

Making It Work!

2006

A Statewide Technical Assistance
Conference for the Substance Abuse
And Crime Prevention Act of 2000
(SACPA)

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Proceedings

Day One

David Deitch, Director of UCSD’s Center for Criminality and Addiction Research, Training and Application (CCARTA), noted in his welcoming remarks that many in the audience were attending a Making It Work Conference for the first time. He compared the history of the annual conferences—this is the sixth--with the treatment of addiction. Implementation of Proposition 36 began with a recognition that “you’ve got a problem and you need to do something about it.” As with addiction, there were many who were not convinced they “had a problem” and there were typical defenses—“lots of resistance, lots of confusion, sometimes defiance, but we got started in a process of hope and discovery.” Like people with addictive disorders, those responsible for implementing Proposition 36 said “OK, I’m going to try it, reluctantly.” There were tentative efforts. People were unsure of what might be the best way to proceed. “We were getting acquainted with what the problems were. We were finding out some ways to address them. We were finding out that some of these problems seemed insurmountable, but with encouragement and support, our team members working together started to solve them.”

Carrying the analogy further, Deitch noted that “when we got into primary treatment we had the usual ups and downs--discovery, failure, working it out, finding some new ways to make it work.” The learning was incremental—not sudden leaps at one time. “And there were also times when we regressed a bit. We had to make a few mistakes in order to learn ways to correct them. We are now in re-entry. We’ve got to talk about how do we sustain and maintain the effort. It’s no longer a beginning. We’re

on our way, slowly, with support and encouragement and the teams that have been built in this room, we now have the struggle of maintaining the recovery, very different from starting it. We have as many interesting problems to solve, but that's where we are now."

Kathy Jett, Director of the California Department of Alcohol and Drug Programs noted how the Making It Work Conferences provided an opportunity for county teams to hear about developments in Sacramento affecting their work and also to have an opportunity to share information with other counties about local issues that may be inhibiting progress or indicating success.

She then introduced **Ann Boynton**, who was appointed in 2006 by Governor Schwarzenegger to be the Undersecretary of the Health and Human Services Agency. Director Jett noted that the issues coming before this large agency are "extremely complex and often very urgent." She pointed out that Ms. Boynton was one of the key people working during the past year on the reauthorization of Proposition 36.

Ms. Boynton thanked the conference participants for their work in implementing Proposition 36, noting that more than 60 percent of the voters had approved the proposition in the 2000 election. She said the county teams had participated in a substance abuse treatment evaluation on a scale never seen before. "In the last five years we have seen unprecedented collaboration among the state, counties, treatment programs, law enforcement and the judicial system. We've learned that Prop. 36 has led to positive outcomes for those who complete treatment. We know that offenders who complete treatment are less likely to re-offend and are more likely to remain drug-free and employed. Thanks to Prop. 36 many individuals have been able to leave their addictions behind and participate more fully as productive members of society."

"California has also learned that there are taxpayer benefits from Proposition 36", she continued. "Earlier this year researchers at UCLA reported that in the first year alone there was a saving of \$173 million by state and local governments related to jail or prison costs because rather than incarcerating offenders we were treating them." Because of this, reauthorization of Proposition 36 was a top priority for the governor's administration. "The governor shares the goal of enhancing public safety by reducing drug-related crime and he recognizes the value of treating addiction. Governor Schwarzenegger is committed to improving the effectiveness and outcomes of the Proposition 36 program."

While the UCLA evaluation showed positive outcomes, she continued, it also highlighted a need for reforms and improvement. Thirty percent of offenders never enter treatment, and completion rates vary widely by county—averaging only 34 percent across the state. UCLA's analysis shows that only a very small percentage of offenders—1.6 percent of offenders—are responsible for a disproportionate share of the costs, and they are the most likely to re-offend. "We know now that those people have five or more convictions in the 30-month period prior to their entry into the Proposition 36 program. So there is a very small minority of people who are causing a great deal of costs associated with the program." To increase the number of people living successfully in recovery, Governor Schwarzenegger this year maintained the funding of Prop. 36, conditioned upon the enactment of reforms to improve accountability and outcomes, and especially to increase the number of persons who successfully complete treatment. "The governor believes we can improve treatment completion rates. The administration presented a package of reforms to legislators and stakeholders by giving judges and

treatment providers immediate access to tools and flexibility that allow them to better address the treatment needs of offenders and to hold the offenders accountable for their treatment.”

Ms. Boynton pointed out that Senate Bill (SB) 1137, the bill that contained Governor Schwarzenegger’s comprehensive reforms, was passed as part of the recent budget. It includes requiring the courts to impose drug-testing as a condition of probation commensurate with treatment needs, encourages the courts to the greatest extent possible to use dedicated calendars and a drug court model that includes collaboration with treatment and probation and supervision of participants through review hearings. The bill also allows the courts to sanction program participants by sending them to jail for brief periods—so-called “flash incarceration.” Research has consistently shown Ms. Boynton said that brief periods of incarceration are effective when used as part of a comprehensive package of reforms and sanctions. Under the original Proposition 36 language only the probation department could move the court to modify the terms of probation. The new law allows the court to take those actions, providing the court with authority to impose additional six-month increments of treatment services, not to exceed a maximum of 24 months altogether. It also provides direction to the court on the definition of successful completion of treatment, acknowledging that completion of treatment does not mean the termination of narcotic replacement therapy.

The Proposition 36 reforms had bi-partisan support in the Legislature and are consistent with the Governor’s priorities, Ms. Boynton said. “They reflect the hard work of people like you—treatment providers, county officials, judges, public defenders and district attorneys. The consensus and willingness of all of you to work together are emblematic of the collaboration that marks why Prop. 36 is so successful.” Although SB 1137 is currently being litigated, she said, the administration supports the comprehensive package of reforms it contains and believes they will increase entry and completion rates and assure that more people lead drug-free lives.

Ms. Boynton went on to describe a new court-supervised treatment program enacted by the Legislature with administration support. The program, she said, allows the immediate implementation of many of the best practices identified by UCLA as necessary to improve Proposition 36. The budget provides an additional \$25 million for counties implementing these best practices. In addition, she said, the administration has also invested significant resources in this year’s budget to help the law enforcement community address substance abuse issues. The budget provides \$196 million of general funds for a law enforcement initiative including methamphetamine eradication, strengthening methamphetamine eradication across the state by providing a total of \$29.5 million for the California Multi-Jurisdictional Methamphetamine Enforcement Team, an increase of \$20 million over the original funding. The funds will be allocated on a regional basis. Currently the program works in conjunction with the federally-funded Central Valley High Intensity Drug Trafficking Area programs. The new funds will serve to intensify the efforts of participating law enforcement agencies, providing additional resources for investigators and prosecutors specializing in methamphetamine offenses, as well as staff, equipment, training and facilities. There is also an additional \$6 million provided for the creation of three new teams within the Department of Justice to augment the three California methamphetamine strategy program teams that are currently in place.

Ms. Boynton then turned to the new budget of the Department of Alcohol and Drug Programs. The \$670 million budget represents an increase of \$53 million over the prior year. Specific additional investments include \$10 million for a methamphetamine prevention campaign. The adult felony drug court program will be expanded with an additional \$4 million this year, along with a \$3 million expansion for dependency drug court programs. She also listed a number of bills signed by the Governor which touch on issues of interest to the Proposition 36 county teams. Assembly Bill (AB) 631 establishes mobile narcotics treatment programs, expanding access to methadone treatment by taking services to patients in their communities. SB1299 makes it a felony to possess and sell certain methamphetamine and PCP-making chemicals to another person knowing that that person will then manufacture methamphetamine or PCP. SB1318 adds one year to the sentence of offenders if they are caught selling drugs within 1,000 feet of a drug-treatment facility. SB1500 requires ADP to conduct a methamphetamine prevention campaign and also authorizes the department to accept voluntary contributions to fund the campaign.

There are few areas of state government that touch the lives of as many Californians as do the services and programs provided by the Health and Human Services Agency, she continued. The agency has a budget of approximately \$65 billion and about 36,000 staff statewide providing services. “High on the Governor’s list of priorities is insuring that every Californian has access to affordable quality health care regardless of income,” she said. “Health care costs are becoming a national crisis. They are continuing to climb at a rate that outpaces general inflation, personal income and the growth of state revenues. In California 11 percent of our economy is related to health spending. One in seven Californians foregoes health care due to costs. If we are to make progress in expanding access, if we are to make progress in improving quality, we must address health care affordability. Absent change, health coverage will be beyond the reach of a growing number of Californians. The number of uninsured residents will climb, and increasing state health care costs will limit funding for other state budget priorities and necessary programs.”

The Administration is crafting a new approach to this problem, Ms. Boynton said. In July the governor convened an historic summit on health care affordability. At the summit a broad array of stakeholders provided their insight for innovative strategies to contain and reduce costs of coverage. “There is no single answer, however, to health care affordability challenges,” she said. “The state has implemented short-term steps to improve health care affordability and access to coverage as we work toward comprehensive lasting solutions. This year’s budget provides \$80 million to identify and enroll and retain all children eligible for MediCal and Healthy Families. Although these services are available to the families, we have a portion of kids who are uncovered and eligible and we have to find ways to reach those kids.” The Governor also called for an additional 500 school-based health-care centers in elementary schools to be established within the next 10 years. And legislation was enacted to invest more than half-a-billion dollars on innovative county-based strategies for indigent adults. The Administration also supported a prescription drug plan to make medicines more affordable for five-million uninsured Californians, and newly-signed legislation provides the uninsured access to lower-cost care at hospitals. Governor Schwarzenegger signed an executive order outlining strategies to advance health information technology. Health information

technology helps assure the delivery of the right care at the right time by the right provider.

“But we have just begun the process,” Ms. Boynton said. “Next year the Governor will announce his framework to address health care affordability and coverage. Delivery of all aspects of care including substance abuse treatment is complex, and improving affordability is even more complex. Stakeholders across the state will need to be ready to take bold steps over the next years.”

Past, Present and Future

Kathy Jett returned to the podium and expressed gratitude to Dr. David Deitch and the UCSD team and to the California Endowment for supporting six years of bringing Proposition 36 teams together for this type of event, which was not provided for in the Proposition 36 budget. “I think this conference is significant because now we are no longer a demonstration project. We’re not testing the waters every day, every week, every month to see how the project is going. This is the first time we’re meeting as a community that has learned many lessons, not the least of which is that when we work together in a collaborative fashion we do a much better job than when we’re working alone in our individual silos.”

The Proposition 36 reforms enacted by the Legislature this year were based on what was one of the largest research studies ever in the history of the United States—the UCLA evaluation, Ms. Jett said. “We’re talking about very large cohorts of offenders who were actually followed so there were no assumptions going on here. There was no hocus-pocus in terms of guesswork. Everything I’m showing you in terms of the evaluation is based on approximately 60,000 offenders in Proposition 36 as compared to 60,000 offenders who were on the books prior to Proposition 36. UCLA has taken a snapshot of everything that you’ve been doing over the past five years and they’re boiling it down in their reports.” The final report is very much anticipated by the state Legislature, she said, and the legislative staff members on this day’s conference program will provide a sense of how legislators view Proposition 36. “It is important to hear what people are saying about the work that we’re doing. What are the varying perspectives on what we’re doing? I venture to say that those varying perspectives exist right at your table, considering that some of you have been here for a short period of time, some of you have been here for a long period of time. You all have a perspective on an offender that is different from that of the partner who sits next to you.” Proposition 36 has taught many people some basic lessons about addiction, she continued. “We’ve been able to share with our law enforcement partners the chronicity of the problem, and whether you look at addiction as a chronic disease or you say I can’t digest that, maybe you would agree that it’s a chronic problem for law enforcement, a chronic problem for probation, a chronic problem for our communities and a chronic problem for our families. This is a chronic issue that doesn’t go away.”

