Local Solutions to Regional Issues:

A Report From The Methamphetamine Recovery Project

California Partnership for the San Joaquin Valley

Central California Social Welfare Evaluation, Research and Training Center
California State University, Fresno

December 2008

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Prepared for the
California Partnership for the San Joaquin Valley

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The Social Welfare Evaluation, Research and Training Center
California State University, Fresno

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Central California Social Welfare Evaluation, Research and Training Center

The Central California Social Welfare Evaluation, Research and Training Center (SWERT) at California State University, Fresno (Fresno State) supports knowledge and learning about the human condition, social issues, and service delivery systems in the Central California region. The SWERT Center seeks to advance inquiry, theory, education, policy and practice that promote social welfare and social justice. The Central California region is defined by the San Joaquin Valley, but may include other proximate regions as well (i.e. central coast and mountain counties). The SWERT Center serves as a university resource for human service organizations, providers, and stakeholders in the identification and study of social welfare issues and policies impacting the region. Through acquisition of external resources and support, SWERT engages in evaluation, research, and training activities consistent with the university's mission of scholarship and community engagement.

Additional information about SWERT, its projects and activities, including this report and other academic and community resources, may be found online at http://www.csufresno.edu/swert/index.shtml.

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Local Solutions to Regional Issues:
Substance Abuse in the San Joaquin Valley

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Executive Summary

The San Joaquin Valley region has historically been heavily impacted by the production, sale, distribution and abuse of methamphetamine. However, the effects of methamphetamine extend beyond the individuals involved with this drug and pervade into the communities in which they reside. The extent to which individuals and communities are affected by methamphetamine and other forms of substance abuse are reflected in national, state and local data collected by alcohol and drug abuse agencies, household surveys and law enforcement agencies. These data, however, are generally summative in nature. They do not necessarily reveal the quality of experiences or the personal perspectives and opinions of those affected.

In 2005, Governor Arnold Schwarzenegger signed an Executive Order that established the California Partnership for the San Joaquin Valley. One of the goals contained in the Partnership's Strategic Action Proposal directly addressed methamphetamine and the need to identify effective prevention, treatment and recovery services for this drug and other forms of substance abuse. Specific actions included community outreach activities and county-specific information gathering to complement and support local collaborative efforts. These strategies were viewed by the Partnership as key to improving the health status and well-being in San Joaquin Valley communities.

The Methamphetamine Recovery Project was designed to address the goal of developing comprehensive education, treatment and recovery programs throughout the region. The most effective first step toward achieving this goal was to engage communities in conversations about the consequences of methamphetamine and about local solutions to this regional issue. The result was the convening of 758 residents across the eight San Joaquin Valley counties and over 4,000 responses to questions about what works, what doesn't work, and what's needed in their communities.

This report summarizes the voices of Valley residents as they describe community-specific solutions already in place and specify what types of programs, legislation, and policies are needed to support a comprehensive approach. The report also describes the social and economic context of the region and the legacy of long-standing methamphetamine production and abuse. Specific discussion is dedicated to describing the Project and the organization and hosting of community meetings across the region during summer and fall 2008. The results of these community discussions and the most frequently cited responses are featured.

The priorities for next steps identified by Valley residents follow:

- Expand public drug awareness and education activities, particularly early in life;
- Expand the availability of residential treatment, especially for vulnerable and at-risk populations;
- Initiate a system of consistent, comprehensive, publicly-funded recovery services; and
- Engage and mobilize Valley residents to address the threat of methamphetamine and other forms of substance abuse in their communities.

The accomplishments and limitations of the Project are summarized, and implications of the Project findings are offered.

The Regional Context of the San Joaquin Valley

California's San Joaquin Valley encompasses 27,493 square miles in the heart of the state. It 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 includes Yosemite, Kings Canyon, and Sequoia National Parks, the Tehachapi Mountains, the 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 well-being of Valley residents and communities. These factors include urbanization, population density and growth rates, wide diversity in culture and language, income levels, and household composition. For example:

- According to the 2002 Census of Agriculture,[1] 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 across the Valley is 183 persons per square mile, ranging from 69 persons per square mile in Madera County to 480 in San Joaquin County. Actual density in urban areas is much greater due to the agricultural land use and federal park lands.[2]
- Over the next decade, 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,[3] indicating that:
  - ◊ 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. That rate is almost double the predicted average of 13.9% for other California counties.
  - ◊ 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 this 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%.[4]
  - ◊ In 2007, 28.5% of the households in California reported Spanish as their primary language.
  - ◊ In that same time period, 35% of households in the San Joaquin Valley reported Spanish as their primary language.
- In 2007, 12.4% of California's population lived below federally determined poverty income levels.[5] In the San Joaquin Valley, 17.3% of the population lived in poverty; all counties reported poverty rates above the state average. Tulare County had the highest rate of poverty at 23.7%.
  - ◊ More than one in four Valley children (28.1%), or 287,750 children, lived at or below the federal poverty level of $20,650 for a family of four.

[1]United States Department of Agriculture, Census of Agriculture, 2002.
[2]The federal government owns 40% of the land in Fresno County and 50% of the land in Tulare
[3]State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050.* Sacramento, CA, July 2007.
[4]U.S. Census Bureau, 2007 *American Community Survey*.
[5]U.S. Census Bureau, American FactFinder, *Selected Economic Characteristics: 2007.*

Table 1

San Joaquin Valley Unemployment Rates By Percentage 2007-2008

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	6.3	8.4
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 (2008)

- ◊ Over half of the Valley's children lived in families with incomes below 185% of the federal 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. In California, 23.9% of female-headed families were poor, whereas 5.3% of two-parent households lived in poverty.
- ◊ In the San Joaquin Valley, 31.7% of the female-headed households met Federal definitions of poverty, compared to 9.3% of Valley households headed by two adults.

- The Valley's unemployment rate continues to be higher than the state rate, as illustrated in Table 1 above. This is a serious issue because employment moderates the occurrence and severity of relapse to addiction.

In addition to these social and economic challenges, the Valley also is threatened by high rates of methamphetamine abuse. It is the primary drug threat in the San Joaquin Valley. Clandestine laboratories can be found in any location in the Valley, including high density residential neighborhoods, sparsely populated rural areas, remote desert locations, and forested areas.[6]

Regional concerns about methamphetamine were addressed in the Strategic Action Proposal of the California Partnership for the San Joaquin Valley. The Partnership represents an attempt to prepare for anticipated population growth in the region and to rectify a long-standing history of receiving less per-capita funding for Valley infrastructure and service needs compared to other regions of the state and the nation as a whole. The Methamphetamine Recovery Project is one initiative of the Partnership and was designed to learn more about the effects of methamphetamine and other substance abuse in the Valley.

[6]U.S. Department of Justice, 2007 (http://www.usdoj.gov/dea/pubs/states/california.html)

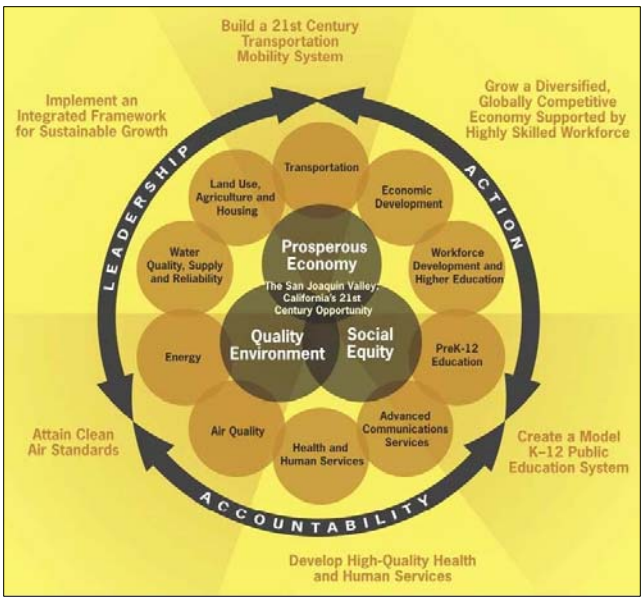
THE PARTNERSHIP AND THE PROJECT

Project Evolution

The Methamphetamine Recovery Project had its genesis in the context of the California Partnership for the San Joaquin Valley. The Project evolved through a series of events intended to address long-standing issues affecting the well-being of all residents in California's San Joaquin Valley counties. These events are listed in chronological order.

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 establish ten work groups, including the Health and Human Services (HHS) work group. Their focus was to develop specific plans for transformational change of the Valley's social, environmental, and economic infrastructure.



May 2006

Through the advocacy efforts of Dr. E. Jane Middleton, Chair of the Department of Social Work Education (DSWE) at Fresno State, the California Partnership broadened the agenda of the HHS work group to incorporate priority issues identified by the Central California Area Social Services Consortium (CCASSC). Members of the CCASSC represent eight San Joaquin Valley counties, two coastal counties and two mountain counties.[7] At the request of the California Department of Social Services, the directors agreed to prepare a briefing specifying recommendations to address these issues.

June 2006

The Central California Social Welfare Evaluation, Research and Training Center (SWERT) collaborated with CCASSC to develop *Social Services in Central California's San Joaquin Valley: Today's Challenges – Tomorrow's Outcomes.*[8] This briefing included recommendations to be submitted to the Governor's office as part of the Partnership's *Strategic Action Proposal*. In that report, the top priority was to increase regional treatment capacity for methamphetamine addiction, 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. A total of $120,000 was allocated to each work group to initiate Partnership activities. The Central Valley Health Policy Institute and SWERT proposed to serve as joint lead agencies for the HHS work group.

February 2007

The College of Health and Human Services at Fresno State authorized Social Work faculty assigned to SWERT to begin implementation of what came to be known as the Methamphetamine Recovery Project. Earliest activities centered around two primary activities:

- Obtaining approval from Fresno State's Institutional Review Board (IRB) for human subjects protection.
- Establishment of a regional Advisory Council to serve as the Project's collaborative oversight body.

With financial support from Fresno State and CCASSC, initial efforts included county-by-county presentations about the Partnership, the Project, and the Council's role.

[7] A complete roster of CCASSC membership is included in Appendix 1.
[8] Complete report available at *http://www.csufresno.edu/swert* in the Publications and Resources link.

April 2007

The state invited applications for "seed grants" totaling $2.5 million to further the goals included in the Partnership's Strategic Action Proposal. Based on CCASSC priorities, the SWERT Center submitted a proposal for $250,000 to fully 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-December 2007

Using the seed grant funding, SWERT staff continued county-by-county presentations and Advisory Council recruitment. A process was initiated to recruit Project Coordinators for the north and south Valley regions. During that same time period, county-level presentations continued and the Advisory Council grew to include representatives from all eight Valley counties.

February 2008

Two Project Coordinators were contracted, one serving the north counties of Madera, Merced, San Joaquin and Stanislaus and one serving the south counties of Fresno, Kern, Kings and Tulare. Planning began for public meetings to solicit community input. Community-level meetings were initiated in May and continued through October 2008.

Project Structure

The intent of the Methamphetamine Recovery Project was to focus on the development of comprehensive methamphetamine education, treatment and recovery programs throughout the San Joaquin Valley.

The goal, objective, strategies, and outcomes were specified in the application for seed grant funding submitted to the Partnership.[9] As the Project evolved, it was apparent that the most effective means for achieving the goal would be to engage communities in local conversations about what types of programs should be included in a comprehensive approach to methamphetamine and other forms of substance abuse.

In order to solicit community input, a Community-Based Participatory Research (CBPR) approach was utilized to engage community stakeholders, e.g. consumers, providers, agency leaders. CPBR is a collaborative approach that begins with a topic of importance to communities with the goal of promoting social change to improve community well-being.

The Project was structured as a grass-roots effort utilizing the CBPR principles that:

- Aim to involve stakeholders in improving situations that affect them;
- Facilitate social interaction that enables different individuals and groups affected by an issue to enter into dialogue, negotiation, learning, decision making and collective action; and
- Encourage county government personnel, service providers, and community representatives to think and work together.[10]

"*Local solutions to regional issues*" became the guiding theme for a regional process that sought out, respected, and represented the voices of individuals and communities. Two simultaneous strategies shaped and informed the Project's activities and results:

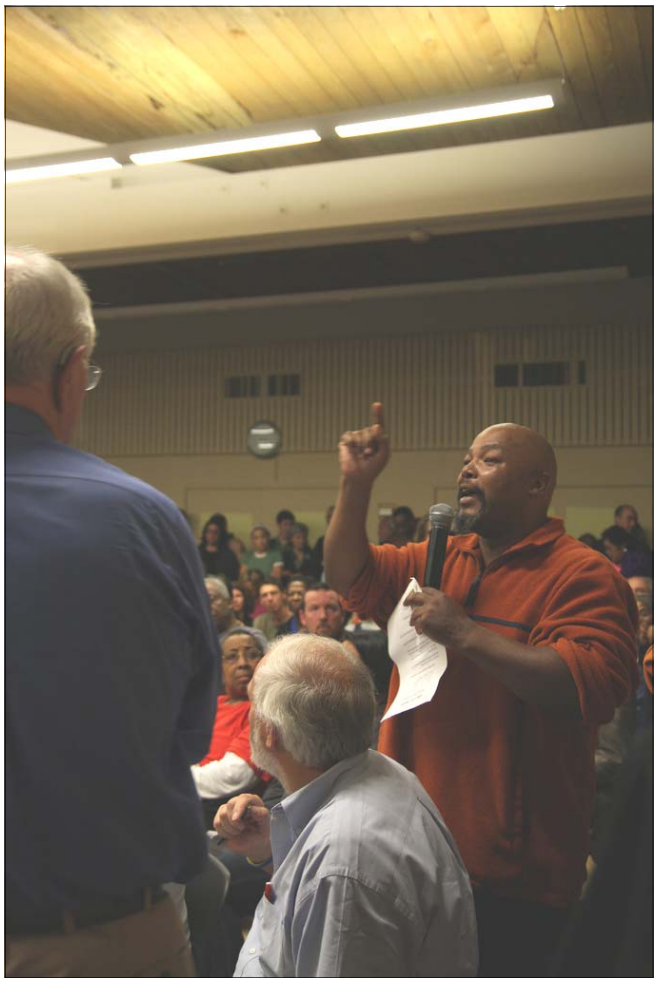
- Development of a process whereby the voices of Valley residents could be heard and their views about methamphetamine and other forms of substance abuse could be used to define priorities for addressing this complex issue; and

[9]See Appendix 2.
[10]Wageningen International.

- Outreach and engagement to solicit participation across the spectrum of public and private domains, including individuals and families affected by methamphetamine and other substance abuse.

In addition to its role as a collaborative oversight body for the Project, the Advisory Council also served as a representative cross-section of community sectors. In the context of a community-based regional project, the Advisory Council's role was twofold:

- To serve as a collective voice for the San Joaquin Valley region for 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.



Advisory Council Meetings

September 7, 2007

At the first Advisory Council meeting, held in Fresno, California, the Council structure was specified. Vision and Mission Statements and Guiding Principles were adopted, and IRB-approved consents for all council members involved in the Project were collected.[11]

During this meeting, attendees participated in roundtable discussions about what works and what doesn't work in terms of addressing methamphetamine and other substance abuse. The results of these discussions formed the basis for other community-level conversations that occurred during the Project.

Discussion about the Project's 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 with oversight from the multi-county Advisory Council and the SWERT Center.
- The Council would retain its regional identity through the efforts of two Council Co-Chairs, Cary Martin in the North Valley and Kim Hoffman-Smith in the South Valley.
- The SWERT Center, under the direction of E. Jane Middleton, DSW, Chair of the Department of Social Work Education, would house the Methamphetamine Recovery Project.
- Virginia Rondero Hernandez, Ph.D., Fresno State faculty would serve as the Principal Investigator for the Project, and oversee and coordinate Project activities throughout the region.
- Two Project Coordinators would work with Co-Chairs and Council members in each subregion in the planning and implementation of project activities.
- Project Specialist Juanita Fiorello would manage day-to-day operations and technical components of the project.

[11] See Appendix 3 for complete description of council structure including a roster of council members.

December 14, 2007

At the second Advisory Council meeting, held in Visalia, California, Renee Zito, Director, California Department of Alcohol and Drug Programs, shared information about current and future State initiatives related to methamphetamine abuse. She outlined the Department's role in advocacy for clients to get the best treatment possible in publicly funded programs.

Richard Woonacott, Deputy Director, Office of Public Affairs and Legislation, also spoke to the group about statistics that indicated methamphetamine abuse has surpassed alcohol abuse and described legislation now in progress. He also discussed increased abuse of prescription drugs, particularly in middle to upper socioeconomic levels and three drugs advertised as cures for methamphetamine craving that addicts experience.[12]

Dr. Charlie Chapin of Moonshadow Productions, described and distributed copies of the video production, *Choose Life or Choose Meth*.

March 7, 2008

The third Advisory Council meeting was a legislative forum held at the University of the Pacific, School of Pharmacology, in Stockton, California. The meeting was hosted by Congressman Jerry McNerney and featured a wide range of speakers, including Senator Dave Cogdill and representatives of Congressman Dennis Cardoza, Assemblyman Juan Arambula, Lieutenant Governor John Garamendi Jr. and Governor Schwarzenegger, and the California Department of Alcohol and Drug Programs. It was simultaneously broadcasted via interactive teleconferencing to West Hills College in Lemoore, California. 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 with agendas and notes from other Advisory Council meetings.)

July 25, 2008

At the fourth Advisory Council meeting, held at the Madera Community College Center in Madera, California, five guest speakers addressed community responses to methamphetamine and other substance abuse issues, including prevention and building collaborative networks.[13] Presenters were:

- The Kings Partnership for Prevention;
- The Tulare County Friday Night Live program;
- The Crystal Darkness Campaign;
- The Stanislaus County Meth Task Force; and
- Westcare, Inc.'s efforts in building community collaborative.

During that meeting, a preliminary outline of the planned Project report was circulated for Council review and comment.

September 12, 2008

At the fifth Advisory Council meeting, held at the Central Valley Regional Center in Visalia, California, Project staff shared the preliminary results of community meetings. Advisory council members developed input during roundtable discussions. These discussions were summarized and provided guidance on how to enrich the final report for the Project.

[12]Meeting notes are included in Appendix 4.
[13]Meeting agendas are included in Appendix 4.

