

Attachment 2:

Substance Abuse Treatment for AB 109 clients implementation plan

**Implementing client placement and level of care
utilization for a continuum of care**

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Summary

1. Purpose

The Continuum of Care for Substance Abuse Treatment is a County-wide system of interventions for AB 109 clients who have substance abuse problems. Evidence-based practices indicate that interventions should be driven by individual risk and needs assessment, resulting in appropriate placement. Appropriate treatment should be gender based and done in the least restrictive setting available to meet the AB 109 client's criminogenic needs. Research has found that recidivism actually increased when treatment was imposed in low risk, low substance abuse needs cases. Therefore, it is important to use an assessment-driven progressive treatment-and-sanctions model that leverages clients' voluntary participation in community-based and in-custody treatment. Risk and needs assessments should determine the level of care needed to adequately meet the client's need and reduce recidivism.

2. Derivation

The Solano client placement and utilization of care system is derived from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices which were successfully applied in existing programs. These include:

INTERVENTION – OUTPATIENT AND AFTERCARE

- Matrix
- Motivational Interviewing
- Helping Women Recover
- Alcohol Behavioral Couples Therapy
- Broad Spectrum Treatment and Naltrexone for Alcohol Dependence
- Contracts, Prompts, and Reinforcement of Substance Abuse Disorder Continuing Care
- Texas Christian University Mapping – Enhanced Counseling

RESIDENTIAL TREATMENT

- Motivational Interviewing
- Helping Women Recover
- Broad Spectrum Treatment and Naltrexone for Alcohol Dependence
- Contracts, Prompts, and Reinforcement of Substance Abuse Disorder Continuing Care
- Texas Christian University Mapping – Enhanced Counseling

Various other agencies have designated evidence based status to risk and needs assessment tools. Staff use these tools to determine adequate placement in outpatient / residential treatment. The tools should include:

- Level of Service / Case Management Inventory: LS/CMI
- Addiction Severity index: ASI
- Women's Risk and Needs Assessment: WRNA

Implementing client placement and level of care utilization for a continuum of care

- Level Of Care Utilization System: LOCUS

3. Outcome indicators

Substance Abuse is defined as any pattern of substance use that results in repeated adverse social consequences related to drug-taking (for example, interpersonal conflicts, failure to meet work, family, or school obligations, or legal problems). **Substance Dependence** is a pattern of use of alcohol, drugs, or other substances, with tolerance and/or withdrawal symptoms, drug-seeking behavior, and lack of success in discontinuation of use - to the detriment of social, interpersonal, and occupational activities (commonly known as addiction). **Withdrawal** consists of those side effects experienced by a person who has become physically dependent on a substance, upon decreasing the substance's dosage or discontinuing its use. We can tell whether we are successfully serving clients when the following indicators move:

- Recidivism rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who recidivated
- Probation violation rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who violated probationary terms
- Completion rates for outpatient services and aftercare
- Completion rates for residential programs
- Percentage of Solano AB 109 clients with a substance abuse disorder diagnosis signing up for voluntary participation compared to all Solano AB 109 clients
- Percentage of community – based treated AB 109 clients who are homeless compared to percentage of untreated released and alternatively sentenced AB 109 clients who are homeless
- Percentage of treated AB 109 clients who gained employment compared to percentage of untreated AB 109 clients who gained employment
- Percentage of treated AB 109 clients who completed vocational training compared to percentage of untreated AB 109 clients who completed vocational training

4. Tailoring

Given continuous planning, control, governance and use of evidence-based practices, client placement and level of care policies must be adjusted over time. Three years after commencement of this system, the Health and Social Services Department will publish a “Lessons Learned” report to ensure that best practices can be replicated among providers and mistakes will not be repeated.

