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LOCAL SOLUTIONS TO REGIONAL ISSUES:

SUBSTANCE ABUSE IN THE SAN JOAQUIN VALLEY

California Partnership for the San Joaquin Valley

DECEMBER 2008

Central California Social Welfare Evaluation, Research and Training Center

California State University, Fresno

LOCAL SOLUTIONS TO REGIONAL ISSUES:

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A Report From The
Methamphetamine Recovery Project

Executive Summary **(to be drafted upon completion of the final report)**

- Brief summary of the highlights of report sections, including intended purposes of the final report.
- Summary of community voices
- Priorities for next steps, including Advisory Council sustainability as a regional collaborative body.

BACKGROUND

The San Joaquin Valley

California's San Joaquin Valley encompasses 27,493 square miles in the heart of the state that includes vast stretches of desert, rich agricultural valleys, foothills and mountain ranges. The eight counties in the central region – Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare - range from 1,391 square miles (Madera) to 8,141 square miles (Kern). The region is home to Yosemite, Kings Canyon, and Sequoia National Parks, the Tehachapi Mountains and Mojave Desert, and the Diablo range. San Joaquin County includes 565 square miles of Sacramento-San Joaquin Delta waterways and access for ocean shipping through an inland port system.

Along with geography, many other factors shape the lives and well-being of Valley residents and communities, including urbanization, population density and growth rates, culture and language diversity, family income, and household composition.

- The region's agrarian nature draws many populations to areas that are geographically separated from urban areas. At the same time, urbanization of businesses, education, public services, and public transportation contribute to the economic and social isolation of migrant, immigrant, and low-income populations.
- An average of 57% of the land is used for agriculture, ranging from 45% in Tulare County to 91% in San Joaquin County. The average population density is 183 persons per square mile, from 69 persons per square mile in Madera County to 480 in San Joaquin County. However, actual density in urban areas is much greater due to the agricultural land use and federal park lands[1].
- The San Joaquin Valley is expected to grow at over twice the rate of California, particularly in the youngest and oldest age groups. In July 2007, the California Department of Finance released population projections for 2020, indicating that:

[1] The federal government owns 40% of the land in Fresno County and 50% of the land in Tulare County.

- The Valley's population will increase to 5,318,531 residents, a 34% increase compared to the Department's May 2008 estimates for the Valley. During the same time period, other California counties are projected to experience an average 13.9% population increase.
- On average, 44% of the region's population will be under 20 or over 64 years of age. In 2006 the U.S. Census Bureau estimated that 60% of California's population was between the ages of 20 and 64; by 2020 the Valley's work force in that age group will shrink to 56%.

- In July 2007, population surveys indicated that the Valley is home to six "minority-majority" counties, with Hispanics representing an average of 44% of the population, an increase of 4.2% since the 2000 census. During the same period, the White population in the San Joaquin Valley dropped from 58.3% to 46% (U.S. Census Bureau, 2007 *American Community Survey)*.
  - In 1990, 70% of Valley households reported English as their primary language; by 2000, that number had dropped to 62.9%, ranging from 67.9% in Stanislaus County to 54.8% in Merced County.
  - In California, the percentage of English-speaking households dropped from 69.9% to 62.2%, while the percentage of Valley households that spoke Spanish as the dominant language rose from 21.0% to 28.3%.
- The Valley's unemployment rate, while improved slightly between September 2007 and September 2008, continues to be higher than the state rate.

County	September 2007	September 2008
Fresno	7.3	9.6
Kern	7.4	9.3
Kings	7.1	9.3
Madera	6.3	8.4
Merced	8.3	10.9
San Joaquin	7.6	10.2
Stanislaus	7.9	10.5
Tulare	8.1	10.6
California	5.4	7.7

Source: Employment Development Department

- In 2003, 13.8% of California's population lived below federally determined poverty income levels. In the San Joaquin Valley, 17.3 % of the population lived in poverty. Tulare County had the highest rate of poverty at 21.5 %; all counties reported

poverty rates above the state average (U.S. Census Bureau, *Current Population Survey, 2004 Annual Social and Economic Supplement)*.

- o "The Valley houses 13 of the nation's 101 poorest communities" (Save the Children, 2002, p. 99). More than one in four Valley children (28.1%), or 287,750 children, lived at or below the federal poverty level of $17,050 for a family of four (U. S. Census Bureau).
- o Over half of the Valley's children lived in families with incomes below 185% of the poverty level (a common eligibility standard for federal health and social benefits programs). The Valley's child poverty rate was 44.5% higher than that of the state.

- Single-parent households have often been implicated in challenges to stability for children and families. As wage earners and caretakers, single parents face pressures not generally present in two-parent households. Poverty rates are highest for families headed by single women, particularly Black or Hispanic single women. Nationally, according to the University of Michigan National Poverty Center (2003), in 2001:
  - o 26.4% of female-headed families were poor, whereas 13.1% of male-headed families and 4.9% of married-couple households lived in poverty.
  - o Nationally both Black and Hispanic female-headed families had poverty rates exceeding 35.0%.

In addition to geography and social and economic conditions, the San Joaquin Valley is significantly impacted by its status as the former national "capital" of domestic methamphetamine production. Highway 99, a primary north-south corridor through the Valley, has been and continues to be a major drug distribution route.

What is the legacy of these social and economic conditions and illegal drug manufacturing and marketing? High rates of methamphetamine abuse in the Valley with complex and widespread consequences for the region's residents.