A Snapshot of Substance Abuse in the Valley

Advisory Council meetings and the Legislative Forum helped to define the context of methamphetamine and other forms of substance abuse in the San Joaquin Valley. In order to further define the prevalence and effects of drug abuse in the Valley, various national and state treatment data were reviewed. Following is a summary of what was discovered from these data.

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.[14] Highlights of these data 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.
- Methamphetamine admission rates were generally highest in the Pacific and Mountain States, but rates increased in 43 of the 44 states reporting during the same time period.
- 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.

Statewide data indicate that methamphetamine ranks as the most commonly reported abused drug, surpassing alcohol and heroin. Admissions for methamphetamine abuse treatment grew from approximately 10,000 in 1992 to over 80,000 admissions in 2006. From 2001 to 2006, admissions for methamphetamine abuse grew at a much faster rate than compared to the 1990s.

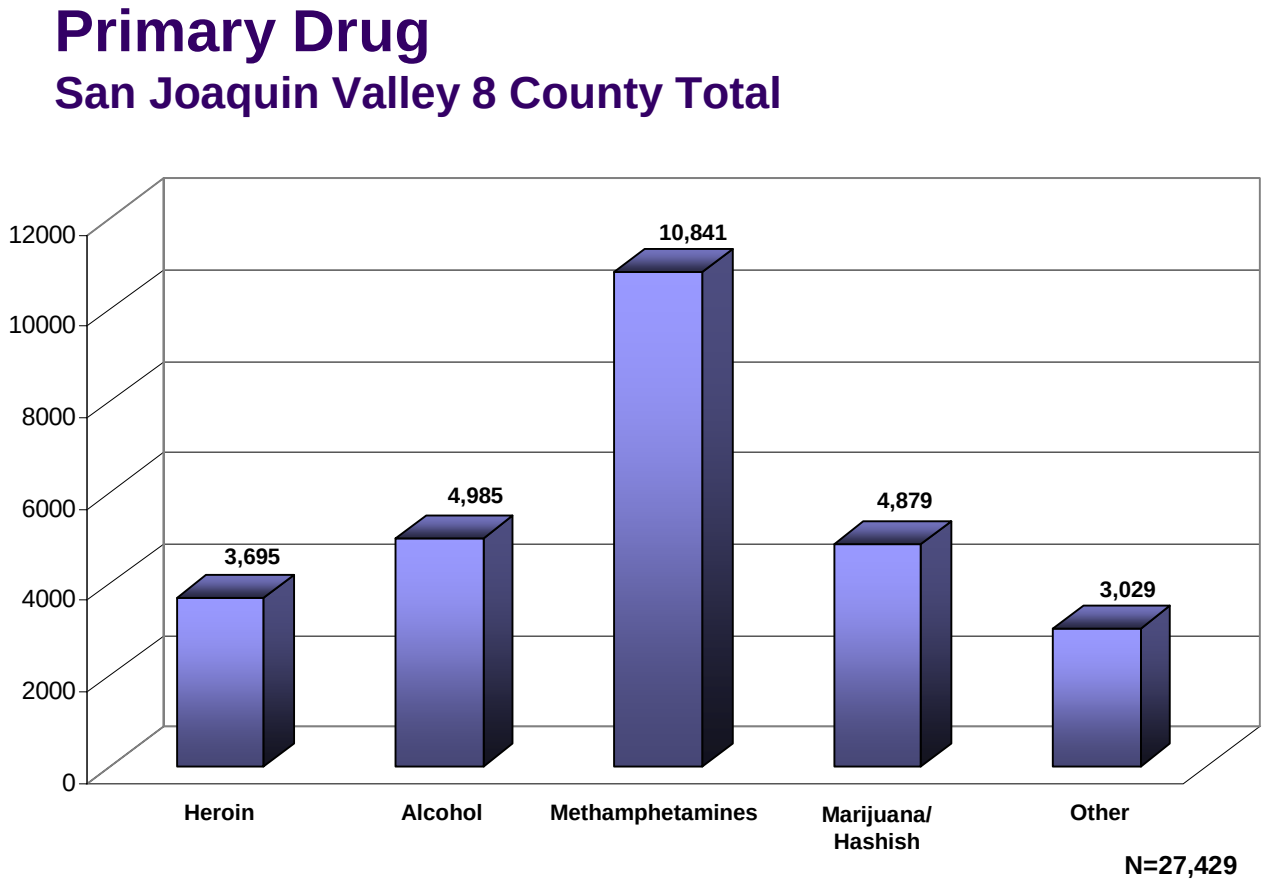
The impact of methamphetamine and other substances is reflected in local treatment data. All California counties enter information regarding publicly-funded substance abuse treatment programs into the statewide California Outcome Measurement System (CalOMS). The Office of Applied Research and Analysis (OARA), California Department of Alcohol and Drug Programs, manages CalOMS data on admissions, treatment and discharges for each county in the San Joaquin Valley.

In October 2008, the OARA provided CalOMS data to SWERT for fiscal year 2007-08 for each of the eight Valley counties. The following charts reflect data related to client demographics, client characteristics and treatment admissions for substance abuse in the Valley during this time period.[15]

[14]Substance Abuse and Mental Health Services Administration [SAMHSA], 2006
[15]Individuals participating in faith-based, private, or non-governmental treatment programs are not included in CalOMS data.

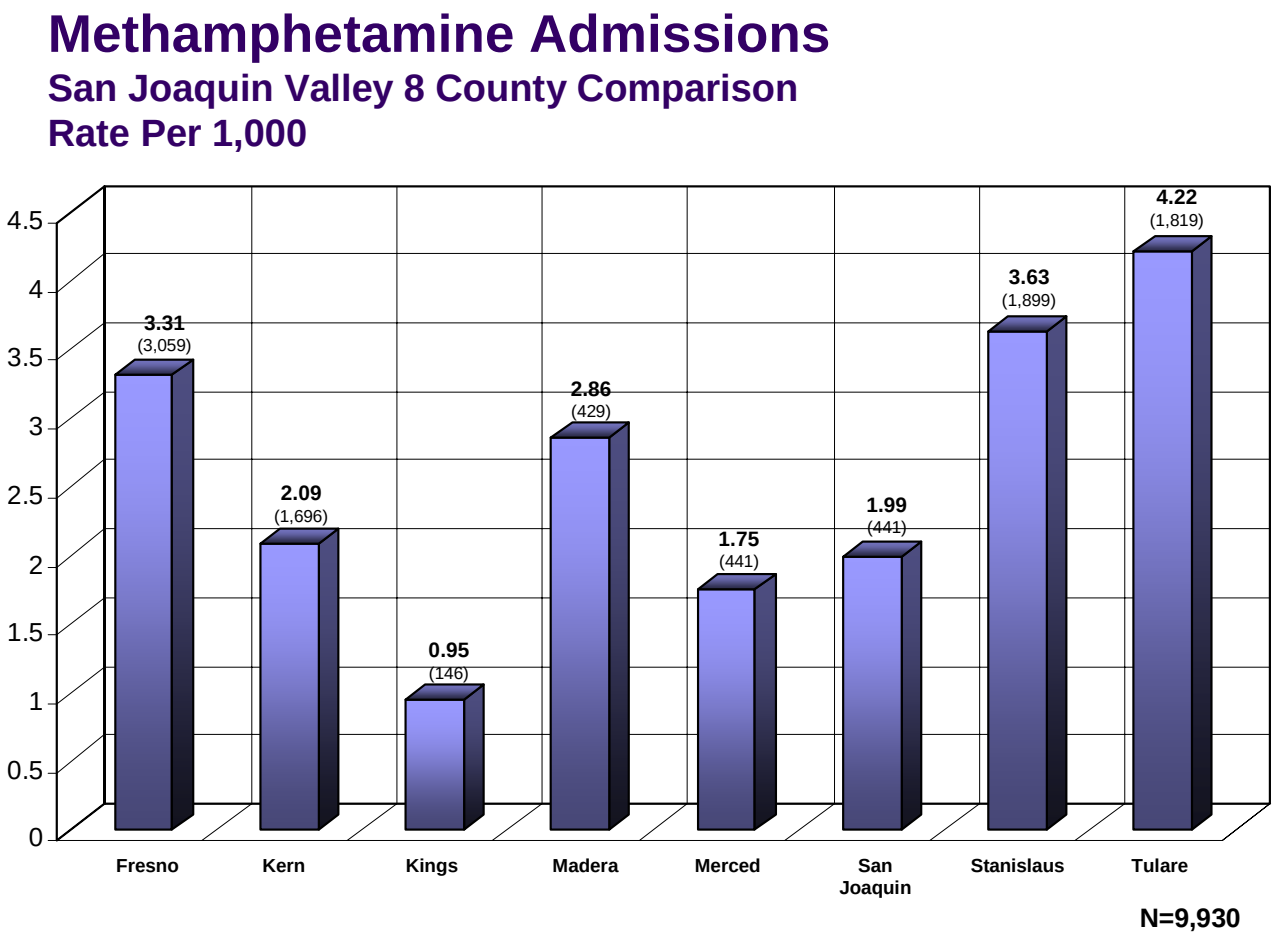
Drug Use in the Valley

- CalOMS data for 2007-08 reflect that 10,841 persons residing in the San Joaquin Valley were admitted for publicly funded treatment for methamphetamine abuse. These admissions comprised 39.5% of total admissions in the Valley for treatment during this time period.
- The number of admissions for methamphetamine was more than twice the total admissions for alcohol and marijuana combined.



Treatment for Methamphetamine

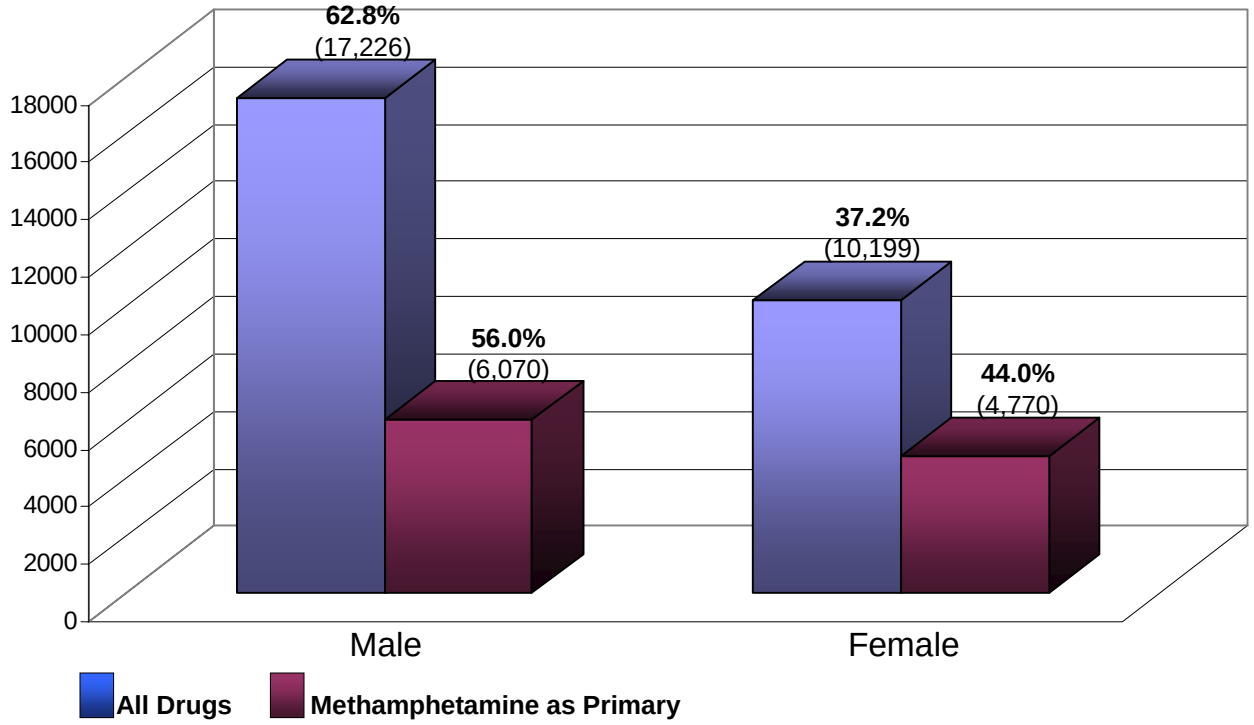
- Organized on a per capita basis, CalOMS 2007-08 data demonstrates the differences in treatment admission rates across the Valley.
- The highest admission rates were in an urban populated county, Stanislaus, as well as a rural populated county, Tulare.



Client Demographics

- Gender
  - ◊ During 2007-08, for every two men that entered publicly-funded treatment in the Valley for any form of drug abuse, only one woman entered treatment.
  - ◊ This difference was reduced in treatment admissions for methamphetamine. Approximately four women were admitted for methamphetamine treatment for every five men.[16]

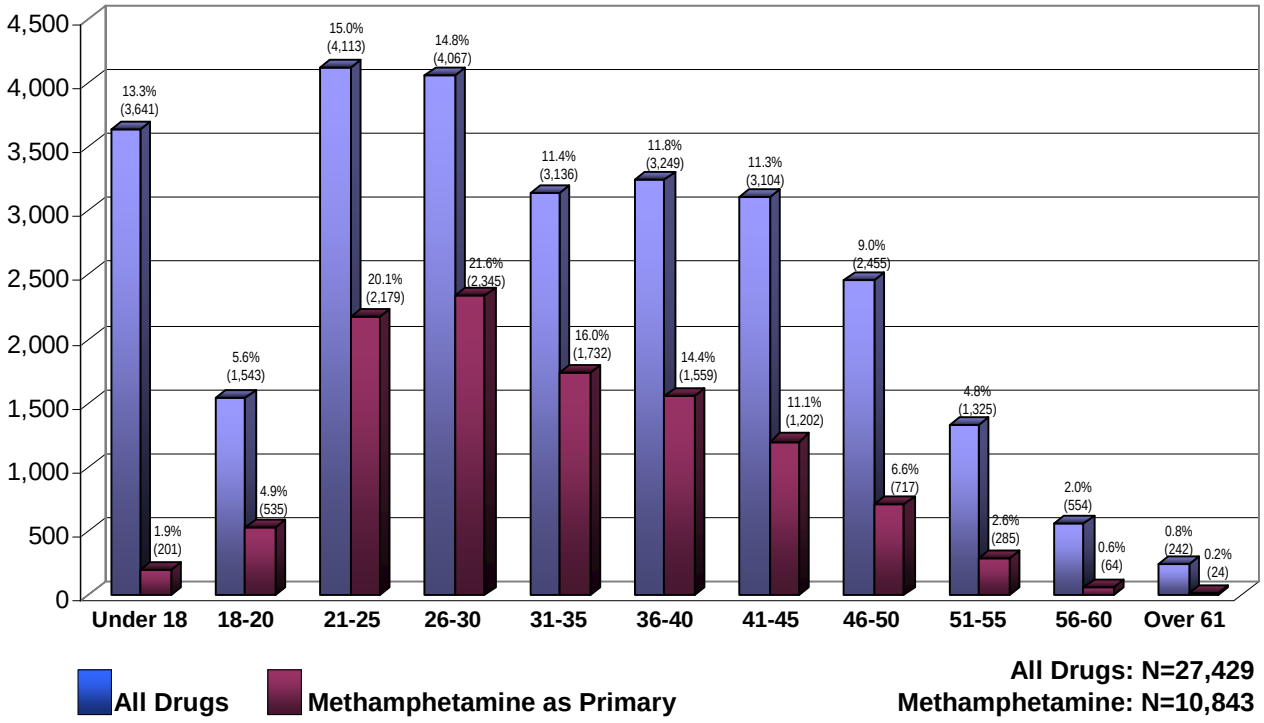
Gender of Clients
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



[16]Four individuals identified gender as "Other" and were not included in the gender-based totals.

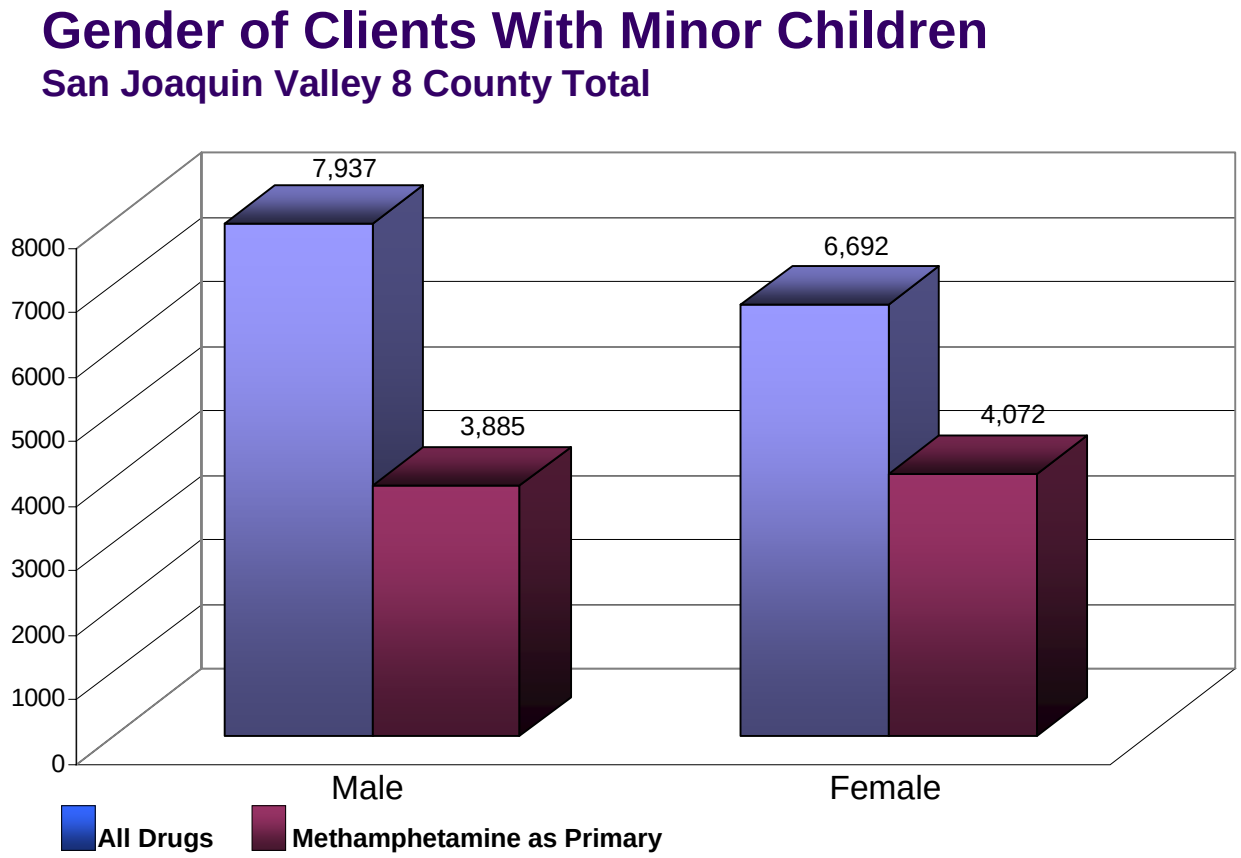
- Age
  - ◊ Although treatment admissions are reported for all age groups, the majority of admissions in 2007-08 occurred in the 21-30 age group.
  - ◊ The next largest age group admitted for treatment for any drug were youth under age 18. Although the numbers of admissions for methamphetamine use were relatively low, this does not necessarily reflect the actual prevalence of use of this drug in this age group.
  - ◊ Additional data from CalOMS indicate that the rate of first use of methamphetamine (as reported by adult clients regarding their first use of any drug) increased significantly after age 12.[17]

Age of Clients Seeking Treatment
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



[17]Charts B, Appendix 5.

