77,866)

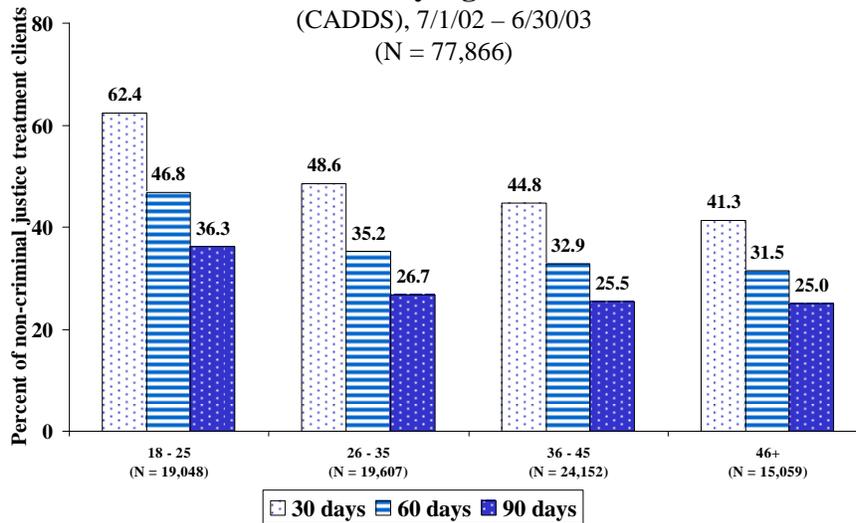


Figure C.13
Treatment Duration Among Non-Criminal Justice Clients
by Primary Drug

(CADDs), 7/1/02 – 6/30/03
(N = 77,866)

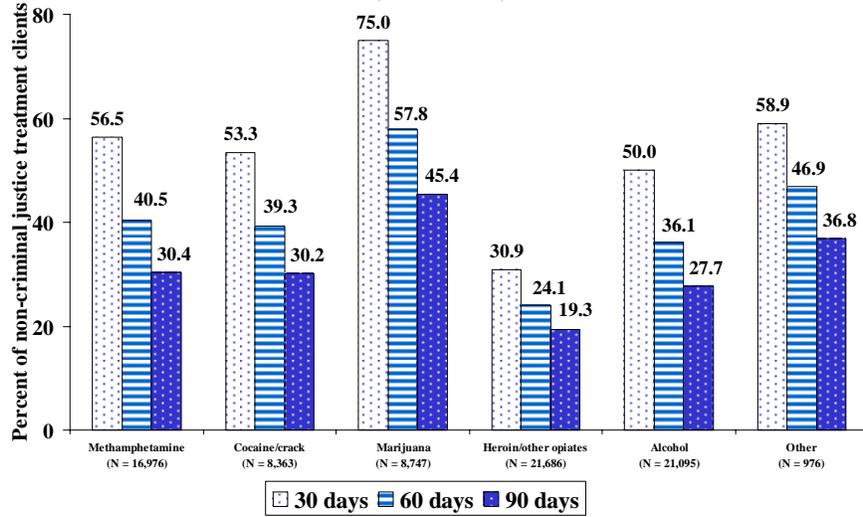


Figure C.14
Treatment Duration Among Non-Criminal Justice Clients
by Years of Primary Drug Use

(CADDs), 7/1/02 – 6/30/03
(N = 77,866)

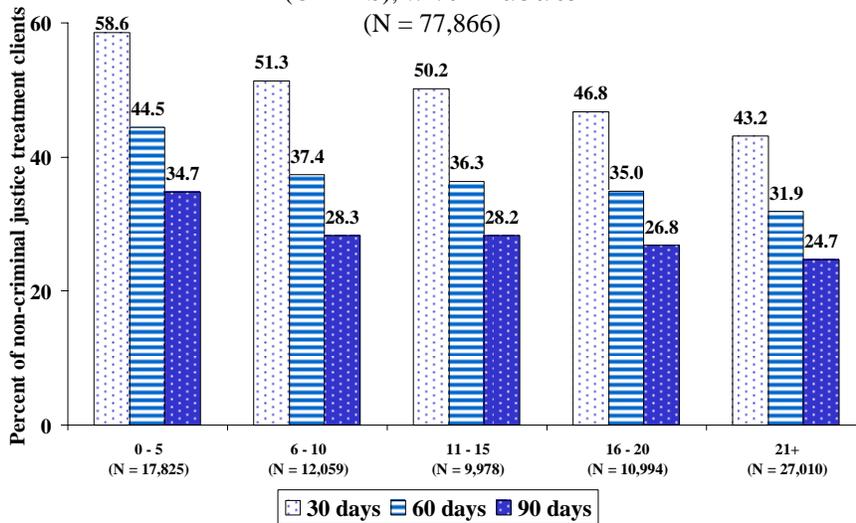


Figure C.15
Treatment Duration Among Non-Criminal Justice Clients
by Frequency of Primary Drug Use in Past 30 Days

(CADDs), 7/1/02 – 6/30/03
 (N = 77,866)

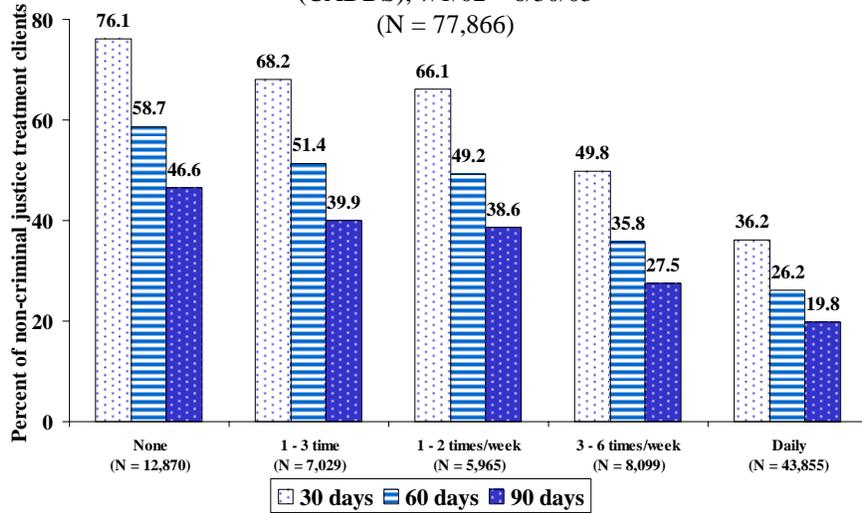
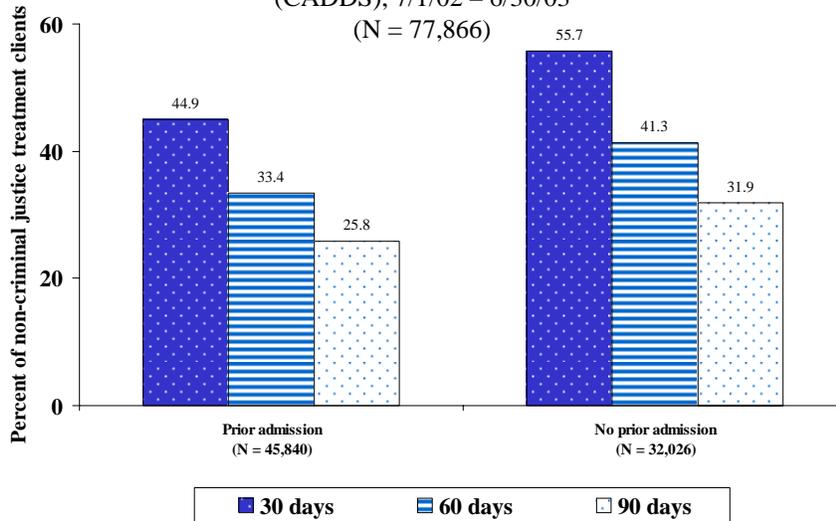


Figure C.16
Treatment Duration Among Non-Criminal Justice Clients
by Prior Treatment Experience

(CADDs), 7/1/02 – 6/30/03
 (N = 77,866)



Appendix D. 2004 SACPA Stakeholder Survey

LEAD AGENCY SECTION

These questions ask about SACPA implementation in your county during July 1, 2003 through June 30, 2004. We realize that you may not be able to answer some questions calling for precise numerical information, but please provide that information if you have it or make your best estimate. If other stakeholders have the information for your county, please confer with them regarding any of these questions.

Date: ____/____/04

Who completed this survey? Please attach business card of person(s) involved.

Name: _____ Job title: _____

Department or agency: _____ Mailing address: _____

Phone: _____ Fax: _____

Email: _____

Are you the person who completed this survey last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>
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These questions ask about the “flow” of offenders into SACPA. If you have records indicating the actual number for each question, please provide that number in Q1, Q4, and Q9. For the other questions in this section, please estimate number or percent. Please count offenders entering the county’s criminal justice system on a new charge (including parolees) and those already on probation. Do not count parolees referred to SACPA by a parole agent.

