AN ASSESSMENT OF PUBLICLY FUNDED ALCOHOL AND OTHER DRUG PROGRAMS IN CALIFORNIA 1992-1998

by

Melinda M. Hohman

John D. Clapp

Center on Substance Abuse
School of Social Work
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4119

November 1999

This report was produced with the help of a 1999 contract from the California State University Faculty Research Fellows Program for the California Senate Office of Research. This program is under the direction of Professor Robert Wassmer, Center for California Studies, California State University at Sacrament. Visit our web page at http://www.csus.edu/indiv/w/wassmerr/facfelou.htm Jack Hailey and Peter Hansel, of the California Senate Office of Research, were instrumental in the formulation of this report.

TABLE OF CONTENTS

LIST OF TABLES

EXECUTIVE SUMMARY

The purpose of this study was to review trends in California's publicly funded Alcohol and Drug Programs (ADP), with an analysis of client characteristics, treatment provided, underserved populations, and possible areas of improvement. For this study, we analyzed ADP data from 1992-1998, and collected survey data from the individual ADP County Directors. Together, these data sources served as the foundation for this report and recommendations.

The analysis of data from the state office of Alcohol and Drug Programs revealed a rise in the number of clients served per year, between 1992-1998, from 260,528 to 286,725. In sum, during this period, 1, 707,098 clients were served by California's publicly funded substance abuse treatment system. About half of these clients were Caucasian, one third were Hispanic, and about two-thirds were male. During this six-year time, there was a rise in the number of adolescents and baby-boomers (ages 46-64) served. A large percentage of the males (about 75%) and an even larger portion of the females (85%) were either unemployed or not considered as being in the work force. About one-third of the clients served were in the legal system.

About half of all clients considered themselves "self-referred" to treatment, with the next largest referral source coming from the justice system--about one-fourth of the males, and one-fifth of the females. Health care providers referred few clients. Although heroin as the primary drug of choice decreased over the period of interest, it remained the most frequently indicated drug of choice. Methamphetamine as the primary drug of choice rose, particularly for women, as did marijuana. Needle use decreased over the six-year period, but it was still the primary route of administration for almost 40% of the population. Both men and women were more likely to participate in outpatient drug-free programs, and women were more likely to utilize methadone outpatient and day treatment.

County AOD administrators reported that, in general, publicly funded treatment systems in California adequately serve most populations (both drug-specific and ethnic/racial). Several administrators did, however, suggest that adolescents, the elderly, and the homeless were not as adequately served. Administrators also felt that most services for different drug user groups were adequate, with heroin users and injections users services rated as slightly lower. In terms of services offered, the administrators indicated the least amount in use of psychological testing, placement criteria, children's counseling, and spirituality counseling. Current treatment approaches indicate a mixture of more traditional methods (use of 12 step programs) with newer ones (use of cognitive-behavioral therapy, relapse prevention work, and use of non-confrontational methods).

<u>Recommendations</u>:

1) Increase the training, outreach, and resources for adolescent, elderly and homeless AOD users.
2) Provide an even stronger integration of employment services into AOD treatment, and follow employment as an outcome variable.
3) Provide aggressive training and outreach to medical providers regarding the recognition and the availability of AOD services.
4) Provide family-centered services, including services for children.
5) Continue collaborations with the justice system, Welfare to Work, child welfare services, and domestic violence services.
6) Support continued use of newer, empirically based treatment interventions, use of patient placement criteria, and development of appropriate outcome measures.

7) Encourage providers to gather data by completely filling out forms, and include the use of tobacco on the CADDS form.

Areas for future research include:

1) Include unique identifiers in state data, as well as discharge data, so that individual use of treatment system can be determined (i.e., numerous times admitted to treatment, length of stay in treatment, and discharge status)
2) In-depth analysis of treatment utilization by underserved or potentially underserved groups: adolescents, elderly, Asian Americans, African-Americans, homeless.
3) In-depth analysis of treatment utilization by those demanding increased services from AOD treatment, such as met amphetamine users.
4) Survey/interview of county providers to determine what models and types of treatment are being utilized.
5) Investigate the impact of the justice system/drug courts on AOD services.

INTRODUCTION

Alcohol and drug treatment continues to be a major concern and expenditure of the State of California. California's government-funded alcohol and other drug (AOD) treatment system is complex, with a variety services provided (residential, out-patient, methadone and LAAM maintenance, perinatal, and DUI) (The California Office of Alcohol and Drug Programs, 1998). Each county in California designs their AOD treatment delivery system to meet the needs of local clients. This diversity of treatment programming, coupled with California's diverse population, regional differences in populace and degree of urbanization, make it necessary to periodically assess the AOD treatment usage and related issues. Evaluations have shown AOD treatment provided by the State to be cost-effective in terms of reducing crime and health-care costs (The California Office of Alcohol and Drug Programs, 1994). Current and complete understanding of the system, however, is incomplete. The purpose of this project is to help determine the current state of AOD treatment in California, and to discuss implications for policy formulation and future research.

The following objectives were addressed by this study and will be discussed:

1) Identify the number of AOD clients served in government funded AOD treatment programs in California (1992-1998).
2) Identify the demographic characteristics of clients treated in government-funded AOD treatment programs by county in California (1992-1998).
3) Identify the various treatment approaches and delivery systems utilized by government-funded AOD treatment programs in California.
4) Identify typical referral sources by category to government-funded AOD treatment programs in relevant counties in California.
5) Identify under-served client populations in need of government-funded AOD treatment.
6) Identify current issues and trends related to AOD treatment in California.
7) Identify areas for improvement in California's current AOD treatment system.

METHODS

Two different types of research methods were used in conducting this study. To address research objectives 1 through 4, secondary analyses of data provided by the California Department of Alcohol and Drug Programs (ADP) were conducted. Data collected and compiled from California's publicly funded AOD treatment programs for the years 1992 to 1998 were obtained from ADP. These data are referred to as CADDS, or the California Alcohol and Drug Data System (California Department of Alcohol and Drug Programs, 1996). Treatment providers at the individual county level initially collect these data upon admission of clients to programs, as well as upon discharge. Program level counselors trained in the data collection system conduct the client interviews. Programs submit aggregate data to local county Alcohol and Drug Program offices, which, in turn, process these data and submit them to ADP.

All states that work with the Substance Abuse and Mental Health Services Administration, as California does, have a list of 19 required variables that they must collect as part of the Treatment Episode Data Set (TEDS). Providers who receive public funding are required to provide this information on all admissions. States have discretion regarding the inclusion of discharge data, which California does collect (McCarty, McGuire, Harwood, & Field, 1998). The required variables include race, date of birth, gender, source of referral, employment status, primary drug of choice, route of administration, etc. (Substance Abuse and Mental Health Services Administration, 1995). Given the research objectives of interest, only admission data were analyzed for this project.

Analyses of data from other states have found problems in the data collection process used in publicly funded AOD treatment systems. Clients may over- or under-report their drug usage depending on their situation, and counselors may not accurately fill out the forms, particularly if there is variation on how certain variables are defined or if there is a need to report favorable outcomes (McCarty et al., 1998). Although detecting such reporting problems is beyond the scope of the present study, the possibility that such inaccuracies are present in the data set used in the present

study are real. Consequently, all analyses in this study must be viewed carefully. It is felt, however, that some insights can still be made into California's treatment system with these data.

To address research objectives five through seven, a survey of county Alcohol and Drug Program directors was conducted. Our goal was to interview all 58 county AOD administrators. We requested the most current list of county AOD administrators from ADP. ADP provided a list (dated 1997) that included 56 county AOD administrators. Several of the numbers on that list were outdated. Research staff at the Social Science Research Laboratory (SSRL) at San Diego State University (SDSU) updated the list of AOD administrators based on the information provided to us from ADP. SSRL staff identified 56 county AOD administrators. We contacted all 56 administrators by letter to introduce the study (Appendix 2). Of the 56 administrators identified and contacted, 51 agreed to be interviewed for this study.

The interview schedule was based on the National Drug Abuse Treatment System (DATSS) Survey (Burke, Price, and D'Aunno, 1983). Funded by the National Institute on Drug Abuse starting in 1984, the DATSS is an ongoing panel study of a representative sample of outpatient substance abuse treatment organization. The DATSS addresses treatment trends, organizational issues and client characteristics, among several other related topics. Questions 1-19 of the interview schedule are taken directly from the DATSS (see Appendix 3). Questions 19-57 were original items developed by the investigators for the present study.

A trained and experienced interviewer at the SSRL conducted all interviews by telephone. Data were entered directly to an electronic data file using a custom computer assisted data entry program. All interviews were conducted in August and September 1999. The average interview (mean) took about 21 minutes to complete (sd=5.3).

RESULTS

Analyses related to objectives one through four were stratified by gender and year, to provide a more detailed analysis of trends in California's publicly funded AOD treatment system. Several variables also were analyzed by year and by county (only the most populous counties were included),

and these tables can be found in Appendix 5. All cases are reported as clients served, not as individuals. Thus, the numbers likely reflect numerous individuals who were admitted to treatment several times in one year or several times across years. This characteristic of the data set is important and must be considered when interpreting the data presented below. From a policy perspective, the number of clients served is important; however, the issue of recidivism is also likely to be an important issue. The present study cannot address this issue. We are unable to determine the extent to which the same individuals account for multiple service contacts. Additionally, these data cannot be interpreted in an epidemiological way. That is, high admission numbers for a particular group or substance might not reflect levels of use in the general population. For instance, the large number of heroin clients might reflect the difficulty of treating clients with that problem and/or the tendency of these clients to leave and return to treatment numerous times before a successful treatment outcome.

The Number of Clients Served

As seen on Table 1, 1,707,098 clients were served in public AOD treatment in California during 1992-1996. During the six-year reporting period, the number of clients served rose to a peak of 294,817 in 1995-1996, representing an increase of 13% from 1992-1993. By 1997-1998, clients served had decreased to 286,725, however, this was a 10% increase from 1992-1993.

Over the period of interest, the ratio of males to females remained rather constant, with a little over one-third of all admissions being female. Most of these clients were initial admissions to the various treatment programs; about 13-18% were considered transfer admissions within or between various programs. Both males and females had similar rates, with female transfers being somewhat higher. It should be noted that subsequent tables have lower numbers of cases due to missing data.

Demographic Characteristics of Clients Served

Table 2 describes the race and ethnicity of clients served, by gender. For both genders, the racial distributions of clients were rather stable over the six-year period. Half of the males who were admitted were white, not quite one-third were Hispanic, and less than a quarter were Black. Asians and Native Americans represented only 1% and 2% of the group, respectively. Among females, more

tended to be white (about 55%), with a lower proportion of Hispanics (about 22%), while the Black, Asian, and Native American rates were similar to rates for males. The majority of both males and females (about 80%) who were reported as Hispanic were Mexican American, with a somewhat larger group among the females (16-20%) reporting as “other” than Puerto Rican or Cuban.

Table 1: Clients Served by Gender, Transaction Type and Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Gender	(N=1,707,098)											
Males	166,600	(63.9)	179,441	(62.9)	184,001	(62.9)	184,628	(62.6)	179,479	(62.5)	178,319	(62.2)
Females	93,928	(36.1)	105,708	(37.1)	108,520	(37.1)	110,189	(37.4)	107,879	(37.5)	108,406	(37.8)
Total	260,528		285,149		292,521		294,817		287,358		286,725	
Transaction Type												
Male	(n=156,635)		(n=170,655)		(n=179,430)		(n=180,371)		(n=175,436)		(n=174,438)	
Initial admit	127,899	(81.7)	144,335	(84.6)	154,730	(86.2)	154,285	(85.5)	148,951	(84.9)	147,839	(84.8)
Transfer or change	28,736	(18.3)	26,320	(15.4)	24,700	(13.8)	26,086	(14.5)	26,485	(15.1)	26,599	(15.2)
Female	(n=87,061)		(n=99,834)		(n=105,558)		(n=107,457)		(n=105,306)		(n=105,941)	
Initial admit	71,404	(82.0)	83,450	(83.6)	88,873	(84.2)	89,081	(82.9)	86,814	(82.4)	86,939	(82.1)
Transfer or change	15,657	(18.0)	16,384	(16.4)	16,685	(15.8)	18,376	(17.1)	18,492	(17.6)	19,002	(17.9)

Table 2: Clients Served by Gender, Race and Year, and by Gender, Ethnicity and Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Race												
Male	(n=163,991)		(n=179,388)		(n=180,952)		(n=181,310)		(n=175,843)		(n=174,163)	
White	81,732	(49.8)	86,273	(48.9)	89,489	(49.5)	89,046	(49.1)	85,652	(48.7)	85,382	(49.2)
Hispanic	46,328	(28.3)	51,186	(29.0)	50,961	(28.2)	50,936	(28.1)	50,352	(28.6)	50,654	(29.1)
Black	30,926	(18.9)	33,607	(19.1)	34,952	(19.3)	35,233	(19.4)	33,516	(19.1)	31,723	(18.2)
Asian	3,201	(2.0)	3,321	(1.9)	3,415	(1.9)	3,677	(2.0)	3,844	(2.2)	4,041	(2.3)
Native American	1,804	(1.1)	2,001	(1.1)	2,140	(1.2)	2,418	(1.3)	2,479	(1.4)	2,363	(1.3)
Female	(n=92,722)		(n=104,284)		(n=107,063)		(n=108,607)		(n=106,199)		(n=106,466)	
White	50,558	(54.5)	56,395	(54.1)	59,185	(55.3)	59,588	(54.9)	57,953	(54.6)	58,209	(54.7)
Hispanic	19,812	(21.4)	22,658	(21.7)	23,125	(21.6)	23,521	(21.7)	23,328	(22.0)	23,640	(22.2)
Black	19,548	(21.1)	21,909	(21.0)	21,160	(19.8)	21,812	(20.1)	21,031	(19.8)	20,519	(19.3)
Asian	1,207	(1.3)	1,402	(1.3)	1,614	(1.5)	1,584	(1.5)	1,670	(1.6)	1,848	(1.7)
American Indian	1,597	(1.7)	1,920	(1.8)	1,979	(1.8)	2,102	(1.9)	2,217	(2.1)	2,250	(2.1)
Hispanic Ethnicity												
Male												
Mexican American	37,964	(81.9)	42,556	(83.1)	43,457	(85.3)	42,874	(84.2)	41,858	(83.1)	41,210	(81.3)
Puerto Rican	820	(1.8)	832	(1.6)	864	(1.7)	846	(1.7)	851	(1.7)	898	(1.8)
Cuban	221	(.5)	239	(.5)	261	(.5)	296	(.6)	293	(.6)	314	(.6)
Other	7,323	(15.8)	7,559	(14.8)	6,379	(12.5)	6,920	(13.6)	7,350	(14.6)	8,232	(16.3)
Female												
Mexican American	15,371	(77.6)	18,099	(79.9)	18,838	(81.5)	19,072	(81.1)	18,564	(79.6)	18,659	(78.9)
Puerto Rican	377	(1.9)	356	(1.6)	453	(2.0)	449	(1.9)	498	(2.1)	471	(2.0)
Cuban	120	(.6)	161	(.7)	133	(.6)	135	(.6)	147	(.6)	153	(.6)
Other	3,944	(19.9)	4,042	(17.9)	3,701	(16.0)	3,865	(16.4)	4,119	(17.7)	4,357	(18.4)

Table 3 presents the age distributions of clients served. For males, over the six-year period, analyses revealed increases in both the adolescents and clients aged 46-64 years. This may be a reflection of demographic trends in the general population, as the baby boomers and their children age. While those aged 21-35 years comprised the largest group among males (over a third), their numbers steadily decreased over the period of interest. For females, similar trends emerged. Clients aged 21-35 years made up half of all female admissions in 1997-1998, however, this number decreased by almost 10% from 1992-1993. This finding likely is due to women of childbearing age seeking treatment. Adolescent client admissions slowly increased over the six-year period, as did those in the 36-45 and 46-64 age groups. The proportion of elderly clients in treatment remained constant for both genders across time.

