

CALIFORNIA DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS



ANALYTICAL REPORT ON PREVENTION, TREATMENT, AND DRIVING-UNDER-THE- INFLUENCE ACTIVITIES

USING THE
STATE FISCAL YEAR 2004-05 CALIFORNIA
ALCOHOL AND DRUG DATA SYSTEM DATA

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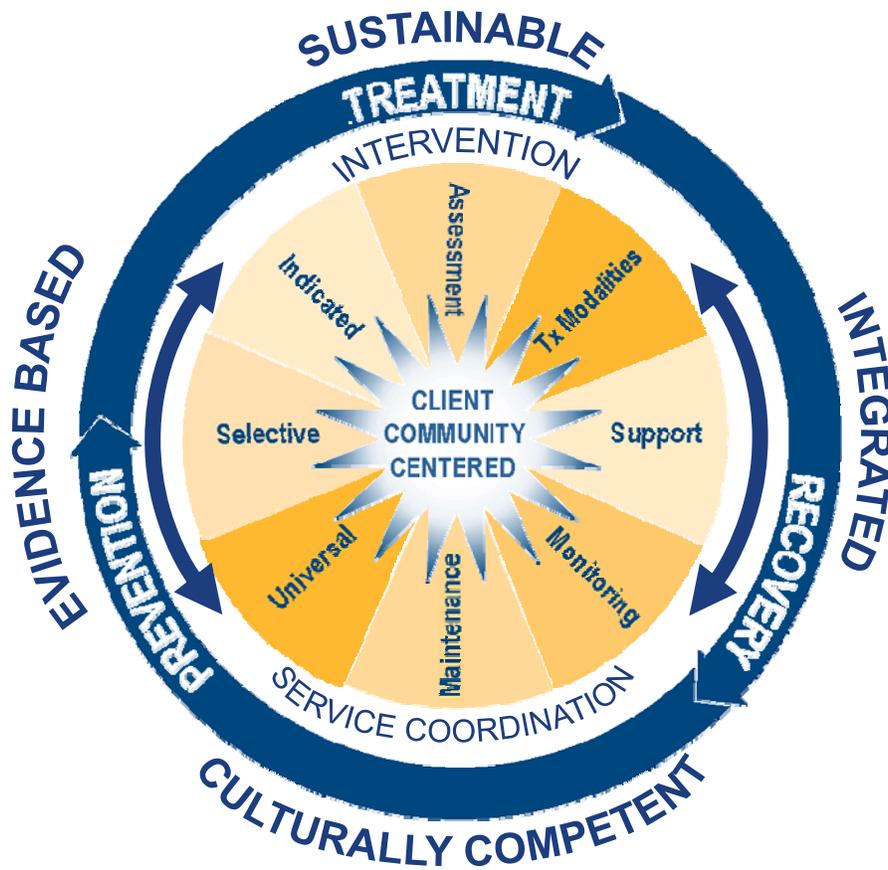


Mission —

To lead efforts to reduce alcoholism, drug addiction, and problem gambling in California by developing, administering, and supporting prevention, treatment, and recovery programs.

Vision —

To have Californians understand that alcoholism, drug addiction, and problem gambling are chronic conditions that can be successfully prevented and treated.



CONCEPTUAL FRAMEWORK FOR RE-ENGINEERING

Based on the gaps and needs identified by the Continuum of Services System Re-Engineering (COSSR) Task Force and the adoption of the Institute of Medicine (IOM) chronic care model, the Department of Alcohol and Drug Programs (ADP) developed the California Continuum of AOD Services system model. The continuum model reflects the COSSR Task Force members’ recommendation that intervention must occur at all levels in the continuum and that coordination of services is necessary. Coordination of services within the AOD services model and with other service providers is a critical component. This model also acknowledges that recovery services are a necessary and critical component of the AOD system of services in California

Re-engineering the AOD system of services is based on a chronic illness model rather than the current acute illness-based, fragmented, and deficient system of health care. To build a continuum model all parts of the system, including self-care, prevention, intervention and recovery support, and management strategies, are complementary and necessary; wherever the entry point occurs, the continuity of care must be prioritized and supported.

INTRODUCTION

The California Department of Alcohol and Drug Programs (ADP) provides leadership and policy coordination for the planning, development, implementation, and evaluation of a comprehensive statewide system of alcohol and other drug (AOD) prevention, treatment, and recovery services. ADP manages and administers both state and federal monies, including the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant as a major funding source.

ADP has been charged with the task of facilitating collaboration with California's 58 counties, other state-level departments, local public and private agencies, service providers, advocacy groups, and California citizens to establish standards for a statewide AOD service delivery system that supports Californians seeking AOD services.

Pursuant to California Health and Safety Code Section 11755(o) (1) and (2), ADP shall develop and maintain a centralized AOD indicator data collection system that shall gather and obtain information on the status of AOD abuse problems in the State of California.

This report provides a summary of the analytical data developed and maintained by ADP in support of its statewide prevention, treatment, and driving-under-the-influence (DUI) programs' intent to gather and obtain information on the status of the AOD abuse problems in California.

Two of ADP's Core Programs are Prevention and Treatment. ADP strives toward four main outcomes for these core programs:

- Abstinence from AOD use.
- Reduction of illicit drug use and high-risk alcohol use by Californians.
- Accessible, available treatment and recovery services for all Californians in need of treatment.
- Improvement in the core life domains of AOD clients.

EXECUTIVE SUMMARY

The California Department of Alcohol and Drug Programs (ADP) is the State's single state agency responsible for the provision, coordination, regulation, and financial accountability of the statewide network of alcohol and other drug (AOD) abuse prevention, intervention, and treatment and recovery services. To measure and improve services, ADP collects and maintains data and information that tracks statewide AOD prevention services. This information is collected at the provider level through the Prevention Activities Data System (PADS) and AOD treatment services at the individual level through the California Alcohol and Drug Data System (CADDs). In addition, ADP monitors the provision of Driving-Under-the-Influence (DUI) program services in support of the California Department of Motor Vehicles' (DMV's) program.

This report summarizes the analytical data from these systems during the State Fiscal Year (FY) 2004-05.

Alcohol and Other Drug Prevention Programs

PADS includes service data from all 58 counties and their providers funded to develop and deliver prevention services. This report summarizes information related to the six types of services delivered: (1) information dissemination, (2) education, (3) alternative activities, (4) problem identification and referral, (5) community-based process, and (6) environmental strategies.

- Information dissemination and education are the two most frequently used service strategies by California prevention services providers.
- The population characteristics of individuals involved in prevention closely parallel the overall state demographic profile. Approximately 35 percent are Hispanic, another third are White, non-Hispanic, 12.8 percent are of African-American descent, and 11.7 percent identify themselves as Asian/Pacific Islander.
- Nearly 50 percent of services are provided to adolescents between the ages of 13 and 15 – a period of increased risk for young people. This is the age range in which AOD use begins to increase rapidly, and in which early intervention should begin.
- Providers have made a concerted effort to reach high-risk populations (e.g., delinquent/ violent youths and children of AOD abusers). Students across all grade levels were the second most frequently addressed population, regardless of specific risk level.
- Environmental approaches were used by 28.2 percent of the providers contributing data to PADS. The primary problem targeted through environmental strategies was youth access to alcohol, followed by public inebriation.

- Overall, the top four problems focused on environmental strategies all involved excessive alcohol consumption. Correspondingly, alcohol outlets were the primary target environments for these strategies.
- Environmental approaches tended to involve the development of local ordinances, mobilization of the community, and social/commercial host trainings.
- Education services account for the largest percentage of expenditures. Nearly 40 percent of prevention dollars support Education services. Information Dissemination, while used by over 75 percent of the providers, accounts for just 10 percent of the overall prevention expenditures. This reflects the relatively lower cost per unit of service in this prevention strategy.

Alcohol and Other Drug Treatment Programs

ADP currently maintains a comprehensive database management system that tracks statewide treatment services at the individual level. CADDs includes detailed client characteristics and demographic and limited outcomes data collected from all individuals admitted to publicly-funded provider facilities in all 58 counties. CADDs is the data source for the reported statistics.

Admission Statistics

The data for FY 2004-05 show the following:

- More than one-half (64 percent) of all clients admitted to treatment were male.
- Caucasians and Hispanics reporting as “White” accounted for one-half of admissions, while one in three (32 percent) reported as Hispanic.
- Roughly three-quarters (75 percent) of admissions were for individuals between 18 and 45 years of age.
- Overall, three out of four clients were unemployed at admission to AOD treatment.
- Forty-three percent of treatment clients had not completed high school.
- More than one-half of clients had criminal justice involvement.
- Clients whose primary drug of abuse was methamphetamine accounted for 34 percent of all treatment admissions, with nearly one-half of these clients indicated that smoking was the way they administered the drug.
- About one-half of the treatment population used drugs daily.
- The highest percentage of treatment clients reported the age of first use between 14 and 15 years (17.3%).
- Three of four treatment clients were served in nonresidential-outpatient treatment settings.

Discharge Statistics

The data for FY 2004-05 indicated the following:

- Of all discharges from treatment, one-third was “successful completion of program goals”.
- A slightly higher percentage of men (35 percent) successfully completed treatment compared to women (33 percent).
- Among the races, Whites (37 percent) have the highest completion rate; this is followed by Asians (35 percent), Pacific Islanders (34 percent), American Indian and Alaskan Natives (34 percent), and African Americans (33 percent). Of the clients who stated Hispanic as their ethnicity, 30 percent completed treatment successfully.
- More than half of the total treatment population stayed in treatment more than 30 days.
- Twenty-one percent of our treatment population was employed, either part-time or full-time, at both admission and discharge.

Driving Under the Influence Program

ADP is statutorily responsible for establishing program and licensing requirements from providers of services to individuals who are either required to attend a DUI program by the court or who attend a program to establish eligibility to reinstate their driving privileges. ADP is also mandated to provide DMV with a listing of eligible licensed service providers as well as to inform DMV of any change in license status or other pertinent information concerning licensees. This report incorporates data provided by the DMV and the California Highway Patrol (CHP) for FY 2004-05.

The data from DMV and CHP indicate that:

- Eighty seven percent of first-time offenders in three-month program, completed successfully.
- First-time offenders in the mandatory three-month program completed at a higher rate (87 percent) compared to those in the six-month program (83.5 percent) and in the nine-month program (57.2 percent).

PREVENTION DATA FY 2004-05

Annual PADS Report

ADP developed and maintained a comprehensive database management system that tracks statewide prevention services at the provider level up to July 2006. PADS included service data from all 58 counties and their providers funded to develop and deliver prevention services. PADS annual reports are located on the ADP website at <http://www.adp.ca.gov/PADS/reports.shtml>. PADS provided county information at three levels (state, county, and provider).

- First, data that indicates the types of services delivered.
- Second, the number of persons served (e.g., an individual in a group session, an individual mentoring session).
- Third, the characteristics of persons served, including demographics and ages.

This report summarizes information within each of these areas for the FY 2004-05 reporting period. The report is organized into the following sections: (1) a description of the reporting format of PADS, (2) a summary of the prevalence of different categories of prevention strategy employed by providers funded through ADP, and (3) the characteristics of persons served.

The PADS Data Format

PADS was developed to support accountability reporting within the California prevention system, and particularly with respect to programs funded with the prevention portion of the SAPT block grant. Accordingly, the data collection form is organized by the six broad prevention strategies currently designated for accountability reporting by the Center for Substance Abuse Prevention (CSAP). They are:

1. Information Dissemination--including activities and services such as conferences, fairs, materials development and dissemination, speaking engagements, and public service announcements.
2. Education--including activities and services such as classroom education programs, mentoring, Friday Night Live (FNL), peer leadership programs, and small group sessions.
3. Alternative Activities--including activities and services such as recreational activities, alcohol, tobacco, and other drug (ATOD)-free social events, and community drop-in center activities.
4. Problem Identification and Referral--including activities and services such as employee or student assistance programs, prevention screening, and alternative to violence programs.

5. Community-based Process--including activities and services such as training and technical assistance, community needs assessment, community team activities, and community planning services that will develop strategic plans.
6. Environmental--including policy action documentation, community networking, and data collection presentation. (Note: As a public policy approach, this does not focus on individual data.)

Local providers are responsible for documenting their events/activities/programs by these six strategies. These six strategies serve as the framework for tracking the allocation of funds. In FY 2004-05 a total of 353 providers within the 58 counties reported PADS data.

This comprehensive reporting system provides a strong overview of prevention activities in California. However, there are important caveats to the PADS data presented in the following pages.

- While some of the data reported in this report is based on actual counts of services and participants compiled by providers, some of the data are provider estimates. This is particularly true for services in which it is not feasible to count each individual participant. For example, numbers of persons served through Information Dissemination activities are typically estimated.
- Second, the data are not unique counts of individuals. For example, the same individual may be counted across multiple service areas (e.g., attends information workshops and also participates in an after-school alternative program).

As a whole, the data does provide a useful summary of the allocation of prevention services by strategy, the utilization of these services statewide, and the characteristics of participants. The following analysis builds on the PADS annual data report. Citations to the data are provided for each of the tables introduced in this report.

Major Types of Prevention Services by Strategy Area

Table 1 presents a summary of the major types of strategies used by the 353 providers reporting PADS data in FY 2004-05. Providers made use of all six strategy/service areas, but there were substantial differences in the number of providers who used different strategies. Counties determine which strategies they want a provider to use to meet locally determined needs. The most prevalent strategies were Education and Information Dissemination. More than three-quarters of the providers used one or both of these strategies. The least frequently used strategies were Problem Identification and Referral, used by just over one-third of the providers, and Environmental strategies, used by just over one-fourth of the providers.

Table 1

*Statewide Report on Number of Providers
Delivering Prevention Strategies (N=353)
Attachment A, Page 1*

Strategy/Service	# of Providers	% of Providers
Education	287	81.3
Information/Dissemination	270	76.5
Community-based Process	235	66.6
Alternative Activities	201	56.9
Problem Identification and Referral	124	35.1
Environmental	100	28.3

Note: this information is based on the number of prevention providers returning completed PADS forms. Because providers may use multiple strategies, the strategy totals may exceed the number of reporting providers.

Table 2 provides a more detailed breakout of the specific types of service activities included in each major strategy. The PADS reporting format allows more specific identification of those activities that a provider implements within each strategy. Activities reported by more than half of the providers using a given strategy are reflected, if fewer than five activities meet this criterion, we list the five activities most frequently reported. Several patterns emerge.

