

1996-97 Grand Jury

SUPERIOR COURT
JUROR VALIDATED # 33
PARKING DISCOUNT

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AD HOC COMMITTEE ON REHABILITATION

The Alameda County Grand Jury formed an Ad Hoc Committee to investigate the County's drug and alcohol programs to determine what is being done to provide treatment, job training and counseling, and to discover what coordination is occurring. The Grand Jury believed that substance abuse programs were putting a great financial burden on the county jails and welfare rolls, and that if adequate counseling on a systematic basis were given in the areas of drug abuse prevention, job training and general life skills, recidivism in penal institutions and the welfare rolls could be greatly reduced. The Grand Jury also believed that funds were being allocated for various programs, but without any comprehensive, coordinated strategy, which resulted in minimal success in reducing the overall substance abuse problems.

The Ad Hoc Committee obtained written information and interviewed many witnesses from the Alameda County Health Care Services Agency, including Highland Hospital and Behavioral Health Care Services, the Social Services Agency, the Probation Department, including Juvenile Hall, the Superior Court, including the Juvenile Court and all Municipal Courts, the Sheriff's Department, the County Superintendent of Schools, and several church and private community agencies working with people with substance abuse problems.

FINDINGS

- The County criminal justice and welfare systems spent more than \$104.5 million in 1996 on approximately 75,000 adults and juveniles with substance abuse problems. This amount includes General Assistance payments, court adjudication and incarceration, and probation supervision of those with substance abuse problems.
- County agencies propose to spend approximately \$23.1 million in 1997 to provide treatment and counseling to adults and juveniles with substance abuse problems, but very little of it will be specifically targeted at those who are a burden on the County

criminal justice or welfare systems. Approximately 80% of that amount will be devoted to adult treatment programs. Practically none of that amount will be devoted to job counseling and placement.

- Many of the Grand Jury witnesses agree that with systematic counseling, including initial treatment and counseling with individuals and their families, follow-up aftercare and job placement and support, recidivism would be greatly reduced. A significant number of people who now return to institutions would lead more productive lives.
- The Alameda County Sheriff's Department and the Probation Department provide counseling for inmates in the juvenile detention facilities and the jails, but it is sporadic at best, despite some estimates that up to 60% of inmates have substance abuse problems. Except for specific programs at Camp Sweeney and Camp R.E.A.D.Y. where treatment programs are mandatory, the substance abuse counseling consists of visits by volunteers from Alcoholics Anonymous and similar organizations, counseling by in-house personnel, and referral to outside agencies after release.
- In addition to the minimal counseling from institutions, follow-up after release and "continuing care" with involvement of family members, an important component of drug treatment programs, is even less in evidence. Without this aspect of treatment, drug abusers tend to return to their old environment and friends, and therefore to their old lifestyle.
- Juveniles on probation tend to experience frequent changes in their probation officers, especially when they commit a new offense, and insufficient contact with their probation officers, despite the need for mentoring and a continuity and more frequent consultation with a caring adult.

- There is no systematic referral system to diversion programs for juveniles who first become involved in the criminal justice system with minor offenses, because the mission of the probation department is to focus on only whether the juvenile is a risk to society or has committed a serious crime. The probation department role is not to provide services to juveniles with social and family problems. Thus, no real attention is paid to them until they become involved in more major offenses, by which time it is much more difficult to rehabilitate them. Experts in the field have stated that early prevention programs are the most effective.
- Although local schools are conducting many substance abuse education programs, the Alameda County schools are making few attempts at early recognition and follow-up with youth who may have substance abuse problems personally or in their homes. A preliminary survey of Alameda County student drug use in grades five through twelve done in 1992 showed that students had used the following drugs: 38% smoked cigarettes; 11% chewed tobacco; 63% drank alcohol; 20% used marijuana; 4% used crack or cocaine; 5% used uppers or downers; 6% used acid (LSD); and 1% used steroids. Despite these preliminary findings, only one-third of the school districts have completed the behavioral care survey on risk behaviors and use and abuse of substances that is mandated by Title IV A, Section 4115(b)(2)(b) of the Federal Improving American Schools Act and that will help school officials define the scope of the problem.
- There is no county-wide coordination of counseling and referral by schools, either among school districts or with other county agencies. The county-wide prevention plan on alcohol and drug services mandated by the California Health and Safety Code has not been developed or integrated with Local Improvement Plans developed by school districts to provide substance abuse services.
- In the social service system, identification of drug abusers is minimal and referral almost non-existent, despite estimates that as many as fifty to sixty percent of General

