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Implementing Policy Change: Assessing Training Needs in Addictions Treatment and Criminal Justice Collaboratives

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In November 2000, California voters passed the Substance Abuse and Crime Prevention Act (SACPA), otherwise known as Proposition 36. This proposition represents a major shift in criminal justice policy in that adults convicted of non-violent drug offenses can now receive drug treatment instead of incarceration (Jett, 2002).

The four main goals of SACPA/Prop 36 are (a) to divert non-violent drug offenders from incarceration; (b) to reduce the public expenditures for incarceration; (c) to enhance public safety by reducing crime-related offenses; and (d) to increase public health through the reduction of drug use. These are all to be accomplished through the provision of effective community-based drug treatment (Ford & Smith, 2001). This initiative appropriated $60 million in fiscal year (FY) 2000-2001 and $120 million for each of the five subsequent years, concluding in FY 2005-2006 (Ford & Smith, 2001). Implementation of this act requires the judiciary, district attorneys, public defenders, probation and parole officers, county administrators (many of whom are social workers), and alcohol and other drug treatment providers to form oversight teams who work in a collaborative fashion. All counties are required to develop and implement a county-specific plan for SACPA/Prop 36 (Jett, 2002).

As with any substantive policy change, managers and practitioners are often the ones placed in the challenging situation of implementing a program without a full range of rules, regulations, or practice guidelines. This is especially true for this kind of new "hybrid" system of criminal justice and addiction treatment. This training needs assessment describes some of the major obstacles in implementing Proposition 36 at the local level and the emerging, self-identified training needs in California's 58 counties.

Background

In the last two decades, there has been a growing concern in California and other states with large numbers of non-violent offenders being incarcerated due to drug offenses, thereby clogging the judicial and prison systems (GAO, 1997). Interest in finding alternative solutions has led to the development of the Drug Court system as well as other types of programs that involve the judicial and alcohol and other drug (AOD) treatment systems working collaboratively, similar to those created with the passage of SACPA/Prop 36. The research on Drug Courts will be reviewed here as these courts are the most similar to what has been implemented with SACPA/Prop 36 (Belenko, 2003).

Drug Courts have been defined as "dedicated courtrooms that provide judicially-monitored treatment, drug testing and other services to drug-involved offenders" (Belenko, 1998, p.3). The first Drug Court was started in Miami, Florida in 1989, and there are currently over 600 Drug Courts operating in the United States (Goldkamp, White, & Robinson, 2001). Drug courts have been called a "major innovation" to the justice system and operate using a variety of approaches (e.g., pre-plea or post-plea, use of a judge versus a referee, differential use of sanctions and incentives of dismissal and expungement) and with various types of offenders (e.g., those with more severe or less severe drug usage, or misdemeanor or felony cases). (Goldkamp, 1999; Longshore et al., 2001). The typical Drug Court focuses on substance use treatment instead of punishment for the offender, and utilizes all those with a role in Drug Court (e.g., judge, district attorney, and public defender) support the treatment process. The treatment provider works closely with the Drug Court personnel to provide the most effective interventions for partici

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pants, which may also include the use of social and health services (Goldkamp, 1999). Clients may be monitored closely, with weekly courtroom appearances and drug testing. They may also be required to obtain employment (Peters & Murrin, 2000). The overall goal of Drug Courts is to reduce crime by providing treatment and supervision (GAO, 1997).

Evaluation studies of the effectiveness of Drug Courts in reducing drug use and lowering recidivism rates have generally found positive outcomes (Belenko, 1998, 1999; Brewster, 2001; Peters & Murrin, 2000; Spohn, Piper, Martin, & Frenzel, 2001; Terry, 1999). Because county Drug Courts may be implemented differentially with various types of clients, it is difficult to make comparisons across the evaluation studies (Longshore et al., 2001) or to draw conclusions about treatment needs.