Table 2*Statewide Report on Strategy and Services Frequency by Providers*

Strategy/Service	# of Providers	% of Providers	Service Frequency
Education (N=287)			
Classroom Education Services	169	58.9	25,660
Small Group Session	163	56.8	15,969
Educational Series for Youth Groups	118	41.1	9,544
Parenting/Family Management Services	126	43.9	6,164
Mentoring	52	18.1	4,172
Information/Dissemination (N=270)			
Speaking Engagements	210	77.8	4,947
Brochure/Pamphlets Developed	206	76.3	16,716
Health Fairs/Promotions	179	66.3	1,319
Printed Materials Disseminated	176	65.2	346,488
Conferences/Fairs	159	58.9	2,228
Telephone Information Service Calls	152	56.3	174,414
Community-based Process (N=235)			
Community Team Activities (multi-agency)	205	87.2	10,253
Assessing Community Needs/Assets	141	60.0	3,147
Training Services	121	51.5	2,396
Formal Community Teams	108	46.0	1,446
Systematic Planning Services	104	44.3	1,779
Community Volunteer Services/Training	104	44.3	4,895
Alternative Activities (N=201)			
ATOD-Free Social/Recreational Event	130	64.7	4,064
Recreational Activities	106	52.7	7,492
Youth Adult Leadership (Mentoring)	82	40.8	3,954
Community Services Activities	80	39.8	1,807
FNL/Club Live	52	25.9	27,886
Problem Identification and Referral (N=124)			
Prevention Assessment/Referral	107	86.3	54,707
Student Assistance Programs	40	32.3	14,981
Women's Alternative to Violence	19	15.3	831
Men's Alternative to Violence	12	9.7	473
Employee Assistance Program	9	7.3	163

Note: This information is based on the number of prevention providers returning completed PADS forms. (Attachment A, Pages 2 to 3)

Within Education, the most frequently used strategy, the data reported the following:

- The majority of providers deliver at least some of their services through school classroom sessions (58.9 percent) or small group sessions in unspecified locations (56.8 percent).
- The 169 providers involved with classroom services reported over 25,000 separate sessions, by far the most frequently used education format. The average frequency per provider was 151 sessions.
- Approximately 16,000 Small Group Sessions were documented by the 163 providers--averaging 98 sessions per provider.
- Parenting/Family Management Services (used by 44 percent of providers) and Educational Services for Youth Groups (used by 41 percent of providers) were also frequently used formats.
- Mentoring, the fifth most frequent activity within this category was used by considerably fewer providers (18 percent).

This pattern indicates the heavy reliance on school-based prevention within the education category.

- The second most frequently reported strategy area was Information Dissemination. Twenty-two different Information Dissemination activities were delivered by 270 providers.
 - As Table 2 indicates, six of these activities were used by 50 percent or more of the providers.
 - The use of Speaking Engagements (77.8 percent) and Brochures/Pamphlets Developed (76.3 percent) were the two most frequently reported service activities identified by providers.
 - Health Fairs/Promotions were reported by 179 providers (66.3 percent).

These activities reach a large number of people, but often with low intensity engagement. For example, providers indicated they had developed 16,716 brochures and/or pamphlets and disseminated 364,450. Similarly, 152 providers delivered telephone information services on 174,414 separate occasions. This averaged to nearly 1,150 calls per provider, or 3-plus calls per day. The dissemination of information helps create a new informational foundation in communities that may contribute to individual and community change in attitudes and behaviors. Collectively the prevention providers in California have allocated substantial resources to inform their communities.

- As indicated in Table 1, the third most used strategy is Community-Based Process. This strategy is different from the others because it often involves processes of planning and capacity building as distinct from service delivery itself.

The most frequent service activity within this strategy was the use of multi-agency community teams. Nearly 90 percent of the 205 providers using Community-based Process reported the use of multi-agency coordination. Collectively these providers documented over 10,200 separate multi-agency coordination events in their community for an average of 50 per provider. The reporting process does not specify what qualifies as an “event.” Nevertheless, this high level of community teamwork should greatly facilitate the use of the Strategic Prevention Framework (SPF) model in these communities, and is a harbinger of strong capacity as the Substance Abuse and Mental Health Services Administration (SAMHSA) moves toward stronger reliance on the SPF process in its SAPT block grant funding. In addition, providers in this service category demonstrated strong familiarity with specific components of the five step SPF planning process. Assessing Community Needs/Assets was used by 60.1 percent of the providers, and Systematic Planning Services were used by 104 providers (44.3 percent).

- Nearly two thirds (64.7 percent) of the 201 providers who reported Alternative Activities made use of ATOD-free Social/Recreational Events. This was closely followed by the use of Recreational activities, typically physical activities such as sports (106 providers). FNL/Club Live activities were reported by 52 providers (25.9 percent), and this specific program accounted for the highest frequency of reported events with 27,886 separate occasions. This corresponds to an average 536 events per provider, a possible number given that each provider typically had multiple schools involved in the provision of FNL/Club Live events and activities.
- Problem Identification and Referral services were reported by only 124 providers (35.1 percent). Of the possible activities within this strategy, one was clearly the preferred choice of the providers--it was Prevention Assessments and Referral Services noted by 107 (86.3 percent) of the providers. This is a broad categorization that, in it, may encompass a range of specific services. The next most cited activity was Student Assistance Programs, noted by 40 (32.3 percent) of the providers reporting the use of the Problem Identification and Referral Strategy.

Characteristics of the Users

PADS data also provides information on the demographic and risk characteristics of the persons served. This section includes information on the characteristics of individuals served during the FY 2004-05 reporting period. It is based on information provided by 353 local providers who submitted detailed reports on individual participation in 2,389 separate prevention events or activities across the six prevention strategies. This data can only represent those participants for whom this data could actually be collected. It does not represent all participants who are reached through media dissemination or other remote information dissemination strategies. Still, the prevalence of events for which information on participants was gathered emphasizes Education and Information Dissemination Strategies. Thirty-four percent of the recorded events/activities were categorized as Educational, and 23 percent were Information Dissemination.

Table 3 presents information on the race/ethnicity of the individuals served in each strategy area and overall. The distribution of participants indicates the following patterns.

Table 3
Ethnic Characteristics of Individuals Served
By ADP-Funded Prevention Services (N=353)

Strategy/ Service	# of ¹ Providers	# of Events/ Activities	Total Persons Served	White, Not Hispanic	Asian/ Pacific Islander	Hispanic/ Latino	Native American/ Alaskan	African American	Multi-racial/ Ethnic	Other
Information/ Dissemination	270 76.5%	539	948,023 32.3%	299,793	206,488	278,366	19,399	112,441	29,699	1,837
Education	287 81.3%	803	764,232 26.0%	302,404	57,089	266,991	13,067	98,297	24,685	1,731
Alternative Activities	201 56.9%	500	955,262 32.6%	322,695	64,976	388,664	20,568	114,110	41,994	2,255
Problem Identification and Referral	124 35.0%	191	122,818 4.2%	45,836	5,086	44,907	2,306	19,131	5,120	432
Community-Based Process	235 66.6%	356	144,621 4.9%	58,433	8,650	48,284	2,411	18,304	8,309	230
Environment	100 28.3%									
Total		2,389	2,934,956	1,029,161 35.1%	342,289 11.7%	1,027,212 35.0%	57,751 2.0%	362,283 12.3%	109,807 3.7%	6,485 0.2%

Note: This information is based on the number of prevention providers returning completed PADS forms.

- Approximately two-thirds of the documented participants received either Information Dissemination services (32.3 percent) or Alternative Activities (32.6 percent). Another one-fourth received Education services. Many fewer received Problem Identification and Referral (which serves participants individually) or Community-based Process (which often do not deliver services directly).
- With respect to race/ethnicity, the largest groups served were Hispanic (35.0 percent) or White, Non-Hispanics (35.1percent). Together these populations accounted for slightly over 70 percent of the total. Hispanics were more likely to be involved in Alternative Activities than any other prevention service.
 - Approximately 38 percent of the Hispanics reported in PADS were involved in Alternative activities, followed by Information Dissemination (27.1percent) and Education (26.0 percent).
 - A very similar pattern of service involvement occurred for the White, Non-Hispanic participants.
 - Alternative activities were received most often (31.4 percent) followed by Information Dissemination (29.9 percent) and Education (29.4 percent).

¹ Percents in this column are based on total number of providers (n=353) involved in the analysis. The majority of programs offered more than one type of strategy/service.

- Approximately 12 percent of the service recipients identified themselves as Asian/Pacific Islander. For this group, Information Dissemination was the most frequent service. Over 60 percent of Asian/Pacific Islander participants received this type of service. This may indicate a need for more direct service outreach to this community.

Table 4 presents a summary of the age and gender characteristics of the individuals involved with prevention services provided in California.

Table 4
*Age and Gender Characteristics of Individuals Involved
In ADP-Funded Prevention Services (N=353)*

Service/ Strategy	Total Persons Served	Less than 5	5 to 9	10 to 12	13 to 15	16 to 18	19 to 25	26 to 55	55 or more	Male	Female
Information/ Dissemination	948,023 32.3%	11,616	38,938	71,802	129,441	150,208	194,910	287,248	63,860	456,716	490,288
Education	764,232 26.0%	3,097	85,509	136,577	219,645	176,608	35,466	93,405	13,925	345,250	418,682
Alternative Activities	955,262 32.6%	4,685	85,390	288,030	263,382	208,928	34,847	58,052	11,948	431,509	522,510
Problem Identification and Referral	122,818 4.2%	33	2,759	4,920	12,550	17,273	31,627	46,818	6,838	61,504	61,159
Community- Based Process	144,621 4.9%	441	1,735	10,373	21,645	32,152	21,801	48,184	8,290	59,977	84,609
Total	2,934,956 100%	19,872 0.7%	214,331 7.3%	511,702 17.4%	646,663 22.0%	585,169 19.9%	318,651 10.9%	533,707 18.2%	104,861 3.6%	1,354,956 46.3%	1,577,248 53.7%

Note: This information is based on the number of prevention providers returning completed PADS forms.

Several observations are warranted.

- Nearly 50 percent of services are provided to adolescents between the ages of 13 and 15 (41.9 percent). Children between the ages of 5 and 12 receive another 24.7 percent of services.

Alternative Activities were the predominant service type for children and adolescents (51.4 percent and 38.3 percent of the services delivered to each age group respectively). Education activities were next in frequency of delivery (31 percent and 32.2 percent respectively).

- For older service recipients ages 19 and above, Information Dissemination activities account for well over half (57 percent) of the services delivered.
- Prevention activities engaged females slightly more than males (53.7 percent versus 46.3 percent).

Populations Served by Prevention Activities

PADS identifies distinct population groups served by providers for activities in each strategy. Table 5 documents the specific population groups and the number of reporting providers (353) that delivered services to each group.

Schools and the student population were a significant focus of local providers. An average of 88 providers focused their services toward students and schools. The two primary strategy areas for students were Information Dissemination with 131 providers reporting and the Education Strategy with 129. Middle/Junior High and High School Students were the principal participants with these providers.

High risk population groups were served by an overall average of 61 providers with the Economically Disadvantaged served by an average of 117 providers. The Information Dissemination and Education Strategies was the main forum of services to high risk populations.

Overall, Information Dissemination was the first or second most frequent service type targeting specific groups; this strategy serves large population with less direct engagement. Given the research-based need for high intensity services for high-risk populations, providers may want to consider shifting more prevention resources to higher intensity services with a greater potential to impact behaviors.

Table 5
Statewide Report of Service Populations Served by Strategy Area

Service Populations	Information Dissemination	Education	Alternatives	Problem ID and Referral	Community- Based Process	Environment	Averages
High-Risk Population							
Children of Substance Abuse	75	134	100	58	75	25	78
Delinquent/Violent Youth	116	140	95	56	73	20	83
IV Drug Users	31	25	16	13	17	8	18
Persons Using Substances	110	117	76	58	63	33	76
Runaway/Homeless Youth	63	63	47	24	34	12	41
School Dropouts	81	75	61	34	49	15	53
Gangs	53	54	52	26	34	14	39
Economically Disadvantaged	158	179	136	69	118	41	117
People with Mental Health Problems	86	81	61	49	49	11	56
Pregnant Women/Teens	98	90	63	46	51	22	62
Physical/Emotional Abuse Victims	94	94	70	53	47	14	62
Persons with Physical Disabilities	73	65	49	38	41	11	46
Averages	87	93	69	44	54	19	61
Student Population							
Preschool Students	39	27	33	6	18	3	21
Elementary School Students	129	136	104	37	73	30	85
Middle/Junior High School Students	181	200	149	59	119	56	127
High School Students	190	209	154	67	144	71	139
College Students	117	71	64	29	88	43	69
Averages	131	129	101	40	88	41	88
Health Professional Groups							
Prevention/Treatment Professionals	123	80	43	27	147	43	77
Social Service Providers	115	73	40	26	113	35	67
Teachers/Administrators/Counselors	147	108	67	37	144	49	92
Voluntary/Fraternal Community Services	39	19	27	6	39	25	26
Professional Trade Associations	32	15	13	3	40	16	20

Service Populations	Information Dissemination	Education	Alternatives	Problem ID and Referral	Community-Based Process	Environment	Averages
Health Professionals	112	62	36	20	121	36	65
Neighborhood Associations	62	34	24	8	64	30	37
Averages	90	56	36	18	95	33	55
General/Sub-Populations							
General Population	232	168	135	83	159	76	142
Parents/Families	197	196	125	63	142	57	130
HIV Infected Persons	50	30	21	21	23	6	25
Lesbian/Gay/Bisexual/Transgender	65	62	51	32	36	14	43
Older Adults	98	77	63	29	62	24	59
Women/Children	117	100	69	47	75	31	73
Youth/Minors	166	181	140	61	125	58	122
Religious Groups	75	41	32	12	58	24	40
Homeowner's Association	14	6	9	2	21	16	11
Averages	113	96	72	39	78	34	72
Service Agencies							
Law Enforcement/Military	79	34	33	19	86	46	50
Government/Elected Officials	73	32	27	10	78	51	45
Fire Professionals	20	10	14	5	19	8	13
Local Municipal Agencies	57	24	17	11	77	37	37
Civic Groups/Coalitions	114	58	47	13	136	47	69
Retailers	33	21	16	6	40	42	26
Employee Groups/Unions	32	18	17	7	21	13	18
Business/Industry	75	34	25	15	72	47	45
Averages	60	29	25	11	66	36	38

Note: This information is based on the number of prevention providers returning completed PADS forms. It is an adaptation of Report P 1240 Version 1.2.