THE PARTNERSHIP FOR THE SAN JOAQUIN VALLEY

The Framework

Evolution

The Methamphetamine Recovery Project had its genesis in a series of events intended to address long-standing issues affecting the well-being of all residents in California's San Joaquin Valley counties.

June 2005

By Executive Order, Governor Schwarzenegger established the

California Partnership for the San Joaquin Valley, a public-private partnership focused on improving the economic vitality and quality of life in the region. State funding was allocated to begin transforming the Valley and ten work groups were established, including the Health and Human Services (HHS) work group.

May 2006
The California Department of Social Services asked members of the Central California Area Social Services Consortium (CCASSC), representing eight San Joaquin Valley counties and two coastal counties, to identify priority social services issues that should be included in the HHS component of a strategic action plan for the Governor's consideration.

June 2006
The Central CA. Social Welfare Evaluation, Research and Training Center (SWERT) is an auxiliary unit of California State University, Fresno (Fresno State) under the auspices of the College of Health and Human Services, Department of Social Work Education. It is the site of the Central California Training Academy for social work practitioners in county child welfare programs throughout the valley and Specialized Foster Parent Training resources.

The SWERT also supports CCASSC members and assisted with submission of *Social Services in Central California's San Joaquin Valley: Today's Challenges – Tomorrow's Outcomes*, included in Appendix 1. The Social Services directors developed prioritized recommendations to be submitted to the Governor's office; the top priority was to increase regional methamphetamine addiction treatment capacity, especially for pregnant and parenting women and their children.

October 2006
The approved state budget for 2006-07 included $5 million to support the work of the Partnership; $120,000 was allocated to each work group to initiate Partnership activities. The Central Valley Health Policy Institute (CVHPI) and the SWERT proposed to serve as joint lead agencies for the HHS work group; the funding period for the Work Groups is January 1, 2007 through June 30, 2009.

February 2007
The Fresno State College of Health and Human Services authorized the faculty and staff assigned to SWERT to implement what came to be known as the Methamphetamine Recovery Project. Earliest activities centered around obtaining approval from Fresno State's Institutional Review Board (IRB) for the human subjects research component of the project and establishment of a regional Advisory Council to serve as the Project's collaborative oversight body. By May 2007, five counties were represented on the Council.

April 2007
The state invited applications for "seed grants" totaling $2.5 million to further the goals in the Strategic Action Proposal. Based on CCASSC priorities, the SWERT submitted a proposal for $250,000 to formally implement the Methamphetamine Recovery Project. In June 2007 the Partnership Board approved the proposal at a funding level of $150,000 effective July 1, 2007 through December 31, 2008.

August through December 2007
Using the seed grant funding, SWERT staff continued county-by-county Advisory Council recruitment. A process was initiated to establish Project Coordinator positions to serve the north and south Valley regions. After several delays based on the unique nature of the positions, recruitment was opened in December 2007. During that same time period, county-level presentations continued and the Council grew to include representatives from all eight Valley counties.

February 2008
Two Project Coordinators, one serving the north counties of Madera, Merced, San Joaquin and Stanislaus and one serving the south counties of Fresno, Kern, Kings and Tulare, joined the project. Planning began for public meetings to solicit community views. The meetings were conducted from May through October 2008.

Structure

With the support of the Partnership Board of Directors, Fresno State and CCASSC, the Methamphetamine Recovery Project was structured as a grass-roots effort to develop a regional model of effective prevention, treatment and sustainable recovery programs that could support and expand existing community efforts. The underlying belief was that communities know best what they need to address effects of methamphetamine and other substance abuse. The Advisory Council's role was twofold:

- To serve as a collective voice for the San Joaquin Valley region in all aspects of project activities to assist with describing the Valley's needs, and
- To represent the Project in their own communities, sharing information about its purpose, its activities, and expected results locally and with appropriate governing and regulatory bodies at every level, in ways that could support the goal of increasing resources to meet the region's needs.

At the first Advisory Council meeting, held September 7, 2007, the Council formulated, and later formally adopted Vision and Mission Statements and Guiding Principles (Appendix 2). Because Council members would represent a university-sponsored project with a research component, each member received a written explanation of the investigative nature of the Project and each signed an IRB-approved consent form regarding the voluntary nature of participation. A complete roster of Advisory Council members and samples of the consent forms are also included in Appendix 2.

During that meeting, attendees participated in roundtable discussions about what works, what doesn't work, and priorities for improving services and programs for methamphetamine and other substance abuse education, prevention, treatment and recovery. The results of those discussions would later form the basis for community-level conversations about those same issues.

Discussion about the Project purpose, scope and complexity, and the Valley's geographic characteristics resulted in a decision to structure Project activities into

two subregions – the north Valley counties of Madera, Merced, San Joaquin and Stanislaus, and the south Valley counties of Fresno, Kern, Kings, and Tulare. The structure was based on the expectations that:

- The Project would retain its regional identity through the oversight of the multi-county Advisory Council and Fresno State's role as a community-engaged academic partner in the project.
- The Council would retain its regional identity through the efforts of two Council Co-Chairs, Cary Martin in the north region and Kim Hoffman-Smith in the south.
- The SWERT, under the direction of E. Jane Middleton, DSW, Chair of the Department of Social Work Education and Methamphetamine Recovery Project Director, would support the efforts of the two subregions as a single unit.
- Virginia Rondero Hernandez, Ph.D., Fresno State faculty and Principal Investigator for the Project, would oversee and coordinate community-based participation and research activities throughout the region.
- Two Project Coordinators, Sherill Calhoun and John Aguirre would work with Co-Chairs and Council members in each subregion in the planning and implementation of project activities.
- Juanita Fiorello and Chris Cole would manage day to day operations and technical components of the project.

