

CALIFORNIA MASTER PLAN



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- WORK

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State of California

California Master Plan to Reduce Alcohol and Drug Abuse: 1992

Community WORKS

143822

**U.S. Department of Justice
National Institute of Justice**

**Pete Wilson
Governor
State of California**

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January 1992

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"CommunityWORKS" Invites Everyone

A Message from the Director of the Department
of Alcohol and Drug Programs

Fellow Californians:

It has been estimated that the overall economic cost associated with alcohol and other drugs is more than \$14 billion annually in California. This includes lost productivity, health care, prevention, treatment, criminal justice, and property damage.

Worst of all is the loss of hope, and the physical and mental suffering. Children are the future of California, and too much of that future is being destroyed by alcohol and other drugs.

The complexity of these problems can be addressed by the elegant simplicity of cooperation within communities, and inclusion of those directly concerned with the problem.

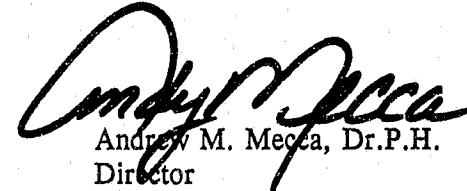
To guide this effort, Governor Pete Wilson expanded the Governor's Policy Council on Drug and Alcohol Abuse (GPC). For the first time, we have the full coordination of state agencies. The new GPC is working on a number of cross-cutting issues: driving under the influence, AIDS, perinatal exposure to alcohol and other drugs, unserved and underserved populations, drug trafficking, and treatment of parolees.

The future that we envision is one in which our neighborhoods and our highways are safe, our babies are born free of drugs, and our workplaces are drug-free.

Through an ongoing planning and community organization effort called "CommunityWORKS," we are enhancing the health of our communities and supporting individuals and groups to work together in concert for a common cause. By working together, communities can effectively reduce drinking drivers on their roads, ensure that more pre- and post-natal care is provided to women and babies and instill the ethic of prevention to their children.

CommunityWORKS is far more than the sum of specific alcohol and other drug abuse programs and initiatives. It is a challenge to our cooperative personal and social responsibility.

Together, we can take decisive action to prevent the problems related to alcohol and other drugs, and eliminate the devastating consequences. In building the framework for doing this, we will be ushering in a healthier 21st Century.



Andrew M. Mecca, Dr.P.H.
Director

THE CHALLENGE

Everyone knows someone whose life has been cut short or destroyed by addiction, someone who is now disabled because of a drunk driver, or someone whose children must walk to school negotiating their way through a path of drug dealing gangs. The specter of alcohol and other drug abuse has touched the lives of all citizens of California. Few have escaped the toll of personal tragedy, pain, death, and suffering associated with abuse.

Every year thousands of our citizens die as a direct result of abuse. In 1989 alone while 3,249 deaths were attributable directly to alcohol, e.g., overdose and alcohol-specific cirrhosis, 2,652 deaths in California were directly related to other drugs. More than 30,000 persons narrowly escaped death in emergency rooms across the State in 1989.

That same year, approximately 80,000 of the 570,000 infants born in the State were exposed to alcohol and other drugs in the womb.

In addition to the human tragedy, pain, and suffering, alcohol and other drug abuse creates a tremendous financial burden on California's economy. Researchers estimate that the social and economic cost of alcohol and other drug problems in California is more than \$14 billion annually. These costs arise from premature deaths, crimes, incarcerations, hospitalization, diseases, lost productivity, motor vehicle crashes, the cost of social welfare programs, AIDS, and affected infants.

Appendix A is a detailed discussion of the major problems posed by alcohol and other drugs in the State. It includes statistical analyses using the most recent data available and will provide the reader with a more in-depth understanding of the scope of these problems.

COMMUNITYWORKS - A CALL TO ACTION

By the mid-1980's, a consensus had been reached by citizens and all levels of government that the problems related to abuse had become one of the most frightening epidemics ever encountered by our society.

The California Master Plan to Reduce Alcohol and Drug Abuse, evolved over a period of several years and culminated with Senator Seymour's legislation in 1988.

CommunityWORKS, the name applied to Governor Pete Wilson's broad initiative uses the master planning process as a key element to meet the goal of substantially reducing alcohol- and other drug-related problems by the year 2000.

The concept of CommunityWORKS grew out of our increased understanding that new money and new programs alone will not solve these problems. We have to look at the basics of the system for solutions.

It will take a new structure and a new idea of people's participation to accomplish change...a new idea that is more than 200 years old in this nation...participation in the community.

CommunityWORKS is more than a structure or a system. It is a belief that we share, in a democracy, of the power of the individual to effect change, and to radiate that change to effect the community, the state, the nation, and eventually, the world. It is what we do together, what we do as a society to make things better for all of us. One of the functions of government is to help identify and then to facilitate and coordinate those actions that we take in common.

CommunityWORKS is people taking risks, accepting challenges, and taking responsibility for the quality of their community. We can take the drinking driver off the road, we can ensure that women and their infants are cared for, we can instill the ethic of prevention to our children, we can encourage the development of jail-based programs, and we can directly and dramatically improve our communities' health and keep it that way.

CommunityWORKS is a system which, like democracy, works best when everyone participates. It is individual and organization action, defined and taken close to the problems, with government enabling, coordinating, and assisting in the success.

A WORK IN PROGRESS

CommunityWORKS is the term we will now use to include master planning. The information included in this document illustrates the progress of state agencies and county governments in implementing the goals contained in Master Plan legislation (now contained in the California Health and Safety Code). More importantly CommunityWORKS represents a statewide process of involvement and participation at the community-level. There are four trends that will continue and a fifth that will be added:

We will invest in prevention. Every dollar that we spend in prevention provides insurance for avoiding larger expenditures in treatment and recovery later on.

Funds will be directed more and more to the community where the problems are defined and dealt with. The master planning process is the beginning of a new era in which evidentiary data, local planning and individual responsibility play a major role in determining how and where government funds will be spent.

We will invest more resources as we need to, to protect our investment in the health of California. California's budget for alcohol and other drug programs increased by 13% during Fiscal Year 1991-92--and for good reason. This investment in the fabric of our society comes at just the right time. The increase in judicious spending is an investment that protects all of the other investments we make in the infrastructure that allows our citizens to grow.

See Appendices B and C for a description of activities conducted by state agencies and the resources committed during fiscal year 1990-91 to reduce alcohol and other drug abuse.

We will be efficient because we will work together. We have to do this because there is no single cure-all to end abuse. Through the Governor's Policy Council, we have the full coordination and cooperation among such a large number of state agencies.

We will establish concrete goals, and will carefully measure and evaluate our efforts. Specific areas of concern, such as the pervasive problems and needs facing pregnant women, and postpartum mothers and their children, require a focused effort to substantially reduce the level of harm and suffering. The State will work with county alcohol and drug program administrators in this measurement process. The findings of two major studies (described in this section under The Task Ahead) will provide both baseline and outcome data. The result will be specific, concrete goals that will allow us to efficiently and effectively direct our resources.

THE HISTORY OF COMMUNITYWORKS

Legislation

In September of 1988, while he was a State Senator, John Seymour sponsored Senate Bill 2599. (See Appendix D for a copy of the legislation). This law was based upon the belief that to solve problems related to alcohol and other drugs, a comprehensive and cooperative effort must be made at every level of government, as well as in the community and the home.

The legislation promotes, among government agencies and the communities they serve, a system of coordinated alcohol and other drug service planning which will guide public policy and service delivery. Approximately 90 goals, predominately focused on state and local services and coordinated planning, are included in the law. The law provides for the development of State and county master plans that address specific goals intended to reduce alcohol and other drug abuse by:

- Establishing lines of communication and avenues of coordination that will eliminate unnecessary duplication and develop a united approach to the problem;
- Maximizing existing resources;
- Providing new funding sources; and
- Providing direction for legislative, budgetary, and public policy decisions affecting related services and activities.

An important aspect of the legislation is to foster the involvement of the community in the determination of local service policies. This emphasis reflects an awareness that effective policies to reduce the supply and demand of alcohol and other drugs will require the commitment and involvement of local communities in determining their own priorities and solutions. It also recognizes that the needs of one part of the State may differ considerably from those of another, so that governmental policies must be tailored to appropriately and effectively address local needs.

As a result, amendments to State law that are relevant to local needs and reflect community solutions may be developed and introduced.

Governor's Policy Council

The Governor's Policy Council on Drug and Alcohol Abuse (GPC) was established in February of 1988 by Executive Order D-70-88. The GPC membership, originally consisting of Directors of nine state departments, was expanded to eleven in August of 1991 by Executive Order W-16-91, to include two additional department Directors and two Agency Secretaries. The Director of the Department of Alcohol and Drug Programs (ADP) chairs the GPC. (See Appendix E-1 for Executive Order and Appendix E-2 for GPC membership).

The GPC was established to develop a unified and integrated strategy aimed at combatting the complicated array of problems posed by alcohol and other drug abuse. The role and activities of the GPC include the following:

- Serve as state coordinator for alcohol and other drug policies;
- Review local and committee recommendations and set time-specific, concrete goals for the reduction of abuse.
- Perform liaison activities between the Office of National Drug Control Policy and the State of California to ensure consistency between federal and state policies;
- Monitor the implementation of approved recommendations to assure California's needs are being met; and
- Prepare and submit annually to the Governor a progress report and an integrated plan for continued progress against alcohol and other drug abuse.

Under the Wilson Administration, the committee system and the counties will be the driving force behind the GPC. Five committees (Prevention, Treatment, Criminal Justice, Southwest Border States, and Research) will prioritize, investigate, evaluate, report on relevant issues, and submit recommendations to the full GPC for action. The committee process will include field hearings, expert testimony, briefings or presentations by federal, state, or local government representatives, presentations by private sector or citizen's groups, and roundtable discussions attended by GPC members and various local agencies.

The GPC will be the forum by which issues, concerns, and recommendations that arise in local communities, that cannot be solved at the local level, will be heard and acted upon. This Council will not do its work in a vacuum, but will use the committee system to allow local governments and communities throughout California the opportunity to participate in the development of a statewide alcohol and other drug control strategy. (See Appendix E-3 for Committee membership).

County Master Plan Project

A key component of CommunityWORKS is local participation because those closest to the problem are in the best position to know how to solve them. ADP provides financial assistance to counties to develop a multi-disciplinary county master plan. A significant part of the county master plan is to coordinate existing services and activities for persons with alcohol and other drug problems within all service systems, including health, social, education, and criminal justice. A needs assessment process is used to develop priorities.

The County Master Plan Project formally began in 1989 with the issuance of a "Request for Application" (RFA) by ADP to provide financial assistance to counties to voluntarily implement local master planning. Currently, 55 counties have applied for funding and are at various stages in the process of developing county master plans. Each participating county has established an advisory body that includes all constituencies within their counties, encompassing law enforcement, education, judiciary, students, parents, the treatment and recovery community, private industry, and others. Each participating county will accomplish the following:

- Develop local systems and interagency agreements to ensure coordination, collaboration, information-sharing, and joint problem resolution;
- Identify the extent and needs of any currently unserved, underserved, or non-impacted populations within the county;
- Conduct long- and short-term planning and needs assessments which will result in a local plan for coordinating services and activities; and
- Report plan findings, recommendations and exemplary services to county and state government to assist in the development of new and refinement of existing alcohol and other drug service policies.

Counties were given the option to begin start-up in one of six timeframes or phases. The start-up dates and counties participating in each phase are listed on the following page.

<u>Phase I</u>	<u>Phase II</u>	<u>Phase IV</u>
March 90 - June 91	July 90 - June 91	January 91 - December 91
Butte	Amador	San Mateo
El Dorado	Calaveras	Tehama
Lassen	Del Norte	
Madera	Humboldt	
Marin	Imperial	<u>Phase V</u>
Mendocino	Mariposa	April 91 -
Merced	Mono	March 92
Monterey	Riverside	
Napa	San Bernardino	Trinity
Orange	Santa Cruz	Tuolumne
Placer	Siskiyou	
Plumas		
San Luis Obispo		<u>Phase VI</u>
San Joaquin		July 91 -
Shasta		June 92
Solano		
Stanislaus		Alameda
Tulare	Contra Costa	Colusa
Ventura	Fresno	Inyo
Yolo	Glenn	Kings
	Kern	Lake
	Nevada	Los Angeles
	Sacramento	Santa Clara
	San Benito	Sonoma
	San Diego	
	San Francisco	
	Santa Barbara	
	Sutter	
	Yuba	

County Master Plan Process

California exemplifies diversity in geography, population density, climate, and in its people. Yet, within this diversity there are similarities. Using a variety of needs assessment methodologies, public forums, and existing advisory boards, counties identified numerous alcohol- and other drug-related needs and priorities in their master plans.

On July 1, 1991, 31 counties (Phase I and II) submitted their first-year master plans to ADP. Together, these county master plans included more than 1600 state- and county-level recommendations for the reduction of alcohol- and other drug-related problems within California and their respective counties.

The 31 submitted County Master Plans represent more than just recommendations or strategies for the reduction of alcohol- and other drug-related problems in California. They more importantly represent:

- Grass roots movements to organize communities, creating new networks, and linkages to strengthen efforts to reduce alcohol- and other drug-related problems;
- Cooperative efforts in the criminal justice, education, social services, and health services systems;
- Planning structures and processes unique to each of the 31 counties;
- More than 1,200 citizens serving on Advisory Bodies in the 31 counties; and
- Hundreds of volunteers conducting surveys, community forums, focus groups, and developing comprehensive inventories of existing resources devoted to alcohol and other drug abuse reduction activities.

Master Plan legislation listed approximately 90 goals, predominantly focused on state and local services and coordinated planning. (See Appendix F for a summary of how the first 31 counties participating in master planning are meeting these goals.)

The County Master Plans identified both issues and recommendations which require coordination or action at the local level as well as some that require state-level action. ADP's role is to provide a process whereby those issues requiring state-level action are heard by the appropriate state agencies and to submit those that require interagency action to the GPC. (See Appendix G for the list of recommendations included in the first 31 County Master Plans.)

DEVELOPMENT OF STATE POLICY RECOMMENDATIONS

SOURCE

State policy recommendations will come primarily from two sources: the GPC and committees, and the county master plans submitted to ADP. The process in which the recommendations are developed in each of these arenas includes participation from a wide variety of groups and individuals greatly representative of California's population as well as the public and private business sectors. Therefore, these two sources are representative of multiple sources.

PROCESS

GPC and Committees

Due to the number of changes in the GPC membership, committee recommendations made under the previous Administration will be revisited by the GPC and GPC committees before they are sent forward to the Governor.

New recommendations made by GPC committees will be forwarded to the GPC for consideration or resolution.

County Master Plans

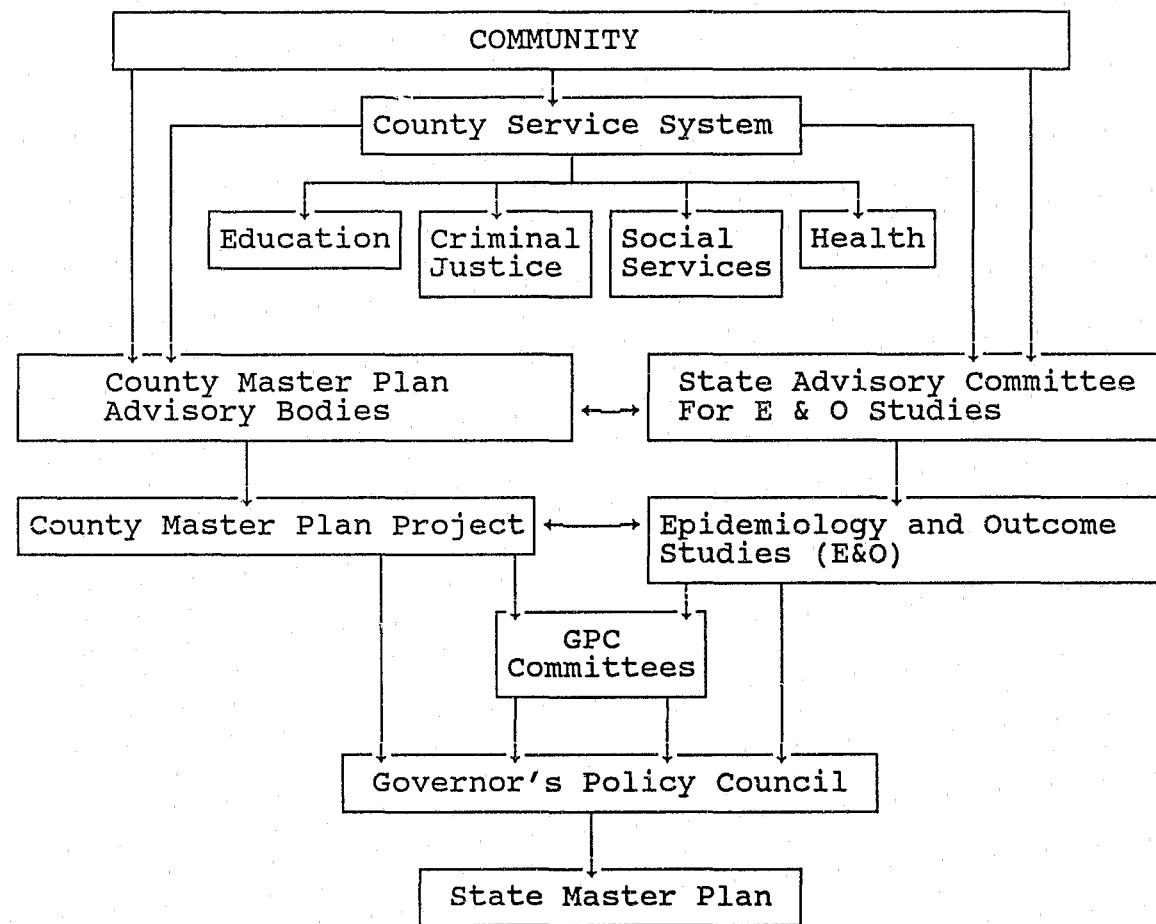
Appendix G contains recommendations from the 31 county master plans submitted to ADP in June 1991. ADP will analyze the recommendations to determine, by applying the criteria described on page 10, whether the recommendation requires state-level action. A variety of sources may be consulted including county alcohol and drug program administrators, other state or local agencies, and advisory boards.

NOTE: The recommendations contained in Appendix G have not yet been submitted to the GPC for consideration nor have they been approved or endorsed by any State department or agency. Appendix G, at this stage, is a listing of raw data extracted from the first 31 county master plans.

See figure 1 below for a diagram of how input flows using the master plan process.

Master Plan Process

Figure 1



The following criteria will be applied to determine whether a recommendation is a state policy recommendation, thereby requiring state-level action:

1. It requires action by the State, i.e., interagency coordination, change in State policy, change in legislation, or requires resources beyond local means;
2. It requires action at the state and/or federal level, i.e., coordination of grant application requirements or change in federal funding restrictions/requirements; or
3. It was presented by multiple counties, implying statewide implication.

State-level recommendations identified from the initial 31 master plan counties, and the subsequent 24 counties, will be analyzed by ADP to determine alternative strategies for resolution.

The progress on each recommendation will be tracked with a periodic status report. As recommendations are adopted, action plans for implementation will be developed by State agencies and the GPC. These action plans will be used in developing California's strategies to reduce alcohol and other drug abuse and aid CommunityWORKS' evolution into a strategic planning document.

This "bottom up" process forms the basis for "CommunityWORKS" and will guide the future of California's alcohol and other drug service delivery system.

THE TASK AHEAD

In order to provide efficient, effective alcohol and other drug services in a coordinated manner that are appropriate to need; adequate, timely information regarding existing services, need for services, and service effectiveness is necessary.

Epidemiology Study

Although many state and local agencies presently collect and analyze considerable amounts of data relating to alcohol and other drug abuse, their efforts are not well-coordinated and contain many gaps. The Department, with cooperation from other state agencies, plans to conduct a statewide epidemiology study¹ beginning in 1992. The Epidemiology Study will document the nature and extent of the alcohol and other drug abuse problem in the State, including the documentary existence of high-risk unserved and underserved populations. In addition, a major effort to determine the prevalence of perinatal alcohol and other drug problems will be a component of this study.

Outcome Study

A second study, the Intervention and Services Outcome Study is also planned to begin in 1992. The Outcome Study will provide a true picture of services available, including the adequacy of services, coordination, cost effectiveness of programs, and the degree to which current strategies are achieving our goals and objectives. Findings from these two studies will allow us to treat this social epidemic with scientific rigor and to bring it to its knees. (See Appendix H for highlights of the studies.)

Developing a Strategic Plan To Reduce Alcohol and Other Drug Abuse

As information from the Epidemiology and Outcome Studies becomes available, California's big picture of the needs and solutions will become clearer. Information regarding the magnitude of the problems, the types of services that are most effective, and identification of available resources, will begin to define and shape policy.

The California Master Plan Model, originally included in California Master Plan to Reduce Alcohol and Drug Abuse: 1991, is a three-dimensional planning model. It is designed for use in organizing and viewing data in a manner that illustrates who is doing what, and for whom. (See Appendix I for a detailed description of the Planning Model.)

The Model will be used by state and local policy makers to identify gaps or overlaps in addressing needs, as well as the level of coordination in the delivery of services and resources.

The CommunityWORKS initiative, state-level and local master planning and coordination, developing measurable goals, and assessing our progress will lead us towards substantially reducing California's most serious alcohol and other drug problems by the year 2000.

APPENDICES

The Appendices that follow provide detailed information on topics covered throughout the preceding pages of the State Master Plan. Appendix G, containing recommendations from the first 31 county master plans submitted to ADP in June 1991, may be of particular interest to the reader. These recommendations represent the initial efforts of the CommunityWORKS initiative. At this time, these recommendations are raw data and have not been reviewed by the GPC or the Administration.

1. The Epidemiology and Outcome Studies are a component of ADP's ongoing Program Accountability Initiative, beginning in 1990.

A P P E N D I C E S

APPENDIX A

MAJOR PROBLEMS ASSOCIATED WITH ALCOHOL AND OTHER DRUGS

MAJOR PROBLEMS ASSOCIATED WITH ALCOHOL AND OTHER DRUGS

BACKGROUND

Problems associated with alcohol and other drugs impose enormous burdens on Californians. Besides the human tragedy, pain, and suffering, the problems are a tremendous financial drain on California's economy--over \$14.4 billion annually, \$8.6 billion for alcohol use and \$5.8 billion for other drug use. These costs come from premature deaths, crimes, incarcerations, diseases, lost productivity, motor vehicle crashes, social welfare programs, AIDS, and alcohol- and other drug-affected infants.

The number of individuals who abuse alcohol and other drugs can be reduced through the coordinated effort of every service system that provides prevention, intervention, enforcement, treatment, and recovery services. Local community leaders, the media, business and industry, churches, and private citizens are vital components in the effort to implement a strategic Master Plan for combined local action to combat this scourge of problems related to alcohol and other drug abuse.

Beginning in 1992, the Department of Alcohol and Drug Programs plans to conduct a statewide Epidemiology Study to assess the actual nature and prevalence of our alcohol and other drug abuse problem. Additionally, an ongoing Intervention Services Outcome Study will evaluate the effectiveness of our prevention, treatment, and recovery services. With these two tools in hand, we will obtain answers to many of the issues and concerns regarding alcohol and other drug abuse ameliorative measures and be able to give full accountability for our remedial efforts implemented through the Master Plan process. Feasibility study reports for each of these efforts are currently underway.

At present, we do not possess statewide prevalence studies necessary to provide a specific picture of the total number of persons experimenting with and abusing drugs in California. However, the National Institute of Drug Abuse has developed some rough California estimates from the National Household Survey on Drug Abuse. They estimate that during 1990, 14.4 percent of the general population age 12 and older had used some illicit drug in the past year. Furthermore, they estimate that 11.6 percent smoked marijuana, 4.4 percent used cocaine, 3.5 percent used psychotherapeutics, and 1.7 percent used inhalants. Prevalence studies suggest that the actual number of persons ever using heroin and similar opiates is relatively small (about one-half of one percent) compared to use of other illicit drugs. However, most heroin/opiate users fall into the group of high risk, hardcore users causing widespread impact involving burglary, IV drug use, AIDS, and deaths. While heroin use seemed to subside for several years, recent indicators point to an upswing.

By examining statewide indicators, it is possible to gain an understanding of alcohol and other drug problems. Presently, the indicators form a composite picture of severe and enduring problems requiring outgoing coordination between government and communities.

PERINATAL EXPOSURE TO ALCOHOL AND OTHER DRUGS

Use of alcohol and other drugs during pregnancy can result in a variety of physical, developmental, and behavioral problems in the infant. Defects caused by the use of alcohol and other drugs are entirely preventable, unlike other birth defects.

Maternal drinking during pregnancy has been shown to cause Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). The symptoms of these infants include mental retardation, deformities, hyperactivity, and growth retardation. Children born to women who are chronic heavy drinkers throughout their pregnancy are most likely to suffer alcohol-related birth defects.

Although absolute numbers of drug-addicted infants born to women who use drugs during pregnancy are not available, the Department of Alcohol and Drug Programs estimates that between 72,000 and 85,000 of the 570,000 infants born in California in 1989 involved perinatal exposure to alcohol and/or other drug use.

The withdrawal symptoms of infants born to opiate-addicted women have been well-documented, including tremors, agitation, and convulsions requiring medication. Birth weight is often below normal. With the recent cocaine epidemic, more cases of cocaine-addicted infants are being reported. Cocaine has also been implicated in premature birth, miscarriage, and an increased risk of Sudden Infant Death Syndrome (SIDS). The pregnant addict who uses drugs intravenously risks passing the virus causing AIDS to her infant. The long-term health and mental needs of drug-addicted newborns are not as well-documented as for infants born with FAS, but Californians can expect to pay the cost associated with the care of these individuals. The State Department of Health Services estimates that alcohol- and/or other drug-exposed infants added \$178 million in health care costs in 1988 alone.

For Fiscal Year 1989-90, 39 percent of over 114,000 admissions to California Drug Abuse Data System (CAL-DADS) treatment programs were women. Women of childbearing age constituted 94.5 percent of the total admissions for women in drug treatment. Of all women admitted into CAL-DADS treatment programs, 39 percent will complete treatment or leave treatment with satisfactory status.

Cost benefit analyses conducted by the University of California at Los Angeles have indicated that every dollar spent on prevention saves 30 dollars in costs associated with perinatal alcohol or other drug abuse.

DRIVING UNDER THE INFLUENCE

Motor vehicle crashes are the most common nonnatural cause of death in the United States, accounting for more fatal injuries than any other type of accident. Although most states define legal intoxication as having a blood alcohol content (BAC) of 0.10 percent or higher, alcohol may cause a deterioration of driving skills at 0.05 percent or even lower, and deterioration progresses rapidly with rising BAC. In recognition of this fact, California (Leonard, Chapter 479, Statutes of 1989) lowered the BAC from 0.10 to 0.08. The law became effective January 1, 1990.

Had Been Drinking (HBD) drivers are involved in a disproportionate number of fatal and injury motor vehicle crashes. They cause unnecessary death, injury, and expense. In 1990, there were 2,382 persons killed and 63,847 persons injured in alcohol-involved motor vehicle crashes. Alcohol is involved in 46 percent of all fatal accidents and 17.5 percent of all injury accidents.

Persons convicted of driving-under-the-influence (DUI) must complete a state licensed drinking driver treatment program before their privilege to drive can be reinstated. For first-time offenders, the required program is 30 hours of alcohol and other drug treatment services over a three month period. The minimum required program for multiple offenders is 12 hours of alcohol or other drug education, 52 hours of group counseling, and one year of close and regular supervision. Multiple offenders who were arrested after January 1, 1990, also must complete a six-month after-care component consisting of six hours of community reentry activities.

All 58 counties offer drinking driver program services. Two counties offer 30-month programs for third and subsequent offenders. During FY 1990-91 more than 252,000 people enrolled in drinking driver programs. The Department of Motor Vehicles is evaluating the effectiveness of the programs. The report is due to be presented to the Legislature in 1995.

CRIME AND VIOLENCE

The role of alcohol and other drug use in criminal activities and violence is a topic of continuing concern. In recent years, policy makers, health care providers, and law enforcement officials have agreed that alcohol and other drug use and these related activities are among the most serious social problems we face.

Use of alcohol and other drugs may not cause a person to become violent; however, there is clearly a link between being under the influence of alcohol and other drugs, and crime, suggesting that the use of alcohol and other drugs acts as a disinhibiting agent.

Many factors, such as the emergence of relatively cheap and widely available crack cocaine and widespread violence in drug trafficking, influence the increase in drug-related violence within and outside the United States. The challenge to public health and law enforcement communities is to develop strategies for intervention and control that work.

The magnitude of this problem has been explored in detail by research projects funded by the National Institute on Drug Abuse and other institutions. Alcohol and other drug-related crime cost American society about \$20 billion dollars in 1983 (including incarceration, adjudication, lost productivity, stolen property, etc.) The criminal activities of each daily heroin user cost society approximately \$55,000 per year. The typical narcotic addict commits an average of 178 criminal offenses per year.

Approximately 38 percent of these crimes are related to alcohol or other drugs, and 22 percent include other so-called "victimless crimes" such as prostitution, procuring, gambling, and alcohol violations. The remaining 40 percent include robbery and assaults, vehicle theft, shoplifting, selling stolen goods, forgery, counterfeiting, burglary, and pickpocketing.

Results from urinalyses conducted by the National Institute of Justice's Drug Abuse Forecasting (DUF) Program on males and females arrested for serious crimes in Los Angeles, San Diego, and San Jose reveal the following percentages of positive drug tests:

<u>CITY</u>	<u>MALE</u>	<u>FEMALE</u>
Los Angeles	56%	69%
San Diego	75%	72%
San Jose	54%	61%

Note: Urinalysis does not adequately measure alcohol use.

Alcohol and other drug problems have a major impact on law enforcement entities and the criminal justice system. During 1990, 587,926 were arrested for alcohol-related offenses and 254,322 people for drug-related offenses. Together, these arrests account for 42.6 percent of all arrests in California.

Alcohol-Related Arrests

Of the 587,926 alcohol-related arrests in California during 1990, 12,948 were for felony driving under the influence. Another 353,886 were for misdemeanor driving under the influence and 221,092 arrests were for other misdemeanors (public drunkenness and liquor law violations.) Hispanics account for a disproportionate number of alcohol-related arrests in relation to their percent of the general population.

Other Drug-Related Arrests

Of the total 254,322 drug-related arrests other than alcohol during 1990, 145,551 were for felony violations (narcotics, marijuana, and other drug violations.) Misdemeanor arrests totaled 108,771. They included marijuana, other drugs, and glue-sniffing violations. Black and Hispanic persons account for a disproportionate number of drug-related arrests in relation to their percent of the general population.

As of December 1, 1989, drug offenders accounted for 24.2 percent of the total California prison population.

Incarcerated Drug Users

In 1989, the one day survey of local jails indicate 74,016 persons were confined. Of these, 23 percent or 17,023 were there for drug-specific charges excluding alcohol.

Within the state prison system in 1990, there were 25,307 adult prisoners in the California Department of Corrections (CDC) prisons, and 1,175 wards in the California Youth Authority for drug specific offenses. As of December 31, 1990, drug offenders accounted for 26 percent of the total CDC institution population (97,337).

Incarceration costs range from \$20,000 to \$30,000 for each prison inmate and about \$13,000 for each person jailed per year.

New Adult Felon Admissions

Admissions to CDC for drug offenses excluding alcohol continue to increase. Drug offenses comprised 35 percent of total offenses (39,272) for new felons in 1990. The percentages for 1989 and 1988 were 37.9 percent and 35.4 percent of total offenses, respectively.

Drug History of New Adult Felons

Drug use continues to be prevalent among newly admitted felons. In 1990, as for 1989 and 1988, slightly over three-fourths of the felons reported use of one or more drugs. Reported drug use by women in 1990 was 82.6 percent, compared to 78.4 percent for men.

In 1990, over one-third (37.6 percent) of all new felons reported past or current alcohol abuse. Similar percentages occurred in 1989 and 1988, 39.6 percent and 34 percent, respectively.

Adult Parolees

As of December 31, 1990, there were 70,390 adult felons and civil addicts on parole, an increase of 18.7 percent over 1989. In 1989, 32.5 percent of the felon parolees had a drug offense other than alcohol-related offenses as a primary offense. This percentage is slightly higher than the 29.4 percent reported for 1988.

Adult Parole Revocations

In 1990, slightly over half (50.4 percent) of the 47,697 adult parolees returned to custody had a drug offense other than alcohol as a principal charge or a contributing factor. Principal drug offenses excluding alcohol comprised 26.2 percent of the total revocations, and drug-related offenses excluding alcohol 24.2 percent.

DEATH AND DISEASE

Thousands of Californians die each year as a direct result of alcohol and other drug use, e.g., overdose and alcohol-specific cirrhosis. During 1989, there were 3,249 deaths directly attributable to alcohol and 2,652 other drug-induced deaths.

In 1989, alcohol and other drugs were involved in over 33,000 emergency room crises and noted in almost 4,000 coroner reports in just three of California's metropolitan areas.

While the specific correlates of death and disease to alcohol and other drug abuse are constantly under debate, the overall negative consequences on a wide variety of health issues (e.g., death, illness, violent crimes, motor vehicle crashes, fires, acquired immunodeficiency syndrome (AIDS), suicide, accidents, cancer, birth defects, and psychological impairment) are well documented.

YOUTH

The use of alcohol and other drugs among youth in California can lead to disastrous consequences such as accidents, suicide, and homicide. Youth who use substances are more likely to enter the criminal justice system, to drop out of school, and to disrupt family life. Young users tend to end up "on hold" in their emotional growth, some never maturing. Youth alcohol and other drug abuse is related to many environmental and personal factors.

The third California Attorney General's California Student Substance Use Survey was conducted between December 1989 and March 1990. Overall, the survey results were encouraging. A drop in alcohol use was registered among students in all three grade levels surveyed, 7th, 9th, and 11th. This drop occurred in the face of intensive alcohol promotion in our society which tends to neutralize alcohol prevention for young people. Likewise, further declines were registered in the use of the most popular other drugs--especially marijuana and cocaine--among older students.

Nevertheless, 16.1 percent of 11th graders drank once a week or more. In the previous 6 months 61.9 percent of 11th graders had drunk beer at least once; 27.6 percent had used marijuana, 8.8 percent had used inhalants, 8.4 percent had used amphetamines, and 7.4 percent had used cocaine. The average age of first use of tobacco is 11 years; of alcohol, 13.1 years; and of marijuana, 13.4 years.

The findings provide no indication that alcohol and other drug use among California's adolescents is in rapid decline. In particular, the persistence of relatively large sub-groups of high-risk users in grades 9 and 11 and high levels of alcohol consumption remains a problem to be addressed. In addition, ADP is working with the State Attorney General's Office to investigate alcohol and other drug use among California drop-outs, which is believed to be higher than for those remaining in school.

WORKPLACE

The last few years have seen unprecedented growth in awareness and concern over alcohol and other drug use and their toll on the health and productivity of Americans.

Abuse of alcohol and other drugs results in significant losses in the workplace due to lowered productivity, which includes absenteeism, early dismissals, turnover, sick benefits, accidents, Workers Compensation claims, and increased health benefits claims. The cost to the workplace is currently estimated at \$102 billion nationally. This cost is often estimated as about two percent of the payroll.

The typical worker who is abusing alcohol and other drugs has higher medical costs compared to the non-abusing worker in the following areas:

- Is late to work 3 times more often;
- Requests early dismissal, time off, or absences of 8 or more days 2.5 times more often;
- Is absent 16 times more often;
- Uses 3 times more sick benefits;
- Is involved in accidents 3.6 times more often; and
- Is 5 times more likely to file a Workers Compensation claim.

Employee assistance programs (EAPs) have begun to expand their focus to include identification and referral of alcohol and other drug-impaired employees. These programs offer great potential for reducing workplace-related alcohol and other drug use. Employers knowledgeable in identifying alcohol and other drug abuse can intervene and, through the use of EAPs, enable an employee to become more productive. Expanding employer education and EAPs will result in increased productivity. In 1989, approximately 30 percent of employed Americans had access to an EAP.

A second and more controversial strategy for reducing drugs in the workplace is drug testing. The application of urinalysis to detect recent drug use has been adopted by many businesses. In 1989, approximately 20 percent of all employed Americans worked in a business with a drug-testing policy.

TREATMENT AND RECOVERY SERVICES

The Department of Alcohol and Drug Programs (ADP), in cooperation with California's counties and communities, targets resources to help users overcome their alcohol and/or other drug problems. ADP has historically tracked participant data for treatment/recovery services it monitors using two systems: The California Drug Abuse Data System (CAL-DADS) and the California Alcohol Program Participant System (CAPPS). As of July 1, 1991, ADP has moved to a combined California Alcohol and Drug Data System (CADDS). In addition, ADP utilizes data from the Office of Statewide Health Planning and Development's (OSHPD) Hospital Patient Discharge Data to track nonfederal acute care hospital stays primarily related to alcohol and/or other drug abuse.

Under all systems, an individual can be counted more than once during a given period if he/she is admitted and discharged from program services more than once. The populations from the systems are quite different. Most people receiving services from providers funded through ADP could not afford private care, while those receiving care in nonfederal acute care hospitals are primarily able to pay through insurance or other resources.

While these three sources of direct care data provide a general picture of persons affected by alcohol and other drug use, they by no means provide a complete one. There are many other alcohol- and other drug-use services, such as Alcoholics Anonymous, Narcotics Anonymous, and Community Recovery Centers, where participation is not documented on a statewide level.

Major new efforts in Prevention and Perinatal Services are not documented in the statistics provided below. Furthermore, treatment for all addicts who want and need treatment is not available. Untold numbers of drug abusers can not presently obtain treatment on demand. Over 8,000 individuals are presently on formalized waiting lists seeking help.

ALCOHOL

During Fiscal Year 1990-91, an estimated 143,400 participants were served in alcohol recovery services monitored by ADP. Participants served include admissions as well as persons already in the program at the beginning of the year. An additional 151,000 people participated in DDPs.

<u>Direct Services Provider Type</u>	<u>Number of Providers</u>	<u>Participants Served Annually</u>
Detoxification	65	78,500
Residential Treatment/ Recovery	164	23,600
Nonresidential	195	41,300
Drinking Driver Program Multiple Offender	234	151,000
<u>Participant Demographics</u>	<u>Participants Excluding DDP</u>	<u>Drinking Driver Program Participants</u>
TOTAL	100.0	100.0
Sex		
Male	79.0	86.9
Female	21.0	13.1
Race/Ethnicity		
White	64.4	55.9
Black	22.4	6.4
Hispanic	9.9	33.2
American Indian	1.9	.8
Other	1.4	3.7
Age		
Less than 21	5.5	4.3
21-34	45.6	52.9
35-54	42.5	37.2
55 +	6.4	5.2
Age Unknown	---	.4

In addition to those persons receiving recovery services for alcohol problems that are monitored by ADP, California hospitals and other medical facilities provide services for alcohol abuse.

During 1989 (latest OSHPD data available), there were 39,215 hospital stays with a primary alcohol diagnosis.

1989 California Hospital Alcohol Service Patient Demographics

TOTAL	39,215
Sex	
Male	72.4
Female	27.6
Race/Ethnicity	
White	74.8
Black	7.4
Hispanic	14.9
American Indian	0.4
Other	2.5
Age	
Less than 21	4.1
21-34	26.3
35-54	46.4
55 +	23.2

OTHER DRUGS

During Fiscal Year 1990-91, 146,665 clients were served in drug treatment programs monitored by ADP. ADP monitors those programs disseminating methadone or receiving state or federal funding. Since all methadone programs (public and private) must report, client statistics are heavily skewed towards heroin/opiate abusers. Furthermore, the following reporting of only primary drug problems does not provide detail on the large proportion of persons with poly-drug abuse (including alcohol) problems.

