

*Dedicated to the reduction of individual and community problems related to the use of alcohol and other drugs
and the chronic disease of addiction.*

JOINING FORCES TO DEFEAT ADDICTION

CADPAAC Testimony to Little Hoover Commission

In its 2003 report addressing the issue of alcohol and other drug addictions in California, the Little Hoover Commission developed a set of recommendations for how the State could improve access to and the management of quality treatment for addiction. Considerable progress has been made by the State and by the AOD treatment field toward implementing many of these recommendations. However, there are still significant barriers to successful implementation of some of the policies and practices urged by the Commission.

As those who oversee the publicly-funded AOD treatment programs at the local level, the County Alcohol and Drug Program Administrators offer the following comments on what we believe to be the implementation status of each of the Commission's recommendations:

Recommendation 1: *The State should establish a council to develop a unified strategy to cost-effectively reduce the expense, injury and misery of alcohol and drug abuse.*

To date no such council as envisioned by the Commission has been established, despite encouragements from the AOD field to re-initiate the Governor's Interagency Council on Substance Abuse, and to establish a cabinet-level position of "Drug Czar" in the Governor's Office. However, there have been encouraging developments in the field that work toward accomplishing some of the goals outlined by the Commission. The State Department of Alcohol and Drug Programs (ADP) has taken a major step toward improving the delivery of AOD prevention and treatment services by establishing the Continuum of Services System Re-engineering Taskforce (COSSR). The goal of the COSSR is the development of an effective continuum of services, based on the defining principle that AOD problems are transient, severe and persistent, similar to other chronic diseases that need to be managed.

Also, the Statewide Advisory Group (SAG) was established pursuant to Proposition 36, the "treatment in lieu of incarceration" initiative passed by the voters in 2000. The SAG does involve treatment, probation, the judiciary, and law enforcement leaders in a collaborative effort to coordinate services for the offender population, and to assess the effectiveness of these programs to reduce the consequences of addiction and improve public safety. Prop. 36 programs have been subject to regular and rigorous evaluation, and in our view AOD programs overall are subject to greater accountability and stricter standards of "success" than many other health and human service programs or public safety programs.

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One of the areas where the State has really dropped the ball is youth treatment – the provision of services for adolescents harmfully involved with alcohol or other drug abuse. In spite of the LHC recommendation that our statewide strategy for addiction treatment focus on youth, this is an area of health care that is still virtually ignored by state leaders. Many other service systems in California are under-funded, but in none of these systems is the gap between need and service as great as that for adolescent substance abuse treatment. While other systems treat one of every two or three clients needing help, less than one in twelve adolescents needing substance abuse treatment in California receives it. CADPAAC recently co-sponsored legislation to expand the AOD treatment benefits for adolescents under the Drug Medi-Cal system. This bill passed the Legislature but was vetoed by Governor Schwarzenegger, who said that the issue should be pursued through the State Budget process. However, in the proposed Budget that the Governor set forth, there was no allocation for or even mention of youth treatment, and the Legislative Budget committees have not seen fit to include this issue on their agendas.

Recommendation 2: *Working with counties, the State should set broad goals for treatment programs and help counties to ensure that treatment is available to those whose substance abuse imposes the greatest harm on their communities.*

State ADP has developed a strategic plan that outlines the goals, needs and concerns for community-based AOD treatment programs. The State's Prevention Framework sets forth goals and strategy for evidence-based Prevention programs throughout local communities. In addition, ADP has been working on a Screening, Brief Intervention, Referral and Treatment (SBIRT) program in an attempt to intervene earlier with substance abusers. However, there remain significant obstacles to early intervention. One, already mentioned, is the lack of commitment on the part of the State to devote resources to youth treatment. Another is an outmoded Insurance Code that discourages trauma centers from screening for AOD abuse by allowing insurance plans to withhold reimbursement for medical care when there is AOD involvement. (Successful legislation to delete this code was vetoed by the Governor two years ago.) Moreover, there is still no insurance parity for AOD treatment, even though addiction is a chronic brain disease.

State ADP has been working within local communities to hold providers accountable for meeting licensing and treatment standards. Department personnel have also met with community leaders to educate them regarding the need for AOD treatment, and to address local concerns regarding the establishment of treatment and recovery facilities and sober living environments. NIMBY issues in some communities make it difficult to locate these facilities, and ADP has been working hard to confront this problem. What should be of greater concern to local communities is the impact of DUI offenses, which pose a significant danger to health and safety. Many of those who commit such offenses are in need of more intensive treatment than they currently receive in DUI programs, but the resources are simply not available for the treatment of this population. ADP has recognized, however, that DUI is clearly a significant part of our AOD system of care.

The population whose substance abuse imposes the greatest potential threat to the health and safety of local communities is the criminal justice population. It is generally acknowledged, and multiple studies have shown, that at least 70% of the individuals incarcerated in California (including adolescents in juvenile detention) are harmfully involved with alcohol or other drug abuse, and in need of treatment. If they are not in custody because of a drug offense, often it is their substance abuse that contributes to or drives their criminal behavior. Moreover, a high percentage of the parolee population is returned to prison, often for technical drug-related parole violations.

There are three points where treatment intervention can be effective: (1) Post-conviction diversion programs, i.e. Prop. 36; (2) In-custody treatment; (3) Post-release, or aftercare programs, when individuals are released back into the community, and are in need of ongoing treatment/recovery services. In each of these, the treatment is usually provided by publicly-funded programs. Even so, only about 1 in 10 offenders who need AOD treatment is able to receive any treatment at all, much less an assessed or appropriate level of treatment.

