

Survey Responses on budget cuts and SACPA changes

The comments included in this appendix are an exhaustive list of responses received on stakeholder surveys regarding the questions listed below. Only information that would have identified the individual or county of the respondent has been redacted. Stakeholders often refer to SACPA using the terms Proposition 36, Prop 36, and P36, in reference to the name it went by prior to voter approval.

Lead Agency Reactions to Budget Cuts

Question: What actions has your county taken to adjust to these (budget) cuts?

Lead agency responses received: Any single comment may not be representative of all opinions.

- Lead Agency reduced Assessment/Case Management staff by 40%, reduced probation staff by 50%, reduced treatment intensity and durations of treatment and implemented more of a step down model. Outpatient individuals sessions (30 minutes) reduced from weekly to every other week. Intensive Outpatient (IOP) maximum sessions/treatment days for intensive outpatient reduced from 60 sessions to 36 sessions before step down; Residential reduced from a maximum of 90 days to 60 days before step down. No change to NRT.
- Reduce OTP services.
- County reduced treatment services in outpatient and residential services as well as transitional housing.
- Reduced staffing, stopped funding residential treatment altogether, cut back on contracts' funding.
- Reduce the percentage of clients in treatment and create lids
- Provider contracts amended to accommodate program reductions.

- None that I am aware of.
- Probation positions were cut, treatment programs were cut, and cut the length of stay for treatment.
- Our initial plan did not change, just less funding for treatment and went from full time DPO to less.
- We had a second project involving housing that was not built in for 08/09 since the assessment unit took priority.
- Cut back in in-patient treatment. Attempt to nurture a social support environment.
- Fewer clients can be seen; fewer services available; all extras and auxiliary services trimmed away.
- We still have money in our P36 trust fund
- Reduce services
- Staff hours and/or positions decreased, treatment in addition to probation and court collects fees.
- Decreases with contract providers contracts and the implementation of a fee scale.
- Reduce treatment capacity.
- 1) reduced the length of treatment; 2) reduced the capacity of treatment services across all modalities of services; and 3) incurring longer wait list.
- No actions to date pending resolution of state budget crisis...
- Reduce services
- We have reduced services. There is no specific Prop 36 access to residential treatment, and we currently have a waiting list for services in our ____ site, which has been carrying about 6-10 Prop 36 clients.
- Cut back on Services and Supplies that are currently budgeted.

- Reconfigured the Prop 36 service delivery system by reduction in treatment services, reducing probation officers and social workers
- We are only using residential treatment for highest risk offenders and for clients who fail outpatient treatment. We have fewer residential days available.
- Limited readmission to residential treatment and extension for services. Focused on key components of the program, thus reducing ancillary benefits, such as sober living and vocational needs.
- Since our funding is minimal, we have not needed to take action to adjust to the cuts.
- reduce treatment services, reduce specialized Probation staff
- Reduced programs' funding via contracts.
- Decreased staff and adjusted treatment services.
- Reduce sober living environment wrote grant to sustain co-occurring disorders

Lead agency Successful Strategies for Adjusting to Budget Cuts

Question: Have you used any strategies to adjust to budget cuts that you regard as being particularly “successful”? (steps taken to save money and/or avoid deep cuts in services, for example) If yes, please describe.

Lead agency responses received: Any single comment may not be representative of all lead agency opinions.

- Eliminate sober living resources.
- For high risk clients who fail in county residential treatment we coordinate with long-term faith based programs out of county. Clients are given this option when all other programs have been exhausted.
- We are looking at an alternative assessment tool and continue to look for cost-saving treatment options.