1. Between July 1, 2003 and June 30, 2004, how many offenders in your county were convicted of a <u>SACPA eligible</u> offense and were <u>not ineligible</u> because of a concurrent or prior offense. This is a count of eligible offenders, whether they opted to participate in SACPA or not. Do not count offenders from “out of county.”	_____
2. Of the number in Q1, how many were originally charged with a SACPA-ineligible offense and became eligible for SACPA when they pled down?	_____
3. Of the number in Q1, how many became eligible for SACPA only because other charges were dismissed or not filed?	_____
4. Between July 1, 2003 and June 30, 2004, how many offenders in your county <u>opted for</u> SACPA (whether they completed their assessment or not, and whether they actually entered treatment or not)?	_____
5. Of the number in Q4, how many were “SACPA repeaters” (they had opted for SACPA upon conviction for a prior offense occurring on or after July 1, 2001)?	_____
6. Of the number in Q4, how many were <u>sent out of county</u> for assessment and/or treatment?	_____
7. Of the number in Q4, how many were held in custody while awaiting disposition of their charge(s)?	_____
8. Of the number in Q4, how many were held in custody while awaiting SACPA screening/assessment?	_____

9. Between July 1, 2003 and June 30, 2004, how many offenders in your county completed the SACPA screening/assessment and were referred to treatment?	_____
10. Of the number in Q9, how many were held in custody while waiting for a treatment slot?	_____
11. Of the number in Q9, how many were <u>required to</u> attend a self-help support group while waiting for a treatment slot?	_____

12. In Q1, were you counting offenders eligible for SACPA <u>when charged</u> or only those who opted for SACPA <u>when sentenced</u> ? If other, please specify in Q42.	<i>When charged</i>	<input type="checkbox"/>
	<i>When sentenced</i>	<input type="checkbox"/>
	<i>Other: Specify in Q42.</i>	<input type="checkbox"/>

13a. In your county, how many offenders were assessed <u>before</u> sentencing? (If zero, please enter zero.)	_____
13b. If your answer to Q13a is not zero, how many offenders in Q13a <u>opted out</u> of SACPA at sentencing?	_____

14. How many persons assessed and/or treated in your county were convicted of a SACPA-eligible offense in another county?	_____
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15. How many persons charged with a SACPA-eligible offense opted for routine sentencing instead of SACPA?	_____
16. How many persons charged with a SACPA-eligible offense opted for deferred entry of judgment or other diversion instead of SACPA?	_____
17. How many persons charged with a SACPA-eligible offense opted for drug court instead of SACPA?	_____

18. At sentencing, were SACPA offenders told they must report for screening/assessment within a specific number of days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. If yes, how many days? If less than one day, enter 0. If instructions were not the same for all offenders or not the same throughout the year, please explain at Q42.	_____ Days	

20. Were SACPA assessments conducted at the courthouse where the offender was sentenced (or within walking distance)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Were SACPA assessments conducted at the treatment site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Were SACPA assessments scheduled by appointment, were walk-ins allowed, or both?	<i>Appointment</i>	<input type="checkbox"/>
	<i>Walk-ins</i>	<input type="checkbox"/>
	<i>Both</i>	<input type="checkbox"/>

23. In some counties, the assessment process—including intake, screening, assessment, and treatment placement—is completed in a single visit. In other counties, the process normally takes more than one visit. How many visits are normally required to complete the assessment process in your county?	# of _____ visits
24. Approximately what percent of SACPA offenders (the number in Q4) were transported at county expense from the court to screening/assessment?	_____ %
25. What percent of SACPA offenders (the number in Q4) were transported at county expense from screening/assessment to treatment?	_____ %
26. What percent of SACPA offenders received services from a <u>case manager</u> ?	_____ %

27. Between July 1, 2003 and June 30, 2004, how many SACPA offenders entered the treatment program to which they were referred?	_____
28. Of the number in Q27, how many were later referred to and entered a different treatment level (higher or lower)?	_____
29. Of the number in Q27, how many enrolled in an aftercare program to which SACPA referred them?	_____

30. In the period between July 1, 2003 and June 30, 2004, what inter-agency communication methods were used to implement SACPA in your county?		
	Yes	No
Face-to-face meetings	<input type="checkbox"/>	<input type="checkbox"/>
Workshops for training or technical assistance	<input type="checkbox"/>	<input type="checkbox"/>
Formal agreement (such as MOU or contract)	<input type="checkbox"/>	<input type="checkbox"/>
Informal agreement	<input type="checkbox"/>	<input type="checkbox"/>
Case conferencing	<input type="checkbox"/>	<input type="checkbox"/>
Co-located staff for the assessment process	<input type="checkbox"/>	<input type="checkbox"/>
Co-located services (“one-stop shopping”)	<input type="checkbox"/>	<input type="checkbox"/>
Other (If other, please specify in Q42.)	<input type="checkbox"/>	<input type="checkbox"/>

These questions will help us interpret your county’s SRIS data on referrals, assessments, and treatment placements during July 1, 2003 to June 30, 2004.

31. Do the numbers in SRIS represent <u>unique offenders</u> (counted only once even if they were referred, assessed or placed more than once) or do they represent <u>events</u> (each referral, assessment, and placement is counted)? If other, please specify in Q42.	<i>Unique offenders</i>	<input type="checkbox"/>
	<i>Events</i>	<input type="checkbox"/>
	<i>Other: Specify in Q42.</i>	<input type="checkbox"/>

32. Do referrals, assessments, and placements in SRIS include parolees sent to SACPA by a parole agent?			
		<i>Yes</i>	<i>No</i>
	Referrals	<input type="checkbox"/>	<input type="checkbox"/>
	Assessments	<input type="checkbox"/>	<input type="checkbox"/>
	Placements	<input type="checkbox"/>	<input type="checkbox"/>
33. Is your count of placements in SRIS based on the number of offenders who <u>actually entered treatment</u> or the number <u>assigned to treatment</u> (whether they entered or not)?			<input type="checkbox"/>
	<i>Actually entered</i>		<input type="checkbox"/>
	<i>Assigned</i>		<input type="checkbox"/>
	<i>Other: Specify in Q42</i>		<input type="checkbox"/>
34. Did your county's SRIS reporting procedures change in any way from July 2002-June 2003 to July 2003-June 2004?		<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
If yes, please explain in Q42.		Explain in Q42.	

These questions ask about favorable or unfavorable effects that you believe SACPA may have had in your county.

35. Between July 1, 2003 and June 30, 2004, which of these coordination problems, if any, affected SACPA implementation in your county?				
	<i>Not a problem</i>	<i>Minor problem</i>	<i>Serious problem</i>	<i>Very serious problem</i>
Lack of consensus regarding the role of probation/parole	1	2	3	4
Lack of consensus regarding the role of treatment	1	2	3	4
Inadequate participation by one or more agencies	1	2	3	4
Inadequate communication among agencies	1	2	3	4
Inadequate coordination of decision-making	1	2	3	4
Difficulty in linking/referring to services	1	2	3	4
Inadequate information system	1	2	3	4
Other (If other problems affected SACPA, specify in Q42.)	1	2	3	4

36. Between July 1, 2003 and June 30, 2004, what effect, in your opinion, did SACPA have in your county regarding:					
	<i>Very favorable effect</i>	<i>Favorable effect</i>	<i>No effect</i>	<i>Unfavorable effect</i>	<i>Very unfavorable effect</i>
Inter-agency consensus on treatment/supervision of offenders	1	2	3	4	5
Inter-agency communication	1	2	3	4	5
Service linkages	1	2	3	4	5
Information availability	1	2	3	4	5
Drug use in the general population	1	2	3	4	5
Drug-related crime	1	2	3	4	5
Non drug-related crime	1	2	3	4	5
Jail bed availability	1	2	3	4	5

37. Between July 1, 2003 and June 30, 2004, did county leaders (elected officials or administrators) formally <u>consider</u> any options regarding jail capacity?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. If yes, what was decided? Please check all that apply.			
No decision reached	<input type="checkbox"/>	Decided to lease beds outside the county	<input type="checkbox"/>
Decided to build a new jail	<input type="checkbox"/>	Released inmates early to relieve overcrowding	<input type="checkbox"/>
Decided to renovate or reconfigure an existing jail in order to get <u>more beds</u>	<input type="checkbox"/>	Decided something else (Specify in Q42)	<input type="checkbox"/>
Closed all or part of a jail	<input type="checkbox"/>		

39. Please provide your overall judgment of SACPA implementation in your county.					
	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>
	1	2	3	4	5

40. Has any change occurred in SACPA in your county <u>for fiscal reasons</u> ? If yes, please explain in Q42.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41. Has any change occurred in SACPA in your county <u>for reasons other than fiscal</u> ? If yes, please explain in Q42.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

42. In the space below, please record any additional comments on SACPA implementation in your county and explain any "other" boxes you checked above. Thank you.

COUNTY ALCOHOL AND DRUG ADMINISTRATION SECTION

These questions ask about SACPA implementation in your county during July 1, 2003 through June 30, 2004. We realize that you may not be able to answer some questions calling for precise numerical information, but please provide that information if you have it or make your best estimate.

Date: ____/____/04

Who completed this survey? Please attach business card of person(s) involved.

Name: _____ Job title: _____
 Department or agency: _____ Mailing address: _____
 Phone: _____ Fax: _____
 Email: _____

Are you the person who completed this survey last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>		
1. Between July 1, 2002 and June 30, 2003, how many outpatient treatment programs (no medication prescribed) handled SACPA clients in your county?					
County-run _____	County-contracted _____	VA _____	Private _____		
2. How many outpatient treatment programs (methadone or other medication prescribed) handled SACPA clients?					
County-run _____	County-contracted _____	VA _____	Private _____		
3. How many intensive outpatient or day treatment programs handled SACPA clients?					
County-run _____	County-contracted _____	VA _____	Private _____		
4. How many residential treatment programs handled SACPA clients? Include residential detox (with or without medication prescribed) as well as residential treatment/recovery (with or without medication prescribed).					
County-run _____	County-contracted _____	VA _____	Private _____		
5. How many drug education or other "early intervention" programs handled SACPA clients?					
6. Please provide your overall judgment of SACPA implementation in your county .					
	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>
	1	2	3	4	5
7. Has any change occurred in SACPA in your county <u>for fiscal reasons</u> ? If yes, please explain in Q9.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Has any change occurred in SACPA in your county <u>for reasons other than fiscal</u> ? If yes, please explain in Q9.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. In the space below, please record any additional comments on SACPA implementation in your county and explain any "other" boxes you checked above. Thank you.					

COURT ADMINISTRATOR SECTION

These questions ask about SACPA implementation in your county during July 1, 2003 through June 30, 2004.

Date: ____/____/04

Who completed this survey? Please attach business card of person(s) involved.

Name: _____ Job title: _____
 Department or agency: _____ Mailing address: _____
 Phone: _____ Fax: _____
 Email: _____

Are you the person who completed this survey last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>
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1. Between July 1, 2003 and June 30, 2004, what court procedures were used to handle SACPA cases?		
	Yes	No
Dedicated or centralized court for <u>all</u> SACPA offenders	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated or centralized court for <u>some</u> SACPA offenders but not all	<input type="checkbox"/>	<input type="checkbox"/>
Expedited case processing	<input type="checkbox"/>	<input type="checkbox"/>
Case conferences	<input type="checkbox"/>	<input type="checkbox"/>
Probation assessment hearings	<input type="checkbox"/>	<input type="checkbox"/>
Status hearings	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing requirements set specifically for SACPA offenders	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about "drug court" defined as follows: court calendar dedicated to drug offenders; dialog between judge and offender; close supervision by judge or case manager; and a collaborative courtroom process involving judge, prosecutor, defense attorney, and treatment provider. Between July 1, 2003 and June 30, 2004...		
	Yes	No
2. Were <u>all</u> SACPA offenders handled in a drug court?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were <u>some but not all</u> SACPA offenders handled in a drug court?	<input type="checkbox"/>	<input type="checkbox"/>

4. On the list of offenses below, please check any offense for which offenders would not be eligible for SACPA in your county.