Implementation Problems

Few studies have examined the implementation process of Drug Courts. Prendergast and Burdon (2002) summarized barriers to the Criminal Justice System (CJS) and alcohol and other drug (AOD) treatment collaborative work. These barriers included differing attitudes, goals, and expectations; differing definitions of success; differences in backgrounds and training of those employed by these systems; and differing sources and constraints in funding. The authors suggest, as has been done in SACPA/Prop 36, that to overcome these barriers, task forces be created that represent multiple disciplines and stakeholders.

Belenko (2000), in his overview of efforts to provide drug treatment to offenders prior to the Drug Courts, described implementation concerns of collaborative interventions. In his analysis of a variety of approaches, problems that emerged included fragmented or inconsistent treatment services, concerns with funding streams, and a lack of coordination and information flow between CJS and AOD systems. The high service needs of offenders (e.g., housing, education, health, severe criminal histories, etc.) make this population especially difficult for AOD treatment providers (Belenko, 1999; 2000). Competing agendas and policies between systems can also cause implementation problems (Belenko, 2000). All of these problems were in the minds of policy makers and planners in the implementation of SACPA/Prop 36 of 2000 (Jett, 2001).

Substance Abuse and Crime Prevention Act of 2000

SACPA or Proposition 36 was passed by 61% of California voters, expressing public sentiment that treatment for non-violent drug offenders was preferable to punitive measures (Jett, 2001). This Act diverts drug offenders to community-based treatment instead of incarceration, thereby freeing up crowded prisons for more serious offenders and reducing prison costs. Eligibility includes offenders with new convictions for drug possession or being under the influence, individuals on probation for drug possession or for committing offenses under the influence, and persons on parole with no prior conviction for a serious or violent felony. The Act requires that participants receive up to one year of drug treatment and six months aftercare (ADP, 2002). Clients are to receive an initial assessment and be referred to one of three treatment levels (education, out-patient, or residential) based on the severity of their drug problems. Prop 36 is implemented somewhat differently from drug courts in that the supervision of the clients by the judiciary is less intensive. Funded at $120,000,000 a year for five years, the Act has substantially changed the roles of both those in CJS and in AOD treatment services (Jett, 2001; Wittman, 2001).

The implementation of SACPA/Prop 36 posed a new challenge to state and local government agencies in California. The Department of Alcohol & Drug Programs (ADP), under the executive sponsorship of the Secretary of Health and Human Services, is the lead state agency responsible for the implementation and evaluation of the Act (Jett, 2001).

To assist and support the ADP, a complex organizational structure was created. At the state level, different work groups envisioning specific roles were established. The Statewide Advisory Group

provides statewide leadership for the implementation of the Act. This group's membership contains leaders from the judiciary, prosecution, defense bar, police and sheriffs, probation, parole, alcohol and drug treatment, and local government. The second work group, the Evaluation Advisory Group, comprises experts from universities and private research groups to implement the five-year evaluation required by SACPA. The third work group, the State Agency Work Group, is formed by the Administrative Office of the Courts, the Board of Prison Terms, and the Departments of Corrections, Employment Development, Mental Health, and Social Services. Its purpose is to provide coordination assistance at the state administrative level. The Judicial Council of California developed a model that guides trial courts in providing services in the implementation of the measure (ADP, 2002)

At the local level, coordination and collaboration means the participation of representatives from various professional disciplines, including probation, parole, county Health and Human Services or Alcohol and Drug Programs, and treatment providers. Each of the 58 counties has formed a SACPA/Prop 36 oversight team to implement the law and to take care of emergency issues. The University of California, San Diego is responsible for providing technical assistance to counties in identifying concerns and priorities, as well as to coordinate treatment policies. The measure also includes the participation of the public, namely consumers and advocates. Citizens help with the planning and problem solving in regulation of the provisions of the Proposition (ADP, 2002).

Counties' Plans

SACPA required that each county develop and submit an annual plan to the ADP in order to receive funds. This plan outlined expenditures, projected number of clients to be served, and client service capacity. Funds can be used to pay for treatment services, family counseling, probation supervision, vocational training, and literacy training (ADP, 2002). County SACPA teams are required to hold coordination meetings at least once every three months or as frequently as needed (ADP, 2002). Counties estimated, before the submission of their plans, that the number of SACPA recipients would increase to 80,000 annually (ADP, 2002).