- We have limited the amount of times that a client can do Residential treatment and/or Methadone treatment based on current and past Prop 36 history and use of services.
- We have reduced the counselor hours in the Prop 36 program and eliminated Family Counseling and a .5 FTE Case Manager. This has been successful in keeping the program open, but not successful" for the quality of treatment."
- We have trained our providers to become more effective in engaging and retaining clients.
- Clients are seen individually on an 'as needed basis' as opposed to bi-monthly.
- Staff shortages/layoffs are the key factor to client services. Counselors rely more what they see/hear in groups and report back to the primary counselor.
- Developed a variation of treatment options to extend funds for longer periods of time.
- AOD (adult), Prop 36 and Felony Drug Court programs were moved to the same location, thus eliminating the rent for one building. Also, maximized the use of support staff between the three programs.
- Continue to offer treatment services utilizing all treatment staff.
- Curriculum developed for a 90-day program and Implemented Self Management and Recovery Training (SMART) and Seeking Safety for those with trauma background.
- Cutting the length of stay in treatment increased the number of successful completions while saving money and avoiding deep cuts in service

Two other counties also added these under general comments:

- Since staff reductions due to budget cuts have affected the ability of the program to bring in all clients, we have implemented a triage system which, while it assures services to the most needy clients, has skewed the client population to the most difficult to serve. the

Prop 36 clients are served at a level that is more than offset by funding, and some Prop 36 clients are on the waiting list.

- Because of severe budget limitations, we have different ways of assessing and supervising clients who are: paroles verses probationers, felons verses misdemeanants, Prop 36 Probation violators verses those without P36 probation violations. We are attempt to conserve resources to support higher levels of care and greater supervision and case management to those most in needs, while others get relatively little support.

Lead Agency Suggestions

Question: Do you have any additional comments regarding Prop. 36, or ideas for improving its implementation?

Lead agency responses received: Any single comment may not be representative of all lead agency opinions.

- Adequate funding to sustain Program.
- More funding
- Maintain sufficient funding to provide adequate services in the following areas: Outpatient Treatment, Residential Treatment, Sober Living, Vocational (Employment) Services, Educational/GED opportunities.
- Allow Prop 36 money to be spent on mental health treatment, as a significant minority of Prop 36 clients have co-occurring disorders.
- We need more money. We proved in ____ County when we received the first year of OTP, that with the additional money that we were given, we improved show rates by 40%. That money was reduced within the first year and the overall funding has been reduced every year since then.

- More funding to address Mental Health and Co-occurring services. Bi-lingual services for Addiction disorders needs to be addressed in ____ County not just for Spanish but for East Indian clients. At this time we do have a Spanish speaking counselor for Prop. 36 but we do not have one for the General Population in Alcohol and Drug. More funding for Bi-lingual
- Increased allocations, stability of funding, and more residential capacity. If funding is set at what is needed then better treatment matching and outcomes can occur.
- Each county's Court interprets success and failure in their own way. It is relatively impossible to get clear accurate numbers. I would like to see clear-cut guidelines that all courts must follow. Parole needs to follow the same guidelines as probation, i.e. taking an active role in supervision.
- Current staff shortages force remaining staff to 'get the biggest bang for the buck'. We see clients 'as needed'. Staff relies on each other to point out the 'as needed' clients. Our services, in some ways, have become an assembly line type of treatment.
- More resources for Dual Diagnosis services beyond family counseling. Many, if not most clients appear resistant to family counseling and/or have mental health issues (vs. severe mental illness - required for P36 and MediCal), don't qualify for MediCal, CMSP doesn't pay for MH services other than a pittance for Dr. services.
- More funding. Channeling of other funds (Prop. 63, AB 2034, AB 636, EDD)--based on the direction of the State--to mesh specifically with Prop. 36 and OTP funding. It is virtually impossible for an AODS Division to induce any other Division or Department of County government to share" resources for the purpose of helping addicts, much less addicts in the criminal justice system. That kind of assistance only happens if the State directs it."

- Dedicated calendar for Prop 36 offenders to allow treatment assessment to be conducted at courthouse and to have a dedicated percentage of funding to treatment in SACPA regulation.
- I would like to see the 3 strike rule changed to allow for a more comprehensive look at the individuals performance in the program, and not simply base it on three probation violations. It would be nice to have some sort of review team to make a decision once an individual has exhausted the 3 strikes to determine if that person might still have the ability to succeed.
- More training on effective treatment approaches for prison re-entry population, trauma-informed services.
- Reinstate full funding at Prop 36 / OTP combined original levels to be able to provide a higher quality and full range of services to Prop 36 clients. Change laws to permit "flash incarcerations" for sufficient consequences for poor behavior of Prop 36 clients. "Flash incarcerations promote program compliance and motivate change."

