

A Key Informant Survey to Assess Service Adequacy in California's Publicly Funded Alcohol and Other Drug Treatment System

John D. Clapp, PhD
Melinda M. Hohman, PhD

ABSTRACT. This paper presents descriptive key informant data collected from 51 county administrators of publicly funded alcohol and other drug treatment systems in California. The study examined administrators' perceptions of service adequacy, the provision of services, and evaluation of services. County AOD administrators reported that publicly funded treatment systems in California adequately serve most populations (both drug-specific and ethnic/racial). Several administrators, however, suggested that adolescents, the elderly, and the homeless were not as adequately served. Administrators also felt that most services for different drug user groups were somewhat adequate. Administrators indicated there was little use of psychological testing, placement criteria, children's counseling, and spirituality counseling in their treatment systems. They reported current treatment approaches included a mixture of more traditional methods (use of 12 step programs) with newer ones (e.g., cognitive-behavioral therapy, relapse prevention work, and use of

John D. Clapp is Associate Professor, School of Social Work, San Diego State University.

Melinda M. Hohman is Associate Professor, School of Social Work, San Diego State University.

Address correspondence to: John D. Clapp, PhD, 5500 Campanile Drive, San Diego, CA 92182-4119 (E-mail: jdelapp@mail.sdsu.edu).

This research was sponsored by the California State University Faculty Fellows Program in Applied Policy Research.

non-confrontational methods). Recommendations for student education, future research, and policy are discussed. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Substance abuse treatment, treatment systems, administrators

State and countywide alcohol and other drug (AOD) intervention systems are often heterogeneous (Clapp and Early, 1999), requiring periodic assessment to determine the content and responsiveness of service delivery. Such assessments facilitate program development, outcome evaluation, and policy planning. That is, they help "specify the independent variable" for future outcome studies, while identifying service gaps for policy makers. In addition, systems-level assessments may be useful to AOD treatment professionals as a means of understanding their practice within a larger organizational context.

Using key informant interviews, this study assesses California's publicly funded AOD treatment system. Specifically, the study addressed the following research objectives:

1. Identify perceived service adequacy for various populations.
2. Identify current issues and trends related to AOD treatment.
3. Assess the use of program evaluation within AOD treatment systems.
4. Assess variations in the above by region.

Given that California is one of the most diverse and populated states in the United States, the issues examined in this study should be of interest to researchers, policy makers and AOD treatment professionals in a variety of settings.

ASSESSING AOD TREATMENT SYSTEMS

Several researchers (Price et al., 1991; McCaughrin and Price, 1992; Clapp, 1998; Clapp and Burke, 1999) have conducted studies of treatment systems. These studies have examined ideologies of care (Clapp

recommendations for student education,
 [Article copies available for a fee
 at 1-800-HAWORTH. E-mail address:
 haworth@haworthpress.com. Website: <<http://www.HaworthPress.com>.
 All rights reserved.]

ment, treatment systems, adminis-

ther drug (AOD) intervention
 and Early, 1999), requiring pe-
 rit and responsiveness of service
 program development, outcome
 s, they help "specify the inde-
 dies, while identifying service
 ems-level assessments may be
 as a means of understanding
 nal context.

udy assesses California's pub-
 cifically, the study addressed

for various populations.
 elated to AOD treatment.
 on within AOD treatment sys-

on.

liverse and populated states in
 his study should be of interest
 eatment professionals in a va-

TREATMENT SYSTEMS

McCaughrin and Price, 1992;
 he conducted studies of treat-
 ed ideologies of care (Clapp

and Burke, 1999; Burke and Clapp, 1997), organizational responsive-
 ness to environmental conditions (McCaughrin and Price, 1992; Clapp,
 1998), common service practices (Price et al., 1991), among several
 other organizational-level variables. An underlying assumption of sev-
 eral of these studies is that the organizational context in which treatment
 occurs is of great import to clients and organizations alike. As D'Aunno
 and Price (1985) suggested, "the structures, technologies, and ideolo-
 gies of mental health organizations that evolve in response to contin-
 gencies in the environment have consequences for the experiences of
 clients in organizations" (p. 676).