<u>Services Provided</u>	<u>Number of Providers</u>	<u>Clients Served</u>
TOTAL	398*	146,665
Outpatient Detoxification	80	65,069
Outpatient Drug Free	196	38,345
Outpatient Methadone Maintenance	86	26,390
Residential Drug Free	101	12,434
Other Environments/Modalities	30	4,427

*The number of services will not add up to the total number of providers, as a provider may have more than one service.

Characteristics of Clients Served

<u>Characteristic</u>	<u>Number</u>	<u>Percent</u>	<u>Drug Problem</u>	<u>Number</u>	<u>Percent</u>
TOTAL	146,655	100.0	TOTAL, All Other Drugs	146,665	100.0
Sex			Heroin	99,200	67.6
Male	88,792	60.5	Amphetamines	10,419	7.1
Female	57,873	39.5	Cocaine	21,667	14.8
Race/Ethnicity			Marijuana	7,505	5.1
White	72,288	49.2	PCP	2,877	2.0
Black	24,219	16.5	Other (Excluding Alcohol)	4,997	3.4
American Indian	1,253	.9			
Asian	2,790	1.9			
Hispanic	46,024	31.4			
Unknown	90	.1			
Age					
Less than 21	11,643	8.0			
21-30	49,578	33.8			
31-44	72,778	49.6			
45 +	12,666	8.6			

In addition to those persons receiving treatment for drug problems that are monitored by ADP, California hospitals and other medical facilities provide services for drug abuse. During 1989 (latest OSHPD data available), there were 28,950 hospital stays with a primary drug diagnosis.

1989 California Hospital Drug Service Patient Demographics

<u>Characteristic</u>	<u>Number</u>	<u>Percent</u>	<u>Drug Problem</u>	<u>Percent</u>
TOTAL	28,950			
Sex				
Male	18,000	61.4	Amphetamine	10.6
Female	10,950	38.6	Barbiturates	5.4
Race/Ethnicity			Cannabis	4.5
White	19,500	69.1	Cocaine	30.3
Black	4,000	14.9	Hallucinogen	0.6
Hispanic	3,000	12.3	Heroin/Opiates	20.3
American Indian	100	0.2	Other Sedatives	1.8
Other	1,000	3.5	All Other Drugs	26.5
Age				
Less than 21	5,200	18.8		
21-34	15,000	52.1		
35-54	7,000	25.0		
55 +	1,750	4.1		

APPENDIX B

STATE AGENCY PROFILES

Purpose:

Appendix B provides a picture of the State-level alcohol and other drug service delivery system by describing alcohol and other drug abuse reduction-related activities performed by state departments. The activities are either performed by the department directly, through contract/interagency agreements with one or more other parties, or by utilizing other funding mechanisms such as grants or subvention.

This description of state department activities addresses, in part, how the goals of Health and Safety Code, Division 10.6 are being met as well as provides information for planning and policy decisions.

Format:

The state department information is first organized into one of four service systems: Health, Social Service, Education, or Criminal Justice. Each department has been placed in one of the systems based on its primary emphasis as it relates to the definitions in Appendix I. Within each department's profile, programs/activities are described, including a problem statement, goal of the program(s), strategy(ies) used, and funding/resources allocated. The five strategies employed are also defined in Appendix I as Prevention, Treatment and Recovery, Enforcement and Intervention, Evaluation and Research, and Planning and Public Policy. A summary of resources allocated by state departments is contained in Appendix C.

Methodology:

The state department profile information was initially collected from each department in 1989 by sending a letter to all state departments, boards, and offices asking them to complete a questionnaire if it provided any alcohol and/or other drug abuse reduction activity(ies). The findings were reported in the California State Master Plan: 1990. The questionnaire was revised and the same process was followed in 1990 with the results published in the 1991 California State Master Plan. In 1991, state departments were asked to review its profile from the 1991 State Master Plan and update the information, as necessary.

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HEALTH SERVICE SYSTEM

STATE AGENCY/SUB-UNIT

ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF ADMINISTRATION

PROGRAM ONE
Residential Run Housing

Problem: Recovery from the disease of alcoholism or other drug addiction is often plagued by relapse which can trigger a return to uncontrolled alcohol or other drug use.

Goal: To provide loans to recovering individuals to establish self-run, self-supported recovery houses for other recovering individuals.

Estimated Expenditures: \$4,000 of the Residential Run Trust Fund was spent for this program in Fiscal Year 1990-91. The program's target population was any person recovering from alcohol or other drug abuse and interested in establishing a self-run, self-supported recovery house.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The self-run, self-supported recovery house provides many recovering individuals with effective relapse prevention services from support gained from living with other individuals coping with the same problem and knowledge that the use of alcohol and other drugs will result in immediate expulsion. Similar self-help programs have demonstrated that individuals with the disease of alcoholism or other drug addiction can recover and become productive citizens in society by helping each other develop a life style that is free of alcohol and other drug abuse.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT

**ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF ALCOHOL PROGRAMS**

PROGRAM ONE
Licensing and Certification

Problem: The general public needs to be able to determine whether any particular nonmedical alcohol recovery or drug abuse treatment program meets regulation requirements and/or minimum program quality standards.

Goal: To assure the health and safety of all licensed nonmedical alcohol recovery or drug abuse treatment facilities and to encourage these facilities to apply for and achieve certification under existing minimum program quality standards.

Estimated Expenditures: During FY 1990-91, the program budgeted \$1,286,897 (\$394,502/state funds, \$756,340/federal, and \$136,055 other-reimbursement) toward achievement of this goal. The program's target population is nonmedical alcohol and drug treatment, or recovery programs statewide.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: License 487 residential facilities and certify 325 residential facility programs; certify 170 nonresidential programs; and investigate over 200 complaints from the general public, program participants, and other individuals or organizations.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: Regulations implementing facility licensure and standards implementing program certification are in effect; promulgate regulations concerning assessment of civil penalties on programs in noncompliance as authorized by AB 4643 (Zeltner), Chapter 646, Statutes of 1988.

PROGRAM TWO (ADP)
Drinking Driver Program

Problem: Alcohol use is involved in more than 46 percent of the traffic fatalities occurring in California.

Goal: To reduce the incidence of drinking and driving in California by providing treatment and education to persons convicted of driving under the influence of alcohol.

Estimated Expenditures: In FY 1990-91, this program expended \$1,114,146 (participant fees) toward achieving this goal. The target population is approximately 335,000 drivers arrested annually for driving under the influence of alcohol or other drugs.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program monitored and provided technical support to 234 drinking driver

programs licensed to provide first and multiple offender program services. In addition, licenses were issued to 2 new multiple offender drinking driver programs and 210 first offender programs. Licensed drinking driver program services are available in all of California's 58 counties.

3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (ADP)

Methadone

Problem 1: Narcotic addicts residing in rural communities throughout the State are unable to secure methadone treatment services and are at risk for incurring and/or spreading AIDS.

Goal 1: To encourage licensure of methadone treatment programs for underserved and unserved groups (rural areas, migrant workers, areas inaccessible to patients, and high-risk patients).

Estimated Expenditures:

\$334,956 federal
81,752 state
<u>548,887 other</u>
\$965,595 Total

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: In an effort to encourage license applications to dispense methadone in non-urban areas, the Department notified the field that we would be receptive to innovative alternatives to dispensing, such as through hospitals, pharmacies, physicians, or mobile units. No applications were received through this approach. The Department is now considering other alternatives, such as the streamlining of regulations, to meet the need for increased accessibility.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

Problem 2: No statewide system exists to identify and prevent people from enrolling in more than one methadone treatment program concurrently as required by the Health and Safety Code, Section 11882.

Goal 2: To develop and implement a uniform, statewide, and mandatory computerized system for preventing the registration of methadone patients in two or more programs.

Strategies:

1. Prevention: The Legislature approved a budget change proposal for equipment and staff to implement a system to prevent the multiple registration of patients at methadone programs. The first phase of the computerized

system should be in operation by early 1992.

2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

Problem 3: The State's methadone regulations need to be streamlined and updated to include guidance for new trends, such as the dramatic increase in AIDS and the linkage between HIV transmission and IV drug users.

Goal 3: To implement a major revision to the State's methadone licensing regulations to improve licensee accountability, eliminate unnecessary or outdated requirements, and address unmet treatment needs of underserved regions and populations.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: An advisory group of drug treatment providers and county administrators was formed to provide advice on policy issues. Based on this advice, departmental experience, research, and other sources, a package to amend the methadone regulations was drafted. This package is being reviewed by the Program Committee of the County Drug Program Administrators.

Problem 4: There is need for a procedure that enables the timely processing of license renewals and the necessary coordination with admission exception and emergency slot renewals.

Goal 4: To develop and implement a streamlined process for license renewals, admission exception renewals, and emergency slot renewals to reduce state and license turnaround time and paperwork, and increase control and accountability.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: This goal has been accomplished. An assessment of licensing procedures was completed, and new procedures were implemented. These procedures were evaluated after six months, and minor adjustments were made. The process is now running efficiently.

STATE AGENCY/SUB-UNIT

**ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF PROGRAM POLICY**

PROGRAM ONE

**Cooperative Agreements for Drug Abuse Treatment
Improvement Projects in Target Cities**

Problem: Cities in which demand for drug treatment services exists and in which there is a high prevalence of drug abuse and a high incidence of drug-related crime need assistance in improving their drug treatment services and systems.

Goal: To implement strategies and activities designed to improve the delivery, accessibility and foster coordination and collaboration among local treatment programs.

Estimated Expenditures: \$2,912,605 federal

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: The Target Cities project will improve patient retention and reduce relapse; improve staff retention and quality; provide a full range of drug treatment and related health and human services; improve utilization of drug treatment resources; and improve treatment services for minorities, pregnant women, and female addicts and their children. Seventeen outpatient drug-free treatment programs have been enhanced in staffing and performance. Two project sites have been developed to augment drug treatment services for drug-abusing pregnant women and their children. Five regional community resource centers have been established to coordinate and develop resources, improve overall patient services; and improve utilization of client drug treatment and related social, health, vocational, and legal services, and implement an automated assessment intake and referral system.

3. Enforcement and Intervention: (Not applicable)

4. Evaluation and Research: A process evaluation and outcome evaluation will be conducted locally. In addition to two county-level evaluations, a national evaluation will be conducted by a contractor whose services are processed by the Federal Office for Treatment Improvement.

5. Planning and Public Policy A Project Advisory Committee (PAC) has been established to foster and enhance coordination and collaboration among federal, state, county, and other agencies involved in the project. The PAC provides oversight for the implementation and operation of the project and reviews and makes recommendations regarding policy issues related to the project.

Local collaborative and cooperative agreements with related social, human service, health, vocational, and criminal justice systems have been entered into to ensure the provision of comprehensive drug treatment and ancillary services for project participants.

PROGRAM TWO (ADP)

**Female Offender Treatment Services Project/California
Institution For Women**

Problem: There appears to be a clear relationship between alcohol and other drug abuse and the escalating rise in today's jail and prison population. Most inmates do not receive treatment for their alcohol

or other drug abuse while incarcerated, and most likely would not seek treatment on their own once paroled into the community. This project will enhance the opportunity for inmates and parolees with alcohol or other drug problems to successfully reenter society.

Goal: Improve parole outcomes as evidenced by fewer alcohol- or other drug-related parole revocations and/or new violations.

Estimated Expenditures: \$321,659 federal

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The overall program objective is to provide timely alcohol and other drug abuse education, early intervention, and treatment services to effectively assist inmates and parolees in their recovery from addiction, enhance their opportunities to obtain and maintain alcohol- and other drug-free lives, and to prepare for their successful reentry into society. Approximately 360 female offenders incarcerated at the California Institution for Women (CIW) will participate in an intensive four-to-six month treatment/recovery program. Services will continue for approximately 120 participants of the institution-based program immediately upon their release from CIW, in four project counties (Los Angeles, Orange, Riverside, and San Bernardino). This will entail 180 days of community-based residential treatment and recovery services.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: The Department has entered into an interagency agreement with the Department of Corrections to design and conduct an evaluation of these projects, both institution-based and community-based programs, and to develop evaluation protocols to determine program outcomes and effectiveness.
5. Planning and Public Policy: A project steering committee has been established to discuss desired program outcomes, recommendations, problems, issues, and concerns.

PROGRAM THREE (ADP)
A Comprehensive Substance Abuse Project
for Homeless Youth in the Hollywood Area of Los Angeles County

Problem: Legislative findings have indicated that an estimated 50 to 80 percent of runaway and homeless youth have alcohol or other drug abuse problems. An outreach program is vital to ensure that these youths are treated for alcohol or other drug abuse problems.

Goal: To reduce and ameliorate the substance abuse problems of runaway and homeless youth.

Estimated Expenditures: \$200,000 federal

Strategies:

1. Prevention: (Not Applicable)
2. Treatment: Pursuant to AB 3420 (Woodruff), Statutes of 1990, the Department of Alcohol and Drug Programs has contracted with the Childrens Hospital of Los Angeles to establish a substance abuse treatment program that addresses the alcohol and other drug problems of runaway and homeless youth. The Comprehensive Substance Abuse project, through multi-agency collaboration, is providing intervention, assessment, counseling, treatment, and referral services to runaway and homeless substance-abusing youth in the Hollywood area of Los Angeles County.

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: The Department, in consultation with the Office of Criminal Justice Planning, is required to submit to the Legislature a written interim and final evaluation of the effectiveness of the pilot project in addressing the needs of substance-dependent youth.

5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (ADP)
Critical Populations Grant Program (CP)

Problem: Certain groups are facing such critical health and socioeconomic difficulties as a result of their drug abuse as to be characterized as critical populations.

Goal: To improve treatment outcome for the specific population sub-groups (adolescents, racial/ethnic minorities, and residents of public housing) by enhancing existing drug abuse treatment programs.

Estimated Expenditures: Federal funding in the amount of \$3,045,627 was allocated in FY 1990-91 to improve treatment outcome.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: This program assists existing drug treatment programs in enhancing their programs by:

- Coordinating local applications for submission to the federal government;
- Allocating grant awards to the counties;
- Providing technical assistance to counties and grant sub-recipients;
- Monitoring programs to ensure compliance with federal requirements; and
- Collecting and analyzing CP data.

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (ADP)
Criminal Justice Grant Program (CJ)

Problem: A very high percentage of criminal offenders have drug addictions that exacerbate both the crime and drug problems facing the Nation.

Goal: To improve treatment outcome for incarcerated individuals (racial and ethnic minorities) by enhancing the quality of existing drug abuse treatment.

Estimated Expenditures: Federal funding in the amount of \$237,095 was allocated in FY 1990-91 to improve treatment outcome.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program assists existing drug treatment programs in enhancing their programs by:
 - Coordinating local applications for submission to the federal government;
 - Allocating grant awards to the counties;
 - Providing technical assistance to counties and grant sub-recipients;
 - Monitoring programs to ensure compliance with federal requirements; and
 - Collecting and analyzing CJ data.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SIX (ADP)
Waiting Period Reduction Grant Program (WPRGP)

Problem: The number of persons seeking drug treatment exceeds the capacity of treatment programs, with the excess placed on waiting lists.

Goal: To reduce drug abuse treatment waiting periods by expanding the capacity of existing drug treatment programs, including new treatment capacity designed to specifically meet the needs of pregnant and/or postpartum women.

Estimated Expenditures: Federal funding in the amount of \$2,017,774 was allocated in FY 1990-91 to expand the capacities of the following types of treatment programs: outpatient drug-free, methadone maintenance, residential drug-free, methadone detoxification, day treatment, and outpatient detoxification.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program assists existing drug treatment programs in rapidly expanding their capacity by:
 - Coordinating local applications for submission to the federal government;
 - Allocating grant awards to the counties;
 - Providing technical assistance to counties and grant sub-recipients;

- Monitoring programs to ensure compliance with federal requirements; and
 - Collecting and analyzing WPRGP data.
3. Enforcement and Intervention: (Not Applicable)
 4. Evaluation and Research: (Not Applicable)
 5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVEN (ADP)
Waiting List Reduction Grant Program (WLRGP)

Problem: The number of persons seeking drug treatment exceeds the capacity of treatment programs, with the excess placed on waiting lists.

Goal: To reduce waiting lists by providing continuation funding for drug treatment programs by rapidly expanding the programs' capacity to enroll and serve clients.

Estimated Expenditures: Federal funding to continue the WLRGP in the amount of \$14,900,678 was allocated for the FY 1990-91 to expand the capacities of the following types of treatment programs: outpatient detoxification, outpatient drug-free, outpatient methadone maintenance, and residential drug-free.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program assists existing drug treatment programs in rapidly expanding their capacity by:
 - Reviewing county-proposed action plans;
 - Allocating funds to the counties;
 - Providing technical assistance to counties and grant sub-recipients and identifying alternatives in reducing the average waiting time;
 - Collecting and analyzing WLRGP continuation data.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT

**ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF DRUG PROGRAMS**

PROGRAM ONE

School-Community Primary Prevention Program (SCPPP)

Problem: Insufficient numbers of high-risk youth are involved in school-based alcohol and other drug prevention activities.

Goal: To reduce the incidence of alcohol and other drug use by delinquent youth; with an emphasis on high-risk youth, reduce the adverse effects of alcohol and other drug use by increasing the number of youths involved in school-based prevention activities, and prevent alcohol and other drug use before it begins or reduce it before it has reached advanced stages requiring costly treatment.

Estimated Expenditures: For FY 1990-91, SCPPP's budget included \$1,012,432 from the state general fund.

Strategies:

1. Prevention: The program provided alcohol and other drug prevention, education, consultation, technical assistance, training, and other services to school districts and communities delivering prevention programs to children, youth, and families.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (ADP)

Computer-Based Information and Referral Resource Center

Problem: Orange County does not have a central source for maintaining information or making referrals to alcohol and other drug treatment/recovery services.

Goal: To establish a county-wide resource center that will provide a computer-assisted information and referral service to the communities within Orange County.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: A resource data base was established to facilitate matching inquiries with appropriate treatment/recovery programs.

PROGRAM THREE (ADP)

County Subvention

Problem: Community planned efforts by counties are needed to reduce the negative impact of alcohol and other drug abuse.

Goal: To provide counties the funds needed to form a statewide network of prevention and treatment/recovery services for the general public and special target groups (i.e., IVDU and high-risk youth) which will assist individuals and their families impaired by alcohol and other drug problems to attain adequate physical, social, psychological, and economic functioning.

Estimated Expenditures:

\$120,674,819	federal
<u>73,401,690</u>	state
\$194,076,509	Total

Strategies:

1. Prevention: Counties are provided funds to ensure programs are developed to establish prevention services and activities throughout each county.
2. Treatment and Recovery: Counties are responsible for ensuring programs are available to persons in need of alcohol- and other drug-related services.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (See Treatment and Recovery)

PROGRAM FOUR (ADP)

Drug/Medi-Cal Program (D/MC)

Problem: Many counties do not participate in the D/MC system, which limits the availability of alcohol and other drug abuse treatment services for Medi-Cal beneficiaries.

Goal: To maximize Title 19 funding for alcohol and other drug abuse treatment services and thus expand the number of counties and programs utilizing and supported by D/MC funds.

Estimated Expenditures: For FY 1990-91, 25 counties and 81 programs participated in the D/MC system. Funding included \$176,841 from the state general fund and \$7,080,944 other funds.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The types of services reimbursable through the D/MC system must be consistent with the needs of Medi-Cal beneficiaries. Those services have been expanded to include day care rehabilitative services in addition to the previous services (methadone maintenance, drug free, and naltrexone). Services have also been expanded to target pregnant and parenting women within the existing treatment methodologies.
3. Enforcement and Intervention: Service providers receive training and technical assistance to ensure ongoing compliance with D/MC requirements and negate possible financial disallowances, a major deterrent to program

participation.

4. Evaluation and Research: The most common areas of noncompliance are evaluated and receive focus during training/technical assistance sessions.

5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (ADP)

The Human Immunodeficiency Virus/AIDS Counselor Program

Problem: Alcohol and other drug users, especially injection drug users (IDUs), comprise a group that is at extreme high risk of contracting HIV; too few of this group are receiving HIV testing, counseling, and prevention/education services.

Goal: To reduce the spread of HIV infection among the alcohol and other drug abusing population.

Estimated Expenditures: In FY 1990-91, this program's budget included \$1,832,408 in federal funds that were subvened to the 20 participating counties.

Strategies:

1. Prevention: The HIV/AIDS Counselor Program serves individuals in treatment and recovery who are at risk of becoming infected with HIV as a result of alcohol and other drug use. HIV counselors routinely visit nearly 200 alcohol and other drug treatment programs throughout the State to provide group education, individual pre- and post-test counseling, and confidential HIV-antibody testing. HIV counselors promote risk reduction and healthy behaviors and encourage individuals to modify their attitudes and beliefs about HIV/AIDS. Over 42,000 clients received group HIV education presentations during FY 1990-91. Of these, 13,555 chose to be tested.

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM SIX (ADP)

AIDS/STD Program

Problem: The Department of Health Service's (DHS) Sexually Transmitted Disease Control Program (DHS/STD) has documented an increase in the number of STD patients who are also addicted to drugs.

Goal: To expand the scope of HIV prevention/education, counseling, and testing services in drug treatment centers to include STDs and tuberculosis.

Estimated Expenditures: \$75,000 state general fund.

Strategies:

1. Prevention: The Department held preliminary discussions with the DHS/STD program and Tuberculosis Control Section regarding the implementation of STD/TB prevention/education, counseling, and testing components in drug treatment programs. DHS/STD has developed a one-day STD training course; entitled, "STDs: Their

Identification, Management and Control for Drug Counselors," to provide to local drug treatment program staff. This training program will assist counselors in effectively answering client questions.

2. Treatment and Recovery: Clients in treatment will continue to receive information on STD and TB. Education and referral will be an ongoing component of recovery.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVEN (ADP)
Rural Regional Residential Program

Problem: There is a lack of residential alcohol recovery and other drug treatment services in the rural (population less than 100,000) counties.

Goal: To establish regional residential alcohol or other drug programs for counties that currently have no local residential services nor the means to establish these services.

Estimated Expenditures: For FY 1990-91, there were \$178,413 (federal) available for this program.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The Department encouraged rural counties to organize into regions so that resources could be pooled and costs shared among participating counties. The Department set aside the above-stated funds to support start-up and first year-costs for two residential programs in Tulare/King Counties (PARR) and Mendocino/Lake Counties (WINDO).
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

**ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF PERINATAL SUBSTANCE ABUSE**

PROGRAM ONE
Perinatal Pilot Projects

Problem: Lack of coordinated efforts at the state and local governmental levels prevents addressing appropriate services needed to care for alcohol- and other drug-abusing pregnant and parenting women and their children.

Goal: To design a comprehensive service delivery system that meets the needs of pregnant and parenting women and their children; to reduce negative consequences related to perinatal alcohol and other drug abuse on infant health and development; to reduce the number of alcohol- and other drug-exposed infants and toddlers requiring out-of-home placements; to reduce repetitive placements for HIV-positive and alcohol- or other drug-exposed infants requiring foster care; and to improve the quality of life for women and their children through collaborated and cooperative efforts of appropriate governmental agencies.

Estimated Expenditures: Expenditures for FY 1990-91 was \$5,840,500 federal (funding began in FY 1989-90 and continues through FY 1994-95).

Target: Alcohol and other drug abusing pregnant and parenting women and their children in Alameda, Contra Costa, Los Angeles (two sites), Sacramento, and San Diego counties, and Shasta Regional.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: The pilot projects were designed to do the following:

- Provide comprehensive case management to determine services needed and provide assistance in obtaining such services;
- Establish and/or expand existing sites for intensive day, residential recovery, and treatment services; some services included transitional living programs and nonresidential recovery and treatment services (i.e., counseling); and
- Enhance existing foster care system to accommodate special needs of alcohol- and other drug exposed or HIV-positive infants and toddlers (i.e., foster parent recruitment, foster parent training, and respite services).

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: Evaluation of the pilot projects was mandated by budget language to include the following:

- The Department assuming responsibility from DHS as the lead agency July 1, 1991, for evaluating the projects;
- As part of the State Interagency Task Force evaluation work group, ADP performing advisory, planning, and consultation functions, and collecting information through the CADDs System, with supplemental report forms from the pilots, and as recipients of monthly progress reports from the five phase-one pilot sites;

- Analyzing monthly reports and CADDS data and preparing reports for FY 1990-91; and
- ADP negotiating a contract with Claire Brindis, Ph.D, researcher from the University of California, San Francisco, to perform a portion of the evaluation.

5. Planning and Public Policy: The Departments of Alcohol and Drug Programs, Developmental Services, Health Services, and Social Services continue their efforts with the pilot projects. The five sites have adopted the new name, "Options for Recovery." Goals have been refined.

PROGRAM TWO (ADP) Forum

Problem: Perinatal alcohol and other drug use is broad and systemic in scope and must be addressed as a public health and social issue.

Goal: To develop strategies for achieving positive health outcomes for women and children while building and strengthening an environment for women to obtain both perinatal care and alcohol and other drug treatment and recovery services.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: The purpose of the forum is to assist the communities in California in their planning to prevent perinatal alcohol and other drug use and to mitigate its effects once it has occurred. This forum focused on five major subject areas:

- Access to care;
- Infants, Children, and Youth;
- Coordination of Services;
- Education and Training; and
- Legal and Ethical Issues.

A final report is to be published in FY 1991-92.

PROGRAM THREE (ADP) Local Perinatal Coalitions and Support Grants

Problem: The lack of professional and organizational collaboration prevents comprehensive approaches in providing preventive measures and treatment services to alcohol- and other drug-exposed infants.

Goal: To establish local perinatal coalitions comprised of representatives of governmental and/or nonprofit agencies working towards the reduction of perinatal alcohol and other drug abuse in their

jurisdiction.

Estimated Expenditures: \$270,000 in state funds was spent for FY 1990-91. Funding began in FY 1988/89 and will continue through FY 1992-93. Services are provided statewide and currently 32 counties have been awarded contracts, which fund 29 coalitions. Additionally, support grants have been awarded to 10 projects in 11 counties (\$500,000 for FY 1991/92).

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: Local coalitions assist counties in addressing perinatal alcohol and other drug use problems. Such organizations seek to raise awareness among local agencies and professions, improve coordination of services, and provide a forum for educational and planning activities. Additionally, support grants provide assistance to local resources in completing comprehensive assessments of perinatal substance abuse in their communities and develop plans for responding to those needs.

PROGRAM FOUR (ADF)
Perinatal Alcohol and Drug Abuse Media Campaign

Problem: There is a lack of consistent information on the risks of alcohol and other drug consumption during pregnancy.

Goal: To continue to conduct a media campaign to increase the public's knowledge and awareness of the serious effects of alcohol and other drugs on unborn children and their mothers. The targeted group is the general public, which includes a population of approximately 86,000 women of childbearing age.

Strategies:

1. Prevention: This Program continues to bring together media, technical experts, and others to collect and evaluate existing materials and efforts, explore strategies, and develop and produce new products, as necessary.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

**ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF PLANNING & PUBLIC POLICY**

PROGRAM ONE
State and County Master Plan

Problem: Funding and planning resources are segregated by service systems, and there is no coordinated, collaborative approach to reducing alcohol and other drug problems at the state and local levels.

Goal: The Planning Branch will encourage and support all counties to develop a five-year master plan by July 1992 and report annually to the Legislature activities within the State that lead toward the reduction of alcohol and other drug abuse problems.

Estimated Expenditures:

\$3,352,996 federal
\$ 150,017 state
\$5,503,013 Total

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: Under this program, a number of significant activities occurred, including:
 - Fifty-five of the 58 California counties participated in the master plans process. Department staff worked closely with the counties to assist with the planning processes;
 - Thirty-one (Phase I & II) of the 55 master plan counties submitted their first-year county master plans which included state and county-level recommendations for addressing alcohol and other drug abuse. Also submitted were objectives, timelines, and budgets for second-year funding to continue master planning in their counties;
 - Prepared the California Master Plan to Reduce Alcohol and Drug Abuse: 1991;
 - Began data collection for California Master Plan: 1992;
 - Conducted quarterly meetings for the Master Plan counties; and
 - Provided technical assistance and attended county meetings regarding county master planning.

PROGRAM TWO (ADP)
Program Accountability

Problem: There is concern on the part of the federal government that funds committed for drug treatment services are not being applied in the most coordinated and effective manner. Consequently, as a precondition for receipt of funds pursuant to the National Drug Control Strategy, states must

demonstrate through the submission of state treatment plans how their resources will be used to improve their treatment systems.

The first problem to be addressed is how to define process and outcome "effectiveness" within the context of a publicly funded service system comprised of various drug treatment programs based upon differing modalities and philosophies. Second is the issue of how to gather the information in an effective and accurate manner so as to permit the prompt development of drug program treatment performance standards.

Goal: To ensure and increase service system coordination and effectiveness.

Estimated Expenditures: Administrative support funding for FY 1990-91 was \$134,396 federal ADMS Block Grant funds and \$55,456 state general funds.

Strategies:

1. Prevention: (See Planning and Public Policy)
2. Treatment and Recovery: (See Planning and Public Policy)
3. Enforcement and Intervention: (See Planning and Public Policy)
4. Planning and Public Policy: [The following narrative also pertains to Prevention, Treatment and Recovery, and Enforcement and Intervention Strategies].

The Department submitted to the Legislature, as required by statute, a *Status Report on the Program Accountability Project*. This report provided baseline information of alcohol and other drug accountability efforts undertaken by other states, California's county alcohol and other drug agencies, and local service providers, as well as ADP.

On March 4, 1991, the Department approved a proposal to implement a comprehensive *Program Accountability Initiative*, which included the following seven components.

- Through an Interagency Agreement with the University of California, conduct two concurrent, six-month feasibility studies to identify the purpose, goals, objectives, alternative methodologies, and relative costs for both an epidemiological and outcome study;
- Based upon the findings and recommendations of the epidemiological feasibility study, and available resources, develop and execute an Interagency Agreement with the University of California to conduct an epidemiological study to investigate the causes, prevalence, consequences, and incidence of alcohol and other drug abuse in California;
- Based upon the findings and recommendations of the outcome feasibility study, and available resources, develop and execute an Interagency Agreement with the University of California to conduct an outcome study to identify the effectiveness and efficiency of measures directed toward the amelioration of alcohol and other drug abuse;
- Develop a "Treatment and Recovery Framework," modeled upon the *California Master Plan* and the *Prevention Framework*, to define the service expectations and responsibilities of the alcohol and other drug system in general (health, social, education, criminal justice) and ADP specifically;
- Design and implement strategies that will promote participant commitment toward personal recovery and responsibility;
- Develop alcohol recovery and other drug treatment program performance criteria and design a methodology for pilot-testing the criteria; and

- Develop a "Research and Evaluation Framework" to: (1) identify, evaluate, and disseminate information on model programs funded either through subvention or as special projects; (2) define ADP's objectives in terms of using the evaluations to refine departmental resource allocation policies; and (3) evaluate contractor performance.

PROGRAM THREE (ADP)
Governor's Policy Council (GPC)

Problem: There is a need for a comprehensive and coordinated framework to ensure the success of California's drug control strategy.

Goal: To develop a unified and integrated strategy aimed at combatting the complicated array of problems posed by licit and illicit drugs.

Estimated Expenditures:

\$177,512	federal
97,631	state
20,711	other
\$295,854 Total	

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: The Governor's Policy Council was established by Executive Order in February 1988 to develop a unified and integrated strategy aimed at combatting the complicated array of problems posed by alcohol and other drug abuse. The Council annually submits to the Governor many policy recommendations for alcohol and other drug abuse prevention, treatment, and enforcement programs and services. The Council also ensures the effective implementation of these programs, along with the cost-effective expenditure of state and federal funds. Chaired by the Director of the Department of Alcohol and Drug Programs, eleven key state departments have been designated by the Governor to participate on the Council: the Department of Alcohol and Drug Programs, Department of Justice, Department of Education, California National Guard, Office of Criminal Justice Planning, California Highway Patrol, Department of Corrections, Department of Youth Authority, Department of Alcoholic Beverage Control, Office of Traffic Safety, and Department of Commerce.

The Council's diverse membership and expertise in specific areas of alcohol and other drug abuse has resulted in the development of anti-drug policies and programs that are nonduplicative, well-planned, and coordinated. The Council's dedication to cooperation and coordination can be illustrated through the many inter-agency agreements that have been developed to combat specific problems related to alcohol and other drug abuse in California.

The Council's three main committees, Prevention, Treatment, and Criminal Justice, include members of the represented agencies, as well as ex officio representation as needed. It is the objective of the committees to prioritize, investigate, evaluate, and report on relevant issues for Council action. The committee process includes field hearings; expert testimony; briefings or presentations by federal, state, and local government officials; presentations by private sector and citizen's groups; and round table discussions by the committees.

Since the release of the National Drug Control Strategy, the Council has worked extensively with the Office of National Drug Control Policy to implement federal drug policy initiatives in California. The Council has been instrumental in promoting coordination and cooperation between state and local alcohol and other drug control agencies and their federal counterparts. The Council has also played an active role in the designation and

development of Los Angeles and the Southwest Border as High Intensity Drug Trafficking Areas.

In addition, the Council is working with drug policy coordinators in many other states to improve drug policy nationwide. The Council drafted a compact that was signed by the governors of California, New Mexico, Arizona and Texas that is designed to promote coordination and cooperation between state and local drug control agencies operating along the southwest border of the United States. The Council and other states are also working with Congress to bring additional federal funding to state and local alcohol and other drug control agencies.

STATE AGENCY/SUB-UNIT

**ALCOHOL AND DRUG PROGRAMS, DEPARTMENT OF/(ADP)
DIVISION OF PREVENTION**

PROGRAM ONE

Resource Center

Problem: Communities, families, and individuals need effective, accurate, and culturally relevant information, materials, training, technical assistance, and other resources to prevent alcohol and other drug problems.

Goal: To establish and maintain a comprehensive Prevention Resource System that provides the necessary resources for communities to act effectively in preventing alcohol and other drug problems.

Estimated Expenditures: Total funding for FY 1990-91 was \$500,000 federal.

Strategies:

1. **Prevention:** The Prevention Division operated the:
 - *California Prevention Resource Center (CPRC)*, which provides information and referral on alcohol and other drug prevention research and programmatic issues; markets anti-drug and alcohol abuse messages; maintains resource and reference libraries; acts as a clearinghouse to disseminate bulk materials; coordinates with other resource centers; and coordinates training.
 - California portion of an international network of resource centers-*Regional Alcohol and Drug Awareness Resource (RADAR)*, with the objective of promoting and disseminating information, conducting media campaigns, and other media outreach.
2. **Treatment and Recovery:** (Not Applicable)
3. **Enforcement and Intervention:** (Not Applicable)
4. **Evaluation and Research:** (Not Applicable)
5. **Planning and Public Policy:** (Not Applicable)

PROGRAM TWO(ADP)
Youth Prevention Services

Problem: Educational programs and alternative activities are needed for youth to encourage them to adopt healthy alcohol- and other drug-free lifestyles.

Goal: To promote alternative activities for youth that encourage them to adopt healthy alcohol- and other drug-free lifestyles.

Strategies:

1. **Prevention:** The Alcohol Division operated or participated in:
 - *Friday Night Live*, a program that encourages teenagers statewide to organize alcohol- and other drug-free activities, promotes sober driving, provides services as needed to schools and communities, and develops leadership skills;

Funding: \$537,156 federal

Target: In 40 California counties; high school students (over one million reached), high school advisors, parents, youth in detention centers, and business and community leaders.

- *Teenwork*, an annual conference organized by youth for youth, to reduce youth alcohol- and other drug-related deaths and injuries, and to provide information on programs which assist youth with a multitude of problems.

Funding: \$227,000 federal

Target: High school students (650) and adult advisors (150).

- National Prevention Network, an association of state alcohol and other drug prevention coordinators for the purpose of promoting good health and supporting, developing, and enhancing national, state, and local efforts to reduce the incidence and prevalence of alcohol- and other drug-related problems;

- *Interagency Exchange Committee*, California state agencies that meet quarterly to share information, reduce duplication of efforts, and coordinate projects related to youth alcohol and other drug problems;

Target: State agencies with youth alcohol- and other drug-related programs.

- *The Red Ribbon Campaign*, an annual event to mobilize California communities in a united drug prevention campaign;

Funding: \$30,000 federal

Target: Communities statewide.

- *California Youth Council*, comprised of 15 youth representatives from throughout the State, organized to identify youth service needs relating to effective alcohol and other drug use prevention, intervention, and treatment programming;

Funding: \$50,000 federal

Target: Communities statewide.

- *Safety Belt Campaign*, a statewide campaign to increase safety belt use among teenagers. The Department, through an interagency contract with the Office of Traffic Safety (OTS), reviewed proposals from schools and communities to implement peer-led activities designed by and for teenagers. Twenty proposals were selected to receive mini-grants ranging from \$2,500 to \$25,000 each. The target group is, or was high school students in selected communities.

2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (ADP) High Risk Populations

Problem: Individuals from certain groups are at high risk of developing alcohol- and other drug-related problems.

Goal: To initiate specialized efforts to prevent the development of alcohol- and other drug-related problems among high risk groups.

Estimated Expenditures: Specific programs, including funding and target populations are shown below.

Strategies:

1. Prevention: The Prevention Division operated or participated in:

- *Children of Alcoholics*, which develops school-based identification and referral programs for grades K-6 children of alcoholics and other drug abusers;

Funding: \$482,095 federal

Target: Students, K-6, in sites in Richmond, Pomona, Visalia, Willits, and Yuba City unified school districts who are children of alcoholics or other drug abusers;

- *Student Assistance Programs*, established to develop, coordinate, and implement a "broad brush" approach in schools to help students address and resolve problems with alcohol and other drug use, in addition to a range of other personal problems;

Funding: \$541,000 federal

Target: Students, 7-12, who are experiencing alcohol- or other drug-related or other personal problems, and who live in Mariposa, Fresno, Mendocino, San Diego, or Monterey counties;

- *High-Risk Multiple Problem Youth Project*, which provides non-classroom alcohol and other drug prevention, intervention, residential, and structured day treatment to high-risk youth in three counties;

Funding: \$454,250 federal

Target: 3,000 persons under age 21 in Shasta, Butte, and San Francisco Counties who have dropped out of school;

- *Community Youth Activity Program*, funded by the Office for Substance Abuse Prevention this program provides a comprehensive recreation, counseling, and alcohol and other drug prevention program for school-aged youth.

Funding: \$ 90,423 federal

Target: 5,600 Students, grades 7-12, in Riverside County;

- *High Risk Projects Technology Transfer and Technical Assistance Workshop*, provides training and technical assistance to directors and key staff of individual projects in such areas as HIV/AIDS prevention among high-risk youth, cultural competence, marketing, and fundraising. The Workshop provides an opportunity for projects to share information and experience and to showcase successful prevention programs for possible replication. The workshop is presented on a bi-annual basis, and the target group is directors and key staff of ADP-funded prevention projects that serve high-risk populations.

2. Treatment and Recovery: [The following narrative also pertains to Prevention and Enforcement and Intervention Strategies].

- *Employee Assistance Project*, wherein the California Conservation Corps provides on-site professional counseling services at 16 centers to its corps members who are having alcohol- or other drug-related problems;

Funding: \$202,000 federal

Target: 3,200 corps members

- *Community Drug-Free School Zones Project.* A three-year demonstration project designed to provide financial and technical assistance to six highly impacted high schools and surrounding communities through implementation of a comprehensive community prevention program. The following seven components: Drug Free Zone Enforcement, Intervention, Educational/Vocational development, alternative activities, community health advocacy, parent support advocacy, and community coalition, will be implemented utilizing strategies appropriate for high-risk, ethnic youth;

Funding: \$3,736,000 federal

Target: Six identified high schools/communities. Total school enrollment is 12,550.

3. Enforcement and Intervention: [The following narrative also pertains to Prevention Strategy.]

- *Gang Violence Reduction,* a project in cooperation with the California Youth Authority, designed to reduce drug trafficking and other gang activities in six barrios of East Los Angeles;

Funding: \$250,000 federal

Target: 2,000 active and potential gang members.