Treatment program impacts

Question: Has the state's financial crisis and/or Prop 36 budget cuts had an impact on your treatment program? (for example, reduced funding). If so, please describe.

Treatment responses received: Any single comment may not be representative of all treatment personnel opinions.

- Less clients served
- Lack of funding less staff to help prop 36 clts.
- Behavioral modification training
- Reduced funding, lose clients and counselors

- Reduced funding has disallowed for billable hours such as for charting on groups and individual sessions. 10-36 funding from the county has never allowed for billable case management time spent. Although it was an necessity to provide this service to clients.
- Shorter treatments
- Had to reduce caseloads from 100 CHS to 50 clients. Have laid-off 6, staffing dropped from 13 to 6.
- Not enough funding for staff to meet client demand.
- Cuts in funding have severely affected our OPT Program by forcing to reduce service by 40%
- Only 4 clients allowed at a time to fulfill funding
- Less funding open to clients in need.
- We are now limited to providing only a small percentage of prop 36 clientele w/services & have a very long waiting list
- No longer provide residential tx services, staff cutbacks
- Reduced funding = reduced services; no ancillary services
- Less funding means less clients served and less clients means less funds to meet tx needs
- Reduced funding
- Reduced referral to residential tx. funding for counselors/man power
- Reduced funding
- Reduced funding, fewer spots, reduced services-especially mental health, longer wait lists
- Reduced funding, worknet & sober living closed
- Reduce-funding and reduced length of stay for clients
- We are not sure how much but have been told it's grim.
- It made a 6 month program into 90 days, 90 days isn't enough time!
- Reduced class size and staff support

- Reduced and late funding
- Not enough time to properly treat clients
- Prop 36 funding has been cut by 50% due to lack of prop 36 clients
- Decreased staff positions - No residential services, no Spanish speaking treatment staff
- Funding has been cut and consequently the number of P.36 clients referred to us.
- Less money, less staff, less training
- Reduced # of Prop. 36 beds
- Less ancillary support services. Reduced funding, reduced time in treatment, longer wait list
- Cuts in funding
- Reduction in Prop 36 funds annually
- Funding has been reduced
- Staff reductions & implementation of waiting lists
- The State's cuts have reduced treatment availability to clients it has caused most agencies to reduce staff
- Lack of adequate funding for Dual Diagnosis programs
- Limited funds limits time in treatment
- Had to cut 2 full time staff
- Reduced funding for transportation assistance & MH services
- Reduced funding & increased referrals causes poor outcomes
- Hours of service reduced, reduced staffing
- Reduced funding so reduced #s
- 90 days is not enough time to allow for life changes.
- 90 days is not enough time for treatment/needs to be 180 days

- Definitely-caused reduced length of treatment for the various levels[.] created measures that affected client eligibility for treatment
- Limited funding, reduced treatment team, and available services

Treatment “Successful” Practices

Question: If your program has been affected by cuts, has your program used any strategies to adjust to these cuts that you regard as being particularly "successful"? (steps taken to save money and/or avoid deep cuts in services, for example)

Treatment responses received: Any single comment may not be representative of all treatment personnel opinions.

- We have tried to give clients as much info as possible in 90 days
- Restructured phases = length of services = less individual & group sessions; less family educational groups + family individuals
- Use other funding so as to offer ethical tx. for cts.|| residential tx. (III.5) ASAM
- cut hrs of staff
- We provide services and work with referral sources to do what needs to be done.
- We have cut back as much as possible without cutting client services.
- Stop taking intakes - referring to other agencies not hire staff as position became open/last part of facility (building)
- Group intakes. Lowered # individual sessions & groups
- We attempt to utilize other funding sources such as Drug Medi-Cal & to some extent fundraising.
- Shifting some funding over p-36, reduce staff hrs or reducing staff in general
- Fund raisers, recycling drives, utilizing more community resources. Limited services offered