Where Services Occurred

Table 6 provides an overview of locations where prevention services were delivered. It is based on information provided by the 353 providers who specifically responded to this PADS data element. An average of 146 providers delivered services in a school setting and an average of 139 focused on the Community at Large with most of the services focusing on Information Dissemination or Education services. The County/Provider's Office was the fourth highest site for the delivery of prevention services with an average of 118 of the providers reporting services in this location. Most of the prevention services provided at the County/Provider Office involved work with the community, followed by Information Dissemination and Educational activities.

Table 6

Number of Providers Delivering Prevention Services at Specified Locations

Where Services Occurred	Information Dissemination	Education	Alternatives	Problem ID and Referral	Community-based Process	Averages
School	196	208	120	58	146	146
Community at Large	217	140	127	54	156	139
Community Center	168	135	117	39	136	119
County/Provider Office	150	127	76	76	163	118
Parks/Recreation	120	61	110	13	65	74
Youth Clubs/Center	90	77	77	17	68	66
Alternative Schools	91	92	50	27	55	63
Work Place	81	56	31	25	75	54
University/College	87	44	35	10	55	46
Health Center/Clinic	83	33	20	20	59	43
Criminal Justice System	58	38	20	18	54	38
Faith Center	69	32	25	7	47	36
Other (Specify)	51	34	27	10	47	34
Treatment Facility	42	44	18	18	32	31
Street Outreach	62	21	22	14	31	30
Public Housing	34	27	23	7	21	22
Transitional Housing	30	15	10	6	12	15
Hospital	28	9	5	8	19	14
Residential Treatment	24	7	3	5	18	11
Averages	88	63	48	23	66	58

Note: This information is based on the number of prevention providers returning completed PADS forms. It is an adaptation of Report P 1250 Version 1.1.

The data clearly demonstrate that delivery locations of prevention services are widely dispersed in California's communities; they are being provided in a variety of educational, health, and other community settings. It also suggests several areas where more outreach could occur. This includes:

- Faith Centers and Criminal Justice System (average of 37 providers)
- Transitional Housing (average of 15 providers)
- Hospitals (average of 14 providers)
- Residential Treatment Sites (average of 11 providers)

The last three sites offer the potential for positive interventions for populations potentially at greater risk, such as children of AOD.

Environmental Services

PADS provides an opportunity for California prevention service providers to document environmentally based strategies and approaches used in their community. The input screens for Environmental services differ from those documenting the other five strategy areas. This is because Environmental approaches focus on altering community institutions, policies, and norms rather than on serving individuals. One hundred (28.3 percent) of the 353 providers participating in the FY 2004-05 reporting period indicated the use of Environmental approaches.

Table 7 presents a summary of the environmentally based problems and the broad Environmental approaches used by 100 providers.

Table 7
Statewide Report on Environmental Problems and Approaches

Environmental Problems	Info/Ed	Network	Present.	Docu. Obs.	Training	Media	Official Action	Mass Rally	Averages
Youth Access	72	56	57	49	47	43	37	15	47
Public Inebriation/Public Drinking	49	38	31	32	28	27	22	9	30
Heavy Drinking or Drug Use	50	38	39	27	32	24	17	5	29
Driving Under the Influence	41	26	33	19	22	26	14	15	25
Violence	37	30	26	17	19	12	9	9	20
Illicit Drug Dealing	29	26	27	20	17	13	17	5	19
Loitering, Littering, Noise	20	20	13	18	8	8	13	3	13
Other Crime	18	17	9	15	6	12	9	3	11
Workplace/Other Org Problem	16	10	11	7	9	3	2	0	7
Other (Specify)	19	11	13	14	6	10	9	2	11
Averages	35	27	26	22	19	18	15	7	21

Note: This information is based on the number of prevention providers returning completed PADS forms. It is an adaptation of Report P 1230 Version 1.3.

The AOD Environmental problem most frequently used in these environmental activities was youth access to alcohol. Public inebriation/public drinking was a relatively distant second in the number of activities, followed by heavy drinking or drug use, and DUI. The top four problems had a predominate focus on alcohol use.

Table 7 also presents the specific environmental approaches used by the providers in addressing the identified environmental problems. The Environmental Strategy may incorporate approaches (tactics) such as education and information dissemination to build support for a public policy. The predominant activity was the use of Information/Education campaigns. It was consistently the first choice of the providers for all nine problem areas. Approximately 72 providers used Information/Education approaches for youth access issues. Networking was the second most used approach mentioned by the providers. This was closely followed by the use of presentations.

PADS offered the opportunity for the provider to indicate the geographic or institutional target area of concern in their activities. Specifically they identified areas which were considered problematic for excessive alcohol and to a lesser extent, drug problems. Table 8 presents these target environments.

Table 8*Statewide Report on Target Environments FY 2004-05*

Places	Number of Providers	Percent
Alcohol Outlets	67	67%
Neighborhoods	65	65%
Schools	64	64%
Shopping/Commercial Area	38	38%
Public Facilities	38	38%
Residences	34	34%
Open Space	32	32%
Workplaces	22	22%
AOD Treatment/Recover	22	22%
Faith Center	15	15%
All Other Places (Specify)	15	15%
Health Care Facilities	14	14%
Vehicles	12	12%
Hotel/Motel	10	10%
Correctional Facilities	7	7%

Note: This information is based on the number of prevention providers returning completed PADS forms. P 1260 Version 1.1.

Finally, the 100 providers using the Environmental Strategies and approaches were asked to comment on the implementation status of various environmental services. Table 9 presents these results.

Table 9
Statewide Report of Environmental Services FY 2004-05

Environmental Services	Projects Begun	Projects Continued	Policies Adopted
State/Local Ordinances/Public Requirements			
State ABC Regulations Passed/Improved	95	76	39
Zoning Ordinances for Alcohol Outlets, New	73	111	24
Zoning Ordinances, Abate Existing Outlets	84	127	35
Drinking in Public Ordinances Passed/Improved	38	42	22
One-Day Event Requirements Passed/Improved	26	33	6
Other Local Control Powers Passes/Improved	144	86	94
Subtotal	460	475	220
Social/Commercial Host Trainings			
Social Host Training/Management Programs	135	199	319
Commercial Host Training/Management Programs	76	47	48
Holiday Campaigns and Special Events	167	142	50
Subtotal	378	388	417
Community Focus and Development			
Managing High-Risk Advertising/Billboard Controls	32	71	3
Neighborhood Mobilizations	245	270	113
Community Development	180	222	60
Facility Design to Prevent AOD Problems	44	42	15
Improved Enforcement	184	196	58
Workplace Policies (not EAP, programs only)	8	6	2
Subtotal	693	807	251
Schools			
School Policies Passed/Improved (K – 12)	33	55	23
School Policies Passed/Improved (College)	6	38	1
Subtotal	39	93	24
Other			
Other (Specify)	71	67	15
Total	1,641	1,830	927

Note: This information is based on the number of prevention providers returning completed PADS form.
P 1260 Version 1.1.

Table 9 indicates that the providers using environmental approaches were very active and very successful in this reporting period (FY 2004-05). There was a particular focus on the passage of local zoning ordinances or restricting public consumption. There was also a substantial focus on broad community involvement such as neighborhood mobilization or community development processes. Further activities included enhancing regulations or working with the business community to implement policies (not the Employees Assistance Program (EAP)) for their workers.

Fiscal Analysis

Funding for primary prevention services is based primarily on a per capita allocation by county. The prevention funds are disseminated to each of the 58 counties via the Negotiated Net Amount contract. Each county determines the amount of prevention funding to place within any combination of the six prevention strategies for services that best address the needs and priorities of the individual county.

Per the FY 2004-05 Final Cost Report V.0, a total of \$61,092,720 dollars was collectively expended on primary prevention services across the six prevention strategies. The predominant funding source was the primary prevention portion of the SAPT block grant, but additional funds were also included (e.g., SAPT Discretionary, State General Fund, Non-County Revenue, Fees, PC 1463). Table 10 presents a summary of the costs by the six broad strategy areas.

Table 10
Cost Expenditures by Strategy Area (FY 2004-05)

Strategy Area	Total	Percent
Education	\$23,501,739	38.5%
Community-Based Process	\$17,962,552	29.4%
Alternatives	\$7,892,322	12.9%
Information Dissemination	\$6,161,912	10.1%
Environmental	\$3,072,930	5.0%
Problem Identification	\$2,501,265	4.1%
Subtotal	\$61,092,720	100%

The magnitude of expenditures across strategies is largely consistent with volume of service delivery and numbers of persons served as documented earlier in this report. Education services were ranked first in frequency of use and correspondingly are first in net expenditures. However, Information Dissemination was the second most used strategy by county, and it only accounted for ten percent of the total expenditures. This reflects the low intensity of a unit of service as defined within this strategy. The strategy area accounting for the second highest level of expenditures was Community-Based Processes. These types of activities accounted for nearly

one third of the overall budget (\$17,962,552) expended overall on prevention services. These strategies cannot be linked directly to service delivery, because their immediate outcome is often the development of community capacity to improve the quality and magnitude of prevention services at local levels.

Summary

This report provides an overview of the services delivered in California's prevention system, and describes the characteristics of persons documented receiving direct services. The PADS information used in this report supports the following summary points.

- Information Dissemination and Education are the two most frequently used service strategies by California providers:
 - These two strategies are used by the great majority of providers.
 - These strategies account for the largest number of units of service (e.g., events, activities, materials disseminated).
 - Information Dissemination and Education are the most frequently delivered strategies for nearly all population groups served by providers.
- The population characteristics of individuals involved in prevention closely parallel the overall state demographic profile. Approximately 35 percent are Hispanic, another third are White, non-Hispanic, 12.8 percent are of African-American descent, and 11.7 percent identify themselves as Asian/Pacific Islander.
- Nearly 50 percent of services are provided to adolescents between the age of 13 and 15--a period of increased risk for young people. This is the age range in which use of AOD begins to increase rapidly, and in which early intervention should begin.
- Providers made a concerted effort to reach high-risk populations (e.g., delinquent/violent youths, and children of AOD). Students across all grade levels were the second most frequently addressed population, regardless of specific risk level.
- Environmental approaches were used by 28.2 percent of the providers contributing data to PADS. The primary problem targeted through environmental strategies was youth access to alcohol, followed by public inebriation.
- Overall, the top four problems focused on through environmental strategies all involved excessive alcohol consumption. Correspondingly, alcohol outlets were the primary target environments for these strategies.
- Environmental approaches tended to involve the development of local ordinances, mobilization of the community, and social/commercial host training.
- Education services account for the largest percentage of expenditures. Nearly 40 percent of prevention dollars support Education services. Information

Dissemination, while used by over 75 percent of the providers, accounts for just 10 percent of the overall prevention expenditures. This reflects the relatively lower cost per unit of service in this prevention strategy.

This report is a brief overview of the services and service recipients in the California prevention system. Regular analysis of this valuable data base can be an important input to policy decisions, resource allocations, and the development of a prevention system that makes more use of data-based decisions and evidence-based practices appropriate to California's needs.

TREATMENT ADMISSION DATA FY 2004-05

Analytical Report on the CADDs Data Set

ADP currently maintains a comprehensive database management system that tracks statewide treatment services at the individual level. CADDs includes detailed client characteristics, demographic and limited outcomes data collected from all individuals admitted to publicly funded provider facilities in all 58 counties.

Provider facilities that receive AOD treatment funds from ADP through the federal SAPT Block Grant for the following services must report participant data to CADDs:

- Publicly funded alcohol treatment services that include non-residential recovery or treatment, detoxification, recovery homes, and residential treatment.
- Publicly funded drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy including methadone maintenance and LAAM, detoxification, residential, and hospitals.
- All licensed methadone providers, whether publicly or privately funded.

Facilities that receive funding from ADP for the services listed above must report data on all participants, regardless of the source of funding for individual participants. Facilities that receive funding from the County for Substance Abuse and Crime Prevention Act of 2000 (SACPA) treatment services must report data on all participants.

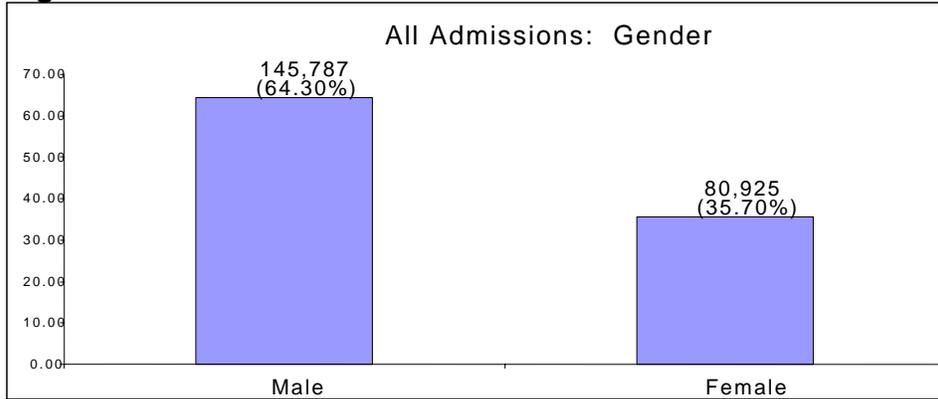
CADDs is used to provide federally mandated AOD treatment data for the Treatment Episode Data Set (TEDS).

CADDs shows 226,712 overall admissions to publicly funded treatment facilities during FY 2004-05. CADDs shows 85,117 total discharges from treatment during FY 2004-05. Client referrals and transfers for further AOD treatment and recovery services do not constitute a break in the service continuum and are excluded from this count.

Demographics

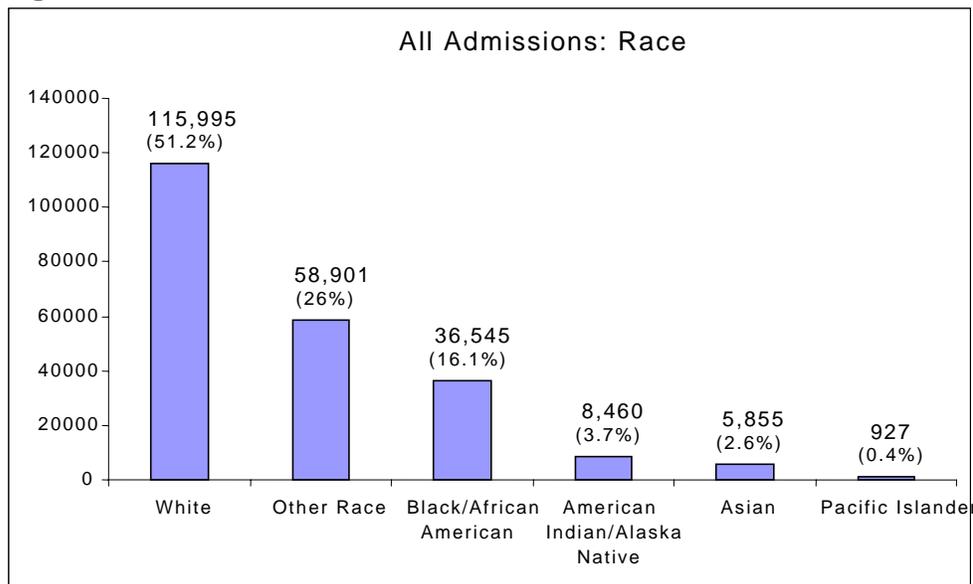
Figure 1 provides a breakdown of treatment admissions by gender. As has been historically observed, the majority (64 percent) admitted for services were male.