- *Suppression of Drug Abuse in Schools,* provides financial and technical assistance to co-applicant law enforcement/school districts to reduce drug abuse and trafficking in and around schools. The program, resulting from an agreement with the Office of Criminal Justice Planning, has two major components: the first endeavors to identify, prosecute, and remove violent gang activities; the second attempts to align police/school efforts and those in the community so as to provide coordinated prevention, intervention, and suppression activities.

Funding: \$4,666,000 federal

- *Gang/Drug Prevention (Gang Violence Suppression Program),* provides direct grants to school districts for the implementation of approved comprehensive alcohol and other drug prevention programs in all California elementary schools. The target group is 5,000 students statewide who are at the critical stage of development: children in grades four through six.

- *Drug-Free Schools and Communities funds five components:* The Comprehensive Alcohol and Drug Prevention Education Program, Drug Abuse Resistance Education Programs (DARE-like programs), Replication of Successful Drug Education Programs, and Court and Community Schools Pilot Projects. These projects provide alcohol and other drug education curriculum, early intervention activities, parent education programs, school staff in-service training, and a school-community partnership.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (ADP)
Community Organization

Problem: Local communities need assistance and support to apply effective strategies and methodologies for prevention of alcohol and other drug problems.

Goal: To develop and implement a strategy to reduce alcohol and other drug problems through community organization, public policy change, and support of healthy life styles.

Estimated Expenditures: Specific programs, including target populations, and their funding are shown below.

Strategies:

1. Prevention:

- *Prevention Policy Development with Statewide Organizations*, designed to provide intensive training and consultation on alcohol and other drug policies and alcohol availability issues using ADP's Community Prevention Framework. The target group is six statewide organizations: Emergency Nurses Association, American College of Emergency Physicians, Committees on Trauma, Foundation of Independent Living Centers, California Nurses Association, and the Federation of Rehabilitation Facilities.
- *Volunteers Project*, which has the objective of recruiting volunteers in the areas of alcohol program management, community prevention planning and organizing, and conducting needs assessments.

Funding: \$85,000 federal

Target: All alcohol service providers, drug and alcohol advisory boards, and county drug and alcohol program administrators.

- *Community Prevention Technical Assistance Project*, the focus of which is to create a consultant pool that is able to provide comprehensive and timely alcohol and other drug prevention technical assistance to prevention field which includes local community organizations and groups, Community Drug-Free School Zones Project, Friday Night Live, and the High Risk Populations Project; develop and implement a series of workshops to provide state-of-the-art information on prevention issues; and develop and produce guidelines that will assist communities in applying the Prevention Framework strategies which are appropriate to their specific needs;

Funding: \$243,660 federal

Target: All communities and populations statewide.

- *Responsible Beverage Service Symposium* at which experts discuss responsible beverage service policies and practices that can impact alcoholic beverage sales/service in a positive way.

Target: All servers and licensed sellers of alcoholic beverages.

- *Marketing Local Prevention Programs Projects* produced a training manual entitled "How to Market Prevention Programs" and a slide presentation. These training materials are designed to assist prevention programs in developing marketing plans for the purpose of obtaining alternative funding when public funds expire (Contract period: 5/1/90 through 2/10/91);

Target: Prevention service providers.

- *Ignition Interlock Project*, a five-year project to strengthen the original evaluation of the Farr-Davis Safety Act of 1986 (authorizes the pilot testing of ignition interlock devices in California) and increase the value of the findings to policy makers;

Funding: \$20,324 federal

Target: Public policy makers and 700 participants.

- *LEAD (Licensee Education on Alcohol and Drugs)* is a project to involve servers of alcoholic beverages in prevention efforts (previously entitled ABC Server Training Project);
Target: On- and off-sale retail alcoholic beverage license applicants; licentiates and their employees.
 - *Alcohol Sensitive Information Planning System (ASIPS)* is a project designed to track the presence of alcohol- and other drug-related incidences within all police contracts in Hayward, California. This information will help in identifying patterns of alcohol- and other drug-related problems within the community. The tracking system will serve as a model to improve the efficiency and effectiveness of police and planning departments in their efforts to implement appropriate alcohol and other drug environmental prevention strategies within their communities.
Target: Public policy makers.
 - *Safe Streets Now! Community Direct Action Handbook*, designed to assist individuals through a step-by-step process in organizing within their neighborhoods in efforts to eliminate drug-trafficking in a positive and safe manner;
Target: All communities and populations statewide.
 - *Framework for Preventing Alcohol and Drug Problems*. This document was developed with input from a diverse ad-hoc committee consisting of alcohol and drug program administrators, prevention service providers, representatives from state agencies, from ethnic and cultural communities. This document provides a historical view of prevention along with information on planning through prevention strategies and settings. Over 3,000 copies of the Framework have been disseminated to the field and are being used for community-based prevention planning along in concert with master planning efforts. Trainings on the Framework have been conducted to over 80 people;
Target: All California counties and communities; neighborhood groups; alcohol and drug program administrators, County prevention and Master Plan coordinators; Master Plan prevention committees.
 - *Community Prevention Demonstration Project* was designed to determine the efficiency of planning at the community level for prevention of community-level alcohol availability problems. On-site technical assistance is provided to four communities to help them identify and prioritize local problems related to alcohol availability using methods detailed in the Manual for Community Planning to Prevent Problems of Alcohol Availability. Currently, four cities (Antioch, Fairfield, Escondido, and Santa Barbara) have been selected for piloting the project, and are in various stages of problem assessment.
Target: Several hundred thousand people in cities of Antioch, Fairfield, Escondido, Santa Barbara.
2. Treatment and Recovery: (Not Applicable)
 3. Enforcement and Intervention: (Not Applicable)
 4. Evaluation and Research: (Not Applicable)
 5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (ADP)
Unserved and Underserved Populations

Problem: Members of specialized populations need culturally specific alcohol and other drug services in proportion to their numbers in the state population and to their demonstrated need. In addition, county drug and alcohol program administrators and program staff need the knowledge, skill, and ability to respond to the needs of these populations.

Goal: To provide a comprehensive system that responds to alcohol and other drug treatment and recovery needs; ensure and increase service system coordination and effectiveness.

Estimated Expenditures: FY 1990-91 expenditures were \$479,120 federal and \$145,180 state funds. More than 75 percent of the State's inhabitants are included in the target population, which include African Americans, Native Americans, women, Latinos, Asians and Pacific Islanders, the homeless, persons with disabilities, the elderly, and gays/lesbians.

Strategies:

1. Prevention: (See Planning and Public Policy)
2. Treatment and Recovery: (See Planning and Public Policy)
3. Enforcement and Intervention: (See Planning and Public Policy)
4. Evaluation and Research: (See Planning and Public Policy)
5. Planning and Public Policy: [The following narrative pertains to each of the above Strategies.]

Based on funding provided under this program, numerous programs and projects were conducted that were directed at targeted populations. In addition, technical assistance and training were made available to service providers and county administrators on development of new and expanded services for members of the target populations; an alcohol and other drug service needs assessment for Asian and Pacific Islanders was conducted for the Department by UCLA and of Special Services for groups; an Asian and Pacific Islander Advisory Committee and a Persons With Disabilities Advisory to the Department were formed; an instrument for the first women-specific alcohol problem survey in California was developed, and a forum was held for subject-matter experts on Asian and Pacific Islanders that developed 34 recommendations as to what should be done at the federal, state, and county levels to address the prevention and recovery needs of that particular population. A Women's Leadership Conference was held that resulted in the development of a set of Public Policy Recommendations regarding women's alcohol and other drug services in California.

STATE AGENCY/SUB-UNIT:

DEVELOPMENTAL SERVICES, DEPARTMENT OF/(DDS)

PROGRAM ONE
High Risk Infant Program

Problem: The proportion of substance-exposed infants referred for regional center services has increased steadily. Since 1986, the percent of high risk infants showing evidence of maternal chemical exposure or substance abuse has increased from (9) percent of the high risk caseload to more than 29 percent in 1990. However, not all substance exposed infants are at risk for developmental disability. Other service models are needed.

Goal: To reduce the incidence and severity of birth defects and developmental disabilities, especially those associated with fetal alcohol syndrome and in utero exposure to other drugs.

Estimated Expenditures: Costs for regional center services to substance exposed infants are not specifically identified in the Department's budget.

Strategies:

1. Prevention: Regional centers provide outreach, assessment, developmental programming, parental consultation, and training for infants age 0-3 who are at risk of developmental disability or delay. Children of all ages who have fetal alcohol syndrome or developmental disabilities resulting from perinatal substance abuse are provided the full range of early intervention and case management services.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (DDS)
Public Information Program

Problem: Many prospective parents do not have information on how the use of alcohol and other drugs during pregnancy can lead to developmental disability or delay in their children.

Goal: To disseminate information, including information about the effects of alcohol and other drugs on the developing fetus, that will help individuals prevent developmental disability or delay in their children.

Estimated Expenditures: Expenditures for public information programs specific to alcohol and other drug abuse are not identified in the Department's budget.

Strategies:

1. Prevention: Radio and television public service announcements are produced by the Department and the 21 regional centers. Information packets and brochures on the effects of alcohol and substance abuse on the developing fetus are prepared for dissemination to the public. Regional centers provide professional training, seminars, and public awareness programs on the effects of alcohol and substance abuse on the unborn and on

infants. The centers also participate on local alcohol and other drug planning groups as well as serve on perinatal and substance abuse councils.

2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (DDS)

Interagency Program for Substance Abused Infants and Families

Problem: State agencies acting on issues related to perinatal substance exposure do not always take into account the effects such actions may have on other state departments having responsibilities over the same subject matter.

Goal: To establish collaborative efforts centering on interagency planning and coordination and thereby alleviate fragmentation among state agencies that provide perinatal services to alcohol- and other drug-abusing mothers and their children.

Estimated Expenditures: In FY 1990-91, the allocation for this program was \$68,112 federal; the targeted recipients were alcohol- and other drug-abusing pregnant women or parenting women and their infants.

Strategies:

1. Prevention: (See Planning/Public Policy)
2. Treatment and Recovery: (See Planning/Public Policy)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: [The following narrative also pertains to Prevention and Treatment/Recovery Strategies.]

A collaborative effort was entered into by the Departments of Alcohol and Drug Programs, Developmental Services, Health Services, and Social Services to undertake five pilot projects devoted to providing comprehensive perinatal services to substance-abusing mothers and their children. Collectively, these pilot projects are known as *Options for Recovery*.

STATE AGENCY/SUB-UNIT:

**HEALTH SERVICES, DEPARTMENT OF/(DHS)
MATERNAL AND CHILD HEALTH**

Perinatal Substance Abuse Pilot Project

Problem: The increasing use of alcohol and other drugs by pregnant and parenting women has led to the demand for various related services far exceeding the availability of services.

Goal: To reduce, ameliorate, or prevent the effects of the use of alcohol and other drugs on pregnant and/or parenting women and their infants.

Estimated Expenditures: FY 1990-91 funding for this program amounted to \$2,152,000 (\$1.5 million/federal and \$652,000/state) with target populations in the Counties of Alameda, Los Angeles, Sacramento, and San Diego. As of July 1, 1991, the case management component of this project was transferred to ADP.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: Three state departments (Alcohol and Drug Programs, Health Services, and Social Services) were funded to plan and implement services for alcohol- and other drug-abusing pregnant and parenting women and their children. These departments are authorized to test various models of service delivery and coordination for effectiveness in:
 - Creating and expanding services for the target population;
 - Improving recovery outcomes for pregnant and parenting women;
 - Improving the health and welfare of infants and children of alcohol- and other drug-abusing women; and
 - Developing more awareness and knowledge among professionals working with this population about alcohol- and other drug-use and addiction.
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

HEALTH SERVICES, DEPARTMENT OF/ (DHS)
OFFICE OF AIDS

PROGRAM ONE
HIV Counseling and Testing in Drug Treatment Centers

Problem: Substance abusers, particularly injection drug users (IDUs), are at extremely high risk of contracting the human immunodeficiency virus (HIV); these individuals need access to testing, counseling, and prevention/education services.

Goal: To reduce the spread of HIV infection.

Estimated Expenditures: In FY 1990-91, this program's budget included \$1.9 million (federal) to provide HIV education, testing, and counseling services to approximately 16,000 substance abusers and HIV antibody testing for approximately 8,000 substance abusers.

Strategies:

1. Prevention: This program funded the mechanism that established HIV education, counseling, and testing services for IDUs in drug treatment programs operating in 20 participating counties. The services are made available to all new clients of the participating programs which include methadone maintenance, methadone detoxification, outpatient, and residential treatment/recovery programs.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (DHS)
Education and Prevention Projects in Drug Treatment Centers

Problem: Intravenous drug users (IVDUs) are at extremely high risk of contracting the human immunodeficiency virus (HIV); these individuals need access to testing, counseling, and prevention/education services.

Goal: To reduce the spread of HIV infection.

Estimated Expenditures: In FY 1990-91, this program's total education and prevention budget was \$16.97 million (\$.87 federal and \$16.1 state funds) which included activities to assist individuals at-risk of becoming HIV infected to initiate and sustain behavior that will eliminate or reduce their risk. Targeted service recipients include 81 sites and approximately 35,000 individuals, including: IVDUs, homosexual and bisexual men, heterosexuals at-risk (sex partners of gay/bisexual men, women of childbearing age, and heterosexuals with multiple partners); and high-risk youth.

Strategies:

1. Prevention: This program provides for outreach, education, referrals, and establishment of a clearinghouse, all geared toward preventing HIV transmission; changing individual behavior, attitudes, and beliefs about HIV;

promoting development of risk-reduction skills; and changing community norms which sanction unsafe sexual and drug-use behaviors.

2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

MENTAL HEALTH, DEPARTMENT OF/(DMH)

PROGRAM ONE

Local/Community-Based Mental Health Services

Problem: There is a lack of awareness about alcohol and other drug resources and treatment available to mental health clients.

Goal: To provide general substance abuse information to all mental health clients, dually diagnosed clients, and clients receiving psychotropic or psychoactive medications.

Estimated Expenditures: One million dollars of state funds were allocated in FY 1990-91 for "seriously mentally ill" persons receiving treatment in California who also have alcohol and other drug problems. Note: All funding displayed includes mental health as well as alcohol and other drug services.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [The following narrative also pertains to Prevention Strategy.]

This program provides substance abuse information to dually diagnosed clients and to all clients receiving psychotropic/psychoactive medications; coordinates with local alcohol and other drug providers to develop information and referral policies and procedures; provides general substance abuse information to all mental health clients; and provides staff training for community-based programs serving school-aged children and adults.

3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (DMH)

Staying Well

Problem: K-12th grade teachers lack awareness of substance abuse issues.

Goal: To provide orientation for teachers and develop a curriculum for teachers in K-12th grades.

Estimated Expenditures: \$200,000 in state funds were allocated in FY 1990-91.

Strategies:

1. Prevention: Teachers are provided a curriculum and trained in its application with K-12th grade students. Included in the training are K-12th grade teachers, counselors, nurses, and administrators.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (DMH)
Friends Can Be Good Medicine

Problem: The public has little or no knowledge of the medical benefits of supportive relationships.

Goal: To educate the public on the medical benefits of supportive relationships through a multimedia campaign called "Friends Can Be Good Medicine."

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall budget.

Strategies:

1. Prevention: This program provides materials for schools, church groups, and service agencies. Activities include alcohol and other drug materials and media releases.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (DMH)
Alcohol and Other Drug Training for Mental Health Care Providers

Problem: Licensed board and care providers do not possess sufficient alcohol and other drug treatment awareness.

Goal: To provide mental health services and alcohol and other drug training to all licensed mental health board and care facilities.

Estimated Expenditures: An estimated \$500,000 in state funds were allocated for FY 1990-91. The targeted services recipients are mental health board and care facility staff.

Strategies:

1. Prevention: The training program targets licensed board and care providers and reduces the risk of alcohol-and other drug-related medical emergencies at these facilities.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (DMH)
Mental Health Services to Clients with AIDS

Problem: Thirty percent of the AIDS clients seeking mental health services have a diagnosis of substance abuse.

Goal: To provide both alcohol and other drug information and referrals, and mental health services, for clients with AIDS, their families, and care providers.

Estimated Expenditures: \$1.5 million in state funds were allocated to this program in FY 1990-91.

Strategies:

1. **Prevention:** Provide information about the spread of AIDS.
2. **Treatment and Recovery:** Provide referral information for clients diagnosed with AIDS, persons with AIDS dementia, the clients' families, and health care providers. Provide mental health services for persons with AIDS and for their families.
3. **Enforcement and Intervention:** (Not Applicable)
4. **Evaluation and Research:** (Not Applicable)
5. **Planning and Public Policy:** (Not Applicable)

PROGRAM SIX (DMH)
Mental Health Care Licensing of Professionals

Problem: There are very few mental health professionals with clinical expertise in the areas of alcohol and other drug diagnosis and treatment.

Goal: To make training on alcohol and other drug diagnosis and treatment a requirement for all licensed health care providers.

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall budget.

Strategies:

1. **Prevention:** (Not Applicable)
2. **Treatment and Recovery:** (Not Applicable)
3. **Enforcement and Intervention:** (Not Applicable)
4. **Evaluation and Research:** (Not Applicable)
5. **Planning and Public Policy:** Interactions among the Department of Mental Health, Department of Alcohol and Drug Programs, and Community Colleges to develop and support legislation which requires alcohol and other drug training for licensed mental health professionals. Development of legislation which requires alcohol and other drug training for licensed mental health professionals.

PROGRAM SEVEN (DMH)
Mental Health Services for Disabled Persons

Problem: There are many physically disabled mental health clients with substance abuse as a secondary diagnosis.

Goal: To provide information and referral services to mental health clients who are physically disabled; and provide crisis or acute services, prevention, literature, and referrals to Narcotics Anonymous or Alcoholics Anonymous.

Estimated Expenditures: Funds for this program were included in the Department's \$447 million budget (state funds) FY 1990-91.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [The following narrative also pertains to Prevention Strategy.]
This program provides prevention literature for mental health clients who are physically disabled and to Alcoholics Anonymous and Narcotics Anonymous. Activities include development of treatment evaluation criteria, coordination of services with providers, and the enhancement of aftercare support services by improving coordination between treatment, health, and other service providers.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM EIGHT (DMH)
Accessible "Self-Help Centers"

Problem: There is poor dissemination of information and no central "clearinghouse" for self-help information/referral resources.

Goal: To make "Self-Help Centers" accessible statewide via a toll free phone number. To provide technical assistance, information, and referral services in cooperation with five regional centers, local Mental Health Associations, and local providers.

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall budget.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [The following narrative also pertains to Prevention Strategy.]
Enhance self-help activities for California residents at risk of emotional problems. Enhance self-help support services by improving coordination between treatment, health, social, educational and other related services.
3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM NINE (DMH)
Statewide Training for Local Mental Health Staff

- Problem:** There is a need for coordinated, comprehensive training for local mental health professionals.
- Goal:** To provide statewide training to local mental health staff on the homeless mentally ill, including alcohol and other drug prevention. Provide statewide Short-Doyle/Medi-Cal case management training including administrative issues and "training for trainers".

Estimated Expenditures: Federal funding for FY 1990-91 was \$275,400.

Strategies:

1. Prevention: To coordinate statewide training for local mental health staff, including information on alcohol and other drug abuse. Provide training to local mental health program staff which includes alcohol and other drug prevention information.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TEN (DMH)
The Dual Diagnosis Program

- Problem:** There is a lack of resources for persons in need of involuntary care or crisis services, and for the Seriously Mentally Ill (SMI) which includes persons who are dually (alcohol and other drug and mental health) diagnosed.
- Goal:** To provide resources for persons who need involuntary care and/or crisis services, and for SMI persons.

Estimated Expenditures: Funds for this program were included in the Department's \$447 million budget (state funds) for FY 1990-91.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The development of treatment evaluation criteria and technical assistance to improve the quality of programs and to identify exemplary service models.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: The coordination and planning with other state agencies or local governments to develop comprehensive services.

PROGRAM ELEVEN (DMH)
Department of Mental Health Employee Assistance Program (EAP)

Problem: Employees with various problems including alcohol and other drug abuse are not aware of EAPs. Managers are not fully aware of EAP resources available to assist staff with problems.

Goal: To provide an Employee Assistance Program for Department staff and ensure that EAP resources are available to all headquarters staff.

Estimated Expenditures: \$68,292 in state funds were allocated for FY 1990-91.

Strategies:

1. Prevention: Service-related activities include promoting EAPs and developing policies for establishing alcohol- and other drug-free workplaces.

2. Treatment and Recovery: By providing a toll-free 800 number, employees will have easy access to EAP services. Trained state hospital and headquarters managers will have skill to identify employees with substance abuse problems and be able to refer them to, or inform them of, EAP resources.

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM TWELVE (DMH)
The AB 904 Mental Health Master Plan

Problem: There is a need to develop and implement a comprehensive, client-oriented, community-based, long-term mental health master plan.

Goal: To develop a comprehensive mental health master plan which includes results of the demonstration projects, homeless mentally disabled and the seriously mentally ill substance abusers.

Estimated Expenditures: State funds in the amount of \$100,000 were allocated for FY 1990-91.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: The AB 904 plan incorporates activities facilitated by trained staff that lead to an alcohol- and other drug-free lifestyle and promote a life-time commitment to it.

3. Enforcement and Intervention: The AB 904 plan includes steps to motivate users to modify their behaviors, and implements policies that reduce alcohol and other drug availability and use.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: The AB 904 plan employs a comprehensive mental health master plan.

SOCIAL SERVICE SYSTEM

STATE AGENCY/SUB-UNIT:

AGING, CALIFORNIA DEPARTMENT OF/(CDA)

Problem: Alcohol misuse is often a hidden problem in the elderly; the incidence of chronic disease places elderly persons at risk for over-medication and medication misuse.

Goal: To the extent possible, older persons and functionally impaired adults enrolled in programs administered by the California Department of Aging (CDA) will be screened for alcohol and medication misuse.

Estimated Expenditures: Alcohol and other drug service expenditures cannot be readily separated from the Department's overall budget.

Strategies:

1. **Prevention:** Several Adult Day Health Care (ADHC) centers provide information and education to participants on alcohol and other drug problems, including abuse of prescription medication. Also, alcohol and other drug problems may be prevented by the person's attending the ADHC, which reduces the isolation and depression which often are contributing factors to substance abuse.

Typical, also, are coordination activities between Area Agencies on Aging and county substance abuse programs to provide information via the media on the danger of alcohol and other drug abuse.

Area Agencies on Aging are also actively involved with other county agencies in contributing to multi-year alcohol and other drug abuse prevention plans, in order to include and address these needs for seniors.

2. **Treatment and Recovery:** Most ADHC centers provide some treatment in the form of counseling with the participant and family and referral to more formal alcohol/other drug treatment programs, if necessary. One center, which targets its services to people with AIDS, offers the 12-step program at the center and has hired a substance abuse counselor.

3. **Enforcement and Intervention:** [The following narrative also pertains to Treatment and Recovery Strategy.]

When clients in the Department's Long-Term Care programs are identified as having an alcohol or other drug problem, they are referred to appropriate treatment facilities. Successful case management strategies involve cooperation and collaboration between the client and the case manager. Dysfunctional alcohol and other drug behavior that remains untreated on the part of the client or the client's family can sometimes result in the client's termination from a case management program when it interferes with the implementation of the care plan.

Area Agencies also coordinate with County Mental Health Departments to provide assistance, including counseling to seniors with alcohol and other drug abuse problems. In addition, Area Agencies and their service providers (in particular, providers of senior information and referral) intervene in situations involving alcohol and other drug abuse through appropriate referrals, for example to Adult Protective Services agencies.

In one major metropolitan area, a program entitled "Hotel Alert" provides shelter and supportive services to homeless senior persons, many of whom experience problems with alcohol and other drug abuse.

4. **Evaluation and Research:** (Not Applicable)

5. **Planning and Public Policy:** (Not Applicable)

STATE AGENCY/SUB-UNIT:

COMMERCE, DEPARTMENT OF/(DOC)

Problem: Small businesses lack information about alcohol or other drug abuse problems, the effects such problems may have on productivity and morale, what programs exist to counter such problems, or where to turn to get the information.

Goal: To provide small businesses with alcohol and other drug abuse information through the Department's Small Business Development Centers and Regional Development Corporations.

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall budget. No funds are currently available.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: The Department has determined that it will work through its statewide network of Small Business Development Corporations to provide available information to small businesses on alcohol and other drug abuse prevention and treatment.

In addition, the Department will work with the Department of Alcohol and Drug Programs, the Department of Justice, and other agencies in coordinating workshops to educate small businesses on the various approaches to prevention and treatment.

STATE AGENCY/SUB-UNIT:

CONSERVATION CORPS, CALIFORNIA/(CCC)

Problem: Day-to-day experience, survey results, counseling diagnosis statistics, and attrition statistics of the CCC reveal a significant alcohol and other drug problem among corpsmembers, young adults between 18-23 years of age.

Goal: To promote a drug free CCC by providing corpsmembers a comprehensive work, educational, and social service program. This comprehensive program empowers corpsmembers to overcome personal and socioeconomic barriers, which are risk factors to alcohol and other drug use, according to the CCC.

Estimated Expenditures: Services are targeted at approximately 1670 young men and women, statewide, of which approximately 43 percent are ethnic minorities, and approximately 50 percent did not complete high school. In FY 1990-91, the CCC Corpsmember Development Program was budgeted at \$951,230.00. Funding sources include:

\$192,000 federal
\$759,230 state
\$951,230 Total

Strategies:

1. Prevention: The CCC provides opportunities for social bonding, development of close peer relationships, access to wise counsel, and to social services. This is achieved through training in decision-making skills, peer leadership skills, and support group facilitation; access to educational opportunities, alcohol and other drug effects training; recreational activities, volunteerism, counseling, and support groups; and information regarding the process and family aspects of addiction.

Educational programs such as remedial education, GED preparation, career development, and conservation awareness enhance employability and encourage career planning.

2. Treatment and Recovery: (See Enforcement and Intervention)

3. Enforcement and Intervention: [The following narrative also pertains to Treatment and Recovery Strategy.]

The CCC identifies a network of social services, such as on-site counseling, an Employee Assistance Program, 12-step programs, and treatment programs to assist corpsmembers using alcohol and other drugs. Encouragement is given to them to self refer to support services. CCC staff intervene in corpsmembers' alcohol and other drug abuse, and refer corpsmembers to counseling and treatment programs. Each service district has identified a staff member as an alcohol and other drug coordinator, coordinating referrals, interventions, prevention activities, and resources available to corpsmembers. The CCC Alcohol and Other Drug Abuse Policy provides consistent application of rules and procedures for alcohol and other drug incidents.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

MUSEUM OF SCIENCE AND INDUSTRY, CALIFORNIA/(CMSI)

Problem: Approximately 12 percent of the CMSI staff have been determined to be "chemically impaired" employees.

Goal: The agency's goal is to reduce alcohol and drug abuse on its worksite, educate employees regarding chemical dependency and high risk factors, establish an alcohol and drug abuse program that identifies which employees are substance abusers, provide a framework within which those employees motivated toward helping themselves can preserve their jobs, and separate those employees who remain dysfunctional.

Estimated Expenditures: To achieve these goals during FY 1990-91, the Department allocated \$30,000 in state funds.

Strategies:

1. Prevention: CMSI provides a comprehensive chemical dependency/wellness program through a contract with an outside consulting group. In addition, supervisors and managers receive training in crises and supportive intervention that goes beyond the mere identification and disposition of problems.

2. Treatment and Recovery: In addition to its Employee Assistance Program, CMSI provides short-term counseling at the work-site for employees and their families. Those employees requiring longer-term care are assisted in locating appropriate service providers; contact is maintained with them, their progress is monitored, and they are assisted in reintegration back into the workforce.

3. Enforcement and Intervention: By using continued employment as leverage, the Department attempts to interrupt its employees' cycle of alcohol or other drug abuse.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

PERSONNEL ADMINISTRATION, DEPARTMENT OF/(DPA)

Problem: Alcohol and other drug abuse by state employees poses a threat to the health and safety of others, and costs thousands of dollars each year in lost productivity, on-the-job accidents, and rising medical costs.

Goal: To reduce or eliminate alcohol and other drug abuse in the workplace.

Estimated Expenditures: Funding for the Employee Assistance Program in FY 1990-91 was approximately \$2 million in state funds.

Strategies:

1. Prevention: This program provides assistance to help employees resolve personal problems such as alcohol and other drug abuse, marital conflicts, and financial problems.
2. Treatment and Recovery: Provides for access to counseling services and follow-up for substance abuse.
3. Enforcement and Intervention: The program has a supervisory component that enables supervisors to refer troubled employees to EAP.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

REHABILITATION, DEPARTMENT OF/(DOR)

Problem: There are adults who have problems with alcohol and other drugs and cannot on their own enter or re-enter a work environment.

Goal: To assist individuals with alcohol and other drug problems in becoming employable, obtaining employment, and earning sufficient compensation to be financially self-sufficient.

Estimated Expenditures: For FY 1990-91, DOR's budget included funds in the following amounts:

\$2.02 million	federal
.56 million	state
.04 million	county
\$2.62 million Total	

These funds target approximately the following numbers of clients:

New applicants	4,743	100%
New Acceptances	3,016	64% of New Applicants
Successful Closures	1,791	59% of New Acceptances

While DOR's services are delivered from nineteen DOR districts throughout the State, the greatest concentration of clients--one-third--is in the Los Angeles metropolitan area.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The DOR provides vocational rehabilitation services to adults who have problems with alcohol and other drugs and who are actively participating in a treatment/management program, in anticipation that alcohol and other drug usage will be eliminated as a positive life style is developed. Rehabilitation services include: provision of medical or physical restoration necessary to enable the client to become employable, and provision of support services necessary to enable the client to successfully complete rehabilitation.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

**SOCIAL SERVICES, DEPARTMENT OF/(DSS)
FAMILY AND CHILDREN'S SERVICES**

Problem: Statistically, one of the most significant factors present in families in which there are children-at-risk of abuse, neglect, or exploitation is the presence of alcohol or other drug abuse--Children at-risk for whatever reason need to be protected.

Goal: To remove the children from danger. When this cannot be accomplished, remove the children from the risk with the objective of reunifying the children with their families when they can safely remain at home; if this objective fails, then place the children in adoption, guardianship, or long-term foster care.

Estimated Expenditures: In FY 1990-91, funding for the various components of this program is as follows:

\$ 880,000*	federal
3,250,000	state
552,000	local match
500,000	Children's Trust Fund
\$5,182,755	Total

*Includes \$500,000 reimbursement from ADP from Federal ADMS Block Grant Funds.

Targeted service clients are estimated to be 1,750 adults/families; 950 pregnant, substance-abusing, or high-risk women; 3,750 children; and 900 foster families providing foster care.

Strategies:

1. Prevention: (See Enforcement and Intervention)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: [The following narrative also pertains to Prevention Strategy.]

The State Department of Social Services is engaged in a number of activities and pilot projects that serve clients impacted by alcohol and other drug abuse as it relates to child abuse prevention. These include:

- *Alcohol- and Other Drug-Exposed Infants.* DSS recruits and trains foster parents who care for alcohol- and other drug-exposed infants or for children who test HIV positive, and offers them respite service. This pilot project is currently operating in the Counties of Alameda, Sacramento, San Diego, and Los Angeles (two sites). During FY 1991-92, two additional sites are being funded: one in Contra Costa County and one in the five-county rural-regional grouping of Shasta, Butte, Glenn, Tehama, and Siskiyou.
- *Respite Care and Crisis Nursery Services.* DSS is responsible for five federally-funded demonstration projects that provide respite care and crisis nursery services to infants who are medically fragile and at risk of abuse or neglect or have been exposed prenatally to drugs. These projects are: (1) Assistance and Relief for Kids (crisis nursery in Los Angeles), (2) Bienvenidos (respite program in Los Angeles); (3) Manteca Crisis Nursery (short-term respite and 24-hour continuous care in San Joaquin County); (4) Project Child (a crisis nursery in Chico); and (5) Family Support Services (respite care provider for five Bay Area counties).
- *Services to Alcohol- and Other Drug-Abusing Women and Infants.* Under grants from the Office of Child Abuse Prevention, DSS provides comprehensive child abuse prevention services to pregnant and parenting alcohol- and other drug-abusing women and their infants.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

EDUCATION SERVICE SYSTEM

STATE AGENCY/SUB-UNIT:

EDUCATION, CALIFORNIA DEPARTMENT OF/(CDE)

Problem: Use of tobacco, alcohol, and other drugs among school-age youth remains a major problem.

Goal: To eliminate the use of tobacco, alcohol and other drugs by school-age youth.

Estimated Expenditures: There were two major components funded in FY 1990-91:

Drug-Free Schools and Communities (DFSC)	\$35 million	federal
Tobacco Use Prevention Education (TUPE)	<u>\$36 million</u>	state
	\$71 million	Total

Strategies:

1. Prevention: (See Planning and Public Policy)
2. Treatment and Recovery: (See Planning and Public Policy)
3. Enforcement and Intervention: (See Planning and Public Policy)
4. Evaluation and Research: (See Planning and Public Policy)
5. Planning and Public Policy: [The following narrative pertains to each of the above Strategies.]

Under this program, a number of significant activities occurred, including:

- Administration of Drug-Free Schools and Tobacco Use Prevention programs, including entitlement to school districts, monitoring the site visits, development of program guidelines, providing staff development and other resources. Both programs are K-12th grade;
- Development of the Drug, Alcohol and Tobacco Education (DATE) Application with OCJP; combining for school districts the application processes for three funding sources (CADPE, TUPE, and DFSC). The DATE Application is also a planning document for school districts, designed to facilitate planning for comprehensive K-12 prevention programs as well as for the appropriate use of funds and other resources;
- The DATE Application requires school districts to show their plans for prevention programs which address the following areas: Planning Process, School Policy, Staff In-Service, Curriculum, Parent Involvement, Intervention, Community Involvement, Positive Alternatives for Students, and Evaluation;
- The DATE Application requires that districts include a roster of their Advisory Committee Members. The Advisory Committee is to include school administrators, teachers, counselors, students, parents, community representatives, and health care professionals. These advisory groups receive consultation from the county Alcohol and Drug Program Administrators;
- Maintenance of ten Healthy Kids Regional Centers, housed at selected county offices of education throughout the State (selection through formal request-for-applications process), to provide technical assistance, promote quality assurance standards, facilitate coordination with various agency activities at the school level, develop leadership, identify exemplary program and service models, provide staff development, and assist with legal compliance of school-based prevention programs;
- Continued development of PrevNet telecommunications system to provide technical information, research, and general information sharing in the prevention field;

- Development, expansion, and initiation of new services and policies for the prevention of alcohol and other drug use in schools and communities through the Healthy Kids Regional Centers, SDE services, and documents, and through statewide conferences and staff development activities;
- Continued to sponsorship of the Healthy Kids Resource Center in Vallejo. This Center serves as a clearinghouse of prevention education materials for school districts throughout the state. In addition, the Healthy Kids Resource Center provides lending library services, educational media kits, and other services to educators and others working in the comprehensive health education and alcohol and other drug prevention fields. During the 1990-91 school year, the Resource Center circulated 3,200 copies of its catalog and responded to more than 6,000 requests for information and materials;
- In the area of HIV/AIDS prevention, technical assistance and training is being provided to districts throughout the State through the Healthy Schools; HIV/AIDS Prevention Education Resource Center located at the Riverside County Office of Education. During the 90-91 school year, the HIV/AIDS Resource Center offered more than 70 workshops throughout the State;
- Sponsorship through a cooperative agreement with Southwest Regional Education Laboratory and the San Diego County Office of Education, the development of a steroids education curriculum and the delivery of nine regional steroids workshops for teachers, coaches, student leaders, and community representatives;
- Development of the document, **Not Schools Alone**, which summarizes the CDE's prevention philosophy. The major premise of **Not Schools Alone** is that schools alone cannot be expected to promote young people's social, emotional, and physical well-being. Educators, parents, policymakers, health professionals, and others in the community must all work together in the prevention effort;
- Distribution of the first **Healthy Kids Newsletter** which highlights the services of CDE in the area of health and alcohol and other drug abuse prevention;
- Development of a parent handbook to promote parent involvement in drug, alcohol, and tobacco education. The handbook introduces the concept of risk-focused prevention and ways in which parents can get involved at home, at school, and in the community;
- Continued sponsorship of "**Red Ribbon Week**" activities through **Californians for Drug-Free Youth**;
- Coordination with DHS in the implementation of the Tobacco Use Prevention Education (TUPE) programs;
- Sponsorship of the County Tobacco Use Prevention Education Coordinator Training. As part of CDE's goal to develop leadership teams, a statewide meeting of county tobacco use prevention coordinators was held in September 1990. Over 115 professionals attended sessions on prevention education strategies;
- Co-sponsorship of the Tobacco Youth Summit in conjunction with DHS, Tobacco Control section. Two hundred seventh- and eighth-grade students throughout the State attended the meeting and developed recommendations to the Legislature for future action in tobacco use prevention;
- Introduction of the school-based competitive grants program with funds from Proposition 99, the Tobacco Tax Initiative. These grants for 13 innovative projects focus on prevention and reduction of tobacco use among in-school youth. Individual grants have targeted teen parents, youth at risk for dropout, and preadolescent children, with an emphasis on reaching racial/ethnic minorities;
- Participation in the state master planning process, including review of county applications, participation in planning meetings, and encouragement of participation of school districts and county offices of education;
- Participation in advisory groups, including the Governor's Policy Council and the Tobacco Oversight Committee. In addition, meetings of the Superintendent's Advisory Committee on Drug, Alcohol and Tobacco Education are convened bimonthly. Membership includes various state and local agencies, school personnel, school boards, community-based organizations, law enforcement agencies, treatment specialists,

- parents, and students. CDE coordinates and facilitates joint meetings with OCJP, ADP, AG's Office, OTS, and others; and
- Revision of the health education framework and development of a new physical education framework, both of which will incorporate the concept of comprehensive health programs.

STATE AGENCY/SUB-UNIT:

PEACE OFFICER STANDARDS AND TRAINING, COMMISSION ON/(POST)

Problem: Law enforcement officers must possess specialized skills and knowledge regarding alcohol- and other drug-related issues and problems.

Goal: To make high quality training available statewide to state and local law enforcement officers.

Estimated Expenditures: All POST expenditures for alcohol and other drug training courses were from the Peace Officers Training Fund, a special State fund derived from assessments on criminal and traffic fines. Approximately \$1,066,000 was expended in FY 1990-91 on the targeted service population consisting of state and local law enforcement personnel.

Strategies:

1. **Prevention:** Some training courses address prevention, such as the Drug Alcohol Recognition Education (DARE) program, that has been successful at the Los Angeles Police Department and other departments.
2. **Treatment and Recovery:** Issues of treatment resources are covered in certain training courses so that officers know and understand their options for dealing with alcoholics and drug addicts.
3. **Enforcement and Intervention:** Many of the training courses deal with alcohol and other drug enforcement concepts and procedures.
4. **Evaluation and Research:** (Not Applicable)
5. **Planning and Public Policy:** A few of the courses deal with public policy issues regarding enforcement, which requires strategic and operational planning.

STATE AGENCY/SUB-UNIT:

UNIVERSITY OF CALIFORNIA/(UC)

PROGRAM ONE

Health Affairs

Problem: Alcohol and other drug abuse and AIDS are critical health problems which acute care providers must address.

Goal: To offer to each patient with an alcohol or other drug problem the most effective intervention or treatment/recovery program available through the University hospital. Targeted service recipients are patients coming in contact with the following UC programs: Davis Medical Center, Irvine Medical Center, UCLA Medical Center, San Diego Medical Center, or the San Francisco Medical Center.

Estimated Expenditures: Budget figures for services specifically related to the Master Plan goals cannot be isolated from total costs of the various treatment programs offered by University Medical Centers.

Strategies:

1. **Prevention:** Prevention activities are offered at the 5 University Medical Centers which focus on patient alcohol and other drug abuse.