While the UCLA study showed that 30 percent of the offenders didn’t show up for treatment, 24 percent did make it into treatment and they did well, Ms. Jett continued. “We’ll show you how those numbers improved in the evaluation, year to year. As Dr.

Deitch said, we learned from year to year what we had to do better, how we had to make certain that individuals were getting from the courts to the treatment programs. We've also spent a lot of time in these rooms talking about drug courts. "When Prop. 36 came down six years ago, across the nation they said that's the end of California's drug courts and we've been able to demonstrate that in fact it was not the end of our drug courts. In fact, Governor Schwarzenegger this year put \$7 million more into drug courts. What we have is a system in the state that is going to move people through the level of court supervision that they require."

Ms. Jett noted that those who have been associated with the Proposition 36 effort for the full six years probably remember that the program started out with an advisory group. We put together an advisory group that was really different—an advisory group of associations--the DAs, public defenders, the sheriffs association, and all the treatment associations, including the county alcohol and drug administrators and the treatment providers associations. We sat at the table and really looked at the proposition as it was written, and we tried to give ourselves at least some principles that we would utilize for the first five years." These principles, she said, helped in the evaluation and they also helped in policy discussions. "There was a lot of pressure on the state to tell counties exactly how to run the program, but that's not how we read the proposition. So we definitely said that in the first five years we're going to come up with three principles that would guide us." Those three principles were:

1. The first year of experience would be used as a baseline to help build allocation strategies and program strategies. There was no other data to serve as a baseline.
2. A firm commitment to local control. It was clear that Proposition 36 was not written as a statewide program but as a county-administered program that required collaboration.
3. The effort would be based on collaboration—a collaborative team approach at the local level.

As an example of the third strategy, Ms. Jett recalled how she saw confidentiality emerge as an issue at the first Making It Work Conference. Counties that had only limited representation on their teams were reporting problems with issues of confidentiality. "For teams that came with a full complement it was not an issue. You worked it out among yourselves, how you would share data and information." At the conference the following year, more counties came with a full complement of their teams and confidentiality was less of an issue.

Ms. Jett pointed out that the UCLA evaluation was based on a study of 140,000 individuals who moved through the Proposition 36 system. "A lot more than 140,000 have been assessed, but 140,000 have moved from assessment into treatment." Also significant was the finding that methamphetamine was the most common drug of abuse between 2001 and 2004. "This was the first time in the United States that a state was seeing this percentage of methamphetamine addicts. Its use among Prop 36 offenders is far more than cocaine, marijuana, heroin and alcohol. Methamphetamine held steady over the years as the primary substance of use."

She then turned to other characteristics of Proposition 36 clients. "In our first year of data it became clear that this is a heavy-use population. What we were seeing were addicts who had 10 years or more of addiction under their belts. So this was not the early-offender population we had expected." From a treatment perspective this may have been

a welcome finding, but from an enforcement perspective it was very frustrating because this was a law that was supposed to see sort of “lightweight” offenders. It also caused problems when counties had purchased a lot of outpatient beds because they were expecting a lighter weight population. “But the reality in the first year—and it carried through for the next three years—is that we were going to see some really very hardcore users... This stood out in the final UCLA evaluation as being something that was a critical problem—that we weren’t really placing offenders in the proper level of care.” Another significant finding was that for 50 percent of the offenders every year it was their first encounter with treatment. She recalled that many district attorneys questioned this finding, saying that a much greater percentage had been in treatment before. She finally figured out that the DAs regarded a diversion program as “treatment.”

Another significant finding was that methamphetamine addicts were as responsive to treatment as any other addicts. While those associated with treatment may have known this, the finding made news throughout the nation because there was a widespread belief that methamphetamine users were not responsive to treatment. “I think this study actually blew that out of the water,” Ms. Jett said. “It showed that in many cases the methamphetamine addicts were doing better than our heroin addicts.” Another finding had to do with show rates. “We started learning some best practices in year two or three of the study. We found that when placing probation and assessment staff in the same location as the court, we had better responses—people showed up and made it to the court and made it to treatment. Counties that allowed walk-ins, particularly for parolees, tended to have better show rates. Also, counties that required only one site visit or one admission visit for completing their assessment had a better rate than counties that required multiple assessments.” Ms. Jett added that she hoped this conference would help answer a question raised by another finding: why probationers were showing better outcomes than parolees.

She then turned to findings that compared Proposition 36 treatment-completers with non-completers. The researchers found that initial re-offending was lowest for treatment-completers, that employment and abstinence were highest for treatment-completers, and that when there were new arrests, most were drug arrests; arrests for violent and property crimes were low. “This told us a story that needed to be told. We weren’t really dealing in the Prop 36 arena with many people that fit into the violent offender category. There weren’t many violent offenders in this cohort of Prop 36ers. We thank our DAs and our probation and law enforcement partners for that because, truth be told, we’re not geared to deal with violent offenders.”

Treatment-completers in the study were found to do far better than people who leave treatment after a 90-day period. “The science tells us 90 days is a good period of time in treatment, that we’ve taught them a lot, and they’ll probably know where to go get help again if they don’t do well. There’s a cohort of 90-day completers who do well and never need to come back for a full term of treatment. But the people who stayed and completed treatment, we were able to track through our administrative data sets and really vouch for very specific things: they don’t commit crimes that are violent, their use of drugs declined, and any engagement with the law enforcement community declined significantly.”

Ms. Jett described the difficulty of communicating the significance of the finding that 30 percent of Proposition 36 offenders were not showing up for treatment.

“Remember that when they hit our system it’s a 35 percent rate of completion that occurs for every offender. This has been difficult data to work with. We’re talking about a point in time. People might be somewhere in what’s called the pipeline between arrest, jail, going before a judge, perhaps going back to jail for other kinds of offenses, through the treatment pipeline to Prop 36. It’s been a difficult set of data to communicate because it doesn’t mean that everybody else is out running around using drugs. It means that they’re somewhere in the process and they may be in treatment but they haven’t completed it. You’ve been very good about working with us to get this data as clear as we could for the Legislature, as clear as we could for communities.”

Another difficult story to tell was the significance of data indicating that the re-arrest rate for offenders in the Proposition 36 era was higher than the re-arrest rate in the pre-SACPA era. “It’s hard to explain, but the pre-SACPA policy was to incarcerate. People were incarcerated instead of left on the streets.” This issue will be clarified in the final report on the evaluation.

Ms. Jett then turned to the cost-benefit analysis, pointing out that while the statewide average of completion rates was 34 percent, the actual rates in the counties ranged from 11 percent to 58 percent. The cost benefit analysis was the premier piece of information used in arguing for reauthorization. “The program saves us \$2.50 for every \$1 spent. And the taxpayers saved \$4 for every dollar spent on completers, the people who actually get through the full scope of treatment. They’re working, they’re paying taxes, they’re going back to school, they’re reunifying with their families. The most significant savings were in parole costs and prison costs. Researchers found that 1.6 percent of the Proposition 36 population accounted for the majority cost. They cost 10 times more than any other offender. This became a principle discussion in the reauthorization. Who are these people who are costing us 10 times more than other offenders? There was a lot of effort put into trying to identify those. For instance, is the 1.6 percent part of a chronic homeless population, consistently reoccurring? Without answering that question it’s hard to know who these folks are.”

After release of the cost-benefit study, the Governor immediately suggested putting \$120 million back into the Proposition 36 program. “In fact, he put that in his budget in early January, and he asked for a package of reforms,” said Ms. Jett. “I think the signal there was quite clear. He knew we could do better with Prop 36, he wanted to fix it and reauthorize it, not just leave it be and reauthorize it. That was the Governor’s stand and I think that was the stand of the Legislature and many of the organizations and associations that were working on the reauthorization. So the Governor reauthorized the program, asking for reforms that would strengthen our ability to capture that 30 percent who weren’t making it to treatment, moving us toward the \$4 savings mark. In other words, getting people to treatment and keeping them there, so we could move the savings from \$2 to \$4.”

Ms. Jett told the audience that legislators want to know more about the range of completion rates—11 percent to 58 percent--from county to county. Which counties had 58 percent completion rates and which counties had the 11 percent completion rate? “In our next year, facing the Legislature, be prepared to understand what your completion rates are and also what your show rates are for your counties. Spend time understanding why they are what they are. If you’re in a county that has an 11 to 34 percent completion rate there’s a lot of factors to look at, and there’s a lot of science and data. Our

department can come in and help you with technical assistance if you're not finding something very clear that you're not doing in your county that's a best practice. If you're having difficulty assessing why people are not completing, we can provide technical assistance to come in and help you, compare you with other counties, and perhaps neighboring counties can help you. There are very clear reasons why people don't show up for treatment. There are very clear reasons why they don't stay in treatment."

As legislative consideration of reauthorization continued, Ms. Jett said, the real question became how much more to invest in the program. Legislators wound up saying they would give the counties some time to make improvements, and we'll give you some money as an incentive package. This became the \$25 million Offender Treatment Program. (OTP) "Many of your counties already have applied for that. It's a program based on increasing your show rates and retentions, and expanding treatment services. This goes particularly to individuals who are not getting the right level of services required to complete the program successfully." A key point in the discussion was that the counties are sharing in the benefits, and counties need to share in the costs. The program is based on a 10 percent share--nine dollars of state money for one dollar of county money is the match attached to it. Ms. Jett pointed out that the UCLA evaluation set up a number of best practices and the Legislature wants counties to implement them, such as having dedicated court calendars. A workshop at this conference will offer suggestions on how to adopt the best practices. Ms. Jett outlined these aims of the OTP program:

- Improved accountability
- Increased show rates, retention and completion outcomes.
- Expanded treatment services.

In addition to the OTP funding, the administration and the Legislature expanded drug court budgets by an additional \$7 million. Offenders who don't do as well in Proposition 36 will be moved into more specialized courts. The result, Ms. Jett said, is a tiered system of treatment for drug addicted offenders. "This is significant because we've learned from the UCLA evaluations that some offenders are not amenable to treatment under the rules of Proposition 36 and these individuals could possibly experience better outcomes with more court oversight."

Ms. Jett turned to the lessons learned about collaboration in the years of effort to implement Proposition 36. "What we've ended up having is a system of triage for offenders who are engaged in our criminal justice system. We have a triage where they first walk into any county in the state and they're dealt with under Prop 36. They're given an option for treatment, and we know after five years of evaluation, depending on how you want to cut it, that 34 percent of offenders—or up to 58 percent in some counties—do quite well in that model. That's not enough. That's not where we're going to settle. So we have a Prop 36 model that is moving offenders who are not performing well in 36 into a drug court model. There are different offender groups just as there are in our treatment system. There are people we can engage in treatment very early on, without a whole lot of intervention. Some life crisis brings them to us. Then there are other people where we have to create a crisis, an intervention model where you create a crisis and get them into treatment." This is similar to what happens when clients who are not responding in 36 are moved into a higher level of supervision if that's what they require.