Figure 1: Gender



In Figure 2, the largest single race grouping was “White,” with 51 percent. The second largest category was “Other,” indicating that the client identifies himself/herself as a race other than the five major categories. Clients in California sometimes consider “Hispanic” as a race rather than an ethnicity. Consequently, they may choose “Other” as a race category.

Figure 2: Race



In Figure 3, Two-thirds of treatment clients reporting are not of Hispanic ethnic identity. Of those clients reporting Hispanic ethnicity, “Mexican/Mexican American” was by far the most common designation.

Figure 3: Ethnicity

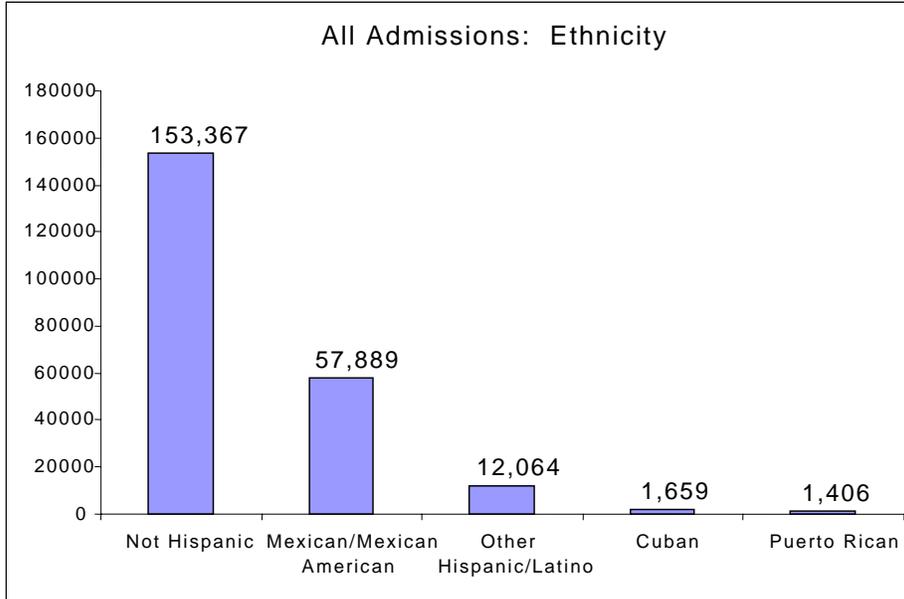
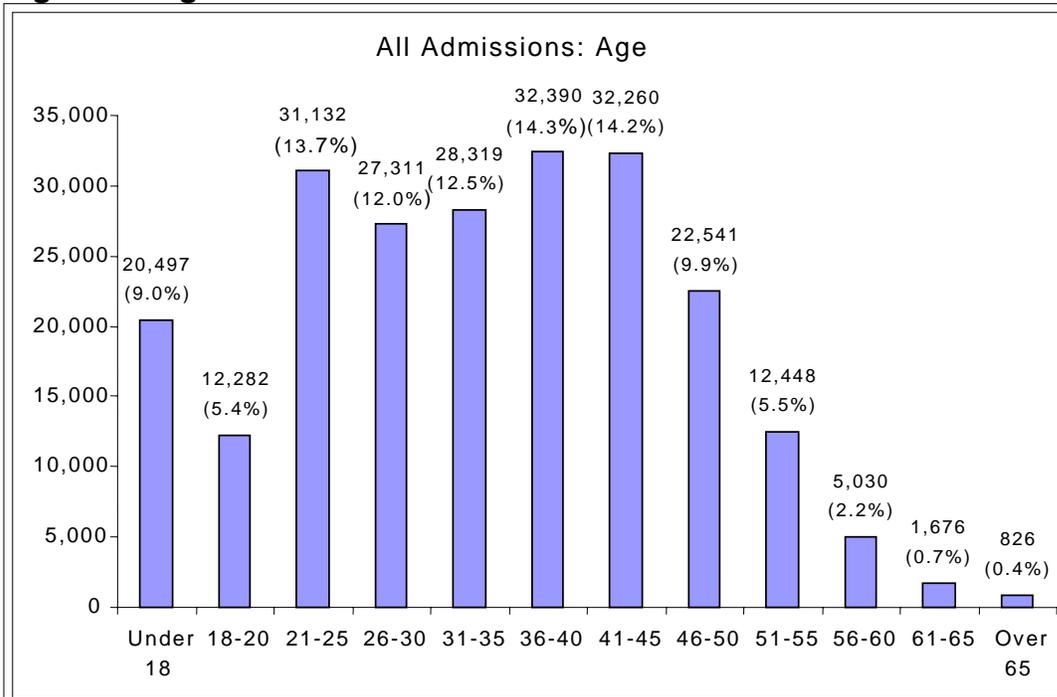


Figure 4 shows the majority of clients admitted for treatment were between the ages of 21 and 45. The distribution among the five age categories within that range was roughly equal.

Figure 4: Age



Client Characteristics

In Figure 5, approximately three-quarters of clients were not employed at admission to services. More than half (54 percent) were not in the labor force and were not seeking employment.

Figure 5: Employment Status

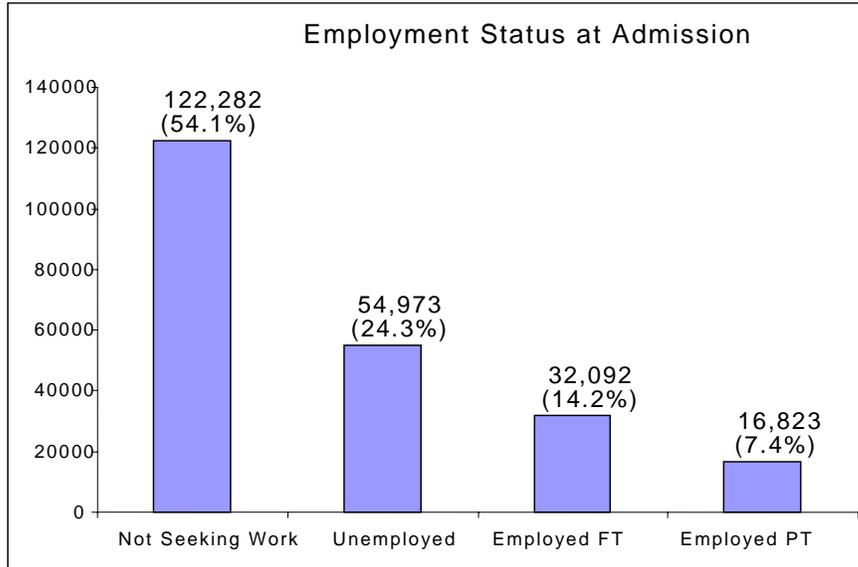


Figure 6 shows 43 percent of clients had not completed high school at the time they were admitted to treatment. A nearly equal percentage (41 percent) had completed high school. Sixteen percent completed at least some postsecondary education.

Figure 6: Level of Education

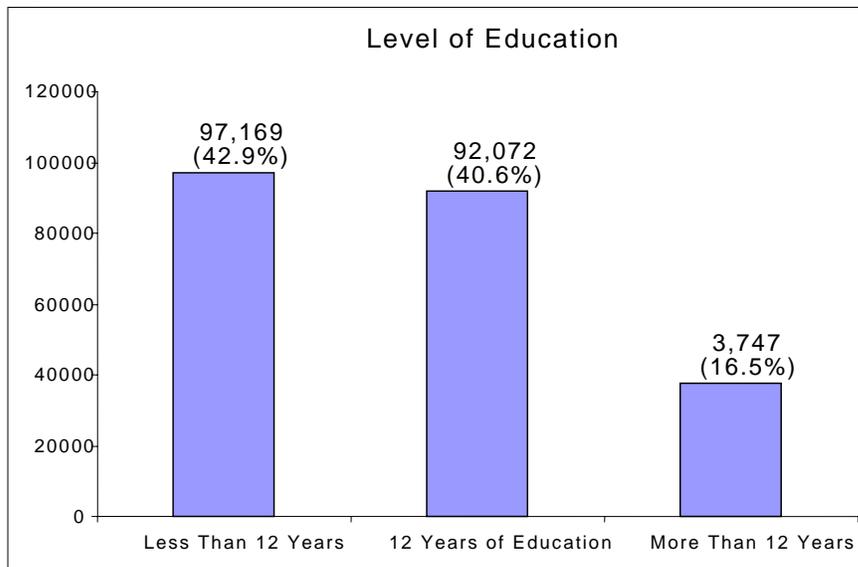
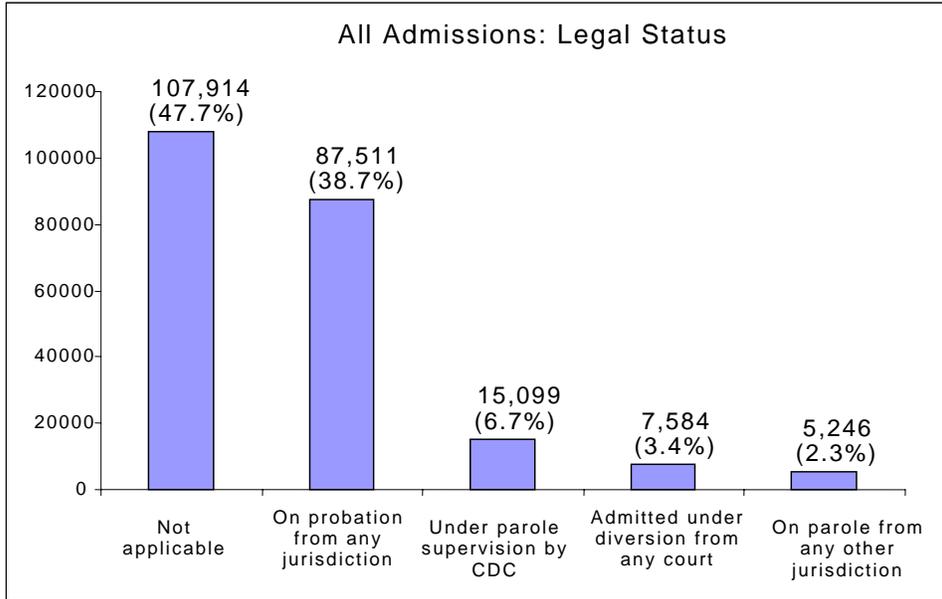


Figure 7 shows that in almost half of admissions the clients had no criminal justice involvement. For those with criminal justice involvement, 38.66 percent were “On probation from other jurisdictions”.

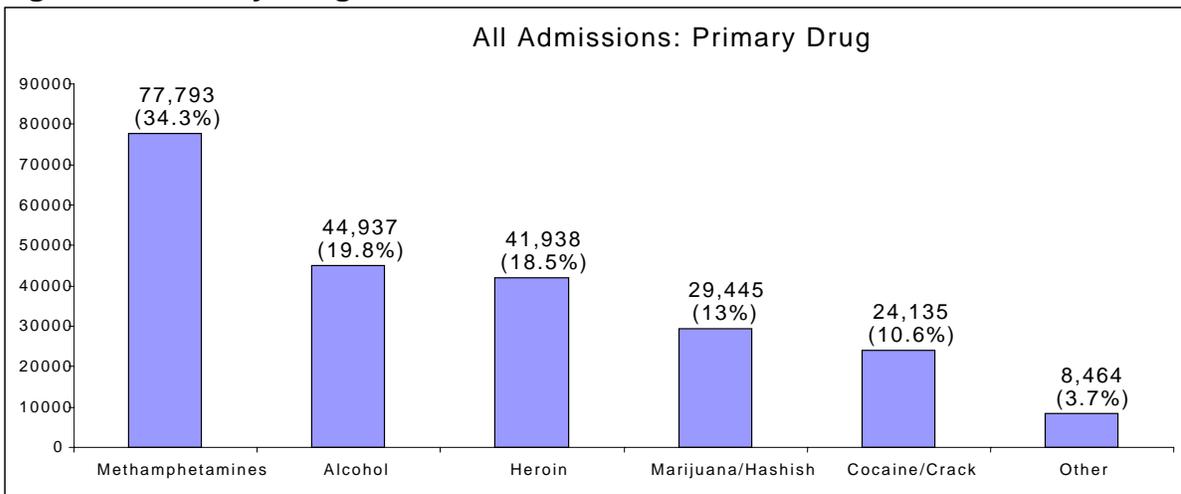
Figure 7: Legal Status



Treatment Population

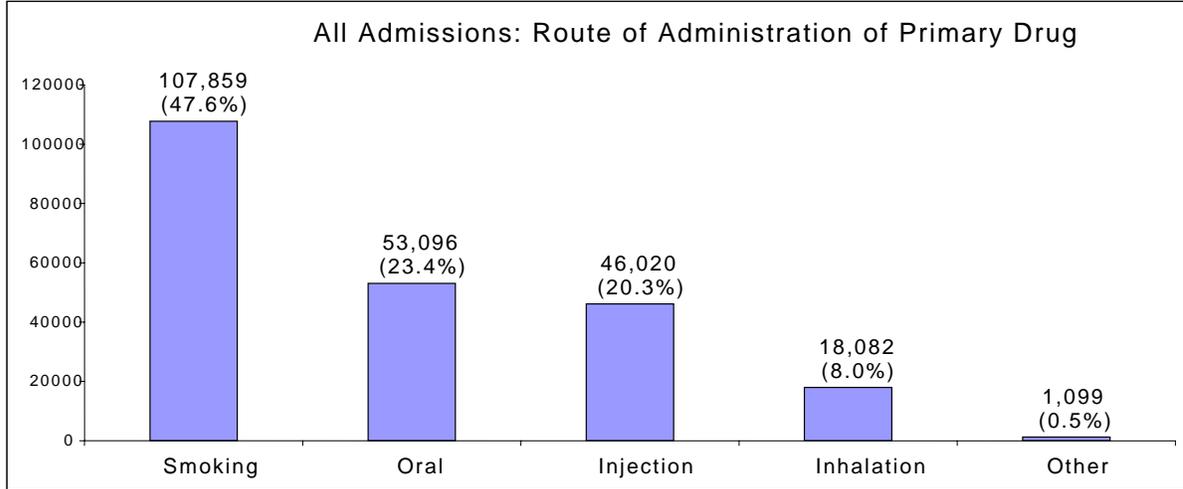
Figure 8 shows Methamphetamine accounted for 34 percent of admissions, making it the largest source of admissions.