Given this complexity, assessments of AOD treatment systems should
 include measures assessing treatment approaches, client characteristics,
 treatment goals, and evaluation criteria (D'Aunno and Price, 1985).
 Other important factors to assess include environmental responsiveness
 of AOD treatment systems (Clapp, 1998) and collaboration with other
 systems (D'Aunno and Price, 1985) and other social service organiza-
 tions (Clapp, 1998). Environmental responsiveness includes perceptions
 of service adequacy (Hohman and Clapp, 1999) as well as administra-
 tors' access to information concerning trends in AOD treatment.

THE TREATMENT GAP

Aspects of service adequacy include addressing barriers to care as
 well as providing appropriate treatment once the client enters an AOD
 program. Research has indicated that the majority of those with sub-
 stance use problems do not seek out treatment. In 1998, the National
 Household Survey on Drug Abuse identified five million drug users in
 need of immediate treatment, yet only 2.1 million received it that year
 (ONDCP, 2000). This "treatment gap" occurs across age, gender, sex-
 ual orientation, and race, in that those who underutilized treatment in-
 cluded adolescents and elderly (Hohman and Clapp, 1999; Davidian,
 2000), gays and lesbians (Anderson, 1996), women with children
 (CWLA, 1998), and racial/ethnic minorities (Finn, 1996; Kuramoto,
 1994). Underutilization may be due to agency practices, such as institu-
 tional racism, lack of culturally competent staff, lack of community in-
 volvement, and location and hours. Individual counselor attitudes and
 lack of knowledge regarding cultural competency may lead to retention
 problems for diverse clients. Clients' own health and illness beliefs, fi-
 nances, and stigma around help-seeking are also factors in the treatment
 gap (CSAT, 1999).

TRENDS IN CALIFORNIA'S CLIENT POPULATION

Several recent studies have analyzed trends in AOD treatment in the state of California. The CALDATA study, conducted by Gerstein and colleagues (1994) interviewed a random sample of AOD treatment providers and clients to determine the effects of treatment, the costs of treatment, and the economic value of treatment to society. The results indicated that there was no difference in the effectiveness of treatment by gender, age, or ethnicity, and that treatment for stimulant use was as effective as for alcohol, and somewhat more effective than treatment of heroin abuse. There were ethnic differences in help-seeking, in that African-Americans tended to be disproportionately represented in residential programs while Hispanics were disproportionately enrolled in methadone programs, as compared to non-Hispanic Whites (Gerstein et al., 1994).

A study, however, conducted by the state Legislative Analyst's Office of AOD treatment in California found that adolescents tended to be underrepresented in treatment despite increases in the number receiving treatment, as compared to adults, as the system is designed to treat adults (Senderling and Lieberman, 1999). Residential care for adolescents was found to be especially lacking, as well as youth-only treatment services. The study also found that knowledge regarding effective modes of treatment was lacking for both adolescents and adults.

A secondary analysis of state data collected over a six-year period (1992-1998) found that slightly less than 300,000 clients were served, per year, in California public alcohol and drug programs (Hohman and Clapp, 1999). About half of these clients were Caucasian, one-third were Hispanic, and about two-thirds were male. During this six-year period, there was a rise in the number of adolescents and middle-aged adults (ages 46-64) served. A large percentage of the males (about 75%) and an even larger proportion of the females (85%) were either unemployed or not considered as being in the work force. About one-third of the clients were in the legal system. The number of homeless female clients also increased during this time period.

Heroin was the most problematic drug used by clients during this period. During the six-year period, methamphetamine as a primary drug of choice rose, particularly for women, as did marijuana. Needle use decreased over the six-year period, but it was still the primary route of administration for almost 40% of the population. Outpatient drug-free programs were the most common treatment settings, however, women also commonly participated in methadone outpatient and day treatment services (Hohman and Clapp, 1999).

