

CDCR budget reductions: no plan for treatment

California Department of Corrections and Rehabilitation (CDCR) Secretary Matthew L. Cate announced a broad range of plans to reduce the prison population in the coming years and address budget reductions for the FY 2009-10. He calls his plan "common sense corrections reforms [that] can allow California to avoid early release," although many of the plans simply shift the burden to federal or local government tax payers rather than achieving savings of actual costs.



Secretary Cate said that the plans have been developed "very deliberately in coordination with law enforcement from throughout the state." His plans achieve claim to meet

budget cut targets, without early release by reducing the average daily population in the prison system from about 167,000 today to 140,000 in the coming years through a combination of measures.

Cate promised the following actions, but was silent on treatment for addiction (in-custody and aftercare), which affects about 70% of the prison population.

- to prioritize resources to ensure that we can house serious, violent, and sex offenders and better supervise them on parole: We're seeking to reduce our prison population by 5,300 over the next year by cutting down on the 70,000+ parole violators who cycle in and out of prison for technical and other violations. This will also allow us to focus resources on higher risk offenders and reduce parole agents' caseloads for better supervision.
- to provide alternatives to prison for lower-level offenders who do not pose a serious risk: We intend to use technology to provide alternative custody options for low-risk offenders with less than 12 months to serve, as well as the elderly and infirmed, to reduce the prison population by 6,300. Rather than clogging up \$48,000 per year prison beds, or \$100,000+ prison treatment slots, these offenders would be placed on house arrest, or in a medical or treatment facility, and monitored by GPS. As an added benefit, the Feds through Medicare can help share the cost of their treatment if they're outside the bricks and mortar walls of a prison.
- to adjust property crime thresholds: We expect to have 5,600 fewer lower level property criminals in state prison for things like writing bad checks, petty theft with a prior, grand theft, and vehicle theft, by raising felony thresholds. These criminals won't escape punishment, they just won't be serving their sentence in extremely expensive state prison beds for property crimes where the dollar value stolen is less than \$2,500.

- to shift the burden of criminal alien felons onto federal authorities where it belongs: There are 19,000 criminal alien felons in California prisons, and we receive about 11 cents on the dollar for their custody and care. The Governor is going to review their files, starting with low-level non-serious, violent, or sex offenders, to determine which sentences can be commuted and turned over to the federal government for incarceration or deportation.
- to encourage positive behavior through credit enhancements: Inmates who participate in and complete proven rehabilitation programs such as GED, college degrees, and vocational training, will be able to earn weeks or months off of their sentence, rewarding good behavior that will reduce recidivism. This is estimated to reduce the prison population by 1,600.
- to achieve operational savings to reduce costs and increase efficiencies: CDCR is streamlining, consolidating, and eliminating positions at headquarters, the division of juvenile justice, and in the field, to increase efficiency and reduce costs. This will be done in conjunction with the population reduction reforms in a way that will not only save money, but will also allow us to continue to carry out our core functions

The plans include use of technology to provide alternative custody options for low-risk offenders with less than 12 months to serve, as well as the elderly and infirmed, to reduce the prison population by 6,300. These offenders would be placed on house arrest, or in a medical or treatment facility, and monitored by GPS. CDCR would shift the costs of their medical care to Medicare once they are outside of a prison.

Of the 19,000 criminal alien felons in California prisons, their cases would be reviewed to determine which sentences can be commuted and turned over to the federal government for incarceration or deportation.

Cate says the CDCR budget package was developed in conjunction with many in law enforcement, including police chiefs, sheriffs, district attorneys, and probation officers, with support from those four major law enforcement groups.



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House, Senate on recess: Health care debate continues in the districts

Congress postponed debate on the issues until the fall, giving CAADPE members more time to contact their congressional representatives to advocate for inclusion of treatment as part of the essential benefits. Agreement on a final plan could come early this fall and places urgency on the need to contact members of congress.