Ms. Jett described the difficulty of getting people to consider the chronicity of addiction when comparing Proposition 36 outcomes with incarceration. “If you’re going to deal with addiction you’d better compare success to something. If you incarcerate somebody you’ve got 100 percent compliance. You know where they are, what they’re doing, all the time. But if they’re going to be in the community, and if addiction is in fact a chronic condition, you’re not ever going to see 100 percent. So what kind of percentage are you going to compare it to?” She made a comparison with a crime problem—such as drugs being sold on a street corner. “We know it’s a chronic problem and we know it means deploying your resources elsewhere. The drug dealers are going to move from corner A to corner B. You’re going to need the resources to address this. That’s all we ask of you as teams--to accept those definitions of chronicity. It isn’t going away. Once they go into treatment it doesn’t go away. There’s not a miracle cure yet. Just like there’s no cure for diabetes or obesity. You ask somebody to change their lifestyle and—has anybody here ever smoked and quit? We’re trying to deal with the compulsive nature of addiction.”

To conclude, Ms. Jett looked at the future.

“UCLA’s evaluation will continue. I’ve mentioned that their final report is in process. We’re going to be focusing for the next several years of that contract on looking for best practices, looking out there broadly to your communities to see what’s working well and what isn’t. We’ll also be looking at that 1.6 percent population, trying to understand them a little more, and we’ll be reporting that back to you. Clearly if we understand that group it will be a real cost-saver for all of us.

“We’ll also be spending time with UCLA and the staff at OCJC trying to learn more about what your needs are--what your needs are for technical assistance, where we can help you be successful. This is a clear partnership. When you succeed, we succeed, the state succeeds. Where we’re failing you in supporting you and your efforts, it is a failure not only for you but for the State. So we want to be there for you, we want to learn from this conference and from your communication with the OCJC staff that are here in abundance. Your county analysts will be available for you to talk to. We want to learn about what we can do better to make sure that the next three-to-five years of Proposition 36 will be fine-tuning our efforts to serve the counties in the best possible fashion.

“I want to thank all of our partners, especially you in the criminal justice arena. You’ve been asked to really change a mind-set, to learn about things you never signed up for. You’re trained for one thing all of a sudden you’re assigned to something you never asked for. But you’ve hung in because that’s what the public asked us to do. They asked us to try this experiment, to try to develop technologies to deal with drug offenders so we don’t just keep cycling them through our criminal justice system. It’s not perfect and it’s not complete. We’ll continue to learn and I’ll continue to work with you, and I want to thank you on behalf of the Administration, on behalf of the Department, and also on behalf of the public, the people I get phone calls from all the time, people who are grateful for what you’re doing in your county. Because for the first time somebody offered them treatment and not jail.”

Millicent Gomes, Deputy Director of the Office of Criminal Justice Collaboration at ADP, provided additional details about the new Offender Treatment Program (OTP) and how the \$25 million funding it will be distributed. The goal of the

program, she said, is to improve SACPA accountability, increase show rates and completion outcomes, expand treatment services and attain a county investment in these efforts. “We’re going to be distributing the funds to counties that demonstrate a commitment of county general funds from a source other than the state at a ratio of nine dollars to every one dollar.”

She then reviewed the criteria for receipt of the OTP funds as set forth in the legislation. One provision is the establishment and maintenance of dedicated court calendars, with regularly scheduled reviews of treatment progress for persons ordered to drug treatment. Another factor is the existence or establishment of a drug court and the willingness to accept felony defendants who are likely to be committed to state prison. The \$173 million in cost savings identified by UCLA came mostly from savings in state prison costs, she pointed out. Further, counties must establish and maintain protocols for use of drug testing to monitor an offender’s progress in treatment, with protocols for assessing an offender’s treatment needs and placement at appropriate levels of treatment.

Ms. Gomes said the state has received 40 applications from counties for OTP funding, seeking a total of about \$28 million. Because this exceeds the \$25 million allocated for the program, the money will be distributed on the basis of compliance with the criteria set forth in the statute. She then listed some of the goals set forth by counties applying for the funds so far:

- 33 counties plan to enhance current treatment services.
- 36 counties plan activities to increase their show rates.
- 31 counties plan to reduce delays in treatment services.
- 33 counties plan to develop treatment services not currently available.
- 23 counties plan other improvement, such as providing transportation and child care services.

(She pointed out that these numbers add up to more than 40 because some counties are planning multiple strategies.)

OCJC staff is reviewing the county applications and wants to get the money out as quickly as possible, Ms. Gomes continued. She said ADP is working on an invoice process and an audit methodology for distribution of the funds. She added that the program will be covered in future UCLA evaluation reports.

Offender Treatment Program Statutory Changes Requirements

Judge Stephen Manley of Santa Clara, who represents the Judicial Council of California on the Statewide Advisory Group for Proposition 36, introduced a panel of three legislative staff members who participated in consideration by the Assembly and Senate of the reauthorization of Proposition 36. “We tend to forget that the legislative process is a complex one,” Judge Manley said. “It is made complicated by the fact that there are two separate political parties with different views on a multitude of issues, and we have to compete with a lot of other interests.” Even within the area of substance abuse, addiction and co-occurring disorders, he added, it is necessary to compete with the Department of Corrections and Rehabilitation (CDCR) which has its own mandates and

goals and concerns raised at the legislative level as well as at the Governor's office. He then introduced:

Garry Olsen, a policy consultant with the Assembly Committee on Public Safety.

Christian Griffith, a senior consultant to the State Assembly Budget Committee.

Anastasia Dobson, a human services consultant to the State Senate Budget Committee.

Judge Manley credited the three with the success of the effort in Sacramento to reauthorize Proposition 36 and provide continued and additional funding for its implementation. He said the panelists "have the toughest bosses in the world" and they can help clarify what goes on behind the scenes and how legislative decisions are made. He emphasized that they do not speak for the Assembly or Senate or the legislative leadership but were here to give their personal views regarding what went on in the recent session and what is likely to happen in the future. He added that the panelists would not comment on the terms of SB 1137, the bill making changes in Proposition 36 which is being challenged in court. He pointed out that Proposition 36 had been funded at the rate of \$120 million for five years under terms of the original proposition, and he asked the panelists if it was correct to assume that continued funding was "safe" in the Legislature.

Ms. Dobson said it was not a "given" that the program would continue to be funded at a rate of \$120 million, especially before the most recent UCLA study is reported. "The previous UCLA studies had thrown some shadows over how effective the program was," she said. Griffith said the Assembly had conducted hearings on Proposition 36 before the UCLA study came out, and questions emerged about how county programs would fare if new funds were not voted. He pointed out that \$145 million was being spent on Proposition 36 programs even though the state appropriation was \$120 million.

"There was a feeling that there would be a substantial reduction in the level of services if the appropriation remained at \$120 million," he said. Olsen said the Assembly's Republicans were very skeptical about Proposition 36. "Most of them did not support it when it was on the ballot, and most are still very skeptical that it is the best way to address drug offenses." This made it a "tough sell" to get a two-thirds majority in support of any additional funds for Proposition 36. "The governor said in his budget that continued funding would be contingent on certain statutory reforms. We attempted to do that, and it is in litigation now. Assembly Republicans had the view that the previous statutory framework was inadequate and that the program was not adequately holding offenders accountable. They would be unwilling to vote additional funds unless substantial reforms were made."

Judge Manley said it was apparent that the Legislature wanted to see something better than the 34 percent "completion-rate" reported in the UCLA studies, even though such a rate may be what could be expected in treating a relapsing condition such as addiction. Griffith said he thought there was a "lack of context" in the way the 34 percent rate was reported. The legislators are not drug abuse experts, he said, and there was an unsuccessful attempt to compare the 34 percent figure with completion rates of drug treatment elsewhere, such as at the Betty Ford Center. He told Proposition 36 team members that it is incumbent on them to educate those who do not understand the addiction problem and may be expecting more than treatment can deliver. Dodson said

she thought the issue of context was very important in terms of understanding the program and understanding the funding issue. She said that in the array of programs the Legislature considers for financing, those involving health and social services—which may include Proposition 36—are considered “balancers” and since the amount is relatively small, a detailed analysis may not be high on the agenda. They also look at performance measures for other programs conducted by the counties and see that there has been no increase in their administrative costs for many years. In that context, she said, “34 percent does not sound good.” Olsen commented that he did not think any amount of marketing could convince the Republicans that 34 percent was a good rate. In their view, the fact that some offenders do not show up for treatment at all is a “sad commentary” on the “gift” of not being sent to jail. These legislators want to see reforms that give offenders greater incentives to succeed in the program.

Judge Manley wondered if the fact that not sending some offenders to prison resulted in a cost savings for the prison system had any impact on the thinking of legislators. Olsen said he thought the cost-savings study was “interesting” but was not something so compelling to change the minds of the Republican skeptics. At the time Proposition 36 was adopted, he said, it was generally understood that it would apply to the offense of illegal drug possession, and if a person escapes jail for that crime and then commits another, such as car theft, has there really been a savings in prison costs? Dodson pointed out that there is no line in the state corrections budget for savings from Prop 36, and while the prison caseload originally went down after adopting Prop 36, it has now started going back up. While there was savings years ago from not sending offenders to prison, it isn’t known what has happened to those offenders since then. Griffith said he believed the UCLA study had shown that the overall program design under Proposition 36 was valid, and it pointed to ways that performance can be improved, based on the experience in counties with the most successful outcomes. He pointed out that the study was not read widely enough to have changed many minds in the Legislature. One thing the study says, however, is that if Proposition 36 is not funded, more people are going to go to prison and this will increase prison costs.

Judge Manley discussed the need for more “hard data” on the impact of Proposition 36 as a factor influencing funding decisions. “For example, UCLA pointed out that approximately 30 percent of these defendants completely disappear... We assume they went to jail under some other case, but we don’t have any hard data.” He asked the panelists what kind of data would be more helpful. Should more individual offenders be tracked?

Mr. Griffith said there are some “fundamental questions” he would like to see answered. How much does it cost to do Proposition 36? What should be the state’s share of that cost and what should be the county’s share? What can the state or the counties do to improve the show rate? He thinks the 34 percent completion rate might be considered a “base,” with a prospect for doing better through various improvements in policies and practices. Dodson said the legislative aides were not experts on the program and therefore could not prescribe what should be done to improve it. “What we have done in terms of developing performance measures for other programs is use the work-group process,” she said. Stakeholders, practitioners, and others would meet and agree on what is a reasonable measure and then show how they are making progress toward their performance goals. She added that it is also important to describe results in numbers that

are simple to understand. Olsen said his legislators asked for information in three different categories. First, regarding people who never show up for treatment--why? "What's the problem with them?" Second, more information should be broken down by drug of choice. There is much concern about what is being done to reduce methamphetamine use, raising the question "What works for methamphetamine?" Third, the legislators want more detailed information about other crimes committed by Proposition 36 clients, such as one who steals a car.

Judge Manley said it has been stated that a 34 percent success rate is "a pretty good figure" considering that addiction is a chronic relapsing disorder, and that 34 percent is better than success rates for treatment of other chronic relapsing disorders such as diabetes. If that is indeed the case, why is a 34 percent success rate not enough to convince legislators that Proposition 36 is doing well? Dodson said the 34 percent might be a less significant number than the no-show rate. Some legislators find it more disturbing that so many offenders are referred to treatment and never show up. "That is something that may be more controllable." She added that 34 percent may indeed be a good number but it needs to be placed in a context that might make it compare favorably with results of treatment for similar disorders. Griffith echoed this sentiment, pointing out that facts about other disorders are not being considered at hearings on Proposition 36, and the 34 percent figure is seen as a weakness in the program. Olsen observed that most Republicans do not regard addiction as a "disease" but as a "behavior," a choice that may be influenced by biological factors but is still a personal choice.