During the start-up phase of SACPA/Prop 36, there was initial concern and prediction regarding implementation challenges. These challenges included collaboration among various stakeholders, capacity building, the management of resources, and the need for use of evidence-based practices (Jett, 2001). Other challenges were fears that judicial oversight would weaken and that it would place an overburden on the probation system (Wittman, 2001).

Initial Outcomes

The first counties' report (12 largest counties) found that during the initial period of implementation, from July 1 through December 31, 2001, 12,000 clients received treatment under the provisions of SACPA/Prop 36, fewer than were initially expected to participate. Demographically, this first group served were predominantly white (48%) followed by Hispanic (31%) and African-American (15%). Approximately 71% were male. For 48% of the clients, the drug of choice was methamphetamine (ADP, 2002).

During the first six months of implementation, treatment capacity rose by 42% across the state as new programs were licensed and certified to provide AOD services. Clients received treatment mainly in two settings: 76% received outpatient treatment and 12% long-term residential treatment (ADP, 2002).

Purpose of the Study

While programs that combine the judicial and AOD treatment systems have been evaluated to determine their effectiveness, only a few studies have examined the process of implementing these programs. The purpose of this study is to determine the concerns that California counties are experiencing in their implementation of SACPA/Prop 36, on both treatment and organizational levels with a focus on identifying training needs of professionals

at the local level trying to put SACPA/Prop 36 into practice. Knowledge gained from this study may help our understanding of problems and training needs experienced by local governments in different sized jurisdictions in the implementation of a large scale policy change regarding the courts and substance-using offenders. It might also help policy-makers better predict the training needs of local providers before implementation of large-scale reform initiatives like Proposition 36.

Research questions for this study are: (a) What were the implementation concerns experienced by the county teams? Did these concerns vary by county size? (b) What were the training needs expressed by the counties? Did these needs vary by county size? and (c) How did counties want technical assistance provided?

Table 1: California Counties by Population Size

Urban (>300,001)	Rural (<300,000)	
Alameda	Alpine	Mono
Contra Costa	Amador	Napa
Fresno	Butte	Nevada
Kern	Calaveras	Placer
Los Angeles	Colusa	Plumas
Monterey	Del Norte	San Benito
Orange	El Dorado	San Luis Obispo
Riverside	Glenn	Santa Cruz
Sacramento	Humbolt	Shasta
San Bernadino	Imperial	Sierra
San Diego	Inyo	Siskiyou
San Francisco	Kings	Sutter
San Joaquin	Lake	Tehama
San Mateo	Lassen	Trinity
Santa Barbara	Madera	Tuolumne
Santa Clara	Marin	Yola
Solano	Mariposa	Yuba
Sonoma	Merced	
Stanislaus	Mendocino	
Tulare	Merced	
Ventura	Modoc	

Method

This study used a content analysis of secondary qualitative data gathered for the purpose of implementing tailored, individualized technical assistance (TA) to all 58 California counties. The four interviewers are the authors of this article and two AOD education program administrators. All of the interviewers have worked in AOD treatment in the past, and three of them are current directors of AOD studies programs, and one is a social work educator. The four interviewers contacted all 58 California County SACPA/Prop 36 Implementation Teams during a six-month period (May through October, 2002) to discuss technical assistance/training needs of the individual counties. All interviews took place in a focus group format, except for those counties that designated a lead person to be interviewed. A semi-structured interview protocol was designed for this purpose. Participants were asked to describe their concerns with implementing SACPA/Prop 36, obstacles that they have encountered, the kinds of TA they would like to receive, and the best structure for the TA delivery. Each interview lasted between one-half to one hour.

Results of the focus group interviews were reported using a structured format that identified implementation concerns at a treatment and organizational level, and requests for training. Direct quotes were written when possible. For this study, each county report was then coded utilizing a coding scheme developed by the first author and entered into SPSS-10. The purpose of this was to provide aggregate findings of these focus groups, an important aspect in content analysis, to help understand the "general drift of the data more easily and rapidly" (Miles & Huberman, 1984, p. 215). Inter-rater reliability for data entry between the first and third author was determined to be .88. Differences in data entry/coding were discussed to make final decisions.