Figure 8: Primary Drug



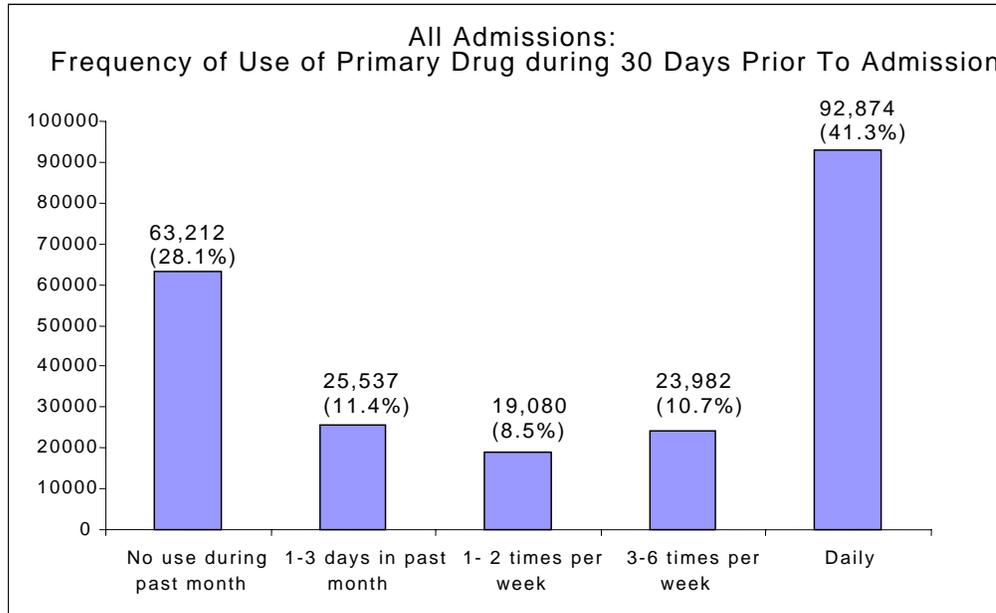
In Figure 9, smoking is the highest route of administration for the primary drug reported, accounting for 47.6 percent of the admissions.

Figure 9: Route of Administration



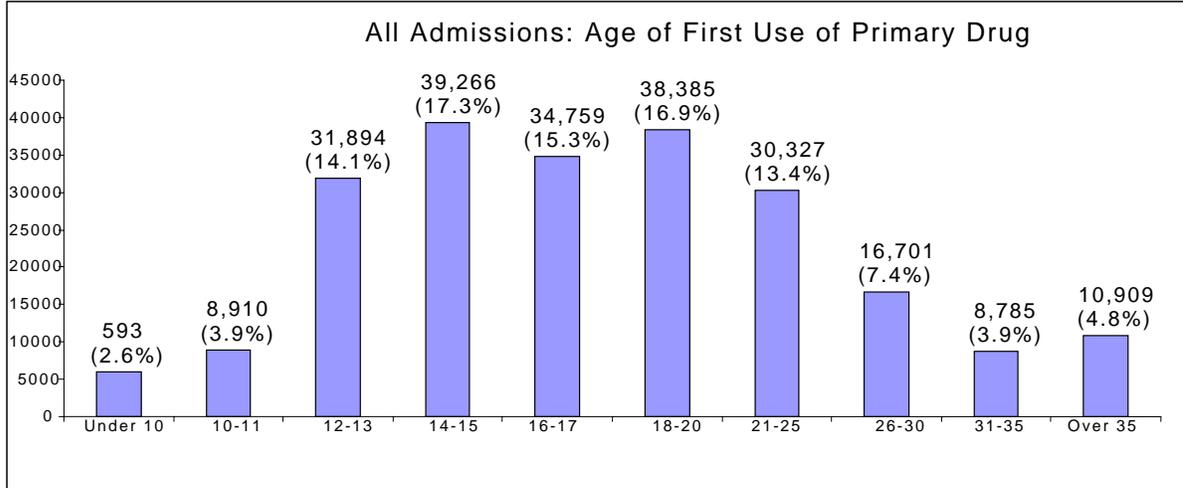
In Figure 10 nearly half of the admissions, the clients reported daily primary drug usage during the 30 days prior to admission.

Figure 10: Frequency of Use (Past 30 Days)



In Figure 11, the majority of admissions reported the age of first use of their primary drug was between 12 and 25 years of age. However, the highest percentage of these clients reported the age of first use between 14 and 15.

Figure 11: Age of First Use



In Figure 12, one in three admissions was referred to treatment by an individual.

Figure 12: Source of Referral

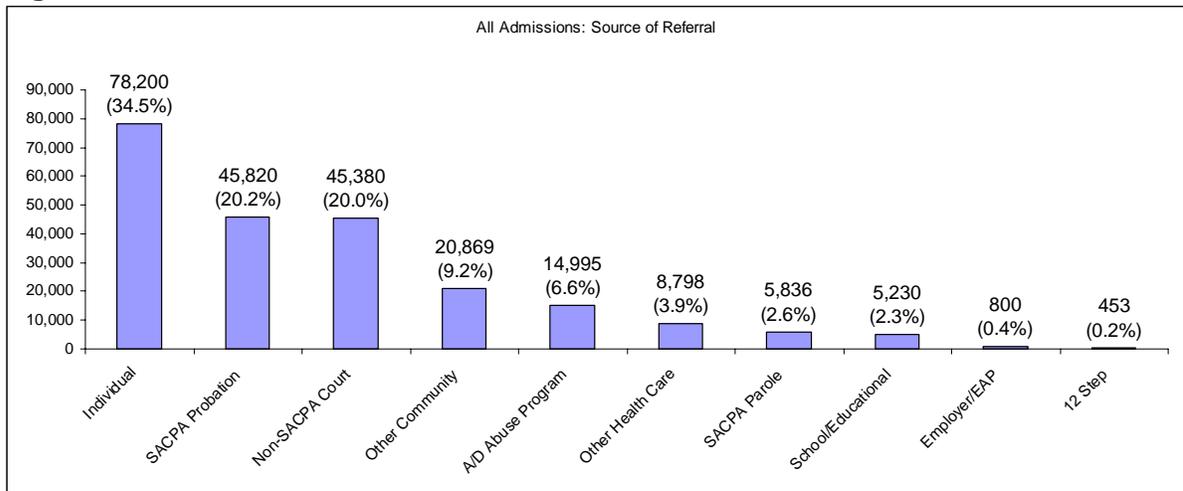


Figure 13 shows of the two major categories, participants received more Nonresidential/Outpatient treatment services (75.5 percent) compared to Residential/Inpatient treatment services (24.5 percent) during the 12-month period.

Figure 13: Types of Services

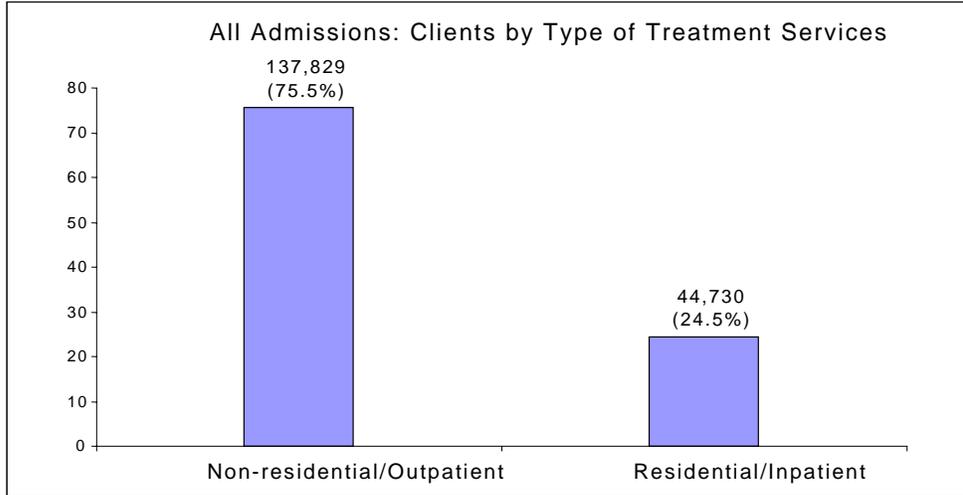
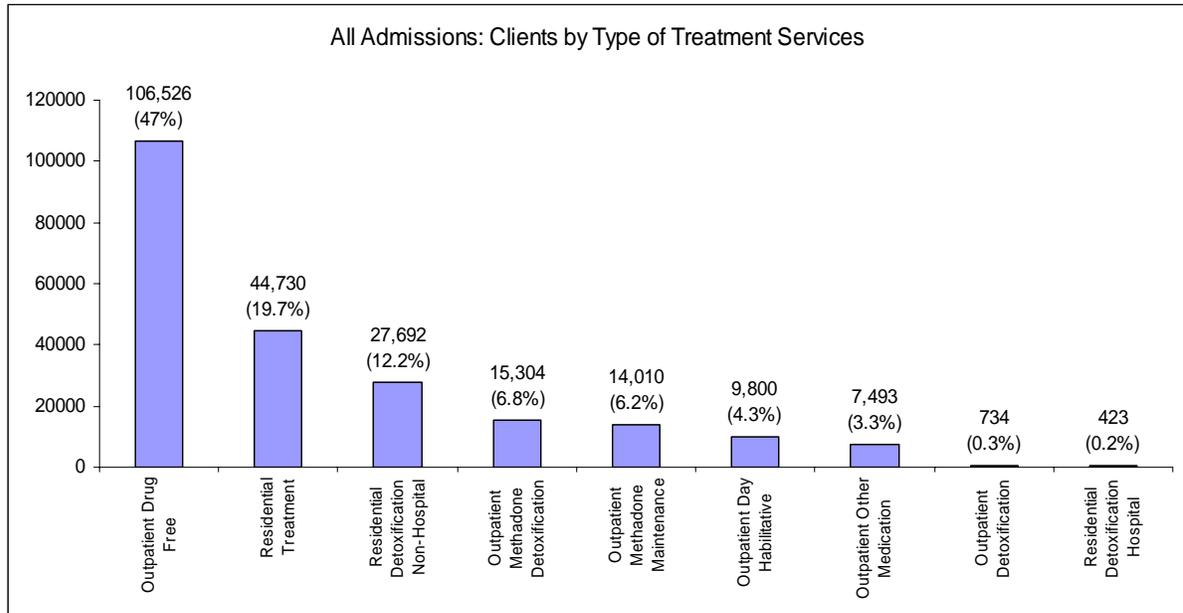


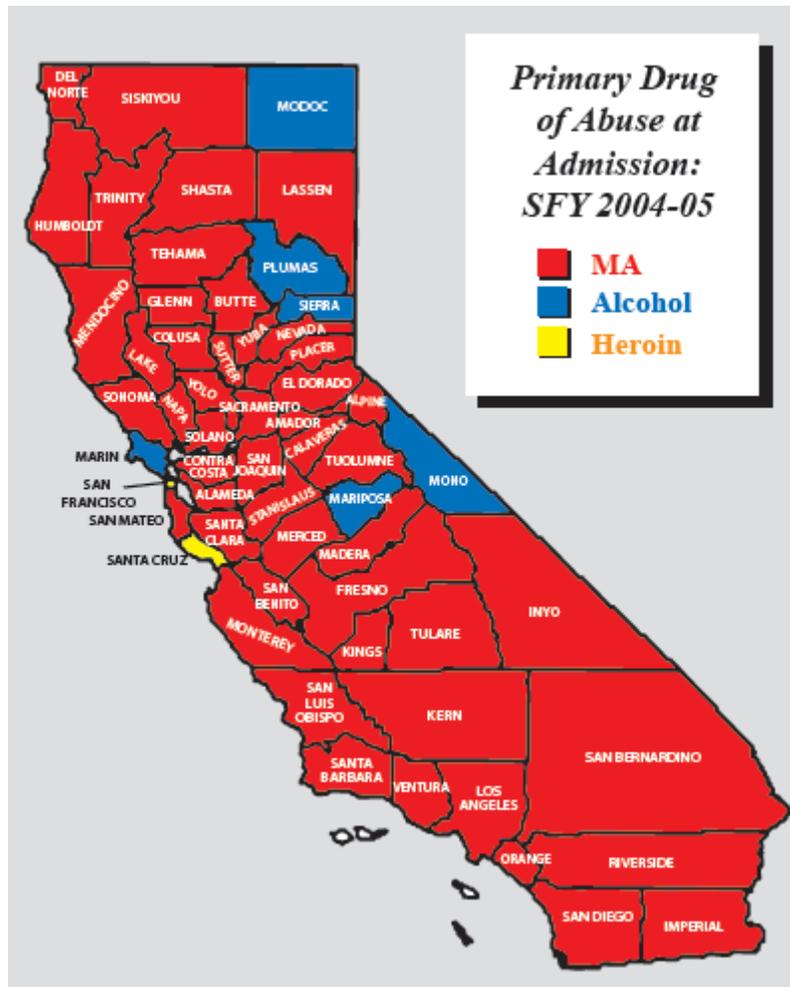
Figure 14 shows overall; Outpatient Drug Free (47 percent) was the type of treatment service most participants received.