CLIENT POPULATION

ends in AOD treatment in the conducted by Gerstein and colleagues of AOD treatment providers treatment, the costs of treatment, and y. The results indicated that there treatment by gender, age, or ethnicity was as effective as for alcohol, ment of heroin abuse. There were African-Americans tended to be tial programs while Hispanics done programs, as compared to 4).

state Legislative Analyst's Office that adolescents tended to be reases in the number receiving ie system is designed to treat l). Residential care for adolescents, as well as youth-only treatment knowledge regarding effective adolescents and adults.

lected over a six-year period, 300,000 clients were served, drug programs (Hohman and its were Caucasian, one-third re male. During this six-year adolescents and middle-aged of the males (about 75%) es (85%) were either unemployed or in the work force. About one-third of number of homeless female clients.

used by clients during this period. Cocaine and amphetamine were used as primary drugs. Heroin and crack cocaine were used as primary drugs. Needle use decreased. Needle use remains still the primary route of administration. Outpatient drug-free treatment settings, however, women outpatient and day treatment

METHODS

To address the research questions, a survey of California's county alcohol and drug program directors was conducted. California has 58 counties, representing large urban counties, small rural counties, and border communities (with Mexico and other states). The most current list of county AOD administrators was obtained from the California State Department of Alcohol and Drug Programs. The list, dated 1997, included 56 county AOD administrators. Several of the numbers on that list were outdated. Research staff at the Social Science Research Laboratory (SSRL) at San Diego State University (SDSU) updated the list of AOD administrators and identified 56 current county AOD administrators (two administrators supervise two counties each). We contacted all 56 administrators by letter to introduce the study, of which 51 (91.1%) agreed to participate. The ten most populated counties are represented in the sample, and there were no regional biases among refusals.

The interview schedule was based on the National Drug Abuse Treatment System (DATSS) Survey (Burke, D'Aunno, and Price 1983). Funded by the National Institute on Drug Abuse starting in 1984, the DATSS is an ongoing panel study of a representative sample of outpatient substance abuse treatment organizations. The DATSS addresses treatment trends, organizational issues and client characteristics, and several other related topics. We also developed several original items for this study, designed to assess administrators' perceptions concerning service adequacy for a variety of treatment populations. Administrators were asked to rate service adequacy and various offered services on a Likert scale, from 1 = no extent to 5 = a very great extent.

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

FINDINGS

Table 1 presents the demographic characteristics of the county AOD treatment administrators participating in the study. Two-thirds of the administrators were male. The average age of administrators was about 52 years old. As a group, the administrators interviewed had substantial experience in the AOD field (median = 17.0 years, mode = 15 years).

TABLE 1. Demographic Characteristics of the County AOD Administrators

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

*MD/Ph.D./JD

**No other area with a frequency greater than 2.

Three administrators had been in their position less than six months at the time of the interview; however, on average, administrators had held their positions for 8 years. The majority of administrators reported having a masters degree, with the most common areas of study reported being social work and psychology.

SERVICE TO SPECIFIC POPULATIONS

Table 2 presents administrators' perceptions of how adequately specific populations are served. For most of the demographic groups, administrators reported their treatment systems provided adequate services to some extent. Women clients and pregnant clients were, on average, viewed as being served adequately to a great extent. In contrast, administrators reported that the elderly were less adequately served. Adminis-

s of the County AOD Administrators

%	Mean	(sd)	Range
66.7			
33.3			
	51.9	(5.5)	37 to 66
	8.0	(6.3)	<6 man to 25
	17.7	(24.9)	3 to 32
	13.0	(13.3)	0 to 80
19.6			
60.8			
9.8			
9.8			
14.0			
22.0			
22.0			
14.0			
28.0			

iter than 2.

position less than six months at average, administrators had held administrators reported hav- areas of study reported be-

POPULATIONS

ptions of how adequately spe- f the demographic groups, ad- ms provided adequate services nant clients were, on average, at extent. In contrast, adminis- adequately served. Adminis-

trators also reported that, on average, specific drug user populations were adequately served to some extent or a great extent.

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

For African Americans, Asian Americans, Native Americans, homeless persons, and HIV/AIDS clients, several county administrators indicated that small populations of these groups accounted for low utilization of services. Several of these administrators did, however, in-

TABLE 2. Administrators' Perceptions of Service Adequacy by Population

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

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

indicate that their providers lacked training working with the above populations.

Six administrators indicated that providers in their system lacked adequate out-reach efforts for adolescents. In addition, 14 administrators (27.5% of California counties) indicated that their respective treatment systems lacked adequate resources to serve adolescents.

A similar pattern emerged for the elderly. For this population, 16 administrators indicated that their treatment systems lacked sufficient out-reach efforts. Additionally, 16 respondents, representing 31.4% of California counties responding to the survey, indicated their treatment systems lacked adequate resources to serve the elderly.