Assistance recipients have substance abuse problems. Only about four hundred of these people are referred to treatment programs each year. In addition, the Children and Family Services program refers over eleven hundred people who receive other assistance to substance abuse treatment programs per year. Although a more systematic approach for substance abuse identification and referral is planned under the recent welfare reforms for job counseling participants, the priority will be to assist those who do not have substance abuse problems find jobs.

- The County Board of Supervisors has adopted as the third priority of its values-based budgeting process, the identification and treatment of those with drug and alcohol problems. However, the discretionary funding available to meet that priority continues to be reduced, so that agencies continue to eliminate funding for substance abuse programs.
- There is no single agency with comprehensive responsibility for planning, evaluating and reporting on the total efforts and results of the many substance abuse programs operated by various agencies. There are many county agencies providing services or funding for substance abuse problems, including various agencies within the Health Care Agency, various programs within the Social Services Agency, the schools, several of the Courts, including the Juvenile Court and the Drug Courts, the Sheriff's Department, and the Probation Department.
- Despite the overlapping and related responsibilities and the many coordination efforts of various County agencies, effective, cost-saving coordination rarely exists between the criminal justice system, the health care system, the education system, and the social services system. There are at least a dozen "coordinating" committees with representatives from social services, the schools, probation, health care, and community-based organizations, but each committee coordinates just a portion of the services needed or just a portion of the population needing services.

- Effective coordination between County agencies does not exist. Reasons given for this situation are: (1) Categorical funding limitations from federal and state programs prohibit the County from providing services in any comprehensive way or in any way that is different from the state or federal requirements; (2) the County budget process inhibits cooperation and sharing because agency directors fear they will lose staff positions and control over programs if they share staff and program dollars; (3) coordinated programs are difficult to establish because position classifications in some agencies are inappropriate for the types of coordination needed, and the staff in those agencies are not qualified for the new types of jobs needed; and (4) each agency asserts different confidentiality criteria to prevent sharing information among relevant county agencies.
- Some County agencies (e.g., Behavioral Health, Social Services, Sheriff, Probation) have developed pilot projects with federal and other types of grant funds, but do not have methods of integrating the results and findings of those pilots into regular County programs. When the funding runs out, the pilot ends, even though it may have been successful.
- There are over one hundred community-based organizations (CBO's) receiving funding from federal, state, county and private sources to provide various types of drug and alcohol related treatment and counseling. Many of the CBO's receive funding from more than one County agency to provide services to anyone who needs them. Others received funding for only those referred by that agency. Still others received funding to treat only those with specific types of drug and alcohol problems.
- There is no method in the County to assist agencies in determining how much should be given to various CBO's in order to meet the greatest need or priority. County agencies do not share information with each other about the funding levels or priorities assigned to various providers.

- Many agencies, including the sheriff, the courts, probation, health care, the schools and social services refer people to the same outside community-based organization providers without coordination or prioritization. There is constant competition between referring agencies to find treatment spaces for their clients because there are not enough spaces to provide treatment for everyone who wants it. In addition, after people go through treatment and are ready for job counseling and placement assistance, there are even fewer resources available, leading to relapses.
- There is very little coordination and follow-up between drug and alcohol treatment providers and job counseling and placement services. Except for a few CBO's that provide comprehensive services, clients are referred to job counseling services, but rarely does anyone check to see if the services were provided successfully. Even when people have recovered and are ready to work, employees are hesitant to hire them, especially if they have criminal records.
- There is no central data base of all people who need substance abuse treatment and who have been or need to be referred to a particular type of service. Each agency keeps its own records and does not compare information with other agencies. Some of these agencies are prohibited by law or policy from sharing information. The sheriff, social services, and health care departments estimate that there is a forty-five percent (45%) overlap in the people they are trying to serve. However, when an inmate is released from Santa Rita jail after receiving treatment, there is no way to track that individual referred to social services and/or to health care for treatment. It also is impossible to compare individuals being treated by the Health Care Services Agency with those on General Assistance who need treatment.
- An InterAgency Children's Policy Group was recently established to coordinate services for juveniles, using pooled funds, decategorized funds, and integrated service delivery with shared accountability and governance. It is composed of representatives from the Board of Supervisors, the Health Care Services Agency, Behavioral Care, the