Table 4 describes clients served by year, educational level, and labor force status. For both genders, not quite three-quarters of the clients had 9-12 years of education, and this rate remained fairly constant over the six-year period. The next largest group, around 17-19%, had some college education.

As for labor force status, clients served were categorized as employed full-time, part-time, unemployed but looking for work, and those not in the labor force (i.e., not looking for work). The analyses reflect a large group that is unemployed or not even in the labor force. Over half of the males were not in the labor force, with one quarter being classified as unemployed, and a scant 15-18% being categorized as employed full-time. Over two-thirds of the females were reported as not being in the labor force. Only 7-8% of all females were classified as being employed full-time at admission, and almost 20% were unemployed.

Table 3: Clients Served by Gender, Age and Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Age												
Male	(n=166,497)		(n=179,349)		(n=183,939)		(n=184,567)		(n=179,442)		(n=178,238)	
12-20	12,861	(7.7)	14,292	(8.0)	15,467	(8.4)	15,857	(8.6)	16,225	(9.0)	17,545	(9.8)
21-35	76,857	(46.1)	80,441	(44.8)	77,687	(42.2)	73,831	(40.0)	69,749	(38.9)	68,393	(38.4)
36-45	55,016	(33.0)	60,026	(33.5)	62,969	(34.2)	64,189	(34.8)	61,917	(34.5)	60,500	(33.9)
46-64	20,792	(12.5)	23,550	(13.1)	26,671	(14.5)	29,476	(16.0)	30,282	(16.9)	30,583	(17.2)
65+	971	(.6)	1,040	(.6)	1,145	(.6)	1,214	(.7)	1,239	(.7)	1,217	(.7)
Female	(n=93,851)		(n=105,638)		(n=108,579)		(n=110,145)		(n=107,836)		(n=109,361)	
12-20	7,021	(7.5)	8,251	(7.8)	8,925	(8.2)	9,038	(8.2)	8,874	(8.2)	9,534	(8.8)
21-35	55,772	(59.4)	61,279	(58.0)	59,604	(54.9)	57,801	(52.5)	54,784	(50.8)	54,219	(50.0)
36-45	25,217	(26.9)	29,128	(27.6)	31,864	(29.4)	33,922	(30.8)	34,387	(31.9)	34,786	(32.1)
46-64	5,626	(6.0)	6,736	(6.4)	7,825	(7.2)	9,106	(8.3)	9,489	(8.8)	9,496	(8.8)
65+	215	(.2)	244	(.2)	261	(.2)	278	(.3)	302	(.3)	326	(.3)

Table 4: Clients Served by Gender, Education and Year, and by Labor Force Status and Year

	92-93	93-94	94-95	95-96	96-97	97-98
	n (%)	n (%)	n (%)	n (%)	n (%)	n %
Education						
Male	(n=166,570)	(n=179,411)	(n=183,986)	(n=184,613)	(n=179,464)	(n=178,304)
0-8	13,207(7.9)	14,417(8.0)	14,806(8.0)	14,921(8.1)	14,087(7.8)	13,572(7.6)
9-12	118,599(71.2)	128,600(71.7)	132,638(72.1)	133,808(72.5)	129,875(72.4)	129,045(72.4)
13-16	32,545(19.5)	33,970(18.9)	33,998(18.5)	33,446(18.1)	33,088(18.4)	33,278(18.7)
17+	2,219(1.3)	2,424(1.4)	2,544(1.4)	2,436(1.3)	2,414(1.3)	2,409(1.4)
Female	(n=93,898)	(n=105,678)	(n=108,507)	(n=110,176)	(n=107,866)	(n=108,393)
0-8	6,678 (7.1)	7,616 (7.2)	7,850 (7.2)	8,242 (7.2)	8,016 (7.4)	7,781 (7.2)
9-12	69,442 (74.0)	78,452 (74.2)	80,825 (74.5)	81,840 (74.3)	80,083 (74.2)	80,435 (74.2)
13-16	16,803 (17.9)	18,473 (17.5)	18,715 (17.2)	18,849 (17.1)	18,546 (17.2)	18,956 (17.5)
17+	975 (1.0)	1,137 (1.1)	1,117 (1.0)	1,245 (1.1)	1,221 (1.1)	1,221 (1.1)
Labor Force Status						
Male	(n=162,207)	(n=175,639)	(n=181,874)	(n=182,702)	(n=177,708)	(n=176,661)
Employed full-time	24,976 (15.4)	26,721 (15.2)	27,558 (15.2)	28,500 (15.6)	29,872 (16.8)	32,187 (18.2)
Employed part-time	10,579 (6.5)	11,810 (6.7)	12,803 (7.0)	12,564 (6.9)	11,791 (6.6)	12,044 (6.8)
Unemployed	44,778 (27.6)	45,292 (25.8)	41,648 (22.9)	39,134 (21.4)	38,739 (21.8)	41,236 (23.3)
Not in labor force	81,874 (50.5)	91,816 (52.3)	99,865 (54.9)	102,504(56.1)	97,306 (54.8)	91,194 (51.6)
Female	(n=92,241)	(n=104,244)	(n=107,706)	(n=109,413)	(n=107,201)	(n=107,774)
Employed full-time	7,118 (7.7)	7,317 (7.0)	7,428 (6.9)	7,755 (7.1)	8,350 (7.8)	8,790 (8.2)
Employed part-time	5,155 (5.6)	5,746 (5.5)	6,032 (5.6)	6,484 (5.9)	6,417 (6.0)	6,741 (6.3)
Unemployed	17,961 (19.5)	19,642 (18.8)	18,376 (17.1)	17,751 (16.2)	18,854 (17.6)	21,454 (19.9)
Not in labor force	62,007 (67.2)	71,539 (68.6)	75,870 (70.4)	77,423 (70.8)	73,580 (68.6)	70,789 (65.7)

Table 5 describes legal system status and homeless status. About one-third of all clients, of both genders, were involved with the legal system. This involvement rose for females over the six-year period. About 20% of both groups were on probation, and males were more likely than females to be on CDC parole. A small group (about 4%) of both genders were involved with a court diversion program.

Males were more likely to be homeless on admission than females (20% vs. 14.2% in 1997-1998). While the proportions for homeless males remained fairly constant over the six-year period, the rate of female homelessness rose slowly, from 12.4% in 1992-1993 to 14.2% in 1997-1998.

Table 6 presents data regarding entitlement benefits received by clients. This information was only collected beginning in 1993-1994 for Medi-Cal and Supplemental Security Income (SSI). For males, enrollment in Medi-Cal decreased when Welfare-to-Work was implemented on January 1, 1998. Similarly, females' enrollment also declined, to approximately one-third. For both genders, enrollment in SSI remained somewhat stable between 1993 and 1998. It is interesting to note that SSI enrollment is low despite the large unemployment rate. Similarly, CalWorks and Welfare-to-Work recipients represented only a small proportion of all clients.

Table 5: Clients Served by Gender, Legal Status and Year, and by Gender, Homeless Status and Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Legal Status												
Male	(n=156,729)		(n=170,759)		(n=179,434)		(n=180,400)		(n=175,477)		(n=174,499)	
Probation	27,699	(17.7)	30,502	(17.9)	32,899	(18.3)	34,212	(19.0)	35,207	(20.1)	38,243	(21.9)
CDC parole	12,885	(8.2)	13,760	(8.1)	13,955	(7.9)	13,577	(7.5)	13,378	(7.6)	14,075	(8.1)
Other parole	2,675	(1.7)	2,879	(1.7)	3,410	(1.9)	4,132	(2.3)	3,912	(2.2)	3,644	(2.1)
Court Diversion	6,638	(4.2)	7,938	(4.6)	8,725	(4.9)	7,900	(4.4)	7,901	(4.5)	8,247	(4.7)
Incarcerated	3,216	(2.1)	2,262	(1.3)	2,361	(1.3)	2,155	(1.2)	1,780	(1.0)	1,769	(1.0)
Not applicable	103,616	(66.1)	113,418	(66.4)	118,084	(65.8)	118,424	(65.6)	113,299	(64.6)	108,521	(62.2)
Female	(n=87,038)		(n=99,840)		(n=105,495)		(n=107,397)		(n=105,269)		(n=105,923)	
Probation	14,086	(16.2)	16,188	(16.2)	17,680	(16.8)	19,413	(18.1)	20,143	(19.1)	22,266	(21.0)
CDC parole	3,835	(4.4)	4,189	(4.2)	4,189	(4.0)	4,142	(3.9)	4,320	(4.1)	4,407	(4.2)
Other parole	944	(1.1)	1,071	(1.1)	1,146	(1.1)	1,420	(1.3)	1,465	(1.4)	1,499	(1.4)
Court Diversion	3,064	(3.5)	4,036	(4.0)	4,759	(4.5)	4,714	(4.4)	4,737	(4.5)	5,016	(4.7)
Incarcerated	1,226	(1.4)	989	(1.0)	1,220	(1.2)	1,421	(1.3)	1,208	(1.1)	1,034	(1.0)
Not applicable	63,883	(73.4)	73,367	(73.5)	76,501	(72.5)	76,287	(71.0)	73,396	(69.7)	71,701	(67.7)
Homeless Status												
Male	(n=131,657)		(n=146,633)		(n=155,217)		(n=155,818)		(n=150,089)		(N=156,180)	
No	104,168	(79.1)	117,476	(80.1)	124,255	(80.1)	125,455	(80.5)	120,524	(80.3)	125,013	(80.0)
Yes	27,489	(20.9)	29,157	(19.9)	30,962	(19.9)	30,363	(19.5)	29,565	(19.7)	31,167	(20.0)
Female	(n=73,173)		(n=85,443)		(n=91,031)		(n=92,995)		(n=91,150)		(n=94,967)	
No	64,100	(87.6)	74,927	(87.7)	79,804	(87.7)	81,271	(87.4)	79,126	(86.8)	81,464	(85.8)
Yes	9,073	(12.4)	10,516	(12.3)	11,227	(12.3)	11,724	(12.6)	12,024	(13.2)	13,503	(14.2)

Table 6: Clients Served by Gender, Benefits and Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Medi-Cal												
Males			(n=99,015)		(n=149,560)		(n=159,450)		(n=157,945)		(n=150,222)	
No			78,023	(78.8)	113,397	(75.8)	117,199	(73.5)	121,437	(76.9)	122,996	(81.9)
Yes			20,992	(21.2)	36,163	(24.2)	36,508	(23.1)	27,226	(18.1)	27,226	(18.1)
Females			(n=56,943)		(n=87,052)		(n=95,205)		(n=95,364)		(n=94,189)	
No			32,564	(57.2)	48,168	(55.3)	51,428	(54.0)	55,981	(58.7)	60,053	(63.8)
Yes			24,379	(42.8)	38,884	(44.7)	43,777	(46.0)	39,383	(41.3)	34,136	(36.2)
SSI												
Males			(n=2,418)		(n=97,957)		(n=133,002)		(n=143,279)		(n=85,167)	
No			2,231	(92.3)	89,181	(91.0)	118,778	(89.3)	130,557	(91.1)	78,935	(90.9)
Yes			187	(7.7)	8,776	(9.0)	14,224	(10.7)	12,722	(8.9)	6,232	(7.3)
Females			(n=1,940)		(n=56,480)		(n=79,352)		(n=86,451)		(n=53,975)	
No			1,784	(92.0)	51,644	(91.4)	71,192	(89.7)	79,146	(91.6)	49,870	(92.4)
Yes			156	(8.0)	4,836	(8.6)	8,160	(10.3)	7,305	(8.4)	4,105	(8.8)
CalWorks Recipient (Females only)											(n=55,512)	
No											53,169	(95.8)
Yes											2,343	(4.2)
Welfare to Work Plan (Females only)											(n=52,794)	
No											51,820	(98.2)
Yes											974	(1.8)

Referral Sources and Treatment Approaches

Tables 7 through 11 describe drug treatment variables, including referral source, type of treatment utilized, primary drug of choice, frequency of drug use prior to admission, and route of administration of drugs used. Similar to previous analyses, data are stratified by gender and year.

Table 7 reflects referral sources for clients from 1992-1998. Over half of all male clients are self-referred to treatment. By 1997-1998, almost one-fourth (22.9%) of male clients were referred by the criminal justice system (however, over a third were involved with the justice system, according to Table 5). AOD programs referred an additional 10% of male clients to other AOD programs, with the remainder of the referral sources being mainly community and health care providers. Referrals from 12-step groups and employee assistance programs were very low.

Like males, almost half of all females were self-referred by 1997-1998, but the rate of self-referrals slowly dropped over the six-year period. Referrals for women from the criminal justice system rose over the six years, from about 16% to 20%. Community providers were more likely to refer females than males (12.7% vs. 5.4%) in 1997-1998. This difference may be due to Child Protective Services being included in this category, as well as the propensity of women to seek help from social service agencies (Calsyn & Morse, 1990; Neighbors & Howard, 1987). Females were referred by other AOD programs at similar rates as males, about 10%, suggesting some movement between programs by both groups. It cannot be determined from the provided data if this is due to treatment failure or due to treatment compliance, with a move to a less structured program. Health care providers played a minor role in referrals, (about 5.5%), and this is surprising, given that women of child-bearing age are the majority and are likely to come in contact with some kind of health care provider. Again, 12-step groups and employee assistance programs provided few referrals.

