

Proposition 36

(Substance Abuse & Crime Prevention Act of 2000)

Funding

1. **Prop. 36 is a successful public health intervention:** Prop. 36 has successfully intervened in the lives of tens of thousands of Californians. According to UCLA, the program's success rate compares favorably with other forms of drug abuse treatment. Californians entering treatment voluntarily have an average completion rate of 30%; the Prop. 36 completion rate is 34%, and the non-Prop.-36 criminal justice completion rate is 36%. This is on par with compliance rates for treatments for other chronic relapsing conditions, such as diabetes and hypertension.
2. **Proposition 36 has saved California well over \$200 Million.** UCLA estimates a savings of \$2.50 for every \$1 invested in Proposition 36. According to a UCLA cost-benefit study \$173 million was saved in the first year. By other estimates, between \$800 million and \$1.3 billion has been saved over 5 years.
3. **Prop. 36 funding cuts threaten quality of treatment:** The governor proposes flat funding of \$120 million for treatment of Prop. 36, \$25 million less than was approved by the Legislature for FY 2006-07, and \$90 million less than is necessary, according to a 2005 survey of county treatment administrators. Insufficient funding forces counties to limit the treatment options available to Prop. 36 participants and to shorten treatment duration. This is almost certain to lead to worsening outcomes for Prop. 36 as a whole. By not providing adequate treatment, we are setting up participants to fail. This also leads to decreased taxpayer savings.
4. **County-matching requirements are a hidden cut:** Fund-matching plans partially shift state obligations (61% voter mandate) to counties without new income streams. Counties will be required to make a 1:9 hard (cash) match to receive any funds at all for the state-mandated drug treatment program. In counties that will not or cannot match funds, there will be no Prop. 36 funding at all. In addition to threatening a mandated treatment provision, this invites new litigation by counties and/or drug offenders who do not get treatment.

CSAM Recommends:

1. **The governor should increase funding to the level proposed by treatment specialists (\$209M),** Even continued flat funding of \$120M would be preferable to a *de facto* cut via "county matching."
2. **Limit county match:** The governor should not make all Prop. 36 funding require a county-match. Matching, if done at all, should be constructed as an incentive *above* the base of \$120M established in 2000.
3. **Changes to Proposition 36 to improve its effectiveness (see attached recommendations):**
 - a. Increase access to opiate agonist treatment;
 - b. Iron out funding anomalies between the DMH and DADP to make psychiatric assessment and prescription medication available and reimbursable;
 - c. Hire case outreach workers to increase retention;
 - d. Highly recidivistic "high utilizers" are expensive for both the criminal justice system and the treatment system. Carefully selected chronic recidivists should be managed by Drug Courts, who have more adjunctive services than regular courts.
 - e. No jail sanctions. These are unproven and violate the spirit of "Treatment rather than incarceration."
 - f. The parole system should pay for post-incarceration treatment out of criminal justice CDC funds;
 - g. Include randomized drug testing as a routine part of treatment;
 - h. Develop a shared core dataset to be used by all counties.