	Not eligible
H&S 11170 (Prescribing, administering, or furnishing controlled substance for self)	<input type="checkbox"/>
H&S 11550 (Under the influence of controlled substance)	<input type="checkbox"/>
H&S 11350 (Possession of controlled substance)	<input type="checkbox"/>
H&S 11352 (Transportation for personal use)	<input type="checkbox"/>
H&S 11357 (Possession of cannabis)	<input type="checkbox"/>
H&S 11358 (Planting, cultivating, harvesting, drying, or processing marijuana for personal use)	<input type="checkbox"/>
H&S 11360 (Transportation for personal use)	<input type="checkbox"/>
H&S 11363 (Planting, cultivating, harvesting, drying, or processing peyote)	<input type="checkbox"/>
H&S 11364 (Paraphernalia)	<input type="checkbox"/>
H&S 11365 (Being in room where controlled substances are being used)	<input type="checkbox"/>
H&S 11368 (Securing drug by fictitious prescription for personal use)	<input type="checkbox"/>
H&S 11377 (Possession Schedule III-V)	<input type="checkbox"/>
H&S 11379 (Transportation for personal use)	<input type="checkbox"/>
H&S 11590 (Failure to register)	<input type="checkbox"/>
V.C. 23222 (b) (Open container in vehicle)	<input type="checkbox"/>
P.C. 647 (f) (Public intoxication)	<input type="checkbox"/>
B&P 4140 (Possession of syringe)	<input type="checkbox"/>
B&P 4149 (Paraphernalia)	<input type="checkbox"/>
B&P 4060 (Possession controlled substance)	<input type="checkbox"/>
V.C. 23152 (DUI)	<input type="checkbox"/>
V.C. 23153 (DUI)	<input type="checkbox"/>

5. Please record any other offenses (if not listed in Q4) for which offenders would be eligible for SACPA in your county.

6. Which of these coordination problems, if any, occurred in your county?

	Yes	No
Lack of agreement regarding offenses that are SACPA eligible	<input type="checkbox"/>	<input type="checkbox"/>
Lack of agreement regarding SACPA charging practices	<input type="checkbox"/>	<input type="checkbox"/>
Lack of agreement regarding SACPA plea negotiation	<input type="checkbox"/>	<input type="checkbox"/>
Lack of agreement regarding how to handle probation violations	<input type="checkbox"/>	<input type="checkbox"/>
Lack of agreement regarding how to define “unavailable for” (or not amenable to) treatment	<input type="checkbox"/>	<input type="checkbox"/>

7. Please provide your overall judgment of SACPA implementation in your county.

	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>
	1	2	3	4	5

8. Has any change occurred in SACPA in your county for fiscal reasons? If yes, please explain in Q10. *Yes* *No*

9. Has any change occurred in SACPA in your county for reasons other than fiscal? If yes, please explain in Q10. *Yes* *No*

10. In the space below, please record any additional comments on SACPA implementation in your county and explain any “other” boxes you checked above. Thank you.

DISTRICT ATTORNEY SECTION

These questions ask about SACPA implementation in your county during July 1, 2003 through June 30, 2004.

Date: ____/____/04

Who completed this survey? Please attach business card of person(s) involved.

Name: _____ Job title: _____
 Department or agency: _____ Mailing address: _____
 Phone: _____ Fax: _____
 Email: _____

Are you the person who completed this survey last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>
---	------------------------------	-----------------------------	---

1. Between July 1, 2003 and June 30, 2004, what SACPA-specific policies were in effect?		
	<i>Yes</i>	<i>No</i>
Standard set of charges on which offenders were eligible for SACPA	<input type="checkbox"/>	<input type="checkbox"/>
Charging practices designed for SACPA (If yes, please attach or specify in Q5)	<input type="checkbox"/>	<input type="checkbox"/>
Case processing designed for SACPA (If yes, please attach or specify in Q5)	<input type="checkbox"/>	<input type="checkbox"/>
Plea negotiation guidelines designed for SACPA (If yes, please attach or specify in Q5)	<input type="checkbox"/>	<input type="checkbox"/>
Plea agreements under which SACPA-eligible defendants could decline SACPA	<input type="checkbox"/>	<input type="checkbox"/>
Other (If other, please specify in Q5)	<input type="checkbox"/>	<input type="checkbox"/>

2. Please provide your overall judgment of SACPA implementation in your county.					
	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>
	1	2	3	4	5

3. Has any change occurred in SACPA in your county <u>for fiscal reasons</u> ? If yes, please explain in Q5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has any change occurred in SACPA in your county <u>for reasons other than fiscal reasons</u> ? If yes, please explain in Q5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. In the space below, please record any additional comments on SACPA implementation in your county and explain any "other" boxes you checked above. Thank you.

PUBLIC DEFENDER SECTION

These questions ask about SACPA implementation in your county during July 1, 2003 through June 30, 2004. We realize that you may not be able to answer some questions calling for precise numerical information, but please provide that information if you have it or make your best estimate.

Date: ____/____/04

Who completed this survey? Please attach business card of person(s) involved.

Name: _____ Job title: _____
 Department or agency: _____ Mailing address: _____
 Phone: _____ Fax: _____
 Email: _____

Are you the person who completed this survey last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>
---	------------------------------	-----------------------------	---

1. For offenders entering SACPA between July 1, 2003 and June 30, 2004, please estimate the percent represented by a public defender (or court-appointed attorney) and the percent represented by a private attorney.	
Percent represented by public defender (or court-appointed attorney)	
Percent represented by private attorney	

2. Apart from those who have a private attorney, are SACPA offenders assigned to public defenders (or court-appointed attorneys) <u>who specialize in SACPA?</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

3. Has any change occurred in SACPA in your county <u>for fiscal reasons?</u> If yes, please explain in Q6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has any change occurred in SACPA in your county <u>for reasons other than fiscal?</u> If yes, please explain in Q6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Please provide your overall judgment of SACPA implementation in your county.					
	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>
	1	2	3	4	5

6. In the space below, please record any additional comments on SACPA implementation in your county and explain any "other" boxes you checked above. Thank you.

COUNTY PROBATION DEPARTMENT SECTION

These questions ask about SACPA implementation in your county during July 1, 2003 through June 30, 2004. We realize that you may not be able to answer some questions calling for precise numerical information, but please provide that information if you have it or make your best estimate.

Date: ____/____/04

Who completed this survey? Please attach business card of person(s) involved.

Name: _____ Job title: _____

Department or agency: _____ Mailing address: _____

Phone: _____ Fax: _____

ail: _____

Are you the person who completed this survey last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>
---	------------------------------	-----------------------------	---

These questions ask about the status of SACPA offenders in your county. If you have records indicating the actual number for each question, please provide that number in Q1, Q7, and Q11. For the other questions in this section, please estimate the number or the percent.

1. Between July 1, 2003 and June 30, 2004, how many SACPA offenders were on probation in your county? Please include SACPA offenders placed on probation during that time period and those already on probation before July 2003.	_____
2. Of the number in Q1, how many were in SACPA on a felony conviction, and how many were in SACPA on a misdemeanor conviction?	Felony _____ Misd. _____
3. Of the number in Q1, how many had no new drug violations recorded while in SACPA?	_____
4. Of the number in Q1, how many had one new drug violation recorded while in SACPA?	_____
5. Of the number in Q1, how many had two new drug violations recorded while in SACPA?	_____
6. Of the number in Q1, how many had three new drug violations recorded while in SACPA?	_____
7. Of the number in Q1, how many were revoked from SACPA probation and re-sentenced?	_____
8. Of the number in Q7, how many were revoked because they had three drug violations?	_____
9. Of the number in Q7, how many were revoked for non-drug violations?	_____
10. Of the number in Q7, how many were sent to jail or prison?	_____
11. How many SACPA offenders completed probation on or before June 30, 2004?	_____
12. Of the number in Q11, how many had their convictions expunged (or dismissed) on or before June 30, 2004?	_____

13. Please describe SACPA reporting in your county between July 1, 2003 and June 30, 2004.				
	<i>Always or almost always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never or almost never</i>
Treatment plans reported by treatment provider within 30 days	1	2	3	4
Positive/missed drug tests reported by treatment provider within 2 weeks after test date	1	2	3	4
Other noncompliance reported by treatment provider within 2 weeks after noncompliance occurred	1	2	3	4
Quarterly progress reports sent by treatment provider within 2 weeks after the end of the quarter	1	2	3	4
Successful completion reported by treatment provider within 2 weeks	1	2	3	4
Drop-outs reported by treatment provider within 2 weeks	1	2	3	4

14. Between July 1, 2003 and June 30, 2004, what SACPA-specific policies were in effect?		
	Yes	No
Risk assessment/classification procedures designed for SACPA probationers	<input type="checkbox"/>	<input type="checkbox"/>
Supervision protocols designed for SACPA probationers	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing requirements designed for SACPA probationers	<input type="checkbox"/>	<input type="checkbox"/>
Service referral/linkage procedures designed for SACPA probationers	<input type="checkbox"/>	<input type="checkbox"/>
Other (If other, please specify in Q18.)	<input type="checkbox"/>	<input type="checkbox"/>

15. Please provide your overall judgment of SACPA implementation in your county.					
	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>
	1	2	3	4	5

16. Has any change occurred in SACPA in your county <u>for fiscal reasons</u> ? If yes, please explain in Q18.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Has any change occurred in SACPA in your county <u>for reasons other than fiscal</u> ? If yes, please explain in Q18.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

18. In the space below, please record any additional comments on SACPA implementation in your county and explain any "other" boxes you checked above. Thank you.

