

LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH  
*SUBSTANCE ABUSE PREVENTION AND CONTROL*

**PUBLIC SAFETY REALIGNMENT ACT – ASSEMBLY  
BILL 109/117  
STAKEHOLDERS INPUT MEETING**

Summary and Recommendations of Focus Population  
Discussion Groups

***Co-Occurring Disorders***

***Men***

***Women***

***Specific Populations***

December 13, 2011

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## ***CO-OCCURRING DISORDERS***

*Facilitator:* Sandy Song-Groden

*Co-Facilitator:* Bill Dombrowski

*Recorder:* Mandi Bane

*Group Participants:* Sam Campbell, Desiree Chevecolor Mectheil, Edward Dilkes, Rachel Feldstein, Stan Gasperson, Linda Gingras, Tracy Gregory, Da-Londa Groenolo, Loya Ibraheem, Jerry Johnson, Toks Kemson, Chris Liggons, Aziza Lucas Wright, Zina Love, Dianna Malak Lopez, RuthAnn Markusen, David Martel, Marlene Nadel, Roxanna Natale Brown, Deborah Nelson, Jim O'Connell, Kathleen Price, Denise Shook, Victoria Simon, Jeffery Thomas, Rosa Valdovinos, and Brenda Wiewel

How should we define the continuum of substance use disorder (SUD) services for the post release population? Which specific evidence-based practices should be implemented with your specific focus population?

- Supportive services
  - Housing
  - Transportation
  - After care, including linkages to service providers
- Screening and assessment that considers COD factors and client's history
- Psychiatric services and medications, during and after SUD treatment
- Communication and coordination of referrals with HUB/Probation
- Outreach services for those enrolled in outpatient programs
- Case management
- Detoxification
- Day care and outpatient treatment modalities
- Sober living
- Linkage to primary healthcare services
- Job training, education, and employment services
- Trauma-informed systems of care
- Supervision and drug testing
- Recovery support services

Evidence-based practices include:

- Those focused on behavioral change, such as moral recognition therapy
- Family-focused therapies
- Integrated treatment, as documented in case notes showing that both mental health and SUD were treated in the session
- Funding sources need to allow flexibility for using a variety of culturally appropriate practices and opportunity to develop use or develop new emerging practices

In order to ensure that the continuum of care is client-centered and responsive to individualized needs for members of your specific focus population, what efforts should be made to engage offenders in treatment programs?

- Use assessment tools that are efficient, engaging, motivational, and specific to the COD population
- Contingency management/incentives
- Comprehensive treatment planning
- Trauma-informed services
- Culturally appropriate services offered by those with documented expertise and experience working with the re-entry and criminal justice community
- Team approach that brings together SUD, mental health, and criminal justice professionals
- Specialized services and staff training to offer those services
- Therapeutic community model

What community support services are needed for your specific post-release focus population, (please rank by priority)? How can we best connect SUD treatment agencies with community-based groups and faith-based organizations to access community support services for their clients?

- Housing
- Primary health care
- Vocational
- Transportation
- After care groups to provide linkages to community-based organizations and other recovery support services

With limited financial resources, what fiscal strategies and controls should be established, such as maximum treatment limits or vouchers, to use limited funding and other resources most effectively?

- Vouchers with pre-determined amount of funding per client.
- Use assessment and treatment plan to determine voucher appropriate for client's level of addiction severity
- Capitated rates, similar to HMO
- Funds should be available for the transition from residential treatment to other types of housing
- If a greater share of funding is allocated to treatment and ancillary services, rather than other probation activities, then we will be able to demonstrate a significant cost savings

## ***MEN***

*Facilitator:* Tim Dueñas

*Co-Facilitator:* William McCollough

*Recorder:* Connie Salgado-Sanchez

*Group Participants:* Herman Avilez, Michael Ballue, Michael Brook, William Burdon, Cal Butler, Ester DeGeorge, Nancy Fernandez, Marita Hernandez, Bobbi Johnson, Dolores Lyttle, Mark Macona, Freddy Martin, William Mclaughlin, Janie Morton, Mario Mungarat, Angelica Palmeros, Sharmelle Parker, David Ramage, Michael Robinson, Kathy Romo, Josh Smith, Fred Walker, and Tommy Wyatt

How should we define the continuum of substance use disorder (SUD) services for the post release population? Which specific evidence-based practices should be implemented with your specific focus population?

- The continuum needs to include an assessment
- Define population (i.e. homeless) to effectively to determine the breadth of services needed
- Continuum should include outpatient, intensive outpatient, residential, and residential detoxification services
- Some evidence based practices to consider include: Matrix model, Prime for Life; Prime Solutions; Cognitive Behavioral Therapy, Motivational Interviewing, Enhanced Treatment Mapping; Seeking Safety; and relapse prevention
- Other: Specific focus population = Adult men 18 years and older. A combination program including the 12-Step curriculum of meetings and completed step work with a sponsor, group therapy to include Cognitive Behavioral Therapy (CBT), individual counseling using motivational interviewing, and conflict resolution with the participant employing anger management tools learned in anger management classes and relapse prevention classes.