"Local solutions to regional Issues" became the Project's guiding theme. The concept of establishing a regional process that sought out, respected, and represented the voices of individuals and communities resulted in two simultaneous strategies intended to shape and inform the Project's activities and results:

- Development of a process whereby the voices of Valley residents could be heard and their views included in the effort to identify the issues and needs specific to the Valley counties' demographics, cultures, and environments; and
- Initiation of efforts to engage participation across the spectrum of public and private domains, including individuals and families affected by methamphetamine and other substance abuse, health, mental health, and social service agencies, education, law enforcement, business, every level of government, and fiscal and programmatic policy makers.

On March 7, 2008, the Advisory Council hosted a legislative forum at the University of the Pacific, School of Pharmacology, in Stockton, Ca. The meeting was hosted by Congressman Jerry McNerney, featured a wide range of speakers, including Senator Dave Cogdill and representatives of Congressman Dennis Cardoza, Assemblyman Juan Arambula, the Lieutenant Governor's and Governor's offices, and the California Department of Alcohol and Drug Programs. It was simultaneously broadcast via interactive teleconferencing to West Hills College in Lemoore, Ca. Approximately 100 people attended between the two sites, including individuals affected by addiction, family members of addicts, public and private organizations, faith-based organizations, and service providers.

The forum became an opportunity for legislators and other policy and decision-makers to hear the voices of the people when individuals stepped forward to share their stories about the impact of addiction on their lives and communities. It also served as a kick-off event in preparation for the first community-level meetings to begin throughout the region. The forum agenda and summary meeting notes are included in Appendix 3, with agendas and notes from other Advisory Council meetings.

At the Council's quarterly meeting in July 2008, held at the Madera Community College Center in Madera, Ca., three guest speakers addressed topics of community responses to methamphetamine and other substance abuse issues, including prevention and building collaborative networks (see meeting agenda in Appendix 3). At that time, a preliminary outline of the planned Project report was circulated for Council review and comment.

Why Focus on Methamphetamine Abuse?

When the CCASSC members were asked to identify the most pressing issue in their counties, they focused on the impact of methamphetamine abuse because of the numerous implications for policy and practice in child welfare services, cash aid and medical benefits, and substance abuse and mental health treatment resources in their counties.

Admissions to publicly funded methamphetamine treatment programs have shown a steady increase since the early 1990s. Nationally, at least 1.4 million persons ages 12 and older reported using methamphetamine during 2004-2005, and 9 % of all persons admitted for treatment reported methamphetamine as their primary drug problem (Substance Abuse and Mental Health Services Administration [SAMHSA], 2006). SAMHSA prevalence reports indicate that:

- The methamphetamine/amphetamine admission rate for the United States population aged 12 and over increased by 127% between 1995 and 2005, from 30 per 100,000 to 68 per 100,000.
- Methamphetamine admission rates were generally highest in the Pacific and Mountain States, but rates increased in 43 of the 44 states reporting in both years.
- In 1995, one state had an admission rate equal to or greater than 220 per 100,000 population aged 12 and over; by 2005, four states had rates that high or higher.

In California, methamphetamine ranks as the most commonly reported abused drug, surpassing alcohol and heroin. All California counties enter information regarding publicly-funded substance abuse treatment programs into the statewide California Outcome Measurement System (CalOMS). The Office of Applied Research and Analysis (OARA), California Department of Alcohol and Drug Programs, aggregates and reports the admission, treatment and discharge data for each county.

- State data reflect that the percentage and numbers of clients admitted to publicly-funded treatment for abuse of methamphetamines increased from 26.2 % or 46,198 clients to 35 % or 58,039 from FY 2001-02 to FY 2004-05.[i]

In October 2008, the OARA agreed to provide client demographic data to the SWERT for fiscal year 2007-08 for each of the eight Valley counties. The following charts reflect comparisons of admissions for all drugs to admissions in which clients identified methamphetamine as their primary drug.[2]

Chart 1

Geography and poverty do not necessarily correlate to methamphetamine usage rates, as shown in Chart 1 below.

- Madera County, one of the smallest, reflects a higher rate per 1,000 residents than Kern County, the largest.
- Tulare County, poorest of the eight (U.S. Census Bureau), has the highest rate.

CHART HERE

Chart 2

Although several studies indicate that the number of women using illicit drugs, particularly methamphetamine, is increasing, it can be observed that women

[2] Individuals participating in faith-based, private, or non-governmental treatment programs are not included in CalOMS data.

continue to seek treatment at lower rates than men. Further study is needed to identify factors that influence women's help-seeking behaviors.

- A total of 27,429 individuals were admitted for treatment; of that total, 10,840 (39.5%) were admitted for methamphetamine abuse.
- 37.2%, or 10,199 of the total admissions for all drugs were females, but females comprised 44% of the admissions for methamphetamine. Males comprised 62.8% of the admissions for all drugs and 56% of the admissions for methamphetamine.[3]

CHART HERE

Chart 3

Several patterns may be observed in the chart shown below.