2. **Treatment and Recovery:** As appropriate at the given University hospital, services offered include medical intervention, clinical social work counseling, referrals to community agencies, treatment for polydrug users, psychosocial screens and assessments, intervention plans, information and referral for the patient and significant others, triage for alcohol and other drug use, methadone maintenance for heroin users with AIDS or ARC, and treatment for abusers of cocaine and other stimulants.

3. **Enforcement and Intervention:** (Not Applicable)

4. **Evaluation and Research:** UC San Francisco has a grant from the National Institute of Drug Abuse for research on the efficacy of substance abuse services at an affiliated hospital program. This evaluation is both outcome- and process-oriented. Universitywide, funds are received from State, Federal, and private sources to support research into alcohol and other drug abuse and prevention. Funding levels for research in these areas on all UC campuses for fiscal years 1987-88, 1988-89, and 1989-90 were \$8.5 million, \$11.1 million, and \$14.7 million respectively. (More recent university wide funding data specifically on research related to alcohol and other drug abuse and prevention is not available.)

5. **Planning and Public Policy:** (Not Applicable)

PROGRAM TWO (UC)

Student Affairs and Services

Problem: There is a need to provide alcohol and other drug abuse education, treatment, and prevention services to students at various UC campuses.

Goal: To eliminate illegal use or abuse of alcohol and other drugs by students.

Estimated Expenditures: Funding for these programs cannot be isolated from the UC budget. Funding sources included student fees, state funds, and federal grants. The targeted service recipients are approximately 160,000 UC students on the UC campuses.

Strategies:

1. Prevention: (See Enforcement and Intervention)
2. Treatment and Recovery: (See Enforcement and Intervention)
3. Enforcement and Intervention: [The following narrative pertains to Prevention and Treatment and Recovery Strategies.]

At the various campuses, the University's activities toward meeting the stated objective include: ongoing education for students regarding prevention and treatment of alcohol and other drug abuse; provision of information on drug-testing policies and programs; special outreach efforts directed at sororities, fraternities, and persons in residence halls; confidential consultation, assessment, and referral service; psychological counseling; therapy groups; peer groups; material on identifying and confronting the problem drinker; and course work related to alcohol and other drug abuse and related issues.

4. Evaluation and Research: Summative evaluations are conducted at UC Berkeley, UC Davis, and UC Irvine in response to specific grant requirements under various federal grant programs. Several campuses (eg. Berkeley, Irvine, Los Angeles) regularly survey students about their use of alcohol and other drugs.

5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (UC)

University of California Extension: Alcohol and Drug Studies Program

Problem: There is a need for basic and continuing instruction concerning alcohol and other drug-related issues for counselors and healing arts professionals.

Goal: To develop college curriculum, programs, and degrees in alcohol and other drugs and related services.

Estimated Expenditures: \$925,000 is the estimated total budget for all UC campuses. University Extension received no external funding, deriving its income instead from student fees, grants, contracts, and publication sales. All programs are ongoing.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: Activities include the provision of conferences and seminars, availability of degrees and certificates, and offering of classes covering a spectrum that includes, in small part: community and individual prevention practices; recovery and prevention methods; recovery services and techniques; chemical dependency prevention and recovery; issues in adolescent treatment for chemical dependency; and problems and prevention of alcohol and other drug abuse in our society. These activities are offered at the following UC Extension campuses: Berkeley, Davis, Irvine, Los Angeles, Riverside, San Diego, Santa Barbara, and Santa Cruz. Enrollment in all UC Continuing Education programs exceeds 384,000 students statewide. Approximately 8,000 extension students enroll in alcohol and other drug related courses and conferences annually.

PROGRAM FOUR (UC)
Teaching Credential Programs

Problem: Teacher candidates need to complete a health education unit in order to meet one of California's credentialing requirements.

Goal: To prepare future teachers to teach effectively, including dealing with alcohol and other drug abuse among elementary and secondary students. Targeted service recipients are teacher credential candidates at UC's eight general campuses: Berkeley, Davis, Irvine, Los Angeles, Riverside, San Diego, Santa Barbara, and Santa Cruz.

Estimated Expenditures: Budget figures for activities specifically related to the Master Plan's goals cannot be isolated from the total costs of instruction, research, and assessment of teacher preparation programs on UC campuses.

Strategies:

1. Prevention: University provides course work that enables teacher candidates to meet a California credentialing requirement that candidates complete a health education unit in order to receive the professional clear teaching credential.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (UC)
UC Employee Assistance Program

Problem: Alcohol and other drug abuse problems negatively impact the work place.

Goal: To provide an effective employee assistance program on every campus, Medical Center, National Laboratory, and at the Office of the President.

Estimated Expenditures: The estimated budget for this program in FY 1990-91 was \$1.6 million, in the aggregate, from among federal, state, and other sources. Targeted service recipients are approximately 148,000 UC employees, including the academic personnel, administrative staff, represented employees, and employees of the Department of Energy Laboratories.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [The following narrative also pertains to Prevention Strategy.]

The University's Employee Assistance Program provides help to employees for personal problems, including access to treatment for alcohol and other drug abuse. Activities under this program include training classes for supervisors and employees on problems associated with alcohol and other drug abuse, employee counseling and referral to appropriate treatment centers, and treatment follow-up with reintegration of the employee back into the workforce.

3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

CRIMINAL JUSTICE SERVICE SYSTEM

STATE AGENCY/SUB-UNIT:

ALCOHOLIC BEVERAGE CONTROL, DEPARTMENT OF/(ABC)

PROGRAM ONE
Drug and Alcohol Education
Grades K - 12

Problem: School age students (K-12) are in need of ongoing alcohol and other drug education.

Goal: To provide alcohol and other drug education for kindergarten through grade 12 students through contact with school administrators and students throughout the State.

Estimated Expenditures: There are no specific funds allocated to this program.

Strategies:

1. Prevention: This program provides alcohol and other drug education to students and to high school administrators, including information about current laws, penalties and the consequences of arrest, and effects of alcohol.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (ABC)
California Highway Patrol/Department of Alcoholic Beverage Control Pilot Program

Problem: Licensed retail businesses which serve alcoholic beverages to patrons need to share responsibility for the extreme number of drunk drivers on California highways.

Goal: To identify on-site retailers which serve alcoholic beverages to persons subsequently arrested for driving under the influence and provide the owners/employees with training or initiate enforcement activity, based upon the number of times the licensed premise is identified by drunk drivers.

Estimated Expenditures: No special funding is allocated for this pilot program being tested in Santa Barbara and Sacramento Counties.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: This CHP/ABC Pilot Program identifies those licensed premises responsible for serving alcoholic beverages to persons arrested for drunk driving. The identified retailers are then contacted and provided with education/prevention training. The Department also takes an intervention/enforcement approach in aggravated cases. While Santa Barbara and Sacramento are the only two areas currently in the program, the goal is to expand the program to include all 69,000 retail licensees throughout the State.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (ABC)
Employee Assistance Program

Problem: Job performance of ABC employees is negatively impacted by health and stress-related problems, i.e., alcohol and other drug dependency, spousal abuse, financial problems, or death of a loved one.

Goal: To relieve or reduce employees' personal problems that impact job performance by providing an Employee Assistance Program.

Estimated Expenditures: There are no specific funds allocated to this program.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [The following narrative also pertains to Prevention Strategy.]
This program provides education and counseling for employees with personal problems that impact job performance.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (ABC)
Special Operations Unit

Problem: There are premises licensed to sell alcoholic beverages that are involved in street-level drug trafficking, sell illegal drug paraphernalia, create drug-related problems for their communities, and engage in money laundering of illegal drug profits.

Goal: To reduce or eliminate the number of ABC-licensed premises involved in drug-related activities.

Estimated Expenditures: There are no specific funds allocated to this program.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: The Special Operations Unit focuses on and pursues administrative and criminal action against licensee offenders and their employees who have been identified by law enforcement sources as being involved in drug activities and creating drug-related problems within their communities.
The Special Operations Unit included the following activities:
 - Recruited, trained, and fielded a core of experienced investigators to engage in street-level drug investigations involving licensed establishments, in close cooperation with local law enforcement agencies;

- Trained a large number of local law enforcement personnel on how to effectively use the ABC administrative process in conjunction with the criminal justice system to address drug-related activities and disorderly conditions created by licensed establishments; and
 - Developed a tracking system utilizing resources of other state, local, and federal agencies to identify potential premises suspected of being used to sell illegal drug paraphernalia and engaging in other illegal drug activities.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (ABC)

Informed Merchants Preventing Alcohol-Related Crime Tendencies (IMPACT)

- Problem:** Alcohol retailers need their knowledge reinforced regarding state and local laws relating to the sale, consumption, and distribution of alcoholic beverages.
- Goal:** To reduce the incidence of illegal activities in retail-licensed premises through heightened awareness of alcoholic beverage and drug use issues.

Estimated Expenditures: No specific budget funds allocated.

Strategies:

1. Prevention: (See Enforcement and Intervention)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (This narrative also pertains to Prevention Strategy.)

Inspections of premises are conducted by teams consisting of an ABC investigator and a uniformed police officer. Information concerning alcohol and other drug prevention, intervention, and related issues is provided to the operators of the premises in an attempt to discourage and decrease the incidence of illegal activities on or about licensed establishments.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SIX (ABC)

Licensee Education on Alcohol and Drugs (LEAD)

- Problem:** Servers and sellers of alcoholic beverages in licensed premises need training concerning the problems of sales to minors, service to intoxicated persons, and illegal drug activity within licensed premises.
- Goal:** To provide a comprehensive alcohol and other drug education program for alcoholic beverage licensees and applicants.

Estimated Expenditures: In FY 1990-91, \$213,000 (federal) was allocated to the LEAD Program.

Strategies:

1. Prevention: This program provides training to alcoholic beverage licensees and applicants designed to make

them aware of drug trafficking indicators and to prevent the sale of alcoholic beverages to minors and obviously intoxicated persons.

2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVEN (ABC)

Department of Food and Agriculture, Division of Fairs and Expositions

Department of Alcoholic Beverage Control Collaborative Effort to
Provide Server Training at All State-Sponsored County Fairs and Festivals

Problem: State-funded county fairs and festivals are attended by millions of Californians each year. Virtually every such event offers alcoholic beverages which are sold by and large by nonprofit service organizations. Sound public policy dictates that management and servers at these events be trained in responsible alcoholic beverage service practices.

Goal: To establish policy and procedure for implementing server training programs at all state-funded fairs, expositions, and festivals.

Estimated Expenditures: Unknown at this time. Division of Fairs and Expositions is negotiating a contract with a private sector company to create a pilot program and set of alcohol management policies and procedures for California's fairs. Department of ABC LEAD trainers (see Program Six) will provide server training to fair and festival personnel.

Strategies:

1. Prevention: This cooperative effort will provide for the establishment of sound alcohol management policies for all fair sites and server training for alcoholic beverage servers who heretofore have received no formal training.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Research: (Not Applicable)

STATE AGENCY/SUB-UNIT:

CALIFORNIA HIGHWAY PATROL, DEPARTMENT OF/(CHP)

PROGRAM ONE
Drug Task Forces

Problem: The mobility of drug traffickers in California, and the fact that drug violations are not confined within one jurisdiction, makes it difficult for law enforcement to apprehend these individuals. Establishing narcotics task forces made up of staff from various jurisdictions is the most effective method to handle the problem. The CHP joins forces with various task forces statewide in an effort to reduce the availability of illicit drugs in California.

Goal: To reduce the importation, cultivation, and manufacture of illegal drugs in California.

Estimated Expenditures: For FY 1990-91, State funds allocated were \$2,061,075.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: It is the Department's policy, when requested and when there is a legitimate role, to participate with multi-agency drug task force operations. The mission of the task force operations is to enhance traffic safety by impacting the availability of illegal drugs, thereby reducing the number of persons who drive while impaired by them.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (CHP)
Operation Pipeline

Problem: California suffers a significant portion of the nation's illicit drug problem. A substantial amount of illegal substances imported and/or produced is transported over the state highway system where the CHP has jurisdiction.

Goal: To train the road patrol officer in highway drug interdiction techniques and impact the transportation of illicit drugs in vehicles.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: The Department became involved in Operation Pipeline in 1987 and has since provided training to all Department officers and sergeants. Training has also been provided to various allied agencies when requested. This program and its activities have been absorbed into the Commercial Operator Narcotic Enforcement Team (CO-NET) Program, which began training activities this past year.
4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (CHP)
Drug Canine Program

Problem: Ninety-eight percent of illegal drugs in California are transported on California highways. In many cases the use of dogs trained in locating drugs is the only way the law enforcement officer can establish probable cause to search a vehicle.

Goal: To assist CHP officers in detecting drugs being transported in vehicles on highways in the State of California.

Estimated Expenditures: FY 1990-91 state allocations were \$307,921.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: The Department's Drug Canine Program was implemented in March 1987. The Department currently has five dogs in operation statewide. Since 1987, the Drug Canine Program has been responsible for the following:

47	Arrests
65	Searches per Month
\$1,254,000	in Recovered Drugs
\$ 614,000	in Seized Assets

The dogs are currently located in Yreka, Willows, Needles, Riverside and Santa Ana CHP areas. It is anticipated that by the end of 1992, the CHP will have 11 dogs.

4. Evaluation and Research: The Department is in the process of completing the Drug Detection Canine Manual. It is currently in draft form.

5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (CHP)
Commercial Operator Narcotic Enforcement Team (CO-NET)

Problem: Ninety-eight percent of all drugs in California are transported on the highway. Drug trafficking is very sophisticated and organized. Some drug traffickers are transporting their large shipments in large commercial vehicles.

Goal: To identify and seize illegal shipments of narcotics being transported in commercial vehicles over California highways.

Estimated Expenditures: This program is funded by a federal grant through the Federal Highway Administration. Total allocated for FY 1990-91 was \$67,868 state and \$271,473 federal.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: This program involves training a team of six officers plus a canine team within a specific CHP Division. Each team is assigned to a commercial vehicle inspection facility for the purpose of identifying and seizing illegal shipments of narcotics.

Approximately 66 CHP officers/sergeants have been trained in CO-NET operations. A contract for 15 canines has been awarded, and delivery should begin in November 1991.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (CHP)
Drug Recognition Evaluator Program

Problem: The California Highway Patrol has the responsibility of arresting persons in possession of drugs or driving under the influence. To better identify and prosecute these persons, the Department implemented a Drug Recognition Evaluator (DRE) training class in April 1983.

Goal: To enhance the road patrol officer's ability to detect individuals who are under the influence of alcohol and other drugs and remove them from California highways.

Estimated Expenditures: Program funding for FY 1990-91 was in the following approximate amounts:

\$38,011 federal

\$50,000 state

\$88,011 Total

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: The Department makes approximately 11,000 drug arrests per year, including over 4,000 felony arrests. To assist in detecting and prosecuting persons under the influence of drugs, over 900 officers have been trained as DREs. An average of 100 officers are trained each year.

The Department also participates in the National Highway Traffic Safety Administration's grant-funded Drug Evaluation and Classification Program. As such, the CHP furnishes DRE instructors to teach allied agencies on a nationwide basis. Since February 1991, approximately 100 law enforcement personnel have been trained under this program.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM SIX (CHP)
DUI Awareness Program for Native American Youth

Problem: The Native American Community and law enforcement agencies, including the California Highway Patrol, have historically had limited contact except during enforcement situations. There is ready and honest admission by members of the Indian community and law enforcement officials

in Shasta and Trinity Counties that the relationship between the two groups can be strengthened.

The number of Native American youth dying in traffic collisions caused by driving under the influence continues to rise. They will continue to be killed in DUI-related collisions unless they can be educated regarding the risks of driving under the influence.

Goal: To increase awareness of the DUI problem as it pertains to Native American youth and to improve the relationship between Native Americans and law enforcement in general.

Estimated Expenditures: State funding in the amount of \$19,634 was allocated in FY 1990-91. Native American youth in Shasta and Trinity counties are the targeted recipients. The project was funded by a federal grant through the Office of Traffic Safety and a Service Agreement with the Shasta Trinity Rural Indian Health Project.

Strategies:

1. Prevention: This program was intended to educate the Native American community on the risks of driving under the influence. It would also develop and strengthen the relationship between law enforcement agencies (including CHP) and the Native American Community, while increasing its youths' awareness of the DUI problem as it relates to them. This federal project ended on March 21, 1991. Some of the significant accomplishments include:

- Produced and distributed public awareness items which included T-shirts and brochures with the message "Sobriety, an Indian Tradition;"
 - Produced a resource list of Native American speakers (performance and professional); and
 - Sponsored Indian youth gatherings and activities such as: field trips, art contests, and cultural events featuring traditional Indian dances and drum groups.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVEN (CHP)
Anti-DUI Program

Problem: Driving under the influence (DUI) has always been, and continues to be, a major concern of the California Highway Patrol. In 1990, a total of 2,382 fatalities occurred in California as a result of driving under the influence.

Goal: The primary objective of this program is to detect and arrest drivers under the influence and to reduce alcohol-related fatal and injury crashes occurring on California highways.

Estimated Expenditures: Program funding/allocation amounts for FY 1990-91 are \$11,805,640 in state funds.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Detect and arrest California motorists driving under the influence. In 1990,

the CHP made 158,149 arrests for driving under the influence.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM EIGHT (CHP)
DUI Enforcement Program
Colorado River Recreational Area, Needles

Problem: The Colorado River between the Nevada State line on the north and the Riverside County line on the south is a major recreation area. Holiday weekends swell the normal 15,000 population to 250,000. The resources needed to adequately serve the permanent residents physically cannot cope with the temporary but dramatic increase in population.

Management of the increased population is further complicated by the fact that most of these people consider the consumption of alcohol and other drugs part of their recreation. This is also an extremely mobile group, and many participate in both water and off-road activities. This constant movement, coupled with the high incidence of alcohol and other drug abuse, presents an insurmountable problem for the relatively small group of CHP officers responsible for traffic management. Many people are well aware of this deficiency and are thereby further emboldened to indulge in their illicit and dangerous activities.

Goal: To reduce the incidence of driving while intoxicated in the Colorado River Recreation Area and to increase motorists' knowledge of the dangers of driving while intoxicated.

Estimated Expenditures: Federal funding for FY 1990-91 was \$85,153. The project is funded by a federal grant through the Office of Traffic Safety and an interagency contract with the San Bernardino County Sheriff's Office.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Two officer units are deployed in selected areas along the Colorado River in the Needles CHP area for the detection and apprehension of intoxicated drivers. In addition, the CHP has a contract agreement with the San Bernardino County Sheriff's Office for DUI enforcement overtime. Billboards and public service announcements have also been used to carry an anti-DUI message.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM NINE (CHP)
Sobriety Checkpoints

Problem: Driving under the influence (DUI) has always been, and continues to be, a major concern of the California Highway Patrol. Directing departmental resources towards detecting and apprehending DUI violators represents a significant portion of the departmental budget. Additionally, CHP continues to develop public awareness campaigns concerning the DUI problem and actively support legislative efforts to further strengthen DUI laws.

Despite these efforts, a significant number of traffic collisions involving alcohol and other drugs continue to occur. In 1990, 5,173 persons were killed in traffic accidents; of those, 46 percent

were killed in 2,126 alcohol-involved accidents.

Goal: To reduce the number of drinking drivers on California roadways, and the number of fatalities caused by drinking drivers.

Estimated Expenditures: State funding allocated in FY 1990-91 was \$249,266.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: The CHP conducts periodic sobriety checkpoints to detect DUI drivers and remove them from the roadway. During 1990, the Department conducted 84 sobriety checkpoints which resulted in 599 arrests for DUI and 176 other arrests.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TEN (CHP)
Sober Graduation

Problem: Traffic collisions are the greatest single cause of death in the 15-to-18 age group. In 1990, California experienced 144 fatalities and 5,322 injuries in this age group because of alcohol-related accidents.

Goal: To educate high school youth of the dangers of alcohol and other drug abuse in order to reduce the number of youth killed and injured in alcohol and other drug-related collisions.

Estimated Expenditures: State funding was \$75,000 for FY 1990-91.

Strategies:

1. Prevention: The Sober Graduation campaign targets high school students and encourages youth to keep their social activities and their lives alcohol- and drug-free.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM ELEVEN (CHP)
Designated Driver Program

Problem: Driving under the influence (DUI) has always been, and continues to be, a major concern of the California Highway Patrol. In 1990, a total of 2,382 fatalities occurred as a result of drunk driving.

Goal: The Designated Driver Program is an anti-DUI effort that works. It has been saluted by its proponents as a program that takes a positive approach to averting the potential disaster of the

drinking driver. It involves enrolling eating and drinking establishments that agree to furnish nonalcoholic beverages without charge to the "designated driver" in a group, as long as that individual abstains from alcohol. The goal of the program is to encourage one individual to stay sober--for free--for an evening so that he or she can be responsible for transporting the other members of the party safely.

Estimated Expenditures: State funding in the amount of \$70,000 was allocated for FY 1990-91.

Strategies:

1. Prevention: Establishments have been contacted and interested owners supplied with Designated Driver materials.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWELVE (CHP)
El Protector Program

Problem: The State of California has experienced a significant increase in Hispanic migrants within the last 20 years. These migrants are concentrated in the large agricultural areas of the State. The majority of these migrants do not speak English. Consequently they are unable to benefit from the various traffic safety public affairs campaigns in use by the CHP.

An analysis of accident data from the highly populated Hispanic communities indicated a disproportionate number of people with Hispanic surnames were involved in fatal traffic crashes in relation to the total population. It was readily apparent that due to the language barrier and cultural differences the Hispanic population was unable to benefit from the traffic safety public affairs programs available to the English-speaking population. It was also discovered that a large percentage of the second-generation Hispanics prefer listening to Spanish radio and viewing Spanish television programming, thus not benefiting from educational programs conducted in English.

Goal: To reduce the number of fatal and injury crashes involving spanish speaking individuals.

Estimated Expenditures: Total state funds allocated in FY 1990-91 were \$581,384.

Strategies:

1. Prevention: The Department provides bilingual officers to educate the Hispanic population on the hazards of drinking and driving, safety belt/child restraint laws, and other traffic safety issues. The program is also used in schools to educate and recruit children on traffic safety issues, alcohol/drug abuse.

Promotional materials are used as incentives to learn about traffic safety. These items have proven to be an invaluable tool for motivating individuals. This also creates a very positive relationship between officers and the public.

2. Treatment and Recovery: (Not Applicable)
3. Enforcement/Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

MILITARY DEPARTMENT/CALIFORNIA NATIONAL GUARD/(CNG)

PROGRAM ONE
Support to Law Enforcement

Problem: Local, state, and federal law enforcement agencies in California have very limited resources to expend on stemming the flow of illegal drugs into California.

Goal: To support local, state, and federal drug law enforcement agencies in their efforts to stem the flow of illegal drugs into California.

Estimated Expenditures: During Federal FY 1990-91 (October 1, 1990 through September 30, 1991), approximately \$18.2 million (federal) was available for CNG support to local, state, and federal drug law enforcement.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Although not an agency with independent authority to initiate any counterdrug operation, the CNG is a significant "force multiplier" for individual law enforcement agencies, task forces, and other counterdrug operations. The CNG provided personnel, equipment, and support activities at a cost of approximately \$18 million and has been called upon by and has assisted numerous federal, state, and local narcotics enforcement efforts, as follows:
 - *Aviation support to Operation CAMP.* The CNG participated in the State Department of Justice's Campaign Against Marijuana Planting (CAMP) by providing aviation support to various sheriff's departments, State Park officials, and the Department of Justice. The CNG flew over 1,200 flight hours at an estimated cost of \$436,000 (federal);
 - *Aviation support to various Law Enforcement Agencies.* The CNG provided aviation support to the Los Angeles Police Department and the Los Angeles County, San Diego County, and Imperial County Sheriff's departments. The support consisted of helicopters, including crew and ground support, for those agencies' respective drug surveillance operations. In sum, over 800 flight hours were logged at a cost of approximately \$280,000 (federal);
 - *Manpower/equipment augmentation for surveillance, interdiction of smugglers, and seizure of contraband.* This component was a coordinated effort by federal and local law enforcement, federal military departments, and the CNG to: (1) saturate various U.S./Mexican border entry points with CNG service members to augment Customs' inspections for illegal drugs; (2) expand the capability of U.S. Customs to inspect greater number of cargo containers for illegal drugs attempting to be smuggled through ports of entry; (3) provide covert observation posts in various desert areas where smuggling of drugs on foot and by air was suspected; (4) provide overwater aerial surveillance off the Pacific Coast to detect and monitor suspected smuggling; and (5) provide logistical and manpower support to federal agencies in the identification, eradication, and destruction of marijuana growing sites;
 - *Liaison and intelligence support.* The CNG provided liaison support and intelligence processing and/or system enhancement to the Border Patrol, U.S. Customs, the Drug Enforcement Administration, and to approximately 700 drug law enforcement agencies in California and four other Pacific Rim states through support provided to the Western States Information Network (WSIN), California Department of Justice;
 - *Engineer Support.* The CNG began an extensive road improvement project in support of the U.S. Border

Patrol. The resulting road upgrades will enhance the mobility of agents responding to illegal border crossing at known smuggling sites; and

- *Coordination of requests for military support.* The California National Guard responded to various requests for military support. Where the CNG could not directly provide the requested support, but where such support was conceivably available through some other active or reserve military organization, the CNG "brokered" the request to the appropriate provider.
4. Evaluation and Research: (Not Applicable)
 5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (CNG) Drug Testing

Problem: In any given group of civilian employees or military service members, a certain percentage will be alcohol and other drug abusers.

Goal: To discourage the abuse of alcohol and other drugs by civilian employees and service members through periodic, unannounced testing of a sampling of persons in those groups.

Estimated Expenditures: The annual cost of the CNG's testing program is approximately \$93,000 (federal).

Strategies:

1. Prevention: (See Enforcement and Intervention)
2. Treatment and Recovery: (See Enforcement and Intervention)
3. Enforcement and Intervention: [The following narrative also pertains to Prevention and Treatment and Recovery Strategies.]

The CNG tests for alcohol and other drugs in the urine of every service member prior to assessment. Regulations require that ten percent of the total CNG force be randomly tested for alcohol and other drug abuse.

If the urine test is positive, and the substance is illegally in the system, both civilian employees and military service members are given the opportunity, in the instance of only the first positive test, to undergo appropriate treatment and rehabilitation. If an individual refuses treatment or tests positive a second time, his/her employment/affiliation with the Military Department/CNG is terminated.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (CNG) Employee Assistance Program

Problem: In any given group of employees, a certain percentage will be alcohol and other drug abusers, or have other problems that adversely impact their job performance. These persons need to have limited services available to them for help in understanding and overcoming these problems.

Goal: To provide Military Department employees and service members, and members of their immediate families, with limited benefits that will allow them to reduce demand and begin treatment/rehabilitation for problems relating to alcohol and other drug abuse, as well as other problems which may adversely impact their job performance.

Estimated Expenditures: Approximately \$6,200 (state) was spent during Federal FY 1990-91 on the portion of this program that relates to 635 State Military Department employees. During Federal FY 1990-91 (October 1, 1990 through September 30, 1991), demand reduction efforts were conducted on a voluntary basis, incidental to other activities. No funds were appropriated for this effort. For FY 1991-92 (October 1, 1991 through September 30, 1992), some funding for Demand Reduction Programs may be made available.

Strategies:

1. **Prevention:** The California National Guard (CNG) has significant continuous contact with all communities, in the course of recruiting operations, public service operations (emergency and disaster support), and youth activities such as the California Cadet Corps and the IMPACT Program. As such, the CNG has the opportunity not only to set role models as alcohol- and other drug-free citizens, but also to actively solicit citizens (particularly youth) to avoid alcohol and other drug use.

Recruiters will modify high school presentations to incorporate alcohol and other drug abuse prevention and demand reduction information. Recruiters involved in this program will go through a training program on alcohol and other drug abuse prevention and demand reduction.

Public affairs personnel will modify existing unit/community program briefings and Speakers Bureau presentations to incorporate drug prevention and demand reduction efforts or information.

Commanders at all levels will incorporate demand-reduction briefings to all personnel, and encourage voluntary participation in civic-community-based programs by unit members as part of the unit's Command Information Program.

The California IMPACT Program provides an alternative educational experience and job placement for economically disadvantaged or other "at risk" youth, including high school dropouts and potential participants in alcohol- and other drug-oriented youth gangs throughout California.

California Cadet Corps provides an alternative to drug-oriented youth gang membership, stressing acquisition of pro-social skills with an emphasis on leadership, citizenship, and patriotism training as a substitute for alcohol- and other drug-related youth gang activities.

2. **Treatment and Recovery:** Approximately 635 State Military Department employees are eligible for a limited number of free alcohol and other drug treatment/rehabilitation visits under the state's Master EAP contract administered by the Department of Personnel Administration. Federal military employees and their families receive similar benefits through their respective branches of service.

3. **Enforcement and Intervention:** (Not Applicable)
4. **Evaluation and Research:** (Not Applicable)
5. **Planning and Public Policy:** (Not Applicable)

STATE AGENCY/SUB-UNIT:

**CONSUMER AFFAIRS, DEPARTMENT OF/(DOCA)
BOARD OF REGISTERED NURSING/(BORN)**

Diversion Program

Problem: There are a number of registered nurses who are chemically dependent or mentally ill.

Goal: Ensure public safety by offering a voluntary, confidential recovery program to California registered nurses (RNs) who are impaired due to alcohol and other drug abuse, or mental illness.

Estimated Expenditures: Registered Nursing Fund allocated \$748,000 for FY 1990-91.

Strategies:

1. **Prevention:** Promote recovery programs and alcohol and other drug abuse prevention, identification, and intervention statewide to nursing professionals. Educational presentations are made to nursing students and health care providers. RNs are required to obtain alcohol and other drug abuse training as part of their licensing requirement.
2. **Treatment and Recovery:** Develop treatment and monitoring plans for alcohol and other abuse clients, dual diagnosis clients, and mental illness clients. Develop and maintain a statewide network of treatment providers and support resources.
3. **Enforcement and Intervention:** This program refers impaired licensees to a monitored treatment and rehabilitation program, which is in lieu of disciplinary action if successfully completed.
4. **Evaluation and Research:** The program is continually monitored and evaluated for effectiveness and protection of public safety. Research is beginning to expand on data that has been collected over the program's lifetime. (October 1985 to present).
5. **Planning and Public Policy:** (Not Applicable)

STATE AGENCY/SUB-UNIT:

**CONSUMER AFFAIRS, DEPARTMENT OF/(DOCA)
BOARD OF EXAMINERS IN VETERINARY MEDICINE**

Alcohol and Other Drug Diversion Program

Problem: Impairment of veterinarians and animal health technicians (AHTs) due to chemical dependency.

Goal: To ensure the protection of the public health and safety through a program that provides close monitoring of veterinarians and animal health technicians who are impaired due to chemical dependency.

To affect early entry into a recovery program to allow the veterinarian or animal health technician to practice Veterinary Medicine in a manner which will not endanger public health and safety.

To provide a program for affected veterinarians and animal health technicians to be rehabilitated in a therapeutic, non-punitive and confidential environment.

To provide an alternative to the traditional disciplinary process.

To reach veterinarians and AHTs who may be affected by chemical dependency who are not being reached through the current disciplinary system.

To provide a program that can refer veterinarian and AHTs to services that are within their economic means.

Strategies:

1. **Prevention:** Provide education in Chemical Dependency to groups of veterinarians and AHTs through lectures and presentations. To provide consultation to employers, employees, veterinarians, and significant others on chemical dependency.

2. **Treatment and Recovery:** Make referrals to appropriate inpatient/outpatient programs and psychotherapists in close proximity to client. Development of appropriate rehabilitation plan. Provision of crisis intervention and/or chemical dependency intervention to applicants within 24 hours. Investigate complaints of non-compliance. Provide a structured monitoring program. Provide a structured monitoring program. Provide regular assessments of progress, 24 hour toll free telephone access to the Program to arrange Program services.

3. **Enforcement and Intervention:** Provide compliance reports to the Board of Veterinary Medicine.

4. **Evaluation and Research:** Provide the Board of Veterinary Medicine with an evaluation of the effectiveness of the Program including a survey of the users of the program concerning its effectiveness.

5. **Planning and Public Policy:** (Not Applicable)

STATE AGENCY/SUB-UNIT:

**CONSUMER AFFAIRS, DEPARTMENT OF/(DOCA)
CALIFORNIA STATE BOARD OF PHARMACY**

Pharmacist Recovery Program

Problem: There are a number of pharmacists whose competency may be impaired due to chemical dependency or mentally illness.

Goal: Ensure that licensees (pharmacists or interns) receive the proper treatment so they may return to the practice of pharmacy as a contributing member and in a manner that will not endanger public health and safety.

Estimated Expenditures: State funds in the amount of \$60,000 were used for FY 1990-91.

Strategies:

1. Prevention: Outreach, intervention, and education activities are provided by contractor, board, and professional associations.
2. Treatment and Recovery: Includes assessment and monitoring services.
3. Enforcement and Intervention: Referral of impaired licensees to a program is made in lieu of or in addition to disciplinary action. An ongoing reporting process is done by all agencies involved to ensure effectiveness of program for statutory requirements and to provide data for legislative reports.
4. Evaluation and Research: An ongoing reporting process by all agencies involved to ensure effectiveness of the program.
5. Planning and Public Policy: Through an advisory committee, it is the policy of the board to promote programs related to chemical dependency and emotional disorders within the pharmacy profession and to serve as a liaison among the pharmacists recovery program, pharmacy employer and employee representatives, professional associations and schools of pharmacy for matters related to education, prevention and recovery.

STATE AGENCY/SUB-UNIT:

CONSUMER AFFAIRS, DEPARTMENT OF/(DOCA)
BOARD OF PODIATRIC MEDICINE

Diversion Program

Problem: Doctors of Podiatric Medicine are not immune from the disease of chemical dependency.

Goal: To identify and seek means to rehabilitate Doctors of Podiatric Medicine whose competency is impaired due to abuse of alcohol or other drugs, so that they may be treated and returned to the practice of podiatric medicine in a manner which will not endanger public health or safety.

Estimated Expenditures: The Diversion Program expenditures are presently \$21,600 per year.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [This narrative also pertains to Prevention Strategy.]

The program provides preventive health care services by licensed professionals who specialize in the treatment of alcohol and other drug problems.

3. Enforcement and Intervention: The program provides assistance to podiatrists experiencing problems related to the abuse of alcohol and other drugs.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

**CONSUMER AFFAIRS, DEPARTMENT OF/(DOCA)
BOARD OF DENTAL EXAMINERS**

Chemical Dependency Diversion Program

Problem: There are a number of dentists, hygienists, and registered dental assistants who are chemically dependent.

Goal: Offer chemically dependent licensees a means for recovery without the loss of the license to practice.

Estimated Expenditures: FY 1990-91 funds in the amount of \$109,000 were allocated from the Special Dental Fund.

Strategies:

1. Prevention: (See Treatment and Recovery)
2. Treatment and Recovery: [The following narrative also pertains to Prevention Strategy.]

This program provides outreach activities to the dental/dental auxiliary community and educational institutions, in addition to individual assessment, intervention, and rehabilitation plan development.

3. Enforcement and Intervention: This program refers impaired licensees into a treatment program in lieu of or in addition to disciplinary action.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

**CONSUMER AFFAIRS, DEPARTMENT OF/(DOCA)
MEDICAL BOARD**

PROGRAM ONE
Diversion Program

Problem: A number of physicians are chemically dependent.

Goal: To eliminate or reduce the inappropriate self-administration of alcohol and other drugs by physicians and to protect the public from impaired physicians.

Estimated Expenditures: Funding in FY 1990-91 amounted to \$777,394 in state funds acquired through Medical Board license fees.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program directs physicians to proper chemical dependency treatment facilities, monitors the treatment or recovery, protects the public, and treats the physician.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (DOCA)
Alcohol and Drug Abuse Training

Problem: Physicians do not have adequate knowledge about alcohol and other drug abuse to correctly diagnose the disease in patients.

Goal: Ensure that physicians have alcohol and other drug training prior to licensure.

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall budget.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: By reviewing medical school transcripts, this program ensures that physician applicants have requisite class work that would provide knowledge about alcohol and other drug abuse.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

CORRECTIONS, DEPARTMENT OF/(CDC)

PROGRAM ONE

Office of Substance Abuse Programs (OSAP)

Problem: There is a need for central planning and coordination to apply countermeasures, including providing alcohol and other drug abuse services to prison inmates and parolees.

Goal: Plan, coordinate, and assist other divisions within CDC to effectively reduce the negative impact caused by inmates and parolees using alcohol and other drugs.

Estimated Expenditures: Funds budgeted for this program in FY 1990-91 were as follows:

\$ 80,000	federal
<u>415,000</u>	state
\$495,000	Total

Note: Above figures exclude funds budgeted for the Anity RightTurn and Forever Free Programs.

Strategies:

1. **Prevention:** OSAP is involved in several major efforts to provide substance abuse education for inmates and parolees and alcohol and other drug abuse training for CDC staff. OSAP coordinates the annual department-wide Red Ribbon Campaign.
2. **Treatment and Recovery:** Through contracts funded by a grant from the Bureau of Justice Assistance, a service needs assessment for women inmates and parolees was conducted. In addition, nationally known consultants provided technical assistance to CDC on treatment strategies for a correctional population.
3. **Enforcement and Intervention:** OSAP staff provided technical assistance to institutions assessing the effect of urine testing on inmate prison behavior.
4. **Evaluation and Research:** During FY 1990-91, OSAP staff began evaluating the recently established drug treatment program, RightTurn, located in San Diego.
5. **Planning and Public Policy:** During FY 1990-91, OSAP participated in several planning and policy areas regarding alcohol and other drug abuse services for inmates and parolees. OSAP began collaborating with the Department of Alcohol and Drug Programs to provide a prison-based and community services treatment for women, and to develop a Bay Area Services Network for parolees. In addition, OSAP began working with the Office of Criminal Justice Planning to obtain funds for community services for parolees in San Diego County. CDC staff continue to participate in the Governor's Policy Council to Reduce Alcohol and Drug Abuse.

PROGRAM TWO (CDC)

Civil Addict Program

Problem: There is a need to commit and treat narcotic addicts who have interacted with the criminal justice system.

Goal: Provide control, programs, and treatment for civilly committed drug abusers.

Estimated Expenditures: State funds spent for this program in FY 1990-91 were approximately \$47.072 million.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: Addicts are committed through the civil process to the California Rehabilitation Center or community correctional facilities. Civil Addicts are provided drug treatment, which includes a 120-hour drug education and physical fitness program, self-help groups, and employment. As of June 30, 1991, there were 2,895 inpatients and 2,944 outpatients in the Civil Addict program.
3. Enforcement and Intervention: Urine testing is a part of the Civil Addict program.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (CDC)

Substance Abuse Revocation Diversion Program (SARD)

- Problem:** Prisons are overcrowded due to the large number of parolees who have their parole revoked or return to prison with a new term due to involvement with drugs.
- Goal:** Provide parolees with intense parole supervision and assist them with their drug problems so they can begin treatment/recovery.

Estimated Expenditures: Approximately \$8.6 million in state funds were allocated for FY 1990-91 to contract for substance abuse program services. The program was discontinued July 1, 1991.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: The 90-120 day nonresidential programs provide early intervention through community-based drug treatment. Approximately 6,058 parolees participated in SARD programs during FY 1990-91. The SARD program is being replaced with the Bay Area Services Network which will begin in FY 1991-92.
3. Enforcement and Intervention: Urine testing is a part of community-based programs and intensive parole supervision.
4. Evaluation and Research: SARD parolee participants remained on parole about 30 days longer than parolees who did not enter a SARD program.
5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (CDC)

Substance Abuse Treatment Unit (SATU)

- Problem:** Large numbers of parolees are being returned to custody for short periods of time due to drug involvement, resulting in prison overcrowding.
- Goal:** To provide treatment for parolees who volunteer to participate in the SATU 90-day residential drug program as an alternative to returning to prison.

