CHAPTER I. INTRODUCTION

The California Treatment Outcome Project (CalTOP) was 1 of 19 Treatment Outcomes and Performance Pilot Enhancement Studies (TOPPS II), which were funded by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA) in 1998. The TOPPS II initiative assisted state agencies in the development or enhancement of their management information and outcome monitoring systems for evaluating the progress of clients in publicly-funded alcohol and other drugs (AOD) treatment programs. In California the TOPPS II grant was awarded to the Department of Alcohol and Drug Programs (ADP), which contracted with the UCLA Integrated Substance Abuse Programs (UCLA/ISAP)\(^1\) to conduct the CalTOP research and evaluation.

This report, composed of thirteen chapters, documents the history, implementation, and findings of CalTOP during the project’s first four years, from September 1998 to September 2002. Chapter I provides information on the organization of the report, the background and goal of CalTOP, and the policy and planning implications of project findings. The second chapter contains a review of the relevant literature upon which the CalTOP study design was based. Chapter III offers an overview of the CalTOP study design, a summary of the status of data collection, and a description of the sample sizes used in the analyses. The fourth chapter describes the planning, schedule, and processes involved in the implementation of CalTOP. Next, the perspectives and recommendations of treatment provider staff members who were responsible for implementing CalTOP within treatment facilities are presented in Chapter V. The sixth chapter describes the characteristics of CalTOP clients within the context of the state’s overall client population in order to establish the generalizability and boundaries of the CalTOP findings. Treatment completion and retention findings are presented in Chapter VII, followed by analyses of service utilization and client satisfaction in Chapter VIII. Chapter IX concentrates on treatment outcomes while Chapter X describes CalTOP providers’ programs and services. Cross-system data linkage strategies and findings are presented in Chapter XI. Chapter XII examines cost savings associated with treatment for substance abuse. Finally, Chapter XIII summarizes the feasibility assessment of and recommendations for establishing a statewide outcome monitoring system, based on the CalTOP experience.

**History and Background**

The California Department of Alcohol and Drug Programs (ADP) is the single state agency responsible for California’s Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds and for administration of California’s AOD treatment services. ADP has long had a vested interest in establishing a statewide outcome monitoring system to improve the state’s AOD treatment service delivery system. (See Appendix A for a historical account of these efforts.) CalTOP built on California’s previous and ongoing activities to establish data-driven performance and outcome monitoring in the state’s AOD treatment system.

\(^1\) UCLA/ISAP was formerly known as the UCLA Drug Abuse Research Center (DARC).
Several major research and evaluation efforts spearheaded by ADP in recent years served as the foundation for CalTOP. In 1995, ADP commissioned RAND’s Drug Policy Research Center and UCLA’s Drug Abuse Research Center to develop a strategic plan to revamp its research and data collection activities to support AOD policy decision-making (Ebener, Saner, & Anglin, 1995). The report identified three integrated data systems needed to provide the necessary information for policy decisions: one to define the need for treatment services, the second to describe these services, and the third to monitor treatment outcomes. These data systems would be linked at the jurisdiction, provider, and client levels. The CSAT-funded TOPPS II initiative allowed ADP to implement and build on these important recommendations.

Next, in spring 1997, William M. Mercer, Incorporated, presented findings from another ADP-commissioned study (William Mercer, Inc., 1997). The study analyzed AOD treatment services, projected future service needs, estimated the costs of utilization, and evaluated ADP’s ability to collect service claims data in order to develop and maintain a payment system. The report concluded that the state should develop a system that measures individual client-based service elements. CalTOP was designed to implement these recommendations and to allow ADP to identify and collect individual service elements to examine the relationship between clients’ needs and services offered during treatment, and between services received and treatment outcomes.

Finally, the System of Care Redesign (SOCR) process was initiated in 1997 as a result of a three-year study conducted by the Managed Care Policy Advisory Committee (MCPAC 1997), which included over 300 representatives from California’s AOD treatment community. Beginning in the mid 1990s, MCPAC convened to provide broad-based input on how the state should improve the effectiveness and efficiency of the AOD service delivery system. SOCR, in partnership with county governments and in cooperation with stakeholders in the public and private sectors, continues to coordinate the planning, development, implementation, and evaluation of the comprehensive statewide AOD prevention, treatment, and recovery service delivery system. The SOCR committee created the vision of an AOD treatment outcome monitoring system that focuses on client needs, improved data, and program accountability.

Implementation of SOCR’s vision was made possible in 1998 when the state was awarded a three-year grant to pilot test the California Treatment Outcome Project (CalTOP), as part of the Treatment Outcomes and Performance Pilot Enhancement Studies (TOPPS II), by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA). In 2001, CSAT granted all 19 TOPPS II projects a one-year no-cost extension to continue activities. In 2002, ADP officials decided to continue CalTOP on a smaller scale through 2003 to serve as a bridge to a statewide OMS, tentatively called the California Outcome Monitoring System (CalOMS). Activities during CalTOP’s first four CSAT-funded years, from September 1998 to September 2002, are covered in this report.

**Project Goal**
The goal of CalTOP was to develop, implement, and pilot test an outcome monitoring system for the statewide AOD system of care and to enhance ADP’s existing management information system (MIS). The OMS was designed to track client movement through AOD treatment systems, measure standardized assessment tools to determine client service needs, record service utilization, assess treatment outcomes and client satisfaction, and determine the extent to which treatment of AOD problems produces cost-offsets in other health and social service systems.