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

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

CURRENT APPROACHES TO TREATMENT

Administrators were queried about the treatment practices employed by their providers. Table 3 presents administrators' perceptions concerning the use of several common AOD treatment practices. Administrators reported that their providers embrace abstinence-based treatment goals to a great extent or a very great extent (88%), while they tend to adopt harm reduction goals to a lesser extent (50% reported some extent). Consistent with this, 98% of all administrators reported their providers use 12-step programs to a great or very great extent. Interestingly, administrators also reported the use of "non-confrontational approaches" by providers as being common. Over 63% of the administrators reported using non-confrontational approaches to a great extent or a very great extent.

ining working with the above popu-

viders in their system lacked ad-
 In addition, 14 administrators
 ated that their respective treatment
 to serve adolescents.

elderly. For this population, 16 ad-
 ment systems lacked sufficient out-
 pondents, representing 31.4% of
 e survey, indicated their treatment
 o serve the elderly.

Administrators reported that specific
 by California's publicly funded
 esources to serve adolescents and
 one-quarter and one-third of the
 the survey.

h many administrators view their
 tain degree, no administrator re-
 any population. In fact, no per-
 ately to a great extent" category
 ups would be perceived as being
 hus, based on the key informant
 erved adequately to some extent,
 every client group.

TO TREATMENT

he treatment practices employed
 administrators' perceptions con-
 D treatment practices. Adminis-
 rance abstinence-based treatment
 extent (88%), while they tend to
 extent (50% reported some ex-
 administrators reported their pro-
 r very great extent. Interestingly,
 ion-confrontational approaches"
 63% of the administrators re-
 aches to a great extent or a very

TABLE 3. Administrator's Reports of Services Offered in Their Treatment Sys-
 tems

Practice	No Extent		Little Extent		Some Extent		Great Extent		Very Great Extent		Mean	(SD)
	F	%	F	%	F	%	F	%	F	%		
Non-confrontational Approaches	0	0.0	2	4.1	16	32.7	23	46.9	8	16.3	3.8	(.78)
Harm Reduction Goals	1	2.0	11	22.0	25	50.0	12	24.0	1	2.0	3.0	(.80)
Abstinence Goals	0	0.0	1	2.0	4	8.0	24	48.0	21	42.0	4.3	(.71)
Use ASAM	9	17.6	22	43.1	9	17.6	7	13.7	4	7.8	2.5	(1.2)
Involve Families in Treatment	0	0.0	2	4.0	24	48.0	21	42.0	3	6.0	3.5	(.68)
Offer Child Counseling	3	6.0	14	28.0	24	48.0	8	16.0	1	2.0	2.8	(.86)
Collaborate with Domestic Violence Agencies	0	0.0	3	6.0	31	62.0	13	26.0	3	6.0	3.3	(.88)
Collaborate with Child Welfare	0	0.0	3	6.0	11	22.0	28	56.0	8	16.0	3.8	(.77)
Collaborate with Welfare Reform	0	0.0	1	2.0	6	12.0	27	54.0	16	32.0	4.2	(.71)
Offer Childcare	1	2.0	5	10.2	30	61.2	9	18.4	4	8.2	3.2	(.82)
Offer Parenting Classes	3	6.0	3	6.0	22	44.0	21	42.0	1	2.0	3.3	(.86)
Offer Individual Therapy	0	0.0	3	6.0	13	26.0	20	40.0	14	28.0	3.9	(.89)
Offer Psychological Testing	13	26.0	20	40.0	9	18.0	7	14.0	1	2.0	2.3	(1.1)
Offer Healthcare	1	2.0	7	14.0	28	56.0	13	26.0	1	2.0	3.1	(.75)
Offer Spirituality Counseling	8	16.3	13	26.5	17	34.7	11	22.4	0	0.0	2.6	(1.0)
Offer Employment Counseling	3	6.0	4	8.0	23	46.0	18	36.0	2	4.0	3.2	(.89)
Offer Relapse Prevention	0	0.0	0	0.0	7	14.0	30	60.0	13	26.0	4.1	(.83)
Use Cognitive Behavioral Approaches	0	0.0	5	10.2	19	38.8	23	46.9	2	4.1	3.5	(.74)
Offer 12-Step Programs	0	0.0	0	0.0	1	2.0	22	44.0	27	54.0	4.5	(.54)
Work w Drug Courts	9	18.0	3	6.0	13	26.0	14	28.0	11	22.0	3.3	(1.4)