Judge Manley commented that it is useful to know the attitudes of some members of the Legislature toward issues like the proper definition of addiction. He then shifted attention to a financial question—how the Legislature in the coming year may view the competition for funds for various programs including Proposition 36. Dodson said the goal for advocates of competing programs is often simply to avoid seeing their funding cut. Funding for Proposition 36 has been helped a lot, she said, by the federal MOE (maintenance of effort) requirement for continued eligibility for federal funds. "Sometimes all you can ask for is not to be cut." Griffith said the prediction heard around the capitol is that the State will face a deficit of about \$5 billion next year. The feeling is that after the election the Governor will desire to put the fiscal house in order. "There's a doom-and-gloom feeling that we're going to see a lot of cuts." He said human services programs—such as Proposition 36—are not "fantastically popular" in times of tight budgets. He said the recognition that more costly residential treatment may be necessary for a larger number of Proposition 36 offenders will create a problem in these budgetary circumstances. He said many popular human services programs may be facing budget cuts, making it hard to justify additional funds for Proposition 36. "You may be in a position to have to fight just to get what you got this year."

Judge Manley then called attention to the additional \$25 million in funding provided this year for new practices by the counties. He asked the panelists about the 10 percent "hard match" required of counties, and noted that some counties were not applying for funds because their boards of supervisors would not approve the matching expenditure. Is this a sign of a new approach by the state in funding Proposition 36? Dodson said the idea of the match came from seeing significant differences in performance among the counties, and it is not unusual for state-financed programs to require local participation in meeting costs. "It's a public policy principle that if a

government entity is sharing a cost it will be more careful and cost-effective in using those resources.” Some legislators had been arguing for a much larger county share—30, 40, or 50 percent—so the 10 percent figure was “a big give at the end.” Griffith said the figure reflected UCLA finding about the distribution of cost-savings between the state and counties, but there was a real difference of opinion in what should be the county’s share. There was a feeling that since the counties could expect to realize significant cost savings from better practices, they should bear the cost of putting those practices in place. On the other hand, the state’s tradition in supporting health programs led to the argument that addiction is a disease and therefore the state should pay for treatment programs. The guiding thought in the final version of the bill was that if the counties were willing to make an effort to improve their Proposition 36 programs, the state should help them do it.

While the state has provided \$25 million for the county assistance, Manley observed, counties have applied for \$28 million in funding. “This has become somewhat of a competitive process.” He wondered if in the future the state support would become more of a competitive program promising the most resources to counties that show the most improvement in their retention and completion rates. Dodson said this was “definitely” the case. Sacramento will be looking at spreadsheets and charts that compare the performance of individual counties. Griffith observed that the Legislature eventually may choose between the carrot and stick approach—offering more money as a reward for improving outcomes, or threatening to reduce funds when outcomes are not improved. This is done in many other programs. He said Proposition 36 is still such a new program that the impact of funding policies has not been determined.

Judge Manley then turned to the finding that 1.6 percent of Proposition 36 clients commit new crimes. Was that an important issue for legislators? Olsen said it was, pointing out that an assemblyman from Orange County was “very disturbed” by that finding in the UCLA study and his committee agreed that the reform bill should address that point.

Moving on, Manley pointed out that the legislation providing an additional \$25 million requires the counties and the courts as collaborators to not only use dedicated calendars but to incorporate the utilization of drug courts for persons who are prison-bound and presumably not doing well. Proposition 36 money cannot be used for cases in drug court. He asked if this reflected a feeling that these more difficult defendants should be moved into the more structured drug court. Olsen responded that in general Republicans are more supportive of traditional drug court than of Proposition 36, and that the “hammers” available in drug court are more appropriate for that type of defendant. Griffith said his recollection was that the show rate was more of an issue than the re-offending rate in this year’s discussions. However, he expects that the re-offending rate, the show rate and the state-county share are issues that will get more attention next year. Dodson said the 1.6 percent finding was discussed in hearings in her committee this year.

Judge Manley said it was his understanding that the new \$25 million is a two-year program, and since this funding has not yet been released to the counties, it is unlikely they can show improvement in retention or completion rates by the time new hearings are held early next year. Will the counties nevertheless be expected to report that they are producing better outcomes at this time? Griffith said he believes the counties will be expected to show the kind of changes in procedures they are making in order to improve results, or what they are planning to do with the additional money. “If you can’t give us

outcome data you should give us examples of the kind of programmatic things you're doing." Dodson said she believes questions will be asked not only about plans for utilizing the \$25 million but also about how the existing \$25 million is being spent. Counties need to show that they are "pushing their programs in order to perform better" so they can demonstrate in future years that these changes have accomplished their purpose.

Another issue, Manley continued, is that Proposition 36 gives the counties flexibility in how they implement Proposition 36 and leaves it to them to develop the kind of best practices identified in the UCLA study. Do legislators seem willing to let counties have this kind of autonomy in the future or is there a possibility they will want to place more State control over the program? Dodson said she doesn't think there has been enough experience so far to give the State more control, but this is a possibility for the future that should not be ruled out. Griffith said there is definitely a State concern about the problem of the show-rate and it raises the question of why there is such a difference in show-rate between one county and another. Still, differences in the demographics or tradition in various counties has justified letting counties set their own priorities and policies in implementing state-financed programs.

Judge Manley then raised the question of why legislators seemed especially concerned about methamphetamine addicts when the UCLA study had shown that treatment is as effective with methamphetamine users as with users of most other drugs. Olsen offered some explanations: there has been a lot of media attention about methamphetamine in recent years; methamphetamine appears to be a "rising" drug among users; and many Republican legislators represent the Central Valley of California, which has been especially impacted by methamphetamine. A lot of members aren't talking much about heroin but about methamphetamine, and they want to know what is our strategy to deal with it—whether Proposition 36 teams have a "one-drug-fits-all" strategy or if they have specific strategies to deal with methamphetamine. Manley commented that in the coming year it would be a good idea for counties to better articulate what they were doing to deal with methamphetamine addicts, and what success rates they were getting in comparison with other drugs.

Judge Manley turned to a question he conceded might be considered "unfair." He noted that the Governor had signed a bill requiring that prison inmates who are paroled after completing an in-custody drug treatment program be placed in a 150-day residential treatment program in their communities, and be released from parole if they complete it. This raises the issue of whether the CDCR will be competing with Proposition 36 teams for a limited number of treatment beds in the counties. "They will have the state funding to pay higher bed rates than the counties." Is the Legislature concerned about this impact of the new program? Olsen recalled that the Proposition 36 competition was not an issue, but there was some concern that the 150-day requirement was somewhat "arbitrary" and that it would be unwise to provide for no parole supervision after the 150 days. "I believe every Republican in the Assembly voted against the bill." Dodson pointed out that the bill says the CDCR "may" carry out the treatment program but does not require it to do so. She also questioned whether there is money in the Department's budget allocated specifically to this program. "It may have a slow ramp-up period." Manley added that it is the concern of many counties that the bill does not state new bed capacity be created to accommodate the program.

Concluding the session, Manley asked the panelists about the complaint from many counties that if they are meeting or exceeding the 34 percent success rate they are not qualifying for the additional funding that would permit them to improve that rate, if additional funds are being steered to counties that are lagging in their success rates. Dodson said the OTP funding was aimed at rewarding counties that are taking steps to improve their outcomes. “We want to invite them to a hearing and testify to the members that this money is well spent.” Manley pointed out, however, that some are arguing that counties with low completion rates should get all the money. Griffith said it was being assumed mistakenly that this was “a zero-sum game.” If there is a low-performing county with a plan for becoming a high-performing county, and the plan costs money, the state would want to invest in the plan. Dodson pointed out, however, that many people in the Legislature are “very skeptical” that additional funding necessarily buys better outcomes.

Building Community

Clifton Taulbert, president and founder of the Building Community Institute, delivered the “keynote” address for the Conference at the luncheon on the opening day.

Mr. Taulbert recalled that the Frenchman Alexis de Tocqueville who visited America in 1832 had written afterward: “America is great because America is good. If America ceases to be good she will cease to be great.” He said the Proposition 36 teams were guided by a vision of recovery and return to productivity by clients he compared to “non-performing assets” in the business world. He recalled that for many years in the past, problems with alcohol and other drugs were hidden in family closets, but in the 20th century these problems moved from the status of a moral failure to a treatable disease; and this poses a challenge to the county teams responsible for implementing Proposition 36. Creating a community will be essential to the success of this effort—success in “making it work.” The keys to success, he said, are conversation and collaboration.

What is a good conversation? The heartbeat of community, he said, will always be conversation and collaboration. It is not just enough to have a great conversation, but to anticipate sharing knowledge, to anticipate that “I will learn in the process.” Good conversation is not just giving information or getting information but a combination of both, motivated by a high level of unselfishness and a high level of expectation. (He pointed out that while it is important to share “best practices,” as this conference is doing, it is also important to share “what went wrong.”) A way must be found for individual “silos of excellence” to be shared with others through a sense of community. An “effective partnership” of Proposition 36 teams may be the key to improving outcomes. While individuals working on Proposition 36 cannot control how much money the Legislature makes available, they can control their own ability to be effective partners.

He recalled the origin of community colleges when this approach to higher education was first advanced in Illinois. Those supportive of the traditional four-year colleges scoffed at the idea of investing public funds in two-year colleges. However, the vision of this innovation inspired its supporters, and the accessibility and affordability associated with the community colleges made them a success. “America would not be what it is today were it not for the infrastructure of community colleges.” Those at this

conference are making “visionary decisions” that will help determine how America adopts treatment as an alternative to incarceration for drug users in the future.

He quoted John Gardner of Stanford University on community: “No society can remain viable or even survive without a reasonable base of shared values. When community exists it confers upon its members’ identity, a sense of belonging, a measure of security. A community has the power to motivate its members to exceptional performance.” He pointed out that there is community within the 58 counties implementing Proposition 36 and among the clients being served by the county teams. Community creates standards for the individual and provides the climate in which great things happen,

Mr. Taulbert asked each member of the audience to describe his “functional title” on a note-card, and then hand it to someone else at the table. He then explained that while the functional title might be important for holding a job and earning a living, it was not necessary “to build a community that will connect you, that will empower you, and will allow you to have the collaboration and cohesiveness that is essential to your success.” He then told all to tear up the cards, opening the way for them to build a community.

Mr. Taulbert referred to his book distributed to each person attending the Conference: “Eight Habits of the Heart.” This book has been described as a “revolution of consciousness” that enables one to connect with “multiple micro-dosages of unselfishness.” He pointed out that when he discusses “community” he is not talking about a place but a state of being, a concept, a commitment to another person. “There is a connection between human beings, and we want to take full advantage of that. If we build this community among ourselves as a team, rather than seeing ourselves as 58 separate counties, we will see ourselves as ‘Team 58’ driven by a single vision and it will empower all of us to do a better job.”

The “I.U. factor”—intentional unselfishness—is an important part of the process of building and sustaining a community, he continued. “Once we understand what it is, once we recognize the value, and once we embrace the outcome, then we can become intentional about what we are doing.” The I.U. factor changes everything, he declared. “It keeps your focus outside of yourself and it gives you the ability to embrace others in perhaps a way you have never done before. Think about it, embrace it, and experience the change.”

He described “habits of the heart” as caring words or acts directed at another person on a routine basis. “You have to make a commitment to a level of unselfishness that moves you into an entirely different arena of thought. You have to look in terms of ‘what can I bring to the table’ and how often...and this must be done on a routine basis.” He went on to discuss the eight “habits of the heart” discussed in his book: *a nurturing attitude, responsibility, dependability, friendship, brotherhood, high expectations, courage and hope*. A habit of the heart, he said, is “a caring deed of words or acts that is directed toward another person or persons on a routine basis without provocation from the affected. A habit of the heart is dynamic. Habits of the heart can be observed. They can be felt. We can stand back and see their impact. Efforts to practice a habit will be recognized as well as your need to benefit from one.”