Appendix E. Offender Outcomes: Methods and Supplemental Analyses

This appendix includes supplemental information and analyses regarding the range of offender outcomes—re-offending, illegal drug use, and employment—reported in Chapter 5.

Presented first is the comparison of three groups of SACPA participants: offenders referred to SACPA, those who entered treatment, and those who completed it. This comparison showed re-offending, drug use, and employment outcomes in relation to the degree of offender participation in SACPA.

Presented next is the comparison of drug offenders in SACPA's first year to pre-SACPA drug offenders. This comparison showed re-offending under two policy alternatives: the SACPA policy under which offenders had an opportunity to accept community supervision with treatment versus the pre-SACPA policy under which similar offenders were either sentenced to prison/jail or placed under community supervision with less likelihood of exposure to treatment.

Finally, this appendix provides a brief review of a recent analysis of re-offending in a sample of SACPA participants (Farabee et al., 2004). There are noteworthy similarities and differences between that analysis and the statewide analysis reported here.

SACPA participation

Regarding the comparison of SACPA offender groups, this appendix describes the analytic models employed to examine primary outcomes and reports findings based on alternative outcome measures including the number of new arrests in each offender group, the percent of offenders convicted (instead of the percent arrested), change in drug problem severity, and change in employment problem severity.

Analytic models

UCLA employed multivariate regression analysis to measure the relationship between program participation and outcomes. The analysis is adjusted for offender characteristics that also may have been related to outcomes. Its purpose was to isolate, as cleanly as possible, the relationship between program participation and each outcome. These offender characteristics were included as covariates: age, sex, race/ethnicity, lifetime drug treatment experience (any versus none), drug treatment in the 30 days before commission of the SACPA eligible offense, and indicators of criminal history including lifetime (adult) number of arrests, any arrest for a drug offense in the year before SACPA entry, any property arrest in that year, and any drug arrest in that year, and arrest for a SACPA-eligible felony (instead of a misdemeanor).

A twofold adjustment was made for the offender's home county. This adjustment was important because counties may have varied in law enforcement and supervision practices or other factors related to an offender's likelihood of being re-arrested, ease of access to illegal drugs, or likelihood of being employed (see Petersilia et al., 1986). The regression analysis

adjusted for “clustering” of offenders within counties (home county was defined as the county of arrest). In addition, regression models included a covariate for the offender’s home county (small counties were grouped when it was impossible to model their effects individually). This covariate adjustment addressed the possible effect of home county on outcomes at the offender level.

One of the most common methodological problems in program evaluation arises from self-selection into varying degrees of program participation, i.e., “selection bias” (Pelissier et al., 2001; Rhodes et al., 2001). Some offenders who agreed to comply with the provisions of SACPA did not actually enter treatment, and some of those who entered treatment did not complete it. Thus, degree of participation in SACPA depended in part on self-selection. This made it difficult to disentangle the effects of participation in SACPA from the effects of other, pre-existing differences across the referred, entered, and completed groups. UCLA repeated its analyses of primary outcomes using “treatment effects modeling,” which is designed to adjust for selection bias (Maddala, 1983; Pindyck & Rubinfeld, 1998). Findings from the treatment effects models were entirely consistent with primary findings.

Finally, in analysis comparing offenders who entered but did not complete treatment to those who completed treatment, UCLA was able to adjust for additional covariates: primary problem drug, treatment placement (long-term residential versus other); employment status (working, not working but looking for work, and not looking). Models including those covariates led to the same findings reported in Chapter 5 and are not shown here.

Alternative outcomes

Chapter 5 reported the percent of offenders with at least one new arrest, any drug use, number of drug use days, and number of employment days. This appendix contains findings on alternative outcome measures including the number of new arrests, the percent of offenders convicted (instead of the percent arrested), change in drug problem severity, and change in employment problem severity.

Measures of arrests and convictions separately counted felony and misdemeanor drug offenses, felony and misdemeanor property offenses, and felony and misdemeanor violent offenses.

UCLA reported change in drug use days and change in employment days in Chapter 5 because the meaning of those indicators is clear to the general reader. Often, treatment outcomes are also measured as the degree of client improvement on the Addiction Severity Index (ASI), a tool widely used by treatment programs to assess client drug use and problem severity in multiple psychosocial domains (McLellan et al., 1980). Analyses in this appendix examined change in the ASI “composite scores” for drug problem severity and employment problem severity. These scores reflected the clients’ status during the 30-day “pre” period before treatment entry and the 30-day “post” period before their 12-month follow-up.

Figures E.1 to E.9 show the number of new arrests in each SACPA group. In accord with findings based on percent of offenders with a new arrest, the figures show that the number of arrests was lowest among offenders who completed treatment.

Figures E.10 to E.12 show the percent of offenders with new convictions in each SACPA group. Again in accord with arrest findings, new convictions were generally lowest among completers.

Pre-post change in drug problems is shown in Figure E.13. As seen in the Chapter 5 analysis of drug use days, the three offender groups showed the same degree of change in drug problem severity scores from the 30-day “pre” period to the 30-day post period.

Change in employment problem severity is shown in Figure E.14. Completers showed the greatest improvement on this outcome. The same pattern was apparent in the Chapter 5 analysis of days employed.

SACPA policy versus pre-SACPA policy

Regarding the second comparison—drug offenders in the SACPA era and similar offenders in the pre-SACPA era—this appendix again describes the analytic models employed to examine primary outcomes and reports findings based on alternative outcome measures including the number of new arrests in each offender group, the percent of offenders convicted, change in drug problem severity, and change in employment problem severity.

Analytic models

Although the SACPA and pre-SACPA groups were alike on most background characteristics, the SACPA group had a higher percent of Hispanics and more lifetime (adult) convictions than the pre-SACPA group. As indicated in Chapter 5, offenders in the pre-SACPA group were weighted on these and other background characteristics to improve comparability of the groups. In addition, UCLA adjusted for background characteristics in multivariate regression models in order to isolate the relationship between program participation and each outcome. These characteristics were included as covariates: age, sex, race/ethnicity, prior drug treatment experience (any versus none), and criminal history indicators including lifetime (adult) number of arrests, any arrest for a drug offense in the year before SACPA entry, any property arrest in that year, and any drug arrest in that year, and arrest for a SACPA-eligible felony (instead of a misdemeanor).

Figure E.1
Number of New Drug Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

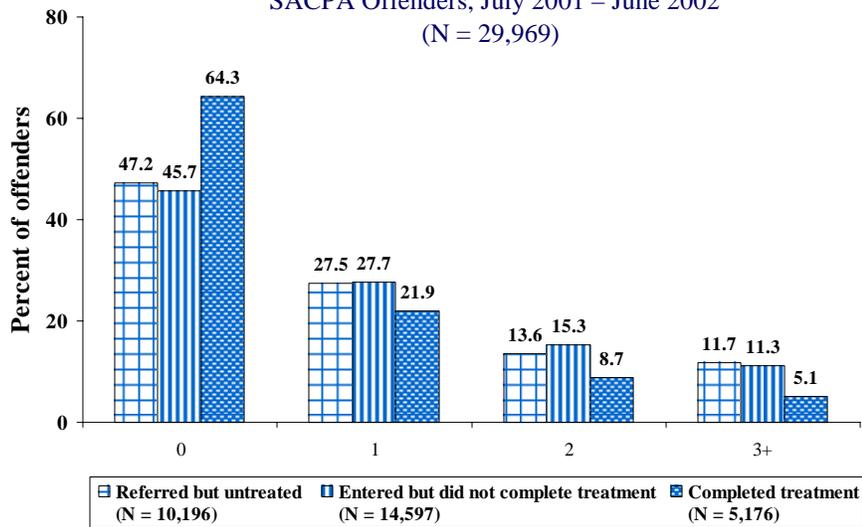


Figure E.2
Number of New Felony Drug Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

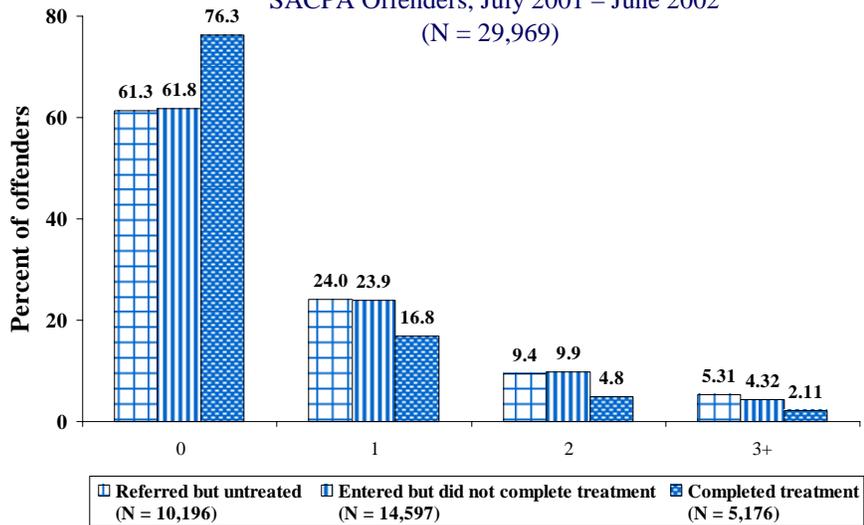


Figure E.3
Number of New Misdemeanor Drug Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

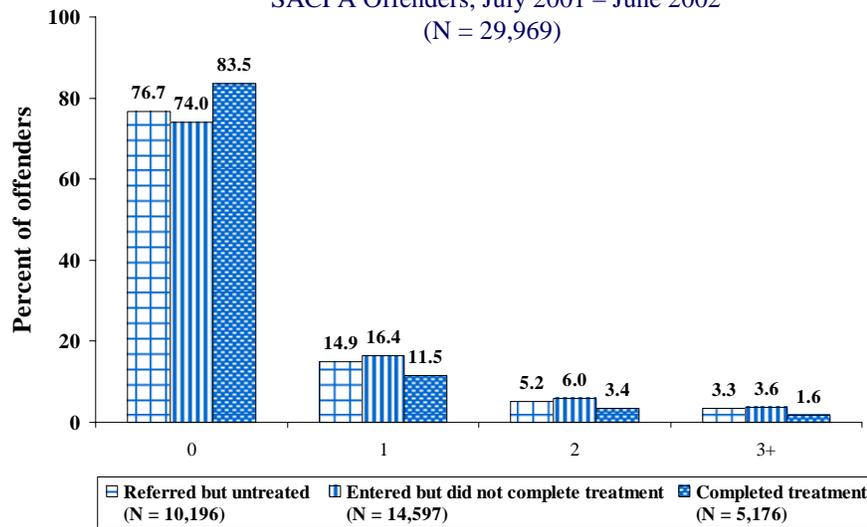


Figure E.4
Number of New Property Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