Figure 14: Types of Treatment Services



Clients Using Methamphetamine as the Primary Drug

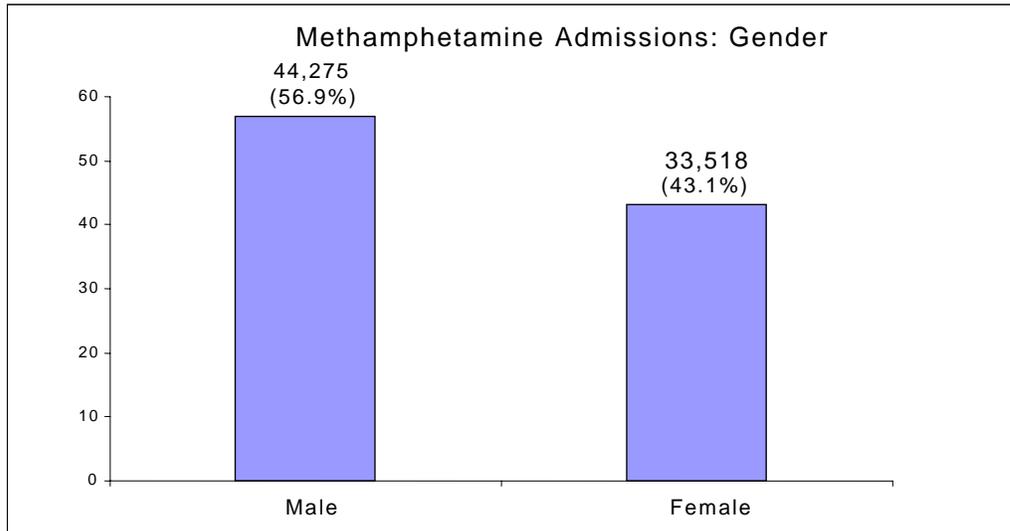
Methamphetamine (MA) is the primary drug threat because of epidemic increases in its use since the early 1990s. This increase has made a significant impact on the drug treatment system in California. In the map below, the counties colored red show the highest percentage of primary drug of abuse at admission was methamphetamine. Methamphetamine admissions represented a growing proportion of overall treatment admissions, from 7 percent in 1992 to 34 percent in 2005.



The following graphs show demographics and characteristics of those treatment participants who declared methamphetamine as their primary drug.

Figure 15: More than half (57 percent) of the methamphetamine users were male.

Figure 15: Gender



In Figure 16, among the methamphetamine users, the highest rate (60 percent) was for Whites, and the lowest (0.5 percent) was for Pacific Islanders.

Figure 16: Race

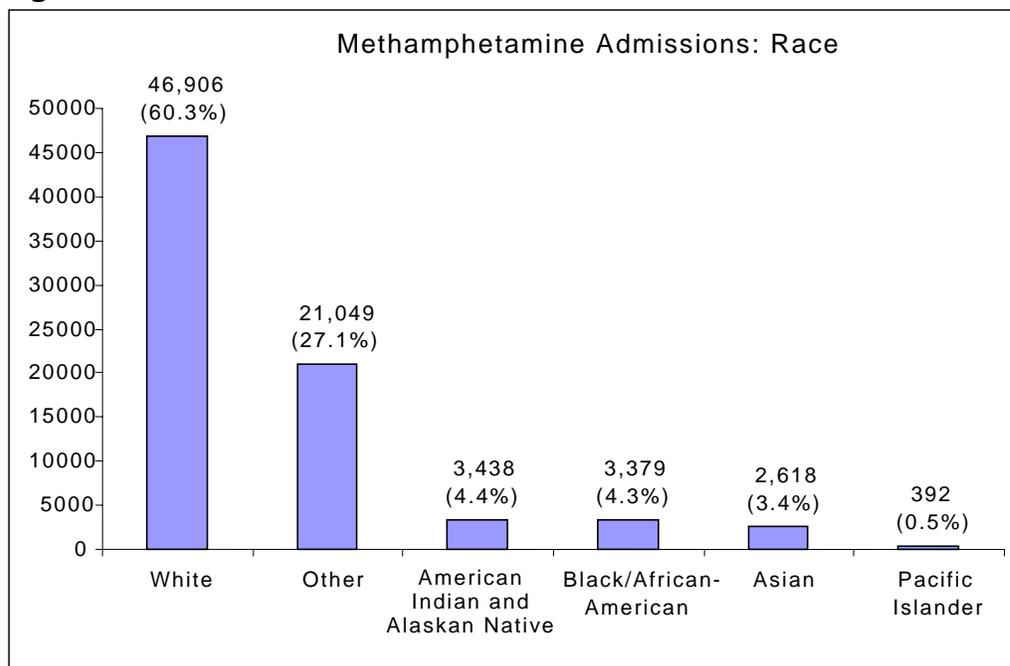


Figure 17 shows that 65 percent of methamphetamine users are non-Hispanic

Figure 17: Ethnicity

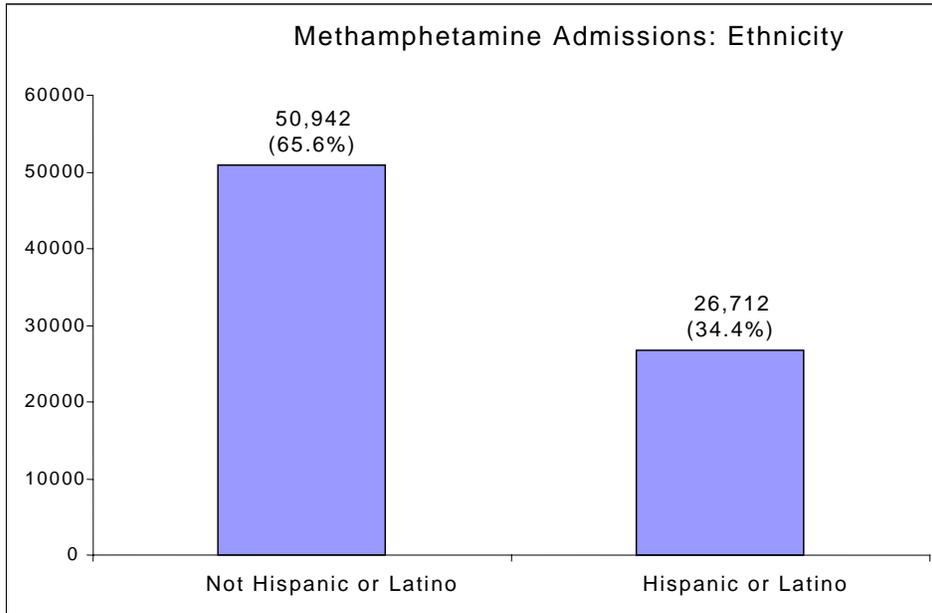
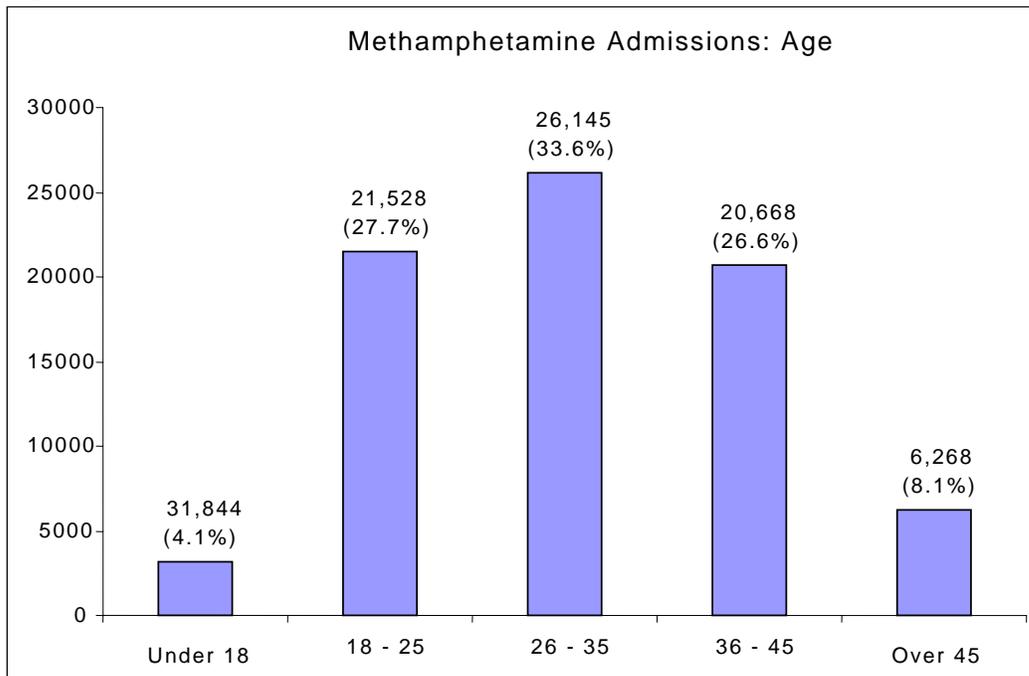


Figure 18 shows that one third of the methamphetamine users were between the ages of 26 and 35.

Figure 18: Age



In Figure 19, more than 70 percent of methamphetamine users stated that smoking is their preferred route of administering the drug.

Figure 19: Route of Administration

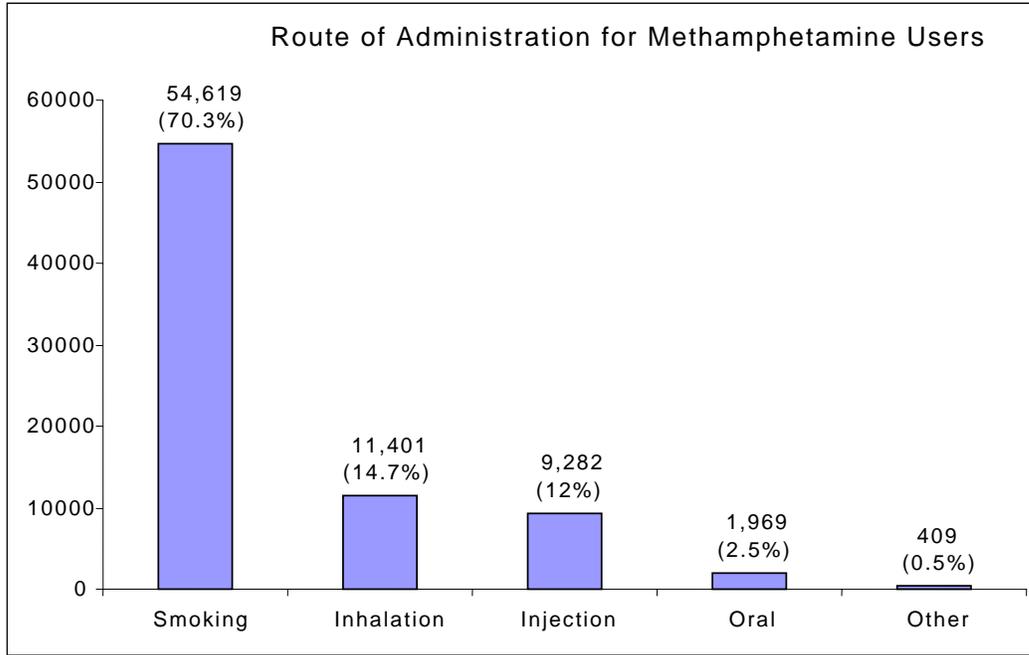


Figure 20 shows the majority of the admissions for primary methamphetamine use from referrals made by three sources: individual (21 percent), court/criminal justice (23 percent), and SACPA court/probation (33 percent).

Figure 20: Source of Referral

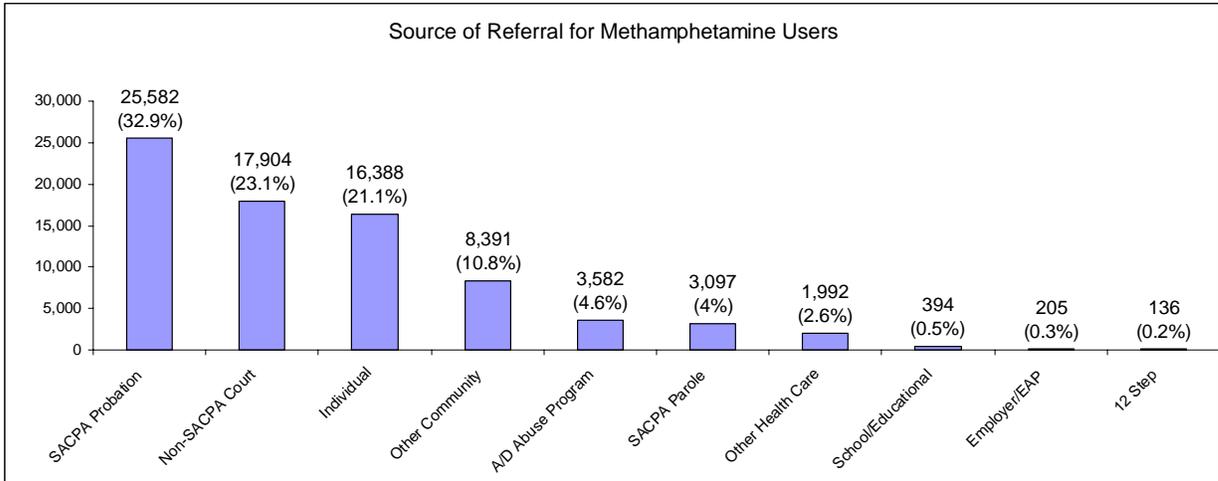
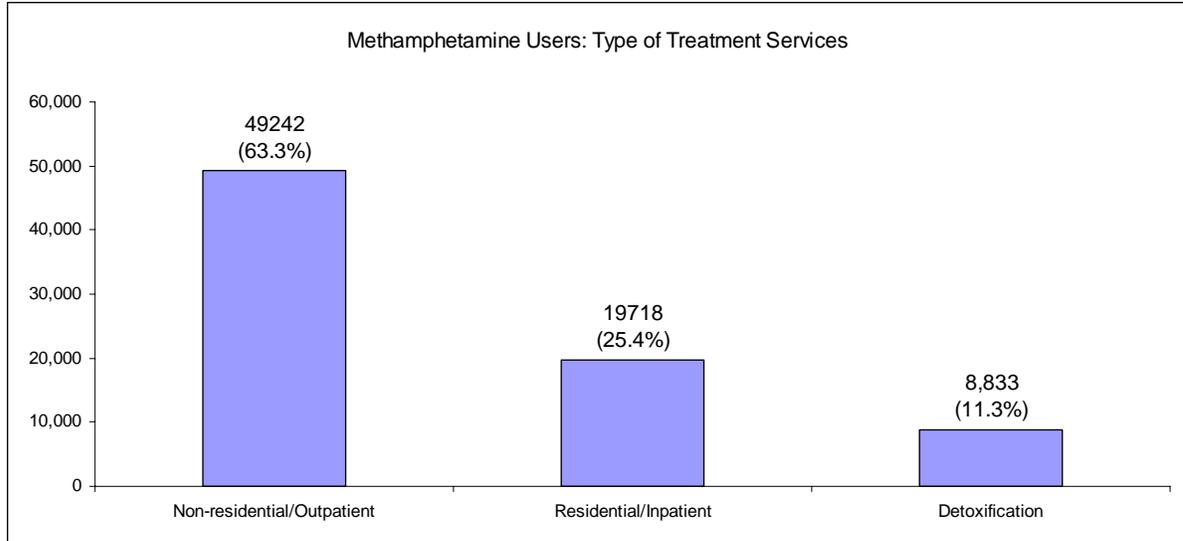


Figure 21 shows that most (63 percent) of the methamphetamine users were served in an outpatient setting. Only one-fourth of this group received residential treatment.