- The majority of treatment admissions occur in the 21-60 age group, particularly in ages 21 through 45, and methamphetamine is the primary drug in that age group.
  - Of 27,429[4] clients admitted for all drugs, 14,565 or 53.1% were age 21 through 40 years; 53.6% of the clients in that age group were admitted for methamphetamine.
  - For clients age 46 through 61 years or more, 14% of the total admissions for that age group were for methamphetamine.

[3] Four individuals identified gender as "Other" and were not included in the gender-based totals.
[4] Age data is included for 27,243 clients; age data was not available for 6 clients.

- Clients in the 21-60 age group are most likely to be in the work force and/or raising children, increasing the risks of unemployment and family instability, including increased rates of associated homelessness, child abuse/neglect and domestic and other violence.
  - ➢ In the age group of 21 through 60 years of age, 80.2% of the total admissions, 40.3% were for methamphetamine.
- The low rate of admissions for methamphetamine treatment for clients age 20 years or less, in relation to the total admissions for all drugs for that age group, may indicate a need to focus on prevention and early intervention to address the gateway drugs of alcohol, tobacco, and marijuana.
  - o A total of 5184 clients age 20 or under were admitted for treatment; 736, or 14.1%, of those admissions were for methamphetamine.
- The rate of first use of methamphetamine increases significantly between the age groups of 12-14 and 15-17, further indicating the need for early education and prevention.[5]

CHART HERE

Chart 4

National data indicate that more child caretakers are female; increasing numbers of females using all drugs, including methamphetamine, may result in greater

[5] Chart A, Appendix 3

numbers of minor children at risk of involvement with child welfare systems. OARA data for the Valley, shown below, shows that:

- Although women comprise 45.7% of all parents admitted for all drugs, 51.2% of the parents admitted for methamphetamine were women.
- 60.8% of the 6,692 female parents admitted for treatment were admitted for methamphetamine.
- 48.9%,of the 7,937 male parents admitted for treatment were admitted for methamphetamine.

CHART HERE

Data included with the OARA reports regarding dependency and criminal court involvement indicate that:

- All parents admitted for all drugs reported a total of 25,118 children.
- Parents admitted for methamphetamine reported 13,673 children, 54.4% of all children reported. Of those children, 41.8 % were age 5 years or under.[6]
- 4,072 women admitted for methamphetamine reported minor children age 5 years or under, 53.1% more than 2,166 males. Both men and women admitted for methamphetamine reported minor children ages 6 to 17 years in similar numbers (2,768 and 2,899 respectively). [7]

[6] Chart B, Appendix 3
[7] Charts C and D, Appendix 3

- 21.6% (3,009) of clients with minor children admitted for all drugs have children living with someone else due to court orders.
- 24.8% (1,793) of clients with minor children admitted for methamphetamine have children living with someone else due to court orders.
- Parents with children aged 5 years or under are more likely to be referred to treatment by dependency courts than parents referred for all drugs or with children aged 6 to 17 years.[8]
- The rate of criminal court referrals is higher for parents admitted for methamphetamine than for parents admitted for all drugs, 49.4% compared to 47.2% for parents with children 5 years or under and 61.2% compared to 53.9% for parents with children aged 6 to 17 years.
- An informal study of child welfare cases in four Valley counties, completed in August 2008 by SWERT and county staff and graduate students from California State Universities at Fresno, Bakersfield and Stanislaus, identified methamphetamine abuse as a factor in 60% of the cases studied.
- 2007-08 OARA data for Valley counties indicate that 460, or 9.6%, of the women admitted for methamphetamine were pregnant at the time of admission, a factor that influences child welfare involvement.

In addition to the impact on child welfare services, the prevalence of methamphetamine abuse exerts a significant toll on other community sectors such as business, education, the criminal justice system, and public assistance systems. OARA data for Valley counties show that:

- 11.9% of clients admitted for all drugs, including methamphetamine, were employed 35 hours per week or more.
- 88.1% of clients admitted for all drugs and 87.1% of clients admitted for methamphetamine were unemployed or employed less than 35 hours per week.
- 58.8% of clients admitted for all drugs and 71.7% of clients admitted for methamphetamine were under probation or parole supervision by CDC or other jurisdictions.
- 32.8% of clients admitted for all drugs, including methamphetamine, were Medi-Cal beneficiaries.
- 18.3% of clients admitted for all drugs and 17.2% of clients admitted for methamphetamine had co-occurring mental illness diagnoses.
- 38.9% of clients admitted for all drugs reported 1 to 3 prior treatment episodes; 44% of clients admitted for methamphetamine reported 1 to 3 prior treatment episodes.

Although Valley population data indicate that 44% of Valley residents are Hispanic or Latino, OARA data reflects a different picture about ethnicity and substance abuse.[9]

[8] Charts E and F, Appendix 3

[9] The ethnicity descriptions are pre-determined by the CalOMS system.

