

# **Statewide Advisory Group Meeting**

**April 11, 2001**

## **OVERVIEW AND OPENING REMARKS**

The third meeting of the Statewide Advisory Group, held on April 11, 2001 in Sacramento, focused on programmatic elements relating to implementation of Proposition 36. Kathryn Jett, Director of the Department of Alcohol and Drug Programs (ADP), noted that while the first two meetings emphasized regulatory issues, members would now be moving on to discussions relating to programmatic approaches and methodologies.

Successful implementation will require input from all sectors. ADP wants to understand all perspectives and how proposals impact various areas and sectors. A balance needs to be struck between state and local control, giving localities as much flexibility as possible. Director Jett observed that it is difficult to anticipate all of the problems that may arise during implementation of a new program. The first year will serve as a baseline and provide an opportunity to roll out the program, examine implementation efforts, and learn what works and what needs adjustment. She explained that the Advisory Group process will be looking toward the future, taking a more strategic approach to identifying the work that remains to be done.

## **ASSESSMENT AND DATA SUBCOMMITTEE REPORT**

There was discussion about how to move subcommittee recommendations forward, and how to make sure that there is consensus among Statewide Advisory Group members about those recommendations. Members expressed a desire to become part of the decision making process for ADP. A suggestion was made that the recommendations be developed into either regulations or guidelines.

The first area addressed by the subcommittee dealt with assessment:

- A coordinated or joint assessment should use the specialized expertise and information from both treatment and probation. In areas where joint assessment is not feasible, a treatment provider could make the assessment with input from probation. Generating a single assessment based on shared information would reduce duplication and provide a more comprehensive approach to determining the appropriate levels or modalities of treatment and supervision.
- There is a need for continued assessment over time, with the recognition that relapse is part of the condition. Preventative intervention helps reduce failure. In a treatment concept, flexibility permits response to changes that occur over time. Modifying the level and intensity of treatment and/or supervision as appropriate may also reduce court interventions.

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The subcommittee's second area of focus was data collection and reporting. The subcommittee recommended that data collection must be simple, reasonable, and identified by June 1, 2001. Below are key points:

1. Information required for statewide reports and evaluation purposes must be collected from the beginning, and evaluation criteria must interface with the assessment.
2. ADP needs to provide guidance on methods of collection and reporting of data.
3. Common information elements for assessment and data collection are essential. A number of tools and systems (such as ASI, ASAM or CADDS) could be used in the process.
4. All assessment and program evaluation data should be focused toward outcomes. Relevant information should include (a) who was referred for treatment, (b) the number of clients assessed for treatment, and (c) characteristics of those who did or did not enter treatment.
5. Reassessment and treatment changes also need to be reported and documented.
6. Probation and parole will need to provide their relevant data and information.

## **QUESTIONS AND DISCUSSION POINTS:**

### Joint Assessment

- Counties will determine how the clinical assessment will be combined with information from probation. They will also determine if full clinical assessment and previous treatment episodes will be provided to probation/parole. Information on treatment and criminal histories must be shared. Dual diagnosis and mental health are integral parts of the assessment. There was consensus that joint assessment is a recommended best practice that should not be in regulations.
- Strategies for achieving joint assessments included:
  - Designation of a joint assessment site could be located either at the jail or near the court if distance is a factor
  - Exchange of reports on histories so that a better overall picture could emerge, while treatment and probation representatives continue to be responsible for their areas of expertise.
- Probation should not have to develop a new standardized instrument; however, it could rely on databanks, criminal history, and self-reporting of the client to minimize both information gaps and duplication when assessing the level of supervision needed. Information from probation should involve two components:

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(1) program data, which would be entered into computerized data fields; and (2) a template or structured report that can be forwarded to the treatment provider.

- Parole could distinguish between low and high-level supervision needs, and identify candidates early on.

## Timing of Assessment

Discussed was whether the assessment should occur at pre-conviction or post-conviction. The overall consensus was that assessment should generally occur after conviction, with discretion from counties as to when assessment actually is completed depending on volume and other local issues. Advantages and disadvantages of the various assessment time-points were discussed:

- Discussed was the possibility of conducting the treatment assessment before conviction and the supervision assessment after conviction. Concern was expressed that decisions could be swayed regarding whether the client should be directed into treatment.
- A question was raised about the relationship of the assessment and the point at which the client may plead guilty. An assessment before the plea could provide additional information to the courts regarding the level of treatment indicated.