Counties were grouped by county size, as has been delineated by the County Alcohol and Drug Program Administrators Association of California (Ford & Smith, 2001). This system delineates large, medium, and small-sized counties, based on population size. For this study, for purposes of comparison, large and medium-sized counties were collapsed into an "urban" category, meaning all counties that are over 300,000 in population. These 21 counties represent about 80% of California's population. "Rural" counties included the 37 counties under 300,000 (Ford & Smith, 2001). See Table 1 for specific county designation.

Table 2: Prop 36 Team Members Interviewed in 57 Counties

	N	%
HHS/ADS*	121	(42%)
Probation	47	(16%)
Treatment Provider	40	(14%)
Court Administrator	15	(5%)
District Attorney	13	(5%)
Judge	10	(3%)
Public Defender	7	(2%)
Police	6	(2%)
Parole	4	(1%)
Prison Terms	1	(.3%)
Drug Court	1	(.3%)
Other	22	(8%)
TOTAL	287	(100%)

**Health and Human Services or Alcohol and Drug Services*

Results

Fifty-seven of the 58 county teams or team leaders were interviewed. One rural county chose not to participate, resulting in a 98% participation rate. In 10 counties, only the SACPA/Prop 36 team leader was available to be interviewed. As can be seen in Table 2, a total of 287 SACPA/Prop 36 team members were interviewed. County employees representing Health and Human Services or Alcohol and Drug Services comprised 42% of those interviewed, followed by probation officers (16%) and treatment providers (14%). Judicial personnel (district attorney, court administrators, judges, and public defenders) were less represented in the interviews. An "Other" category included community representatives from such agencies as National Council on Alcoholism and Drug Dependency or Indian Health Services.

Areas of Concern

Table 3 indicates the types of problems or concerns regarding SACPA/Prop 36 implementation expressed by those in the focus groups. For discussion purposes, these are divided into Treatment and Organizational concerns.

Table 3: Concerns Indicated by Prop 36 Teams by Size of County (N=57)

	Urban (N=21)	Rural (N=36)	Total (N=57)
Treatment Concerns	N %	N %	N %
Motivating clients/Complex clients/Relapse	21 (100%)	21 (58%)	42 (74%)
Lack of Tx Options/Beds	21 (100%)	13 (36%)	34 (60%)
Lack of qualified staff/need of clinical skills	9 (43%)	13 (36%)	22 (39%)
Caseload Management/ Accessing ancillary services	12 (57%)	7 (19%)	19 (33%)
Co-Occurring Disorders	13 (62%)	5 (14%)	18 (32%)
Assessment/ASI	2 (10%)	5 (14%)	7 (12%)
Drug Testing	4 (19%)	1 (3%)	5 (8%)
Medication Issues	4 (19%)	–	4 (7%)
Organizational Concerns			
Collaboration	16 (76%)	10 (28%)	26 (46%)
Data Collection	10 (48%)	7 (19%)	17 (30%)
Funding	9 (43%)	7 (19%)	16 (28%)
Policy Implementation	4 (19%)	5 (14%)	9 (16%)
Community Response	3 (14%)	2 (6%)	5 (8%)
Working with MH Services	4 (19%)	–	4 (7%)

Treatment Concerns

Respondents in all urban counties (n=21) described problems presented by Proposition 36 clients as being much more serious than anticipated. Motivating clients and retaining clients as well as dealing with client relapse and/or drop-out were viewed as major problems. Furthermore, almost two-thirds of the urban counties indicated that many of the SACPA/Prop 36 clients had co-occurring disorders, which made treatment that much more difficult. Often this meant a need for case management with a focus on accessing ancillary services for clients, as expressed by 57% of the urban counties. In addition to the number of clients presenting with complex problems, was the problem in all urban counties of not enough treatment options or beds. Not quite half (43%) of the urban counties indicated concerns with the lack of quali-

fied staff or with the limited clinical skills of staff who work in these programs.