- 57.2% (15,679) of clients admitted for all drugs self-identified as *Not Hispanic.*
- 57.0% (6,179) of clients admitted for methamphetamine self-identified as *Not Hispanic.*

- 37% (10,288) of clients admitted for all drugs self-identified as *Mexican/Mexican American.*
- 36.9% (4,002) of clients admitted for methamphetamine self-identified as *Mexican/Mexican American.*

- 5% (1,365) of clients admitted for all drugs self-identified as *Other Hispanic/Latino.*
- 5.6% (612) of clients admitted for methamphetamine self-identified as *Other Hispanic/Latino.*

Given available data and their own knowledge and experience with the overarching effects of methamphetamine abuse, the social services directors' perception was that adequate access to timely, effective prevention, treatment, and recovery services would significantly improve the well-being of their communities. The Methamphetamine Recovery Project was charged with seeking out ways to confirm the validity of those perceptions.

Methamphetamine Recovery Project Goal, Objectives and Outcomes

The planned strategies and activities undertaken as part of the Project were based on the goal articulated by CCASSC members in the social services briefing report and included in the approved seed grant proposal.

Goal: Develop comprehensive methamphetamine education, treatment, and recovery programs throughout the San Joaquin Valley region.

Objective: Develop research-based treatment modalities designed to address methamphetamine and other substance abuse with a focus on preventing use and maintaining recovery among a variety of populations.

Broad strategies to be formulated and implemented included:

- Development of a regional agenda focused on addressing the over-arching impact of abuse of methamphetamine and other substances.
- Establishment of a regional strategic plan for implementing community-based continuum of care models of prevention, effective treatment, and sustainable long-term recovery, including gender-specific services for women.

Three major outcomes were articulated as the anticipated results of the Methamphetamine Recovery Project.

Outcome 1. A collaborative network of regional, state, and federal participants committed to long-term community-based strategies to address the prevalence and impact of the abuse of methamphetamine and other substances. The collaborative

would focus on consequences across human, economic, and social domains, including child welfare, juvenile and adult law enforcement, education, and workforce, and development of a solution-based continuum of care. Membership would include, at a minimum, representatives of:

- Existing partnerships, task forces, and public and private initiatives.
- Local, regional, and state agencies and organizations serving affected children, youth and adults, such as city and county governments, local and regional law enforcement, child welfare, juvenile justice, prevention and treatment program providers, education, and workforce development.
- Family and consumer advocacy groups representing populations affected by substance abuse.
- Coalitions and consortia focused on the health, mental health, social, and economic consequences of substance abuse.
- Educational institutions such as California State Universities in Fresno, Kern and Stanislaus counties.
- Regional, state, and national expertise on the community problems of and solutions to substance abuse, including service models and funding sources.

Outcome 2. Regional consensus on promising models most likely to achieve outcomes of prevention, effective treatment, and maintenance of long-term recovery. Selected models would be based on:

- Comparison of potential prevention and treatment costs to long-term costs of failure to adequately address the issues.
- Comparison of quantitative needs data to existing resources to identify gaps and weaknesses, and potential solutions for new and expanded services.
- Identification of community-specific strategies, programs, service sites and populations to be addressed, including input from communities about programs they considered to be most effective for local issues.
- Evaluation of funding sources to support the costs of program implementation in each area of the region.

Outcome 3. A written regional strategic plan for establishing community-based solutions to identified issues.[10] The plan would include:

- Collaboration with existing initiatives in each county to expand and enhance support for local efforts.
- Comparison of the long-term costs and consequences of failure to take action to the long-term human and financial costs and benefits of prevention and treatment to the costs of failure to take action.

[10] This outcome was tentative, dependent upon available funding.

- Identification of funding and technical assistance needs and resources to meet short and long-term strategic plan goals.

OUTCOMES OF COMMUNITY MEETINGS

Purpose

In order to identify and quantify local and regional needs and issues that relate to substance abuse education, prevention, treatment, and recovery services in the San Joaquin Valley, the Methamphetamine Recovery Project Advisory Council, along with project leadership and staff, were committed to hosting public meetings throughout the region. The meetings were developed to extend the activities of the Advisory Council into Valley communities and achieve the primary objectives of the Methamphetamine Recovery Project which are:

- To develop a university-community partnership engaging communities across eight counties to focus on methamphetamine abuse and other forms of substance abuse in the San Joaquin Valley
- To organize a regional voice for policy and legislative changes that support substance abuse education, prevention, treatment and recovery; and
- To compile and report the outcomes of community meetings convened across the region

Rationale

Organizing a regional voice of Valley residents was viewed as the most appropriate way to elicit suggestions and recommendations for a regional model that provides comprehensive education, prevention, treatment and recovery services for methamphetamine abuse and other forms of substance abuse. The inclusion of a variety of Valley residents was viewed by Advisory Council members and project leadership as essential in order to gain multiple perspectives of what a model approach to this problem might look like on a regional scale. The insights and perspectives of Valley residents were also viewed as authentic and trustworthy sources for informing future legislative processes, policy development, administrative decision-making and program development.

These viewpoints align with participatory models of research which emphasize the active engagement of communities in all aspects of the research process. These models assume that differing perspectives and expertise lead to broader identification and understanding of health and social concerns and that multiple perspectives and expertise can be used to develop solutions to address these concerns (*Israel, et al., 1998; Schulz, Israel & Lantz, 2003*).[11]

Initiating the Process

Project leadership conferred with the Advisory Council co-chairs to identify county-level

[11] See Appendix XX for a detailed description of the approach to organizing community meetings.

contacts and possible host sites. Efforts were focused on recruiting groups of participants identified in the proposed framework originally presented to the board of the California Partnership for the San Joaquin Valley *(CCSWERT, 2007)*. These groupings included representatives from:

- Local law enforcement agencies
- Alcohol and drug programs
- Corrections
- Community providers
- Health and social services agencies
- Consumers

In order to initiate the process of engaging Valley communities in the Project, two key positions were created and filled by:

- John Aguirre served as the North County Coordinator assigned to the counties of San Joaquin, Stanislaus, Merced and Madera. John has extensive community organization experience across the region. His primary area of expertise in the field of child abuse prevention.
- Sherrill Calhoun served as the South County Coordinator assigned to the counties of Kern, Kings, Fresno and Tulare. Sherrill co-led the development of the King County Partnership for Prevention, which is affiliated with Kings County Behavioral Health.