Figure 21: Type of Treatment Services



TREATMENT DISCHARGE DATA FY 2004-05

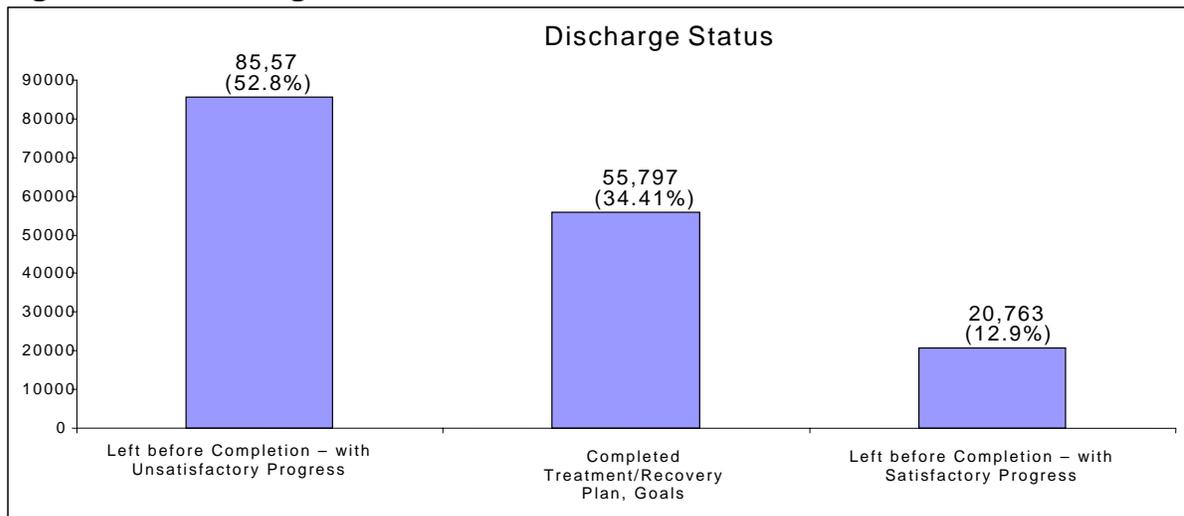
CADDs collects the program completion status of each client at service discharge. Completion status is captured as one of four distinct categories:

- Completed treatment/recovery plans and goals.
- Left before completion with satisfactory progress.
- Left before completion with unsatisfactory progress.
- Referred or transferred for further drug/alcohol treatment program. This discharge category does not reflect a break in service.

Discharge Status

Figure 22 shows that 47 percent of treatment clients successfully completed all program activities and goals or left the treatment program with satisfactory progress.

Figure 22: Discharge Status



Length of Stay

Over 22 percent (42,420) of discharges were from AOD detoxification services. This service lasts for up to 25 days. Discounting those clients discharged for detoxification services, 34.5 percent of the clients were discharged after 90 or more days in treatment.

Figure 23 shows the length of stay in days for all clients discharged from AOD services during FY 2004-05.

Figure 23: Length of Stay

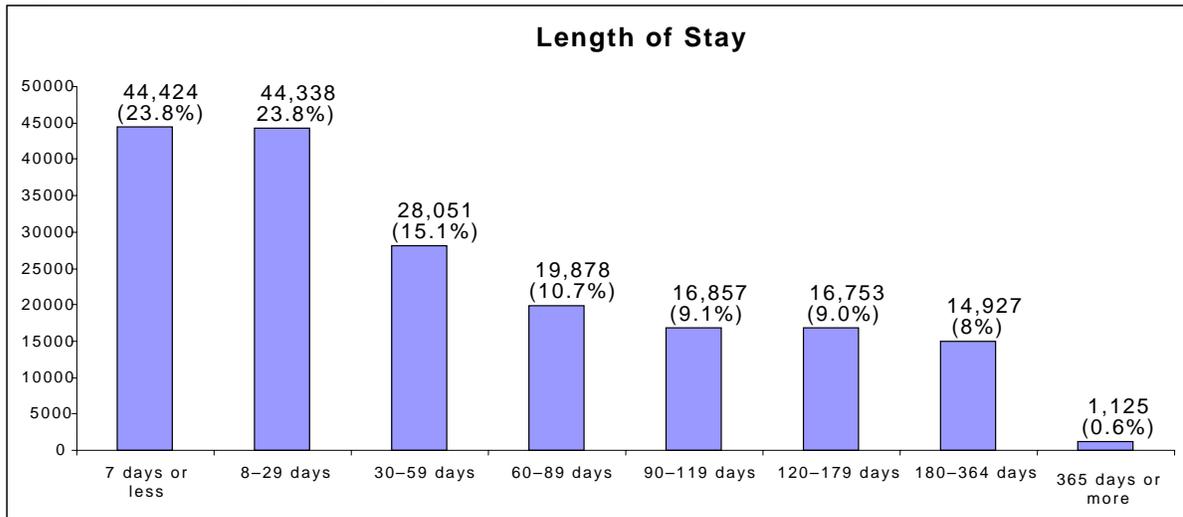


Figure 24 shows that 42 percent of residential/inpatient clients stayed in treatment less than 30 days and 57 percent were discharged after 30 or more days in treatment.

Figure 24: Length of Stay Residential/Inpatient

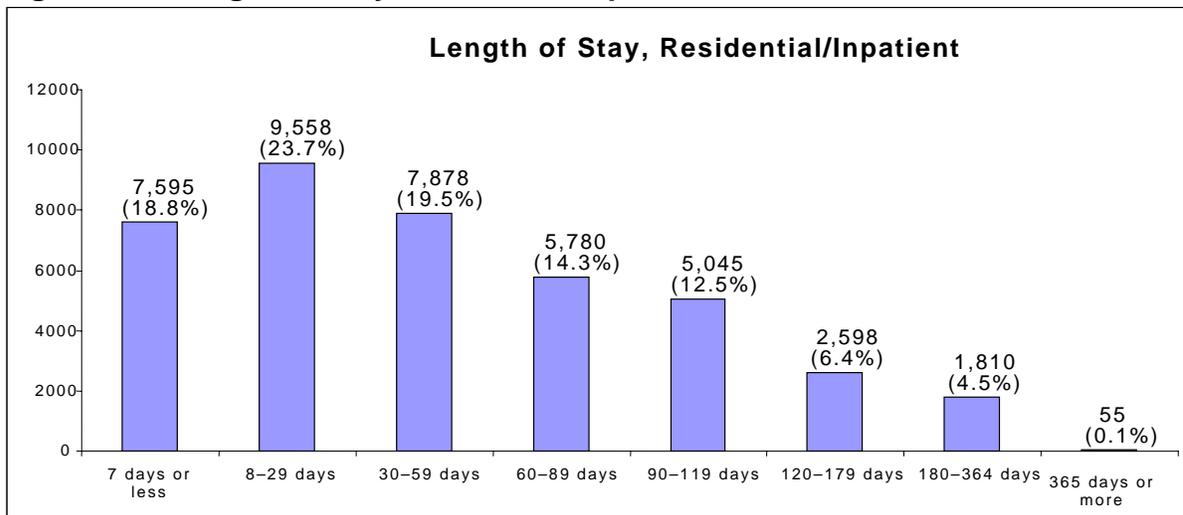
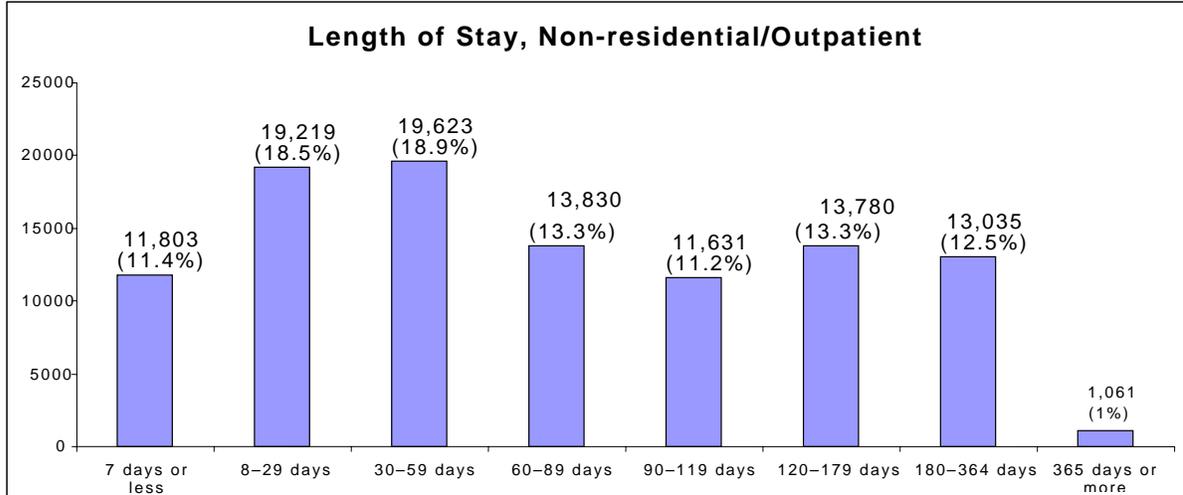


Figure 25 shows that 30 percent of non-residential/outpatient clients stayed in treatment less than 30 days and 70 percent were discharged after 30 or more days in treatment.

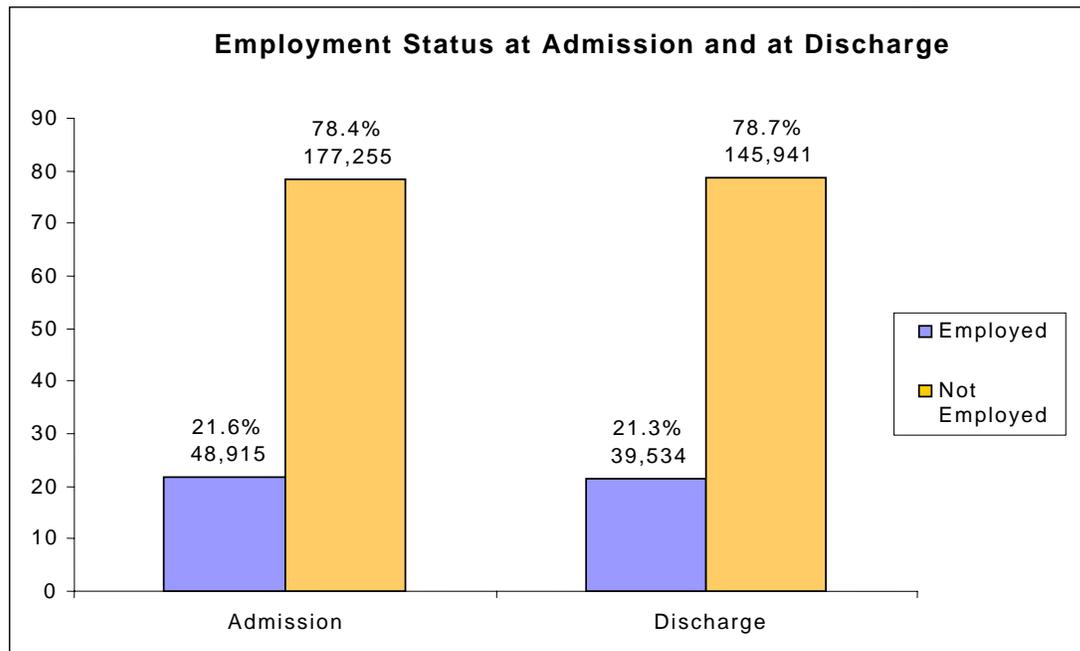
Figure 25: Length of Stay Non-Residential/Outpatient



Employment

Figure 26 shows no overall change in employment status following treatment.

Figure 26: Employment Status at Admission and at Discharge



Summary

ADP currently maintains a comprehensive database management system that tracks statewide treatment services at the individual level. CADDs includes detailed client characteristics and demographic and limited outcomes data collected from all individuals admitted to publicly funded provider facilities in all 58 counties. CADDs is the data source for the reported statistics.

Admission Statistics

The data for FY 2004-05 show the following:

- More than one-half (64 percent) of all clients admitted to treatment were male.
- Caucasians and Hispanics reporting as “White” accounted for one-half of admissions, while one in three (32 percent) reported as Hispanic.
- Roughly three-quarters (75 percent) of admissions were for individuals between 18 and 45 years of age.
- Overall, three out of four clients were unemployed at admission to AOD treatment.
- Forty-three percent of treatment clients had not completed high school.
- More than one-half of clients had criminal justice involvement.
- Clients with methamphetamine as their primary drug of abuse accounted for 34 percent of all treatment admissions, with nearly one-half of these clients indicating that smoking the drug was the way they used it.
- About one-half of the treatment population used drugs daily.
- The highest percentage of treatment clients reported the age of first use between 14 and 15 years (17.3%).
- Three of four treatment clients were served in nonresidential/outpatient treatment settings.

Discharge Statistics

The data for FY 2004-05 indicated the following:

- One-third of all discharges from treatment resulted from successful completion of program goals.
- A slightly higher percentage of men (35 percent) successfully completed treatment compared to women (33 percent).
- Among the races, Whites (37 percent) have the highest completion rate; this is followed by Asians (35 percent), Pacific Islanders (34 percent), American Indian and Alaskan Natives (34 percent), and African Americans (33 percent). Of the

clients who stated Hispanic as their ethnicity, 30 percent completed treatment successfully.

- More than half of the total treatment population stayed in treatment more than 30 days.
- Twenty-one percent of our treatment population was employed, either part-time or full-time, at both admission and discharge.

DUI CLIENT REPORT STATEWIDE SUMMARIES FY 2004-05

ADP is responsible, within the framework of current statutes, for establishing program requirements and licensing programs that provide services to individuals either required to attend a DUI program by the court or attend to establish eligibility to reinstate their driving privilege. ADP is also mandated to provide DMV with a listing of eligible licensed service providers and to inform DMV of any change in license status or other pertinent information concerning licensees.