Estimated Expenditures: State funds spent for this program in FY 1990-91 were \$1.205 million

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: Parolees volunteer to participate in the 90-day residential program as an alternative to parole revocation and return to prison. A total of 209 parolees participated in the program during FY 1990-91. CDC custody staff maintain security in the treatment facility. Treatment services are provided by a nonprofit contractor.
3. Enforcement and Intervention: Urine testing is a part of the SATU program.
4. Evaluation and Research: An evaluation is being conducted by CDC with assistance from California State University, Fresno.
5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (CDC)
National Red Ribbon Drug Prevention Campaign

- Problem:** Individuals at the national, state, and local level need to take an active role in the prevention of alcohol and other drug abuse.
- Goal:** Increase awareness of CDC staff and their families, inmates, and parolees of the magnitude of the drug problem and its effects on the total California population.

Estimated Expenditures: State funds spent for this program in FY 1990-91 for 32,000 red ribbons, banners, posters, and bulk red ribbon spools were approximately \$8,000.

Strategies:

1. Prevention: CDC staff, inmates, and parolees actively participated in the campaign. Anti-drug slogans, red ribbons, posters, and banners were displayed at headquarters, prisons, parole offices, and schools. Some institutions coordinated their efforts with their local community campaign. Some institution and parole region staff, accompanied by inmates or parolees, went to schools and other community meetings to discuss the effect of drugs and crime on individuals.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SIX (CDC)
**County Five-Year Master Plan to Reduce
Alcohol and Other Drug Abuse**

- Problem:** Not enough adults in the state correctional system are participating in local community alcohol and other drug services.
- Goal:** Increase community alcohol and other drug program participation of inmates and parolees by having prison wardens, parole administrators, and other community-related CDC staff participate in the local county master planning process.

Estimated Expenditures: Alcohol and other drug services expenditures could not be readily separated from the Department's overall budget.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: Local prison wardens and parole administrators, or their designees, and other CDC staff are participating in the local county alcohol and other drug master planning process.

PROGRAM SEVEN (CDC)
Prison-Based Intervention Programs
for Identified Alcohol and Other Drug Abusers

Problem: Alcohol and other drug abuse is prevalent among California's prison population; over three-fourths have a documented history of alcohol and other drug abuse upon entry into prison.

Goal: Reduce the number of parolees who return to correctional facilities due to drug use and associated problems.

Estimated Expenditures: Of the 14 programs identified, \$240,000 of CDC state funds were spent for Life Plan for Recovery contracts. All other programs were provided by CDC staff and resources; CDC is unable to estimate total program costs.

Strategies:

1. Prevention: [The following narrative also pertains to Enforcement and Intervention Strategy.]

In March 1991, CDC identified 14 separate intervention programs, some with multiple sections, operating in 11 institutions. These programs are for inmates with an identified alcohol or other drug abuse problem and include education, intervention, and informal treatment (such as discussion groups). In March 1991, 523 inmates were participating. Programs included: Positive Lifestyles, DEUCE, Life Plan for Recovery, Behavioral Modification, Substance Abuse Group, Substance Abuse Victory Education (SAVE), and Project Change.

2. Treatment and Recovery: (See Prevention)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM EIGHT (CDC)
Substance Abuse Education Programs

Problem: CDC inmates lack the basic social-cognitive skills required for noncriminal social adjustment, and knowledge on the negative effect and consequences of alcohol and other drug abuse.

Goal: Assist inmates to increase knowledge and skills needed for social adjustment through education

on topics such as alcohol and other drug abuse, parenting, pre-release preparation, and victim's rights.

Estimated Expenditures: Educational services are provided through CDC state funds; unable to break out alcohol and other drug abuse costs specific to these programs.

Strategies:

1. Prevention (Education): In March 1991, CDC identified 40 separate educational classes, some with multiple sections, operating within 19 prisons. Each of these classes has a clearly identified education component within the curriculum. The most prevalent class is the Pre-release Education class which is located in 15 prisons. Other classes include the Personal Responsibility Curriculum, Life Skills Curriculum, Victim's Awareness programs, and Substance Abuse Education/Orientation. In March 1991, 2,793 inmates were attending these classes.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM NINE (CDC)
Employee Assistance Program

Problem: Employees who use drugs, misuse alcohol, experience stress, or have personal or on-the-job problems experience an increased amount of absenteeism and loss of productivity.

Goal: To increase productivity and quality of work by Department staff by helping them obtain professional assistance toward solving a variety of personal and on-the-job problems, including alcohol and other drug abuse.

Estimated Expenditures: State funds spent for this program in FY 1990-91 were approximately \$0.5 million. Part of this amount is included in the Department of Personnel Administration master contract. Cost estimates are based on an estimate of 18,374 sworn and 9,969 nonsworn staff.

436,382	Sworn staff
119,628	Nonsworn staff
<u>4,975</u>	CDC program staff
560,985	Total

Strategies:

1. Prevention: The Employee Assistance Program provides professional counseling services in several personal problem areas, including alcohol and other drug abuse, for CDC staff located at headquarters, 21 prisons, 41 camps, and other CDC-operated facilities.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TEN (CDC)
Prison Alternative Training Home (PATH)

Problem: There is a need to improve the parole outcome of parolees who continue abusing alcohol and other drugs.

Goal: Intervene and deter parolee alcohol and other drug abuse by applying restrictive parole sanctions within a home-like, low-cost setting.

Estimated Expenditures: Additional state funds spent for this program in FY 1990-91 over and above regular parole costs were approximately \$41,000.

Strategies:

1. Prevention: PATH is an alternative to being returned to prison for an alcohol- and other drug-use parole violation. Parolees agree to have no visitors or unauthorized telephone calls, live in a community surrogate home, attend AA or NA meetings, be monitored electronically, and participate in other program components as required. Acupuncture, antabuse, and Naltrexone are available on an individual-case basis. Approximately 25 parolees participate in the program annually.

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: Urine testing is a part of the program.

4. Evaluation and Research: The program is evaluated on an ongoing basis. Based on the experience of 74 participants, \$326,000 has been saved after program expenses. A third were discharged from parole, and 14 percent were on parole awaiting discharge. Of those returned to custody (44 percent), the average length of time on parole prior to return was 153 days, compared to 90 days for the nonparticipants. PATH costs \$30/day compared to \$56/day for prison costs.

5. Planning and Public Policy: (Not Applicable)

PROGRAM ELEVEN (CDC)
AIDS Information to Inmates and Parolees

Problem: There is a need to educate inmates and parolees, and CDC staff regarding AIDS and its transmission.

Goal: Educate inmates and parolees, and CDC staff regarding AIDS and prevent the transmission of HIV.

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall expenditures.

Strategies:

1. Prevention: New staff receive an orientation regarding AIDS and HIV when they enter CDC employment. A variety of materials have been developed to provide AIDS-related information to inmates and parolees. Included are pamphlets, posters, and videos transmitted on closed circuit television. Inmates receive this information as they enter CDC and again when they exit on parole.

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM TWELVE (CDC)

Parole Outpatient Clinic

Problem: Many parolees have mental health and other health-related needs that must be met while they are on parole within the community.

Goal: To provide mental health and some specialized alcohol and other drug abuse services to parolees through outpatient clinics.

Estimated Expenditures: Alcohol and other drug service expenditures could not be readily separated from the Department's overall expenditures.

Strategies:

1. Prevention: This program reduces medical emergencies by providing mental health and some alcohol and other drug abuse services for parolees in regional medical-based clinics.

2. Treatment and Recovery: Alcohol and other drug abuse services are provided by psychiatrists, psychologists, and other clinical staff. Included are: outpatient heroin detoxification, Naltrexone or antabuse blocking agents, group therapy, and medications to reduce cocaine craving.

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM THIRTEEN (CDC)

Amity RightTurn Substance Abuse Treatment Program

Problem: Many inmates and parolees have a long-standing history of drug use and/or inappropriate alcohol use. Their alcohol and other drug use results in increased levels of crime, thereby overcrowding the prison system.

Goal: Provide in-prison alcohol and other drug abuse treatment for male inmates and community services for treatment graduates.

Estimated Expenditures: State funds spent for this program in FY 1990-1991 were approximately \$800,000. This total includes program contract, CDC staff, equipment, materials, and furniture needed for start-up costs.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: This program, a 3-year demonstration project, provides 9-12 months of therapeutic community alcohol and drug abuse treatment for up to 200 male inmates at the R. J. Donovan Correctional Facility in San Diego. Services are being provided by Amity, Inc., a nationally known nonprofit organization. The program, which began in November 1990, also will offer community alcohol and other drug abuse services in San Diego County for up to 60 graduates a year. The first inmates will be paroling in FY 1991-92.

3. Enforcement and Intervention: Urine testing is part of both the in-prison and community treatment programs.

4. Evaluation and Research: Process and outcome evaluations are being conducted by CDC to determine the effectiveness of both the in-prison and community service programs.
5. Planning and Public Policy: Program expansion is contingent on the outcome of the program evaluation.

PROGRAM FOURTEEN (CDC)
Short-Term Placement Alternatives for Parole Violators

- Problem:** There is a need to use alternative sanctions to address the problem of parole revocations due to the use of alcohol and other drugs.
- Goal:** To use alternative methods such as short-term placements to deal with revocations due to alcohol and other drug use.

Estimated Expenditures: These services are provided through CDC state funds. Alcohol and other drug service expenditures could not be separated from the Department's overall budget.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: Selected parolees who are using alcohol and other drugs in violation of parole are given an opportunity to get their problem under control by spending 23-30 days in special in-prison programs. Alcohol and other drug education classes and detoxification services are part of the program. Participants may attend self-help groups such as AA, NA, and CA. As of March 1991, approximately 70 parolees were participating in the program at two prison sites, San Quentin and Mule Creek State Prisons.
3. Enforcement and Intervention: Parolees remain on parole in lieu of returning to prison through the standard revocation process. If successful in the program, parolees are returned to the community to continue their parole. Urine testing is part of the program.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FIFTEEN (CDC)
Alcohol and Other Drug Abuse Education and Drug Recognition
Training for Sworn Staff

- Problem:** Due to the wide use of alcohol and other drugs by inmates and parolees, CDC must be knowledgeable about substances and their effects, and be trained in proper intervention methods.
- Goal:** To educate CDC staff on the various substances so that they will be able to recognize alcohol and other drug use and intervene appropriately.

Estimated Expenditures: Alcohol and other drug service expenditures could not be separated from the Department's overall budget.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: As a part of basic training for Correctional Officers, Correctional

Counselors, and Parole Agents, staff receive training on specific drugs and their effects, evidence of use, and appropriate sanctions. In addition, alcohol and other drug education takes place within the institutions as part of the ongoing staff training. As of March 1991, six institutions identified nine different courses available to staff.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM SIXTEEN (CDC)

California Institution for Women (CIW)

Alcohol and Other Drug Abuse Treatment Program: Forever Free

- Problem:** There is a need to eliminate the use of drugs and reduce inappropriate use of alcohol by inmates and parolees.
- Goal:** Provide in-prison alcohol and other drug abuse treatment for women inmates and community services for treatment graduates.

Estimated Expenditures: Federal funds spent for this program in FY 1990-91 were approximately \$150,000 in federal funds provided through reimbursement by the Department of Alcohol and Drug Programs. This total includes equipment, materials, and furniture needed for start-up costs.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program, a 2-year demonstration project, provides 4 months of therapeutic community alcohol and other drug abuse treatment for up to 120 women at the California Institution for Women at Frontera, CA. Services are being provided by Mental Health Systems, San Diego, CA. The program, which began in May 1991, had 60 participants as of June 30, 1991. Community services in 4 counties (Los Angeles, Orange, Riverside, San Bernardino) will be available for 60 Forever Free graduates per year beginning FY 1991-92.
3. Enforcement and Intervention: Urine testing is part of both the in-prison and community treatment programs.
4. Evaluation and Research: Process and outcome evaluations are being conducted by CDC to determine the effectiveness of both the in-prison and community services programs. The evaluation is also funded by the Department of Alcohol and Drug Programs.
5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVENTEEN (CDC)

Methadone Program for Pregnant Inmates

- Problem:** Pregnant inmates who use narcotics harm themselves and their unborn babies.
- Goal:** Provide in-prison methadone treatment for narcotic-using pregnant inmates thereby improving the health of mother and reducing drug-induced fetal effects.

Estimated Expenditures: Alcohol and other drug service expenditures could not be separated from the Department's overall budget.

Strategies:

1. Prevention: By dispensing methadone to narcotic-addicted pregnant women, their unborn babies are less

apt to suffer from the effects of drug use.

2. Treatment and Recovery: The California Institution for Women is licensed to dispense methadone to pregnant narcotic addicts. Pregnant inmate addicts are maintained on methadone until they give birth or are released on parole. In March 1991, 17 women were receiving methadone.
3. Enforcement and Intervention: Urine testing is part of the program.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM EIGHTEEN (CDC)

Alcohol and Other Drug Abuse Counseling Treatment: California Men's Colony

Problem: There is a need to eliminate the use of drugs and reduce the inappropriate use of alcohol by inmates and parolees.

Goal: Provide alcohol and other drug abuse education and counseling services for inmates.

Estimated Expenditures: Alcohol and other drug service expenditures could not be separated from the Department's overall budget.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: This program is a call-out treatment program for inmates who ask to participate in the program. The program consists of eight weeks of drug education, followed by weekly alcohol and other drug abuse counseling groups. Services are provided by psychologists and psychology interns. The average length of participation is about ten months. In March 1991, approximately 100 inmates were in treatment.
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM NINETEEN (CDC)

Urine Testing of Inmates and Parolees

Problem: Inmates and parolees are violating prison rules and conditions of parole by using alcohol and illicit drugs.

Goal: Identify inmates and parolees who are violating rules regarding the use of alcohol and other drugs and apply sanctions, thereby reducing the negative effects caused by drug use.

Estimated Expenditures: Alcohol and other drug service expenditures could not be separated from the Department's overall budget.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: Urine testing is a condition of parole for about three-fourths of all parolees. Parolees are tested frequently on a random basis. As of June 30, 1991, there were over 70,000 parolees.

Four institutions reported having five urine-testing programs, some of which included drug education as a part of the program. Included were: urine testing for all pregnant women; testing for male/female inmates caught using drugs; and testing of inmates as a special condition for employment and training. Partial data indicated that 180 inmates were being tested as of March 1991.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM TWENTY (CDC) Self-Help Groups

Problem: Over three-fourths of inmates within the state adult correctional system experience problems associated with alcohol and other drug use. Inmates are interested in participating in self-help groups.

Goal: Provide supportive environment for male and female inmates who wish to gain and maintain control over their alcohol and other drug problems.

Estimated Expenditures: Self-help group volunteers sponsor and conduct the self-help groups at no cost to CDC. Costs for CDC custody staff are not available.

Strategies:

1. Prevention: In March 1991, 3,338 inmates were attending self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous on a weekly basis. In addition, special interest groups such as Vietnam Vets and religious-based groups address alcohol and other drug problems and recovery.

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: (Not Applicable)

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM TWENTY-ONE (CDC) Community Prevention Programs

Problems: Many individuals begin to use drugs and get involved in crime at an early age. Steps need to be taken to prevent and deter this behavior.

Goal: Encourage inmates and parolees within the state correctional system to become involved in community prevention efforts for the purpose of preventing crime and drug abuse.

Estimated Expenditures: Inmates volunteer at no cost. Other related CDC expenditures could not be separated from the Department's overall budget.

Strategies:

1. Prevention: As of March 1991, 12 institutions had 15 separate outreach prevention programs in which 293 inmates were participating. Inmates meet with victims, school youth, youth-at-risk, drug divertees, and community members to discuss the effects that crime, including substance abuse, has had on their lives. Inmates and parolees also get involved in activities such as Red Ribbon and Just Say No. In addition to deterring others from committing crimes, inmates are encouraged to live a drug- and crime-free lifestyle.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWENTY-TWO (CDC)
Bay Area Services Network (BASN)

- Problem:** In 1991, alcohol and other drug use either directly caused or contributed to 24,025 parolees' being returned to custody.
- Goal:** Identify inmates with alcohol and other drug abuse problems, develop treatment plans, and provide community-based substance abuse treatment services to improve the parole outcome of inmates paroling into the community.

Estimated Expenditures: Alcohol and other drug service expenditures could not be separated from the Department's overall budget for this planning effort.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: CDC, the Department of Alcohol and Drug Programs, and county providers are planning the Bay Area Services Network for parolees in six Bay Area counties. CDC will redirect \$5.5 million in funds to identify and provide treatment services for approximately 1,500 parolees per year beginning FY 1991-92. Case management services will be provided by a private nonprofit contractor.

STATE AGENCY/SUB-UNIT:

CRIMINAL JUSTICE PLANNING, OFFICE OF/(OCJP)

PROGRAM ONE
Gang Violence Suppression Program

Problem: Drugs have accelerated the number of gangs and correspondingly the number of individuals who participate in illegal gang activities.

Goal: To reduce gang activity by providing funding, technical assistance, and oversight to: (1) district attorney's offices, law enforcement agencies, and probation departments to identify, prosecute, and remove perpetrators of violent gang activities from the community; and (2) schools, school districts, and community organizations to provide gang/drug prevention services through curriculum development and implementation, counseling, parent and community education, outreach, intervention programs, and community mobilization.

Estimated Expenditures: Funding for this program in FY 1990-91 amounted to \$5,309,000 from the following sources:

\$ 505,000	federal
\$ 4,315,000	state general fund
<u>\$ 489,000</u>	ADP (alcohol, drug prevention)
<u>\$ 5,309,000</u>	Total

Targeted service recipients in 13 California counties are:

County District Attorney's Office
Police and Sheriff departments
Community-based organizations
Probation departments
School Districts and Offices of Education
Special Emphasis Activities
(Community Mobilization Projects and Drug Prevention Emphasis Projects)
Over 325 elementary, middle, and high schools
Over 2,441 teachers and school administrators
Over 148,980 parents
Over 366,429 students, grades 2-12

Strategies:

1. Prevention: (See Enforcement and Intervention)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: [The following narrative also pertains to Prevention Strategy.]

OCJP's "Gang Violence Suppression Branch" provides technical assistance and training to gang violence suppression (GVS) components, to include special emphasis projects implementing drug prevention activities that are a combination of education and prevention. Activities include:

- Providing direct services to gang members, potential gang members, parents, and community organizations;
- Training school personnel in gang/drug suppression, prevention, and intervention techniques;
- Referring gang members, as needed, to appropriate agencies for treatment of health, psychological, and

drug-related problems;

- Providing prevention and intervention services targeted toward gang violence and gang-related drug abuse;
- Reviewing existing prevention programs designed to discourage gang and drug involvement to determine how well they coordinate with community, law enforcement, education and intervention agencies, steering committees, and task force groups;
- Implementing gang/drug curricula and working with the school district and school site staff to train appropriate staff in curriculum delivery; and
- Developing intervention strategies for gang- and drug-involved students. These strategies include the process and criteria for identifying gang- and drug-involved students, the role of teachers, services available, and school district policies and procedures.

Participating agencies must demonstrate their ability to work with criminal justice agencies, schools, and community agencies in dealing with the problem of violent gang-related crimes. Projects should work with the coordinating committees to identify the crimes on which GVS prosecution, probation, and law enforcement units should concentrate their efforts.

All participating agencies must establish one or more Operational Agreements (OA) with all of the participating agencies in their target areas. Participating agencies must work with other grant-funded projects in their community.

Project efforts are coordinated with activities of the:

- Anti-Drug Abuse (ADA) Program
- Career Criminal Apprehension Program (C-CAP)
- Drug Suppression in the Schools (DSP) Program
- Major Narcotic Vendor Prosecution (MNVP) Program
- Serious Habitual Offender (SHO) Program
- Comprehensive Alcohol/Drug Prevention and Education (CADPE) Program
- Victim/Witness Assistance Program (V/WAP)

4. Evaluation and Research: The Gang Violence Suppression Programs are evaluated formatively and summatively.

5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (OCJP) **Comprehensive Alcohol and Drug Prevention Education (CADPE)**

Problem: Local communities need to be empowered to develop programs that will enable them to have an impact in reducing youth alcohol and other drug abuse and regaining control of their communities.

Goals: To establish in each county, a comprehensive county-wide plan that effectively coordinates law enforcement, education, parental, and community resources for a multidisciplinary approach that ensures responsiveness to local issues of youth alcohol and other drug abuse.

To support the efforts of county superintendents of schools to coordinate with local law enforcement and district superintendents in the implementation of CADPE.

Estimated Expenditures: FY 1990-91 funding for this program was as follows:

\$ 2,660,000	federal
\$ 16,698,553	- serves K-4 and K-6 (state)
\$ 2,000,000	- 4 pilot projects (state)
\$ 7,771,446	- serves K-3 and 7-8
\$ 29,129,999	Total

Targeted service recipients for the CADPE High Risk program are K-8 high-risk students throughout the State. There are 1,027,468 students in grades 4-6 targeted to receive CADPE services.

Strategies:

1. Prevention: (See Enforcement and Intervention)
2. Treatment and Recovery: (See Enforcement and Intervention)
3. Enforcement and Intervention: [The following narrative also pertains to Prevention and Treatment and Recovery Strategy.]

Under this program, the following state-level activities occur:

- State CADPE technical advisory committee assists in funding recommendations and development of program guidelines;
- Funds are allocated and awarded to the county superintendent of schools to provide prevention, intervention, and suppression activities at the local district level;
- Administrative guidelines and procedures are developed and issued;
- An annual report to the Legislature (describing in detail the operation of the program and the activities provided by funded projects in order to identify, implement, and refine successful methods of operating programs) is prepared and submitted; and
- Technical assistance is provided to funded projects on program implementation.

At the county level, specific required components may be addressed through a variety of activities, to include:

- Alcohol and other drug education in grades 4-6 curriculum, administration, and teaching;
- Alcohol and other drug prevention/suppression/intervention training to administrators and teachers;
- Alcohol and other drug prevention/intervention training to school counselors and nurses;
- Advisement and assessment by personnel available in the school district;
- Dissemination of basic alcohol and other drug information to school board members;
- Establish peer group alcohol and other drug programs grades 7-8;
- Develop written alcohol and other drug policies and procedures for grades K-8;
- Establish and provide alcohol and other drug education to parents;
- Establish parent alcohol and other drug support groups;
- Establish policies for returning rehabilitated students to school;

- Reduce alcohol- and other drug-related incidents on school grounds;
- Prepare responses for California's master plan to eliminate alcohol and other drug abuse;
- Establish multidisciplinary alcohol and other drug advisory body; and
- Each local law enforcement agency, in conjunction with schools, maintains a protocol to respond to alcohol and other drug abuse problems.

OCJP works in close coordination with the California Department of Education (CDE), Department of Alcohol and Drug programs (ADP) and the Attorney General's Office. Enabling legislation for the CADPE program requires collaboration with CDE and ADP in development and implementation of the program. In addition, due to the coordinated efforts of OCJP and CDE, a joint planning and funding application was developed for use at the county level for CADPE, Drug- Free Schools, and Tobacco Prevention Education.

4. Evaluation and Research: (See Enforcement and Intervention)
5. Planning and Public Policy: (See Enforcement and Intervention)

PROGRAM THREE (OCJP) Anti-Drug Abuse Enforcement Branch

- Problem:** There has been an increase in manufacturing, distribution, and sale of illicit drugs, disruption of marijuana plantations, and gang violence associated with drug activity.
- Goal:** To provide assistance to state and local agencies to enhance and improve systematic approaches to the apprehension, prosecution, adjudication, and treatment of drug offenders through coordinated efforts with four components of the criminal justice system (law enforcement, prosecution, court administration, and probation).

Estimated Expenditures: Funding for this program in FY 1990-91 was \$43,166, 000 federal.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (See Enforcement and Intervention)
3. Enforcement and Intervention: [The following narrative also pertains to Treatment and Recovery Strategy.]

Under this program the following activities occur:

- Reduction of alcohol- and other drug-related incidents on school grounds;
- Develop/implement alcohol and other drug policies for employees; conduct employee education regarding a drug-free workplace;
- OCJP requires crime prevention, juvenile justice delinquency applicants to include drug/alcohol prevention in their programs;
- Encourage federal prevention programs to follow California's Master Plan;
- Develop, implement, and maintain Employee Assistance Programs;
- See that each county has a drug abuse criminal justice system enforcement team;

- Participate on state agency drug enforcement team: OCJP, YA, DOC, CHP, OTS, and DOJ;
- Encourage courts to consider the amount of substance involved and danger to society in setting bail;
- Provide training workshops that improve officers' ability to recognize persons under the influence of alcohol and drugs;
- Provide intensive, supervised probation/parole to targeted drug abusers; and
- Work towards reducing the number of clandestine labs.

4. Evaluation and Research: Provide funding for a complete program evaluation on the enforcement block grant effectiveness. Provide funds to support state and local drug enforcement activities resulting in apprehension, prosecution, and adjudication of drug and drug-related offenders in order to reduce the availability and trafficking of illegal substances.

5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

JUSTICE, DEPARTMENT OF/(DOJ)
BUREAU OF NARCOTIC ENFORCEMENT/(BNE)

PROGRAM ONE
Regional Task Forces

Problem: Many local law enforcement agencies do not have sufficient resources--manpower or funds--to combat the drug problem at the local level.

Goal: Establish and maintain county-level drug enforcement teams to enhance local efforts against drug traffickers.

Estimated Expenditures: In FY 1990-91, approximately \$4.4 million (state) was allocated to support 24 task forces located in the following counties:

Alameda, Amador, Calaveras, Tuolumne, Butte, Contra Costa, El Dorado, Humboldt, Imperial, Inyo, Kings, Lake, Mendocino, Merced, Mariposa, Mono, Napa, Placer, San Benito, San Joaquin, San Luis Obispo, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sutter, Yolo, and Yuba.

Targeted service recipients under this program are participating local law enforcement agencies.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Through multi-agency county task forces, the Bureau coordinates local enforcement efforts against drug traffickers. BNE supervises each task force and provides funding for undercover work and for the cost of facilities. Local agencies provide officers and additional resources. During FY 1990-91 the program consisted of 24 multi-agency task forces, which include 29 counties, approximately 150 local agencies, over 160 local officers.

Coordination of any given task force is accomplished between BNE and the concerned local agency and recorded in a Memorandum of Understanding (MOU). In addition, each task force is governed by a council made up of the local chiefs, sheriffs, and the BNE special agent in charge in the region where the task force operates.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWO (BNE)
Clandestine Laboratory Enforcement Program

Problem: An estimated 500+ clandestine laboratories operate in California and produce dangerous and addictive illegal drugs which add to the drug problem of the State. Although methamphetamine (also known as "speed" or "crank") is the most frequently made drug, other dangerous drugs are also found in California's illegal labs, including cocaine (powder from paste), Lysergic Acid Diethylamide (LSD), and phencyclidine (PCP, "juice," "whack").

Goal: Reduce the number of clandestine labs operating in California.

Estimated Expenditures: The FY 1990-91 allocation for this program and the Precursor Compliance Program is

approximately \$8.1 million (state), which is part of the \$10.6 million of the Bureau budget. Targeted service recipients are the law enforcement agencies that participate with BNE in the eradication of clandestine labs, and--secondarily--the operators of an estimated 500+ illegal laboratories.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: This program began in 1983. In 1987, legislation enabled BNE to enhance the program with additional agents and support staff. Clandestine lab teams and task forces are established in all nine BNE regional offices: Redding, Sacramento, San Francisco, San Jose, Fresno, Los Angeles, Orange, Riverside, and San Diego. The lab teams and task forces concentrate the efforts of federal, state, and local law enforcement agents/officers to reduce the number of labs operating in California.
Other state participants include the Department of Health, which works with BNE, through an MOU, on residual lab clean-up and the California Highway Patrol and the Department of Motor Vehicles, which provides, through an MOU, histories on suspects' driving and vehicle records.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (BNE)
Precursor Compliance Program

- Problem:** Precursor chemicals (those needed in the manufacture of drugs) are used by clandestine laboratory operators to manufacture illegal drugs. Therefore, precursor chemicals need to be kept out of the hands of clandestine laboratory operators.
- Goal:** To inhibit the availability of precursor chemicals to clandestine laboratory operators through regulation of precursor distributors and monitoring of their transactions.

Estimated Expenditures: Funding for this program in FY 1990-91 was included in the budget for the Clandestine Laboratory Program (\$8.1 million). Targeted service recipients include law enforcement agencies that focus on the eradication of clandestine labs, about 40 entities involved in the precursor distribution, approximately 200 businesses and individuals which use precursor chemicals, and--secondarily--those persons who attempt to acquire precursors for illicit use.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: This program provides the enforcement mechanism to monitor, review, and take action on suspect precursor chemical transactions in California. Through this program, DOJ/BNE grants permits to businesses and persons involved with precursor chemical sales and use of precursor chemical substances, and is the repository for reports received pursuant to state precursor laws. The program also provides case assistance on major clandestine lab investigations and helps coordinate statewide, multi-agency clandestine lab suppression activities.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (BNE)
Special Operations Units

Problem: There are numerous intrastate drug trafficking organizations which service the California market by dealing in large quantities of illicit drugs without regard to geographic boundaries. There is a need for coordinated efforts to combat these organizations statewide.

Goal: The goal of this program is to provide state-level, multi-agency drug enforcement teams to combat intrastate drug trafficking.

Estimated Expenditures: In FY 1990-91, funding for this program could not be identified separately but was included in the Bureau budget of approximately \$10.6 million (\$2.5 million federal and \$8.1 million state.) Targeted service recipients include local law enforcement agencies and--secondarily--major drug traffickers and organizations operating in the State.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: The BNE Special Operations Unit (SOU) program combats intrastate drug trafficking and coordinates local agency efforts through SOUs. SOUs consist of BNE special agents who conduct operations that focus on major drug traffickers throughout the State. SOUs develop sources of information which identify the structures and members of these intrastate organizations. SOUs also provide support to the regional task forces and local agencies when major drug problems and interjurisdictional traffickers, beyond the capabilities of local agencies, are identified. BNE special agents provide expertise, training, resources, and special skills to local agencies.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (BNE)
CrackDown

Problem: Colombian cocaine smuggling cartels make wide use of domestic street gangs as distribution networks for "crack" cocaine, creating an epidemic of "crack" addiction. This epidemic is one of the most devastating drug problems in California today and costs the people hundreds of millions of dollars each year.

Goal: The goal of the CrackDown Program is to eliminate or reduce "crack" cocaine trafficking and related money-laundering activities conducted by the Colombian drug cartels and street gangs in California.

Estimated Expenditures: Funding for this program in FY 1990-91 amounted to \$17.9 million (\$7,191,000 federal and \$10,732,000 state). Targeted service recipients included local law enforcement agencies and--secondarily--the Colombian drug cartels and street gangs engaged in trafficking cocaine and money-laundering activities. During the pilot phase of the program (July through September 1989), services were provided in the following cities: San Francisco, Sacramento, Los Angeles, and San Diego, subsequently services were also provided to the cities of Riverside, San Jose, and Orange.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: The pilot for this program was initiated in June 1989, which led to legislation signed by the Governor on October 2, 1989, implementing an intensified CrackDown Program. The program provides a coordinated statewide law enforcement effort directed at the Colombian drug cartels and street gangs engaged in trafficking cocaine and related money-laundering activities. For the first time in California, a comprehensive coordinated effort to integrate cocaine trafficking intelligence gathering, analysis and dissemination with enforcement has been implemented with the CrackDown Program. State and local law enforcement officers establish and participate in drug enforcement task forces and money-laundering teams in major metropolitan areas in northern and southern California. BNE provides funds for travel and overtime of the local officers.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM SIX (BNE)

Campaign Against Marijuana Planting (CAMP)

Problem: Marijuana growers endanger the public safety and contribute to the drug problem in this State by cultivating marijuana crops on public and private lands.

Goal: The goal of the Campaign Against Marijuana Planting (CAMP) is to eradicate marijuana cultivation and trafficking in California.

Estimated Expenditures: During FY 1990-91, this program's budget totalled \$1,335,000 (\$540,000 federal and \$795,000 state). The program targeted service recipients in the counties, which CAMP provides marijuana eradication; and--secondarily--marijuana growers and cultivation sites on public and private lands. Fifty-two counties participated in the program in 1991.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: CAMP is a multi-agency law enforcement task force composed of local, state, and federal authorities working together to attack marijuana cultivation and distribution. The program removes marijuana growers from public and private lands, deters potential growers, and promotes public information and education on marijuana. The CAMP program provides services which range from reconnaissance overflights and raid team services to marijuana garden surveillance services, and indoor growing investigations. These services are provided throughout the State through participating county, state, and federal agencies.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVEN (BNE)

Asset Forfeiture

Problem: Drug dealers acquire huge profits through illegal enterprise. These profits enhance drug dealers' operations and provide incentive for continued illegal activities.

Goal: The goal of the program is to strip drug dealers of their economic base and remove the profit incentive.

Estimated Expenditures: Funding for this program in FY 1990-91 was not identified separately but is included in the Bureau budget of approximately \$10.6 million (\$2.5 million federal and \$8.1 state).

State and local law enforcement agencies are the recipients of the program's services that target the assets of drug dealers. In 1990, BNE participated in the seizure of over \$32.5 million in assets. (This is the estimated value of assets seized. From this amount, BNE claimed \$8,380,638.)

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: BNE established an Asset Forfeiture Program in the mid-1980's to coordinate statewide efforts to conduct financial investigations against drug traffickers and seize their assets-including: cash, conveyances, and real estate and personal property. The program assists local law enforcement agencies with information manuals and training on asset forfeiture laws, and helps them establish their own financial programs. BNE designed computer software which has been distributed to over 400 local agencies to utilize in asset forfeiture tracking and program management. BNE provides ongoing support to the locals with their financial programs. The monies obtained from seizures are used to fund various law enforcement programs. Through forfeited assets, BNE currently fully funds: the Asset Forfeiture Unit (\$250,000 annually) of the Attorney General's Special Prosecutions Unit, and the BNE Money Laundering Unit (\$688,000 annually).
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM EIGHT (BNE)
Diversion Program

Problem: Pharmaceutically produced drugs are diverted from legitimate channels to the illicit market for profit.

Goal: The goal of the Diversion Program is to reduce the incidence of drug diversion by members of the medical community from legitimate channels to the illicit market.

Estimated Expenditures: Funding for this program in FY 1990-91 cannot be identified separately but was included in the Bureau budget of approximately \$2.5 million (federal) and \$8.1 million (state). The program targets members of the California medical community (over 96,000 registered practitioners with prescribing privileges and over 5,600 licensed pharmacies).

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: The Diversion Program coordinates statewide efforts to enforce the laws which govern how members of the medical profession dispense and administer controlled substances. Agents assigned to the Diversion Program investigate licensed medical professionals who illicitly prescribe, dispense, and/or administer controlled substances, and individuals who pass fictitious prescriptions. The program also promotes the exchange of information on drug diversion among law enforcement agencies and other state agencies.

The California Medical Board, State Department of Consumer Affairs, assists BNE agents in Los Angeles and San Diego only on a case-by-case basis on Diversion investigations. Personnel from the Federal Drug Enforcement Administration (DEA) and DOJ/Medi-Cal Fraud are also assigned to the Los Angeles and San Diego offices. In

addition, an investigator from the State Department of Health Services is assigned to the task force in San Diego.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM NINE (BNE)
TriPLICATE PRESCRIPTION PROGRAM

Problem: Pharmaceutically produced drugs are diverted from legitimate channels to the illicit market for profit.

Goal: The goal of this program is to reduce illegal distribution, by means of triplicate prescriptions, of controlled substances.

Estimated Expenditures: Funding for this program in FY 1990-91 was not identified separately but was included in the Bureau budget of approximately \$2.5 million (federal) and \$8.1 million (state).

Targeted service recipients include local law enforcement, state and federal agencies, and prescribers and dispensers of Schedule II controlled substances.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: The Triplicate Prescription Program is a component of the Diversion Program. This program regulates and monitors the distribution of Schedule II controlled substances through the use of state-issued triplicate prescription blanks. The unit receives a copy of the prescriptions dispensed by California pharmacies. The prescriptions are reviewed and analyzed for compliance with state laws, and to detect possible diversion of pharmaceutical drugs to illicit markets. In addition, BNE has an informal relationship with the California Department of Consumer Affairs (DOCA) in which DOCA sends a tape to BNE monthly of all pharmacies licensed in California. Also, on an informal basis, BNE provides the DOCA's Board of Pharmacy with a pharmacy compliance report that lists the pharmacies that filled out, and did not fill out, triplicate prescriptions during the month; and BNE provides the DOCA's Medical Board with a monthly exception report of doctors who prescribed certain medications.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

PROGRAM TEN (BNE)
Money Laundering Program

Problem: Under federal and state laws, drug dealers' profits from their criminal activity are subject to seizure. As a result, drug dealers attempt to "launder" illegal cash proceeds--i.e., disguise the fact that the cash was obtained from criminal activity--through financial institutions.

Goal: The goal of the program is to reduce the flow to financial institutions of illegal cash proceeds from narcotic trafficking.

Estimated Expenditures: Program funding in FY 1990-91 was in the amount of \$688,000 (Asset Forfeiture Fund). The targeted service recipients are state and local law enforcement agencies and--secondarily--those who attempt to launder funds through financial institutions.

Strategies:

1. Prevention: (Not Applicable)

2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: The Money Laundering Program was transferred to the Bureau of Narcotic Enforcement in 1989. The program is responsible for collecting, analyzing, and disseminating information under the money-laundering statutes of the California Penal Code (which became effective January 1, 1987). The program performs an ongoing analytical function directed at identifying potential violators of the statutes, developing investigative packages, and referring them to appropriate criminal justice agencies. The program also maintains an intelligence file of financial information for state and local law enforcement agencies involved in money-laundering investigations.

4. Evaluation and Research: (Not Applicable)

5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

JUSTICE, DEPARTMENT OF/(DOJ)
CRIME PREVENTION CENTER

PROGRAM ONE
Alcohol and Other Drug Abuse Prevention

Problem: Efforts directed at preventing further spread of the alcohol and other drug problem need to be comprehensive and include as many significant segments of society as possible--the mass media, private industry, religions and voluntary organizations, schools, health care providers, and law enforcement and regulatory agencies.

Goal: The goals of the Alcohol and Other Drug Abuse Prevention Program are:

1. To provide state leadership and influence public policy in favor of prevention of alcohol and other drug abuse among youth;
2. Promote public awareness of the alcohol and other drugs problem and what can be done about it; and,
3. Encourage community involvement in collaborative planning efforts to prevent youth alcohol and other drug abuse.

Estimated Expenditures: In Fiscal Year 1990-91, the Crime Prevention Center devoted \$320,000 of its total state budget to the Alcohol and Other Drug Abuse Prevention Program, which targets county drug and alcohol program administrators, law enforcement officials, educators, parents, youth, media, religious organizations, youth-serving organizations, statewide associations, and organizations/affiliations specializing in prevention activities.

Strategies:

1. Prevention: (See Planning and Public Policy)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: The Crime Prevention Center conducts research relevant to reviewing and developing legislative proposals focusing on prevention. It also sponsors the Biennial Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, and 11, which provides a statewide data and research base on student drug use and trends. Three surveys have been conducted: 1985-86, 1987-88, and 1989-90. Preliminary preparation has commenced for the 1991-92 survey.

A new survey of drug use among high school drop-outs has been approved and is currently being developed to provide new research and data in the field. The survey is jointly sponsored by the Crime Prevention Center, the Department of Alcohol and Drug Programs, and the Department of Education, and will be conducted during FY 1991-92.

The "Challenge Drug Free Zones" seminars are currently being evaluated to determine the quality and usefulness of the information presented, to assess the impact on local program implementation, and to identify additional training or technical assistance needs of local communities. The evaluation report is due out in December 1991.