The Coordinators were primarily charged with:

- Conferring with project leadership in identifying Advisory Council members and local contacts who could help to organize local meetings
- Organizing and facilitating local meetings in their assigned counties to inform and encourage public participation
- Maintaining ongoing communication with Council members and allies of the Methamphetamine Recovery Project
- Coordinating with project leadership in the scheduling and arranging of the Advisory Council's quarterly meetings and
- Attending, assisting and reporting at quarterly Council meetings[12].

The coordinators initiated the process of organizing meetings based on their networks of community contacts and referrals received from project leadership and Advisory Council members. They corresponded with prospective contacts by e-mail and phone to confirm interest and finalize plans for community meetings. They also initiated contacts with organizations referred to them by community members in each of the eight counties. This recruitment process resembled a purposive sampling strategy.

Meeting Audiences

In accordance with the work group plan with the California Partnership for the San Joaquin Valley, the Coordinators focused on convening meetings of consumers of substance abuse services, law enforcement and service providers. Meetings were

[12] Summative reports from each County Coordinator can be found in Appendix XX.

convened with the business community as well to capture the perceptions of communities' economic sectors. Meetings also included educational and health professionals and family members, members of Native American, Spanish-speaking and GLBT communities.

Meetings were convened in a variety of settings and were advertised as open to the public. A total of 50 community meetings were convened between May and October 2008[13]. A total of 749 persons attended these meetings between May and October 2008. Each attendee was asked to complete a demographic form indicating age, gender, income, education, race, and zip code. The chart below reflects these characteristics: zip code data illustrating where the participants resided is included in Appendix XX.

758 Community Meeting Participants								
	Fresno	Kern	Kings	Madera	Merced	San Joaquin	Stanislaus	Tulare
By County	152 20%	37 4.9%	102 13.5%	109 14.4%	52 6.9%	79 10.4%	188 24.8%	39 5.1%
By Age Group	18-25	26-35	36-45	46-55	56-65	65 and over	No Answer	
	118 15.6%	273 22.8%	166 21.9%	152 20%	98 12.9%	34 4.5%	17 2.2%	
By Gender	Male	Female						
	266 41.8%	370 58.2%						
By Race	White	Latino/Hispanic	Native American	Black/African American	Asian	Other	No Answer	
	414 54.6%	225 29.7%	19 2.5%	43 5.7%	27 3.6%	16 2.1%	14 1.8%	
By Education	Less Than HS	High School Diploma	G.E.D	College Degree	Graduate Degree	No Answer		
	92 12.1%	211 27.8%	64 8.4%	237 31.3%	130 17.1%	24 3.2%		
By Income Level	$9,999-$14,999	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000 or more	No Answer
	268 35.4%	50 6.6%	51 6.7%	86 11.3%	90 11.9%	65 8.6%	98 12.9%	50 6.6%

Data Gathering

The Coordinators facilitated all community meetings. They initiated the meeting process by introducing themselves and the purpose of the Methamphetamine Recovery Project. This introductory information was followed by explanation of the terms human subjects

[13] See Appendix XX for a list of Community Meeting sites.

approval, including:

- Voluntary participation (no participant was required to answer questions asked during the meeting)
- Anonymity (no personal identifying information was collected)
- Confidentiality (responses would not be associated to any participant).

In order to be able to describe the outcomes of the community meetings, participants were requested to fill out a simple demographic form so that descriptive data (e.g. age, gender, race/ethnicity, income level, educational level, zip code) could be collected[14]. They were also asked to respond in writing to the following questions:

- What programs in your county do you consider successful in term of positive outcomes for individuals and families affected by addiction?
- Are there any laws or policies that work in reducing the use of methamphetamine and other substances?
- Are there education, prevention, treatment or recovery programs that are not working well in your county?
- What changes do you think need to take place for more programs to produce more successful outcomes? [15]

Data Analysis

A codebook was developed to support and conduct an efficient and trustworthy conceptual analysis of the data gathered.[16] It was adapted from a standard coding format developed by the Manifesto Research Group (Neuendorf, 2007) and contained the translational rules that were used to compile, organize and interpret the comments collected. Translation rules protect against inconsistencies in the coding process and invalid interpretations draw from such inconsistencies (Busch, et al., 2005). [17]

The codebook assisted the project leadership to:

- Decide the level of analysis.
- Decide how many concepts were be to coded.
- Decide whether to code for existence or frequency of a concept.
- Decide on how to distinguish among concepts.
- Develop rules for coding your texts.
- Decide what to do with irrelevant or non-relational data.
- Code the texts from community meetings.
- Analyze the results and frame discussion for the MRP report (Busch et al.)