In summary, the group concluded that implementation of Proposition 36 will require an educational process. The perception is that many of the points discussed here are not being done in the field. There is a need to educate each other about what is being done, and to provide and capture different perspectives regarding the work done. It was also recommended that local Indian Health Services representatives be included in the discussion to share their input and information on data collection.

## **EVALUATION ADVISORY COMMITTEE REPORT AND DISCUSSION**

ADP Deputy Director Susan Nisenbaum, Office of Applied Research, reviewed the requirement for evaluation mandated by Proposition 36. The annual evaluation will look at the effectiveness and fiscal impact of the program, while the long-term study will address implementation, outcomes, and cost effectiveness. A Request for Applications was issued and a public California university will be selected soon to undertake the long-term study.

Ms. Nisenbaum reported that the Evaluation Advisory Group members have discussed methodology, data collection issues, policy questions, and tools and data elements needed. The Evaluation Advisory Committee recommended that (1) the long-term study be phased in, and (2) a variety of strategies including the development of surveys, interviews, and connectors for linking different databases. Data collection should not be

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difficult or burdensome for providers or counties. Modifications of existing instruments should be reviewed. Additionally, the annual report could be integrated into the long-term study.

The Evaluation Advisory Committee has also discussed the following issues:

- ◆ The need to establish a pre-Proposition 36 baseline - In order to track consequences of Proposition 36, there is a need to determine what baseline to use for comparison.
- ◆ The need to have evaluation reflect how counties are implementing Proposition 36
- ◆ The impact of demographics on implementation
- ◆ The need to examine the link between those referred to treatment and their criminal justice histories
- ◆ The need to determine if clients are receiving appropriate levels of treatment

The Evaluation Advisory Committee considered the question of how to measure change. The evaluation process needs to include a review of any differences in criminal justice patterns such as arrest, conviction, and prison time. Other changes to look at are trends in drug use, trends in employment, and violations of parole and probation.

Ms. Nisenbaum asked the Advisory Group members to join in a dialogue about what defines success and what outcomes or measurements of change would demonstrate that the program is working. One question raised by the Statewide Advisory Group was how evaluators would determine the cause of possible reduced jail populations linked to Proposition 36 implementation. There was concern that such a reduction could be the result of a change in arrest practices by law enforcement. There was much discussion regarding the challenge of adjusting for multiple sources of impact.

Public interest in defining success may focus on cost savings, treatment success (staying clean), and public safety (reduction in crimes driven by drug addiction). The Statewide Advisory Group as a whole should consider definitions of success. Agreement on "success" -- especially in law enforcement – would help reduce the incidence of "dueling experts." The group concluded that measures of success for the treatment community are not the same as those used by law enforcement. Discussed was how relapse factors into definitions of success. For the first few years, the emphasis will likely be on process information and indicators.

## **ALLOCATION METHODOLOGY FOR FUTURE YEARS**

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ADP Deputy Director Gloria Merk, Program Operations Division, presented questions and perspectives on funding allocations. The fundamental issue involved the basis upon which the distribution of allocated funds should be calculated. Three basic factors considered in the current methodology are:

- ◆ Arrest data and timeframes as a relative indicator for demand
- ◆ Caseload data as an indicator of treatment capacity and supply to meet demand
- ◆ Population as a relative indicator of need; per capita amount needed in each county

The group explored what factors should be considered in future year allocations (Fiscal Year 2002/2003 forward). Considerations include:

- A desire by some counties to have their allocations stabilize. Stable allocations would help counties ramp up for programs. One suggestion was to stabilize 80 to 90 percent of the allocation with the balance based on new or emerging need.
- A concern by some that “caseload” may not accurately address need
- The importance of recognizing fluctuations in “need” along with appropriate adjustment factors

## **QUESTIONS AND DISCUSSION POINTS:**

### Arrest Data:

- Are we looking at felony drug arrests as well as all misdemeanors? Arrest statistics might be skewed if based on county practice. There may be different arrest practices. Because there is a possibility that the law may change arrest tendencies, it might be better to look at internal county trends over time, rather than the actual number of arrests.
- Should “arrest data” be limited to arrests for substance abuse? Substance abuse also may factor into other arrests. There may be value in looking at all arrests and not just adult arrests. Some counties can show increasing levels of juvenile arrests, which have implications for future Proposition 36 needs.

