SENATE COMMITTEE ON PUBLIC SAFETY

Senator Aisha Wahab, Chair 2023 - 2024 Regular

Bill No: SB 910 Hearing Date: April 23, 2024

Author: Umberg

Version: April 15, 2024

Urgency: No Fiscal: Yes

Consultant: SC

Subject: Treatment court program standards

HISTORY

Source: Author

Prior Legislation: AB 208 (Eggman), Ch. 778, Stats. 2017

SB 1014 (Committee on Budget), Ch. 36, Stats. 2012 SB 1369 (Kopp), Chapter 1132, Statutes of 1996

Support: Smart Justice California

Opposition: None known

PURPOSE

The purpose of this bill is to require counties that opt to have treatment court programs to ensure programs are designed and operated in accordance with specified standards and make other conforming, nonsubstantive changes to intent language referencing those with mental health and substance use disorders.

Existing law establishes the Drug Court Programs Act and permits any county, at its option, to provide such a program. (Health and Saf. Code, §11970.5.)

Existing law requires, if a county chooses to provide a drug court program, a county alcohol and drug program administrator and the presiding judge in the county to develop, as part of the contract for substance use disorder (SUD) services, a plan for the operation of a drug court program that includes the information necessary for the state to ensure a county's compliance with the provisions for receipt of federal grant funds for prevention and treatment of SUDs. (Health and Saf. Code, § 11971, subd. (a).)

Existing law requires the plan to do all of the following:

- Describe existing programs that serve substance abusing adults, juveniles, and parents of children who are detained by, or are dependents of, the juvenile court;
- Provide a local action plan for implementing cost-effective drug court systems, including any or all of specified drug court systems;

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• Develop information-sharing systems to ensure that county actions are fully coordinated, and to provide data for measuring the success of the local action plan in achieving its goals; and,

• Identify outcome measures that will determine the cost effectiveness of the local action plan. (Health & Saf. Code, § 11971, subd. (c).)

Existing law states Legislative intent that drug court programs be designed and operated in accordance with the "Defining Drug Courts: The Key Components," developed by the National Association of Drug Court Professionals (NADCP) and Drug Court Standards Committee (reprinted 2004). States Legislative intent that the key components of the programs include:

- Integration by drug courts of alcohol and other drug treatment services with justice system case processing;
- Promotion of public safety, while protecting participants' due process rights, by prosecution and defense counsel using a nonadversarial approach;
- Early identification of eligible participants and prompt placement in the drug court program;
- Access provided by drug courts to a continuum of alcohol, drug, and other related treatment and rehabilitation services;
- Frequent alcohol and other drug testing to monitor abstinence;
- A coordinated strategy to govern drug court responses to participants' compliance;
- Ongoing judicial interaction with each drug court participant is essential;
- Monitoring and evaluation to measure the achievement of program goals and gauge effectiveness;
- Continuing interdisciplinary education to promote effective drug court planning, implementation, and operations; and,
- Forging partnerships among drug courts, public agencies, and community-based organizations to generate local support and enhance drug court program effectiveness.

(Health & Saf. Code, § 11972.)

This bill states that courts that opt to have treatment court programs shall ensure the programs are designed and operated in accordance with "Adult Treatment Court Best Practice Standards" developed by All Rise, founded as the NADCP.

This bill revises key components of treatment programs to conform with the new standards, such as referencing evidence-based services that meet the needs of participants, specifying the need for a system of incentives, sanctions, and service adjustments to achieve participant success, and working to ensure equitable access, services, and outcomes for all sociodemographic and sociocultural groups.

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This bill requires Judicial Council, no later than January 1, 2026, to revise the standards of judicial administration to reflect state and nationally recognized best practices and guidelines for collaborative programs, including those listed in this bill.

COMMENTS

1. Need for This Bill

According to the author of this bill:

SB 910 would require that drug court programs (also known as Collaborative Courts) be designed and operated in accordance with "Adult Treatment Court Best Practices Standards" developed by All Rise. It would also revise key components in the program, requiring a system of incentives, sanctions and service adjustments to achieve participant success.

