

Prop 36

Suggested Treatment System Improvements

Submitted to: Little Hoover Commission Advisory Committee Meeting on Prop. 36 by Al Senella, Chief Operating Officer
Tarzana Treatment Centers

The suggested improvements listed below can only be effectively implemented with appropriate resources that recognizes substance abuse addiction as a treatable chronic disease. The current system is seriously under funded, operates on a shoestring and cannot perform at the levels expected nor required by state law.

To expect improvements without adequate resources would be counterproductive, further diluting the current under funded system.

Please also be advised the suggestions that follow are submitted to generate discussion. They have not yet been endorsed by any organization other than Tarzana Treatment Centers.

- Court referrals to assessment must be assessed within 3 working days. Failure to show immediate report back to court. Individual allowed only 1 reschedule of assessment appointment and in such case no more than 3 additional work days to report.
- From assessment to treatment – 3 working days. Failure to show – immediately reported back to court. No more than 1 intake appointment reschedule and no more than 3 additional work days to report.
- All participants to receive assessed level of appropriate care for appropriate duration based on identified needs and assessed needs.
- Require all providers to conduct random drug testing done on a frequent enough basis to provide appropriate support. For all non residential settings, no less than two times per week, until there is at least 90 days of documented sobriety
- All treatment providers must have a comprehensive patient perceptions of care evaluation system. The agency must use survey data collected on no less than a quarterly basis, though to identify program and treatment improvement needs with a process to implement changes and monitor the effectiveness of those changes. The system should cover all aspects of care.
- Treatment complete rates should not be the only measurement of success. We must begin to look at treatment accomplishments based on individual treatment goals as a further and perhaps more appropriate measurement of success needs to be included as a success measurement. Additionally when looking at treatment complete rates we need to adjust data to account for premature discharges that are outside the providers control.

- Minimum of 90 days in treatment is known as one predictor of outcomes. We need to begin to measure this. This needs to be measured not only for a single admission but for multiple ones. 90 days in residential is good but so is 30 days in residential followed by 60 or more days in outpatient.
- Assessment sites and Treatment Providers should be required to do follow up outreach to individuals who fail to show or who discharge prematurely as a means to reconnect.
- Increase the collaboration between treatment providers and probation. Ideally probation should be an integral part of the treatment process with regular contact communication, and input.
- The creation of ongoing case management services that can work with patients in and out of treatment is essential. It is essential to improved outcomes.
- Courts should impose sanctions to every extent possible under law to non compliant individuals. Such sanctions might include community services, more frequent visits to the court, increased drug testing etc.
- Courts should limit an individual to only 3 failures except in extreme circumstances. Word is out, many more chances are possible, and the population takes advantage of this looseness.
- Increase the provider's ability to provide transportation from court to assessment, assessment to treatment. (or maybe have assessment located at the court and provide transportation directly to provider.
- Require all providers to establish systems to collect and monitor data on agency retention rates, set agency retention benchmarks, review data no less then quarterly and design and implement performance improvement plans to address needed improvements.
- Discontinue the use of traditional outpatient programs. Utilize only intensive outpatient programs delivering no less than 10 hours of treatment services per week.
- Require all residential programs to provide no less than 30 hours of direct treatment services per week not including 12 step activities.
- Courts should stop referring to providers who are not licensed and/or certified or otherwise not on approved provider, Prop 36 lists.
- Require all programs to use /implement chronic care model for management of the disease.
- Increased resources are needed to address workforce. We need resources to provide fair wages to hire and retain qualified staff.
- Move forward more contingency programming using incentives.