### Treatment capacity:

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- In looking at need, there are cross-county issues and cross-jurisdictional issues relating to county of incidence and transfers. It was noted that the medical community has addressed some cross-jurisdictional matters.

## Population:

- It was noted that straight “population” calculations do not factor in places where substance abuse is greater. However, many members felt that, based on experience, population seems to address the issue better than anything else does.

It was noted that the question as to whether Proposition 36 is an “entitlement” could play a part in determining an allocation methodology.

## **CONFIDENTIALITY AND DATA EXCHANGE**

ADP Deputy Director Del Sayles-Owen, Office of Criminal Justice Collaboration, opened this segment by reporting that confidentiality is addressed in regulations and existing laws. A key issue is how information actually gets exchanged. It was noted that in Drug Courts there may be some model protocols. Other models and entities that could provide guidance include the National Drug Court Institute, and the Legal Action Center which developed materials for ADP. The County Counsels Association may be a good contact for working on cross-jurisdictional issues. As a result, the Advisory Group moved to establish a Confidentiality Subcommittee.

## **LEGISLATIVE REPORT**

ADP Deputy Director Fran Burton, Office of Legislative and Public Affairs, provided materials outlining the status of legislation affecting Proposition 36. A new development involves an increase in the federal Substance Abuse Prevention and Treatment (SAPT) block grants. The Administration announced plans to direct the fund increase for drug testing and mental health treatment of dually-diagnosed Proposition 36 clients. Several representatives voiced dissatisfaction with the decision to earmark current “discretionary” funds for specific purposes. There was a brief update on SB 223 (Senator Burton), which would provide \$18 million in funding for drug testing. It was determined that further discussion will be needed on the implications of the drug testing proposals.

It was also noted that SB 701 (Senator Bruce McPherson) would change the classification of possession of marijuana to an infraction.

## **TECHNICAL ASSISTANCE CONFERENCE**

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ADP Deputy Director Gloria Merk, Program Operations Division, discussed the upcoming Technical Assistance Conference, which will be held in San Diego May 14 – 16. Counties were invited to bring six members from each county team to participate. ADP also invited Indian tribes and members of the client community. The conference will provide an opportunity to model collaboration and to share knowledge and critical information. Practical working sessions, guest lectures, and breakout sessions will be part of the format. Major topic areas will include (1) point of arrest (2) violation of probation/parole, (3) court system, (4) treatment environment, (5) post treatment and (6) administrative infrastructure.

The conference is designed to spur additional regional events. Although the conference was initially planned as two meetings -- one in the north and the other in the south, meeting space became available to accommodate 400 and the decision was made to conduct one large conference. This provides an opportunity for counties to share information and be introduced to new ways of thinking about collaborative interventions.

## **FUTURE ROLE OF THE STATEWIDE ADVISORY GROUP**

Advisory Group members discussed "model" building to help illustrate how movement occurs through the system. "Modeling" needs to provide ranges and accommodate variations among local responses. Strategic planning needs to be more responsive to community needs and address quality-of-life and treatment issues. There was discussion that the Advisory Group may want to clarify perspectives on methadone treatment.

The group discussed the importance of involving key stakeholders, including:

- Consumers. There is a need to better involve the consumer voice. It was suggested that Proposition 36 clients be asked what they need to help them move forward.
- Local tribes and Indian health clinics. High levels of substance abuse make education and prevention critical issues especially for these stakeholders. Discussed were the benefits of dealing with tribes on a government-to-government basis.
- Law enforcement. There was concern that many officers on the street do not believe that treatment works. It is essential to inform officers of the research and data supporting the effectiveness of treatment. There must be consensus on the research.

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Director Jett explained that ADP needs assistance from the Advisory Group members in documenting the key issues and identifying new challenges being presented to treatment providers. Documentation of this process and how we move through implementation will assist in creating a policy format document. A discussion about decision points, tension points, and issues that were resolved will be key items. The final product will give members a summary that will represent the work of this group. The challenge is to figure out how to develop a coherent statewide practice while learning from, and preserving, county differences and distinctions in implementation. Director Jett reminded participants that all paths lead to one destination -- treatment. Our task is to replace a piecemeal approach with one that holistically and systematically treats Proposition 36 clients in the most efficient and appropriate manner.