Mr. Taulbert described how the level of community he experienced when he was growing up in the Mississippi delta changed his life. He learned the significance of the eight “habits of the heart” in the circle of family and friends in his rural community. He

related incidents involving his grandfather and others that illustrated each of these habits of the heart. He emphasized that personal contact is essential for community “Don’t live with the illusion that an e-mail has replaced the handshake.”

“Brotherhood is a habit that reaches beyond comfortable relationships to extend a welcome to those who are different from you,” he continued. “Serving the clients that you do, there will always be that, because they are different in many ways. The question becomes, how do we embrace what we have in common and how do we reach beyond what is not so we can embrace them as if it were...Even though people may not look like you, they come from a different social strata than you and may not have the same understanding about life that you do, I want you to see and embrace your common humanity.”

Concurrent Workshops

After lunch there were **Concurrent Workshops** on a variety of subjects. The workshops included:

Building Community: The Additive
Dual Diagnosis: What is the Problem?
Views of the Street: Narcotics Officers
Innovative Ways to Manage Residential Bed Shortages
The Brain and Addiction

Later, conferees reassembled for **County Team Breakout Meetings** until the end of the day.

Day Two

Cultural Competency

George Henderson, PhD, former dean of the College of Liberal Studies at the University of Oklahoma, opened the second day of the conference with a presentation on cultural competency, or cultural literacy.

Dr. Henderson urged his audience to “get it right” when tackling the issue of cultural literacy because so many others had gotten it wrong. Often as he travels, he said, he sees that agencies do not reflect the populations they are serving. He used an example from his own African-American family in Oklahoma to illustrate his point. While he was known for espousing racial tolerance at the University of Oklahoma, he was taken aback when a white teenager came to the door to take his daughter on a date. “Son, I teach it at the university but we don’t live it here.” His own children, he said, had brought him into the reality of living what he preaches and teaches.

He went on to recount his own problems as a college student and the help he received from those who refused to let him use his poverty and ethnicity as an excuse for his failures. He said the belief that there are racial differences in people has persisted too long, especially with the current knowledge that all human beings are descended from

early ancestors in Africa. “Geography changed our physical looks.” He pointed to the appeal of the ugly movie character “E.T.” and said: “If we can fall in love with an imaginary creature from an imaginary planet there isn’t a single human being we cannot accept unless we choose not to.”

Dr. Henderson said the Proposition 36 teams were the “lifeline” of their clients. “Hold tight. Don’t lose them.” He recalled a scene from the television drama “Roots” in which the father of Kunte Kinte holds the infant up to the sky and says: Behold the only thing greater than yourself. “There’s no single human being greater than another human being. We need only acknowledge our commonality—that’s literacy. Illiterate people think that when they get degrees and diplomas and awards that they’re better than others. My mother called them ‘educated fools’. There are too many educated fools in agencies and organizations saying that they’re helping others. You can help compassionately or help coldly. You decide.”

He offered some statistics to illustrate the numbers of people who will need help. “Seven of every 100 babies born will have low birth-weight, meaning their probability of growing and maturing and learning is not as great as those born with normal birth-weight and some of them will grow up and become your clients. Sixteen of every 100 babies will be born to teenage mothers, and sometimes both the babies and the mothers have substance issues. You’ll see them. Twenty-three of every 100 babies born will grow up in families without adequate health insurance. Some of them will be your clients. Twelve of every 100 babies born will have an emotional disorder requiring professional care and most of them will not get it. If they’re fortunate they’ll come to you and get that help. Throughout most of their childhood 20 of every 100 babies will live in homes below the federal poverty level, and some will become your clients. Twenty-four of every 100 babies will enroll in 9th grade but will not graduate from high school, and some will become your clients. At least 20 of every 100 babies will be in danger of becoming dependent on some drug before they are 18 years of age, and if they’re fortunate they will become your clients. Fifteen of every 100 babies will be arrested at least once before they’re 18 years of age, and some of them will become your clients. Half of them will live in families where the parents are divorced, and some will become your clients. More than half of them will be entitled to child support that they will not get, and they will become your clients.”

Cultural literacy means being compassionate people, Dr. Henderson continued. He noted that he and his wife had decided that his “honoraria” earnings from speaking and book royalties would go toward scholarships and charities. His children complained that he was giving away their inheritance. He told them that they were getting everything they needed, and this money was going to those who did not get what they needed. The children understood. “Sometimes it’s not enough to just ‘give at the office.’ Sometimes we have to give outside of it, too. Sometimes it means sharing ourselves.” Some people are born to do the unpleasant jobs of helping people on drugs who need assistance, he continued. “Sometimes it’s a thankless job. Sometimes there’s nobody else to do it, and if not you, then who? If not now, when?”

He recalled the message on a 1960s “Vista” poster: “If you’re not part of the solution you are the problem.” And the declaration of Pogo in the comic strip: “We have met the enemy and he is us.”

He recalled that on a winter morning in Detroit he had seen a little girl slip and fall on the ice, and when he went to her aid, she asked him why he didn't catch her before she fell. "We can't always catch them before they fall, but someone needs to be there to pick them up. And that's what you do. How you pick them up is very important. Do you pick them up compassionately? Or do you pick them up rudely and crudely?" Cultural literacy understands that we are all inter-connected. We have to stop fearing each other. What we fear we dislike. What we dislike we distrust. What we distrust we try to change to fit our perception of normality. And if it does not change we will ridicule it, ignore it, or try to destroy it—or accept it.

"I beg you to do what you do best, and do it as skillfully and as humanely as you can. We must be family." Maya Angelou has said that "someone paid for us to be culturally literate and culturally inclusive." He recalled how immigrants came to America over the centuries. "They paid for each of us already."

"We must be able to look past skin color, shapes of eyes and all the other things that we think separate us," Dr. Henderson said. "We have to get past the pernicious 'isms'—the racism, sexism, ageism and the stupid phobias—homophobia, disability-phobias and all the other things. Cultural literacy is looking in the mirror and seeing us. Some of the clients who come to you will have been victims of these 'isms' and some will have been perpetuating those 'isms'. Let your organizations and institutions be places of people.

"I mourn the fact that too many of our young men --African-American men and Latino men --are not in institutions of higher education but are in penal institutions. I mourn the fact that most of them who are there have some kind of issue with drugs. I mourn the fact that we have too many individuals pushing drugs on babies. I mourn the fact that there are too few of you to catch them when they fall."

"I bring you no new words, no formula, no magic bullet. Nothing that will make us better and I hope nothing that will make us worse. Those of us who would honor our colleagues must first bring honor to ourselves. Those of us who chide our clients and our patients to be tolerant must first be tolerant of our own colleagues. Those of us who say we know what's best for others must first find out what's really best for ourselves. We have organizations of inflated egos, wasted sacrifices and missed opportunities. These words are echoed too often in our organizations, and too late. Don't be too late—be on time.

"We need you to be miracle-workers...Our vision must be global. Culture-encapsulated people have truncated lives and visions. They think of only their own kin. We've got to have a world view. This whole issue of helping people who are addicted requires that we understand that there are people in other countries who have other solutions. Let's reach out when we have conferences like this and get a world view of helping, because we are a world. This area alone is a microcosm of the world.

"In elementary school I was labeled 'educationally retarded.' A few teachers saw me. Let me tell you what happens when people see others. They tend to see individuals whom they feel attracted to in some way. Physically I was a beautiful child. They didn't see my friends who at that stage had more potential than I because they weren't as physically attractive. Sometimes in our agencies we're drawn to those who are physically attractive to us. See beauty when you see clients. Look inside, not outside."

Dr. Henderson recalled the help he got from certain teachers. “In my elementary school there were two kinds of teachers. Those who believed we were disease germs and shouldn’t be there and those who saw us as human beings.” Some teachers wouldn’t address him, person to person. “They talked *at* me, they talked *over* me, and they talked *about* me. They never talked *with* me.” The beautiful teachers, however, saw him as a human being.

Proposition 36 teams are often the last hope for clients coming to addiction treatment. “They didn’t start their lives beaten down. Life beats them down.”

There are a lot of people saying you have to be one of a certain group to help someone in that group, Dr. Henderson continued. He said he had his first exposure to a minority teacher in his first year in college. All of his teachers before that were white teachers. “Who says you have to be one to help one—or to hurt one?” Some agencies remind him of his elementary-school primer, with stories of Dick, Jane and Spot, all white. “Some of you now find yourselves in agencies that are beginning to get some color, ethnicity, gender, and some class. But it doesn’t matter what color a slave-holder is if you’re a slave. It doesn’t matter who the emancipator is if you’re being emancipated. It doesn’t matter who’s helping you through your addiction if you’re addicted. Help them...Lord knows we should help them...”

“Some of you have done wonderful things. I came to commend you. I came to say ‘Do more! We needed you yesterday. We need you today, and we’ll need you tomorrow. Do more! Don’t rest on your laurels. How are you going to travel in this helping process? Some of you will travel second class: you don’t want to pay the price, the full price. Some will travel business class. You’ll pay a little bit more. A few of you will travel first class. You’ll pay whatever it takes to get this job done.” It is ironic he said, that people will pay whatever it costs to win a war. “We’ve got to decide to pay whatever it costs to save people who are addicted. It’s a small price to pay. It will be a large price not to pay. It’s a matter of priorities.”

He quoted anthropologist Evan Hill. “It’s not a question of what we would do if we had more money or time or influence, but what we will do with what we have.” He urged members of the audience not to be discouraged. “I’m only one, but still I’m one. I can’t do everything, but I can do something. Because I can’t do everything I will not refuse to do what I can. Do what you can with the resources you have, and help them all...Let’s not refuse to do what we can for the oppressed people of the world. Those who speak standard English and black English and Spanish and Hmong and Indian dialects and all the other languages in the world because these are our languages. Let us not refuse to do what we can for the prodigies and the prostitutes because these are our clients, too. The children of wrath and the children of rape, and the poor children who were born addicted and had nothing to do with it; it was mother. The neglected, the average, the above-average and the genius—they all come to you. Let us do what we can for those whose picture is not on anybody’s dresser or wall. These are the tough clients. There are some organizations that cherry-pick clients. They do elaborate testing and screening and take those most likely to succeed. That’s the easy part. Some of you have got to reach a little higher and get those who are picked over...”

“Everyone who is here is America. Cultural literacy is a simple charge, a simple task. If you do your jobs well, my friends, you will have some individuals questioning you; you will be like the rebel in Mary Evans poem. When I die, she wrote, I’m sure

there will be a big funeral—curiosity seekers coming to see if I’m really dead or just trying to make trouble.

“We’ve got to have affirmative action to counter affirmative inaction. Let’s stop this reverse discrimination talk. If we reverse anything, let’s reverse years of neglect. Some clients have more probability of getting good treatment because they can afford it. Some clients have more probability of being in trials that have the best chance of succeeding because they have the right demographics. When you help them, culturally literate people know you’re helping democrats, republicans, conservatives—whoever—addiction is an equal-opportunity afflicter, it catches all of us, at one time or another...

“I came to say thank you. My message is quite simple. Without you, there is no me. Without me, there is no you. We need each other. I need you to keep doing what you’re doing. Thank you for all that you have done, thank you for all that you will do, and thank you for the George Henderson’s who somehow find their way out of that darkness to go to the University of Oklahoma and be the first person at the university of Oklahoma to have four distinguished professorships, to have a culture center named after him, to have a student scholarship named after him, and all of those things are tributes to the people who helped me—not tributes to me. You never know where your influence will end. But if you don’t begin it, it doesn’t end anywhere. Begin it tomorrow.”