- Reduce staffing & amount of services a clients receive
- Started education component for stable clients
- Changes in employment structure and cut overhead costs.
- We are looking at collaborative efforts reduction of groups
- Like I said, we only have 90 days to work with
- A more concerted effort by fewer staff-intense monitoring
- Case manager & program coordinator work with increased caseload
- We have cut one position from full-time to part-time and are still able to provide services.
- Use time effectively more in short amounts of time
- Reduced time in treatment/treatment plans adjusted to address areas of most concern
- Hours of operation lessened, closed on Saturdays
- Working on them to ensure census is up & appropriate referrals
- Close earlier, close on weekends, increase fundraising efforts
- We have a recovery center that we offer free relapse prevention groups for clients who are on a waiting list and awaiting tx. We can keep the client engaged by using this modality
- Do minimal services to help more people
- Cut time in treatment
- Greater utilization of other comm resources
- Staff wage/hr reduction; furloughs; expense review to save \$ on payroll, copier contracts; mortgages

Other Treatment Program comments & suggestions

Question: Is there anything else you would like to tell us regarding the implementation/operation of Prop 36 in your treatment program?

Treatment responses received: Any single comment may not be representative of all treatment personnel opinions.

- Clients need more help obtaining ID's & social security cards to better assist their job search needs.
- I think more of the funds for Prop 36 should go to treatment not Probation & County ADP
- County DA, probation & judges are not sentencing/referring for P36-purpose to fail P36 to preference drug court and incarceration - not tx-minded county.
- It may not be appropriate for agencies that do assessment to also offer treatment at the same place. Some (CASC) community assessment service centers also double as treatment facility.
- It's an easy program, too easy-client's get 3 chances to succeed.
- We are having great success with the matrix intensive outpatient treatment program.
- Funding is needed.
- Our agency works very well with the court system's and if we lose services then clients that would have had the opportunity to change their lives and will no longer receive there valuable resources.
- It's pretty scary, any more cuts and we will probably close down, for me as a M.S. CADAC-II am thinking of leaving the field for steady employment elsewhere.
- We need more staff to treat # of clients referred. No "teeth" in sanction to present continues periodic use. No \$ for incentives.
- Working relationship w/co of ___ & other providers working together to provide services.
- I believe that P-36 works! Our county wants us all to go to a "chronic care" model, but it is very difficult to do so when we do not have the financial backing. Our county also reduced probation officers for P-36. If there are P36 probationers who are misdemeanor

cases, they had no P.O. Only felony cases have a P.O. The probation dept had to cut P-36 P.O.s due to funding as well

- _____ county general residential length is 60 days of treatment. more funds would provide longer lengths of treatment & stability.
- It's become a revolving door. Participants not interested in recovery are just using it to stay out of jail -- doing their time in tx instead of jail.
- Quality of care has dropped/decreased due to high case loads. It would be a good thing if the state mandated caps on counselors with Prop 36 case loads.
- We are a rural treatment provider-unique challenges to our clients.
- Our residential treatment resources are too limited, no detox available.
- I strongly feel that the clients need more time in treatment as many do not have sufficient time to obtain employment while developing a strong foundation in recovery. I also feel that more funding is necessary to keep programs working efficiently.
- I feel clients are placed in ODF when resid. Tx is needed due to there not being enough level 5 (reside Tx) beds contracted. Programs such as mine would be willing to provide more resid. Tx but funding is not avail.
- There have been to many changes in structure, what county will pay for in levels of care that it cuts confusing and frustrating. Too many form changes.
- I myself, believe that the governor was looking at the 46% Prop 36 clients that returned to drug use. Well what about the 64% that stayed clean! Dont get rid of a good thing (36)
- There should be more punishment when a client fails to comply. I have had a few return to program being reinstated even before I knew they had been discharged/because of a new probation violation.
- _____ County judge have implemented sentencing which is a strong disincentive to defendants to enter Prop 36

- The program needs to provide language & culturally appropriate staff & training for existing staff.
- Prop 36 will save \$ by keeping clients working in community & not in jail or prison.
- Need more \$ for residential treatment. Benefit cost per UCLA study = 2.5:1
- All studies show that treatment works and is less costly than incarceration, but the "powers that be" continue to build more prisons
- Would like to see additional funding for transportation need

Court Suggestions

Question: Do you have any other comments on Prop 36 or ideas for improving its implementation?

