

**Substance Abuse and Crime Prevention Act of 2000 (SACPA)  
STATEWIDE ADVISORY GROUP MEETING SUMMARY  
December 12, 2003**

**WELCOME**

Director Kathryn Jett gave a brief update on the new Governor's Administration. She announced that we have a new Health and Human Services Agency Secretary, Kim Belshé. Secretary Belshé previously served as the Director of Health Services. Kathryn Jett served as her Chief of Women's Health.

Director Jett also reported that the Department has been exempted from the current 20 percent budget reductions. However, we will also be looking at several executive orders and examining the regulations from the last five years.

Jett congratulated Judge Manley on his work with Proposition 36 and on the judicial council's recent training of judges and Jett expressed her appreciation of the hard work the Fiscal Work Group (FWG) have been doing on the allocation methodology.

Jett noted that there is a new law, Senate Bill 762, in which the sponsors sought to eliminate date rape drugs from Proposition 36 eligibility.

**SACPA ALLOCATION METHODOLOGY**

Al Senella, who represents the California Association of Alcohol and Drug Program Executives, began giving a brief presentation on the work from the FWG which is individually convened by ADP to advise on fiscal matters. The current methodology is 50 percent standard allocation methodology, 25 percent general treatment admissions and 25 percent recent drug arrest data.

The following recommendations were discussed:

1. The SACPA allocation will be weighted:
  - a. 50 percent standard allocation methodology (\$2,500 per million, balance per capita)
  - b. 30 percent most recent fiscal year SACPA client treatment admissions
  - c. 20 percent most recent calendar year drug arrest data
  
2. Each county's Fiscal Year (FY) 03/04 funding derived from the standard allocation methodology (\$2,500 per million of allocation) portion should remain unchanged in future allocations. The allocation of \$58.5 million (half of each annual allocation) would remain constant, and each county's portion of this amount would be known prior to being allocated. The supplemental allocation will be apportioned on the ratio of each county's arrest allocation to statewide arrest allocation, and ratio of each county's caseload allocation to statewide caseload allocation.

3. Each county's treatment caseload component of the allocation will no longer be that county's portion of the total California Alcohol and Drug Data Systems statewide treatment caseload; it will be the number of SACPA clients admitted for treatment per thousand county population.
4. Converting drug arrest and treatment caseload to measure incidence per thousand county population which allows comparison between counties.

While the FWG has attempted for a number of months to arrive at a numerical cap for non-treatment related activities, it has not yet reached agreement on the cap.

Senella noted that the FWG recommendation for FY 03/04 is that the methodology remains unchanged; and that the methodology is reviewed annually.

Carryover funds are an issue that must be addressed concurrent with the change in allocation methodology. The details have not been resolved, yet the FWG recommends to the following concepts:

- ADP should develop and apply criteria for evaluating whether a county's carryover funds are excessive. The criteria should evaluate county expenditure plans and county SACPA expenditure history. Approved plans should be linked to historical SACPA expenditure patterns or plans that contain specific programmatic actions committing the county to accelerated levels of treatment to accelerate the spending of carryover dollars.
- Any SACPA funds withheld from allocation, because a county has failed to develop and carry out an acceptable expenditure plan, should be distributed to only those counties with expenditure plans and expenditure activity judged by ADP to be acceptable.
- Counties judged by ADP to have deficient SACPA allocation plans should be notified and given an opportunity to take corrective action before any existing allocation is withheld and redistributed because of excessive carryover funds. ADP's communication of the need for corrective action on the county's part can culminate with a letter to the chairperson of the Board of Supervisors, if county AOD staff fails to respond within a reasonable time.

There was discussion on increasing the percentage of allocation based on SACPA treatment from 25 to 40 percent; reduce the amount based on drug arrests from 25 to 10 percent; and maintain the amount based on the standard methodology at 50 percent. The group expressed its concurrence with this approach.

It was noted that a regulation change will be required before ADP can implement the change in the allocation methodology. Additionally, the criteria for recovering carryover funds would likely have to be codified regulations. Currently, the regulations do not have specific criteria on how the Director makes that decision.

**Member’s Questions and Comments Included:**

Toni Moore, Sacramento County, stated that CAADPAC supports the greatest weight given to caseload rather than arrest.

Judge Manley commented that if the formula is changed dramatically, it will have a negative impact on the program. Manley also commented in support of those counties who have been able to develop plans and identify clients for treatment and are able to utilize their funds. The risk develops when counties are not spending their monies.

It was noted that current spending habits are picking up and counties are now spending the money. Senella suggested that we do not make too many changes in the formula.

A suggestion was made that ADP should send a letter to the County Board of Supervisors in those counties where there are questionable amounts of unspent funds. Other comments by members included having the counties that are under performing be identified and a meeting with them should be scheduled. These meetings would entail having the importance of spending the funds and what a re-allocation based on performance would mean to the counties.

Dr. William E. Ford, Ph.D., Director of Mental Health and Substance Abuse, Health Systems Research, Inc., provided assistance to the FWG in the development of the formula. He stressed the importance of putting the monies where the clients are. The real example of need is to get the clients into treatment.

Director Jett commented that it is important to have a formula that looks at the Proposition 36 caseload. Unfortunately, with the current budget constraints there are not enough resources to address all of the problems with the counties. Jett reiterated that whatever changes that occur will require a regulations change, and ADP will be working on that. Jett concluded that an update will be provided at the next Statewide Advisory Group meeting.