The major problem, as we see it, is a bifurcated system in which AOD treatment funds are allocated to and administered by a corrections system that does not have the professional expertise to use these funds most effectively. CADPAAC believes that all publicly-funded substance abuse treatment should be under the oversight of the single state agency, which in California is the Department of Alcohol and Drug Programs, and its local arms – the county AOD programs, which are best situated to provide substance abuse treatment, and to work collaboratively with other local agencies. This means that AOD treatment funds currently allocated to CDCR should be redirected to ADP, which would then allocate these funds to the local AOD programs that will be providing the treatment services for the offender population. Post-release (aftercare) treatment and re-entry services for substance abusers should also be coordinated under the auspices of ADP and its county administrators. All of these in-custody, re-entry, and post-release treatment programs would benefit from being administered by treatment professionals rather than by a parallel treatment system that bypasses the established state/county structure.

Recommendation 3: *The State should implement outcome-based quality control standards for treatment personnel, programs, and facilities, and encourage continuous quality improvement.*

State ADP is addressing this recommendation in several ways:

- As already mentioned, the work of COSSR is an effort to develop best treatment practices, promulgate treatment quality standards, and develop good management tools for the AOD field.
- ADP's Licensing & Certification staff is implementing a plan to hold program providers more accountable to quality treatment standards, through the development and enforcement of new licensing regulations. The new regulations are also designed to help ensure safe and

suitable treatment facilities. However, tying provider reimbursement to outcomes, as the Commission has suggested, is problematic in a chronic care model, where the State has no standard definition of “successful outcome.” Since addiction is a chronic, relapsing disease, in which recovery is an ongoing, life-long process, defining what is a successful outcome has been difficult.

- Since the Commission issued its 2003 report, ADP has implemented regulations establishing a professional certification for AOD treatment counseling staff. Since the AOD field as a whole is so tragically underfunded, however, workforce development and retention pose a challenge. Although the workforce is becoming more qualified, low pay remains a significant barrier to staff recruitment and retention. CADPAAC and the California Association of Alcohol & Drug Abuse Counselors are currently conducting a workforce survey throughout all publicly-funded programs, in order to identify and address the major challenges facing the AOD workforce.

Recommendation 4: The State should facilitate the integration of alcohol and drug treatment with other social services to effectively reduce abuse and related public costs.

State ADP is involved in many efforts to address this need. The most notable, ongoing achievements have been: the work of the Dependency Drug Courts; AOD treatment as one of the supportive services offered through CalWORKS; Child Welfare Redesign, and the linkages between AOD and the Child Welfare systems in most counties; and the progress of the State’s Co-Occurring Joint Action Council (COJAC), a collaboration of Mental Health, AOD, and Supportive Housing to address the needs of individuals with co-occurring disorders. Significant barriers to collaboration still exist, i.e. the differences between Mental Health and AOD in the convoluted way that their respective Medi-Cal systems operate. Also, as indicated above, the allocation of AOD treatment funding through different departments and systems results in unnecessary duplication of services, among other problems, most of which could be solved if all public funds for AOD treatment were allocated through the single state agency, the Department of Alcohol and Drug Programs. The AOD field cannot reasonably be expected to make improvements when the resources allotted to treatment are so inadequate, or when they are scattered throughout several different departments with minimal accountability.

Recommendation 5: The State should immediately maximize available resources that can be applied to treatment...and should also consider new funding sources to provide more stable funding.

State ADP has applied for, and received, federal grant funding to expand existing treatment services, such as the Access to Recovery voucher program, Co-Occurring State Incentive Grants, and the SBIRT grants. Unfortunately, however, compared to other states California leaves a lot of federal money on the table, due to the State’s inability or unwillingness to leverage federal Medicaid funding. Even a modest commitment of resources, such as expanding Drug Medi-Cal

treatment services for youth that would draw down equivalent federal funding, has been rejected by the current Administration.

Numerous studies have shown that AOD treatment produces significant cost-savings in other systems, such as corrections, social services, child welfare, public health, juvenile justice, mental health, etc. Occasionally, savings in these other systems are reinvested in AOD treatment, as is the case with Dependency Drug Courts and felony Drug Courts. However, these examples are few and far between. In the case of juvenile justice, for example, despite evidence that substance abuse underlies many other problem behaviors among adolescents, juvenile probation funds that come to the counties are rarely used for AOD treatment, even though they could be.

The private sector could be an active participant in providing access to AOD treatment through employer-based health insurance. We know that this would greatly reduce costs in the workforce related to lost work days and lack of employee productivity. And yet every attempt to include AOD treatment on a par with the treatment of other diseases in insurance parity legislation has failed to pass the Legislature.

The only significant source of new funding that has come to the AOD field in California in many years was the result of a voter-approved ballot initiative – Proposition 36 – but these funds can only be used in services for a segment of the adult criminal justice population. The failure of our State’s policy makers to invest in AOD treatment is very short-sighted, given the fact that, as SAMHSA Administrator Charles Curie has stated, “treatment is a bargain compared to expenditures for jails, foster care for children, and health complications that often accompany addiction. Rarely do we have public initiatives that can save society as much money as substance abuse treatment and recovery support services.”