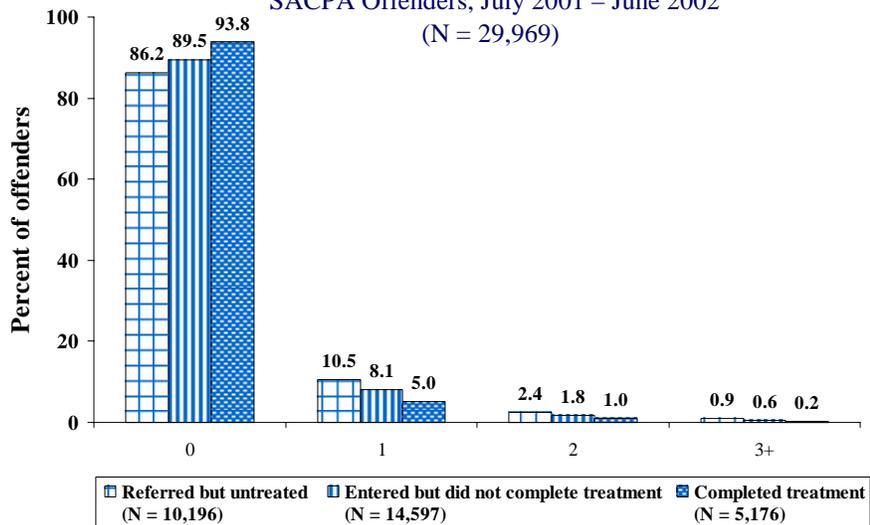


Figure E.5
Number of New Felony Property Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

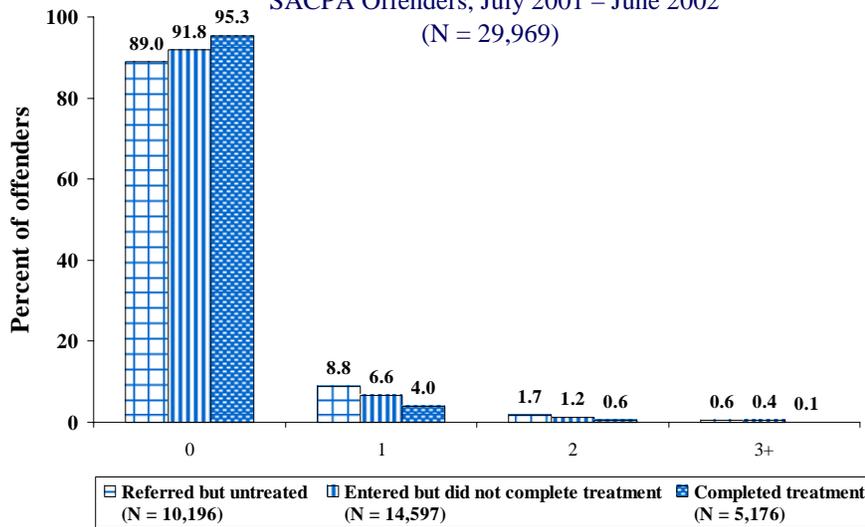


Figure E.6
Number of New Misdemeanor Property Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

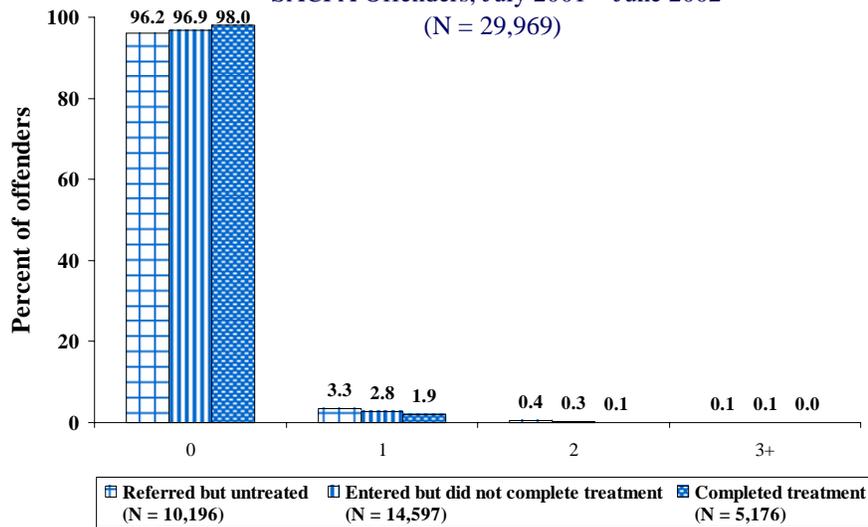


Figure E.7
Number of New Violent Arrests
During 12 Months After Offense
 SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

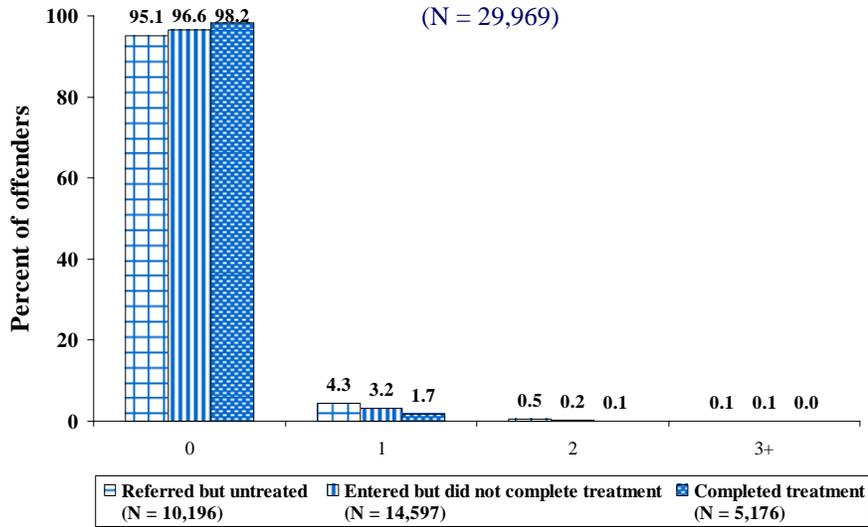


Figure E.8
Number of New Felony Violent Arrests
During 12 Months After Offense
 SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

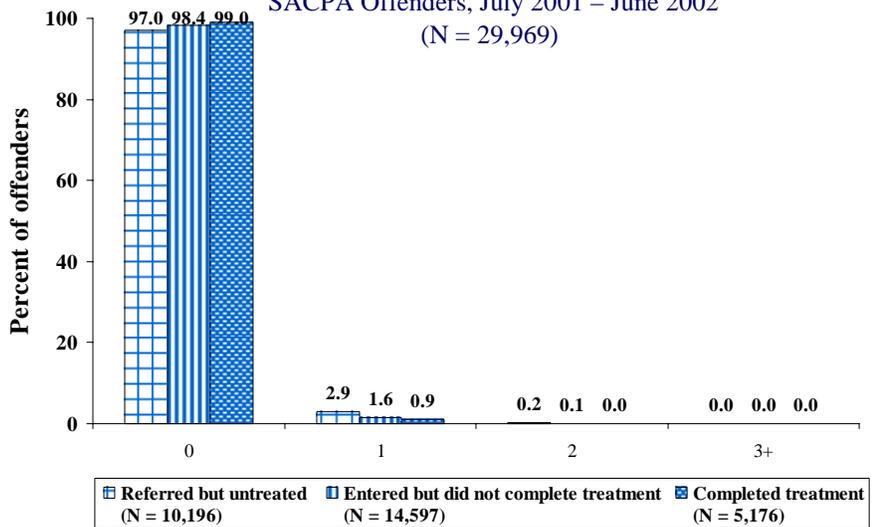


Figure E.9
Number of New Misdemeanor Violent Arrests
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

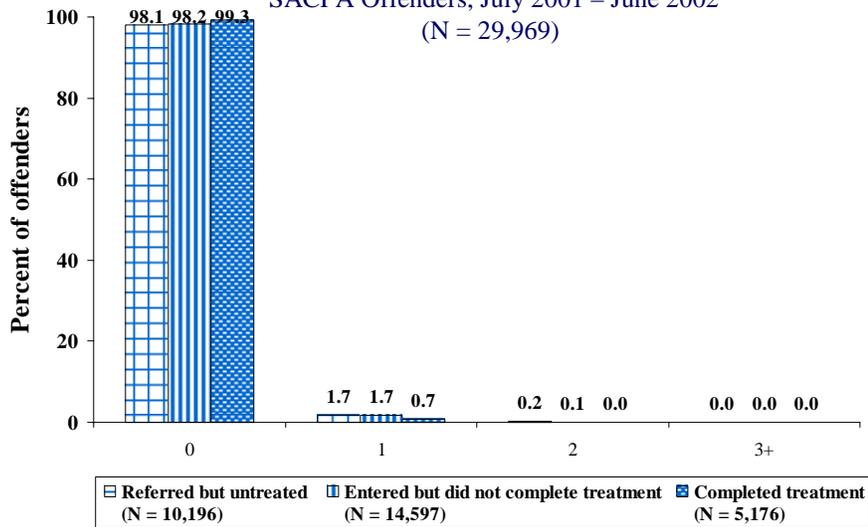


Figure E.10
New Convictions
During 12 Months After Offense

SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

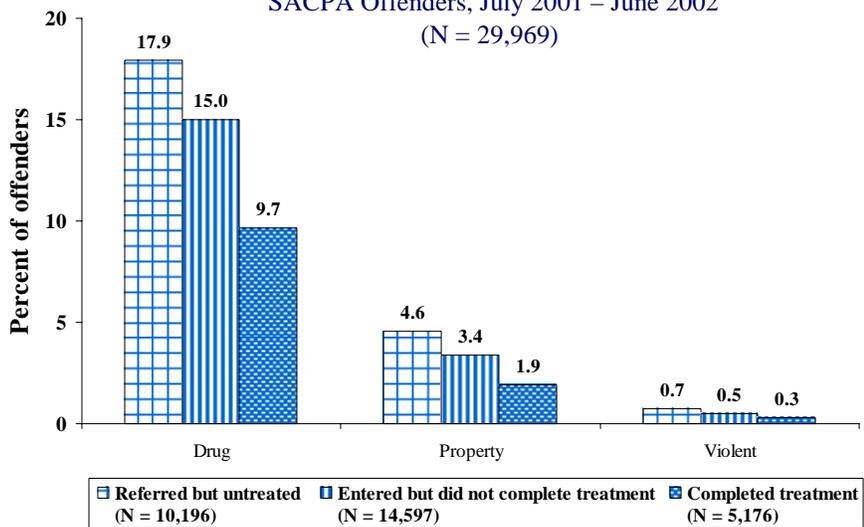


Figure E.11
New Felony Convictions
During 12 Months After Offense
 SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