Results

[14] See Appendix XX.
[15] The content of the community meeting questions was similar to those asked of participants at the Advisory Council's March Legislative Forum held at the University of the Pacific in Stockton on March 7, 2008. See Appendix XX.
[16] See Appendix XX.
[17] See Appendix XX.

A total of 749 persons attended community meetings between May and October 2008[18], however only 680 participants submitted written responses. Nevertheless, 4,594 responses were recorded and coded.

This report is based on a total of 3,953 responses from the following five groups[19] :

- Business Community
- Citizens-at-Large[20]
- Consumers
- Law Enforcement
- Service Providers

The following are the top five response categories for each of the questions posed to participants during Methamphetamine Recovery Project community meetings, along with summary interpretations of the data collected for each one.

Q1: What programs in your county do you consider successful in terms of positive outcomes for individuals and families affected by addiction?

A total of 1,586 responses were coded for Question 1. Responses were assigned to categories that relate to a continuum of care and services (prevention/education, treatment and recovery) for substance abuse, and alternate perspectives that emerged during the analysis were identified. The following types of programs were reflected in the top five responses.

1. Residential treatment
   - The perception that residential treatment results in positive outcomes was reflected in the responses from all groups. Consumers and service providers, in particular, viewed residential treatment as the primary form of successful treatment.
2. Outpatient treatment
   - Outpatient treatment was the second most commonly cited form of treatment perceived to be effective, especially by consumer and service provider groups.
3. Abstinence groups
   - Community-based social support in the form of individual and family-based abstinence groups, e.g. 12-step programs, was viewed by participant groups as successful in producing positive outcomes for dealing with addiction.
4. Faith-based treatment
   - Respondents in all groups except the Business Community group identified

[18] See Table XX for summary of participant demographics
[19] Of the 4,594 coded responses, 641 were coded as *no response*, *uninterpretable response*, or *unidentifiable response*.
[20] The Citizens-at-Large groups represent mixed audiences of persons from various professional backgrounds, family members, civic leaders and private citizens.

programs founded in faith and/or religious principles as effective in supporting treatment for persons affected by addiction.

5. Recovery Services
   - Four of the five participant groups specified community-based aftercare and recovery support programs as effective components of positive outcomes.

Q2: Are there any laws or policies that work in reducing the use of methamphetamine and other substances?

A total of 958 responses were coded for Question 2. Responses were assigned to categories that were related to laws and policies as they were understood by meeting participants. Alternate responses that emerged during the analysis were included. Following are the top five response categories.

1. Proposition 36
   - Consumers and service providers, in particular, viewed Proposition 36 as a successful measure for reducing the use of methamphetamine and other substances.
2. No/none
   - In addressing this question, each group's responses reflect the perception that there are no laws or policies that work in reducing the use of methamphetamine and other substances.
3. Drug Court
   - Referral to Drug Court as an alternative to incarceration was cited primarily by consumers. Court-ordered treatment, not necessarily specific to Drug Court, was also cited as effective in reducing the use of methamphetamine and other substances.
4. Legal restrictions on substances used for manufacturing methamphetamine
   - Enforced restrictions, e.g. over-the-counter medications, were viewed by all groups as effective in reducing the use of methamphetamine.
5. Penal codes and laws regarding illicit drugs
   - Responses reflect specific references to effective penal codes and laws regarding the manufacture, distribution, possession and use of illicit drugs.

Q3: ***Are there education, prevention, treatment or recovery programs that are not working well in your county?***

Many of the responses to Question 3 reflected a misunderstanding of the question or provided an alternate response to the question. Of 664 responses coded, one out of five responses indicated the respondent had no knowledge of or were not familiar with any programs that were not working well in their specific county. The responses were coded and the top five response categories follow.

1. Not enough education
   - The most common response offered was that there was not adequate public education and community awareness about substance abuse in general.

2. More program funding needed
   - The responses reflect that more funding is needed in order to reach specific target populations, e.g. offenders, isolated or rural communities, persons living in poverty, addicts, and the uninsured.
3. Outpatient treatment
   - The responses collected on this question reflect that the availability and duration of outpatient treatment is limited in Valley communities.
4. Halfway houses
   - The majority of responses about halfway homes were registered by consumers. Concerns about staffing, supervision, training of staff and continued use of substance in these facilities were specifically identified.
5. Proposition 36
   - Whereas Proposition 36 was described was a favorable law in response to Question 2, some responses to Question 3 elicited opposite points of view. For each person who said Proposition 36 didn't work, there were four people who said it did.

Q4: ***What changes do you think need to take place for more programs to produce more successful outcomes?***

A total of 1,186 responses were coded for Question 4. Only one-third of the responses were don't know/not familiar, indicating the high level of interest in conveying suggestion for how to produce more successful outcomes in dealing with the effects of methamphetamine and other substances in Valley communities. Responses were assigned to categories that relate to a continuum of care and services, as well as enforcement, policies, community and alternate perspectives that emerged during the analysis. Following are the top five response categories.

1. More public awareness/community education
   - The perception that more awareness and education about methamphetamine and other substances would produce more successful outcomes was highly evident in the responses of all groups. This perception was especially supported by service providers and citizens-at-large.
2. More funding
   - Responses from all groups reflected that funding was key to producing successful outcomes. Areas specifically identified in need of funding, beyond public awareness and community education, were residential treatment, training of staff and counselors, prevention activities, and law enforcement.
3. Residential treatment
   - There was support for residential treatment reflected in the combined responses of all groups. Some of the responses were specific in terms of more programs, longer treatment and specific target, e.g. teens, women, parents of minor children.
4. Educate early
   - There also was robust support across all groups for educating school-aged children and young parents about drugs in order to produce more successful

outcomes.