Social Services Agency, the Juvenile Court and Probation Department, and the Board of Education. However, their efforts appear to be hampered by the reluctance of member agencies to yield authority and to contribute funds. No similar coordinating body exists for adult offenders or persons on welfare.

RECOMMENDATION 97-27:

The costs and resources associated with the County budget related to drug and alcohol abuse should be identified by each County agency and be included in a separate County budget item in order to facilitate easy review. Each agency should include the portion of its costs directly caused by substance abuse problems and its resources allocated to resolve those problems.

RECOMMENDATION 97-28:

The County should coordinate all counseling and treatment programs. A group similar to the InterAgency Children's Policy Council (ICPC) should be established to merge funding and provide services to adults and families with substance abuse problems. This group should have responsibility for planning and prioritizing programs and should be given authority to creatively use funds and staff from various agencies to provide an integrated service approach. Where such flexibility is not available, the County should make a priority of seeking appropriate legal and legislative permission to merge funds to achieve the goals established by the Policy Council. This group should be headed by someone who is not connected with any of the participating agencies and who has authority to require staff participation and contributions from all necessary County agencies.

RECOMMENDATION 97-29:

Substance abuse prevention treatment, job training and general counseling should be part of all penal institutions and social services. Early prevention is the key to future success.

RECOMMENDATION 97-30:

Juveniles who are identified as having substance abuse problems when they first enter the criminal system with minor offenses should be referred to diversion programs as soon as possible.

RECOMMENDATION 97-31:

Funding to Community Based Organizations (CBO's) from all County agencies should be coordinated and provided based on the needs and priorities developed by the Policy Council recommended above. Volunteers from Alcoholics Anonymous and similar organizations should be used as much as possible, as part of the comprehensive resource strategy.

RECOMMENDATION 97-32:

A common data base should be developed that permits County managers to determine the number of people with substance abuse problems in every county program and agency, the types of costs incurred by the county for those problems, and the types of services provided by all County agencies and contractors for those with substance abuse problems. Until this type of reporting is possible, the County will not be able to identify, prioritize and track people who need assistance and who are costing the County the most in incarceration and welfare, and will not be able

to provide adequate follow-up care or to find out whether the programs are efficient and successful in reducing repeat offenders and relapses. Confidentiality protections should be revised to protect people from public exposure while allowing Alameda County to gather information from each of its agencies and contractors.

RECOMMENDATION 97-33:

The County should increase job counseling and placement and job support as part of substance abuse rehabilitation. Specific job-related services must be incorporated in the long-term treatment plans.

RECOMMENDATION 97-34:

Local school districts should complete the mandated behavioral surveys to identify the scope of the substance abuse problems and incorporate those findings into their Local Improvement Plans.

RECOMMENDATION 97-35:

The Health Care Services Agency and the Board of Education should develop the mandated county-wide prevention plan on alcohol and drug services and should integrate that plan with other efforts by County agencies and school districts to improve early detection, intervention and follow-up with youth with substance abuse problems before they become involved in the criminal justice system.

RECOMMENDATION 97-36:

County agencies should be required to report the findings and results of pilot projects to the above-recommended Policy Council and to recommend methods for integrating the results of these pilot programs into County programs.