Table 7: Clients Served by Gender, Referral Source and Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Referral Source												
Males	(n=159,161)		(n=173,101)		(n=179,676)		(n=180,645)		(n=175,738)		(n=174,751)	
Self	91,792	(57.7)	102,657	(59.3)	105,448	(58.7)	102,710	(56.9)	991,138	(56.4)	95,450	(54.6)
Criminal Justice	33,795	(21.2)	36,050	(20.8)	36,355	(20.2)	36,027	(19.9)	36,637	(20.8)	40,090	(22.9)
AOD Program	16,434	(10.3)	15,790	(9.1)	16,549	(9.2)	17,545	(9.7)	17,063	(9.7)	18,108	(9.7)
Health Care Provider	6,553	(4.1)	6,848	(4.0)	7,462	(4.2)	7,844	(4.3)	7,317	(4.2)	7,273	(4.2)
Community Provider	6,553	(4.1)	7,158	(4.1)	8,886	(4.9)	11,892	(6.6)	11,350	(6.5)	9,464	(5.4)
12 Step Group	1,868	(1.2)	1,786	(1.0)	1,644	(.9)	1,376	(.8)	1,259	(.7)	1,222	(.7)
School	1,258	(.8)	1,890	(1.1)	2,327	(1.3)	2,169	(1.2)	1,781	(1.0)	1,949	(1.1)
Employer/EAP	908	(.6)	922	(.5)	1,005	(.6)	1,082	(.6)	1,193	(.7)	1,195	(.7)
Females	(n=88,245)		(n=100,949)		(n=105,5569)		(n=107,448)		(n=105,319)		(n=105,979)	
Self	49,573	(56.2)	56,501	(56.0)	57,712	(54.7)	55,731	(51.9)	53,961	(51.2)	52,498	(49.5)
Criminal Justice	14,400	(16.3)	16,562	(16.4)	17,093	(16.2)	18,291	(17.0)	19,568	(18.6)	21,244	(20.0)
AOD Program	8,988	(10.2)	9,464	(9.4)	10,386	(9.8)	11,057	(10.3)	10,203	(9.7)	11,036	(10.4)
Health Care Provider	4,969	(5.6)	5,925	(5.9)	6,118	(5.8)	6,485	(6.0)	6,019	(5.7)	5,637	(5.3)
Community Provider	8,091	(9.2)	10,016	(9.9)	11,526	(10.9)	13,397	(12.5)	13,329	(12.7)	13,431	(12.7)
12 Step Group	857	(1.0)	844	(.8)	771	(.7)	657	(.6)	674	(.6)	625	(.6)
School	1,144	(1.3)	1,401	(1.4)	1,704	(1.6)	1,532	(1.4)	1,285	(1.2)	1,196	(1.1)
Employer/EAP	233	(.3)	236	(.2)	259	(.2)	298	(.3)	280	(.3)	312	(.3)

Table 8: Clients Served by Gender and Type of Program

	92-93		93-94		94-95		95-96		96-97		97-98	
Program	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Males	(n=140,027)		(n=147,711)		(n=149,795)		(n=148,274)		(n=142,492)		(n=141,758)	
Out-patient drug-free	47,144	(33.7)	48,943	(33.1)	48,500	(32.4)	49,147	(33.1)	47,206	(33.0)	48,205	(34.0)
Out-patient meth detox	37,958	(27.1)	42,634	(28.9)	41,489	(27.7)	39,721	(26.8)	34,637	(24.2)	32,176	(22.7)
Res. detox (non-hospital)	25,872	(18.5)	26,448	(17.9)	27,035	(18.0)	25,580	(17.3)	25,549	(17.9)	24,531	(17.3)
Out-patient methadone	16,765	(12.0)	17,096	(11.6)	18,846	(12.6)	21,330	(14.4)	23,330	(16.3)	24,265	(17.1)
Res. drug free (<30 days)	4,917	(3.5)	4,227	(2.9)	4,499	(3.0)	4,529	(3.1)	4,563	(3.2)	4,464	(2.6)
Res. drug free (>30 days)	3,153	(2.3)	3,511	(2.4)	3,839	(2.6)	3,230	(2.2)	3,687	(2.6)	3,626	(2.6)
Day treatment	2,248	(1.6)	2,375	(1.6)	2,925	(2.0)	2,524	(1.7)	2,561	(1.8)	3,241	(2.3)
Res. detox (hospital)	1,528	(1.1)	1,833	(1.2)	1,821	(1.2)	1,502	(1.0)	502	(.4)	285	(.2)
Out-patient detox	442	(.3)	644	(.4)	841	(.6)	711	(.5)	907	(.6)	965	(.7)
Females	(n=87,061)		(n=99,834)		(n=105,558)		(n=107,457)		(n=105,306)		(n=86,790)	
Out-patient drug-free	29,465	(37.1)	34,197	(38.7)	34,338	(38.5)	49,147	(33.1)	47,206	(33.0)	48,205	(34.0)
Out-patient meth detox	19,223	(24.2)	21,167	(24.0)	19,553	(21.9)	18,214	(20.3)	15,590	(17.9)	13,641	(15.7)
Res. detox (non-hospital)	8,290	(10.4)	8,275	(9.4)	8,356	(9.4)	8,111	(9.0)	8,446	(9.7)	8,687	(10.0)
Out-patient methadone	12,403	(15.6)	12,563	(14.2)	13,535	(15.2)	15,151	(17.3)	16,609	(19.0)	17,164	(19.8)
Res. drug free (<30 days)	1,891	(2.4)	2,417	(2.7)	2,837	(3.2)	2,679	(3.0)	2,770	(3.2)	2,903	(3.3)
Res. drug free (>30 days)	1,607	(2.0)	1,959	(2.2)	2,149	(2.4)	2,061	(2.3)	2,173	(2.5)	2,146	(2.5)
Day treatment	5,662	(7.1)	6,626	(7.5)	7,345	(8.2)	6,304	(7.0)	5,586	(6.4)	5,885	(6.8)
Res. detox (hospital)	685	(.9)	876	(1.0)	883	(1.0)	707	(.8)	282	(.3)	178	(.2)
Out-patient detox	183	(.2)	218	(.2)	303	(.3)	276	(.3)	308	(.4)	293	(.3)

The number of clients served by program type is described in Table 8. (Please see Appendix 1 for a description of treatment programs by type.) About one third of all males were admitted to outpatient drug-free programs over the six-year period. Slightly less than one quarter of all male clients were involved in outpatient detoxification from methadone, and this rate had slowly decreased over time, from 27.1% to 22.7%. Residential detoxification (non-hospital) accounted for approximately 17% of all male clients served across time. The rate of males admitted to outpatient methadone maintenance programs has slowly risen, from 12% in 1992-1993, to 17.1% in 1997-1998. This rise is interesting, given that reported heroin use rates have remained constant (see Table 9) for men. Residential drug-free services tended to be used less frequently, only accounting for about 5% of all admissions among men.

Like their male counterparts, about one third of all females also utilized outpatient drug-free services. Females were more likely, however, to be admitted to outpatient methadone programs, and this rate increased from 15.6% (1992-1993) to 19.8% (1997-1998). Women had lower rates of utilization of outpatient methadone detoxification, and this rate dropped over the six-year period, from 24.2% to 15.7%. About 10% of all women were admitted to residential detoxification (non-hospital), which was a much lower rate than the rate for male clients. Females had a much higher utilization rate of day treatment than males (6.8% vs. 2.3%) in 1997-1998. This finding might be due to women's involvement in programs that allowed them to bring their children.

On admission, clients are asked to report their primary drug. Department of Alcohol and Drug Programs defines this as the "substance which has been determined to cause the greatest dysfunction to the participant" (ADP, 1991, p. 15). Table 9 reports the analyses of these data. Over one-third of male clients reported heroin as their primary drug, a rate that remained constant over the six-year period. Alcohol was the second most prevalent drug, with a rate that dropped steadily, from 35.9% in 1992-1993 to 28% in 1997-1998. The prevalence of methamphetamine as a primary drug increased from 6.8% of all male admissions in 1992-1993 to 13.5% in 1997-1998. Cocaine remained somewhat stable, with about 10% of all male admissions reporting this as their primary drug.

Marijuana or hashish as a primary drug steadily increased over time from 5.2% to 7.9%. Table 9 reports the usage of other primary drugs, however, all other substances were reported infrequently.

Heroin is also the most common primary drug for females, but this rate has dropped steadily over time from 40.4% in 1992-1993 to 34.7% in 1997-1998. Like their male counterparts, methamphetamine increased as a primary drug over the six-year period from 11.2% to 22.4%. In comparison to males, females reported a much higher proportion of problematic use of this drug. Also like males, alcohol as a primary drug has slowly decreased among women, from 23.6% to 20.9%, during this same period. Females are somewhat more likely to report cocaine or crack as a primary drug than are their male counterparts (13.4% vs. 10.2%). Similar to males, marijuana has slightly increased as a primary drug over the six-years, from 4.5% in 1992-1993 to 5.6% in 1997-1998. Females also reported other drugs as primary drugs infrequently. For both genders, the high percentages of heroin and methamphetamine use as a primary drug might be due to high relapse and repeat admissions for those using these drugs, thus users of these substances might be over-represented in these data.

It should be noted that tobacco use is not addressed on the ADP Data forms. Such data could be useful to health care planners and professionals. Table 10 reports frequency of drug use one month prior to admission. Two-thirds of all males and over one half of all females reported using some psychoactive substance on a daily basis in the month prior to beginning treatment. For both genders, the rate of drug use one month prior to treatment has declined somewhat over the six-year time period. This finding might be due to the increased referrals coming from the criminal justice system. About 15% (1997-1998) of male clients reported no use prior to admission, a rate up from 13.6% in 1992-1993. Females were also more likely to report no drug use prior to admission, over time (18.8% to 22.3%).

The route of administration of drugs and needle use in the year prior to treatment is reported in Table 11. Over one third of both males and females reported injection as the primary route of drug administration, however, this rate declined over the six-year period, from 39.4% to 37.7% for males,

and 42.3% to 35.7% for females. Over the period of interest, oral drug administration has decreased from 37.9% to 30.1% for males and from 42.3% to 35.7% for females. In contrast, smoking and inhalation as routes of administration has increased. For instance, male smoking rates went from 15.5% to 23.1% (1992-1998), while female smoking rates rose from 21% to 26.7% during the same years. Increased prevalence of marijuana use during this period might account for this finding.

Needle use in the year prior to treatment decreased over time. Among men, reported needle use decreased from 45.7% (1992-1993) to 42.6% (1997-1998), while female needle use decreased from 46.8% to 39.8% during this period.

Table 9: Clients Served by Gender and Primary Drug of Choice

	92-93		93-94		94-95		95-96		96-97		97-98	
Primary Drug	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Males	(n=166,570)		(n=179,4110		(n=183,986)		(n=184,613)		(n=179,464)		(n=178,304)	
Heroin	64,722	(38.9)	70,648	(39.4)	71,872	(39.1)	73,528	(39.8)	70,080	(39.0)	68,617	(38.5)
Alcohol	59,796	(35.9)	60,878	(33.9)	59,355	(32.3)	58,577	(31.7)	54,319	(30.3)	49,926	(28.0)
Cocaine/crack	18,515	(11.1)	19,066	(10.6)	18,628	(10.1)	17,485	(9.5)	18,108	(10.1)	18,263	(10.2)
Methamphetamine	11,325	(6.8)	14,847	(8.3)	19,948	(10.8)	19,326	(10.5)	20,454	(11.4)	23,441	(13.5)
Marijuana/hashish	10,286	(6.2)	11,955	(6.7)	12,234	(6.6)	13,376	(7.2)	14,084	(7.8)	14,930	(8.4)
Other	1,926	(1.1)	2,017	(1.1)	1,949	(1.1)	2,321	(1.3)	2,419	(1.4)	2,527	(1.4)
Females	(n=93,898)		(n=105,678)		(n=108,507)		(n=110,176)		(n=107,866)		(n=108,393)	
Heroin	37,976	(40.4)	40,752	(38.6)	39,983	(36.8)	40,583	(36.8)	39,281	(36.4)	37,651	(34.7)
Alcohol	22,174	(23.6)	24,776	(23.4)	25,037	(23.1)	25,440	(23.1)	23,978	(22.2)	22,633	(20.9)
Cocaine/crack	15,668	(16.7)	16,880	(16.0)	15,235	(14.0)	15,009	(13.6)	14,782	(13.7)	14,499	(13.4)
Methamphetamine	10,601	(11.2)	14,768	(13.9)	19,017	(18.4)	20,264	(18.5)	20,640	(19.2)	24,330	(22.4)
Marijuana/hashish	5,632	(6.1)	6,532	(6.2)	6,326	(5.8)	6,817	(6.2)	6,957	(6.4)	6,955	(6.4)
Other	1,717	(2.0)	1,970	(1.8)	1,944	(1.7)	2,063	(1.8)	2,228	(2.1)	2,325	(2.2)

Table 10: Clients Served by Gender and Frequency of Use One Month Prior to Admission

	92-93		93-94		94-95		95-96		96-97		97-98	
Frequency of Use	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Males	(n=166,010)		(n=178,964)		(n=183,492)		(n=184,230)		(n=179,084)		(n=177,964)	
None	22,647	(13.6)	23,835	(13.3)	24,763	(13.5)	26,204	(14.2)	25,906	(14.5)	26,885	(15.1)
1-3 times/month	9,744	(5.9)	10,688	(6.0)	10,964	(6.0)	11,383	(6.2)	11,740	(6.6)	11,865	(6.7)
1-2 times/week	9,989	(6.0)	10,860	(6.1)	10,861	(5.9)	10,329	(5.6)	10,416	(5.8)	10,568	(5.9)
3-6 times/week	12,797	(7.7)	13,275	(7.4)	13,390	(7.3)	12,509	(6.8)	13,261	(7.4)	13,667	(7.7)
Daily	110,833	(66.8)	120,306	(67.2)	123,514	(67.3)	123,805	(67.2)	117,761	(65.8)	114,979	(64.6)
Females	(n=93,468)		(n=105,311)		(n=108,216)		(n=109,923)		(n=107,651)		(n=108,215)	
None	17,555	(18.8)	20,335	(19.3)	21,554	(19.9)	23,271	(21.2)	23,058	(21.4)	24,090	(22.3)
1-3 times/month	7,205	(7.7)	8,464	(8.0)	8,619	(8.0)	8,519	(7.7)	8,665	(8.0)	8,622	(8.0)
1-2 times/week	5,915	(6.3)	6,821	(6.5)	7,064	(6.5)	6,750	(6.1)	6,570	(6.1)	6,612	(6.1)
3-6 times/week	7,929	(8.5)	8,940	(8.5)	8,916	(8.2)	8,209	(7.5)	8,373	(7.8)	8,859	(8.2)
Daily	54,864	(58.7)	60,751	(57.7)	62,063	(57.4)	63,174	(57.5)	60,985	(56.7)	60,032	(55.5)

