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August 31, 2007

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**TO:** Proposition 36 Advisory Panel Participants

**FROM:** Stuart Drown  
Executive Director

**SUBJECT:** Summary of August 22, 2007 Advisory Panel Meeting

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Thank you for participating in the Commission's advisory panel meeting on August 22 to explore strategies for improving Prop. 36, understand the benefits and challenges of the Offender Treatment Program and discuss systemic and policy changes that could improve outcomes for alcohol and drug treatment programs for nonviolent drug offenders.

This document is intended to capture the information presented during the meeting, provide a record of the meeting and allow participants to clarify or amplify those issues discussed. Please call or write Commission staff if you have more to add to the discussion.

A list of participants is attached. The discussion was broken into three parts, and the following reflects the discussion during each session.

## Improving Prop. 36

Based on testimony from a public hearing in June, as well as research and conversations with stakeholders, Commission staff presented seven broad themes for improving Prop. 36 outcomes: Appropriate and sustained treatment; comprehensive treatment for co-occurring disorders; minimum treatment standards for all counties; base funding on outcome measures; increased use of evidence-based practices; collaboration and consensus-building among stakeholders; and, drug court models.

Collaboration among stakeholders was identified as a key component of a good Prop. 36 program. Participants also discussed the need for a strong leader, most likely a judge, to compel collaboration and bring stakeholders together to discuss topics such as trends in drug use and other emerging issues at the local level. Included in this discussion were suggestions that courts should be the lead Prop. 36 agency at the local level and that stakeholders agree on their roles and processes to ensure collaboration despite the presence of a strong leader. It also was noted that collaboration needed to occur at the ground level between treatment providers, judges and law enforcement and not just at the administrative level.

Several participants suggested moving the focus away from treatment completion as the primary measurement of success. Other potential measurements of

success include criminal recidivism, retention in treatment or other factors like employment. Participants discussed ways to reward providers that keep clients in treatment and encourage clients to find inexpensive ways to stay in contact with the treatment system after completing a program.

Other ideas to improve Prop. 36 outcomes included raising the level of professionalism of counselors, using better assessment tools to place offenders in the appropriate programs, ensuring that methadone or other narcotic replacement therapies are used to treat opiate addicts, more training for judges on addiction and relapse, and expansion of services for ethnic groups not doing well in Prop. 36 such as African-Americans and Latinos. The need to provide in-jail substance abuse treatment also was discussed, and the need to find ways to require that new jail and court construction projects include treatment components.

Finally, several speakers noted there were many highlights for Prop. 36: UCLA's evaluations have found that the program saves taxpayers money by diverting offenders from jail and prison, offenders that enter or complete treatment show notably lower recidivism rates, and more than 20 counties reported that more than 45 percent of offenders completed treatment last year.

### **Offender Treatment Program and Other Strategies**

As a separate funding source for Prop. 36 clients, the Offender Treatment Program was described both as a good way to encourage counties to invest in innovative practices that could improve outcomes and an unnecessary and overly bureaucratic process to serve the same population. Some participants worried that with less funding set aside in the current budget year for Prop. 36, the Offender Treatment Program was no longer enhancing funding, but acting as a replacement funding source.

Thirty-nine of California's 58 counties applied for OTP money last year, and some participants worried that the required county match discouraged some from tapping into the funding. Many counties found good use for the money, including enhancing probation services.

Los Angeles County used the funding to implement a proven methamphetamine treatment program and to decrease the amount of time it took to get offenders into treatment after their assessment.

One participant suggested folding OTP into Prop. 36 and using 20 percent of Prop. 36 funding for an "innovation and improvements" fund which would continue the goal of OTP while eliminating the need for two funding streams to treat the same offender.

Participants also discussed the strengths of the drug court model and suggested Prop. 36 and drug courts, along with other programs, should all be used in a continuum of care designed to fit the needs of each offender. The state and some counties are considering using a risk and needs assessment tool created by Doug Marlowe of the University of Pennsylvania that could help place offenders in the appropriate program.

The collaborative nature of drug courts, particularly in linking the treatment and law enforcement communities, were described as the most important aspect of drug courts, and something that Prop. 36 courts should and often do emulate. Some participants noted that it would be difficult to completely replicate a drug court for each Prop. 36 offender due to the higher costs of drug courts.

Finally, participants discussed a stronger role for the state Department of Alcohol and Drug Programs. Suggestions included providing standards for assessment and treatment, using data to provide more advice to counties on promising practices, creating more collaboration among agencies to better treat offenders with multiple problems, providing more opportunities for training and education, implementing fiscal incentives for counties to adapt best practices, and implementing requirements for narcotic replacement therapy.

### **Other Policy or Systemic Changes**

Participants discussed the continuing difficulty of accessing mental health funding to treat Prop. 36 offenders with co-occurring disorders.

Regulations developed to distribute Prop. 63 funding appear to discourage the treatment of co-occurring disorders, though that population was identified as an eligible group in the ballot initiative language. Suggestions were made to address the issue at the state level instead of through the current process, which requires each county alcohol and drug treatment system to seek funding through the locally-developed Prop. 63 plan.

It also was noted that federal mental health funding often prohibits co-mingling money with alcohol and drug treatment. In addition, many Prop. 36 clients with mental health problems, such as Post-Traumatic Stress Disorder, do not qualify for mental health funding because their ailment is not considered a severe mental illness.

Participants noted that the difficulty in fusing alcohol and drug treatment and mental health treatment is a nationwide problem. The Texas Correctional Office of Offenders with Medical or Mental Impairments was cited as a good model for integrating services.

The lack of alcohol and drug treatment services for adolescents was described as a major problem, and creating more youth treatment programs was identified as a way to lower the number of adult drug offenders. Several participants also noted that regulations requiring insurance companies to cover alcohol and drug treatment would bring new funding into the treatment system and could help people before they come into contact with the criminal justice system.