RECOMMENDATION 97-37:

The Grand Jury recommends that the money to fund the above-recommended programs be found through reallocation of existing funds and/or federal, state and foundation grants.

SUMMARY

In summary, the Grand Jury recommends that the County should support the values-based budget priority of treating those with alcohol and drug abuse problems, but should put a priority on reducing the cost to the criminal justice and welfare system from those with substance abuse problems. Much greater emphasis should be placed on rehabilitating offenders, both juvenile and adult, while institutionalized so that they are prepared to lead productive lives and minimize the chance of returning to penal institutions. Much greater emphasis should be placed on treating drug abusers on various welfare programs so that they have a better chance to compete in the job market and can get off welfare. Increased emphasis should be placed on early detection and follow-up of youth with substance abuse related problems to avoid future incarceration and other sanctions, and welfare costs. In accomplishing these goals, there will be considerable savings to the County down the road in costs of incarceration and welfare.

RESPONSES REQUIRED:

<i>Board of Supervisors</i>	<i>Recommendations 97-27 through 97-37</i>
<i>County Administrator</i>	<i>Recommendations 97-27 through 97-37</i>
<i>Health Care Services</i>	<i>Recommendations 97-27 through 97-33 and Recommendations 97-35 through 97-37</i>
<i>Behavioral Health Care</i>	<i>Recommendations 97-27 through 97-33 and Recommendations 97-35 through 97-37</i>
<i>Social Services Agency</i>	<i>Recommendations 97-27, 28, 29, 31, 32, 33, 36 and 37</i>

<i>Probation Department</i>	<i>Recommendations 97- 27 through 97-33 and Recommendations 97-35 through 97-37</i>
<i>Sheriff's Department</i>	<i>Recommendations 97-27, 28, 29, 31, 32, 33, 36 and 37</i>
<i>Alameda Co. Schools</i>	<i>Recommendations 97-27, 28, 31, 32 and Recommendations 97-34 through 97-37 .</i>
<i>Juvenile Courts</i>	<i>Recommendations 97-27, 28, 30, 31, 32, 35 and 36</i>
<i>Drug Courts</i>	<i>Recommendations 97-27, 28, 32, 33, 36 and 37</i>

APPENDIX TO AD HOC COMMITTEE REPORT

A. TOTAL COSTS OF APPROXIMATELY \$104.5 MILLION FOR COURTS, JAILS, PROBATION AND WELFARE ARE BASED ON THE FOLLOWING INFORMATION:

COURTS - \$16.2 MILLION - 17,900 PEOPLE

There are two special drug courts in the County that concentrate on diversion and treatment of those charged with drug-related felonies. In addition, court administrators estimate that approximately 50% of all other felony cases either include drug charges or are related to drug and alcohol abuse. For example, 80% of property crimes, such as burglary, strong arm robbery and theft are believed to be related to drug problems, and most domestic violence cases are alcohol-related. The Juvenile Court reports that approximately 70% of delinquency cases involve substance abuse. Finally, there were approximately 6,000 driving-under-the-influence (DUI) type cases processed in 1996.

The cost of drug courts was provided by the courts and included the judges, bailiffs, clerks, district attorneys, public defenders, and drug court coordinators. Probation officers, court officers and drug testing service costs provided by the probation department are reported separately. A June 1990 Alameda County consultant study estimated a cost of approximately \$1100 to process each DUI case. A November 1991 Los Angeles County Superior Court study estimated a cost of approximately \$1500 to process each felony case filed and approximately \$500 to process each delinquency case filed, including judges and court staff, district attorney, public defender, sheriff, and probation costs. The Grand Jury applied those somewhat out-of-date estimates for these costs because there were no more current ones available. The estimated cost for processing drug and alcohol related cases in 1996 are as follows:

Drug Courts	\$1.3 million	2,500 people
Juvenile Court	\$1.4 million	2,800 people
Other drug-related felony cases	\$6.9 million	4,600 people
DUI type cases	<u>\$6.6 million</u>	<u>6,000 people</u>
Total	\$16.2 million	17,900 people

SHERIFF'S DEPARTMENT - \$54.8 MILLION - 41,250 INMATES

According to testimony from Sheriff's Department officials, approximately 55,000 inmates were booked into County jails last year for an average stay of 35 days. The annual cost to house and supervise inmates is approximately \$14,000 per year or \$38 per day. Sheriff's officials estimate that approximately 75% of all inmates in County jails have substance abuse problems. Thus, the annual cost to incarcerate an estimated 41,250 inmates with substance abuse problems is approximately \$54.8 million.