Table 11: Clients Served by Gender and Route of Administration of Primary Drug

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Route of Administration												
Males	(n=166,411)		(n=179,259)		(n=183,821)		(n=184,388)		(n=179,200)		(n=178,041)	
Injection	65,620	(39.4)	71,236	(39.7)	72,244	(39.3)	72,833	(39.5)	68,762	(38.4)	67,073	(37.7)
Oral	63,033	(37.9)	64,174	(35.8)	62,563	(34.0)	61,920	(33.6)	57,735	(32.2)	53,597	(30.1)
Smoking	25,271	(15.5)	29,895	(16.7)	32,787	(17.8)	34,230	(18.6)	37,389	(20.9)	41,213	(23.1)
Inhalation	11,290	(6.8)	13,274	(7.4)	15,550	(8.5)	14,679	(8.0)	14,427	(8.1)	15,334	(8.6)
Other	747	(.4)	680	(.4)	677	(.4)	726	(.4)	877	(.5)	824	(.5)
Females	(n=93,789)		(n=105,551)		(n=108,348)		(n=109,953)		(n=107,644)		(n=108,189)	
Injection	39,703	(42.3)	42,316	(40.1)	41,677	(38.5)	41,758	(38.0)	40,110	(37.3)	38,656	(35.7)
Oral	25,307	(27.0)	28,208	(26.7)	28,506	(26.3)	28,944	(26.3)	27,505	(25.6)	26,404	(24.4)
Smoking	19,701	(21.0)	23,180	(22.0)	23,416	(21.6)	24,788	(22.5)	26,372	(24.5)	28,895	(26.7)
Inhalation	8,681	(9.3)	11,439	(10.8)	14,323	(13.2)	13,981	(12.7)	13,037	(12.1)	13,671	(12.6)
Other	367	(.4)	408	(.4)	426	(.4)	482	(.4)	620	(.6)	563	(.5)
Needle Use in Past Year												
Males	(n=162,549)		(n=175,761)		(n=182,014)		(n=182,793)		(n=177,753)		(n=176,669)	
No	88,248	(54.3)	94,844	(54.0)	99,250	(54.5)	100,367	(54.9)	100,311	(56.4)	101,495	(57.4)
Yes	74,301	(45.7)	80,917	(46.0)	82,764	(45.5)	82,426	(45.1)	77,442	(43.6)	75,174	(42.6)
Females	(n=91,463)		(n=103,502)		(n=107,2530		(n=109,023)		(n=106,784)		(n=107,364)	
No	48,657	(53.2)	57,082	(55.2)	61,170	(57.0)	62,863	(57.7)	62,576	(58.6)	64,609	(60.2)
Yes	42,806	(46.8)	46,420	(44.8)	46,083	(43.0)	46,160	(42.3)	44,208	(41.4)	42,755	(39.8)

Underserved Populations and Treatment Approaches: Survey Findings

Table 12 presents the demographic characteristics of the county AOD treatment administrators participating in the study. Two-thirds of the administrators were male. The average age of administrators was about 52 years old. As a group, the administrators interviewed had substantial experience in the AOD field (median=17.0 years, mode=15 years). Three administrators had been in their position less than six months at the time of the interview; however, on average, administrators had held their positions for 8 years. The majority of administrators reported having a masters degree, with the most common areas of study reported being social work and psychology.

Service to Specific Populations

Tables 13 and 14 present administrators' perceptions of how adequately specific populations are served. For most of the demographic groups, administrators reported their treatment systems provided adequate services to some extent. Women clients and pregnant clients were, on average, viewed as being served adequately to a great extent. In contrast, administrators reported that the elderly were less adequately served. Administrators also reported that, on average, specific drug user populations were adequately served to some extent or a great extent.

Administrators indicating that specific client groups were served to "no extent" or "a little extent" were asked a series of follow up questions designed to examine the reasons they held these views. This series of dichotomous follow up questions queried administrators about outreach efforts, training, resource adequacy, treatment philosophy, political barriers, and other barriers to adequately serving the identified population.

For African Americans, Asian Americans, Native Americans, homeless persons, and HIV/AIDS clients, several county administrators indicated that small populations of these groups accounted for low utilization of services. Several of these administrators did, however, indicate that their providers lacked training working with the above populations.

Six administrators indicated that providers in their system lacked adequate out- reach efforts for adolescents. In addition, fourteen administrators (27.5% of California counties) indicated that their respective treatment systems lacked adequate resources to serve adolescents.

A similar pattern emerged for the elderly. For this population, sixteen administrators indicated that their treatment systems lacked sufficient outreach efforts. Additionally, sixteen respondents, representing 31.4% of California counties responding to the survey, indicated their treatment systems lacked adequate resources to serve the elderly.

For the most part, county AOD administrators reported that specific populations are adequately served by California's publicly funded AOD treatment system. Inadequate resources to serve adolescents and the elderly appear to be an issue for one-quarter and one-third of the counties responding to the survey, respectively.

In addition to outreach and resource adequacy, a small proportion of county AOD administrators reported insufficient training within their treatment systems to adequately serve African Americans and Asian Americans.

It is important to note that, although many administrators view their systems as being responsive to a certain degree, no administrator reported complete adequacy in serving any population. In fact, no percentage in the "served clients adequately to a great extent" category exceeded 63%. Ideally, all client groups would be perceived as being served adequately to a great extent. Thus, based on the key informant survey, most client groups are being served adequately to some extent, but there is room for improvement for evey client group.

Table 12: Demographic Characteristics of the County AOD Administrators

Characteristic	*N*	*%*	*Mean*	*(sd)*	*Range*
Gender					
Males	34	66.7			
Females	17	33.3			
Age			51.9	(5.5)	37 to 66
Years in Current Position			8.0	(6.3)	<6 mon to 25
Years in AOD Field			17.7	(24.9)	3 to 32
Number of Staff Directly Supervised			13.0	(13.3)	0 to 80
Highest Degree Completed					
Bachelor Degree	10	19.6			
Master Degree	31	60.8			
Doctorate*	5	9.8			
Refused	5	9.8			
Area of Study					
Counseling	7	14.0			
Psychology	11	22.0			
Social Work	11	22.0			
Public Administration	7	14.0			
Other**	15	28.0			

*MD/Ph.D./JD **No other area with a frequency greater than 2.

Table 13: Administrators' Perceptions of Service Adequacy by Population

	*Mean**	*(sd)*
Demographic Group		
Women	3.9	(.73)
Pregnant Women	4.0	(.72)
African Americans	3.2	(.89)
Hispanics	3.5	(.83)
Asian Americans	2.9	(.96)
Native Americans	3.2	(.94)
Adolescents	3.1	(.98)
Gays/Lesbians	3.0	(.87)
Elderly	2.7	(.72)
Homeless	3.1	(.91)
Dually Diagnosed	3.5	(.73)
HIV/AIDS Clients	3.6	(.86)
Drug User Populations		
Alcoholics	4.2	(.68)
Marijuana Users	3.9	(.75)
Methamphetamine Users	4.1	(.71)
Heroin Users	3.4	(.94)
Injection Drug Users	3.9	(.8)
Cocaine Users	3.8	(.72)

* Five point likert scale 1= no extent, 5=very great extent

Table 14: Administrators' Perceptions of Service Adequacy by Population Type (Frequencies)

Extent to Which Specific Client Groups are Adequately Served										
Group	No Extent		A Little Extent		Some Extent		A Great Extent		A Very Great Extent	
	F	%	F	%	F	%	F	%	F	%
Women	0	0	2	2.9	10	19.6	30	58.8	9	17.6%
Pregnant Women	0	0	1	2.0	10	19.6	28	54.9	12	23.5
African Americans	1	2.0	9	18.0	20	40.0	17	34.0	3	6.0
Hispanics	1	2.0	3	5.9	23	45.1	19	37.3	5	9.8
Asian Americans	4	8.0	12	24.0	22	44.0	10	20.0	2	4.0
Native Americans	1	2.0	10	19.6	22	43.1	13	25.5	5	9.8
Adolescents	1	2.0	16	31.4	15	29.4	16	31.4	3	5.9
Gays/Lesbians	2	4.1	10	20.4	25	51.0	10	20.4	2	4.1
Elderly	0	0	20	40.0	24	48.0	5	10.0	1	2.0
Homeless	2	4.1	10	20.4	21	42.9	14	28.6	2	4.1
HIV/AIDS Clients	1	2.0	3	6.0	17	34.0	23	46.0	6	12.0
Alcoholics	0	0	2	3.9	2	3.9	32	62.7	15	29.4
Marijuana Users	0	0	3	6.0	8	16.0	31	62.0	8	16.0
Heroin Users	2	3.9	5	9.8	18	35.3	21	41.2	5	9.8
Injection Drug Users	0	0	3	5.9	11	21.6	27	52.9	10	19.6
Cocaine Users	0	0	1	2.0	15	30.0	26	52.0	8	15.7
Methamphetamine Users	0	0	1	2.0	7	13.7	28	54.9	15	24.9
Dually Diagnosed	0	0	5	9.8	17	33.3	27	52.9	2	3.9

Table 15: Administrators' Perceptions of Service Adequacy by Population and Region

	Northern	*Bay Area*	*Mid-Coast*	*Southern*	*Central Valley*	*Inland*
	M (sd)	*M (sd)*	*M (sd)*	*M (sd)*	*M (sd)*	*M (sd)*
Demographic Group						
Women	3.8 (.81)	3.7 (.87)	4.0 (1.0)	4.0 (.0)	4.2 (.58)	4.0 (.70)
Pregnant Women	3.9 (.80)	3.8 (.70)	4.7 (.60)	3.8 (.50)	4.2 (.72)	4.0 (.84)
African Americans	3.1 (1.1)	3.2 (.67)	3.3 (1.5)	3.5 (.58)	3.6 (.67)	2.8 (.84)
Hispanics	3.2 (.88)	3.0 (.50)	3.7 (.58)	4.0 (.0)	3.8 (.94)	3.8 (.84)
Asian Americans	2.8 (1.2)	2.4 (.88)	3.3 (.58)	3.3 (.50)	3.3 (.87)	2.6 (.89)
Native Americans	3.4 (.98)	2.6 (.88)	2.7 (.58)	3.3 (.50)	3.3 (.89)	3.6 (1.1)
Adolescents	3.0 (.77)	2.4 (.88)	3.7 (1.5)	3.3 (.96)	3.4 (1.0)	3.2 (1.3)
Gays/Lesbians	2.9 (.90)	3.0 (.71)	3.0 (1.0)	3.3 (.50)	3.2 (1.1)	2.8 (.96)
Elderly	2.7 (.85)	2.7 (.71)	2.0 (.0)	2.8 (.50)	3.1 (.79)	2.6 (.55)
Homeless	3.0 (.91)	3.3 (.50)	2.7 (1.5)	3.3 (.96)	3.2 (1.1)	2.8 (.96)
Dually Diagnosed	3.5 (.86)	3.0 (.50)	4.0 (.0)	3.8 (.50)	3.7 (.78)	3.6 (.55)
HIV/AIDS Clients	3.4 (1.0)	3.7 (.71)	4.3 .58)	3.5 (.58)	3.7 (.65)	3.6 (1.1)
Drug User Populations						
Alcoholics	4.2 (.81)	4.0 (.87)	4.7 (.58)	4.0 (.0)	4.1 (.51)	4.4 (.55)
Marijuana Users	3.8 (.71)	3.3 (.87)	4.7 (.58)	4.0 (.0)	3.9 (.67)	4.5 (.58)
Methamphetamine Users	4.1 (.81)	4.2 (.44)	4.3 (1.2)	3.8 (.50)	4.1 (.67)	4.4 (.55)
Heroin Users	3.1 (.80)	3.9 (.60)	3.3 (1.5)	3.8 (.50)	3.4 (1.2)	3.8 (1.1)
Injection Drug Users	3.8 (.81)	4.1 (.60)	4.7 (.60)	4.0 (.0)	3.6 (1.0)	3.8 (.84)
Cocaine Users	3.5 (.71)	4.0 (.71)	4.3 (1.2)	3.8 (.50)	4.0 (.60)	4.0 (.82)

* Five point likert scale 1= no extent, 5=very great extent

Current Approaches to Treatment

Administrators were queried about the treatment practices employed by their providers. Table 15 presents administrators' perceptions concerning the use of several common AOD treatment practices. Administrators reported that their providers embrace abstinence-based treatment goals to a great extent (M=4.3), while they tend to adopt harm reduction goals to a lesser extent (M=3.0). Consistent with this, 98% of all administrators reported their providers use 12-step programs to a great or very great extent. Interestingly, the use of "non-confrontational approaches" by providers was also reported by administrators as being common (M=3.8). This finding suggests that providers might be mixing newer and more traditional treatment methods.

Collaboration with other human service agencies/systems was also assessed. Administrators reported their providers collaborate with welfare reform efforts to a very great extent. Similarly, the majority of administrators reported providers within their systems collaborated with child welfare agencies to a great extent (56%). In contrast, administrators reported system-wide collaboration with domestic violence agencies to a lesser extent (M=3.3).

Most (86%) administrators reported that providers in their treatment systems offered relapse prevention services to a great extent or a very great extent. Most other services, on average, were reported as being offered to some extent with the exception of spirituality counseling and childcare. Similarly, most administrators reported that the American Society of Addiction Medicine Patient Placement Criteria-2 (PPC-2) (ASAM, 1991) was used as an assessment tool to a little or no extent (60.7%). It is unclear how counties place clients in different types of treatment without utilization of a placement guideline, such as the PPC-2.

Table 16 presents administrators' reports of services offered/common practices by geographic region. For many of the services offered/common practices there was little regional variation. There were, however, a few regional differences. The Mid-Coast region, for instance, reported a substantially higher use of the PPC-2 for assessment purposes than

any other region. In contrast, the Bay Area region reported more collaboration with drug courts than did the other regions.

Table 16: Administrator's Reports of Services Offered in their Treatment Systems

Practice	*No Extent*		*Little Extent*		*Some Extent*		*Great Extent*		*Very Great Extent*		*Mean (SD)*	
	F	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*		
Non-confrontational Approaches	0	0.0	2	4.1	16	32.7	23	46.9	8	16.3	3.8	(.78)
Harm Reduction Goals	1	2.0	11	22.0	25	50.0	12	24.0	1	2.0	3.0	(.80)
Abstinence Goals	0	0.0	1	2.0	4	8.0	24	48.0	21	42.0	4.3	(.71)
Use ASAM	9	17.6	22	43.1	9	17.6	7	13.7	4	7.8	2.5	(1.2)
Involve Families in Treatment	0	0.0	2	4.0	24	48.0	21	42.0	3	6.0	3.5	(.68)
Offer Child Counseling	3	6.0	14	28.0	24	48.0	8	16.0	1	2.0	2.8	(.86)
Collaborate with Domestic Violence Agencies	0	0.0	3	6.0	31	62.0	13	26.0	3	6.0	3.3	(.68)
Collaborate with Child Welfare	0	0.0	3	6.0	11	22.0	28	56.0	8	16.0	3.8	(.77)
Collaborate with Welfare Reform	0	0.0	1	2.0	6	12.0	27	54.0	16	32.0	4.2	(.71)
Offer Childcare	1	2.0	5	10.2	30	61.2	9	18.4	4	8.2	3.2	(.82)
Offer Parenting Classes	3	6.0	3	6.0	22	44.0	21	42.0	1	2.0	3.3	(.86)
Offer Individual Therapy	0	0.0	3	6.0	13	26.0	20	40.0	14	28.0	3.9	(.89)
Offer Psychological Testing	13	26.0	20	40.0	9	18.0	7	14.0	1	2.0	2.3	(1.1)
Offer Healthcare	1	2.0	7	14.0	28	56.0	13	26.0	1	2.0	3.1	(.75)
Offer Spirituality Counseling	8	16.3	13	26.5	17	34.7	11	22.4	0	0.0	2.6	(1.0)

Offer Employment Counseling	3	6.0	4	8.0	23	46.0	18	36.0	2	4.0	3.2	(.89)
Offer Relapse Prevention	0	0.0	0	0.0	7	14.0	30	60.0	13	26.0	4.1	(.63)
Use Cognitive Behavioral Approaches	0	0.0	5	10.2	19	38.8	23	46.9	2	4.1	3.5	(.74)
Offer 12-Step Programs	0	0.0	0	0.0	1	2.0	22	44.0	27	54.0	4.5	(.54)
Work w Drug Courts	9	18.0	3	6.0	13	26.0	14	28.0	11	22.0	3.3	(1.4)

Follow-Up and Evaluation

In addition to the above topics, administrators were asked a series of questions concerning the extent to which providers in their treatment systems conducted follow-up studies with their clients. Slightly less than half (45.1%)of the county administrators reported that their county had sponsored some treatment outcome study for their providers. The majority of administrators (58.8%) reported that providers in their systems only evaluated treatment outcomes to some extent.