5. Planning and Public Policy: [The following narrative also pertains to Prevention Strategy.]

The Alcohol and Other Drug Abuse Prevention Program provides prevention training and technical assistance to government agencies, schools, and community organizations; assists school personnel and other interested

individuals in selecting and implementing effective curricula; provides detailed information on the most commonly used drugs, signs and symptoms of drug use, and available resources; conducts a biennial survey of student drug use to provide research data; and provides guidelines for community prevention teams to develop prevention plans and mobilize community action.

Challenge Drug Free Zone Seminars. In the fall of 1990, the California Attorney General's Office conducted two Challenge Drug Free Zones seminars to inform communities on what is being done around the nation to combat drug trafficking and alcohol availability problems and to mobilize multidisciplinary community teams to develop their own drug-free zone models. Nearly 400 people attended the regional seminars.

The Attorney General's Office also produced the video "Drug Free Zones...Taking Action", which empowers communities to take action in reducing alcohol and other drug abuse-related problems in targeted areas, such as schools, parks, housing developments, and local neighborhoods. The video, hosted by award winning actor Edward James Olmos, shows how concerned citizens from across the nation have used effective strategies and bonded together to achieve successful drug-free zones. An accompanying guide was produced to give communities more technical assistance on how to develop their own action plan. The video and booklet is currently being distributed throughout California.

The Alcohol and Other Drug Abuse Prevention program continues to provide current information, resources, and technical assistance to community teams who have participated in the Challenge seminars and to any concerned individuals.

The program also provides alcohol and drug prevention publications and media sources (including public service announcements and educational video tapes); participates on state-and federal-level advisory groups, councils, and task forces, and maintains a close working relationship with other state agencies and statewide organizations.

Annually, the Department supports the Red Ribbon Week campaign by producing and distributing public service announcements that promotes the "drug free and proud" message. This is a cooperative effort with Californians for Drug Free Youth.

PROGRAM TWO (DOJ) School/Law Enforcement Partnership

Problem: School crime, vandalism, truancy, and excessive absenteeism are significant problems on far too many school campuses in the State.

Goal: The goal of the School/Law Enforcement Partnership Program is to encourage school and law enforcement agencies to develop and implement interagency partnerships, programs, strategies, and activities which promote safe schools, improve school attendance, and encourage good citizenship.

The School/Law Enforcement Partnership Program is jointly administered by the California Department of Justice and the Department of Education. This partnership was formally established by Chapter 1457, Statutes 1985.

Estimated Expenditures: Funding for the School/Law Enforcement Partnership is provided through the California Department of Education using State General Fund money (\$175,000 operating costs and \$650,000 local assistance). DOJ provides two full-time staff members and CDE provides one full-time staff member to help support the program. Targeted Service recipients are schools, law enforcement agencies, school districts, juvenile probation departments, county offices of education, juvenile court schools/detention facilities, and youth-serving agencies.

Strategies:

1. Prevention: (See Planning and Public Policy)
2. Treatment and Recovery: (Not Applicable)

3. Enforcement and Intervention: (See Planning and Public Policy)
4. Evaluation and Research: The activities of the Partnerships are evaluated annually by an independent evaluator. Program staff conduct research as necessary to develop the most state-of-the-art materials, and review and analyze appropriate legislation.
5. Planning and Public Policy: [The following narrative pertains to the Prevention and Enforcement and Intervention Strategies.]

To achieve the Partnership's goal, a cadre of professionals has been trained to provide technical assistance and resource materials to schools, law enforcement organizations, and other youth-serving agencies. The Partnership engages in the following types of activities:

Each year the Partnership sponsors two regional, one-day conferences to address a variety of issues pertaining to school safety. California school personnel, law enforcement personnel, and other interested parties are encouraged to attend. The conferences focus largely on current exemplary methods of combatting alcohol and other drug use, truancy, gangs, and many other relevant school safety topics.

Cadre members consisting largely of professionals from the fields of education and law enforcement are trained through the Partnership program to: (1) develop interagency partnerships between schools, law enforcement agencies, and other government or community agencies; (2) assist new and existing partnerships in establishing programs to support safe campuses; and (3) serve as consultants in their particular areas of expertise to these partnerships.

The School Law Enforcement Partnership provides 100 individual schools a \$5,000 matching grant for implementation of school safety plans.

In 1990, the program produced the video "Safe Schools" and an accompanying guide to assist schools in creating a safe environment to make learning possible. The video is hosted by actor Pat Morita. Distribution of both the video and guide will take place in fall of 1991.

Other publications and media products are also developed to assist local school and law enforcement personnel to establish safe schools and create strong partnerships.

STATE AGENCY/SUB-UNIT:

**JUSTICE, DEPARTMENT OF(DOJ)
SPECIAL PROSECUTIONS UNIT**

Problem: Impacting organized criminal groups and cross-jurisdictional activity through criminal or civil prosecution, and related activity, is often more economically and effectively accomplished by or in conjunction with a state-level prosecutor.

Goal: To investigate and prosecute organized crime cases involving drug trafficking, manage the Asset Forfeiture Program, and provide assistance in the development of legislation and training involving new programs.

Estimated Expenditures: In FY 1990-91 funding for this program totalled \$2.7 million (state). Alcohol- and other drug-related cases were not identified separately.

Targeted service recipients are state and local law enforcement agencies and--secondarily--persons involved in organized crime activities in California. (Only a minority of the unit's cases are drug-related.)

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: The Attorney General's Special Prosecutions Unit was formed in 1979 to investigate and prosecute organized crime in California. In 1989, the SPU worked with BNE and various components of the Department of Justice to obtain passage of a state asset forfeiture law. A Deputy Attorney General was assigned to develop an Asset Forfeiture Program. In 1989, the program's primary effort was directed toward training law enforcement and prosecutors in the new asset forfeiture law. The unit was joined by BNE in sponsoring some of the training.

Also in 1989, the Electronic Surveillance Program was inaugurated, putting into operation legislation passed in 1988 permitting "wiretaps" in certain cases.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

**JUSTICE, DEPARTMENT OF/(DOJ)
WESTERN STATES INFORMATION NETWORK/(WSIN)**

Problem: Successful narcotic enforcement strategy recognizes the need for multi-jurisdictional intelligence-sharing systems to compete with drug traffickers who pay little, if any, attention to national or state political boundaries.

Goal: To provide the exchange of narcotic information and intelligence on individuals and organizations involved in or associated with major illicit narcotics trafficking among the various member drug enforcement agencies.

Estimated Expenditures: During FY 1990-91, WSIN's total budget was \$2.4 million (federal) for 5 Western states. Targeted service recipients are approximately 760 WSIN member drug enforcement agencies (425 in California and 335 in the states of Alaska, Hawaii, Oregon, and Washington) interested in drug traffickers operating in or impacting those states.

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: WSIN is a federally funded grant project that responds to the intelligence needs of the drug enforcement community in five Western states: Alaska, California, Hawaii, Oregon, and Washington. WSIN provides a central repository of information on narcotic traffickers and coordinates the flow of intelligence among the various jurisdictions. WSIN also disseminates information through publications and bulletins which provide information to narcotic enforcement agencies. Publications include:
 - An annual assessment of drug trafficking, which aids in predicting trends;
 - An annual drug price/purity report--aid to the courts in considering the "street value" of drugs when sentencing drug offenders;
 - A quarterly digest containing articles on wanted persons, unreliable operators, seizures, methods of concealment, abuse trends, matters of officer safety, information on smuggling activity, and case law and legislation; and
 - Various one-subject publications such as the "Marijuana Eradication Report" and "Clandestine Laboratory Seizure Report."

Other intelligence products available through WSIN include Telephone Toll Analysis, Link Analysis, and Event Flow Charts. These types of analyses aid investigators, prosecutors, courts, and juries by providing graphic displays of particular drug-trafficking networks and their activities.

WSIN also assists its member drug enforcement agencies by providing training at its Annual Conference, loaning specialized enforcement equipment, granting or advancing financial support to agencies that do not otherwise have the fiscal capability to further an investigation.

Membership in WSIN is open to federal, state, and local law enforcement agencies having drug enforcement responsibilities. Although DOJ is the host agency for WSIN, DOJ, too, is a member agency of WSIN. Member agencies are provided access to narcotic intelligence and other WSIN products.

4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

MOTOR VEHICLES, DEPARTMENT OF/(DMV)

Problem: Drivers under the influence of alcohol and other drugs continue to compromise traffic safety and the public health as a result of their elevated traffic accident risk.

Goal: To administer mandatory and discretionary driver's license actions targeting DUI offenders, and to evaluate the effectiveness of these and other sanctions designed to deter driving under the influence.

Estimated Expenditures: FY 1990-91 costs for the various department activities were \$9,123,106 from assessed fees, \$69,999 from an interagency agreement with the Department of Alcohol and Drug Programs, and \$2,417,796 from federal grants.

The targeted service recipients of these activities are approximately 20 million motor vehicle drivers, 25 million vehicle registration applicants, 1,500,000 teen-age drivers, and over 300,000 drivers arrested for DUI.

Strategies:

1. **Prevention:** Departmental prevention activities include the mailing of 56 million blood alcohol concentration (BAC) charts (showing BAC level by body weight by number of drinks by time) to all driver's license and registration renewal applicants (at a cost of \$224,500) and the distribution (via DMV field offices) of 50,000 leaflets targeting teen-age drivers entitled *Teen Driver Fast Facts Message Re: Alcohol and Driving* (at a cost of \$660).

2. **Treatment and Recovery:** (Not Applicable)

3. **Enforcement and Intervention:** The Department administers license disqualification actions upon receipt of "administrative per se" (APS) or implied consent (IC) program documents from law enforcement agencies and upon receipt of abstracts of conviction for DUI from the courts. The Department also restricts and applies other license control actions to DUI offenders. Discretionary license actions are taken in cases in which departmental investigation determines that a driver's ability to safely operate a motor vehicle is compromised by alcohol and other drug abuse.

The Department has also established alcohol and other drug testing for confidential employees. Under state regulations governing personnel administration, certain DMV employees categorized as "in sensitive positions" may be tested for alcohol and other drugs when there is reasonable suspicion that they are under the influence while at work or on standby. This coincides with the Department's "Drug-Free Workplace" statement issued in 1989. The Department also provides formalized employee assistance programs which include the treatment of alcohol and other drug abuse-related problems.

4. **Evaluation and Research:** The Department performs legislatively mandated and federally funded evaluation research in the area of DUI countermeasures. The purpose of this research is to provide empirical data to the Legislature on the state of the DUI system and to evaluate the effectiveness of countermeasures designed to reduce the incidence of driving under the influence. Current research projects in this area include:

- ***Evaluation of "Administrative Per Se" (APS).*** The Department is conducting a federally funded evaluation of APS to determine state compliance with federal requirements, collection of data on operational functioning, and the ultimate impact of APS in terms of traffic accidents and DUI recidivism;
- ***Monitoring the Effectiveness of Intervention Programs for Persons Convicted of Driving Under the Influence of Alcohol and Other Drugs.*** The Department is mandated under AB 757 (1821 V. C.) to establish and maintain data on the efficacy of intervention programs for persons convicted of driving under the influence of alcohol and other drugs. Reports must be submitted to the Legislature annually, beginning January 1, 1992;

- *Evaluation of the Effectiveness of Alcohol Treatment on Recidivism.* The Department is mandated under SB 1344 to conduct an evaluation of the effectiveness of first-offender, 18-month and 30-month alcohol education/treatment programs in reducing subsequent DUI recidivism. A final report is due to the legislature on January 1, 1995; and
 - *The Relationship Between Drug Arrest and Driving Record.* The Department is investigating the relationship between drug use (as indicated by arrests for drug offenses reported to the Department of Justice) and driving history (DMV record of accidents and convictions).
5. Planning and Public Policy: Departmental research efforts are designed to provide legislators and other policymakers with the empirical data necessary to make rational legislative and policy decisions with respect to DUI countermeasures and control. Evaluation results are intended to be integrated into an iterative process of DUI countermeasures planning, development, implementation, and evaluation.

STATE AGENCY/SUB-UNIT:

TEACHER CREDENTIALING, COMMISSION ON

Problem: Many K-12 students have some contact with alcohol and other drugs, and therefore, professional educators need to know something about the nature and effects of these substances; many professional educators have or develop alcohol or other drug problems when they enter or while they are in the education field.

Goal: Ensure that persons entering professional K-12 education possess a basic level of knowledge regarding alcohol and other drugs and that such persons are and remain fit to instruct or associate with school-age children.

Estimated Expenditures: The targeted service recipients are approximately 11,000 teachers annually, statewide, at an estimated cost of \$125,000 acquired from credentialing fees.

Strategies:

1. Prevention: Credentialing standards require applicants to take at least one course that will develop knowledge and appropriate attitudes on the use and misuse of substances including alcohol and other drugs.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Issuance or renewal of credentials may be denied, or suspension or revocation imposed for reasons that include conviction of an offense involving controlled substances.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

TRAFFIC SAFETY, CALIFORNIA OFFICE OF/(OTS)

PROGRAM ONE
Problem Solution Plan

Problem: Costs for staff time and expenses that support planning, development, coordination, monitoring, evaluating, and auditing activities of the Office of Traffic Safety Problem Solution Plan (PSP) require funding.

Goal: To provide planning, coordinating, monitoring, and auditing services to 402- and 408-funded projects and provide staff to the various Councils and Committees.

Estimated Expenditures:

\$291,258	(402)
<u>45,000</u>	(408)
\$336,258 Total	

Strategies:

1. Prevention: Provide staff time to participate on the Governor's Policy Council on Alcohol and Drug Abuse's (GPC) Research and Prevention Committees.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: Participate on the GPC Research Committee.
5. Planning and Public Policy: Activities required to support the projects within the 402 PSP, and provide support to the GPC and other committees. Plan, develop, and submit an application each year for 408 Incentive Grant funds to support alcohol and other drug traffic safety programs.

PROGRAM TWO (OTS)
DUI Enforcement/Education

Problem: In 1990, there were 41,372 alcohol-involved fatal and injury traffic collisions in California.

Goal: To reduce the high incidence of alcohol-involved traffic collisions through comprehensive enforcement and public education strategies.

Estimated Expenditures:

\$718,761 (402)

Strategies:

1. Prevention: Incorporate Drug Recognition Training (DRT), community DUI educational programs, and Public Information campaigns in all DUI enforcement programs.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: State and local enforcement programs will reduce the number and severity of alcohol-related collisions by increasing the number of DUI arrests, (e.g., DUI Teams, Sobriety Checkpoints, Designated Driver/Server Awareness Programs, and community educational programs).

4. Evaluation and Research: Evaluate all DUI enforcement/education programs.
5. Planning and Public Policy: (Not Applicable)

PROGRAM THREE (OTS)

DUI Systems Upgrade

Problem: Testing facilities in various DUI problem areas throughout the State require upgrade; some local agencies require testing equipment to keep up with caseloads.

Goal: To provide funding to purchase and install new breath alcohol instruments for an integrated, computerized system linking all breath alcohol analysis instruments at all test sites, via telephone modems, to a central laboratory in one county.

Estimated Expenditures: \$230,752 (402)

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: State-of-the-art equipment is needed to ensure effective and swift toxicologic breath/blood sample analyses of DUI offenders.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (OTS)

DUI Offender Countermeasures

Problem: There is insufficient data on the impact that programs focused on alcohol intervention/education have on multiple DUI offenders who are incarcerated in a minimum security facility.

Goal: To determine whether education/rehabilitation and skills-building reduce recidivism in the multiple DUI offender.

Estimated Expenditures:
\$145,286 (402)

Strategies:

1. Prevention: Provide alcohol education and skills development to men and women incarcerated for multiple DUI offenses.
2. Treatment and Recovery: Provide presentations on the physical and medical aspects of alcohol and other drugs, pharmacology, legal ramifications, and sobriety and relapse by utilizing community resources such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
3. Enforcement and Intervention: This is an alcohol problem intervention program for multiple DUI offenders in a minimum security facility.
4. Evaluation and Research: Assess a county alcohol and other drug problem intervention program for incarcerated multiple DUI offenders to determine the program's impact on reducing DUI recidivism.

5. Planning and Public Policy: (Not Applicable)

PROGRAM FIVE (OTS)
DUI Public Awareness/Enforcement

Problem: There is a high incidence of Hispanics and young people involved in alcohol-related arrests and fatal-injury collisions.

Goal: To provide funding for the development and implementation of a statewide educational Spanish-speaking campaign, and the "I'd Rather Drive" Campaign focused on young people's awareness of specific new laws and the dangers of DUI.

Estimated Expenditures:

\$550,213 (402)

Strategies:

1. Prevention: Will increase the awareness about levels of alcohol and other drug impairment and traffic safety laws among the youthful and Hispanic populations.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy (Not Applicable)

PROGRAM SIX (OTS)
Prevention/Intervention

Problem: There is a need to confront the problem of DUI at the community level in a focused and comprehensive effort.

Goal: To provide resources for the establishment of local community programs that promote prevention/intervention of the drinking driver.

Estimated Expenditures:

\$602,391 (402)

Strategies:

1. Prevention: Provide resources to communities for alcohol and other drug use countermeasure programs such as designated driver, server training, court-based alcohol and other drug assessments, DUI offender intervention, specialized enforcement, and public information/education programs.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: Provide resources for the evaluation of community DUI intervention programs.
5. Planning and Public Policy: (Not Applicable)

PROGRAM SEVEN (OTS)
Young Drivers and Alcohol and Other Drugs

Problem: There is a need to provide a conduit for the dissemination of both materials and support for various youth and alcohol and other drug activities statewide.

Goal: To develop youth and alcohol awareness programs and conferences.

Estimated Expenditures: \$905,646 (402)

Strategies:

1. Prevention: This program identifies and promotes prevention approaches showing promise as replicable models for DUI prevention in high-risk youth. It also promotes parental involvement, school involvement, and peer participation.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM EIGHT (OTS)
DUI Alcohol and Other Drug Problem Assessment and Countermeasure Demonstration Project

Problem: Assessment of alcohol- and other drug-related problems for DUI defendants is needed to assist the judiciary in more appropriate and individualized sentencing by identifying the chemically dependent violators.

Goal: To conduct and evaluate two court-based alcohol and other drug abuse assessment and intervention programs.

Estimated Expenditures:

\$340,752 (402)

Strategies:

1. Prevention: Prevent DUI recidivism by assessing the problem drinker or alcoholic and refer to the appropriate alcohol and other drug treatment program.
2. Treatment and Recovery: Offenders must attend court-ordered treatment programs based on the pre- or post-sentence alcohol and other drug problem assessment.
3. Enforcement and Intervention: Assessment can be an intervention tool in breaking down denial of an alcohol and other drug problem.
4. Evaluation and Research: Programs will be evaluated upon completion.
5. Planning and Public Policy: (Not Applicable)

PROGRAM NINE (OTS)
Administrative Coordination

Problem: Opportunities arise which are of value in meeting the goals of the Alcohol/Drug unit (i.e., technology transfer workshops, educational conferences, workshops and training sessions).

Goal: To provide funding for specific individuals to attend selected alcohol-related conferences, workshops and training sessions.

Estimated Expenditures:

\$25,000 (402)

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Conferences, workshops, and training sessions are evaluated by attendees.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: Ideas for planning and policy can be extracted by participants of seminars, based on the expertise provided by California professionals.

PROGRAM TEN (OTS)
Expanded Drug Recognition Program

Problem: The Drug Recognition Program initiated by the Los Angeles Police Department is needed by all DUI enforcement entities to adequately identify the drug-impaired driver.

Goal: To expand the Drug Recognition Training Program both statewide and nationally.

Estimated Expenditures:

\$125,000 (402)

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Training and use of drug recognition experts (DREs) will increase arrests rates and reduce fatal and injury traffic collisions.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

PROGRAM ELEVEN (OTS)
Ignition Interlock

Problem: Convicted drunk drivers continue to drink and drive.

Goal: To conduct two follow-up studies of the original evaluation of the Ignition Interlock Pilot Program

to strengthen the findings of the first report.

Estimated Expenditures:

\$75,000 (402)

Strategies:

1. Prevention: California courts are authorized to require a DUI offender to have an ignition interlock device installed on his or her vehicle as a condition of probation. The vehicle will not start if the operator's alcohol blood level is measurable by the operator-blowing into a mouthpiece.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: Research and evaluate original DUI pilot program participants to determine recidivism results and the types of DUI offenders best suited to utilize the device as an effective countermeasure.
5. Planning and Public Policy: (Not Applicable)

PROGRAM TWELVE (OTS)
Specialized Enforcement Programs

Problem: DUI is a very complex problem that involves many approaches by various enforcement agencies.

Goal: To provide resources for specialized DUI enforcement programs that include training of DUI teams to identify drugs, public information and education programs, DUI checkpoints, and use and testing of new preliminary breath-testing (PBT) devices and video cameras.

Estimated Expenditures:

\$721,713 (402)

Strategies:

1. Prevention: These programs raise public awareness about the DUI problem.
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Will provide enforcement officers with enhanced skills and resources to better combat the DUI problem.
4. Evaluation and Research: Evaluate the effectiveness of new equipment.
5. Planning and Public Policy: (Not Applicable)

PROGRAM THIRTEEN (OTS)
Administrative License Suspension "Admin Per Se"

Problem: Funding is needed to plan and implement a statewide Administrative License Suspension Program, as authorized by SB 1623, Chapter 1460, Statutes of 1990.

Goal: To provide resources for program implementation.

Estimated Expenditures:

\$489,178 (408)

Strategies:

1. Prevention: Public awareness of this law will decrease driving under the influence (DUI).
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: California enforcement officers from approximately 500 law enforcement agencies will, upon the arrest of a drunk driver, physically take the driver's license and issue the driver an order of license suspension or revocation.
4. Evaluation and Research: Specific 408 Incentive Grant programs must be researched and evaluated each year to meet lengthy requalification criteria.
5. Planning and Public Policy: The Department of Motor Vehicles established policy for the Administrative License Suspension/Revocation program.

PROGRAM FOURTEEN (OTS)
Enforcement Training

Problem: The enactment of the "Admin Per Se" license suspension law necessitates the training of police officers who will actually take possession of the license and issue the temporary permit to drive.

Goal: To provide training to all police agencies in California.

Estimated Expenditures:

\$60,000 (408)

Strategies:

1. Prevention: (Not Applicable)
2. Treatment and Recovery: (Not Applicable)
3. Enforcement and Intervention: Training for peace officers will include an "Admin Per Se" training video, instructional package, instructions for completing new DMV forms, posters, and a CHP Allied Agency Information Bulletin. The training is needed to provide effective enforcement of the new law and appropriate intervention with the impaired driver.
4. Evaluation and Research: (Not Applicable)
5. Planning and Public Policy: (Not Applicable)

STATE AGENCY/SUB-UNIT:

YOUTH AUTHORITY, DEPARTMENT OF THE/(CYA)

PROGRAM ONE

Planning for Substance Abuse Programming

Problem: There is an absence of definitive policy direction or a comprehensive and unified plan for alcohol and other drug abuse programming within the Department.

Goal: To develop a unified, fully integrated alcohol and other drug abuse strategy and action plan that will provide overall direction for the Department's alcohol and other drug abuse prevention, treatment, aftercare, and enforcement efforts for wards and staff.

Estimated Expenditures:

\$5,000 state

Strategies:

1. **Prevention:** Develop target-dated activities designed to assist county juvenile justice agencies in prevention efforts.

2. **Treatment and Recovery:** Develop target-dated activities aimed at providing a full range of treatment services and relapse prevention services to YA wards.

3. **Enforcement and Intervention:** Develop target-dated activities to improve monitoring and apprehension efforts for alcohol and other drug abusers who return to criminal activities.

4. **Evaluation and Research:** Develop target-dated activities directing the YA Research Division to develop a research, monitoring, and evaluation plan specific to alcohol and other drug abuse prevention, education, treatment, and monitoring programs.

5. **Planning and Public Policy:** Establish an Alcohol and Drug Program Advisory Committee comprised of membership representing governmental and community-based organizations to advise the Director on matters and policies related to addiction issues.

PROGRAM TWO (CYA)
Office of Drug and Alcohol Programs

Problem: The lack of central administrative responsibility for departmental alcohol and other drug abuse programming.

Goal: To establish an Office of Alcohol and Drug Programs and appoint an Assistant Director to provide overall administrative oversight for planning, organizing, and directing the activities contained in the Department's Alcohol and Drug Program Plan.

Estimated Expenditures:

\$102,000 federal

Strategies:

1. **Prevention:** Identify and publicize model alcohol and drug abuse prevention programs aimed at juvenile offenders; participate in National Red Ribbon Week activities.

2. **Treatment and Recovery:** Review and revise the current Drug/Alcohol Classification instrument (SAP).

Prepare and submit a budget change proposal to fund a 60 bed, highly structured, short-term treatment program for juvenile wards utilizing a 12-step model within a military milieu. Intensive parole monitoring and recovery support services to follow the 4 month residential phase. Prepare a federal grant proposal to improve continuity of treatment services to YA parolees. Prepare and submit a budget change proposal to fund a two track "Drug and Alcohol Abuse Education and Awareness Program" for delivery to all YA staff and wards.

3. Enforcement and Intervention: (Not Applicable)
4. Evaluation and Research: Review and revise the Substance Abuse Profile (SAP) currently administered to all newly committed YA wards; prepare and distribute a review of the literature which summarizes the latest findings in prevention, education, and treatment options for alcohol and other drug dependent offenders.
5. Planning and Public Policy: Serve as ex-officio member and provide staffing support for the Alcohol and Drug Programs Advisory Committee.

PROGRAM THREE (CYA)
Watts Parole Office Project

- Problem:** Parolees released from institution-based Alcohol and Other Drug Abuse Treatment Programs are at great risk for relapse and subsequent return to custody, which contributes to institution crowding.
- Goal:** To provide intensive monitoring, drug testing, supervision, and recovery support services to YA parolees assigned to the Watts Parole Office.

Estimated Expenditures:

\$ 31,888	federal
<u>\$189,300</u>	state
<u>\$521,188</u>	Total

Strategies:

1. Prevention: Relapse prevention through frequent (three times weekly) urine testing and face-to-face contacts with the assigned parole agent during the first six months on parole.
2. Treatment and Recovery: Mandatory one-hour recovery group counseling sessions per week aimed at providing recovery support and relapse prevention; utilization of community-based treatment services (residential and outpatient).
3. Enforcement and Intervention: Network with state and local law enforcement at least monthly to share drug-trafficking and gang intelligence information; notification of local law enforcement officials prior to release of a "project" assigned parolee; monthly meeting with local law enforcement officials to review "project" parolees community adjustment and behavior.
4. Evaluation and Research: Collect process evaluation data on each "project" parolee.
5. Planning and Public Policy: (Not Applicable)

PROGRAM FOUR (CYA)
Institution-Based Alcohol and Other Drug Abuse Treatment Program

- Problem:** Approximately 85 percent of the wards entering the YA have been involved in the abuse of alcohol and other drugs prior to their commitment to the YA.
- Goal:** To reduce the number of youthful offenders returning to the abuse of alcohol and other drugs and

related criminal activity when released on parole.

Estimated Expenditures: F.Y. 1990-91 \$12.7 million (state) with targeted services for 2,200 youthful offenders, ages 13-25.

Strategies:

1. **Prevention:** Alcohol and other drug abuse prevention materials (posters, booklets) are distributed to each institution and made available to the general ward population.
2. **Treatment and Recovery:** 1,600 institution beds are devoted solely to alcohol and other drug abuse treatment with program duration ranging from 6-12 months; 60 hours of alcohol and other drug classroom-based curriculum, including AIDS awareness training; minimum 120 hours of individual and group recovery counseling; and self-help groups (AA, NA, CA).
3. **Enforcement and Intervention:** (Not Applicable)
4. **Evaluation and Research:** Collect and compile process evaluation and bed-savings data.
5. **Planning and Public Policy:** An institution and camps representative who is directly involved in alcohol and other drug treatment is a member of the Alcohol and Drug Program Advisory Committee.

PROGRAM FIVE (CYA)
Parole-Based Short-Term Residential Drug Treatment Program

Problem: Alcohol and other drug abuse relapse among parolees leads to technical parole violations and contributes to crowded conditions in YA institutions.

Goal: To provide short-term (90-day) "in-lieu" of revocation residential drug treatment programs.

Estimated Expenditures: FY 1990-91 \$2.4 million (state) targeted for two programs (104 beds) which provided services for approximately 400 parolees per year.

Strategies:

1. **Prevention:** Early intervention in lapsing or relapsing behavior prevents return to pre-treatment levels of alcohol and other drug abuse.
2. **Treatment and Recovery:** 28-day classroom based Recovery Dynamics, 12-step curriculum is presented to teach and reinforce chemical abuse recovery skills; participation in self-help groups (AA, NA); community service-based work program; and 30-day reentry phase focusing on reinforcing commitment to recovery.
3. **Enforcement and Intervention:** Through the urine-testing program and early treatment intervention to confront lapsing behavior, return to pre-treatment levels of abuse is prevented.
4. **Evaluation and Research:** Collection of process evaluation data on program participants for later compilation and analysis.
5. **Planning and Public Policy:** (Not Applicable)

APPENDIX C

F Y 1 9 9 0 - 9 1 S T A T E A G E N C Y R E S O U R C E S

State Funding Profiles
Fiscal Year 1990-91
By Agency, Strategy, and Funding Source
(Dollars rounded to nearest thousand)

State Agency	Fed.	Prevention			Treatment/Recovery			Enforcement/Intervention		
		State	Other	Fed.	State	Other	Fed.	State	Other	
<i>Health Service System</i>										
ADP	41,339	14,136	14,438 ^a	92,014	60,454	22,633 ^a				
DDS		b	b							
DHS	2,770 ^c	16,100 ^c								
DMH	275	700								
<i>Social Service System</i>										
CDA										
DOC										
CCC										
CMSI										
DPA										
DOT				2,020	560	40				
DSS										
<i>Education Service System</i>										
CDE										
POST										
UC		Unavail.								
<i>Criminal Justice Service System</i>										
ABC	213									
CHP		746					395	14,234		j
CNG							18,200			
BORN										
BEVM										
BP										
BPM										
BDE										
MB						777				
CDC		569								
OCJP										
DOJ							12,631 ⁱ	26,727 ⁱ		688
DMV										
CTC										
OTS		1,456								416
CYA										
Total	\$44,597	\$32,251	\$15,894	\$94,034	\$61,014	\$23,450	\$31,226	\$40,961	\$1,104	
Total by Strategy:	\$92,742			\$178,498			\$73,291			

Note: Funding amounts may include duplicative reporting due to multi-agency projects or funding through contracts.

State Funding Profiles
Fiscal Year 1990-91
By Agency, Strategy, and Funding Source
(Dollars rounded to nearest thousand)

Evaluation/Research			Planning/Public Policy			Multiple Strategies			Agency Total
Fed.	State	Other	Fed.	State	Other	Fed.	State	Other	
<i>Health Service System</i>									
	4,418	448	21	39,600 ^a	4,444 ^a	1,169 ^a		\$295,114	
				68				68	
1,500	652							21,022	
				446,300				447,275 ^d	
<i>Social Service System</i>									
						Unavail.	Unavail.	Unavail.	Unavail.
		Unavail.							Unavail.
			192	759				951	
				30				30	
				2,000				2,000 ^f	
								2.620 ^g	
								5,182	
<i>Education Service System</i>									
				35,000	36,000 ^h			71,000	
							1,066	1,066	
		925	Unavail.	Unavail.	1,600			2,525 ^f	
<i>Criminal Justice Service System</i>									
					Unavail. ⁱ			213	
					308			15,683	
			93	6				18,299	
					748			748	
						Unavail.	Unavail.		
				60				60	
					22			22	
					109			109	
								777	
			230	58,373				59,172 ^k	
			46,331	30,785	489			77,605 ^f	
				1,145				41,191	
			2,417	9,193				11,610	
					125			125	
					3,454			5,326	
			434	15,294				15,728 ^m	
\$ 1,500	\$652	\$0	\$ 4,418	\$ 448	\$ 946	\$125,245	\$607,947	\$9,834	\$1,095,521
	\$2,152			\$5,812			\$743,026		

Note: Funding amounts may include duplicative reporting due to multi-agency projects or funding through contracts.

FOOTNOTES

OTHER FUNDS includes the following funding sources: county funds, drinking driver program participant fees, client fees, Children's Trust Fund, and license and credential fees.

UNAVAILABLE indicates that alcohol- and other drug-related activities were supported by the department but a breakout of funding for these activities was unavailable.

- a Department of Alcohol and Drug Programs: The \$22,633,000 shown for Treatment/Recovery Strategy includes \$1,144,000 fees charged in support of licensing of Drinking Driver Programs, \$132,694 of county-generated funds and \$7,080,944 medical reimbursements. Multiple Strategy includes \$5,761,902 (federal), \$3,968,512 (state), and \$484,380 (other) which supports general activities within the Department. The \$14,438 in Prevention (other) represents county-generated funds.
- b Department of Developmental Services: Specific alcohol and other drug costs could not be separately identified.
- c Department of Health Services: \$600,000 of the federal funds identified and the entire state amount are the total education and prevention budget which deals with all high-risk behavior related to AIDS. Alcohol and other drug costs could not be separately identified.
- d Department of Mental Health: The following amounts represent total program costs of which alcohol- and other drug-related activities are a small portion; Prevention, state \$700,000 and federal \$275,000. The \$446.3 million state multiple strategy funds is the balance of DMH's total budget. Alcohol and other drug services could not be readily separated from the department's overall budget.
- e Department of Commerce: Alcohol and other drug services could not be readily separated from the department's overall budget.
- f Represents total program costs of which alcohol- and other drug-related activities are a small portion.
- g Department of Rehabilitation: The department does not provide direct alcohol or other drug services. It provides vocational rehabilitation services to qualified participants in programs that provide alcohol treatment/management services.
- h State Department of Education: Almost all of the \$36,000,000 is for Tobacco Use Prevention Education. A small portion, through the DATE application, is related to alcohol and other drug activities.
- i Alcoholic Beverage Control: CHP/ABC Pilot Project, EAP, and IMPACT projects are funded through the general fund appropriation. There is no budget line item for these projects.
- j California Highway Patrol: Since 1987, the Drug Canine Program has been responsible for the following: \$1,254,000 in recovered drugs and \$614,000 in seized assets.
- k California Department of Corrections: Additional prevention, treatment, and intervention activities exist for which funding could not be identified. The Civil Addict Program includes in prison program services provided by sworn staff. Additional programs were identified within the multiple strategy for which alcohol and drug funding could not be specifically identified.
- l Department of Justice: Includes \$10.6 million (\$2.5 million federal and \$8.1 million state) of the Bureau of Narcotics Enforcement budget. Alcohol and other Drug costs could not be separately identified.
- m California Youth Authority: Includes custodial care as well as alcohol and other drug program costs for youthful offenders who have been identified as abusers.

APPENDIX D

HEALTH AND SAFETY CODE

DIVISION 10.6

HEALTH AND SAFETY CODE

Division 10.6 and Amendments To Section 11751.4

Drug and Alcohol Abuse Master Plans

11751.4 Legislative intent; meetings of state advisory boards and local advisory bodies

- (a) It is the intent of the Legislature to assure the integrity and separate identity of state alcohol and drug programs.
- (b) The Legislature recognizes, however, that state alcohol and drug programs have many areas of common concern. Therefore, the State Advisory Board on Alcohol-Related Problems, as created pursuant to Section 11780, and the State Advisory Board on Drug Programs, as created pursuant to Section 11862, shall meet jointly at least twice each calendar year. Furthermore, if a county has established separate advisory bodies for alcohol and drug issues, these local advisory bodies also shall meet jointly on a regular basis and at least two times per year.

Division 10.6

Chapter 1. Long-Range Goals

11998. Advisory goals; implementation

This chapter sets forth the long-range goals of a five-year master plan to eliminate drug and alcohol abuse in California. The goals of this chapter are advisory, but it is the intent of the Legislature that the goals will be addressed to the extent possible by each county and by state government. These advisory goals do not amend existing law. Implementation of the goals of the master plan, after the state plan has been developed and issued, shall be subject to the budget review process.

11998.1 Legislative Intent; long-term five-year goals

It is the intent of the Legislature that the following long-term five-year goals be achieved:

- (a) With regard to education and prevention of drug and alcohol abuse programs, the following goals:
- (1) Drug and alcohol abuse education has been included within the mandatory curriculum in kindergarten and grades 1 to 12, inclusive, in every public school in California.
 - (2) Basic training on how to recognize, and understand what to do about, drug and alcohol abuse has been provided to administrators and all teachers of kindergarten and grades 1 to 12, inclusive.
 - (3) All school counselors and school nurses have received comprehensive drug and alcohol abuse training.
 - (4) Each public school district with kindergarten and grades 1 to 12, inclusive, has appointed a drug and alcohol abuse advisory team of school administrators, teachers, counselors, students, parents, community representatives, and health care professionals, all of whom have expertise in drug and alcohol abuse prevention. The team coordinates with and receives consultation from the county alcohol and drug program administrators.
 - (5) Every school board member has received basic drug and alcohol abuse information.
 - (6) Each school district has a drug and alcohol abuse specialist to assist the individual schools.
 - (7) Each school in grades 7 to 12, inclusive, has student peer group drug and alcohol abuse programs.
 - (8) Every school district with kindergarten and grades 1 to 12, inclusive, has updated written drug and alcohol abuse policies and procedures including disciplinary procedures which will be given to every school employee, every student, and every parent.
 - (9) The California State University and the University of California have evaluated and, if feasible, established educational programs and degrees in the area of drug and alcohol abuse.
 - (10) Every school district with kindergarten and grades 1 to 12, inclusive, has an established parent teachers group with drug and alcohol abuse prevention goals.
 - (11) Every school district has instituted a drug and alcohol abuse education program for parents.
 - (12) Drug and alcohol abuse training has been imposed as a condition for teacher credentialing and license renewal, and knowledge on the issue is measured on the California Basic Education Skills Test.
 - (13) Drug and alcohol abuse knowledge has been established as a component on standardized competency tests as a requirement for graduation.
 - (14) Every school district has established a parent support group.

- (15) Every school district has instituted policies which address the special needs of children who have been rehabilitated for drug or alcohol abuse problems and who are reentering school. These policies shall consider the loss of schooltime, the loss of academic credits, and the sociological problems associated with drug and alcohol abuse, its rehabilitation, and the educational delay it causes.
 - (16) The number of drug and alcohol abuse related incidents on school ground has decreased by 20 percent.
- (b) With regard to community programs, the following goals:
- (1) Every community-based social service organization that receives state and local financial assistance has drug and alcohol abuse information available for clients.
 - (2) All neighborhood watch, business watch, and community conflict resolution programs have included drug and alcohol abuse prevention efforts.
 - (3) All community-based programs that serve school-aged children have staff trained in drug and alcohol abuse and give a clear, drug- and alcohol-free message.
- (c) With regard to drug and alcohol abuse programs of the media, the following goals:
- (1) The state has established a comprehensive media campaign that involves all facets of the drug and alcohol abuse problem, including treatment, education, prevention, and intervention that will result in increasing the public's knowledge and awareness of the detrimental effects of alcohol and drug use, reducing the use of alcohol and drugs, and increasing healthy lifestyle choices.
 - (2) The department on a statewide basis, and the county board of supervisors or its designees at the local level, have:
 - (A) Assisted the entertainment industry in identifying ways to effectively use the entertainment industry to encourage lifestyles free of substance abuse.
 - (B) Assisted the manufacturers of drug and alcohol products in identifying ways to effectively use product advertising to discourage substance abuse.
 - (C) Assisted television stations in identifying ways to effectively use television programming to encourage lifestyles free of substance abuse.
 - (3) A statewide cooperative fundraising program with recording artists and the entertainment industry has been encouraged to fund drug and alcohol abuse prevention efforts in the state.
- (d) With regard to drug and alcohol abuse health care programs, the following goals:
- (1) The number of drug and alcohol abuse-related medical emergencies has decreased by 4 percent per year.