5. Case load and funding

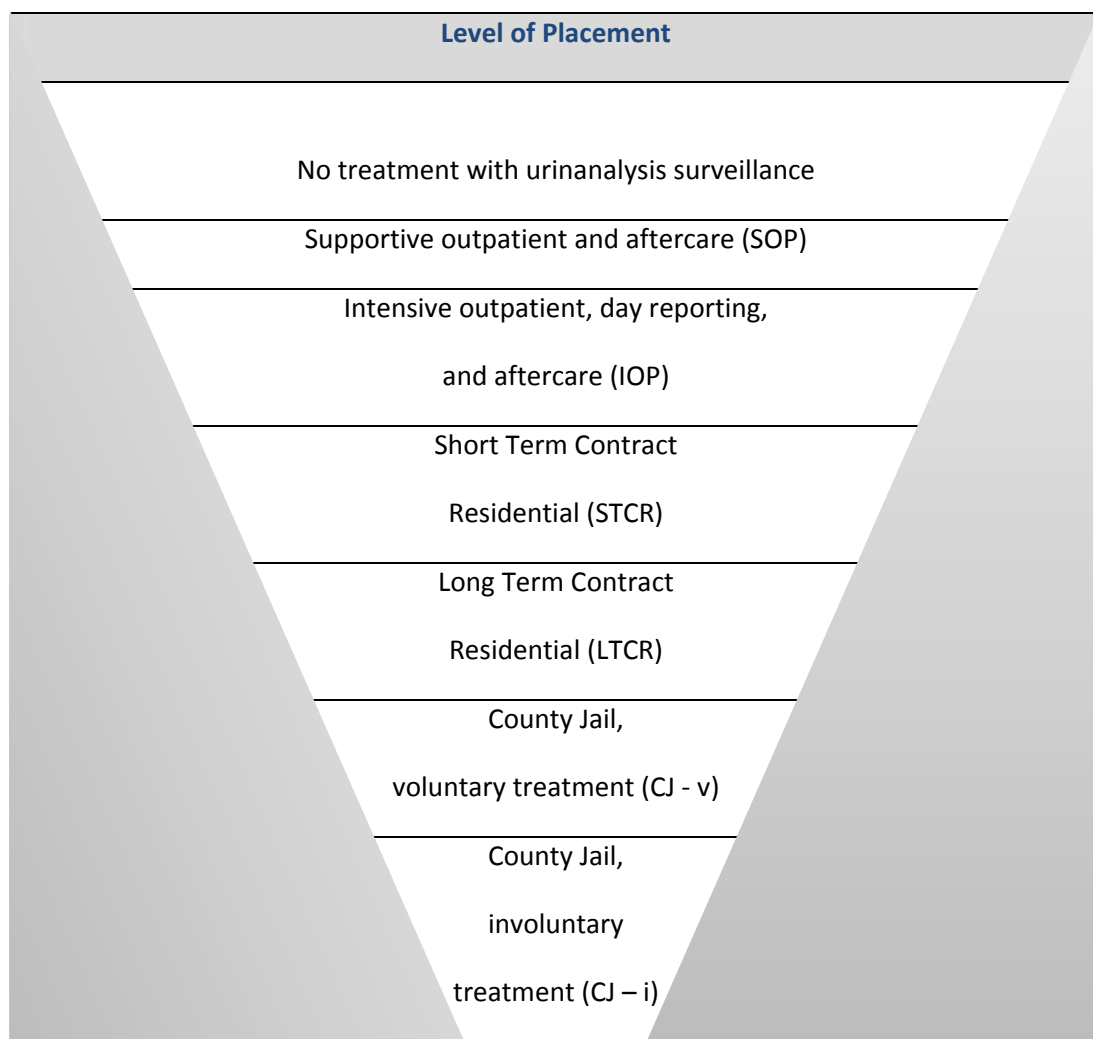
Current referral volume for substance abuse treatment is low to date: of 150 clients, approximately 80 were placed in urinalysis surveillance programs. None have been referred to intensive substance abuse treatment. Therefore, funding for this model should be flexible based on the number of referrals from the Solano Probation Department. Based on national research, H&SS can

Implementing client placement and level of care utilization for a continuum of care

expect a placement pattern as follows: 65% of clients will be placed in surveillance and urinalysis. Of the remaining 55 % clients, 10% of these referrals will need high level contract-based residential treatment at a current cost of \$1,655 per client per month over a period of 6 months, 15% will need lower short term level residential treatment at a cost of \$1,655 per client per month over a period of 3 months, and 35% will need outpatient treatment and aftercare at a cost of \$338 per client per month. Aftercare must be a robust component and sufficiently funded to avoid recidivism. It must be linked to discharge from residential treatment. Clients are placed either in intensive outpatient / aftercare for 6 months or supportive outpatient / aftercare for 3 months. Intensive outpatient care is best placed in a day reporting center. Based on dual diagnosis, mental health treatment should be an integrated part in substance abuse treatment.