- Parents with Minor Children
  - ◊ According to CalOMS admission data for 2007-08, women comprised 45.7% of parents admitted for all drugs. However, women comprised 51.2% of the parents admitted for methamphetamine.
  - ◊ This category of treatment admissions for methamphetamine reflects the only instance in which the number of women admitted for treatment is greater than the number of men.



Fresno County Juvenile Dependency Court

Data included with the CalOMS reports also reflect that:

- All parents admitted for all drugs reported a total of 25,118 children.
- Parents admitted for methamphetamine reported 13,673 children, or 54.4% of all children reported. Of those children, 41.8% were age 5 years or under.[18]
- 2,714 women admitted for methamphetamine reported minor children age 5 years or under, 11.2% 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).[19]
- 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 of children aged 5 years or under and admitted for methamphetamine are more likely to be referred to treatment by dependency courts than parents referred for all drugs or parents with children aged 6 to 17 years .[20]
- 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.
- 2007-08 CalOMS 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. CalOMS 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.

*"Child Protective Services takes your kids away which makes you straighten your a** up."*

[18]Charts B, Appendix 5.
[19]Charts C and D, Appendix 5.
[20]Charts E and F, Appendix 5.

- 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, CalOMS data reflects a different picture about ethnicity and admissions for treatment.[21]

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

These data help to describe the extent to which drug abuse affects Valley residents. But data are only one part of the story. The Methamphetamine Recovery Project represents an effort to articulate solutions for addressing the effects of methamphetamine and other substance abuse by gathering the voices and perceptions of Valley residents on what the next steps should be.

[21]The Ethnicity descriptions are pre-determined by the CalOMS system.

Community Meetings

Purpose

In order to further specify the next steps for solutions to address methamphetamine and other forms of substance abuse, the Methamphetamine Recovery Project Advisory Council, project leadership and staff 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 following objectives:

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

Rationale

In order to organize a regional voice of the Valley about methamphetamine and other forms of substance abuse, it was essential 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.

Gathering community perspectives to inform strategies for dealing with methamphetamine and other substance abuse aligns with CBPR principles, which emphasize the active engagement of communities in all aspects of the research process.[22] 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.[23]

After 10 years on heroin, then 30 years on meth, I decided to seek help for my depression as I was dying from my addiction. I got on anti-depressants and attended support groups. The reason these programs aren't working is because there aren't any. We need more funding.

Initiating The Process

Project leadership conferred with Advisory Council members to identify county-level contacts and possible host sites. Efforts were focused on recruiting groups of participants described in the original proposed framework presented to the Partnership Board. These groups were to include representatives from:

- Local law enforcement agencies
- Alcohol and drug programs
- Department of 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 was selected to serve 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 is in the field of child abuse prevention.
- Sherill Calhoun was selected to serve as the South County Coordinator assigned to the counties of Fresno, Kern, Kings, and Tulare. Sherill is the Chairperson of the Methamphetamine Committee of the Kings Partnership for Prevention, an independent commu-

[22] See Appendix 6 for a detailed description of the approach to organizing community meetings.
[23] Israel, et al., 1998; Schulz, Israel & Lantz, 2003.

nity coalition in existence for six years.

The Coordinators were charged with:

- Conferring with Project leadership in identifying Advisory Council members and local contacts who could help to organize local meetings
- Organizing local meetings in their assigned counties to inform and encourage public participation and facilitating them
- 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.[24]

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 telephone to confirm interest and finalize plans for community meetings. They also initiated contacts with organizations referred 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 for the Partnership, the Coordinators focused on convening meetings of consumers of substance abuse services, law enforcement personnel and service providers. Meetings were convened with the business community. Meetings were also convened with education and health professionals, family members, and members of Native American, Spanish-speaking and LGBT 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,[25] and a total of 758 persons attended. Zip code data illustrating where the participants resided is included in Appendix 8.

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 an explanation of the terms human subjects approval, including:

- Voluntary participation (no participant was required to answer questions asked during the meeting);
- Anonymity (no personal identifying information was to be collected); and
- 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 could be, e.g. age, gender, race/ethnicity, income

[24]Summative reports from each Project Coordinator can be found in Appendix 7.
[25]See Appendix 8 for a list of Community Meeting sites.

Table 2

Demographics of 758 Community Meeting Participants

By COUNTY

County	Number	Percent
Fresno	152	20
Kern	37	4.9
Kings	102	13.5
Madera	109	14.4
Merced	52	6.9
San Joaquin	79	10.4
Stanislaus	188	24.8
Tulare	39	5.1

By INCOME LEVEL

Income	Number	Percent
$9,999-14,999	268	35.4
$15,000-24,999	50	6.6
$25,000-34,999	51	6.7
$35,000-49,999	86	11.3
$50,000-74,999	90	11.9
$75,000-99,999	65	8.6
$100,000 or more	98	12.9
No Answer	50	6.6

By GENDER[26]

Gender	Number	Percent
Male	266	41.8
Female	370	58.2

By RACE

Race	Number	Percent
White	414	54.6
Latino/Hispanic	225	29.7
Native Amer.	19	2.5
Black/Afr. Amer.	43	5.7
Asian	27	3.6
Other	16	2.1
No Answer	14	1.8

By AGE GROUP

Age	Number	Percent
18-25	118	15.6
26-35	273	22.8
36-45	166	21.9
46-55	152	20
56-65	98	12.9
65 and over	34	4.5
No Answer	17	2.2

By EDUCATION

Education	Number	Percent
Less than H.S.	118	15.6
H.S. Diploma	273	22.8
G.E.D.	166	21.9
College Degree	152	20
Graduate Degree	98	12.9
No Answer	17	2.2

level, educational level.[27] Table 2 reflects those characteristics. Participants were also asked to respond in writing to four key questions to identify strengths, weaknesses, opportunities and threats of methamphetamine and substance abuse in Valley communities.[28]

Data Analysis

A codebook was developed to support and conduct an efficient and trustworthy conceptual analysis of the data gathered.[29] It was adapted from a standard coding format developed by the Manifesto Research Group[30] 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 drawn from such inconsistencies.[31]

The codebook assisted in deciding:

- The level of analysis
- How many concepts were to be coded
- Whether to code for existence or frequency of a concept
- How to distinguish among concepts
- On rules for coding the text
- What to do with irrelevant or non-relational data
- How to code the text from community meetings

[26]A total of 636 respondents provided gender information.
[27]See Appendix 10.
[28]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 3.
[29]See Appendix 11.
[30]Neuendorf, 2007.
[31]Busch, et al., 2005.

- How to analyze the results and frame discussion for the final report

Although a total of 758 persons attended community meetings between May and October 2008, 680 participants actually submitted written responses. As a result, this report is based on a total of 3,953 responses of participants from the following five groups:[32]

- Business Community
- Citizens-at-Large[33]
- Consumers
- Law Enforcement
- Service Providers

Following is a description of the four questions asked at Community Meetings and the top five responses for each question. Summary interpretations of the data collected for each question follow.

Question One:
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 the components of a continuum of care (prevention/education, treatment and recovery) for substance abuse. Alternate perspectives that emerged during the analysis were also identified. Following are the top five types of programs and services perceived to be successful.

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 also 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 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.

Question Two:
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.

[32]Of the 4,594 coded responses, 641 were coded as *no response*, *uninterpretable response*, or *unidentifiable response*.
[33]The Citizens-at-Large groups represent mixed audiences of persons from various professional backgrounds, family members, civic leaders and private citizens.

2. No/none

- In addressing this question, every group reflected responses that no laws or policies are perceived to 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 by respondents 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 across all groups reflect specific references to effective penal codes and laws regarding the manufacture, distribution, possession and use of illicit drugs.

Question Three:
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 an alternate response to the question was provided. Of 664 responses coded, one out of five responses indicated the respondents 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 across all groups 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 addictive substances in these facilities were specifically mentioned.

5. Proposition 36

- Whereas Proposition 36 was described as 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.

Members of the community need to be more aware of the meth problem. I became aware when my son was younger, but never realized what it did to people.

Question Four:
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. Two-thirds of the responses reflected suggestions for changes in dealing with the effects of methamphetamine and other substances in Valley communities. Responses were assigned to categories that reflected 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.

Being mandated from prison and made to do a certain amount of time has helped me. Without being mandated here even though I've been wanting help I wouldn't have known how to get help.

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.

Project Summary

Accomplishments

To the extent that funding, county-level participation and other resources allowed, the Project was able to accomplish the following:

- Development of a regional forum to discuss the effects of methamphetamine and other substance abuse in the San Joaquin Valley.
    - ◊ Established a regional Advisory Council to guide Project leadership and identify strategies for collecting community input.
    - ◊ Hosted venues, e.g. Legislative Forum, Community Meetings to assist in identifying and quantifying regional needs and issues and showcasing best practice models in prevention/intervention in the Valley.
- Establishment of regional consensus
    - ◊ Collected, analyzed and reported public perceptions and opinions about models of care most likely to be effective for Valley residents.
    - ◊ Identified examples 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.
- ◊ Identified priorities for resource investment in a continuum of care - education, prevention, treatment and recovery services - in the San Joaquin Valley.

Limitations

Certain planned activities could not be accomplished due to the level of funding ultimately approved for the Project. They include:

- Establishment of a broadly supported regional forum that would extend beyond the life of the 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.
- Review of potential prevention and treatment costs compared to long-term costs of failure to adequately address the issues.
- 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 during Community Meetings also reflected specific limitations of the approach to gathering 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.
- Compared to current population statistics, minority populations were underrepresented 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 individuals with low literacy skills.

Priorities for Next Steps

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 critical priorities for future action:

- Expand public awareness and education activities, especially early in life. Community meeting participants viewed this strategy as preventative in nature and a way to achieve future savings in human and eco-

nomic costs. The fact that 1 out of 10 responses collected were *don't know/not familiar* supports the need for 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 LGBT 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 publicly funded recovery services. Recovery services and aftercare are currently perceived as the weakest link in the continuum of care.
- 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.

Prevention is the key to success.

Implications

In addition to the responses received that comprise the priorities described above, it is important to consider several other themes and observations that were included in the data collected during community meetings. These points were articulated in fewer numbers, but they represent critical starting points for future efforts to understand and address the overarching issues of substance abuse.

- Efforts to solicit input from business communities, educators, and health, mental health and criminal justice systems were minimally successful. It is important to continue efforts to understand the full impact of substance abuse on all community sectors.
- The requirements of human subject research as applied to this project resulted in exclusion of minor children and incarcerated populations. Again, future efforts to address substance abuse in the Valley must be constructed in ways that assure that the perspectives of these vulnerable and at-risk groups are included.

- Several respondents identified the need for services and programs designed for other populations. In addition to women with children, other populations cited were men with children in their custody and individuals with gender, age, culture or language barriers.
- Currently there is no comprehensive system for compiling the costs of methamphetamine and other substance abuse across Valley communities, e.g. treatment programs, law enforcement agencies, health care facilities, and public service organizations. As a result, it currently is not possible to calculate the social and economic benefits of investing in prevention, treatment, and recovery services in the San Joaquin Valley.
- Likewise, there are no standardized definitions or methods for measuring the long-term outcomes of education, prevention, treatment and recovery programs, services and initiatives for the Valley.
- Without accurate, quantifiable information about programs and services that result in positive outcomes, it is unlikely that decisions about funding allocations can be focused on achieving maximum results for the investment of available resources.

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 reduce 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 the unique responses are not discussed in this report does not reduce their validity. Taken as a whole, they represent opportunities 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. Substance abuse in general compromises the health and well-being of individuals, families and communities, regardless of geography, age, gender, and race/ethnicity. As a society, we cannot afford to ignore the voices of people who are affected by or interested in addressing methamphetamine and other forms of substance abuse in their communities.

Governor Schwarzenegger'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 Health and Human Services, change efforts have begun. There has been significant investment in terms of time, energy, and resources to build regional networks and community commitment to address the needs of the Valley. Not sustaining these efforts would negatively impact the well-being of the Valley and its residents.

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. Such an approach would allow for more community synergy, shared resources and positive outcomes for Valley communities.

Community involvement is key...if we can have the community work together or have an interest, there can be more resolutions.

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Appendix 1

Central California Area Social Services Consortium
Member Roster

CENTRAL CALIFORNIA AREA
SOCIAL SERVICES CONSORTIUM

MEMBERS

COUNTIES OF:

Calaveras

Fresno

Kern

Kings

Madera

Mariposa

Merced

San Joaquin

San Luis Obispo

Santa Barbara

Stanislaus

Tulare

UNIVERSITY PARTNERS:

California State University, Fresno

California State University, Bakersfield

California State University, Stanislaus

Appendix 2

Project Goal, Objective, Strategy, and Outcomes

PROJECT GOAL, OBJECTIVE, STRATEGIES AND OUTCOMES

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.

STRATEGIES
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.

OUTCOMES

Outcome 1
Establishment of 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 the 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. 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.
Identification of funding and technical assistance needs and resources to meet short and long-term strategic plan goals.
Discussions with the Advisory Council, Project leadership, Partnership advisors and CCASSC membership confirmed the Project's mandate, which was to assure that Project outcomes faithfully reflect what Valley residents have to say about the ways in which methamphetamine and other forms of substance abuse affect their lives.

Appendix 3

Methamphetamine Recovery Project Framework
Advisory Council Member List
Informed Consent
Institutional Review Board Approvals

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues

Methamphetamine Recovery Project Framework

Recovery is Possible

and

A Regional Voice is a Strong Voice

VISION:
We envision Valley residents as free of the impact of methamphetamine and other substance abuse, living healthy and productive lives.

PROJECT MISSION:
Support and advocate for integration and expansion of local efforts to identify, plan, fund, implement and sustain community-specific solutions to abuse of methamphetamine and other addictive substances.

COUNCIL MISSION:
The Council serves as the link between the communities they represent and achievement of Project goals, to identify regional strategies for advocacy, education, prevention, treatment, and recovery, including ongoing evaluation of Project progress.

Fiscal and support resources, including funding awarded through the Partnership and funding from the Central California Area Social Services Consortium, will be used to provide administrative support to the regional Advisory Council, comprised of key stakeholders from each of the eight Valley counties.

The Council and its collaborative community partners will develop strategies to complete the project deliverables described below.

- Serve as advocates to develop strategies for civic outreach and engagement in the Project at every level of regional communities.
- Assist with identifying and quantifying local and regional needs and issues;
- Review and develop consensus on evidence-based, outcomes-driven models of care most likely to be effective for Valley residents;
- Identify technical assistance needs and resources to support longitudinal tracking of outcomes and impact on related public services, and development of program models that could be replicated at other sites;
- Finalize a strategic plan for support and expansion of existing programs and new components of a long-term, comprehensive continuum of care, including identification of sustainable funding sources; and
- Develop the Council's role as an ongoing regional resource for local, state, and federal efforts to identify and implement strategies to reduce the use and impact of methamphetamine and other substances.

Advisory Council Member List

First	Last	Organization	County
John	Carlisle	City of Merced	Merced
Cathleen	Clark	Merced County	Merced
Allyson	Cookson	California State University, Fresno	Madera
Bergan	Filgas	Stanislaus County	Stanislaus
Marc	Hartley	Stanislaus County Counsel	Stanislaus
Kathy	Hayden	Madera County AOD	Madera
Judy	Kennedy	Merced County	Merced
Cary	Martin	San Joaquin County Mental Health	San Joaquin
Lori	Newman	Community Social Model Advocates, Inc.	Merced
Christine	Richard	Private citizen	Madera
Alton	Taylor	Merced County	Merced
Kelly	Woodard	Madera County	Madera
Marcella	Zuniga	Madera Housing Authority	Madera
Lily	Alvarez	Kern County Mental Health	Kern
Marilyn	Bamford	Families First Inc.	Fresno
Joyce	Bianchi	Central California Coalition of CAPC	Fresno
Sue	Braz	Kings County Champions Recovery	Kings
Kris	Clarke	California State University, Fresno	Fresno
John	Davis	Tulare County	Tulare
Natasha	Hagaman	Fresno County	Fresno
Kimberly	Hoffman-Smith	University of the Pacific	Kern
Dennis	Koch	Fresno County Behavioral Health Dept.	Fresno
David	Miller	Primer Paso	Fresno
Jon	Morse Sr.	Success Strategies Unlimited, Inc.	Fresno
Matthew	Ninke	District Attorney's Office	Kern
Audrey	Riley	Spirit of Woman	Fresno
Jose	Vargas	Fresno County	Fresno
Summer	Verhines	CSU Fresno	Fresno
Martha	Vungkhanching	California State University, Fresno	Fresno

California Partnership for the San Joaquin Valley
and the
Central California Social Welfare Evaluation, Research, and Training Center

Methamphetamine Recovery Project

Participant Acknowledgement of Consent

I have been given a description of this project and have had an opportunity to ask any questions about it. I understand the terms for participating as an advisory council member and/or member of a work group. The potential risks and benefits have been explained to me. I also understand that my participation in this project is voluntary, and that I may refuse to participate or withdraw at any time without any penalty.