- (2) All general acute care hospitals and AIDS medical service providers have provided information to their patients on drug and alcohol abuse.
 - (3) The Medical Board of California, the Psychology Examining Committee, the Board of Registered Nursing, and the Board of Behavioral Science Examiners have developed and implemented the guidelines or regulations requiring drug and alcohol abuse training for their licensees, and have developed methods of providing training for those professionals.
- (e) With regard to private sector drug and alcohol abuse programs, the following goals:
- (1) A significant percentage of businesses in the private sector have developed personnel policies that discourage drug and alcohol abuse and encourage supervision, training, and employee education.
 - (2) Noteworthy and publicly recognized figures and private industry have been encouraged to sponsor fundraising events for drug and alcohol abuse prevention.
 - (3) Every public or private athletic team has been encouraged to establish policies forbidding drug and alcohol abuse.
 - (4) The private sector has established personnel policies that discourage drug and alcohol abuse but encourage treatment for those employees who require this assistance.
- (f) With regard to local government drug and alcohol abuse programs, the following goals:
- (1) Every county has a five-year Master plan to eliminate drug and alcohol abuse developed jointly by the county-designated alcohol and drug program administrators, reviewed jointly by the advisory boards set forth in paragraph (2), and approved by the board of supervisors. For those counties in which the alcohol and drug programs are jointly administered, the administrator shall develop the five-year master plan. To the degree possible, all existing local plans relating to drug or alcohol abuse shall be incorporated into the master plan.
 - (2) Every county has an advisory board on alcohol problems and an advisory board on drug programs. The membership of these advisory boards is representative of the county's population and is geographically balanced. To the maximum extent possible the county advisory board on alcohol problems and the county advisory board on drug programs will have representatives of the following:
 - (A) Law enforcement.
 - (B) Education.
 - (C) The treatment and recovery community, including a representative with expertise in AIDS treatment services.
 - (D) Judiciary.
 - (E) Students.
 - (F) Parents.
 - (G) Private industry.
 - (H) Other community organizations involved in drug and alcohol services.
 - (I) A representative of organized labor responsible for the provision of Employee Assistance Program services.

If any of these areas are not represented on the advisory bodies, the administrator designated in paragraph (1) shall solicit input from a representative of the nonrepresented area prior to the development of a master plan pursuant to paragraph (1).

- (3) Every county public social service agency has established policies that discourage drug and alcohol abuse and encourage treatment and recovery services when necessary.
 - (4) Every local unit of government has an employee assistance program that addresses drug and alcohol abuse problems.
 - (5) Every local unit of government has considered the potential for drug and alcohol abuse problems when developing zoning ordinances and issuing conditional use permits.
 - (6) Every county master plan includes treatment and recovery services.
 - (6.5) Every county master plan includes specialized provisions to ensure optimum alcohol and drug abuse service delivery for handicapped and disabled persons.
 - (7) Every local unit of government has been encouraged to establish an employee assistance program that includes the treatment of drug and alcohol abuse-related programs.
 - (8) Every local governmental social service provider has established a referral system under which clients with drug and alcohol abuse problems can be referred for treatment.
 - (9) Every county drug and alcohol abuse treatment or recovery program which serves women gives priority for services to pregnant women.
 - (10) Every alcohol and drug abuse program provides acquired immune deficiency syndrome (AIDS) information to all program participants.
- (g) With regard to state and federal government drug and alcohol abuse programs, the following goals:
- (1) The Department of Alcoholic Beverage Control has informed all alcohol retailers of the laws governing liquor sales and has provided training available to all personnel selling alcoholic beverages, on identifying and handling minors attempting to purchase alcohol.
 - (2) The Office of Criminal Justice Planning has required all applicants for crime prevention and juvenile justice and delinquency prevention funds to include drug and alcohol abuse prevention efforts in their programs.
 - (3) All county applications for direct or indirect drug and alcohol services funding from the department include a prevention component.
 - (4) The Superintendent of Public Instruction has employed drug and alcohol abuse school prevention specialists and assisted local school districts with the implementation of prevention programs.
 - (5) The State Department of Mental Health has staff trained in drug and alcohol abuse prevention who can assist local mental health programs with prevention efforts.

- (6) The Department of the California Highway Patrol, as permitted by the United States Constitution, has established routine statewide sobriety checkpoints for driving while under the influence.
 - (7) The Department of Corrections and the Department of the Youth Authority have provided drug and alcohol abuse education and prevention services for all inmates, wards, and parolees. Both departments have provided drug and alcohol abuse treatment services for any inmate, ward, or parolee determined to be in need of these services, or who personally requests these services.
 - (8) The Department of Motor Vehicles has distributed prevention materials with each driver's license or certificate of renewal and each vehicle registration renewal mailed by the Department of Motor Vehicles.
 - (9) Federal prevention programs have been encouraged to follow the master plan.
 - (10) State licensing and program regulations for drug and alcohol abuse treatment programs have been consolidated and administered by one state agency.
 - (11) State treatment funding priorities have been included to specially recognize the multiple diagnosed client who would be eligible for services from more than one state agency.
 - (12) Every state agency has formalized employee assistance programs that include the treatment of drug and alcohol abuse-related problems.
 - (13) The state master plan includes specialized provisions to ensure optimum drug and alcohol abuse service delivery for handicapped and disabled persons.
 - (14) The Department of Commerce, in coordination with private industry, encourages the creation of employee alcohol and drug abuse prevention programs in the workplace or provides information to employees on treatment or recovery programs that are available to them.
- (h) With regard to private sector direct service providers, the following goals:
- (1) Drinking drivers programs have provided clear measurements of successful completion of the program to the courts for each court-ordered client.
 - (2) Sufficient drug and alcohol treatment and recovery services exist throughout the state to meet all clients' immediate and long-range needs.
 - (3) Each county to the extent possible provides localized alcohol and drug treatment and recovery services designed for individuals seeking assistance for polydrug abuse.
 - (4) Adequate nonresidential and residential services are available statewide for juveniles in need of alcohol or drug abuse services.
 - (5) Each provider of alcohol or drug services has been certified by the state.

- (6) Drug and alcohol abuse treatment providers provide general acquired immune deficiency syndrome (AIDS) information during treatment.
- (i) With regard to supply regulation and reduction in conjunction with drug and alcohol abuse, the following goals:
- (1) The California National Guard supports federal, state, and local drug enforcement agencies in counternarcotic operations as permitted by applicable laws and regulations.
 - (2) Each county has a drug and alcohol abuse enforcement team, designated by the board of supervisors. This team includes all components of the criminal justice system. This team shall be responsible to the board of supervisors, shall coordinate with the drug and alcohol abuse advisory board and the county on all criminal justice matters relating to drug and alcohol abuse, and shall coordinate, and actively participate, with the county alcohol and drug program administrators throughout the development and implementation of the five-year master plan.
 - (3) The Office of Criminal Justice Planning, the Youth and Adult Correctional Agency, the Department of the California Highway Patrol, the Office of Traffic Safety, and the Department of Justice have established a state level drug and alcohol abuse enforcement team that includes representatives from all facets of criminal justice. The lead agency for the enforcement team has been designated by the Governor. This team advises the state and assists the local teams.
 - (4) The Office of Criminal Justice Planning, the Youth and Adult Correctional Agency, and the Department of Justice have, as a priority when determining training subjects, prevention seminars on drug and alcohol abuse. The Commission on Peace Officer Standards and Training has, as a priority when determining training subjects, drug and alcohol enforcement.
 - (5) The Department of the California Highway Patrol, as permitted by the United States Constitution, will in conjunction with establishing sobriety checkpoints statewide, assist local law enforcement agencies with the establishment of local programs.
 - (6) Counties with more than 10 superior court judgeships have established programs under which drug cases receive swift prosecution by well-trained prosecutors before judges who are experienced in the handling of drug cases.
 - (7) The courts, when determining bail eligibility and the amount of bail for persons suspected of a crime involving a controlled substance, shall consider the quantity of the substance involved when measuring the danger to society if the suspect is released.
 - (8) Drunk driving jails have been established that provide offender education and treatment during incarceration.
 - (9) All probation and parole officers have received drug and alcohol abuse training, including particular training on drug recognition.
 - (10) All parolees and persons on probation with a criminal history that involves drug or alcohol abuse have conditions of parole or probation that prohibit drug and alcohol abuse.

- (11) The Judicial Council has provided training on drug and alcohol abuse for the judges.
- (12) The courts, when sentencing offenders convicted of selling drugs, consider "street value" of the drugs involved in the underlying crime.
- (13) Judges have been encouraged to include drug and alcohol abuse treatment and prevention services in sentences for all offenders. Judges are requiring, as a condition of sentencing, drug and alcohol abuse education and treatment services for all persons convicted of driving under the influence of alcohol or drugs.
- (14) Juvenile halls and jails provide clients with information on drug and alcohol abuse.
- (15) The estimated number of clandestine labs operating in California has decreased by 10 percent per year.
- (16) Each local law enforcement agency has developed, with the schools, protocol on responding to school drug and alcohol abuse problems.
- (17) Every county has instituted a mandatory driving while under the influence presentence offender evaluation program.

11998.2 County drug and alcohol abuse master plans; preparation and adoption; quantitative outcome objectives; review; duties of state officers and agencies; department defined

- (a) "Department," as used in this division, means the State Department of Alcohol and Drug Programs.
- (b) The board of supervisors of each county is encouraged to prepare and adopt a county drug and alcohol abuse master plan, pursuant to paragraph (1) of subdivision (f) of Section 11998.1, that address as many of the long-range goals set forth in Section 11998.1 as possible. It is the intent of the Legislature that every county master plan include quantitative outcome objectives that, at a minimum, measure progress in the areas of prevention, education, enforcement, and treatment. It is the intent of the Legislature that these objectives include measurements of:
 - (1) The reduction of arrests for driving under the influence of drugs or alcohol, or both.
 - (2) The reduction of alcohol and drug-related arrests.
 - (3) Increased public education on the dangers of substance abuse and the available prevention techniques including specific measurements of children, parents, and teachers who have received this education.
 - (4) The reduction of alcohol and drug related deaths and injuries.
 - (5) The increased number of persons successfully completing drug and alcohol abuse services.

If a county master plan is adopted, the board of supervisors or its designees shall, in conjunction with the county advisory boards as established pursuant to paragraph (2) of subdivision (f) of Section 11998.1, annually assess the progress of the county in reaching its long-range goals.

- (c) Every county or public or private agency within a county that applies for state or local assistance funds for drug and alcohol abuse efforts in their program, may address, to the extent possible, any long-range goals set forth in a county drug and alcohol abuse master plan established pursuant to subdivision (b), and funding priority may be given to those entities which address these goals within their respective programs.
- (d) The Governor shall designate one state agency to act as the lead agency on all drug and alcohol abuse matters.
- (e) Every state agency that contracts or grants money to local jurisdictions or programs for drug and alcohol abuse services shall require the submission and shall review the contents of an approved county drug and alcohol abuse master plan, to the extent a plan has been adopted pursuant to subdivision (b).
- (f) Commencing on January 1, 1990, every state agency that offers drug and alcohol abuse services or financial assistance shall report to the Legislature annually on its efforts to achieve the master combination with other state agencies.
- (g) The department shall send copies of this division to all state-funded social service programs that provide drug and alcohol abuse services.
- (h) The department shall maintain copies of every county drug and alcohol abuse master plan for review by other state agencies and the Legislature.
- (i) The Governor shall designate one statewide resource center to coordinate efforts of other resource centers statewide and to coordinate with local government and assist in their preparation of drug and alcohol abuse master plans.
- (j) The Senate Office of Research shall prepare, on or before June 30, 1989, a summary of drug and alcohol abuse laws for use by the Legislature, the department, and all other related state agencies in oversight of drug and alcohol abuse programs, and in evaluating the need for statutory changes. To the degree possible this summary shall be available to the public.
- (k) Commencing on June 30, 1989, the department shall maintain an annually updated listing of all drug and alcohol abuse programs provided or funded by the state. Every other state agency shall regularly provide the department with current information on programs they fund or provide.
- (l) The Governor's Policy Council on Drug and Alcohol Abuse shall review and consider all of the goals contained in Section 11998.1.
- (m) After January 1, 1992, the Auditor General shall audit the department to determine the state's progress and to the degree possible, the counties' progress toward meeting the master plan objectives set forth by this division. On or before January 1, 1993, the Auditor General shall report the findings resulting from these audits to the Legislature.

11998.3 Funds for substance abuse law enforcement agencies, allocation priority; enforcement teams

- (a) Priority in allocating state funds for substance abuse to law enforcement agencies shall be given to those counties whose law enforcement agencies are participating in both of the following:
 - (1) A drug and alcohol abuse enforcement team established in accordance with paragraph (2) of subdivision (i) of Section 11998.1.
 - (2) Development and implementation of a county master plan pursuant to this chapter
- (b) The drug and alcohol abuse enforcement team shall adopt measures to coordinate the efforts of drug and alcohol abuse law enforcement agencies within the county.

APPENDIX E

GOVERNOR'S POLICY COUNCIL EXECUTIVE ORDER

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA



EXECUTIVE ORDER W-16-91

WHEREAS, the abuse of alcohol and drugs has a serious adverse effect upon our society; and

WHEREAS, existing local, state and federal drug programs should be coordinated and carefully evaluated for their effectiveness; and

WHEREAS, to increase the effectiveness of our war against drug abuse California must establish an organizational framework that ensures that anti-drug programs and policies are nonduplicative, well-planned and coordinated to help all Californians develop the positive values, knowledge and skills to lead productive, drug-free lives; and

WHEREAS, it is the intent of the California Master Plan to Reduce Drug and Alcohol Abuse to provide direction for legislative, budgetary and public policy decisions affecting drug and alcohol services;

NOW, THEREFORE, I, PETE WILSON, Governor of the State of California, by virtue of the power and authority vested in me by the Constitution and statutes of the State of California, do hereby order as follows:

1. The Directors of the Departments of Alcohol and Drug Programs, Corrections, Youth Authority, Health Services, Commerce, Alcoholic Beverage Control, Mental Health, the Adjutant General of the California National Guard, the Executive Directors of the Office of Traffic Safety, and the Office of Criminal Justice Planning, the Commissioner of the California Highway Patrol, the Secretary of Health and Welfare Agency, the Secretary of Child Development Education, together with the Attorney General and the Superintendent of Public Instruction, or their representatives, shall form and constitute the Governor's Policy Council on Drug and Alcohol Abuse. The Director of the Department of Alcohol and Drug Programs shall chair the Advisory Council. In addition, other departmental directors or agency secretaries may be appointed as deemed appropriate.
2. The Governor's Policy Council on Drug and Alcohol Abuse shall serve as the state coordinator for drug and alcohol policies. The Council shall review and make recommendations to the Governor, Legislature and various federal, state and local agencies for adoption.

3. The activities of the Governor's Policy Council on Drug and Alcohol Abuse shall include:

- a) monitoring the implementation of its recommendations at the federal, state and local levels of government;
- b) performing liaison activities between the Office of National Drug Control Policy and the State of California to ensure continuity between federal and state policies; and
- c) representing the State of California in participation with the Southwest Border States Compact.

IT IS FURTHER ORDERED that by January 1, 1992, and periodically thereafter, until otherwise directed, the Governor's Policy Council on Drug and Alcohol Abuse shall submit to the Governor, through the Department of Alcohol and Drug Programs, a status report setting forth its progress made in drug and alcohol abuse prevention, treatment and criminal justice.

IT IS FURTHER ORDERED that Executive Order D-70-88 is hereby rescinded and is superseded by this Executive Order.

IN WITNESS WHEREOF I have hereunto set my hand
and caused the Great Seal of the State of
California to be affixed this 29th day of
August 1991.



Governor of California

ATTEST:

Secretary of State

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APPENDIX F

COUNTY MASTER PLAN

GOALS CHECKLIST

Health and Safety Code

Division 10.6, Section 11998.1

County Master Plan Goals Checklist

The Department of Alcohol and Drug Programs (ADP) is required by Senate Bill (SB) 2599 to prepare an annual report to the Governor and the Legislature which includes a statement of the progress made towards achieving each goal specified in the legislation. To simplify this process, ADP developed a checklist for counties to use in reporting their progress on achieving the specified goals.

To complete the checklist, counties were asked to respond by answering: "yes" if the goal is currently being addressed or will be addressed in the future; or "no" if the goal is not currently being addressed and will not be addressed in the future. Counties were asked to also provide a brief explanation in the "comments" section (e.g., not quantifiable, N/A for county, needs clarification, no data available, currently exists, etc.).

County responses were compiled to determine the percentage of counties addressing each goal. Progress made towards achieving the goals is not reported by county. The responses below represent a summary of information received the in the first 31 County Master Plans.

Y = Yes N= No NR = No Response

Section 11998.1 Goals:

County Comments:

A. The county master plan shall include, but not be limited to, all of the following parts:

(1) A part describing existing public services and activities provided by health, social, education, and criminal justice agencies and community organizations.

Y: 100% (25)

- o There should be a stronger presence mandated for mental health.

(2) A part describing health, social, education, and criminal justice service needs of the county.

Y: 96% (24) N: 4% (1)

- o There should be a stronger presence mandated for mental health.

(3) A part describing health, social, education, and criminal justice service need priorities, program objectives, and strategies for development and implementation of needed services.

Y: 88% (22) N: 12% (3)

- o To the extent possible, we do; however, we cannot legislate what they do.
- o To be completed during the second year of the planning process.

Section 11998.1 Goals:

County Comments:

(4) A part describing the county's progress in meeting the requirements of (1), (2), and (3) above.

Y: 100% (25)

(5) A part describing the county's recommendations for improving the quality and effectiveness of federal, state, and local services within the health, social, education, and criminal justice service systems.

Y: 92% (23) N: 8% (2)

- o To be completed during the second year of the planning process.

B. The county master plan shall be developed jointly by the county designated drug and alcohol administrators in consultation with the county Master Plan Advisory Body and approved by the county board of supervisors. For those counties in which the drug and alcohol programs are jointly administered, the administrator shall develop the county master plan. To the degree possible, all existing local plans relating to drug or alcohol abuse shall be incorporated into the county master plan.

Y: 96% (24) N: 4% (1)

- o All known local plans are included in the County's Master Plan.
- o A mechanism for inclusion has not been developed; possible inclusion in future years.

C. The membership of the advisory body shall be representative of the county's population and shall be geographically balanced. To the maximum extent possible, the advisory body shall include, as appropriate, agency and organization representatives with policy or executive authority, or their designees. To the maximum extent possible, membership shall include, but need not be limited to, all of the following:

(1) Health services including, the treatment and recovery community and persons with expertise in AIDS treatment services.

Y: 92% (23) N: 8% (2)

(2) Social services including, public and private community organizations involved in drug and alcohol services.

Y: 100% (25)

(3) Education services, including parents and students.

Y: 100% (25)

- o Parents are members; however, unable to recruit students. Second year objective.

Section 11998.1 Goals:

County Comments:

(4) Criminal Justice organizations including, law enforcement, probation and the judiciary.

Y: 96% (24) N: 0% (0) NR: 4% (1)

(5) Other public and private community groups and organizations including, private industry and a representative of organized labor responsible for the provisions of Employee Assistance Program Services.

Y: 84% (21) N: 12% (3) NR: 4% (1)

- o Not applicable for county.
- o Year Two will see greater efforts toward expansion of the alcohol- and other drug-free workplace campaign.

D. Every county master plan shall include quantitative outcome objectives that, at a minimum, measure the progress of service strategies provided by the health, social, education, and criminal justice systems. These objectives shall include, but not be limited to, measurements of:

(1) The reduction of arrests for driving under the influence of drugs or alcohol, or both.

Y: 44% (11) N: 56% (14)

- o Reduced DUI arrests are not accepted as a valid measure of program effectiveness.
- o Reducing the number of arrests simply exacerbates the problem unless the need for making arrests is eliminated.
- o Not an appropriate measure of the progress of strategies.
- o DUI arrest data are not an appropriate measure of progress.
- o Arrest rate not valid indicator.

(2) The reduction of alcohol and drug-related arrests.

Y: 36% (9) N: 64% (16)

- o Disagree with the acceptance of the reduction of arrest rates as a valid objective.
- o Concentrating on program objectives, not impacts.
- o Reducing the number of arrests simply exacerbates the problem unless the need for making arrests is eliminated.
- o Not an appropriate measure of the progress of strategies.
- o Reductions in the number of individuals arrested would not necessarily indicate progress toward this end.
- o Arrest rate not valid indicator.

Section 11998.1 Goals:

County Comments:

(3) Increased public education on the dangers of substance abuse and the available prevention techniques including specific measurements of children, parents, and teachers who have received this education.

Y: 64% (16) N: 36% (9)

- o Our strategies will increase the number of employers and parents involved in prevention; however, we choose to specify objectives in terms of qualitative program goals rather than quantitative participation goals.
- o Too difficult to measure this variable.
- o Not measurable on a countywide basis at present time.

(4) The reduction of alcohol and drug related deaths and injuries.

Y: 52% (13) N: 48% (12)

- o Have no control over variables related to deaths and injuries; therefore, we are reluctant to measure the effectiveness of programs in these terms.
- o Further definition of "related" needed.
- o Not an appropriate measure of the progress of strategies.
- o Per capita goals shall be established within several service systems.
- o Concentrating on program objectives, not impacts.

(5) The increased number of persons successfully completing drug and alcohol abuse services.

Y: 48% (12) N: 52% (13)

- o Too difficult to measure this variable.
- o Service capacity is dependent on resources available.
- o This measure is too dependent on the type of program to be a meaningful measure of progress.
- o Concentrating on program objectives, not impacts. Not a productive resource.
- o Simple quantitative measures such as completion rates are not reliable indication of improvement of programs.
- o Need an agreed upon measurement of success.

E. If a county master plan is adopted, the board of supervisors or its designees shall, in conjunction with the county advisory boards as established pursuant to Subdivision (e) of Section 11998.5, annually assess the progress of the county in reaching its long-range goals.

Y: 92% (23) N: 8% (2)

- o Will be annually assessing progress in our annual plan.

Section 11998.1 Goals:

County Comments:

F. With regard to education and prevention of drug and alcohol abuse programs, the following goals:

(1) Drug and alcohol abuse education has been included within the mandatory curriculum in kindergarten and grades 1 to 12, inclusive, in every public school in California.

Y: 76% (19) N: 24% (6)

- o A/D has no right to make anything mandatory in the schools.
- o Goal for every school in the county.
- o Working on this in conjunction with DATE.
- o Needs to be accomplished at State level.

(2) Basic training on how to recognize, and understand what to do about, drug and alcohol abuse has been provided to administrators and all teachers of kindergarten and grades 1 to 12, inclusive.

Y: 80% (20) N: 16% (4) NR: 4% (1)

- o A/D has no right to make anything mandatory in the schools.
- o Working on this in conjunction with DATE.

(3) All school counselors and school nurses have received comprehensive drug and alcohol abuse training.

Y: 80% (20) N: 16% (4) NR: 4% (1)

- o A/D has no right to make anything mandatory in the schools.
- o Working on this in conjunction with DATE.

(4) Every school board member has received basic drug and alcohol abuse information.

Y: 80% (20) N: 16% (4) NR: 4% (1)

- o A/D has no right to make anything mandatory in the schools.
- o Working on this in conjunction with DATE.

(5) The number of drug and alcohol abuse related incidents on school grounds has decreased by 20 percent.

Y: 32% (8) N: 56% (14) NR 12% (3)

- o Increased awareness may temporarily increase incident reporting.
- o Separate from ADAP.
- o "Related" needs to be defined in order to objectively measure decrease.
- o Consistent and accurate data unavailable.
- o Baseline measures not available.
- o Alcohol and drug incidents are a rare occurrence on school grounds in county.

Section 11998.1 Goals:

County Comments:

G. With regard to community programs, the following goal:

- (1) Every community-based social service organization that receives state and local financial assistance has drug and alcohol abuse information available for clients.

Y: 88% (22) N: 12% (3)

H. With regard to drug and alcohol abuse programs of the media, the following goals:

- (1) The department on a statewide basis, and the county board of supervisors or its designees at the local level, have:

(A) Assisted the entertainment industry in identifying ways to effectively use the entertainment industry to encourage lifestyles free of substance abuse.

Y: 56% (14) N: 36% (9) NR: 8% (2)

- Does not apply.
- No entertainment industry in our county.
- Appropriate for State level.
- Cannot respond to statewide activities; local media have been involved in county plan development.

(B) Assisted the manufacturers of drug and alcohol products in identifying ways to effectively use product advertising to discourage substance abuse.

Y: 44% (11) N: 48% (12) NR: 8% (2)

- Does not apply.
- No attempts made to date; limited production in county.
- Appropriate for State level.
- No significant manufacturing industry.

(C) Assisted television stations in identifying ways to effectively use television programming to encourage lifestyles free of substance abuse.

Y: 60% (15) N: 32% (8) NR: 8% (2)

- Does not apply.
- Local cable stations and television in surrounding counties engaged in regional planning discussions.

Section 11998.1 Goals:

I. With regard to drug and alcohol abuse health care programs, the following goals:

(1) The number of drug and alcohol abuse-related medical emergencies has decreased by 4 percent per year.

Y: 36% (9) N: 56% (14) NR: 8% (2)

- o The significant variables related to alcohol and other drug medical emergencies are not within the control of local agencies or the community in such a way that we feel confident about realistically adopting such a quantitative goal.
- o Unable to determine baseline data at this time.
- o Concentrating on program objectives, not impacts.
- o "Related" must be defined.
- o State and federal government must make a commensurate commitment of resources before this type of goal is reasonable.
- o Consistent and accurate data unavailable.
- o Not an appropriate measure of progress of strategies.
- o Health Care providers do not see alcohol ordering abuse as a primary diagnosis.
This data is difficult to collect.

(2) Sufficient drug and alcohol treatment and recovery services exist throughout the state to meet all clients' immediate and long-range needs.

Y: 48% (12) N: 44% (11) NR: 8% (2)

- o Not applicable to individual counties.
- o Goal interpreted as services in the county to meet needs of county residents.
- o Second year master plan objective.
- o State-level objective; resources are inadequate at the local level to meet this goal.
- o Funding and structural barriers make this goal untenable. The placement of treatment facilities and, in particular, the NIMBY attitude pose problems.
- o This is a goal, but the statewide system is currently insufficient.
- o This extends beyond the purview of this plan.
- o State and federal government must make a commensurate commitment of resources before this type of goal is reasonable.

Section 11998.1 Goals:

(3) All general acute care hospitals and AIDS medical service providers have provided information to their patients on drug and alcohol abuse.

J. With regard to private sector drug and alcohol abuse programs, the following goals:

(1) Noteworthy and publicly recognized figures and private industry have been encouraged to sponsor fund raising events for drug and alcohol abuse prevention.

(2) A significant percentage of businesses in the private sector have developed personnel policies that discourage drug and alcohol abuse, encourage supervision, training and employee education, and encourage treatment for those employees who require this assistance.

K. With regard to private sector direct care service providers the following goals:

(1) Adequate nonresidential and residential services are available statewide for juveniles in need of alcohol or drug abuse services.

County Comments:

Y: 72% (18) N: 24% (6) NR 4% (1)

- o Information not available.
- o Do not have an acute care hospital.

Y: 80% (20) N: 16% (4) NR: 4% (1)

- o Very little private industry - mostly government.
- o This is only one of several revenue strategies the private sector may choose to adopt. Fund-raising for prevention efforts would be better directed toward public sector programs.
- o Although not specifically addressed, persons prominent within the community actively support local prevention initiatives.
- o Sufficient funding exists for local prevention efforts.

Y: 76% (19) N: 16% (4) NR: 8% (4)

- o Information on private programs and policies not available.
- o Does not apply--very small private sector and cannot legislate what it does.

Y: 60% (15) N: 32% (8) NR: 8% (2)

- o A worthy goal, but not realistic in the absence of resources to support services for indigents.
- o Second year master plan objective.
- o Working toward this, but the need far outstrips the willingness and ability of the public to pay for these services.
- o State-level responsibility; lack of sufficient funding prevents county from adequately meeting this need.
- o Not applicable to county.

Section 11998.1 Goals:

County Comments:

(2) Drug and alcohol abuse treatment providers provide general information about acquired immune deficiency syndrome (AIDS) during treatment.

Y: 84% (21) N: 12% (3) NR: 4% (1)

L. With regard to education and prevention of drug and alcohol abuse programs, the following goals:

(1) Each public school district with kindergarten and grades 1 to 12, inclusive, has appointed a drug and alcohol abuse advisory team of school administrators, teachers, counselors, students, parents, community representatives, and health care professionals, all of whom have expertise in drug and alcohol abuse prevention. The team coordinates with and receives consultation from the county alcohol and drug program administrators.

Y: 76% (19) N: 24% (6)

- o Working on this in conjunction with DATE.
- o Process instituted on a county-wide basis under CADPE grant.

(2) Each school district has a drug and alcohol abuse specialist to assist the individual schools.

Y: 80% (20) N: 16% (4) NR: 4% (1)

- o Working on this in conjunction with DATE.

(3) Each school in grades 7 to 12, inclusive, has student peer group drug and alcohol abuse programs.

Y: 64% (16) N: 36% (9)

- o This process is just beginning.
- o Working on this in conjunction with DATE.
- o Being established in one district.

(4) Every school district with kindergarten and grades 1 to 12, inclusive, has updated written drug and alcohol abuse policies and procedures including disciplinary procedures which will be given to every school employee, every student, and every parent.

Y: 76% (19) N: 24% (6)

- o Some of these policies are currently in the process of revision.
- o Working on this in conjunction with DATE.

(5) Every school district with kindergarten and grades 1 to 12, inclusive, has an established parent teachers group with drug and alcohol abuse prevention goals.

Y: 64% (16) N: 36% (9)

- o School site councils serve this purpose.
- o In process of development through the DATE program at the school district.

Section 11998.1 Goals:

(6) Every school district has instituted a drug and alcohol abuse education program for parents.

(7) Every school district has established a parent support group.

(8) Every school district has instituted policies which address the special needs of children who have been rehabilitated for drug or alcohol abuse problems and who are reentering school. These policies shall consider the loss of schooltime, the loss of academic credits, and the sociological problems associated with drug and alcohol abuse, its rehabilitation, and the educational delay it causes.

M. With regard to community programs, the following goals:

(1) All neighborhood watch, business watch, and community conflict resolution programs have included drug and alcohol abuse prevention efforts.

(2) All community-based programs that serve school age children have staff trained in drug and alcohol abuse and give a clear, drug- and alcohol-free message.

County Comments:

Y: 76% (19) N: 24% (6)

- o In process of development through the DATE program at the school district.

Y: 64% (16) N: 36% (9)

- o Not practical at this time; we need more basic level of parent involvement before support groups are feasible.
- o In process of development through the DATE program at the school district.

Y: 64% (16) N: 36% (9)

- o Partially accomplished.
- o In process of development through the DATE program at the school district.
- o The circumstance of a local student returning from rehabilitation placement is such a rare occurrence that a standard policy is unwarranted. Such students will be supported on a case-by-case basis.

Y: 64% (16) N: 28% (7) NR: 8% (2)

- o Will make training available, but many community programs are made up of volunteers who may not want it.
- o Partially accomplished.
- o Programs are not operating in county at this time.
- o Unclear how conflict resolution services can be involved beyond making referrals.

Y: 60% (15) N: 36% (9) NR: 4% (1)

- o Lofty and admirable goal. Range of services and funding structures make this goal impractical.
- o Not a clear goal.
- o Partially accomplished.

Section 11998.1 Goals:

County Comments:

N. With regard to local government drug and alcohol abuse programs, the following goals:

(1) Every county public social service agency has established policies that discourage drug and alcohol abuse and encourage treatment and recovery services when necessary.

Y: 92% (23) N: 4% (1) NR: 4% (1)

- o Second year master plan objective.
- o Part of Drug-Free Workplace plan being written.

(2) Every local unit of government has an employee assistance program that addresses drug and alcohol abuse problems.

Y: 88% (22) N: 8% (2) NR: 4% (1)

- o Second year master plan objective.
- o Partially accomplished; county EAP in place; not all cities have established programs.

(3) Every local unit of government has considered the potential for drug and alcohol abuse problems when developing zoning ordinances and issuing conditional use permits.

Y: 80% (20) N: 20% (5)

- o Second year master plan objective.
- o Please provide draft language to consider adoption.

(4) Every county master plan includes treatment and recovery services. The plan shall include treatment and recovery services for juvenile offenders on probation and juvenile offenders committed to ranches.

Y: 88% (22) N: 12% (3)

- o Second year master plan objective.
- o Partially addressed.

(5) Every county master plan includes specialized provisions to ensure optimum alcohol and drug abuse service delivery for handicapped and disabled persons.

Y: 84% (21) N: 16% (4)

- o Second year master plan objective.

(6) Every local unit of government has been encouraged to establish an employee assistance program that includes the treatment of drug and alcohol abuse-related programs.

Y: 92% (23) N: 8% (2)

- o Second year master plan objective.

(7) Every local governmental social service provider has established a referral system under which clients with drug and alcohol abuse problems can be referred for treatment.

Y: 88% (22) N: 8% (2) NR: 4% (1)

Section 11998.1 Goals:

County Comments:

(8) Every county drug and alcohol abuse treatment or recovery program which serves women gives priority for services to pregnant women.

Y: 100% (25)

(9) Every alcohol and drug abuse program provides acquired immune deficiency syndrome (AIDS) information to all program participants.

Y: 88% (22) N: 12% (3)

O. With regard to private sector direct service providers, the following goals:

(1) Drinking drivers programs have provided clear measurements of successful completion of the program to the courts for each court-ordered client.

Y: 92% (23) N: 8% (2)

(2) All drug and alcohol abuse treatment programs provide poly drug abuse services or have an established referral system to ensure clients receive all needed services.

Y: 96% (24) N: 4% (1)

(3) Each county to the extent possible provides localized alcohol and drug treatment and recovery services designed for individuals seeking assistance for polydrug abuse.

Y: 100% (25)

P. With regard to supply regulation and reduction in conjunction with drug and alcohol abuse, the following goals:

(1) Each county has a drug and alcohol abuse enforcement team, designated by the board of supervisors. This team includes all components of the criminal justice system. This team shall be responsible to the board of supervisors, shall advise the drug and alcohol abuse advisory board and the county on all criminal justice matters relating to drug and alcohol abuse, and shall advise the county alcohol and drug programs administrators regarding the development of the county master plan.

Y: 72% (18) N: 28% (7)

o Partially accomplished; not formalized by Board of Supervisors' action.

Section 11998.1 Goals:

(2) Counties with more than 10 superior court judgeships have established programs under which drug cases receive swift prosecution by well-trained prosecutors before judges who are experienced in the handling of drug cases.

(3) The courts, when determining bail eligibility and the amount of bail for persons suspected of a crime involving a controlled substance, shall consider the quantity of the substance involved when measuring the danger to society if the suspect is released.

(4) Juvenile halls and jails provide clients with information on drug and alcohol abuse.

(5) Judges have been encouraged to include drug and alcohol abuse treatment and prevention services in sentences for all offenders. Judges are requiring, as a condition of sentencing, drug and alcohol abuse education and treatment services for all persons convicted of driving under the influence of alcohol or drugs.

(6) Each local law enforcement agency has developed, with the schools, protocol on responding to school drug and alcohol abuse problems.

County Comments:

Y: 12% (3) N: 68% (17) NR: 20% (5)

- Have only one superior court judge; however, drug cases are effectively managed in our court.
- Not applicable; less than 10.

Y: 68% (17) N: 24% (6) NR: 8% (2)

- Out of Alcohol and Drug jurisdiction.
- This occurs occasionally but the courts have not developed a policy as such.
- Very ambiguous.
- Appears to be beyond the scope of this plan.
- Courts unwilling to do at this time.

Y: 88% (22) N: 8% (2) NR: 4% (1)

- No juvenile halls in county; counseling services provided in jails.

Y: 80% (20) N: 16% (4) NR: 4% (1)

- Working with judges to develop effective sentencing.
- Unlawful for a judge to impose a sentence to include alcohol and other drug prevention and treatment services in all cases since there must be a finding of alcohol and other drug involvement for the judge to give such a sentence.

Y: 88% (22) N: 12% (3)

- This is between law enforcement and schools.
- CADPE funded by OCJP is leading this countywide effort.
- Partially accomplished.

Section 11998.1 Goals:

(7) Every county has instituted a mandatory driving while under the influence presentence offender evaluation program.

County Comments:

Y: 60% (15) N: 36% (9) NR: 4% (1)

- o Out of Alcohol and Drug Program jurisdiction.
- o As many defendants plead guilty immediately, complying with this goal would slow the judicial process.
- o Due to the volume of these cases presentence evaluations are not conducted.
- o Resources not available to provide evaluations.
- o Do not appear to be fiscally viable at this time.

APPENDIX G

RECOMMENDATIONS FROM PHASE I AND II COUNTY MASTER PLANS

COUNTY MASTER PLAN PROJECT

OVERVIEW

Background

Today many people are actively participating in planning processes and activities in communities throughout California. These planning processes are threads of the evolving County Master Plan Project.

The County Master Plan Project formally began in 1989 with the issuance of the Department's "Request for Application" (RFA) to provide financial assistance for one year to counties to voluntarily implement master planning. The counties were given the option to begin master planning in one of six-phases. Phase I began in March 1990 with Phase VI beginning July 1, 1991. Currently 55 of the 58 California counties are implementing master planning. A list of the master plan counties, by phase, follows:

Phase I

March 90 -
June 91

Butte
El Dorado
Lassen
Madera
Marin
Mendocino
Merced
Monterey
Napa
Orange
Placer
Plumas
San Luis Obispo
San Joaquin
Shasta
Solano
Stanislaus
Tulare
Ventura
Yolo

Phase II

July 90 -
June 91

Amador
Calaveras
Del Norte
Humboldt
Imperial
Mariposa
Mono
Riverside
San Bernardino
Santa Cruz
Siskiyou

Phase IV

January 91 -
December 91

San Mateo
Tehama

Phase V

April 91 -
March 92
Trinity
Tuolumne

Phase VI

July 91 -
June 92

Alameda
Colusa
Inyo
Kings
Lake
Los Angeles
Santa Clara
Sonoma

Phase III

October 90 -
September 91

Contra Costa
Fresno
Glenn
Kern
Nevada
Sacramento
San Benito
San Diego
San Francisco
Santa Barbara
Sutter
Yuba

County Master Plan Process

On July 1, 1991, as the Phase VI counties began the master planning process, the first two phases (31 counties) submitted their first-year plans to the Department. These county master plans included more than 1,600 state and county level recommendations for the reduction of alcohol- and other drug-related problems within their respective counties.

The 31 County Master Plans represent more than just recommendations or strategies for the reduction of alcohol- and other drug-related problems. They represent:

- Grass roots movements to organize communities, creating new networks, community groups, and linkages to strengthen efforts to reduce alcohol- and other drug-related problems;
- Cooperative efforts in the criminal justice, education, social services, and health services systems;
- Planning structures and processes unique to each of the 31 counties;
- More than 1,200 citizens serving on Advisory Bodies in 31 counties; and
- Thousands of volunteer hours in conducting surveys, community forums, and focus groups, and developing comprehensive inventories of existing resources devoted to alcohol and other drug activities.

Managing A Multitude of Issues and Recommendations

California exemplifies diversity in geography, population density, climate and in its people. Yet, within diversity there are similarities. Therefore, it was safe to speculate that within the more than 1,600 issues and recommendations there were similarities—not all were unique.

To determine if and how similarities existed in the more 1,600 alcohol- and other drug-related issues and recommendations identified by the 31 counties, staff reviewed and classified each by major subject areas that reflected common themes. The major subject areas and common themes were charted and reviewed three more times to eliminate redundancy. The final information, more manageable than 1,600 individual issues and recommendations, is displayed in a matrix format. This matrix identifies the major subject areas and the counties that have one or more issues and recommendations within each area (See page 5).

Although the matrix does not provide the number of issues and recommendation each county may have within each common theme, it does provide an overview of how the issues and recommendations are classified and indicated those themes that may be labeled as "cross cutting"—that is, many counties having similar issues that may have statewide implications.

