

Los Angeles County Department of Health Services
Alcohol and Drug Program Administration

Annual Review of Participants in
Alcohol and Drug Programs
Contracted by the
Alcohol and Drug Program Administration

2003-04 Fiscal Year



Prepared by

Research and Evaluation
Planning Division



Los Angeles County Department of Health Services
Alcohol and Drug Program Administration

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Executive Summary

The ninth Annual Review is a comprehensive description of the participants who received various types of services from alcohol and drug programs contracted with the Los Angeles County Alcohol and Drug Program Administration (ADPA) during the 2003-04 Fiscal Year. Information presented in the Annual Review is obtained from the Los Angeles County Participant Reporting System (LACPRS) an ongoing standardized reporting system which is sustained by a close working relationship between ADPA and contracted alcohol and drug program providers. Each month program providers obtain and submit participant admission and discharge information. Research and Evaluation, a section within the Planning Division, uses this information to prepare the Annual Review and other reports.

ADPA-Contracted Alcohol and Drug Treatment/Recovery Programs

Admissions Overall:

During the 2003-04 Fiscal Year, ADPA contracted with 152 community-based agencies. These agencies provided services to a total of 53,892 participants who accounted for 67,811 treatment/recovery program admissions. Since a participant may be admitted to more than one program during a fiscal year or return to the same program more than once, the number of admissions is usually greater than the number of individual participants. The number of program admissions and individual participants has increased over three fiscal years (2001-02 to 2003-04), 32% and 27%, respectively.

Participant Characteristics:

From 2001-02 to 2003-04 Fiscal Years, the demographic characteristics of treatment/recovery participants have been relatively constant. Most participants were male, most were between 25 and 44 years of age, and most reported completing 9 to 12 years of education. From 2001-02 to 2003-04, the primary drug problem reported by most participants was alcohol, methamphetamine, or cocaine/crack. One notable change in the primary drug problem reported by participants over these three fiscal years has been the steady increase in methamphetamine use.

Table 1 presents the overall demographics of participants served by ADPA-contracted treatment/recovery programs for the 2003-04 Fiscal Year.

Table 1 – Program Participants By Key Demographics
2003-04 Fiscal Year*

Characteristics	Number	Percent
Participants	53,892	100.0
<u>Gender</u>		
Male	35,808	66.4
Female	18,084	33.6
<u>Race/Ethnicity</u>		
White	15,593	28.9
Black	13,367	24.8
Latino	21,691	40.2
Native American	533	1.0
Asian/Pacific Islander	1,150	2.1
Other	1,558	2.9
<u>Age</u>		
Under 18 years	6,736	12.5
18 – 20	3,468	6.4
21 – 24	4,603	8.5
25 – 44	27,233	50.5
45 – 64	11,508	21.4
65 – Over	344	0.6
<u>Education</u>		
None	263	0.5
1 – 8	4,164	7.7
9 – 12	42,462	78.8
13 or more years	7,003	13.0
<u>Employment Status</u>		
Employed	9,623	17.9
Unemployed	44,269	82.1
<u>Homeless</u>		
Yes	10,154	18.8
No	43,738	81.2
<u>Primary Drug Problem</u>		
Alcohol	11,372	21.1
Cocaine/Crack	10,525	19.5
Heroin	9,160	17.0
Marijuana/Hashish	8,930	16.6
Methamphetamine	11,399	21.2
Other	2,506	4.7

*Percents in this report do not always sum to 100% due to rounding

During the 2003-04 Fiscal Year, Latinos (40.2%), Whites (28.9%), and Black/African Americans (24.8%) accounted for 94% of all participants involved in treatment/recovery programs. Unemployment was high among participants (82.1%) and 18.8% of the participants reported being homeless. The primary drug problem reported by most participants was methamphetamine (21.2%), alcohol (21.1%), cocaine/crack (19.5%), heroin (17.0%), or marijuana/hashish (16.6%). One out of 5 (10,936 or 20.3%) participants reported using needles to administer drugs. Five percent (930 of 18,084) of female participants reported being pregnant.

Special Treatment/Recovery Programs

ADPA contracts with alcohol and drug treatment/recovery agencies to provide services for specialized programs. These special programs were designed to address specific needs of certain populations such as adolescents, general relief recipients, pregnant and parenting women, and criminal justice defendants. The Substance Abuse and Crime Prevention Act of 2000 (also known as Proposition 36) program and participants are discussed in a detailed report, "Proposition 36 Annual Report 2003-2004" and can be access on ADPA's website, <http://lapublichealth.org/adpa>.