Rural counties also expressed similar concerns but at much lower rates. Their main concern was also with clients with complex issues (58%) followed by lack of treatment options or qualified staff (36% each). Rural county team members were less likely than urban county respondents to indicate that case management and co-occurring disorders were concerns for them. Comments in these areas included:

- "There is not enough experience working in a group setting with a difficult and resistant population. We want to beef up our skills in that area. We find the clients to be quite manipulative and we want to be more effective with that population." (Rural county)
- "Ninety percent of staff time is being spent on 10%, the toughest clients." (Urban county)
- "We have too much early relapse in the SACPA/Prop 36 program and then again shortly after graduation from the program. We need a greater availability of options for clients." (Rural county)
- "The system is overwhelmed with large numbers of SACPA/Prop 36 cases and not enough trained probation officers and other staff to handle volume and severity of the caseload." (Urban county)
- "We are finding out that clients are not just pure addicts. Many have dual disorders and [we] need to boost skills to address that population more effectively. Success has been lower than expected with that population." (Rural county)

Organizational Concerns

Most urban counties described working collaboratively as a serious problem (76%) in implementing SACPA/Prop 36 followed by almost half of the teams stating concerns over SACPA data collection requirements (48%) and funding constraints (43%). Rural counties were less likely to cite collaboration issues as a concern (28%). This was also true for data collection and funding issues (19% each). Other concerns of rural counties, such as assessment and drug testing, were mentioned at much lower frequencies, similar to the urban counties. Comments in these areas included:

- "We have service gaps; it is difficult to find services for dual diagnosis clients who are monolingual (other than English or Spanish), and for women parenting school-aged children." (Urban county)
- "We have high caseloads (over 50 and growing) and also have case management challenges at different phases of SACPA process." (Urban county)
- "We have a lack of interface between computers in the agencies. We also lack technical support to collect and enter data." (Urban county)
- "The mismatch on data collection systems creates reporting problems. Treatment provider reporting requirements are unclear." (Urban county)

Training Needs

Table 4 describes the types of Technical Assistance (TA) that were requested by the various counties. Teams could identify more than one area, and many had multiple requests, especially in the urban counties. In fact, the number of requests for the urban counties was almost twice the rate of requests for rural counties (4:1 ratio vs. 2.5:1 ratio). This was true for both treatment concerns as well as organizational concerns (e.g., collaboration, data management, community response, etc.).

Almost two-thirds of the urban counties requested training in motivating or retaining clients. Most were familiar with Motivational Interviewing (Miller & Rollnick, 2002) and specifically asked for TA on this topic. Another two-thirds of the urban counties wanted TA on collaboration, which included bringing together the various stakeholders to learn about each other's professional areas. About one-third of the urban counties

Table 4: Technical Assistance Requested by Prop 36 Teams by Size of County (N=57)

	Urban (N=21)	Rural (N=36)	Total (N=57)
Type of Technical Assistance	N %	N %	N %
Motivating/Retaining clients/ Motivational Interviewing	13 (62%)	12 (33%)	25 (44%)
Working Collaboratively	13 (62%)	11 (31%)	24 (42%)
Clinical Skills	8 (38%)	16 (44%)	24 (42%)
Data Systems	7 (33%)	9 (25%)	16 (28%)
Overview of Prop 36 Policies	8 (38%)	8 (22%)	16 (28%)
Co-Occurring Disorders	6 (29%)	9 (25%)	15 (26%)
Case Management	7 (33%)	6 (17%)	13 (23%)
Relapse Prevention	5 (24%)	8 (22%)	13 (23%)
ASI & Treatment Planning	5 (24%)	6 (17%)	11 (19%)
Drug Testing	5 (24%)	–	5 (9%)
Community Response	3 (14%)	2 (6%)	5 (9%)

requested TA regarding various clinical skills (e.g., working with groups or families), understanding the data and reporting systems, reviewing policies and practices of SACPA/Prop 36 for new-hires, and in case management.

Training in co-occurring disorders was mentioned by only 29% of the urban counties. While this had been cited as an on-going problem, in that their needs are complex and may not be able to be met by the providers, several counties indicated that they "already had lots of training on this."