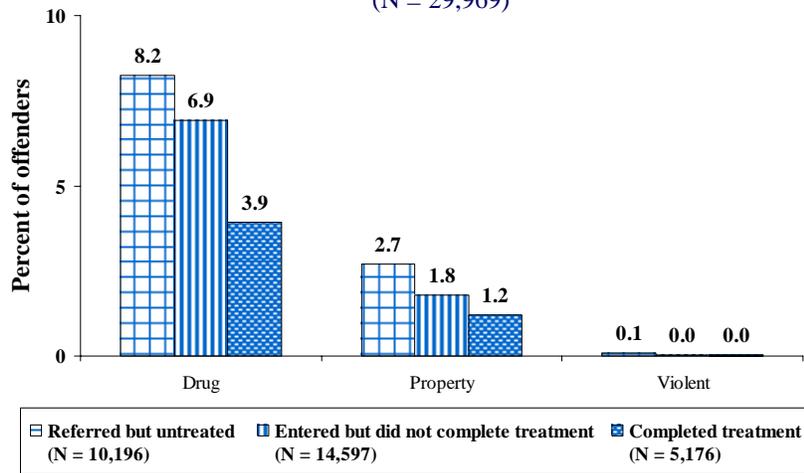


Figure E.12
New Misdemeanor Convictions
During 12 Months After Offense
 SACPA Offenders, July 2001 – June 2002
 (N = 29,969)

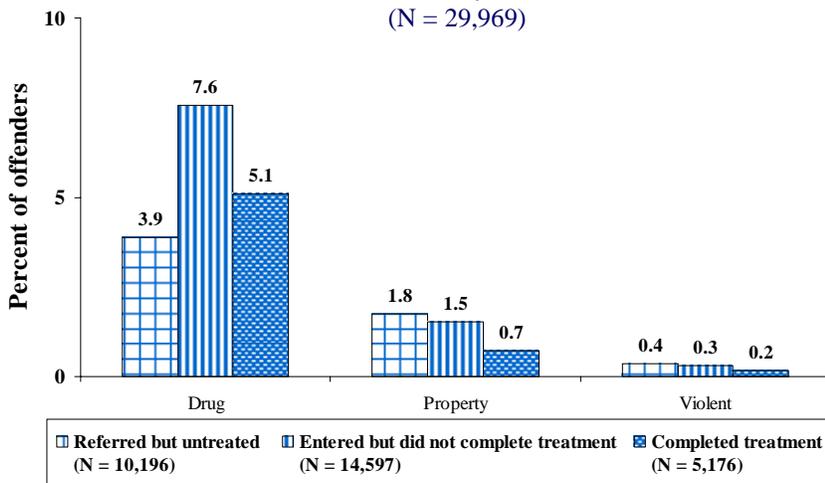
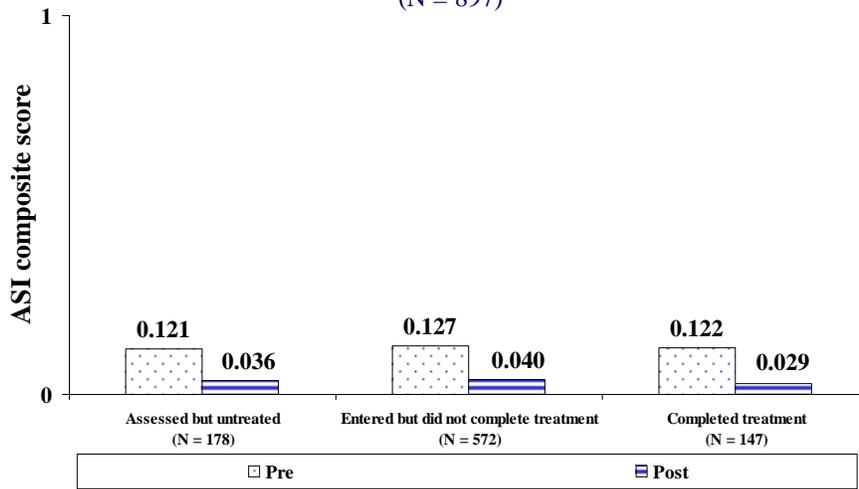
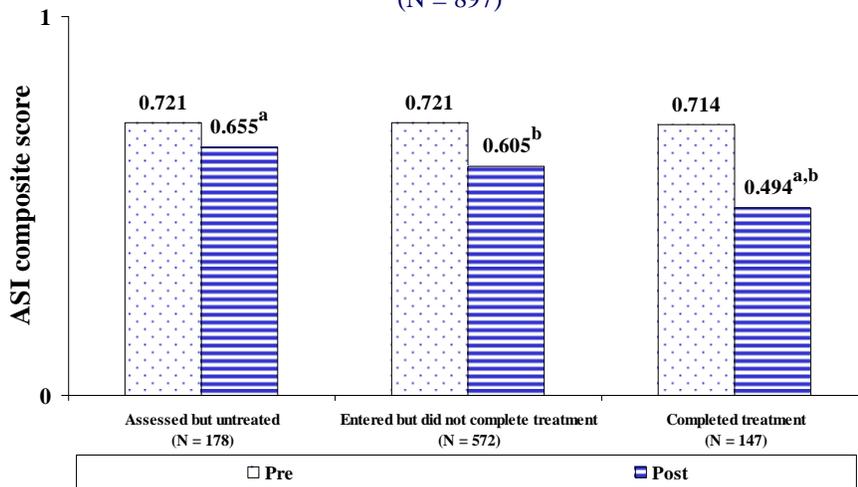


Figure E.13
Change in Drug Problem Severity
 SACPA Offender Survey
 (N = 897)



All pre-post differences are statistically significant, $p < .0001$.

Figure E.14
Change in Employment Problem Severity
 SACPA Offender Survey
 (N = 897)



^{a,b}Group differences are statistically significant, $p = .0007$. All pre-post differences are statistically significant, $p < .0001$.

UCLA added three covariates to adjust for possible contextual differences between the SACPA and pre-SACPA eras. The first covariate was the average monthly unemployment rate over each offender's 12-month follow-up period. UCLA used non-seasonally adjusted unemployment data (obtained from the California Employment Development Department) in order to capture precisely the level of unemployment during the months relevant for each offender. The other two covariates were the national volume of property crime and the national volume of violent crime during each offender's 12-month follow-up period. (Data were obtained from the FBI's Uniform Crime Reporting files housed at the University of Michigan. California's numbers were taken out of the national numbers.) The purpose of adjusting for unemployment was to account for economic conditions that might have affected re-offending differentially in the two eras (unemployment was higher in the SACPA era). Adjustment for crime volume was to account for other contextual conditions that might have affected re-offending differentially in the two eras (crime volume was higher in the SACPA era).

UCLA repeated the twofold adjustment for home county. The regression analysis adjusted for "clustering" of offenders within counties (home county was defined as the county of arrest). In addition, regression models included a covariate for the offender's home county (small counties were grouped when it was impossible to model their effects individually).

The composition of SACPA and pre-SACPA groups depended entirely on the nature of the offense leading to arrest. There was no self-selection into these groups. Accordingly, treatment effects modeling was not necessary.

Alternative outcomes

This section reports findings on alternative outcome measures including the number of new arrests and the percent of offenders convicted (instead of the percent arrested). Separate measures were created for drug offenses, property offenses, and violent offenses. Felonies and misdemeanors were counted separately and then combined.

Figures E.15 to E.23 show the number of new arrests among drug offenders in the pre-SACPA and SACPA groups. In accord with primary outcomes reported in Chapter 5, the figures show that the number of arrests was higher among SACPA-era offenders than among pre-SACPA offenders. Differences were smaller for property and violent arrests than for drug arrests.

Figures E.24 to E.26 show the percent of offenders with new convictions. On most measures, the percent of offenders with new convictions was quite low and roughly the same in each group. Drug convictions were slightly lower in the SACPA group.