I understand that the proceedings and findings related to this project will be compiled into the form of a final report that will be available for public review. I understand that the only compiled descriptions and results of project meetings and activities will appear in the final project report and it will not include individual comments or responses. I understand that anything I say will remain confidential to the maximum extent required by law.

I have been told that if I want to ask more questions about the project I may contact:

Dr. Virginia Rondero Hernandez, Principal Investigator
Social Welfare Evaluation, Research, and Training Center
2743 E. Shaw Ave, Suite 121
Fresno, CA 93710
(559) 294-9770

Or if I have special questions about my rights as a participant in a research project that I may contact:

Dr. Constance Jones
The Committee on the Protection of Human Subjects
Thomas Administration, Room 130
Mail Stop TA54
California State University, Fresno
Fresno, CA 93740
(559) 278-6639

I agree to participate in this project, and I have received a copy of this signed form.

Signature: _____

Name (in print): _____

Address: _____

Phone Number(s): _____

MEMORANDUM

CALIFORNIA
STATE
UNIVERSITY,
FRESNO

August 24, 2007

TO: Virginia Rondero Hernandez

FROM: Constance Jones, Chair C.J.
Committee on the Protection of Human Subjects/
Institutional Review Board

PROTOCOL 366 Methamphetamine Recovery Project for the San Joaquin Valley

The Committee for the Protection of Human Subjects performed an expedited review of your proposal, and approves your project as written.

Best of luck with your research.

CJ/lhg

Associate Vice President and
Dean of Undergraduate Studies
Thomas Administration Building, 130
5241 N. Maple Ave. M/S TA54
Fresno, CA 93740-8027

559.278.4468
Fax 559.278.8340
csufresno.edu/academics/offices/undergrad.shtml

CALIFORNIA
STATE
UNIVERSITY,
FRESNO

MEMORANDUM

Date: September 8, 2008

To: Virginia Rondero Hernandez, Principal Investigator
Department of Social Work Education

From: Constance Jones, Chair
Committee on the Protection of Human Subjects

Subject: **PROTOCOL 366: Methamphetamine Recovery Project**

Thank you for your Annual Renewal form, submitted 8/22/08, for Protocol 366 "Methamphetamine Recovery Project." Given that your noted alterations to your research design are minimal and your project therefore remains minimal risk, you are approved for another year of study.

Best of luck with your research!

Committee on the Protection of Human Subjects / Institutional Review Board
Office of the Provost and
Vice President for Academic Affairs
5241 N. Maple Ave., M/S TA54
Fresno, CA 93740-8027
559.278.6639
Fax 559.278.8340
http://www.csufresno.edu/humansubjects/

Appendix 4

Methamphetamine Recovery Project
Advisory Council Meeting Agendas and Notes

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues

Methamphetamine Recovery Project
Advisory Council Meeting
Friday, September 7, 2007

AGENDA

Welcome and Overview
10 a.m. — **Dr. E. Jane Middleton**

Introductions
10:05 a.m. — **All Attendees**

CA Partnership for the San Joaquin Valley
10:35 a.m. — **Luisa Medina, Ashley Swearingen**

SWERT and the Partnership
10:45 a.m. — **Dr. Virginia Rondero Hernandez**

Vision, Mission, Project Strategies
10:55 a.m. — **Luisa Medina, Allysunn Williams**

Project Framework
11:15 a.m. — **Juanita Fiorello, Allysunn Williams**

Roundtable Discussions* — **All Attendees, Allysunn Williams**
11:35 p.m.

Council Membership
1 p.m.. — **Dr. Virginia Rondero Hernandez, Juanita Fiorello**

Next Steps
1:20 p.m. — **Dr. E. Jane Middleton**

Q & A
1:40 p.m. — **Dr. Virginia Rondero Hernandez, Allysunn Williams**

Summary and Close
1:55 p.m. — **Dr. E. Jane Middleton**

*** Lunches will be provided**

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues

Methamphetamine Recovery Project

Advisory Council Meeting Notes, 9/7/07

- Initial focus was on informing attendees about the Partnership, the Health and Human Services work group, the SWERT's role, and the Methamphetamine Recovery Project, to educate and engage potential Council members and encourage representation from across the region.

- 25 individuals representing seven Valley counties committed to serving through the project period, ending 12/31/08. Two members, Cary Martin (San Joaquin County) and Kim Smith (Kern County) volunteered to serve as North and South Valley co-chairs. Membership on the Council is still open to other interested parties.

- Odin Zackman of Community Focus presented information on the California Solutions project, a potential source for technical assistance in developing civic engagement strategies for grass-roots collaborative partnerships throughout the region.

- Future Council meetings will be quarterly, held in various locations around the region. Specific dates are to be announced, but the plan is to schedule mid-month meetings during 12/07, 3/08, 6/08, 9/08, and a final meeting in 12/08. Council work and communication between quarterly meetings will be via phone, email, or internet. Council members are encouraged to begin outreach and advocacy in their communities to generate interest and local participation in the project.

- Next Steps:

    - The Vision and Mission statements will be modified and redistributed for final review, modification and adoption by the Council. There was no change to the project timetable.
    - SWERT staff will use materials from the roundtable discussions to research existing treatment models and develop a draft continuum of care description, to be reviewed in advance in preparation for discussion at the next quarterly meeting.
    - A draft work plan, including timetables and milestones, will be distributed for discussion at the next meeting.

The section that follows reflects issues and concerns identified by participants during round table discussions.

Education Roundtable

If you designed a model, what would it include?
What might be some barriers?
Describe a few community issues
Describe existing assets

Content – Target – Method of Delivery

Menu of education choices
- School
- Media
- Family
- Issues before and use – lost depressed
- Environment (poverty, etc.)
- Methamphetamine abuse is a symptom
- Public relations campaign
- Message with positive content

Barriers
- Attitudes – stereotypes
- Ignorance
- Level of services – where to go?
    - Hopelessness
- Consequence when they hear message
- Culture
- Language
- Personal relevance

Assets
- System of non profits education
- Bundle
- Access to media
- Community sense of needing leadership
- Resources to related issues
    - Add methamphetamine
- Public / safety agencies
- Churches, etc.
- Family to family (engagement is there)

Engagement
- Different process
    - Rural areas
    - Expert vs. leaders in community
    - Identify indigenous people in community
    - With language, culture (i.e., Chicanos vs. Latinos)
    - Attention to communities
- Engagement of former substance users
- Using people in recovery
    - Tell their stories to community
    - Perception – some people don't see it as a problem
        - Law enforcement
        - Church
- Learning styles (broad)
- Respect that communities already have knowledge, let's build on that
- Old / new information
- Identify strengths
- Identify and value talents in community so they don't feel people are always moving in on them

Prevention Roundtable

If you designed a model, what would it include?
What might be some barriers?
Describe a few community issues
Describe existing assets

- Multilingual
- Cultural competence
- Education and Awareness
- Multilayered
- Research Based – measurable
- Qualitative
- Rural outreach
- Engagement based / Medical based
- Early prevention for children
- Positive / strength based
- Mobile programs
- Multi-agency teams
- Mentoring

Treatment Roundtable

If you designed a model, what would it include?
What might be some barriers?
Describe a few community issues
Describe existing assets

Components
1. Father Joe's treatment facility (San Diego)
2. The Village (Los Angeles)
3. Medical Detox
4. Local building capacity
5. Continuum of services at one location
6. Integration of all components of social services
7. Wraparound services
8. Time magazine article (dated: July 14th) – addiction modalities
9. Open-ended time frames
10. Adolescent program
11. Evidence based – chronic model
12. Integrate faith based programs
13. Gender distinctions

Barriers
1. Resources to develop
2. Workforce development
3. Eligibility of clients
4. Access to services in rural areas
5. Issue of race and culture
6. Linkages (lack of)
7. Restrictions associated with funding
8. Inappropriate ear marks
9. Not in my backyard

10. Competing agendas
11. County lines / boundaries
12. Ignorance of funding sources

Community Issues

1. Gang related
2. Acquiring professional staff and retention
3. Turf wars between agencies
4. Salary
5. Single parent families
6. Working families commuting / latch key children
7. Economic opportunities for felons
8. Boundaries / limitations with funding streams
9. Prop. 36 – short term treatment

Assets

1. Availability of Prop. 36 funding source
2. Drug Courts
3. Evidence – based model
4. We now know what works
5. Formal collaboration of agencies (let go of turf wars)

Recovery Roundtable

If you designed a model, what would it include?
What might be some barriers?
Describe a few community issues
Describe existing assets

Do people in the community believe recovery can happen?

- Potential barrier
- Skeptics, reflected in limited resources
- Stigma associated with Substance Abuse
- Not in my back yard

Components

- Educate people on what is recovery

Instilling hope, convincing people they can recover

- Education provided by persons in recovery
- Also, some say not to disclose Substance Abuse or Mental Health recovery
- Support those with experience (ex-abusers)
- Engage community for support
- Facilitate ongoing support
- Support building new social supports
- Peer network

Assets: existing programs (TV, 2 in Fresno)

- Security / safety
- Resources / cost effective

Resources to meet participant's Basic needs – allow focus to be on recovery

- Good sense of outside resources – referral
- Strong aftercare – keep plugged in
- Barrier: resources after 28 days / 6 months

Provide comprehensive services – meet education, housing, parenting needs in treatment

- Continuum of service

Barrier: no definition of recovery

- Sober living are not monitored / regulated
- But sober living is better than non-sober living
- Lack of affordable housing for ex-Substance Abusers or Mentally Ill
- Treatment doesn't always address comprehensive. needs
- Limited retention
- Rurality, difficult to access treatment
- Cultural / Language barriers
- Hispanic
- Southeast Asian
- Financial barrier / TV can't take outside community people
- People who live outside community lines
- No regional approach
- Community administrations cutting funding – more with less
- Small counties have even more limited resources

Assets

- Strong 12-step community in region
- Religion-based support / celebrate recovery
- Recovery more inclusive
- Treatment staff may have ex-substance abuse issues and know where resources are
- Need participants buy in
- Court requires treatment
- Barrier – courts lack of training, need persons with training to make assessments
- Regional assessment centers or access to one

Disconnect between Substance Abuse & Mental Health

- 12 steps effective for other non- European communities, except Southeast Asian
- Need more recovery support system culture, language need
- Engage community leaders
- Date, CalOMS asset and Barriers
    - Soft Data
    - New system
- Dental / Health needs addressed

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues

Methamphetamine Recovery Project

Advisory Council Meeting

Friday, December 14, 2007

10 a.m. to 1 p.m.

AGENDA

10 a.m.	**Welcome and Overview**
10:05 a.m.	**Introductions**
10:15 a.m.	**CA. Department of Alcohol and Drug Programs**
	Renee Zito, Director
	Richard Woonacott, Deputy Director, Office of Legislative and Public Affairs
	Mark Bertacchi, Program Manager, CA. Methamphetamine Prevention Initiative
	Q & A
11 a.m.	**Agenda for Council Meeting, March 7, 2008**
11:30 a.m.	**Community Engagement Discussions (working lunch)**
12:30 p.m.	**Regional Reports on Discussion Items**
12:55	**Summary and Close**

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues
Methamphetamine Recovery Project

Advisory Council Meeting Notes
Friday, December 14, 2007

Dr. E. Jane Middleton opened the meeting with welcoming comments and an overview of the agenda for the day. After self introductions, Dr. Virginia Hernandez introduced special guest speakers.

Renee Zito, Director, CA Dept. of Alcohol and Drug Programs
Director Zito spoke briefly about some of the data and shared information about current and future initiatives related to methamphetamine abuse:

- Of all admissions nationally for treatment of methamphetamine abuse, 40% occur in California.
- 60% of pregnant women admitted for treatment are using methamphetamine.
- 70%-80% of parents involved with child welfare systems are methamphetamine addicts.
- A state methamphetamine prevention council has been form, comprised of leaders from around the state, to focus on generating funding for the state to support prevention and treatment efforts.
- The California Methamphetamine Prevention Initiative, to roll out in January 2008, is a statewide effort to decrease the use of methamphetamine through education and public awareness.
    - 93% of the population knows about the prevalence and consequences of abuse, but nobody talks about it.
    - The Initiative targets men who have sex with men, women of child-bearing age, and youth.
    - Five educational DVDs will publicize consequences of methamphetamine abuse, including effect on the brain, damage to families, and treatment.

Director Zito described the Department's role as advocacy for clients to get the best treatment possible in publicly funded programs. This includes development of new licensing standards for treatment facilities, certification of counselors for women and youth, and leadership in better utilization of limited resources by building collaboration across systems. An example of cross-system collaboration would be putting youth treatment specialists into group homes.

Richard Woonacott, Deputy Director, Office of Public Affairs and Legislation
Mr. Woonacott referred to the statistics that indicate methamphetamine abuse has now surpassed alcohol abuse and described legislation now in progress. There are numerous bills targeting addictions, including gambling, licensing and certification, exempting sober living homes from licensing, services for youth, and use of Drug Medi-Cal funds. He will provide the list of legislative bills to the SWERT staff for distribution to Council members and attendees.

Mr. Woonacott also discussed increased abuse of prescription drugs, particularly in middle to upper socioeconomic levels and three drugs advertised as cures for methamphetamine craving that addicts experience. The Department has not taken a position on those drugs.

Agenda, March 7, 2008 Advisory Council meeting, Stockton
Based on previous discussions between the Council co-chairs and SWERT staff, a legislative session is proposed for the next quarterly meeting. The purpose is to educate legislators about the Valley's issues and needs regarding resources for services to address methamphetamine and other substance abuse. Katie Stevens, Office of the Partnership Secretariat, presented an overview of a possible structure for the meeting:

- Structure the meeting as a legislative forum or roundtable discussion with legislators as panel members.
- Identify gaps and access barriers in the provision of education, prevention, treatment and recovery services, in the context of the impact of current legislation on those efforts and how the legislators themselves can support improvement.
- Review outstanding legislation that affects the region, and federal and state budgets for methamphetamine-related programs.
- Scale and scope of the meeting will be dependent upon resources available to fund it, so possible ideas for supporting the costs are welcome. If possible, invitations could go out to local city and county officials, law

enforcement, health care providers, educators, and Valley Federal and State legislators. The following are a few individuals that may be interested:

- Assemblywomen Parra and Galgiani are interested in drafting legislation.
- Representatives McNerney and Cardoza have expressed interest in the project.
- House Methamphetamine Caucus (Cardoza, Costa, Nunes, Radanovich)
- Senate Anti-Methamphetamine Caucus; Senator Feinstein is a member, and Boxer and Feinstein have sponsored a number of bills on the subject.
- Representatives of relevant federal agencies: ONCDP, DOJ, SAMHSA
- Ca Partnership staff and Board members (includes State Secretaries
- State Legislative Aides and the legislators they serve
- Public agencies and community individuals interested in participating

It is critical to develop an agenda that provides information to the legislators and describes what kinds of action the Valley needs from them. **All Council members and other participants are asked to forward possible agenda topics, including recommendations for community-level speakers to address the legislators and give the Valley counties a voice, make the people real to the politicians. Contact Juanita Fiorello or Virginia Hernandez with suggestions.**

Community Engagement Planning

Initial discussion clarified and reiterated the purpose of outreach and engagement at community levels in each county. The end result is expected to be a document that describes the needs of the Valley counties to address methamphetamine and other substance abuse education, prevention, treatment and recovery issues at local levels. It will identify strengths of existing systems, describe available resources, and make recommendations for State and Federal action that will support improvements in community services.

Community input at every level is critical to assure that the final product presents an accurate picture of the impact of substance abuse on Valley counties. Stakeholder groups must encompass a broad range of participants from the public and private sectors, including individuals and families directly impacted by the effects of methamphetamine abuse and service availability.

Meeting participants separated into two groups for discussion about community engagement in the planning process: North counties (Madera, Merced, San Joaquin and Stanislaus) chaired by Cary Martin, and South counties (Fresno, Kern, Kings, and Tulare) chaired by Kim Hoffman- Smith. The discussions focused on four questions to be answered as appropriate for each county:

- Who are the stakeholders that should be involved?
- What community resources are available in each community to begine the outreach process?
- What strategies will work best to engage the right stakeholders?
- What kind of support is needed by the Council members and Co-Chairs to initiate community meetings?

After a discussion period each co-chair reported major recommendations and strategies, including identifying specific contact persons for each county, outreach to existing organizations and agencies already addressing methamphetamine issues, and making special arrangements to encourage consumer participation, such as transportation and refreshments at meetings, interpreters, and child care arrangements. The Co-Chairs will work with their respective Council members to develop local strategies for community input.

The SWERT is recruiting for two Project Coordinators to work with the North and South co-chairs and Council members to initiate community-level meetings. If a sufficient number of applicants is received, the Coordinators may be hired by the end of January 2008; the goal is to get a least some meetings scheduled soon enough to also solicit input on topics for the March meeting. Applications can be submitted by sending resumes via email to Juanita Fiorello, and will be accepted until at least December 31, 2007.

Next Steps:

Planning for the March meeting will begin right after the holidays and information distributed as it's developed. Any and all suggestions for the quarterly meeting, community meetings, or for any aspect of the Methamphetamine Recovery Project are welcome and should be sent via email to jfiorello@csufresno.edu.

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues

Methamphetamine Recovery Project

Advisory Council Meeting

Friday, March 7, 2008

10 a.m. to 2 p.m.

AGENDA

10 a.m. – 10:05	**Welcome and Overview**
10:05 – 10:15	**Introductions**
10:15 – 11:00	**Guest Speakers**
11:00 – 11:30	**Community Viewpoints**
11:30 – 1 p.m.	**Lunch and Roundtable**
1 – 1:30 p.m.	**Discussion Reports**
1:30 – 1:50 p.m.	**Recommendation Highlights**
1:50 – 2 p.m.	**Summary and Close**

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

California Partnership for the San Joaquin Valley

Local Solutions to Regional Issues

Methamphetamine Recovery Project Advisory Council
Legislative Forum Meeting Notes, 3/07/08

The Council held its third quarterly meeting at the University of the Pacific in Stockton with a videoconference link to West Hills College in Lemoore. Between the two sites, more than 100 people attended. The event provided a venue for community participants and legislative representatives to share information about methamphetamine and other substance abuse in the San Joaquin Valley and explore recommendations for supporting local efforts. The forum also provided an opportunity for the Advisory Council and community members from throughout the San Joaquin region to share perspectives about the effects of methamphetamine on communities and establish the relevance of an effective response for the Valley.