In order to ensure that the continuum of care is client-centered and responsive to individualized needs for members of your specific focus population, what efforts should be made to **engage** offenders in treatment programs?

- Offer incentives to remain in program for those not required to stay in program
  - Use community based organizations and faith-based organizations to address case management issues
  - Gift cards at milestones (i.e. 30 days in treatment, 90 days, etc)
  - movie tickets
  - Progress at 6 month evaluation helps individual become better candidate for early discharge
- Sanctions – i.e. community service
- Community based services – to improve access to continuum of care
- Physically go to the client to engage him in services
- Drug tests

## SUMMARY AND RECOMMENDATIONS OF FOCUS POPULATION DISCUSSION GROUPS

- Client centered individualized treatment plan
- Family involvement in treatment – conduct family assessment of immediate family (parents, siblings, significant others, children, etc):
  - Offer support services for families of the men
  - Fatherhood programs
  - Child support
- Look to existing models i.e. Substance Abuse Service Coordination Agencies (SASCA) model under the California Department of Corrections and Rehabilitation
- Facilitate residential step down to transitional housing and permanent housing
- Access to aftercare including: health, vocational services, job placement, education, etc.
- Healthy Way LA
- Coordinate a centralized resource information website to capture the various supportive services available to persons in treatment
- Other: Specific focus population = Adult men 18 years and older. Offenders that are identified as having drug and/or alcohol related issues should be compelled by conditions of probation to enroll in and complete a prescribed program of treatment with the reward of discharge from parole for successful completion, or return to incarceration for non participation. Sanctions for noncompliance such as community service for minor infractions that are correctable, to flash incarceration for more difficult cases should also be considered. Considering that the terms “client centered” and “prison mentality” are a contradiction, treatment of this particular population via a client centered structure would be like trying to make a square circle. It won’t work. Programs should discuss and outline the treatment plan with the client so the client is made aware of procedures to be followed. Comprehensive orientation to describe what the client can expect from treatment and what is expected from the client. Offenders that become clients should also be made aware of behaviors that will disqualify them from further treatment.

What community support services are needed for your specific post-release focus population, (please rank by priority)? How can we best connect SUD treatment agencies with community-based groups and faith- based organizations to access community support services for their clients?

- 1 - health – dental, vision, medication
- 2 - mental health – (including psychotropic medications)
- 3 - employment
- 4 – education, vocational training
- 5 - transportation
- 5 - low income permanent housing
- 7 – legal
- Other: Specific focus population = Adult men 18 years and older. This population customarily arrive homeless, without family support, and without resources. The most urgent need among this population is health care to include treatment for

## SUMMARY AND RECOMMENDATIONS OF FOCUS POPULATION DISCUSSION GROUPS

immediate symptoms, medication for pre-existing chronic conditions, Tuberculosis, Hepatitis-C, HIV testing, urgent dental care, and vision. Along with general health mental health is very important. Clients with substance use disorders often suffer from anxiety and depression, and need temporary medication to stabilize them prior to participation toward program treatment goals. Other community resources that can be made available for clients are vocational training and/or education, locating and obtaining low income housing, legal issues such as child support, and expungement of criminal records. SAPC can assist service providers with a comprehensive listing of agencies that provide such services and, that can be found in one centralized location.

How can we best connect SUD treatment agencies with community-based groups and faith-based organizations to access community support services for their clients?

- Pay for case management
- Aftercare
- Assess current networks of providers that are currently available – identify service gaps and find ways to fill them
- Community advisory boards
- Memorandums of Understanding
- Creation of informal and formal linkages

With limited financial resources, what fiscal strategies and controls should be established, such as maximum treatment limits or vouchers, to use limited funding and other resources most effectively?

- Capitated rates for individuals
- Identify individuals who really want treatment vs. those that are simply going through the motions to satisfy requirements, but don't really want treatment
- Limit treatment in accordance with AB 109 provisions: 6-months to 1 year for treatment (maximum)
- Other: Use the same structure that exists for month to month board and care remuneration (with allowance for augmented funding sources for extended stay if necessary to complete treatment). Also, a payment assistance plan using the sliding scale for fees, and the self pay option for those with minimal or fixed source of income that will qualify the client for a designated amount of payment assistance to pay for services. The use of capitation rates for services rendered over a specified period of time may have the effect of attracting unscrupulous agencies that will pop-up just for the money while providing little or no services.

## **WOMEN**

*Facilitator:* Holly McCravey

*Co-Facilitator:* Sarah Tienda

*Recorder:* Ashley Phillips

*Group Participants:* Geoff Henderson, Richard M. Ciampa, Deborah Pagliuso, Liliana Rivas, and April Wilson

How should we define the continuum of substance use disorder (SUD) services for the post release population? Which specific evidence-based practices should be implemented with your specific focus population?