The objective of the state-licensed DUI program is to reduce the number of repeat DUI offenses by allowing participants an opportunity to address problems related to the use of AOD. Participants receive education and counseling, and are assessed to determine if more intensive treatment is necessary. Participants may be referred to other treatment programs that address issues outside the scope of the DUI program.

First Offender Programs

All first offenders must attend a three-month program. In addition, first offenders with a blood alcohol level more than .02 percent must attend a six-month program. Terminations are participants who have been dismissed from the program for noncompliance and referred back to court. After court appearance, those terminated may return to the program for reinstatement and completion, but only some actually complete the program.

Table's 1 through 3 show client participation statistics for the three-month, six-month, and youth programs. All first offenders between the ages of 18 and 20 are required to complete a six-month program.

Table1: Three-Month Program

THREE-MONTH PROGRAM		COUNT	PERCENTAGE
NEW PARTICIPANTS		84,449	
COMPLETED		73,853	87.5%
TERMINATED ¹		19,298	22.9%
	REINSTATED ²	11,193	58.0%
¹ "Terminated" is a percentage of total new participants. ² "Reinstated" is a percentage of "Terminated."			

Table 2: Six-Month Program

SIX-MONTH PROGRAM		COUNT	PERCENTAGE
NEW PARTICIPANTS		14,281	
COMPLETED		11,920	83.5%
TERMINATED ¹		4,870	34.1%
	REINSTATED ²	2,726	56.0%
¹ "Terminated" is a percentage of total new participants. ² "Reinstated" is a percentage of "Terminated."			

Table3: Six-Month Program

AGES 18-20		COUNT	PERCENTAGE
NEW PARTICIPANTS		1,224	
COMPLETED		700	57.2%
TERMINATED ¹		215	17.6%
	REINSTATED ²	127	59.1%
¹ "Terminated" is a percentage of total new participants. ² "Reinstated" is a percentage of "Terminated."			

Multiple Offenses Programs

All those convicted of a second DUI offense in a ten-year period are required to complete an 18-month program. All those convicted of a third offense are required to complete a 30-month program. Tables 4 and 5 provide client statistics for the second offense and third offense programs.

Table4: Second Offense--18-Month Program

SECOND OFFENSE--18-MONTH PROGRAM		COUNT	PERCENTAGE
NEW PARTICIPANTS		27,666	
COMPLETED		19,058	68.9%
TERMINATED ¹		15,394	55.6%
	REINSTATED ²	9,013	58.5%
¹ "Terminated" is a percentage of total new participants. ² "Reinstated" is a percentage of "Terminated."			

Table 5: Third Offense--30-Month Program

THIRD OFFENSE--30-MONTH PROGRAM		COUNT	PERCENTAGE
NEW PARTICIPANTS		81	
COMPLETED		70	86.4%
TERMINATED ¹		72	88.9%
	REINSTATED ²	39	54.2%

¹ "Terminated" is a percentage of total new participants.
² "Reinstated" is a percentage of "Terminated."

"WET RECKLESS" PROGRAMS

The "Wet Reckless" program is required for all those convicted of reckless driving with a blood alcohol level less than .02 percent.

Table 6: Adults Over 21

Adults over 21		COUNT	PERCENTAGE
NEW PARTICIPANTS		7,004	
COMPLETED		6,170	88.1%
TERMINATED ¹		995	14.2%
	REINSTATED ²	520	52.3%

¹ "Terminated" is a percentage of total new participants.
² "Reinstated" is a percentage of "Terminated."

All youth ages 18-20 who are convicted of "Wet Reckless" driving are required to attend a 12-hour program.

Table 7: Youth 18-20

Youth 18-20		COUNT	PERCENTAGE
NEW PARTICIPANTS		670	
COMPLETED		521	77.8%
TERMINATED ¹		95	14.2%
	REINSTATED ²	73	76.8%

¹ "Terminated" is a percentage of total new participants.
² "Reinstated" is a percentage of "Terminated."

Summary

ADP is statutorily responsible for establishing program and licensing requirements from providers of services to individuals who are either required to attend a DUI program by the court or who attend a program to establish eligibility to reinstate their driving privileges. ADP is also mandated to provide DMV with a listing of eligible licensed service providers as well as to inform DMV of any change in license status or other pertinent information concerning licensees. This report incorporates data provided by the DMV and the California Highway Patrol (CHP) for FY 2004-05.

The data from DMV and CHP indicate that:

- The majority of first-time offenders completed the DUI program.
- First-time offenders in the mandatory three-month program completed at a higher rate (87 percent) compared to those in the six-month program (83.5 percent) and in the nine-month program (57.2 percent).

APPENDIX

TREATMENT ADMISSION DATA FY 2004-05

The CADDs data base was used to create the following FY 2004-05 treatment data.

Demographics

Gender	Count	Percent
Female	80,925	35.70
Male	145,787	64.30
Total	226,712	100.00

Race (Major categories)	Count	Percent
American Indian/Alaska Native	8,460	3.70
Asian	5,855	2.60
Black/African American	36,545	16.10
Other Race	58,901	26.00
Pacific Islander	927	0.40
White	115,995	51.20
All	226,683	100.00

Ethnicity	Count	Percent
Not Hispanic	153,367	67.70
Mexican/Mexican American	57,889	25.60
Cuban	1,659	0.70
Puerto Rican	1,406	0.60
Other Hispanic/Latino	12,064	5.30
All	226,385	100.00

Age	Count	Percent
Under 18	20,497	9.00
18-20	12,282	5.40
21-25	31,132	13.70
26-30	27,311	12.00
31-35	28,319	12.50
36-40	32,390	14.30
41-45	32,260	14.20
46-50	22,541	9.90
51-55	12,448	5.50
56-60	5,030	2.20
61-65	1,676	0.70
Over 65	826	0.40
All	226,712	100.00

Client Characteristics

Employment Status at Admission	Count	Percent
Employed Full-Time	32,092	14.19
Employed Part-Time	16,823	7.44
Unemployed	54,973	24.31
Not Seeking Work	122,282	54.07
All	226,170	100.00

Level of Education	Count	Percent
Less Than 12 Years	97,169	42.90
12 Years of Education	92,072	40.60
More Than 12 Years	37,471	16.50
All	226,712	100.00

Legal Status	Count	Percent
Not applicable	107,914	47.67
Under parole supervision by CDC	15,099	6.67
On parole from any other jurisdiction	5,246	2.32
On probation from any jurisdiction	87,511	38.66
Admitted under diversion from any court	7,584	3.35
Incarcerated	3,034	1.34

Treatment Population

Primary Drug (Major Categories)	Count	Percent
Heroin	41,938	18.5
Alcohol	44,937	19.8
Methamphetamines	77,793	34.3
Cocaine/Crack	24,135	10.6
Marijuana/Hashish	29,445	13
Other	8,464	3.7
Total	226,712	100

Route of Administration of Primary Drug	Count	Percent
Oral	53,096	23.4
Smoking	107,859	47.6
Inhalation	18,082	8
Injection	46,020	20.3
Other	1,099	0.5
Not Given	556	0.2

Frequency of Use of Primary Drug during 30 Days Prior To Admission	Count	Percent
No use during past month	63,212	28.13
1 - 3 days in past month	25,537	11.37
1 - 2 times per week	19,080	8.49
3 - 6 times per week	23,982	10.67
Daily	92,874	41.34

Age of First Use of Primary Drug	Counts	Percent
Age 10-11 Yrs	8,910	3.9
Age 12-13 Yrs	31,894	14.1
Age 14-15 Yrs	39,266	17.3
Age 16-17 Yrs	34,759	15.3
Age 18-20 Yrs	38,385	16.9
Age 21-25 Yrs	30,327	13.4
Age 26-30 Yrs	16,701	7.4
Age 31-35 Yrs	8,785	3.9
Age <10 Yrs	5,934	2.6
Age Not Given	842	0.4
Age Over 35 Yrs	10,909	4.8

Source of Referral

Source of Referral	Counts	Percent
Individual (Self-Referral)	78,200	34.5
Alcohol/Drug Abuse Program	14,995	6.6
Other Health Care Provider	8,798	3.9
School/Educational	5,230	2.3
Employer/EAP	800	0.4
Non SACPA Court/Criminal Justice	45,380	20
12 Step Mutual Aid	453	0.2
Other Community Referral	20,869	9.2
SACPA Court/Probation	45,820	20.2
SACPA Parole	5,836	2.6
Not Given	331	0.1
Total	226,712	100

Types of Services

Clients by Type of Treatment Services	Counts	Percent
Non-residential/Outpatient	137,829	75.5
Residential/Inpatient	44,730	24.5

Clients by Type of Treatment Services	Counts	Percent
Outpatient Day Habilitative	9,800	4.30%
Outpatient Detoxification	734	0.30%
Outpatient Drug Free	106,526	47.00%
Outpatient Methadone Detoxification	15,304	6.80%
Outpatient Methadone Maintenance	14,010	6.20%
Outpatient Other Medication	7,493	3.30%
Residential Detoxification Hospital	423	0.20%
Residential Detoxification Non-Hospital	27,692	12.20%
Residential Treatment	44,730	19.70%

Clients Using Methamphetamine as Primary Drug

Methamphetamine users	Count	Percent
Gender		
Male	44,275	56.91
Female	33,518	43.09
Race		
White	46,906	60.3
Black/African-American	3,379	4.34
Asian	2,618	3.37
Pacific Islander	392	0.5
American Indian and Alaskan Native	3,438	4.42
Other	21,049	27.06
Ethnicity		
Hispanic or Latino	26,712	34.4
Not Hispanic or Latino	50,942	65.6

Methamphetamine users (continued)	Count	Percent
Age		
Less than 18	3,184	4.09
18 - 25	21,528	27.67
26 - 35	26,145	33.61
36 - 45	20,668	26.57
More than 45	6,268	8.06

Route of Administration for Methamphetamine Users

Route of Administration for Methamphetamine users	Count	Percent
Oral	1,969	2.53
Smoking	54,619	70.31
Inhalation	11,401	14.68
Injection	9,282	11.95
Other	409	0.53

Source of Referral for Methamphetamine Users

Source of Referral for Methamphetamine Users	Count	Percent
Individual (Self-Referral)	16,388	21.1
Alcohol/Drug Abuse Program	3,582	4.61
Other Health Care Provider	1,992	2.56
School/Educational	394	0.51
Employer/EAP	205	0.26
Non SACPA Court/Criminal Justice	17,904	23.05
12 Step Mutual Aid	136	0.18
Other Community Referral	8,391	10.8
SACPA Court/Probation	25,582	32.94
SACPA Parole	3,097	3.99
Total	77,671	100

Methamphetamine Users by Type of Treatment Services¹	Count	Percent
Non-residential/Outpatient	49,242	63.3
Residential/Inpatient	19,718	25.35

¹Detoxification Services are excluded.

Methamphetamine Users by Type of Treatment Services	Count	Percent
Non-residential/Outpatient		
Outpatient Day Habilitative	4,148	5.33
Outpatient Detoxification	93	0.12
Outpatient Drug Free	45,094	57.97
Outpatient Other Medication	3,086	3.97
Residential/Inpatient		
Residential Detoxification Hospital	30	0.04
Residential Detoxification Non-Hospital	5,621	7.23
Residential Treatment	19,718	25.35

TREATMENT DISCHARGE DATA FY 2004-05

Discharge Status

Discharge Status	Counts	Percent
Completed Treatment/Recovery Plan, Goals	55,797	34.41%
Left Before Completion – with Satisfactory Progress	20,763	12.81%
Left Before Completion – with Unsatisfactory Progress	85,572	52.78%
Total	162,132	100.00%

Discharge Status Comparison (Completed and Left before Completion with Unsatisfactory Progress)

Discharged by:	Completed Treatment		Left Before Completion with Unsatisfactory Progress	
	Counts	Percent	Counts	Percent
Gender				
Male	37,242	35.17	55,400	52.31
Female	18,555	33	30,172	53.66

Discharged by:	Completed Treatment		Left Before Completion with Unsatisfactory Progress	
	Counts	Percent	Counts	Percent
Race				
White	31,348	37.59	42,110	50.49
Black/African-American	8,510	32.63	13,676	52.44
Asian	1,421	35.43	2,058	51.31
Pacific Islander	228	34.39	342	51.58
American Indian and Alaskan Native	2,151	34.27	3,485	55.53
Other	12,134	29.11	23,889	57.31

Discharged by:	Completed Treatment		Left Before Completion with Unsatisfactory Progress	
	Counts	Percent	Counts	Percent
Ethnicity				
Hispanic or Latino	15,451	29.72	29,690	57.1
Not Hispanic or Latino	40,272	36.64	55,760	50.73

Discharged by:	Completed Treatment		Left Before Completion with Unsatisfactory Progress	
	Counts	Percent	Counts	Percent
Age				
Less than 18	5,358	31.32	8,341	48.76
18 - 25	8,849	30.37	17,169	58.93
26 - 35	13,375	33.22	22,084	54.85
36 - 45	16,714	36.07	23,962	51.71
More than 45	11,501	39.27	14,016	47.86

Length of Stay

	Count	Percent
7 days or less	44,424	23.84
8 – 29 days	44,338	23.79
30 – 59 days	28,051	15.05
60 – 89 days	19,878	10.67
90 – 119 days	16,857	9.05
120 – 179 days	16,753	8.99
180 – 364 days	14,927	8.01
365 days or more	1,125	0.6

Length of Stay, Non-residential/Outpatient	Count	Percent
7 days or less	11,803	11.35
8 – 29 days	19,219	18.48
30 – 59 days	19,623	18.87
60 – 89 days	13,830	13.3
90 – 119 days	11,631	11.19
120 – 179 days	13,780	13.25
180 – 364 days	13,035	12.54
365 days or more	1,061	1.02

Length of Stay, Residential/Inpatient	Frequency	Percent
7 days or less	7,595	18.84
8 – 29 days	9,558	23.71
30 – 59 days	7,878	19.54
60 – 89 days	5,780	14.34
90 – 119 days	5,045	12.51
120 – 179 days	2,598	6.44
180 – 364 days	1,810	4.49
365 days or more	55	0.14

Table: Projected growth of competitors over three years.

Employment

Employment: Clients Employed at Admission and at Discharge	Admission		Discharge		Percent Change
	Count	Percent	Count	Percent	
Employed					
Yes	48,915	21.63	39,534	21.32	-0.31
No	177,255	78.37	145,941	78.68	0.31
Total	226,170	100.00	185,475	100.00	