One-quarter of the urban counties specifically requested training in relapse prevention and in the Addiction Severity Index (ASI) (McLellan, Luborsky, Woody, & O'Brien, 1980) for its use in treatment planning. The need for drug testing information was mentioned by one-fourth of the urban counties. Comments by the urban counties included:

- "We would like training in how to work with 'lifers'—long term institutionalized clients—in terms of motivating them." (Urban county)
- "We need help with inter-agency communication and dealing with the challenges of varying schedules for team members. Getting the most out of team meetings. We would like to focus on strategic planning and follow-up." (Urban county)
- "Defining 'success'—what is the state expecting and how will outcome data be used in the evaluation process?" (Urban county)
- "Our probation officers need training on how to supervise SACPA/Prop 36 clients. Most trainings at conferences are on treatment issues, not supervision, accountability, fees, jobs, terms of probation, etc." (Urban county)
- "Judges, and even court clerks, need training to get some consistency on progress reporting requirements, like when are full reports needed? And even dismissal procedures, which differ by judge." (Urban county)
- "How to do better case management for both POs and treatment staff. Need to have facilitated training for both groups on how to do better case management." (Urban county)

As indicated above, the rural counties had lower rates of requests for all types of training requested, with the single exception of training in clinical skills that almost half of the rural counties wanted. One-third requested training in Motivational Interviewing. Because fewer rural counties identified working collaboratively as a concern, less than one-third (31%) of the counties requested TA in this area. About one-fourth specified training needs in the areas of data systems, overview of SACPA/Prop 36 policies, working with co-occurring disorders, and relapse prevention. Rural counties also had lower rates of requesting TA in case management and use of the ASI. Comments made by participants from rural counties included:

- "We would like some TA on burnout prevention and updated information on methamphetamine treatment." (Rural county)
- "We would like to know what other counties are using for their Management Information System. Is there uniformity or a move to create such

among the counties? We would like to know how to get the most out of the MIS." (Rural county)
- "How to best provide treatment to clients in a rural setting including aftercare and relapse prevention." (Rural county)

Delivery of Training

Counties varied substantially by size in terms of the location and type of training requested. This was particularly true for the urban counties with an existing, more complex network of addiction treatment services, including more beds, outpatient treatment slots and so forth. They were more likely to want to hold trainings for their county only, whereas many rural counties tended to prefer joint, multi-county trainings with neighboring counties. Half-day trainings were also more likely to be preferred by the majority of rural counties, perhaps due to travel distance. Most counties, regardless of size, stated a preference for "outside" experts (especially from successful, like-sized counties around the state) who took the time to find out about the particular training needs of the targeted county before the training was planned and delivered.

Discussion

Agencies and social services are continually challenged to change and adapt to changing political and social needs (Proehl, 2001). Such was the challenge made of California's counties to implement an initiative that came from its voters to fundamentally change the way non-violent drug offenders are treated by the courts and addiction treatment professionals in this state. Unfortunately, there was no clear road map and no built-in training budget or plan. This training needs assessment study offered some answers for California's workforce preparedness strategies. It also provided some insights into some of the key issues and topics that a wide range of probation and treatment professionals might need to address in similar settings across the country during times of change. Some of the major lessons are discussed below.

This study found that the implementation concerns of the county teams were similar to issues reported in other studies of addiction treatment with offenders, such as dealing with extremely difficult, resistant clients with multiple psychosocial needs (Belenko, 1999; Taxman, 1999). There were also organizational concerns with collaborative work issues and data collection, that Predergast and Burton (2002) reported as being common when different disciplines must come together to work in an integrated system.

Implementation problems that had been anticipated at the start of SACPA/Prop 36 (e.g., collaboration, capacity building, management of resources, and use of evidence-based practice) (Jett, 2001) were evidenced in interviews with the teams. Concerns were expressed regarding working together, not enough treatment resources (despite increased capacity during the initial implementation), and funding, and teams requested training in evidence-based practices such as Motivational Interviewing and family therapy. Wittman's (2001) prediction of a weakening of judicial oversight was not evidenced in this study, however, it should be noted that only 10 judges participated in the focus groups. Wittman also predicted that SACPA/Prop 36 might lead to an overburden on probation. Although concerns specific to probation were not addressed in this study, focus group participants, who included probation staff, identified large caseloads/case management and data collection (including paperwork) as difficulties with SACPA.