PROBATION DEPARTMENT - \$19.7 MILLION - 10,650 PEOPLE

Juvenile \$16.9 million - 5,700 youths: The Juvenile Justice Local Action Plan states that approximately 15% of all juveniles referred to probation have substance abuse problems. A preliminary study at Juvenile Hall in 1996 showed that approximately 60% of the residents tested positive for drugs and over 80% had used drugs in the past 30 days. These numbers are used to calculate costs.

Incarceration at Juvenile Hall and Camps (60%)	\$10.8 million	3,800 youths
Probation and supervision (15%)	<u>\$ 6.1 million</u>	<u>1,900 youths</u>
Total Juvenile Costs	\$16.9 million	5,700 youths

Adult Probation \$2.8 million - 4,950 people: The Probation Department report to the Grand Jury states that there were approximately 13,000 cases assigned to general supervision in 1996, costing approximately \$4.3 million. Approximately 43% of those cases (5,600) are banked cases, requiring minimal supervision. Approximately 48% of the actively supervised cases are assigned to special drug and alcohol probation programs (including those supervised by the two Oakland drug courts). A preliminary analysis of the probation population in 1989 indicated that approximately 80% had substance abuse problems, so approximately 32% of the remaining probationers are estimated to have substance abuse problems. The total estimated cost for supervision of all probation cases with substance abuse problems are calculated as follows:

Actively supervised cases assigned to special programs	\$2.1 million	3,800 people
32% of the rest of the actively supervised cases	<u>\$0.7 million</u>	<u>1,150 people</u>
Total adult costs	\$2.8 million	4,950 people

SOCIAL SERVICES - \$13.8 MILLION - 6,000 PEOPLE:

The Budget Report estimates 30% to 50% of GA recipients have substance abuse problems. Testimony of Social Services representatives indicated that these may be conservative numbers. So, the Grand Jury is using 50% to calculate costs.

50% of 1996 GA clients = approx. 6,000 people (reduced to 4,500 in 1997)

50% of 1996 GA payments =	\$11.5 million
+ 50% of GA eligibility costs =	<u>\$ 2.3 million</u>
Total GA costs	\$13.8 million

OTHER UNQUANTIFIED COSTS

Many adults in the drug courts and jails have children who must be processed through the juvenile courts and are placed by social services into foster care, so many juvenile dependency cases are related to drug and alcohol abuse.

There are significant costs in both time and money for local police agencies who arrest, process and detain people charged with substance abuse related crimes.

There are unknown general hospital and clinical health care costs arising from people who have poor health associated with substance abuse problems.

B. TOTAL RESOURCES OF APPROXIMATELY \$23.8 MILLION ALLOCATED TO TREATMENT AND PREVENTION OF SUBSTANCE ABUSE ARE BASED ON THE FOLLOWING INFORMATION:

Behavioral Health Care Agency - \$18.6 million

Grants to community organizations to provide treatment (78% to adults; 8% to youth prevention programs; 14% to women and children)

Medical Center - \$1.3 million (reduced to \$0.65 million in 1997)

Substance abuse program targeting woman and children reduced by one-half due to end of grant program and elimination of SSI eligibility for substance abuse disabilities.

County Schools - \$0.8 million (several large districts did not report amounts)

Prevention and education programs in local schools

Social Services Agency - \$1.9 million

CHASS and GAADS program costs \$1.6 million

Children & Family Services substance abuse programs \$0.3 million

Sheriff's Department - \$1.2 million

Inmate services personnel and inmate funds are devoted to a variety of rehabilitation programs for inmates while they are in custody.