When asked about the extent to which their providers are successful in collecting follow-up data from clients, 80.4% indicated providers were successful in such efforts to a little extent or some extent. Only four county administrators reported providers in their treatment system successfully collected data to a great extent. Consistent with the ubiquity of abstinence goals, the two greatest areas of follow-up among providers reported by administrators were clients' AOD use and use of 12-step groups. To this end, 49% of the administrators reported that providers followed-up with clients to assess clients' AOD use after treatment. Similarly, 41.1% of the administrators reported that providers in their systems followed-up with clients to monitor clients' participation in 12-step groups post treatment.

DISCUSSION AND IMPLICATIONS

The analyses of data from the California Department of Alcohol and Drug Programs revealed a rise in the number of clients served between 1992-1998. Overall, 1, 707,098 clients were served during this period. About one half of these clients were white non-Hispanic, a third were Hispanic, and about two-thirds were male. This six-year period saw a rise in the number of adolescents served, as well as an increase of those in the baby-boomer age (46-64) group. A large percentage of males (about 75%) and an even larger portion of females (85%) were either unemployed or not considered as being in the work force. About one-third of the clients served were in the legal system.

In terms of drug treatment, about half of all clients considered themselves "self-referred," with the next largest referral source coming from the justice system. Health care providers referred very few clients during the period of interest. Although the prevalence of heroin as the primary drug decreased over time, it remained the most prevalent primary drug reported. Methamphetamine as a primary drug rose over time, particularly for women, as did marijuana. Needle use decreased over time, but it was still the primary route of drug administration for almost 40% of the population. Both males and females were more likely to participate in outpatient drug-free programs, and females were also more likely to utilize methadone outpatient, and day treatment.

County AOD administrators reported that, in general, publicly funded treatment systems in California adequately serve most populations (both drug-specific and ethnic/racial). Several administrators did, however, suggest that adolescents, the elderly, and the homeless were not as adequately served as the other groups. Administrators also felt that most services for different drug user groups were adequate, with adequacy of services for heroin users and injections users services being rated as slightly lower than other substances. In terms of services offered, the administrators indicated limited use of psychological testing, placement criteria(ASAM), children's counseling, and spirituality counseling. The administrators' assessment of current treatment approaches indicated a

mixture of more traditional methods (use of 12 step programs) with newer modalities (e.g., use of cognitive-behavioral therapy, relapse prevention work, and use of non-confrontational methods).

Less than one half of all county administrators reported use of any follow-up treatment outcome studies. Of the studies that were conducted, mainly the outcome variables of drug use and 12 step participation were used.

Based on the analyses of the ADP data and the administrators' survey, it is evident that there is a likely need for training, out-reach efforts, and resource allocation for the adolescent, elderly, and homeless populations. Adolescents in AOD treatment in California increased by over one-third from 1992-1998. The administrators, for the most part, felt that adolescents were only adequately served to some extent. Working with schools, health care providers, and other community providers to identify adolescent AOD problems and referral sources, may be helpful, as would be training current AOD treatment workers on working effectively with this population. In addition, creating programs specifically for adolescents might be a viable area of resource allocation in the future.

Administrators also indicated that services for the elderly with AOD problems were less than fully adequate. Although the elderly population of those receiving treatment has remained stable, a large cohort will soon enter the elderly category. Treatment providers need to be ready with both clinical expertise and resources to address the special needs of this group.

Homeless males remained stable as a population group, however, homeless females increased over the six-year period. Homeless clients were rated by the administrators as receiving less than adequate services. Treatment outreach and resources might need to be geared toward both male and female homeless, but particularly toward those females with children. Administrators rated children's counseling as limited overall. This may be because AOD treatment providers tend to identify the "client" as the individual, not the family (Colby & Murrell, 1998); thus, children are not considered as needing help.

This study found that the majority of the AOD clients entering treatment considered themselves unemployed or not in the work force. While 86% of the administrators stated that the

AOD programs offer employment counseling to some extent or more, it cannot be determined from these data what percentage of clients obtained work while in treatment. We encourage the integration of employment services as an important integral aspect of AOD treatment, no matter what venue. We would also further encourage research that looks at employment post-discharge as an appropriate outcome measure of treatment success.

About half of both the males and females considered themselves "self-referred" to treatment. Although this percentage might not be accurate (personal communication with Cannon, 1999), it does raise the question of why there are small rates of referral from community and health care providers. These providers could play a more integral role in identifying and referring clients/patients for AOD treatment. As elderly increase in our population, community and health care providers should also be more cognizant of identifying AOD abuse within this age group.

Referrals from the Justice System have increased over time, and this may indicate an increase in collaboration between the AOD treatment system and the legal/penal systems. About 75% of the administrators indicated that they work with the Drug Courts to some extent or more. The impact of these relationships on the AOD treatment system has yet to be determined, however, we recommend the continued support of outcome studies examining the efficacy of this model.

The administrators also rated their collaboration with welfare reform and child welfare as occurring to a great extent. Collaboration with domestic violence agencies was rated at somewhat less, occurring to some extent. Again, more research is required to determine the efficacy of such collaboration as well as to better assess the service mix that most benefits clients.

The administrators indicated use of a variety of treatment methods. It would be interesting, however, to survey treatment providers, to determine if their perceptions of the type of treatments being offered match that of the administrators'. Most of the administrators responded that they did not think the AOD treatment providers were utilizing the Patient Placement Criteria-2, and it is unknown how decisions are made in their respective counties regarding what is the most appropriate level of treatment for individual clients. Few indicated any kind of follow-up outcome studies. To

determine effectiveness, one must know what kind of treatment is being provided (theoretical model and its applications) and use a variety of outcome measures, besides reduced AOD use and 12 step involvement. Finally, because there were some missing data, we encourage AOD providers to completely fill out the CADDS forms, so that the data is more accurate. We also recommend that tobacco use information be gathered, and be included on this form.

RECOMMENDATIONS

Based on the above analyses, we make the following recommendations. All recommendations should be viewed in light of individual county differences including variations in race, gender, and most prevalent primary drug.

1.) Increase the training, outreach, and resources for adolescent, elderly, and homeless AOD users.

2.) Provide an even stronger integration of employment services into AOD treatment, and establish employment as one viable outcome variable.

3.) Provide aggressive training and outreach to medical providers regarding the recognition and the availability of AOD services.

4.) Provide family-centered services, including services for children.

5.) Continue collaborations with the justice system, Welfare to Work, child welfare services, and domestic violence services.

6.) Support continued use of newer, empirically-based treatment interventions, use of patient placement criteria, and development of appropriate outcome measures.

7.) Encourage providers to gather data by completely filling out forms, and include the use of tobacco on the CADDS form.

Areas for future research include:

1.) Include unique identifiers in ADP data, as well as discharge data, so that individual use of treatment system can be determined (i.e., numerous times admitted to treatment, length of stay in treatment, and discharge status).

2.) Conduct more in-depth analyses of treatment utilization by underserved or potentially under-served groups including adolescents, elderly, Asian-Americans, African-Americans, and the homeless.

3.) Conduct in-depth analysis of treatment utilization by those demanding increased services from AOD treatment, such as methamphetamine users.

4.) Survey/interview of county providers to determine what models and types of treatment are being utilized.

5.) Study the impact and coordination of the justice system/drug courts on AOD services.

REFERENCES

American Society of Addiction Medicine (1991). American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disoders. Chevy Chase, MD: Author.

Burke, A.C., D'Aunno, T.A., and Price, R.H. (1983).Outpatient drug abuse treatment: Organizational environment and patterns of care. Drug abuse treatment system survey working paper. Ann Arbor, M.I.: University of Michigan, Survey Research Center, Institute for Social Research.

The California Office of Alcohol and Drug Programs (1994). Evaluating Recovery Services: The California Treatment Assessment CALDATA (Executive Summary). Sacramento: Author.

The California Office of Alcohol and Drug Programs (1996). The Data Base Manual. Sacramento: Author.

The California Office of Alcohol and Drug Programs (1998). Treatment Works! Sacramento: Author.

Calsyn, R.J. & Morse, G. (1990). Homeless men and women: Commonalities and a service gender gap. American Journal of Community Psychology, 18 (4), 597-608.

Colby , S.Z. & Murrell, W. (1998). Child welfare and substance abuse services: from barriers to collaboration. In R. L. Hampton, V. Senatore, & T.P. Gullotta (Eds.), Substance Abuse, Family Violence, and Child Welfare: Bridging Perspectives (pp. 188-219). Thousand Oaks, CA: Sage.

McCarty, D., McGuire, T.G., Harwood, H.J., and Field, T. (1998). Using state information systems for drug abuse services research. American Behavioral Scientist, 41, 1090-1106.

Neighbors, H.W. & Howard, C.S. (1987). Sex differences in professional help seeking among adult Black Americans. American Journal of Community Psychology, 15 (4), 403-417.

Senderling, C. and Franklin, D. (1999). Substance Abuse Treatment in California: An LAO Report. Sacramento: Legislative Analyst's Office.

Substance Abuse and Mental Health Administration (1995). Client admissions to specialty substance abuse treatment in the United States: Treatment Episode Data Set (TEDS), Fiscal year 1993. Rockville, MD: Author.

APPENDICES

Appendix 1: Description of Treatment Programs by Type

The following was taken from the report, "Substance Abuse Treatment In California", prepared by the Legislative Analyst's Office, July 13,1999, p.4.

> *Detoxification* is the process of withdrawing from alcohol or other drugs, which may be done in an outpatient or residential program. Detoxification is primarily seen as a short-term way to stabilize clients and prepare them to move into the recovery phase of treatment. *Recovery* [programs include] out-patient and residential treatments that help addicts remain sober. They are clustered into four main groups [as described below].
>
> *Detoxification*: *Out-patient* is used primarily for people addicted to methamphetamine, crack cocaine, tranquilizers, and other drugs that require some supervision during detoxification. The are no time limits for the program, and the average participation time is seven to ten days. *Residential* is used primarily for people addicted to alcohol. Clients are often brought to this type of program by a law enforcement agency, where they are held for an average of 72 hours and [are] encouraged to enter a recovery program. *Methadone* is usually a 21-day out-patient program that utilizes a tapered dosage of methadone to help clients overcome addiction to heroin. This method of treatment is required

for most clients before they are allowed to receive long-term services through a Narcotic Treatment Program provider.

Recovery: *Out-patient drug free* is the least intensive service provided to clients, offering group and individual counseling sessions. Participants average five counseling sessions per month and are encouraged to stay in treatment at least 120 days to achieve the best results. There is no limit to the number of counseling sessions a participant may attend. *Residential drug free* removes clients from the environment that promotes of enables their addictive behavior, replacing it with a recovery environment promoting sobriety. The average length of stay is 90 days, although many providers include a formal aftercare program that includes return visits to the facility and ongoing counseling. In *Day treatment drug free* participants generally attend counseling sessions and classes three to four days a week for four to five hours a day. The most common participants in these programs are pregnant and postpartum women and children under 21. *Narcotic treatment program* [methadone] is an out-patient service that utilizes methadone or levo-alpha-acetylmethadol (LAAM) to help clients remain free of narcotics. Narcotic treatment clinics are also required to provide medical evaluations, treatment planning, and counseling. Methadone generally is taken daily, while LAAM is taken every 72 hours. This is considered a long-term treatment method, with an average participation of one year.

Appendix 2: Letter of Introduction of Survey Instrument for County AOD Program Directors

Date

Name and
Address of County Program Directors

Dear Name:

We have been commissioned by State Senator Solis and The Senate Office of Research to study issues of service delivery and efficacy of publicly funded drug and alcohol treatment in the state of California. While we will be reviewing county data, we also need to speak with you to obtain your assessment of the treatment needs and treatment being delivered in your county.

We will be calling you to set up an appointment to allow us the chance to interview you regarding your insights. The interview will take place over the telephone, and should take no longer than 20 minutes of your time. Only summarized information, not your individual responses, will be reported. Your input, however, is very valuable to this project, and we hope that you will take the time to participate. If you choose not to participate, this will not be held against you in any way. You may also choose to terminate the interview at any time, or decline to answer a particular question.

The interview itself will cover questions about the treatment system in your county, treatment of underserved populations, and questions regarding the types of treatment being provided.

This survey data will be combined with the existing data for our final report to the Senate Office. If you wish to have a copy of this report, we will be happy to provide it to you. If you have any questions about the survey or the overall study, please feel free to contact us at the numbers or e-mail addresses below.

Sincerely,

John D. Clapp, Ph.D.
Assistant Professor
(619) 594-6859
jdclapp@mail.sdsu.edu

Melinda M. Hohman, Ph.D.
Assistant Professor
(619) 594-5500
mhohman@mail.sdsu.edu

Appendix 3: Survey Instrument

DC EDITED: _____ ☐ tallied DE COMPLETED: _____
DC VALIDATED: C/R/M _____ DE VERIFIED: _____ SSRL ID# ABOVE
[f:\projects\CtyAdm\CtyAdm.doc] ***copyright Social Science Research Laboratory, SDSU*** *7/26/99*

version: a / b*
response options reversed

County Administrator Study
(August, 1999)

May I speak with ***{INSERT NAME}***? **[MAKE ARRANGEMENTS FOR BEST TIME TO CB].**
Hello, my name is _____. I'm calling from the Social Science Research Laboratory at San Diego State University.