Evidence-Based Policies for Drug Offenders

Judge Manley introduced **Douglas Marlowe**, JD, PhD, Director of Law & Ethics Research at the Treatment Research Institute of the University of Pennsylvania. Judge Manley noted that the new funding for Proposition 36 requires that counties have a mechanism to move some Prop 36 defendants into drug courts. Dr. Marlowe, he said, would be offering some practical information about who would be the best candidates for a drug court setting.

Dr. Marlowe said the simple question facing county teams is: which policies are appropriate for which offenders. Often this question produces too-simple answers: “They need to get religion...They need to be incarcerated...They need a 12-step program.” He exhibited a graph showing how costs have increased historically as different interventions are chosen, from diversion with the lowest costs, drug courts with higher costs, and incarceration with the highest costs. In the 1980s, he said, there was a turn toward “intermediate sanctions” where offenders are sentenced to community-based interventions—residential programs, work-release programs, home-based anklet monitoring, etc. One new approach in diversion was “probation without verdict,” where individuals are charged with an offense, pleads guilty, and the charges are held in abeyance while they are sentenced to a period of probation. If they complete the terms of probation, the guilty plea is dropped, and if they remain arrest-free for a demonstrable period of time, their arrest record can be expunged. California’s Proposition 36 takes the probation-without-verdict model and applies it to a certain class of offenders. Drug courts continue to stand in the middle between diversion strategies and incarceration. Dr. Marlowe noted that as costs go up on the scale from diversion to incarceration, the risks

to public safety go down, with the worst rates of criminal recidivism seen among offenders in diversion programs.

“The goal for all of us is to balance those three dimensions,” Dr. Marlowe said. When a policy for handling drug cases is under consideration, the question to ask is: “Which kinds of drug-abusing offenders are well-suited for this policy and which ones aren’t?” Another approach is to ask which kinds of offenders are *not* appropriate for a particular program. “There is no one intervention that would work and one appropriate strategy for drug-offending populations. There are many.”

What happens when a policy relies too much on incarceration for all offenders? Within three years of their release from prison, 68 percent of offenders are arrested on a new charge. Roughly half, 47 percent, are convicted of a new offense and about half are re-incarcerated either for a new offense or a technical violation. Nearly all--95 percent—return to their baseline levels of drug use. In fact, there is an effect called “scalloping,” based on its appearance on a graph. These offenders use drugs at a higher rate than they did before their incarceration—“almost as if they’re making up for lost time.”

What about intermediate, sanction-based programs as an alternative to incarceration--such as community sentences? The so-called “boot camps” and house-arrest strategies show no effect in terms of improved outcomes, Dr. Marlowe said. Anklet-monitoring, “scared straight” programs, and intensive supervised probation actually produce a worse effect—higher rates of drug use, new arrests and parole violations compared with regular probation. This has led to a strange proposal to watch the offenders less closely so they are not observed doing the things that constitute violations. He added that there are slight improvements in outcomes for restitution-based programs.

At the other end of the spectrum lies diversion out of the criminal justice system and into a treatment system. The result of over-reliance on diversion is not encouraging. Some 40 to 80 percent drop out of treatment in three months—the time considered to be the minimum dose of treatment for a positive response. Further, 90 percent drop out within 12 months, and 12 months is the median point on the dose-response curve. This means that after 12 months they have a 50-50 chance of having a sustained period of abstinence. Among probationers and parolees, 70 percent drop out of treatment within two to six months, and virtually all are gone within six months. The problem with these traditional diversionary interventions, Dr. Marlowe said, is that there are no consequences and no monitoring. What we need to do is take the probation-without-verdict model and apply it, so the offenders plead guilty, the guilty plea is held in abeyance over their heads, and now they have this great opportunity: if they do what they’re supposed to do, the guilty plea is vacated, the charges are dropped and the arrest record is expunged. He added that not much was known about the effectiveness of the probation-without-verdict model until California applied it on a very large scale and put a lot of attention into studying and evaluating it in the form of Proposition 36.

He reviewed the UCLA reports issued so far on the results of Proposition 36. The fact that about 70 percent showed up for treatment under Proposition 36 is impressive when compared with findings that in typical diversion programs one-half to two thirds do not show up for treatment. Proposition 36 virtually doubled the show rate. Further, 40 percent reached the minimum dosage of 90 days of treatment, and 24 percent completed treatment. Twenty percent had their probation revoked for one reason or another, and 60

percent had parole revocations. There has been substantial cost savings from what would have been spent on incarceration.

Studies of drug court outcomes indicate that 60 percent of offenders make it through 12 months of treatment, with a 50 percent completion rate. There is a 25 to 30 percentage-point reduction in recidivism and return to drug use while the offenders are in the drug court, compared to traditional probation. “The problem with drug courts is that they’re only servicing a small proportion—about five percent--of the eligible population,” Dr. Marlowe pointed out. Proposition 36, on the other hand, has roughly 25 percent success rate, with a better cost-benefit ratio than traditional drug courts. Our diversionary programs are showing a success rate of about 10 percent, but with the greatest cost savings. Finally, incarceration produces extremely low success rates but has high benefits in terms of public safety.

Reviewing all of these findings, Dr. Marlowe said the challenge is to combine the success rates of various strategies and produce a high overall success rate and significant reduction in cost.

Matching the individual offender with the kind of program most likely to produce a successful outcome in his or her case requires a measure of *Criminogenic Risks*. Dr. Marlowe listed the risk factors as follows:

* *Age during rehabilitation*. “Basically, the younger you are the worse you do.” These young offenders need more intensive monitoring and more services.

* *Onset of criminal activity*. There is a substantial increase in risk level for those involved with criminal activity before the age of 16, or involved with regular substance use before 14.

* *Prior rehabilitation failures*. A new intervention should be more intensive, not a repetition of what was done before.

* *History of violence*. Those who have committed crimes against people are by definition a high risk population.

* *Antisocial personality disorder*. This refers to persons with a chronic recidivist criminal orientation, violating the rights of others, committing offenses, lack of remorse, etc.

* *Psychopathy*. Similar to antisocial personality disorder, with some narcissism mixed in.

* *Familial history of crime*. The genetic contribution to addiction has been calculated at about 50 percent, and is about the same for criminal activity, anti-social personality, and psychopathy. If people have criminals among their first-degree relatives, it’s possible there is a genetic contribution.

* *Criminal associations*. These associations are factors which can be targeted for change in the course of an intervention.

Dr. Marlowe said another set of negative risk factors is *Criminogenic Needs*. The more of these characteristics that people have, the greater likelihood of failure in rehabilitation programs. However, these risk factors are subject to change through treatment.

* *Drug dependence or addiction*. Dr. Marlowe pointed out that the key word is “addiction”—not abuse or misuse. Addiction means that any introduction of the substance triggers a binge or out-of-control response. Using the drug also triggers cravings or compulsions—“an intense longing, like an itch that you can’t scratch.”

Finally, there are withdrawal symptoms—feelings of illness when the level of drug in the blood starts to go down. These three factors are the clinical manifestations of brain changes in addiction. He emphasized that if people do not meet those conditions it doesn't mean they don't have a drug problem. "What I'm suggesting is that the treatment has to be different for the addict than for the abuser."

Dr. Marlowe went on to define two types of goals in treatment. There are "proximal" or short-term goals which a client is fully capable of doing immediately and are necessary for longer-term change in the future. Primarily, these goals involve complying with requirements in a treatment program. But there are also "distal" goals which are what the treatment program wants to accomplish in the long term; abstinence, a full-time job, taking care of the family. "For clients who are truly addicted, abstinence is a distal goal...by definition they are going to have instances of relapse." Because of this, attention should be focused at first on proximal goals. "If a client in a treatment program or a drug court program or a Prop 36 program gives you a dirty urine specimen in the first month of treatment, you're going to give a lower-magnitude sanction for that individual." But if that same client doesn't show up for a counseling session or as scheduled at the probation office, higher magnitude sanctions are in order. For the abusers, whose drug use is not compulsive, abstinence is a proximal goal. If they continue to use drugs early on, higher magnitude sanctions are called for. "You don't have the same policies for addicts and abusers."

Finally, Dr. Marlowe turned to *collateral needs*, such as a co-occurring mental health disorder, chronic homelessness, a brain injury, or a chronic medical condition such as HIV or hepatitis. In these situations, "regimen compliance" is proximal. These may require higher magnitude responses because these problems may interfere with their treatment regimen.

Dr. Marlowe displayed a "Risk and Needs Matrix" to explain the significance of what he presented. There are four possibilities for a person--high risk with high needs, high risk with low needs, low risk with high needs, and low risk with low needs. He proposed considering a certain kind of client in the high risk/high need category—a person who had been in behavioral trouble since his early teens, is drinking and committing burglaries by age 16, has been hanging out with drug users, and when he becomes an offender at age 22 he is an addict with a chronic criminal history. Simply sending this person to treatment will not cause his criminal activity to go away. With high criminogenic risk and high criminogenic need, he requires a high dose of both accountability and treatment. Sending the person to jail will not cure his addiction, nor will probation alone. He gave another example of a person with a history of using heroin for 15 years, with a history of criminal activity to support his addiction. Without his addiction he wouldn't be committing crimes. This person will require a treatment-oriented intervention, without as much intensive accountability and monitoring as the previous example.

The category of high risk with low needs includes seasoned criminals who use drugs but are not addicted, and for whom drug treatment is superfluous. They need accountability. The low risk, low needs category covers people who simply run afoul of the law in unfortunate circumstances—like a barroom brawl. A simple probationary period may suffice for these offenders. "What they need is prevention, not treatment." The point is, Dr. Marlowe said, that many if not most of the clinical interventions that are

suiting for addict populations are at least irrelevant and may even be contra-indicated for abuse populations. He called attention to a paper by David DeMatteo, a colleague, explaining why treatment interventions are contra-indicated for sub-clinical, low-risk populations.

Dr. Marlowe moved on to the high risk, high needs population—a kid who grew up being a truant, irresponsible, a bully, and now has a true addiction, perhaps with psychotic symptoms. People in this category need high-dose status hearings, with a progress review regularly, preferably by the court or at least by a probation or parole officer with power to bring the person to the court. They should be evaluated at least on a bi-weekly basis, and need intensive treatment. There should be a quick, potent response if they fail to comply with treatment requirements. He then described persons who “hit a ceiling on sanctions.” They respond best to very high doses of positive reinforcement. He pointed out that low risk, high needs populations probably need noncompliance hearings. If these people are now showing up for treatment, they need to be brought in quickly for a non-compliance review and response. “The biggest thing for these people is that they need to be in treatment.”

Dr. Marlowe warned against mixing low risk offenders with high risk offenders. “If you put low-risk people in groups with high-risk people you get a group of high-risk people...The psychopaths are going to set the guidelines for how people interact, and how they talk, and take away from the effectiveness of treatment.” It also may be unwise to mix high needs and low needs populations. When people are treated differently, however, it is important to be able to give a rational, clinical reason for why they are being treated differently.