Congressman Jerry McNerney hosted the forum; other featured speakers included Senator Dave Cogdilll; Les Spahn, representing Assemblymember Juan Arambula; Josh Franco, representing Lt. Gov. John Garamendi; Richard Woonacott of the California Department of Alcohol and Drug Programs. Speakers also included Lisa Mantarro for Congressman Dennis Cardoza, who was unable to co-host the event as planned due to last-minute schedule changes.

Points Addressed by Legislative and Government Speakers

Congressman McNerney:

- Impressed by the Methamphetamine Recovery Project.
- Stated he was "here to find practical solutions and hoped to "walk away here today with some things we can sink our teeth into."
- Noted Congress has passed the Meth Remediation program
- Spoke about the Meth Treatment Act, the Meth Caucus, and the Byrne-JAG program which provides resources that can be used for treatment
- Acknowledged the problem of methamphetamine is continuing to get worse.

Senator Cogdill:

- Stated"Meth was one of the reasons I ran for office"
- Reported he has carried legislation every year to deal with the problem.
- Acknowledged methamphetamine is much more powerful now than it was ten years ago and that resources available continue to dwindle
- Noted it is time to start focusing on how important it is to dedicate the resources needed to start addressing the methamphetamine issues.
- Stated he is concerned mostly about the children affected by Methamphetamine. "There is not a more important public health and public safety issue than meth."

Les Spahn for Assemblymember Arambula:

- The Assemblyman sits on the Budget Committee.
- Mentioned the CA METH program (War on Methamphetamine) comes through state Office of Emergency Services. Current year has funding of over $20 million which benefits counties throughout the state. It was originally done through a pilot program for counties in Valley; Valley still gets about $9 million of that.
- In order to balance the budget, the Governor has proposed a 10% cut to this funding to take it down to $26.5 million. The LAO has an alternative that would more severely reduce this funding. She suggests that local governments use funds from Prop 172 to fund meth activities.
- In addition to enforcement, there are a number of programs for drug and alcohol treatment. Drug Courts, Drug dependency, and CA Meth Initiative. The Governor's proposal is to increase funding in this area by 1%. The largest increase would occur in drug treatment programs in the Dept of Corrections. However, the Prop 36 program would be reduced as would county drug programs.

- The Governor proposes to continue CA Meth Initiative but to reduce it by $300,000. LAO has recommended redirecting money from Meth Advertising funds to keep Prop 36 fully funded and support drug court programs. To learn more about alternative funding proposals – go to state LAO website (www.lao.ca.gov) and look under criminal justice and the Department of Alcohol and Drug Programs.

Josh Franco for Lt. Governor Garamendi:

- Was present to listen and learn; had a close family member affected by methamphetamine use. She recovered because she had immediate and extended family support and was in treatment for a year.

Richard Woonacott, California Department of Alcohol and Drug Program:

- Forwarded Director Zito's greetings
- Stated the Department of Alcohol and Drug Programs provides funding and data throughout the state on the meth issue. Methamphetamine treatment admissions have increased exponentially in the last 10 years.
- On March 12th the ADP will be releasing survey data on 1) gay, bisexual pop, 2) women. He noted the principal way methamphetamine use begins is through a partner or friend who is using it.

Lisa Mantarro for Congressman Cardoza:

- Provided information regarding HR 1199, the Drug Endangered Children Act, passed by the House in September 2007.

Several speakers shared personal experiences with the impact of alcohol, methamphetamine and other substance abuse on themselves and family members; other speakers included treatment and service providers, an advocate for veterans' services, and a county government representative.

Attendees participated in roundtable discussions to explore what works, what doesn't work, and recommendations for legislative and policy change, as well specific efforts needed to address prevention, education, treatment and long-term recovery at county-levels. Each table group highlighted and reported major discussion topics and/or recommendations. A summary is included in Attachment A.

Next Steps:
This event served as the starting point for a series of public meetings in communities in each Valley county, to be held during the months of April and May. Public input will serve as the basis for development of a comprehensive report about Valley-specific needs and issues and recommendations for support of local efforts to provide a full continuum of care to address alcohol and substance abuse, including education, prevention, treatment and recovery services. All Forum attendees will receive information about meeting schedules and locations.

Next Advisory Council meeting:

Friday, June 20, 2008, 10 a.m. – 2 p.m.
Central Valley location to be announced.

Summary of Legislative Forum Roundtable Discussions

Exploring for what works:

1. **What programs in your county do you consider successful in terms of positive outcomes for individuals and families affected by addiction?**
    - Westcare Perinatal Program in Fresno County is successful program because it is comprehensive and effectively uses the biopsychosocial model as its treatment framework. Some of the main features of this program that makes it work are:
        - Women are allowed to keep their children with them.
        - Children are supervised and referred to appropriate agencies if assessed to be in need of any services.
        - It addresses social and environmental issues
        - It also focuses on parent education with an emphasis on skills that could enable the parents to engage and form a bond with their children.
        - It has an outpatient unit for people who do not want to be in residential treatment. Additionally, it has day care facilities for the children of consumers. This enables them to attend treatment without having to worry about their children.

    Other exemplary programs that were mentioned during the discussion are listed below. However, no specific details about what make these programs successful were discussed.
    - El Dorado House, Matrix Program and Recovery House in San Joaquin County.

- Tranquility Village in Merced County
- Drug Courts in Kern, Merced and San Joaquin County.
- SRC Program in Stockton.
- Family Ties in Stockton.
- Head Start Programs.
- Sierra Vista Clinic.
- Beyond Incarceration program.
- Choose Life or Choose Methamphetamine DVD and program.

2. **Are there any laws or policies that work in reducing the use of methamphetamine and other substances?**
    - Proposition 36 has been successful in a number of counties. For example, in Kern County, out of the 4,000 people who are in treatment, half of them are in treatment for the first time. This was possible because of Prop 36 mandates and funding.
    - Drug Court.
    - Putting pseudoephedrine behind pharmacy counters.
    - Having a continuum of care incorporated within the treatment model. Example: Kern County systems based programs (details were not specified).
    - Matrix model for treatment.
    - AB429 allows individuals that are in CalWorks to use funds for treatment, in counties that have implemented the legislation.
    - Court-ordered treatment works in the case of chronic addicts.

Exploring for what doesn't work:

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

    - Proposition 36: There are certain elements of the program that are not effective and need to be revised.
        - Has little accountability (to whom, not specified).
        - Needs to have a more stable source of funding; Department of Justice (DOJ) has cut funding to the program.
        - Services need to be expanded to include more groups of people.
        - Complete abstinence, the model used by Prop 36 programs, should be replaced by a harm reduction model which has proven to be more effective in a number of other substance abuse treatment programs.
    - DARE programs (not specified, substantiated by research).
    - Length of time of treatment in most programs is unrealistic.
    - There should be more emphasis on dual diagnosis/ co-occurrence (substance abuse and mental health).
    - Change child welfare regulations (Reunification rule). The timeframe is not consistent with the time actually needed to complete treatment.
    - Lack of probation follow up (not specified).
    - Outpatient programs are not as effective as residential programs because the client goes back to the environment where he/she is the most likely to obtain and use drugs; there is a need for more supervision at the early stages of treatment.

2. **What laws or policies are needed to reduce the use of methamphetamine and other substances but are not effective in doing so?**
    - More stringent punitive actions for manufacturers and distributors.
    - Increase funding for resources that match the increasing number of people that are entering treatment.
    - The focus should be on treatment rather than incarceration.
    - More policies that encourage the recruitment and retention of culturally competent, trained professionals.
    - There should be a law that mandates agencies to collaborate to produce more comprehensive treatment and recovery strategies and outcomes.

Recommendations for improving what is not working.

1. **How might changes in state or federal law or policy result in more programs experiencing successful outcomes?**
    - Reunification laws in the Child Welfare system need to be revised to coincide with the actual timeframe of the recovery process.

- Emphasis needs to be placed on preventive and educational efforts in schools and communities.
- Mandate sellers of pseudoephedrine to participate in a national registry.
- Have a stable source of funding for substance abuse prevention and treatment efforts and programs.
- Focus should be on treatment rather than incarceration for low level users.
- Elements of Proposition 36 need to be revised (details not specified).
- Utilization of evidence based culturally competent models for programs.
- Have funding available for faith based organizations to provide some of the services.
- Holistic treatment strategies required; e.g.; include job training along with substance abuse counseling.
- Use a harm reduction philosophy within the treatment framework; focus on gradual reduction of consumption and not expect clients to do it "cold turkey".
- Adopt a biopsychosocial model of assessment and intervention.
- Involve policy makers in understanding the complications involved with the issue; will be helpful in framing policies that are consistent with the reality of the situation.
- Have laws that would mandate agencies that serve the same consumer/client to work collaboratively.
- Have efforts aimed at reducing the stigma associated with substance abuse and mental health.
- Enact a tax on alcohol similar to tobacco and use the revenue to fund treatment.
- Focus on research and curriculum development of a comprehensive substance abuse prevention, education, treatment and recovery program.
- Advertise programs to users and have a strong referral network.
- Tighten border security.
- Have a continuum of care model.
- Increase residential programs.
- Evaluate programs that are currently providing services to check for outcomes.

Other issues to be considered (from comments cards completed at the tables).

- Teens and young adults consuming crystal meth.
- The effect of crystal meth use on brain functions.
- Adults that have recovered from methamphetamine use but are in danger of relapsing due to the lack of support networks.
- Proposition 36 is a sentencing law that requires judges to divert non-violent offenders into community based treatment. In the first five years, more people in their 15 years of experience as an addict have entered into treatment. Of those who complete treatment, over 80% are still clean, working and staying out of trouble with the law. Proposition 36 saves lives and reduces costs. How is that a failure?
- Lack of adequate funding for Proposition 36 has forced counties to use their local discretionary funds to backfill some of the funding gaps. The consequence is the lack of availability of treatment capacity for other clients who are not involved with the criminal justice system.
- There is significant research to show that school performance and drug use are linked. Therefore drug prevention should include financial support to public schools to reduce classroom size, curricula and teacher training.
- Proposition 36 is effective if it is used for first and second time offenders. If implemented as written, it does work. So, can it be revised to still provide treatment but also have enforcement for those who don't comply?
- We need funds to establish residential/inpatient programs in the valley for kids 13-17. There are none at this time. We need not one, but several in the valley.
- We should have more representation of the education system, school principals and superintendents.
- CalWorks does not provide services to women if they have a drug felony. This causes a number of hurdles for women who have completed treatment successfully and are ready and willing to work, e.g.; CalWorks will not assist with child care or job training, so women sometimes go back to selling drugs to sustain themselves and their children.
- Substance abuse programs in prisons are not working. Tons of money are wasted on these programs.

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Local Solutions to Regional Issues

Methamphetamine Recovery Project

Advisory Council Meeting

Friday, July 25, 2008

10 a.m. to 2 p.m.

Madera, CA

AGENDA

10 a.m.	**Welcome and Overview**
10:05 a.m.	**Introductions**
10:15 a.m.	**Project Activities Update** **Project Co-Chairs Report** **Project Coordinators Report** **Draft Report Outline**
11 a.m.	**Community Responses to Methamphetamine and Other Substance Abuse** **Kings Prevention Partnership** **Friday Night Live**
12 p.m.	**Crystal Darkness Campaign (working lunch)**
12:45 p.m.	**Community Responses (continued)** **Stanislaus County Meth Task Force** **Westcare, Inc. - Funding for regional services**
1:45 p.m.	**Summary and Next Steps**

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

HEAR WHAT COMMUNITIES ARE SAYING

Methamphetamine Recovery Project

Advisory Council Meeting

Friday, Sept. 12, 2008

10 a.m. to 2 p.m.

Visalia, CA

AGENDA

10 a.m.	**Welcome and Overview**
10:10 a.m.	**Introductions**
10:15 a.m.	**Project Activities Update**
11:00 a.m.	**Review of draft report sections**
12 p.m.	**Advisory Council Input (roundtable discussions)**
12:45 p.m.	**Summary of Discussions**
1 p.m.	**Next steps for report; December meeting**
1:15 p.m.	**Choose Life or Choose Meth (video review)**

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

The San Joaquin Valley Regional Voices

Methamphetamine Recovery Project

Advisory Council Meeting

Friday, Dec. 5, 2008
10 a.m. to 2 p.m.

CSU Stanislaus, Turlock, CA
and
Bakersfield, CA (via teleconference)

AGENDA

10 a.m.	**E. Jane Middleton, Project Director** **Welcome and Overview**
10:10 a.m.	**Introductions**
10:15 a.m.	**Robert Pennal, Commander,** **Fresno Methamphetamine Task Force** **"International Methamphetamine Update"**
11:20 a.m.	**James Peck, Psy.D** **Integrated Substance Abuse Programs, UCLA** **"Trends, Neuroscience and Pharmacological Solutions"**
12 30 p.m.	**Virginia Rondero Hernandez, Principal Investigator** **Presentation of Final Report** **(working lunch)**
1 p.m.	**Cary Martin, Advisory Council Co-Chair** **Group Discussion of Report**
1:30 p.m.	**Next steps for report**
1:45 p.m.	**Summary and Close**

Appendix 5

Chart A—Age of First Use of Primary Drug

Chart B—Actual Number of Minor Children of Unique Clients

Chart C—Gender of Clients with Minor Children Aged 5 or Under

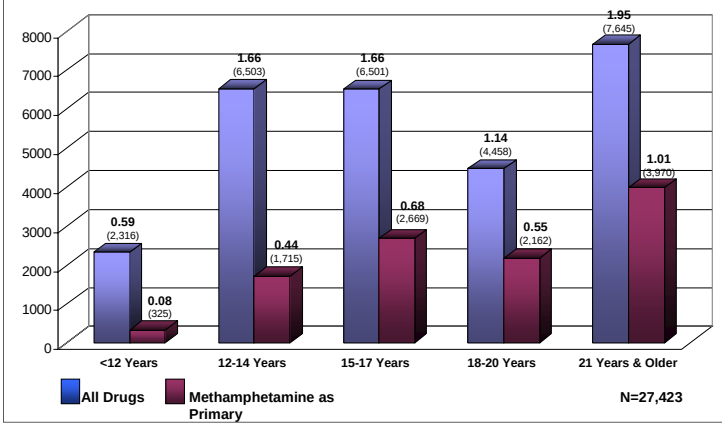
Chart D—Gender of Clients with Minor Children Aged 6-17

Chart E—Referral Source of Clients with Minor Children Aged 5 or Under

Chart F—Referral Source of Clients with Minor Children Aged 6-17

Age of First Use of Primary Drug

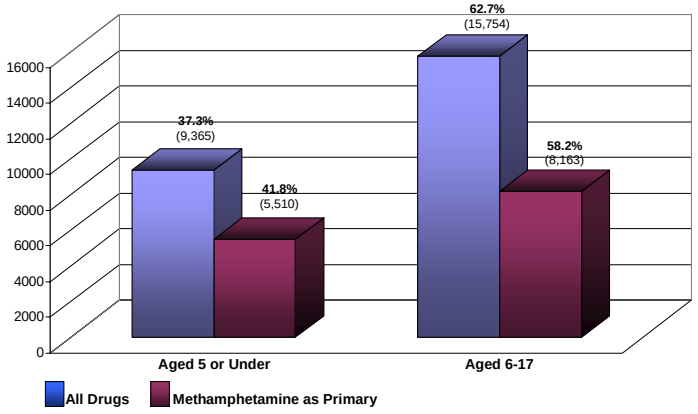
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total
Rate Per 1,000



N=27,423

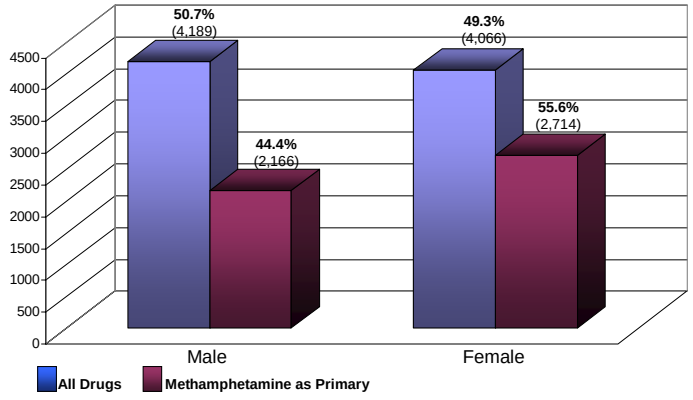
Actual Number of Minor Children of Unique Clients

By Age Group
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



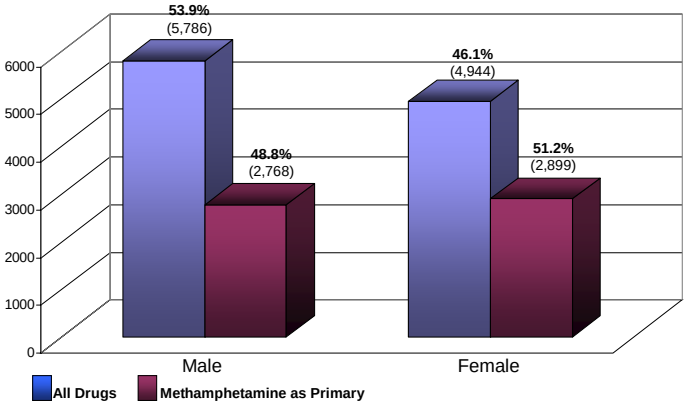
Gender of Clients

With Minor Children Aged 5 or Under
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



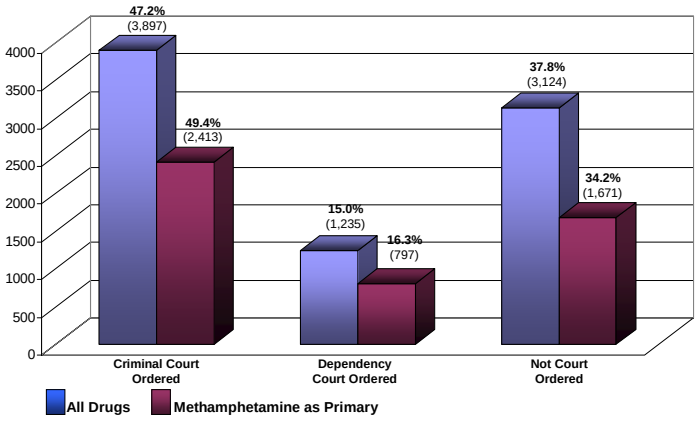
Gender of Clients

With Minor Children Aged 6-17
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