## **LICENSING AND CERTIFICATION: CERTIFICATION SUBCOMMITTEE REPORT**

The Certification Subcommittee recommended a tiered approach, using best practices and guidelines for the interim while a comprehensive certification process is developed for residential and outpatient treatment. Key points were:

- Certification will take time to be developed and should not be compromised by time constraints.
- Dual systems of certification, from ADP and from the Department of Corrections, need to be merged. A more comprehensive approach to standards for the treatment community should address the entire system of care. Faith-based providers need to adhere to the same platform of standards as other providers.

This subcommittee did not feel that staff certification was within their scope, nor were standardization of fees or costs which are most appropriately determined at the county level.

## **LICENSING AND CERTIFICATION: UPDATE ON COUNTY CAPACITY ISSUES**

David Feinberg, ADP Licensing and Certification Branch Manager, reviewed ADP's efforts to increase capacity at the county level. Building on the work of the Certification Subcommittee, certification standards of residential programs and standards for outpatient programs are being reviewed by ADP. ADP is trying to expedite the licensing and certification process for completed applications. The Department provides a website directory that lists certified programs and programs that are awaiting certification and that list is updated monthly. ADP asked for advice on how it should prioritize its application processing efforts. The ADP contact is Chuck Browning at: (916) 322-2911 or (916) 322-2510.

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Below are other points raised by the members:

- Standards are being developed for programs without statewide standards for employees. An area for future discussion are standards for those delivering treatment with the possible creation of a separate subcommittee to address workforce certification.
- California Department of Corrections (CDC) has standards for after-care that could be useful for sober living programs.
- Although ADP will not have recommendations by the July 1<sup>st</sup> deadline, ADP needs to set a timeline for recommendations. Guiding principles and existing documentation should be used in the meantime.

## **LICENSING AND CERTIFICATION: CAPACITY BUILDING SUBCOMMITTEE REPORT**

The Capacity Building Subcommittee reported on capacity development strategies, including siting programs and identification of financing sources. Venture capital options are one possibility for expanding treatment facilities where contracts would be tied to a facility and not contractors. Potential also exists to expand facilities at existing hospitals and other similar locations. Key concepts examined for expanding capacity included:

- Private pay health insurance: This would provide an additional financial resource with no obstacles to access. There was an expressed desire to establish dialogue regarding third party payments to encourage cooperation. Increased funds would encourage development of facilities.
- Reciprocity: The concept would be to permit licensing or certification that is now required to be processed through ADP to be done through other licensing bodies. By working with partners in the health care system and in mental health clinics, a simplified application process could be developed that would accept the reports of other licensing bodies and involve only one fee and application. Expedited licensing could also be developed for multi-purpose facilities.
- Prioritized licensing and certification: Priority processing should be given to applications addressing shortage of capacity for various modalities. ADP will survey counties to determine capacity needs by modality.

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The approach is to look at the whole system-of-care in building capacity for substance abuse treatment. Modalities need to include mental health, as well as women's and children's programs. Community health and safety programs also create an opportunity to expand capacity and are often utilized before county programs.

## **CROSS-JURISDICTIONAL ISSUES SUBCOMMITTEE REPORT**

The Cross-Jurisdictional Subcommittee recommended that treatment occur where people live and reside, while retaining flexibility to address client needs. When a client is on parole or probation, coordination needs to be done to reduce duplication of supervision and treatment, especially in the context of limited resources. Recommendations and guidelines need to acknowledge and factor in the absence of facilities in some locations.

## **FOLLOW UP ON OPEN ISSUES FROM MARCH MEETING**

Staff from the California Department of Corrections (CDC) explained the calculations for their reduction in estimated referrals into Proposition 36 programs. CDC sets standards and specifications for treatment for parolees. CDC staff stated that they would participate in a collaborative effort to help achieve more consistency.

## **REGULATIONS UPDATE**

ADP Deputy Director Del Sayles-Owen reviewed the key provisions of the new draft emergency regulations for fiscal year 2001-02 funds. The three suggestions offered by the Advisory Group focused on:

- Substituting the term "supplemental treatment services" for "additional services" in Section 9505. The Act defines these services as an integral part of treatment, and as such is not "additional."
- Clarifying that County Boards of Supervisors can delegate the ability to submit plans to the identified County Lead Agency as stated in Section 9515.
- Creating fiscal consequences to counties for failure to submit required plans and reports in Section 9525. Recommendations for penalties varied; however, there was general agreement of around 25 percent of the next fiscal years allocation.