

July 24, 2007

The Little Hoover Commission  
925 L Street  
Suite 805  
Sacramento, Ca 95814

Subject: Prop 36

Dear members of the commission,

I am writing to give testimony as to the importance, value and economic prudence of Prop 36.

Speaking not only as one who has worked in the treatment field for over 20 years but also as someone who has recovered from the disease of addiction I know both from personal experience and observation that incarceration is not the solution. At a time when our prison system is in crisis and over 70% of those incarcerated in this state have a history of substance abuse/addiction it is vitally important that this program continue at full strength. The recent analysis conducted by researchers at UCLA has shown for every \$1 invested in Prop 36 the state saves between \$2.50 and \$4. This corroborates the findings of the CALDATA study of the late 1990's which found that for every dollar invested in treatment/recovery there are \$7 savings in the criminal justice/prison system, emergency medical services and social services. In six years over 70,00 Californians have graduated Prop 36 treatment and taxpayers have saved between \$200 million and \$300 million per year. Prop 36 is an important program that helps enable treatment/recovery service providers in this state to take those who are hopelessly ensnared in the vicious cycle of addiction and incarceration and help them to once again become productive, contributing members of society. UCLA research also found that Prop 36 needs a minimum of \$228.6 million in funding to provide adequate services.

While Prop 36 has done much to address the problem of addiction in this state that is not to say that there is not room for improvement. There are two things that in my opinion would help to make this program even more effective. Firstly, the participants know that they have basically 3 chances to test dirty before there is the possibility of any substantial consequences. Would suggest adopting something similar to the Drug Court model which gives the judge the option imposing sanctions without a "3 strikes before you are out" condition. The second improvement that I feel needs to be made is proper placement. I have seen too many cases where due to the person's background and history it is obvious that they require a structured residential program but are referred to outpatient instead. It is only after they have failed in outpatient treatment 2 or 3 times that they are finally referred to structured residential program. This practice simply sets the participant up for failure.

I offer this input to the commission in the hope that this valuable program not only continue but be improved and fully funded.

Sincerely,

Thomas M. Greenwood, CAS II  
Program Director, Roque Center Inc.  
Board of Directors CAARR