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

Most (86%) administrators reported that providers in their treatment systems offered relapse prevention services to a great extent or a very great extent. Most other services, on average, were reported as being offered to some extent with the exception of spirituality counseling and child counseling. Similarly, most administrators reported that the American Society of Addiction Medicine Patient Placement Criteria-2 (PPC-2) (ASAM, 1996) was used as an assessment tool to a little or no extent (60.7%). It is unclear how counties place clients in different types of treatment without utilization of a placement guideline, such as the PPC-2.

FOLLOW-UP AND EVALUATION

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

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

service agencies/systems was also their providers collaborate with well-... at. Similarly, the majority of administrators reported that their systems collaborated with their clients (56%). In contrast, administrators reported that providers in their treatment services to a great extent or a very average, were reported as being of little extent or some extent. Only administrators in their treatment system data to a great extent. Consistent with the two greatest areas of focus, administrators were clients' AOD assessment, 49% of the administrators reported that they used their systems to assess clients' AOD with clients to monitor clients' treatment.

ed that providers in their treatment services to a great extent or a very average, were reported as being of little extent or some extent. Only administrators in their treatment system data to a great extent. Consistent with the two greatest areas of focus, administrators were clients' AOD assessment, 49% of the administrators reported that they used their systems to assess clients' AOD with clients to monitor clients' treatment.

EVALUATION

Administrators were asked a series of questions about their providers in their treatment systems with their clients. Slightly less than half of administrators reported that their county systems were a good study for their providers. The majority of administrators reported that providers in their systems were successful to some extent.

When asked if their providers are successful in their treatment systems, 80.4% indicated providers were successful to a great extent or some extent. Only 19.6% of administrators in their treatment system data to a great extent. Consistent with the two greatest areas of focus, administrators were clients' AOD assessment, 49% of the administrators reported that they used their systems to assess clients' AOD with clients to monitor clients' treatment.

REGIONAL DIFFERENCES

Given California's large geographic area, it is important to consider regional variations in services to specific client groups, current approaches to treatment and uses of evaluation. To assess such variation, we computed a series of one-way analysis of variance (ANOVA) tests using post-hoc Bonferroni analyses to determine which regions differed on the variables listed in Tables 2 and 3.

With one exception, there were no regional differences. ANOVA tests identified regional differences in the use of non confrontational approaches ($F = 3.9, df = 5,43, p < .005$). Administrators from the Central Valley region of California reported significantly less use of non-confrontational approaches (mean = 3.3, $sd = .9$) than did administrators from the Southern Coastal (mean = 4.5, $sd = .6$) and the Mid-Coastal regions (mean = 4.7, $sd = .6$).

DISCUSSION

County AOD administrators reported that, in general, publicly funded treatment systems in California adequately serve most populations (both drug-specific and ethnic/racial). Several administrators did, however, suggest that adolescents, the elderly, and the homeless were not as adequately served as the other groups. Administrators also felt that most services for different drug user groups were adequate, with the adequacy of services for heroin users and injections users services being rated as slightly lower than other substances. These findings are similar to the findings of the CALDATA study (1994). That the administrators as a whole believed services to be mostly adequate is surprising in light of the literature regarding the large treatment gap and need for increased cultural competency. It is unclear if this may be due to complacency on the part of administrators, lack of knowledge of the treatment gap, or the desire to promote one's county (i.e., social desirability).

In terms of services offered, the administrators indicated limited use of psychological testing, placement criteria (ASAM, 1996), children's counseling, and spirituality counseling. The administrators' assessment of current treatment approaches within their systems indicated a mixture of more traditional methods (use of 12 step programs) with newer modalities (e.g., use of cognitive-behavioral therapy, relapse prevention work, and use of non-confrontational methods). This finding is consistent with research using national datasets that illustrated that

AOD treatment professionals often hold several desperate ideologies related to treatment (Burke and Clapp, 1997). Future research might further examine how such different practice approaches are integrated and the extent to which the ideologies and theories that they are grounded in are congruent.

