

CAADPE Recommendations Prison Reform

California Association of Alcohol and Drug Program Executives, Inc
(CAADPE)

A growing body of information and science has demonstrated the success of treatment and its cost effectiveness. The National Institute on Drug Abuse (NIDA) states no single treatment is appropriate for all individuals and treatment should be “matched” and tailored to the patient’s particular problems and needs. Furthermore, the NIDA notes ‘research has shown unequivocally that good outcomes are contingent on adequate lengths of treatment. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited or no effectiveness, and treatments lasting significantly longer often are indicated.’ The recent report of the Office of Inspector General reaffirms the need for treatment for California’s offender population.

RECOMMENDATION #1

The Legislature and the Governor should target strategies for reducing recidivism through increased community based substance abuse treatment to include residential, outpatient, day treatment and sober living tied to outpatient care.

RECOMMENDATION #2

Individuals should be placed in Community treatment at their assessed level of need. This means that treatment should be funded for the length and intensity of treatment based on the clinical assessment. CAADPE recommends that the state adhere to and support the recommendations of the System of Care Redesign Workgroup that has formulated a planned, comprehensive approach for the delivery of alcohol and drug treatment services for clients throughout California regardless of the referral source. A core component of this outcome-driven service system is a uniform assessment tool (such as Addiction Severity Index “ASI”) and placement tool (such as CSAM Placement Criteria). These will improve client referral and placement in the appropriate treatment service and increase access to other needed services. This also includes a defined process be established to assess and refer clients to a greater or lesser level of care, based on client’s functioning and completion of objectives.

RECOMMENDATION #3

The appropriate out come measure for this effort is reduction and ultimately prevention of recidivism ... in other words did treatment help prevent individuals from returning to prison. Much research already done by CDCR, UCLA and others clearly demonstrates it does.

RECOMMENDATION #4

Community treatment for paroles is important an it requires a community treatment plan at the local (county or regional) and collaboration among law enforcement, the courts, substance abuse providers and community support services (e.g. housing, employment, and transportation). Such collaborative efforts should be an integral part of any community treatment plan. The AOD field should be considered front-line experts in delivering services to the prison population, including those on parole and probation. California’s evidence-based treatment

programs incorporate a gender specific treatment design and cultural sensitivity that is regarded as a best practice for the population served and should be viewed as a model for recovering offenders.

RECOMMENDATION #5

Data shows that inmates with heroin or other opiate addiction frequently die of overdose following release from prison. We recommend that the use of medication assisted treatment (such as Methadone or Buprenorphine) be considered as in-custody medical treatment and that provision be made to transition the inmate to a community based program of medication assisted treatment for treatment following release.

RECOMMENDATION #6

When allocating funds, the following needs to be considered:

- * The allocation methodology has been approved and endorsed by all stakeholders
- * There is a methodology to address unused funds
- * There is a methodology to address future reductions in funding.

RECOMMENDATION #7

Administrative overhead should be capped at 15%

RECOMMENDATION #8

Effective community aftercare must address and include:

- Adequate funding to support treatment at assessed levels to assure better outcomes and reduced recidivism.
- An adequately trained and well-paid addiction professional workforce is necessary to provide treatment services that will result in successful outcomes (recidivism reduction).
- County alcohol and drug program agencies should be the lead agency.
- The expansion of service to meet needs of these clients be an integrated part of the existing alcohol and drug treatment service delivery system in the county.
- A comprehensive clinical bio-psycho-social assessment, including an assessment of conduct disorder and criminality, be used to determine severity of problems and treatment needs. The county lead agency establishes defines levels of treatment services based on client needs.
- Defined admission criteria (uniform and including criminality) and be matched to levels of care.
- The assessed needed level of care is documented and that the lead agency be responsible to collect data identifying gaps in service.

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- Minimum standards for each level of care be defined and established in the county plan, including defined length of stay of not less than 90 days at lowest level, and not less than 6 months at intermediate levels.
- Levels of care include Outpatient Counseling Services, Narcotic Treatment Program Services, Daycare Habilitative Treatment Services, Residential Treatment Services, and access to supportive services including sober living (housing), literacy and vocational services.
- Aftercare or “relapse prevention” be made available for a period of up to 6 months.
- Treatment services meet the California Department of Alcohol and Drug Programs’ program licensing or certification requirements.

California Association of Alcohol and Drug Program Executives, (CAADPE)

The California Association of Alcohol and Drug Program Executives (CAADPE), is a professional association of community-based nonprofit alcohol recovery and other drug abuse treatment agency executives. CAADPE member agencies provide substance abuse services at over 300 sites throughout the state, employ an estimated 7,000 individuals in California, and constitute the infrastructure of state’s publicly funded Alcohol and other drug (AOD) network. Established in 1989, CAADPE is the only statewide association representing the full continuum of AOD prevention and treatment programs.

CAADPE leads the California AOD field in its focus on workforce development and professional standards. CAADPE assists its members in providing superior services to their clients by the advancement of professional standards of care and advocating for the development of a workforce that is based on excellence through education, knowledge, strict adherence to standards of practice, ethics, and professional development.