Outcome monitoring systems can inform policy decisions and program planning by providing important information on client characteristics, service needs, and substance abuse related outcomes. Policymakers at the federal, state, and local levels require the most current information to recognize and respond to clients and service needs in a timely manner. An automated OMS that provides real-time data is desirable to achieve these purposes.

The existing MIS, the California Alcohol and Drug Data System (CADDS), includes the minimum data elements in the federal Treatment Episode Data Set (TEDS) plus additional data customized to meet California’s needs. Several MIS enhancements and an OMS were developed and implemented in the state by CalTOP, including: (1) a new unique client identifier (UCI) to improve cross-system data linkage in a relational database; (2) standardized client data collection using intake and assessment instruments such as the Addiction Severity Index (ASI) Lite version (McLellan, et al., 1992) and a California-specific adaptation of the American Society of Addiction Medicine’s Patient Placement Criteria (ASAM PPC) (Gastfriend & McLellan, 1997); (3) real-time service utilization data collection; (4) client satisfaction determined at 3 and 9 months post-admission; and (5) client outcomes ascertained using the ASI Lite at 9 months post-admission. In addition to augmenting the existing MIS, CalTOP tested the ability to use the UCI to integrate data from other health and social service management information systems in California. The integration of data provided information about changes in pre- and post-treatment utilization of health and social services, and in criminal justice system involvement.

The CalTOP findings will assist ADP in determining the optimal data collection and analysis methods for its continuing focus on the effectiveness and cost offsets derived from SAPTBG, Medicaid, and state-funded AOD abuse services. CalTOP has already begun to aid in developing and assessing the feasibility, applicability, and utility of the improved MIS. The project created an ongoing system of data collection to answer policy questions from federal, state, and local policymakers and community leaders about the performance and outcomes achieved by AOD services. In addition, the project assisted AOD service providers and clinicians by standardizing assessment procedures for service planning; offering a preliminary foundation for developing a common billing mechanism for reporting individualized AOD services; standardizing outcome measures collected across the diverse geographic, programmatic, and client populations served; and providing standardized client satisfaction assessment tools.

ADP staff and UCLA/ISAP researchers recognized that the OMS must provide information that is useful at all levels of the AOD service system, responding to the needs of treatment providers, state and county officials, state and federal legislators, researchers,
and the general public. Moreover, to address the need for reliable and comparable data across states, CalTOP staff participated in the TOPPS II interstate consensus process and incorporated requirements developed through this process into CalTOP.

**Relationship to the State Outcome Plan**

CalTOP extended ADP’s previous and ongoing plans to establish data-driven performance and outcome monitoring in the state’s AOD treatment system. As mentioned in the previous section, the existing management information system, CADDS, includes the minimum data elements in the federal TEDS and data customized to meet California’s needs. CalTOP addressed gaps in CADDS by collecting and integrating data on client characteristics, level of functioning, AOD use history, service utilization, treatment retention and completion, and post-admission outcomes. Over the next few years, the lessons learned from CalTOP will continue to provide local, state, and federal decision makers with information vital to planning and implementing a statewide OMS.

**CalTOP's Relationship to the TOPPS II Interstate Study**

CSAT’s TOPPS II initiative encouraged states to develop a standardized approach for systematically measuring the performance of publicly-funded AOD abuse treatment programs and client outcomes. Part of the TOPPS II initiative involved an interstate consensus process in which states worked together to develop standard measures for incorporation into local systems. Data were forwarded to CSAT for inclusion in a collective database that provided information on performance and outcomes at a national level. The data requirements of the TOPPS II outcomes monitoring system exceeded those of the federal TEDS. TOPPS II marked a shift in focus from repeated, discrete, and varied outcome studies to a continuous, uniform, and standardized performance and outcome monitoring system. The TOPPS II outcome monitoring system met the national need to increase the availability of performance and outcomes data that are comparable across studies so that the effectiveness of treatment can be more accurately understood.

Nineteen states participated in the TOPPS II interstate consensus process, including Arizona, California, Connecticut, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Missouri, New Jersey, New York, Oklahoma, Texas, the Utah consortium (composed of Utah, Arkansas, New Hampshire, Rhode Island), Virginia, and Washington. Participants from these states worked together to develop a standard study protocol and set of questions. The Interstate Study protocol provided a standard definition of the project design. The consensus process produced the Interstate Common Core Items, a set of questions covering AOD use, arrests, hospitalizations, and enrollment in vocational training or educational programs. While participants from each of the TOPPS II states engaged in the interstate consensus process, they also tailored state plans and purposes to meet local needs.

ADP officials and CalTOP researchers participated throughout the interstate consensus process. For example, measurements that permit interstate comparisons were incorporated into California’s study design at the request of CSAT officials. Also, CalTOP
researchers attended periodic national meetings in order to exchange knowledge acquired through the study and to gain information that could be used to improve and enhance California’s plan. These activities are explored in-depth in Chapter IV.

**Policy and Planning Implications**

CalTOP’s OMS was intended to inform policy and planning decisions associated with the provision of quality AOD services to achieve optimal treatment outcomes. The OMS is continuing to provide comprehensive, detailed information that will enable policy planners, administrators, and treatment providers to pinpoint gaps in the treatment system, identify exemplary programs, and modify the system in ways that will increase the overall effectiveness of service delivery. Information provided by the OMS is vital for planning and can be used by policymakers at the local, county, and state levels.

**References**