6. Summary of levels of treatment

Risk-assessment-based referrals between in-custody and community based treatment, peer mentors in-custody, alumni outside, and a day reporting center build the continuum of care. DOWN: Risk and Needs based Placement in the least restrictive environment. UP: Step-down from level of care:



Implementing client placement and level of care utilization for a continuum of care

Note: The more restrictive the treatment environment, the greater the need for structured transition back into the community through aftercare and supervision

Implementing client placement and level of care utilization for a continuum of care

7. The client priority placement is structured as follows:

Supportive Outpatient Program
Intake Criteria
1. Assess mental health / physical health 2. Medium high risk 3. LS/CMI, ASI, LOCUS 4. Stable accomodation / support 5. Access to transportation
Program Information
6. Non-secured, community based environment 7. Vendors use EBPs
Aftercare
8. AA, NA, Alumni Association

OR:

Intensive Outpatient Program
Intake Criteria
1. Assess mental health / physical health 2. Medium high risk 3. LS/CMI, ASI, LOCUS 4. Stable accomodation / support 5. Access to transportation
Program Information
6. Low level - secured, community based environment 7. Vendors use EBPs 8. May include dual diagnosis
Aftercare
9. AA, NA, Alumni Association 10. Specialized caseload

OR:

Short Term Contract Residential
Long Term Contract Residential
Intake Criteria
1. Assess mental health / physical health 2. High or medium high risk 3. LS/CMI, ASI, LOCUS 4. Some flight risk 5. Medication needed
Program Information
6. Secured and structured environment 7. Vendors use EBPs 8. May include dual diagnosis 9. Length 1 - 12 months
Aftercare
9. Supportive Outpatient 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

Substance Abuse Treatment Options, Solano County Continuum of Care 2011

OR:

Prison, treatment
Intake Criteria
1. Assess mental health / physical health 2. Low to high risk 3. COMPAS 4. Flight risk 5. Participants are prescribed treatment
Program Information
6. Highly secured and structured environment 7. Relapse component 8. May include dual diagnosis 9. Length determined by diagnosis
Aftercare
9. IOP 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

OR:

County Jail - involuntary
Intake Criteria
1. Assess mental health / physical health 2. High risk 3. LS/CMI, ASI, LOCUS 4. Flight risk 5. Participants are prescribed treatment
Program Information
6. Highly secured and structured environment 7. Relapse component 8. May include dual diagnosis 9. Length determined by diagnosis
Aftercare
9. IOP 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

OR:

County Jail - voluntary
Intake Criteria
1. Assess mental health / physical health 2. High risk 3. LS/CMI, ASI, LOCUS 4. Flight risk 5. Participants choose treatment
Program Information
6. Highly secured and structured environment 7. Vendors use EBPs 8. May include dual diagnosis 9. Length 3- 12 months
Aftercare
9. IOP 10. Consider drug court 11. AA, NA, Alumni Association 12. Specialized caseload

Implementing client placement and level of care utilization for a continuum of care

8. Sanctions imposed after treatment violations

Treatment success is supported by swift and certain sanctions. Treatment providers must effectively communicate with the authorizing H&SS Substance Abuse Services and Probation staff to report treatment violations and jointly determine consequences, including a re-assessment of adequate placement. The following grid is a guide to placement re-assessment after treatment violations:

_____ Number of violations: _____

Initial Placement		1 st	2 nd	3 rd
LOW RISK	No Treatment with Urinalysis Surveillance	(1) SOP	(1) Consider Re-Assessing Risk and Mental Health Needs (2) IOP	(1) Definitely Re-Assess Risk and Mental Health Needs (2) IOP or Short-Term Residential
	SOP	(1) IOP	(1) Consider Re-Assessing Risk and Mental Health Needs (2) Relapse Group or Short-Term Residential	(1) Definitely Re-Assess Risk and Mental Health Needs (2) Sanctions
	IOP/ Day Reporting Treatment	(1) If relapse within > 0 to 6 months: Short-Term Residential > 6 months or more: Relapse Group	(1) Consider Re-Assessing Risk and Mental Health Needs (2) Short-Term Residential	(1) Definitely Re-Assess Risk and Mental Health Needs (2) Sanctions
	Short-Term/Contract Residential	(1) If relapse within > < 30 days: Short-Term Return to Relapse > 1 to 6 months: Sanctions > 6 months or more: Relapse Group	(1) Consider Re-Assessing Risk and Mental Health Needs (2) Sanctions	(1) Definitely Re-Assess Risk and Mental Health Needs (2) Sanctions
HIGH RISK	County Jail - voluntary treatment (CJ - v)			
	County Jail - involuntary treatment (CJ - i)			

9. Program rollout

A detailed schedule of activities follows on the next page in legal format.