5. More/longer aftercare/support
   - There was relatively equal representation of the comment of three of the five groups. The comments related to three primary areas, e.g. more relapse prevention classes, smaller numbers in aftercare groups and reduced cost for aftercare.

CONCLUDING STATEMENT

Accomplishments

The Methamphetamine Recovery Project was designed to establish a regional environment that supports coordinated, comprehensive response to local needs and issue driven by the consequences of substance abuse. To the extent that funding, county-level participation and other resources were available, the Project was able to accomplish the following:

- Development of a regional agenda
  - Established a regional Advisory Council to guide Project leadership.
  - Hosted venues, e.g. Legislative Forum, Community Meetings to assist in identifying and quantifying regional needs and issues and showcasing several best practice models in prevention/intervention in the Valley.
- Establishment of regional consensus
  - Collected, analyzed and reported public opinion about models of care most likely to be effective for Valley residents.
  - Identification of community-specific strategies, programs, service sites and populations to be addressed.
  - Aggregated available local, state and national data to support anecdotal observations about the impact of methamphetamine and other substances on Valley communities.
- Completion of a written plan featuring local solutions to regional issues
  - Identified existing initiatives and assessed opportunities for expanding and enhancing support for local efforts.
  - Review of potential prevention and treatment costs compared to long-term costs of failure to adequately address the issues.
  - Identified priorities for resource investment in a continuum of care - education, prevention, treatment and recovery services - in the San Joaquin Valley.

Limitations

In order to stay within the parameters of funding restrictions, several Project activities could not be accomplished. However, these activities represent opportunities to further explore Valley needs and issues should funding become available. They include the following:

- Limited time to establish, nurture and sustain on going collaborative relationships that would have resulted in a broadly-supported regional forum to extend beyond the life of this Project.
- Development of a comprehensive, strategic plan for a regional model for managing the methamphetamine epidemic.
- Identification of technical resources needed to support longitudinal tracking of treatment outcomes and the subsequent impact on public services.

- Acquisition of funding and resources needed to sustain the Advisory Council as a regional resource for local, state and federal efforts to reduce the use and impact of methamphetamine and other substances.
- The data collected also reflected specific limitations of the approach to gather community perceptions:
    - Recruitment of participants was compromised by not having an anchor in communities to partner with to attract meeting participants, especially in rural communities.
    - The number of representatives from each grouping was disproportional, specifically limiting the voices of the business community and law enforcement.
    - Twice as many Whites and half as many Latinos/Hispanics who are living in the Valley were represented in the sample.
    - Too few community meetings were hosted for non-English-speaking residents, compared to English-only meetings.
    - Requiring written responses may have discouraged the participation of participants with low literacy skills.

Priorities

An overarching theme expressed by all groups of participants was that funding levels are already insufficient to meet the existing needs. The inextricable relationship between services and funding must be addressed to meet current needs. If population growth projections remain constant, maintenance of the current rate of funding will further erode the Valley's capacity to respond to the threat of methamphetamine and other substance abuse.

Based on the results of the community meetings and a review of the goal and objectives of the Project, the following items represent priorities for future action to realize local solutions to regional issues:

- Expand public awareness and education activities early in life. Community meeting participants viewed this strategy as preventative in nature and a way to achieve future savings in human and economic costs. The fact that 1 out of 10 responses collected were *don't know/not familiar* indicates serious consideration of this priority.
- Expand the availability of residential treatment facilities and increase the number of residential programs that offer treatment that is gender-specific and addresses the needs of women with children, adolescents and the GLBT populations. Length of time in residential treatment was also identified as one of the factors affecting positive outcomes.
- Initiate a system of consistent, comprehensive and publically-funded recovery services. Recovery services and after care are currently perceived as the weakest link in the continuum of care and one that can make a difference the lives of people who struggle to maintain sobriety and self-sufficiency for themselves, their families and their communities.

- Establish a mechanism by which Valley residents are engaged and mobilized to address the threat posed by methamphetamine and other forms of substance abuse in their own communities.

Conclusion

This report provides evidence of regional consensus of what works, what doesn't work and what is needed if the Valley is to confront and ameliorate the effects of methamphetamine and other substances. This evidence is reflected in the unique voices of the participants and the shared concerns and priorities identified. The fact that all of these unique responses are not discussed in this report does not reduce their validity, but a missed opportunity to share creative measures for addressing prevention, education, treatment and recovery needs.

The fact remains that methamphetamine and other forms of substance abuse respect no boundaries. Methamphetamine production damages land, air and water. Methamphetamine and other forms of substance abuse compromise the health and well-being of individuals, families and communities, regardless of geography, age, gender, and race/ethnicity. As a society, we can not afford to not hear the voices of people who are affected, educated or interested.

Governor Schwarznegger's Executive Order to initiate the Partnership for the San Joaquin Valley was a "first step" in transforming the quality of life in the region. Through the commitment of the 10 work groups, including the Health and Human Services Work Group, change has begun.

Ultimately, the lack of sustainable funding for these initiatives, including the Methamphetamine Recovery Project, should not be an excuse for not pursuing any and all opportunities for a regional approach that allows for more community synergy, shared resources and effective outcomes.