Court responses received: Any single comment may not be representative of all court personnel opinions.

- Additional funding. One dedicated court and one dedicated Judge.
- In the present budget climate, particularly in light of the substantial commitment of local County General Fund to the program, it is highly unlikely that we will be able to maintain as high a completion rate as we have to date. We have had great success by separating out those clients who are dually diagnosed or need very intensive supervision and the highest level of treatment, and placing them in our Drug Court and our Mental Health Treatment Court.
- Provide money for more treatment resources.
- Additional funding!
- Additional funding would improve the implementation of Prop 36.
- Jail sanctions are essential. Sufficient funding is needed to treat and supervise program participants, as well as sufficient funding for the collaborative court.

- It is a complete waste of time and money unless provisions are made to impose sanctions for non-compliance and additional funding is provided. We do our best but it is inherently ineffective by design and intent. If you send me \$25 it will be used to purchase some sort of reward for participants in the Drug Court, which is an effective program.
- In our county Probation does not supervise misdemeanants. Nor do they supervise FADS. They simply claim there's not enough money. There should be a mechanism to mandate Probation supervision and Probation officers in Court for Prop 36. Probation supervision of probationers on Prop 36 or FADS was effective in obtaining higher rates of compliance, in my opinion.
- Successful outcomes have definitely improved since we started the dedicated calendar with formal reviews, and otherwise attempted to emulate our drug court. Outcomes are still clearly better in our drug court program. The Court needs increased funding and resources to expand our collaborative courts.
- Proposition 36 Funding for agency and treatment provider participants has never been sufficient. Every year, the budget has been reduced and the Court, Probation and other justice agency partners have never been compensated for the additional workload that the intensive court monitoring requires. Budget reductions have also dramatically changed the type and amount of treatment and testing that is available for the defendants, which decreases the success rate of the program.
- Biggest problem is lack of treatment resources... we have a sometimes lengthy wait list for treatment through our out-patient provider and there are virtually no residential treatment beds available
- I think it would be helpful if you had a small group go around to each county to discuss with the Judge, PD and probation simple principles of addiction, the use of sanctions and

incentives and the value of review hearings. They can't usually go to the conferences, but they could attend a half day workshop located in their county. You could even combine some of the counties for this to share ideas. I think this would dramatically improve outcomes.

District Attorney Suggestions

Question: Do you have any other comments on Prop 36 or ideas for improving its implementation?

District Attorney responses received: Any single comment may not be representative of all District Attorney opinions.

- Prop 36 is not designed to rehabilitate drug users. It should be repealed to allow proven Drug Court models to be implemented.

(note: suggestions below are from a single county that returned multiple responses)

- Many individuals seeking Prop 36 are doing so to avoid immediate punishment - they simply want to get out of custody and delay their cases as long as possible. There are those who do want to get help, and they are the ones who actually succeed. It needs to be emphasized with the judicial officers that our money and resources are limited as far as Prop 36 programs - the program should be made available to those who truly want to get help. Judicial officers need to be more careful about granting Prop 36 for just anybody who is eligible. Amenability is a true issue that should be looked at carefully in every case so that we don't waste our precious resources on those who are insincere in their efforts.
- It was poorly written in that it includes or makes eligible too many folks, who are just destined to fail. With a 70% failure rate, Prop 36 does NOT work! It does NOT save money. In fact, I would argue that it costs more money because when these folks fail (which they do 7 out of 10 times) they go to jail for longer periods of time.