Summing up, Dr. Marlowe pointed out that pre-trial diversions are most suitable for low-risk, low-needs populations. Low-risk but high-needs populations are people that the authors of Proposition 36 probably had in mind when they put the proposition on the ballot. “That is who the voters were supposed to have in mind.” This group probably makes up 25 to 35 percent of the drug-using population. It is drug courts that are probably best suited for the high-risk, high-needs population. The high-risk, high-needs population needs intermediate sanctions, community-based programs. Dr. Marlowe went on to discuss urine monitoring as a measure in dealing with high risk, high needs offenders who require intensive monitoring, and with a quick response to dirty tests. Different behavioral schedules are needed for people in the four “quadrants” in the risk and needs matrix. He pointed out that treatment costs less than incarceration but it is still not inexpensive, and it is important to target services according to need. He provided his email address (dmarlowe@tresearch.org) if anyone wanted to ask questions about his presentation and offered the following list of articles as references on this subject:

DeMatteo, Marlowe, et al. (2006). Secondary prevention services for clients who are low risk in drug court: A conceptual model. *Crime & Delinquency*, 52, 114-134.

Marlowe (2002). Effective strategies for intervening with drug abusing offenders. *Villanova Law Review*, 47, 989-1025.

Marlowe (2003). Integrating substance abuse treatment and criminal justice supervision. *Science * Practice Perspectives*, 2, 4-14.

Marlowe et al. (2006). Matching judicial supervision to clients’ risk status in drug court. *Crime & Delinquency*, 52, 52-76.

Marlowe et al. (2003). Amenability of treatment of drug offenders. *Federal Probation*, 67, 40-46.

Marlowe et al. (2003). A sober assessment of drug courts. *Federal Sentencing Reporter*, 16, 153-157.

A questioner from the floor asked if there were any instrument for doing a better job of assessing needs and risks of offenders. Dr. Marlowe said he and his colleagues were working on such an instrument at this time. Information needed for the assessment includes binge pattern, withdrawal cravings and compulsions. Many assessment instruments now in use do not explore those issues. The addiction severity index does not assess symptoms, for example. “You want to know about an Axis-one psychiatric disorder and you want to know about a serious medical illness. Those are the most critical needs factors.” He pointed out that race is not a risk factor where treatment is concerned (even if it is a risk for getting arrested). Gender, however, is a variable. Generally, men do worse than women in treatment.

Concurrent Workshops

Two more rounds of Concurrent Workshops filled out the conference program on Day Two. These workshops included:

Dual Diagnosis: What is the problem?

Promising Practices and Strategies for Improving Offender Accountability

Developing a Drug Court and the Benefits of Using a Dedicated Court Calendar

Narcotic Replacement Therapy Options

Culturally Relevant Services for Special Populations

Improving Services to Parolees

Day Three

Kathy Jett returned to the podium to open the third and final day of the Conference. She said she hoped the development of a new assessment instrument described by Doug Marlowe involving four quadrants for assessment could become of value to the Proposition 36 effort by including some California counties in the pilot program to test it. “I hope we’ll get some traction there and will have a few counties that can test the instrument and help evaluate its effectiveness and share that with the other counties.”

She pointed out the importance of this day on the conference agenda—an opportunity for county teams to come together in groups of like-size counties and share important “on the ground” information. “This is really the key to Proposition 36 as far as we’re concerned in Sacramento—learning from you how you’re confronting various issues in your counties, and being able to share that with other counties.”

She introduced Millicent Gomes, Director of ADP’s Office of Criminal Justice Collaboration, pointing out that she had come to ADP just before the reauthorization of

Proposition 36. She had been an attorney in the corrections field in Sacramento County, and had worked closely with the Governor's office on a number of correctional issues. Ms. Jett pointed out that before Proposition 36 there was no Office of Criminal Justice Collaboration in ADP. "This office was intended to build a pathway between our department and the criminal justice system and the court system," she said. "It takes a special kind of leadership to do that," she said, asking for a round of applause for Ms. Millicent and her staff. Ms. Gomes in turn introduced and gave recognition to members of the team from UCSD, as well as Sheryl Griego of the ADP staff, who had organized and administered the conference.

The conference participants then adjourned to rooms assigned to meetings of teams from like-size counties.

Reports from Like-sized Counties

After those meetings the Conference re-convened in plenary session to hear reports from each group of like-sized counties in response to eight questions handed to them earlier as points for discussion. **Judge Manley** brought representatives of each group to the podium to summarize what had surfaced during their discussions. He introduced the following panelists:

Lynn Van Gilder, Substance Abuse Program Coordinator for San Bernardino County, was reporting for the group including Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties.

Mike Walsh of Alcohol and Other Drug Services in Sonoma County, reporting for the group including Kern, Monterey, Placer, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare and Ventura Counties.

Paula Glodowski, Proposition 36 Program Coordinator for Marin County, was reporting for the group including Alameda, Contra Costa, Marin, Sacramento, San Francisco, San Joaquin, San Mateo and Santa Clara Counties.

David Sackman, Deputy Director of Calaveras County Behavioral Health Services, reporting for the group including Alpine, Amador, Calaveras, Del Norte, Humboldt, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Tuolumne, Shasta, Siskiyou, Tehama and Trinity Counties.

Lonetta Lorraine Riley, Program Chief for the Colusa County Department of Behavioral Health, reporting for the group including Butte, Colusa, El Dorado, Fresno, Glenn, Imperial, Kings, Lake, Madera, Merced, Mendocino, Napa, Nevada, San Benito, Sutter, Yolo and Yuba.

Judge Manley said the questions handed to the like-size groups were designed to move along the process of achieving better outcomes to justify continuation of funding for Proposition 36 and to find out what ADP and others could do to help them in the process. "You have demonstrated incredible collaboration at this conference," he said. "From year one, that is what this conference has been all about—demonstrating that we can all get along and work together to make things better."

Judge Manley asked the representatives to summarize what kind of answers emerged in their groups as they considered each of the eight questions.

The first question: **What are the outcomes you hope to achieve from the SACPA program? What is your county's definition of successful completion of treatment and successful completion of a SACPA sentence?**

Ms. Riley: There was a lot of discussion of this question in her group, she said. "One of the most important points we all agreed upon was the lack of consistency in defining what a completion rate looks like." This creates a problem when using a statistical analysis of completion rates to measure the success of programs. Some counties define completion rates as completion of treatment and completion of programs. One defined it as early termination of probation. Another defined it as being clean and sober for 90 days. The counties would like to have assistance in formulating a standard definition of completion so that when completion statistics are provided to the Legislature they understand what the counties are doing and how well they do it.

Mr. Sackman: The same issue of varying definitions of "completion rate" came up in his group, along with a need for additional options for treatment and more technical assistance resources in addiction treatment. There is a general hope across the state for a focus on treatment instead of incarceration, increased inter-agency collaboration, functioning tools to track and measure success, improved completion and show-rates, reduced waiting lists and recidivism. There is also a desire to attain and maintain adequate funding to maintain treatment capacity. Some of the counties believe funding is still inadequate even at the levels of funding authorized by the Legislature in 2006. Some counties in the group have a three to four month waiting period to enter treatment. As for the "completion rate" definition, Mr. Sackman said there were many different definitions but a "baseline" of completion of treatment and completion of probation with variations on such issues as what constitutes completion of treatment (does it include after-care?).

Ms. Glodowski: The group had the same uncertainty over what constitutes "successful completion," with some counties regarding it as graduating from treatment, testing clean for three months after completion of the program, no new arrests during probation, graduating after one-year with a certificate, and making payments to the program in terms of restitution and fees. One county summarized as "sustained effort by the client, successful adjustment after completion of the SACPA program" and this was the consensus of the team.

Ms. Van Gilder: Her group identified similar issues and goals. In addition, it was suggested that a DNA collection be considered as part of a successful completion. Some counties are insisting on complete payment of fees as a condition for successful completion, but others do not require this.

Mr. Walsh: All of the counties in his group had different views on outcomes, he pointed out. As for some of the general thoughts, it was obvious that cuts in funding were felt in all counties, and they see a problem in figuring out how they will be funded from year to year in the future. As for defining outcomes, he said the counties all would like to see clients restored to their communities and become productive members of society. "What should determine a success rate was all over the board," he said, pointing out that treatment periods were different in every county. One consistent requirement is that the

offender completes whatever treatment plan was prescribed. Some felt that payment of treatment fees should be tied in, but every county seemed to have different requirements. One observer said that dismissal of charges should be the event constituting completion.

Judge Manley then asked the group what percentage of the counties would agree that “successful completion of a treatment plan” should be the definition of success, leaving all other considerations aside. **Mr. Walsh** said he did not think the discussion in his group led to a definition that all counties could agree to. **Ms. Riley** said she agreed. “On the one hand we had a very clear understanding that treatment completion meant completion of a program but we also had a lengthy discussion about how, if they complete treatment and remain on probation, the conditions of probation would absolutely impact their ability to lead a productive life.” Another issue, she added, is the client’s understanding of what is required to accomplish success. Some will say, “I’ve completed treatment. Why am I still on probation?” **Ms. Glodowski** said her group had a discussion of how outcomes may be tied to frequency and analysis of urine tests, and how that plays into the definition of success. The test issue is not consistent across the counties, she said. Judge Manley observed that the Legislature’s definition at this time is “completion of treatment,” and there is a need to reach general agreement on what should be regarded as success. If completion of probation were the test, there is wide variation in the length of probation called for by various judges. The counties need to come up with a “clear, concise science-based definition of successful completion of treatment and good outcomes,” he said.

Judge Manley then turned to the second question: **What are some of the ways your county can improve access from the court to assessment and from assessment to treatment?**

Ms. Van Gilder: Many counties are doing assessments by probation or the treatment staff at the courthouse, she said, making entry into treatment easier. Several counties are using outreach workers who go out and pick up clients to bring them to the assessment. An outreach provider may pick them up at the jail and take them directly to a treatment residence where the assessment is done. “One of the counties suggested that the sheriff needs to be more involved,” she said. In most counties, transportation is the biggest issue because of large geographic areas to be covered. A client may live an hour’s drive away from the courthouse.

Mr. Walsh: His group made a point of “co-location”--that it works better when the close treatment teams are close together, co-locating intakes at the court. “One county actually has a member of its treatment team walk the client from court to the intake offices.” The time frame also seems to be important. “The quicker you get a client to your offices, the more likely the client will be retained.”

Ms. Glodowski: One of her counties uses Proposition 36 alumni to pair up with new Prop 36 members to help them get engaged in treatment. Co-location of probation and assessment also is important. Other practices include using a public defender as a motivation instrument in talking with clients and urging them to participate fully, and using a dedicated court system with one location. Alameda County, she said, has a web-based browser system that helps keep track of clients on a show/no-show basis.

Mr. Sackman: One strategy discussed in his group was getting district attorneys more interested in referring offenders to Proposition 36, removing a “stumbling block” for several counties. It was suggested that ADP work with the district attorneys association and various other professional associations to familiarize them with the potential benefits of Proposition 36 treatment for offenders. Outreach also was mentioned, with one county requiring offenders to report to probation three times a week until they are enrolled in treatment. Other counties had various strategies for direct communication between probation and treatment to let the right people know that the offender is enrolled in treatment.

Ms. Riley: Her group echoed most of the reports already heard. “One problem we paid closest attention to is shoring up any time-lag that might exist between referrals to probation and the time a client has to report to a mental health facility for assessment. It also was suggested that court calendars be increased in order to handle more referrals, and that multiple courtrooms be designated. Some counties do assessments at the time offenders are referred by the court, and take steps to assure that they understand what is expected of them under Proposition 36. Counties have found that when there is any lapse of time between the court’s referral to probation and probation’s referral to treatment there is more likelihood that a client will not show up.

