

# NORA and Treatment

## The Nonviolent Offender Rehabilitation Act of 2008



California's prison overcrowding problem has reached crisis levels. Meanwhile, promising efforts to provide drug rehabilitation through the court system have been hampered by budget cuts and law enforcement opposition.

A new ballot measure, the Nonviolent Offender Rehabilitation Act (NORA), would respond to both problems by dramatically reforming the prison system and parole policies, while also expanding court-supervised treatment programs. NORA ensures that adequate funding will be available for quality programs for all nonviolent offenders.

NORA will appear on the Nov. 4th, 2008, ballot. It is principally sponsored by the Drug Policy Alliance Network.

NORA would have several positive impacts on the state's treatment and recovery systems, as the measure builds upon existing models and encourages expansion across the board. NORA empowers treatment professionals, including physicians and mental health experts, to play central roles in assessing and providing for the needs of offenders eligible for NORA services.

### **For nonviolent offenders in court-supervised treatment, NORA requires:**

- A professional clinical assessment of addiction severity;
- Treatment placement consistent with the clinical assessment;
- Placement in methadone maintenance or other medication-assisted treatment when the clinical assessment indicates the need for such treatment;
- Appropriate treatment for dual-diagnosis clients, with funds drawn from Proposition 63 (Mental Health Services Act) to the greatest extent possible;
- Treatment providers' concurrence with any court decision to sanction a client;
- Transfer to more intensive levels of care and supervision for clients demonstrating compliance problems; and
- Treatment providers' input to the court regarding the client's progress and success.

NORA also provides funding for ongoing research to evaluate programs and to recommend best practices. Finally, the measure commits \$65 million per year, growing with inflation and population, to build a system of care offering substance abuse treatment and other support services to at-risk youth under the age of 18.

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## Funding Treatment Quality, Making Funding Permanent

In fiscal year 2007-08, total state funding for court-supervised treatment programs for adults totaled about \$150 million – including Prop. 36 programs and drug courts for adult felons. It is now widely recognized that funding for the 35,000 clients entering Prop. 36 programs each year is inadequate. NORA substantially increases funding for clients in court-supervised treatment, and makes that funding permanent, with regular adjustments for price inflation and state population. NORA directly provides \$460 million in FY 2009-10, which is expected to break down this way:

- \$65 million for youth programs, creating a system of care for at-risk youth under the age of 18;
- \$385 million for treatment and probation supervision for clients under a new three-tiered continuum of care for adults arrested for nonviolent drug offenses; and
- up to \$10 million per year for a range of efficacy studies at public universities in California.

NORA also requires the Department of Corrections and Rehabilitation (CDCR) to pay for the treatment costs of parolees participating in counties' court-supervised treatment systems.

## Who Will Get Treatment and Rehabilitation Under NORA?

The largest new population coming into treatment from the courts is likely to consist of **low-level drug offenders** who would currently be eligible for diversion under the PC 1000 diversion statute. Under NORA, they would enter "Track I," the first of three linked tiers of treatment offered. NORA slightly eases eligibility for this type of diversion (people with minor criminal records can participate) and funds assessment, treatment and rehabilitation programs for these people. By contrast, current PC 1000 programs do not pay for treatment, which limits both the number of people they can serve and their effectiveness.

Nonviolent drug offenders can also enter Track II or Track III, more intensive levels of care, depending on their criminal history. Track II is analogous to the current Proposition 36 statute, which is amended by NORA, and Track III incorporates California's existing drug courts. (NORA doubles funding for those programs while allowing maximum judicial discretion within the system going forward.) People who enter Track I can be transferred to Track II if they have trouble, and Track II clients can be sentenced or moved to Track III before facing incarceration. Also, judges can accept into Track III programs **any nonviolent offender** whose offense, in the opinion of the judge, is attributable to addiction.

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Under NORA, people incarcerated in California's **prisons or on parole** will also be eligible for individualized substance abuse and mental health treatment. In addition, they will be provided with a wide range of rehabilitative services, such as education and literacy training, vocational and life skills training, family and relationship counseling, anger management, housing assistance, and help with obtaining publicly funded health, social security and other benefits. The Department of Corrections and Rehabilitation must pay for these services.

Finally, NORA creates California's first system of care for **at-risk youth** under the age of 18. Young people need not be arrested to be eligible for NORA's youth services – they can simply be referred to NORA's youth services by a concerned adult, such as a family member, school counselor, or social worker. Counties have wide discretion to set up programs that fit community needs.

## **Treatment Stakeholders as Decision-Makers**

NORA provides for close, independent oversight of its programs and insists upon much greater stakeholder involvement and authority over program implementation than is typically found with state programs. The measure creates **two separate oversight commissions**, one devoted to parole and rehabilitation in the corrections system, and one devoted to treatment diversion programs in the courts, for which funding is to be administered by the Dept. of Alcohol and Drug Programs (ADP). Key stakeholders comprise the membership of both commissions, with health and social services professionals as well as academic researchers playing prominent roles.

On the CDCR side, the Parole Reform Oversight and Accountability Board (PROAB) consists of 19 voting members, of which 3 would be drug treatment and rehabilitation service providers, and one more would be a provider of community-based services to parolees. On the ADP side, the Treatment Diversion Oversight and Accountability Commission ("Oversight Commission") consists of 23 voting members, of which 11 would be drug treatment providers, counselors, mental health (dual diagnosis) care providers and county alcohol and drug administrators.

Both oversight panels are chartered to "review, direct and approve the implementation" of NORA by the lead agencies. They each have the authority to review and approve, or block, regulations pertaining to NORA. The lead agencies are required to provide staff to the oversight panels sufficient to support and facilitate their operations.

The ADP Oversight Commission has additional fiscal powers: to set distribution formulas, to approve or reject county plans, to make policies regarding carryover funds and reserves, to set the amounts to be used for studies and to set aside funds for direct contracts by the state with treatment providers in counties that fail to provide an adequate range of services.