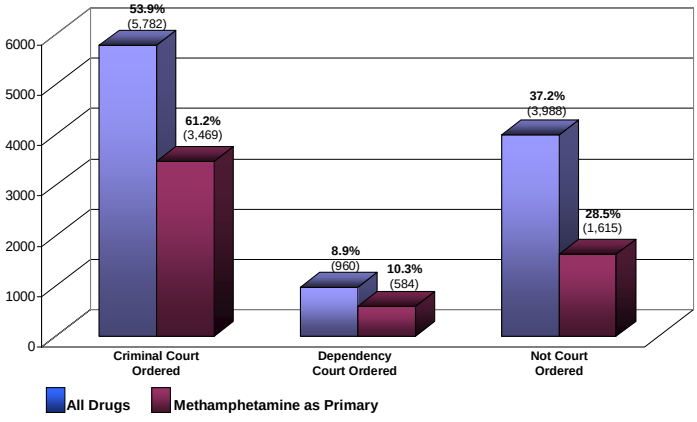
Referral Source of Clients With Minor Children

Aged 5 or Under
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



Referral Source of Clients With Minor Children

Aged 6-17
(All Drugs & Methamphetamine as Primary)
San Joaquin Valley 8 County Total



Appendix 6

Approach to Organizing Community Meetings

Approach for Organizing Community Meetings

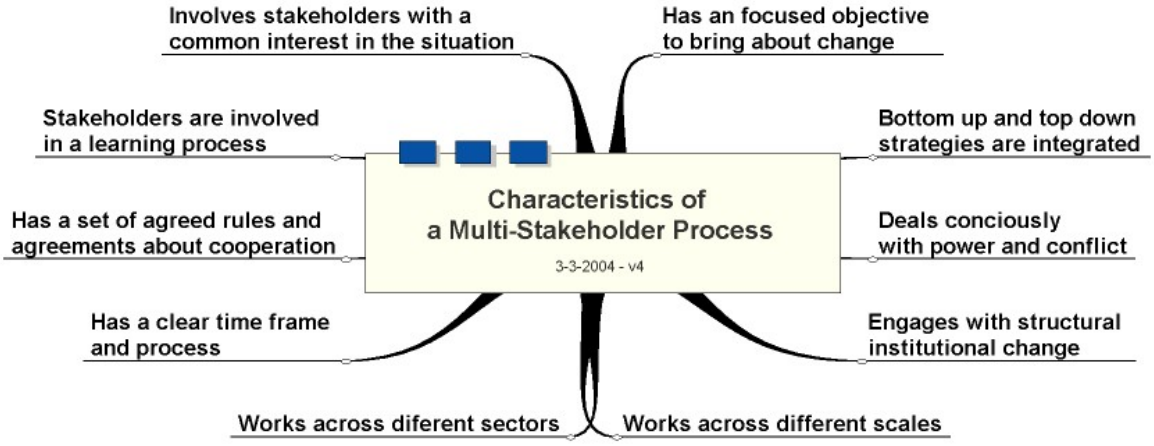
The approach for organizing a regional voice for policy and legislative changes that support substance abuse education, prevention, treatment and recovery was guided by the principles, concepts and theoretical framework of Community-Based Participatory Research (CBPR). CBPR is a collaborative approach to research that begins with a topic of importance to community that is combined with community and academic knowledge toward the goal of promoting social change to improve community health. Neither a research method itself nor a theory, CBPR proposes that a balance between research and community empowerment can be achieved that:[1]

- Recognizes community as a unit of identity
- Builds on strengths and resources within the community
- Facilitates collaborative partnerships in all phases of the research
- Integrates knowledge and action for mutual benefit of all partners
- Promotes a co-learning and empowering process that attends to social inequalities
- Involves a cyclical and iterative process
- Addresses health from both positive and ecological perspectives; and
- Commits to disseminating findings and knowledge gained to all partners.[2]

This approach was also informed by a conceptual model of multi-stakeholder process (MSP). The MSP model proposes constituencies from government, the business sector, stakeholder organizations, citizens, universities and other knowledge institutions can jointly engage in a process that:

- Seeks to improve situations that affect them;
- Facilitates social interaction, dialogue, negotiation, learning, decision making and collective action among different individuals and groups, who are affected by a similar issue; and
- Encourages diverse constituencies to think and work together.[3]

Overview of Multi-Stakeholder Process



[1] U.S. Department of Health and Human Services, 2007
[2] Campus-Community Partnerships for Health, 2008
[3] Wageningen International, 2006

Appendix 7

Project Coordinator Reports

John Aguirre

North County Coordinator Report

1. Highlights
    - Helpful actions of council members/community contacts
      The most helpful action of council members and community contacts was to either arrange a community meeting or refer me to a lead that would ultimately organize community participants for a scheduled meeting.
    - Recruitment of participants
      E-mails or phone calls requesting participation and follow-up e-mail or phone calls to confirm interest, combined with e-mails and phone calls to prospective community groups from referrals. In every county, consumers were the most easily accessed, via various recovery programs.
    - Scheduling/setting up meeting dates/locations
      Once interest in hosting a community meeting was expressed, I scheduled a meeting that was convenient for the host or the population I was attempting to access at a time and place of their choosing, or as part of an agenda for a regularly scheduled meeting. Locations were determined by availability, ease of access by participants, cost, and time of day.
    - Getting the word out
      Methods of getting the word out included flyers, e-mails, direct phone calls, blogs, my-space, websites, and requests to Advisory Council members. Additionally, announcements were made at community events and during Methamphetamine Recovery Project meetings after data had been collected for possible referrals.
    - Facilitating/managing meetings
      I confirmed the appointment and asked how many people were expected. Upon arrival, I reiterated the purpose and author of the meeting; had the host or myself facilitate a community discussion on the subject; asked if there were any questions; handed out the community questionnaire; collected the data once complete; and passed out my card for future referrals. I answered questions after data collection, explained the next step in our process, and thanked the host for arranging the meeting and the participants for attending.
    - Collecting participant responses
      The majority of participants had no issues with completing the forms and turning them in at the end of the forum. Responses to the questions ranged from elaborate to very minimal due to each person's knowledge and experience with methamphetamine. A few participants chose to fill out the demographic information only or the questions only and leave the other side of the document blank.
    - Favorable outcomes
      Participants' willingness to be engaged in the process, expand their knowledge on the subject and resources available locally, and increased desire to know what local action they can take to assist with methamphetamine recovery.

- Successful strategies
  Direct phone calls or face-to-face requests for setting up meetings proved to be successful strategies in most cases, as did developing personal relationships.

2. Lowlights (Challenges)
   - Less-than-helpful actions of council members/community contacts
     Only a handful of council members actively helped to provide leads or meeting venues. Directly contacting community group leaders was much more productive.
   - Recruitment of participants
     Every person that I contacted regarding the project was supportive; however, not every person followed through with their commitment to arrange a community meeting. Primary recruitment efforts were dependent on local host connections and follow-through, although not always successfully.
   - Logistical issues encountered in scheduling/setting up meeting dates/locations
     Distance and travel time; also, local contacts reported being overburdened with their own jobs, forcing many to place this project's needs "on the back burner," so I had to constantly encourage them to follow through. Many times calls were made to leads or for meeting commitments that never resulted in responses.
   - Barriers in getting the word out
     There is no central database to access the general population so we were dependent on local contacts, and many were reticent in committing to share or disturb those contacts. Other barriers in getting the word out about the project included apparent apathy, misunderstanding and lack of trust about how the information might be used, as well as a lack of time for building stronger valley relationships.
   - Issues related to facilitating/managing meetings
     The process was rushed when the host was attempting to fit our project into an already-scheduled meeting.
   - Difficulties collecting participant responses
     The most difficult part of collecting participant responses was getting them to complete both sides of the questionnaire as completely as possible. Also, some responses were very limited due to the participants' knowledge and experience around the issues of methamphetamine. This was especially prevalent when collecting data from consumer participants.
   - Unfavorable outcomes
     Lack of time for more diverse ethnic data collection, which would have required more relationship building; lack of participation in [one] County, and lack of understanding about the project by County staff, created barriers that did not need to be there.
   - If I had to do it over again

I would like more time to develop the marketing materials and forum tools prior to going out into the community, and more time to develop relationships with the community contacts to get a stronger buy-in and raise the quality of participation levels.

3. General impressions re: engagement/involvement of county communities (combined) around a discussion re: methamphetamine/substance abuse
   The combination of the two; methamphetamine and substance abuse, added to the confusion and diluted what many participants felt should have been the primary focus – methamphetamine.

   Communities are hungry for attention to prevention and treatment options for methamphetamine. Most have no prevention programs geared toward adult populations. Most felt the prevention programs should focus on school-aged children, and knew very little of the ones currently in place. The primary mode of intervention for adults was through jail or CPS involvement. Some counties have treatment modalities; however, the majority, especially in rural areas, have no residential or long term treatment facility for meth rehabilitation, and none have detoxification facilities other than jails. Many of the community groups are still not well educated about what methamphetamine is or how the consequences from methamphetamine affect them. The majority of people that I conducted meetings with were very unsure of where they would even go for help should they need it.

   The community forums worked well once we got participants there.

4. Recommendations re: how to organize Valley communities, should a similar effort be done in the future
   Access coalitions and collaborations that are already formed in each community and gain their trust and buy-in into the project you're promoting and have their members assist in accessing the populations you're trying to reach.

5. What you gained from this experience?
   A greater appreciation for the daily struggle both consumers and service providers are facing in making recovery a successful and meaningful process that will change lives for a lifetime, while juggling the requirements of mandates that aren't always recovery-friendly, and their attempt to implement those mandates with shrinking resources.

Sherill Calhoun

South County Coordinator Report

6. Highlights
    - Helpful actions of council members/community contacts:
      The most helpful action of council members and community contacts was to either arrange a community meeting or refer me to a lead that would ultimately organize community participants for a scheduled meeting.
    - Recruitment of participants:
      Letters or e-mails requesting participation and follow-up calls to confirm interest combined with calls to prospective community groups from referrals.
    - Scheduling/setting up meeting dates/locations:
      Once interest in hosting a community meeting was expressed, I scheduled a meeting that was convenient for the host at a time and place of their choosing or I asked to be part of an agenda for a regularly scheduled meeting.
    - Getting the word out:
      Methods of getting the word out included, letters, e-mails, direct phone calls, requests to Advisory Council members. Additionally, announcements were made at community events and during Meth Recovery Project meetings after data had been collected for possible referrals.
    - Facilitating/managing meetings:
      I confirmed the appointment and asked how many people were projected to attend. Upon arrival, I reiterated the purpose and author of the meeting; asked if there were any questions; handed out the community questionnaire; collected the data once complete; and passed out my card for future referrals. I answered questions after data collection and thanked the host for arranging the meeting.
    - Collecting participant responses:
      Collecting participant responses to the questions ranged from elaborate to very minimal due to each person's knowledge and experience with methamphetamine. A few participants chose to fill out the demographic information only or the questions only and leave the other side of the document blank for reasons that are unknown to me.
    - Favorable outcomes:
      Two of the most favorable outcomes of the meetings that I conducted in the South Valley, were requests from participants for more information or direction to resources relative to methamphetamine. Also, especially in rural areas, participants were grateful that some attention was being given to the subject and that they were not forgotten.
    - Successful strategies:
      Direct phone calls or face-to-face requests for setting meetings up proved to be successful strategies in most cases.

7. Lowlights (Challenges)
    - Less-than-helpful actions of council members/community contacts:
      Only a handful of council members actively helped to provide leads or meeting venues. Directly contacting community group leaders was much more productive.
    - Recruitment of participants:
      Every person that I contacted regarding the project was supportive; however, not every person followed through with their commitment to arrange a community meeting.
    - Logistical issues encountered in scheduling/setting up meeting dates/locations:
      The most difficult area in the South Valley to obtain meeting commitments was in Kern County. Proximity and not having an "anchor" or community leader to partner with appeared to diminish the project's credibility and importance. Many times calls were made to leads or for meeting commitments that were never responded to.
    - Barriers in getting the word out:
      Barriers in getting the word out about the project include, apathy, misunderstanding and trust about how the information might be used and lack of time for building stronger valley relationships.
    - Issues related to facilitating/managing meetings:
      Some of the actual sites where meetings were held were either too confined for the number of people in attendance or the process felt a little rushed when the host was attempting to fit our project into an already scheduled meeting.
    - Difficulties collecting participant responses:
      The most difficult part of collecting participant responses was getting them to fill both sides of the questionnaire out as completely as possible. Also, some responses were very limited due to the participants' knowledge and experience around the issues of methamphetamine.
    - Disfavorable outcomes:
      Lack of time for more diverse ethnic data collection which would require more relationship building and lack of participation in Kern County.
    - If I had to do it over again:
      I would use a more comprehensive grid to target groups and areas in the South Valley. I would make initial contact with elected officials affiliated with the area for project support and ask for leads or referrals that cover the diverse groups that I would like to see represented. I believe that it is of paramount importance to form a link (partner) with someone in the area that has a vested interest in the outcome.

8. General impressions re: engagement/involvement of county communities (combined) around a discussion re: methamphetamine/substance abuse:

Communities are hungry for attention to prevention and treatment options to substance abuse, especially methamphetamine. Most have some type of prevention program(s); however, most feel that they are not effective in fighting the problem. Some have treatment modalities; however, the majorities especially in rural areas have no residential or long term treatment facility for meth rehabilitation. Many of the community discussion group participants are still not well educated about what methamphetamine is or how the related fallout from meth affects them. The majority of people that I conducted meetings with were very unsure of where they would even go for help should they need it.

9. Recommendations re: how to organize Valley communities, should a similar effort be done in the future:
This effort should not cease with this project. The most important information that can ever be gleaned is at the ground level. The information that was collected was not second hand but from citizens living the substance/meth abuse nightmare. I believe that the number of responses that we were able to obtain is a more accurate pulse of what is actually going on than what might be perceived from an administrative or legislative level. I think that holding to a regional approach allows for more synergy, shared resources and effective outcomes.

10. What you gained from this experience:
I have enjoyed participating in the project both personally and professionally. As a parent of a meth addict, I know how limited the resources currently are to effectively make a difference in the attitudes about the drug and meaningful treatment for the addict and his or her family. As a professional, I have made connections with hundreds of people who are important links to a regional strategy for prevention, treatment and recovery management. In a time of such economic volatility, connecting human resources to achieve economies of scale makes perfect sense.

Appendix 8

Community Meeting Sites

METHAMPHETAMINE RECOVERY PROJECT
COMMUNITY MEETING SITES

Fresno County

1. Spirit of Woman
2. Fresno County Interagency Council
3. Fresno Council on Child Abuse Prevention Roundtable
4. Light House Transitional Home
5. Fresno First (Mental Health Systems, Inc.)
6. Fresno Forum on Poverty and Possibilities
7. Exceptional Parents Unlimited
8. East Fresno Kiwanis

Kern County

9. Greenfield Family Resource Center
10. Arvin Police Department
11. Shafter Collaborative (First Five)

Kings County

12. Hanford Soroptimists Club
13. Champion Recovery Alternative
14. Champion Recovery Alternatives (consumers)
15. Kings County Child Abuse Prevention Coordinating Council
16. Hanford Sunrise Kiwanis
17. Kings Co. Office of Education
18. Avenal State Prison Correctional Officers
19. Tachi-Yocut Tribe

Madera County

20. Hope House
21. Rancho Rotary at Children’s Hospital
22. Madera Dept. of Social Services
23. Madera Municipal Golf Rotary
24. Childern's Hospital of Central California
25. Alcohol and Other Drug Programs Staff
26. Madera County Behavioral Health (staff)
27. Madera County Behavioral Health (consumers)

Merced County

28. Merced Wellness Family Council
29. UC Merced Upper Division Policy Class
30. UC Merced (Lower Division Class)
31. UC Merced (Lower Division Class)

San Joaquin County

32. Educators and consumers
33. Consumer group
34. Medical, Public Health and consumers
35. Law Enforcement Forum
36. Valley Ministries
37. Human Services Projects
38. AIDS Foundation
39. Educators
40. SJ County Children's Coordinating Council

Stanislaus County

41. LGBT Pride Center
42. Stanislaus Recovery Center Intensive Outpatient
43. Stanislaus Recovery Center Perinatal Program
44. Stanislaus Recovery Center Day Treatment
45. Stanislaus Recovery Center Voluntary Residential
46. Stanislaus Pride Day Celebration
47. Stanislaus Recovery Center Staff-Ceres site