Following is a description of the special programs covered in this report:

❖ Adolescent Intervention, Treatment, and Recovery Programs

Adolescent programs provide screening, assessment, case management, outpatient and residential services for youth ages 12 to 21 years of age. ADPA contracts with a network of community-based agencies with specific expertise in providing these services using culturally and developmentally appropriate approaches. The service providers also possess the capacities to address the needs of youth with co-occurring mental health and substance abuse problems and of youth involved with the juvenile justice system. The service providers work closely with the Juvenile Court, the Probation Department, schools, and other youth-serving organizations to coordinate services for the youth and their families.

❖ California Work Opportunity and Responsibility to Kids Supportive Services

When California adopted the national welfare reform program known as Temporary Assistance to Needy Families (TANF), the State Legislature voted to rename California's welfare reform program California Work Opportunity and Responsibility to Kids (CalWORKs). Under the CalWORKs program, counties may provide additional supportive services to participants including mental health, domestic violence, and substance abuse treatment. These services are designed to remove potential barriers for participants trying to obtain and retain employment.

Participants are pre-screened by Department of Public Social Services staff during CalWORKs intake to determine if there is a possible substance abuse problem. Participants identified with a possible alcohol or other drug problems are referred to ADPA-contracted Community Assessment Services Centers (CASC) for a clinical assessment.

Participants identified with alcohol or other drug problems by CASC are encouraged to participate in a treatment and recovery program. ADPA's network of alcohol and other drug treatment/recovery programs provide services for CalWORKs recipients. Participation in these supportive services is considered a part of the welfare-to-work plan. The time spent in substance abuse treatment and recovery services normally satisfies the participant's weekly program requirement for work or job training and related activities.

❖ Drug Court Treatment and Recovery Services

Drug Court is a full or part-time court that has specifically been designated and staffed to supervise non-violent drug defendants who have been referred to a comprehensive and judicially-monitored program of drug treatment and rehabilitation services. First established in Los Angeles in 1994, there are currently 13 operational adult Drug Court programs located throughout the County. The Drug Court Judge heads a non-adversarial team of court officers, defense and prosecution attorneys, and treatment counselors to support a participant's recovery through intensive supervision, drug treatment services, frequent drug testing, and court appearances.

❖ Female Offenders Project

This project represents a joint effort by the California Department of Corrections, California Department of Alcohol and Drug Programs, and ADPA. The Female Offenders Project was first implemented during the 1989-90 Fiscal Year. Female inmates from the California Institute for Women in Frontera, who are paroled to Los Angeles County, voluntarily participate in community-based residential alcohol and drug treatment/recovery for up to six months.

❖ General Relief Mandatory Substance Abuse Program

Existing State law (California Welfare and Institutions Code section 17000 et.seq) requires counties to maintain a general assistance program for indigent persons. Indigent persons are defined as adults, 18 years of age and older, who have no source of income or means of providing for their basic needs such as food, shelter, and clothing. In Los Angeles County, this program is known as General Relief. Effective November 1997, all adult applicants applying for General Relief are required, as a condition of eligibility, to be screened during their intake interview to determine if there is a reasonable suspicion that he or she may have a substance abuse problem. These individuals are referred to an ADPA-contracted Community Assessment Services Center (CASC) for a professional evaluation, and, if appropriate, for urinalysis screening. Participants assessed and identified with alcohol or other drug problems are required to participate in a substance abuse treatment/recovery program in order to continue to receive General Relief benefits.

❖ Narcotic Treatment Programs

These programs provide a range of services using methadone or levo-alpha-acetylmethadol (LAAM) medication for detoxification and/or maintenance of opiate dependent individuals. Services may include intake and assessment, body fluid testing, group and family counseling, crisis intervention, and participant follow-up.

There are two types of narcotic treatment program services.

1. Detoxification services administer or furnish methadone/LAAM in decreasing doses for a period not to exceed 21 days to assist an individual's withdrawal from dependency on heroin or other morphine-like drugs.
2. Maintenance services administer methadone/LAAM, accompanied by ancillary medical and social services, for individuals 18 years of age or older with a history of two or more failures in alternative treatment services.

❖ Perinatal Services Network

This program was developed through the collaborative efforts between the California Department of Alcohol and Drug Programs and ADPA. The Perinatal Services Network provides a wide array of alcohol and drug treatment/recovery services designed to assist pregnant and parenting women and their children in establishing and maintaining clean and sober lifestyles. Treatment and recovery options include: long-term residential treatment, day care habilitative services, outpatient counseling, case management services, transitional housing, and sober living services.

❖ The Los Angeles Area Services Network (also known as Prison Parolee Network)

The Prison Parolee Network is the result of a collaborative effort of the California Department of Corrections, California Department of Alcohol and Drug Programs, and ADPA. Male and female offenders, paroled to Los Angeles County, voluntarily participate in an ADPA-contracted alcohol and drug treatment/recovery program for up to six months. Treatment includes residential, outpatient, and alcohol/drug-free living center services.