Occurrence of a conviction depends on a series of discretionary decisions by prosecutors and judges (Blumstein and Cohen, 1979; Forst, 2002). Moreover, convictions are often missing from criminal justice records. (For SACPA and pre-SACPA offenders in this

Figure E.15
Number of New Drug Arrests
During 12 Months After Offense

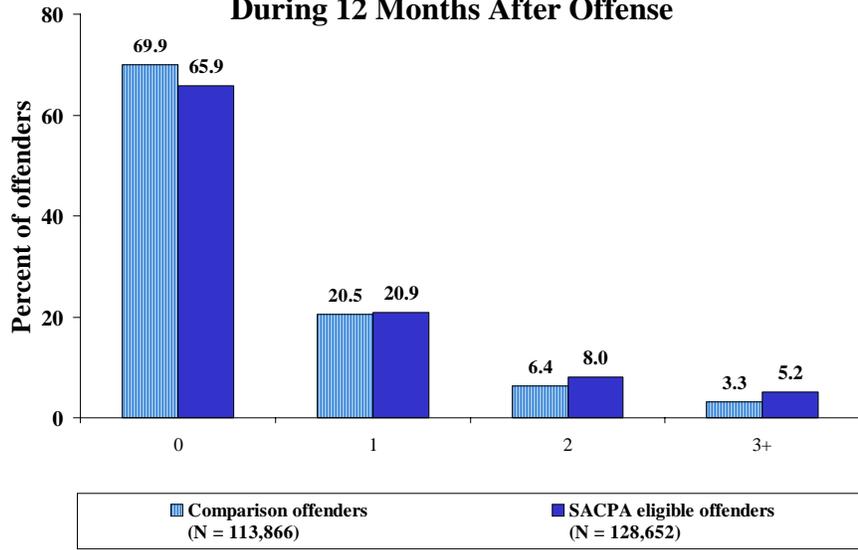


Figure E.16
Number of New Misdemeanor Drug Arrests
During 12 Months After Offense

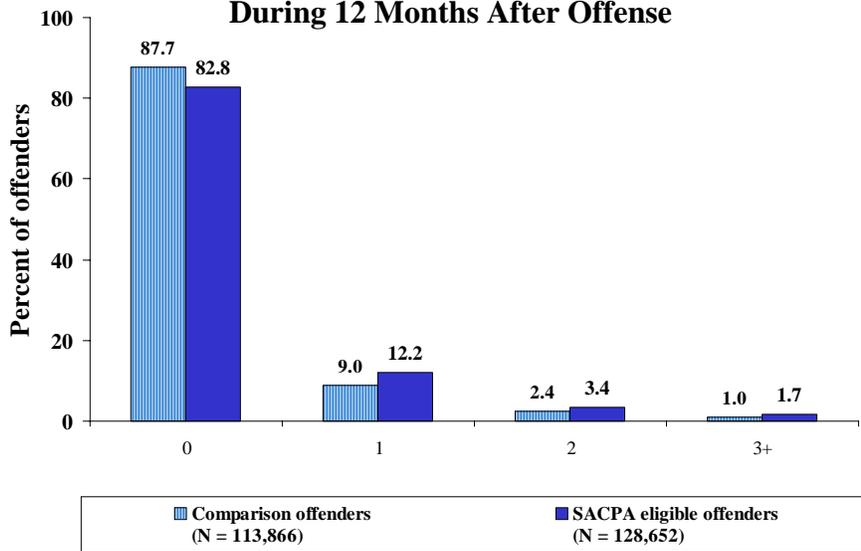


Figure E.17
Number of New Felony Drug Arrests
During 12 Months After Offense

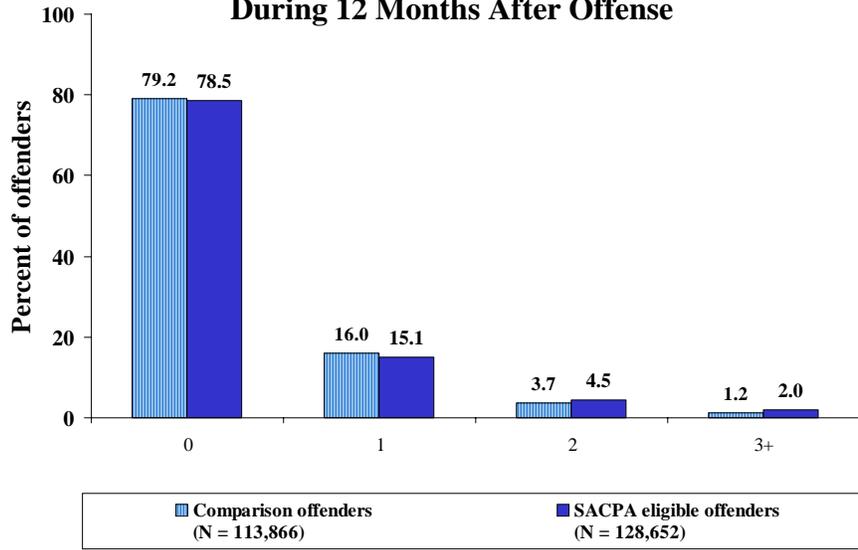


Figure E.18
Number of New Property Arrests
During 12 Months After Offense

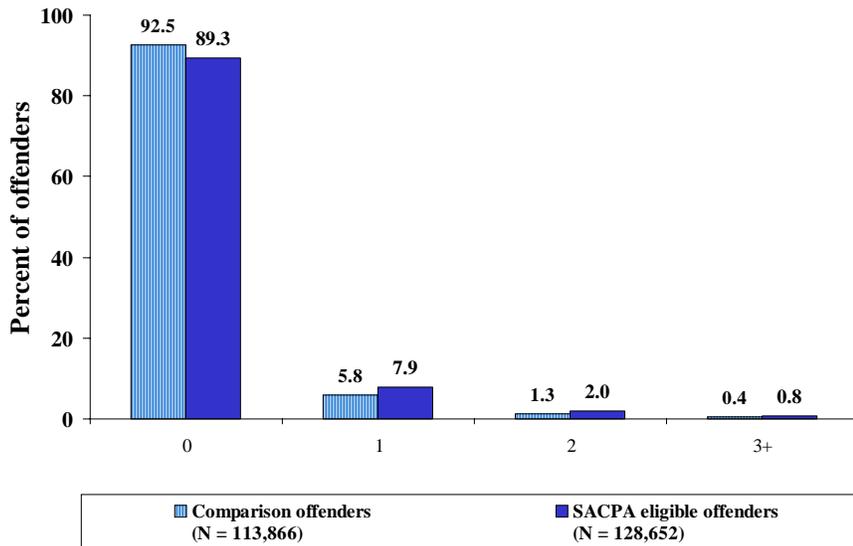


Figure E.19
Number of New Misdemeanor Property Arrests
During 12 Months After Offense

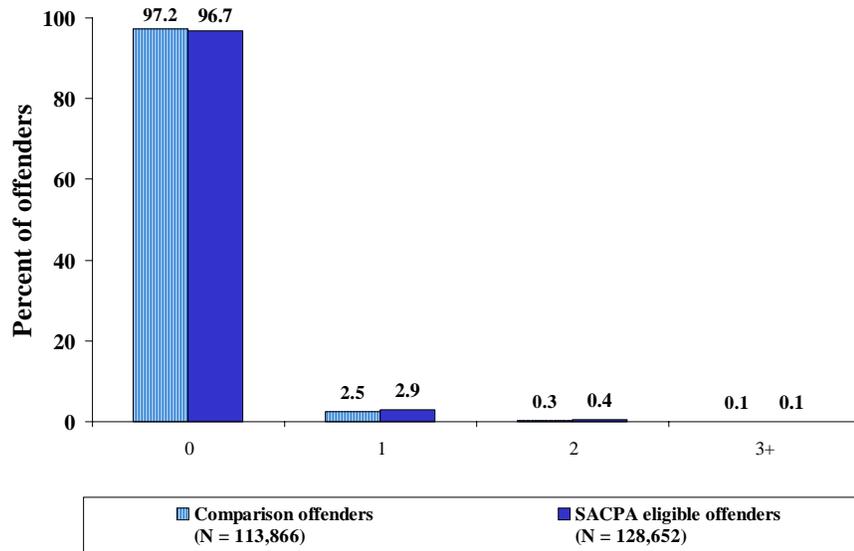


Figure E.20
Number of New Felony Property Arrests
During 12 Months After Offense

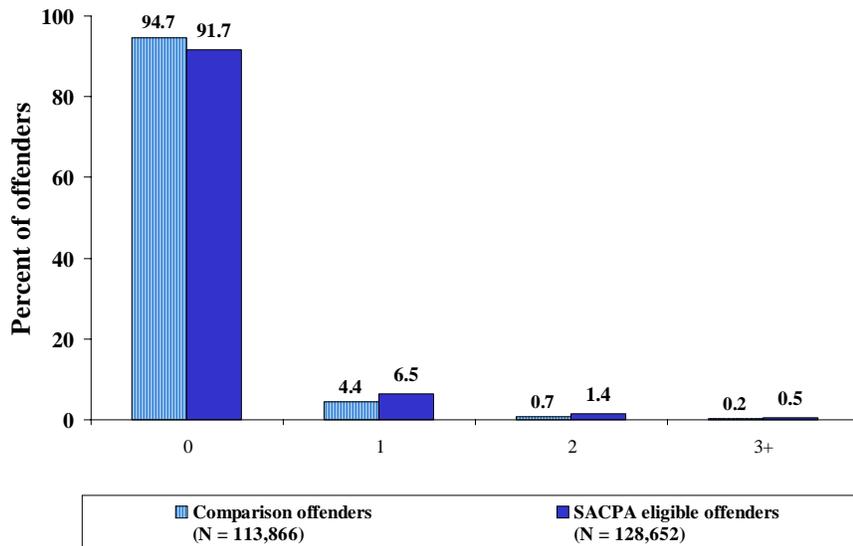


Figure E.21
Number of New Violent Arrests
During 12 Months After Offense

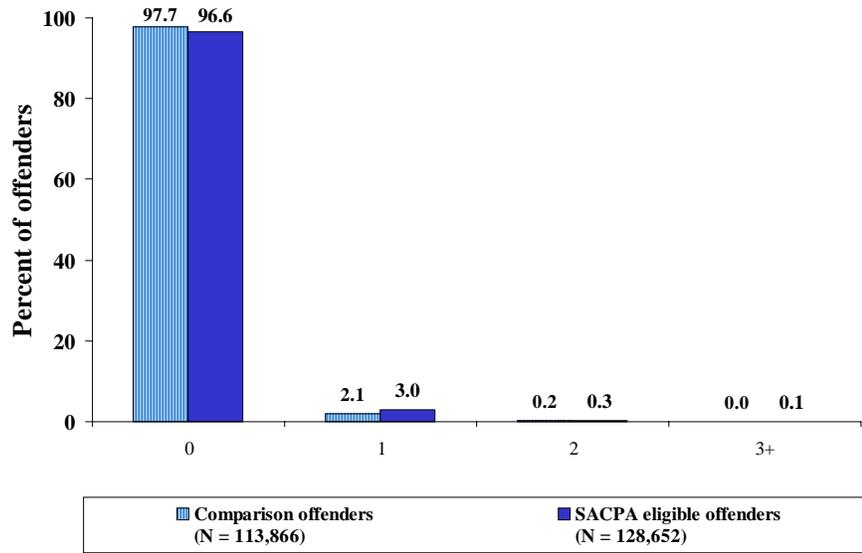


Figure E.22
Number of New Misdemeanor Violent Arrests
During 12 Months After Offense