INFORMED CONSENT: As you know, we are conducting a research study about some issues related to publicly-funded substance abuse treatment in California. This study has been commissioned by the California Office of Senate Research, and Drs. John Clapp and Melinda Hohman are the principal investigators of the study. Should you choose to participate in the study, we will give you Dr. Clapp's phone number at the end of the study if you would like any additional information.

The questions ask about the substance abuse treatment system in your county, and your opinions concerning substance abuse treatment in general. The interview takes about 20 minutes or less, depending on your answers. Only summarized information, not individual responses, will be reported. Your individual responses will be kept confidential and we will report only aggregate data.

Our goal is to speak with experts in the California substance abuse system, and that's why your participation is important to the design of the study. These issues are important to everyone, and we appreciate your cooperation and honest responses. We would also like to point out that you can decline to answer any question or terminate the interview at any time. Are you willing to participate in this study?

YES: **Is this a good time for you?** [IF YES, CONTINUE BELOW; IF NOT A GOOD TIME, SCHEDULE A TIME TO CALLBACK AND CODE AS "*IC-CB*" TO INDICATE RESPONDENT HAS PROVIDED THEIR INFORMED CONSENT]

NO: Thank you anyway. **[TALLY AS "*REF-IC*"]**

RECORD START TIME: _____ AM / PM

We would like get your views about certain quality of service and cost issues affecting substance abuse treatment facilities in general. For each of the following statements, please let me know whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree. The first one is...

Q1. It is important for substance abuse treatment units to keep their costs as low as possible, even if it means "cutting corners" on some clinical services. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

Q2. Careful screening and selection of clients is important to control costs. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

Q3. Private, for profit substance abuse treatment units are able to provide services more efficiently than public treatment units. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

Q4. It is important for substance abuse treatment units to maintain the highest possible standards of care, regardless of costs. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

Q5. Clients should have access to high quality care, regardless of their ability to pay. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

Q6. The financing of substance abuse treatment is primarily a public sector responsibility. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

Q7. Private insurers and employers should be required to provide coverage for substance abuse treatment. Would you say you...

1 - strongly agree,
2 - somewhat agree,
3 - neither agree nor disagree,
4 - somewhat disagree, or
5 - strongly disagree?
9 - DK/REF

These next questions are about how you get information concerning developments in the substance abuse field. Please let me know to what extent you personally rely on each of the following as a way of finding out about developments in the field of substance abuse, using the following scale: to no extent, to a little extent, to some extent, to a great extent, or to a very great extent. The first one is...

Q8. Do you rely on attendance at conferences or meetings of professional associations to learn about developments in the field...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q9. Do you rely on participation in special training sessions, seminars, or workshops to learn about developments in the field...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q10. Do you rely on membership in professional or provider associations (to learn about developments in the field)...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q11. Do you rely on participation on advisory boards, commissions, or panels (to learn about developments in the field)...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q12. Do you rely on research sponsored by the County or State (to learn about developments in the field)...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q13. Do you rely on informal conversations with members of substance abuse treatment organizations (to learn about developments in the field)...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

These next questions are about trends in the substance abuse treatment field.

Q14. To what extent has your out-patient treatment system adopted its current treatment approaches because it's important to keep up with the substance abuse field? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q15. To what extent has your residential treatment system adopted its current treatment approaches because it's important to keep up with the substance abuse field? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q16. To what extent has your residential treatment system adopted its current treatment approaches because it's important to follow federal or state mandates? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q17. To what extent has your substance abuse treatment system adopted approaches to substance abuse treatment to enhance its public image, reputation, or acceptance? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Now I'd like to ask you about the treatment practices utilized by your providers. Please tell me to what extent your treatment providers are utilizing the following practices or services in their

provision of treatment, continuing to use the same scale. **[REPEAT SCALE ONLY AS NECESSARY]**

Q18. Are your providers using non-confrontational approaches and/or motivational interviewing...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q19. To what extent do your providers use harm-reduction goals...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q20. To what extent do your providers use abstinence goals...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q21. To what extent do your providers use ASAM's Patient Placement Criteria-2 for assessing level of care...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q22. To what extent do your providers involve families in treatment...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q23. To what extent do your providers offer counseling for children of alcoholics...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q24. To what extent do your providers collaborate with domestic violence agencies...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q25. To what extent do your providers collaborate with your child welfare agency...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q26. To what extent do your providers collaborate with welfare reform and/or CalWORKS...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q27. To what extent do your providers offer childcare services to clients attending their treatment facilities...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q28. To what extent do your providers offer parenting classes...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q29. To what extent do your providers offer individual therapy...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q30. To what extent do your providers offer psychological testing...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q31. To what extent do your providers offer health and/or reproductive health care or education...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q32. To what extent do your providers offer spirituality counseling...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q33. To what extent do your providers offer employment counseling...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q34. To what extent do your providers offer relapse prevention training...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q35. To what extent do your providers use cognitive-behavioral approaches...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q36. To what extent do your providers offer or encourage AA/NA/CA, or other 12-step programs...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q37. To what extent do your providers work with drug courts...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

These next questions ask about specific populations. Based on the need in your county, please tell me to what extent you believe your county's substance abuse treatment providers adequately serve the following types of populations. **[REPEAT SCALE ONLY AS NECESSARY]**

Q38. To what extent do your providers adequately serve women ...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q39
4 - to a great extent, or -------> GO TO Q39
5 - to a very great extent? -----> GO TO Q39
9 - DK/REF ----------> GO TO Q39

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach?	0-NO	1-YES	9-DK/REF
b. lack of training for program staff?	0-NO	1-YES	9-DK/REF
c. lack of county financial resources?.....	0-NO	1-YES	9-DK/REF
d. lack of agency financial resources?	0-NO	1-YES	9-DK/REF
e. lack of interest at the agency level?.....	0-NO	1-YES	9-DK/REF
f. due to agency treatment philosophy?.....	0-NO	1-YES	9-DK/REF
g. due to county treatment philosophy?	0-NO	1-YES	9-DK/REF
h. because of political considerations?.....	0-NO	1-YES	9-DK/REF
i. because of any other reason?	0-NO	**1-YES**	9-DK/REF

IF YES, SPECIFY: _____

Q39. To what extent do your providers adequately serve pregnant women...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q40
4 - to a great extent, or -------> GO TO Q40
5 - to a very great extent? -----> GO TO Q40
9 - DK/REF ----------> GO TO Q40

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q40. To what extent do your providers adequately serve African-Americans...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q41
4 - to a great extent, or -------> GO TO Q41
5 - to a very great extent? -----> GO TO Q41
9 - DK/REF ----------> GO TO Q41

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q41. To what extent do your providers adequately serve Hispanics...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q42
4 - to a great extent, or -------> GO TO Q42
5 - to a very great extent? -----> GO TO Q42
9 - DK/REF ----------> GO TO Q42

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q42. To what extent do your providers adequately serve Asian-Americans...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q43
4 - to a great extent, or -------> GO TO Q43
5 - to a very great extent? -----> GO TO Q43
9 - DK/REF ----------> GO TO Q43

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q43. To what extent do your providers adequately serve Native Americans...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q44
4 - to a great extent, or -------> GO TO Q44
5 - to a very great extent? -----> GO TO Q44
9 - DK/REF ----------> GO TO Q44

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q44. To what extent do your providers adequately serve adolescents...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q45
4 - to a great extent, or -------> GO TO Q45
5 - to a very great extent? -----> GO TO Q45
9 - DK/REF ----------> GO TO Q45

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q45. To what extent do your providers adequately serve gays and lesbians...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q46
4 - to a great extent, or -------> GO TO Q46
5 - to a very great extent? -----> GO TO Q46
9 - DK/REF ----------> GO TO Q46

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q46. To what extent do your providers adequately serve the elderly...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q47
4 - to a great extent, or -------> GO TO Q47
5 - to a very great extent? -----> GO TO Q47
9 - DK/REF ----------> GO TO Q47

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q47. To what extent do your providers adequately serve the dually diagnosed...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q48
4 - to a great extent, or -------> GO TO Q48
5 - to a very great extent? -----> GO TO Q48
9 - DK/REF ----------> GO TO Q48

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q48. To what extent do your providers adequately serve the homeless...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q49
4 - to a great extent, or -------> GO TO Q49
5 - to a very great extent? -----> GO TO Q49
9 - DK/REF ----------> GO TO Q49

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q49. To what extent do your providers adequately serve HIV and AIDS clients...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q50
4 - to a great extent, or -------> GO TO Q50
5 - to a very great extent? -----> GO TO Q50
9 - DK/REF ----------> GO TO Q50

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q50. To what extent do your providers adequately serve alcoholics...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q51
4 - to a great extent, or -------> GO TO Q51
5 - to a very great extent? -----> GO TO Q51
9 - DK/REF ----------> GO TO Q51

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q51. To what extent do your providers adequately serve marijuana abusers...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q52
4 - to a great extent, or -------> GO TO Q52
5 - to a very great extent? -----> GO TO Q52
9 - DK/REF ----------> GO TO Q52

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q52. To what extent do your providers adequately serve IV drug users...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q53
4 - to a great extent, or -------> GO TO Q53
5 - to a very great extent? -----> GO TO Q53
9 - DK/REF ----------> GO TO Q53

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q53. To what extent do your providers adequately serve methamphetamine abusers...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q54
4 - to a great extent, or -------> GO TO Q54
5 - to a very great extent? -----> GO TO Q54
9 - DK/REF ----------> GO TO Q54

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q54. To what extent do your providers adequately serve cocaine abusers...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q55
4 - to a great extent, or -------> GO TO Q55
5 - to a very great extent? -----> GO TO Q55
9 - DK/REF ----------> GO TO Q55

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach? 0-NO 1-YES 9-DK/REF
b. lack of training for program staff? 0-NO 1-YES 9-DK/REF
c. lack of county financial resources?..... 0-NO 1-YES 9-DK/REF
d. lack of agency financial resources? 0-NO 1-YES 9-DK/REF
e. lack of interest at the agency level?..... 0-NO 1-YES 9-DK/REF
f. due to agency treatment philosophy?..... 0-NO 1-YES 9-DK/REF
g. due to county treatment philosophy? 0-NO 1-YES 9-DK/REF
h. because of political considerations?..... 0-NO 1-YES 9-DK/REF
i. because of any other reason? 0-NO **1-YES** 9-DK/REF

IF YES, SPECIFY: _____

Q55. To what extent do your providers adequately serve heroin or narcotics abusers...

1 - to no extent,
2 - to a little extent,
3 - to some extent, ----------> GO TO Q56
4 - to a great extent, or -------> GO TO Q56
5 - to a very great extent? -----> GO TO Q56
9 - DK/REF ----------> GO TO Q56

[IF "no extent" OR "a little extent":] Which of the following factors would you say contribute to this population being under-served? Is it...

a. lack of outreach?	0-NO	1-YES	9-DK/REF
b. lack of training for program staff?	0-NO	1-YES	9-DK/REF
c. lack of county financial resources?.....	0-NO	1-YES	9-DK/REF
d. lack of agency financial resources?	0-NO	1-YES	9-DK/REF
e. lack of interest at the agency level?.....	0-NO	1-YES	9-DK/REF
f. due to agency treatment philosophy?.....	0-NO	1-YES	9-DK/REF
g. due to county treatment philosophy?	0-NO	1-YES	9-DK/REF
h. because of political considerations?.....	0-NO	1-YES	9-DK/REF
i. because of any other reason?	0-NO	**1-YES**	9-DK/REF

IF YES, SPECIFY: _____

These next few questions concern program evaluation.

Q56. Has your county sponsored or conducted any substance abuse treatment outcome studies in the past year?

1 - YES
0 - NO --------> **GO TO Q57**
9 - DK/REF ----> **GO TO Q57**

Q56a. **[IF YES:]** Would it be possible for someone to contact you at a later date to obtain a copy of any reports?

1 - YES
0 - NO/REF
9 - DK

Q57. To what extent do your treatment providers attempt to collect follow-up data for clients within the first year after they leave treatment? This would include on-site data collection, or obtaining follow-up data from some other source. Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q58. To what extent is the collection of follow-up data successful for all substance abuse clients for whom your treatment providers attempt to obtain follow-up data? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

Q59. To what extent do your treatment providers actually obtain follow-up information... **[READ OPTIONS ONLY IF NEEDED]**

a. about the client's living arrangements or living situation? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

b. about the client's employment or student status? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

c. about the client's legal or probation status? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

d. about the client's financial status? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

e. about whether the client is in the treatment recommended at discharge? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

f. about the client's drug or alcohol use? Would you say...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

g. about the client's involvement in 12-step or self-help groups...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

h. about the client's evaluation of the treatment experience...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

i. about the client's evaluation of the agency in general...

1 - to no extent,
2 - to a little extent,
3 - to some extent,
4 - to a great extent, or
5 - to a very great extent?
9 - DK/REF

These last few questions are for comparison purposes only:

Q60. How long have you been in your current position at the County?

_____ [RECORD NUMBER OF YEARS; ROUND TO THE NEAREST YEAR]
0 - LESS THAN 6 MONTHS
99 - DK/REF

Q61. About how many employees do your supervise?

_____ [RECORD NUMBER OF EMPLOYEES]
9999 - DK/REF

Q62. What is the highest degree you've completed and received credit for?

1 - BACHELOR'S
2 - MASTER'S
3 - PhD/MD/JD
9 - DK/REF

Q63. What was your major field of study?

_____
99-DK/REF

Q64. How long have you worked in the AOD field?

_____ [RECORD NUMBER OF YEARS; ROUND TO THE NEAREST YEAR]
0 - LESS THAN 6 MONTHS
99 - DK/REF

Q65. What is your age?

_____ [RECORD NUMBER OF YEARS]
99 - DK/REF

RECORD GENDER: 1 - FEMALE 2 - MALE

That's all the questions I have. I'd like to thank you for your participation, and confirm that I reached you at... **[INSERT TELEPHONE NUMBER FROM CALLSHEET AND VERIFY THAT IT IS CORRECT]**

If you would like any additional information about this study, please contact Dr. John Clapp at 619-594-6859, or Dr. Melinda Hohman at 619-594-5500. **[RECORD ALL INFORMATION BELOW; CHECK THE BOX TO INDICATE IF ANY COMMENTS WERE WRITTEN ON THE BACK OF THIS PAGE: ❑➔]**

TELEPHONE NUMBER: _____

RESPONDENT NAME: _____ DATE: 1)_____
2)_____

TIME ENDED: 1)_____ --> LENGTH OF INTERVIEW: 1)_____
2)_____ 2)_____

INTERVIEWER NAME: 1)_____ INTER NUM: 1)_____
2)_____ 2)_____

ALL PARTIALS/TERMS - complete last page and indicate on front

① **IF INTERRUPTED OR OUT OF TIME, TRY TO ARRANGE A TIME TO CALL BACK:**
Thanks for helping us with this research study. When might be a better time to call you back to complete this interview?

IF AN ABRUPT ENDING, TRY TO SAY:
Thanks for your time, perhaps we'll try back another time.