Tulare County

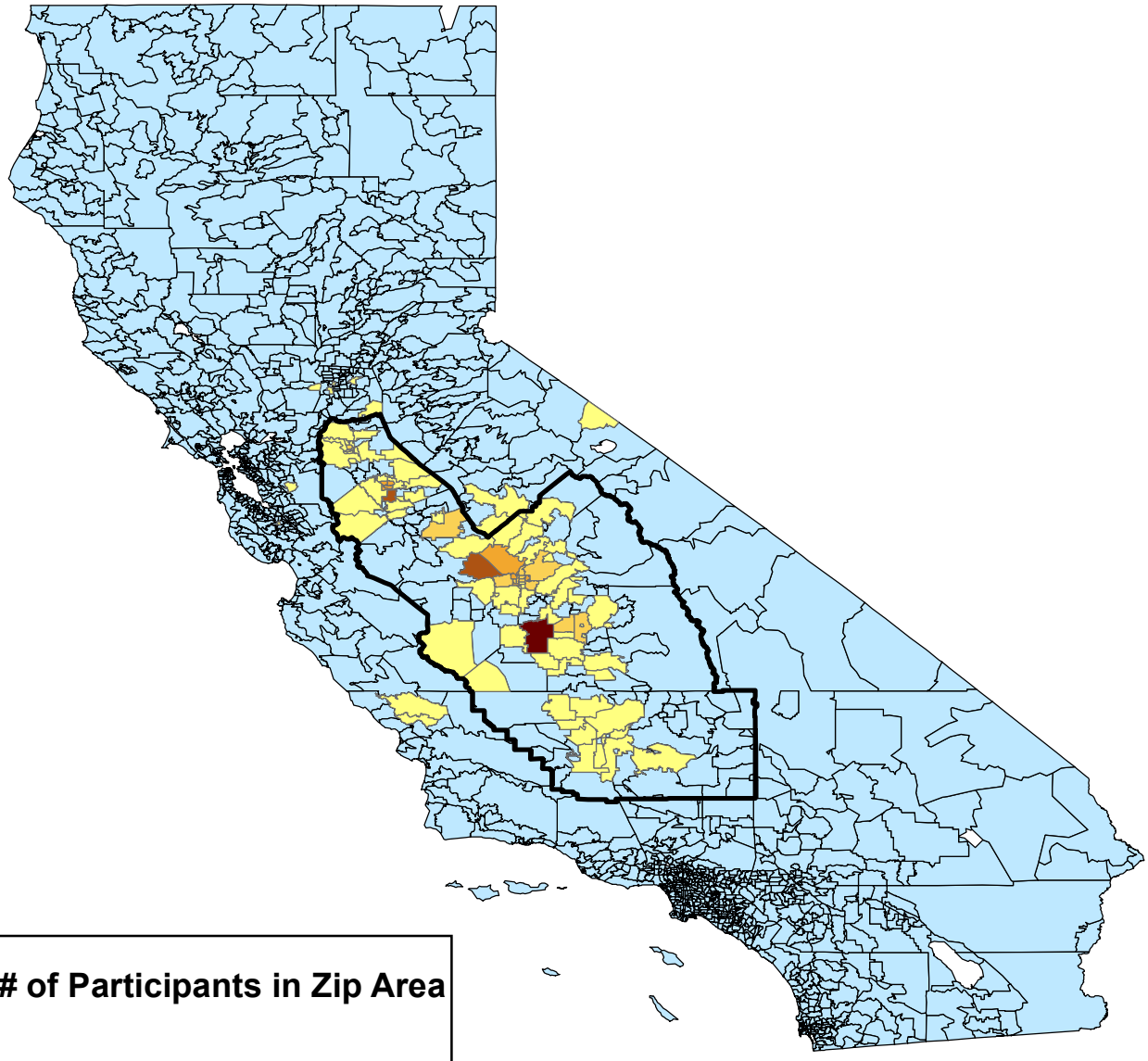
48. Woodlake Family Resource Center
49. 210 Program (Presbyterian Church)
50. Visalia Rescue Mission

Appendix 9

Project Participants' Residence by Zip Code

N

Project Participant's Residence by Zip Code



# of Participants in Zip Area

- 1 - 8
- 9 - 14
- 15 - 23
- 24 - 43
- 44 - 70

Org. California State University, Fresno
Central CA Training Academy
Author: Terry Luna 11/04/08
Data Sources: US Census Bureau

Appendix 10

Participant Demographic Form

California Partnership for the San Joaquin Valley

Social Welfare Evaluation, Research & Training Center
California State University, Fresno

Methamphetamine Recovery Project

"Local Solutions to Regional Issues"

Thank you for participating in today's discussion about the impact of methamphetamine and other substance abuse on your community. Our mission is to identify community-specific needs and solutions to substance abuse across the San Joaquin Valley.

In order to enrich our final report for the California Partnership for the San Joaquin Valley, we are asking persons who participate in local discussions to voluntarily share a few pieces of demographic information.

1. Age range: _____ 18-25 _____26-35 _____36-45 _____46-55 _____56-65

_____65 or older

2. Gender: ___Male Female ____

3. Race/ethnicity: _____White _____Latino/Hispanic _____American Indian

_____Black/African American _____Asian _____Some other race/ethnicity

4. Income level: _____$10,000 or less _____$10,0000-$14,999 _____$15,000-25,999

_____$25,000-$34,999 _____$35,000-$49,999 _____$50,000-$74,999

_____$75,000-$99,999 _____$100,000 or more

5. Educational Level: _____Less than High School _____High School Diploma

_____GED _____College Degree _____Graduate Degree

6 Zipcode: _____

THANK YOU!

Regional Contact:

- North Valley (Madera, Merced, Stanislaus, San Joaquin Counties)
  - John Aguirre, No. Valley Project Coordinator, 559-280-3864, jpaguirre@sbcglobal.net
- South Valley (Fresno, Kern, Kings, Tulare Counties)
  - Sherill Calhoun, So. Valley Project Coordinator, 559-381-2409, aclhoun@surfmk.com

Methamphetamine Recovery Project Director:

- Virginia Rondero Hernandez, Assoc. Professor, California State University, Fresno
  - 559-278-8478, virginiarh@csufresno.edu

Appendix 11

Project Codebook

Q1: ***What programs in your county do you consider successful in terms of positive outcomes for individuals and families affected by addiction?***	
DOMAIN	**CONCEPT**
Domain 1: Prevention/Education	
1101	***Prevention***
1101-1	Mentoring programs
1101-2	After-school programs
1101-3	Prevention programs
1102	***Education***
1102-1	Police-sponsored
1102-2	Public (drug) education
1102-3	Corporate-sponsored
1102-4	Parenting Classes
Domain 2: Treatment	
1201	***Treatment***
1201-1	Outpatient
1201-2	Residential
1201-3	“ “
1201-4	“ “
1201-5	Faith Based
1201-6	Treatment in general
1201-7	Pharmacological support
Domain 3: Recovery	
1301	***Recovery***
1301-1	Rehabilitation services
1301-2	Recovery services
1302	***Social Support***
1302-1	Abstinence
1302-2	Co-dependence
1302-3	Support groups in general
Domain 4: Enforcement	
1401	***Law enforcement***
1401-1	Strong drug enforcement programs
1401-2	Marijuana eradication programs
1401-3	Intense community policing
1401-4	Programs that take children away from addicted parents.
1401-5	Gang prevention
1402	***Legal enforcement***
1402-1	Drug courts
1402-2	Proposition 36
1402-3	Incarceration
1402-4	Combat laws
1402-5	Parole, probation
1402-6	Restorative Justice
1402-7	PC1000
1402-8	DUI
1402-9	Victims Services
1402-10	Behavioral health Court
Domain 5: Community	
1501	***Community***

Q1: ***What programs in your county do you consider successful in terms of positive outcomes for individuals and families affected by addiction?***	
DOMAIN	**CONCEPT**
1501-1	Community initiatives
1501-2	Employment/job training
1501-3	Health/Mental Health
1501-4	Welfare agencies
1501-5	Services to GLBT communities
1501-6	College preparation programs
1501-7	Youth services
1501-8	Expert treatment advice
1501-9	Media Outreach
1501-10	Housing
Domain 6: Alternate Responses	
1601	
1601-1	None; nothing works
1601-2	"Not many CBO's"
1601-3	Few, Very Little
1602	***Other***
1602-1	Facilities used to avoid jails
1602-2	Follow-up good programs
1602-3	Seeking services outside of SJV
1602-4	Expand services to the homeless
1602-5	Focus on specific populations
1602-6	Family-focused programs
1602-7	Self-help
1602-8	Domestic Violence Programs
1602-9	Drug Testing
1602-10	Sense of Hope
Domain: Other	
9999	
9999-1	No response
9999-2	Don't know/not familiar
9999-3	Not sure
9999-4	Need more information
0000	Uninterpretable
0001	Unidentifiable

Q2: ***Are there any laws or policies that work in reducing the use of methamphetamine and other substances?***	
DOMAIN	**CONCEPT**
Domain 1: Enforcement	
2101	***Enforcement***
2101-1	Eradication/suppression activities and programs
2101-2	Penal Codes; laws re: illicit drugs
2101-3	Legal restrictions on substances used for manufacturing
2101-4	Health & safety laws
2101-5	Child welfare laws, WIC 300
2101-6	Restorative Policing –Diversion
2101-7	Parole Supervision, probation
2101-8	Incarceration
Domain 2: Policies	
2201	***Policies***
2201-1	U.S. import/export policies
2201-2	Drug testing
2201-3	Court-ordered treatment
2201-4	Task forces
2201-5	Employment
2201-6	Drug education
2201-7	Socialized medicine
2201-8	Legalize and regulate
2201-9	Proposition 36
2201-10	Drug Court
2201-11	P.C. 1000
2201-12	Mental Health Services Act
Domain 3: Alternate Responses	
2301	
2301-1	No/none
2301-2	Nothing much
2301-3	There is no problem
2302	***Enforcement***
2302-1	Courts don't do enough
2302-2	More enforcement needed
2302-3	More punishment/penalties
2302-4	No laws foolproof
2302-5	Laws are weak
2302-6	Too many laws
2303	***Other***
2303-1	Mexican laws have invigorated domestic lab operations
2303-2	Task forces needed
2303-3	More education needed
2303-4	More alternative living programs needed
2303-5	More funding needed to support laws/policies in place
2303-6	Treatment programs
2303-7	Outreach programs
2303-8	Afterschool programs
2303-9	Mandatory drug testing in K-12
2303-10	Social Support/abstinence Programs
2303-11	Providers are recovering addicts
2303-12	Recovery Programs

Q2: ***Are there any laws or policies that work in reducing the use of methamphetamine and other substances?***	
DOMAIN	**CONCEPT**
Domain: Other	
9999	
9999-1	No response
9999-2	Don't know/not familiar
9999-3	Not sure
9999-4	Need more information
0000	Uninterpretable
0001	Unidentifiable

Q3: ***Are there education, prevention, treatment or recovery programs that are not working well in your county?***	
DOMAIN	**CONCEPT**
Domain 1: Prevention/Education	
3101	***Prevention***
3101-1	Not enough
3101-2	County Public Health
3101-3	Alcohol and Drug Awareness Program (ADAP)
3101-4	MADD
3102	***Education***
3102-1	Not enough education
3102-2	DARE
3102-3	Just Say No Campaign
3102-4	Red Ribbon Week
3102-5	Hugs Not Drugs
3102-6	DUI Classes
3102-7	Scared Straight
3102-8	Education does not work
Domain 2: Treatment	
3201	***Treatment***
3201-1	Outpatient
3201-2	Residential
3201-3	Court–ordered treatment/counseling
3201-4	Not enough Detox
3201-5	Understaffed treatment centers
3201-6	Faith-based programs
3201-7	Length of treatment
3201-8	Medications
3201-9	Treatment for Teens
3201-10	Prison-based treatment
Domain 3: Recovery	
3301	***Recovery***
3301-1	Halfway houses
3301-2	Social support/abstinence
3301-3	Wellness and recovery programs
3301-4	Short term recovery
3301-5	Gender specific recovery
Domain 4: Enforcement	
3401	***Law enforcement***
3401-1	Combat law
3401-2	Police in schools
3402	***Legal enforcement***
3402-1	Drug court
3402-2	Proposition 36
3402-3	PC 1000
3402-4	Incarceration for violation
3402-5	Judicial processes
3402-6	Child Protective Services
3402-7	Need more enforcement
3402-8	No childcare for felons
3402-9	Fines

Q3: ***Are there education, prevention, treatment or recovery programs that are not working well in your county?***	
DOMAIN	**CONCEPT**
3403	***Criminal justice***
3403-1	Probation Department
Domain 5: Alternate Responses	
3501	***Disagreement w/Question***
3501-1	Nothing works
3501-2	Some programs are successful
3501-3	No, not specific
3501-4	Yes, not specific
3501-5	Supports status quo
3502	***Other***
3502-1	Residential programs too easy
3502-2	Show young prison life
3502-3	Poor parenting
3502-4	More money needed for indigent care
3502-5	Continuous reoffending
3502-6	More program funding needed
3502-7	Deception
3502-8	Client motivation
3502-9	Poverty/social barriers
3502-10	Offers recommendation(s) instead
3502-11	Recovery works
3502-12	Lack of program integrity compromises programs
3502-13	Programs that don't engage children
Domain: Other	
9999	
9999-1	No response
9999-2	Don't know/not familiar
9999-3	Not sure
9999-4	Need more information
0000	Uninterpretable
0001	Unidentifiable

Q4: ***What changes do you think need to take place for more programs to produce more successful outcomes?***	
DOMAIN	**CONCEPT**
Domain 1: Prevention/Education	
4101	***Prevention***
4101-1	More prevention/intervention programs
4101-2	Teen age mentoring program
4101-3	Address self-esteem issues at a younger age
4101-4	More activities for youth
4101-5	Outreach activities
4102	***Education***
4102-1	More public awareness/community education
4102-2	Revamp drug education programs for youth
4102-3	Educate early
4102-4	Education instead of jails
4102-5	More effective training of educators
4102-6	Require college-level drug education courses
4102-7	Use faith-based organizations for outreach to hard-to-serve
4102-8	More character education programs
4102-9	Use more graphic visuals
4102-10	Mandatory drug education for parents
4102-11	Increase relevance of drug education for youth
4102-12	Testimonies by recovering addicts
Domain 2: Treatment	
4201	***Treatment***
4201-1	Outpatient
4201-2	Residential treatment
4201-3	Establish local programs
4201-4	Spend more time with clients
4201-5	Independent audit systems to monitor for continuous program improvement
4201-6	Increase access to services for addicts
4201-7	Improve assessment/diagnostic process
4201-8	More emphasis on individual treatment; less on group treatment
4201-9	Remove individual from previous environment
4201-10	Emphasis on drug-free practitioners
4201-11	Same day entry into treatment
4201-12	Individual treatment plans
4201-13	Reduce costs of treatment
4201-14	More Detox programs
4201-15	Transportation assistance
4201-16	Specific tx for meth
4201-17	Better training of providers
4201-18	Medications
4201-19	Shorter treatment
Domain 3: Recovery	
4301	***Recovery***
4301-1	More/longer aftercare/support
4301-2	Life skills that support sobriety
4301-3	Family recovery
4301-4	More halfway/transitional homes

Q4: ***What changes do you think need to take place for more programs to produce more successful outcomes?***	
DOMAIN	**CONCEPT**
4301-5	Mandate recovery programs
4301-6	Link recovery length to CW reunification
4301-7	Rehabilitation
4301-8	Well Recovery Action Plan (WRAP) programs
4302	***Social Support***
4302-1	Linkages to support systems
4302-2	Informal support
Domain 4: Enforcement	
4401	***Law enforcement***
4401-1	Stronger enforcement activities
4401-2	More task forces
4401-3	Stop flow from Mexico
4401-4	Combat Laws
4401-5	Improve police public relations
4402	***Legal enforcement***
4402-1	Tougher sentences for violators
4402-2	Higher penalties/fines for retailers who sell items to make meth
4402-3	More Drug Court programs, stronger court enforced rehab
4402-4	More follow-up needed
4402-5	Control ingredients/chemicals
4402-6	Help with legal issues
4402-7	Allow parolees to complete programs
Domain 5: Policies	
4501	***Policies***
4501-1	More, better drug testing
4501-2	More funding
4501-3	Less funding for jails
4501-4	Collaborations
4501-5	Improve health care services
4501-6	Decriminalize addiction
4501-7	More oversight
4501-8	More Economic Development Programs
4501-9	Drug-testing as qualifer for means-tested programs
Domain 6: Community	
4601	***Employment***
4601-1	More Jobs
4601-2	Better paying jobs
4602	***Education***
4602-1	Job training/educational programs
4603	***Housing***
4603-1	Housing options
4604	***Other***
4604-1	Families need to unite to confront consequences of drug abuse

Q4: ***What changes do you think need to take place for more programs to produce more successful outcomes?***	
DOMAIN	**CONCEPT**
4604-2	More community involvement
4604-3	More done for victims
4604-4	More legislators in trenches (affected communities)
4604-5	Societal change
4604-6	Showing affected where/how to get help
4604-7	More faith based organizations
4604-8	Overhaul the system
4604-9	Shame the user
4604-10	Teach healthy alternatives
4604-11	Intervention teams across the counties
4604-12	More support/resources (in general)
4604-13	New effective medications
4604-14	Focus on accidents
4604-15	Child Care
4604-16	Broader volunteer base
4604-17	Target specific populations
4604-18	Honesty of politicians
Domain 8: Alternate Responses	
4801	***Observations***
4801-1	Incarceration doesn't work
4801-2	Beneficial programs no longer available
4801-3	Nothing to be done/none
4801-4	"we're doing fine"
Domain: Other	
9999	
9999-1	No response
9999-2	Don't know/not familiar
9999-3	Not sure
9999-4	Need more information
0000	Uninterpretable
0001	Unidentifiable

Appendix 12

Additional Resources

ADDITIONAL RESOURCES

The resources listed here were identified at various points in time during the life of the Methamphetamine Recovery Project. Much of the information served to inform and support the activities of the Project.

Online Resources

The Bakersfield Californian. (2000). Youth *Development Coalition Resource Directory*. Retrieved on November 26, 2008, from http://www.bakersfield.org/ydc/about.html

The Youth Development Coalition Resource Directory provides contact information for resources in Bakersfield, CA for families concerned about their children being exposed to gangs and violence.

California Alliance for Drug Endangered Children (DEC). (2008). Retrieved November 26, 2008, from http://www.cadecalliance.net/Main.htm

The California Alliance for Drug Endangered Children offers resources to help children that have been exposed to drug environments.

California Department of Corrections and Rehabilitation. (2007). *California Rehabilitation Center*. Retrieved November 26, 2008, from http://www.cdcr.ca.gov/Visitors/Facilities/CRC.html

The California Rehabilitation Center provides services for those serving time for drug convictions. Different programs offer vocational training for adults as well as case management to assist individuals in returning to society.

California Department of Social Services. (2007). *CalWORKS Welfare to Work Program*. Retrieved November 26, 2008, from http://www.dss.cahwnet.gov/CDSSWEB/PG141.htm

CalWORKS Welfare to Work Program supports individuals who are receiving welfare assistance in finding employment and offers vocational training and assistance with educational services.

California Friday Night Live Partnership. (2004). Retrieved November 26, 2008, from http://www.fridaynightlive.org/

Friday Night Live is a school-based prevention program that assists adolescents in developing healthy lifestyles, as well as providing mentoring services.

California Health and Safety Code, Section 11550-11555. (2008). Retrieved November 26, 2008, from http://www.stopdrugs.org/cc11550.html

The California Department of Justice's StopDrugs.org gives an outline of the laws surrounding the illegal use of substances and what resources may be provided to those convicted.

California Penal Codes 1000-1000.8. (2008). Retrieved November 26, 2008, from http://www.chrisconrad.com/expert.witness/pc1000.htm

The California penal code offers information on the California laws regarding the possession of marijuana or other illegal substances and the rights of those individuals.