It was unclear why there appeared to be considerable differentiation between implementation concerns expressed by the urban and rural counties. The urban counties were more likely to cite problems with clients with complex problems, lack of treatment options, difficulties in accessing ancillary services, and working with those with co-occurring disorders. This may be related to the differences in volumes of clients entering SACPA. Urban counties have hundreds of clients every month whereas rural

counties may only have fewer than 20 or enter SACPA (Ford & Smith, 2001). Urban counties have greater resources, but perhaps the higher demand magnifies needs.

Rural counties were also less likely to cite collaborative issues and working with mental health services as concerns compared to urban counties, perhaps as there are fewer rural team members who already work together frequently, before the implementation of SACPA. Rural counties were also less likely than urban counties to cite data collection and funding as problems as well, perhaps as the smaller demand for SACPA made these concerns more manageable.

A clear pattern of training needs emerged as obstacles and challenges were identified by local providers and ADP (Jett, 2001) trying to implement SACPA/Prop 36. Thus, a "lack of communication" between the parole/probation officers and the treatment providers was translated by team members into a training topic on collaboration or cross-system communication and mitigate the consequences of working across agencies and professions in new, sometimes uncharted waters. As team members identified clients with complex problems or resistant clients as a concern, they also asked about training in Motivational Interviewing. An ongoing need to respond to the problem of "staff turnover" added somewhat unexpected layers on the scope of training topics that needed to be covered (e.g., a primer on SACPA/Prop 36 for more recent hires).

Not surprisingly, training in clinical skills was more commonly requested in rural settings. Urban counties, however, were more likely to request TA in Motivational Interviewing or motivating clients and in collaborative work, corresponding to the implementation concerns they had indicated.
In terms of logistics and structure of training, there was far less staff coverage in rural counties than in urban counties, making it more difficult for team members to get away. The need for half-day training became was expressed more frequently. Multi-county trainings were also encouraged by rural county teams to maximize contact with similar-sized, neighboring counties as well as the nearest county with the largest mid-sized city.

The expectation for "tailored" training to individual counties or county clusters was a promise to respondents during the needs assessment/focus group process. This offer was received very positively by counties used to getting state-mandated in-service trainings where the same training was often designed to fit all, and they frequently found that it did not meet their needs.

Finally, one of the more interesting questions that this study raises for trainers is the tension over meeting the more practical and specific training needs of one constituency or building a more future-oriented, multi-disciplinary training agenda. At what point do addiction treatment providers are familiar enough about the criminal justice system that no training in cross collaboration is needed? What constitutes sufficient training for probation officers, district attorneys and judges? In recommending a package of training topics to California counties that allows a bit of both, these questions need to be addressed. Ultimately the test of innovative legislation like SACPA/Prop 36 is how well the criminal justice system and the addictions treatment system both are able to rise to a level that best serve their new joint SACPA/Prop 36 mission and mandate.

Of course, the true test of how well SACPA/Prop 36 works will not only depend on the willingness of those involved to be trained to work more effectively with this changing treatment population, but what outcomes are going to be measured and accomplished, such as reduced recidivism. The current training plan, combined with an evaluation study (Jett, 2001), will let the voters of California know whether this groundbreaking legislation will meet the litmus tests of fewer incarcerations and increased rates of recovery.

This study provides insight into implementation concerns for policymakers in other states considering a similar policy. Even a smaller scale drug

court program implemented in a county, whether rural or urban, may anticipate similar problems. This study also provides knowledge for court and program administrators, probation officers, and treatment staff as to where to expect difficulties. Those who work in education and training of all the stakeholders in such a policy implementation may utilize this study to prepare for how to best address the described issues and concerns.