Collaborative Courts are courts that promote accountability by combining judicial supervision with rigorously monitored rehabilitation and treatment in lieu of detention. These courts divert defendants from traditional criminal justice proceedings to alternative programs that provide social services or attempt to address underlying drivers of crime. California has more than 400 collaborative courts including community, DUI, mental health, and drug courts. Each operates in a slightly different way with varying eligibility criteria.

Drug courts provided an alternative to criminal adjudication for individuals struggling with substance use disorder. Participants usually attend after pleading guilty to a drug-related crime. If the participant graduates, the original charges can be reduced or dismissed. However, the standards by which they operate and the success rate at which individuals complete a drug court program also varies depending on the county or jurisdiction. Without statewide standardization, it can be difficult for participants to reap the benefits of these courts and rectify any instances of subpar implementation.

All Rise is a non-profit organization devoted to furthering the treatment court model. In the fall of 2023, All Rise published an updated version of their "Adult Treatment Court Best Practices Standard" which creates a standardized and widely applicable set of guidelines for drug court implementation.

2. NADCP and Treatment Courts

According to its website, NADCP rebranded as All Rise to capture better the work they have done and will do in the years ahead. All Rise is the training, membership, and advocacy organization for justice system innovation, addressing MH/SUDs for individuals at every intercept point. Through its four divisions (the Treatment Court Institute [founded as the National Drug Court Institute], Impaired Driving Solutions [founded as the National Center for DWI Courts], Justice for Vets, and the newly established Center for Advancing Justice), All Rise will continue to provide comprehensive treatment court training and empower emerging justice system innovations that promote recovery. The website further states that treatment courts are considered the most successful justice intervention for people with MH/SUDs. For three decades,

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treatment courts have proven that a combination of treatment and compassion can lead people with MH/SUDs into lives of stability, health, and recovery. This is a public health approach to justice reform in which treatment providers ensure individuals before the courts receive personalized, evidence-based treatment, and they work as a team with law enforcement, community supervision, defense, prosecution, and the judge to provide ongoing support and recovery services. (See < https://allrise.org/news/we-are-all-rise/> [as of Apr. 16, 2024].)

This bill updates law to reflect the rebranding and updated treatment court standards. (See https://allrise.org/wp-content/uploads/2023/12/All-Rise-Adult-Treatment-Court-Best-Practice-Standards-2nd-Ed.-I-VI final.pdf [as of Apr. 16, 2024].)

3. Ongoing Efforts to Address the Opioid Crisis

Fentanyl is a synthetic opioid that is a major contributor to drug overdose deaths. According to the California Department of Justice, in 2020, the most recent year for which statistics are available, 5,502 Californians died due to opioid overdose, and 3,946 died due to fentanyl overdose. The United States has experienced the overdose epidemic in three distinct but interconnected waves: an increase in deaths stemming from prescription opioid overdoses beginning in the 1990s, an increase in heroin deaths starting in 2010, and a more recent surge in deaths from other illicit opioids, primarily fentanyl and its analogues." (See https://oag.ca.gov/fentanyl [as of Apr. 17, 2024].)

While efforts to meet the growing challenges of the opioid crisis have been ongoing, this year the Senate introduced a package of legislation to specifically target the issue through a more rehabilitative approach. Specifically, the bills in the Safer California package related to fentanyl and other controlled substances would increased access to treatment and enhanced addiction services for those in the criminal justice system. (https://www.latimes.com/california/story/2024-02-26/senate-leaders-respond-to-states-fentanyl-crisis-and-organized-retail-theft-problem-with-new-legislation [as of Apr. 17, 2024].)

4. Argument in Support

According to Smart Justice California:

Collaborative courts promote accountability by combining judicial supervision with rigorously monitored rehabilitation and treatment in lieu of detention. These courts divert defendants from traditional criminal justice proceedings to alternative programs that provide social services or attempt to address underlying drivers of crime. However, each of these courts operates in a slightly different way with varying eligibility criteria.

SB 910 would require that collaborative drug court programs be designed and operated in accordance with the "Adult Treatment Court Best Practices Standards" and require Judicial Counsel to revise the standards of judicial administration to reflect state and nationally recognized best practices and guidelines for collaborative programs by January 2026.