② **RECORD WHAT RESPONDENT SAID AND/OR WHAT HAPPENED:**

_____

_____

③ **INTERVIEWER: IF WE CALL BACK, DO YOU THINK THEY...**
RECORD RESULTS BELOW WHEN THIS
1-may complete--> if so, fill out CBF! probably not IS RE-ATTEMPTED:
2-will probably not ----------> Date:_____ Time: _____a/p
3-will definitely not/requested no CB By:_____ Result: _____

④ **QUESTION # YOU STOPPED ON**: _____

Appendix 4: Grouping of Counties by Region

Region	County
Northern California **(Four Missing Counties)**	Butte Colusa Del Norte El Dorado Glenn Humbolt Lake Lassen Mendocino Modoc Nevada Placer Plumas Sacremento Shasta Sierra Siskiyou Tehama Trinity Yolo Yuba/Sutter
Bay Area	Alameda Contra Costa Marin Napa San Francisco San Mateo Santa Clara Solano Sonoma
Mid-Coast **(One Missing County)**	Monterey San Benito San Luis Obispo Santa Cruz
Southern California Coastal **(One Missing County)**	Los Angeles Orange San Diego Santa Barbara Ventura
Central Valley	Alpine Amador Calaveras

	Fresno Kern Kings Madera Mariposa Merced San Joaquin Stanislaus Tulare Tuolumne
Inland	Imperial Inyo Mono Riverside San Bernardino

Appendix 5: Tables of 10 Counties Data

Table 17: Clients Served by Gender and 10 Counties by Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Alameda												
Male	4,992	(57.4)	5,838	(59.7)	6,938	(60.9)	7,407	(58.9)	7,543	(58.8)	7,972	(59.0)
Female	3,709	(42.6)	3,933	(40.3)	4,450	(39.1)	5,160	(41.1)	5,279	(41.2)	5,549	(41.0)
Contra Costa												
Male	7,503	(67.0)	8,361	(68.7)	9,137	(67.8)	10,130	(69.2)	9,065	(69.1)	7,744	(66.9)
Female	3,695	(33.0)	3,814	(31.3)	4,333	(32.2)	4,517	(30.8)	4,057	(30.9)	3,833	(33.1)
Fresno												
Male	6,203	(65.3)	7,211	(63.2)	8,578	(63.8)	8,671	(62.7)	7,180	(63.6)	6,595	(65.8)
Female	3,302	(34.7)	4,201	(36.8)	4,867	(36.2)	5,155	(37.3)	4,118	(36.4)	3,424	(34.2)
Los Angeles												
Male	39,265	(64.5)	46,958	(63.8)	44,217	(64.8)	45,238	(64.5)	48,172	(64.2)	49,476	(64.1)
Female	21,642	(35.5)	26,598	(36.2)	24,006	(35.2)	24,903	(35.5)	26,867	(35.8)	27,744	(35.9)
Orange												
Male	12,529	(65.3)	13,163	(66.4)	12,732	(64.9)	10,524	(63.4)	10,351	(64.4)	10,962	(65.2)
Female	6,658	(34.7)	6,658	(33.6)	6,890	(35.1)	6,065	(36.6)	5,723	(35.6)	5,847	(34.8)
Sacramento												
Male	5,413	(60.3)	6,247	(63.5)	7,120	(64.9)	6,389	(62.7)	6,131	(63.0)	5,302	(60.6)
Female	3,558	(39.7)	3,593	(36.5)	3,844	(35.1)	3,806	(37.3)	3,605	(37.0)	3,448	(39.4)
San Bernadino												
Male	6,876	(60.8)	7,208	(58.0)	7,820	(58.3)	7,569	(58.0)	7,101	(56.8)	7,147	(57.7)
Female	4,438	(39.2)	5,211	(42.0)	5,598	(41.7)	5,491	(42.0)	5,400	(43.2)	5,247	(42.3)

Table 17: Clients Served by Gender and 10 Counties by Year, Cont'd

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
San Diego												
Male	11,334	(64.0)	11,340	(60.8)	10,963	(59.5)	10,737	(60.3)	10,267	(60.1)	10,845	(59.3)
Female	6,370	(36.0)	7,308	(39.2)	7,454	(40.5)	7,074	(39.7)	6,813	(39.9)	7,458	(40.7)
San Francisco												
Male	16,290	(68.1)	14,850	(66.7)	15,151	(67.2)	15,154	(67.2)	14,670	(67.3)	15,488	(68.6)
Female	7,619	(31.9)	7,403	(33.3)	7,385	(32.8)	7,386	(32.8)	7,123	(32.7)	7,103	(31.4)
Santa Clara												
Male	6,905	(68.0)	6,285	(64.7)	5,649	(62.2)	6,049	(63.4)	6,176	(63.2)	6,517	(62.1)
Female	3,244	(32.0)	3,427	(35.3)	3,436	(37.8)	2,497	(36.6)	3,602	(36.8)	6,517	(37.9)

Table 18: Clients Served by Race and 10 Counties by Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Alameda												
White	3,009	(34.8)	3,093	(32.0)	3,550	(31.4)	4,134	(33.3)	4,526	(35.8)	4,733	(35.5)
Black	3,802	(43.9)	4,595	(47.5)	5,536	(49.0)	5,813	(46.8)	5,572	(44.1)	5,823	(43.7)
Hispanic	1,601	(18.5)	1,726	(17.8)	1,888	(16.7)	2,057	(16.6)	2,074	(16.4)	2,238	(16.8)
Am Indian	131	(1.5)	138	(1.4)	145	(1.3)	189	(1.5)	231	(1.8)	264	(2.0)
Asian/PI	109	(1.3)	121	(1.3)	183	(1.6)	223	(1.8)	239	(1.9)	280	(2.1)
Contra Costa												
White	5,463	(49.1)	5,892	(48.9)	6,484	(48.4)	6,891	(47.4)	5,986	(46.4)	5,462	(47.8)
Black	4,446	(40.0)	4,783	(39.7)	5,562	(41.6)	6,121	(42.1)	5,560	(43.1)	4,628	(40.5)
Hispanic	928	(8.3)	1,099	(9.1)	1,073	(8.0)	1,228	(8.5)	1,131	(8.8)	1,082	(9.5)
Am Indian	104	(.9)	118	(1.0)	111	(.8)	91	(.6)	68	(.5)	97	(.8)
Asian/PI	179	(1.6)	169	(1.4)	153	(1.1)	194	(1.3)	155	(1.2)	165	(1.4)
Fresno												
White	3,993	(42.3)	4,552	(40.4)	5,454	(41.0)	5,400	(39.4)	4,514	(40.3)	4,128	(41.4)
Black	1,123	(11.9)	1,556	(13.8)	1,886	(14.2)	1,948	(14.2)	1,569	(14.0)	1,392	(14.0)
Hispanic	3,973	(42.1)	4,776	(42.3)	5,430	(40.9)	5,768	(42.1)	4,532	(40.5)	3,951	(39.7)
Am Indian	138	(1.5)	171	(1.5)	235	(1.8)	212	(1.5)	174	(1.6)	184	(1.8)
Asian/PI	205	(2.2)	226	(2.0)	282	(2.1)	387	(2.8)	408	(3.6)	307	(3.1)
Los Angeles												
White	22,087	(37.5)	26,671	(37.5)	25,455	(38.7)	26,021	(38.7)	27,646	(38.3)	28,408	(38.6)
Black	16,355	(27.8)	20,088	(28.3)	18,192	(27.7)	18,604	(27.6)	19,156	(26.6)	19,176	(26.0)
Hispanic	19,375	(32.9)	23,068	(32.4)	20,932	(31.8)	21,418	(31.8)	23,778	(33.0)	24,425	(33.2)
Am Indian	361	(.6)	474	(.7)	466	(.7)	466	(.7)	559	(.8)	605	(.8)
Asian/PI	661	(1.1)	804	(1.1)	687	(1.0)	800	(1.2)	972	(1.3)	1,049	(1.4)

Table 18: Clients Served by Race and 10 Counties by Year, Cont'd.

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Orange												
White	11,457	(60.4)	11,658	(59.4)	11,584	(59.6)	9,476	(57.7)	9,009	(56.6)	9,424	(56.7)
Black	659	(3.5)	689	(3.5)	678	(3.5)	597	(3.6)	504	(3.2)	586	(3.5)
Hispanic	6,268	(33.0)	6,719	(34.2)	6,664	(34.3)	5,916	(36.0)	5,949	(37.4)	6,094	(36.7)
Am Indian	141	(.7)	124	(.6)	110	(.6)	122	(.7)	116	(.7)	136	(.8)
Asian/PI	455	(2.4)	428	(2.2)	394	(2.0)	315	(1.9)	339	(2.1)	375	(2.3)
Sacramento												
White	5,228	(58.8)	5,607	(57.4)	5,996	(55.1)	5,679	(56.2)	5,529	(57.4)	5,106	(59.3)
Black	1,802	(20.3)	1,984	(20.3)	2,357	(21.7)	2,176	(21.5)	2,010	(20.9)	1,625	(18.9)
Hispanic	1,393	(15.7)	1,571	(16.1)	1,789	(16.4)	1,601	(15.8)	1,515	(15.7)	1,348	(15.7)
Am Indian	178	(2.0)	202	(2.1)	268	(2.5)	253	(2.5)	252	(2.6)	218	(2.5)
Asian/PI	292	(3.3)	407	(4.2)	467	(4.3)	395	(3.9)	321	(3.3)	315	(3.7)
San Bernadino												
White	5,762	(51.3)	6,383	(51.8)	7,272	(54.7)	7,113	(54.9)	6,844	(55.2)	6,527	(53.2)
Black	1,685	(15.0)	1,852	(15.0)	1,975	(14.9)	2,034	(15.7)	1,760	(14.2)	1,717	(14.0)
Hispanic	3,455	(30.8)	3,700	(30.1)	3,699	(27.8)	3,514	(27.1)	3,503	(28.3)	3,746	(30.5)
Am Indian	263	(2.3)	312	(2.5)	276	(2.1)	214	(1.7)	201	(1.6)	186	(1.5)
Asian/PI	58	(.5)	65	(.5)	72	(.5)	93	(.7)	90	(.7)	95	(.8)
San Diego												
White	10,071	(57.5)	10,484	(56.8)	10,373	(56.8)	9,810	(55.6)	9,466	(55.9)	10,256	(56.7)
Black	2,562	(14.6)	2,667	(14.4)	2,534	(13.9)	2,632	(14.9)	2,468	(14.6)	2,244	(12.4)
Hispanic	4,270	(24.4)	4,632	(25.1)	4,441	(24.3)	4,367	(24.8)	4,103	(24.2)	4,620	(25.5)
Am Indian	290	(1.7)	296	(1.6)	271	(1.5)	347	(2.0)	355	(2.1)	323	(1.8)
Asian/PI	336	(1.9)	388	(2.1)	652	(3.6)	487	(2.8)	528	(3.1)	659	(3.6)

Table 18: Clients Served by Race and 10 Counties by Year, Cont'd.

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
San Francisco												
White	10,703	(45.3)	9,870	(44.9)	10,144	(45.7)	10,372	(46.7)	9,796	(45.8)	10,219	(46.2)
Black	8,881	(37.6)	8,237	(37.5)	8,179	(36.8)	7,971	(35.9)	7,685	(35.9)	7,783	(35.2)
Hispanic	2,913	(12.3)	2,864	(13.0)	2,970	(13.4)	2,884	(13.0)	2,922	(13.7)	3,056	(13.8)
Am Indian	288	(1.2)	227	(1.0)	250	(1.1)	243	(1.1)	281	(1.3)	303	(1.4)
Asian/PI	840	(3.6)	770	(3.5)	678	(3.1)	750	(3.4)	719	(3.4)	771	(3.5)
Santa Clara												
White	4,332	(43.1)	4,114	(42.9)	3,966	(44.1)	3,998	(42.5)	4,038	(41.9)	4,382	(42.5)
Black	1,256	(12.5)	1,183	(12.3)	1,027	(11.4)	991	(10.5)	955	(9.9)	973	(9.4)
Hispanic	3,966	(39.5)	3,841	(40.0)	3,577	(39.8)	3,901	(41.4)	4,090	(42.4)	4,233	(41.0)
Am Indian	119	(1.2)	102	(1.1)	96	(1.1)	137	(1.5)	108	(1.1)	129	(1.3)
Asian/PI	370	(3.7)	354	(3.7)	329	(3.7)	390	(4.1)	451	(4.7)	603	(5.8)

Table 19: Clients Served by Drug of Choice by 10 Counties by Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Alameda												
Heroin	5,570	(64.0)	5,868	(60.1)	5,790	(50.8)	6,026	(48.0)	5,275	(41.1)	5,338	(39.5)
Alcohol	1,326	(15.2)	1,583	(16.2)	2,029	(17.8)	2,261	(18.0)	2,487	(19.4)	2,325	(17.2)
Methamphetamine	142	(1.6)	199	(2.0)	606	(5.3)	926	(7.4)	1,385	(10.8)	1,755	(13.0)
Cocaine	1,453	(16.7)	1,764	(18.1)	2,357	(20.7)	2,520	(20.1)	2,577	(20.1)	2,831	(20.9)
Other	210	(2.4)	357	(3.7)	606	(5.3)	834	(6.6)	1,098	(8.6)	1,272	(9.4)
Contra Costa												
Heroin	2,906	(26.0)	3,248	(26.7)	3,706	(27.5)	4,738	(32.3)	4,041	(30.8)	3,974	(34.3)
Alcohol	5,609	(50.1)	6,191	(50.9)	6,636	(49.3)	6,948	(47.4)	5,878	(44.8)	3,433	(29.7)
Methamphetamine	652	(5.8)	829	(6.8)	1,202	(8.9)	1,142	(7.8)	1,215	(9.3)	1,590	(13.7)
Cocaine	1,443	(12.9)	1,365	(11.2)	1,420	(10.5)	1,325	(9.0)	1,593	(12.1)	2,088	(18.0)
Other	588	(5.3)	542	(4.5)	506	(3.8)	494	(3.4)	395	(3.0)	492	(4.2)
Fresno												
Heroin	5,332	(56.1)	5,985	(52.4)	7,018	(52.2)	7,522	(54.4)	6,104	(54.0)	4,755	(47.5)
Alcohol	2,482	(26.1)	3,425	(30.0)	3,318	(24.7)	3,148	(22.8)	2,290	(20.3)	2,347	(23.4)
Methamphetamine	184	(1.9)	345	(3.0)	836	(6.2)	935	(6.8)	794	(7.0)	911	(9.1)
Cocaine	944	(9.9)	1,021	(8.9)	1,385	(10.3)	1,229	(8.9)	1,108	(9.8)	1,135	(11.3)
Other	563	(5.9)	636	(5.6)	888	(6.6)	992	(7.2)	1,002	(8.9)	871	(8.7)
Los Angeles												
Heroin	33,276	(54.6)	39,111	(53.2)	37,333	(54.7)	36,396	(51.9)	36,846	(49.1)	37,200	(48.2)
Alcohol	10,510	(17.3)	12,370	(16.8)	11,304	(16.6)	12,959	(18.5)	14,898	(19.9)	15,305	(19.8)
Methamphetamine	1,622	(2.7)	2,704	(3.7)	3,492	(5.1)	3,969	(5.7)	4,751	(6.3)	5,487	(7.1)
Cocaine	10,418	(17.1)	13,332	(18.1)	11,440	(16.8)	11,393	(16.2)	12,207	(16.3)	12,467	(16.1)
Other	5,081	(8.3)	6,049	(8.2)	4,654	(6.8)	5,424	(7.7)	6,337	(8.4)	6,761	(8.8)