Less than one half of all county administrators reported use of any follow-up treatment outcome studies. Of the studies that were conducted, mainly the outcome variables of abstinence from drug use and participation in 12 step groups were used. Framing desired outcomes in such a manner is consistent with the findings of several researchers (Blume and Roman, 1985; Weisner and Morgan, 1992; Weisner and Room, 1984; D'Aunno, Sutton and Price, 1990) who noted the predominant goal in AOD treatment within the U.S. is abstinence from AOD. Thus, while AOD providers might be mixing approaches to AOD treatment, they tend to embrace an abstinence-based ideology. Regardless of ideology, the low percentage of counties conducting outcome studies is discouraging. Future research is needed to determine the efficacy of treatment in California. Additionally, the present study points to the need for studies examining the efficacy of culturally competent components of programs (CSAT, 1999).

Based on these data, it is evident that there is a likely need for training, out-reach efforts, and resource allocation for the adolescent, elderly, and homeless populations among AOD service providers in California. Adolescents in AOD treatment in California increased by over one-third from 1992-1998 (Hohman and Clapp, 1999). Consistent with Senderling and Lieberman's (1999) study, the administrators, for the most part, felt that adolescents were only adequately served to some extent. Working with schools, health care providers, and other community providers to identify adolescent AOD problems and referral sources, may be helpful, as would be training current AOD treatment workers on working effectively with this population. In addition, creating programs specifically for adolescents might be a viable area of resource allocation in the future.

Administrators also indicated that services for the elderly with AOD problems were less than fully adequate. Although the elderly population receiving treatment has remained stable in California of recent years (Hohman and Clapp, 1999), a large cohort of middle-aged adults will soon enter the elderly category. Treatment providers need to be ready with both clinical expertise and resources to address the special needs of this group.

hold several desperate ideologies (Clapp, 1997). Future research might integrate practice approaches are integrated practices and theories that they are

administrators reported use of any of these. Of the studies that were conducted, findings of abstinence from drug use and treatment-based ideology. Framing desired outcomes in the findings of several researchers (Clapp and Morgan, 1992; Weisner and Rice, 1990) who noted the predominant ideology in the U.S. is abstinence from AOD. Combining approaches to AOD treatment-based ideology. Regardless of the findings of several researchers, the present study points to the importance of culturally competent compo-

that there is a likely need for training and allocation for the adolescent, including AOD service providers in California increased by Clapp and Hohman (1999). Consistent with the findings of the present study, the administrators, for the most part, are only adequately served to some extent by current AOD treatment providers, and other community-based organizations. In addition, creating a viable area of re-

services for the elderly with AOD. Although the elderly population is stable in California of recent years, the cohort of middle-aged adults is growing. Treatment providers need to be trained and resources to address the special

Homeless males remained stable as a population group, however, homeless females increased over a six-year period (1992-1998) in California (Hohman and Clapp, 1999). Administrators rated homeless clients as receiving less than adequate services. Treatment outreach and resources might need to be geared toward both male and female homeless, but particularly toward those females with children.

Administrators rated children's counseling as limited overall. This may be because AOD treatment providers tend to identify the "client" as the individual, not the family (Colby & Murrell, 1998); thus, children are not considered as needing help. Future research might examine how counseling for children of clients can be incorporated into treatment systems.

Previous research indicated that the majority of the AOD clients entering treatment reported being unemployed or not in the work force (Hohman and Clapp, 1999). While 86% of the administrators stated that the AOD programs offer employment counseling to some extent or more, it cannot be determined from these data what percentage of clients obtained work while in treatment or soon after treatment ended. As such future outcome studies might examine the relationship between work patterns and treatment outcomes. Further, obtaining stable work might be viewed as an appropriate AOD treatment outcome in some cases. That is, employment at post-discharge can be considered an appropriate outcome measure of treatment success for some clients.

About 75% of the administrators indicated that they work with the Drug Courts to some extent or more. The impact of these relationships on the AOD treatment system has yet to be determined, however, we recommend the continued support of outcome studies examining the efficacy of this model.

The administrators also rated their collaboration with welfare reform and child welfare as occurring to a great extent. Collaboration with domestic violence agencies was rated at somewhat less, occurring to some extent. Again, more research is required to determine the efficacy of such collaboration as well as to better assess the service mix that most benefits clients. As social service systems begin to collaborate, there will be a need to design and evaluate system integration.