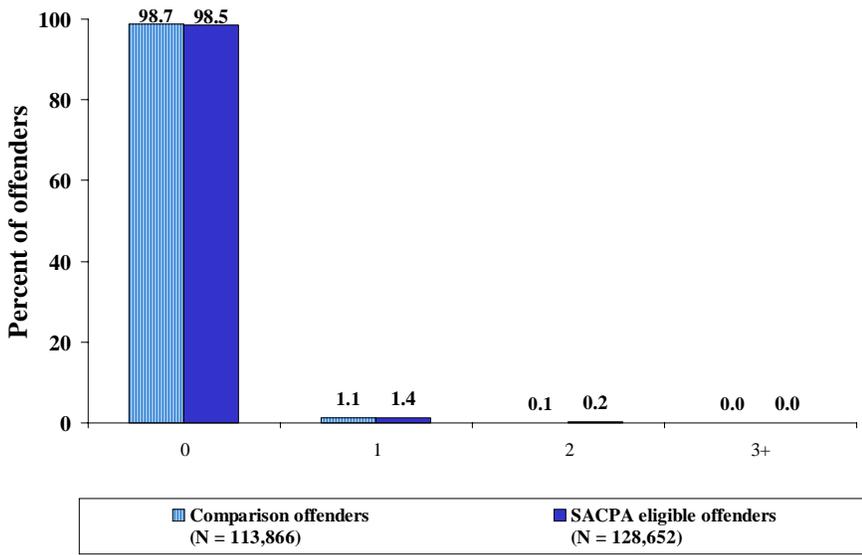


Figure E.23
Number of New Felony Violent Arrests
During 12 Months After Offense

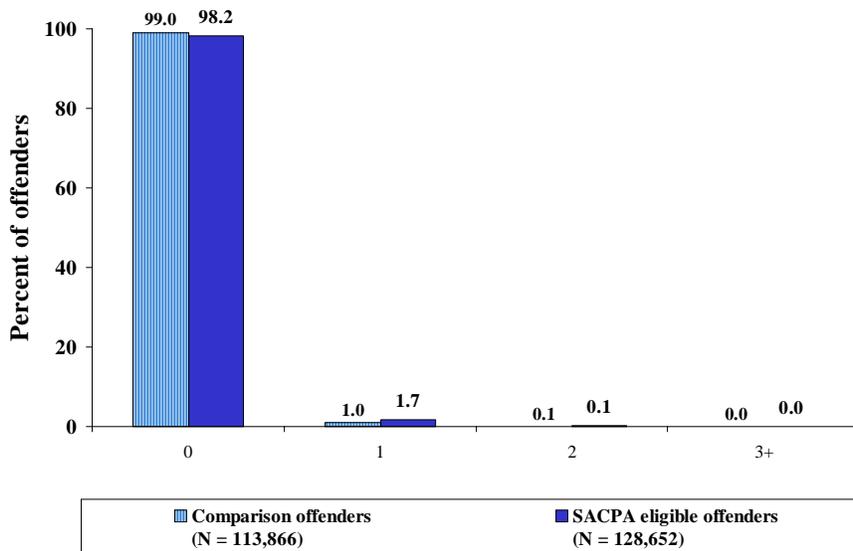


Figure E.24
New Convictions
During 12 Months After Offense

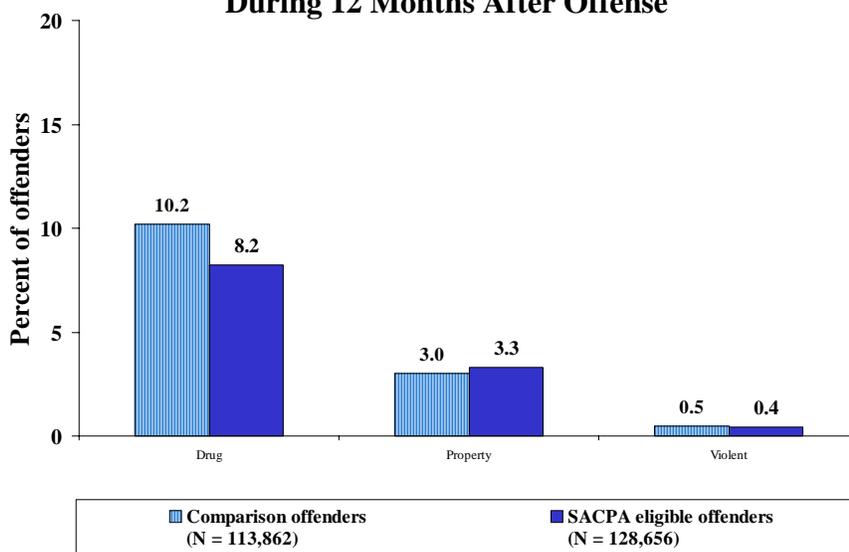


Figure E.25
New Felony Convictions
During 12 Months After Offense

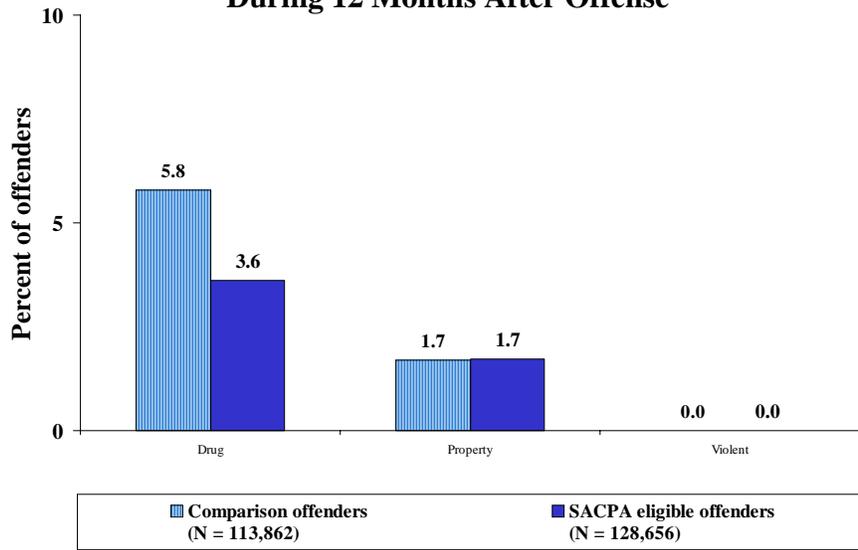
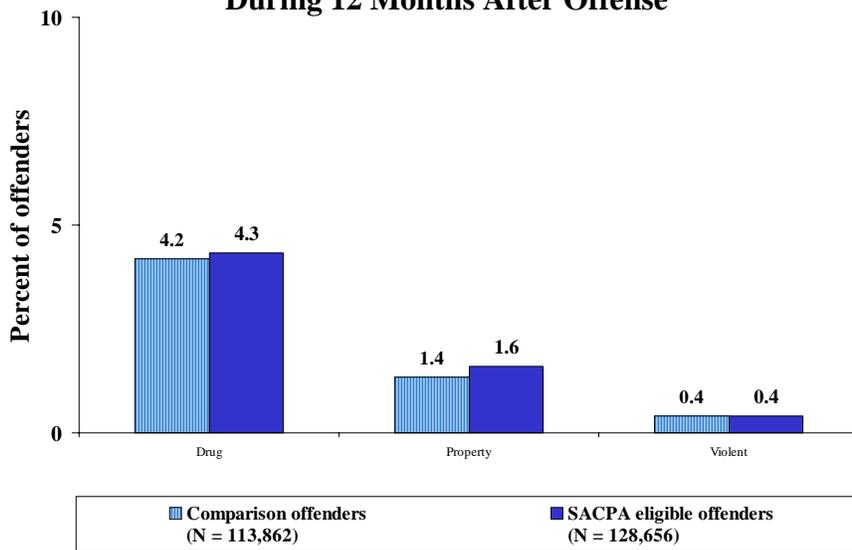


Figure E.26
New Misdemeanor Convictions
During 12 Months After Offense



analysis, dispositions were missing for 30% of arrests.) This may be one reason for low percents seen in the convictions data. For these reasons, new arrests, not new convictions, are the most appropriate indicator of re-offending. Arrests come “closer to the crime” than other data available in criminal justice records and are the indicator most commonly used by criminologists to measure re-offending (Maltz, 2001).

Comparison with Farabee study

It is useful to compare re-offending outcomes in the statewide analysis to a recent study by Farabee et al. (2004). That study found a higher percent of new drug arrests among clients referred to treatment by SACPA (31.1%) than among clients referred to treatment during the same time period by criminal justice sources other than SACPA (17.9%). The follow-up period was also 12 months.

In the statewide analysis, the percent with a new drug arrest among SACPA-era offenders (33.4%) was quite similar to the percent among SACPA treatment clients in Farabee et al. (31.1%). However, the pre-SACPA comparison group in the statewide analysis had a higher percent with a drug arrest (28.6%) than did Farabee’s group of non-SACPA clients (17.9%). This divergence may reflect an important difference between the two comparison groups. The pre-SACPA group was chosen on the basis of having been arrested for a drug offense that would have been SACPA eligible. Non-SACPA clients in Farabee’s analysis presumably had a drug problem serious enough to require treatment, but their pre-treatment offenses were a mix of drug and nondrug offenses. Hence their likelihood of being arrested for a new drug offense after treatment entry may have been lower to begin with. If so, Farabee’s comparison group was limited as a benchmark. The pre-SACPA group in the statewide analysis may provide a better point of comparison.

There are other differences between the statewide analysis and the Farabee study. Farabee was based on a sample of clients drawn from a sample of treatment programs in 13 of California’s 58 counties. The statewide analysis was based on the population of drug offenders with SACPA-eligible arrests, not a sample, and covered all 58 counties. In addition, clients in the Farabee study entered their treatment program during the first six months of the SACPA era. The statewide analysis covered the first full year of SACPA. Finally, Farabee’s was a study of treatment clients. The statewide analysis was broader in scope; recidivism was examined among offenders eligible for SACPA and those referred to SACPA as well those treated in SACPA.

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