Table 19: Clients Served by Drug of Choice by 10 Counties by Year, Cont'd

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Orange												
Heroin	8,114	(42.3)	8,260	(41.7)	7,921	(40.4)	7,435	(44.8)	7,314	(45.5)	7,241	(43.1)
Alcohol	5,485	(28.6)	5,603	(28.3)	5,470	(27.9)	4,631	(27.9)	4,365	(27.2)	4,485	(26.7)
Methamphetamine	1,605	(8.4)	2,283	(11.5)	2,747	(14.0)	1,962	(11.8)	1,936	(12.0)	2,541	(15.1)
Cocaine	2,151	(11.2)	1,775	(9.0)	1,472	(7.5)	929	(5.6)	909	(5.7)	935	(5.6)
Other	1,832	(9.5)	1,900	(9.6)	2,012	(10.3)	1,632	(9.8)	1,550	(9.6)	1,607	(9.6)
Sacramento												
Heroin	4,081	(45.5)	4,109	(41.8)	4,183	(38.2)	3,957	(38.8)	3,687	(37.9)	3,105	(35.5)
Alcohol	2,651	(29.6)	3,459	(35.2)	4,288	(39.1)	3,788	(37.2)	3,445	(35.4)	2,956	(33.8)
Methamphetamine	768	(8.6)	833	(8.5)	977	(8.9)	1,007	(9.9)	1,238	(12.7)	1,388	(15.9)
Cocaine	779	(8.7)	712	(7.2)	738	(6.7)	697	(6.8)	660	(6.8)	591	(6.8)
Other	692	(7.7)	727	(7.4)	778	(7.1)	746	(7.3)	706	(7.3)	710	(8.1)
San Bernadino												
Heroin	3,154	(27.9)	3,154	(25.4)	3,096	(23.1)	2,906	(22.3)	3,005	(24.0)	3,021	(24.4)
Alcohol	4,153	(36.7)	4,794	(38.6)	5,653	(42.1)	5,775	(44.2)	5,067	(40.5)	4,530	(36.5)
Methamphetamine	1,845	(16.3)	2,403	(19.3)	2,758	(20.6)	2,736	(20.9)	2,796	(22.4)	3,010	(24.3)
Cocaine	830	(7.3)	713	(5.7)	719	(5.4)	746	(5.7)	718	(5.7)	722	(5.8)
Other	1,332	(11.8)	1,355	(10.9)	1,192	(8.9)	897	(6.9)	915	(7.3)	1,111	(9.0)
San Diego												
Heroin	8,712	(49.2)	9,041	(48.5)	7,811	(42.4)	7,293	(40.9)	6,729	(39.4)	6,757	(36.9)
Alcohol	4,494	(25.4)	3,711	(19.9)	3,376	(18.3)	3,491	(19.6)	3,484	(20.4)	3,550	(19.4)
Methamphetamine	2,339	(13.2)	3,347	(17.9)	4,479	(24.3)	4,230	(23.7)	3,991	(23.4)	5,011	(27.4)
Cocaine	1,355	(7.7)	1,573	(8.4)	1,680	(9.1)	1,606	(9.0)	1,602	(9.4)	1,415	(7.7)
Other	804	(4.5)	976	(5.2)	1,071	(5.8)	1,191	(6.7)	1,274	(7.5)	1,570	(8.6)

Table 19: Clients Served by Drug of Choice by 10 Counties by Year, Cont'd

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
San Francisco												
Heroin	10,881	(45.5)	10,541	(47.4)	11,678	(51.8)	11,741	(52.1)	11,087	(50.9)	11,672	(51.7)
Alcohol	6,082	(25.4)	4,992	(22.4)	4,263	(18.9)	4,413	(19.6)	4,155	(19.1)	3,995	(17.7)
Methamphetamine	707	(3.0)	702	(3.2)	930	(4.1)	959	(4.3)	1,049	(4.8)	1,317	(5.8)
Cocaine	5,123	(21.4)	4,693	(21.1)	4,476	(19.9)	4,354	(19.3)	4,284	(19.7)	4,299	(19.0)
Other	1,116	(4.7)	1,325	(6.0)	1,189	(5.3)	1,073	(4.8)	1,218	(5.6)	1,308	(5.8)
Santa Clara												
Heroin	1,618	(15.9)	1,535	(15.8)	1,678	(18.5)	1,910	(20.0)	2,031	(20.8)	1,902	(18.1)
Alcohol	6,017	(59.3)	5,167	(53.2)	3,536	(38.9)	2,941	(30.8)	2,669	(27.3)	2,742	(26.1)
Methamphetamine	449	(4.4)	796	(8.2)	1,418	(15.6)	1,796	(18.8)	2,140	(21.9)	2,912	(27.8)
Cocaine	992	(9.8)	990	(10.2)	1,088	(12.0)	1,215	(12.7)	1,222	(12.5)	1,090	(10.4)
Other	1,073	(10.6)	1,224	(12.6)	1,365	(15.0)	1,684	(17.6)	1,716	(17.5)	1,846	(17.6)

Table 20: Clients Served by Referral Source by 10 Counties by Year

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Alameda												
Self	5,812	(70.0)	6,556	(69.1)	7,038	(63.0)	7,160	(57.8)	6,899	(54.5)	7,048	(52.7)
Criminal Justice	857	(10.3)	1,528	(16.1)	2,170	(19.4)	2,407	(19.4)	2,626	(20.7)	3,176	(23.7)
AOD Program	878	(10.6)	616	(6.5)	745	(6.7)	926	(7.5)	1,063	(8.4)	865	(6.5)
Health Care Provider	344	(4.1)	344	(3.6)	514	(4.6)	698	(5.6)	461	(3.6)	588	(4.4)
Community Provider	324	(3.9)	339	(3.6)	524	(4.7)	957	(7.7)	1,434	(11.3)	1,422	(10.6)
Other	83	(1.0)	111	(1.2)	181	(1.6)	235	(1.9)	185	(1.5)	280	(2.1)
Contra Costa												
Self	7,605	(71.1)	8,811	(74.8)	9,841	(74.7)	11,058	(77.0)	9,805	(76.2)	8,206	(72.4)
Criminal Justice	894	(8.4)	813	(6.9)	916	(7.0)	834	(5.8)	899	(7.0)	1,171	(10.3)
AOD Program	642	(6.0)	617	(5.2)	671	(5.1)	631	(4.4)	613	(4.8)	582	(5.1)
Health Care Provider	542	(5.1)	556	(4.7)	687	(5.2)	766	(5.3)	603	(4.7)	495	(4.4)
Community Provider	780	(7.3)	737	(6.3)	897	(6.8)	957	(6.7)	842	(6.5)	793	(7.0)
Other	235	(2.2)	238	(2.0)	156	(1.2)	121	(.8)	103	(.8)	93	(.8)
Fresno												
Self	5,801	(63.9)	6,870	(62.2)	8,052	(61.4)	8,393	(62.0)	7,237	(65.4)	6,279	(63.9)
Criminal Justice	2,144	(23.6)	2,544	(23.0)	3,174	(24.2)	2,733	(20.2)	2,060	(18.6)	2,033	(20.7)
AOD Program	439	(4.8)	547	(5.0)	544	(4.1)	505	(3.7)	507	(4.6)	578	(5.9)
Health Care Provider	318	(3.5)	467	(4.2)	537	(4.1)	722	(5.3)	519	(4.7)	429	(4.4)
Community Provider	310	(3.4)	561	(5.1)	727	(5.5)	1,121	(8.3)	641	(5.8)	425	(4.3)
Other	60	(.7)	53	(.5)	87	(.7)	70	(.5)	108	(1.0)	78	(.8)
Los Angeles												
Self	36,843	(66.0)	45,635	(66.0)	44,238	(67.9)	44,785	(66.6)	46,826	(64.8)	46,108	(61.8)
Criminal Justice	7,467	(13.4)	9,210	(13.3)	7,586	(11.6)	9,023	(13.4)	11,353	(15.7)	12,324	(16.5)
AOD Program	6,235	(11.2)	7,429	(10.7)	7,395	(11.3)	6,657	(9.9)	6,589	(9.1)	7,771	(10.4)
Health Care Provider	1,317	(2.4)	1,636	(2.4)	1,491	(2.3)	1,766	(2.6)	2,028	(2.8)	2,002	(2.7)
Community Provider	2,890	(5.2)	3,910	(5.7)	3,326	(5.1)	3,892	(5.8)	4,020	(5.6)	5,039	(6.8)
Other	1,091	(2.0)	1,316	(1.9)	1,153	(1.8)	1,169	(1.7)	1,481	(2.0)	1,334	(1.8)

Table 20: Clients Served by Referral Source by 10 Counties by Year, Cont'd

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
Orange												
Self	11,434	(61.1)	11,891	(61.2)	11,687	(60.5)	10,761	(65.9)	10,480	(66.2)	10,657	(64.2)
Criminal Justice	4,476	(23.9)	4,482	(23.1)	4,257	(22.0)	2,611	(16.0)	2,432	(15.4)	3,017	(18.2)
AOD Program	779	(4.2)	780	(4.0)	720	(3.7)	695	(4.3)	718	(4.5)	846	(5.1)
Health Care Provider	646	(3.5)	839	(4.3)	743	(3.8)	610	(3.7)	640	(4.0)	679	(4.1)
Community Provider	533	(2.8)	576	(3.0)	598	(3.1)	572	(3.5)	604	(3.8)	743	(4.5)
Other	850	(4.5)	874	(4.5)	1,312	(6.8)	1,068	(6.5)	959	(6.1)	646	(3.9)
Sacramento												
Self	5,691	(66.7)	6,493	(68.0)	7,058	(65.5)	6,193	(61.8)	5,681	(59.2)	5,278	(61.2)
Criminal Justice	875	(10.3)	874	(9.1)	825	(7.7)	808	(8.1)	871	(9.1)	980	(11.4)
AOD Program	561	(6.6)	703	(7.4)	930	(8.6)	916	(9.1)	920	(9.6)	883	(10.2)
Health Care Provider	681	(8.0)	728	(7.6)	1,031	(9.6)	1,187	(11.8)	1,042	(10.9)	573	(6.6)
Community Provider	571	(6.7)	541	(5.7)	661	(6.1)	691	(6.9)	844	(8.8)	687	(8.0)
Other	156	(1.8)	213	(2.2)	264	(2.5)	226	(2.3)	233	(2.4)	224	(2.6)
San Bernadino												
Self	5,917	(54.9)	6,750	(56.2)	7,267	(55.3)	6,902	(53.7)	6,554	(53.2)	6,253	(51.2)
Criminal Justice	2,201	(20.4)	1,966	(16.4)	1,965	(15.0)	1,924	(15.0)	1,970	(16.0)	2,280	(18.7)
AOD Program	727	(6.8)	822	(6.8)	1,113	(8.5)	1,243	(9.7)	1,007	(8.2)	846	(6.9)
Health Care Provider	656	(6.1)	814	(6.8)	896	(6.8)	830	(6.5)	843	(6.8)	750	(6.1)
Community Provider	741	(6.9)	958	(8.0)	1,127	(8.6)	1,301	(10.1)	1,405	(11.4)	1,288	(10.5)
Other	528	(4.9)	694	(5.8)	768	(5.8)	644	(5.0)	544	(4.4)	799	(6.5)
San Diego												
Self	9,826	(58.3)	11,517	(64.0)	10,662	(59.7)	9,591	(55.5)	9,538	(57.5)	9,857	(55.3)
Criminal Justice	2,561	(15.2)	2,867	(15.9)	3,392	(19.0)	3,870	(22.4)	3,339	(20.5)	3,999	(22.4)
AOD Program	2,002	(11.9)	1,215	(6.8)	1,174	(6.6)	1,136	(6.6)	1,177	(7.1)	922	(5.2)
Health Care Provider	716	(4.2)	525	(2.9)	462	(2.6)	489	(2.8)	629	(3.8)	963	(5.4)
Community Provider	1,001	(5.9)	1,389	(7.7)	1,790	(10.0)	1,818	(10.5)	1,578	(9.5)	1,719	(9.6)
Other	762	(4.5)	487	(2.7)	374	(2.1)	383	(2.2)	254	(1.5)	367	(2.1)

Table 20: Clients Served by Referral Source by 10 Counties by Year, Cont'd

	92-93		93-94		94-95		95-96		96-97		97-98	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	%
San Francisco												
Self	11,490	(52.0)	11,037	(53.9)	11,534	(53.5)	9,314	(43.2)	7,497	(36.0)	7,826	(36.2)
Criminal Justice	2,473	(11.2)	2,208	(10.8)	1,901	(8.8)	2,044	(9.5)	2,436	(11.7)	2,970	(13.7)
AOD Program	4,912	(22.2)	4,242	(20.7)	4,494	(20.8)	5,728	(26.6)	7,113	(34.1)	7,335	(33.9)
Health Care Provider	1,496	(6.8)	1,546	(7.6)	1,539	(7.1)	1,458	(6.8)	1,296	(6.2)	1,502	(6.9)
Community Provider	1,566	(7.1)	1,268	(6.2)	1,759	(8.2)	1,458	(6.8)	2,386	(11.5)	1,875	(8.7)
Other	148	(.7)	165	(.8)	337	(1.6)	186	(.9)	101	(.5)	122	(.6)
Santa Clara												
Self	3,836	(38.3)	3,264	(33.9)	3,390	(37.3)	3,526	(37.0)	3,099	(31.7)	2,420	(23.1)
Criminal Justice	3,802	(37.9)	3,986	(41.4)	3,813	(42.0)	3,675	(38.5)	3,415	(35.0)	3,153	(30.1)
AOD Program	1,271	(12.7)	1,087	(11.3)	625	(6.9)	629	(6.6)	1,384	(14.2)	3,065	(29.2)
Health Care Provider	493	(4.9)	451	(4.7)	405	(4.5)	370	(3.9)	313	(3.2)	231	(2.2)
Community Provider	423	(4.2)	474	(4.9)	527	(5.8)	1,032	(10.8)	1,300	(13.3)	1,361	(13.0)
Other	196	(2.0)	370	(3.8)	317	(3.5)	305	(3.2)	259	(2.7)	254	(2.4)