- Evidence based assessment tools for women offenders to determine level of care
  - Trauma informed assessment, gender informed assessment
- Placed in appropriate level of care from prevention to residential through recovery support services
- Residential programs for women with children
- Transitional housing
- Family Services-use existing models such as Female Offender Treatment Employment Program(FOTEP), Family Foundations, Community Prisoner Mother Programs, LA County Drug Dependency Court.
- Assertive Case Management Model(ACT)
- Motivational Interviewing
- Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Mindfulness, Relational Model Therapy

In order to ensure that the continuum of care is client-centered and responsive to individualized needs for members of your specific focus population, what efforts should be made to engage offenders in treatment programs?

- Comprehensive assessment and client matching to services
- Engage client in their own treatment planning
- Involve family, at minimum family counseling, when appropriate
- Occupational training, educational services
- Use incentives
- Connect with them before they leave institution, pre-engagement
- Family engaged in treatment before release, pre-release visitation with children
- Team approach with probation and courts

What community support services are needed for your specific post-release focus population, (please rank by priority)? How can we best connect SUD treatment agencies with community-based groups and faith-based organizations to access community support services for their clients?

- Housing/Employment/Educational Services
- Mental Health

## SUMMARY AND RECOMMENDATIONS OF FOCUS POPULATION DISCUSSION GROUPS

- Childcare
- Healthcare services
- Linkage to education
- DCFS support
- 12-step fellowship/Self help
- Mentoring program
- Transportation
- Have a re-entry counsel at each Community Assessment Service Centers (CASC) with stakeholders from each area mentioned
- Social media: mentoring program, connect with sponsors, support groups,
- Provider networks/coalitions in each service area to come together to discuss AB 109

With limited financial resources, what fiscal strategies and controls should be established, such as maximum treatment limits or vouchers, to use limited funding and other resources most effectively?

- Appropriate assessment and matching to programs
- Voucher system
- Financial screening for client ability to pay
- Leveraging other insurance benefits
- Reassess need for treatment occasionally
- Way to identify and intervene with high utilizers
- Effective case management
- Form partnerships with other organizations such as childcare providers, mental health clinics, Community –based organizations, Federal Qualified Health Centers, etc.

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## ***SPECIFIC POPULATIONS***

*Facilitator:* Michael Kerr

*Co-Facilitator:* Celia Aragon

*Recorder:* Joy Alunit

*Group Participants:* Henry Alonzo, Mary Armenta, Young Back, Dr. James Barger, Charles Bullitts, Katey Cube, Joseph Dewall, Tony Hill, Jamie Holes, and Lisa Kennedy

How should we define the continuum of substance use disorder (SUD) services for the post release population? Which specific evidence-based practices should be implemented with your specific focus population?

### **I. Specific Populations**

#### **1. Monolingual**

- Cultural/Linguistically Appropriate Services
- Specific Training, Evidenced Based Practices (EBP)
  - Identify specific EBP
    - Stages of Change

#### **2. HIV/AIDS**

- Primary Care, Mental Health and Substance Abuse Services
- Case Management

#### **3. Asian and Pacific Islander (API)**

- Cultural/Linguistically Appropriate Services
- Forensic
- Cross Training, Evidenced Based Practices

#### **4. Lesbian, Gay, Bisexual and Transgender (LGBT)**

- Culturally Appropriate Services
  - Cross Training
- LGBT Sensitive Treatment Services and Centers
- Affirming vs. Accepting

#### **5. Transitional Age Youth (TAY)**

- EBPs
  - Multi-systemic Therapy
  - Brief Strategic Family Therapy
  - Trauma focused EBPs
  - Life skills, job development, education etc
  - Full staff – Counselors, LCSW
- Take time in the process
  - Full Family Assessment
  - Start process of a waiver early if individual does not pass live scan to stay at home
  - Sensitive to Gang issues

#### **6. Parolee**

- Specific Training

- Gang Cross Training
- Forensic “yard” Training
- Identify rivals of client

7. Homeless

**II. Evidenced Based Practices (EBP)**

- Conduct Specific Training on Cultural and Linguistic Services for EBP
  - Cross Training
- Identify specific EBP
  - Courage to Change
  - Stages of Change

In order to ensure that the continuum of care is client-centered and responsive to individualized needs for members of your specific focus population, what efforts should be made to engage offenders in treatment programs?

- Provider Fairs for AB109 orientation
- HUB/Parole Officer Orientations
  - Invite community based organizations
  - Round table meetings (e.g. parolee meetings)
  - Substance Abuse representative
- Discussion between CSCs and probation officer regarding assessment outcomes. (e.g. TCPX)
- Relationship building with AB109 Probation
- Consumer Survey (e.g. satisfaction, quality assurance, identify gaps etc.)

What community support services are needed for your specific post-release focus population, (please rank by priority)? How can we best connect SUD treatment agencies with community-based groups and faith-based organizations to access community support services for their clients?

- Include Faith Based Community