Addiction treatment is included in the minimum benefits packages in the three major national healthcare reform bills now being considered by Congress. Benefits differ among the proposals and issues of prevention, workforce development, and electronic health records remain vague. None of the bills deal with the specifics of healthcare benefits, which would be spelled out after passage by special committees established under the reform act.

The recent passage of the federal parity law helps make the argument that substance abuse treatment should be included in any basic health benefit and many lawmakers have acknowledged that addiction is a treatable medical condition.

SAMHSA issued the report, *Substance Abuse Pre-*

WHAT YOU CAN DO: CAADPE members are encouraged to contact California representatives and both U.S. Senators Feinstein and Boxer while they are in the state to urge them to include treatment in the health care reform bill. Find your representative at www.thomas.gov.

vention Dollars and Cents: A Cost Benefit Analysis, which targets policymakers and other stakeholders to demonstrate the results of cost-benefit analysis in decision making. The report details the extent of substance abuse among youth, costs of substance abuse to the nation and to states, cost savings that

could be gained if effective prevention policies, programs, and services were implemented nationwide, and programs and policies that are most cost beneficial. The costs of untreated addiction also is examined,

along with the anticipated return on investment in prevention programs. The report is available online at <http://download.ncadi.samhsa.gov/prevline/pdfs/SMA07-4298.pdf>.

CAADPE has long advocated for inclusion of substance abuse treatment as a health care benefit both in the state's health care reform efforts and at the national level.

For CAADPE's position on substance abuse treatment in national health care bills and talking points that may be used in meetings and correspondence with lawmakers, go to www.caadpe.org.

Needle-exchange funding okayed in House

After years a 21-year prohibition, the use of Federal money to pay for needle-exchange programs was affirmed by U.S. House of Representatives when members voted 218-211 against an amendment by Rep. Mark Souder (R-Ind.) that would have kept the ban intact.

Previous budget bills contained the ban in the face of volumes of research which has shown that needle exchanges reduce the rate of HIV/AIDS and other diseases among injection-drug users.

Nevertheless, Souder claimed that needle exchanges do not have a proven track record and that "providing needles acts as a way for drug users to sustain and support their intravenous drug use and

does not address the primary illness of the drug addiction." House Speaker Nancy Pelosi (D-Calif.) countered by informing Representatives that the "scientific support for needle exchange could not be more clear. These initiatives are an effective public health intervention that reduces the number of new HIV infections without increasing the use of illegal drugs."

Scholarships to DPA conference

The Drug Policy Alliance (DPA) has announced the availability of scholarships for registration, travel, and lodging to its International Drug Policy Reform Conference, November 12-14, 2009, in Albuquerque, New Mexico. The deadline for application is August 12. Information may be obtained at <http://reformconference.org/scholarships.php>.

Save the Date

August 19 Narcotic Treatment Programs Advisory Committee Meeting To provide input and recommendations on issues and regulations affecting Narcotic Treatment Programs. ADP First Floor Conference Room, Sacramento. 10:00 a.m. - 3:00 p.m. Daniel Steinhart, 916-324-5510

September 9 Director's Advisory Council The DAC is responsive to critical issues from judges, counties and the larger alcohol and drug field, identifies barriers to access for traditionally unserved/underserved populations, and provides feedback to the community. Stakeholders identify and discuss issues and build consensus in major policy areas that impact the alcohol and other drug service systems and clients. ADP First Floor Conference Room, Sacramento, 10:30 a.m. Patricia Rey 916-324-4722, prey@adp.ca.gov

September 28 Effective Clinical Supervision: Clinical Supervision in Practical Application (How to Support Positive Treatment Outcomes) L.A. CADA trainer Alan Lyme, LCSW (*national trainer and author*). CE units available. 8:00 a.m. - 4:30 p.m. Location: The California Endowment 1000 North Alameda St, Los Angeles. Call 562.906.2686 for more information

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