Judge Manley then called for comments on question 3: **What does your county consider to be the “best,” “promising” or most “innovative” practice? What does it accomplish?**

Ms. Van Gilder: Orange County has a shared data system that gives all players access to progress reports and other information. They have a dedicated court that monitors Prop 36 cases, with health and probation co-located. In San Bernardino, a probation officer is assigned to each treatment site, working directly with treatment people and providing case management services in order to know what is going on with each client in the program. Probation and parole have partnered on at least a quarterly basis to do community service events and activities that provide positive press coverage. This also helps clients “give back” to the community by becoming involved in various activities. Riverside has an intensive outpatient model, and is looking forward to working with a more parole-intensive program that will provide more intensive case management in order to bring up the completion rate among parolees. Both Riverside and San Bernardino are looking at the STAR program working with parolees, providing a five-day week of treatment and education prior to entering an outpatient program. Orange County hopes to implement a drug court specifically for Prop 36 cases.

Ms. Glodowski: Her group considered this to be the best question on the list. “It highlights the work that has been put in and the dedication of everyone involved, and allows us to talk about what works best in our counties.” Santa Clara prides itself on its culturally-appropriate services. Contra Costa has Spanish-speaking treatment providers for both residential and outpatient clients. Santa Clara takes advantage of services offered by an Asian-American Center. Another promising practice is helping clients transition into ancillary services—day care, mental health, housing. San Francisco has a relationship with a transitional housing provider. In her own county of Marin, a fund shortage had led to waiting lists for entry into treatment, and this led to formation of a “bridges group” where clients receive orientation and social skills training during the

waiting period. Most counties, she added, felt they had a good relationship with probation and felt this was the key to success of the program.

Ms. Riley: Her group sees the advantage of having a strong team in which members understand the role of each team member. Quick recognition of clients that complete the program helps create incentives for others. Some counties are expanding their definition of “treatment” to include community activities, and sports participation, such as softball games. In some small communities Prop 36 clients are spending 16 to 17 hours a day working on farms, so treatment schedules are adjusted to accommodate them, with a basic understanding of Spanish and Native American cultural outreach needs. Some counties provide child care and similar incentives to participate in the program.

Mr. Sackman: These small counties agreed that a drug court model is good, and focusing on the whole person to consider all their needs. Close collaboration with probation is necessary for accountability. Some counties provide a simultaneous intake and assessment, and entry into treatment the same week. One county has walk-in intake four times a week.

Next was question 4: **How does probation and treatment work together to retain clients in treatment?**

Ms. Glodowski: Her group came up with the importance of collaboration and building a sense of community between probation and treatment providers, providing an opportunity for open discussion of problems. Some counties have collaborative meetings prior to court hearings. She pointed out that the question was expanded in their discussion, not being limited to probation and providers. “It was everybody working together. How was the team coming together?” Another measure is to assure that probation is on the same page with bench officers in terms of offering incentives and implementing sanctions. Also, working with reward-based program for both the client and the provider.

Mr. Walsh: In their general discussion it emerged that higher retentions resulted when probation and treatment were working together, but broader issues emerged. “The really critical thing we noticed was that the court team—the judge, the public defender, the DA, along with probation and treatment, needed to be trained. They needed to be familiar with addiction and what was going on. You need a buy-in from everyone on that team as to what the goal was going to be.” There also was a discussion of adversarial relationships between public defenders and district attorneys, and of the “learning curve” needed when there is a combination of criminal justice and treatment. “Some counties were well along with this and had a very cooperative relationship, but others were just developing it and looking for ways to improve it.” Santa Barbara County has a “therapeutic justice council” that meets once a month to make sure everyone is on the same page. Repeatedly the point was made that the entire treatment team should meet on a regular basis to “make sure we remember what our goal is” and that all are working together toward that goal.

Ms. Van Gilder: Her group also saw the “whole team approach” as important, with monthly meetings bringing treatment, probation and parole together as a team. This permitted the participants to discuss issues when they first emerged rather than allowing them to grow and grow. The “shared data” system assured that everyone had access to information immediately available for making decisions, such as increasing the level of

care for a client. San Bernardino County has major regional issues, she said. Clients might look different in areas with high employment rates than they do in areas where jobs are scarcer. So breaking into regional groups helps develop collaboration and communication.

Ms. Riley: In this group, collaboration also was at the center of discussion, with emphasis on each member of the team understanding his or her role in the process. The team members need to understand that “Proposition 36 is one of the most innovative things that ask treatment and the enforcement or punitive side to come together in the interests of the client.” Better education would help promote this understanding of roles. Other supporting practices include doing assessments at the probation department, reporting to probation before and after assessment, more timely progress reports to the courts so they understand what is going on with a client, and designing programs around client needs, such as doing a risk/needs assessment to define more clearly what individual clients need as they go through the process. It also was observed that in smaller counties there is more opportunity for various participants in the system to have close communication.

Mr. Sackman: He would add that collaboration in some counties is based on weekly or bi-weekly meetings, many of them including mental health, child protective services and other agencies. Two counties have a judge participate in meetings fairly frequently.

Judge Manley commented that in the discussions, the question was not so much how probation and treatment work together but how *all* of the participants work together. Such collaboration will help overcome the adversarial relationships among the parties that may have existed before Proposition 36.

He then moved on to Question 5: **After initial assessment, what is being done to ensure that clients receive the treatment and ancillary services they were assessed to need?**

Mr. Walsh: Some of the practices mentioned included providing bus passes to clients to help them get to their treatment site in the initial period. In addition, progress reports being made by treatment providers helped assure that any need for ancillary services was being addressed; the progress reports themselves specified how frequently the services were being provided.

Mr. Sackman: Calaveras County has phase requirements that are a tool for counselors to track the needs of clients as they go through phases of treatment. So such issues as having a driver’s license or an ID are considered.

Ms. Glodowski: Sacramento has something similar—a “TAP” program, or treatment adjustment phase, to help get a client engaged in the initial stages of treatment. Other suggestions were that more regular court dates are established, such as checking in every 90 days to assure engagement.

Ms. Riley: Members of the group emphasized that it is important that clinicians keep the rest of the team informed about the needs of the client. Also, in small communities where resources are somewhat limited it may be necessary to develop resources within the client’s own community. Members of the community may need to be

educated about the fact that Proposition 36 is not going to solve “all the ills of the world” and community involvement may be necessary after clients leave residential treatment.

Ms. Van Gilder: Her group brought out the fact that after assessments are made at the beginning of the process is it important that the treatment provider make continuing assessments as treatment progresses to make sure the program is meeting the client’s needs. “For many of these people it’s not rehabilitation, its habilitation. We have people coming in the door who have never functioned in society.” In her county, half of those entering the program have never been in treatment before. “The initial assessment may look very different after a couple of months or 90 days into treatment.”

Mr. Walsh added that one county had mentioned the use of SLEs to provide stable housing for clients who did not have safe housing otherwise, and this improved the show-rate for treatment.

Question 6: **In your county, how has the continuum of care evolved since the beginning of SACPA and where is the county headed with the continuum of care?** Judge Manley commented that this question seems to assume that team members have been working in the program since the beginning.

Ms. Van Gilder: Most of the counties have identified dual diagnosis treatment as a component that was lacking in the original continuum of care, and with new OTP funding most counties will be looking at using those funds for care of some SACPA clients. The counties are looking to ADP for assistance in working with mental health agencies in this regard. There also was a discussion of how the continuum of care changes as there are staff changes in the Prop 36 team. The continuum of care is also more successful when the district attorney, the public defender and the probation staff are “treatment-friendly.”

Mr. Walsh: As many have observed, the clients whom the teams expected to be sent to them under Proposition 36 often were not the clients they received. “So of course the level of care had to change to address that.” He said the discussion revealed that the counties differed greatly in the kind of services they provided, the length the services were provided, and how the services were provided, but all of them were impacted by the budget cut. All they had learned about applying the appropriate level of treatment was impacted by the budget cut, with the result that many clients were under-served. (Judge Manley asked if the “budget cut” referred to a county’s running out of carry-over money from their start-up funds, or about county budget cuts. Mr. Walsh said the reference was to the difference in funding after the first five years of SACPA.)

Ms. Glodowski: Another issue is the fact that Proposition 36 provides for the treatment aspect of a client’s needs but not the ancillary services the client may need for successful completion of treatment, such as housing, health care, day care, etc. “Counties are looking for ways to be more flexible in providing these services.”

Ms. Riley: Also, a woman addicted today may have children later on, and counties are looking at how to address family issues that arise in the lives of SACPA clients in order to help break the cycle of addiction.

Judge Manley put question 7 aside for the time being and went to Number 8: **How is collaboration working or not working in your county? Are there open lines of communication between treatment, criminal justice, and county administration?**

Ms. Van Gilder: Her group was split on this question. Two of the counties seemed to have good collaboration among all concerned. Two others seemed to have good collaboration “on paper” but as time progressed members were dropped and new people appointed to participate may not have the same interest.

Mr. Walsh: There were mixed observations about collaboration in his counties as well. “What was obviously clear is that the better the collaboration, the better the system works.” The discussion led back to the importance of the training of judges, public defenders, district attorneys, etc., regarding the goals of the program. Some counties have good collaborative systems in place but others have a long way to go. The point also was made that having regular meetings seemed to help sustain the level of collaboration.

Ms. Riley: Lines of communication in the smaller counties seem to be at a high level, but this did not mean the counties shouldn’t look for ways to improve. It is also important that what is learned at conferences like this is shared with all the collaborative partners at the county level.

Ms. Glodowski: In her group the number of meetings of team members seemed to be associated with good collaboration. It is also important to provide education and outreach to team members who are not “on board” when they join, and that the role of each team member is clearly defined.

Judge Manley observed that there appears to be a need to have a program in place to pass on the wisdom gained from experience and to keep renewing the commitment to make Proposition 36 work through collaboration and communication.

Judge Manley concluded the panel session by asking for responses to Question 7:
What would you like to see from ADP on a SACPA site visit?

Mr. Walsh: His counties seem to be in general agreement that when ADP representatives come to visit they should bring information from other counties regarding how their data is computed, how they’re getting their numbers, so that other counties trying to match them will be matching apples to apples and oranges to oranges. This could become critical in the future if support is tied to treatment success rates. ADP should bring information from like-sized counties to each site so that information about what other counties are doing can be distributed on-site. In other words, an ADP visit should be more than just an audit but also should be a dispensing of information to the counties about how they can improve their practices. In addition, ADP should provide sustainable funding on a regular, on-going basis.

Ms. Van Gilder: Her group had the following requests: 1) a self-assessment tool should be sent out in advance so that questions can be sent to the whole team. 2) Advance notice should allow team members to set up a meeting as a team. 3) Training judges on the theory of addiction. 4) More clearly defined policies and more timely visits.

Mr. Sackman: His group suggested having a site visit other than one to conduct an audit. His group also would echo what has been said about the need for more information and assistance to help lobby the boards of supervisors in small counties. More education about addiction for district attorneys, judges and other collaborating partners is needed.

Ms. Riley: ADP should have a broader understanding of the limitations that smaller counties sometimes face. “We have collaborative partners who wear many hats, so more training may be required to assure that the partners understand best practices and

what the expectations are.” There is also a need for technical assistance visits in advance of audits so that teams will know what an audit exception would look like. “We have counties that have had audit visits but no TA visits.” Another need is assistance for grant-writing and data collection, and a better understanding of what ADP considers to be best practices.

Ms. Glodowski: A major subject in their discussion was to have ADP serve as a bridge between the Proposition 36 team and the county administration and decision-makers, primarily as a matter of education. Also a “qualitative approach” to funding would recognize that different counties have different demographics and priorities and different ways of pursuing the same goal. Another proposal is to have line staff sit in on site visits to assure that information about what’s happening in the field is passed on to ADP.

Millicent Gomes closed the session with a reminder that the ADP web site will provide information about best practices reported at the conference.