Table 2 provides a summary of the participants who received services from these specialized alcohol/drug treatment programs for the 2003-04 Fiscal Year.

Table 2 – Special Programs by Number of Admissions, Participants, and Target Population
2003-04 Fiscal Year

Special Programs	Admissions	Participants	Target Population
Adolescent	2,423	2,284	Youth ages 12 to 21 years of age
CalWORKs	1,801	1,636	CalWorks (welfare reform) recipients with AOD* problems
Drug Court	1,795	1,511	Non-violent drug defendants
Female Offenders	89	83	Female inmates from California Institute for Women in Frontera
General Relief	5,584	5,260	General Relief (indigent adults) recipients with AOD problems
Narcotic Treatment	8,875	6,552	Opiate dependent individuals
Perinatal	1,443	1,337	Pregnant and parenting women and their children
Prison Parolee Network	708	606	Male and female offenders, paroled to Los Angeles County

*AOD – Alcohol and Other Drug

Service Planning Area:

Los Angeles County is divided into eight Service Planning Areas (SPAs). Each alcohol and drug program participant was assigned to a SPA based on his or her residential zip code. SPA statistics represent the number of residents residing in a SPA at the time of their admission into an ADPA-contracted alcohol and drug program. SPA statistics do not include program participants who were homeless at the time of admission and those residents who received alcohol and drug treatment services from programs not contracted with ADPA. These SPA statistics do not reflect the actual level of incidence and prevalence of alcohol and drug problems in a SPA.

The most frequently reported primary drug problem of participants residing in the Antelope Valley, San Gabriel, and East SPAs at the time of admission was methamphetamine. About one-third of participants who resided in the South SPA reported cocaine/crack as their primary drug problem. Heroin was the most frequently reported primary drug problem of participants from the Metro and West SPAs. For all SPAs, most participants were between 25 and 44 years of age and most reported completing 9 to 12 years of education.

Discharge Status:

The discharge status of a participant is reported at the time of program departure. One of the following four State-defined standard discharges are used by program staff to describe a participant's departure status: 1) completed treatment, 2) left before completion with satisfactory progress, 3) left before completion with unsatisfactory progress, and 4) referred/transferred for further alcohol/drug treatment/recovery.

Table 3 shows that during the 2003-04 Fiscal Year, 43,675 participants were discharged from treatment/recovery programs. Overall, about one-fourth (24.0%) of all participants "completed treatment." More than one-third (35.7%) of the participants departing from residential programs successfully completed treatment. For non-residential programs, 17.4% of the participants "completed treatment."

Table 3 – Discharge Status by Residential and Non-Residential Programs
2003-04 Fiscal Year

Discharge Status	Residential		Non-Residential		Total	
	Number	Percent	Number	Percent	Number	Percent
Completed Treatment	5,667	35.7	4,824	17.4	10,491	24.0
Left – Satisfactory	1,127	7.1	3,465	12.5	4,592	10.5
Left – Unsatisfactory	5,669	35.7	16,667	59.9	22,336	51.1
Referred/Transferred	3,423	21.5	2,833	10.2	6,256	14.3
Total	15,886	100.0	27,789	100.0	43,675	100.0

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Introduction

This ninth Annual Review of Participants in Alcohol and Drug Programs Contracted by the Alcohol and Drug Program Administration (ADPA) was prepared by Research and Evaluation, a section within the Planning Division of ADPA, Los Angeles County Department of Health Services.

The Annual Review is a comprehensive description of participants who received alcohol and drug treatment/recovery services during the 2003-04 Fiscal Year. Chapters 2 through 5 provide participant demographics by special programs, target populations, Service Planning Areas, and program providers.

The majority of the information found in the Annual Review is based on data obtained from the Los Angeles County Participant Reporting System (LACPRS) which is sustained by a close working relationship between ADPA and contracted alcohol and drug program providers. LACPRS is a standardized, automated reporting system developed and maintained by ADPA.

For the purposes of this report, participant and program admission are defined, as follows:

- (1) A participant is an individual who is admitted and becomes actively engaged in an alcohol or drug treatment program.
- (2) A program admission is a treatment event that starts when the program admits the participant.

The Annual Review includes all participants receiving services in ADPA-contracted treatment/recovery programs. This review does not include information on participants who received substance abuse services at facilities operated by federal agencies in Los Angeles County (e.g., the Veterans Administration), crisis intervention facilities (e.g., hospital emergency departments), private entities, and other publicly funded non-ADPA contracted programs. The Annual Review also does not include information on ADPA-contracted prevention programs and their participants.

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Special thanks are extended to program providers for their submission of data to ADPA. Without their cooperation and support, the data necessary for the preparation of the Annual Review would not have been possible.