- The state has severely cut back funding which has had a negative impact on the prog. Defendants used to have 180 days in program/it's now 90 days which isn't enough time to get a longtime user clean. Misdemeanor cases are no longer eligible for residential treatment. They are only eligible for level I treatment which prohibits us from perhaps catching & correcting their drug problem before it gets more serious. Also in order to cut the budget the ___ county probation dept. is no longer testing P36 probationers for drugs. It seems those cuts could have been made in a number of diff. areas. It seems ridiculous to have people in a drug rehab program with no testing for narcotics.
- Abolish it.
- The program is rarely successful + in the majority of cases defendants become repeat offenders. The program ultimately helps only some + on the whole is a poor use of county resources.
- Yes. More funding is required for treatment programs. In addition, probation has been phasing out their involvement in the program based on budgetary problems. So over the last few months testing by probation and supervision has stopped. Although the treatment facilities are still doing their testing.
- Successful implementation of Prop. 36 requires toughness coupled with compassion. Many of the defendants are developmentally disabled and/or homeless. Strict adherence to the program has often had a positive impact on defendants. Upon successful completion of the program many defendants thank the judge as well as the police officers who arrested them for saving their life. Many have become gainfully employed and reconnected with families lost due to their addiction.

Public Defender Suggestions

Question: Do you have any other comments on Prop 36 or ideas for improving its implementation?

Public Defender responses received: Any single comment may not be representative of all Public Defender opinions.

- Fund it fully.
- More \$ for residential treatment.
- (second response from same county as above) More funding for treatment, focus on dually diagnosed individuals.
- Don't exclude defendants who are charged with a misdemeanor non-prop 36 offense
- No one can explain how the 12 month treatment cycle works so it's very hard to convey that to clients. In addition, the test line requirements are too onerous and do not benefit the clients but are used to regularly violate a client on his or her term of probation.
- More Funding for Treatment. We are under-treating clients and do not have enough treatment spaces for those who are eligible. Treatment is shorter than the needs of the clients.
- Clients should be released immediately upon pleading and being sentenced to Prop.36 rather than having their cases continued to the Prop.36 court for the treatment referral date before being released. If more beds were available for inpatient treatment, clients would have better access to in patient options and would spend less time in custody on probation and treatment violations.
- It needs more funding, more judges, more probation officers and so on if it is ever going to work in (this) county.
- Clients should not have to report to two separate locations for meetings with the probation dept. Illegal aliens should not be arrested after successful completion of Prop 36 Tx. Misdemeanor cases should be automatically calendared for dismissal upon

completion. The program is too expensive for participants. Termination from treatment is too harsh for clients who fail to report to probation for their initial meeting. Parole should lift parole holds for clients eligible to enter into Prop 36 Tx.

Probation Suggestions

Question: Do you have any other comments on Prop 36 or ideas for improving its implementation?

Probation responses received: Any single comment may not be representative of all probation opinions.

- More funding
- More resources are needed to provide a quality program. The caseload numbers need to be lower, the guidelines for qualifying for the program need to be tighten, and accountability needs to take place. If Prop 36 was modeled after a drug court program, it would be much more successful.
- No treatment cost for clients.
- A standardized reporting system for programs at the state level would be helpful
- I believe the Proposition 36 Program eligibility criteria should be amended. Prop 36 should be a one time opportunity.
- Sanctions.
- Imposition of sanctions can be used as treatment resource, and should be available. Funding is essential to provide intensive supervision and appropriate treatment, such as residential treatment, when needed.
- An increase in funding would help in providing proper supervision/treatment of probationers. Also, the imposition of sanctions on probationers that are in non-compliance would help in its implementation.

- I think those who are not eligible for Prop 36 should be properly screened in Court and not allowed into the Prop 36 program. I don't believe Prop 36 was initially intended for drug dealers and those with violent crimes in their past. They often require more supervision and time of the Probation Officer, diverting it from those probationers who seek to change and require assistance. Residential treatment programs should be extended from 3 months to 6 months. Once a probationer has failed to complete PC 1210 and sentence, if they pick up another case they should not be allowed back into PC 1210 drug treatment.