While this study is limited to AOD treatment in California, it still emphasizes for AOD educators the complexity of the AOD field, and important trends that require attention in the classroom. These trends include addressing research and evaluation needs, with an emphasis on outcome measures, utilization of standard criteria for determining level of care, understanding barriers to care, and knowledge regarding cultur-

ally competent treatment, and knowledge concerning the treatment of various populations such as adolescents, the homeless, and the elderly. Understanding how to work across disciplines and collaboratively is also important in preparing future AOD administrators.

LIMITATIONS AND CONCLUSION

Although administrators were considered key informants in this study, it is unclear how knowledgeable they are of treatment philosophies and practices in various contracted agencies, especially in the larger counties. The large response rate in this study, however, increases confidence in the findings. The administrators indicated, in general, that most population sub-groups in AOD treatment are being adequately served, keeping up with changes in the racial/ethnic composition and drug use patterns in the state. Traditional treatment methods are still the most utilized, and there has been little evaluation of treatment effectiveness. Trends in the future may find a greater implementation of outcome measures and use of evidence-based practice.

REFERENCES

- American Society of Addiction Medicine (1996). *Patient Placement Criteria for the Treatment of Substance-Related Disorders*, 2nd ed. Chevy Chase, MD: Author.
- Anderson, S.C. (1996). Substance abuse and dependency in gay men and lesbians. In K.J. Peterson (Ed.). *Health care for lesbian and gay men: Confronting homophobia and heterosexism* (pp. 59-76). NY: The Haworth Press, Inc.
- Blume, T.C. & Roman, P.M. (1985). The social transformation of alcoholism intervention: Comparisons of job attitudes and performance of recovered alcoholics and non-alcoholics. *Journal of Health and Social Behavior*, 26, 365-378.
- Burke, A.C., D'Aunno, T.A., and Price, R.H. (1983). *Outpatient drug abuse treatment: Organizational environment and patterns of care*. Drug abuse treatment system survey working paper. Ann Arbor, MI: University of Michigan, Survey Research Center. Institute for Social Research.
- Burke, A.C. & Clapp, J.D. (1997). Ideology and social work practice in substance abuse settings. *Social Work*, 42, 6, 552-562.
- Center For Substance Abuse Treatment (1999). *Cultural issues in substance abuse treatment*. DHS Pub. No. (SMA) 99-3278. Rockville, MD: U.S. Department of Health and Human Services.
- Child Welfare League of America (1998). *AOD survey of state child welfare agencies*. Washington, D.C: Author.

wledge concerning the treatment of
its, the homeless, and the elderly.
disciplines and collaboratively is
AOD administrators.

AD CONCLUSION

considered key informants in this
able they are of treatment philoso-
tracted agencies, especially in the
rate in this study, however, in-
he administrators indicated, in gen-
eps in AOD treatment are being
hanges in the racial/ethnic compo-
ite. Traditional treatment methods
has been little evaluation of treat-
ire may find a greater implementa-
evidence-based practice.

NCES

996). Patient Placement Criteria for the
, 2nd ed. Chevy Chase, MD: Author.

dependency in gay men and lesbians. In
' gay men: Confronting homophobia
n Press, Inc.

l transformation of alcoholism interven-
rformance of recovered alcoholics and
al Behavior, 26, 365-378.

983). *Outpatient drug abuse treatment:
of care*. Drug abuse treatment system
iversity of Michigan. Survey Research

and social work practice in substance

1). *Cultural issues in substance abuse*
Rockville, MD: U.S. Department of

survey of state child welfare agencies.