Limitations of the Study

Because this study utilized four interviewers, despite having a standardized reporting form, differences may be due to the subjective interpretation of the particular interviewer of the qualitative data. Some counties only had single participants to represent their implementation team, and it is not known if their viewpoints were also those of other team members. We are unable, unfortunately, to distinguish responses by profession, due to the nature of the data collection. Various viewpoints by probation officers, for instance, compared to treatment providers, would have led more depth to the analysis. Strengths of this study include that 57 county teams were interviewed, providing a comprehensive picture of implementation concerns of Prop 36 during its first year and one-half of implementation and TA requests to address these concerns.

References:

Alcohol & Drug Programs (ADP) (2002). Substance Abuse and Crime Prevention Act of 2000: First Annual Report to the Legislature. Sacramento: Author.

Belenko S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review,* 1 (1), 1-42.

Belenko, S. (1999). Research on drug courts: A critical review, 1999 update.*National Drug Court Institute Review, II* (2), 1-58.

Belenko, S. (2000). The challenges and integrating drug treatment into the criminal justice process. *Albany Law Review* (63), 833-876.

Belenko, S. (2003). What we have learned from drug court research that has application to SACPA. Paper presented at the *Making It Work!* Conference, San Diego.

Brewster, M. P. (2001). An evaluation of the Chester County (PA) drug court program. *Journal of Drug Issues,* 31 (1), 177-206.

Ford, W.E. & Smith, M.J.W. (2001). Substance abuse and crime prevention act of 2000: Analysis of plans from the 58 counties. Washington, D.C.: CSAT.

GAO (1997). Drug Courts: Overview of growth, characteristics, and results. (GAO/GGD-97-106). Washington, D.C.: United States General Accounting Office.

Goldkamp, J. S. (1999). Challenges for research and innovation: When is a Drug Court not a Drug Court? In W.C. Terry (Ed.), The early Drug Courts: Case studies in judicial innovation. (pp. 166-177). Thousand Oaks, CA: Sage Publications.

Goldkamp, J.S., White, M. D., & Robinson, J. B. (2001). Do Drug Courts work? Getting inside the Drug Court black box. *Journal of Drug Issues, 31* (1), 27-72.

Jett, K. (2001). Proposition 36: Issues and challenges. *Journal of Psychoactive Drugs, 33* (4), 321-328.

Longshore, D., Turner, S., Wenzel, S., Morral, A., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. (2001). Drug Courts: A conceptual framework. *Journal of Drug Issues,* 31 (1), 7-26.

McLellan, A. T., Luborsky, L., Woody, G. E., & O'Brien, C. P. (1980). An Improved Evaluation Instrument for Substance Abuse Patients: The Addiction Severity Index. *Journal of Nervous and Mental Disease,* 168 , 26-33.

Miles, M. B. & Huberman, A. M. (1984). *Qualitative Data Analysis: A Sourcebook of New Methods.* Newbury Park, CA: Sage.

Miller, W. R. & Rollnick, S. (2002). *Motivational Interviewing* (2nd edition). New York: Guilford.

Peters, R. H. & Murrin, M. M. (2000). Effectiveness of Treatment Based Drug Courts in Reducing Criminal Recidivism. *Criminal Justice and Behavior,* 27 (1), 72-96.

Prouhl, R. (2001) *Organizational Change in the Human Services.* Thousand Oaks, CA: Sage Publications

Spohn, C., Piper, R. K., Martin, T., & Frenzel, E. D. (2001). Drug Courts and Recidivism: The Results of an Evaluation Using Two Comparison Groups and Multiple Indicators of Recidivism. *Journal of Drug Issues,* 31 (1), 149-176.

Taxman, F.S. (1999). Unraveling 'What Works' for Offenders in Subtance Abuse Teatment Services. *National Drug Court Institute Review,* II (2), 93-134.

Terry, W. C. (1999). Judicial Change and Dedicated Treatment Courts: Case Studies in Innovation. In W. C. Terry (Ed.), *The Early Courts: Case Studies in Judicial Innovation* (pp. 1-18). Thousand Oaks, CA: Sage.

Wittman, F. D. (2001). Prevention, community services, and Prop 36. *Journal of Psychoactive Drugs,* 33 (4), 343-352.