<p style="text-align: center;"><b>REPORT BACK FROM ASSOCIATIONS ON STRATEGIES FOR CONTINUED PROPOSITON 36 FUNDING</b></p>
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Members held a roundtable discussion on Strategies for Continued Proposition 36 Funding.

**Media/Public Education**

The provider representatives discussed the need for a media package, which would include relative data in a useful presentation.

Bill Zimmerman, Executive Director, Campaign for New Drug Policies indicated conducting a public opinion poll to find out the public’s view. He noted that his organization developed a Proposition 36 video-tape that is available to those who wish to educate others on the program.

Patrick Ogawa, Los Angeles County Alcohol and Drug Programs Department of Health Services, noted that the public hear how the program is working.

Peter Banys, M.D, California Society of Addiction Medicine, noted that there is a need to assemble media information and develop talking points before the final UCLA report is issued.

### **Collaborative Discussion on Program Changes**

It was noted that there is a need to bridge the gap on collaboration and law enforcement treatment, and that problems with effectively dealing with non-compliant individuals can put a wedge in collaborations. It was suggested that a meeting could take place in January involving the Court, Public Defender, Probation, and District Attorney.

Los Angeles County reported plans to convene key stakeholders to work on issues involving the criminal justice system as it relates to Proposition 36. The goal is to set up a meeting in February 2004 to start getting law enforcement more involved.

Zimmerman stated that although the proponents initially opposed modifications to the statute, they are willing to discuss possible changes to the statute. He recognized that there has been more cooperation. He also noted that as information on implementation commences, we are more data driven.

Susan Blacksher, Executive Director, California Association of Addition Recovery Resources, has many ideas on how treatment could be better. Treatment should come together and brainstorm, possibly on a statewide basis.

It was suggested that a Maintenance of Effort (MOE) strategy should be developed. Moore commented that the current year funding is falling behind on the Federal MOE requirement by two to three percent. If we fail to meet MOE we would lose federal dollars.

It was noted that we will need good evaluation data. Sacramento County is preparing a report, which will be released in January or February 2004, with data and facts which the county hopes will move police and District Attorney's office to support Proposition 36.

Director Kathryn Jett stated her desire to brief Secretary Belshé on the program so that she will see the full impact of Proposition 36. In regards to treatment effectiveness, Jett commented that ADP has released a report to the legislature on the California Treatment Outcomes Project (CALTOP) study. The summary will be available soon, and Jett agreed to share that data with the group. Jett commented that we are seeing good results and we need to get the word out.

<b>UPDATE ON THE STATUS OF THE PAROLEE SUBCOMMITTEE</b>
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Del Sayles-Owen gave an update on the status of the Parolee Subcommittee meeting that was held on December 5, 2003.

Overall the Subcommittee agreed for the need to meet to deal with outstanding issues which include:

- Data reconciliation between the California Department of Corrections (CDC), Board of Prison Terms, CAADS and the counties' data systems.
- Respond to legislative requests regarding revocation and how we follow and track clients through the parolee process.
- Continued work with CDC's specialized parole agents working on Proposition 36, especially in Los Angeles who has agreed to pilot the Parolee Mental Health Screening program with Paroles and CDC Mental Health.
- Substance Abuse Services Coordinating Agency (SASCA) and Proposition 36 interface and data collection issues.
- Reporting of cases where there is Dual Supervision by Probation and Paroles.
- Parolees initiatives and their impact on Proposition 36.

#### **CALIFORNIA DEPARTMENT OF CORRECTIONS NEW TREATMENT PROGRAMS**

Joe Ossmann, California Department of Corrections, Parole and Community Services Division, gave a brief presentation on the new Treatment Programs that have been developed by CDC.

Ossmann commented that CDC will be operating under a new parole model as it relates to drug treatment which will include:

- \* Pre-release assistance
- \* Standardization decision-making for field staff
- \* Expanding police and Corrections teams statewide
- \* Expanding the use of electronic monitoring
- \* Substance Abuse Treatment Control Units

The Drug Treatment Furlough Program will be administered by the CDC Office of Substance Abuse Programs and will include releasing inmates 120 days early into community residential treatment and emphasizing structure and employment for the parolees.

The Folsom Transitional Treatment Facility is scheduled for activation in February 2004 and will contain two Substance Abuse Programs (SAP). The SAP will provide substance abuse treatment to both the inmate and parolee populations. The implementation of the two programs will provide an alternative for inmates and parolees who have substance abuse problems, and will afford them the opportunity to address the issues surrounding their addiction.

The Substance Abuse Treatment Control Units involve inmates participating in a 30-day in-custody drug treatment program, followed by 90-day aftercare, which will primarily be out-patient aftercare. The program's focus would be for parole violators that have no history of violent convictions, have committed technical or minor criminal parole violations, and will not be Proposition 36 eligible. The 90-day aftercare phase will utilize Substance Abuse Services Coordination Agencies (SASCA) to place the parolees in aftercare and provide case management services.

Members expressed concern over the potential lack of bed space that will occur from the implementation of the new CDC treatment programs. San Bernardino, Riverside, and some Bay Area counties are already operating without bed space and waiting lists; therefore, it could be a potential problem.

Another comment noted that these new programs would cut prison costs which are also resulting in the closure of state prisons.

Meeting adjourned 11:30 a.m.