- Clapp, J.D. & Early, T.J. (1999). A qualitative exploratory study of substance abuse prevention outcomes in a heterogeneous prevention system. *Journal of Drug Education*, 29, 3, 219-235.
- Clapp, J.D. & Burke, A.C. (1999) Discriminant analysis of factors differentiating among substance abuse treatment units in their provision of HIV/AIDS harm reduction services. *Social Work Research*, 23, 2 65-76.
- Clapp, J.D. (1998) Organizational factors related to AIDS/HIV education in outpatient substance abuse treatment units. *Journal of Health & Social Policy*, 9, 3, 1-13.
- Colby, S.Z. & Murrell, W. (1998). Child welfare and substance abuse services: from barriers to collaboration. In R.L. Hampton, V. Senatore, & T.P. Gullotta (Eds.). *Substance Abuse, Family Violence, and Child Welfare: Bridging Perspectives* (pp. 188-219). Thousand Oaks, CA: Sage.
- Davidian, K. (2000). Gender differences in substance abuse among the elderly. Unpublished master's thesis, San Diego State University, San Diego, CA.
- D'Aunno, T.A., Sutton, R.I., & Price, R.H. (1990) Isomorphism and external support in conflicting institutional environments: The case of drug abuse treatment units. *Academy of Management Journal*. 34 (September), 636-661.
- D'Aunno, T. & Price, R.H. (1985). Organizational adaptation to changing environments. *American Behavioral Scientist*, 28, 5, 669-683.
- Finn, P. (1996). Cultural responsiveness of drug user treatment programs: Approaches to improvement. *Substance Use and Misuse*, 31, 493-518.
- Gerstein, D.R., Johnson, R.A., Harwood, H., Fountain, D., Suter, N., & Malloy, K. (1994). Evaluating recovery services: The California drug and alcohol treatment assessment (CALDATA). Sacramento: Department of Alcohol and Drug Programs.
- Hohman, M.M. & Clapp, J.D. (1999). Assessment of California's Public Substance Abuse Treatment System. Published by the Center for California Studies. Funded by the California State University Faculty Fellows Program in Applied Policy Studies.
- Kuramoto, F.H. (1994). Drug abuse prevention research concerns in Asian and Pacific Islander populations. In A. Cazares and L.A. Beatty (Eds.), *Scientific methods for prevention intervention research* (pp. 249-272). NIDA Research Monograph 139. Rockville, MD: U.S. Department of Health and Human Services.
- McCaughrin, W.C. & Price R.H. (1992). Effective outpatient drug treatment organizations: Program features and selection effects. *The International Journal of the Addictions*, 27, 11, 1335-1358.
- Office of National Drug Control Policy (2000). *The national drug control strategy: 2000 annual report*. Washington, D.C.: Author.
- Price, R.H., Burke, A.C., D'Aunno, T.A., Klingel, D.M., McCaughrin, W.C., Rafferty, J.A., & Vaughn, T.E. (1991). Outpatient drug abuse treatment services, 1988: Results of a national survey. In R.W. Pickens, C.G. Lukenfeld, and C.R. Schuster (Eds.). *Improving Drug Abuse Treatment* (Research Monograph 106, 63-92). Rockville, M.D.: National Institute on Drug Abuse.
- Senderling, C. & Lieberman, C. (1999). Substance abuse treatment in California: An LAO report. Sacramento: Legislative Analyst's Office.

Weisner, C. & Morgan, P. (1992). Rapid growth and bifurcation: Public and private alcohol treatment in the United States. In H. Klingemann, J.P. Takala, and G. Hu (eds.) *Cure, care, or control: Alcoholism treatment in six countries*. New York: State University of New York Press.

Weisner, C. & Room, R. (1984). Financing and ideology in alcohol treatment. *Social Problems*, 32, 2, 167-184.



For FACULTY/PROFESSIONALS with journal subscription recommendation authority for their institutional library . . .

If you have read a reprint or photocopy of this article, would you like to make sure that your library also subscribes to this journal? If you have the authority to recommend subscriptions to your library, we will send you a free complete (print edition) sample copy for review with your librarian.

1. Fill out the form below and make sure that you type or write out clearly both the name of the journal and your own name and address. Or send your request via e-mail to getinfo@haworthpressinc.com including in the subject line "Sample Copy Request" and the title of this journal.
2. Make sure to include your name and complete postal mailing address as well as your institutional/agency library name in the text of your e-mail.

[Please note: we cannot mail specific journal samples, such as the issue in which a specific article appears. Sample issues are provided with the hope that you might review a possible subscription/e-subscription with your institution's librarian. There is no charge for an institution/campus-wide electronic subscription concurrent with the archival print edition subscription.]

YES! Please send me a complimentary sample of this journal:

(please write complete journal title here—do not leave blank)

I will show this journal to our institutional or agency library for a possible subscription.

Institution/Agency Library: _____

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Return to: Sample Copy Department, The Haworth Press, Inc.,
10 Alice Street, Binghamton, NY 13904-1580