An overview of the seven major subject areas, examples of the common themes under each, and the percentage of counties having issues and recommendations within each theme follows:

Coordination and Planning

This category includes interagency collaboration, data collection and dissemination, evaluation and research, and funding. These issues and recommendations call for agencies to work together to plan, fund, administer, and evaluate the effectiveness of alcohol and other drug programs/services, and to develop strategies for improving client access to services provided by multiple agencies. Ninety-seven (97) percent of the counties have issues and recommendations in this major category.

Criminal Justice System

This category includes alternatives to jail, alcohol/other drug services and drug testing for the incarcerated, gang reduction strategies, enforcement of existing laws, sentencing practices, and police training. These issues and recommendations focus on the criminal justice and treatment communities working together to develop strategies to more effectively deal with the criminal justice aspects of alcohol and other drug abuse problems. Seventy-seven (77) percent of the counties have issues and recommendations in this category.

High Risk Populations/Populations with Special Needs

This category includes youth, HIV clients/IV drug users, underserved populations, women, and socio economic factors that contribute to alcohol and other drug abuse problems. These issues and recommendations recognize the unique needs of specifically identified client populations and propose various strategies for targeting prevention activities and treatment services to more effectively deal with their alcohol and other drug abuse problems and related issues. Eighty-Sever (87) percent of the counties have issues and recommendations in this category.

Perinatal

This category encompasses a wide range of issues and recommendations related to prevention activities and treatment services for pregnant women who abuse alcohol and other drugs, and alcohol/other drug exposed infants. Fifty-two (52) percent of the counties have issues and recommendations in this category.

Prevention and Intervention

This category includes issues and recommendations pertaining to family intervention activities, community awareness, education and training, media and advertising, outreach, parent support groups, server training, and tobacco issues. All 31 counties, 100 percent, have issues and recommendations in this category.

Substance Abuse Treatment Services

This category includes services for the dually diagnosed, child care during treatment, detox programs, outpatient services, post-treatment care, additional recovery services, residential treatment, and transitional housing. These issues and recommendations focus on the need to expand existing services, provide additional services, and target services to meet special client needs. Eighty-seven (87) percent of the counties have issues and recommendations in this category.

Workplace

This category includes issues and recommendations for encouraging employers to implement formal "Drug Free Workplaces", develop written policies, and provide Employee Assistance Programs. Sixty-one (61) percent of the counties have issues and recommendations in this category.

The Future

Matrix of Issues and Recommendations. When subsequent Phases complete their first year of master planning and submit their plans to the Department, the matrix will be updated.

County Master Planning. County master planning, like state master planning, is a dynamic, evolving process. This continuous process is being supported by the Department through funding for second year master planning.

During the second year, counties are required to maintain, and augment when applicable, their Master Plan Advisory Committees and to develop an updated Master Plan report, which will be submitted to the Department at the end of the second year.

In addition to these requirements, counties have identified goals and objectives to be accomplished during the second year. These objectives are at the discretion of the counties and vary in nature—from development and refinement of short- and long-term strategies for addressing needs identified in their first year master plans to implementation of identified strategies.

SUMMARY OF COUNTY MASTER PLAN (PHASES I & II) STRATEGIES AND ISSUES

NEEDS and RECOMMENDATIONS	T	A	B	C	D	E	H	I	K	L	M	M	M	M	M	N	O	P	R	S	S	S	S	S	S	T	V						
	O	M	U	A	E	L	U	M	E	A	A	A	A	A	E	E	C	A	R	L	I	B	J	F	L	C	H	I	G	U	E		
WORKPLACE	19	1									1	1	1																				
PERINATAL	16	1									1	1	1																				
COORDINATION AND PLANNING																																	
DATA COLLECTION/DISSEMINATION	12	1															1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
EVALUATION AND RESEARCH	14																	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
FUNDING ISSUES	20	1									1	1					1	1	1	1	1	1	1	1	1	1	1	1	1	1			
INTERAGENCY COLLABORATION SYSTEMS	27	1	1	1	1	1				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
CRIMINAL JUSTICE																																	
ALTERNATIVE TO JAIL	13										1	1							1	1	1	1	1	1	1	1	1	1	1	1	1		
DRUG TESTING FOR THE INCARCERATED	2	1																	1														
DRUG/ALCOHOL PROGRAMS FOR THE INCARCERATED	13	1									1	1							1	1	1	1	1	1	1	1	1	1	1	1	1		
ENFORCEMENT OF EXISTING LAWS	9	1																	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
GANG REDUCTION STRATEGIES	2	1																															
POLICE TRAINING	7	1																															
SENTENCING PRACTICES	10	1									1	1	1							1	1	1	1	1	1	1	1	1	1	1	1		
HI RISK POPs/PoPs WITH SPECIAL NEEDS																																	
CULTURAL SENSITIVITY/SERVICES FOR THE UNDERSERVED	25	1	1								1	1	1						1	1	1	1	1	1	1	1	1	1	1	1	1		
HIV CLIENTS/IV DRUG USERS	11	1	1								1	1							1	1	1	1	1	1	1	1	1	1	1	1	1		
SOCIO-ECONOMIC	7										1										1	1											
WOMEN	12	1	1								1	1								1	1	1	1	1	1	1	1	1	1	1	1		
YOUTH	25	1	1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
SUBSTANCE ABUSE TREATMENT SERVICES																																	
CHILD CARE DURING TREATMENT	10										1							1	1	1	1	1	1	1	1	1	1	1	1	1	1		
DETOX PROGRAMS	12	1	1								1	1	1						1	1	1	1	1	1	1	1	1	1	1	1	1		
DUAL DIAGNOSIS	13	1									1							1		1	1	1	1	1	1	1	1	1	1	1	1		
LACK OF TREATMENT/RECOVERY SERVICES	18	1									1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1			
OUTPATIENT SERVICES	5	1																1															
POST-TREATMENT CARE	5	1																															
RESIDENTIAL TREATMENT	15										1								1	1	1	1	1	1	1	1	1	1	1	1	1		
TRANSITIONAL HOUSING SERVICES	10	1									1							1															
PREVENTION AND INTERVENTION																																	
ALCOHOL AVAILABILITY	15										1							1	1	1	1	1	1	1	1	1	1	1	1	1	1		
ALTERNATIVE ACTIVITIES	15	1									1							1	1	1	1	1	1	1	1	1	1	1	1	1	1		
COMMUNITY AWARENESS	26	1	1	1	1						1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1			
EDUCATION AND TRAINING	22	1									1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1			
FAMILY INTERVENTION/SUPPORT SERVICES	16	1	1	1	1						1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1			
MEDIA AND ADVERTISING	16										1	1	1					1	1	1	1	1	1	1	1	1	1	1	1	1			
OUTREACH	13	1	1								1							1		1	1	1	1	1	1	1	1	1	1	1	1		
PARENT SUPPORT GROUPS-SKILLS TRAINING	13	1	1								1							1	1	1	1	1	1	1	1	1	1	1	1	1	1		
SERVER TRAINING	10	1																1	1	1	1	1	1	1	1	1	1	1	1	1	1		
TOBACCO ISSUES	6	1																1	1	1	1	1	1	1	1	1	1	1	1	1	1		

**COUNTY RECOMMENDATIONS
MAJOR SUBJECT AREA DEFINITIONS**

I N D E X

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The following recommendations contain "raw data" submitted by Phase I and II Master Plan Counties. These recommendations have not been reviewed by the Governor's Policy Council on Drug and Alcohol Abuse or the Governor's Office.

All recommendations will be reviewed and the appropriate action taken as outlined in the section entitled Development of State Policy Recommendations in this document.

COUNTY RECOMMENDATIONS

MAJOR SUBJECT AREAS DEFINITIONS

The first two Master Plan County Phases (31 counties) submitted, as part of their first-year plans, more than 1,600 state and county level issues and recommendations for the reduction of alcohol- and other drug-related problems within California and their respective counties.

These issues and recommendations are either county specific, cut across counties, or state specific. In order to better identify the counties that have recommendations which fall within these three areas, the issues and recommendations were first compiled by common themes, then regrouped by common theme under major subject areas, and ultimately rolled up into the categories and major subject areas listed on the Summary of County Master Plan Recommendations matrix (See page 5).

An expanded "definition" of each area and examples of the types of recommendations that are included is provided below. For details on the actual issues and recommendations, please refer to the specific county's master plan.

COORDINATION AND PLANNING

Data Collection/Dissemination: Recommendations in this category identify the need to develop standardized data collection methods with a centralized data base to allow agencies to share information about services and clients; make effective use of indicator data; improve access to clients by centralizing referral services; and develop client tracking systems. Examples include:

- Uniform data collection to document the extent of local problems, define local needs, measure the extent of local service efforts, monitor program effectiveness; and identify needs of underserved populations;
- Develop common reporting systems among all governmental criminal justice agencies to achieve consistent formulation of alcohol- and other drug-related data;
- Coordinate data collection among the education sector to achieve consistent analysis of school data;
- Expand Health Care Agency capacity to routinely collect and disseminate alcohol and other drug information to support a systems approach to local problems;
- Need for a common data base to enable agencies to share local indicator data to assist them in planning and securing funding for needed services;
- Expand existing information and referral services to provide a single countywide, widely publicized 800 number;
- Create a 24 hour crisis line to assist police;
- Develop a central hot line for countywide referral; and
- Establish Regional Multi-Service Centers for information and referral.

Evaluation and Research: Recommendations in this category address the need for research and/or evaluation methods to measure outcomes and assess the effectiveness of prevention, intervention, and treatment/recovery programs. Examples include:

- Developing criteria to monitor cost effectiveness of programs;
- Developing evaluation tools to measure the effectiveness of alcohol and other drug services;
- Ensuring that publicly funded programs in the criminal justice, education and business sectors demonstrate appropriate utilization of alcohol and other drug funds;
- Conducting research to measure the extent of alcohol and other drug abuse within the county and to assess the effectiveness of targeted services;
- Developing measurable outcome criteria for programs of all types;
- Developing a research-based protocol for the evaluation of all county endorsed alcohol and other drug programs;
- Designing a reliable method of obtaining an unduplicated count of persons receiving alcohol and drug services; and
- Developing an index of identified risk-factors to measure progress toward reducing alcohol and other drug abuse.

Funding Issues: Recommendations in this category address the need to expand criteria for program eligibility, third-party payments and insurance coverage as well as the need for additional funding and/or county discretion in funding criteria for alcohol and other drug prevention, intervention, treatment/recovery, aftercare, residential, and transitional housing programs.

Examples of recommendations included under the funding issues category:

- Recommendations that call for health insurance companies to provide insurance coverage for all types of alcohol and other drug treatment services/programs and support efforts to expand program eligibility criteria to make a full continuum of services available to the uninsured or those who cannot afford private treatment.
- Recommendations which identify the need to increase funding for all types of alcohol and other drug programs and to provide additional funding to expand public transportation services to treatment and social services providers; provide alternative programs for children with impairment due to prenatal alcohol and other drug abuse; and provide resources to support long-term community based services. Counties advocate the use of grants and/or the creation of an alcohol tax as a method of funding needed services; and
- Recommendations which identify the need to develop policies to ensure that local funding is consistent and long-term; to increase flexibility in the deadlines placed on expenditures for the provision of alcohol and other drug services; to provide local jurisdictions increased authority to determine local needs and funding priorities; and increase overhead allowances for county administration to support county-level monitoring, evaluation, technical assistance, and planning.

Interagency Collaboration Systems: Recommendations in this category focus on the need for public and private agencies to develop formalized policies, procedures, and processes to centralize planning; provide cross-training; jointly fund programs; share relevant information among public and private agencies; and coordinate federal, state, and local policies, regulations, and mandates. Examples of specific strategies for enhancing collaboration include:

- Merging the Master Plan Advisory Body with the local Drug and Alcohol Boards;
- Creating a Community Council or multi-agency task force to identify common problems, develop cooperative solutions, and coordinate county-wide programs and activities;
- Identifying key contacts to coordinate efforts among service systems;
- Establishing a council with a representative from each agency to meet quarterly to share information;
- Coordinating policy development among governmental and private agencies that provide services to the same client or the same family;
- Designating one agency as the clearing house for providing accurate and consistent information and education to providers, professionals, and the community;
- Developing multi-disciplinary family focused teams for planning and service delivery;
- Integrating findings of site feasibility studies into the multi-year planning process and working closely with local city governments to establish long-term goals to provide more accessible and decentralized treatment services;
- Actively soliciting partnership programs with private industry and volunteer organizations; and
- Exploring the possibility of providing certain services used by alcohol and other drug abusing clients at a common site.

CRIMINAL JUSTICE

Alternative to Jail: Recommendations in this category address the need for alternatives to incarceration (early assessment, treatment/recovery services and aftercare) when alcohol and other drug use are identified as a factor in criminal activity. Examples of alternatives for alcohol offenders include:

- The development of sobering stations in lieu of jail;
- The use of short-term detox centers for adolescents with an aftercare component for the whole family;
- The development of contracts between law enforcement agencies and county alcohol and other drug service agencies to provide community-based detox centers that operate during prime booking hours; and
- Allowing judges to defer simple intoxication cases to an appropriate treatment/recovery facility.

Examples of alternatives for other drug offenders include:

- Increasing in drug diversion programs and early release to treatment services;
- Increasing minimum security facilities that offer treatment services; and
- The use of electronic monitoring devices for convicted offenders who live at home and attend outpatient treatment and recovery services.

Drug/Alcohol Programs for Incarcerated: Recommendations in this category expressed the need to expand the availability of alcohol and other drug education and treatment and recovery programs/services for incarcerated adults and juveniles.

Drug Testing for Incarcerated: Recommendations in this category identify the need for random, presumptive drug testing for incarcerated juveniles and adults.

Enforcement of Existing Laws: Recommendations in this category relate to the lack of enforcement regarding the use and abuse of alcohol and other drugs as well as inconsistent enforcement practices; and the need for more effective utilization of resources, enforcement of liquor laws, continued support for participation in anti-drug enforcement teams, and efforts to prohibit selective enforcement based on a persons standing in the community. Examples include:

- Using monies raised through retail licensing to increase funding for enforcement at the local level;
- Developing comprehensive and standardized information/education on recognition of abuse and the laws and consequences surrounding alcohol and other drug abuse in the schools;
- Providing a complete summation of alcohol and other drug laws in a general publication issued on a scheduled basis;
- Developing periodic Public Service Announcements about changes in the laws;

- Encouraging ABC to make a concerted assault on the sale of alcohol to minors;
- Establishing county-level drug enforcement teams to enhance local efforts against drug traffickers; and
- Expanding the existing metro narcotics enforcement team to include local involvement and utilize an automated intelligence network for drug sales and clandestine lab intervention.

Gang Reduction Strategies: Recommendations express the need to develop strategies to eradicate and reduce gang related activities and prevent gang affiliation through education and concerted efforts of families, schools, community groups, and public agencies.

Police Training: These recommendations relate to the general education and training of criminal justice and law enforcement personnel in the areas of substance abuse recognition, treatment services, and referral procedures. Examples include developing formalized training programs and educational material on identification, treatment, and environmental issues relating to alcohol and other drug use and abuse for all law enforcement professionals.

Sentencing Practices: Recommendations express the need for the judicial system to enforce penalties, apply consistent sentencing for alcohol and other drug violations, and to better understand the need for or availability of treatment/recovery services. Examples include:

- Establishing formal sentencing procedures which include judicial review of offenders' needs for and motivation to participate in alcohol and other drug treatment;
- Emphasizing mandatory treatment using existing programs or beginning new ones for those charged with an alcohol- or other drug-related offense as part of their sentencing; and
- Expanding the array of sentencing options available to judges.

HIGH RISK POPULATIONS/ POPULATIONS WITH SPECIAL NEEDS

Cultural Sensitivity/Services for the Underserved: Recommendations in this category focus on the need to recognize varying cultural and ethnic values and norms to develop programs that are sensitive to these variances, and the need to increase the availability of services to traditionally underserved populations. Examples include:

- Increasing the level of diverse cultural and ethnic representation on boards and committees;
- Increasing the number of Spanish-speaking staff in public programs;
- Creating central multi-lingual/multi-cultural information centers in schools, the workplace and the community;
- Marketing services to invisible populations;
- Developing comprehensive strategies for improving community based parent education for Hispanics and other ethnic cultural groups;
- Tailoring services and prevention programs to meet the needs of ethnic minorities - Hispanics, Asian/Pacific Islanders, Native Americans, African Americans - to more effectively prevent and treat substance abuse problems in these communities;
- Considering the needs of the disabled, including the hearing and vision impaired in developing programs and information; and providing sensitivity training and education to alcohol and other drug program service providers;
- Making services available in the various ethnic communities;
- Increasing services for low income substance abusers;
- Increasing services provided to the homeless; and
- Making services more physically accessible to target populations.

HIV Clients/IV Drug Users: Recommendations in this category include specialized prevention, treatment, and recovery services to address the needs of the IV Drug user and services targeted for HIV clients to reduce the spread of the HIV virus as it relates to alcohol and other drug abuse. These efforts include assessing HIV clients to alcohol and other drug programs for their sex and drug use practices, testing for the HIV virus in clients whose drug habits include the use of shared needles, and educating clients about safe sex and safe needle use practices. Examples include:

- The need to prevent discrimination and address special treatment issues related to underserved AIDS/HIV, teens, blacks, single welfare mothers, seniors, and foster children;
- Consider case management for HIV clients;
- Offer alcohol and other drug abuse and AIDS information and counselling to incarcerated offenders;

- Provide outreach and training on HIV-related issues to staff of chemical dependency treatment programs, counselors, social workers, school counselors, attorneys, probation officers, judges, and others; and
- Continue HIV/AIDS screening, education and prevention efforts in schools, methadone clinics, and medical facilities.

Socio-Economic: Recommendations in this category relate to the need to develop social and economic policies to address a variety of issues related to alcohol and other drug abuse such as unemployment, seasonal employment, services unavailable to low-income citizens, rural barriers, etc. Examples include:

- Increase low cost outpatient alcohol and other drug treatment and substance abuse education programs;
- Expand private sector involvement in the development and coordination of programs to provide to youth with job experience and employment preparation, and
- Address alcohol and other drug related problems as symptoms of dysfunction in the larger society and develop strategies to deal with root causes (i.e., poverty, racism, lack of self esteem and personal empowerment, and violence).

Women: Recommendations in this category identify the need for alcohol and other drug treatment services that are separate from services provided for men, as well as services that address the need for child care or foster care during residential treatment.

Examples include:

- Making residential treatment services available to mothers and their children;
- Providing housing for women in treatment programs;
- Establishing halfway houses for women completing alcohol and other drug treatment programs; and
- Developing a full continuum of treatment services designed specifically to meet the needs of women.

Youth: Recommendations in this category call for school-based prevention programs and address the need to develop and expand drug and alcohol treatment/recovery services for youth, including adolescents. Examples include:

- Expanding Student Assistance Programs and Peer Prevention and Counseling Programs;
- Developing locally based residential treatment services for youth;
- Developing recovery programs and support groups for youth;
- Developing teen employment and training centers;
- Providing more youth detox facilities; and
- Targeting intervention efforts toward substance abusing youth and children of alcoholics, as well as ethnic minorities.

PERINATAL

Recommendations in the Perinatal category address the need for continued funding and legislation to improve medical reimbursement policies for pregnant women who use alcohol and other drugs and drug exposed infants; new and expanded affordable residential and nonresidential care facilities for pregnant and parenting women; and outreach programs for young expectant mothers outside the school systems.

Examples include:

- Designing a residential component to enhance the services provided by F.O.C.U.S. (Families Overcoming Chemical Using Situations) to pregnant women and parenting families of drug exposed infants;
- Conducting a blind study of all infants born in the County to understand the true extent of the incidence and nature of drug exposed infants; and
- Researching the feasibility and deterrent value of mandatory contracts requiring treatment for women who give birth to substance-exposed infants or who have positive tox screens during pregnancy, including a study of possible enforcement methods involving AFDC.

PREVENTION/INTERVENTION

Alcohol Availability: Recommendations in this category address the need for reducing the promotion of alcohol use at community events, legislation and/or local policies to limit alcohol availability, adherence to alcohol laws (e.g., serving minors), and community-sponsored and encouraged alcohol-free events. Examples include:

- Developing a model public policy limiting alcohol availability;
- Increasing public awareness regarding community problems related to alcohol availability and strategies to reduce risk;
- Advocating strict enforcement of ABC regulations, local ordinances and other laws pertaining to alcohol availability;
- Encouraging community groups to sponsor alcohol-free events; advocating for changes in currently accepted practices related to the sponsorship of alcohol use at community events;
- Exploring the implementation of environmental strategies for the prevention of alcohol and other drug related problems; restrictions on alcohol through taxation;
- Land use zoning (e.g., liquor outlet density; placement of liquor outlets, more effective use of Condition Use Permits to control alcohol availability);
- Eliminating unhealthy advertising promoting the use of alcohol; and
- Developing counter advertising that provides clear information about the risks of alcohol use.

Alternative Activities: Recommendations in this category address the need for before and after school programs for youth children and the development or expansion of programs in which youth and adults will want to invest time and energy that might otherwise be spent on "at-risk" activities. Examples include:

- The need to devote additional resources to alternative activities for youth and adults;
- Improve access to activities for youth from rural communities;
- Develop activities for minority youth;
- Develop county-wide, affordable, alcohol and other drug free social activities for youth and adults; and
- Encourage schools, service clubs and organizations to offer more week-end activities for youth.

Community Awareness: Recommendations in this category involve the need to educate the community on alcohol and other drug abuse problems and motivate them to take action to prevent health-compromising behaviors resulting from alcohol and other drug abuse. Examples include:

- Establishing community/neighborhood prevention councils; encouraging elected and appointed decision makers to implement public policies that promote health-enhancing environments and reduce health-compromising behavior;
- Promoting community acceptance of residential service facilities;
- Increasing community visibility and professional/public awareness of local alcohol and other drug service programs;
- Developing alcohol policies targeted to changing alcohol practices in business, service clubs, and public/private sectors;
- Providing prevention education to neighborhood and community organizations;
- Making effective use of radio, TV, and newspapers to promote public awareness of local abuse problems and treatment alternatives; and
- Conducting adult education classes on use, abuse, addiction, and tobacco issues.

Education and Training: Recommendations in this category call for the development or expansion of instructional programs for targeted professional groups such as medical support personnel, police officers, criminal justice personnel, and government policy makers to increase their awareness of alcohol and other drug abuse problems and treatment alternatives. Examples include:

- Strategies to educate the community, local Boards of Supervisors, City Councils, and members of the State Legislature about community alcohol and other drug problems and benefits of services;
- Educate legislators, policy makers and the insurance industry about the effectiveness of alcohol and other drug treatment;

- Enhance and develop new educational efforts to inform the general community, the professional community and public policy makers on the relationship of alcohol and other drug use to other community problems and the important role of mental health care in the prevention/intervention and treatment of alcohol and other drug problems;
- Develop and implement locally initiated responsible alcoholic beverage service programs;
- Develop training for providers and volunteers to learn how to deliver "sensitive" services to diverse ethnic groups, the disabled, gay/lesbian, court-ordered clients, and survivors of violence;
- Educate school staff to recognize and deal with alcohol and/or drug-related behavior;
- Offer prevention education in the workplace, including hospitals and law enforcement agencies;
- Provide tobacco education to school staff and social service providers; and
- Educate physicians regarding alcohol issues with geriatric patients.

Family Intervention/Support Services: Recommendations in this category address the need to develop and expand family crisis intervention services to provide support to spouses and children of individuals who use alcohol and other drugs, and to offer programs that positively influence family conditions that lead to increased susceptibility to substance abuse. Examples include:

- Training medical providers to more effectively intervene;
- Developing teams for direct services and referrals;
- Placing prevention/intervention counselors and nurses in elementary schools;
- Making affordable, accessible, education, treatment, and intervention alternatives available to all families and adolescents;
- Developing pro-active early intervention strategies that assist persons in confronting drug and alcohol abuse problems before they reach the point of engaging in criminal activity;
- Establishing prevention and early intervention programs and strategies directed towards individual and families with mental problems;
- Providing additional counseling services for children of addicts/alcoholics, battered women, and women in shelters; and
- Developing intervention strategies for "at risk" families such as parent/children support groups, providing respite care, providing safe places for children, and broadening the availability of classes in parenting, communication, and coping with stress.

Media and Advertising: Recommendations in this category promote the development or expansion of programs that capitalize on the opinion/attitude-influencing characteristics of the mass media to advance only socially desirable behaviors. Examples include developing multi-media campaigns that deliver consistently honest and realistic messages; imposing restrictions on pro-alcohol advertising; and using media campaigns to reduce the stigma of seeking treatment or being in recovery.

Outreach: Recommendations in this category express the need for new or expanded strategies to identify high risk, underserved and unserved populations in order to inform them about drug and alcohol services and ensure timely transition into treatment and recovery. Examples include:

- Providing education on the implications of drug/alcohol use and smoking during pregnancy;
- Developing outreach programs for expectant mothers not in school;
- Developing multi-lingual ethnic specific programs which include outreach, aftercare, and family services;
- Increasing outreach activities to ensure more clients have access to available services;
- Expanding programs to outlying geographical areas and areas where targeted populations reside; and
- Recruiting bilingual and bicultural outreach workers.

Parent Support Groups - Skills Training: Recommendations in this category include developing programs that teach parents how to successfully deal with the developmental stages of parenting and lead healthful lives free of substance abuse. Examples include:

- Providing life skills education to target populations/cultural groups;
- Providing training to support personnel from community agencies on teaching parents how to maintain control of youth;
- Expanding parenting classes to include foster parents, grandparents, and others who provide child care; and
- Increasing family services including parenting education, to ensure their availability and accessibility to any family requesting or being referred to such service.

School-Based Prevention: Refer to Youth category.

Server Training: Recommendations in this category specify the need for local alcoholic beverage server programs to include management and server intervention training, stressing enforcement of licensing requirements that limit serving to anyone under 21. Examples include:

- Educating alcohol sales/licensees, the general community, public policy makers, and alcohol beverage sales professionals about the benefits of server intervention training;
- Assisting in the development and implementation of locally initiated responsible alcoholic beverage service programs;
- Monitoring liquor stores on alcohol issues/selling practices; and
- Requiring server training for fair and street vendors and staff in all establishments serving alcohol.

Tobacco Issues: Recommendations in this category relate to the development of policies, strategies, and programs that establish and treat tobacco and its byproducts as unhealthy substances that should not be ingested. Examples include:

- Advocating for increased alcohol and tobacco taxes to pay for enhanced and new alcohol and other drug services;
- Supporting implementation of city and county smoking ordinances;
- Educating policy makers on the relationship of tobacco and use of alcohol and other drugs ("Gateway Concept");
- Encouraging business outside the tobacco industry to sponsor community sporting and cultural events; and
- Educating parents in building life styles which do not condone the use of alcohol, tobacco, and other drugs.

SUBSTANCE ABUSE TREATMENT SERVICES

Child Care During Treatment: Recommendations in this category address the need for foster care programs for children of men/women who enter recovery programs, child care during outpatient treatment and 12 step meetings, and affordable residential and nonresidential treatment/recovery facilities for men/women with children.

Detox Programs: Recommendations in this category address the need for additional and expanded detox services (medical and non-medical). Examples include:

- Establishing separate male/female medical detoxification facilities for use by law enforcement as well as community treatment programs;
- Providing short and long-term detox facilities for all income levels and the homeless;
- Providing child care in a family detox center for single parents who have no outside assistance; and
- Providing outpatient and home detox programs.

Dual Diagnosis: Recommendations in this category focus on the need for agencies to establish specific mechanisms for providing alcohol and other drug assessment and referral, detoxification, treatment and recovery services, and education to mentally ill clients. Examples include:

- Cross-training of staff in drug and alcohol treatment programs, mental health programs, and health service providers to recognize and effectively serve individuals with alcohol/other drug problems suffering from mental illness;
- Developing a standardized team-approach protocol for evaluation, intervention, education and treatment plans to eliminate unnecessary duplicate services;
- Modifying existing mental health and substance abuse treatment programs to include a range of treatment and rehabilitation activities for dually-diagnosed clients; and
- Developing treatment services for dually-diagnosed clients, including residential programs.

Lack of Treatment/Recovery Services: Recommendations in this category focus on the need to increase the availability of alcohol and other drug recovery/treatment services to meet current demands.

Examples include:

- Expanding the location of treatment sites throughout the county to include school campuses, adult/youth correctional facilities, and residential or workshop programs administered by social services;
- Developing community recovery centers that will provide clean and sober alternatives and support systems;
- Encouraging health care providers and other professionals to provide services pro bono and to extend hours to accommodate schedules beyond 8-5;
- Expanding the number of slots for methadone detox and methadone maintenance for persons addicted to heroin; and

- Increasing the availability of spaces in affordable and accessible social model outpatient, and in medical and social model residential, alcohol and other drug treatment programs.

Outpatient Services: Recommendations in this category address the need to develop and expand alcohol and other drug outpatient services and day treatment centers.

Post-Treatment Care: Recommendations in this category address the need for affordable and long-term residential recovery and aftercare programs.

Residential Treatment: Recommendations in this category address the need for more residential programs for youth/adults of all socio-economic and cultural groups. Examples include:

- Establishing a residential treatment facility for women/infants with child care;
- Providing residential treatment alternatives for dually diagnosed clients;
- Contracting with surrounding counties for residential treatment services;
- Providing residential detox and chemical dependency services to adolescents;
- Increasing the number of residential house beds for low income persons;
- Establishing residential treatment as a viable service delivery for the chemically dependent; and
- Encouraging treatment service providers to explore startup funding for residential treatment services.

Transitional Housing Services: Recommendations in this category address the need for funding to develop safe, clean, and sober transitional housing (e.g., halfway houses) for pregnant women, women with children, youth, inmates released from jail, and individuals discharged from inpatient or residential care programs.

WORKPLACE

Recommendations in the Workplace category address the need to reduce the use and abuse of alcohol and other drugs in the workplace. Examples include encouraging employers to implement a formal "Drug Free Workplace" policy; develop written alcohol and other drug policies; and provide Employee Assistance Programs.

APPENDIX H

EPIDEMIOLOGY AND OUTCOME STUDIES

EPIDEMIOLOGY AND OUTCOME STUDIES

HIGHLIGHTS

The Department of Alcohol and Drug Programs is planning to conduct a comprehensive statewide epidemiology study and a separate intervention and services outcome study in order to accomplish three goals:

1. Improve California's ability to comprehensively plan effective alcohol and other drug services;
2. Identify the impact these services are having on persons and communities; and
3. Determine the cost/benefits of the nearly \$1 billion California spends on the health, social services, education, and criminal justice systems to ameliorate alcohol and other drug abuse problems.

Although state agencies presently collect and analyze considerable amounts of information relating to alcohol and other drug abuse, their efforts are not well coordinated and contain many gaps. The two studies will provide the detailed information needed for decision making at the state and local levels, including the following:

Epidemiology Study

- Prevalence of alcohol and other drug abuse;
- Demographic characteristics of persons abusing;
- Trends in use;
- Consequences of abuse--on the health of the person abusing, on the family, on the community, and on the economy;
- Causes of problems, including personal and environmental "risk factors"; and
- Factors associated with reduction of problems, including personal and environmental "protective factors".

Outcome Study

- Detailed description of California's alcohol and other drug service system, including prevention, treatment, and recovery program services at the state and local level;
- Availability of services for underserved populations;
- Description of other intervention strategies, including the criminal justice system;

- Effectiveness of services and interventions for individuals and communities;
- Extent to which current service system and intervention strategies are addressing the needs of communities as defined by County Master Plans and the epidemiology study;
- Degree to which current strategies are achieving systemic goals and objectives for California;
- Adequacy of service and agency program coordination;
- Effect of the Master Plan process on community outcomes;
- Cost effectiveness of state programs; and
- Recommendations for improving current strategies.

THE PROCESS

To determine where gaps exist in current data collection activities and to identify redundancies and areas for improvement in current efforts, the Department of Alcohol and Drug Programs has entered into Interagency Agreements for the purpose of conducting feasibility studies. The feasibility study for epidemiology will be conducted by the University of California, Berkeley, and the outcome feasibility study will be done by the University of California, Los Angeles.

The feasibility studies will identify what exists, gaps in information, and analyze methodologies for additional information, including costs and benefits. The analysis will be presented to an Advising Group, consisting of representatives across disciplines, for prioritization of the recommendations. It is expected that the final results of the feasibility studies will be available in April 1992 and work will start on the recommendations by July 1, 1992.

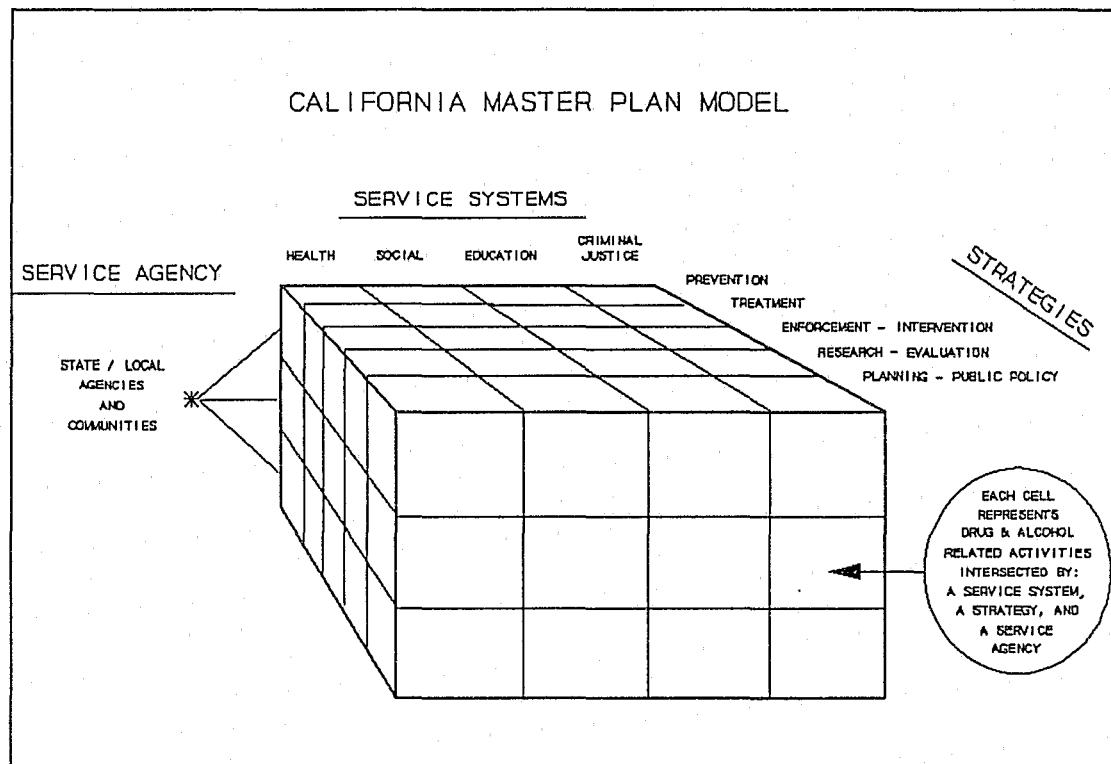
APPENDIX I

C A L I F O R N I A

M A S T E R P L A N M O D E L

CALIFORNIA MASTER PLAN MODEL

The California Master Plan Model is three dimensional characterized by three major areas: Service System Continuum, Strategy Continuum, and Service Agency Continuum. The model characterizes service activities within the identified service systems. This illustrates the service systems' interrelationships and paths of coordination to state and local policy makers, managers, and the community. It also reveals areas of service need, duplication, and lack of coordination.



Service System Continuum

The service system continuum provides state and local planners the opportunity to view and investigate services from the perspective of the setting in which they occur. Services are

categorized under four generic service systems: Health, Social, Education, and Criminal Justice. Each system may involve a variety of settings such as classrooms, the workplace, correctional facilities, hospitals, treatment and recovery programs, communities, etc. This continuum is more closely related to the service agency continuum because the setting is usually, but not always, tied to the agency that delivers the services. For example, educational service agencies typically provide services within the educational service system (i.e., schools).

The service systems are not rigidly defined; they are liberally interpreted because of the variant nature of the services and how the services are perceived. For the purposes of the model, the service systems are described as follows:

- o **Health Service System:** Concerned primarily with the overall physical and mental well-being of persons.
- o **Social Service System:** Concerned primarily with the quality of individual and community welfare, particularly as it applies to non-medically related objectives.
- o **Educational Service knowledge, System:** Concerned primarily with the provision of skills or training through formal teaching and schooling.
- o **Criminal Justice penal and Service System:** Concerned primarily with the administration of regulatory law.

Strategy Continuum

The strategy continuum provides the method of service delivery, which may range from client-oriented treatment, recovery, and prevention to less direct methods such as planning, evaluation, and public policy. The strategies may involve a variety of services and activities such as counseling, chemotherapy (methadone treatment), alcohol and other drug abuse information, parenting education, alcohol and other drug reduction campaigns, legislation, and developing alcohol and other drug abuse policies, etc.

The strategies are designed to encompass the wide variation in specific alcohol and other drug service activities. They are defined as follows:

- o **Treatment:** Activities occurring in a designated time-frame, facilitated by trained staff that lead individuals toward a healthy, alcohol- and other drug-free lifestyle.

Example: Individual, group, family counseling; psychotherapy; and chemotherapy such as methadone treatment, etc.

- o Recovery:** Activities which lead individuals toward a life-time commitment to personal growth and an alcohol- and other drug-free lifestyle.
Example: Individual or group peer support.
- o Prevention:** Activities designed to reduce or eliminate the incidence of alcohol and other drug problems.
Example: Alcohol and other drug education, training, and technical assistance; public policy; community organization; etc.
- o Enforcement:** Activities which implement policies, including sanctions, in order to reduce alcohol and other drug availability and use.
Example: Law enforcement, licensing and certification, etc.
- o Intervention:** Steps taken to provide only identification of alcohol and other drug problems, and appropriate services, prior to the appearance of major problems.
Example: Alcohol and other drug use identification and referral, short-term counseling, drinking driver programs, etc.
- o Evaluation:** Inquiry into the effectiveness and efficiency of alcohol and other drug programs and activities.
Example: Process, outcome, or impact evaluation.
- o Research:** Inquiry into the extent and nature of alcohol and other drug problems and the effectiveness of solutions.
Example: Investigative studies, scientific experimentation, etc.
- o Planning:** Development of program details to be implemented in order to attain one or more specified objectives.
Example: Master Plan, individual organization planning efforts, etc.
- o Public Policy:** A governmental course of action designed to influence and determine community and individual decisions relating to the use of alcohol and other drugs.

Example: Law and the development of recommendations, guidelines, standards, criteria, etc.

Service Agency Continuum

The service agency continuum assists planners in identifying service providers at the federal, state, local, and community level. The continuum may include:

1. Federal agencies such as military installations and immigration;
2. State agencies such as the California National Guard, Department of Alcohol and Drug Programs, Department of Corrections, State Department of Education;
3. Local government such as cities and counties;
4. Public and private providers such as treatment, recovery, prevention, detoxification, and employee assistance programs; and
5. Community organizations such as United Way, religious institutions, community action groups, etc.

Service Activities

Service activities are conducted by providers in an effort to prevent, eliminate, or reduce the use of alcohol and other drugs. These services are the pivotal points for all three continuums. For example, depending upon the type of service, activities are classified according to the setting (service system) in which they occur, the method employed in their delivery (strategy), and the provider (service agency) responsible for their delivery. In addition, service activities are also characterized by:

1. The types of outcomes (goals and objectives) attempted to be achieved;
2. The individuals or groups receiving the services (target population);
3. The region or locality where the activities are conducted;
4. The types and numbers of agencies or organizations that assist the delivery of services (alignment); and
5. The types and amounts of funds that support the service activities.

Aspects of the Model

The California Master Plan Model is of value to state and local policy makers, managers, and planners, with specific emphasis directed towards county master planning because it can be used to categorize, analyze, and evaluate numerous types of data.