California Recovery House, Inc. (n.d.). *Sober Living Homes.* Retrieved November 26, 2008, from http://www.soberlivinghomes.org/

California Recovery House provides resources for men and women who in need of a sober living environment to assist them in drug recovery.

California Victim Offender Program Directory. (2004). Retrieved November 26, 2008, from http://peace.fresno.edu/rjp/vomdir.pdf

The California Victim Offender Program Directory offers information for resources in the community that assist individuals coming out of the corrections system and returning to society.

Celebrate Life International. (2006). *Teach One to Lead One*. Retrieved November 26, 2008, from http://www.celebratelife.org/index.htm

Celebrate Life offers mentoring services to youth in at-risk environments through their "Teach One to Lead One" program that targets adolescents in public schools and the Juvenile Justice system.

Celebrate Recovery. (2008). Retrieved November 26, 2008, from http://www.celebraterecovery.com/

Celebrate Recovery offers support groups for individuals struggling with addiction as well as conferences as yearly summits to assist men and women who are in recovery.

Center for Human Services. (n.d.). *First Step Perinatal Program*. Retrieved November 26, 2008, from http://www.centerforhumanservices.org/firststep/index.html

First Step Perinatal Program offers services to pregnant women who may be abusing drugs and women with preschool aged children to help them maintain drug-free lives.

The Continuum of Care. (2007). *Exceptional parents unlimited*. Retrieved November 26, 2008, from http://www.thecontinuumofcare.org/default.asp?page=src_prov_detail&pID=281

Exceptional Parents Unlimited offers mental health and developmental services and resources for parents with children with special needs between the ages of 0-5.

Cornerstone Recovery Systems. (1999). Retrieved November 26, 2008, from http://www.cornerstone-aod.org/services.htm

Cornerstone Recovery Systems offers recovery services through community-based and residential services for men, perinatal women, and women dealing with substance abuse.

Crystal Darkness. (n.d.). *Meth's deadly assault on our youth.* Retrieved November 26, 2008, from http://www.crystaldarkness.com/

Crystal Darkness offers information on the effects of methamphetamine use on youth as well as provide resources parents can use to learn more about the impact of meth use.

Crystal Meth Anonymous. (2008). Retrieved November 26, 2008, from http://www.crystalmeth.org/

Crystal Meth Anonymous is a support group for men and women who are dealing with meth use.

Decision Home Inc. (n.d.). *Solutions for substance abuse.* Retrieved November 26, 2008, from http://www.decisionhome.org/

Decision Home of Fresno is a sober living environment where men and women dealing with substance use can live while receiving vocational training and other support services.

Delancey Street Foundation. (2007). Retrieved November 26, 2008, from http://www.delanceystreetfoundation.org/

Delancey Street Foundation is a consumer-run, residential self-help organization where those dealing with substance abuse issues can find support from others who have dealt with similar issues and are working towards recovery.

ECNext, Inc. (2008). *Foundation First Recovery, Inc.* Retrieved November 26, 2008, from http://www.manta.com/coms2/dnbcompany_qx3d9m

Foundation First Recovery offers dual diagnosis treatment services for substance abuse and mental health for adults in an outpatient setting.

Evangel Home. (2008). Retrieved November 26, 2008, from http://www.evangelhome.org/index.htm

Evangel Home offers emergency shelter for women and children in crisis.

Exceptional Parents Unlimited. (2006). Retrieved November 26, 2008, from http://www.exceptionalparents.org/

Exceptional Parents Unlimited offers mental health and developmental services and resources for parents with children with special needs between the ages of 0-5.

Eyes of the World Media Group. (n.d.). *Meth Inside Out*. Retrieved on November 26, 2008, from http://methinsideout.com/

Meth Inside Out offers video-based treatment for those dealing with methamphetamine use, as well as for their family members, with information about how meth impacts the brain and effective treatment practices.

FindLaw. (2008). *Health & Safety Code Section 11590*. Retrieved November 26, 2008, from http://caselaw.lp.findlaw.com/cacodes/hsc/11590-11595.html

FindLaw.com gives an outline of the laws surrounding the illegal use of substances and what resources may be provided to those convicted.

Fresno Family Counseling Center. (2007). Retrieved November 26, 2008, from http://education.csufresno.edu/cser/ffcc/ffcc.html

Fresno Family Counseling Center provides counseling services for parents dealing with behavioral issues through workshops and seminars, as well as anger management classes for adolescents.

Judicial Councils of California (2008). *California courts drug court program*. Retrieved November 26, 2008, from http://www.courtinfo.ca.gov/programs/collab/drug.htm

The California Courts website provides information on the Drug Court program and how it can help provide drug treatment for non-violent offenders dealing with substance abuse.

Kings County. (2006). Retrieved November 26, 2008, from http://www.countyofkings.com/mhsa/index.htm

The Kings County Behavioral Health website offers links to services provided in Kings County.

Kings County Behavioral Health. (n.d.). *Program directory*. Retrieved November 26, 2008, from http://www.countyofkings.com/mhsa/pdfs/aboutus.pdf

The Kings County Behavioral Health Program Directory offers contact information for services provided in Kings County.

Madera County. (2001). *Behavioral health services directory of services*. Retrieved November 26, 2008, from http://www.madera-county.com/mentalhealth/directory.html

The Madera County Department of Behavioral Health Services offers a list of agencies that provide mental health services in the form of counseling, case management, prevention, intervention, and other services to the residents of Madera County.

Marjoree Mason Center. (2008). Retrieved November 26, 2008, from http://www.mmcenter.org/

Marjoree Mason Center provides emergency shelter for women and children in crisis as well as legal services, support groups, safety planning, and victim advocacy.

MyMerced. (2008). *Total Self Insight, Inc*. Retrieved on November 26, 2008, from http://www.mymerced.com/mp_tsi.html

Total Self Insight offers services to both victims and perpetrators of domestic violence through support groups, anger management classes, conflict resolution, and resources for adolescents.

National Association for Children of Alcoholics. (2007). *Celebrating Families!* Retrieved November 26, 2008, from http://www.celebratingfamilies.net/

Celebrating Families provides support and services for families who have one or both parents dealing with alcoholism or drug use, and works with all members of the family to help foster change.

The New York Times Company. (2008). *Champions recovery alternatives*. Retrieved November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/cra_hanford.htm

Champions Recovery Alternatives offers substance abuse treatment services in an outpatient setting for adolescents.

The New York Times Company. (2008). *Comprehensive Alcohol Program, Fresno*. Retrieved November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/cap_fresno.htm

Comprehensive Alcohol Program (CAP) of Fresno offers substance abuse treatment services in the form of detoxification in a halfway house at a short-term residential facility for adults with co-occurring mental and substance abuse disorders, people with HIV/AIDS, LGBT population, older adults, women, and criminal justice clients.

The New York Times Company. (2008). *Ebony Counseling Center of Bakersfield*. Retrieved November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/ebony.htm

Ebony Counseling Center of Bakersfield offers substance abuse treatment services in an outpatient setting for adolescents and pregnant and post-partum women.

The New York Times Company. (2008). *El Primer Paso of Visalia*. Retrieved November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/elprimer.htm

El Primer Paso of Visalia offers substance abuse treatment services in a residential, long-term treatment setting for men.

The New York Times Company. (2008). *Eleventh Hour of Clovis*. Retrieved November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/eleventhhour.htm

Eleventh Hour of Clovis offers substance abuse treatment services in an outpatient setting which include chemical dependency education and support groups.

The New York Times Company. (2008). *Madera Access Point*. Retrieved November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/map_madera.htm

Madera Access Point provides substance abuse treatment services in an outpatient setting for adolescents, pregnant and postpartum women, women, and criminal justice clients.

The New York Times Company. (2008). *Matrix Institute on Addictions*. Retrieved on November 26, 2008, from http://www.matrixinstitute.org/

The Matrix Institute on Addictions in Rancho Cucamonga offers outpatient substance abuse treatment services for adolescents and criminal justice clients.

The New York Times Company. (2008). *New Directions Program, Stockton*. Retrieved on November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/newdir.htm

New Directions Alcohol and Drug Awareness Program in Stockton, CA offers substance abuse treatment services and detoxification in a residential setting, both short-term and long-term, for men, women, criminal justice clients, LGBT population, and those with co-occurring mental health and substance abuse disorders.

The New York Times Company. (2008). *PAAR centers of Porterville, substance abuse services*. Retrieved on November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/paar_porter.htm

The PAAR Centers of Porterville provides mental health and substance abuse treatment services in a long-term residential setting for men with co-occurring substance abuse and mental health disorders.

The New York Times Company. (2008). *PATHS program, Fresno*. Retrieved on November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/paths_fresno.htm

The PATHS Program in Fresno offers substance abuse treatment services, methadone maintenance, and detoxification in an outpatient setting for pregnant/postpartum women, and women.

The New York Times Company. (2008). *Recovery House of French Camp, CA*. Retrieved on November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/rh_frenchcamp.htm

Recovery House of San Joaquin County offers mental health and substance abuse treatment services in short-term and long-term residential settings for men and women.

The New York Times Company. (2008). *San Joaquin County Chemical Dependency Counseling Center*. Retrieved on November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/sjccdcc.htm

The San Joaquin County Chemical Dependency Counseling Center offers substance abuse treatment services for adolescents and criminal justice clients.

The New York Times Company. (2008). *Turning Point Youth Services of Visalia, CA*. Retrieved on November 26, 2008, from http://alcoholism.about.com/od/tx_ca/qt/tpys_visalia.htm

Turning Point Youth Services of Visalia provides substance abuse treatment services in an outpatient setting for adolescents, pregnant and postpartum women, women, and men.

Office of National Drug Control Policy. (n.d.). *Drug endangered children*. Retrieved on November 26, 2008, from http://www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html

The Office of National Drug Control Policy provides information and prevalence data about the health risks children face in living in substance abuse environments.

Phoenix House. (2008). *Drug and alcohol treatment and prevention services*. Retrieved on November 26, 2008, from http://www.phoenixhouse.org/index.html

Phoenix House offers substance abuse treatment and prevention services in residential and outpatient settings for men, women, and adolescents.

San Joaquin County. (2006). *San Joaquin County Mental Health Services*. Retrieved on November 26, 2008, from http://www.co.san-joaquin.ca.us/mhs/

The San Joaquin County website offers information on mental health services available for residents of San Joaquin County.

San Joaquin County. (2006). *Substance Abuse Prevention and Treatment Services of San Joaquin County*. Retrieved on November 26, 2008, from http://www.co.san-joaquin.ca.us/osa/default.htm

Substance Abuse Prevention and Treatment Services of San Joaquin County provides substance abuse treatment in outpatient, day treatment, and residential settings as well as prevention services.

State of California. (2008). *Implementation of AB900, Public Safety and Offender Rehabilitation Services Act of 2007*. Retrieved November 26, 2008, from http://www.ebudget.ca.gov/BudgetSummary/DCR/32270639.html

Under the Governor's budget plan for 2008-2009, AB 900 looks to evaluate existing drug treatment services being offered to inmates and parolees in California as well providing rehabilitation services.

Stop Abuse for Everyone. (2008). *Porterville Women's Shelter*. Retrieved on November 26, 2008, from http://www.safe4all.org/resource-list/view/13694

Porterville Women's Shelter provides emergency shelter and transitional living services for women, as well as case management, advocacy, and chemical dependency education and counseling.

Teen Challenge International Northern California/Nevada. (2008). Retrieved on November 26, 2008, from http://www.teenchallenge.net/

Teen Challenge International offers faith-based residential services for adolescents dealing with substance abuse.

Therapists, Unlimited. (n.d.). *Genesis Alcohol and Drug Abuse Services*. Retrieved November 26, 2008, from http://therapistunlimited.com/rehabs/US/CA/Fresno/Genesis+Alcohol+and+Drug+Abuse+Servs

Genesis Alcohol and Drug Abuse Services offers substance abuse treatment services to adolescents coming out of the juvenile justice system in an outpatient setting.

Therapists, Unlimited. (n.d.). *Turning Point of Central California*. Retrieved on November 26, 2008, from http://therapistunlimited.com/rehabs/US/CA/VISALIA/Turning+Point+of+Central+California/

Turning Point of Central California provides substance abuse treatment services in an outpatient setting for adolescents, pregnant and postpartum women, women, and men.

U.S. Drug Rehab Centers. (n.d.). *Recovery Assistance For Teens (RAFT), Merced county alcohol and drug services*. Retrieved on November 26, 2008, from http://www.usdrugrehabcenters.com/drug-rehab-centers/california-drug-rehab-centers/recovery-assistance-for-teens-raftmerced-county-alcohol-and-drug-services-l1028/?SOLE_DIR_CATEGORY_ID=12

Recovery Assistance for Teens provides substance abuse treatment services in an outpatient setting for adolescents.

VIP Recovery Coaching. (n.d.). Retrieved on November 26, 2008, from http://www.viprecoverycoaching.com/

VIP Recovery Coaching provides discreet substance abuse treatment services through counselors that come to the individual's home.

Yamashita, E. (2008). Youth substance treatment program opens doors. *Hanford Sentinal.* Retrieved on November 26, 2008, from http://www.westcare.com/news/07282008_01.jsp

WestCare Youth Substance Abuse Program known as Youth Maximizing Treatment (Y-Max) offers services to adolescents dealing with substance abuse in Kings County.

YouTube. (2008). *Meth in Our Backyard, Kings connection hotline*. Retrieved on November 26, 2008, from http://www.youtube.com/watch?v=aNxi7RN5s74&feature=related

"Meth in Our Backyard" gives a glimpse of what methamphetamine use looks like in the in Kings County in the Central Valley.

Research Articles

Flicker, S., Waldron, C.W., & Holly, B. (2008). Ethnic background, therapeutic alliance and treatment retention in functional family therapy with adolescents who abuse substances. *Journal of Family Psychology.* 22(1).pp-167-170.

Godley, M., Kahn, J., & Dennis, M. (2005). The stability and impact of environmental factors on substance abuse and problems after adolescent outpatient treatment for Cannabis abuse and dependence. *Psychology of addictive behaviors*. 19(1). Pp. 62-70.

Grella, C., Stein, J., & Greenwell, L. (2005). Associations among childhood trauma, adolescent problem behaviors and adverse adult outcomes in

substance abusing women offenders. *Psychology of addictive behaviors.* 19 (1). Pp 43-53.

Johnson, M. A. (2005). America's dirty drug. *ZUMA Press.* Retrieved on November 26, 2008, from http://www.zreportage.com/MethLab/MethLab_TEXT.html

Kilpatrick, D.G., Acierno, R., & Saunders, B. (2000). Risk factors for adolescent substance abuse and dependence: Data from a national sample*. Journal of consulting and clinical psychology.* 68(1). pp. 19-30.

Morral. R.A. (2006). *The relative effectiveness of 10 adolescent substance abuse treatment programs in the United States*. RAND Corporation, Santa Monica, California.

Najavits, L. M. (2002). Seeking Safety therapy for trauma and substance abuse. *Corrections Today*, 64: 136-140. Retrieved November 26, 2008, from http://www.seekingsafety.org/3-03-06/articles.html

Najavits, L. M. (2004). Implementing Seeking Safety therapy for PTSD and substance abuse: Clinical guidelines. *Alcoholism Treatment Quarterly*, 2004; 22:43-62. Retrieved November 26, 2008, from http://www.seekingsafety.org/3-03-06/articles.html

Najavits, L. M. (2007). Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In: KA Witkiewitz & GA Marlatt (Eds.), *Therapists' Guide to Evidence-Based Relapse Prevention: Practical Resources for the Mental Health Professional*, pages 141-167. San Diego: Elsevier Press. Retrieved November 26, 2008, from http://www.seekingsafety.org/3-03-06/articles.html

Najavits, L. M., Rosier, M., Nolan, A.L., & Freeman, M. C. (2007). A new gender-based model for women's recovery from substance abuse: Results of a pilot outcome study. *American Journal of Drug and Alcohol Abuse*, 33, 5-11. Retrieved November 26, 2008, from http://www.seekingsafety.org/3-03-06/articles.html

Nishimura, S., Hishinuma, E.S., & Iwalani, R.N. (2005). Ethnicity and adolescent substance abuse. *Cultural diversity and ethnic minority psychology*. 11(3). pp. 239-258.

Suo, S. (2004). Hidden *powerhouses underlie meth's ugly spread*. Retrieved November 26, 2008, from http://www.oregonlive.com/special/oregonian/meth/stories/index.ssf?/oregonian/meth/1003_superlab.html

Wills, T., Resko, J., & Ainette, M. (2004). Role of parent support and peer support in adolescent substance abuse. *Psychology of addictive behaviors*. 18(2). pp. 122-134.

Prevalence Data

California Department of Alcohol and Drug Programs. (December, 2007). *Fact sheet: Methamphetamine Users in Treatment.* Retrieved November 26, 2008, from http://www.adp.state.ca.us/FactSheets/Methamphetamine_Users.doc

The California Department of Alcohol and Drug Program offers a fact sheet on the admission rates for methamphetamine treatment in publicly funded programs based on race, gender, age, employment status, education level, and ethnicity.

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The Drug and Alcohol Services Information Systems offers statistics on the admission rates for the treatment of methamphetamine and marijuana use across the nation.

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The National Poverty Center provides information on their research on the causes of poverty as well as evaluation of services and programs aimed at reducing poverty.

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The California website provides statistics on mortality and fertility for populations in the different California counties based on race, ethnicity, gender and age.

United States Census Bureau. (2008). *American community survey (ACS)*. Retrieved November 26, 2008, from http://www.census.gov/acs/www/Products/

The U.S. Census Bureau website offers information on how data is collected for the census and what tools are used to collect census information.

Media Resources

Chapin, C. (Executive Producer). (2007). *Choose life or choose meth* [Motion picture]. (Available from Moonshadow Productions and Research, 343 E. Main Street, #709, Stockton, CA 95202-2977)

Reynolds, L. & Reynolds, M (Producers). (2008). *Crystal darkness* [Motion picture]. (Available from Global Sutdio, 9590 Prototype Court, Suite 100, Reno, NV 89521)

UCLA Integrated Substance Abuse Programs and Eyes of the World Media Group (Producers). (2008). *Meth inside out* [Motion picture]. (Available from Eyes of the World Media Group, 10825 Washington Blvd., Culver City, CA 90232)